



The Facts of Life **by Brian Clowes, PhD**

The Facts of Life is a comprehensive reference guide that is intended to answer basic questions on a variety of life issues. It has been distributed all over the world in both print and electronic formats, and the print version has been translated into German, Spanish, Korean, Italian and Portuguese.

Father Paul Marx, O.S.B., 50-year pro-life veteran and founder of Human Life International, has called it "The last word on pro-life/pro-family issues ... Truly a complete manual for all those promoting life and the family." *The Facts of Life* has also been highly recommended by Joseph Scheidler, President of the Pro-Life Action League, reformed abortionist Bernard Nathanson, M.D., and well-known pro-life activist Rabbi Yehuda Levin.

This web site includes a greatly expanded and updated version of the popular book, and gives you more than 2,500 pages of pro-life information. To begin, select a chapter below from Table of Contents.

The Facts of Life Table of Contents

[Chapter 1: Surgical Abortion](#)

[Chapter 2: Abortifacients](#)

[Chapter 3: Exceptions for Abortion](#)

[Chapter 4: China's Forced Abortion Program](#)

[Chapter 5: Holocaust Analogy of Abortion](#)

[Chapter 6: The Racism of Abortion](#)

[Chapter 7: Maternal Deaths Due to Abortion](#)

[Chapter 8: Historical Christian Teachings on Abortion](#)

[Chapter 9: Catholic Church Teachings on Abortion](#)

[Chapter 10: Jewish Faith Teachings on Abortion](#)

[Chapter 11: Scripture on Abortion](#)

[Chapter 12: The Miracle of Fetal Development](#)

[Chapter 13: Fetal Pain](#)

[Chapter 14: Fetal Experimentation and Tissue Transplantation](#)

[Chapter 15: Assisted Reproduction](#)

[Chapter 16: Cloning](#)

[Chapter 17: Sex Education & School-Based Clinics](#)

[Chapter 17: Sex Education & School-Based Clinics](#)

[Chapter 18: The International Abortion Situation](#)

[Chapter 19: United States Abortion Statistics](#)

[Chapter 20: Demographic Impacts of Abortion](#)

[Chapter 21: Contraception](#)

[Chapter 22: Natural Family Planning](#)

[Chapter 23: Euthanasia](#)

[Chapter 24: Eugenics](#)

[Chapter 25: Pro-Life Organizations](#)

Facts of Life: Chapter 1: Surgical Abortion



[The General Definition of "Abortion"](#)

[A Comparison of Abortion to Ethical Surgical Procedures](#)

[The Definition of "Abortionist"](#)

[The Different Types of Abortion](#)

[The Different Types of Surgical Abortion](#)

- How a Suction Abortion is Done
- How a Dilation and Curettage (D&C) Abortion is Done
- How a Dilation and Evacuation (D&E) Abortion is Done
- How a Saline Abortion is Done
- How a Dilation and Extraction (D&X) Abortion is Done
- How a Prostaglandin Abortion is Done
- How a Hysterotomy Abortion is Done
- How an Intercardiac Injection Abortion is Done

["Menstrual Extraction"](#)

[Selective Abortion \(Pregnancy Reduction\)](#)

[How Abortion Mills Dispose of the Remains of Aborted Babies](#)

[Abortion and Authentic Women's Health Issues](#)

- The Number of Women Who Died from Abortions in the USA Before Roe v. Wade
- The Number of Women Who Currently Die from Illegal Abortions Worldwide
- The Legalization of Abortion Does Not Improve Maternal Health
- Common Physical Dangers of Surgical Abortion
- [The Connection Between Breast Cancer and Abortion](#)
- The Common Psychological Problems that Abortion Causes

[The Common Psychological Problems Abortion Causes to Fathers](#)

[Further Reading: Surgical Abortion Definitions, Methods and Effects](#)

Facts of Life: Chapter 1: Surgical Abortion: The General Definition of Abortion



 SHARE

The General Definition of "Abortion."

The term "abortion" has traditionally meant the intentional or unintentional expulsion of the preborn child from the uterus before he or she has reached the age of viability (defined as the point after which the preborn child can survive outside the womb with or without medical assistance). In practice, though, abortion in a number of countries (including the United States, Canada and the People's Republic of China) is legal until the moment of birth. In fact, some abortion methods such as dilation and extraction (D&X), the "partial birth" abortion, are designed to kill the preborn child when the birth process is almost complete.

At the other end of the spectrum, more and more drugs are being developed whose only purpose is to destroy the life of preborn children after fertilization (the union of the sperm and ovum) and before implantation of the embryo or zygote in the mother's uterus.

The Planned Parenthood Federation of America (PPFA), the United Nations World Health Organization (UNWHO), the American Medical Association (AMA), the American College of Obstetricians and Gynecologists (ACOG), and other pro-abortion organizations now falsely define pregnancy as beginning at implantation, and not at fertilization. In this manner, these groups claim that abortifacient drugs and devices such as the birth prevention pill and the intrauterine device (IUD) do not cause early abortions, because they say that a pregnancy does not exist before actual implantation.

The Catholic Church teaches that abortion is not only "the expulsion of the immature fetus," but is also "the killing of the same fetus in any way and at any time from the moment of conception."^[1]

Therefore, the honest, accurate and complete definition of the general term "abortion" would be "the intentional or unintentional expulsion of the preborn child at any time after fertilization and before the natural birth process is completed."

[Go to Next Topic: A Comparison of Abortion to Ethical Surgical Procedures](#)

[Return to *Surgical Abortion* Table of Contents](#)

Footnotes to "General Definition of Abortion"

[1] The Pontifical Commission for the Authentic Interpretation of the Code of Canon Law, Statement of November 24, 1988, quoted in "Church Elaborates Definition of Abortion." National Catholic Register, December 11, 1988, page 3.

Facts of Life: Chapter 1: Surgical Abortion: A Comparison of Abortion to Ethical Surgical Procedures



SHARE

A Comparison of Abortion to Ethical Surgical Procedures.

One of the most pervasive myths advanced by the pro-abortion movement is that "abortion is health care," and should therefore be made as widely available to the public as possible.

Abortion is a completely unique surgical procedure, profoundly different in many ways from ethical surgery, as shown in Figure 1-1.

Because it stands alone in its objectives, performance, and results, abortion is bound to have numerous attributes that set it apart from every other kind of surgery.

Figure 1-1

Comparisons Between Elective Abortion and Ethical Surgical Procedures

Criteria	Elective Abortion	Ethical Surgery
Purpose of Procedure	To kill	To heal
Informed Consent		
Informed consent	Not required	Required by law
Husband's consent	Legally banned	Usually expected
Husband informed	Often legally banned	Always
Parental consent	Often legally banned	Required by law for minors
Parents informed	Often legally banned	Required by law for minors
Pre-Operation		
Facility licensing	Not required	Required by law
Advertising	Routine and extensive	Almost never
Payment	Cash or credit card	Insurance
Counseling	Usually a farce	If required
Counselor qualifications	'Pro-choice' ideology	Professional degree
Second opinion	Strongly discouraged	Strongly recommended
Pre-op examination	On the operating table	Mandatory and detailed
Correct diagnosis	10-15% performed on non-pregnant women	Surgeon disciplined if

		incorrect
The Procedure		
Procedure style	Assembly-line	Individual, detailed care
Recovery	In the taxi	As required
Tissue disposal	Incinerator or garbage	Humane, dignified disposal
Surgical training	Not legally required	Required by law
Non-medical reasons	99+%	1% - 10%
Post-Operation		
Psychological trauma	Frequent	Varies; usually rare
Counseling for trauma	Complications 'fiction,' say pro-abortionists	As required

[Go to Next Topic: The Definition of "Abortionist"](#)

[Return to *Surgical Abortion* Table of Contents](#)

[Facts of Life: Chapter 1: Surgical Abortion: The Definition of Abortionist](#)



 SHARE

The Definition of "Abortionist."

The 1871 statement of the American Medical Association (AMA) on abortionists defined them as "Men who cling to a noble profession only to dishonor it. ... false brethren ... educated assassins, these modern Herods ... These men who, with corrupt hearts and blood-stained hands, destroy what they cannot reinstate, corrupt souls, and destroy the fairest fabric that God has ever created ... under the cloak of that medical profession ... monsters of iniquity." [2]

The medical profession's current definition of "abortionist" is "one who performs criminal abortions." [3]

The logical, truthful and complete definition of "abortionist" is "anyone who commits direct surgical or chemical abortions, legal or illegal, whether they be a medical doctor, nurse, midwife, or lay person."

This divergence in terms exists because the primary focus of the medical profession is the mere legality of the procedure, while the primary concern of pro-lifers is the stark reality that an abortion, whether it is legal or not, always take the life of a human person.

The medical profession insists that only those who commit criminal (illegal) abortions should be called abortionists. It has two reasons for such semantic subterfuge: (1) The term "abortionist" carries with it the strong connotation of an unskilled and unprincipled hack and must therefore be avoided; and (2) the term "abortion" and all its derivatives denote a bloody and barbarous procedure, and therefore also must be shunned.

Because abortion is entirely incompatible with the healing mission of the medical profession, it is intrinsically disreputable. Abortion is not medicine or health care. Therefore, pro-lifers should always use the term "abortionist" to describe someone who commits abortions, whether the procedures are legal or criminal. Terms such as "abortion doctor," "abortion provider," and "abortion clinic" should always be strictly avoided because they lend an air of respectability and even benevolence to those who have murderously betrayed an honorable profession.

[Go to Next Topic: The Different Types of Abortion](#)

Footnotes to The Definition of Abortionist

[2] Quoted in William Brennan, Ph.D. "The A.M.A. on Abortion: Anatomy of Contrasting Policy Statements." *The National Pro-Life Journal*, Fall 1980. Pro-Life Publications, Inc, pages 16 and 17.

[3] Benjamin F. Miller, M.D., and Claire Brackman Keane. *Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health (Third Edition)* [Philadelphia: W.B. Saunders Company, 1983].

Facts of Life: Chapter 1: Surgical Abortion: The Different Types of Abortion



SHARE

The Different Types of Abortion.

There are a number of medical and legal terms for the different types of abortion, both intentional and unintentional, as shown in Figure 1-2. These are listed below.[4]

The different types of surgical abortion procedures are described later in this Chapter.

Figure 1-2

Types of Intentional and Unintentional Abortion

Complete abortion: When all of the contents of the uterus (i.e., the preborn child and the placenta) have been expelled from the uterus.

Criminal [illegal] abortion: Any abortion committed outside the parameters set by law. For instance, an abortionist commits a criminal abortion if he aborts a minor without her parent's permission in a state with parental consent laws, or if he commits a D&X abortion on a woman at 28 weeks gestation for convenience purposes in a state where third-trimester abortions are banned except in the case of severe fetal anomalies.

Early abortion: An abortion within the first trimester (i.e., first 12 weeks) of a pregnancy.

Habitual abortion: Spontaneous abortion (i.e., miscarriage) occurring in three or more consecutive pregnancies. Women who suffer from habitual abortions account for the majority of miscarriages.

Incomplete abortion: An intentional or unintentional abortion in which parts of the preborn child and/or placenta remain within the uterus.

Induced abortion: An intentional abortion brought on by mechanical (surgical) or chemical (abortifacient) means.

Inevitable abortion: A condition marked by vaginal bleeding and cervical dilation that indicates an impending miscarriage that cannot be prevented and follows a condition of threatened abortion.

Infected abortion: An abortion associated with, and possibly caused by, an infection of the uterus or the genital tract, such as that caused by a venereal disease.

Missed abortion: When a woman does not miscarry a preborn child who died more than eight weeks previously.

Septic abortion: An abortion associated with, and possibly caused by, an infection of the uterus.

Spontaneous abortion: The medical term for a miscarriage. This term is very

important for pro-life activists to remember, because many medical statistical categories and subsequent medical treatments (such as delivery of a child) do not distinguish between intentional and spontaneous abortion.

Therapeutic abortion: The current medical literature equates "legal abortion" with "therapeutic abortion." The definition of the word "therapeutic," however, mean "treatment of disease."^[4] The use of the term "therapeutic" is another pro-abortion attempt to sanitize a repulsive act, and it also implies that pregnancy is a disease - an assertion many pro-abortionists have made directly.^[5]

Threatened abortion: A condition that usually includes vaginal bleeding but not cervical dilation and may or may not lead to a condition of inevitable abortion.

[Go to Next Topic: The Different Types of Surgical Abortion](#)

[Return to *Surgical Abortion* Table of Contents](#)

Footnotes to The Different Types of Abortion

[4] Ibid.

[5] Here are just three of many examples of the pro-abortion assertion that "pregnancy is a disease."

(1) Alan Guttmacher, M.D., former Medical Director of the Planned Parenthood Federation of America (PPFA), asserted, "The [birth control] pill, in my opinion and that of my colleagues, is an important prophylaxis, perhaps the most important, against one of the gravest sociomedical illnesses extant. That, of course, is unwanted pregnancy" (Senator Gaylord Nelson's (D-WI.) Hearings on Competitive Problems in the Drug Industry, by the Senate Subcommittee on Monopoly, Select Committee on Small Business, Part 16, page 6,572, February 25, 1970).

(2) Mary S. Calderone, M.D., another former Medical Director of PPFA and co-founder and President of the Sexuality Information and Education Council of the United States (SIECUS) said, "We have yet to beat our public health drums for birth control in the way we beat them for polio vaccine; we are still unable to put babies in the class of dangerous epidemics, even though that is the exact truth" (Medical Morals Newsletter, February-March 1968).

(3) Abortionist Warren Hern has said "[Pregnancy] is an episodic, moderately extended, chronic condition ... [and] may be defined as an illness ... treated by evacuation of the uterine contents" ("Is Pregnancy Really Normal?" Alan Guttmacher Institute's Family Planning Perspectives, January 1971, page 9). Hern also describes pregnancy as an "illness" and a "host-parasite relationship" (Abortion Practice [Philadelphia: J.B. Lippincott, 1990], pages 14 to 17).

Facts of Life: Chapter 1: Surgical Abortion: The Different Types of Surgical Abortion



 SHARE

The Different Types of Surgical Abortion.

Depending upon the gestational age of the preborn child and the physical condition of the mother, the abortionist has a variety of abortion methods in his arsenal.

Early abortions (those in the first trimester) are usually done with dilation and curettage (D&C) or suction. Abortionists use more complex methods to kill preborn babies in the second and third trimesters. These include dilation and evacuation (D&E), saline, dilation and extraction (D&X), prostaglandin, hysterotomy, and intercardiac injection abortions, as described in the following paragraphs.

19th-Century and Early 20th-Century Abortion Instruments



This vicious-looking instrument, which looks like a pair of alligator jaws, is an early cranioclast, which was used to grab onto and crush the preborn baby's skull.

This is a decapitating hook, which was used to tear the preborn baby's head off. It is a miniature version of a meat hook used in cattle yards to drag around sides of beef.



A Vicarelli's Trepine Cranial Perforator, used to punch holes in

Van Huevel's Destructive Forceps with Hand-Operated Chainsaw, for

the preborn baby's head so that it could be more easily crushed.

splitting a preborn baby's head from crown to base.



The baby swallows one of these small acorn-shaped devices. Then the abortionist pulls on the string, and the spikes snap out. The abortionist continues to pull the string, and the spikes shred the baby's stomach and esophagus, killing him.

This is an embryotome, used to cut off the baby's arms and legs.

Nothing demonstrates the viciousness and inhuman cruelty of abortion and abortionists better than the tools they use in their life's work. You can find photographs and descriptions of these and many other historical and modern abortion instruments at the [Abortion Instruments](#) Web site. Photos are used

How a Suction Abortion is Done.

Abortionists use this method (also known as "suction curettage") in most first-trimester abortions and can also use it up to 16 weeks. The abortionist begins by dilating the cervix. Then he inserts a suction curette [which consists of a hollow tube with a sharp tip] into the cervix and then into the uterus. The suction machine tears the developing baby apart, sucks the pieces through the tube and deposits them into a bag. Either the abortionist or an assistant assembles or checks the body parts to ensure a complete abortion.[6]

How a Dilation and Curettage (D&C) Abortion is Done.

Abortionists use D&C (also known as "sharp curettage") most often during the first trimester of pregnancy. The abortionist inserts a sharp looped knife (curette) into the uterus to scrape its walls. He then cuts the preborn baby apart, removes the body parts, and checks them for completeness.

Unlike other abortion methods, D&C has an alternative and entirely legitimate use. Physicians often perform curettage after a miscarriage to ensure that the uterus is "clean," thereby avoiding the infection that may result from the retention of necrotic [decaying] tissue, either from the baby or from the placenta, or from other uterine conditions or disorders.

It is vitally important to ensure that the baby does not remain in the uterus before this type of D&C is performed. Many times women have thought they had miscarriages because they passed blood clots or tissue, but subsequent sonograms or other tests have revealed that they were still pregnant.

In some cases, the woman actually lost a recognizable baby during a miscarriage, but ultrasound revealed that she was still pregnant with the lost baby's twin. Many doctors assert that ultrasound testing should precede any D&C, or the woman risks having an unintentional surgical abortion.

How a Dilation and Evacuation (D&E) Abortion is Done.

The D&E method of abortion is most commonly used during the first half of the second trimester (13 to 20 weeks), but is employed up to about 28 weeks. The baby is dismembered, and the pieces are removed one by one. In many cases, the abortionist

dismembered, and the pieces are removed one by one. In many cases, the abortionist cuts off one or more of the baby's limbs and waits until he or she bleeds to death before proceeding with the abortion. Larger babies must have their heads crushed so the pieces can pass through the cervix.

Abortionist Warren Hern, who specializes in late-term abortions, has said that "We have reached a point in this particular [D&E] technology where there is no possibility of denial of an act of destruction by the operator. It is before one's eyes. The sensations of dismemberment flow through the forceps like an electric current." [7]



Pro-abortion groups are particularly enthusiastic about D&E because, unlike other second-trimester abortion methods such as saline and prostaglandin, there is absolutely no chance that the baby will survive.

Hern also authored the how-to book *Abortion Practice*, in which he describes some of the more grisly aspects of the D&E abortion: "The procedure changes significantly at 21 weeks because the fetal tissues become much more cohesive and difficult to dismember ... A long curved Mayo scissors may be necessary to decapitate and dismember the fetus ..." [8]

Usually the cervix must be dilated for one to three days before a D&E abortion. The most popular method of cervical dilation involves the insertion of dried seaweed sticks called laminaria, which absorb fluids and swell, thereby expanding the cervical diameter. The abortionist may also forcibly dilate the cervix over a period of just a few minutes with a series of stainless steel rods of increasing diameter.

It is a common ploy for abortionists to tell their patients that once the laminaria are inserted the abortion process cannot be reversed. Pro-life activists in general, and sidewalk counselors in particular, must be aware of the fact that laminaria can be removed by any emergency room physician if the woman changes her mind about having an abortion.

How a Saline Abortion is Done.

Also known as the "intra-amniotic injection," "saline solution method," or the "amnio abortion " this method is used for second trimester and early third trimester abortions

abortion, this method is used for second trimester and early third trimester abortions, but has become less popular due to possible harm to the mother brought on by accidental injection of saline solution into a blood vessel.

To begin with, about 200 milliliters of amniotic fluid is withdrawn and replaced with saline or urea solution.[9] The baby breathes and swallows this concentration and dies painfully over a period of hours from salt poisoning, dehydration, brain hemorrhage and convulsions. Delivery occurs 24 to 48 hours after the baby dies. The skin of the baby is either completely burned or turned a cherry-red color, which is why some abortionists and nurses refer to them as "candy-apple babies."

Many mothers who have undergone saline abortions report feeling the baby's movements increase to a desperate frenzy as its skin and mucous membranes are scalded and it dies in unspeakable agony.

Another reason the salt poisoning method has become less popular is that it occasionally results in a hardy baby who survives the torture - the so-called "dreaded complication." Therefore, abortionists now generally use hysterotomy or a modified D&E method that guarantees the baby's death.

How a Dilation and Extraction (D&X) Abortion is Done.

The Method. More than any other abortion, the D&X killing method exposes the cruel and inhumane nature of both abortion in general and abortionists in particular.

Abortionist Martin Haskell originated the D&X procedure because "... most surgeons find dismemberment [i.e., D&E] at twenty weeks and beyond to be difficult due to the toughness of fetal tissues at this stage of development." [10]

Haskell, who boasted at a 1992 National Abortion Federation (NAF) conference that he has committed more than 700 late second-trimester and third-trimester D&X killings, describes his technique:

At this point [after the baby has been entirely delivered except for the head], the right-handed surgeon slides the fingers of the left hand along the back of the fetus and "hooks" the shoulders of the fetus with the index and ring fingers (palm down). Next he slides the tip of the middle finger along the spine towards the skull while applying traction to the shoulders and lower extremities. The middle finger lifts and pushes the anterior cervical lip out of the way.

While maintaining this tension, lifting the cervix and applying traction to the shoulders with the fingers of the left hand, the surgeon takes a pair of blunt curved Metzenbaum

scissors in the right hand. He carefully advances the tip, curved down, along the spine and under his middle finger until he feels it contact the base of the skull under the tip of his middle finger.

Reassessing proper placement of the closed scissors tip and safe elevation of the cervix, the surgeon then forces the scissors into the base of the skull or into the foramen magnum [the large opening in the occipital bone between the cranial cavity and the spinal canal]. Having safely entered the skull, he spreads the scissors to enlarge the opening.

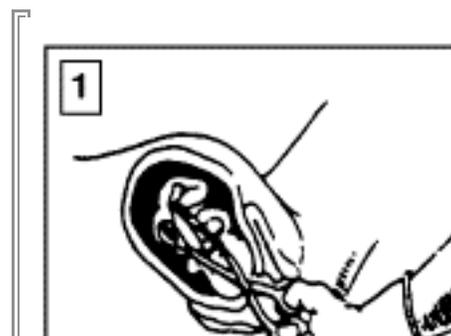
The surgeon removes the scissors and introduces a suction catheter into this hole and evacuates the skull contents. With the catheter still in place, he applies traction to the fetus, removing it completely from the patient."^[10]

Dry medical terminology cannot begin to convey the true horror of this type of killing.

In layman's terms, an abortionist considering a D&X has two problems. He wants to abort a viable preborn baby of seven or eight months gestation who has an 80 percent chance of surviving birth. This baby's muscles and cartilage have toughened to the point where it is virtually impossible to chop him or her apart without harming the mother. Since the baby is probably viable, the abortionist also faces the prospect of the "dreaded complication" - a live, crying newborn baby. Therefore, he must make sure the baby dies before he or she is fully "delivered."

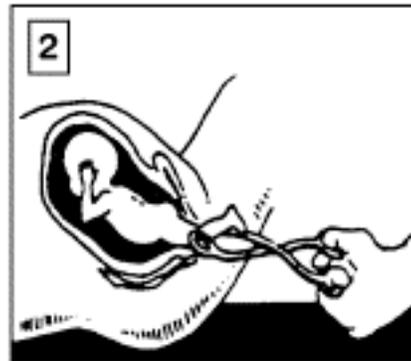
He therefore uses forceps to twist one of the baby's legs and pull it out through the birth canal. The ripping of muscles and breaking of bones causes the baby unspeakable agony, for even pro-abortionists acknowledge that seven-month and eight-month preborn babies definitely feel pain (see Chapter 13, "Fetal Pain"). Then the abortionist punctures the back of the baby's head with sharp scissors and spreads the blades, tearing a massive hole in the soft part of the baby's skull. Finally, he vacuums out the baby's brains and completes the delivery in just a few seconds.^[10]

The drawings below, by Jenny Westberg, depict the D&X abortion method, also known as partial-birth abortion (PBA).





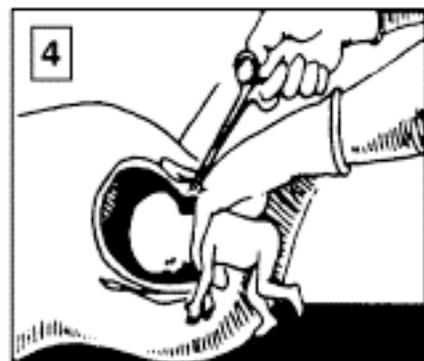
Guided by Ultrasound, the abortionist grabs the baby's leg with forceps.



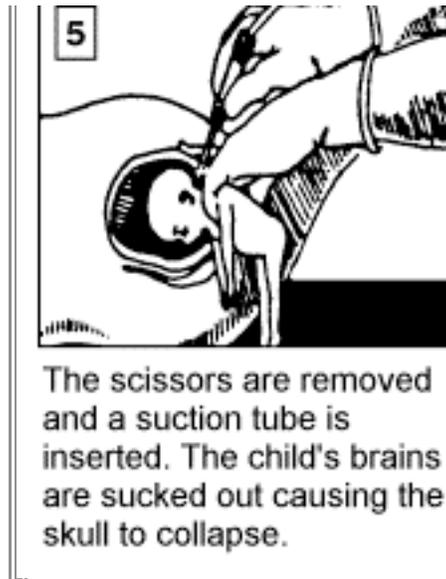
The baby's leg is pulled out into the birth canal.



The abortionist delivers the baby's entire body, except for the head.



The abortionist jams scissors into the baby's skull. The scissors are then opened to enlarge the hole.



Let The Lying Begin. During the heated Congressional debate over banning the D&X procedure in early 1996, major pro-abortion groups lied repeatedly to the media, to Congress, and to the public.

They lied by alleging that the D&X abortion was necessary in order to complete a safe delivery. They lied when they said that the preborn child always dies of anesthesia overdose before the D&X. They lied when they asserted that the preborn child does not feel pain during the D&X procedure. And they lied when they claimed that the D&X procedure is only done in the most extreme circumstances, such as a direct danger to the mother's life or fatal birth defects.

- **The Lie About a Safe Delivery.** To begin with, every major pro-abortion group vigorously defended the D&X procedure on the grounds that crushing the baby's skull and vacuuming out his or her brains was absolutely necessary in order to make the head "smaller" so the mother could deliver the dead child with less danger to herself.

This is obviously a fraudulent claim because, in a D&X abortion, the entire baby is delivered except for the head before he or she is killed. Obviously, the only purpose of a D&X abortion is to kill the child.

- **The Lie About Anesthesia Overdose.** Pro-abortionists also claimed that the preborn baby always dies of anesthesia overdose before the D&X commences, but several abortionists who use the method admitted that "the majority of fetuses aborted this way are alive until the end of the procedure." [11]

Abortionist Marvin Haskell said that most preborn babies are definitely alive when he kills them with the D&X abortion procedure: "A percentage [are already dead] are for various numbers of reasons. Some just because of the stress -1,000 intrauterine stress during, you know, the two days that the cervix is being dilated. ... And so, in my case, I would think probably about a third of those are definitely dead before I actually start to remove the fetus. And probably the other two thirds are not."

remove the fetus. And probably the other two-thirds are not.

Haskell admitted that "you could dilate further" and deliver the baby alive, but "that's not really the point. The point here is you're attempting to do an abortion. And that's the goal of your work, is to complete an abortion. Not to see how do I manipulate the situation so that I get a live birth instead. ... Most of my [D&X] abortions are elective in that 20 to 24 week range ... In my particular case, probably 20 percent are for genetic reasons. And the other 80 percent are purely elective."

Norig Ellison, M.D., President of the American Society of Anesthesiologists, also refuted the pro-abortionists when he said that "Although it is certainly true that some general analgesic medications given to the mother will reach the fetus and perhaps provide some pain relief, there is absolutely no adverse effect on the fetus, let alone death or 'brain death'." [12]

- **The Lie About Fetal Pain.** Pro-abortionists continued to stupidly insist that even full-term preborn babies do not feel pain during a D&X abortion procedure due to the above-mentioned "anesthesia overdose."

Despite the fact that several leading experts on fetal pain unanimously agreed and testified under oath that the preborn child definitely feels pain during the D&X abortion procedure, pro-abortionists insisted that they must be forced to feel pain and must not be offered any kind of relief.

For example, in California, Assemblyman George Runner [R.-Lancaster] offered a bill that would have required those performing third trimester abortions to offer anesthesia to spare the preborn child unnecessary pain. Runner pointed out that pro-abortionists support such precautions taken to keep laboratory animals from experiencing pain.

Still, pro-abortion opponents said there "weren't enough" third-trimester abortions to warrant the bill, although Runner provided evidence that hundreds of third-trimester abortions were performed in California every year. The bill was defeated by eight votes. [13]

This decisively reveals the brutal, inhumane and inconsistent nature of the pro-abortion mentality. Although it was proven that preborn children definitely feel pain during third trimester abortions, the pro-abortionists would even deny them the comfort of anesthesia designed to prevent them from feeling the agony of being torn limb from limb or from having their brains sucked out! And yet pro-abortionists are often animal-rights activists, forming groups like "Aminal Rights Activists for Choice!"

- **The Lie About the Justifications for D&X.** Leading pro-abortion groups stated repeatedly that the D&X abortion procedure was "extremely rare" and then only used in the "tragic circumstance" of "fatal birth defects."

The National Abortion Federation (NAF) claimed that "This particular procedure [D&X abortion] is used only in about 500 cases per year, generally after 20 weeks of pregnancy, and most often when there is a severe fetal anomaly or maternal health problem detected late in pregnancy." [14] The Planned Parenthood of America (PPFA) claimed that "The procedure, dilation and extraction (D&X), is extremely rare and done only in cases when the woman's life is in danger or in cases of extreme fetal abnormality." [15] American Medical News unthinkingly parroted these lies, saying "Abortion rights activists ... have consistently claimed it is done only when the woman's

life is at risk or the fetus has a condition incompatible with life. And the numbers are small, they said, only 500 to 600 a year."[16]

As could be expected, the mainline media simply repeated verbatim what the pro-abortionists claimed, without any effort whatsoever to explore the possibility that they might all be lying. For example, Time Magazine said that "The [Partial-Birth Abortion Ban] bill would ban] rare, late-term abortions, usually done only in cases where the fetus is severely deformed."[17] And CBS said that "Experts estimate that partial-birth abortion accounts for perhaps 600 of the 1.5 million abortions performed in the U.S. each year ... In many such abortions, the fetus is so severely deformed or the pregnancy so complicated that carrying the child to term would threaten the life or health of the mother."[18]

Once again, several partial-birth abortionists contradicted the professional pro-abortion groups, all of which must have known better.

Abortionist Martin Haskell, who invented the method, decisively refuted this claim, saying that about 80 percent of the D&X procedures he has committed have been purely for convenience purposes. Haskell said that his D&X abortions are "elective" to 26 weeks and "non-elective" all the way to 40 weeks (full term), based upon what he told the House Constitution Subcommittee in June 1995. But, as always, abortionists stretch the definitions: His largest single "maternal indicator" for "non-elective" D&X abortions right up to birth was "depression." [19] James McMahan, another of the country's leading partial-birth abortionists, also said that the largest number of D&X abortions are done for "depression." [20]

Before abortion was generally legalized in the United States, more than 90 percent of legal abortions were done for psychiatric reasons. Now, of course, any woman can just claim that her pregnancy "depresses" her, and she can get a late-term abortion. She could even get a third-trimester abortion of a viable preborn baby if she was "diagnosed" as suicidal, which the abortionist is, of course, not qualified to diagnose. All the woman has to do is say she'll kill herself, and that's it. She'll get her abortion. [21]

Even the National Abortion Federation (NAF) refuted its own allegation that the D&X abortion is used only in extreme circumstances. A 1993 internal memorandum distributed by the Executive Director of the NAF stated that partial-birth abortions are performed for such reasons as "lack of money or health insurance, social-psychological crises, lack of knowledge about human reproduction, etc."

Even some leading pro-abortionists were embarrassed at the magnitude and the frequency of the lying of their companions. Ron Fitzsimmons, Executive Director of the National Coalition of Abortion Providers (NCAP), grumbled that

When you're a doctor who does these abortions and the leaders of your movement appear before Congress and go on network news and say these procedures are done in only the most tragic of circumstances, how do you think it makes you feel? You know they're primarily done on healthy women and healthy fetuses, and it makes you feel like a dirty little abortionist with a dirty little secret. I think we should tell them the truth, let them vote and move on. [22]

Bill Clinton twice vetoed the bill that allegedly would have banned most D&X abortions. Many pro-lifers realized that this bill, which included an exception for the life of the

mother, would have saved few babies because abortionists claim that all pregnancies threaten the life - or lifestyle - of the mother in one way or another.

The protracted, highly publicized wrangling over the D&X abortion produced one substantial good. Pro-abortionists, who unanimously supported the D&X method, will never again be able to hide behind their facade of sympathetic "moderation." In every public and private debate, in every sidewalk discussion, and in every attempt to persuade a nominally "pro-choice" relative or fellow churchgoer, pro-life activists have the pro-abortionist's support of the D&X procedure as a vivid illustration of just how destructive and uncompromising the anti-life mentality truly is.

How a Prostaglandin Abortion is Done.

Prostaglandin abortions are used during the late second trimester and third trimester of pregnancy. About eight milliliters of prostaglandin hormone is injected into the uterine muscle, which contracts to expel the baby in an artificially-induced and extremely violent premature labor that takes about 20 hours. Alternatively, 20 to 40 milligrams of a prostaglandin analogue (Prostin F2 Alpha, dinoprost tromethamine) are infused following the placement of laminaria. Sometimes saline or urea are combined with prostaglandin for infusions.[23]

This method of abortion is now rarely used because up to seven percent of preborn babies are born alive during the procedure.[23] In such cases, the abortionist must clandestinely kill the baby or risk a so-called "wrongful life" situation and a possible lawsuit and bad publicity.

How a Hysterotomy Abortion is Done.

A hysterotomy is actually a Cesarean section done during the last trimester of pregnancy when other types of abortion may be too dangerous to the mother. The mother's uterus is surgically opened and the baby is lifted out.

The helpless baby is then either left to die or is killed by the abortionist or his staff. According to Planned Parenthood's Alan Guttmacher Institute, abortionists commit about 1,000 hysterotomy abortions every year in the United States alone in the mid-1980s.[24]

How an Intercardiac Injection Abortion is Done.

At about 16 weeks, ultrasound imagery is used to pinpoint the location of the baby so that a long needle may be guided into its heart. The abortionist injects potassium chloride or some other fluid which causes an immediate heart attack in the preborn baby. [25] After a period of days, the dead preborn child is delivered naturally, or the process can be accelerated with cervical dilation followed by prostaglandin injections.

This method is most commonly used for "pregnancy reduction" abortions, which are described in more detail later in this Chapter.

[Go to Next Topic: Menstrual Extraction](#)

[Return to *Surgical Abortion* Table of Contents](#)

Footnotes to "The Different Types of Surgical Abortion"

[6] For a complete explanation of first-trimester abortion methods, including suction abortions, D&Cs and menstrual extraction, see Warren Hern. *Abortion Practice* [Philadelphia: J.B. Lippincott Company, 1990], pages 108 to 122.

[7] Warren Hern, address before the Association of Planned Parenthood Physicians convention in San Diego, "WHAT ABOUT US? Staff Reactions to the D&E Procedure." October 26, 1978.

[8] Warren Hern. *Abortion Practice* [Philadelphia: J.B. Lippincott Company, 1990], page 154.

[9] *Ibid.*

[10] Martin Haskell, M.D. "Dilatation and Extraction for Late Second Trimester Abortion." National Abortion Federation conference proceedings *Second Trimester Abortion: From Every Angle*, September 13-14, 1992, Dallas, Texas.

[11] Diane Gianelli. "Shock-Tactic Ads Target Late-Term Abortion Procedure." *American Medical News*, July 5, 1993.

[12] Martin Haskell, quoted in a *Sixty Minutes* episode of June 2, 1996 entitled "Partial Birth Abortion Ban."

[13] "California Lawmakers Reject Pro-Life Bills." Steven A. Ertelt's Pro-Life Infonet, May 7, 1998.

[14] Statement on the Web page of the National Abortion Federation (NAF), downloaded on February 18, 1997.

[15] November 1, 1995 Planned Parenthood of America (PPFA) press release.

[16] *American Medical News*, March 3, 1997.

[17] *Time Magazine*, September 30, 1997.

[18] Correspondent Linda Douglass, CBS's *This Morning*, September 20, 1997.

[19] Robert W. Lee. "The Partial-Birth "Choice"." *New American*, April 15, 1996, pages 4 to 8.

[20] Martin Haskell, quoted in a *Sixty Minutes* episode of June 2, 1996 entitled "Partial Birth Abortion Ban."

[21] Angela Bonavoglia. "Separating Fact from Fiction." *Ms. Magazine*, May/June 1997,

pages 59 and 60.

[22] Ron Fitzsimmons, Executive Director of the National Coalition of Abortion Providers (NCAP), American Medical News, March 3, 1997.

[23] Warren Hern. Abortion Practice [Philadelphia: J.B. Lippincott Company, 1990], pages 125 and 126.

[24] Alan Guttmacher Institute figures, quoted by Richard D. Glasow, Ph.D. "Abortion Statistics Paint Grim Picture." National Right to Life News, May 28, 1987, pages 5 and 16.

[25]

"Selective Abortion, AKA Pregnancy Reduction." New England Journal of Medicine, April 21, 1988.



SHARE

"Menstrual Extraction."

Definitions and Terms. "Menstrual extraction" is basically an early suction abortion using either a standard abortion suction machine with a flexible cannula or a homemade contraption made of Mason jars, aquarium tubing, corks, and syringes.

ME serves three very important purposes, in both developed and developing countries:

- It lets abortionists circumvent legal clauses that include statements such as "woman known to be pregnant," and thus lets them avoid legal liability. This aspect of ME is critical when it is used in countries with abortion laws that protect preborn children, and it will become more significant as some developed nations with permissive abortion laws move to outlaw or restrict abortion in the future.
- ME insulates women from knowing whether they are pregnant. They may suspect they are pregnant, but ME allows them to remain ignorant, and therefore lets the mechanism of self-denial operate.
- It allows nations to "fudge" their abortion statistics for various purposes. For example, ME is frequently used in Holland, but they are not counted as abortions. This allows Dutch statisticians to claim that the nation's abortion rate is low due to widespread contraception and sex education.[26]

The Pathfinder Fund (a population control group) outlines the devious 'logic' behind menstrual extraction in both developed and developing countries: "Today, a woman faced with a possible but unconfirmed and unwanted pregnancy can walk into a health services clinic or doctor's office and often within twenty minutes have her endometrial lining extracted ... and since menstrual extraction can be performed before a positive pregnancy test is obtainable, it is hard to prove that menstrual induction is an abortion procedure." [27]

There are two very important reasons why pro-life activists should be familiar with menstrual extraction. First, in Western countries where lawmakers are trying to place limits on abortion, feminists have vowed to disseminate crude ME technology and know-how so that "self-abortion" becomes popular. For example, Cynthia Pearson of the National Women's Health Network (NWHN) predicts that "Anyone who could get their hands on an electric suction machine would be in business." [28] And Frances Kissling, former President of 'Catholics' for a Free Choice seems to be smacking her lips in anticipation of the prospect of widespread "self-help" abortion: "I would like to see a huge underground of activist women learning how to do menstrual extractions and vacuum aspiration abortions, mothers teaching their daughters, sub rosa [covert] classes at campus women's centers ..." [28]

The second reason that pro-lifers should be familiar with ME is that in most developing countries where abortion is illegal population control organizations do ME on a widespread scale in order to bypass and undermine pro-life laws.

Alternative names for ME include "endometrial extraction," "menstrual shedding," "menstrual regulation" (MR), "menstrual induction," "early uterine evacuation," "manual vacuum aspiration (MVA), and "bringing on the menses."

ME in Developed Countries. Before abortion was legalized in the United States, feminists routinely referred women to illegal abortionists, operated a "Jane" network to route women to abortionists, and constructed ME devices such as the "Del-Em," made of local materials and used for self-abortions.

Since the legalization of abortion, feminists have promoted a series of ME programs designed to put complete control of the abortion process in the hands of the woman, regardless of the legality of the act.

Rebecca Chalker and Carol Downer, in their book *A Woman's Book of Choices*, demonstrate vividly how pro-abortionists twist any law to suit their purpose: "Women who do menstrual extraction consider it and other home health-care techniques to be completely legal, since an individual woman or a group of women cannot make a medical diagnosis of pregnancy; in fact, they are not attempting to do so. Therefore, they would not have the necessary intent required to constitute a criminal act of abortion." [29]

Cindy Pearson, who has been promoting self-abortion for years, also displayed the feminists' utter contempt for preborn human life when she enthused that "this is so [much] fun; this is so great, that we can do this ourselves ... It's just joyful." [30]

If surgical abortion is outlawed in the United States, pro-lifers will face a diffused, twofold battle against abortifacient drugs and ME. This fact was highlighted when Susan Landau of the Redding Feminist Womens Health Center boasted that "the technology is here - you can't take that away. They may make abortion illegal, but they can't control it." [31]

ME in Developing Countries. The largest promoter of menstrual extraction in developing countries is the International Planned Parenthood Federation (IPPF). IPPF, in its Vision 2000 document, outlined its plan to make legal abortion available in every country of the world.

In pursuit of this goal, IPPF has provided thousands of suction machines for early abortions to the Philippines, Bangladesh, Korea, Singapore, Hong Kong, Thailand, Vietnam, India, and other countries, regardless of the status of the target nation's

abortion laws.[32]

Dr. Malcolm Potts, former IPPF Medical Director, admitted nearly 30 years ago that menstrual extraction is indeed an abortion method, and that it is a simple and convenient way to do abortions that are difficult to prosecute:

Using the name "menstrual regulation" alters the name of the game. It is not practical to write about abortion in a Bangladesh newspaper in a straightforward way, but it has proved acceptable to hold a much-publicized conference on menstrual regulation in Dacca. ... It is not prudent to have even a whispered discussion of the role of abortion in family planning in the Philippines; but it generates immediate and widespread interest to discuss menstrual regulation ... Menstrual regulation is probably safer than any other pregnancy termination procedure ... there will be no proof of pregnancy unless the tissue removed from the uterus is subjected to microscopic examination. The point is of crucial importance in countries where abortion is illegal.[33]

In its Family Planning Handbook for Doctors, IPPF describes the value of the ME/MR procedure to pro-abortion activists: "In some countries, menstrual regulation has proved remarkably popular, and individual practitioners sometimes perform several thousand operations a year. In certain countries menstrual regulation is legal, even when therapeutic abortion is illegal, as in many Latin American countries, where prosecution for abortion requires proof that a pregnancy was terminated." [34]

Health professionals are not the only people using ME/MR in developing countries. A number of "family planning" manuals have described how to assemble a homemade suction machine in order to do early abortions, and this makes ME an ideal tool for midwives and "neighborhood abortionists" in Latin America, Asia and Africa.

Abortionists in some countries use menstrual extraction extensively, and MEs in these countries are not counted as abortions. Therefore, pro-abortion statisticians in Holland and other countries claim that the "lower" abortion rates in these countries are a direct result of their mandatory, comprehensive sex education and contraceptive distribution programs. This is a critical point for pro-lifers opposing permissive sex education programs to remember.

The Dangers of ME. The "menstrual extraction" procedure is extremely dangerous, particularly when done by lay people. Depending upon the equipment used and the experience level of the lay abortionist, women can suffer injuries ranging from punctured uteri and severe infections to incomplete abortions and undiagnosed ectopic pregnancies. In fact, ME is so hazardous that even the National Abortion Federation (NAF), the abortionists' trade union, has labeled it "... dangerous to the health of the women we seek to assist." [35]

Abortifacient Grant Bagley of Salt Lake City pointed out the racism and hypocrisy of feminists and the United States government when he said, "No one has been particularly alarmed that we're exporting this [ME] technology to Third World countries, but somehow if women in the U.S. are going to be using the same techniques, it's dangerous." [35]

ME/MR is just one facet of United States "contraceptive imperialism." When a contraceptive, abortifacient, or abortion technique is in the research phase or is deemed too dangerous for American women to use, testing or production is simply shifted to women in developing countries.

The Catholic Church Teaching on ME. "Catholic" dissenters in Asian and Latin American countries often claim that menstrual extraction does not really fall under the Catholic Church's teachings against abortion since it is not really possible for a woman to know whether she is pregnant at the time she undergoes ME.

This argument is as dishonest as claiming that firing a rifle randomly in a city is harmless because the shooter cannot really know whether he is going to hit anyone.

On 24 November 1988, The Pontifical Commission for the Authentic Interpretation of the Code of Canon Law declared that abortion is not only "the expulsion of the immature fetus," but is also "the killing of the same fetus in any way and at any time from the moment of conception." [36]

This definition of abortion includes the use of all menstrual extraction techniques and all abortifacients.

[Go to Next Topic: Selective Abortion \(Pregnancy Reduction\)](#)

[Return to *Surgical Abortion* Table of Contents](#)

Footnotes to "Menstrual Extraction"

[26] Personal communication with Father Paul Marx of Human Life International, June 4, 1996.

[27] Holtrop and Waife. *Uterine Aspiration Techniques in Family Planning* (Second Edition). The Pathfinder Fund, 1979.

[28] Brett Harvey. "The Morning After." *Mother Jones*, May 1989, pages 28 to 31 and 43.

[29] Rebecca Chalker and Carol Downer. *A Woman's Book of Choices: Abortion, Menstrual Extraction, RU-486* [New York: Four Walls Eight Windows Press, 1992], pages 37 and 166.

[30] Candy Berkebile. "Feminists Teach "Do-It-Yourself" Abortions." Quoted in *Family Voice* [a publication of Concerned Women for America], June 1992, pages 12 and 13.

[31] Susan Landau of the Redding Feminist Womens Health Center, quoted in Lisa M. Krieger, "Clinics Teaching Women to Do Home Abortions," *San Francisco Examiner*

Rieger. Clinics Teaching Women to Do Home Abortions. San Francisco Examiner, July 21, 1989.

[32] Donald Page Warwick. "Foreign Aid for Abortion," The Hastings Center Report, April 1980, page 33.

[33] Malcolm Potts, Peter Diggory and John Peel. Abortion [London: Cambridge University Press, 1970], pages 230 to 232.

[34] IPPF Family Planning Handbook for Doctors. Chapter 15, "Menstrual Regulation," pages 241, 242 and 247 to 248, date not given, but post-1987.

[35] Janice Perrone. "Controversial Abortion Approach." American Medical News, January 12, 1990, pages 9, 18 and 19.

[36] "Church Elaborates Definition of Abortion." National Catholic Register, December 11, 1988, page 3.

Facts of Life: Chapter 1: Surgical Abortion: Selective Abortion (Pregnancy Reduction)



 SHARE

Selective Abortion (Pregnancy Reduction).

The "pregnancy reduction" abortion has been in use since about 1980 and is now generally standardized. The most common method involves inserting a needle through the mother's abdominal wall into her uterus and injecting potassium chloride into the hearts of the most accessible "surplus" babies. They subsequently die and are reabsorbed by the mother's body.

The *New England Journal of Medicine* recently described this method: "Using ultrasound to locate each fetus, the doctors would insert a needle into the chest cavity of the most accessible fetus and place the needle tip directly into the heart of the baby. Potassium chloride was then injected into the heart and the heart was viewed on the ultrasound screen until it stopped beating." [37]

"Pregnancy reduction" is often used after in-vitro fertilization (IVF) procedures because up to six embryos are often implanted in order to ensure that a pregnancy results. The United States Congress' Committee on Small Business found that many unregulated IVF enterprises deliberately implant an excessive number of embryos during transfer procedures just to increase their chances of success:

IVF success rates are so discouraging that there are some centers trying to do better in terms of creating babies by using multiple [embryo] implants. It shows at the forty-one [leading] centers there were an average of three embryos used. Some centers use more than that. When they do, they sometimes create multiple pregnancies, three, four, five, or six babies ... Then they use fetal reduction, which is killing some fetuses to preserve the health of the mother and to help the other fetuses survive. That is a serious procedure. But because of the lack of pressure to standardize, routinize, and assure quality in the centers out there, we have this kind of dubious activity going on out there. [38]

The above quote highlights one of the primary reasons that pro-life activists oppose artificially-assisted reproduction techniques such as IVF that result in the creation of so-called "spare" embryos that are then disposed of or experimented upon. Another reason is that the women who go through all of the pain, trouble and expense of IVF in order to have a baby, must suffer intense heartbreak when they are told that one or more of them must be deliberately killed in order to spare the lives of the others.

For further information on IVF and other assisted reproduction techniques, see Chapter 15, "Assisted Reproduction."

[Go to Next topic: How Abortion Mills Dispose of the Remains of Aborted Babies](#)

[Return to *Surgical Abortion* Table of Contents](#)

Footnotes to "Selective Abortion (Pregnancy Reduction)"

[37] "Selective Abortion, AKA Pregnancy Reduction." *New England Journal of Medicine*, 21 April 1988.

[38] Committee on Small Business. *Consumer Protection Issues Involved in In-Vitro Fertilization Clinics* [Washington, D.C.: United States Government Printing Office, 1988], pages 26 and 27.

Facts of Life: Chapter 1: Surgical Abortion: How Abortion Mills Dispose of the Remains of Aborted Babies



How Abortion Mills Dispose of the Remains of Aborted Babies.

There are two common methods of disposing of the bodies of first-trimester aborted babies: Flushing them down a garbage disposal or "Insinkerator" or disposing of them as biological waste in special plastic bags. Larger aborted babies are frequently sold for research purposes.

Pro-abortionists do not want the remains of aborted babies (especially late-term aborted babies) to fall into the hands of pro-life activists who then can reveal the bloody reality of abortion to the world. In Wichita, Kansas, and other cities, pro-lifers have discovered aborted preborn babies as large as six pounds (full-term) being burned as garbage along with dead dogs, cats, and birds thrown out by local Humane Society offices.[39] Some abortionists have even used meat grinders and garbage disposals to dispose of the bodies of aborted preborn babies.[40]

In order to completely eliminate the bodies of late-term aborted babies, some abortuaries that specialize in third-trimester abortions possess on-site crematoria.

It is very important for pro-abortionists to deny the humanity of the preborn child even after he or she is dead in order to maintain a grisly consistency. In several instances when pro-life activists have tried to bury dead preborn babies, the American Civil Liberties Union (ACLU) and other pro-abortion groups have sued them because such funerals would allegedly "violate the separation of Church and State." [41]

For more information on fetal experimentation and fetal organ harvesting, go to the article [Fetal Experimentation \(Facts of Life Chapter 14\)](#).

[Go to Next Topic: Abortion and Authentic Women's Health Issues](#)

[Return to *Surgical Abortion* Table of Contents](#)

Footnotes to "How Abortion Mills Dispose of the Remains of Aborted Babies"

[39] Dave Andrusko. "Fetal Bodies Incinerated Along With Animal Remains in Wichita, Kansas." NRL News, August 18, 1983, pages 1 and 11.

[40] "Abortionist Uses Meat Grinder." HLI Reports, October/November 1992, page 26. "Delaware Officials Probe Claims of "Improper Disposal" of Aborted Babies." The Wanderer, December 23, 1993, page 6.

[41] For one example, see Leslie Bond. "16,500 Aborted Babies Buried, but without Religious Services." NRL News, 26 September 1985, page 6.

Facts of Life: Chapter 1: Surgical Abortion: Abortion and Authentic Women's Health Issues



 SHARE

The Number of Women Who Died from Abortions in the USA Before Roe v. Wade.

Pro-Abortion Claims. Pro-abortion groups commonly claim that anywhere from 5,000 to 140,000 women died annually from illegal surgical abortions in the United States before Roe v. Wade.

Dr. Bernard Nathanson, co-founder of the National Association for the Repeal of Abortion Laws (now NARAL Pro-Choice America) and the former operator of the largest abortuary in the world, was one of the originators of the popular "5,000 to 10,000 deaths" figure.

After he converted to the pro-life movement, he revealed the deception behind these figures:

How many deaths were we talking about when abortion was illegal? In NARAL, we generally emphasized the frame of the individual case, not the mass statistics, but when we spoke of the latter it was always "5,000 to 10,000 deaths a year." I confess that I knew the figures were totally false, and I suppose the others did too if they stopped to think of it. But in the "morality" of our revolution, it was a useful figure, widely accepted, so why go out of our way to correct it with honest statistics? The overriding concern was to get the [anti-abortion] laws eliminated, and anything within reason that had to be done was permissible."^[42]

Many other American pro-abortionists have acknowledged that they vastly inflated the numbers of maternal deaths. For example, author Marian Faux confirms the lie supporting what she labels "propaganda" in her book Roe v. Wade: "An image of tens of thousands of women being maimed or killed each year by illegal abortion was so persuasive a piece of propaganda that the [pro-choice] movement could be forgiven its failure to double-check the facts."^[43]

Malcolm Potts, former Medical Director of the International Planned Parenthood Federation (IPPF), who helped promote abortion throughout the world, claimed in 1970, "Those who want the [abortion] law to be liberalized will stress the hazards of illegal abortion and claim that hundreds, or thousands, of women die unnecessarily each year - when the actual number is far lower."^[44]

When actual American illegal abortion statistics were examined closely, the actual number of women dying before legalization turned out to be much lower than pro-abortionists claimed.

The late Dr. Christopher Tietze of the Population Council, the country's most experienced abortion statistician, believed that the illegal abortion death rate in the United States was about 100 deaths for every 100,000 abortions in the mid-1960s.[45] The U.S. government's Centers for Disease Control (CDC) estimate that about 150 women died annually from illegal abortions before Colorado, California and North Carolina legalized it in 1967. Using Tietze's illegal abortion death rate figure, this results in a total of perhaps 150,000 annual illegal abortions in the early and mid-1960s.[46]

These estimates are typical of a number of approximations that have been made by experts in the field of abortion epidemiology and statistics. Higher estimates of maternal deaths are invariably accompanied by little or no documentation.

A Problem with Documentation? Pro-abortionists argue that the "official" CDC illegal abortion-death figures are much too low because almost all of the deaths caused by illegal abortion before 1973 were not reported or properly documented.

This obviously cannot be the case. As described later in this Chapter, the maternal death rate has declined steadily over the last fifty years. If a major cause of maternal deaths was suddenly removed by the 1973 Roe v. Wade decision, there would have been a sharp drop in the absolute numbers of maternal deaths. Yet no such drop occurred.[47]

According to the United States government's Bureau of Vital Statistics and the CDC, the last time 1,000 women died of illegal abortions in the United States was in the year before penicillin became widely available to the public - 1942. The number of maternal deaths from illegal abortions declined steeply until it stabilized at about 90 to 150 per year during the decade before Roe v. Wade.[48]

The Number of Women Who Currently Die from Illegal Abortions Worldwide.

The Pro-Abortion Claims. When pro-abortionists find a lie that works, they use it all over the world. One of the most effective tactics the abortion movement has used in almost every nation is to greatly exaggerate the numbers of women who die from illegal abortions in order to generate sympathy for their cause and make pro-lifers seem heartless.

Many pro-abortion claims about numbers of maternal deaths from illegal abortions in various developing countries exceed the total number of deaths of all women of childbearing age for all reasons in those respective nations.

For instance, before legalization, Indian pro-abortionists commonly claimed that the total

number of women dying of illegal abortion procedures was an incredible 600,000 annually.[49] African medical professionals have recently claimed that as many as 74,000 African women currently die of illegal abortions each year.[50] And abortion promoters have alleged that 140,000 women die of illegal abortions every year in Mexico.[51]

Perhaps the most extreme example of exaggeration is the BEMFAM estimate of 400,000 annual deaths in Brazil. BEMFAM is the Brazilian affiliate of the International Planned Parenthood Federation (IPPF). Brazilian Institute of Geography and Statistics (IBGE) figures have showed that only 55,066 Brazilian women between the ages of 14 and 50 died of all causes in 1980. The IBGE figures were confirmed by World Health Organization (WHO) statistics showing that 41,685 Brazilian women between the ages of 15 and 41 died in 1986 and, of these, 241 died of complications from both legal and illegal abortions.[52]

This means that Planned Parenthood grossly inflated the actual number of illegal abortion deaths in Brazil by 166,000 percent!

It is a simple matter to add up pro-abortion claims of deaths from illegal abortions in a number of nations to produce an aggregate claimed total number of worldwide deaths. These include current figures in countries where abortion is now illegal and pre-legalization figures in countries where abortion is now legal.

The resulting total number of deaths would be more than two million, which would make illegal abortion the number one cause of death among women of childbearing age on this planet.[53]

The usual number of total worldwide illegal abortion deaths currently claimed by pro-abortionists is comparatively modest, but is still a gross exaggeration.

The Worldwatch Institute has claimed that 200,000 women die from illegal abortions each year and from six million to eight million more "suffer serious, often lifelong health problems." [54] This number is echoed by virtually every pro-abortion group from the Fund for a Feminist Majority to the Revolutionary Communist Party of the United States. [55]

The magic "200,000" seems to carry the same cachet for pro-abortionists on a worldwide level as their discredited "5,000 to 10,000" figure did for the United States. IPPF is the worst offender in this area, and the 200,000 figure is repeated so frequently in its literature that it approaches the status of a mantra: "It is conservatively estimated that 200,000 women worldwide die every year from abortions that are illegal and unsafe." [56] "Hospital records alone show that 200,000 women die from such non-clinical abortions worldwide each year; the real total is estimated to be much higher." [57] "Illegal abortions

in developing countries result in as many as 200,000 maternal deaths each year.”[58]

Despite the occasional pro-abortion claim that the figure of 200,000 deaths was derived from "hospital records" (which would have been a mammoth international accounting task indeed!), no original documentation or impartial verification of this number is ever provided. In fact, such proof would be impossible given the extremely rudimentary quality of census and hospital statistics in many developing countries.

One must question why IPPF continues to use this number, particularly because the Alan Guttmacher Institute, closely associated with the Planned Parenthood Federation of America (PPFA), employs the most experienced abortion statisticians in the world.

An Estimate of Worldwide Maternal Deaths from Illegal Abortion. The pro-abortion claim that 200,000 women currently die from unsanitary illegal abortions is a persuasive piece of unsupported and unverified propaganda. However, the question remains: How many women really die from illegal abortions in the world today?

A few simple calculations will yield a fairly accurate estimate.

Two reasonable assumptions about abortion mortality rates must first be established. The Alan Guttmacher Institute estimates that the current worldwide mortality rate for legal abortions is about 0.6 per 100,000.[59] For the purposes of this estimate, it is assumed that illegal abortions are 20 times as dangerous as legal abortions on a worldwide basis - 12 per 100,000, or twice the illegal/legal mortality ratio commonly quoted by Planned Parenthood and NARAL Pro-Choice America (formerly the National Abortion and Reproductive Rights Action League, or NARRAL).

The Alan Guttmacher Institute also estimates that 26 to 31 million legal abortions are done annually in these countries, and 10 to 22 million clandestine abortions are done in these and other countries each year.[59]

The above statistics lead to the conclusion that a maximum of

$$22,000,000 \times (12/100,000) = 2,640$$

women die each year from illegal abortions.

Remember that these numbers are calculated entirely from pro-abortion statistics, thereby making them immune to charges of pro-life bias.

This means that the common pro-abortion claim of 200,000 annual maternal deaths from illegal abortion is an exaggeration of 7,500 percent.

The Legalization of Abortion Does Not Improve Maternal Health.

One of the most common arguments of pro-abortionists in support of legal abortion is the allegation that "safe and legal" abortion contributes to improved overall maternal health, mainly because the dangers of "back-alley" abortions are eliminated. In support of this claim, they point out that the maternal death rate in the United States after abortion was legalized was lower than it was before it was legalized.

The International Planned Parenthood Federation (IPPF) repeats this argument several times in its Vision 2000 document as a justification for legalizing abortion worldwide.

This is a classic pro-abortion half-truth. The maternal death rates after abortion was legalized in the United States and other countries are indeed lower than before; but abortion has little or nothing to do with the change, which is always the result of more significant factors.

It is important to note that the most significant drop in the U.S. maternal mortality rate occurred prior to the legalization of abortion in 1973. The United States' maternal mortality rate (which includes all deaths due to abortion, childbirth, and ectopic pregnancies) was 37.1/100,000 live births in 1960. The rate was 16.4/100,000 in 1973, the year of the Roe v. Wade decision. This means that the average annual decline in the maternal mortality rate before abortion was fully legalized (between 1960 and 1973) was 1.59/100,000.[60]

This rate of decline remained nearly constant even after the first several states legalized abortion during the time period 1967-1969. The maternal mortality rate was 9.6/100,000 in 1978, which means that the average annual decline in the rate after abortion was legalized (during the period 1973 to 1978) was 1.36/100,000, less than the rate of decline before abortion was legalized.

In 1993, the maternal mortality rate was beginning to level out at 7.5/100,000 as it approached its lowest practicable level for such a large and diverse population, and has recently begun to fluctuate within a narrow range despite the wide availability of legal abortion.[60]

This steady trend reflects advances in all areas of medicine. The introduction of abortion methods, both legal and illegal, that pose fewer dangers to the mother, have had a negligible impact on the decline in the maternal mortality rate.

Dr. Bernard Nathanson thus concludes:

In fact, the lowering of maternal mortality has been due largely, if not entirely, to advances in anesthesia techniques; the development of new and more powerful antibiotics; the emergence of realtime ultrasound; major strides in laboratory technology with a deeper understanding of the mechanisms of infectious disease; more sophisticated transfusion techniques and - perhaps most important - a higher and more standardized level of training of nurses, medical students and resident physicians in obstetrics and gynecology.[61]

Common Physical Dangers of Surgical Abortion.

It is interesting to note that pro-abortionists exaggerated the physical risks of illegal abortion for the purpose of political gain and now understate and cover up the dangers of legal abortion for exactly the same reason.

Warren Hern, one of the most prolific abortionists in the United States, has admitted that "in medical practice, there are few surgical procedures given so little attention and so underrated in its potential hazards as abortion. It is a commonly held view that complications are inevitable." [62]

Despite what Hern and other abortionists have revealed, many pro-abortion organizations - including the Planned Parenthood Federation of America (PPFA), NARAL Pro-Choice America and the National Abortion Federation (NAF) - circulate glossy "fact sheets" purporting to "show" that abortion is extremely safe for the mother, both physically and mentally.

These groups do not mention that their "fact sheets" include only very conservative estimates of those injuries that occur during or immediately after the abortion itself in countries with modern medicine. These are commonly referred to as "on-the-table" complications. The pro-abortion "fact sheets" also ignore problems that occur after women leave abortuaries and do not mention those due to ancillary causes such as resulting ectopic pregnancies and severe nervous system and brain damage from "anesthetic misadventures."

Some of the more common physical dangers of abortion are:[63]

- **Death.** As many as 100 women currently die from legal abortions in the United States every year. The vast majority of these deaths are not reported as being caused by abortion. Instead, coroners attribute them to other causes, such as "blood poisoning," "anesthetic misadventure," or "spontaneous gangrene of the ovaries."
- **Uterine Perforation.** Between two and three percent of aborted women suffer perforations of the uterus. Most of the perforations caused during first-trimester

perforations of the uterus. Most of the perforations caused during first-trimester abortions go undiagnosed and may lead to problems that may require a hysterectomy or other major corrective surgery, which, in itself, entails physical and psychological complications. Perforations occurring during late-term abortions are more frequent and are always serious in nature.

- **Cervical Lacerations.** Cervical lacerations requiring sutures occur in about one percent of all first-trimester abortions. Less severe undiagnosed cervical damage may result in subsequent cervical incompetence, premature delivery and labor complications. Cervical damage and scarring of the endometrium from abortion may also increase the risk of abnormal development of the placenta in subsequent pregnancies, thus increasing the risk of birth defects.
- **Breast Cancer.** As described further here, the risk of breast cancer more than doubles after one abortion and grows even greater with subsequent abortions.
- **Cervical, Ovarian and Liver Cancer.** Women who have had one abortion more than double their risks of cervical, ovarian, and liver cancer, and women with more than one abortion quadruple their risks.
- **Placenta Previa.** Placenta previa involves a placenta being superimposed upon the os and causes severe hemorrhage during labor. Abortion increases the risk of this condition by a factor of from 700 to 1,500 percent. Placenta previa also increases the risks of subsequent fetal malformation and perinatal death.
- **Ectopic Pregnancies.** Abortion is related to an increase in ectopic pregnancies in future pregnancies, which can seriously threaten the mother's future fertility and even her life. Abortionists may also "abort" a mother who has an ectopic pregnancy at the time, thereby allowing the condition to continue and placing her life in danger.
- **Pelvic Inflammatory Disease (PID).** PID is life-threatening and can lead to subsequent infertility and an increased risk of ectopic pregnancy. Twenty-five percent of mothers who have chlamydia [the most common female venereal disease] at the time of their abortions will develop PID, and five percent of those who do not have chlamydia at the time will develop PID.
- **Endometritis.** Endometritis is inflammation of the endometrium (the mucous membrane lining the uterus). Abortion increases the risk of endometritis, especially among teenagers.

There are two primary reasons why the rates of legal abortion injuries are always underreported. First, abortion mills do not legally require licensing, and most states (including California, New York, Texas and Florida, which account for 40 percent of all abortions in the United States) do not require the reporting of abortion-related injuries. This allows many abortion deaths and injuries discovered after the woman leaves the abortuary to be attributed to other causes. Therefore, any rate of legal abortion morbidity and mortality in many states must necessarily be an estimate and must therefore be suspect.

Second, less than 40 percent of women who require post-abortion emergency care return to the abortionist, but instead go to their own gynecologist or to an emergency room when they begin to suffer delayed abortion problems, such as infections.[64] Aggravating this situation is the fact that only 30 to 40 percent of women who have had abortions return for the abortion mill's follow-up examinations (even if required), thereby letting many injuries go undetected until they cause serious problems [65]

relating many injuries go undetected until they cause serious problems.[60]

[Go to Next Topic: The Connection Between Breast Cancer and Abortion](#)

[Return to *Surgical Abortion* Table of Contents](#)

Footnotes to "Abortion and Authentic Women's Health Issues"

[42] Bernard Nathanson, M.D. *Aborting America* [New York: Doubleday, 1979], page 193.

[43] Marian Faux. *Roe v. Wade: The Untold Story of the Landmark Supreme Court Decision That Made Abortion Legal* [New York: MacMillan, 1990].

[44] Malcolm Potts, Peter Diggory and John Peel. *Abortion* [Cambridge University Press, 1970].

[45] Christopher Tietze, M.D. *Induced Abortion: A World View, 1983* [New York: The Population Council, 1983].

[46] CDC figures and other quotes are extracted from Matthew J. Bulfin, M.D. "Deaths and Near Deaths with Legal Abortions." Presented at the American College of Obstetricians and Gynecologists (ACOG) Convention at Disney World, Florida, October 28, 1975.

[47] U.S. Bureau of Commerce, Department of the Census. *National Data Book and Guide to Sources, Statistical Abstract of the United States 1999*. Washington, DC: U.S. Government Printing Office. Table 133, "Infant, Maternal, and Neonatal Mortality Rates and Fetal Mortality Ratios, By Race: 1980 to 1997." The entire Statistical Abstract for the current year in PDF format is available on the Census Bureau Web site at <http://www.census.gov>.

[48] Bulfin, op.cit.

[49] Priya Darshini. "Abortions Increase in India." *The Oregonian* [Portland, Oregon], September 3, 1989, page A9.

[50] Khama Rogo. "Induced Abortion in Africa" (unpublished draft), prepared for the Population Association of America annual meeting in Toronto, Canada, May 2-3, 1990.

[51] See Dr. Salvador Sandoval's letter in the April 2, 1992 issue of the *Merced Sun-Star*, and James A. Miller's rebuttal in the April 30, 1992 issue of the same publication.

[52] December 30, 1991 letter of Dr. Geraldo Hideu Osanai, President, Associacao Pro-Vida de Brasilia to Andrew M. Nibley and Thomas D. Thompson of the Reuters News Agency in New York City.

[53] In addition to the exaggerated claims illegal abortion deaths in India, Brazil, Mexico, Africa and the United States, there have been allegations of 20,000 deaths in Italy, 15,000 deaths in West Germany (D. Kurchoff, *Deutsches Arztblatt*, October 26, 1972) and 2,000 deaths in Portugal (Portuguese *Anuario Estatistico*, Tables 11, 16, and 111).

[54] Jodi L. Jacobson. "Coming to Grips with Abortion," pages 114 to 131. In the *Worldwatch Institute's State of the World 1991 Report*. W.W. Norton Publishers, London, 1991. Also issued as *Worldwatch Paper #97, The Global Politics of Abortion*.

[55] The Fund for the Feminist Majority claimed that "Illegal Abortion Kills One Woman Every 3 Minutes Worldwide" in the title of an advertisement for its "Abortion for Survival" propaganda video in the July/August 1989 issue of *Ms. Magazine*, page 47. The

Revolutionary Communist Party of the United States alleges on pages 4 and 40 of its booklet entitled "Women Are Not Incubators!: The Assault on Abortion Rights" that "Today some 200,000 women a year die in Third World countries - one woman every three minutes. And the anti-abortion policy of the U.S. is making the situation even worse."

[56] 1989 Planned Parenthood Federation of America pamphlet entitled "The Bush Administration: Dragging Us Back to the Back Alley."

[57] February 6, 1989 Planned Parenthood Federation of America advertisement in the New York Times entitled "How Can You Explain That Her Mother Died of Politics?"

[58] International Planned Parenthood Federation, Western Hemisphere Region, Inc. Annual Report, 1989 [New York: PPFA, 1989], pages 2 and 3.

[59] Stanley K. Henshaw. "Induced Abortion: A World Review, 1990." Family Planning Perspectives, March-April 1990, pages 76 to 89.

[60] U.S. Bureau of Commerce, Department of the Census. National Data Book and Guide to Sources, Statistical Abstract of the United States 1999 [Washington, DC: U.S. Government Printing Office, 1999]. Table 133, "Infant, Maternal, and Neonatal Mortality Rates and Fetal Mortality Ratios, by Race: 1980 to 1997." The entire Statistical Abstract for the current year in PDF format is available on the Census Bureau Web site at <http://www.census.gov>.

[61] Bernard N. Nathanson, M.D., FACOG. "A Pro-Life Medical Response to ACOG's January 1990 Publication: 'Public Health Policy Implications of Abortion'" presented by William F. Colliton, M.D., et. al. American Life League, 1990.

[62] Warren Hern. Abortion Practice [Philadelphia: J.B. Lippincott Company, 1990], pages 101 and 103.

[63] The information in this section is extracted from two excellent summaries of current research on the physical and psychological complications arising from legal abortion. These are recommended to anyone who is doing any type of in-depth research on this topic. (1) David C. Reardon. Abortion Malpractice. Life Dynamics, PO Box 2226, Denton, Texas 76202, telephone: (817) 380-8800, FAX (817) 380-8700. (2) Thomas Strahan. Major Articles and Books Concerning the Detrimental Effects of Abortion. Rutherford Institute, PO Box 7482, Charlottesville, Virginia 22906-7482, telephone: (804) 978-3880.

[64] Schonberg, "Ectopic Pregnancy and First Trimester Abortion." Ob.Gyn. 49 (1S): 73S-75S, January 1977.

[65] Major & Cozzarelli. "Psychosocial Predictors of Adjustment to Abortion." Journal of Social Issues 48(3):121-142 (1992).

Facts of Life: Chapter 1: Surgical Abortion: The Common Psychological Problems Abortion Causes to Fathers



 SHARE

The Common Psychological Problems Abortion Causes to Fathers.

The Danforth Decision. The United States Supreme Court ruled on father's rights regarding abortion in its *Planned Parenthood of Central Missouri v. Danforth* decision of July 7, 1976.

Among other findings, the Supreme Court held that any requirement that a husband or parent be even informed about a wife's or minor's abortion is unconstitutional.

This decision stripped fathers of any legal right whatever to protect their own preborn children. The father therefore has less of a right to protect his own child than abortion referral agents have to arrange its death, the abortionists to kill it, or the State to declare his slightest opposition unconstitutional and punishable. His relationship to his own child is deemed much less important than his relationship to a piece of property - say a car stereo.

On the other hand, the Danforth decision enforced "mandatory fatherhood" for those men who did not want a child. In summary, a father has literally no voice whatever in the decision to have or not have a child. And this glaring and hurtful inequality is ignored by the same feminists who are demanding equality themselves.

In a subsequent case (*Conn v. Conn*), the Supreme Court refused to hear litigation which attempted to establish minimal rights for the fathers of preborn children. James Bopp of the National Right to Life Committee (NRLC) represented Erin Andrew Conn of Elkhart, Indiana, who won a court order in June 1988 barring his wife, Jennifer, six weeks pregnant, from having an abortion. She defied the court injunction and had an abortion with the help of the American Civil Liberties Union (ACLU). Her lawyer, Richard A. Waples of the Indiana ACLU, stated in legal papers that "she did what she had to do to protect both her physical and emotional health."

This document made it sound as if Jennifer Conn had her back against the wall, and that abortion was the only way out for her. Why did Jennifer Conn need an abortion "to protect both her physical and emotional health?" Court documents showed that she had the abortion because she had planned a trip to the beach and wanted to look good in her new bathing suit!^[85]

The *Conn v. Conn* case was the first pure "father's rights" litigation brought to the attention of the Supreme Court of the United States, and decisively demonstrated that fathers have no rights whatever regarding their preborn children.

Impacts on Fathers and Relationships. According to a national poll, more than half of all fathers - including married men - are not even told that their children have been aborted.[86]

While feminists demand total control over the abortion decision, they callously disregard the feelings and needs of men, whom they lock out of the process with grim determination. And while they demand that men be more "sensitive" and "caring," they mandate that men have no say in the decision regarding whether or not their own child lives.

The reaction of Louise Tyrer, vice-president of medical affairs at Planned Parenthood, is typical of the utter callousness that pro-abortionists show towards any rights other than their own: "But it doesn't matter how much men scream and holler that they are being left out [of the abortion decision]. There are some things that they are never going to be able to experience fully. I say, 'tough luck.'"[87] Marjorie Reiley Maguire and Daniel C. Maguire, members of the anti-religious group 'Catholics' for a Free Choice (CFFC), counseled that "Nor is [abortion] a question of the man's rights. You have no moral obligation to consult him or to consider his desire that you continue the pregnancy." [88]

This callous hypocrisy can only lead to anger and hurt on the part of men and a subsequent tremendous strain on relationships.

Researcher Arthur Shostak surveyed 1,000 men waiting in abortion mills while their wives and girlfriends were being aborted. He tallied and analyzed their responses to his questions on their feelings and concluded the following:

- 42 percent of the boyfriends had offered to marry the woman;
- 25 percent of those who did not offer to marry the woman offered child support;
- Most of the men, regardless of their feelings toward abortion, offered to pay the costs of the abortion "procedure;"
- 39 percent of the men believed that life began at conception or when the nervous system began to function; and
- 26 percent believed that the abortion was the "killing of a child."

Shostak's study, not surprisingly, found a vast range of emotions among the men. They feared for the women's health, felt guilty about the abortion or the pregnancy, felt self-doubt, and also anguish and pain over the loss of their children and over the entire abortion "experience." [89]

Just as childbirth is not a trivial issue for a woman, abortion is not a trivial issue for a man. University of Maryland psychologist Arnold Medvene says that "Abortion is one of the major death experiences that men go through. It resurrects very important, very

primitive issues, memories, and feelings." [90]

When men are purposely and systematically shut out of such an important decision, they (being men) must take some kind of action to relieve their frustrations. Clinical studies have shown that men become angry when they are purposely omitted from an important decision that involves their own family, and they feel deceived and manipulated. The man may not show his anger at the time of the abortion, but it will eventually express itself through "hooking," a process of reacting angrily to a situation that he associates with the abortion. [91] In other words, he may feel strong emotions when he sees a child that is the same age as his aborted child would have been, or when he sees a pregnant mother. This kind of reaction is remarkably similar to those of women suffering from post-abortion syndrome (PAS).

Most commonly, however, a man reacts to an abortion that was committed over his objections by dumping his wife or girlfriend. One study showed that three-fourths of the relationships between married and unmarried couples fell apart within one month of the abortion. [92] Not surprisingly, feminist groups object strenuously to the men abandoning relationships without any input from women, while they fully support the "right" of women killing their preborn children without any input from men.

[Go to Next Topic: Further Reading: Surgical Abortion Definitions, Methods and Effects](#)

[Return to Surgical Abortion Table of Contents](#)

Footnotes to "The Common Psychological Problems Abortion Causes to Fathers"

[85] In re Unborn Baby H., No. 84C01 8804JP185, slip opinion at 1-2 (Vigo County, Indiana Circuit Court, April 8, 1988). Also see "Woman Defies Court, Father, Aborts Child." Washington Times, April 15, 1988.

[86] Marie Shelton. "Abortion Often Causes Guilt, Regret, Poll Finds." Sacramento Bee, March 19, 1989, page A7.

[87] Quoted in John Leo. "Sharing the Pain of Abortion." Time Magazine, September 26, 1983, page 78. For more information on men's role in abortion, see the book by Arthur Shostak, Gary McLouth and Lynn Seng. Men and Abortion: Lessons, Losses, and Love [Praeger, 1984].

[88] Marjorie Reiley Maguire and Daniel C. Maguire. "Abortion: A Guide to Making Ethical Decisions." 'Catholics' for a Free Choice, September 1983.

[89] Arthur B. Shostak. "Abortion as Fatherhood Glimpsed: Clinic Waiting Room Males as [Former] Expectant Fathers." Presented to the Eastern Sociological Society Meeting in Philadelphia, Pennsylvania in March of 1985, page 4.

[90] Tamar Jacoby. "Doesn't a Man Have Any Say?" Newsweek Magazine, May 23, 1988, pages 74 and 75.

[91] Jane Steinhauser, M.D. "Abortion's Impact on the Father and Familial Relationships." Presented at a conference entitled "Healing Visions II, the Second National Conference on Post Abortion Counseling," at the University of Notre Dame, on

July 20, 1987.

[92] Vincent M. Rue, Ph.D. *Forgotten Fathers: Men and Abortion* [Lewiston, New York: Life Cycle Books, 1986].

Facts of Life: Chapter 1: Surgical Abortion: Further Reading



 SHARE

Further Reading: Surgical Abortion Definitions, Methods and Effects.

Magda Denes. *In Necessity and Sorrow: Life and Death in an Abortion Hospital* [New York: Basic Books, 1976]. Reviewed by Jenny Westberg. This book portrays a sad, ugly, and gruesome (but true) picture of the abortion industry. This is not a book for the faint-hearted. Incredibly, the author remained pro-abortion after writing it, which shows how deeply some people can deceive themselves and ignore reality. David Reardon, in his work *Aborted Women: Silent No More*, speculated that Denes wrote this book in order to numb herself to the awful reality of her own abortion.

Eugene F. Diamond, M.D. *This Curette for Hire*. \$3.95. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. The author discusses the deterioration of medical ethics and the critical role of the doctor in all anti-life activities: abortion, fetal experimentation, sterilization, euthanasia, infanticide, sex therapy, and more.

Louise Kapp Howe. *Moments on Maple Avenue: The Reality of Abortion* [New York: Macmillan, 1984]. Reviewed by Jenny Westberg. The title's claim that this book presents the "reality of abortion" is either naive or deliberately dishonest. The book gives an Alice-in-Wonderland view of the industry. The abortionists wear white hats; the counselors fairly ooze compassion and understanding; and the patients undergo quick and easy "procedures," none of which results in a dead baby. And everyone lives happily ever after, especially the aborted women. This book is recommended for science fiction aficionados.

Jonathan B. Imber. *Abortion and the Private Practice of Medicine* [New Haven: Yale University Press, 1986]. 164 pages. Reviewed by William May in the November 6, 1986 issue of *National Right to Life News*. This fascinating book not only describes in detail the various methods of abortion, but interviews in detail 25 of the 26 ob/gyn doctors who serve a middle-sized Northeastern city. Some of these doctors do not do abortions, some do, and some used to but stopped for various reasons. The attitudes and details of daily living of each of these doctors, and their interactions with other doctors who do not share their views regarding abortion, make interesting reading.

Making Health Care Decisions: A Report on the Ethical and Legal Implications of Informed Consent in the Patient-Practitioner Relationship. Volume 1: *Report*. Serial Number 040-000-00459-9, 1982, 208 pages, \$6.00. Volume 3: *Appendices, Studies on the Foundations of Informed Consent*. Serial Number 040-000-00469-6, 1982, 257 pages, \$6.50. Order by mail from Superintendent of Documents, United States Government Printing Office, Washington, DC 20402, or by telephone from (202) 783-3238.

Bernard Nathanson, M.D. *The Silent Scream*. \$3.95. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This is the book form of the film that provoked an international scream of protest and a futile pro-abortion effort to discredit and censor it. The book, like the film, describes a suction abortion from the baby's point of view. The book also includes pro-abortion rebuttals to Nathanson's film *The Silent Scream* and the answers to those rebuttals.

E. Dorsey Smith. *Abortion: Health Care Ethics* [Appleton-Century-Crofts, 1982]. 241 pages. Reviewed by Mary Kay Culp on pages 7 and 15 of the October 24, 1985 issue of *National Right to Life News*. Among other gems, this rabidly pro-abortion nurse writes that informed consent is punitive, and that all pro-life nurses should get out of obstetrics/gynecology, regardless of their level of competence.

Wrongful Life: Birth as the Result of Negligence, January 1970 Through September 1988. Includes 627 citations to selected English and foreign language publications. Serial Number 817-004-00018-1, 1988, 33 pages, \$2.00. Order by mail from Superintendent of Documents, United States Government Printing Office, Washington, DC 20402, or by telephone from (202) 783-3238.

[Return to *Surgical Abortion* Table of Contents](#)

Facts of Life: Chapter 2: Abortifacients



 SHARE

[How the Definition of "Conception" Has Evolved, and Why This is Important](#)

- The Future of Pro-Life Activism
- How the Definitions Have Evolved
- Summary of the Changes
- How the New Definitions Work to Kill Preborn Babies
- The Bottom Line

[The Definition and Types of Abortifacients](#)

[\(1\) Oral Contraceptive Pills \(OCPs\)--Part 1](#)

- The 'Sexual Revolution'
- How the Birth Control Pills Work
- The Types of Oral Contraceptive

[\(1\) Oral Contraceptive Pills \(OCPs\)—Part 2](#)

- Pregnancies While Using the "Infallible" Pill
- The Pill: Unsafe At Any Speed
- Indirect Effects of the Pill
- Implications for Pro-Life Activists

[\(2\) Intrauterine Devices \(IUDs\)](#)

- What is an Intrauterine Device?
- How Do IUDs Work?
- Complications Associated with IUD Use
- The IUD and "Contraceptive Imperialism"

[\(3\) Depo-Provera](#)

- How Depo-Provera Works
- Adverse Reactions to Depo-Provera

[\(4\) Norplant and Jadelle](#)

- History of Norplant and Jadelle
- Implantation and Extraction Procedures
- How Norplant and Jadelle Work
- Norplant/Jadelle's Side Effects
- Norplant: Targeting the Poor Worldwide
- Norplant Used in Developing Nations
- Norplant Used in the United States

[\(5\) The RU-486 Abortion Pill—Part 1](#)

- Dreams of an "Ultimate Pill"

The Origin and History of RU-486

How RU-486 Works

[\(5\) The RU-486 Abortion Pill—Part 2](#)

Side Effects of the Abortion Pill on Women

Side Effects of the Abortion Pill on Preborn Babies

RU-486 - A Miracle Cure?

What RU-486 Means to the Abortionists

The Media Beats the Drum

'Prestigious' Awards

Birth Control = Abortion?

RU-486's Uses

Is This the End for the Pro-Life Movement

[\(6\) The Methotrexate/Misoprostol-Cytotec \(M&M\) Combination](#)

[\(7\) "Emergency Contraception"](#)

Introduction and History

Yet More Empty Promises

[The Teachings of the Catholic Church on Abortifacients](#)

[Further Reading: Abortifacients](#)



 SHARE

What the Anti-Lifers Think.

"We have seen more than once that the public welfare may call upon the best citizens for their lives [in warfare]. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices. ... Three generations of imbeciles are enough."

- Supreme Court Associate Justice Oliver Wendell Holmes in Buck v. Bell.[2]

Although they have eschewed the word, many anti-lifers still believe that the practice of eugenics possesses an entirely undeserved negative reputation. They say that the science of eugenics - or, as it is often called now, "human genetics" - is merely the use of scientific principles to solve the problem of improving the health of the entire human race - by improving the health of individuals. Then they go on to stereotype pro-lifers, saying that "scaremongers would have us believe that slaving Nazi butchers in white lab coats are waiting in the wings for just the right moment to perform their hideous experiments on the unsuspecting. What nonsense!"

The majority of anti-lifers will indeed disavow the word "eugenics," but not its practice. They approve of population control, sex-selection abortions, prenatal testing followed by the abortion of handicapped preborns, in-vitro fertilization and all kinds of other assisted reproduction techniques, fetal experimentation and organ harvesting, cloning and euthanasia. All of these practices are purely eugenic in nature, because they "select out" weaker human beings for extinction through artificial selection.

[Go to Next Topic: Why Pro-Lifers Should Study Eugenics](#)

[Return to *Eugenics* Table of Contents](#)

Endnotes for "What the Anti-Lifers Think"

[1] "The Abolition of Man." BreakPoint with Charles Colson, October 11, 2001.

[2] United States Supreme Court decision Buck v. Bell, 274 US 200 (1927), at 207.

Facts of Life: Chapter 24: Eugenics: Why Pro-Lifers Should Study Eugenics



 SHARE

Why Pro-Lifers Should Study Eugenics.

"If any one age really attains, by eugenics and scientific education, the power to make its descendants what it pleases, all men who live after are the patients of that power, slaves to the dead hand of the great planners and conditioners. If man chooses to treat himself as raw material, raw material he will be."

- C.S. Lewis. The Abolition of Man.[3]

The Distilled Anti-Life Mentality. The "anti-life mentality" frequently referred to in The Facts of Life could just as accurately be called the "eugenics mentality."

The theory of eugenics is the purest distillation of anti-life thinking. The practice of eugenics is simply the anti-life movements in action. The theory and practice of eugenics covers the entire spectrum of the "slippery slope," from artificial contraception to abortion to euthanasia to genocide, and also encompasses many other evils as well.

Eugenics is and always has been a racist philosophy. Even some pro-abortion theorists recognize that it is always wealthy white people who drive the movement to exterminate those they consider imperfect - and many times, dark skin is considered an "imperfection" [see Figure 24-8 for a "lineup" of famous eugenicists - almost every one of whom is wealthy and white]. As radical feminist Ninia Baehr has observed, "Historically, white, heterosexual, able-bodied, middle-class men and women in the population control, birth control, eugenics, and abortion rights movements have not respected the choices of people who were different from them." [4]

The second hallmark of eugenics is its use of abortion. Both on a national and a personal scale, prenatal diagnosis and abortion are the ideal tools for eliminating the less-than-perfect. In China, India and other Asian countries, this lethal combination has led to the deaths of tens of millions of preborn babies - not because they were handicapped, but because they were female (see Chapter 4, "China's Forced Abortion Program"). In the United States, the National Institute of Health (NIH) has found that parents aborted more than 95 percent of all preborn babies who were found "defective" by prenatal genetic tests.[5]

In summary, eugenics is the foundation for "scientific racism;" it is the driving force behind abortion, euthanasia, embryo and fetal research, the global population policy, and a galaxy of other evils so bizarre they would have been unimaginable to even the most inventive science-fiction writer in the 1950s. Eugenics philosophy is ingrained in all of the social sciences, to include anthropology, sociology and psychology. Since it is so pervasive, it is worth studying and understanding.

Evil Refined. Until the mid-1980s in North America and Europe, eugenics practice had been limited to dictating that it is we, not God, who determines who will be born into this world (through the widespread practice of abortion). We are now at the point where eugenics may very well determine who will remain here (through the growing practices of infanticide, euthanasia, 'medicide' and 'senicide').

Eugenics certainly did not die with the Third Reich. The eugenics "movement" flourished long before Hitler came to power, and it is certainly alive and well today. In fact, it is stronger now than it ever has been. And, since its adherents have learned their lessons regarding the value of the tactics of stealth, deception, incrementalism, and propaganda from long experience, the eugenics movement is far deadlier.

[Go to Next Topic: Definitions](#)

[Return to *Eugenics* Table of Contents](#)

Footnotes to Why Pro-Lifers Should Study Eugenics

[3] C.S. Lewis. *The Abolition of Man*. Quoted in "Controllers and Conditioners: The Abolition of Man." BreakPoint with Charles Colson, October 11, 2001.

[4] Ninia Baehr. *Abortion Without Apology: A Radical History for the 1990s* [Boston: South End Press, 1990], see especially pages 33, 47 and 56.

[5] Sorenson, "Some Social and Psychological Issues in Genetic Screening." Symposium on Intrauterine Diagnosis (D. Bergsma, editor). 1971, page 177.

Facts of Life: Chapter 24: Eugenics: Definitions



Definitions.

In order to be able to understand and discuss the eugenics mentality and its goals, it is necessary to define the differences between positive and negative eugenics.

These definitions, set forth by prominent geneticist Kurt Hirschhorn, M.D., are given below.

Eugenics - Planned breeding designed to alter the genetic makeup of future generations.

Positive Eugenics - the preferential breeding of so-called superior individuals in order to improve the genetic stock of the human race.

Negative Eugenics - discouragement or the legal prohibition of reproduction of individuals carrying genes leading to disease or disability ... can be achieved by genetic counseling or by sterilization, either voluntary or enforced.[6]

In general, then "eugenics" is the study and employment of methods designed to improve the genetic characteristics of the human race by controlling the reproduction of individuals.

[Go to Next Topic: The Early History of Eugenics](#)

[Return to *Eugenics* Table of Contents](#)

Endnotes for "Definitions"

[6] Kurt Hirschhorn, M.D. "Practical and Ethical Problems in Human Genetics." Birth Defects, July 1972.



The Early History of Eugenics.

"The eugenic movement, therefore, can not be a short campaign like many political or social movements. It is, rather, like the founding and development of Christianity, something to be handed on from age to age."

- "Report of the President of the American Eugenics Society, Inc.," June 26, 1926, page 20.

The Pioneers Make Their Case. In 1798, Thomas Malthus published *An Essay on the Principle of Population*, which argued that, while the human population is growing at a geometrical rate, food production is only growing at an arithmetic (straight-line) rate. This means that, sooner or later, widespread starvation and famine will occur, resulting in a drastic cutback in the human population.

Charles Darwin set the scientific world on its ear in 1856 when he published his book *On the Origin of Species*, which set forth for the first time a coherent explanation of the theory of evolution. In his Preface, Darwin stated that evolution was "an application of the theories of Malthus to the entire animal and vegetable kingdom." Darwin stated that his "theory of natural selection" - why some species endured while others disappeared - was based on Malthus' mathematical theories. In 1871, Darwin extended this thesis in his book *The Descent of Man*. He stated that humanity, as it evolved, would see some of the weaker races reduced in number or even wiped out by "natural selection" in the form of famine, diseases, war, and other influences, while others (the stronger races) would survive and thrive.

Francis Galton, a cousin of Charles Darwin, coined the term "eugenics" in 1883, a derivation from the Greek "good birth" (it is no coincidence that the term "euthanasia," the control of death, is derived from the Greek "good death").

Galton described eugenics as "The science of improving [human] stock ... to give the more suitable races a better chance of prevailing speedily over the less suitable." [7] He founded the Eugenics Society in 1907, whose purpose was "... to spread eugenic teaching and bring human parenthood under the domination of eugenic ideals." [8]

Galton's new science, which came to be known as Social Darwinism, held that the struggle for existence in society and evolution would inevitably lead to the "fittest" races achieving domination over the "less fit."

In 1869, Galton had published his work *Hereditary Genius*, in which he wondered if it might be possible to produce geniuses by inbreeding the upper classes through several

might be possible to produce geniuses by inbreeding the upper classes through several generations, while sequestering the "less desirable elements" in monasteries, convents, and institutions.

Galton held the popular view that the naturally occurring evolution of the human race was being thwarted by philanthropy directed at "undesirable" segments of the population. In other words, he proposed replacing Darwin's "natural selection" with human-engineered "artificial selection" in order to speed up the evolution of the human race. This "artificial selection" in all of its forms was to become the new science of eugenics.

One of the first tasks at hand for the new eugenicists was to cut off, as far as possible, aid to the poor so that natural selection could once again do its work. Margaret Sanger, founder of the Planned Parenthood Federation of America (PPFA), said that

Such philanthropy, as Dean Inge has so unanswerably pointed out, is kind only to be cruel, and unwittingly promotes precisely the results most deprecated. It encourages 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.[9]

Francis Galton believed that, since natural selection was being curtailed by philanthropy, a kind of "artificial selection" would be needed in order to balance it out and return the process of evolution to a more "natural" state. Galton believed in the power of religion to move men's souls and minds, so he intended eugenics to develop from a science into national policy and finally into a religion.[10] The American Eugenics Society actually published a "Eugenics Catechism for Clergymen," which outlined the tenets and dogmas of this new religion.[11]

Atheist and racist Julian Huxley was the most important strategist of the Twentieth Century eugenics movement. He was the first Director-General of the United Nations Educational, Scientific, and Cultural Organization (UNESCO) and President of the English Eugenics Society (see Figure 24-8). He also founded the World Wildlife Fund (WWF), and was a member of both the British Euthanasia Society and the Abortion Law Reform Association (ALRA). His grandfather, Thomas Henry Huxley, was a leading advocate of Darwin's theories. His brother Aldous was the famous New Age psychedelic drug lobbyist.[12]

Julian Huxley seconded Galton's view that eugenics should eventually "evolve" into a religion;

We must face the fact that now, in this year of grace, the great majority of human beings are substandard: They are undernourished. or ill. or condemned to a ceaseless struggle

for bare existence; they are imprisoned in ignorance or superstition. We must see to it that life is no longer a hell paved with unrealized opportunity. In this light, the highest and most sacred duty of man is seen as the proper utilization of the untapped resources of human beings. ... I find myself inevitably driven to use the language of religion, for the fact is that all this does add up to something in the nature of a religion: Perhaps one might call it Evolutionary Humanism. The word 'religion' is often used restrictively to mean belief in gods; but I am not using it in this sense. ... I am using it in a broader sense, to denote an overall relation between man and his destiny, and one involving his deepest feelings, including his sense of what is sacred. In this broad sense, evolutionary humanism, it seems to me, is capable of becoming the germ of a new religion, not necessarily supplanting existing religions but supplementing them.[14]

One of the foremost eugenicists of the first half of the Twentieth Century is known to almost all pro-lifers as the founder of the Planned Parenthood Federation of America (PPFA) - Margaret Sanger.

Figure 24-1 includes just a few quotes by writers in Sanger's Birth Control Review in support of racist eugenics. Figure 24-2 is the complete text of Sanger's eugenicist "Plan for Peace."

All of these quotes were typed by the author directly from a complete set of The Birth Control Review, and they are absolutely authentic. In light of all of these racist and eugenicist statements, it is astounding that Planned Parenthood continues to deny that Margaret Sanger had a "program" for "Negros."

Figure 24-1

Quotes by Writers in *The Birth Control Review* in Support of Racist Eugenics

"It is the lower elements of the population, the negroid aboriginal tribes and the Pariahs or Outcasts, who are gaining the fastest."

- Lothrop Stoddard. "Population Problems in Asia." *Birth Control Review*, Volume V, Number 12 (December 1921), page 11.

"2d. The white race then may proceed as follows: Let the Christians exterminate all Jews and Moslems, then the Protestants kill all Catholics, then let the Ku-Klux-Klan kill everybody except the one-hundred-per-cent [racially pure]; then let the Nordic race with blond hair and blue eyes kill off all the dark complexioned."

"2e. As a last resort the Nordics may cultivate large colonies of Typhoid, Flu or other bacilli and distribute them, as occasion requires, by means of aeroplanes, and manufacture cheaply on a large scale, poison gases and smoke the surplus [colored] population to hades."

"3. Teach and practice scientific Birth Control "

3. Teach and practice scientific birth control.

- Bernard Sacks, M.D. "Overpopulation." *Birth Control Review*, Volume VIII, Number 9 (September 1924), pages 252 and 270.

"Only the inconceivable eventuality of an alliance of all the other races of the world against the white race could seriously threaten white civilization, and by the time the colored races reach the stage where this would be possible, they will long since have been forced to adopt birth control themselves.

"The white will practice voluntary restriction of their numbers while "uncivilized" races remain prolific, with the ultimate result of the extermination of white civilization by a 'rising tide of color.'"

- Malcolm H. Bissell. Review of J.B.S. Haldane's book *Daedalus or Icarus: Is Science to Be Man's Servant or His Master?* *Birth Control Review*, Volume VIII, Number 10 (October 1924), pages 277 and 279.

"I am hoping that your influence will be felt among the masses of three races in particular, the Hebrew, the Italian, and the Negro. From casual observation it seems to me that these races are less observant of Birth Control than any others."

- "The Correspondents Column." *Birth Control Review*, Volume IX, Number 12 (December 1925), page 357.

"I wish to reiterate that all objections to birth control can be met unanswerably except one - that the human race will degenerate if the superior races and the superior classes among civilized races will curtail the number of their offspring while inferior races and the inferior strata in civilized countries will continue their high birthrate. This must be prevented by all means, and it can be if we go about it earnestly and zealously, and if the civilized governments give us their cooperation."

- Editorial in *The Critic and Guide*, July 1931, quoted in "In the Magazines." *Birth Control Review*, Volume XV, Number 9 (September 1931), page 268.

"The Negro problem is one of the most complicated and important confronting America. ... Whatever the ultimate answer may be, such an attitude brings to light the function of birth control as a necessary agency in its solution. The present submerged condition of the Negro is due in large part to the high fertility of the race under disastrously adverse circumstances. ... Thus the question arises to what extent birth control has had a eugenic effect upon the Negro race ..."

- Editorial. *Birth Control Review*, Volume XVI, Number 6 (June 1932, the "Negro Number"), pages 164 and 165.

"There is no great opposition to birth control among the twelve million brown Americans ... Negroes are perhaps more receptive to this information than white folk. Despite their vaunted superiority, the white brethren have a full quota of illusions and, one might say, hypocrisies, especially about anything dealing with sex ..."

"After all, a woman is biologically a child factory, as a cow is a milk factory and a hen an egg factory. Certain ingredients of a certain quality are necessary to produce a healthy child under proper conditions of rest and security. If these are absent, the child will usually be an inferior product."

- George Schuyler. "Quality or Quantity." *Birth Control Review*, Volume XVI, Number 6 (June 1932, the "Negro Number"), page 166.

"Basing their prognostications on the Negro's mortality rate as compared with that of the white population, they have seen the solution of the vexatious Negro problem achieved by the mere passing of time. And not a few anthropologists and sociologists have valiantly maintained that the difference in Negro and white mortality rates is conclusive evidence of the innate inferiority of the Negro.

"... Negroes who by virtue of their education and capacity are best able to rear children shrink from that responsibility and the Negro who, in addition to the handicaps of race and color, is shackled by mental and social incompetence serenely goes on his way bringing into the world children whose chances of mere existence are apparently becoming more and more hazardous.

"The probabilities are that the race problem in America is infinitely aggravated by the presence of too many unhappily born, sub-normals, morons, and imbeciles of both ["negro" and white] races. ... For at present the practice [of birth control] is confined to those whose offspring would be best fitted to carry the lance of racial progress."

- Elmer A. Carter. "Eugenics For The Negro." *Birth Control Review*, Volume XVI, Number 6 (June 1932, the "Negro Number"), page 169.

"In virtually every community where Negroes dwell one finds them in fat times and lean alike contributing a disproportionate number to the rolls of the dependents and delinquents. They make excessive demands on the white man's charity and overtax his patience with their delinquencies. Recent data from several towns and cities indicate that the Negro is furnishing a quota in the fields mentioned, four or five times in excess of his portion of the population. Whatever the explanation, one thing is certain: too many Negro parents have made themselves and their offspring public dependents by having a too numerous progeny.

"It is this sort of behavior that the white man is coming to resent. Time was when the dominant race was over indulgent, but that is rapidly passing. The Negro can no longer ask indulgence, he must command respect. If he will learn to control his fecundity, he will not have to give hostages to the white man till the white man despises him for his weakness and counts him a social menace."

- Newell L. Sims. "Hostages to the White Man." *Birth Control Review*, Volume XVI, Numbers 7 and 8 (July-August, 1932), pages 214 and 215.

"Many white American children are among them - pure American stock, who have gradually moved from the Carolinas, Tennessee, Oklahoma, Arizona, and on into the Imperial Valley."

- Margaret Sanger. *The Pivot of Civilization* [New York: Brentano's, 1922], Chapter III, "Children Troop Down From Heaven ..." Page 66.

Figure 24-2

Margaret Sanger's Eugenics-Based "Plan for Peace"

"First, put into action President Wilson's fourteen points, upon which terms Germany and Austria surrendered to the Allies in 1918.

"Second, have Congress set up a special department for the study of population problems and appoint a Parliament of Population, the directors representing the various branches of science: This body to direct and control the population through birth rates and immigration, and to direct its distribution over the country according to national needs consistent with taste, fitness and interest of the individuals.

"The main objectives of the Population Congress would be:

- a. To raise the level and increase the general intelligence of population.
- b. To increase the population slowly by keeping the birth rate at its present level of fifteen per thousand, decreasing the death rate below its present mark of 11 per thousand.
- c. 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 feeble-minded, idiots, morons, insane, syphilitic, epileptic, criminal, professional prostitutes, and others in this class barred by the immigration laws of 1924 [Note that Jews and Catholics who were prospective immigrants when given the Stanford-Binet I.Q. tests were graded as 'feeble-minded' and thus disqualified from entrance].
- d. To 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.
- e. To insure the country against future burdens of maintenance for numerous offspring as may be born of feeble-minded parents, by pensioning all persons with transmissible diseases who voluntarily consent to sterilization.
- f. To give certain dysgenic groups in our population their choice of segregation or sterilization.
- g. To apportion farm lands and homesteads for these segregated persons where they would be taught to work under competent instructors for the period of their entire lives [practically speaking, a recipe for a concentration camp].

"The first step would thus be to control the intake and output of morons, mental defectives, epileptics.

"The second step would be to take an inventory of the secondary group such as illiterates, paupers, unemployables, criminals, prostitutes, dope-fiends; classify them in special departments under government medical protection, and segregate them on farms and open spaces as long as necessary for the strengthening and development of moral conduct.

"Having corralled this enormous part of our population and placed it on a basis of

health instead of punishment, it is safe to say that fifteen or twenty millions of our population would then be organized into soldiers of defense - defending the unborn against their own disabilities ...

"The third step would be to give special attention to the mothers' health, to see that women who are suffering from tuberculosis, heart or kidney disease, toxic goiter, gonorrhoea, or any disease where the condition of pregnancy disturbs their health are placed under public health nurses to instruct them in practical, scientific methods of contraception in order to safeguard their lives - thus reducing maternal mortality.

"The above steps may seem to place emphasis on a health program instead of on tariffs, moratoriums and debts, but I believe that national health is the first essential factor in any program for universal peace.

"With the future citizen safeguarded from hereditary taints, with five million mental and moral degenerates segregated, with ten million women and ten million children receiving adequate care, we could then turn our attention to the basic needs for international peace.

"There would be a definite effort to make population increase slowly and at a specified rate, in order to accommodate and adjust increasing numbers to the best social and economic system.

"In the meantime we should organize and join an International League of Low Birth Rate Nations to secure and maintain World Peace."

Reference: Margaret Sanger. "Plan for Peace." *Birth Control Review*, Volume XVI, Number 4 (April 1932), pages 107 and 108. This article was a summary of Sanger's January 17, 1932 address before the New History Society in New York City.

[Go to Next Topic: The Americans 'Ape' the British](#)

[Return to *Eugenics* Table of Contents](#)

Endnotes to "The Early History of Eugenics"

[7] Francis Galton. *Inquiries Into Human Faculty* [London: Macmillan, 1883], page 25.

[8] Francis Galton. *Memories of My Life* [London: Melhuen Publishers, 1908].

[9] Margaret Sanger. *The Pivot of Civilization* [New York: Brentano's, 1922]. See especially Chapter V, "The Cruelty of Charity." Sanger condemns philanthropy repeatedly in this book. She also says that

"The curious situation has come about that while our statesmen are busy upon their propaganda of "repopulation," and are encouraging the production of large families, they are ignoring the exigent problem of the elimination of the feeble-minded. In this, however, the politicians are at one with the traditions of a civilization which, with its charities and philanthropies, has propped up the defective and degenerate and relieved them of the burdens borne by the healthy sections of the community, thus enabling them more easily and more numerously to propagate their kind" [pages 82 and 83]; "But there is a point at which philanthropy may become positively dysgenic, when charity is converted into injustice to the self-supporting citizen, into positive injury to the future of the race. Such a point it seems obvious is reached when the incurably defective are permitted to

such a point, it seems obvious, is reached when the measurably defective are permitted to procreate and thus increase their numbers" [page 99]; "My criticism, therefore, is not directed at the "failure" of philanthropy, but rather at its success. These dangers inherent in the very idea of humanitarianism and altruism, dangers which have today produced their full harvest of human waste, of inequality and inefficiency, were fully recognized in the last century at the moment when such ideas were first put into practice. Readers of Huxley's attack on the Salvation Army will recall his penetrating and stimulating condemnation of the debauch of sentimentalism which expressed itself in so uncontrolled a fashion in the Victorian era" [pages 108 and 109]; "The effect of maternity endowments and philanthropy would have, perhaps already have had, exactly the most dysgenic tendency. The new government program would facilitate the function of maternity among the very classes in which the absolute necessity is to discourage it. Such "benevolence" is not merely superficial and near sighted. It conceals a stupid cruelty, because it is not courageous enough to face unpleasant facts. Aside from the question of the unfitness of many women to become mothers, aside from the very definite deterioration in the human stock that such programs would inevitably hasten, we may question its value even to the normal though unfortunate mother" [page 115].

[10] Francis Galton. "Eugenics, Its Definition, Scope and Aims." Sociological Papers [London, 1905].

[11] "Eugenics Catechism for Clergymen," prepared by the Committee on Cooperation with Clergymen of the American Eugenics Society. Advertised among other publications in the "Report of the President of the American Eugenics Society, Inc.," June 26, 1926, page 25.

[12] Julian Huxley had written that "The negro mind is as different from the white mind as the negro body from the white body. The typical negro servant, for instance, is wonderful with children, for the reason that she really enjoys doing the things that children do. ... You have only to go to a nigger camp-meeting to see the African mind in operation - the shrieks, the dancing and yelling and sweating, the surrender to the most violent emotion, the ecstatic blending of the soul of the Congo with the practice of the Salvation Army. So far, no very satisfactory psychological measure has been found for racial differences; that will come, but meanwhile the differences are patent. ... [intermarriage between the] negro and Caucasian type ... gives rise to all sorts of disharmonious organisms. ... By putting some of the white man's mind into the mulatto, you not only make him more capable and more ambitious (there are no well-authenticated cases of pure blacks rising to any eminence), but you increase his discontent and create an obvious injustice if you continue to treat him like any full-blooded African. The American negro is making trouble because of the American white blood that is in him" [Julian Huxley. "America Revisited III. The Negro Problem." The Spectator, November 29, 1924. Downloaded from Mark Burdman. "Eugenics: Ideology of Genocide." <http://www.bosnet.org/archive/bosnet.w3archive/9407/msg00211.html> on March 5, 2002].

[13] Illustrations from Treasury Department, United States Public Health Service. "Miscellaneous Publication No. 18: Manual of the Mental Examination of Aliens" [Washington, D.C.: United States Government Printing Office, 1918]. These illustrations are on the Web site of the Dolan DNA Learning Center of the Cold Spring Harbor Laboratory at <http://www.eugenicsarchive.org>.

[14] Julian Huxley. Evolution in Action [New York: Signet, 1957], page 132.

Facts of Life: Chapter 24: Eugenics: The Basics of the Eugenics Philosophy



The Basics of the Eugenics Philosophy.

"If man is not a divinity, then he is a disease. Either he is the image of God, or else he is the one animal which has gone mad."

- G.K. Chesterton.[72]

Introduction. Despite all of the posturing and lofty theorizing of the eugenicists, there stands one immutable, diamond-hard fact: We must not, we cannot, dispose of human life if we perceive it as valuable and sacred. The eugenicists know that, once the connection between God and man is severed, man is no more than a product of the evolutionary chain, and is just another animal to be bred, aborted, neutered, or 'put to sleep' for the general good of society.

If the eugenicists can successfully convince society in general that "man is just another animal," they have virtually accomplished their ultimate goals. After all, we have no moral or ethical problems with breeding, aborting, and slaughtering animals. If the nature of man as God's greatest creation is generally denied, then we truly are just another species of soulless animal.

The practice of eugenics is nothing more than the anti-life mentality put into action. The theory and execution of eugenics-related activities ties all of the anti-life practices together.

Eugenics is diametrically opposed to the precepts of Christianity. On one side of this struggle we have Christian morality handed down by God and set down in Holy Scripture as interpreted by the Church Fathers; on the other side we have eugenicist 'morality' handed down by Darwin and set down in *On The Origin of Species* as interpreted by the eugenicist 'fathers.'

The First Step: Dehumanization. The first step in any eugenics or euthanasia program is to dehumanize the 'target' population. After all, it is much easier to kill or exploit a victim or an enemy who has been dehumanized and demonized.

Pro-abortionists first dehumanized the obviously human fetus by referring to it as "protoplasmic rubbish," "a goblet of meat," "equivalent to fingernail clipping or warts," "like a salamander," and "products of conception."

During the days of slavery, Blacks were called "dregs of humanity," and were considered "exactly intermediate between the superior order of beasts such as elephant, dog, and

orangutan, and European or White men." Other slave owners referred to the slave's "ignorance, brutality, obscenity, animal appetite, viciousness, and illegitimacy," and called them "ignorant, perverse, wicked, the pest of white men, and agents of Satan." [73]

Nazis held that Jews and others not of Aryan quality "... had to be treated like tuberculosis bacilli, with which a healthy body may become infested. This was not cruel, if one remembers that even innocent creatures of nature, such as hares and deer, have to be killed, so that no harm is caused by them." [74]

In his book *Mein Kampf*, Adolf Hitler referred to the Jews in almost comically vitriolic terms, alternatively comparing them to "maggots in a rotting corpse," "a plague worse than the Black Death," "mankind's eternal germ of disunion," "the drones in the human hive," "spiders sucking blood out of the people's pores," "a pack of rats eating one another," "the eternal bloodsucker," "the vampire of peoples," and "a harmful bacillus that spreads." [75]

Before he targeted the Jews, of course, Hitler killed more than a quarter of a million "sub-humans." These were adults and children who suffered from some physical or mental defect, sometimes trivial in nature.

Under the Nazi eugenicist program, thousands of children were killed by the Reich Committee for Children. Those sickly persons who would be eliminated were identified by the Committee for Research on Hereditary Diseases and Constitutional Susceptibility to Severe Diseases. These unfortunate people were carried to concentration camps by the Non-Profit Patient Transport Corporation, and their passage was funded by the Charitable Foundation for Institutional Care.

The job of the eugenicists is a little tougher today, because they recognize that they cannot target just one group of people with their propaganda. They must convince all of us that we are intrinsically worthless and that all of our value is conferred upon us by society. In this manner, "society" (as directed by the eugenicists, of course) will be able to revoke our right to live at any time.

The quotes shown in Figure 24-6 demonstrate that latter-day eugenicists/euthanasiasts are far down the road to convincing themselves that we human beings are just another breed of animal.

Figure 24-6

Anti-Humanity Statements by Modern Eugenicists

"Each time another one of us decides not to add another one of us to the

burgeoning billions already squatting on this ravaged planet, another ray of hope shines through the gloom ... No matter what you're doing to improve life on planet Earth, I think you'll find that phasing out the human race will increase your chance of success."

- Spokesperson for the Voluntary Human Extinction Movement (VHEMT). Quoted in Joel Dippold. "Live Well and Die." *The Portland [Oregon] Alliance*, March 1991, page 5.

"We must cut out the cancer of population growth. Coercion? Perhaps, but coercion in a good cause [population control] ... We must be relentless in pushing for population control."

- Paul Ehrlich. *The Population Bomb* [New York: Ballantine Publishers, 1968], pages 11 and 24.

"[Mankind is] the cancer of the planet."

- "U.S. Presents Views on Population Growth and Economic Development." *Department of State Bulletin*, January 31, 1966, page 176.

"We [humans] have grown like a cancer. We're the biggest blight on the face of the earth."

- Ingrid Newkirk, Director of People for the Ethical Treatment of Animals (PETA). Quoted by Charles Oliver. "Liberation Zoology." *Reason Magazine*, June 1990, pages 22 to 27.

"We are not interested in the utility of a particular species or free-flowing river, or ecosystem, to mankind. They have intrinsic value, more value to me than another human body, or a billion of them. Human happiness, and certainly human fecundity, are not as important as a wild and healthy planet ... Somewhere along the line - at about a billion years ago, maybe half that - we quit the contract and became a cancer. We have become a plague upon ourselves and upon the earth ... Until such time as *homo sapiens* should decide to rejoin nature, some of us can only hope for the right virus to come along."

- David M. Graber, quoting Bill McKibben's *The End of Nature* in the *Los Angeles Times* book review, as printed in the Orange County [California] *Register*, October 28, 1990.

"When it comes to feelings, a rat is a pig is a dog is a boy. They are all mammals. They all feel pain. There is no rational basis for saying that a human being has special rights ... 6 million people died in concentration camps, but 6 billion chickens will die this year in slaughterhouses."

- Ingrid Newkirk, founder and director of People for the Ethical Treatment of Animals (PETA), quoted by syndicated columnist Stephen Chapman in the December 6, 1989 *Chicago Tribune*. Also see "Animal Rights Activists Take Their Protests Too Fur."

"Every babe's birth diminishes me ... [obstetricians should discourage fertility] in order to diminish the amount of adult stupidity, which itself is a form of social pollution, and a most dangerous one ... Some form of community coercion - gentle or severe, explicit or cryptic - will have to be employed."

- Garrett Hardin. "Everybody's Guilty: The Ecological Dilemma."
California Medicine, November 1970, pages 42 and 45 to 46.

"There is no difference between cabbages and kings, we are all recent leaves on the old tree of life."

- Nobel Prize winner Szent Gyorgyi, quoted in Larry Azar. *Philosophy and Ideology* [Iowa: Kendall Hunt Publishers, 1988], page 18.

"I see no reason for attributing to man a significance different in kind from that which belongs to a baboon or a grain of sand."

- United States Supreme Court Justice Oliver Wendell Holmes, quoted in Richard Hertz. *Chance and Symbol* [Chicago: University of Chicago Press, 1948], page 107.

"To give preference to the life of a being simply because it is a member of our species would put us in the same position as racists."

- Australian 'bioethicist' Peter Singer, *Animal Liberation*. Quoted in Joseph Sobran's Washington Watch. "Nice Kitties?" *The Wanderer*, April 20, 1989, page 5.

"Soon the world may well be engulfed by indescribable horrors as these nations of the starving are crushed under the weight of their teeming populations."

- Edgar R. Chasteen. *The Case for Compulsory Birth Control* [Englewood Cliffs, New Jersey: Prentice-Hall, 1971].

"A large family can no longer in itself be viewed as a social contribution. If the parents of three children decide to have a fourth, it should be with the full awareness that they are choosing to indulge their personal desires at the expense of the welfare of their society."

- Lincoln H. Day and Alice Taylor Day. *Too Many Americans* [Boston: Houghton Mifflin, 1964], pages 133 to 135 and 233.

"To view the problem of health rationing objectively, what we need is a concept of man as a colonial creature, similar to ants and bees - which, like ourselves, are so highly specialized and so dependent on one another that no one of them can long survive alone. In the hives and homes of these bees and ants, no special care is given to the aged or infirm. Consideration is for the welfare of the colony as a whole."

- Dr. George Crile, Jr., Head of Surgery at the Cleveland Clinic, Cleveland, Ohio, quoted by Cal Thomas of the *Los Angeles Times* Syndicate, September 1984.

The Second Step: Barnyard Medicine. Eugenacists look upon human beings as a veterinarian looks upon farm animals. After the process of dehumanization has successfully taken place, they logically treat human beings just as a vet would treat a maladjusted or ailing animal.

Charles Darwin, the "Father of Modern Eugenics," recommended handling human beings and animals identically in his work *The Descent of Man*;

With savages, the weak in body or mind are soon eliminated; and those that survive commonly exhibit a vigorous state of health. We civilized men, on the other hand, do our utmost to check the process of elimination; we build asylums for the imbeciles, the maimed, and the sick; we institute poor laws; and our medical men exert their utmost skill to save the life of everyone to the last moment. There is reason to believe that vaccination has preserved thousands, who from a weak constitution would formerly have succumbed to smallpox. Thus the weak members of civilized society propagate their kind.

"No one who has attended to the breeding of domestic animals will doubt that this must be highly injurious to the race of man. It is surprising how soon a want of care, or care wrongly directed, leads to the degeneration of a domestic race; but excepting in the case of man himself, hardly anyone is so ignorant as to allow his worst animals to breed.[76]

In 1938, The Eugenics Society recommended a framework plan for dealing with human beings under the "People = Animals" philosophy;

The measures which have been proposed for reducing the fertility of sub-normal persons include regulation of births, sterilization, better adjustment of mental defectives within the community, legal prohibition of marriage, termination of pregnancy and health examinations before marriage ... Thus eugenacists aim at replacing the present generation by children who are deliberately conceived in the full light of all known medical, social, and genetic factors. They favor the planned as against the unplanned family, and they want to see the community so organized that its best citizens will feel eager to give full expression to the instincts of parenthood.[77]

And Marie Stopes, birth control champion, member of eugenics societies, and good friend of Margaret Sanger, complained in her book *Radiant Motherhood* that

Society allows the diseased, the racially negligent, the irresponsible, the careless, the feeble minded, the very lowest and worst members of the community, to produce innumerable tens of thousands of stunted, warped, inferior infants. ... A large proportion of these are doomed from their very physical inheritance to be at best but partly self supporting, and thus to drain the resources of those classes above them who have a sense of responsibility. The better classes, freed from the cost of institutions, hospitals, prisons and so on, principally filled by the inferior racial stock, would be able to afford to enlarge their own families.

The sterilization of those totally unfit for parenthood is an immediate possibility, indeed to perhaps be made compulsory.[78]

Eugenics in Action. Eugenists tend to believe that sexuality is a primitive and basically uncontrollable urge, and mankind, as a species of animal, simply cannot rise above his nature. Therefore, the resulting 'sexual frustration' must be relieved somehow if the animals are not to become uncontrollable. Therefore, pornography must be given to the animals.

If these animals have outlets for their sexual urges, they will remain placid and docile. So we have school-based clinics and we distribute free condoms to teens so that they can fornicate whenever their urges overcome them. Self-discipline is viewed as "reactionary" and "restrictive."

Of course, we must also breed out undesirable traits so that the animals will produce what we want them to. So Planned Parenthood and other anti-lifers aggressively target Blacks, the poor, and the "near-poor" with dozens of assembly-line abortion mills and hundreds of birth control clinics, all supported by public tax money (later in this Chapter, we will see how there are more than three times as many abortion mills in minority neighborhoods as in White neighborhoods).

And we cannot let the animals overpopulate, or there will be adverse impacts upon those in control. So the United States floods developing nations with tons of abortifacients that are deemed too dangerous for American animals to use.

Sick animals, of course, must be put to sleep, because they become useless and a burden on their owners. So we now have infanticide in our hospitals to take care of those animals that are born sickly or deformed, and we have a half-dozen major organizations pushing for 'death with dignity' and assisted suicide to eliminate those animals that have become weak and unproductive in their old age.

Naturally, we must practice positive eugenics to breed these animals so that better traits are emphasized, so we have in-vitro fertilization, artificial insemination, and 'sperm banks' of the 'best' animal's genes, none of which the critters from the "lower social strata" can afford and we must insure that these animal's undesirable traits are not

strata" can afford, and we must insure that these animals' undesirable traits are not passed on to their offspring, so we also have sterilization and abortion for poor animals, paid for with tax dollars.

This means that the infertile rich can afford the technology that allows them to reproduce, while the only thing that is offered to the poor for free is the opportunity to limit their fertility through tax-paid abortion, sterilization and contraception.

[Go to Next Topic: The Ultimate Goals of the Eugenicists](#)

[Return to *Eugenics* Table of Contents](#)

Endnotes to "The Basics of the Eugenics Philosophy"

[72] George J. Marlin and Richard P. Rabatin. "G.K. Chesterton and Eugenics." Fidelity Magazine, June 1990, pages 33 to 43.

[73] Simon Clough. A Candid Appeal to the Citizens of the United States, Proving that the Doctrines Advanced and the Measures Pursued by the Abolitionists Relative to the Subject of Emancipation, are Inconsistent with the Teachings and Directions of the Bible and that those Clergymen Engaged in the Dissemination of these Principles Should be Immediately Dismissed by their Respective Congregations as False Teachers. New York, 1834. Also see Richard H. Colfax. Evidence Against the Views of the Abolitionists, Consisting of Physical and Moral Proofs, of the Natural Inferiority of the Negroes. New York, 1833. Also see W.P.N. Fitzgerald. A Scriptural View of Slavery and Abolition. New Haven, 1839. Also see R. Yearson. The Amenability of Northern Incendiaries ... Charleston, 1835, page 5.

[74] James Tunstead Burtchaell. "The Holocaust and Abortion." Supplement to the newsletter of the Catholic League for Religious and Civil Rights, Volume 9, Number 11.

[75] Adolf Hitler. Mein Kampf [New York: Houghton, Mifflin, 1971] (originally published in 1925), pages 214 and 215.

[76] Charles Darwin. The Descent of Man [Chicago: Encyclopedia Britannica, Inc.]. Section I, Chapter 5. Also quoted in ALL About Issues, June-July 1986, page 42. For the complete text of this book, click here.

[77] The Eugenics Society. "Aims and Objects of the Eugenics Society," 1938. Described in Nancy B. Spannaus, Molly Hammett Kronberg, and Linda Everett (Editors). How to Stop the Resurgence of Nazi Euthanasia Today. Transcripts of the International Club of Life Conference, Munich, West Germany, June 11-12, 1988. Executive Intelligence Review Special Report, September 1988. EIR, Post Office Box 17390, Washington, D.C. 20041-0390.

[78] Marie Carmichael Stopes. Radiant Motherhood [London, 1920], page 10. Quoted in Valerie Riches. Sex & Social Engineering. Family and Youth Concern, Wicken, Milton Keynes, Bucks, MK19 6BU, U.K. (United Kingdom).

[HLI Expert: Joseph Meaney](#)



 SHARE

**Director of International Coordination
Human Life International**



"Protecting all human life in its earliest moments from abortion, cloning and other attacks is undoubtedly the human rights and social challenge of our age."

One of the world's leading experts on the international pro-life movement, Joseph Meaney speaks French, Spanish, and Italian fluently and is HLI's Director of International Coordination. His bachelors and masters degrees from the Catholic University of Dallas and the University of Texas Institute of Latin American Studies prepared him for an international career that has included lectures and investigative journalism missions on all continents and over 67 countries. Before becoming Director of

HLI's International Division, Joseph helped found and served four years as Vice Director of HLI's Rome Office.

Joseph has been published in *The American Spectator*, *Inside Catholic*, *National Catholic Register*, *LifeSiteNews*, and appeared in the pro-life documentary *Silent Fall*.



Joseph's recent talks include:

- "The Worldwide War against Baby Girls"
- "The Prophetic Nature of *Humanae Vitae* 40 years later"
- "What the Mexico City Policy Really Means", and
- "Modern Demography and the Globalization of the Birth Dearth."





To invite Joseph Meaney to speak in your area, or for media requests, email Stephen Phelan at sphelan@hli.org or call 540-551-2547.

Click [here](#) for Joseph's podcast of "The Worldwide War against Baby Girls" as well as audio from other HLI Experts:

HLI Experts



Click on a speaker's name or image for bio and contact information.



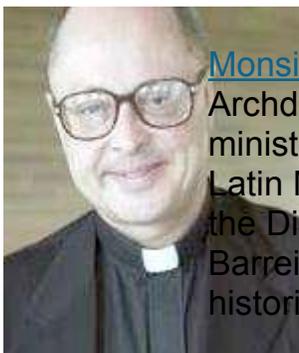
[Brian Clowes PhD](#) Best known as author of the most exhaustive pro-life informational resource volume, *The Facts of Life*, and for his *Pro-Life Basic Training Course*, Brian is the author of nine books, over 90 scholarly and popular articles, and has traveled to 35 countries on five continents as a pro-life speaker, educator and trainer. Perhaps most importantly, Brian authored the report which helped sway legislators in the 2001 defunding of the UNFPA by the Bush administration.



[Joseph Meaney](#) One of the world's leading experts on the international pro-life movement, Joseph Meaney speaks French, Spanish, and Italian fluently and is HLI's Director of International Coordination. His bachelors and masters degrees from the Catholic University of Dallas and the University of Texas Institute of Latin American Studies prepared him for an international career that has included lectures and investigative journalism missions on all continents and over 64 countries.



[Magaly Llaguno](#) HLI's executive director for Latin America and the Spanish-speaking world is long time pro-life leader Magaly Llaguno, who arrived in the United States from Cuba with refugee status in 1959. HLI Founder Father Paul Marx recognized her abilities immediately, and since 1984, when he asked her to found an Hispanic division for Human Life International, she has been overseeing this important and predominantly Catholic region of the world with skill and dedication.



[Monsignor Ignacio Barreiro](#) was ordained a priest for the Catholic Archdiocese of New York in 1987. From the beginning of his priestly ministry, Monsignor Barreiro was involved in the Pro-Life and Traditional Latin Mass apostolates. Since September 1998, Msgr. Barreiro has been the Director of the Rome office of Human Life International. Msgr. Barreiro has published hundreds of articles on theology, life issues, and historical subjects in popular and scholarly publications.



[Raymond de Souza](#) is HLI's Regional Coordinator for Portuguese-Speaking



nations. Fluent in 5 languages, Raymond is also renowned as a lay Catholic apologist and a tireless advocate for life around the world. He and his wife, Theresa, have eight children and live in Northeastern Pennsylvania.



[Jenn Giroux](#) is Executive Director of HLI America. A Registered Nurse and mother of 9 children, Jenn's powerful witness to life is evident in her many efforts at defending life, and why she was specially chosen to lead HLI's new domestic pro-life initiative.

Mission Report: Nigeria: January 2009



SHARE

MISSIONARY TRIP TO NIGERIA

Reported by Fr. Bill Bellrose, January, 2009.

The culture of life is alive and well in Africa, at least for now. My recent trip to Nigeria confirmed this fact. It also showed me how great is the need for continued outreach to this continent in order to keep it that way.

One great challenge that sooner or later faces all pro-lifers is **how to deal with the culture of death's verbal engineering**. Verbal engineering refers to the choosing of words that evoke certain



actions or cultural shifts. For example, the culture of death refers to its proponents as “pro-choice” and to pro-life activists as “anti-choice” or “anti-abortion.” The way certain issues or arguments are worded is extremely important in affecting the culture. This became the topic of a meeting I had with the Archdiocesan Laity Council at Regina Mundi Parish, which was attended by both priests and lay people. I also spoke about attacks against the dignity of the person in the promotion of contraception, abortion, and perverse “sex education.”

After the talk, I met privately with some of the attendees to further discuss these issues. At first, this consisted of only a few people, but others in the audience were also very interested in what was discussed, so the “private” meeting ended up being much less private than expected! It was extremely beneficial to listen to some of the challenges that the pro-life movement is facing in Nigeria. One of which is the need to improve communication between parish and regional pro-life groups. Another is the need to better understand the tactics used by the culture of death. Addressing the latter, **we spoke at length about the strategies used by the pro-death movement to advance its mission.**

PRO-LIFE SEMINARIANS





Leaders of Seminarians for Life

Since the battle against the culture of death is essentially a spiritual battle, **it will require pro-life leadership on the part of the Church for ultimate victory.** Therefore, I always welcome the opportunity to work with seminarians, as I did at Blessed Tansi Major Seminary in Onitsha, Nigeria.

On the morning after my first talk, I met a former seminarian, now a priest, who had returned for his first anniversary of ordained priesthood. His name was Fr. Lawrence Soja Anyembugu, and I was fortunate to share breakfast with him and his parents, as well as the seminarians. During breakfast, the seminarians were discussing issues from my talk on the previous night. Then, Fr. Anyembugu stood up and spoke on how the promotion of condoms is destroying Nigeria. It was wonderful to see these seminarians interested in and concerned about the culture of life, and it bodes well for the future of the Church in Africa.

I also met with the Seminarians for Life group there. Many of these seminarians are very active in the parish. They go out every Sunday to give talks, distribute information, or perform other types of pro-life activism. One of the priests at Pius X Seminary told me how he became pro-life when he was studying there. He had picked up a *Seminarians for Life* newsletter, and since he was to be silent all day during this time of intense prayer, he was forced to seriously contemplate the points made in the newsletter, and it converted him to the pro-life ideology. The seminarians here were very interested in the topics I discussed, and one asked how he could be a pro-life activist during his time of prayer in the seminary. That's when I pointed out that prayer is where it all starts.

INTRUSION OF THE CULTURE OF DEATH

The future of the Church is its children, so it was wonderful to be able to speak to high school students in Nigeria on the importance of chastity, the dignity of the human person, and the culture of life. I spoke first to an audience of 2,200 at an all-boys school. Then, the next morning, I spoke to 3,800 girls at their high school. **The children there are so full of life, so it was a great morale boost to see them!**

I spoke to other high schools, seminaries, and women's groups during this time, and even had the opportunity to say Mass at a small rural parish. Each of these visits allowed me to see the passion behind





Fr. Bellrose addressing Christ the King boys' school

Nigeria's culture of life, but also reminded me of the encroachment of the culture of death. I noticed that some of the language advertised in the cities was beginning to change into the kind of language one hears from the culture of death. Nigerians were constantly telling me they have always been against abortion and that they would never allow its legalization, **but I warned them about the culture of death and that its promoters were attempting to subtly introduce it into their beloved country.**

Catholic politicians in Nigeria have been feeling the pressure from the culture of death for a long time. One local politician said that **each time there is a conference regarding abortion, about 80% of the attendees begin to be swayed into thinking abortion is a good thing.** Listening only to the pro-abortion arguments, you would think there is no option *but* abortion. But, I questioned this notion with the politicians over and over again, explaining to them that life is *always* an option.

DANGERS OF THE MAPUTO PROTOCOL

Verbal engineering came up again and again during my meetings with several government officials in Nigeria, including the Speaker of the House, with whom I discussed how this tactic was being introduced into his country. He was very interested in the information. I also spoke with the Chief Inspector, thanking him for his strong pro-life position and encouraging him to beware of outside forces trying to change Nigeria's culture. I said Mass for many of the Catholic politicians and enjoyed a cup of coffee with them. **Many of them had questions about how to ensure that pro-abortion advocates will not sneak language into laws that could later introduce abortion into the country.** To assist them, I gave them a copy of *The Maputo Protocol: Clear and Present Danger*, a booklet produced by HLI that explains the dangerous and deceptive anti-life language contained in the Maputo Protocol. Supporters of the Maputo Protocol claim it is a piece of legislation designed to combat female genital mutilation (FGM), but FGM is mentioned in only one sentence of the document out of its 23 pages. **A large part of the document outlines provisions legalizing abortion and undermining the traditional family values that are a huge part of African culture.**



A meeting with Catholic legislators and government leaders

During a meeting with the Papal Nuncio, who is very solid on pro-life issues, I explained the many positive things that Human Life International is doing in Africa. He was very pleased to hear these things, and he was amazed at the pressure anti-life groups were placing on the African people to change their ways from a culture that loves the beauty of life to one that accepts the culture of death through abortion and contraception.

It is very selfish of these foreign groups to come into a country and attempt to kill its children.

On Sunday, I offered Mass at the Basilica in Onitsha for about 3,000 people. Then, at a Church where Pope John Paul II had offered Mass, I assisted at another Mass and gave a talk there to about 7,000 people. It was such a blessing to see these Masses so full. The fact that many of these people were so excited about the faith was very interesting and wonderful. It just proves that when the culture of life is alive, the Faith is also alive. On the last day, I flew back to Lagos and offered Mass for a group of sisters in the morning. As I prepared to head home, a group of them started asking about my pro-life talks and wanted to receive more information. I ended up speaking with them about life issues, and they told me they would like to host a conference there at some point, because they see the need for more of them in Nigeria. Overall, my trip to Nigeria was very busy, and very fruitful. I was able to see so many lives touched by the beautiful message of the Gospel of Life.

Facts of Life: Chapter 24: Eugenics: The Ultimate Goals of the Eugenicians



 SHARE

The Ultimate Goals of the Eugenicians.

"Sooner or later one human society or another will launch out on this [eugenic breeding] adventure, whether the rest of mankind approves or not. If this happens, and a superior race emerges with greater intelligence and longer life, how will these people look upon those who are lagging behind? One thing is certain: They, not we, will be the heirs to the future, and they will assume control."

- A. Rosenfeld. The Second Genesis: The Coming Control of Life.[79]

Introduction. The ultimate goals of the eugenicians are incredibly far-reaching. These objectives include not only the elimination of 'bad human stock' through negative eugenics, but also the 'bio-engineering' of an 'improved' human being through positive eugenics.

Many scientists, drunk with the euphoria of treading where no thinking human being has dared go before, are plunging headlong into lines of research that would have been unimaginable just a few years ago. In addition to accumulating arcane knowledge, the 'biocrats' have also acquired a dangerous elitist attitude.

As one leading researcher boasted, "[Scientists] have the right to exercise their professional activities to the limit ... as lay attitudes struggle to catch up with what scientists can do." [80]

In other words, ethics and morals, along with judgment, have been sacrificed in order to advance the mad dash for knowledge.

This philosophy has destroyed all limits, so that now the bioethical "Prime Directive" is:

IF IT CAN BE DONE, IT MUST BE DONE,
AND DAMN THE CONSEQUENCES!

For example, if researchers continue along current lines of inquiry, it will soon be possible for a woman to conceive and bear her own (younger) identical twin sister; it will be possible to allow human embryos to gestate in apes of various species (or even in bovines) in order to bypass the legal barriers now springing up against surrogate motherhood; and it may well soon be possible for homosexuals to fulfill their long-standing fantasy of male pregnancy.

Where Are We Being Led? The noted French biologist Dr. Jean Rostand wrote in all seriousness a few years ago that

Here and now Homo Sapiens is in the process of becoming Homo Biologicus, a strange biped that will combine the properties of self-reproduction without males, like the green fly; of fertilizing his female at long distance, like the nautiloid mollusk; of changing sex, like the xiphores; of growing from cuttings, like the earthworm; of replacing his missing parts, like the newt; of developing outside his mother's body, like the kangaroo; and of hibernating, like the hedgehog.[81]

These are not the mad pipe dreams of some isolated quack. Many leading scientists have advocated the creation of "chimeras" - part-human and part-animal or plant creatures whose usefulness for various purposes would be enhanced by their new 'qualities.'

Perhaps the best-known radical 'bioethicist' in the world is Joseph Fletcher, the "Father of Situation Ethics" and member of eugenics societies, whose pronouncements alternately provide entertainment for more serious thinkers - and scare them half to death.

Fletcher has adeptly linked eugenics to the 'pro-choice' mentality;

If the greatest good of the greatest number (i.e., the social good) were served by it, it would be justifiable not only to specialize the capacities of people by cloning or by constructive genetic engineering, but also to bio-engineer or bio-design para-humans or "modified men" - as chimeras (part animal) or cyborg-androids (part prostheses). I would vote for cloning top-grade soldiers and scientists, or for supplying them through other genetic means, if they were needed to offset an elitist or tyrannical power plot by other cloners - a truly science-fiction situation, but imaginable. I suspect I would favor making and using man-machine hybrids rather than genetically designed people for dull, unrewarding or dangerous roles needed nonetheless for the community's welfare - perhaps the testing of suspected pollution areas or the investigation of threatening volcanos or snow-slides.

People who appeal to Brave New World and Nineteen Eighty-Four and Fahrenheit 451 forget this, that the tyranny is set up first and then genetic controls are employed.

Coital reproduction, is, therefore, less human than laboratory reproduction - more fun, to be sure, but with our separation of baby making from lovemaking, both become more human because they are matters of choice, and not chance. This is, of course, essentially the case for planned parenthood. I cannot see how either humanity or morality are served by genetic roulette.

To be men we must be in control. That is the first and the last ethical word. For when there is no choice, there is no possibility of ethical action. Whatever we are compelled to do is a-moral.[82]

Fletcher reiterated in his book *The Ethics of Genetic Controls: Let's Stop Playing Reproductive Roulette* that scientists should create a species of half-animal, half-human creatures that would be expendable and could become living organ banks.

Another 'bioethicist,' Dr. Robert C. Gesteland, an associate professor of biological sciences at Northwestern University in Illinois, has suggested (1) crossing humans with plants, so all we'd need for food would be water and sunlight (which is not accurate); (2) developing a servant class of super-intelligent apes; and (3) best of all, breeding a race of humans only four inches tall, which would lessen pollution and conserve natural resources.

Watch Out for Leo the Housecat! It's funny how these allegedly educated people often don't think about the practical aspects of their hopes and dreams. Presumably, if Gesteland's dreams came true, (1) we could pass up the McDonald's and simply graze at the side of the road, (2) we would create and then enslave another sentient species, and (3) we would shrink ourselves to the point where pigeons would become our predators and housecats would be comparatively as large as elephants.

Dr. George Haldane, the late British geneticist, predicted that we might breed a race of legless humanoid mutants with prehensile tails or feet for space travel. Other scientists would like to see women laying eggs that could be hatched or eaten (i.e., we would use our own young as a food source); human beings with gills to facilitate underwater travel; and people with two sets of arms and hands, one for heavy work, the other for lighter tasks.[83]

We are already most of the way down Gerald Leach's "Ladder of Unnaturalness." Herds of prime cattle embryos are flown across the Atlantic Ocean in the wombs of female rabbits. Lesbians are now making men superfluous with sperm banks. The exploitation of women as 'wombs-for-hire' is the first step towards parthenogenesis and actual extracorporeal gestation.

But Seriously, Folks ... The greatest present threat of the eugenics philosophy is not in the mad pipe dreams of scientists with overactive imaginations, but in the fixed and functioning eugenics programs that are currently in operation all over the world. These programs represent an appalling and present danger, not only to our basic humanity, but to the freedoms that we cherish the most.

This is because eugenics programs inevitably evolve from experimentation to implementation to outright coercion.

At first, of course, the programs are voluntary and are directed towards increasing society's 'quality of life' as much as possible.

The modern-day eugenics movement counted as its first and greatest victory the popularization of artificial contraception in North American and Europe. At a 1940 conference of the American Birth Control League, eugenicist Henry Pratt Fairchild enthused that "These two great movements, eugenics and birth control, have now come to such a thorough understanding and have drawn so close as to be almost indistinguishable."^[84]

After artificial contraception was firmly entrenched, the eugenicists turned to their next objective: Abortion on demand. As always, they began by getting abortion for the "hard cases" legalized. The pitiful specter of grossly malformed and suffering infants was presented to the public, and the pro-abortionists insisted that these poor children would be better off dead because their "quality of life" was virtually nonexistent.

Of course, this was not the real reason that the eugenicists wanted abortion for fetal deformities, because they are essentially self-centered through and through. The actual motivation for the legalization of eugenic abortion was not because the 'quality of life' of the child would be decreased by its birth, but that of the parents specifically and society in general.

Authors M. Simms and Keith Hindell betrayed the reasoning behind eugenic abortions; "An abnormal foetus is not aborted because it would die, but on the contrary because it would be healthy enough to live a sub-human existence. Essentially it is for social, ethical and aesthetic reasons that some people recoil from the survival of such sub-humans and prefer to see them aborted."^[85]

Madeleine Simms, Research Fellow of the Eugenics Society, takes this reasoning one step further and pushes for actual coercion: "Has she [the woman] the right to choose to inflict this burden on the state?"^[86]

The eugenics philosophy, as it becomes entrenched in the public mind, expands as inevitably and inexorably as a free gas. Dr. Julius Adlam expanded the demand for mandatory eugenic abortion to abortion in the case of women whose income and possessions are not up to his lofty standards; "I am not afraid to stick by my belief that only those couples who have the necessary material possessions and sources of income to ensure an economically secure and safe cradle should allow a pregnancy to progress to term."^[87]

As always, the Planned Parenthood Federation of America (PPFA) rides 'shotgun' for the eugenicists. By 1980, it set as a target 85 percent of its referrals for poor and "near

poor" women and 35 percent of its referrals for teens. This would amount to 30,000 sterilizations and 85,000 abortions.[88]

By 1992, Planned Parenthood was performing well over a hundred thousand abortions, an equivalent number of abortion referrals, more than 50,000 sterilizations, and hundreds of thousands of contraceptive referrals, while providing less than ten thousand women with prenatal services.[89]

Additional major projects listed by Planned Parenthood in its Five-Year Plans include major projects directed at the "mentally retarded" (Project 3); the "physically handicapped" (Project 4); and "psychiatric patients, criminals, and prisoners" (Project 6). [90]

This, then, is the Planned Parenthood mission: Target the poor and the handicapped and emphasize sterilization, abortion, and contraception instead of real help.

While Planned Parenthood is relatively circumspect in its pronouncements for obvious public relations reasons, other eugenicists are not as restrained.

Garrett Hardin, one of the most outspoken American eugenicists of all, baldly says that

It would be better to encourage the breeding of more intelligent people rather than the less intelligent. ZPG's [the group Zero Population Growth] entire attraction has been among the college population. So in effect, ZPG is encouraging college-educated people to have fewer children instead of encouraging reduced fertility among the less intelligent. [91]

[Go to Next Topic: The Racism of Eugenics](#)

[Return to *Eugenics* Table of Contents](#)

Endnotes for "The Ultimate Goals of the Eugenicists"

[79] A. Rosenfeld. *The Second Genesis: The Coming Control of Life* [Englewood Cliffs, New Jersey: Prentice-Hall, 1969], page 145.

[80] Dr. George Haldane, quoted in Paul Ramsey, Ph.D. "On In Vitro Fertilization." *The Human Life Review*, Winter 1979, pages 17 to 30.

[81] As quoted in R. G. Edwards and D. I. Sharpe. "Social Values and Research in

[81] As quoted in R.C. Edwards and D.S. Sharpe. "Social Values and Research in Human Embryology." *Nature* 231:87-91(1971).

[82] Joseph Fletcher. "Ethical Aspects of Genetic Controls." *New England Journal of Medicine* (285:776-783, 1971). Available as Reprint #104 from the Institute of Society, Ethics and the Life Sciences, Hastings-On-Hudson, New York 10706.

[83] Dr. George Haldane, quoted in Paul Ramsey, Ph.D. "On In Vitro Fertilization." *The Human Life Review*, Winter 1979, pages 17 to 30.

[84] Eugenics Society. "Annual Report, 1966-67." Obituary on Margaret Sanger. Described in Nancy B. Spannaus, Molly Hammett Kronberg, and Linda Everett (Editors). *How to Stop the Resurgence of Nazi Euthanasia Today*. Transcripts of the International Club of Life Conference, Munich, West Germany, June 11-12, 1988. *Executive Intelligence Review Special Report*, September 1988. EIR, Post Office Box 17390, Washington, D.C. 20041-0390.

[85] M. Simms and Keith Hindell. *Abortion Law Reformed*. London. Described in Nancy B. Spannaus, Molly Hammett Kronberg, and Linda Everett (Editors). *How to Stop the Resurgence of Nazi Euthanasia Today*. Transcripts of the International Club of Life Conference, Munich, West Germany, June 11-12, 1988. *Executive Intelligence Review Special Report*, September 1988. EIR, Post Office Box 17390, Washington, D.C. 20041-0390.

[86] Debra Sanders. "Amniocentesis - Risks." *Women for Life Newsletter*. London, 1980. Described in Nancy B. Spannaus, Molly Hammett Kronberg, and Linda Everett (Editors). *How to Stop the Resurgence of Nazi Euthanasia Today*. Transcripts of the International Club of Life Conference, Munich, West Germany, June 11-12, 1988. *Executive Intelligence Review Special Report*, September 1988. EIR, Post Office Box 17390, Washington, D.C. 20041-0390.

[87] Letter from Dr. Julius Adlam. *Medical News*. April 6, 1977. Described in Nancy B. Spannaus, Molly Hammett Kronberg, and Linda Everett (Editors). *How to Stop the Resurgence of Nazi Euthanasia Today*. Transcripts of the International Club of Life Conference, Munich, West Germany, June 11-12, 1988. *Executive Intelligence Review Special Report*, September 1988. EIR, Post Office Box 17390, Washington, D.C. 20041-0390.

[88] Planned Parenthood Federation of America. "A Five Year Plan 1976-1980." Section entitled "Summary of PPFA Patient Load: Goals for Contraception, Sterilization and Abortion (Thousands)."

[89] Planned Parenthood Federation of America. "1991 Service Report: A Tradition of Choice."

[90] Planned Parenthood Federation of America. "A Five Year Plan 1976-1980." Section entitled "Summary of PPFA Patient Load: Goals for Contraception, Sterilization and Abortion (Thousands)."

[91] "Interview: Garrett Hardin." *Omni Magazine*, June 1992, pages 56 to 63.

[92] Norman E. Himes, Ph.D. *Practical Birth-Control Methods* [New York: Viking Press, 1946].



The Facts of Life ***by Brian Clowes, PhD***

The Facts of Life is a comprehensive reference guide that is intended to answer basic questions on a variety of life issues. It has been distributed all over the world in both print and electronic formats, and the print version has been translated into German, Spanish, Korean, Italian and Portuguese.

Father Paul Marx, O.S.B., 50-year pro-life veteran and founder of Human Life International, has called it "The last word on pro-life/pro-family issues ... Truly a complete manual for all those promoting life and the family." *The Facts of Life* has also been highly recommended by Joseph Scheidler, President of the Pro-Life Action League, reformed abortionist Bernard Nathanson, M.D., and well-known pro-life activist Rabbi Yehuda Levin.

This web site includes a greatly expanded and updated version of the popular book, and gives you more than 2,500 pages of pro-life information. To begin, select a chapter below from Table of Contents.

The Facts of Life Table of Contents

[Chapter 1: Surgical Abortion](#)

[Chapter 2: Abortifacients](#)

[Chapter 3: Exceptions for Abortion](#)

[Chapter 4: China's Forced Abortion Program](#)

[Chapter 5: Holocaust Analogy of Abortion](#)

[Chapter 6: The Racism of Abortion](#)

[Chapter 7: Maternal Deaths Due to Abortion](#)

[Chapter 8: Historical Christian Teachings on Abortion](#)

[Chapter 9: Catholic Church Teachings on Abortion](#)

[Chapter 10: Jewish Faith Teachings on Abortion](#)

[Chapter 11: Scripture on Abortion](#)

[Chapter 12: The Miracle of Fetal Development](#)

[Chapter 13: Fetal Pain](#)

[Chapter 14: Fetal Experimentation and Tissue Transplantation](#)

[Chapter 15: Assisted Reproduction](#)

[Chapter 16: Cloning](#)

[Chapter 17: Sex Education & School-Based Clinics](#)

[Chapter 17: Sex Education & School-Based Clinics](#)

[Chapter 18: The International Abortion Situation](#)

[Chapter 19: United States Abortion Statistics](#)

[Chapter 20: Demographic Impacts of Abortion](#)

[Chapter 21: Contraception](#)

[Chapter 22: Natural Family Planning](#)

[Chapter 23: Euthanasia](#)

[Chapter 24: Eugenics](#)

[Chapter 25: Pro-Life Organizations](#)

[Lexicon Homepage](#)



SHARE

Appearing for the first time online, the Pontifical Council for the Family's *Lexicon* (Published by HLI) consists of articles which discuss terms used in in the media and international forums to conceal the true objectives of the culture of death. Otherwise innocuous-sounding terms such as "Safe Motherhood," "Reproductive Rights," and "Homophobia" are weapons in an insidious attack on traditional family values, and the *Lexicon* was requested by the late Cardinal Alfonso Lopez Trujillo to provide an intellectual basis to counter this assault.

Cardinal George Pell has said of it, "This long awaited English translation of the *Lexicon* will be an invaluable resource to all those who genuinely seek to understand the profound truth, goodness and beauty fo marriage and the family. It is a gift to the faithful to the broader community from the Church."

The *Lexicon* is intended particularly for students, laity, clergy and religious, lawyers, educators, NGO's and all who are working to defend life, faith and family.

The articles that are loaded are in bold, the others will be loaded as soon as possible. If using any *Lexicon* article for research, please use the citation below.

Acknowledgements

[Preface by Alfonso Cardinal López Trujillo](#)

[Endorsement by George Cardinal Pell](#)

[Endorsement by Cormac Cardinal Murphy-O'Connor](#)

[Endorsement by William Cardinal Keeler](#)

[About the Authors](#)

Chapters

1. **"Assisted Procreation and IVF-ET,"** by Jean-Louis Bruguès.
2. **"What is Bioethics?,"** by Marc Lalonde.
3. **"Bioethics Committees,"** by Elio Sgreccia.
4. **"Biotechnology: the State and Fundamentalism,"** by Elio Sgreccia.
5. **"Birth Control and Demographic Implosion,"** by Michel Schooyans.
6. **"Catholics For A Free Choice,"** by Brian Clowes.
7. **"[Child Labor](#),"** by Rosa Linda G. Valenzona.
8. **"[Children's Rights and Sexual Violence](#),"** by Dorotas Kornas-Biela.
9. **"[Conjugal Love](#),"** by Francisco Gil Hellín.
10. **"The Contraceptive Mentality,"** by Grzegorz Kaszak.

11. ["Contraception,"](#) by Maria Luisa Di Pietro.
12. ["The Counseling of Pregnant Women in Germany,"](#) by Hans Reis.
13. ["De Facto Unions,"](#) by Héctor Franceschi.
14. **"A Demographic Implosion In Europe,"** by Gérard-François Dumont.
15. ["Demographic Transition and Policies,"](#) by Gérard-François Dumont.
16. ["The Dignity of the Child,"](#) by Leo Scheffczyk.
17. **"The Dignity of the Human Embryo,"** by Angelo Serra.
18. ["Discrimination Against Women and CEDAW,"](#) by Francisco Errázuriz Ossa.
19. ["Domestic Economy,"](#) by Jean D. Lecaillon.
20. **"Embryonic Selection and Reduction,"** by Angelo Serra.
21. **"Enlarged Family,"** by Giorgio Campanini.
22. **"Euthanasia,"** by Ignacio Carrasco de Paula.
23. ["Equal Rights for Men and Women,"](#) by Georges Cottier.
24. ["Family and Personalism,"](#) by Fernando Moreno Valencia.
25. **"The Family And Philosophy,"** by Hayden Ramsay.
26. ["Family and Privatization,"](#) by Alfonso López Trujillo.
27. ["Family and the Rights of Minors,"](#) by Francesco D'Agostino.
28. ["Family and the Principle of Subsidiarity,"](#) by Jose Luis Gutierrez Garcia.
29. ["Family and Sustainable Development,"](#) by Alban D'Entremont.
30. ["Family Counseling Centers,"](#) by Luigi Pati.
31. ["The Family, Nature and the Person,"](#) by Jean Marie Meyer.
32. **"Fertility and Continence,"** by Rita Joseph.
33. **"Free Choice,"** by William E. May.
34. ["Gender,"](#) by Jutta Burggraf.
35. ["Genome and the Family,"](#) by Roberto Colombo.
36. ["Hardness of Heart: A Future Possibility,"](#) by Juan Antonio Reig Pla.
37. **"Homosexuality and Homophobia,"** by Tony Anatrella.
38. ["Homosexual "Marriage","](#) by Aquilino Polaino-Lorente.
39. ["The Human Person and Integral Procreation,"](#) by Abelardo Lobato.
40. ["An Ideology of Gender: Dangers and Scope,"](#) by Oscar Alzamora Revoredo.
41. ["Imperfect And Unjust Laws,"](#) by Angel Rodríguez Luño.
42. **"Indissoluble Marriage,"** by Francesco Di Felice.
43. ["Informed Consent,"](#) by Angel Galindo García.
44. **"The Legal Status of the Human Embryo,"** by Rodolfo-Carlos Barra.
45. ["Principle of the Lesser Evil,"](#) by Francisco Fernández-Sánchez.
46. ["Manipulation of Language,"](#) by Warwick Neville.
47. ["Marriage with Disparity of Cult,"](#) by Cosmo Francesco Ruppi.
48. ["Marriage, Divorce and Conscience,"](#) by Dr. Francisco López-Illana.
49. ["Medical Interruption of Pregnancy \(MIP\),"](#) by Jean-Marie Le Méné.
50. ["Mixed Marriages and Discrimination,"](#) by Cosmo Francesco Ruppi.
51. ["Motherhood and Feminism,"](#) by Janne Haaland Matlary.
52. ["Neutral Genetic Counseling,"](#) by Gonzalo Herranz Rodríguez.
53. ["New Definitions of Gender,"](#) by Beatriz Vollmer de Coles.
54. ["New Family Models,"](#) by Joseph Hagan.
55. ["New Human Rights,"](#) by Abelardo Lobato Casado.
56. ["A New Model for the Welfare State,"](#) by José Tomàs Raga.
57. ["A New Paradigm of Health,"](#) by Renzo Paccini.
58. ["Parenthood,"](#) by Abelardo Lobato Casado.

59. ["Personalization,"](#) by Abelardo Lobato Casado.
60. **"Partial Birth Abortion,"** by Jacques Suaudeau.
61. ["Patriarchy and Matriarchy,"](#) by Vittorio Mathieu.
62. **"Pre-Implantation And Emergency Contraception,"** by John Wilks.
63. **"Pro-Choice,"** by Joseph & Michael Meaney.
64. **"Quality of Life,"** by Renzo Paccini.
65. ["Recomposed Families,"](#) by Anna Kwak.
66. ["Reproductive Health,"](#) by Lino Ciccone.
67. ["Responsible Parenthood,"](#) by Carlo Caffara.
68. ["Right to Abortion,"](#) by Alicja Grzeskowiak.
69. ["The Rights of the Child,"](#) by Marie-Thérèse Hermange.
70. ["Safe Motherhood,"](#) by José-Romàn Flecha.
71. ["Safe Sex,"](#) by Jacques Suaudeau.
72. **"Sex Education,"** by Aquilino Polaino-Lorente.
73. **"Sexual and Reproductive Rights,"** by José Alfredo Peris Cancio.
74. ["Sexual Identity And Difference,"](#) by Angelo Scola.
75. ["The Single-Parent Family,"](#) by Christa Meves.
76. **"Traditional Family,"** by Sergio Belardinelli.
77. ["Verbal Engineering,"](#) by Ignacio Barreiro.

Citation: *Lexicon: Ambiguous and Debatable Terms Regarding Family Life and Ethical Questions*, ed. Meaney, Joseph, Pontifical Council for the Family (Front Royal, VA: Human Life International) 2006.



SHARE

The Racism of Eugenics.

The Expert Speaks. A very concise and complete summation of the fully-developed eugenicist philosophy is provided us by Norman E. Himes in his 1938 book *Practical Birth-Control Methods*;

All the rights we have are those granted to us by society. Certainly there is no natural right to spawn defective children who must be supported by others through taxation or charity. The crisis in this instance is the enormous expense to the state of the care of the defective classes and the contamination of the biological stock which results from their reproduction ... While sterilization is no substitute for segregation, it is also true that segregation is no substitute for sterilization. They must go hand in hand.

Ever since the rise of the Nazi regime in Germany an objection that has frequently been raised against eugenical sterilization is that a voluntary sterilization program may turn into a compulsory one. Some thoughtful people sincerely fear this. But the history of eugenical sterilization in the United States and in other democratic countries offers little warrant for the contention. This is the old fallacy of ultimate danger; that if we take step A, it would lead to step B; that if we take step B, it may lead to step C, and so forth without end. The evidence now available shows that even in Nazi Germany, where there is a great deal of compulsion that would not be tolerated by citizens who believe in democracy, there has been as yet no attempt to sterilize any special racial group ...

Most of the objections to eugenical sterilization are based upon unfounded fears, insufficient knowledge, or faulty reasoning. None of the objections has substantial merit. They are comparable to the arguments made ten years ago against birth control, even by some supposedly well-informed individuals, that birth-control devices caused sterility, necessarily led to immorality, would cause 'race suicide,' were unreliable, etc.

... we do not need the defective classes. They are already an excessive burden upon the State. A few special students of the problem even believe that our society is undergoing a "moronization" process; that the intelligence level of the American people is declining because the gifted have few children and the stupid many ... Probably it will take society a span of years to learn how to use it [eugenic sterilization] properly as a weapon for its own improvement ..."[92]

Note the author's representation and summation of classic eugenicist theories, which, despite their antique quaintness, are still deadly poisonous to this day;

- that all rights are bestowed by the State alone, even to the granting (or withholding) of the right to life to handicapped persons;

- of the right to life to handicapped persons,
- that "defectives" are expensive and "contaminate the biological stock," and therefore society does not need "the defective classes;"
- that the slippery slope theory (here called the "ultimate danger fallacy") has no merit, and, in fact, all anti-eugenicist arguments are baseless and originate from ignorance; and
- that birth control methods are reliable, do not cause physical damage, do not lead to immorality, and may one day be compulsory.

Attempts to Debunk the 'Slippery Slope.' It is amusing that the author tried bravely to debunk the "ultimate danger" (slippery slope) theory by stating that there was "little warrant" for the contention that Nazi Germany's voluntary sterilization program might turn into a campaign of compulsory sterilization.

Himes' book was first published in August 1938. Unknown to him, a compulsory sterilization program had already begun in Nazi Germany.

He also feigned ignorance of the fact that, by 1938, several states had created Boards of Eugenics that typically endorsed involuntary sterilization and castration for those individuals who were "... feeble minded, insane, epileptic, habitual criminals, degenerates and sexual perverts reported to it who will probably become a social menace or ward of the State." [92]

So much for disproving the "slippery slope" theory!

And yet, modern-day eugenicists are following Himes' lead as they insist that they can control the extent to which their "reforms" are applied in society.

Of course, it does not really matter to the eugenicists if they can control the horrors they propose to unleash; they approve of coercion in any case, and, as long as they are not victims of the programs that they spawn, they are content to sit back and observe the "cleansing" of society's gene pool.

Throughout the 19th and 20th Centuries, eugenicists were almost exclusively White, rich, and influential (see Figure 24-8 for a 'lineup' of the members of the American Eugenics Society). Those to be 'selected out' were invariably 'people of color,' the poor, and the powerless.

At the dawn of the 21st Century, absolutely nothing has changed.

The Link. In his vividly-titled book *The Rising Tide of Color Against White World-Supremacy* (introduced by fellow racist/eugenicist Madison Grant), Lothrop Stoddard waxes eloquent about what he calls "the root of all our problems," and by doing so

replicates almost precisely Himes' philosophy.[93]

However, Stoddard's writings have an additional dimension in that they demonstrate beyond a shadow of reasonable doubt the intimate connection between eugenics and goal-oriented racism;

... upon the quality of human life all else depends ... none of the colored races shows perceptible signs of declining birth-rate, all tending to breed up to the limits of available subsistence ... It can mean only one thing: A tremendous and steadily augmenting outward thrust of surplus colored men from overcrowded colored homelands ... But many of these relatively empty [Northern] lands have been definitely set aside by the white man as his own special heritage ...

His ["colored" man's] outstanding quality is superabundant animal vitality. In this he easily surpasses all other races. To it he owes his intense emotionalism. To it, again, is due his extreme fecundity, the negro being the quickest of breeders. This abounding vitality shows in many other ways, such as the negro's ability to survive harsh conditions of slavery under which other races have soon succumbed ... black blood, once entering a human stock, seems never really bred out again ...

White men cannot, under peril of their very race-existence, allow wholesale Asian immigration into white race-areas ... The grim truth of the matter is this: The whole white race is exposed, immediately or ultimately, to the possibility of social sterilization and final replacement or absorption by the teeming colored races.

And, of course, the more primitive a type is, the more prepotent it is. This is why crossings with the negro are uniformly fatal. Whites, Amerindians, or Asiatics - all are alike vanquished by the invincible prepotency of the more primitive, generalized, and lower negro blood.

... whether we consider interwhite migrations or colored encroachments on white lands, the net result is an expansion of lower and a contraction of higher stocks, the process being thus a disgenic one.

For race-betterment is such an intensely practical matter! When peoples come to realize that the quality of the population is the source of all their prosperity, progress, security, and even existence; we shall see much-abused "eugenics" actually moulding social programmes and political policies ... we or the next generation will take in hand the problem of race-depreciation, and segregation of defectives and abolition of handicaps penalizing the better stocks will put an end to our present racial decline.[93]

Notice how, near the end of the second paragraph, Stoddard lets slip that he does not consider Blacks to be human.

Does this sound familiar?

Notice also how Stoddard waxes prophetic in the last paragraph. His prophecy, unfortunately, has been transformed into fact. It is our benighted generation that has taken up the task of "abolishing handicaps" with the devastatingly effective weapons of amniocentesis, abortion, and infanticide.

It is interesting to note that Stoddard sat on the board of Margaret Sanger's American Birth Control League (soon to become the Planned Parenthood Federation of America, or PPFA), and his book, *The Rising Tide of Color Against White World-Supremacy*, was plugged in Sanger's magazine Birth Control Review. He and Madison Grant were considered by leading Nazi eugenicists to be the "spiritual fathers" of restrictive immigration legislation, and some Nazis proposed that these laws be made models for Germany's immigration policy.[94]

Stoddard's books had won him wide renown in Nazi Germany, and, when he visited that country, he was allowed access to the highest elements of the hierarchy. He had cordial meetings with Heinrich Himmler, head of the Nazi secret police and of the *Schutzstaffel* [SS]; with Joachim von Ribbentrop, the German Minister of Foreign Affairs; with Richard Walther Darré, head of the German Agricultural Department; and with Adolf Hitler himself. He also met with leading Nazi racialists and eugenicists, including Hans F.K. Gunther, Eugen Fischer and Franz Lenz, and visited their institutions.

The famous historian William L. Shirer complained that Stoddard was given preference by the German brass because his racist writings were "featured in Nazi school textbooks." [95]

[Go to Next Topic: America: Inspiration for Nazi Eugenicists](#)

[Return to *Eugenics* Table of Contents](#)

Endnotes for "The Racism of Eugenics"

[92] Norman E. Himes, Ph.D. *Practical Birth-Control Methods* [New York: Viking Press, 1946].

[93] Lothrop Stoddard, Ph.D. *The Rising Tide of Color Against White World-Supremacy* [New York: Charles Scribner's Sons. 1921]. Reprinted in 1971 by Negro Universities

Press, Westport, Connecticut. Pages i, 8, 9, 90, 231, 298, 301, 302, 308, and 309 in the reprinted version. A classic racist book that clearly and vividly demonstrates the kind of thinking that led to eugenics, the current-day racist abortion program in the United States, and the Nazi mentality.

[94] Hans F.K. Günther at a meeting of the *Kampfbundes für Deutsche Kultur* on February 21, 1934, quoted in "Der Vererbungs- und Rassengedanke innerhalb der Einwanderungs-gesetzgebung." *Völkischer Beobachter*, February 23, 1934.

[95] William L. Shirer. *Berlin Diary: The Journal of a Foreign Correspondent* [New York: Alfred Knopf, 1941], page 257.

Facts of Life: Chapter 24: Eugenics: America: Inspiration for Nazi Eugenics



 SHARE

America: Inspiration for Nazi Eugenics.

"Everything must be examined from this [utilitarian] point of view and used or rejected according to its utility."

- Adolf Hitler, Mein Kampf.[96]

"The forceful and decisive North American does not consider the traditional moral code and does not consider the individual in order to implement what he thinks is right. After he recognizes the importance of heredity in determining mental and physical traits for the entire population, he does not hesitate to proceed from theoretical reflection to energetic practical action and to enact legislation which will lead to ennoblement of the race."

- German eugenicist Werner Feilchenfeld in 1913.[97]

Seeds of Destruction. If they are capable of seeing past their blind nationalism and close-mindedness, most people are astounded to realize that the philosophy and framework of the Nazi eugenics program originated not in Germany, but right here in the United States!

In the mid-1930s, the pathologically anti-Semitic American Madison Grant argued that "sentimental beliefs" [such as Christianity] short-circuited the practice of infanticide, which he saw as a natural weeding-out process necessary to the "preservation of the [human] species."

Lothrop Stoddard asserted that compulsory sterilization of the "unfit" was a "gift" from the American eugenics movement.[98]

In May of 1933, Margaret Sanger's Birth Control Review featured an article entitled "Eugenic Sterilization: An Urgent Need," which was authored by Ernst Rüdin, who co-founded the Nazi Society for Racial Hygiene and was Hitler's Director of Genetic Sterilization. He was also director of the Kaiser Wilhelm Institute for Anthropology, Human Genetics, and Eugenics during the Third Reich, and wrote the Nazi's Sterilization Laws.

Respected philosopher H.L. Mencken urged that "A resolute attack be made on the fecundity of all the males on the lowest rung on the social ladder."[99]

Charles Davenport, another prominent American eugenicist, asserted that "Our

ancestors drove Baptists from Massachusetts Bay into Rhode Island, but we have no place to drive the Jews to. Also, they burned the witches, but it seems to be against the mores to burn any considerable part of our population."[100]

A number of American eugenicists actually lobbied for Adolf Hitler to be "... made an honorary member of the [American] Eugenics Record Office."[101]

The Nazi Response. Madison Grant and Lothrop Stoddard exerted great influence "... in awakening in Germany ... the movement for the preservation and increase of the Nordic race."[102]

According to historians, Hitler's closest advisers were "avid" readers of Grant and Stoddard in German publications, "... years before the Third Reich."[102] After voraciously consuming the "works" of such American "thinkers," is it any wonder that Nazis Rudolf Hess and Fritz Lenz stated simply that "National Socialism is nothing but applied biology?"[103]

The Nazis welcomed Henry Ford as "a great individualist and a great anti-Semite," primarily because of his extensive writings defaming Jews. Hitler praised Ford in his book *Mein Kampf* and hung his picture in his Munich headquarters. Ford ran for President in the 1920s, and part of his platform was ridding the country of the "Jew bankers" whom he blamed for causing World War I and the Depression.[104] On his 75th birthday, in 1938, Ford became the first American to receive Hitler's Supreme Order of the German Eagle.

In July of 1931, a member of the German Mental Hygiene Movement remarked that

We Germans cannot totally ignore events which occur outside our borders. A whole series of nations have positively accepted that the laws of heredity do affect the development of mental abnormality and have understood the consequences of that and created [compulsory] sterilisation laws. The Americans have been reproached with relentless pluck because of laws they have passed in 22 of their States.[105]

Ernst Rüdin, writing in the April 1933 issue of Margaret Sanger's *Birth Control Review*, demanded that the "lower strata" comprised of ten million Americans be involuntarily sterilized en masse, and described the situation in Germany as "... proceeding towards a policy that will be in accord with the best thought of eugenicists in all civilized countries."[106]

Gradually, the Nazis began to believe that eugenics could accomplish two major objectives for the Fatherland: (1) the practice could drastically cut the costs of caring for "hopeless idiots," thereby releasing more funds for the war effort, and (2) eugenics could ensure Third Reich world domination by actively breeding a superior race of human

beings, called variously The Master Race, The Aryan Race, and Homo Superior.

As one famous Nazi physician postulated, "The destiny of the German people was to be assembling and preserving the most valuable Aryan stocks ... slowly and surely raising them to a dominant position." [107]

Figure 24-7 shows many of the amazingly close parallels between the Nazi and American eugenics/euthanasia programs. Note the identical language used by both sets of eugenicists and the nearly identical progression of events that brought both programs into "full flower."

Figure 24-7

Comparison of Quotes and Events from the
Nazi and American Eugenics Movements

The German Nazi Eugenicists	The American Eugenicists
<p><u>1904</u>: "What good does it do to humanity to maintain artificially and rear the thousands of cripples, deaf-mutes and idiots? Is it not better and more rational to cut off from the first this unavoidable misery which their poor lives will bring themselves and their families?" - Nazi 'ethicist' Dr. Ernst Haeckel.</p>	<p><u>1973</u>: American Nobel Prize laureate James Watson says that "Most birth defects are not discovered until birth. If a child were not declared alive until three days after birth, the doctor could allow the child to die if the parents so chose and save a lot of misery and suffering. I believe this view is the only rational, compassionate attitude to have."</p>
<p><u>1920</u>: Alfred Hoche and Judge Karl Binding write <i>Die Freigabe der Vernichtung Lebensunwerten Leben</i> ("The Permission to Destroy Life Unworthy of Life"), which recommended the active euthanasia of "absolutely worthless human beings," including the retarded, the deformed, and the feeble-minded and senile. The book referred to eugenic murder as "a healing work," and "an allowable, useful act." Frederick Wertham, author of <i>A Sign for Cain</i>, wrote that "This little book influenced, or at least crystallized, the thinking of a whole generation."</p>	<p><u>1931</u>: Margaret Sanger, in her book <i>Pivot of Civilization</i>, writes that "[Philanthropists] encourage the healthier and more normal sections of the world to shoulder the burden of the 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 world, it tends to render them to a menacing degree dominant."</p>
<p><u>1931</u>: Physicians and psychiatrists begin to discuss means of mass sterilization and/or killing of mental patients while meeting at professional conventions in Germany.</p>	<p><u>1926</u>: In the October issue of her <i>Birth Control Review</i>, Margaret Sanger claims that "There is only one reply to a request for a higher birthrate among</p>

	<p>the intelligent, and that is to ask the government to first take the burden of the insane and feeble-minded from off your back. [Mandatory] sterilization for these is the answer."</p>
<p><u>1933</u>: 'Lifeboat exercises' are introduced to propagandize school children into accepting the killing of the "useless." For example, Problem 95 of Alfred Dörner's mathematics text <i>Mathematik in Dienst der Nationalpolitischen Erziehung</i> asks, "The construction of an insane asylum requires six million Reichsmarks (RM). How many new housing units at 15,000 RM each could have been built for this sum?"</p>	<p><u>1965</u>: 'Lifeboat exercises' are introduced into public schools for the purpose of propagandizing school children into accepting the killing of the "useless." For example, one question from a Shippensport, Pennsylvania text asks, "A new country is being formed because the problem of overpopulation has completely destroyed your former country. Select any eight persons out of the list of 26 below. The remaining 18 will die of starvation. Give reasons for your selections."</p>
<p><u>1933</u>: Selective forced abortions and the mass sterilization of those with "serious hereditary diseases" begins in Germany.</p>	<p><u>1907</u>: Indiana becomes the first of 28 states to pass a mandatory sterilization law aimed at those considered "unfit." As late as 1965, the selective forced abortions and mass sterilization programs aimed at Puerto Rican and Native American women are still being carried out.</p>
<p><u>1935</u>: "The enormous costs imposed on our society by congenital defects is calculated to be 1.2 billion Reichsmarks annually." - Dr. Gerhard Wagner.</p>	<p><u>1907</u>: The National Academy of Sciences bemoans that fact that "Institutional care for Down Syndrome alone represents an expense of \$250-350 million per year."</p>
<p><u>1935</u>: Hitler convenes high-level conferences to discuss the possibility of establishing programs for liquidating the "incurably ill."</p>	<p><u>1967</u>: Euthanasia societies begin to hold high-level conferences for the purpose of discussing the liquidation of "human vegetables" and the "incurably ill elderly."</p>
<p><u>1935</u>: On May 10, the first large-scale murders of helpless people by the Nazi regime occur when twelve mental patients are euthanized at Hadamar, Germany.</p>	<p><u>1987</u>: The first large-scale murders of helpless people by American euthanasiasts occur when eight elderly persons are starved to death at a nursing home in Galveston, Texas.</p>
<p><u>1936</u>: On April 2, the German Supreme Court issued a ruling that held that "Jews living in Germany are not 'persons' in the legal sense."</p>	<p><u>1973</u>: Joseph Fletcher, the "Father of Situation Ethics," says that "The vegetable patient is dead, a nonperson."</p>
<p><u>1937</u>: The SS (Schutzstaffel) organizes its</p>	<p><u>1973</u>: The Center for Germinal Choice</p>

1937. The SS (*Schutzstaffel*) organizes its *Lebensborn* program where, in secret villas scattered throughout Germany, the SS elite breed with superior Aryan women.

1975. The Center for Germinal Choice, a sperm bank for Nobel Prize winners and other "supermen," is established in California. Lesbians begin to organize their own sperm banks in order to avoid "breeding with men."

1938: Leipzig. Baby boy Knauer is born blind and missing part of one arm and one leg. He is the ideal test case for Germany's euthanasia/ eugenics program. Hitler's personal physician, Karl Brandt, murdered the child. The eugenicists carefully observed the reaction of the judicial system and the press to this murder.

It was positive.

1982: In Bloomington, Indiana, Baby Doe is born with an esophageal defect and spina bifida. He is the ideal test case for America's euthanasia/ eugenics program. The baby was allowed to die of thirst and starvation. The eugenicists carefully observed the reactions of the judicial system and the press to this murder.

It was positive.

Reference: Most of these events and quotes are described in William Brennan. *The Abortion Holocaust: Today's Final Solution*. Order from Landmark Press, Post Office Box 13547, 1461 Dunn Road, St. Louis, Missouri 63138, or Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. 1983, 237 pages, \$6.95.

Gearing Up the Program. Although all of the blame for the Nazi eugenics program cannot be laid at the feet of American "thinkers," German and American eugenicists corresponded regularly even before World War I. As early as 1905, German eugenicist Dr. Alfred Ploetz opposed caring for the sick and poor because, as he asserted, it led to degeneration of the Aryan race, an attitude that corresponded startlingly to Margaret Sanger's.

In the same year, Germany formally recognized eugenics as a respectable science by establishing the Society for Racial Hygiene, which Ploetz co-founded.[108]

(There are many more parallels between the development of the American and Nazi eugenics movement, too numerous to list here).

[Go to Next Topic: Sterilizing the Tarnished Image](#)

[Return to *Eugenics* Table of Contents](#)

Endnotes for "America: Inspiration for Nazi Eugenicists"

- [96] Adolf Hitler. *Mein Kampf* [New York: Houghton, Mifflin, 1971] (originally published in 1925), pages 214 and 215.
- [97] German eugenicist Werner Feilchenfeld in 1913, quoted in Stefan Kühl. *The Nazi Connection: Eugenics, American Racism, and German National Socialism* [New York: Oxford University Press, 1994], page 13.
- [98] Robert Jay Lifton. *The Nazi Doctors: Medical Killing and the Psychology of Genocide* [New York: Basic Books, 1986] pages 23, 24, and 129. Also see Bernard Schreiber. *The Man Behind Hitler*, pages 36 and 84.
- [99] H.L. Mencken. "Utopia by Sterilization." *The American Mercury*, August 1937.
- [100] As quoted in R.G. Edwards and D.J. Sharpe. "Social Values and Research in Human Embryology." *Nature* 231:87-91(1971).
- [101] Robert N. Proctor. *Racial Hygiene: Medicine Under the Nazis* [Massachusetts: Harvard University Press, 1988], page 103.
- [102] As quoted in R.G. Edwards and D.J. Sharpe. "Social Values and Research in Human Embryology." *Nature* 231:87-91(1971).
- [103] Robert Jay Lifton. *The Nazi Doctors: Medical Killing and the Psychology of Genocide* [New York: Basic Books, 1986] pages 23, 24, and 129. Also see Bernard Schreiber. *The Man Behind Hitler*, pages 36 and 84.
- [104] Gregory E. Pence, M.D. *Classic Cases in Medical Ethics: Accounts of the Cases That Have Shaped Medical Ethics, with Philosophical, Legal, and Historical Backgrounds* [New York: Mc-Graw-Hill Publishers, 1990].
- [105] Robert Jay Lifton. *The Nazi Doctors: Medical Killing and the Psychology of Genocide* [New York: Basic Books, 1986] pages 23, 24, and 129.
- [106] Paul Popenoe. Description of Ernst Rüdin's "Eugenic Sterilization: An Urgent Need." *Birth Control Review*, April 1933, Volume XVII, Number 4, page 82.
- [107] Robert Jay Lifton. *The Nazi Doctors: Medical Killing and the Psychology of Genocide* [New York: Basic Books, 1986] pages 23, 24, and 129.
- [108] Robert N. Proctor. *Racial Hygiene: Medicine Under the Nazis* [Massachusetts: Harvard University Press, 1988], page 103.

Facts of Life: Chapter 24: Eugenics: Sterilizing the Tarnished Image

 SHARE

Sterilizing the Tarnished Image.

"The greatest evil is not now done in those sordid "dens of crime" that Dickens loved to paint. It is not even done in concentration camps and labor camps. In those we see its final result. But it is conceived and ordered (moved, seconded, carried and minuted) by quiet men in clean, carpeted and well-lighted offices, by quiet men with white collars and cut fingernails and smooth-shaven cheeks who do not need to raise their voices. Hence, naturally enough, my symbol for Hell is something like the bureaucracy of a police state or the offices of a thoroughly nasty business concern."

- C.S. Lewis. *The Screwtape Letters*. [109]

Introduction. By the end of World War II, the word "eugenics" had lost much of its glittering appeal. People saw and remembered what could happen when eugenics programs, with all of their empty promises, were given free rein. The "new eugenicists" insisted that the problem was not eugenics practice, but the Nazis - they had simply gone "too far." They renamed their societies, overhauled their publications, and continued to work in the field, only under the name "human genetics."

But thinking people recognized that the *Vernichtungslagern* - the death camps - were not an aberration of eugenics theory but its most perfect product.

Unfortunately for humanity in general, eugenicists, like the Communists, are convinced of the correctness of their clouded vision, no matter how many failures they suffer. They will not be deterred by an infinity of failures or a mountain of evidence against them. They think that all they have to do is tinker with the theory, refine it a little, and try again.

And so, after World War II, the eugenicists went 'underground' in their activities, if not in their thinking. Their primary purpose for about 40 years after the end of the War was image building and damage control. They sought to sanitize and make innocuous the appearance of the roots of eugenics, and they sought to sever the concept entirely from the horrors of World War II.

Dr. Horace Blacker noted that "The [British Eugenics] Society should pursue eugenic ends by less obvious means, that is by a policy of crypto-eugenics, which was apparently proving successful with the US Eugenics Society." [110]

Pro-eugenics "historians" were so sensitive to negative connotations that they even shortened the original title of Charles Darwin's famous book *On the Origin of Species by Means of Natural Selection on the Preservation of Favored Species for Life* to *The Origin of the Species*

The Power Behind the Theories. The front line of the eugenics cartel has historically included a vast international web of more than 250,000 full-time psychiatrists, psychologists, physicians, college professors, bankers, bioethicists, writers, fundraisers, publicists, attorneys, judges, legislators, publishers, editors, prominent Neoliberal churchmen, and newspaper owners. The eugenics movement now has more than twice as many full-time employees than it did when it originally flowered in the 1920s and 1930s.

In order to give an idea of what type of influential people are members of eugenics groups, Figure 24-8 lists just a few of the more famous members of the American and British Eugenics Societies.

Note that this partial list includes the following influential people, and keep in mind that the American and British Eugenics Societies are just two of many eugenical organizations;

- The leading celebrities of the age, including Charles A. Lindbergh, the famous aviation pioneer who was the first to fly solo nonstop across the Atlantic Ocean, Alexander Graham Bell, inventor of the telephone, the son and the grandson of evolutionist Charles Darwin, birth control pioneer Marie Stopes, Margaret Sanger, famous Neoliberal Bishops and churchmen, and leading economists;
- United States Senators and Congressmen, Surgeons General, governors and ambassadors, Generals in the United States Army, and members of the British Parliament;
- High-ranking Nazi officials;
- Nobel Prize laureates;
- Many high United Nations officials;
- Representatives of the richest families in American, to include the Astor, Guggenheim, Rockefeller, Kellogg and Hires families, and many bankers and financiers who control billions of dollars in assets;
- The Presidents of more than a dozen leading universities, including Harvard University and Stanford University;
- Hundreds of professors and heads of departments in medicine, psychology, sociology, zoology, anthropology and biology, who between them have written thousands of books, tens of thousands of articles in hundreds of journals, and who have guided the programs of hundreds of university and college departments and molded the thinking of millions of college students;
- Many past Presidents, directors and officers of the Planned Parenthood Federation of America (PPFA), the founder and three subsequent Presidents of the International Planned Parenthood Federation (IPPF), and members of the Association of Planned Parenthood Physicians (APPP). In fact, there are literally scores of officers from Margaret Sanger's Birth Control Federation of America (BCFA), including many editors, assistant editors and contributors for her Birth Control Review.
- Presidents and major officers of virtually every major anti-life group in the United States, including the American Civil Liberties Union (ACLU), the Association for

States, including the American Civil Liberties Union (ACLU), the Association for Voluntary Sterilization (AVS), the Center for Reproductive Law and Policy, the National Abortion and Reproductive Rights Action League (NARRAL) and the National Organization for Women (NOW);

- Presidents and high officers of many other professional associations, including the American Academy of Forensic Science, the American Anthropological Association, the American Anthropology Association, the American Association for the Advancement of Science, the American Association of Anatomists, the American Association of Marriage Counselors, the American Association of Physical Anthropologists, the American Association on Mental Deficiency, the American Cancer Society, the American Cleft Palate Association, the American Dermatoglyphics Association, the American Educational Research Association, the American Ethnological Society, the American Genetic Association, the American Gerontological Association, the American Institute of Biological Sciences, the American Institute of Family Relations, the American Museum of Natural History, the American Paleontological Society, the American Philosophical Society, the American Physiological Society, the American Psychiatric Association, the American Psychological Association, the American Psychometric Society, the American Psychopathological Association, the American Public Health Association, the American School Health Association, the American Social Hygiene Association, the American Society of Human Genetics, the American Society of Naturalists, the American Society of Plant Physiology, the American Society of Zoologists, the American Sociological Society, the American Sociology Association, the American Statistical Association, the American Veterinary Medicine Association, and the American Zoological Society (and these are just the ones whose titles begin with the word "American!");
- and leaders and directors of every imaginable kind of government agency, from the "California State Commissioner of Lunacy" to the "Peruvian Guano Administration." These eugenicists are backed up by the full financial and organizational might of more than 250 pro-euthanasia, pro-abortion, animal rights, environmentalist, and homosexual groups, and tens of millions of people who like to think of themselves as 'progressives.'

Just for a moment, try to imagine the magnitude of the colossal influence and power wielded by this massive group of individuals and organizations. They literally have trillions of dollars worth of money and influence to wield.

The eugenics cartel is a very efficient and effective self-contained and self-sufficient industry that has many branches that interlock and support each other. They advance the eugenicist cause by simply eliminating those people they deem to be 'useless' or 'unwanted.' They push abortion, infanticide, contraceptive imperialism, eugenic euthanasia, genetic counseling and mapping, in-vitro fertilization, sterilization, sex education, and sex therapy, and a universe of other horrors that once were unthinkable to moral people.

It would be well worth your time to take a few minutes and read through this list to give yourself an idea of the magnitude of the power of the people associated with the

Figure 24-8

Some Past Members of the American and British Eugenics Societies

Some Past Members of the American Eugenics Society

Vincent Astor, patriarch of the ultra-wealthy Astor family

Alexander Graham Bell, inventor of the telephone, member of the Consultative Committee from 1912 to 1921, and founder of *National Geographic Magazine*

Mrs. Dorothy H. Brush, personal friend of and "birth control missionary" with Margaret Sanger, Honorary Advisory for Field Work Services for the International Planned Parenthood Federation (IPPF) Editor of IPPF's newsletter *Around the World News of Population and Birth Control* (1952-1956), Chairman of the Brush Foundation for Race Betterment (1957-1963), Secretary of the National Committee on Federal Legislation, member of the steering committee that founded the Planned Parenthood Federation of America (PPFA, 1939), Secretary of the International Planned Parenthood Committee (IPPC, 1946), IPPF observer to the 1954 United Nations Population Conference in Rome, toured with Abraham Stone and Margaret Sanger on a lecture tour in Japan in 1952, was an aunt of Juliet Rublee, an owner of Margaret Sanger's *Birth Control Review*.

Guy Irving Burch, Founder and Director of the Population Reference Bureau (PRB) in 1946, charter member of the Population Association of America, member of the Coalition of Patriotic Societies until 1942, when it was indicted for pro-Nazi sedition in the Federal Court of the District of Columbia, lobbyist for the National Committee on Federal Legislation for Birth Control, received the Lasker award in Planned Parenthood in 1952, and Secretary (1931-1934) and Director (1931-1932 and 1935-1946) of the American Eugenics Society

Daniel Callahan, Associate Editor of *Commonweal* (1962-1969), Founder of the Hastings Center and its Director, (1969-1994), member of the Population Council, dissenting 'Catholic,' author of *Setting Limits: Medical Goals in an Aging Society* (1987), *Abortion: Understanding Differences* (1984, with Sidney Cornelia Callahan), *Abortion: Law, Choice and Morality* (1970), and *The Catholic Case for Contraception* (1969)

Senator Royal Samuel Copeland, M.D., Professor at the University of Michigan Medical School, Dean of the Flower Hospital Medical College (1908-1918), New York City Commissioner of Public Health and President of the New York Board of Health (1918-1923), Mayor, Ann Arbor, Michigan (1901-1903), Democratic United States Senator (1923-1938)

Hugh S. Cumming, M.D., United States Public Health Service (USPHS, 1894-1936), Surgeon General of the United States, 1920-1936

Major Leonard Darwin, son of Charles Darwin, President of the American Eugenics

Society (1911-1928) and Honorary President (1928-1943), and President of the Royal Geographic Society

Francis Darwin, son of Charles Darwin

C.B. Davenport, President of the American Zoological Society (1902 and 1920-1930), Director of the Station for Experimental Evolution for the Carnegie Institute at Cold Spring Harbor (1904-1934), Director of the Eugenics Record Office (1910-1934), Member of the American Consultative Committee (1912-1921), member of the Founding Committee (1921), Vice President (1926), Director (1923-1935), and member of the Advisory Council (1931-1935) of the American Eugenics Society, President of the Galton Society (1918-1930), member of the Editorial Committee for the *Eugenical News* (1921-1938), Vice Chairman of the Eugenics Committee of the United States (1923-1926), President of the International Federation of Eugenical Organizations (IFEEO, 1927-1932), President of the Third International Congress of Eugenics in New York City (1932), Honorary President of the Eugenics Research Association (1937), and Vice President of the American Association for the Advancement of Science (AAAS)

Professor Kingsley Davis, Chairman of the Sociology Department at Pennsylvania State University (1937-1942), Research Associate at the Office of Population Research at Princeton University (1942-1944), Professor of public affairs (1944-1945) and Professor of Anthropology and Sociology (1945-1948) at Princeton University, Director and Professor of Sociology at the Bureau of Applied Social Research at Columbia University (1948-1955), Traveling Fellow for the Carnegie Corporation, leading a social science team to ten countries, United States representative to the Population Commission at the United Nations (1954-1961), Professor of Sociology at the University of California at Berkeley (1955-1970) and Chairman of the Department of Sociology (1961-1963), Fellow at the Center for Advanced Study in Behavioral Sciences (1956-1957 and 1980-1981), Chairman of International Population and Urban Research (1956-1977) and Ford Professor (1970-1977) at the University of California at Berkeley, Distinguished Professor of Sociology at the University of Southern California, President of the American Sociology Association (1959), President of the Sociological Research Association (1960), President of the Population Association of America (1962-1963), Chairman of the International Union for the Scientific Study of Population (IUSSP, 1967-1968), member of the American Philosophical Society, and member of the Advisory Council for the National Aeronautics and Space Administration (NASA, 1977-1982)

Charles Eliot, President, Harvard University (1869-1909), trustee of the Carnegie Foundation (1906-1909), member of the General Education Board (1908-1917), member of the Rockefeller Foundation (1914-1917) and the International Health Board

Professor Henry Pratt Fairchild, Marxist, Professor of Sociology at Yale University (1910-1918), Associate Director of the Personnel Department of the War Campaign Commission Service (1918-1919), Director of the Bureau of Community Service and Research (1919-1924) and Chairman of the Department of Sociology (1924-1951) at New York University, Special Investigator on Immigration for the United States Department of Labor (1923), first President of the Population Association of America (1921-1925), President of the Town Hall Club (1934-1940), President of the American Sociological Society (1936), member of the Board of Directors (1932) and Vice President (1939-1948) of the Birth Control Federation of America (BCFA) and the Planned Parenthood of America Federation (PPFA) member of the National Council of

Planned Parenthood of America Federation (1927), member of the National Council of the American-Soviet Friendship Club, member of the Advisory Council (1923-1927), Secretary/Treasurer (1926-1928), Vice President (1926-1928), President (1929-1931) and Director (1926-1951) of the American Eugenics Society, Consulting Editor for Margaret Sanger's *Birth Control Review* (1939), gave the keynote speech entitled "Race Building in a Democracy" to the Birth Control Federation of America (BCFA) and the National Committee on Planned Parenthood during the 1940 Annual Meeting of the BCFA, and author of many books, including *Race and Nationality as Factors in American Life* (1947), *The Melting Pot Mistake* (1926), *The Alien in Our Midst* (1930, to which he contributed with the racists Madison Grant and Lothrop Stoddard, Harry H. Laughlin, Charles Davenport, Paul Popenoe, Henry Fairfield Osborn, all of the American Eugenics Society), *People: The Quantity and Quality of Population* (1939)

Joseph Fletcher, the "Father of Situation Ethics," Dean of the Graduate School of Applied Religion, Cincinnati, Ohio (1936-1944), Paine Professor of Applied Social Ethics at the Episcopal Theological School, Harvard University (1944-1970), professor of medical ethics at the University of Virginia at Charlottesville, investigated by McCarthy, who called him "the Red Churchman," renounced his belief in God in the late 1960s, member of the Euthanasia Society, the Society for the Scientific Study of Religion, the Soviet-American Friendship Society, the American Sociological Association, the Association for Voluntary Sterilization (AVS), the Planned Parenthood Federation of America (PPFA), President of the Society for the Right to Die (1974-1976), Vice-President of the Association for the Study of Abortion, and "firm supporter of, and mentor to, the Hemlock Society from its inception in 1980" [*Hemlock Quarterly*, January 1992, page 3]; Fletcher married Forrest Hatfield, an associate of Margaret Sanger.

Clarence J. Gamble, M.D., Professor, Department of Anatomy, Harvard Medical School, heir to the Proctor and Gamble fortune, member of the Pathfinder Fund, gave seed money for a birth control clinic in Cincinnati, Ohio, in 1929, and helped start another birth control clinic in Columbus, a principal benefactor of the National Committee on Maternal Health (NCMH), and Southern Regional Director for Margaret Sanger's Birth Control Federation of America

W.S. Gifford, Chairman of the Board, Atlantic Telephone and Telegraph (AT&T), Trustee for the Carnegie Institute's General Education Board (1935-1950), member of the Rockefeller Foundation (1936-1950); United States Ambassador to Great Britain (1950-1953); Fellow of the American Statistical Association, and a member of the American Philosophical Society

Professor H. Bentley Glass, Director of the American Eugenics Society (1958-1971), Professor of Biology and Academic Vice President at the State University of New York (SUNY), Stony Brook, New York (1965-1992), Professor of Biology at Johns Hopkins University (1948-1965), Fellow in Genetics at the National Research Council of the University of Oslo, President (1954-1956) and Chairman of the Biological Science Curriculum at the Institute of Biological Science of the University of Missouri, member of the Committee on the Genetic Effects of Radiation of the National Academy of Science (1955-1964), President of the Maryland Civil Liberties Union (an affiliate of the American Civil Liberties Union (ACLU)), President of the American Society of Naturalists (1965), Vice President of the Genetics Society of America, President of National Phi Beta Kappa (1967), President of the American Society of Human Genetics (1967-1971), President of the American Society of Human Genetics (1971-1974)

(ASHG, 1954), President of the American Association for the Advancement of Science (AAAS, 1969), Director of the History and Genetics Project of the American Philosophical Society (1978-1986), Editor of the *Quarterly Review of Biology* (1958-1967), and Biology Editor for Houghton Mifflin Publishers

Madison Grant, co-founder of the New York Zoological Society in 1895 with Theodore Roosevelt, Henry Fairfield Osborn Sr., Elihu Root and G. Grant LaFarge, and its Secretary (1895-1924), Chairman of its Executive Committee (1908-1936) and its President (1925-1937), President of the Bronx Zoo after Henry Fairfield Osborn, and succeeded by Henry Fairfield Osborn Jr., co-founder of the American Bison Society (1905), President of the Bronx Parkway Commission (1907-1925), co-founder of the Save the Redwoods League in 1910 with Henry Fairfield Osborn Sr., Treasurer of the Second (1921) and Third (1932) Eugenics Congress, President of the Immigration Restriction League (1922-1937), President of the Eugenics Research Association, Charter Fellow of the Galton Society, wrote the preface to Lothrop Stoddard's *The Rising Tide of Color Against White World-Supremacy*, and contributed to *The Alien in Our Midst*, wrote *The Passing of the Great Race* in 1916, helped to frame the Johnson Immigration Restriction Act, Director (1923-1933) and co-incorporator (1926) of the American Eugenics Society

Alan F. Guttmacher, M.D., Director of Obstetrics at the Mount Sinai Hospital, New York City (1952-1966), Chairman of the Lasker Committee for the Association for the Study of Abortion, Founder of the American Association of Planned Parenthood Physicians (1963), President of the Planned Parenthood Federation of America (PPFA, 1962-1974), member of the Management and Planning Committee (1962-1964), member of the Medical Committee (1961-1962), Chairman of the Medical Committee (1964-1968), Regional representative for the Western Hemisphere Region (1962-1964), consultant for publications and newsletter, and member of the Western Hemisphere Regional Council of the International Planned Parenthood Federation (IPPF), author of *Pregnancy, Birth and Family Planning* (1973), *Understanding Sex* (1970), *Birth Control and Love* (1969), *The Case for Legalized Abortion* (1967), *Babies by Choice or by Chance?* (1956), and Director (1955 and 1964-1966) and Vice President (1956-1963) of the American Eugenics Society

Professor David A. Hamburg, M.D., Director of the American Eugenics Society (1989-1991), President of the Carnegie Corporation, New York (1983-), Chief of the Adult Psychiatry Branch at the National Institute of Mental Health (NIMH, 1958-1961), Professor of Psychiatry (1961-1976), Chairman of the Department of Psychiatry (1969-1976) and Reed Hodgson Professor of Human Biology (1972-1976) at the Stanford University School of Medicine, President of the Institute of Medicine at the National Academy of Science (NAS, 1975-1980), J.D. MacArthur Professor of Health Policy and Director of the Division of Health Policy Research at Harvard University (1980-1982), Consultant for the United Nations Educational, Scientific and Cultural Organization (UNESCO, 1969-1970), Chairman of committees for the National Institute of Mental Health (NIMH), the United States Department of Health, Education and Welfare (HEW), and the United Nations World Health Organization (UNWHO), received awards from UNWHO and the American Public Health Association (APHA), President of the American Association for the Advancement of Science (AAAS, 1984-1985), Fellow at the Center for Advanced Study in the Behavioral Sciences (1957-1958), President of the Institute of Medicine at the National Academy of Science (NAS),

President of the Association for Research in Nervous and Mental Disease (1967-1968), member of the Advisory Committee on Medical Research of the United Nations World Health Organization (UNWHO, 1975-1986), member of the National Academy of Science (NAS) and the American Society of Human Genetics (ASHG), and author of the 1994 Carnegie Commission *Report on Children*

Professor Garrett Hardin, Director of the American Eugenics Society (1971-1974), member of the American Society of Human Genetics (ASHG, 1954), author of *Living Within Limits* (1994), *Mandatory Motherhood* (1974), *Stalking the Wild Taboo* (1973), *Birth Control* (1970), *Science and Controversy: Population, a Case Study* (1969), *Population, Evolution and Birth Control: A Collage of Controversial Readings* (1964)

Professor Caryl Haskins, Director of the Schenectady Trust, Professor at the Union College of New York (1937-1955), President of the Carnegie Institute (1956-1971), Chairman of the Board of the Carnegie Corporation, Director of the Council on Foreign Relations, Trustee for the Population Council, the World Wildlife Fund, and the National Geographic Society, and member of the American Society of Human Genetics (ASHG)

Norman E. Himes, member of the Advisory Council and the Medical Advisory Board of Margaret Sanger's Birth Control Federation of America (BCFA). In his 1946 book *Practical Birth-Control Methods*, Himes wrote "... we do not need the defective classes. They are already an excessive burden upon the State. A few special students of the problem even believe that our society is undergoing a "moronization" process; that the intelligence level of the American people is declining because the gifted have few children and the stupid many ... Probably it will take society a span of years to learn how to use it [eugenic sterilization] properly as a weapon for its own improvement ..."

Congressman Albert Johnson, Editor for the *Washington Post*, Congressman [R.-Washington] (1913-1933), Captain, Chemical Warfare Service during World War I, responsible for the Immigration Restriction Act (Johnson Act)

David Starr Jordan, M.D., Ph.D., First President of Stanford University (1891-1913) and its Chancellor (1913-16), Director, World Peace Foundation (1910-1914), Trustee for the Carnegie Foundation, President of the American Association for the Advancement of Science (AAAS), member of the English Eugenics Society and the Eugenics Research Association

Professor Franz J. Kallmann, M.D., founder of medical genetics in the United States, trained in Germany under Ernst Rüdin, who wrote the Nazi German race laws, Assistant in the psychiatric clinics of the University of Breslau-Berlin (1919-1927), Director of the Neuropathology Laboratories in Berlin-Herzeberge and Berlin-Wuhlgarten, Research Fellow at the Max Planck (Kaiser Wilhelm) Institute of Psychiatry in Munich (1928-1935), moved to the USA in 1936, Geneticist (1936-1951) and Chief of Psychiatric Research (1952-1965) at the New York State Psychiatric Institute, Professor of Psychiatry at Columbia University (1955-1965), Fellow of the American Gerontological Association, member of the American Association for the Advancement of Science (AAAS), Founder of the American Society of Human Genetics (ASHG) in 1948, and its President from 1951 to 1952, President of the American Psychopathological Association (1964-1965), and President of the Eastern Psychiatric Research Association (1963-1964)

John Harvey Kellogg, inventor of granola and flaked cereals, Director and Chief Surgeon of the Battle Creek Sanatorium, member of the Missionary Board of the Race

Betterment Foundation, sponsored three eugenic conferences with a heavy "race purity" bias in 1914, 1915 and 1923, published the journal *Good Health*, founded Battle Creek College in order to teach public health, member of the Eugenics Research Association, wrote *Plain Facts About Sexual Life* (1888), which sold more than one million copies

Harry Hamilton Laughlin, Founder of the Eugenics Record Office (1910) and its Superintendent and Director (1910-1940), Expert Eugenic Agent for the United States House of Representative's Committee on Immigration (1921-1931) - this Committee was responsible for the anti-immigration Johnson Act of 1927; in charge of the exhibits at the Second International Congress on Eugenics (1921), Secretary of the Third International Congress Eugenics (1932), President of the racist Pioneer Fund (1937-1941), Representative to the International Federation of Eugenics Organizations (IFEEO) for the Eugenics Research Association (1921), member of the Permanent Emigration Commission of the International Labor Office (ILO), advisor to the League of Nations (1925), Eugenics Associate at the Psychopathic Laboratory for the Municipal Court of Chicago (1921-1930), member of the Galton Society, the Citizens Committee for Planned Parenthood, and the International Commission on Eugenics, Secretary/Treasurer of the Eugenics Research Association (1917-1939), President (1927-1928) and Director (1923-1939) of the American Eugenics Society, Associate Editor of the *Eugenical News* (1916-1939)

Bishop William Lawrence, Episcopal Bishop of Massachusetts (1893-1937)

Charles A. Lindbergh, the famous aviation pioneer who was the first to fly solo nonstop across the Atlantic Ocean in the Spirit of St. Louis in 1927, his father was a United States Congressman from Minnesota, married Anne Morrow the daughter of the United States Ambassador to Mexico, Dwight Morrow, in 1929, advocated United States neutrality in World War II, consultant to United Air Lines, Pan American Airlines, and the United States Department of Defense, appointed Brigadier General in the United States Air Force Reserve by President Eisenhower in 1954, there is a statue of Charles Lindbergh at the entrance to the Rockefeller Center, authored *The Culture of Organs* in 1938 with Alexis Carrel, who founded the Vichy Foundation for Human Betterment under the French collaborationist Vichy government

Professor John Campbell Merriam, Professor of Paleontology and Histology at the University of California (1912-1920), President of the Carnegie Institute of Washington (1920-1935), President of the Galton Society, member of the American Association for the Advancement of Science (AAAS), the Geological Society, and the American Paleontological Society 1917; Professor Merriam, co-founded the Redwoods League in 1910 with eugenicist Henry Fairfield Osborn Sr. and racist Madison Grant, and remained President of the League until 1935; Merriam also consolidated the Eugenics Record Office (ERO) and the Carnegie Experimental Station at Cold Spring Harbor into a branch of the Carnegie Institute of Washington

Major General Frederick Osborn, nephew of eugenicist Henry Fairfield Osborn, member of the Advisory Council (1928-1981), Director (1935 and 1969-1972), Secretary (1936 and 1954-1959), Treasurer (1969-1973), Secretary/Treasurer (1936-1945 and 1960-1968) and President, (1946-1952) of the American Eugenics Society, financed the Third Eugenical Congress, co-founder of the racist Pioneer Fund and its President (1947-1956), member of the Citizens Committee for Planned Parenthood, Chairman of

the Advisory Committee on Selective Service and Chairman of Morale during World War II, United States representative on the International Atomic Energy Commission, co-founded the Population Council with John D. Rockefeller III, developed the concept of secret eugenics, or "crypto-eugenics," member of the American Society of Human Genetics (ASHG) and the Population Association of America (1940-1945), member of the Advisory Board of the *Eugenical News* (1940-1952), his father was on the Board of Trustees of Princeton and helped found the Office of Population Research at Princeton, Mrs. Frederick Osborn, Frederick Osborn, Jr., and John Jay Osborn were all also members of the American Eugenics Society

Professor Edward B. Perrin, Professor of Biostatistics and Chairman of the Department of the School of Public Health at the University of Washington's School of Medicine, Seattle (1965-1992), Director of the National Center for Health Statistics at the National Institute of Health (NIH), Director of the Health Care Study Center at the Battelle Memorial Institute, Chairman of the Health Service Research Study at the Department of Health, Education and Welfare (HEW), Clinical Professor at Georgetown University, and Visiting Professor at the Western China University Medical School in Chengdu, Szechwan Province

John D. Rockefeller and John D. Rockefeller Jr. [in 1930]

Sheldon Segal, Director of Population Sciences for the Rockefeller Foundation (1978-1992), Assistant Medical Director (1956-1963), Medical Director (1963-1978), Vice President (1969-1976), Senior Vice President (1976-1978) and Distinguished Scientist (1992-1995) of the Population Council, Member of the International Committee for Contraceptive Research, visiting Professor at the Peking Union Medical College in China, member of the Chinese Academy of Science, Advisor to the project of the Chinese State Family Planning Commission and the Rockefeller Foundation on the use of Copper-T intrauterine devices (IUDs), official advisor on contraception and population to the United Nations World Bank (UNWB), the United Nations World Health Organization (UNWHO), the National Institute of Health (NIH), the Ford Foundation, the Government of India, the United Nations Office of Science and Technology, and the United Nations Fund for Population Activities (UNFPA), member of the Committee on Contraceptive Technology (1977-1980) and the Committee on the Demographic Effects of Contraceptives (1988-1989) of the National Academy of Sciences (NAS), researcher for the National Institute of Child Health and Human Development of the National Institute of Health (NIH, 1978-1980), Chairman of the Board of Trustees of the Marine Biology Lab at Woods Hole, Massachusetts (1991-1992) Founding Member and Trustee for the Center for Reproductive Law and Policy (1992-1995), member of the Research Committee of the International Planned Parenthood Federation (IPPF, 1966), President of the International Society for the Study of Reproduction (1968-1972), member of the Council on Foreign Relations recipient of the Clarence J. Gamble Award (1980), the United Nations Population Award (1985), and the Planned Parenthood of America (PPFA) Award (1990), original developer of the abortifacient NORPLANT and leader of the Population Council team studying the male contraceptive gossypol

Margaret Higgins Sanger Slee, Editor of the *Birth Control Review*, Chairman of the Birth Control Federation of America (BCFA), Founder and President Emeritus of the International Planned Parenthood Federation (IPPF, 1953), and on IPPF's Governing Body (1961-1962) and its Medical Committee (1961-1962)

Professor Arthur G. Steinberg researcher in Medical Statistics at the Mayo Clinic

Professor Arthur C. Stenborg, researcher in medical statistics at the Mayo Clinic (1948-1952), Professor of Biology and Human Genetics at Case Western Reserve University, Cleveland, Ohio (1956-1972), Consultant for the Permanent Committee for International Human Genetics, National Institute of Health (NIH, 1966-1971) researcher for the United Nations World Health Organization (UNWHO), Chairman of the Advisory Board for the National Genetics Foundation, President of the American Society of Human Genetics (ASHG), and member of the Genetics Society of America, the American Society of Naturalists, and the American Genetic Association

Professor Curt Stern, Investigator at the Kaiser Wilhelm Institute (1922-1933), Private Lecturer at the University of Berlin (1932-1933), Fellow of the Rockefeller Foundation (1932-1933), Chairman of the Department of Zoology at the University of Rochester (1933-1947), Professor of Zoology and Genetics at the University of California at Berkeley (1947-1981), President of the American Society of Human Genetics (ASHG, 1957), and President of the American Genetics Society (1950)

Theodore Lothrop Stoddard, member of the Board of Directors of Margaret Sanger's American Birth Control League (ABCL), Director of Publicity at the Second International Congress on Eugenics (1921), member of the Eugenics Research Association, racist and outspoken advocate of Nordic supremacy, books included *Racial Realities in Europe* (1924), *The Revolt Against Civilization: The Menace of the Under-Man* (1922), *The Rising Tide of Color Against White World-Supremacy* (1920) and *A Gallery of Jewish Types*

Christopher Tietze, M.D., House Physician at the Municipal Hospital in Vienna, Austria (1932-1936), private practice in Austria (1936-1938), research associate, Mental Hygiene Study, Johns Hopkins (1938-1943), Director of Research, National Committee on Maternal Health (1943-1949 and 1958-1966), during which the Population Council funneled millions of dollars through him for the refinement, testing and evaluation of various intrauterine devices (IUDs); Lecturer in Obstetrics and Gynecology at Columbia University (1959-1975), Consultant for the United Nations World Health Organization (UNWHO, 1965-1967), Member of the Population and Labor Staff, Division of Functional Intelligence, Social Science Specialist, and Chief Demographer and Intelligence Research Specialist for the United States Department of State (1949-1955), Director of the Biomedical Division, Senior Consultant for the Technical Assistance Division, and Senior Consultant for the Center for Policy Studies of the Population Council (1967-1984), Consultant for the National Center for Health Statistics (1966-1968), Member of Governor Nelson Rockefeller's Commission to Study Abortion in New York State (1968), statistician for family planning, United Nations Technical Assistance Administration, Barbados (1956 and 1958), Delegate to the Conference on Demographic Problems of the Area Served by the Caribbean Commission, Trinidad (1957), Advisor to the United States delegate to the United Nations Population Commission (1955 and 1957), Chairman of the Steering Committee of the United Nations World Health Organization (UNWHO) Task Force on Sequelae and Complications of Induced Abortion (1973-1979), Chairman of the United Nations World Health Organization Scientific Group on Induced Abortion (1977), member of the Population Association, the Society for the Study of Sex, the Fertility Society, the International Union for the Scientific Study of Population (IUSSP), and the British Eugenics Society, and longtime abortion statistician for the Alan Guttmacher Institute (AGI), the research arm of the Planned Parenthood Federation of America (PPFA)

Professor Otmar Freiherr von Verschuer, M.D., Ph.D., Josef Mengele's mentor and co-researcher in Nazi human experimentation at Auschwitz (1943-1944), member of the American Society of Human Genetics (ASHG), Director of the Division of Human Heredity at the Kaiser Wilhelm Institute in Berlin-Dahlem (1934), Director of the Third Reich Institute for Heredity, Biology and Racial Purity (1937), Professor Emeritus at the Institute of Human Genetics of the University of Münster and member of the Advisory Board of *Mankind Quarterly*

Ray Lyman Wilbur, Dean of the School of Medicine (1911-1916), President (1916-1943) and Chancellor (1943-1949) of Stanford University, Secretary of the Interior under Herbert Hoover, Trustee of the Rockefeller Foundation (1923-1940), Chairman of the White House Conference on Child Care and Protection (1929-1931) President of American Social Hygiene Association (1936-1948), and member of the Eugenics Research Association

Some Past Members of the British Eugenics Society

C.P. Blacker, lawyer, doctor, and co-founder of the International Planned Parenthood Federation

Sir Charles Darwin, grandson of Sir Charles Darwin

Havelock Ellis, Companion of Margaret Sanger

Francis Galton, founder of the American eugenics movement and author of the 1869 work *Hereditary Genius*

Julian S. Huxley, Secretary General, United Nations Educational, Scientific and Cultural Organization (UNESCO)

International Planned Parenthood Federation, 18-20 Lower Regent Street, London SW1Y 4PW

Frederick Osborne, lawyer and Secretary of the American Eugenics Society

Alfred Ploetz, co-founder of the Nazi Society for Racial Hygiene

Malcolm David Potts, M.D., Medical Director, International Planned Parenthood Federation (IPPF), 1968 to 1978, Director of Population Services International (PSI) and associated with Family Health International (FHI) and the Abortion Law Reform Association (ALRA) in England.

Margaret Sanger, founder of the American Birth Control League (ABCL, later the Planned Parenthood Federation of America (PPFA))

Marie Stopes, birth control pioneer and founder of the Society for Constructive Birth Control and Racial Progress

References: "Membership List, 1956, American Eugenics Society, Inc., 230 Park Avenue, New York 17, N.Y." *Eugenics Quarterly*, December 1956 [Volume 3, Number 4], pages 243 to 252; the "Eugenics Watch" Web site at <http://www.eugenics-watch.com/> includes the most detailed information available on thousands of members of the American and British Eugenics Societies; The International Planned Parenthood Federation (IPPF) is listed in "The [British] Eugenics Society List of Fellows and Members," January 1, 1977.

[Go to Next Topic: But the Eugenicists Dream On...](#)

[Return to *Eugenics* Table of Contents](#)

Endnotes for "Sterilizing the Tarnished Image"

[109] C.S. Lewis. *The Screwtape Letters* [New York: Macmillan, 1964], page ix.

[110] Dr. Horace Blacker, *Eugenics Review*, London, Volume 60, page 154.

SHARE



Joannes Bucher

Regional
Coordinator for
Europe

**MISSION
REPORTS**

- [Albania, June '10](#)
- [Croatia, December '09](#)
- [Belarus, September '09](#)
- [Ukraine, March '09](#)
- [Romania, Oct/Nov '08](#)
- [UK - 40 Years in the Desert of Death, November '07](#)
- [Ireland, Aug/Sept '07](#)

HLI's Mission Field in Europe



Country Key:		Color Key:	
Affiliate	(Associate)	Pro-Life Laws	Exceptions
Other Countries We Work In		Abortion on Demand	

STATISTICS.

For more
information:

[HLI Helpers](#)

[Austria](#)

[HLI Europa](#)

[Affiliates](#)

[Austria](#)

[Belarus](#)

[Belgium](#)

[Croatia](#)

[Czech
Republic](#)

[Germany](#)

[Hungary](#)

[Ireland](#)

[Latvia](#)

[Lithuania](#)

[Malta](#)

[Poland](#)

[Romania](#)

[Rome](#)

[Russia -
Moscow](#)

[Russia -
Siberia](#)

[Slovakia](#)

[Switzerland](#)

[Ukraine \(2\)](#)

[Serbia](#)

[Associates](#)

[France](#)

Ukraine - Odessa

Lithuania - Kaunas

Lithuania - Vilnius

Croatia - Zagreb

Czech Republic -
Kladno

***For contact information
for HLI Europe affiliates
and associates, [click
here.](#)***

DONATE NOW

***Support HLI's Pro-Life
Missionaries with a life
saving contribution!***

Pro-Abortion Violence



SHARE

Setting The Record Straight

Pro-abortionists and the media talk a lot about "anti-choice violence" and an alleged "organized campaign of terror and intimidation against reproductive health centers."

Most people perceive the struggle over abortion in the USA to be a vicious and brutal battle -- with all of the violence being committed by so-called "fanatical anti-choicers."

This is entirely due to the stupid actions of a handful of deranged individuals and the persistent and monolithic bias of the national broadcast, print, and entertainment media.

This bias has been well-documented and is demonstrated by the different way the media treats violence committed by people on each side of the abortion struggle.

After Paul Hill murdered Florida abortionist John Bayard Britton and his armed "escort," James H. Barrett, the media broadcast and wrote more than 100,000 stories on the killings over the next several years. But when pro-abortion activist Eileen Orstein Janezic shot pro-life activist minister and radio talk show host Jerry Simon through his living room window, murdering him to "prove her love for Satan," the national media completely ignored the story.

Pro-abortionists have killed:

- 365 abortion clients
- 268 other pregnant women
- 127 other women
- 151 born children (including 72 newborn babies and infants)
- 296 wanted preborn children; and
- 99 men

Pro-lifers cannot deny that a handful of individuals, always acting alone, have committed terrible violence in their attempts to stop the wholesale killing of preborn children. However, pro-lifers must not forget that pro-abortionists have committed much more deadly violence, even if we leave aside for the moment the killings of more than 50 million preborn children in the United States alone.

So much death inevitably desensitizes abortionists and their supporters, and it is inevitable that this will lead them to become violent outside the abortion mills as well.

Detailed documentation shows that pro-abortionists have murdered an incredible 1,306 people since 1966. Since they prefer to attack the weak, 92 percent of their victims have been women and children.

The most pitiful deaths of all are the murders of pregnant mothers. As the documentation on Human Life International's Abortion Violence website shows, pro-abortionists have raped, tortured, beaten, strangled, poisoned, stabbed, burned, murdered, and even buried alive pregnant women, many of them in their last trimester, because they refused to have abortions.

And it staggers the imagination to realize that no pro-abortion group has ever denounced this kind of sickening violence.

Abortionists and pro-abortion activists have violently attacked those who oppose them in literally hundreds of incidents. They have attacked pro-lifers with guns, cars, acid, hypodermic syringes, and baseball bats, and other pro-abortionists have applauded and supported these actions.

Pro-abortionists have raped, forcibly aborted, and killed their patients. They have gleefully tortured and murdered their girlfriends and wives. They have botched third-trimester abortions and callously walked away to leave their victims to die -- and then have tried to justify their actions with whining and empty excuses.

Pro-lifers must demand that these hypocritical pro-abortionists apologize for and condemn the many acts of murderous violence committed by the members of their movement!

The map and documentation in this brochure and on HLI's Abortion Violence website give you the tools you need to back-up this demand with plenty of hard evidence.

History shows us that the pro-life movement is by far the most peaceful social movement in the history of the world.

Every other social movement is guilty of far greater death and destruction, including the civil rights movement, the unionization movement, the anti-apartheid movement, the "gay rights" movement, and, of course, the pro-abortion movement.

Unlike all pro-abortion reports that simply allege 100, 250, 500 (pick a nice round number) incidents of "anti-choice" violence but never document their claims, the Abortion Violence website provides documentation for more than 8,500 incidents of pro-abortion violence, from mass murder to torturing animals.

So the next time a person shows you a map or table of "anti-choice violence" and demands that you condemn it, tell him that the apology must be mutual; if you are going to apologize for violence you were not involved in, he must *also* apologize.

MURDERERS

Abortionist Hipolito Barreiro was charged with manslaughter for the death of Shirley Payne. Barreiro had previously killed at least three other women with his "safe and legal" abortions, including Ruth Montero, Maura Morales, and Marta Baptiste.



Abortionist Brian Finkel, who called himself "The Prince of the Pelvis," was convicted of 22 counts of sexual abuse of his female patients. The National Organization for Women (NOW) claimed that almost all of the women who came forward to testify against Finkel were lying, and that pro-lifers were to blame for his prosecution.

Abortionist David Benjamin killed Guadalupe Negrón, a mother of four, in July 1993. During the abortion, he lacerated Negrón's cervix and punctured her uterus, causing severe bleeding. Then the abortionist abandoned her. Negrón's autopsy report attributed her death to massive bleeding causing shock and cardiac arrest. Benjamin was convicted of murder due to his "depraved indifference to human life."

Abortionist John Baxter Hamilton was having an affair with a topless dancer he had aborted, and his wife was considering leaving him. On Valentine's Day 2001, Hamilton choked his wife with a necktie, beat her over the head with a heavy blunt object hard enough to smash a hole in her skull, and then slammed her face repeatedly into the floor. In December 2001, a jury convicted Hamilton of murdering his wife. Amazingly, pro-abortionists tried to get all charges dropped against Hamilton by sending death threats to at least three news agencies, District Attorney Wes Lane, and state witnesses against Hamilton.



Kyle Bryant's 14-year-old girlfriend Chauntae Jones was eight months pregnant with his child. Bryant did not want to go to prison for statutory rape and did not want the baby either. So he and his friend, Lord Hampton, blindfolded Chauntae, raped her, struck her over the head with a blunt object, then stabbed her repeatedly in the neck, abdomen,

and back. Then they buried her alive in a pre-dug shallow grave. A jury found Hampton guilty of two counts of first-degree murder.

Matthew Elliott and William Davis dug a grave for 15-year old Brittni Pater, who was three months pregnant. Then they lured her into the woods and bludgeoned her repeatedly with a long, heavy metal bar. Then they ran her down with their car and dumped her battered body in an old gravel pit. Elliott and Davis said they killed Brittni because she was pregnant, and a jury found them both guilty of capital murder.

Abortionist Malachi Dehenre murdered his wife, Mysha Rose, shooting her once in the head with a handgun. Dehenre, who had lost his license to practice medicine in New York, Alabama, and Mississippi due to bungled abortions, pleaded not guilty, but a jury unanimously convicted him of manslaughter.

Marc Eason was a vocal pro-abortionist who worked at the Dadeland abortion clinic in Miami. He was sentenced to life imprisonment without possibility of parole for the ax-murders of his two roommates. Eason claimed the murders were "justifiable homicide" because the roommates had "complained about his sloppiness." He also stabbed his abortionist mother, Betty Eason, in the neck with a steak knife.

Abortionist Alicia Ruiz Hanna was convicted of second-degree murder after Angela Sanchez, a mother of four, died at Hanna's abortion mill. Hanna tried to stuff Angela's body into the trunk of a car in order to dump her body across the border in Tijuana, Mexico.

Shawn Kristopher Holliman demanded that his pregnant girlfriend, Tanika Fox, have an abortion. She refused, so he shot her twice in the head at point-blank range. He was convicted of first-degree murder and sentenced to life in prison. The students at Tanika's high school dedicated their yearbook in Tanika's name.

Peter Kupaza raped his cousin Mwenvano Kupaza, then forced her to have an abortion when she became pregnant. So she would not talk, he then murdered her, skinned her body and chopped it into pieces, which he stuffed into garbage bags and dumped. A jury convicted him of first-degree murder.

Edward Lewis LaGrone repeatedly molested ten-year-old Shakeisha Lloyd, and she became pregnant. He demanded that she get an abortion when she was four months along, but she refused. So LaGrone decided to murder Shakeisha's entire family. He killed her uncle, then murdered 83-year-old Zenobia Anderson and 76-year-old Caola Lloyd, who was blind and bedridden with cancer. Finally, LaGrone walked up to the young mother of his baby and shot her in the head, killing her instantly. He was convicted of multiple counts of capital murder and was sentenced to death.

Rodrigo Ortiz Paniagua wanted his girlfriend Leticia Chavez, who was five months pregnant, to have an abortion. So he stabbed her three times in the stomach, deliberately targeting their preborn child. Then he murdered their little daughters, cutting the throat of six-year-old Adrina, and killing three-year-old Analisa. Finally, he set their house on fire, sat down on the curb, and lit up a cigarette. He confessed to his crimes and was charged with four counts of murder and one count of arson.

Andrew Yellowbear was a vicious thug who enjoyed beating his girlfriend, Macalia Blackburn, especially when she was pregnant. He also loved to torture his little 22-month-old daughter Marcela. Finally, he tortured the little toddler to death. When she was taken to a hospital after she died, horrified doctors found that she had many broken bones, and that most of her body was covered with bruises, lacerations, and burns. She had obviously suffered the most extreme agony for several weeks before she died. During the course of their 2-1/2 year relationship, Yellowbear beat up Macalia at least fifty times, "not counting times she was only hit." Macalia was hospitalized three times for her injuries, each time when she was pregnant. An assistant county attorney described Marcela's death as "especially atrocious or cruel. ... She was made to suffer during the last weeks of her life. It is undeniable she would have been in great pain and agony." A jury found Yellowbear guilty of first-degree murder in the death of his baby daughter, and he was sentenced to life in prison.

Pro-Abortion Violence in the United States

(Click on map to enlarge)



Abortionist Pop Quiz

1. Which prominent Oklahoma abortionist was having an affair with a topless dancer he had aborted, and then choked his wife with a necktie, beat her over the head with a heavy blunt object hard enough to smash a hole in her skull, and then slammed her face repeatedly onto the floor, murdering her? Local pro-abortionists tried so hard to get his charges dropped that they sent death threats to news agencies, the district attorney, and witnesses against the abortionist.
2. What famous Nazi mass murderer, known as the "Angel of Death" for his thousands of ghastly medical experiments on living patients in the Auschwitz concentration camp, fled Germany at the end of World War II and became a prominent abortionist in South America?
3. What Chicago abortionist, labeled "America's Arch Fiend" by the press, was America's first famous serial killer, having murdered more than fifty people?
4. What Arizona abortionist, who referred to himself as "The Prince of the Pelvis," was convicted of more than 60 counts of sexual abuse and sexual assault and imprisoned for 35 years?
5. What major pro-abortion group vigorously defended Finkel and claimed that his

accusers were lying?

6. What New York City abortionist (subsequently known as "Zorro" to his staff) carved his initials on the abdomen of one of his patients with a scalpel because "I thought I did such a beautiful job, I thought I should sign it?" (Hint: This abortionist worked for an abortion mill that was shut down for health and safety violations, and which shipped women like cattle to unlicensed abortion mills in its "Happiness Bus!")
7. Which prominent El Paso abortionist and ardent admirer of Adolf Hitler became a professional wrestler named "The Chinese Bandit" to raise money on the side?
8. What former Nazi SS officer put his wartime skills to use by becoming an abortionist for Kaiser Permanente in Ohio and Hawaii? (Hint: He was so fanatical about saving money that he forced his female staff to urinate in bottles at their desks and was finally killed by the brother of a young girl whom he had given drugs for free sex.)
9. Which prominent Chicago abortionist was charged with making "kiddie porn" featuring his own 3-year-old daughter and, when caught, blamed his prosecution on local pro-lifers?
10. Which world-famous American pro-abortion feminist, a co-founder of the National Organization for Women (NOW), was caught by customs officials at an airport with a load of sado-masochistic magazines depicting women being tortured?
11. What New York City abortionist, who was found guilty of nearly four hundred counts of medical malpractice and incompetence, won the award for the all-time lame excuse by saying that her husband dominated her with Voodoo?
12. What abortionist had sex with a patient just before aborting her, and when caught, told a newspaper, "I believe that if a woman decides to have a termination, it should be done safely, legally and with some dignity?"
13. Which prominent Jackson, Mississippi abortionist, a prolific producer of child pornography, was a member of the International Diaper Pail Foundation, in which the members are infantilists who enjoy wearing diapers, defecating in the diapers, and smearing the feces all over their bodies?
14. What Boston abortionist aborted a living and viable baby boy, deliberately smothered him, was convicted of manslaughter but released on a technicality, and was later rewarded by being given the post of Chairman of the Board of Planned Parenthood Federation of America (PPFA)?
15. What vocal Miami pro-abortionist murdered both of his roommates with an ax, and then called the killings "justifiable homicide" because the roommates had "complained about his sloppiness?" (Hint: He also stabbed his abortionist mother in the neck with a steak knife.)
16. What New York abortionist admitted to exposing himself to more than 700 women and young girls, finally kidnapped and raped a six-year-old girl and spent seven years in prison for the crime, and was then welcomed back to his abortion practice with open arms by the State of New York?

Extra Credit

Who is the father of the modern "pro-choice" movement? His hatred of expectant mothers and pregnancy was reflected in several of his novels which celebrated the

mothers and pregnancy was reflected in several of his novels, which celebrated the torture and murder of pregnant women. In one of his grisly and deranged novels, he describes with great relish the skewering of a pregnant woman with a red-hot iron rod driven through both her and her unborn baby. (Hint: Not surprisingly, his name is literally synonymous with cruelty, brutality and viciousness.)

Answers

1. John Baxter Hamilton.
2. Josef Mengele.
3. Henry Howard Holmes.
4. Brian Finkel.
5. The National Organization for Women (NOW).
6. Allan Zarkin.
7. Raymond Showery.
8. Vilis Kruze.
9. Richard Ragsdale.
10. Betty Friedan.
11. Judith Comeau-Samuel.
12. P. Scott Ricke.
13. Milan D. Chepko.
14. Kenneth Edelin.
15. Marc Eason.
16. Ronald Tauber.

Extra Credit

The Marquis de Sade.

[Akron v. Akron Center for Reproductive Health, Inc. \(1983\)](#)



Akron v. Akron Center for Reproductive Health, Inc.

Syllabus

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

No. 81-746

Argued: November 30, 1982

Decided: June 15, 1983 [*]

An Akron, Ohio, ordinance, *inter alia*, (1) requires all abortions performed after the first trimester of pregnancy to be performed in a hospital (§ 1870.03); (2) prohibits a physician from performing an abortion on an unmarried minor under the age of 15 unless he obtains the consent of one of her parents or unless the minor obtains an order from a court having jurisdiction over her that the abortion be performed (§ 1870.05(B)); (3) requires that the attending physician inform his patient of the status of her pregnancy, the development of her fetus, the date of possible viability, the physical and emotional complications that may result from an abortion, and the availability of agencies to provide her with assistance and information with respect to birth control, adoption, and childbirth (§ 1870.06(B)), and also inform her of the particular risks associated with her pregnancy and the abortion technique to be employed (§ 1870.06(C)); (4) prohibits a physician from performing an abortion until 24 hours after the pregnant woman signs a consent form (§ 1870.07); and (5) requires physicians performing abortions to ensure that fetal remains are disposed of in a "humane and sanitary manner" (§ 1870.16). A violation of the ordinance is punishable as a misdemeanor. Respondents and cross-petitioners filed an action in Federal District Court against petitioners and cross-respondents, challenging the ordinance. The District Court invalidated § 1870.05(B), § 1870.06(B), and § 1870.16, but upheld § 1870.03, § 1870.06(C), and § 1870.07. The Court of Appeals affirmed as to § 1870.03, § 1870.05(B), § 1870.06(B), and § 1870.16, but reversed as to § 1870.06(C) and § 1870.07.

Held:

1. Section 1870.03 is unconstitutional. Pp. 431-439.

(a) While a State's interest in health regulation becomes compelling at approximately the end of the first trimester, the State's regulation may be upheld only if it is reasonably designed to further that interest. If, during a substantial portion of the second trimester, the State's regulation departs from accepted medical practice, it may not be upheld simply because it may be reasonable for the remaining portion of the trimester. Rather, the State is obligated to make a reasonable effort to limit the effect of its regulations to the period in the trimester during which its health interest may be furthered. Pp. 433-434.

(b) It cannot be said that the lines drawn in § 1870.03 are reasonable. By preventing the performance of dilatation-and-evacuation abortions in an appropriate nonhospital setting, Akron has imposed a heavy and unnecessary burden on women's access to a relatively inexpensive, otherwise accessible, and safe abortion procedure. Section 1870.03 has the effect of inhibiting the vast majority of abortions after the first trimester, and therefore unreasonably infringes upon a woman's constitutional right to obtain an abortion. Pp. 434-439.

2. Section 1870.05(B) is unconstitutional as making a blanket determination that *all* minors under the age of 15 are too immature to make an abortion decision, or that an abortion never may be in the minor's best interests without parental approval. Under circumstances where the Ohio statute governing juvenile proceedings does not mention minors' abortions nor suggest that the Ohio Juvenile Court has authority to inquire into a minor's maturity or emancipation, § 1870.05(B), as applied in juvenile proceedings, is not reasonably susceptible of being construed to create an opportunity for case-by-case evaluations of the maturity of pregnant minors. Pp. 439-442.

3. Sections § 1870.06(B) and § 1870.06(C) are unconstitutional. Pp. 442-449.

(a) The validity of an informed consent requirement rests on the State's interest in protecting the pregnant woman's health. But this does not mean that a State has unreviewable authority to decide what information a woman must be given before she chooses to have an abortion. A State may not adopt regulations designed to influence the woman's informed choice between abortion or childbirth. Pp. 442-444.

(b) Section 1870.06(B) attempts to extend the State's interest in ensuring "informed consent" beyond permissible limits, and intrudes upon the discretion of the pregnant woman's physician. While a State may require a physician to make certain that his patient understands the physical and emotional implications of having an abortion, § 1870.06(B) goes far beyond merely describing the general subject matter relevant to informed consent. By insisting upon recitation of a lengthy and inflexible list of information, the section unreasonably has placed obstacles in the path of the physician. Pp. 444-445.

(c) With respect to § 1870.06(C)'s requirement that the "attending physician" must inform the woman of the specified information, it is unreasonable for a State to insist that only a physician is competent to provide the information and counseling relevant to informed consent. Pp. 446-449.

4. Section 1870.07 is unconstitutional. Akron has failed to demonstrate that any legitimate state interest is furthered by an arbitrary and inflexible waiting period. There is no evidence that the abortion procedure will be performed more safely. Nor does it

appear that the State's legitimate concern that the woman's decision be informed is reasonably served by requiring a 24-hour delay as a matter of course. Pp. 449-451.

5. Section 1870.16 violates the Due Process Clause by failing to give a physician fair notice that his contemplated conduct is forbidden. Pp. 451-452.

POWELL, J., delivered the opinion of the Court, in which BURGER, C.J., and BRENNAN, MARSHALL, BLACKMUN, and STEVENS, JJ., joined. O'CONNOR, J., filed a dissenting opinion, in which WHITE and REHNQUIST, JJ., joined, *post*, p. 452.

POWELL, J., Opinion of the Court

SUPREME COURT OF THE UNITED STATES

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

Argued: November 30, 1982

Decided: June 15, 1983 [*]

JUSTICE POWELL delivered the opinion of the Court.

In this litigation, we must decide the constitutionality of several provisions of an ordinance enacted by the city of Akron, Ohio, to regulate the performance of abortions. Today we also review abortion regulations enacted by the State of Missouri, see *Planned Parenthood Assn. of Kansas City, Mo., Inc. v. Ashcroft*, *post*, p. 476, and by the State of Virginia, see *Simopoulos v. Virginia*, *post*, p. 506.

These cases come to us a decade after we held in *Roe v. Wade*, 410 U.S. 113 (1973), that the right of privacy, grounded in the concept of personal liberty guaranteed by the Constitution, encompasses a woman's right to decide whether to terminate her pregnancy. Legislative responses to the Court's decision have required us on several occasions, and again today, to define the limits of a State's authority to regulate the performance of abortions. And arguments continue to be made, in these cases as well, that we erred in interpreting the Constitution. Nonetheless, the doctrine of *stare decisis*, while perhaps never entirely persuasive on a constitutional question, is a doctrine that demands respect in a society governed by the rule of law.[1] We respect it today, and reaffirm *Roe v. Wade*.

In February, 1978, the City Council of Akron enacted Ordinance No. 160-1978, entitled "Regulation of Abortions." [2] The ordinance sets forth 17 provisions that regulate the performance of abortions, see Akron Codified Ordinances ch. § 1870, 5 of which are at issue in this case:

(i) Section 1870.03 requires that all abortions performed after the first trimester of pregnancy be performed in a hospital.[3]

(ii) Section 1870.05 sets forth requirements for notification of and consent by parents before abortions may be performed on unmarried minors.[4]

(iii) Section 1870.06 requires that the attending physician make certain specified statements to the patient "to insure that the consent for an abortion is truly informed consent." [5]

(iv) Section 1870.07 requires a 24-hour waiting period between the time the woman signs a consent form and the time the abortion is performed.[6]

(v) Section 1870.16 requires that fetal remains be "disposed of in a humane and sanitary manner." [7]

A violation of any section of the ordinance is punishable as a criminal misdemeanor. § 1870.18. If any provision is invalidated, it is to be severed from the remainder of the ordinance.[8] The ordinance became effective on May 1, 1978.

On April 19 1978, a lawsuit challenging virtually all of the ordinance's provisions was filed in the District Court for the Northern District of Ohio. The plaintiffs, respondents and cross-petitioners in this Court, were three corporations that operate abortion clinics in Akron and a physician who has performed abortions at one of the clinics. The defendants, petitioners and cross-respondents here, were the city of Akron and three city officials (Akron). Two individuals (intervenors) were permitted to intervene as codefendants "in their individual capacity as parents of unmarried minor daughters of childbearing age." 479 F.Supp. 1172, 1181 (1979). On April 27, 1978, the District Court preliminarily enjoined enforcement of the ordinance.

In August, 1979, after hearing evidence, the District Court ruled on the merits. It found that plaintiffs lacked standing to challenge seven provisions of the ordinance, none of which is before this Court. The District Court invalidated four provisions, including § 1870.05 (parental notice and consent), § 1870.06(B) (requiring disclosure of facts concerning the woman's pregnancy, fetal development, the complications of abortion, and agencies available to assist the woman), and § 1870.16 (disposal of fetal remains). The court upheld the constitutionality of the remainder of the ordinance, including § 1870.03 (hospitalization for abortions after the first trimester), § 1870.06(C) (requiring disclosure of the particular risks of the woman's pregnancy and the abortion technique to be employed), and § 1870.07 (24-hour waiting period).

All parties appealed some portion of the District Court's judgment. The Court of Appeals for the Sixth Circuit affirmed in part and reversed in part. 651 F.2d 1198 (1981). It affirmed the District Court's decision that § 1870.03's hospitalization requirement is constitutional. It also affirmed the ruling that § 1870.05, § 1870.06(B), and § 1870.16 are unconstitutional. The Court of Appeals reversed the District Court's decision on § 1870.06(C) and § 1870.07, finding these provisions to be unconstitutional.

Three separate petitions for certiorari were filed. In light of the importance of the issues presented, and in particular the conflicting decisions as to whether a State may require that all second trimester abortions be performed in a hospital,[9] we granted both Akron's and the plaintiffs' petitions. 456 U.S. 988 (1982). We denied the intervenors' petition, *Seguin v. Akron Center for Reproductive Health, Inc.*, 456 U.S. 989 (1982), but they have participated in this Court as respondents under our Rule 19.6. We now reverse the judgment of the Court of Appeals upholding Akron's hospitalization requirement, but affirm the remainder of the decision invalidating the provisions on parental consent, informed consent, waiting period, and disposal of fetal remains.

II

In *Roe v. Wade*, the Court held that the

right of privacy, . . . founded in the Fourteenth Amendment's concept of personal liberty and restrictions upon state action, . . . is broad enough to encompass a woman's decision whether or not to terminate her pregnancy.

410 U.S. at 153. Although the Constitution does not specifically identify this right, the history of this Court's constitutional adjudication leaves no doubt that

the full scope of the liberty guaranteed by the Due Process Clause cannot be found in or limited by the precise terms of the specific guarantees elsewhere provided in the Constitution.

Poe v. Ullman, 367 U.S. 497, 543 (1961) (Harlan, J., dissenting from dismissal of appeal). Central among these protected liberties is an individual's "freedom of personal choice in matters of marriage and family life." *Roe*, 410 U.S. at 169 (Stewart, J., concurring). See, e.g., *Eisenstadt v. Baird*, 405 U.S. 438 (1972); *Loving v. Virginia*, 388 U.S. 1 (1967); *Griswold v. Connecticut*, 381 U.S. 479 (1965); *Pierce v. Society of Sisters*, 268 U.S. 510 (1925); *Meyer v. Nebraska*, 262 U.S. 390 (1923). The decision in *Roe* was based firmly on this long-recognized and essential element of personal liberty.

The Court also has recognized, because abortion is a medical procedure, that the full vindication of the woman's fundamental right necessarily requires that her physician be given "the room he needs to make his best medical judgment." *Doe v. Bolton*, 410 U.S. 179, 192 (1973). See *Whalen v. Roe*, 429 U.S. 589, 604-605, n. 33 (1977). The physician's exercise of this medical judgment encompasses both assisting the woman in the decisionmaking process and implementing her decision should she choose abortion. See *Colautti v. Franklin*, 439 U.S. 379, 387 (1979).

At the same time, the Court in *Roe* acknowledged that the woman's fundamental right "is not unqualified, and must be considered against important state interests in abortion." *Roe*, 410 U.S. at 154. But restrictive state regulation of the right to choose abortion, as with other fundamental rights subject to searching judicial examination,

must be supported by a compelling state interest. *Id.* at 155. We have recognized two such interests that may justify state regulation of abortions.[10]

First, a State has an "important and legitimate interest in protecting the potentiality of human life." *Id.* at 162. Although this interest exists "throughout the course of the woman's pregnancy," *Beal v. Doe*, 432 U.S. 438, 446 (1977), it becomes compelling only at viability, the point at which the fetus "has the capability of meaningful life outside the mother's womb," *Roe, supra*, at 163. See *Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. 52, 63-65 (1976). At viability, this interest in protecting the potential life of the unborn child is so important that the State may proscribe abortions altogether, "except when it is necessary to preserve the life or health of the mother." *Roe*, 410 U.S. at 164.

Second, because a State has a legitimate concern with the health of women who undergo abortions, "a State may properly assert important interests in safeguarding health [and] in maintaining medical standards." *Id.* at 154. We held in *Roe*, however, that this health interest does not become compelling until "approximately the end of the first trimester" of pregnancy.[11] *Id.* at 163. Until that time, a pregnant woman must be permitted, in consultation with her physician, to decide to have an abortion and to effectuate that decision "free of interference by the State." [12] *Ibid.*

This does not mean that a State never may enact a regulation touching on the woman's abortion right during the first weeks of pregnancy. Certain regulations that have no significant impact on the woman's exercise of her right may be permissible where justified by important state health objectives. In *Danforth, supra*, we unanimously upheld two Missouri statutory provisions, applicable to the first trimester, requiring the woman to provide her informed written consent to the abortion and the physician to keep certain records, even though comparable requirements were not imposed on most other medical procedures. See 428 U.S. at 65-67, 79-81. The decisive factor was that the State met its burden of demonstrating that these regulations furthered important health-related state concerns.[13] But even these minor regulations on the abortion procedure during the first trimester may not interfere with physician-patient consultation or with the woman's choice between abortion and childbirth. See *id.* at 81.

From approximately the end of the first trimester of pregnancy, the State may regulate the abortion procedure to the extent that the regulation reasonably relates to the preservation and protection of maternal health.[14]

Roe, 410 U.S. at 163. The State's discretion to regulate on this basis does not, however, permit it to adopt abortion regulations that depart from accepted medical practice. We have rejected a State's attempt to ban a particular second trimester abortion procedure where the ban would have increased the costs and limited the availability of abortions without promoting important health benefits. See *Danforth*, 428 U.S. at 77-78. If a State requires licensing or undertakes to regulate the performance of

abortion during this period, the health standards adopted must be "legitimately related to the objective the State seeks to accomplish." *Doe*, 410 U.S. at 195.

III

Section 1870.03 of the Akron ordinance requires that any abortion performed "upon a pregnant woman subsequent to the end of the first trimester of her pregnancy"[15] must be "performed in a hospital." A "hospital" is

a general hospital or special hospital devoted to gynecology or obstetrics which is accredited by the Joint Commission on Accreditation of Hospitals or by the American Osteopathic Association.

§ 1870.01(B). Accreditation by these organizations requires compliance with comprehensive standards governing a wide variety of health and surgical services.[16] The ordinance thus prevents the performance of abortions in outpatient facilities that are not part of an acute care, full-service hospital.[17]

In the District Court, plaintiffs sought to demonstrate that this hospitalization requirement has a serious detrimental impact on a woman's ability to obtain a second trimester abortion in Akron, and that it is not reasonably related to the State's interest in the health of the pregnant woman. The District Court did not reject this argument, but rather found the evidence "not . . . so convincing that it is willing to discard the Supreme Court's formulation in *Roe*" of a line between impermissible first trimester regulation and permissible second trimester regulation. 479 F.Supp. at 1215. The Court of Appeals affirmed on a similar basis. It accepted plaintiffs' argument that Akron's hospitalization requirement did not have a reasonable health justification during at least part of the second trimester, but declined to "retreat from the 'bright line' in *Roe v. Wade*." 651 F.2d at 1210.[18] We believe that the courts below misinterpreted this Court's prior decisions, and we now hold that § 1870.03 is unconstitutional.

In *Roe v. Wade*, the Court held that, after the end of the first trimester of pregnancy, the State's interest becomes compelling, and it may "regulate the abortion procedure to the extent that the regulation reasonably relates to the preservation and protection of maternal health." 410 U.S. at 163. We noted, for example, that States could establish requirements relating

to the facility in which the procedure is to be performed, that is, whether it must be in a hospital or may be a clinic or some other place of less-than-hospital status.

Ibid. In the companion case of *Doe v. Bolton*, the Court invalidated a Georgia requirement that all abortions be performed in a hospital licensed by the State Board of Health and accredited by the Joint Commission on Accreditation of Hospitals. See 410 U.S. at 201. We recognized the State's legitimate health interests in establishing, for second trimester abortions, "standards for licensing all facilities where abortions may be performed" *Id.* at 195. We found however that

performed. See at 199. We found, however, that

the State must show more than [was shown in *Doe*] in order to prove that only the full resources of a licensed hospital, rather than those of some other appropriately licensed institution, satisfy these health interests.

Ibid.[19]

We reaffirm today, see *supra* at 429, n. 11, that a State's interest in health regulation becomes compelling at approximately the end of the first trimester. The existence of a compelling state interest in health, however, is only the beginning of the inquiry. The State's regulation may be upheld only if it is reasonably designed to further that state interest. See *Doe*, 410 U.S. at 195. And the Court in *Roe* did not hold that it always is reasonable for a State to adopt an abortion regulation that applies to the entire second trimester. A State necessarily must have latitude in adopting regulations of general applicability in this sensitive area. But if it appears that, during a substantial portion of the second trimester, the State's regulation "depart[s] from accepted medical practice," *supra* at 431, the regulation may not be upheld simply because it may be reasonable for the remaining portion of the trimester. Rather, the State is obligated to make a reasonable effort to limit the effect of its regulations to the period in the trimester during which its health interest will be furthered.

B

There can be no doubt that § 1870.03's second trimester hospitalization requirement places a significant obstacle in the path of women seeking an abortion. A primary burden created by the requirement is additional cost to the woman. The Court of Appeals noted that there was testimony that a second trimester abortion costs more than twice as much in a hospital as in a clinic. See 651 F.2d at 1209 (in-hospital abortion costs \$850-\$900, whereas a dilatation-and-evacuation (D&E) abortion performed in a clinic costs \$350-\$400).[20] Moreover, the court indicated that second trimester abortions were rarely performed in Akron hospitals. *Ibid.* (only nine second trimester abortions performed in Akron hospitals in the year before trial).[21] Thus, a second trimester hospitalization requirement may force women to travel to find available facilities, resulting in both financial expense and additional health risk. It therefore is apparent that a second trimester hospitalization requirement may significantly limit a woman's ability to obtain an abortion.

Akron does not contend that § 1870.03 imposes only an insignificant burden on women's access to abortion, but rather defends it as a reasonable health regulation. This position had strong support at the time of *Roe v. Wade*, as hospitalization for second trimester abortions was recommended by the American Public Health Association (APHA), see *Roe*, 410 U.S. at 143-146, and the American College of Obstetricians and Gynecologists (ACOG), see *Standards for Obstetric-Gynecologic Services* 65 (4th ed.1974). Since then, however, the safety of second trimester abortions has increased dramatically.[22] The principal reason is that the D&E procedure is now widely and successfully used for second trimester abortions.[23] The Court of Appeals found that there was "an

abundance of evidence that D&E is the safest method of performing post-first trimester abortions today." 651 F.2d at 1209. The availability of the D&E procedure during the interval between approximately 12 and 16 weeks of pregnancy, a period during which other second trimester abortion techniques generally cannot be used,[24] has meant that women desiring an early second trimester abortion no longer are forced to incur the health risks of waiting until at least the 16th week of pregnancy.

For our purposes, an even more significant factor is that experience indicates that D&E may be performed safely on an outpatient basis in appropriate nonhospital facilities. The evidence is strong enough to have convinced the APHA to abandon its prior recommendation of hospitalization for all second trimester abortions:

Current data show that abortions occurring in the second trimester can be safely performed by the Dilatation and Evacuation (D and E) procedure. . . . Requirements that all abortions after 12 weeks of gestation be performed in hospitals increase the expense and inconvenience to the woman without contributing to the safety of the procedure.

APHA Recommended Program Guide for Abortion Services (Revised 1979), 70 Am.J.Public Health 652, 654 (1980) (hereinafter APHA Recommended Guide).

Similarly, the ACOG no longer suggests that all second trimester abortions be performed in a hospital. It recommends that abortions performed in a physician's office or outpatient clinic be limited to 14 weeks of pregnancy, but it indicates that abortions may be performed safely in a hospital-based or in a free-standing ambulatory surgical facility, or in an outpatient clinic meeting the criteria required for a free-standing surgical facility, until 18 weeks of pregnancy. ACOG, Standards for Obstetric-Gynecologic Services 54 (5th ed.1982).

These developments, and the professional commentary supporting them, constitute impressive evidence that -- at least during the early weeks of the second trimester -- D&E abortions may be performed as safely in an outpatient clinic as in a full-service hospital.[25] We conclude, therefore, that "present medical knowledge," *Roe, supra*, at 163, convincingly undercuts Akron's justification for requiring that *all* second trimester abortions be performed in a hospital.[26]

Akron nonetheless urges that "[t]he fact that some mid-trimester abortions may be done in a minimally equipped clinic does not invalidate the regulation." [27] Brief for Respondents in No. 81-1172, p.19. It is true that a state abortion regulation is not unconstitutional simply because it does not correspond perfectly in all cases to the asserted state interest. But the lines drawn in a state regulation must be reasonable, and this cannot be said of § 1870.03. By preventing the performance of D&E abortions in an appropriate nonhospital setting, Akron has imposed a heavy, and unnecessary, burden on women's access to a relatively inexpensive, otherwise accessible, and safe abortion procedure.[28] Section 1870.03 has "the effect of inhibiting . . . the vast

majority of abortions after the first 12 weeks," *Danforth*, 428 U.S. at 79, and therefore unreasonably infringes upon a woman's constitutional right to obtain an abortion.

IV

We turn next to § 1870.05(B), the provision prohibiting a physician from performing an abortion on a minor pregnant woman under the age of 15 unless he obtains "the informed written consent of one of her parents or her legal guardian" or unless the minor obtains "an order from a court having jurisdiction over her that the abortion be performed or induced." The District Court invalidated this provision because

[i]t does not establish a procedure by which a minor can avoid a parental veto of her abortion decision by demonstrating that her decision is, in fact, informed. Rather, it requires, in all cases, both the minor's informed consent and either parental consent or a court order.

479 F.Supp. at 1201. The Court of Appeals affirmed on the same basis.[29] The relevant legal standards are not in dispute. The Court has held that

the State may not impose a blanket provision . . . requiring the consent of a parent or person *in loco parentis* as a condition for abortion of an unmarried minor.

Danforth, supra, at 74. In *Bellotti v. Baird*, 443 U.S. 622 (1979) (*Bellotti II*), a majority of the Court indicated that a State's interest in protecting immature minors will sustain a requirement of a consent substitute, either parental or judicial. *See id.* at 640-642 (plurality opinion for four Justices); *id.* at 656-657 (WHITE, J., dissenting) (expressing approval of absolute parental or judicial consent requirement). *See also Danforth, supra*, at 102-105 (STEVENS, J., concurring in part and dissenting in part). The *Bellotti II* plurality cautioned, however, that the State must provide an alternative procedure whereby a pregnant minor may demonstrate that she is sufficiently mature to make the abortion decision herself or that, despite her immaturity, an abortion would be in her best interests. 443 U.S. at 643-644. Under these decisions, it is clear that Akron may not make a blanket determination that all minors under the age of 15 are too immature to make this decision, or that an abortion never may be in the minor's best interests without parental approval.

Akron's ordinance does not create expressly the alternative procedure required by *Bellotti II*. But Akron contends that the Ohio Juvenile Court will qualify as a "court having jurisdiction" within the meaning of § 1879.05(B), and that

it is not to be assumed that, during the course of the juvenile proceedings the Court will not construe the ordinance in a manner consistent with the constitutional requirement of a determination of the minor's ability to make an informed consent.

Brief for Petitioner in No. 81-746, p. 28. Akron concludes that the courts below should not have invalidated § 1879.05(B) on its face. The city relies on *Bellotti v. Baird*, 428

U.S. 132 (1976) (*Bellotti I*), in which the Court did not decide whether a State's parental consent provisions were unconstitutional as applied to mature minors, holding instead that

abstention is appropriate where an unconstrued state statute is susceptible of a construction by the state judiciary "which might avoid in whole or in part the necessity for federal constitutional adjudication, or at least materially change the nature of the problem."

Id. at 146-147 (quoting *Harrison v. NAACP*, 360 U.S. 167, 177 (1959)). See also *H. L. v. Matheson*, 450 U.S. 398 (1981) (refusing to decide whether parental notice statute would be constitutional as applied to mature minors).[30]

We do not think that the abstention principle should have been applied here. It is reasonable to assume, as we did in *Bellotti I, supra*, and *Matheson, supra*, that a state court, presented with a state statute specifically governing abortion consent procedures for pregnant minors, will attempt to construe the statute consistently with constitutional requirements. This suit, however, concerns a municipal ordinance that creates no procedures for making the necessary determinations. Akron seeks to invoke the Ohio statute governing juvenile proceedings, but that statute neither mentions minors' abortions nor suggests that the Ohio Juvenile Court has authority to inquire into a minor's maturity or emancipation.[31] In these circumstances, we do not think that the Akron ordinance, as applied in Ohio juvenile proceedings, is reasonably susceptible of being construed to create an "opportunity for case-by-case evaluations of the maturity of pregnant minors." *Bellotti II, supra*, at 643, n. 23 (plurality opinion). We therefore affirm the Court of Appeals' judgment that § 1879.05(B) is unconstitutional.

V

The Akron ordinance provides that no abortion shall be performed except "with the informed written consent of the pregnant woman, . . . given freely and without coercion." § 1879.06(A). Furthermore, "in order to insure that the consent for an abortion is truly informed consent," the woman must be "orally informed by her attending physician" of the status of her pregnancy, the development of her fetus, the date of possible viability, the physical and emotional complications that may result from an abortion, and the availability of agencies to provide her with assistance and information with respect to birth control, adoption, and childbirth. § 1879.06(B). In addition, the attending physician must inform her

of the particular risks associated with her own pregnancy and the abortion technique to be employed . . . [and] other information which in his own medical judgment is relevant to her decision as to whether to have an abortion or carry her pregnancy to term.

§ 1879.06(C).

The District Court found that § 1879.06(B) was unconstitutional, but that § 1879.06(C) was related to a valid state interest in maternal health. See 479 F.Supp. at 1203-1204. The Court of Appeals concluded that both provisions were unconstitutional. See 651 F. 2d at 1207. We affirm.

A

In *Danforth*, we upheld a Missouri law requiring a pregnant woman to "certif[y] in writing her consent to the abortion and that her consent is informed and freely given and is not the result of coercion." 428 U.S. at 85. We explained:

The decision to abort . . . is an important, and often a stressful one, and it is desirable and imperative that it be made with full knowledge of its nature and consequences. The woman is the one primarily concerned, and her awareness of the decision and its significance may be assured, constitutionally, by the State to the extent of requiring her prior written consent.

Id. at 67. We rejected the view that "informed consent" was too vague a term, construing it to mean

the giving of information to the patient as to just what would be done and as to its consequences. To ascribe more meaning than this might well confine the attending physician in an undesired and uncomfortable straitjacket in the practice of his profession.

Id. at 67, n. 8.

The validity of an informed consent requirement thus rests on the State's interest in protecting the health of the pregnant woman. The decision to have an abortion has "implications far broader than those associated with most other kinds of medical treatment," *Bellotti II*, 443 U.S. at 649 (plurality opinion), and thus the State legitimately may seek to ensure that it has been made

in the light of all attendant circumstances -- psychological and emotional as well as physical -- that might be relevant to the wellbeing of the patient.

Colautti v. Franklin, 439 U.S. at 394.[32] This does not mean, however, that a State has unreviewable authority to decide what information a woman must be given before she chooses to have an abortion. It remains primarily the responsibility of the physician to ensure that appropriate information is conveyed to his patient, depending on her particular circumstances. *Danforth's* recognition of the State's interest in ensuring that this information be given will not justify abortion regulations designed to influence the woman's informed choice between abortion or childbirth.[33]

B

Viewing the city's regulations in this light, we believe that § 1879.06(B) attempts to extend the State's interest in ensuring "informed consent" beyond permissible limits. First, it is fair to say that much of the information required is designed not to inform the woman's consent, but rather to persuade her to withhold it altogether. Subsection (3) requires the physician to inform his patient that "the unborn child is a human life from the moment of conception," a requirement inconsistent with the Court's holding in *Roe v. Wade* that a State may not adopt one theory of when life begins to justify its regulation of abortions. See 410 U.S. at 159-162. Moreover, much of the detailed description of "the anatomical and physiological characteristics of the particular unborn child" required by subsection (3) would involve, at best, speculation by the physician.[34] And subsection (5), that begins with the dubious statement that "abortion is a major surgical procedure"[35] and proceeds to describe numerous possible physical and psychological complications of abortion,[36] is a "parade of horrors" intended to suggest that abortion is a particularly dangerous procedure.

An additional, and equally decisive, objection to § 1870.06(B) is its intrusion upon the discretion of the pregnant woman's physician. This provision specifies a litany of information that the physician must recite to each woman regardless of whether, in his judgment, the information is relevant to her personal decision. For example, even if the physician believes that some of the risks outlined in subsection (5) are nonexistent for a particular patient, he remains obligated to describe them to her. In *Danforth*, the Court warned against placing the physician in just such an "undesired and uncomfortable straitjacket." 428 U.S. at 67, n. 8. Consistent with its interest in ensuring informed consent, a State may require that a physician make certain that his patient understands the physical and emotional implications of having an abortion. But Akron has gone far beyond merely describing the general subject matter relevant to informed consent. By insisting upon recitation of a lengthy and inflexible list of information, Akron unreasonably has placed "obstacles in the path of the doctor upon whom [the woman is] entitled to rely for advice in connection with her decision." *Whalen v. Roe*, 429 U.S. at 604, n. 33.[37]

C

Section 1870.06(C) presents a different question. Under this provision, the "attending physician" must inform the woman

of the particular risks associated with her own pregnancy and the abortion technique to be employed including providing her with at least a general description of the medical instructions to be followed subsequent to the abortion in order to insure her safe recovery, and shall in addition provide her with such other information which in his own medical judgment is relevant to her decision as to whether to have an abortion or carry her pregnancy to term.

The information required clearly is related to maternal health and to the State's legitimate purpose in requiring informed consent. Nonetheless, the Court of Appeals determined that it interfered with the physician's medical judgment

in exactly the same way as Section 1870.06(B). It requires the doctor to make certain disclosures in all cases, regardless of his own professional judgment as to the desirability of doing so.

651 F.2d at 1207. This was a misapplication of *Danforth*. There we construed "informed consent" to mean "the giving of information to the patient as to just what would be done and as to its consequences." 428 U.S. at 67, n. 8. We see no significant difference in Akron's requirement that the woman be told of the particular risks of her pregnancy and the abortion technique to be used, and be given general instructions on proper post-abortion care. Moreover, in contrast to subsection (B), § 1879.06(C) merely describes in general terms the information to be disclosed. It properly leaves the precise nature and amount of this disclosure to the physician's discretion and "medical judgment."

The Court of Appeals also held, however, that § 1879.06(C) was invalid because it required that the disclosure be made by the "attending physician." The court found that

the practice of all three plaintiff clinics has been for the counseling to be conducted by persons other than the doctor who performs the abortion,

651 F.2d at 1207, and determined that Akron had not justified requiring the physician personally to describe the health risks. Akron challenges this holding as contrary to our cases that emphasize the importance of the physician-patient relationship. In Akron's view, as in the view of the dissenting judge below, the "attending physician" requirement "does no more than seek to ensure that there is, in fact, a true physician-patient relationship even for the woman who goes to an abortion clinic." *Id.* at 1217 (Kennedy, J., concurring in part and dissenting in part).

Requiring physicians personally to discuss the abortion decision, its health risks, and consequences with each patient may in some cases add to the cost of providing abortions, though the record here does not suggest that ethical physicians will charge more for adhering to this typical element of the physician-patient relationship. Yet in *Roe* and subsequent cases we have

stressed repeatedly the central role of the physician, both in consulting with the woman about whether or not to have an abortion and in determining how any abortion was to be carried out.

Colautti v. Franklin, 439 U.S. at 387. Moreover, we have left no doubt that, to ensure the safety of the abortion procedure, the States may mandate that only physicians perform abortions. See *Connecticut v. Menillo*, 423 U.S. 9, 11 (1975); *Roe*, 410 U.S. at 165.

We are not convinced, however, that there is as vital a state need for insisting that the physician performing the abortion, or for that matter any physician, personally counsel

the patient in the absence of a request. The State's interest is in ensuring that the woman's consent is informed and unpressured; the critical factor is whether she obtains the necessary information and counseling from a qualified person, not the identity of the person from whom she obtains it.[38] Akron and intervenors strongly urge that the nonphysician counselors at the plaintiff abortion clinics are not trained or qualified to perform this important function. The courts below made no such findings, however, and, on the record before us, we cannot say that the woman's consent to the abortion will not be informed if a physician delegates the counseling task to another qualified individual.

In so holding, we do not suggest that the State is powerless to vindicate its interest in making certain the "important" and "stressful" decision to abort "[i]s made with full knowledge of its nature and consequences." *Danforth*, 428 U.S. at 67. Nor do we imply that a physician may abdicate his essential role as the person ultimately responsible for the medical aspects of the decision to perform the abortion.[39] A State may define the physician's responsibility to include verification that adequate counseling has been provided and that the woman's consent is informed.[40] In addition, the State may establish reasonable minimum qualifications for those people who perform the primary counseling function.

See, e.g., *Doe*, 410 U.S. at 195 (State may require a medical facility "to possess all the staffing and services necessary to perform an abortion safely"). In light of these alternatives, we believe that it is unreasonable for a State to insist that only a physician is competent to provide the information and counseling relevant to informed consent. We affirm the judgment of the Court of Appeals that § 1879.06(C) is invalid.

VI

The Akron ordinance prohibits a physician from performing an abortion until 24 hours after the pregnant woman signs a consent form. § 1879.07.

The District Court upheld this provision on the ground that it furthered Akron's interest in ensuring "that a woman's abortion decision is made after careful consideration of all the facts applicable to her particular situation." 479 F.Supp. at 1204. The Court of Appeals reversed, finding that the inflexible waiting period had "no medical basis," and that careful consideration of the abortion decision by the woman "is beyond the state's power to require." 651 F.2d at 1208. We affirm the Court of Appeals' judgment.

The District Court found that the mandatory 24-hour waiting period increases the cost of obtaining an abortion by requiring the woman to make two separate trips to the abortion facility. See 479 F.Supp. at 1204. Plaintiffs also contend that, because of scheduling difficulties, the effective delay may be longer than 24 hours, and that such a delay in some cases could increase the risk of an abortion. Akron denies that any significant health risk is created by a 24-hour waiting period, and argues that a brief period of delay -- with the opportunity for reflection on the counseling received -- often will be beneficial

to the pregnant woman.

We find that Akron has failed to demonstrate that any legitimate state interest is furthered by an arbitrary and inflexible waiting period. There is no evidence suggesting that the abortion procedure will be performed more safely. Nor are we convinced that the State's legitimate concern that the woman's decision be informed is reasonably served by requiring a 24-hour delay as a matter of course. The decision whether to proceed with an abortion is one as to which it is important to "affor[d] the physician adequate discretion in the exercise of his medical judgment." *Colautti v. Franklin*, 439 U.S. at 387. In accordance with the ethical standards of the profession, a physician will advise the patient to defer the abortion when he thinks this will be beneficial to her.⁽⁵⁾ FOOTNOTE NAMES But if a woman, after appropriate counseling, is prepared to give her written informed consent and proceed with the abortion, a State may not demand that she delay the effectuation of that decision.

VII

Section 1870.16 of the Akron ordinance requires physicians performing abortions to "insure that the remains of the unborn child are disposed of in a humane and sanitary manner." The Court of Appeals found that the word "humane" was impermissibly vague as a definition of conduct subject to criminal prosecution. The court invalidated the entire provision, declining to sever the word "humane" in order to uphold the requirement that disposal be "sanitary." See 651 F.2d at 1211. We affirm this judgment.

Akron contends that the purpose of § 1879.16 is simply "to preclude the mindless dumping of aborted fetuses onto garbage piles." *Planned Parenthood Assn. v. Fitzpatrick*, 401 F.Supp. 554, 573 (ED Pa.1975) (three-judge court) (quoting State's characterization of legislative purpose), *summarily aff'd sub nom. Franklin v. Fitzpatrick*, 428 U.S. 901 (1976).

It is far from clear, however, that this provision has such a limited intent. The phrase "humane and sanitary" does, as the Court of Appeals noted, suggest a possible intent to "mandate some sort of 'decent burial' of an embryo at the earliest stages of formation." 651 F.2d at 1211. This level of uncertainty is fatal where criminal liability is imposed. See *Colautti v. Franklin*, *supra*, at 396. Because § 1879.16 fails to give a physician "fair notice that his contemplated conduct is forbidden," *United States v. Harriss*, 347 U.S. 612, 617 (1954), we agree that it violates the Due Process Clause.

VIII

We affirm the judgment of the Court of Appeals invalidating those sections of Akron's "Regulations of Abortions" ordinance that deal with parental consent, informed consent, a 24-hour waiting period, and the disposal of fetal remains. The remaining portion of the

judgment, sustaining Akron's requirement that all second trimester abortions be performed in a hospital, is reversed.

It is so ordered.

[*]

Together with No. 81-1172, Akron Center for Reproductive Health, Inc., et al. v. City of Akron et al., also on certiorari to the same court.

[1]

There are especially compelling reasons for adhering to *stare decisis* in applying the principles of *Roe v. Wade*. That case was considered with special care. It was first argued during the 1971 Term, and reargued -- with extensive briefing -- the following Term. The decision was joined by THE CHIEF JUSTICE and six other Justices. Since *Roe* was decided in January, 1973, the Court repeatedly and consistently has accepted and applied the basic principle that a woman has a fundamental right to make the highly personal choice whether or not to terminate her pregnancy. See *Connecticut v. Menillo*, 423 U.S. 9 (1975); *Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. 52 (1976); *Bellotti v. Baird*, 428 U.S. 132 (1976); *Beal v. Doe*, 432 U.S. 438 (1977); *Maher v. Roe*, 432 U.S. 464 (1977); *Colautti v. Franklin*, 439 U.S. 379 (1979); *Bellotti v. Baird*, 443 U.S. 622 (1979); *Harris v. McRae*, 448 U.S. 297 (1980); *H. L. v. Matheson*, 450 U.S. 398 (1981).

Today, however, the dissenting opinion rejects the basic premise of *Roe* and its progeny. The dissent stops short of arguing flatly that *Roe* should be overruled. Rather, it adopts reasoning that, for all practical purposes, would accomplish precisely that result. The dissent states that "[e]ven assuming that there is a fundamental right to terminate pregnancy in some situations," the State's compelling interests in maternal health and potential human life "are present *throughout* pregnancy." *Post* at 459 (emphasis in original). The existence of these compelling interests turns out to be largely unnecessary, however, for the dissent does not think that even one of the numerous abortion regulations at issue imposes a sufficient burden on the "limited" fundamental right, *post* at 465, n. 10, to require heightened scrutiny. Indeed, the dissent asserts that, regardless of cost, [a] health regulation, such as the hospitalization requirement, simply does not rise to the level of 'official interference' with the abortion decision.

Post at 467 (quoting *Harris v. McRae*, *supra*, at 328 (WHITE, J., concurring)). The dissent therefore would hold that a requirement that all abortions be performed in an acute care general hospital does not impose an unacceptable burden on the abortion decision. It requires no great familiarity with the cost and limited availability of such hospitals to appreciate that the effect of the dissent's views would be to drive the performance of many abortions back underground free of effective regulation, and often without the attendance of a physician.

In sum, it appears that the dissent would uphold virtually any abortion regulation under a

rational basis test. It also appears that even where heightened scrutiny is deemed appropriate, the dissent would uphold virtually any abortion-inhibiting regulation because of the State's interest in preserving potential human life. See *post* at 474 (arguing that a 24-hour waiting period is justified in part because the abortion decision "has grave consequences for the fetus"). This analysis is wholly incompatible with the existence of the fundamental right recognized in *Roe v. Wade*.

[2]

The ordinance was prefaced by several findings:

WHEREAS, the citizens of Akron are entitled to the highest standard of health care; and

WHEREAS, abortion is a major surgical procedure which can result in complications, and adequate equipment and personnel should be required for its safe performance in order to insure the highest standards of care for the protection of the life and health of the pregnant woman; and

WHEREAS, abortion should be performed only in a hospital or in such other special outpatient facility offering the maximum safeguards to the life and health of the pregnant woman; and

WHEREAS, it is the finding of Council that there is no point in time between the union of sperm and egg, or at least the blastocyst stage and the birth of the infant at which point we can say the unborn child is not a human life, and that the changes occurring between implantation, a six-weeks embryo, a six-month fetus, and a one-week-old child, or a mature adult are merely stages of development and maturation, and

WHEREAS, traditionally the physician has been responsible for the welfare of both the pregnant woman and her unborn child, and that while situations of conflict may arise between a pregnant woman's health interests and the welfare of her unborn child, the resolution of such conflicts by inducing abortion in no way implies that the physician has an adversary relationship towards the unborn child; and

WHEREAS, Council therefore wishes to affirm that the destruction of the unborn child is not the primary purpose of abortion and that consequently Council recognizes a continuing obligation on the part of the physician towards the survival of a viable unborn child where this obligation can be discharged without additional hazard to the health of the pregnant woman; and

WHEREAS, Council, after extensive public hearings and investigations concludes that enactment of this ordinance is a reasonable and prudent action which will significantly

contribute to the preservation of the public life, health, safety, morals, and welfare.

Akron Ordinance No. 160-1978.

[3]

§ 1870.03 ABORTION IN HOSPITAL

No person shall perform or induce an abortion upon a pregnant woman subsequent to the end of the first trimester of her pregnancy, unless such abortion is performed in a hospital.

Section 1870.01(B) defines "hospital" as

a general hospital or special hospital devoted to gynecology or obstetrics which is accredited by the Joint Commission on Accreditation of Hospitals or by the American Osteopathic Association.

[4]

§1870.05 NOTICE AND CONSENT

(A) No physician shall perform or induce an abortion upon an unmarried pregnant woman under the age of 18 years without first having given at least twenty-four (24) hours actual notice to one of the parents or the legal guardian of the minor pregnant woman as to the intention to perform such abortion, or if such parent or guardian cannot be reached after a reasonable effort to find him or her, without first having given at least seventy-two (72) hours constructive notice to one of the parents or the legal guardian of the minor pregnant woman by certified mail to the last known address of one of the parents or guardian, computed from the time of mailing, unless the abortion is ordered by a court having jurisdiction over such minor pregnant woman.

(B) No physician shall perform or induce an abortion upon a minor pregnant woman under the age of fifteen (15) years without first having obtained the informed written consent of the minor pregnant woman in accordance with Section 1870.06 of this Chapter, and

(1) First having obtained the informed written consent of one of her parents or her legal guardian in accordance with Section 1870.06 of this Chapter, or

(2) The minor pregnant woman first having obtained an order from a court having jurisdiction over her that the abortion be performed or induced.

[5]

§1870.06 INFORMED CONSENT

(A) An abortion otherwise permitted by law shall be performed or induced only with the informed written consent of the pregnant woman, and one of her parents or her legal guardian whose consent is required in accordance with Section 1870.05(B) of this Chapter, given freely and without coercion.

(B) In order to insure that the consent for an abortion is truly informed consent, an abortion shall be performed or induced upon a pregnant woman only after she, and one of her parents or her legal guardian whose consent is required in accordance with Section 1870.05(B) of this Chapter, have been orally informed by her attending physician of the following facts, and have signed a consent form acknowledging that she, and the parent or legal guardian where applicable, have been informed as follows:

(1) That according to the best judgment of her attending physician she is pregnant.

(2) The number of weeks elapsed from the probable time of the conception of her unborn child, based upon the information provided by her as to the time of her last menstrual period or after a history and physical examination and appropriate laboratory tests.

(3) That the unborn child is a human life from the moment of conception and that there has been described in detail the anatomical and physiological characteristics of the particular unborn child at the gestational point of development at which time the abortion is to be performed, including, but not limited to, appearance, mobility, tactile sensitivity, including pain, perception or response, brain and heart function, the presence of internal organs and the presence of external members.

(4) That her unborn child may be viable, and thus capable of surviving outside of her womb, if more than twenty-two (22) weeks have elapsed from the time of conception, and that her attending physician has a legal obligation to take all reasonable steps to preserve the life and health of her viable unborn child during the abortion.

(5) That abortion is a major surgical procedure which can result in serious complications, including hemorrhage, perforated uterus, infection, menstrual disturbances, sterility and miscarriage and prematurity in subsequent pregnancies; and that abortion may leave essentially unaffected or may worsen any existing psychological problems she may have, and can result in severe emotional disturbances.

(6) That numerous public and private agencies and services are available to provide her

with birth control information, and that her physician will provide her with a list of such agencies and the services available if she so requests.

(7) That numerous public and private agencies and services are available to assist her during pregnancy and after the birth of her child, if she chooses not to have the abortion, whether she wishes to keep her child or place him or her for adoption, and that her physician will provide her with a list of such agencies and the services available if she so requests.

(C) At the same time the attending physician provides the information required by paragraph (B) of this Section, he shall, at least orally, inform the pregnant woman, and one of her parents or her legal guardian whose consent is required in accordance with Section 1870.05(B) of this Chapter, of the particular risks associated with her own pregnancy and the abortion technique to be employed including providing her with at least a general description of the medical instructions to be followed subsequent to the abortion in order to insure her safe recovery, and shall in addition provide her with such other information which in his own medical judgment is relevant to her decision as to whether to have an abortion or carry her pregnancy to term.

(D) The attending physician performing or inducing the abortion shall provide the pregnant woman, or one of her parents or legal guardian signing the consent form where applicable, with a duplicate copy of the consent form signed by her, and one of her parents or her legal guardian where applicable, in accordance with paragraph (B) of this Section.

[6]

§1870.07 WAITING PERIOD

No physician shall perform or induce an abortion upon a pregnant woman until twenty-four (24) hours have elapsed from the time the pregnant woman, and one of her parents or her legal guardian whose consent is required in accordance with Section 1870.05(B) of this Chapter, have signed the consent form required by Section 1870.06 of this Chapter, and the physician so certifies in writing that such time has elapsed.

[7]

§1870.16 DISPOSAL OF REMAINS

Any physician who shall perform or induce an abortion upon a pregnant woman shall insure that the remains of the unborn child are disposed of in a humane and sanitary manner.

[8]

§1870.19 SEVERABILITY

Should any provision of this Chapter be construed by any court of law to be invalid, illegal, unconstitutional, or otherwise unenforceable, such invalidity, illegality, unconstitutionality, or unenforceability shall not extend to any other provision or provisions of this Chapter.

[9]

Compare *Planned Parenthood Assn. of Kansas City, Mo., Inc. v. Ashcroft*, 655 F.2d 848 (CA8), supplemented, 664 F.2d 687 (CA8 1981) (invalidating hospital requirement), with *Simopoulos v. Commonwealth*, 221 Va. 1059, 277 S.E.2d 194 (1981) (upholding hospital requirement). Numerous States require that second trimester abortions be performed in hospitals. See Brief for Americans United for Life as Amicus Curiae in *Simopoulos v. Virginia*, O.T. 1982, No. 81-185, p. 4, n. 1 (listing 23 States).

[10]

In addition, the Court repeatedly has recognized that, in view of the unique status of children under the law, the States have a "significant" interest in certain abortion regulations aimed at protecting children "that is not present in the case of an adult." *Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. at 75. See *Carey v. Population Services International*, 431 U.S. 678, 693, n. 15 (1977) (plurality opinion). The right of privacy includes "independence in making certain kinds of important decisions," *Whalen v. Roe*, 429 U.S. 589, 599-600 (1977), but this Court has recognized that many minors are less capable than adults of making such important decisions. See *Bellotti v. Baird*, 443 U.S. at 633-635 (*Bellotti II*) (plurality opinion); *Danforth*, supra, at 102 (STEVENS, J., concurring in part and dissenting in part). Accordingly, we have held that the States have a legitimate interest in encouraging parental involvement in their minor children's decision to have an abortion. See *H. L. v. Matheson*, 450 U.S. 398 (1981) (parental notice); *Bellotti II*, supra, at 639, 648 (plurality opinion) (parental consent). A majority of the Court, however, has indicated that these state and parental interests must give way to the constitutional right of a mature minor or of an immature minor whose best interests are contrary to parental involvement. See, e.g., *Matheson*, 450 U.S. at 420 (POWELL, J., concurring); *id.* at 450-451 (MARSHALL, J., dissenting). The plurality in *Bellotti II* concluded that a State choosing to encourage parental involvement must provide an alternative procedure through which a minor may demonstrate that she is mature enough to make her own decision or that the abortion is in her best interest. See *Bellotti II*, supra, at 643-644.

[11]

Roe identified the end of the first trimester as the compelling point because, until that

time -- according to the medical literature available in 1973 -- "mortality in abortion may be less than mortality in normal childbirth." 410 U.S. at 163. There is substantial evidence that developments in the past decade, particularly the development of a much safer method for performing second trimester abortions, see *infra* at 435-437, have extended the period in which abortions are safer than childbirth. See, e.g., LeBolt, Grimes, & Cates, *Mortality From Abortion and Childbirth: Are the Populations Comparable?*, 248 J.A.M.A. 188, 191 (1982) (abortion may be safer than childbirth up to gestational ages of 16 weeks). We think it prudent, however, to retain *Roe's* identification of the beginning of the second trimester as the approximate time at which the State's interest in maternal health becomes sufficiently compelling to justify significant regulation of abortion. We note that the medical evidence suggests that, until approximately the end of the first trimester, the State's interest in maternal health would not be served by regulations that restrict the manner in which abortions are performed by a licensed physician. See, e.g., American College of Obstetricians and Gynecologists (ACOG), *Standards for Obstetric-Gynecologic Services* 54 (5th ed.1982) (hereinafter *ACOG Standards*) (uncomplicated abortions generally may be performed in a physician's office or an outpatient clinic up to 14 weeks from the first day of the last menstrual period); ACOG Technical Bulletin No. 56, *Methods of Mid-Trimester Abortion* 4 (Dec.1979) ("Regardless of advances in abortion technology, midtrimester terminations will likely remain more hazardous, expensive, and emotionally disturbing for women than earlier abortions").

The *Roe* trimester standard thus continues to provide a reasonable legal framework for limiting a State's authority to regulate abortions. Where the State adopts a health regulation governing the performance of abortions during the second trimester, the determinative question should be whether there is a reasonable medical basis for the regulation. See *Roe*, 410 U.S. at 163. The comparison between abortion and childbirth mortality rates may be relevant only where the State employs a health rationale as a justification for a complete prohibition on abortions in certain circumstances. See *Danforth, supra*, at 78-79 (invalidating state ban on saline abortions, a method that was "safer, with respect to maternal mortality, than even continuation of the pregnancy until normal childbirth").

[12]

Of course, the State retains an interest in ensuring the validity of *Roe's* factual assumption that "the first trimester abortion [is] as safe for the woman as normal childbirth at term," an assumption that "holds true only if the abortion is performed by medically competent personnel under conditions insuring maximum safety for the woman." *Connecticut v. Menillo*, 423 U.S. 9, 11 (1975) (per curiam). On this basis, for example, it is permissible for the States to impose criminal sanctions on the performance of an abortion by a nonphysician. *Ibid.*

[13]

For example, we concluded that recordkeeping,

if not abused or overdone, can be useful to the State's interest in protecting the health of its female citizens, and may be a resource that is relevant to decisions involving medical experience and judgment.

428 U.S. at 81. See *infra* at 443-445 (discussing the State's interest in requiring informed consent).

[14]

Examples of permissible state regulation in this area are requirements as to the qualifications of the person who is to perform the abortion; as to the licensure of that person; as to the facility in which the procedure is to be performed, that is, whether it must be a hospital or may be a clinic or some other place of less-than-hospital status; as to the licensing of the facility; and the like.

Roe, supra, at 163-164.

[15]

The Akron ordinance does not define "first trimester," but elsewhere suggests that the age of the fetus should be measured from the date of conception. See § 1870.06(B)(2) (physician must inform woman of the number of weeks elapsed since conception); § 1870.06(B)(4) (physician must inform woman that a fetus may be viable after 22 weeks from conception). An average pregnancy lasts approximately 38 weeks from the time of conception or, as more commonly measured, 40 weeks from the beginning of the woman's last menstrual period. Under both methods, there may be more than a 2-week deviation either way.

Because of the approximate nature of these measurements, there is no certain method of delineating "trimesters." Frequently, the first trimester is estimated as 12 weeks following conception, or 14 weeks following the last menstrual period. We need not attempt to draw a precise line, as this Court -- for purposes of analysis -- has identified the "compelling point" for the State's interest in health as "approximately the end of the first trimester." *Roe*, 410 U.S. at 163. Unless otherwise indicated, all references in this opinion to gestational age are based on the time from the beginning of the last menstrual period.

[16]

The Joint Commission on Accreditation of Hospitals (JCAH), for example, has established guidelines for the following services: dietetic, emergency, home care,

nuclear medicine, pharmaceutical, professional library, rehabilitation, social work, and special care. See generally JCAH, Accreditation Manual for Hospitals, 1983 Edition (1982).

[17]

Akron's ordinance distinguishes between "hospitals" and outpatient clinics. Section 1870.02 provides that even first trimester abortions must be performed in "a hospital or an abortion facility." "Abortion facility" is defined as "a clinic, physician's office, or any other place or facility in which abortions are performed, other than a hospital." § 1870.01(G).

[18]

The Court of Appeals believed that it was bound by Gary-Northwest Indiana Women's Services, Inc. v. Bowen, 496 F.Supp. 894 (ND Ind.1980) (three-judge court), summarily aff'd sub nom. Gary-Northwest Indiana Women's Services, Inc. v. Orr, 451 U.S. 934 (1981), in which an Indiana second trimester hospitalization requirement was upheld. Although the District Court in that case found that

Roe does not render the constitutionality of second trimester regulations subject to either the availability of abortions or the improvements in medical techniques and skills,

496 F.Supp. at 901-902, it also rested the decision on the alternative ground that the plaintiffs had failed to provide evidence to support their theory that it was unreasonable to require hospitalization for dilatation and evacuation abortions performed early in the second trimester. See *id.* at 902-903. Our summary affirmance therefore is not binding precedent on the hospitalization issue. See *Illinois State Board of Elections v. Socialist Workers Party*, 440 U.S. 173, 180-181, 182-183 (1979).

[19]

We also found that the additional requirement that the licensed hospital be accredited by the JCAH was "not 'based on differences that are reasonably related to the purposes of the Act in which it is found.'" *Doe*, 410 U.S. at 194 (quoting *Morey v. Doud*, 354 U.S. 457, 465 (1957)). We concluded that, in any event, Georgia's hospital requirement was invalid because it applied to first trimester abortions.

[20]

National statistics indicate a similar cost difference. In 1978, the average clinic charged \$284 for a D&E abortion, whereas the average hospital charge was \$435. The hospital charge did not include the physician's fee which ran as high as \$300. See Rosoff The

charge did not include the physician's fee, which ran as high as \$300. See Rosen, The Availability of Second trimester Abortion Services in the United States, published in Second trimester Abortion: Perspectives After a Decade of Experience 35 (G. Berger, W. Brenner, & L. Keith eds.1981) (hereinafter Second trimester Abortion).

[21]

The Akron situation is not unique. In many areas of this country, few, if any, hospitals perform second trimester abortions. See, e.g., Planned Parenthood Assn. of Kansas City, Mo., Inc. v. Ashcroft, 664 F.2d at 689 (second trimester D&E abortions available at only one hospital in Missouri); Wolfe v. Stumbo, 519 F.Supp. 22, 23 (WD Ky.1980) (no elective post-first trimester abortion performed in Kentucky hospitals); Margaret S. v. Edwards, 488 F.Supp. 181, 192 (ED La.1980) (no hospitals in Louisiana perform abortions after first trimester).

[22]

The death-to-case ratio for all second trimester abortions in this country fell from 14.4 deaths per 100,000 abortions in 1972 to 7.6 per 100,000 in 1977. See Tyler, Cates, Schulz, Selik, & Smith, Second trimester Induced Abortion in the United States, published in Second trimester Abortion 17-20.

[23]

At the time Roe was decided, the D&E procedure was used only to perform first trimester abortions.

[24]

Instillation procedures, the primary means of performing a second trimester abortion before the development of D&E, generally cannot be performed until approximately the 16th week of pregnancy because, until that time, the amniotic sac is too small. See Grimes & Cates, Dilatation and Evacuation, published in Second trimester Abortion 121.

[25]

See also Planned Parenthood Assn. of Kansas City, Mo., Inc. v. Ashcroft, supra, at 690, n. 6 (discussing testimony by Dr. Willard Cates, Chief of Federal Abortion Surveillance for the National Centers for Disease Control, that D&E second trimester abortions are as safely performed outside of hospitals up to the 16th week); APHA Recommended Guide 654 (outpatient D&E is safer than all in-hospital non-D&E abortion procedures during the second trimester).

[26]

At trial, Akron relied largely on the former position of the various medical organizations concerning hospitalization during the second trimester. See 651 F.2d at 1209. The revised position of the ACOG did not occur until after trial.

Akron also argues that the safety of nonhospital D&E abortions depends on adherence to minimum standards such as those adopted by ACOG for free-standing surgical facilities, see ACOG Standards 51-62, and that there is no evidence that plaintiffs' clinics operate in this manner. But the issue in this litigation is not whether these clinics would meet such standards if they were prescribed by the city. Rather, Akron has gone much further by banning all second trimester abortions in all clinics, a regulation that does not reasonably further the city's interest in promoting health. We continue to hold, as we did in *Doe v. Bolton*, that a State may,

from and after the end of the first trimester, adopt standards for licensing all facilities where abortions may be performed so long as those standards are legitimately related to the objective the State seeks to accomplish.

410 U.S. at 194-195. This includes standards designed to correct any deficiencies that Akron reasonably believes exist in the clinics' present operation.

[27]

The city thus implies that its hospital requirement may be sustained because it is reasonable as applied to later D&E abortions or to all second trimester instillation abortions. We do not hold today that a State in no circumstances may require that some abortions be performed in a full-service hospital. Abortions performed by D&E are much safer, up to a point in the development of the fetus, than those performed by instillation methods. See Cates & Grimes, Morbidity and Mortality, published in *Second trimester Abortion* 166-169. The evidence before us as to the need for hospitalization concerns only the D&E method performed in the early weeks of the second trimester. See 651 F. 2d at 1208-1210.

[28]

In the United States during 1978, 82.1% of all abortions from 13-15 weeks and 24.6% of all abortions from 16-20 weeks were performed by the D&E method. See Department of Health and Human Services, Centers for Disease Control, *Abortion Surveillance: Annual Summary 1978*, Table 14, p. 43 (1980).

[29]

The Court of Appeals upheld § 1870.05(A)'s notification requirement. See 651 F.2d at 1206. The validity of this ruling has not been challenged in this Court.

[30]

The Court's primary holding in *Matheson* was that the pregnant minor who questioned Utah's abortion consent requirement on the ground that it impermissibly applied to mature or emancipated minors lacked standing to raise that argument, since she had not alleged that she or any member of her class was mature or emancipated. 450 U.S. at 406. No such standing problem exists here, however, as the physician plaintiff, who is subject to potential criminal liability for failure to comply with the requirements of § 1870.05(B), has standing to raise the claims of his minor patients. See *Danforth*, 428 U.S. at 62; *Doe v. Bolton*, 410 U.S. at 188-189; *Bellotti II*, 443 U.S. at 627, n. 5 (plurality opinion).

[31]

The Ohio Juvenile Court has jurisdiction over any child "alleged to be a juvenile traffic offender, delinquent, unruly, abused, neglected, or dependent." Ohio Rev.Code Ann. § 2151.23 (Supp.1982). The only category that arguably could encompass a pregnant minor desiring an abortion would be the "neglected" child category. A neglected child is defined as one

[w]hose parents, guardian or custodian neglects or refuses to provide him with proper or necessary subsistence, education, medical or surgical care, or other care necessary for his health, morals, or wellbeing.

§ 2151.03. Even assuming that the Ohio courts would construe these provisions as permitting a minor to obtain judicial approval for the "proper or necessary . . . medical or surgical care" of an abortion, where her parents had refused to provide that care, the statute makes no provision for a mature or emancipated minor completely to avoid hostile parental involvement by demonstrating to the satisfaction of the court that she is capable of exercising her constitutional right to choose an abortion. On the contrary, the statute requires that the minor's parents be notified once a petition has been filed, § 2151.28, a requirement that, in the case of a mature minor seeking an abortion, would be unconstitutional. See *H. L. v. Matheson*, 450 U.S. at 420 (POWELL, J., concurring); *id.* at 428, n. 3 (MARSHALL, J., dissenting).

[32]

In particular, we have emphasized that a State's interest in protecting immature minors and in promoting family integrity gives it a special interest in ensuring that the abortion

decision is made with understanding and after careful deliberation. See, e.g., *H. L. v. Matheson*, 450 U.S. at 411; *id.* at 419-420 (POWELL, J., concurring); *id.* at 421-424 (STEVENSON, J., concurring in judgment).

[33]

A State is not always foreclosed from asserting an interest in whether pregnancies end in abortion or childbirth. In *Maier v. Roe*, 432 U.S. 464]432 U.S. 464 (1977), and 432 U.S. 464 (1977), and *Harris v. McRae*, 448 U.S. 297 (1980), we upheld governmental spending statutes that reimbursed indigent women for childbirth, but not abortion. This legislation to further an interest in preferring childbirth over abortion was permissible, however, only because it did not add any "restriction on access to abortions that was not already there." *Maier*, *supra*, at 474.

[34]

This description must include, but not be limited to,

appearance, mobility, tactile sensitivity, including pain, perception or response, brain and heart function, the presence of internal organs and the presence of external members.

The District Court found that "there was much evidence that it is impossible to determine many of [these] items, . . . such as the 'unborn child's' sensitivity to pain." 479 F.Supp. at 1203.

[35]

The District Court found that

there was much evidence that, rather than being "a major surgical procedure," as the physician is required to state . . . , an abortion generally is considered a "minor surgical procedure."

Ibid.

[36]

Section 1870.06(B)(5) requires the physician to state

[t]hat abortion is a major surgical procedure which can result in serious complications, including hemorrhage, perforated uterus, infection, menstrual disturbances, sterility and miscarriage and prematurity in subsequent pregnancies; and that abortion may leave essentially unaffected or may worsen any existing psychological problems she may have and can result in severe emotional disturbances.

[37]

Akron has made little effort to defend the constitutionality of § 1870.06(B)(3), (4), and (5), but argues that the remaining four subsections of the provision are valid and severable. These four subsections require that the patient be informed by the attending physician of the fact that she is pregnant, § 1870.06(B)(1), the gestational age of the fetus, § 1807.06(B)(2), the availability of information on birth control and adoption, § 1870.06(B)(6), and the availability of assistance during pregnancy and after childbirth, § 1870.06(B)(7). This information, to the extent it is accurate, certainly is not objectionable, and probably is routinely made available to the patient. We are not persuaded, however, to sever these provisions from the remainder of § 1870.06(B). They require that all of the information be given orally by the attending physician when much, if not all of it, could be given by a qualified person assisting the physician. See *infra* at 448-449.

[38]

We do not suggest that appropriate counseling consists simply of a recital of pertinent medical facts. On the contrary, it is clear that the needs of patients for information and an opportunity to discuss the abortion decision will vary considerably. It is not disputed that individual counseling should be available for those persons who desire or need it. See, e.g., National Abortion Federation Standards 1 (1981) (hereinafter NAF Standards); Planned Parenthood of Metropolitan Washington, D.C. Inc., Guidelines for Operation, Maintenance, and Evaluation of First Trimester Outpatient Abortion Facilities 5 (1980). Such an opportunity may be especially important for minors alienated or separated from their parents. See APHA Recommended Guide 654. Thus, for most patients, mere provision of a printed statement of relevant information is not counseling.

[39]

This Court's consistent recognition of the critical role of the physician in the abortion procedure has been based on the model of the competent, conscientious, and ethical physician. See *Doe*, 410 U.S. at 196-197. We have no occasion in this case to consider conduct by physicians that may depart from this model. Cf. *Danforth*, 428 U.S. at 91-92. n. 2 (Stewart, J., concurring).

[40]

Cf. ACOG Standards 54 ("If counseling has been provided elsewhere, the physician performing the abortion should verify that the counseling has taken place").

[41]

The importance of well-trained and competent counselors is not in dispute. See, e.g., APHA Recommended Guide 654 ("Abortion counselors may be highly skilled physicians as well as trained, sympathetic individuals working under appropriate supervision"); NAF Standards 2 (counselors must be trained initially at least in the following subjects: "sexual and reproductive health; abortion technology; contraceptive technology; short-term counseling skills; community resources and referrals; informed consent; agency policies and practices").

[42]

This provision does not apply if the physician certifies in writing that

there is an emergency need for an abortion to be performed or induced such that continuation of the pregnancy poses an immediate threat and grave risk to the life or physical health of the pregnant woman.

§ 1879.12.

[43]

The ACOG recommends that a clinic allow "sufficient time for reflection prior to making an informed decision." ACOG Standards 54. In contrast to § 1870.07's mandatory waiting period, this standard recognizes that the time needed for consideration of the decision varies depending on the particular situation of the patient and how much prior counseling she has received.

[44]

In Fitzpatrick, the District Court accepted Pennsylvania's contention that its statute governing the "humane" disposal of fetal remains was designed only to prevent such "mindless dumping." That decision is distinguishable because the statute did not impose criminal liability, but merely provided for the promulgation of regulations to implement the disposal requirement. See 401 F.Supp. at 572-573.

[45]

We are not persuaded by Akron's argument that the word "humane" should be severed from the statute. The uncertain meaning of the phrase "humane and sanitary" leaves doubt as to whether the city would have enacted § 1870.16 with the word "sanitary" alone. Akron remains free, of course, to enact more carefully drawn regulations that

further its legitimate interest in proper disposal of fetal remains.

O'CONNOR, J., Dissenting Opinion

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT

No. 81-746

Argued: November 30, 1982

Decided: June 15, 1983 [*]

JUSTICE O'CONNOR, with whom JUSTICE WHITE and JUSTICE REHNQUIST join, dissenting.

In *Roe v. Wade*, 410 U.S. 113 (1973), the Court held that the

right of privacy . . . founded in the Fourteenth Amendment's concept of personal liberty and restrictions upon state action . . . is broad enough to encompass a woman's decision whether or not to terminate her pregnancy (*Id.* at 153).

The parties in these cases have not asked the Court to reexamine the validity of that holding, and the court below did not address it. Accordingly, the Court does not reexamine its previous holding. Nonetheless, it is apparent from the Court's opinion that neither sound constitutional theory nor our need to decide cases based on the application of neutral principles can accommodate an analytical framework that varies according to the "stages" of pregnancy, where those stages, and their concomitant standards of review, differ according to the level of medical technology available when a particular challenge to state regulation occurs. The Court's analysis of the Akron regulations is inconsistent both with the methods of analysis employed in previous cases dealing with abortion, and with the Court's approach to fundamental rights in other areas.

Our recent cases indicate that a regulation imposed on "a lawful abortion 'is not unconstitutional unless it unduly burdens the right to seek an abortion.'" *Maher v. Roe*, 432 U.S. 464, 473 (1977) (quoting *Bellotti v. Baird*, 428 U.S. 132, 147 (1977) (*Bellotti I*)). See also *Harris v. McRae*, 448 U.S. 297, 314 (1980). In my view, this "unduly burdensome" standard should be applied to the challenged regulations throughout the entire pregnancy without reference to the particular "stage" of pregnancy involved. If the particular regulation does not "unduly burde[n]" the fundamental right, *Maher, supra*, at 473, then our evaluation of that regulation is limited to our determination that the regulation rationally relates to a legitimate state purpose. Irrespective of what we may believe is wise or prudent policy in this difficult area,

the Constitution does not constitute us as "Platonic Guardians," nor does it vest in this Court the authority to strike down laws because they do not meet our standards of

desirable social policy, "wisdom," or "common sense" (*Plyler v. Doe*, 457 U.S. 202, 242 (1982) (BURGER, C.J., dissenting)).

I

The trimester or "three-stage" approach adopted by the Court in *Roe*,^[1] and, in a modified form, employed by the Court to analyze the regulations in these cases, cannot be supported as a legitimate or useful framework for accommodating the woman's right and the State's interests. The decision of the Court today graphically illustrates why the trimester approach is a completely unworkable method of accommodating the conflicting personal rights and compelling state interests that are involved in the abortion context.

As the Court indicates today, the State's compelling interest in maternal health changes as medical technology changes, and any health regulation must not "depart from accepted medical practice." *Ante* at 431.^[2] In applying this standard, the Court holds that "the safety of second trimester abortions has increased dramatically" since 1973, when *Roe* was decided. *Ante* at 435-436 (footnote omitted). Although a regulation such as one requiring that all second trimester abortions be performed in hospitals "had strong support" in 1973 "as a reasonable health regulation," *ante* at 435, this regulation can no longer stand because, according to the Court's diligent research into medical and scientific literature, the dilation and evacuation (D&E) procedure, used in 1973 only for first trimester abortions, "is now widely and successfully used for second trimester abortions." *Ante* at 436 (footnote omitted). Further, the medical literature relied on by the Court indicates that the D&E procedure may be performed in an appropriate nonhospital setting for "at least . . . the early weeks of the second trimester. . . ." *Ante* at 437. The Court then chooses the period of 16 weeks of gestation as that point at which D&E procedures may be performed safely in a nonhospital setting, and thereby invalidates the Akron hospitalization regulation.

It is not difficult to see that, despite the Court's purported adherence to the trimester approach adopted in *Roe*, the lines drawn in that decision have now been "blurred" because of what the Court accepts as technological advancement in the safety of abortion procedure. The State may no longer rely on a "bright line" that separates permissible from impermissible regulation, and it is no longer free to consider the second trimester as a unit and weigh the risks posed by all abortion procedures throughout that trimester.^[3] Rather, the State must continuously and conscientiously study contemporary medical and scientific literature in order to determine whether the effect of a particular regulation is to "depart from accepted medical practice" insofar as particular procedures and particular periods within the trimester are concerned. Assuming that legislative bodies are able to engage in this exacting task,^[4] it is difficult to believe that our Constitution *requires* that they do it as a prelude to protecting the health of their citizens. It is even more difficult to believe that this Court, without the resources available to those bodies entrusted with making legislative choices, believes itself competent to make these inquiries and to revise these standards every time the American College of Obstetricians and Gynecologists (ACOG) or similar group revises its views about what is and what is not appropriate medical procedure in this area.

its views about what is and what is not appropriate medical procedure in this area. Indeed, the ACOG Standards on which the Court relies were changed in 1982, after trial in the present cases. Before ACOG changed its Standards in 1982, it recommended that all mid-trimester abortions be performed in a hospital. See 651 F.2d 1198, 1209 (CA6 1981). As today's decision indicates, medical technology is changing, and this change will necessitate our continued functioning as the Nation's

ex officio medical board, with powers to approve or disapprove medical and operative practices and standards throughout the United States (*Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. 52, 99 (1976) (WHITE, J., concurring in part and dissenting in part)).

Just as improvements in medical technology inevitably will move *forward* the point at which the State may regulate for reasons of maternal health, different technological improvements will move *backward* the point of viability at which the State may proscribe abortions except when necessary to preserve the life and health of the mother.

In 1973, viability before 28 weeks was considered unusual. The 14th edition of L. Hellman & J. Pritchard, *Williams Obstetrics* (1971), on which the Court relied in *Roe* for its understanding of viability, stated, at 493, that "[a]ttainment of a [fetal] weight of 1,000 g [or a fetal age of approximately 28 weeks' gestation] is . . . widely used as the criterion of viability." However, recent studies have demonstrated increasingly earlier fetal viability.[5] It is certainly reasonable to believe that fetal viability in the first trimester of pregnancy may be possible in the not too distant future. Indeed, the Court has explicitly acknowledged that *Roe* left the point of viability "flexible for anticipated advancements in medical skill." *Colautti v. Franklin*, 439 U.S. 379, 387 (1979).

[W]e recognized in *Roe* that viability was a matter of medical judgment, skill, and technical ability, and we preserved the flexibility of the term (*Danforth, supra*, at 64).

The *Roe* framework, then, is clearly on a collision course with itself. As the medical risks of various abortion procedures decrease, the point at which the State may regulate for reasons of maternal health is moved further forward to actual childbirth. As medical science becomes better able to provide for the separate existence of the fetus, the point of viability is moved further back toward conception. Moreover, it is clear that the trimester approach violates the fundamental aspiration of judicial decisionmaking through the application of neutral principles "sufficiently absolute to give them roots throughout the community and continuity over significant periods of time. . . ." A. Cox, *The Role of the Supreme Court in American Government* 114 (1976). The *Roe* framework is inherently tied to the state of medical technology that exists whenever particular litigation ensues. Although legislatures are better suited to make the necessary factual judgments in this area, the Court's framework forces legislatures, as a matter of constitutional law, to speculate about what constitutes "accepted medical practice" at any given time. Without the necessary expertise or ability, courts must then pretend to act as science review boards and examine those legislative judgments.

The Court adheres to the *Roe* framework because the doctrine of *stare decisis* "demands respect in a society governed by the rule of law." *Ante* at 420. Although respect for *stare decisis* cannot be challenged, "this Court's considered practice [is] not to apply *stare decisis* as rigidly in constitutional as in nonconstitutional cases." *Glidden Co. v. Zdanok*, 370 U.S. 530, 543 (1962). Although we must be mindful of the

desirability of continuity of decision in constitutional questions . . . when convinced of former error, this Court has never felt constrained to follow precedent. In constitutional questions, where correction depends upon amendment, and not upon legislative action this Court throughout its history has freely exercised its power to reexamine the basis of its constitutional decisions (*Smith v. Allwright*, 321 U.S. 649, 665 (1944) (footnote omitted)).

Even assuming that there is a fundamental right to terminate pregnancy in some situations, there is no justification in law or logic for the trimester framework adopted in *Roe* and employed by the Court today on the basis of *stare decisis*. For the reasons stated above, that framework is clearly an unworkable means of balancing the fundamental right and the compelling state interests that are indisputably implicated.

II

The Court in *Roe* correctly realized that the State has important interests "in the areas of health and medical standards" and that

[t]he State has a legitimate interest in seeing to it that abortion, like any other medical procedure, is performed under circumstances that insure maximum safety for the patient (410 U.S. at 149-150).

The Court also recognized that the State has "*another* important and legitimate interest in protecting the potentiality of human life." *Id.* at 162 (emphasis in original). I agree completely that the State has these interests, but, in my view, the point at which these interests become compelling does not depend on the trimester of pregnancy. Rather, these interests are present *throughout* pregnancy.

This Court has never failed to recognize that "a State may properly assert important interests in safeguarding health [and] in maintaining medical standards." *Id.* at 154. It cannot be doubted that, as long as a state statute is within

the bounds of reason and [does not] assum[e] the character of a merely arbitrary fiat . . . , [then] [t]he State . . . must decide upon measures that are needful for the protection of its people. . . . (*Purity Extract and Tonic Co. v. Lynch*, 226 U.S. 192, 204-205 (1912)).

"There is nothing in the United States Constitution which limits the State's power to require that medical procedures be done safely. . . ." *Sendak v. Arnold*, 429 U.S. 968, 969 (1976) (WHITE, J., dissenting). "The mode and procedure of medical diagnostic

procedures is not the business of judges." *Parham v. J. R.*, 442 U.S. 584, 607-608 (1979). Under the *Roe* framework, however, the state interest in maternal health cannot become compelling until the onset of the second trimester of pregnancy, because "until the end of the first trimester, mortality in abortion may be less than mortality in normal childbirth." 410 U.S. at 163. Before the second trimester, the decision to perform an abortion "must be left to the medical judgment of the pregnant woman's attending physician." *Id.* at 164.[6]

The fallacy inherent in the *Roe* framework is apparent: just because the State has a compelling interest in ensuring maternal safety once an abortion may be more dangerous than childbirth, it simply does not follow that the State has no interest before that point that justifies state regulation to ensure that first trimester abortions are performed as safely as possible.[7]

The state interest in potential human life is likewise extant throughout pregnancy. In *Roe*, the Court held that, although the State had an important and legitimate interest in protecting potential life, that interest could not become compelling until the point at which the fetus was viable. The difficulty with this analysis is clear: *potential* life is no less potential in the first weeks of pregnancy than it is at viability or afterward. At any stage in pregnancy, there is the *potential* for human life. Although the Court refused to "resolve the difficult question of when life begins," *id.* at 159, the Court chose the point of viability -- when the fetus is *capable* of life independent of its mother -- to permit the complete proscription of abortion. The choice of viability as the point at which the state interest in *potential* life becomes compelling is no less arbitrary than choosing any point before viability or any point afterward. Accordingly, I believe that the State's interest in protecting potential human life exists throughout the pregnancy.

III

Although the State possesses compelling interests in the protection of potential human life and in maternal health throughout pregnancy, not every regulation that the State imposes must be measured against the State's compelling interests and examined with strict scrutiny. This Court has acknowledged that

the right in *Roe v. Wade* can be understood only by considering both the woman's interest and the nature of the State's interference with it. *Roe* did not declare an unqualified "constitutional right to an abortion." . . . Rather, the right protects the woman from unduly burdensome interference with her freedom to decide whether to terminate her pregnancy (*Maher*, 432 U.S. at 473-474).

The Court and its individual Justices have repeatedly utilized the "unduly burdensome" standard in abortion cases.[8]

The requirement that state interference "infringe substantially" or "heavily burden" a right before heightened scrutiny is applied is not novel in our fundamental rights

before heightened scrutiny is applied is not novel in our fundamental-rights jurisprudence, or restricted to the abortion context. In *San Antonio Independent School District v. Rodriguez*, 411 U.S. 1, 37-38 (1973), we observed that we apply "strict judicial scrutiny" only when legislation may be said to have "'deprived,' 'infringed,' or 'interfered' with the free exercise of some such fundamental personal right or liberty." If the impact of the regulation does not rise to the level appropriate for our strict scrutiny, then our inquiry is limited to whether the state law bears "some rational relationship to legitimate state purposes." *Id.* at 40. Even in the First Amendment context, we have required in some circumstances that state laws "infringe substantially" on protected conduct, *Gibson v. Florida Legislative Investigation Committee*, 372 U.S. 539, 545 (1963), or that there be "a significant encroachment upon personal liberty," *Bates v. City of Little Rock*, 361 U.S. 516, 524 (1960).

In *Carey v. Population Services International*, 431 U.S. 678 (1977), we eschewed the notion that state law had to meet the exacting "compelling state interest" test "whenever it implicates sexual freedom." *Id.* at 688, n. 5. Rather, we required that, before the "strict scrutiny" standard was employed, it was necessary that the state law "impos[e] a significant burden" on a protected right, *id.* at 689, or that it

burden an individual's right to decide to prevent conception or terminate pregnancy by *substantially* limiting access to the means of effectuating that decision. . . . (*Id.* at 688 (emphasis added)).

The Court stressed that "even a burdensome regulation may be validated by a sufficiently compelling state interest." *Id.* at 686. Finally, *Griswold v. Connecticut*, 381 U.S. 479, 485 (1965), recognized that a law banning the use of contraceptives by married persons had "a maximum destructive impact" on the marital relationship.

Indeed, the Court today follows this approach. Although the Court does not use the expression "undue burden," the Court recognizes that even a "significant obstacle" can be justified by a "reasonable" regulation. See *ante* at 434, 435, 438.

The "undue burden" required in the abortion cases represents the required threshold inquiry that must be conducted before this Court can require a State to justify its legislative actions under the exacting "compelling state interest" standard.

[A] test so severe that legislation rarely can meet it should be imposed by courts with deliberate restraint in view of the respect that properly should be accorded legislative judgments (*Carey, supra*, at 705 (POWELL, J., concurring in part and concurring in judgment)).

The "unduly burdensome" standard is particularly appropriate in the abortion context because of the *nature* and *scope* of the right that is involved. The privacy right involved in the abortion context "cannot be said to be absolute." *Roe*, 410 U.S. at 154. "*Roe* did not declare an unqualified 'constitutional right to an abortion.'" *Maher*, 432 U.S. at 473.

Rather, the *Roe* right is intended to protect against state action "drastically limiting the availability and safety of the desired service," *id.* at 472, against the imposition of an "absolute obstacle" on the abortion decision, *Danforth*, 428 U.S. at 70-71, n. 11, or against "official interference" and "coercive restraint" imposed on the abortion decision, *Harris*, 448 U.S. at 328 (WHITE, J., concurring). That a state regulation may "inhibit" abortions to some degree does not require that we find that the regulation is invalid. See *H. L. v. Matheson*, 450 U.S. 398, 413 (1981).

The abortion cases demonstrate that an "undue burden" has been found for the most part in situations involving absolute obstacles or severe limitations on the abortion decision. In *Roe*, the Court invalidated a Texas statute that criminalized all abortions except those necessary to save the life of the mother. In *Danforth*, the Court invalidated a state prohibition of abortion by saline amniocentesis because the ban had "the effect of inhibiting . . . the vast majority of abortions after the first 12 weeks." 428 U.S. at 79. The Court today acknowledges that the regulation in *Danforth* effectively represented "a complete prohibition on abortions in certain circumstances." *Ante* at 429, n. 11 (emphasis added). In *Danforth*, the Court also invalidated state regulations requiring parental or spousal consent as a prerequisite to a first trimester abortion because the consent requirements effectively and impermissibly delegated a "veto power" to parents and spouses during the first trimester of pregnancy. In both *Bellotti I*, 428 U.S. 132 (1977), and *Bellotti v. Baird*, 443 U.S. 622 (1979) (*Bellotti II*), the Court was concerned with effective parental veto over the abortion decision.[9]

In determining whether the State imposes an "undue burden," we must keep in mind that, when we are concerned with extremely sensitive issues, such as the one involved here,

the appropriate forum for their resolution in a democracy is the legislature. We should not forget that "legislatures are ultimate guardians of the liberties and welfare of the people in quite as great a degree as the courts." *Missouri, K. & T. R. Co. v. May*, 194 U.S. 267, 270 (1904) (Holmes, J.) (*Maier*, 432 U.S. at 479-480 (footnote omitted)).

This does not mean that, in determining whether a regulation imposes an "undue burden" on the *Roe* right, we defer to the judgments made by state legislatures.

The point is, rather, that, when we face a complex problem with many hard questions and few easy answers, we do well to pay careful attention to how the other branches of Government have addressed the same problem (*Columbia Broadcasting System, Inc. v. Democratic National Committee*, 412 U.S. 94, 103 (1973)).[10]

We must always be mindful that

[t]he Constitution does not compel a state to fine-tune its statutes so as to encourage or facilitate abortions. To the contrary, state action "encouraging childbirth except in the most urgent circumstances" is "rationally related to the legitimate governmental objective of protecting potential life." *Harris v. McRae*, 448 U.S. at 325.

Accord, Maher v. Roe, supra, at 473-474 (*H. L. v. Matheson, supra*, at 413 (footnote omitted)).

IV

Section 1870.03 of the Akron ordinance requires that second trimester abortions be performed in hospitals. The Court holds that this requirement imposes a "significant obstacle" in the form of increased costs and decreased availability of abortions, *ante* at 434-435, 435, and the Court rejects the argument offered by the State that the requirement is a reasonable health regulation under *Roe*, 410 U.S. at 163. See *ante* at 435-436.

For the reasons stated above, I find no justification for the trimester approach used by the Court to analyze this restriction. I would apply the "unduly burdensome" test, and find that the hospitalization requirement does not impose an undue burden on that decision.

The Court's reliance on increased abortion costs and decreased availability is misplaced. As the city of Akron points out, there is no evidence in this case to show that the two Akron hospitals that performed second trimester abortions denied an abortion to any woman, or that they would not permit abortion by the D&E procedure. See Reply Brief for Petitioner in No. 81-746, p. 3. In addition, there was no evidence presented that other hospitals in nearby areas did not provide second trimester abortions. Further, almost any state regulation, including the licensing requirements that the Court *would* allow, see *ante* at 437-438, n. 26, inevitably and necessarily entails increased costs for *any* abortion. In *Simopoulos v. Virginia*, *post*, p. 506, the Court upholds the State's stringent licensing requirements that will clearly involve greater cost because the State's licensing scheme "is not an unreasonable means of furthering the State's compelling interest in" preserving maternal health. *Post* at 519. Although the Court acknowledges this indisputably correct notion in *Simopoulos*, it inexplicably refuses to apply it in this case. A health regulation, such as the hospitalization requirement, simply does not rise to the level of "official interference" with the abortion decision. See *Harris, supra*, at 328 (WHITE, J., concurring).

Health-related factors that may legitimately be considered by the State go well beyond what various medical organizations have to say about the *physical* safety of a particular procedure. Indeed, "all factors -- physical, emotional, psychological, familial, and the woman's age -- [are] relevant to the wellbeing of the patient." *Doe v. Bolton*, 410 U.S. 179, 192 (1973). The ACOG Standards, upon which the Court relies, state that

[r]egardless of advances in abortion technology, midtrimester terminations will likely remain more hazardous, expensive, and emotionally disturbing for a woman than early abortions (American College of Obstetricians and Gynecologists, Technical Bulletin No. 56: Methods of Midtrimester Abortion 4 (Dec. 1979)).

The hospitalization requirement does not impose an undue burden, and it is not necessary to apply an exacting standard of review. Further, the regulation has a "rational relation" to a valid state objective of ensuring the health and welfare of its citizens. See *Williamson v. Lee Optical Co.*, 348 U.S. 483, 491 (1955).[11]

B

Section 1870.05(B)(2) of the Akron ordinance provides that no physician shall perform an abortion on a minor under 15 years of age unless the minor gives written consent, and the physician first obtains the informed written consent of a parent or guardian, or unless the minor first obtains "an order from a court having jurisdiction over her that the abortion be performed or induced." Despite the fact that this regulation has yet to be construed in the state courts, the Court holds that the regulation is unconstitutional because it is not "reasonably susceptible of being construed to create an 'opportunity for case-by-case evaluations of the maturity of pregnant minors.'" *Ante* at 441 (quoting *Bellotti II*, 443 U.S. at 643-644, n. 23 (plurality opinion)). I believe that the Court should have abstained from declaring the ordinance unconstitutional.

In *Bellotti I*, the Court abstained from deciding whether a state parental consent provision was unconstitutional as applied to mature minors. The Court recognized and respected the well-settled rule that abstention is proper

where an unconstrued state statute is susceptible of a construction by the state judiciary "which might avoid in whole or in part the necessity for federal constitutional adjudication, or at least materially change the nature of the problem" (428 U.S. at 147 (quoting *Harrison v. NAACP*, 360 U.S. 167, 177 (1959))).

While acknowledging the force of the abstention doctrine, see *ante* at 440-441, the Court nevertheless declines to apply it. Instead, it speculates that a state juvenile court *might* inquire into a minor's maturity and ability to decide to have an abortion in deciding whether the minor is being provided "'surgical care . . . necessary for his health, morals, or wellbeing,'" *ante* at 441, n. 31 (quoting Ohio Rev.Code Ann. 2151.03 (1976)). The Court ultimately rejects this possible interpretation of state law, however, because filing a petition in juvenile court requires parental notification, an unconstitutional condition insofar as mature minors are concerned.

Assuming, *arguendo*, that the Court is correct in holding that a parental notification requirement would be unconstitutional as applied to mature minors,[12] I see no reason to assume that the Akron ordinance and the State Juvenile Court statute compel state judges to notify the parents of a mature minor if such notification was contrary to the minor's best interests. Further, there is no reason to believe that the state courts would construe the consent requirement to impose any type of parental or judicial veto on the abortion decisions of mature minors. In light of the Court's complete lack of knowledge about how the Akron ordinance will operate, and how the Akron ordinance and the State Juvenile Court statute interact, our "'scrupulous regard for the rightful independence of

state governments" counsels against

unnecessary interference by the federal courts with proper and validly administered state concerns, a course so essential to the balanced working of our federal system (*Harrison v. NAACP, supra*, at 176 (quoting *Matthews v. Rodgers*, 284 U.S. 521, 525 (1932)).

C

The Court invalidates the informed consent provisions of § 1879.06(B) and § 1879.06(C) of the Akron ordinance.[13] Although it finds that subsections (1), (2), (6), and (7) of § 1879.06(B) are "certainly . . . not objectionable," *ante* at 445-446, n. 37, it refuses to sever those provisions from subsections (3), (4), and (5) because the city requires that the "acceptable" information be provided by the attending physician when "much, if not all, of it could be given by a qualified person assisting the physician," *ibid*. Despite the fact that the Court finds that § 1879.06(C) "properly leaves the precise nature and amount of . . . disclosure to the physician's discretion and 'medical judgment,'" *ante* at 447, the Court also finds § 1879.06(C) unconstitutional because it requires that the disclosure be made by the attending physician, rather than by other "qualified persons" who work at abortion clinics.

We have approved informed consent provisions in the past even though the physician was required to deliver certain information to the patient. In *Danforth*, the Court upheld a state informed consent requirement because

[t]he decision to abort, indeed, is an important, and often a stressful one, and it is desirable and imperative that it be made with full knowledge of its nature and consequences (428 U.S. at 67).[14]

In *H. L. v. Matheson*, the Court noted that the state statute in the case required that the patient

be advised at a minimum about available adoption services, about fetal development, and about foreseeable complications and risks of an abortion. See Utah Code Ann. 76-7-305 (1978). In *Planned Parenthood of Central Mo. v. Danforth*, 428 U.S. 52, 65-67 (1976), we rejected a constitutional attack on written consent provisions (450 U.S. at 400-401, n. 1).

Indeed, we have held that an informed consent provision does not "unduly burde[n] the right to seek an abortion." *Bellotti I*, 428 U.S. at 147.[15]

The validity of subsections (3), (4), and (5) is not before the Court, because it appears that the city of Akron conceded their unconstitutionality before the court below. See Brief for City of Akron in No. 79-3757 (CA6), p. 35; Reply Brief for City of Akron in No. 79-3757 (CA6), pp. 5-9. In my view, the remaining subsections of § 1879.06(B) are separable from the subsections conceded to be unconstitutional. Section 1870.19

contains a separability clause which creates a "presumption of divisibility," and places "the burden . . . on the litigant who would escape its operation." *Carter v. Carter Coal Co.*, 298 U.S. 238, 335 (1936) (opinion of Cardozo, J.). Akron Center has failed to show that severance of subsections (3), (4), and (5) would "create a program quite different from the one the legislature actually adopted." *Sloan v. Lemon*, 413 U.S. 825, 834 (1973).

The remainder of § 1879.06(B), and § 1879.06(C), impose no undue burden or drastic limitation on the abortion decision. The city of Akron is merely attempting to ensure that the decision to abort is made in light of that knowledge that the city deems relevant to informed choice. As such, these regulations do not impermissibly affect any privacy right under the Fourteenth Amendment.[16]

D

Section 1870.07 of the Akron ordinance requires a 24-hour waiting period between the signing of a consent form and the actual performance of the abortion, except in cases of emergency. See § 1879.12. The court below invalidated this requirement because it affected abortion decisions during the first trimester of pregnancy. The Court affirms the decision below, not on the ground that it affects early abortions, but because "Akron has failed to demonstrate that any legitimate state interest is furthered by an arbitrary and inflexible waiting period." *Ante* at 450. The Court accepts the arguments made by Akron Center that the waiting period increases the costs of obtaining an abortion by requiring the pregnant woman to make two trips to the clinic, and increases the risks of abortion through delay and scheduling difficulties. The decision whether to proceed should be left to the physician's "discretion in the exercise of his medical judgment." *Ibid.* (quoting *Colautti*, 439 U.S. at 387).

It is certainly difficult to understand how the Court believes that the physician-patient relationship is able to accommodate any interest that the State has in maternal physical and mental wellbeing in light of the fact that the record in this case shows that the relationship is nonexistent. See 651 F.2d at 1217 (Kennedy, J., concurring in part and dissenting in part). It is also interesting to note that the American College of Obstetricians and Gynecologists recommends that,

[p]rior to abortion, the woman should have access to special counseling that explores options for the management of an unwanted pregnancy, examines the risks, and allows sufficient time for reflection prior to making an informed decision.

1982 ACOG Standards for Obstetric-Gynecologic Services at 54.

The waiting period does not apply in cases of medical emergency. Therefore, should the physician determine that the waiting period would increase risks significantly, he or she need not require the woman to wait. The Court's concern in this respect is simply misplaced. Although the waiting period may impose an additional cost on the abortion

decision, this increased cost does not unduly burden the availability of abortions or impose an absolute obstacle to access to abortions. Further, the State is not required to "fine-tune" its abortion statutes so as to minimize the costs of abortions. *H. L. v. Matheson*, 450 U.S. at 413.

Assuming, *arguendo*, that any additional costs are such as to impose an undue burden on the abortion decision, the State's compelling interests in maternal physical and mental health and protection of fetal life clearly justify the waiting period. As we acknowledged in *Danforth*, 428 U.S. at 67, the decision to abort is "a stressful one," and the waiting period reasonably relates to the State's interest in ensuring that a woman does not make this serious decision in undue haste. The decision also has grave consequences for the fetus, whose life the State has a compelling interest to protect and preserve. "[N]o other [medical] procedure involves the purposeful termination of a potential life." *Harris*, 448 U.S. at 325. The waiting period is surely a small cost to impose to ensure that the woman's decision is well considered in light of its certain and irreparable consequences on fetal life, and the possible effects on her own.[\[17\]](#)

E

Finally, § 1870.16 of the Akron ordinance requires that

[a]ny physician who shall perform or induce an abortion upon a pregnant woman shall insure that the remains of the unborn child are disposed of in a humane and sanitary manner.

The Court finds this provision void for vagueness. I disagree.

In *Planned Parenthood Assn. v. Fitzpatrick*, 401 F.Supp. 554 (ED Pa.1975) (three-judge court), *summarily aff'd sub nom. Franklin v. Fitzpatrick*, 428 U.S. 901 (1976), the District Court upheld a "humane disposal" provision against a vagueness attack in light of the State's representation that the intent of the Act "is to preclude the mindless dumping of aborted fetuses onto garbage piles." 401 F.Supp. at 573. The District Court held that different concerns would be implicated if the statute were, at some point, determined to require "expensive burial." *Ibid*. In the present cases, the city of Akron has informed this Court that the intent of the "humane" portion of its statute, as distinguished from the "sanitary" portion, is merely to ensure that fetuses will not be "dump[ed] . . . on garbage piles." Brief for Petitioner in No. 81-746, p. 48. In light of the fact that the city of Akron indicates no intent to require that physicians provide "decent burials" for fetuses, and that "humane" is no more vague than the term "sanitary," the vagueness of which Akron Center does not question, I cannot conclude that the statute is void for vagueness.

For the reasons set forth above, I dissent from the judgment of the Court in these cases.

[1]

Roe recognized that the State possesses important and legitimate interests in protecting maternal health and the potentiality of human life. These "separate and distinct" interests were held to grow "in substantiality as the woman approaches term and, at a point during pregnancy, each becomes 'compelling.'" 410 U.S. at 162-163. The state interest in maternal health was said to become compelling "at approximately the end of the first trimester." *Id.* at 163. Before that time, "the abortion decision and its effectuation must be left to the medical judgment of the pregnant woman's attending physician." *Id.* at 164. After the end of the first trimester, "a State may regulate the abortion procedure to the extent that the regulation reasonably relates to the preservation and protection of maternal health." *Id.* at 163. The Court noted that, "in the light of present medical knowledge . . . , mortality in abortion may be less than mortality in normal childbirth" during the first trimester of pregnancy. *Ibid.*

The state interest in potential human life was held to become compelling at "viability," defined by the Court as that point "at which the fetus . . . [is] potentially able to live outside the mother's womb, albeit with artificial aid." *Roe*, 410 U.S. at 160 (footnote omitted). Based on the Court's review of the contemporary medical literature, it placed viability at about 28 weeks, but acknowledged that this point may occur as early as 24 weeks. After viability is reached, the State may, according to *Roe*, proscribe abortion altogether, except when it is necessary to preserve the life and health of the mother. *See id.* at 163-164. Since *Roe*, the Court has held that *Roe* "left the point [of viability] flexible for anticipated advancements in medical skill." *Colautti v. Franklin*, 439 U.S. 379, 387 (1979).

The Court has also identified a state interest in protection of the young and "familial integrity" in the abortion context. *See, e.g., H. L. v. Matheson*, 450 U.S. 398, 411 (1981).

[2]

Although the Court purports to retain the trimester approach as "a reasonable legal framework for limiting" state regulatory authority over abortions, ante at 429, n. 11, the Court expressly abandons the *Roe* view that the relative rates of childbirth and abortion mortality are relevant for determining whether second trimester regulations are reasonably related to maternal health. Instead, the Court decides that a health regulation must not "depart from accepted medical practice" if it is to be upheld. Ante at 431. The State must now "make a reasonable effort to limit the effect of its regulations to the period in the trimester during which its health interest will be furthered." Ante at 434 (emphasis added).

[3]

The Court holds that the summary affirmance in *Gary-Northwest Indiana Women's Services, Inc. v. Bowen*, 496 F.Supp. 894 (ND Ind.1980) (three-judge court), *aff'd sub nom. Gary-Northwest Indiana Women's Services, Inc. v. Orr*, 451 U.S. 934 (1981), is not, as the court below thought, binding precedent on the hospitalization issue. See *ante* at 433, n. 18. Although the Court reads *Gary-Northwest* to be decided on the alternative ground that the plaintiffs failed to prove the safety of second trimester abortions, *ante* at 433, n. 18, the Court simply ignores the fact that the District Court in *Gary-Northwest* held that "even if the plaintiffs could prove birth more dangerous than early second trimester D&E abortions," that would not matter insofar as the constitutionality of the regulations were concerned. See 496 F.Supp. at 903 (emphasis added).

[4]

Irrespective of the difficulty of the task, legislatures, with their superior factfinding capabilities, are certainly better able to make the necessary judgments than are courts.

[5]

One study shows that infants born alive with a gestational age of less than 25 weeks and weight between 500 and 1,249 grams have a 20% chance of survival. See Phillips, Little, Polivy, & Lucey, *Neonatal Mortality Risk for the Eighties: The Importance of Birth Weight/Gestational Age Groups*, 68 *Pediatrics* 122 (1981). Another recent comparative study shows that preterm infants with a weight of 1,000 grams or less born in one hospital had a 42% rate of survival. Kopelman, *The Smallest Preterm Infants: Reasons for Optimism and New Dilemmas*, 132 *Am.J.Diseases of Children* 461 (1978). An infant weighing 484 grams and having a gestational age of 22 weeks at birth is now thriving in a Los Angeles hospital, and the attending physician has stated that the infant has a "95% chance of survival." *Washington Post*, Mar. 31, 1983, p. A2, col. 2. The aborted fetus in *Simopoulos v. Virginia*, *post*, p. 506, weighed 495 grams and had a gestational age of approximately 22 weeks.

Recent developments promise even greater success in overcoming the various respiratory and immunological neonatal complications that stand in the way of increased fetal viability. See, *e.g.*, Beddis, Collins, Levy, Godfrey, & Silverman, *New Technique for Servo-Control of Arterial Oxygen Tension in Preterm Infants*, 54 *Archives of Disease in Childhood* 278 (1979).

There is absolutely no question that in the current era there has been a sustained and progressive improvement in the outlook for survival of small premature infants (*Stern, Intensive Care of the Pre-Term Infant*, 26 *Danish Med.Bull.* 144 (1979)).

[6]

Interestingly, the Court in *Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. 52 (1976), upheld a recordkeeping requirement as well as the consent provision even though these requirements were imposed on first trimester abortions and although the State did not impose comparable requirements on most other medical procedures. See *id.* at 65-67, 79-81. *Danforth*, then, must be understood as a retreat from the position ostensibly adopted in *Roe* that the State had no compelling interest in regulation during the first trimester of pregnancy that would justify restrictions imposed on the abortion decision.

[7]

For example, the 1982 ACOG Standards, on which the Court relies so heavily in its analysis, provide that physicians performing first trimester abortions in their offices should provide for prompt emergency treatment or hospitalization in the event of any complications. See ACOG Standards, at 54. ACOG also prescribes that certain equipment be available for office abortions. See *id.* at 57. I have no doubt that the State has a compelling interest to ensure that these or other requirements are met, and that this legitimate concern would justify state regulation for health reasons even in the first trimester of pregnancy.

[8]

See *Bellotti v. Baird*, 428 U.S. 132, 147 (1976) (*Bellotti I*) (State may not "impose undue burdens upon a minor capable of giving an informed consent." In *Bellotti I*, the Court left open the question whether a judicial hearing would unduly burden the *Roe* right of an adult woman. See 428 U.S. at 147); *Bellotti v. Baird*, 443 U.S. 622, 640 (1979) (*Bellotti II*) (opinion of POWELL, J.) (State may not "unduly burden the right to seek an abortion"); *Harris v. McRae*, 448 U.S. 297, 314 (1980) ("The doctrine of *Roe v. Wade*, the Court held in *Maher*, 'protects the woman from unduly burdensome interference with her freedom to decide whether to terminate her pregnancy,' [432 U.S.] at 473-474, such as the severe criminal sanctions at issue in *Roe v. Wade*, *supra*, or the absolute requirement of spousal consent for an abortion challenged in *Planned Parenthood of Central Missouri v. Danforth*, 428 U.S. 52"); *Beal v. Doe*, 432 U.S. 438, 446 (1977) (The state interest in protecting potential human life "does not, at least until approximately the third trimester, become sufficiently compelling to justify unduly burdensome state interference . . ."); *Carey v. Population Services International*, 431 U.S. 678, 705 (1977) (POWELL, J., concurring in part and concurring in judgment) ("In my view, [*Roe* and *Griswold v. Connecticut*, 381 U.S. 479 (1965),] make clear that the [compelling state interest] standard has been invoked only when the state regulation entirely frustrates or heavily burdens the exercise of constitutional rights in this area. See *Bellotti v. Baird*, 428 U.S. 132, 147 (1976)"). Even though the Court did not explicitly use the "unduly burdensome" standard in evaluating the informed consent requirement in *Planned Parenthood of Central Missouri v. Danforth*, *supra*, the informed consent requirement for first trimester abortions in *Danforth* was upheld because it did not "unduly burde[n] the right to seek an abortion." *Bellotti I*, *supra*, at 147.

[9]

The only case in which the Court invalidated regulations that were not "undue burdens" was *Doe v. Bolton*, 410 U.S. 179 (1973), which was decided on the same day as *Roe*. In *Doe*, the Court invalidated a hospitalization requirement because it covered first trimester abortion. The Court also invalidated a hospital accreditation requirement, a hospital committee approval requirement, and a two-doctor concurrence requirement. The Court clearly based its disapproval of these requirements on the fact that the State did not impose them on any other medical procedure apart from abortion. But the Court subsequent to *Doe* has expressly rejected the view that differential treatment of abortion requires invalidation of regulations. See *Danforth*, 428 U.S. at 67, 80-81; *Maher v. Roe*, 432 U.S. 464, 480 (1977); *Harris*, 448 U.S. at 325. See also *Planned Parenthood Assn. of Kansas City, Mo., Inc. v. Ashcroft*, post, p. 476.

[10]

In his *amicus curiae* brief in support of the city of Akron, the Solicitor General of the United States argues that we should adopt the "unduly burdensome" standard, and, in doing so, we should "accord heavy deference to the legislative judgment" in determining what constitutes an "undue burden." See Brief for the United States as *Amicus Curiae* 10. The "unduly burdensome" standard is appropriate not because it incorporates deference to legislative judgment at the threshold stage of analysis, but rather because of the limited nature of the fundamental right that has been recognized in the abortion cases. Although our cases do require that we "pay careful attention" to the legislative judgment before we invoke strict scrutiny, see e.g., *Columbia Broadcasting System, Inc. v. Democratic National Committee*, 412 U.S. at 103, it is not appropriate to weigh the state interests at the threshold stage.

[11]

The Court has never required that state regulation that burdens the abortion decision be "narrowly drawn" to express only the relevant state interest. In *Roe*, the Court mentioned "narrowly drawn" legislative enactments, 410 U.S. at 155, but the Court never actually adopted this standard in the *Roe* analysis. In its decision today, the Court fully endorses the *Roe* requirement that a burdensome health regulation, or as the Court appears to call it, a "significant obstacle," ante at 434, be "reasonably related" to the state compelling interest. See ante at 430-431, 435, 438. The Court recognizes that "[a] State necessarily must have latitude in adopting regulations of general applicability in this sensitive area." Ante at 434. See also *Simopoulos v. Virginia*, post at 516. Nevertheless, the Court fails to apply the "reasonably related" standard. The hospitalization requirement "reasonably relates" to its compelling interest in protection and preservation of maternal health under any normal understanding of what "reasonably relates" signifies.

The Court concludes that the regulation must fall because "it appears that during a substantial portion of the second trimester the State's regulation 'depart[s] from accepted medical practice.'" *Ante* at 434. It is difficult to see how the Court concludes that the regulation "depart[s] from accepted medical practice" during "a substantial portion of the second trimester," *ibid.*, in light of the fact that the Court concludes that D&E abortions may be performed safely in an outpatient clinic through 16 weeks, or 4 weeks into the second trimester. *Ante* at 436-437. Four weeks is hardly a "substantial portion" of the second trimester.

[12]

In my view, no decision of this Court has yet held that parental notification in the case of mature minors is unconstitutional. Although the plurality opinion of JUSTICE POWELL in *Bellotti II* suggested that the state statute in that case was unconstitutional because, *inter alia*, it failed to provide all minors with an opportunity "to go directly to a court without first consulting or notifying her parents," 443 U.S. at 647, the Court in *H. L. v. Matheson* held that unemancipated and immature minors had "no constitutional right to notify a court in lieu of notifying their parents." 450 U.S. at 412, n. 22. Furthermore, the Court in *H. L. v. Matheson* expressly did not decide that a parental notification requirement would be unconstitutional if the State otherwise permitted mature minors to make abortion decisions free of parental or judicial "veto." See *id.* at 406-407.

[13]

Section 1870.06(B) requires that the attending physician orally inform the pregnant woman: (1) that she is pregnant; (2) of the probable number of weeks since conception; (3) that the unborn child is a human being from the moment of conception, and has certain anatomical and physiological characteristics; (4) that the unborn child may be viable and, if so, the physician has a legal responsibility to try to save the child; (5) that abortion is a major surgical procedure that can result in serious physical and psychological complications; (6) that various agencies exist that will provide the pregnant woman with information about birth control; and (7) that various agencies exist that will assist the woman through pregnancy should she decide not to undergo the abortion. Section 1870.06(C) requires the attending physician to inform the woman of risks associated with her particular pregnancy and proposed abortion technique, as well as to furnish information that the physician deems relevant "in his own medical judgment."

[14]

The Court in *Danforth* did not even view the informed consent requirement as having a "legally significant impact" on first trimester abortions that would trigger the *Roe* and *Doe* proscriptions against state interference in the decision to seek a first trimester abortion. See 428 U.S. at 81 (recordkeeping requirements).

[15]

Assuming, arguendo, that the Court now decides that *Danforth*, *Bellotti II*, and *H. L. v. Matheson* were incorrect, and that the informed consent provisions do burden the right to seek an abortion, the Court inexplicably refuses to determine whether this "burden" "reasonably relates" to legitimate state interests. Ante at 430 (quoting *Roe*, 410 U.S. at 163). Rather, the Court now decides that an informed consent provision must be justified by a "vital state need" before it can be upheld. See ante at 448.

[16]

This is not to say that the informed consent provisions may not violate the First Amendment rights of the physician if the State requires him or her to communicate its ideology. See *Wooley v. Maynard*, 430 U.S. 705 (1977). However, it does not appear that Akron Center raised any First Amendment argument in the court below. See Brief for Akron Center for Reproductive Health, Inc., in No. 79-3701 (CA6), pp. 18-23; Reply Brief for Akron Center for Reproductive Health, Inc., in No. 79-3701 (CA6), pp. 26-33.

[17]

On the basis of this analysis of the waiting period requirement, the Court charges that "the dissent would uphold virtually any abortion-inhibiting regulation. . . ." Ante at 421, n. 1. The waiting period requirement is valid because it imposes a small cost when all relevant factors are taken into consideration. This is precisely the reasoning that JUSTICE POWELL employs in upholding the pathology report requirement in *Planned Parenthood Assn. of Kansas City, Mo., Inc. v. Ashcroft*, post, p. 476 (report requirement imposes a "comparatively small additional cost," post at 489).



Case Against Condoms: Family Values Vs. Safe Sex



A Reflection by His Eminence Alfonso Cardinal Lopez Trujillo
President, Pontifical Council for the Family
December 1, 2003

Introduction

1. The mass media have circulated news that I granted an interview to the BBC, which was broadcasted last October 12, 2003, on the eve of Pope John Paul II's 25th Anniversary in his service as Bishop of Rome. On that occasion, I answered different questions for more than an hour, especially those dealing with the family. But, surprisingly, what was shown from the whole interview on the BBC Panorama's film, *Sex & The Holy City*, were merely three questions of less than half a minute each, the answers to which were certainly much more complete. The program apparently tried to deliberately and systematically criticize the Catholic Church for supposedly contributing to the death of people by not allowing the use of condoms to prevent the spread of HIV/AIDS.

The bishops of England and Wales have rightly complained to the BBC for that film, which, along with another program, was "biased against and hostile to the Catholic Church," and which has "given offense to many Catholics . . . For many decades the BBC has deserved [and] enjoyed a worldwide reputation for fairness and objectivity, especially in its News and Current Affairs. This reputation is increasingly tarnished." [1] Many individuals and groups also manifested their disgust with the said BBC's Panorama program. [2]

In that interview I warned about "safe sex," stating that one cannot truly speak of objective and total protection by using the condom as a prophylactic, [3] when it comes to the transmission not only of HIV/AIDS (Human Immunodeficiency Virus, which causes the Acquired Immune Deficiency Syndrome), but also of many other STDs (Sexually Transmitted Diseases). I emphasized that in order to control the pandemic, it is necessary to promote responsible sexual behavior that is inculcated by means of authentic sexual education that respects the dignity of man and woman, and that does not consider others as mere instruments of pleasure and thus objects "to be used." I also said that such responsible sexual behavior takes place only in conjugal love, assuming the responsibilities of marriage as a reciprocal, exclusive and total self-giving of a man and a woman in a community of love and life.

Therefore, my position was absolutely clear against the so-called inordinate sex, against promiscuity that is fueled today by certain permissive political measures and certain means of communication. That is why I reminded the audience that the Church teaches a moral position that is valid for all, both believers and non-believers. I also proposed that the Ministries for Health should require labels for condoms, as they do in the case of cigarettes, stating that the protection condoms provide is not total and that the risks are indeed significant. [4]

In order to stress that the level of protection provided by the condom against HIV/AIDS and STDs is not sufficient, I also referred to a certain permeability suggested by the results of scientific investigations. Such concern also has to be given attention considering that the AIDS virus is 450 times smaller than the sperm cell-in addition to

other risks brought about by different factors in the condom's structure and in its actual usage.[5]

The Catholic Church's Criticism of the Condom in AIDS-Prevention Programs

2. The Catholic Church has repeatedly criticized programs promoting condoms as a totally effective and sufficient means of AIDS prevention. The different Bishops' Conferences all over the world have expressed their concern regarding this problem. The Catholic Bishops of South Africa, Botswana and Swaziland categorically "regard the widespread and indiscriminate promotion of condoms as an immoral and misguided weapon in our battle against HIV/AIDS for the following reasons: The use of condoms goes against human dignity. Condoms change the beautiful act of love into a selfish search for pleasure-while rejecting responsibility. Condoms do not guarantee protection against HIV/AIDS. Condoms may even be one of the main reasons for the spread of HIV/AIDS. Apart from the possibility of condoms being faulty or wrongly used, they contribute to the breaking down of self-control and mutual respect."[6]

The Sub-commission for Family and Life of the Spanish Episcopal Conference said that the campaigns that promote the condom in Spain to supposedly stop HIV/AIDS are gravely irresponsible for three reasons: "because they tend to be deceitful, because they hide information, and because they do not contribute towards prevention, but rather to a greater spread of risky behavior, since they imply that the health authorities are giving their approval to behavior and lifestyles that are responsible for the epidemic."[7]

The Catholic Bishops' Conference of the Philippines maintained that while "an encounter with people infected with HIV-AIDS should be a moment of grace-an opportunity for us to be Christ's compassionate presence to them as well as to experience His presence in them," nonetheless, [t]he moral dimension of the problem of HIV-AIDS urges us to take a sharply negative view of the condom-distribution approach to the problem." Besides, "[a]s in contraception, so also in preventing HIV-AIDS infection condom use is not a failsafe approach."[8]

Even earlier, the bishops of the United States of America affirmed in their 1987 statement: ". . . abstinence outside of marriage and fidelity within marriage as well as the avoidance of intravenous drug abuse are the only morally correct and medically sure ways to prevent the spread of AIDS. So-called safe sex practices are at best only partially effective . . . As the National Academy of Sciences has noted in its study of AIDS, 'many have argued that it is more accurate to speak in terms of "safer" sex because the unknowns are still such that it would be irresponsible to certify any particular activity as absolutely safe'."[9]

3. I thought that the Church's position and the reasons behind it were already well-known. I am quite concerned because people, especially the young, are misled when total protection is seemingly offered to them, while in fact there is no such total protection. Aware of the immensity of the pandemic, while at the same time maintaining the different but complimentary levels of what is moral and what is merely hygienic, I wanted to speak out regarding the need not only to contain the continuous expansion of this pandemic, but also the need to prevent condom users from getting an infection that they previously thought was impossible to get, and which until now has had lethal

consequences.

There are persons at risk of being contaminated, even though they think that their sexual relations, from the hygienic point of view, are totally safe. How many fall victim to this error? They would have taken a different attitude, at least to a certain extent, had they been given more valid and objective information. Indeed, a great number of sources giving the correct information on condom ineffectiveness are public, but, apparently many are not well publicized. *The mere fact that this discussion has led persons to doubt to a certain extent the effectiveness of condoms in preventing infection is already, I think, a timely service.* The reader is invited above all to reflect why, despite the invitation to promiscuity made by the "safe sex" campaign and the distribution of an enormous quantity of prophylactics where the pandemic is more widespread, the problem of infection has become even greater.[10]

These are precisely the points I wish to consider in this present reflection, with the aid of information gathered from different sources. I have no reason to doubt the expertise of persons and institutions with internationally renowned competence on these matters. The position of the Church is truly human and responsible: it is a call to fully respect the human person's freedom and dignity. The family suffers, above all in the poor countries. The fact that families and youth are oftentimes misinformed and given false security should not be tolerated any longer. It is clear that if I make this reflection, it is because of the close relationship between family and procreation, and also because matters regarding the family touching on condoms and other contraceptives pertain to our field of work. In describing the tasks of the Pontifical Council for the Family, the Apostolic Constitution *Pastor Bonus* states that it "strives to ensure that the rights of the family be acknowledged and defended even in the social and political realm. It also supports and coordinates initiatives to protect human life from the first moment of conception and to encourage responsible procreation." [11]

As a Father of the Church said, "We should not be ashamed of the things that God has created." Not only should we not be ashamed of things created by God, we should also defend them, for everything that he has created is good. Human sexuality, conjugal love, responsibility, freedom, bodily health: these are God's gifts to us that we have to treasure.

The Concern of Some Moralists Raised by Studies Indicating that Condoms Might Not Provide Total Protection Against the Transmission of HIV and STDs

4. I mentioned earlier that I thought the position of the Church and the foundations of my assertions were already well-known. On the other hand, it might also be possible that this position is still unknown to many, as manifested in concrete campaigns where scientific aspects are mixed with certain economic interests on the part of condom producers, and with an "ideology" of the powerful against the poor in line with "population control."

A well-known and authoritative moralist, Dionigi Tettamanzi, who is now the Cardinal of Milan, tackled these matters in a voluminous book, *Nuova Bioetica Cristiana*, published in 2000. He clearly shows why the condom cannot guarantee the so-called "safe sex" when used as a prophylactic. "The Ministry of Health [in Italy], through the National Commission for the fight against AIDS, often supplies the following information to children, youth, and other interested parties: 'The chances of contamination increase

with more unprotected intercourse; thus, if you are not sure of your partner, *always use a condom*' [12] But is the condom truly an effective means to stop contamination? Some critical reflections become necessary.

The first reflection is of a properly hygienic nature. It is said that the condom is to be used as a 'defense' measure, as a 'barrier' so as not to contaminate and be contaminated during sexual intercourse. Now, what is at stake, that is, caring for one's health (and life) and another's, calls for an accurate critical analysis of the *real efficacy* of this defensive means or barrier.

"There are two types of efficacy that could be considered in particular. First, *'technical' efficacy*: since when did the condom 'prevent' the risk of contamination? In scientific circles, it is openly admitted that condoms are in fact not 100% safe. *On an average, it is said that there is a 10-15% inefficacy, since the AIDS viruses are much more 'filtrating' [able to pass through] than the sperm.* [13]

Therefore, even at a 'technical' level of efficacy, one should question the scientific seriousness and the consequent professional seriousness of the condom campaign. There is a great risk involved: to 'deceive' persons by propagating 'safe sex because one is protected', while in fact it is not safe, or is not safe in the way it might be thought to be. The illusion becomes much more dangerous and serious when there is an even greater duty for persons 'at risk' or who indulge in promiscuous sexual relationships not to spread the infection (both to the partner and, eventually, to present or future children)." [14]

5. Another Italian moralist, Elio Sgreccia, currently a bishop and Vice-President of the Pontifical Academy for Life, wrote that campaigns based only on the free distribution of condoms, "can become not only fallacious, but counterproductive and encourage . . . the abuse of sexuality; at any rate, they are devoid of truly human content and do not contribute to holistically responsible behavior." [15] Many other moralists and experts also tackled these questions, including Lino Ciccone and Jacques Suaudeau, some of whom will also be cited in this paper.

Cardinal Tettamanzi further notes along this line that it is totally unacceptable for the State to organize and promote "safe sex" campaigns, because of the lack of efficiency of condoms as a "barrier" against infection, and especially because of the danger of an irresponsible use of sexuality. For instance, when a soldier receives a condom, he knows that he should avoid contamination; but at the same time he is being induced to believe that any form of sex is licit. To these considerations one must add the risks to an individual's freedom of choice: when the "safe sex" campaign is undertaken in such a way that it exerts undue pressure on youth and on the public in general, together with an illusion of the condom's efficiency, it becomes tantamount to an imposition. [16] There is a paradox here in that the State (which claims to be neutral) is allowed to actively propagate and spread contraceptives, while it would be accused of being denominational if it undertook an educational campaign on the value (including hygienic) of marital fidelity! [17]

The Same Concern, from Non-Ecclesiastical Circles

6. The concern that condoms do not provide total protection against AIDS and STDs is

not at all new, nor limited to Church circles. Dr. Helen Singer Kaplan, who founded the Human Sexuality Program at the New York Weill Cornell Medical Center, Cornell University, wrote in her book, *The Real Truth about Women and AIDS*: "Counting on condoms is flirting with death" [18]. A Dutch medical journal also stated that "Practice shows that there is a great need for a method that prevents both HIV as well as pregnancy. Sad to say, the people still have not become aware that this method cannot be the condom." [19] In the 1980s and the 1990s, questions on the real protection provided by condoms arose from electron microscopic studies on the latex material, a concern related to the fact that the AIDS virus is about 25 times smaller than the sperm cell's head, 450 times smaller than the sperm cell's length, and 60 times smaller than the syphilis bacterium. [20]

In 1987, the *Los Angeles Times* published an article entitled "Condom Industry Seeking Limits on U.S. Study." [21] It stated that "[t]he condom industry has launched an intensive campaign to weaken, delay or possibly shut down a federally funded Los Angeles study of the effectiveness of condoms in preventing transmission of the AIDS virus . . . The research has taken on a new element of urgency in the wake of a series of questions raised about the ability of condoms to reliably prevent the spread of human immunodeficiency virus (HIV)." [22] Two years later, the same reporter wrote in an article, "4 Popular Condoms Leak AIDS Virus in Clinical Tests," that "Four of the nation's most popular condom brands permitted the AIDS virus to escape in laboratory tests conducted for UCLA, prompting researchers to warn users they should not assume that all condoms work equally well in preventing spread of the disease . . . Overall, among the thousands of condoms tested, the study found that 0.66% of condoms--more than one of every 200--failed, either allowing water or air to escape, breaking in tensile strength tests or leaking the AIDS virus." [23]

As a summary of these and other studies, Dr. John Wilks stated the following in his Letter to the Editor in the Nov 17, 2003, issue of *The Australian*: "In 1989, the *Los Angeles Times* reported that four of the nation's most popular condom brands permitted the AIDS virus to escape in laboratory tests conducted for UCLA, . . . Carey and associates (*Sexually Transmitted Diseases*, 1992) reported that HIV-sized particles leaked through 29 of 89 commercially purchased latex condoms in simulated intercourse . . . Voeller ('AIDS Research and Human Retroviruses,' 1994) reported that leakage of virus-sized particles occurred in different brands of condoms of different ages at a rate of 0.9 per cent to 22.8 per cent in the laboratory setting . . . Lytle and others ('Sexually Transmitted Diseases,' 1997) reported that under test conditions, 2.6 per cent of latex condoms allowed some virus penetration . . ." In still another test, only 30% of membrane samples from "Trojan" brand condoms were found to be absolutely without defects. [24]

On the other hand, a British newspaper reported that "the organisation [World Health Organisation] says 'consistent and correct' condom use reduces the risk of HIV infection by 90%. There may be breakage or slippage of condoms . . ." [25] The International Planned Parenthood Federation even gave a higher failure rate, stating that "use of condoms reduces by approximately 70% the total risk between unprotected sex and complete sexual abstinence. This estimate is consistent with findings from most epidemiological studies." [26]

It should be stated that the remaining 10-30% from these figures, which represent the failure range, is relatively high when one deals with a potentially mortal disease such as

failure rate, is relatively high when one deals with a potentially mortal disease such as AIDS, especially if there is an alternative that provides absolute protection against the sexual transmission of the same: namely, abstinence before marriage, and fidelity to one's spouse.

Given that AIDS is a serious threat, any inadequate information based on false security offered by condoms used as prophylactics would be a grave irresponsibility. Hence, a continuous effort to present the correct information clearly and comprehensively, avoiding all ambiguities and confusion, is certainly called for—not only for the benefit of the public in general, but also in order to help the sincere and countless efforts to prevent the pandemic of AIDS and the other sexually transmitted diseases.

The Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention

7. The above cited medical literature and many others have opened several questions regarding condom effectiveness in preventing sexually transmitted diseases. In fact, on June 12-13, 2000, four US government agencies responsible for condom research, condom regulation, condom use recommendations, and HIV/AIDS and STD prevention programs co-sponsored a Workshop precisely "to evaluate the published evidence establishing the effectiveness of latex male condoms in preventing HIV/AIDS and other STDs." The four agencies were the US Agency for International Development (USAID), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH). The *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention* was later prepared by the National Institute of Allergy and Infectious Diseases, the National Institutes of Health, and the Department of Health and Human Services, and was published on July 20, 2001.[27]

The Workshop's focus was on "the latex male condom for the prevention of HIV/AIDS and STDs during penile-vaginal intercourse." "Representatives of the sponsoring agencies and outside experts were asked to work as a panel," including experts on "STDs, genitourinary tract anatomy, contraception, condoms, behavioral science, epidemiology, medicine and public health." "The workshop examined only peer-reviewed literature [a total of 138 papers] because these studies have been subjected to independent scientific evaluation prior to publication." An additional 42 other papers are cited in the *Workshop Summary*.[28]

The said Workshop Summary explains that available scientific evidence indicated that the condom reduces the risk of AIDS/HIV by 85%.[29] There is then a 15% risk that remains.

The Workshop also studied in particular the transmission of other genital infections, and the usual conclusion is that studies demonstrated either *no or some protection* through condom use, or that there is *insufficient data to confirm* risk reduction. The diseases studied individually are the following: Gonorrhea (caused by *Neisseria gonorrhoeae*), Chlamydial infection (*Chlamydia trachomatis*), Trichomoniasis (*Trichomonas vaginalis*), Genital Herpes (Herpes Simplex Virus or HSV), Chancroid (*Haemophilus ducreyi*) and Syphilis (*Treponema pallidum*).[30] The Human Papillomavirus (HPV) is given some more attention, with the conclusion stating clearly that "[t]here was no evidence that condom use reduced the risk of HPV infection . . ."[31]. HPV is a very important STD

associated with cervical cancer, which in the US kills many more women than the HIV. [32]

There is no such thing then as a 100% protection from HIV/AIDS or other STDs through condom use today. This data should not remain unnoticed, since many users, including youth, think that the condom provides total protection.

In connection with these findings presented in the *Workshop Summary*, the Catholic Family and Human Rights Institute made a report, "Physicians Groups Charge US Government with Condom Cover-Up," stating that "[g]roups representing over 10,000 doctors have accused the US Government's Centers for Disease Control and Prevention (CDC) of covering up the government's own research that shows that condoms do not protect individuals from most sexually transmitted diseases." According to the report, these groups claim that, ". . .the CDC has systematically hidden and misrepresented vital medical information regarding the ineffectiveness of condoms to prevent the transmission of STDs. The CDC's refusal to acknowledge clinical research has contributed to the massive STD epidemic." [33]

8. In an article subsequent to the *Workshop Summary*, [34] four of the Workshop panel members, along with other experts, further analyse points and issues stemming from this Workshop, such as the definition of terms, [35] risk *prevention* (i.e., provides *absolute* or *total* protection) versus risk *reduction* (i.e., provides *partial* protection), [36] cumulative risk, factors that influence condom effectiveness [37] and public health implications.

In their article, Fitch, *et al.* emphasize that the cumulative risk factor is very significant. "For example, an intervention that is 99.8% effective for a single episode of intercourse can yield an 18% cumulative failure rate with 100 exposures." [38] Likewise, based on an International Planned Parenthood Federation (IPPF) article, "the risk of contracting AIDS during so-called 'protected sex' approaches 100 percent as the number of episodes of sexual intercourse increases." [39] IPPF is an institution promoting all forms of "birth control."

What has to be considered, therefore, is not only the risk of each single condom use, but also of its continued use, a risk which dramatically increases in the long run. *This means that the safe sex Russian Roulette becomes even more serious with repeated condom use.*

Condom Failure and Pregnancy

9. Most probably related to the condom's efficiency in preventing the transmission HIV/AIDS and STDs is its efficiency in preventing pregnancy. The WHO explains that *perfect use* of the condom *does not* prevent pregnancy all the time. "Estimated pregnancy rates during perfect use of condoms, that is for those who report using the method exactly as it should be used (correctly) and at every act of intercourse (consistently), is 3 percent at 12 months" [40]. Needless to say, the condom's *typical use*, which includes perfect and imperfect use (i.e. not used at every act of intercourse, or used incorrectly) is much less effective in preventing pregnancy. "The pregnancy rate during typical use can be much higher (10-14%) than for perfect use, but this is due primarily to inconsistent and incorrect use, not to condom failure." [41] Indeed, pregnancy in spite of condom use is

well documented, with the Pearl index placed at around 15 failures per 100 women within the first year of use.[42] If pregnancy may occur in spite of condom use, wouldn't it be only logical to conclude that the condom also allows transmission of HIV and STDs, given that the disease-causing organisms may be present with the sperm cells, in the seminal fluid, and even elsewhere, such as on skin surfaces not covered by the condom? Moreover, one must consider that a woman can become pregnant only during her fertile days (approximately 5-8 days in a cycle, taking into account the sperm's lifespan inside her body), while the HIV and STDs may be transmitted on any day.

Condom Failure and Its Latex Material

10. The above considerations on studies pointing towards condom failure are not limited to theoretical arguments. That condoms may be defective is not mere theory, but a fact confirmed by real-life experiences in the real world. One may perhaps assume that in the condom's ideal or perfect state, that is, with a surface with no defects whatsoever, the latex material theoretically might provide a high degree of protection against the passage of HIV-sized particles. However, when it comes to the actual or real state of latex materials, in distributed items such as condoms, the situation could be quite different.

For instance, some permeability and electric tests indicate that latex may allow passage of particles bigger than the HIV.[43] Likewise, holes and weak spots in condoms may be detected by tests, as can be seen in a 1998 article on the US Food and Drug Administration website. "Condom manufacturers in the United States electronically test all condoms for holes and weak spots. In addition, FDA requires manufacturers to use a water test to examine samples from each batch of condoms for leakage. If the test detects a defect rate of more than 4 per 1,000, the entire lot is discarded. The agency also encourages manufacturers to test samples of their products for breakage by using an air burst test in accordance with specifications of the International Standards Organization." [44] If four leaking condoms are allowed in every batch of 1,000, there could be hundreds of thousands or even millions of leaking condoms circulating all over the world, either sold or distributed for free, and most probably contributing to the spread of HIV/AIDS and STDs. Does the public know this? Does the public know that the risks increase the more often and the more promiscuously one is exposed, considering the cumulative risk factor, as explained earlier?

Cardinal Eugenio De Araujo Sales, who was for many years Archbishop (and now Emeritus) of the immense Archdiocese of Rio de Janeiro, recently stated in a newspaper article that several lots of condoms (some from leading brands) were recalled from the market in Brazil in 1999, 2000 and 2003, due to failure in different tests and to the discovery of counterfeit products.[45] According to Cardinal Sales, the 1999 recall, for example, involved 1,036,800 units of the condom Prudence, the third leading brand in Brazil, because it failed the test done by Inmetro, the government's Ministry for Development, Industry and Exterior Commerce. Even prior to these comments made by the Cardinal, the consumer group *Civitas International* stated that, "In 1991, IDEC [*Instituto Brasileiro de Defesa do Consumidor*] published a study that reported that five out of the seven top condom brands in Brazil, including the nation's number one brand, Jontex, manufactured by Johnson and Johnson, flunked international safety tests." [46]

11. Condoms, in addition to having possible manufacturing defects, could undergo

deterioration during shipping, handling and storage, and even further degradation after purchase by the end user. To a greater or lesser degree, factors such as the following have been proposed as possibly contributing to the degradation of latex (and thus to condom failure): exposure to sunlight, heat (including body heat when placed in pockets or wallets), humidity, pressure, certain spermicides and even to atmospheric ozone.[47] Besides, the condom may still suffer last-minute physical damage immediately prior to or during actual use, such as contact with pointed or sharp objects including fingernails.

The US Food and Drug Administration (FDA) website warns that, "[c]onsumers should make sure the condom package is undamaged, and check each condom for damage as it is unrolled to be used. The condom should not be used if it is gummy or brittle, discolored, or has a hole. Condoms also should not be used after their expiration date or, if they don't have an expiration date, more than five years after the date of manufacture. Only water-based lubricants (for instance, glycerine or K-Y jelly) should be used with latex condoms, because oil-based lubricants such as petroleum jelly weaken natural rubber." [48] If such precautions exist, it must be because real dangers also exist-in this case, a life-threatening danger, that would be irresponsible to simply take lightly.

There are also condoms made from other materials such as polyurethane, which are "comparable to latex condoms as a barrier to sperm and HIV virus", and natural membrane (lambskin) condoms, "which are useful in preventing pregnancy, [but] are not effective protection against HIV or other sexually transmitted diseases. Although sperm cannot pass through the lambskin material, small microorganisms, including HIV, can penetrate these condoms." [49]

Even in the case of serodiscordant couples, from the medical perspective, the condom does not seem to be the real answer: among consistent condom users, there is still the possible transmission of the HIV. [50] The *Workshop Summary* discussed earlier also says that "[t]here is demonstrated exposure to HIV/AIDS through sexual intercourse with a regular partner (with an absence of other HIV/AIDS risk factors). Longitudinal studies of HIV- [negative] sexual partners of HIV+ [positive] infected cases allow for the estimation of HIV/AIDS incidence among condom users and condom non-users. From the two incidence estimates, consistent condom use decreased the risk of HIV/AIDS transmission by approximately 85%." [51] To further promote "safe sex", some have advised the use of a double condom, the efficiency of which remains questionable, taking into account the different factors presented above. [52]

User-Related Condom Failures

12. Aside from the above considerations on the physical integrity of the condom, one must also remember that condoms are often used improperly. For instance, one might flip the condom over after starting to apply it on the wrong side, allowing sperm, if already present, to be introduced directly into the vagina. Starting intercourse without a condom or taking it off during intercourse, not holding on to the condom during withdrawal, not withdrawing while the penis is erect, reuse of condom, etc., are some other examples of incorrect condom use, which could easily take place. One study shows that *in vivo*, slipping and rupture of the condom account for 0.1-16.6% and 0.5-6.7% of condom failure, respectively. [53]

The typical, real-life use of condoms is far from perfect; it is rather frequently used inconsistently and incorrectly. This is not difficult to understand, given that consistent

inconsistently and incorrectly. This is not difficult to understand, given that consistent use requires an enormous amount of self-discipline (and memory), and correct use requires a relatively meticulous 7-step process, if one follows the guidelines laid down by the Centers for Disease Control and Prevention.[54] In one of their brochures, the Medical Institute (Texas) says, "When given a basic list of procedures for correct condom use, less than half of sexually active adolescents report they use condoms correctly." [55] Without going into detail, suffice it to say that the sexual act, because of its instinctive and passionate aspects, and at times the absence of a minimum of self-control, brings along with it the above-mentioned risks before, during and after the use of the condom.

The Medical Institute (Texas) explains the results of inconsistent condom use in the most simple terms: "What if I use them most of the time? You're at risk. In fact, the CDC says, 'Used inconsistently (less than 100 percent of the time), condoms offer little more protection than when they are not used at all.'" [56]

HIV/AIDS Increase and Decrease with Condoms and Chastity, Respectively

13. That condoms do not provide total protection against the transmission of HIV and STDs is compounded by the fact that the "safe sex" campaigns have led not to an increase in prudence, but to an increase in sexual promiscuity and condom use.[57]

In fact, there are studies showing that HIV/AIDS cases increase as the number of condoms distributed also increases.[58] Human behavior is an important factor in the transmission of AIDS. Without adequate education aimed at abandoning certain risky sexual behavior in favour of well-balanced sexuality, as in pre-marital abstinence and marital fidelity, one risks perpetuating the pandemic's disastrous results.

There are reports supporting the idea that where abstinence before marriage and fidelity to one's spouse have been successfully promoted, the HIV/AIDS pandemic has dramatically decreased. For instance, Uganda has pushed for a chastity-based program, and there the incidence of HIV/AIDS is managed relatively better than in other countries. "As AIDS sweeps across Africa, Uganda remains a lone success story, as millions of Ugandans have embraced traditional sexual morality, including sexual abstinence outside of marriage and fidelity within marriage, in order to avoid infection. But the international AIDS community has been reluctant to promote this strategy elsewhere, continuing, instead, to place its faith in condoms." [59]

In connection with this, the U.S. Agency for International Development, in its case study, *Declining HIV Prevalence, Behavior Change, and the National Response. What Happened in Uganda?*, states in a table showing HIV trend and behavioral data in Uganda, Kenya and Zambia, that, "prevalence declines in Uganda relate more to reduction in sex partners than condom use." [60] Similarly, the Joint United Nations Program on HIV/AIDS (UNAIDS) *AIDS epidemic update* of December 2003 states: "HIV prevalence continues to recede in Uganda, where it fell to 8% in Kampala in 2002—a remarkable feat, considering that HIV prevalence among pregnant women in two urban antenatal clinics in the city stood at 30% a decade ago. Similar declines echo this accomplishment across Uganda, where double-digit prevalence rates have now become rare . . . To date, no other country has matched this achievement—at least, not nationally." [61]

In Thailand and in the Philippines, the first HIV/AIDS cases were reported in 1984; by

1987, Thailand had 112 cases, while the Philippines had more, with 135 cases. Today, in the year 2003, there are around 750,000 cases in Thailand, where the 100% Condom Use Program had relatively great success. On the other hand, there are only 1,935 cases in the Philippines[62] - and this, considering that the Philippines' population is around 30% greater than Thailand's! Relatively low rates of condom use by the people in general, and staunch opposition from the Church[63] and a good number of government leaders against the condom program and sexual promiscuity, are well-known facts in the Philippines.

Commenting on some of these reports, Jokin de Irala, Professor of Epidemiology and Public Health at the University of Navarre, Spain, said: "That which is being done in many countries is simply irresponsible. To trust condoms blindly without anything else in the preventive strategy, when it has been seen that such method has not been sufficient to stop the epidemic in groups that are *a priori* very concerned, such as homosexuals, is an error that can end up having to be paid dearly . . . The people could demand from their authorities greater seriousness and originality when it comes to resolving these problems. They should ask at least for the same courage that has been shown, for example, when the fight against tobacco was started seriously. We cannot remain passive, naively believing that such a complex problem could be solved by a 'patch' such as the condom."[64]

14. As to the transmission of HIV in general, even though the WHO affirmed in 2002 that 99% of HIV infections in Africa were due to non-protected intercourse, one should also consider what some authors have recently put expressed, that is, the possibility that the majority of new HIV/AIDS cases in Africa are not due to sexual relationships, but rather to the reuse of needles for injections, given the inadequate sanitary infrastructure in the continent.[65] In this sense, the present orientation of the anti-AIDS efforts focusing exclusively or heavily on condom distribution is obviously insufficient and questionable.

The Right to Correct and Complete Information

15. AIDS represents a serious danger for which there is still no cure. Condom users should be guaranteed their ethical and juridical rights to be correctly and completely informed of the risks involved in the sexual transmission of this disease, and of the true effectiveness of the prophylactic. Given the AIDS pandemic proportion, what the Church aims for is not mere *risk reduction* (which is actually transformed into *risk augmentation* if the real risks of transmission are not explained to the public), but rather *risk elimination*; not *partial protection*, but *total protection*; not *relative protection*, but *absolute protection*. It is truly misleading to say that one promotes "safe sex", when in fact one is actually promoting "safer sex", that is, sex that is safer than not using a condom at all; but it is still far from being total protection. To claim that it is "technically correct" to say that the condom "provides protection" (leading people to think they are fully protected), when in fact one actually means that it "provides partial protection", or "85-90% protection", or "relative protection", is to lead many to their death. To emphasize that the condom "reduces risks", but hiding the fact that it "does not eliminate risks", leads to confusion.

To advertise that the condom is "effective in preventing transmission of HIV and many other STDs" or "will help reduce the risk of their transmission" (perhaps claiming that in

other STDs, or will help reduce the risk of their transmission (perhaps claiming that in some countries its production has already been perfected), when one actually means that it is "up to a certain degree effective in preventing HIV and some STDs but not totally, and that there is no evidence that it reduces the risk of HPV infection", then this is not only a lack of respect for women's rights; it is outright anti-woman, and anti-man as well. To encourage "behavior change" among adolescents in sex education programs, when one actually means "to encourage them to use a condom when they engage in pre-marital sex", while at the same time encouraging pre-marital sex itself, is to destroy not only adolescent reproductive health, but also their emotional, mental, health, and spiritual health, and indeed their future and entire lives.

16. The false security generated by the "safe sex" campaigns are hindrances to this right to correct, complete information. Appeals from true, sincere consumer and health advocates, especially authentic women's health advocates, to fully and clearly reveal available information on condom effectiveness (or rather, ineffectiveness), have been frequently falling on deaf ears, for one reason or another. Such appeal is based on the right of the consumer to know the true characteristics of the product he or she is using—even more if such characteristics have a bearing on the consumer's health and life. The public has to be informed that the condom does not guarantee total protection against AIDS and other STDs. In the same way that cigarettes carry the warning that the smoke they produce is dangerous to the health of the smoker and those nearby, perhaps condoms should also be required to carry warning labels, on their packaging and on the shelves and apparatus where they are displayed, stating that they do not guarantee total protection against HIV/AIDS and STDs, or that they are not safe.

Dr. Luis Fernández Cuervo of El Salvador even goes a step further, alluding to the possibility of taking legal action against those who promote "safe sex", similar to the legal action taken against tobacco companies. "If a habitual smoker contracts cancer he or she can legally sue the tobacco company, making it liable. This way, in the United States, they have obtained juicy millions in compensation (?!). As if a smoker did not know, for more than fifty years now, that tobacco could lead him or her to cancer! But if a person who is sexually promiscuous and uses the condom becomes sick with AIDS, this person has no right to sue the laboratory that manufactured the condom, nor the many groups that promote the condom as 'safe sex'. This is odd, very odd." [66]

17. The HIV/AIDS and STD pandemics continue to grow, in spite of the great efforts to curb their growth. Taking into account the data presented in different studies and experiences on the field, the idea of "safe sex", as it has been presented in condom campaigns, seems false, or at least dubious, and thus has to be submitted to scrutiny. What is more, since there is a certain level of risk, it is also a grave responsibility of national and international institutions, both public and private, as well as of the mass media, to contribute to providing correct, complete information about the existence of these risks, which could lead people to their death. Formal protests have been and should continue to be made by those who think that certain groups hinder such efforts to bring the whole truth into light. [67]

It is true that even medicines cannot be expected to be 100% effective or safe all the time for all users, but it is still acceptable to use them in spite of the risks. In these cases, it is also the patient's right to be informed not only of the medication's intended

cases, it is also the patient's right to be informed not only of the medication's intended effects, but also of the possible risks, side effects and other complications, as well as, very importantly, the alternatives. In the case of HIV/AIDS and STD prevention, "safe sex" campaigners should fully reveal the condom's risks, and perhaps even describe the diseases the users might contract as a consequence of condom failure. And also very importantly, they should present the "alternative" solution (which is actually the "primary" solution), that is 100% effective against the sexual transmission of these diseases; it involves no expense, and even strengthens the person's character and freedom: abstinence before marriage, and fidelity to one's spouse.

The Church Promotes Life, Through a Real Protection from HIV/AIDS and STDs

18. The statements reflecting the hard fact of condom failure by no less than international and national agencies, along with the scientific studies and real-life experiences, go totally against the accusations made against the Church: namely, that the Church contributes to the death of millions by not promoting or allowing the use of condoms in the fight against the pandemic. Indeed, shouldn't it be the opposite: that is, that those promoting the condom without properly informing the public of its failure rates (both in its *perfect* use and in its *typical* use, and the *cumulative risks*), have led to, lead to, and will continue to lead to the death of many? Are there not many who fall victim to a false sense of security generated by campaigns promoting "safe sex", oblivious to the fact there are multiple factors that lead to condom failure?

Victims of the "safe sex" fallacy tell us, in the numerous centres caring for HIV/AIDS patients promoted by the Catholic Church, that if they had only known the real risks beforehand, if only they had been properly informed, they would not have engaged in promiscuous sexual behavior, they would not have entered into sexual relationships outside of marriage, and they would have remained very faithful to their families. The Catholic Church is very close to the AIDS patients, and welcomes them with charity, defending their human dignity, and recognizes the drama they undergo, with the mercy shown by the Good Samaritan. Cardinal John O'Connor, the late Archbishop of New York and great pro-life leader, used to visit clinics for AIDS patients once a week. The Catholic Church can surely claim expertise in the fight against the HIV/AIDS pandemic, providing 25 percent of all the care worldwide, having committed professionals and volunteers, religious and lay alike, to care not only for the individuals but also for their families, in the most holistic manner, respecting the dignity of the human person and the family through the proper use of sex and promoting the life-long commitment of spouses. [68]

19. For those who have already exposed themselves to the risks outlined above, a responsible mode of action would be to determine whether or not one might have already been infected, considering that a real danger exists. Each person has the obligation to take care of his or her health and that of others, and to do so, each person has the right to be aided by society as far as possible. Moral as well as epidemiological considerations urge those who have repeatedly exposed themselves to potential contamination to undergo tests to determine whether they in fact might have already been infected with the HIV or other microorganisms causing STD.[69] Not to do so would mean not to take necessary precautions to preserve one's health and life, and that of others. Not to take the tests could mean to unknowingly contribute to the spread of the

others. Not to take the tests could mean to unknowingly contribute to the spread of the debilitating, deadly disease to one's own family and society at large. These persons should be encouraged and helped to approach international and local institutions offering voluntary counselling and testing services for those who may need them.

The Church is ready to help. Through the generosity of millions of people, including persons of other faiths who collaborate in our apostolate, the Catholic Church is able to provide 25% of services for HIV/AIDS patients, and to run a great number of hospitals, clinics and other health care facilities worldwide. The Church continues to undertake the promotion of authentic reproductive health and women's health, which includes complete information using unambiguous terminology, and a truly safe sexual practice based on authentic human sexuality.

The Need to Rediscover Truly Responsible Sexual Behavior

20. It is obvious that this article can only be limited to a few but serious investigations, focusing on the sexual transmission[70] of HIV/AIDS and STDs. There are many more studies explaining that condoms do not provide total protection against these diseases, many of which could be easily found on the internet. One has to seriously distinguish between the proper use of the condom and the failures of the same due to different causes. Regarding the latter, the user can not be safe, just as in the case of other accidents with regrettable consequences. The greatest force of these considerations is the call to avoid the various consequences of disordered sexual behavior, and even worse, the risk of promiscuity, even prior to considering the use of the condom itself. Rather than focusing merely on the aspects dealt with by the expert investigators, one has to keep in mind above all the integral good of the person, in line with the proper moral orientation, which will be necessary to provide total protection against the spread of the pandemic. With or without the threat of HIV/AIDS and STDs, the Church has always called for education in chastity, premarital abstinence and marital fidelity, which are authentic expressions of human sexuality.[71]

Moreover, the Church does not propose the development of condoms with better quality that would assure 100% effectiveness against the transmission of HIV and STDs.[72] What is being proposed is to live one's sexuality in a way that is consistent with one's human nature and the nature of the family. It has to be mentioned too that the WHO admits that abstinence and marital fidelity is a strategy *capable of completely eliminating* the risk of infection from HIV and other STDs; condoms, on the other hand, *reduce* the risk of infection.[73]

21. It is important, by way of synthesis, to transcribe the recommendation made by Luc Montagnier, who is credited with having discovered the HIV: "Medical means are not enough . . . In particular, it is necessary to educate the youth against the risk of sexual promiscuity and wandering."[74] The CDC has likewise informed that, "the only strategies of prevention that are truly effective consist in (sexual) abstinence and sexual relations with a non-infected partner, while respecting reciprocal fidelity."[75] This is why one of the most important Italian infectious diseases experts, Prof. Mauro Moroni, affirms that, "AIDS is a typical behaviorally spread epidemic . . . If those behaviors are removed, AIDS could be stopped without any specific prophylactic intervention."[76] Prof. Lino Ciccone adds: "Therefore a true and effective prevention is above all the set

of initiatives that aim at putting an end to whatever promotes sexual laxity, presented as a triumph of liberty and civilization-similar to what is being done to help youth not to fall into the slavery of drugs or to free them from them. In other words: true prevention takes place only through a serious educational effort. An education free from equivocations and widespread reductive concepts, which leads to the discovery, or rediscovery, of the values of sexuality and a correct scale of values in human life.

"Any other option that excludes such ways, or worse, that implies an ulterior push towards sexual promiscuity and/or the use of drugs, is anything but prevention, and to promote the same is tragically deceitful. A typical example of this mystification are all the campaigns that promise victory over AIDS only if the use of the condom is generalized. In this way sexual promiscuity is encouraged, which is the first cause of the epidemic." [77]

Ciccone's observations coincide fully with the serious problem that I have wanted to delve into. "It has to be noted moreover that it becomes an authentic crime, when one endorses as guaranteed the defense against infection when the condom is used. This is the message that is also launched with the slogan related to the condom of 'safe sex'. As a contraceptive the condom already registers a notable margin of failure, but, as a defense against sexually transmissible diseases, the failure is decidedly much higher. The following is a very recent and authoritative confirmation coming from a scientific source: 'In general terms the barrier methods [. . .] protect against sexually transmitted diseases (risk reduction of around 50%). [. . .] This protection takes place with regards to many pathogenic agents: Papilloma virus [. . .], HIV.'" [78]

Conclusion: The Need to Strengthen Marriage and the Family

22. I have presented in a conference in Chile the detrimental effects of going against human dignity, of trivializing the true meaning of sex, and of making instrumental and commercial the use of sex. [79] A lifestyle that is disordered and corresponds neither to the totality of the human person nor to the will of God, cannot be a true good. We have seen how different peoples have been wounded by such trivialization of sex. In general, cultures have always distinguished between sex without responsibility and sex that is protected by marriage, in favour of the family.

Some might say that this is an excessive demand. But we have to be confident that the Lord, "will not let you be tempted beyond your strength." [80] In several places there is an emergence of youth movements whose members publicly promise to maintain a responsible attitude towards sex, and to remain chaste, abstaining before marriage, and to be faithful to their spouses. For what reason then should this model not be presented to youth, especially at a time when there are many problems in a society that seems to be confused? The fight against the HIV/AIDS pandemic also has to tackle disordered sexual behavior.

23. Marriage has to be presented as something precious, something that will help bring happiness and fulfilment to a person, as couples undertake a life-long project of mutual, exclusive, total, irrevocable and sincere self-giving. "In the 'unity of the two', man and woman are called from the beginning not only to exist 'side by side' or 'together', but they are also called to exist mutually 'one for the other' . . . This *mutual gift of the person in*

marriage opens to the gift of a new life, *a new human being*, who is also a person in the likeness of his parents."[81]

Prof. Livio Melina, a moral theologian, reminds us that a culture of the family is essential for the family to be strengthened in two evidently fragile, central points: *fidelity in love*, and *parenthood*. Regarding the *crisis of fidelity*, he says that it is manifested "as an incapacity to maintain continuity in time to the delightful event of affection: it is becoming more rare for love to 'have a story', to be prolonged in time, to be constructed and thus become a habitable home.[82] The romantic conception of love, which dominates today, perceives love as a spontaneous event, outside the control of freedom, disengaged from the ethical responsibilities of providing care and diligent work, dissenting from institutionalization."[83]

The Holy Father Pope John Paul II said, "A pastoral proposal for the family in crisis presupposes, as a preliminary requirement, doctrinal clarity, effectively taught in moral theology about sexuality and the respect for life . . . At the root of the crisis one can perceive the rupture between anthropology and ethics, marked by a moral relativism according to which the human act is not evaluated with reference to the permanent, objective principles proper to nature created by God, but in conformity with a merely subjective reflection on what is the greatest benefit for the individual's life project. Thus a semantic evolution is produced in which homicide is called 'induced death', infanticide, 'therapeutic abortion', and adultery becomes a mere 'extra-marital adventure'. No longer possessing absolute certainty in moral matters, the divine law becomes an option among the latest variety of opinions in vogue."[84] Chesterton with his pleasant irony said that what is lacking, as with the birds, is to construct a "stable nest", if they are truly mature.

Prof. Melina further comments that a culture of the family will also help solve the *crisis of parenthood*, "manifested as a refusal to assume the burdens, perceived as too heavy, to give life to children."[85] Such crisis has given rise to what we have oftentimes described as the "demographic winter." The crisis of fidelity and the crisis of parenthood are but dimensions of the crisis of the moral subject, that is, of the person. Melina proposes two paths or ways to reconstruct the moral subject: *the way of virtues*, and *the way of interpersonal relationships*.[86]

24. It is true that where there has been no education towards a serious responsibility in love; where the dignity especially of women is not given sufficient importance; where a faithful monogamous relationship is ridiculed; where condoms are distributed to the youth in parties and to children in schools; where immoral lifestyles are diffused and all forms of sexual experience are regarded as positive; and where parents are not allowed to give adequate formation to their children: such "impossibility" turns into a serious, limiting condition. The end result is not only alarming in terms of the spread of HIV/AIDS, but in that man and woman can no longer have full confidence in each other. What will become of these children's future, without the proper information and the necessary parental guidance?

But the greatest help that the Church, and perhaps all people of good will, could offer to curb this terrible pandemic, relying on Divine Providence, is to strengthen the family.[87] The different groups, movements, associations, institutes and centres that work in favour of family and life have special roles to play. The family is the Domestic Church

and the basic unit of society, the school of virtues the first environment where children receive their education from their first educators, their parents. Catholic families should become examples of holiness, letting their close relationship with God in their life of prayer and in the sacraments overflow into a genuine concern for others. The Holy Father has repeatedly insisted, "Family, become what you are!." May the family truly become what it really is, after the example of the Holy Family, the model for all families.

Endnotes

[1] Statement by the Catholic Bishops' Conference of England and Wales, Meeting in Rome, Oct 17, 2003, on the BBC's recent coverage of Catholic issues.

[2] See, for example, the Society for the Protection of Unborn Children's October 27, 2003, open letter to Mr. Greg Dyke, Director General, BBC Broadcasting House, regarding the BBC Panorama program *Sex and the Holy City*, stating, "not only did *Sex and the Holy City* fail to support such serious charges with objective, verifiable evidence, but there were also many other claims made in support of the general thesis of the program which fly in the face of statistical, medical and scientific evidence from recognized authoritative sources." The same open letter then provides details supporting this concern. See also The Forum of Polish Women's letter to the Embassy of the United Kingdom dated October 16, 2003: "We feel deeply offended by false arguments and lies presented by BBC1's *Panorama* program, especially in the context of the celebrations of John Paul II's 25th anniversary as Pope."

[3] Regarding the term "prophylactic:" in general, condoms are used as "contraceptives" (that is, to prevent conception) and/or as "prophylactics" (that is, to avoid transmission of diseases).

[4] For more details on this matter, see also Paragraph 16 of this text below.

[5] For more details, see Paragraphs 6-13 of this text below.

[6] "A Message of Hope," July 30, 2001, issued during the Plenary Session of the Southern African Bishops' Conference at St. Peter's Seminary, Pretoria.

[7] ?100 *Cuestiones y respuestas sobre el 'síndrome de inmunodeficiencia adquirida' y la actitud de los católicos* [100 *Questions and Answers on "Acquired Immune Deficiency Syndrome and the Attitude of Catholics*], February 2002, question number 55.

[8] Catholic Bishops' Conference of the Philippines, Pastoral Letter on AIDS *In the Compassion of Jesus*, January 23, 1993.

[9] Administrative Board of U.S. Catholic Conference, *The Many Faces of AIDS: A Gospel Response*; November 1987. See also the Letter of His Eminence Cardinal Josef Ratzinger to the *Pronunzio Apostolico* in the United States, Archbishop Pio Laghi, May 29, 1988.

[10] For more details, see Paragraph 13 referencing Uganda data of this text below.

[11] Pope John Paul II, Apostolic Constitution *Pastor Bonus*, Art. 141 §3.

[12] Ministry of Health-National Commission for the Fight against AIDS, *Ferma l'AIDS. Vinci la vita* ("Stop AIDS, Win Life"). This is a folded brochure for the youth.

[13] Footnote number 7 reads: See Aa.Vv., *Quale è il grado effettivo di protezione dall'HIV del profilattico?*, in *Medicina e Morale*, 5 (1994): 903-925; L. Ciccone, *Aspetti*

etici della prevenzione della infezione da HIV, in *Medicina e Morale*, 2 (1996): 277-278; E. Sgreccia, *A proposito delle campagne di prevenzione dell'AIDS*, in *Medicina e Morale*, 4 (1999): 637-639; J. Suaudeau, *Le "sexe sûr" et le préservatif face au défi du SIDA*, in *Medicina e Morale*, 4 (1997): 689-726.

[14] Dionigi Tettamanzi, *Nuova bioetica cristiana*, Piemme, Casale Monferrato 2000, pages 418-419. He continues: "But there is another question regarding efficacy when it comes to the condom: not so much the 'technical' effectiveness related to the means used, but rather what we might call 'cultural' efficacy. If it is true that the channel of diffusion of the AIDS virus is 'inordinate' sexual behavior, the truly and fully effective means of prevention does not lie in favouring such inordinate sexual behavior along with a certain 'barrier' to the infection, but rather in orienting and favouring 'orderly' sexual behavior. If one remains imprisoned in the logic of inordinate sex, the technical precautions become too weak against a driving force that, although indirect, is not repelled."

[15] Elio Sgreccia, *Manuale di Bioetica, Vol 2: Aspetti medico-sociali*, Vita e Pensiero, Milan 1991, page 266.

[16] See Dionigi Tettamanzi, *Nuova bioetica cristiana*, Piemme, Casale Monferrato 2000, page 420.

[17] See G. Morra, *Lotta all'AIDS. Tecnica e scienza da sole sono una fragile barriera*, in *Avvenire*, February 7, 1987, page 1, quoted in Dionigi Tettamanzi, *Nuova bioetica cristiana*, Piemme, Casale Monferrato 2000, pages 421.

[18] Simon & Schuster, 1987. As quoted in J.P.M. Lelkens, *AIDS: il preservativo non preserva. Documentazione di una truffa*, in *Studi Cattolici*, Milano (1994) 405: 722.

[19] J.P.M. Lelkens, *AIDS: il preservativo non preserva. Documentazione di una truffa*, in *Studi Cattolici*, Milano (1994) 405: 722, cites the following as source: *Revista medica olandese* 135 (1991): 41.

[20] See for example, S.G. Arnold, J.E. Whitman, C.H. Fox and M.H. Cottler-Fox, *Latex Gloves not Enough to Exclude Viruses*, in *Nature* 335 (1988) 6185:19. B.A. Hermann, S.M. Retta and L.E. Rinaldi reported in *A Simulated Physiologic Test of Latex Condoms*, in the 5th International Conference on AIDS, Montreal 1989 (Abstracts WAP 101), that there were relative permeability of microspheres greater than the HIV in 6 out of 69 condoms tested. See also B.A. Rozenzweig, A. Even and L.E. Budnick, *Observations of Scanning Electron Microscopy Detected Abnormalities of Non-lubricated Latex Condoms*, in *Contraception* 53 (1996) 1:49-53. These studies are quoted by Jacques Suaudeau, *Sesso sicuro*, in Pontifical Council for the Family (Ed.), *Lexicon. Termini ambigui e discussi su famiglia, vita e questioni etiche*, Edizioni Dehoniane Bologna, 2003, pages 797-798.

[21] *Los Angeles Times (LT)*, Friday, August 28, 1987, by Allan Parachini, *Times Staff Writer*, in www.aegis.com/news/lt/1987/LT870807.html.

[22] The article also says: "Among other things, the association [the Health Industry Manufacturers Association, which is the condom industry's trade group] has insisted to federal funding officials that the research rely solely on testing standards established by condom makers, that condom companies be allowed to supply all prophylactics to be tested, and that only products currently sold in the United States be studied . . . The documents indicate that the attempt to force major modifications in the condom study

was apparently motivated by industry concerns that the research might conclude that no American-made condom is currently able to consistently prevent the spread of HIV."

[23] Allan Parachini, In *Los Angeles Times*, Tuesday, September 12, 1989 (available online at www.aegis.com/news/lt/1989/LT890904.html). Tests were made using a machine that simulates the stresses of actual intercourse, and included a variety of criteria, including water and air leakage, tensile strength and other factors.

[24] See B. A. Rozenzweig, A. Even and L. E. Budnick, *Observations of Scanning Electron Microscopy Detected Abnormalities of Non-lubricated Latex Condoms*, in *Contraception*, 53 (1996):49-53, as cited in Jacques Suaudeau, *Sesso sicuro*, in *Lexicon*, page 798.

[25] *The Guardian*, Special Report 13 October 2003.

[26] Willard Cates, *How Much Do Condoms Protect Against Sexually Transmitted Diseases?*, in *IPPF Medical Bulletin*, 31 (Feb 1997) 1: 2-3. Quoted by SEICUS, *Condoms Are Effective in Preventing HIV/STD Transmission*, in *SHOP Talk* (School Health Opportunities and Progress) *Bulletin*, Apr 25, 1997 Volume 2, Issue 2.

[27] See *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention*, 20 July 2001, pages 1-2. The *Workshop Summary* is available from the internet: www.niaid.nih.gov/dmid/stds/condomreport.pdf.

[28] *Workshop Summary*, page 2.

[29] *Workshop Summary*, page 14.

[30] *Workshop Summary*, pages 14-23.

[31] *Workshop Summary*, pages 23-26.

[32] Centers for Disease Control and Prevention, *National Vital Statistics Report*, volume 49, number 12, October 9, 2001.

[33] *Friday Fax*, Volume 4 (August 17, 2001) Number 35 (see www.c-fam.org). The report cites a statement issued by the Physicians Consortium, retired Congressman Tom Coburn, M.D., Congressman Dave Weldon, M.D. and the Catholic Medical Association.

[34] J. Thomas Fitch, MD, Curtis Sine, MD, W. David Hager, MD, Joshua Mann, MD, MPH, Mary B. Adam, MD, and Joe McIlhaney, MD, *Condom Effectiveness. Factors that Influence Risk Reduction*, in *Sexually Transmitted Diseases* 29 (December 2002) 12:811-817. This paper analyses the Workshop Summary, the papers considered by the Workshop summary, and other papers published after the Workshop was held. Drs. Fitch, Hager, Adam and McIlhaney were members of the Workshop panel.

[35] Efficacy, effectiveness, method failure, user failure, perfect use, always use, never use, typical use.

[36] "Given the ever-present risk of infection due to method failure alone, one should not expect condom use to *prevent* infection." Fitch et al, *Condom Effectiveness*, page 812.

[37] Mechanical qualities of condom materials, mode of STD transmission, method failure (slippage and breakage), user failure (inconsistent and/or incorrect use), STD infectivity, presence of other STDs, age and sex, number of exposures, etc.

[38] Fitch *et al.*, *Condom Effectiveness*, page 812.

[39] Human Life International, *Fact Sheet on Condom Failure*, www.hli.org/Fact

[39] Human Life International, *Fact Sheet on Condom Failure*, www.hli.org/fact%20Sheet%20on%20Condom%20Failure.html, referring to as source Willard Cates, *How Much Do Condoms Protect Against Sexually Transmitted Diseases?*, in *IPPF Medical Bulletin*, [31] (Feb 1997) 1:2-3. See also Human Life International's other fact sheets on condoms in www.hli.org/bbc.html.

[40] WHO, Effectiveness of Male Latex Condoms in Protecting against Pregnancy and Sexually Transmitted Infections, in *Information Fact Sheet* number 243, June 2000.

[41] WHO, "Effectiveness of Male Latex Condoms in Protecting against Pregnancy and Sexually Transmitted Infections," in *Information Fact Sheet* number 243, June 2000.

[42] The Pearl pregnancy rate is the standard method for comparison of effectiveness of contraceptive methods. It measures the number of pregnancies that occur if used by 100 women for one year.

[43] See, for example, the numerous studies cited by J. Suaudeau, *Sesso sicuro*, in *Lexicon*, pages 795-817, and J.P.M. Lelkens, *AIDS: il preservativo non preserva. Documentazione di una truffa*, in *Studi Cattolici*, Milano (1994) 405:718-723. A number of studies hypothesize that among other factors, the process of vulcanization could contribute to the irregularity of the latex surface and the presence of microscopic pores.

[44] Mike Kubic, *New Ways to Prevent and Treat AIDS*, in *FDA Consumer*, Jan-Feb 1997 (revised May 1997 and Jan 1998; available at www.fda.gov/fdac/features/1997/197_aids.html).

[45] *O Globo*, November 15, 2003.

[46] David Bornstein, *Brazil's First Consumer Protection Agency*, in *Journal* (of Civitas International) vol 2 (May--Jun 1998) number 3. It continues: "Johnson and Johnson immediately took out full-page ads in national newspapers attacking IDEC. Johnson and Johnson hired statisticians to attack IDEC's study, which had been conducted by an independent lab in the Netherlands. But Brazil's health minister took the report seriously, ordering a national recall of Jontex and the other four offending brands. . ." (From www.civnet.org/journal/issue7/rpdborn.htm)

[47] R. F. Baker, R. Sherwin, G.S. Bernstein and R.M. Nakamura, *Precautions When Lightning Strikes During the Monsoon: The Effect of Ozone on Condoms*, in *Journal of American Medical Association* 260 (1988) 10:1404-1405.

[48] Mike Kubic, *New Ways to Prevent and Treat AIDS*, in *FDA Consumer*, Jan-Feb 1997 (revised May 1997 and Jan 1998; available at www.fda.gov/fdac/features/1997/197_aids.html).

[49] Mike Kubic, *New Ways to Prevent and Treat AIDS*, in *FDA Consumer*, Jan-Feb 1997 (revised May 1997 and Jan 1998; available at www.fda.gov/fdac/features/1997/197_aids.html).

[50] See J. Suaudeau, *Sesso sicuro*, in *Lexicon*, pages 795-817. See also CDC, *Update: Barrier Protection Against HIV Infection and Other Sexually Transmitted Diseases*, *MMWR*, 42 (Aug 6, 1993) 30: 589-591,597, citing Saracco A, Musicco M, Nicolosi A, et.al. *Man-to-woman sexual transmission of HIV: longitudinal study of 343 steady partners of infected men*, in *J Acquir Immune Defic Syndr* (1993) 6:497-502: "In another study of serodiscordant couples (with seronegative female partners of HIV-infected men), three (2%) of 171 consistent condom users seroconverted . . . When person-years at risk were considered, the rate for HIV transmission among couples reporting

consistent condom use was 1.1 per 100 person-years of observation . . ." See also Francisco Guillén Grima e Inés Aguinaga Ontoso, *Efectividad de los preservativos en la prevención de la infección por VIH en parejas de personas seropositivas*, in *Med Clin (Barc)* (1995) 105:541-548 (Dr. Guillén Grima is Titular Professor of Preventive Medicine and Public Health at the Universidad Pública de Navarra; both authors are connected with Pamplona City Government's *Area of Health and Social Services*). Davis and Weller (1999) reported that despite 100 per cent condom use, 9 seroconversions occurred (HIV negative status to HIV positive status) per 1000 persons using condoms per year.

[51] *Workshop Summary*, page 14.

[52] See J. Suaudeau, *Sesso sicuro*, in *Lexicon*, pages 795-817. See also Mike Kubic, *New Ways to Prevent and Treat AIDS*, in *FDA Consumer*, Jan-Feb 1997 (revised May 1997 and Jan 1998; available at www.fda.gov/fdac/features/1997/197_aids.html): "Male and female condoms, however, should not be used at the same time because they won't stay in place."

[53] Davis, Karen R., and Weller, Susan C., *The Effectiveness of Condoms in Reducing Heterosexual Transmission of HIV*, in *Family Planning Perspectives*, Nov/Dec 1999, pages 272-279.

[54] See CDC, *Update: Barrier Protection Against HIV Infection and Other Sexually Transmitted Diseases*, *MMWR*, 42 (Aug 6, 1993) 30: 589-591,597.

[55] "If Someone tells You a Condom will keep you Safe . . ." brochure of *The Medical Institute for Sexual Health*, Austin, Texas.

[56] "If Someone tells You a Condom will keep you Safe . . ." brochure of *The Medical Institute for Sexual Health*, Austin, Texas. It adds: "Good intentions won't protect you. About 15 percent of couples who rely on condoms to avoid pregnancy will still get pregnant within the first year of use. And even if you did manage to use them consistently and correctly, 2-4 percent of condoms leak, break or slip off. And you're not just at risk for pregnancy."

[57] Hearst, N. and Hulley, S.B., "Preventing the Heterosexual Spread of AIDS. Are We Giving Our Patients the Best Advice?," in *Journal of the American Medical Association*, 259 (1998), 16, pages 2428-2432. See especially page 2431.

[58] See the graph showing an almost parallel increase of condom distributed by the USAID and the spread of HIV/AIDS, from 1984-2003, in the *Population Research Institute Review* (May-Jun 2003), page 10, summarizing data taken from the Harvard School of Public Health, UNAIDS, and the Kaiser Family Foundation.

[59] See *Condom Lobby Drives AIDS Debate Besides Abstinence Success in Africa*, in *Friday Fax* Volume 5 (Dec 13, 2002) Number 51.

[60] In USAID's *Project Lessons Learned, Case Study*, September 2002. page 11, Table: *Simulation of Uganda HIV Dynamics: Potential impact of similar behavior change in South Africa by 2000*. The Table's source is: Stoneburner, RL, Low-Beer D. *Analyses of HIV trend and behavioral data in Uganda, Kenya, and Zambia*, in *Abstract ThOrC734. XIII International AIDS Conference*, Durban, South Africa, Jul 7-14, 2000. On the same page, the Case Study report adds, under the heading, *A "social vaccine" in Africa? (Can this success be replicated?)*: "It must be remembered that many of the elements of Uganda's response, such as high-level political support, decentralized planning, and multi sectoral responses do not affect HIV infection rates directly. Sexual behavior itself

multi-sectoral responses, do not affect HIV infection rates directly. Sexual behavior itself must change in order for seroincidence to change. According to Stoneburner, the effect of HIV prevention interventions in Uganda (particularly partner reduction) during the past decade appears to have had a similar impact as a potential medical vaccine of 80 percent efficacy."

[61] Available at the WHO website, www.who.int/hiv/pub/epidemiology/epi2003/en/.

[62] See *Telling the Truth: AIDS Rates for Thailand and the Philippines*, by Rene Josef Bullecer, M.D., Executive Director, Human Life International-Visayas Mindanao, Philippines, and Director of AIDS-Free Philippines. He also reported that, "In 1991 the World Health Organization (WHO) AIDS Program forecasted that by 1999 Thailand would have 60,000 to 80,000 cases, and that the Philippines would experience between 80,000 and 90,000 cases of HIV/AIDS." In 1999 there were 755,000 cases in Thailand (65,000 deaths) and 1,005 in the Philippines (225 deaths)." See www.hli.org/thailand%20and%20philippines%20aids%20rates.html.

[63] See Catholic Bishops' Conference of the Philippines, Pastoral Letter on AIDS, *In the Compassion of Jesus*, January 23, 1993, and Jaime L. Cardinal Sin, Pastoral Letter on *Subtle Attacks against Family and Life*, July 9, 2001.

[64] ?*Desde el corazón de África, nuevas estrategias preventivas contra el sida*, in *Diario de Navarra*, December 1, 2003

[65] According to these authors, up to 70% of new HIV infections in several African regions might be parenteral, especially due to reuse of needles. See Gisselquist, David, Potterat, John, J. *et.al.*, "Mounting Anomalies in the Epidemiology of HIV in Africa: Cry the Beloved Paradigm," in *International Journal of STD & AIDS*, 2003/14, pages 144-147; Gisselquist, David, Potterat John J. *et.al.*, "Let it Be Sexual: How Health Care Transmission of AIDS in Africa was Ignored," in *International Journal of STD & AIDS*, 2003/14, pages 148-161; and "British Medical Journal Asserts Coverup in African AIDS Pandemic, Claims AIDS Crisis Caused by Bad Medicine, Not Sex," in *Friday Fax*, Volume 6 (February 28, 2003):10.

[66] *Tabaco versus SIDA: una comparación*, in *El Diario de Hoy (El Salvador) Editorial, Tema del momento*, www.elsalvador.com/noticias/2003/06/02/editorial/edito5.html.

[67] Several groups have proposed or have embarked on measures towards this end. See, among others, *Famille et Liberté's* publication, *La Lettre* (Dec 1995) supplement du numéro 3-4e trimestre, dealing with *La politique de prevention du sida en France* (AIDS prevention policy in France).

[68] See the Message for the World Day of AIDS, December 1, 2003, *Una parola di amore e di speranza per le famiglie e per le persone colpite dal terribile male*, by Javier Cardinal Lozano Barragán, President of the Vatican's Pontifical Council for Health Pastoral Care (published November 30, 2003).

[69] These considerations hold true for those who involve themselves in either heterosexual or homosexual risky behavior, intravenous drug users, and other individuals considered as having high risks of infection.

[70] The AIDS virus and other microorganisms causing and STDs may also be transmitted through other modes, such as injections, contaminated blood transfusion, contact with mucous membranes, etc.

[71] See Pope John Paul II, *Evangelium Vitae* (March 25, 1995), and *Familiaris*

Consortio (November 22, 1981), among others. See also Pontifical Council for the Family, *The Truth and Meaning of Human Sexuality. Guidelines for Education within the Family*, Vatican City, December 8, 1995.

[72] Which besides, would seem improbable, at least with the current design of condoms, given the human tendency not to use the condom consistently and correctly at all times, and given other possible modes of STD infection, such as skin contact outside the area covered by the condom.

[73] WHO, *Estrategia Mundial de prevención y lucha contra el sida: Actualización de 1992*. Ginebra: OMS, 1992 (WHA45/29), as referred to in Francisco Guillén Grima e Inés Aguinaga Ontoso, *Efectividad de los preservativos en la prevención de la infección por VIH en parejas de personas seropositivas*, in *Med Clin (Barc)* (1995) 105: 541-548.

[74] L. Montagnier, *AIDS: natura del virus*, in various authors, *Vivere: perché? L'AIDS*, Acts of the Fourth International Conference organized by the Pontifical Council for Health Pastoral Care, Vatican City, November 13-15, 1989, in *Dolentium Hominum* 5 (1990) 13: 52.

[75] Cited by K. April *et al.*, in *Qual è il grado effettivo di protezione dall'Hiv del profilattico?*, in *Medicina e Morale*, volume 44 (1994):922.

[76] Mauro Moroni, in a paper presented in *Milano Medicina 1987*, as cited by Lino Ciccone, *Bioetica. Storia, principi, questioni*, Edizioni Ares, Milan 2003, page 380.

[77] Lino Ciccone, *Bioetica. Storia, principi, questioni*, Edizioni Ares, Milan 2003, page 380.

[78] Lino Ciccone, *Bioetica. Storia, principi, questioni*, Edizioni Ares, Milan 2003, page 381. The final quote is from G. Pascetto *et al.*, *Ginecologia e Ostetricia, 1. Ginecologia*, Editrice Universo, Rome 2001, page 482.

[79] *En pro de una auténtica educación sexual*, en Alfonso López Trujillo, *Familia, vida y nueva evangelización*, EVD, Estella (Navarra) 2000, 277-298.

[80] 1 Corinthians 10:13.

[81] Pope John Paul II, Apostolic Letter *Mulieris Dignitatem* ("On the Dignity and Vocation of Women"), August 15, 1988, numbers 7 and 18.

[82] Cf. F. Botturi, *Dialectical dell'amore e costruzione familiare*, in *Anthropotes* 17 (2001):255-273.

[83] Livio Melina, *La promozione di una cultura della famiglia dal punto di vista morale*, in *Anthropotes*, 19 (2003):32.

[84] Address of Pope John Paul II to the Bishops of Brazil from the East 2 Region on their "Ad Limina" Visit Saturday, November 16, 2002.

[85] Livio Melina, *La promozione di una cultura della famiglia dal punto di vista morale*, in *Anthropotes*, 19 (2003):32.

[86] Livio Melina, *La promozione di una cultura della famiglia dal punto di vista morale*, in *Anthropotes*, 19 (2003):33-34.

[87] See J. Suaudeau, *Stopping the Spread of HIV/AIDS. Prophylactics or Family Values?*, in *L'Osservatore Romano* Weekly Edition in English, (Apr 19, 2000):9-10, and further clarification in *L'Osservatore Romano* Weekly Edition in English, (September 27, 2000)

2000).

Lexicon: Acknowledgments



The publication of this *Lexicon* was made possible through the generosity of

Drs. Michael and Francette Meaney
and Rex and Valerie Moses

The original texts were translated into English by

Rev. Msgr. Ignacio Barreiro Carámbula, Nicole Domenici,
Rev. Thomas J. Euteneuer, Dr. Eliza Filimon, Marlene Gillette-Ibern esq.,
Joseph Meaney, Dr. Marie Meaney, Dr. Michael Meaney, Elizabeth Muro,
Rev. Msgr. James O'Brien, and Daniela Sgro

General Editor
Joseph Meaney

Layout and Design
Anthony Mioni

Preface

Alfonso Cardinal López Trujillo

The *Lexicon* reviews a range of possibilities as its full title suggests.

By setting forth the content and the truth which must guide correct applications, our authors seek to enlighten people on some ambiguous or confusing terms and jargon difficult to assess. In this area, there is a cultural inclination that makes it difficult to give a correct interpretation.

To deal with this, one has to track the invention, development and spread of the terms. Cases often arise in which one notices that terms are coined that do not completely hide an intention in an effort to tone down expressions to avoid causing shock and an instinctive rejection. This is the case with the clever phrases: "voluntary interruption of pregnancy" or "pro-choice".

Many expressions are used in parliaments and world forums with concealment of their true content and meaning, even for the politicians and members of parliament who use them, due to their weak background in philosophy, theology, law, anthropology, etc. This represents the greatest obstacle for a correct understanding of certain terms. The purpose of the *Lexicon* is to assist in such cases and to awaken interest in order to promote serious and objective information, and stimulate the desire for a deeper formation in this field where several sciences and critical disciplines converge.

Juridical positivism worsens the problem since a law's quality is no longer determined by the human person as a whole, but by the accepted procedure by which a law is formulated in accord with the will of the majority. This leads to a concept of "political truth" and of democracy that will not escape from the concept of law as what is imposed by the strongest.

There are many obscure concepts which are hard to understand because their content requires calm and patient investigation. This is of course complicated by those who refuse to accept natural law and to give law an ethical foundation. Obviously, we cannot marginalize the riches of faith that confirm and deepen what reason understands.

The teaching of the *Catechism of the Catholic Church* is timely: "The intimate community of life and love which constitutes the married state has been established by the Creator and endowed by him with its own proper laws.... God himself is the author of

marriage' (*Gaudium et spes*, n. 48). The vocation to marriage is written in the very nature of man and woman as they came from the hand of the Creator. Marriage is not a purely human institution despite the changes it has undergone through the centuries in different cultures, social structures and spiritual attitudes. These differences should not cause us to forget its common and permanent features. Although the dignity of this institution does not appear everywhere with the same clarity, a certain sense of the greatness of the matrimonial union exists in all cultures because 'The well-being of the individual person and of both human and Christian society is closely bound up with the healthy state of conjugal and family life' (*Gaudium et spes*, n. 47)" (n. 1603).

It is not the intention of this project to combat or oppose institutions or persons or even less to impose upon them. Rather we want to propose, to persuade lovingly, directing people towards the truth with respect, in the hope of beginning and reinforcing a fruitful dialogue. We cannot escape the truth to which human beings have a right in order to live with genuine freedom.

Certain expressions exploit the uninformed people who use them and, since they are deceived by their ambiguity, they are not aware of the deception. In this way, one tries to manipulate public opinion by concealing the unpleasant or shocking aspects of reality and of the truth. Since the terms that have been made up are not really innocent, their authors seek to promote their methods as a way to reach their goals by changing the meaning of the terms. They do this to avoid rejection, which they see as a possible risk.

The cunning use of ambiguous terms has reached worrisome levels. People are beginning to speak of an Orwellian language. In his book "*1984*", the famous writer George Orwell criticized the totalitarian usage in which, for the sake of propaganda, certain words, repeated to create conditioned reflexes, eluded the ability of the intelligence to grasp their meaning and ended by having exactly the opposite meaning: for example, "slavery" means "freedom", "evil" is identified with "good", and "falsehood" with "truth".

One must note that one of the most disturbing symptoms of a weakening of morality is the confusion of terms which lead to degrading levels when they are used with cold calculation to obtain a semantic change, changing the meaning of words in a deliberately perverted way.

This incredible ability for semantic change that demonstrates the emptiness of an anthropology, appears in the concepts of "*rights*", that has become selective and capricious.

The universality of rights is not always consistently recognized, indeed, "exceptions" are made which deny the quality and comprehensiveness of rights, especially with regard to what is stated in Article 3 of the *Universal Declaration of Human Rights*: "*Everyone has the right to life, liberty and the security of person*". The striking spread of the massacre

of abortion shows how some make relative a right that should be universal. John Paul II wrote: "All human rights are in fact closely connected, being the expression of different dimensions of a single subject, the human person.... Defence of the universality and indivisibility of human rights is essential for the construction of a peaceful society and for the overall development of individuals, peoples and nations" (*Message for World Day of Peace*, 1 January 1999, n. 3; *ORE*, 23 December 1998, p. 10).

With the escalation of ambiguity, *new* rights have even been proposed, not as victories for previously unrecognized issues that deserve serious consideration, but as new forms of manipulation. Allow me to quote a valid reflection. Fr Lobato wrote explaining the term "new rights": "Taken individually these concepts seem fascinating; however it is not a question of *newness* but more precisely of a true *difference* of language, that aims at removing certain *human rights* from every ethical norm, to relegate them to the realm of *privacy* by means of ambivalent language which advances ideas and practices that contradict their immediate meaning. A term is manipulated and camouflaged in order to penetrate all sectors through the powerful means of communication. An ever greater separation exists between thought, reality, and the word that expresses it, which is the subject of manipulation. In the end, the three concepts that the words seemed to convey are denied: *newness, rights, and the 'humanum'*. In order not to offend the ear, *alternative* words or phrases are used to replace them, for example: *the voluntary interruption of pregnancy for abortion, euthanasia for induced death, the morning-after pill for an abortifacient*".

The Church is often presented as an obstacle to freedom, discouraging and intolerant. Hegel's affirmations are quite fitting: "But that man should be free in himself and for himself, by virtue of his very substance, that he should be born free as man was unknown to Plato, Aristotle, Cicero or to the Roman jurists, although the source of human rights lies in this concept alone. Only in the Christian principle does the individual personal spirit essentially assume an infinite, absolute value; God wants us to give help to all human beings. In the Christian religion, the doctrine that all men are equal before God because Christ has called them to Christian freedom has made headway". He says further: "These assertions ensured that freedom became independent of birth, social class, education, etc.... The purport of this principle, has acted like leaven down the centuries and millenniums, producing the most gigantic revolutions" (cf. G.W.F. Hegel, *Lessons on the History of Philosophy 1, Italian edition, 1998, p. 61*).

Certain commonplace terms give rise to special difficulty. This is the case with the concept "*discrimination*".

Ambiguity is particularly dangerous since at first it arouses a sympathetic reaction: who is not opposed to all forms of discrimination? This seems to derive from respect for human rights. However, the first concrete favourable reaction changes once the concrete content is more closely examined. In parliaments, in the name of non-discrimination, bills are introduced for *de facto* unions and for those between homosexuals and lesbians even with the possibility of adopting children.

A recent case that can illustrate this problem (and which is a case in point) is that of the CEDAW. These letters stand for "*Convention on the Elimination of Discrimination Against Women*". *This turns out to be evidently hostile to the family* which is presented as a place of modern slavery. Consequently, it is claimed that being a wife and mother is equivalent to being discriminated against by those who uphold the moral principles that are anchored in true human rights. Although the "right" to abortion is not mentioned directly, in a subtle way this option is not excluded. Discretely, without making a fuss, the possibility will be taken up in other ways, either through the interpretation of the definitely ambiguous meaning of the phrase "reproductive health", or with recourse to the instruments of abortion, or with the introduction of a new definition of abortion, confined to the later stages of pregnancy and not from the moment of conception to the implantation of the embryo. We are faced with a conceptual storm.

In some cases the equivocations are actually crude and broader. In the name of women's rights and as one of them, not only is abortion presented as if the embryo were the mother's property and indeed an appendage, but people have even come to the point of fighting pregnancy as though it were some kind of disease, and the "unborn" child an unjust assailant. For some time there has been talk of an "antibaby vaccine". We are in the eye of the storm that began with secularization and ethical relativism.

Heidegger's thoughts on the ambiguity and truth of language are well known. Equivocation does not help authenticity (for Heidegger, in his complex language and his original thought man is "the shepherd of being"; the truth is not the conformity of judgement with being, but a way in which reality reveals itself [it is the *a-lethe-ia*] which is not concealed and has in language "the home of being". Truth is an unveiling. Gossip, curiosity and equivocation attack the authenticity of this unveiling [cf. Martin Heidegger, *Being and Time*]).

The Holy Father has described "*a society which is sick*" from many points of view, since "our society has broken away from the full truth about man, from the truth about what man and woman really are as persons" (Letter to Families *Gratissimam sane*, n. 20). *He then refers to the falsification produced by certain modern instruments of the mass media that "are tempted to manipulate the message, thereby falsifying the truth about man" (ibid.). Public opinion is under systematic pressure: "At times it appears that concerted efforts are being made to present as 'normal' and attractive, and even to glamourize, situations which are in fact 'irregular'" (ibid., n. 5).*

A typical example is the case of "*free love*". Suggestive words that imply a universe of freedom when in fact, instead of freedom, a true and proper slavery prevails. John Paul II says, without mincing his words: "*Opposed to the civilization of love is certainly the phenomenon of so-called 'free love'.... To follow in every instance a 'real' emotional impulse by invoking a love 'liberated' from all conditionings, means nothing more than to make the individual a slave to those human instincts which St Thomas calls 'passions of the soul'. 'Free love' exploits human weaknesses; it gives them a certain 'vener' of respectability with the help of seduction and the blessing of public opinion. In this way*

respectability with the help of seduction and the blessing of public opinion. In this way there is an attempt to 'soothe' consciences by creating a 'moral alibi'.... *A freedom without responsibilities is the opposite of love*" (*ibid.*, n. 14).

The Holy Father has also denounced such widely used expressions as "prochoice", which is camouflaged as the real exercise of freedom: "In the context of a civilization of pleasure, woman can become an object for man, children a hindrance to parents, the family an institution obstructing the freedom of its members. To be convinced that this is the case, one need only look at *certain sexual education programmes introduced into the schools, often notwithstanding the disagreement* and even the protests of many parents; or *pro-abortion tendencies* which vainly try to hide behind the so-called 'right to choose' ('*pro-choice*') on the part of both spouses, and in particular on the part of the woman. These are only two examples; many more could be mentioned" (*ibid.*, n. 13).

In the United States, a semantic battle is being fought: to react to "*pro-choice*", pro-lifers say that the best "*pro-choice*" is "*pro-life*".

In *Evangelium vitae* (Gospel of Life), the Pope, with prophetic vigour, has denounced the systematic malice of changing the word "*delitto*" (crime) into the word "*diritto*" (right). "We shall concentrate particular attention on *another category of attacks, affecting life in its earliest and in its final stages, attacks which present new characteristics with respect to the past and which raise questions of extraordinary seriousness. It is not only that in generalized opinion these attacks tend no longer to be considered as "crimes";* paradoxically they assume the nature of "rights", to the point that the *State is called upon to give them legal recognition and to make them available through the free services of health-care personnel. Such attacks strike human life at the time of its greatest frailty, when it lacks any means of self-defence. Even more serious is the fact that, most often, those attacks are carried out in the very heart of and with the complicity of the family - the family which by its nature is called to be the "sanctuary of life"* (*Evangelium vitae*, n. 11).

The Pope recently expressed his concern in an address to a group of Bishops from Brazil: "A pastoral proposal for the family in crisis presupposes, as a preliminary requirement, doctrinal clarity, effectively taught in moral theology about sexuality and the respect for life.... At the root of the crisis one can perceive the rupture between anthropology and ethics, marked by a moral relativism according to which the human act is not evaluated with reference to the permanent, objective principles proper to nature created by God, but in conformity with a merely subjective reflection on what is the greatest benefit for the individual's life project. Thus a semantic evolution is produced in which homicide is called *induced death, infanticide, therapeutic abortion, and adultery becomes a mere extra-marital adventure. No longer possessing absolute certainty in moral matters, the divine law becomes an option among the latest variety of opinions in vogue*" (*Address to the Brazilian Bishops from the East II Region on their ad limina visit, 16 November 2002*, n. 6; *ORE, 27 November 2002*, p. 3).

Curiously, a great many *ambiguous expressions* originate in the idea that changes are called for by "modernity", itself a term that needs to be explained. This is how Thomas Mann describes "modernity": "One of the features of our time is the way a problem is made of everything, even of eternal things, sacrosanct, indispensable and primordial which, today, have become apparently impossible, apparently obsolete, and irreversibly so.... Freedom, individualism, a stronger sense of the personality ... and the idea of the 'right to happiness', stir up discontent and the desire for liberation" (Thomas Mann, *Letter on Matrimony*).

For some years now, the Pontifical Council for the Family has been observing the escalation of this process that gives rise to confusion. In France recourse to the term "interruption of pregnancy" has already become a current euphemism for "abortion". A few years ago, during the celebration of the International Year of the Family, the coordinating agency of the United Nations began to apply the word "families" only in its plural form, and with reluctance used the word "family" in the singular in order to impose a painful veto on the model of family as desired by God in his project of Creation: the family based on marriage, the patrimony of humanity. Thus, under the umbrella of the term "*families*", all kinds of unions could safely shelter, like the family "clubs" to which Louis Roussel referred in his book *La famille incertaine* (cf. Ed. Odile Jacob, 1 March 1989), where the natural institution of the family was rejected and reduced to mere agreements or elastic pacts in a perspective of "privatization". He was an active ideologist of the International Year of the Family. The logo for that occasion, as people will remember, showed a roof beneath which two hearts were joined with an arrow shooting towards the infinite. In this way the uncertain future of the family was depicted and its disappearance in the future, often foretold, although it is no more founded in reality than it is in the predictions. Even anti-family ideologies have had to admit this fact.

It was obvious, precisely regarding the International Year of the Family, that there was a deliberate intention to circulate ambiguous slogans and expressions to exploit the many who were poorly informed and frequently also badly formed, at least in the area of an integral humanism, as Paul VI pointed out in his Encyclical *Populorum progressio on social doctrine, and, particularly, in an anthropology that has ethical substance*: "What must be aimed at is complete humanism. And what is that if not the fully-rounded development of the whole man and of all men? A humanism closed in on itself, and not open to the values of the spirit and to God who is their source, could achieve apparent success. True, man can organize the world apart from God, but 'without God he can organize it in the end only against man. An exclusive humanism is an inhuman humanism'. There is no true humanism but that which is open to the Absolute and is conscious of a vocation which gives human life its true meaning. Far from being the ultimate measure of all things, man can only realize himself by reaching beyond himself. As Pascal has said so well: 'Man infinitely surpasses man'" (*Populorum progressio*, n. 42).

At the International Conference on Population and Development, held in Cairo in 1994, an attempt was made to exploit a concentrated, ideological functionally organized cargo

which, in addition to setting in motion mechanisms that would turn out to be inconsistent myths such as that of "a revolution or population explosion", aimed at sounding the alarm concerning population growth, resorting to such expressions as "sexual rights" and "reproductive rights" (just as, previously, the phrase "Family Planning" had served to encourage contraception and to make people reject the natural methods as ineffectual).

By these expressions, however, indeed there was a strategy to remove adolescents and young people from their family and from the education and upbringing of their parents by saturating them with information on "free" choices in order to avoid pregnancy and sexually transmitted diseases, and by disseminating, without other further "pressures", every type of contraceptive. Naturally, at the Cairo Conference, no one excluded recourse to abortion as a right. The Messages the Holy Father sent to Heads of State and to Mrs Nafis Sadik were necessary, to call attention to the "life style" that was to be imposed upon young people, and remind governments of their responsibility for youth (cf. *Message to Heads of State*, 19 March 1994; *ORE*, 20 April 1994, p. 1; cf. *Message to Mrs Nafis Sadik, Executive Director of the United Nations Population Fund and Secretary General of the 1994 International Conference on Population and Development*, 18 March 1994; *ORE*, 23 March 1994, p. 1).

Later on, an interesting case with regard to the term "gender" was the preparation and the actual event of the Beijing Conference on Women. The Pontifical Council for the Family drew attention to the ambiguous and ideologized use of it that was being introduced, despite the fact that the Holy See Delegation had been assured of the intention to use this term with its "traditional" meaning. It did not take long for people to realize the serious implications of this issue and the great need for clarification. The family and life are inseparable poles of the same reality, the same truth that is a Good News, a Gospel: "Christians also have the mission of *proclaiming with joy and conviction the Good News about the family*, for the family absolutely needs to hear ever anew and to understand ever more deeply the authentic words that reveal its identity, its inner resources and the importance of its mission in the City of God and in that of man" (*Familiaris consortio*, n. 86). The family and life are being literally bombarded by a deceptive language that does not encourage but complicates dialogue between individuals and peoples. Without the pursuit of the truth, the universe of freedom is contaminated and in serious danger. There is no freedom without truth.

Thus we have listed 78 terms. The majority were addressed by qualified authorities which can be seen at first glance, and by other experts, who are less famous but know well the topic entrusted to them.

When on the occasion of the Extraordinary Consistory celebrated in May 2001, I told the Cardinals present about the *Lexicon* project, they welcomed the idea enthusiastically, and so later on did the journalists. Since we received offers from publishing houses of different languages and nations, it is our intention to publish the volume in various languages. We decided to begin with the Italian version, and entrusted it to the Dehonian Publishing House, with which we have had the positive experience of the promotion of our *Familiaris consortio* that very soon went to a second edition.

our *Enchiridion*, that very soon went to a second edition.

The approval of the Congregation for the Doctrine of the Faith which has fully supported our ideas gave us great pleasure. The text, edited by competent professionals, gathers the contributions into a single volume, published in accord with technical and lexicographical criteria, such as the alphabetical order of the terms, a brief introduction to the content of each article (set off from the text by a different typeface) and a brief biographical note on each author.

We hope that the *Lexicon* will be a useful tool for the noble and urgent cause of the family and life. We are conscious that the creation of ambiguities is great and that a later edition might need to be updated with new entries. In this attempt to shed light on the ambiguities through a prolonged pursuit of the truth, guided by reason and illumined by faith and in total obedience to the Magisterium, we hope that the reader will discover the genuine content and objectives which are part of the Gospel proclamation "sine glossa".

Cardinal Alfonso López Trujillo

President of the Pontifical Council for the Family



Endorsement

George Cardinal Pell

An Endorsement of the new "Lexicon: Ambiguous and Debatable Terms Regarding Family Life and Ethical Questions."

We are all called to seek and embrace the truth. In ethical matters, this demands a willingness to understand the natural law and the moral code that is derived from it. When Jesus said "I am the truth" he was affirming the fact that this truth is of vital importance to each one of us. If we are seriously to come to grips with truth, then we need to find a way of dialoguing with one another which is devoid of any ambiguity. That is why words and the meaning of words matter.

Today, many traditionally accepted understandings of terms such as *family, sexuality, maleness, femaleness and parenthood* have been proposed as 'dominant discourses' that have imposed injustice and intolerance. Many people today argue that it is community consensus which should be used as the arbiter of meaning in language. In such societies, however, the language that is used to communicate with one another becomes highly malleable and manipulable.

So we are told that *marriage* may mean relationships which involve two men, or two women, or in the case of so-called polyamorous relationships, a variety of other possibilities. We allow such re-definitions to go unchallenged at our peril. Marriage is the union of a man and a woman to the exclusion of all others, voluntarily entered into for life with an openness to the gift of children. The radical social experimentation of the 'sex-on-demand', 'divorce-on-demand' and 'children-on-demand' revolutions of the past few decades has employed a variety of 'language linguistics' to undermine our understanding of marriage and family. Terms such as *pro-choice, homophobia, gender preference and safe sex* have caused great uncertainty about the true nature of many of the issues under discussion.

It is not 'homophobic' to affirm the true meaning of marriage. It is not *anti-choice to name the darkness of abortion for what it truly is. The beauty of the* complementarity of male and female is a manifestation of the Creator's design and of his plan for humanity; it is not simply the current dominant social construct of gender preference. In sharp contrast to secular 'safe sex' messages, the Church offers much more, not less. By advocating abstinence prior to monogamous and lifelong marriage, the Church proposes a model for sexual intimacy which respects both the gift of human sexuality and the dignity of the human person. The bitter fruits of the deliberate obfuscation of the truth and beauty of marriage and family are now evident in an increasingly brutalized form of sexual promiscuity, violence, depression, and the disease, and the social isolation which

sexual promiscuity, violence, depression, and the disease, and the social isolation which it brings.

It is of vital importance for the New Evangelisation called for by Pope John Paul II that we seek to re-claim our culture. This can only be achieved if we embark on a path of ensuring that all those who are open to the Church's voice understand what is being proclaimed. The Church needs to express clearly what She means, particularly in the language and terms that are used in reference to life, marriage and family.

As a loving Mother and guide, the Church has the obligation to educate both the faithful and the wider community. Political leaders and legislators along with those who work in the field of the social sciences, are entitled to an authentic presentation of the depth of the Church's moral wisdom of the past two millennia. The Church cannot shirk her responsibility to assist in properly forming the consciences of all those involved in crucial public debates. In this way, she fulfills the role entrusted to her, calling all people to embrace the truth of Christ and his Church through the exercise of true freedom: "If you continue in my word, you are truly my disciples; and you will know the truth and the truth will make you free." (In 8: 31-32).

This long awaited English translation of the Lexicon will be an invaluable resource to all those who genuinely seek to understand the profound truth, goodness and beauty of marriage and family. It is a gift to the faithful and to the broader community from the Church. In response, each of us is called to reflect on how we can best use it to proclaim the authenticity of Christ's message, especially in the areas of marriage and family in the third millennium. It will greatly assist all those of good will who seriously wish to learn the truth about marriage and family and to embark on the New Evangelisation.

George Cardinal Pell
Archbishop Of Sydney



 SHARE

Endorsement

William Cardinal Keeler

The Pontifical Council for the Family has given the Church a practical and inspiring text in this volume. It is practical because it helps us to strip away misleading notions about basic concepts. It is inspiring because it lifts up ideals rooted in faith, illuminating the truth about the human person.

The Declaration of Independence, a founding document for the United States, affirms that a human being enters the world endowed by our Creator with "certain inalienable rights," including "life, liberty and the pursuit of happiness." This Lexicon spells out various ways in which the right to life, the first and most fundamental of our rights, can be subverted by the improper use of language.

To the extent that the lessons of the Lexicon are learned and taught, the true Culture of Life will flourish among us. May the Lord bless each user of this volume with a deepened reverence for God's marvelous gift of life.

William Cardinal Keeler
Archbishop of Baltimore



 SHARE

Endorsement

Cormac Cardinal Murphy-O'Connor

Those of us who live in contemporary western societies are all too familiar with what has become known as the "culture of spin". Language has always been the tool of propaganda, but it is also, these days, the object of ordinary - sometimes even well-meaning - manipulation. There is now almost no area of public affairs which is unaffected by the sophistication of public relations and advertising.

Nowhere is this more apparent than in the realm of bioethics, sexuality, and the family. Rapid technological progress is pushing constantly at the boundaries of legislation while well-organised lobbies seek social or parliamentary legitimation for particular groups and lifestyles. Words are chosen to conceal, not reveal, hard truths, or to attempt to divert people away from an unpleasant aspect of a thing onto another thing that seems virtuous or cosy. "Public awareness" campaigns are launched to which politicians are pressured to respond. This is the ordinary currency of contemporary western democracy, to which the Church must adapt if it is to defend the values of the Gospel.

This *Lexicon* is a powerful instrument for that defence which will do much to help prevent the privatisation of truth. It takes words and concepts that are often chosen by campaign groups and lobbies in order to persuade public opinion and shows, through the light of reason and from the tradition of Catholic insights through the ages, how such words have often become detached from their true meaning.

In Britain we are very familiar with the obfuscations of terms such as "interrupting a pregnancy" or "dying with dignity"; the reality of abortion and euthanasia, both of which entail the deliberate death of human beings, is glossed over in such language. Campaigners who would like to see fewer poor babies being born promote "reproductive rights" in the developing world; those who believe that homosexual couples can be considered a form of marriage promote "civil partnerships". There are countless examples of this deliberate obfuscation: sometimes the expressions are so self-evidently euphemistic that they make us smile; sometimes, however, they simply deaden language, leaving us bored or confused and utterly unaware of the realities to which they point.

The problem with this kind of language is not just that it is used to promote causes often at odds with the Catholic moral understanding. It also inhibits proper public debate. When great ethical issues are discussed in the media or in Parliament, the objective should be to come to grips with the truths involved, and to enable societies to discern what is in the common good. The misuse of language conceals truth, and so deprives public opinion of its proper democratic role.

opinion of its proper democratic role.

When language is reunited with the truth, it is like a cold shower. That is the effect of the Lexicon: each of these terms or phrases has been in some way hijacked; the Lexicon secures their release and restores them to the moral universe in which they should properly be situated. In its pages, the riches of Catholic moral insight have been thoroughly mined; magisterial insights are deftly summarised; the definitions are informed by reason and faith in equal measure. In the darkening thickets of language detached from moral realities, the Lexicon shines as a clear and penetrating light. I hope that opinion formers, politicians, and all those engaged in public affairs will keep it close by them, as a guide for their consciences and a gift to the societies in which they live.

Cormac Cardinal Murphy-O'Connor
Archbishop of Westminster

HLI Expert: Brian Clowes PhD



SHARE

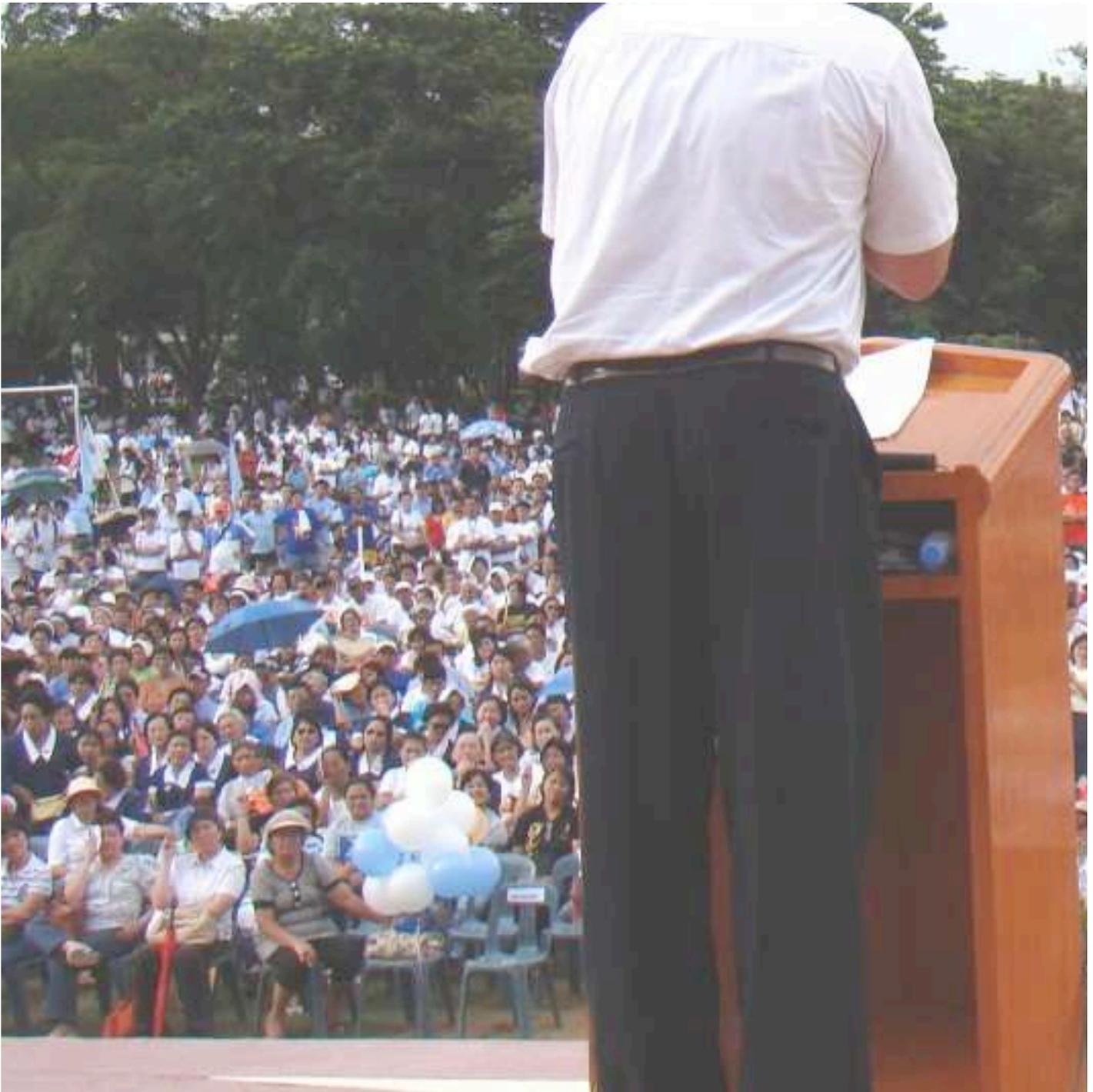
**Director, Research and Training Worldwide
Human Life International**



"If parachutes had the abysmal safety record that condoms do, skydiving would have been outlawed long ago."

Dr. Brian Clowes is a graduate of West Point, a former A-Team leader for the Army Special Forces ("Green Berets"), and holds a PhD in Civil Engineering and Systems Science. Since 1995, he has been HLI's Director of Research and Training worldwide, and is one of the most accomplished and respected intellectuals in the international pro-life movement. Best known as author of the most exhaustive pro-life informational resource volume *The Facts of Life*, and for his *Pro-Life Basic Training Course*, Brian is the author of nine books, over 90 scholarly and popular articles, and has traveled to 35 countries on five continents as a pro-life speaker, educator and trainer. He has appeared in the documentaries "Blood Money" and "Maafa 21" as an authority on the dismal past of Planned Parenthood. Perhaps most importantly, Brian authored the report which helped sway legislators in the 2001 defunding of the UNFPA by the Bush administration. Brian and his wife, Kathleen, have seven children and combined have over 50 years of pro-life experience, ranging from rescues, sidewalk counseling to counseling pregnant women and assisting in litigation against abortionists.





Speaking topics include:

- "The International Abortion Situation"
- "The Condom Conundrum"
- "The Family Under Siege"
- "The Demographic Impacts of Abortion"
- "The Population Control Agenda"

For Brian Clowes's commentary page, click [here](#).

© 2011 by the author. All rights reserved. "The Family Under Siege"

Click below to listen to Dr. Clowes's talk, "Abortion Violence":

To invite Brian Clowes to speak in your area or for media requests email Stephen Phelan at sphelan@hli.org, or call 540-551-2547.

Mission Field: English-Speaking Africa



SHARE



Emil Hagamu
Regional Coordinator
for English-Speaking
Africa



HLI's Mission Field in English-Speaking Africa

MISSION REPORTS

- [Ethiopia, May 2010](#)
- [Lesotho, May 2010](#)
- [Swaziland, September '09](#)
- [Namibia, September '09](#)
- [Lesotho, June '09](#)
- [Swaziland, February '09](#)
- [Malawi, January '08](#)
- [Tanzania, July '07](#)

FACTS AND STATISTICS:

Affiliates

Other Countries Where HLI Works

[Kenya](#)

[Malawi](#)

[South Africa](#)

[Tanzania](#)

[Zimbabwe](#)

[Botswana](#)

[Lesotho](#)

[Namibia](#)

[Nigeria](#)

[Swaziland](#)

Tanzania-Zanibar

[Uganda](#)

[Zambia](#)

For contact information for HLI affiliates in English-speaking Africa, [click here](#).

DONATE NOW ***Support HLI's Pro-Life Missionaries with a life saving contribution!***

[Commentary: Castaneda: Defending Life on International TV](#)



**Report by Adolfo J. Castañeda, Vida Humana Internacional
March 2005**

One of the main pro-abortion strategies being foisted on Latin America today is the so-called "morning after pill" (MAP). MAP is simply the use of higher dosages of contraceptive pills some time after a sexual act in which no contraceptives were used. In most of Latin American countries abortion is illegal. However, the pro-abortionists (IPPF, the UN, CFFC and others) deny that MAP has an abortifacient effect. They deny that MAP's anti-implantation effect is abortifacient, an effect which is clearly mentioned by the FDA, Plan B and the rest of the pharmaceuticals that manufacture contraceptive pills. The reason they deny this, incredibly, is the unscientific claim that pregnancy begins at implantation and not at conception or fertilization, contradicting what every major embryology texts says. In this way abortionists can claim that MAP is not abortifacient in countries where abortion is illegal.

That was the main reason why Leonardo and Martha Lorena Casco, who were recruited for the pro-life cause by Magaly Llaguno in 1983, asked me to go to their country, Honduras, to tape a couple of programs for EWTN in Spanish. The Honduran Catholic Channel's studio is where EWTN in Spanish tapes the popular series "Hablando claro con el Padre Alberto" ("Straight Talk with Father Alberto). And we did talk straight about MAP to a million plus audience! Leonardo, a lawyer and a pro-lifer with international experience, Fr. Alberto and myself completely took apart the bogus anti-life arguments about MAP and warned the entire Hispanic world about this chemical baby-killing arsenal.

But, that wasn't all. I ended up taping not one, but three programs! The second one was on the hot issue of human cloning and stem cells. For that topic Fr. Alberto and I relied on the expertise of Alejandro Leal, PhD in genetics and President of HLI's affiliate in Costa Rica. Fr. Alberto and I tackled the ethical part of the issue and Alejandro the scientific aspect of it. Obviously, faith and reason do not contradict each other, since they come from the same Author of Life. And life indeed is at stake here, millions of precious little embryos, our brothers and sisters, are killed every day by the techniques designed to clone them with the bogus pretext of discovering "cures" for incurable diseases. It is absolutely scandalous how the secular press trumpets this unethical lie. Rarely, if ever, do they cover the ethical and real cures derived from adult stem cell research.

Lastly, we taped a program on a lighter yet important topic "My Husband Doesn't Want To Go to Church". Latin American machismo coupled with the surrounding popular culture has led to this problem. It has reminded me of how important dads are for marriage, the family and the whole culture of life. If the father's true Christian love is there, most likely there will be discipline, respect for God, woman and sexuality and most likely there won't be promiscuous sex, abortions and the rest of the anti-life mess we are experiencing today.

During my stay at the Cascos', where I enjoyed the best of Honduran hospitality, I had the opportunity to share and strategize at length with Leonardo, to be interviewed by the major Honduran radio station, "La Voz de Honduras" HRN, on the above issues and to

meet with a Nicaraguan couple who have recently established a crisis pregnancy center (CPC) in that country. They know our affiliate there, Dr. Rafael Cabrera, and I told them about HLI's CPC joint project with Mexican affiliate which was helpful to them.

I would like to thank EWTN, Fr. Alberto and most specially the Cascos, not only for giving HLI and VHI this opportunity to share the Gospel of Life, but also for the superb hospitality of the latter. I came back to the Miami office really enthused by this experience.

Commentary: Adolfo Castaneda



Adolfo Castañeda, Director of Education Programs, Vida Humana Internacional, is an accomplished writer, speaker, and champion for life.

Defending Life on International TV

Report by Adolfo J. Castañeda, Vida Humana Internacional
March 2005

One of the main pro-abortion strategies being foisted on Latin America today is the so-called "morning after pill" (MAP). MAP is simply the use of higher dosages of contraceptive pills some time after a sexual act in which no contraceptives were used. In most of Latin American countries abortion is illegal. However, the pro-abortionists (IPPF, the UN, CFFC and others) deny that MAP has an abortifacient effect. They deny that MAP's anti-implantation effect is abortifacient, an effect which is clearly mentioned by the FDA, Plan B and the rest of the pharmaceuticals that manufacture contraceptive pills. The reason they deny this, incredibly, is the unscientific claim that pregnancy begins at implantation and not at conception or fertilization, contradicting what every major embryology texts says. In this way abortionists can claim that MAP is not abortifacient in countries where abortion is illegal. [Read More...](#)

VHI and HLI Bolivia Bring the Message of Life to Bolivia

Adolfo Castañeda, Manager of Education of VHI, Mario Rojas, Deputy Director of HLI Bolivia and Magaly Llaguno, Executive Director of VHI
August 3-10, 2004

Adolfo Castañeda, Manager of the Education Division of Vida Humana Internacional (VHI), the Hispanic Branch of Human Life International (HLI), traveled to Bolivia, at the invitation of ANEPROVIDA, the HLI affiliate in that country. All travel expenses were covered by HLI and VHI. Adolfo Castañeda was asked to explain to the people of Bolivia about the anti-life term and consequences of 'reproductive health'. At this moment, the Parliament of Bolivia is reviewing a legislative measure titled Sexual and Reproductive Health Law, at the request of Hon. Carlos Mesa, President of Bolivia. Although the legislative measure does not mention abortion, it does state that the people will be 'educated' on contraception, sex education and homosexuality. [Read More...](#)

"Reproductive Health" Code Name for Abortion and Other Evils

July 8, 2004

The promotion of abortion legalization in Latin America is not as evident as the pro-life

movement would think. It is often covered up in strategies and euphemisms such as "reproductive health", "reproductive rights" and "sexual health". It is the purpose of this report to show how the legalization of abortion (both chemical and surgical) is indeed couched in terms such as the above and how to expose them, so that the people in these countries can defend themselves against the "culture" of death.

 [reproductive_health_code_for_abortion.pdf 171 kb](#)

Report on Encuentro Internacional "Vida y Familia" in Cochabamba Bolivia

Adolfo J. Castañeda, Vida Humana Internacional

May 23-25, 2003

The God of Life was certainly planning great things for Bolivia, for I had never before encountered so many obstacles when preparing for a conference overseas. For starters, I lost my passport two months before leaving. Thanks to God I was able to get a new one in time for my departure. Then, my computer got a virus just the day before taking the plane, when I was making final preparations with the educational materials I was to take with me. Thanks be to God, again I was able to resolve that problem. Finally, the flight I was supposed to get on was canceled without notice! I did finally get on a plain to Bolivia the next day, May the 24th. [Read More...](#)



[Commentary: Castaneda: VHI and HLI Bolivia Bring the Message of Life to Bolivia](#)



 SHARE

Adolfo Castañeda, Manager of Education of VHI, Mario Rojas, Deputy Director of HLI Bolivia and Magaly Llaguno, Executive Director of VHI
August 3-10, 2004

Adolfo Castañeda, Manager of the Education Division of Vida Humana Internacional (VHI), the Hispanic Branch of Human Life International (HLI), traveled to Bolivia, at the invitation of ANEPROVIDA, the HLI affiliate in that country. All travel expenses were covered by HLI and VHI. Adolfo Castañeda was asked to explain to the people of Bolivia about the anti-life term and consequences of 'reproductive health'. At this moment, the Parliament of Bolivia is reviewing a legislative measure titled Sexual and Reproductive Health Law, at the request of Hon. Carlos Mesa, President of Bolivia. Although the legislative measure does not mention abortion, it does state that the people will be 'educated' on contraception, sex education and homosexuality.

Adolfo Castañeda and Mario Rojas, Deputy Director of ANEPROVIDA (a nuclear engineer who volunteers his time to help the pro life mission in Bolivia), visited the cities of Cochabamba (Tuesday, August 3), La Paz (Wednesday, August 4), Sucre (from Friday, August 5, to Sunday, August 8), and Santa Cruz (from Monday, August 9, to Tuesday, August 10).

On Tuesday, August 3, in Cochabamba, Adolfo was asked to be part of a press conference, held at the Archdiocese of Cochabamba. Afterwards, they met with Monsignor Abel Costas, a retired bishop in Tarija, and later gave an interview to Red Uno Televisión, which will be seen in several cities in the country. On that same day, they gave another interview for publication in the special supplement *Ambulancia* of *La Opinión*, the major newspaper in the country. In the evening, they gave a talk titled: *The Truth about Sexual and Reproductive Rights at the International Level*, which was attended by over 2000 people. The mini-newsletter *She's A Child-Not A Choice*, published by Human Life Alliance in Minnesota, USA, was especially prepared by VHI and HLI Bolivia for Bolivians in Spanish for the distribution of 50,000 copies; HLI covered the printing costs. In all other cities visited, Adolfo gave the same talk, and the same mini-newsletter was distributed. The next day, Wednesday, August 4, Adolfo gave a one hour and a half interview on Canal 20 Televisión, during its program *Aló Marianela*.

Soon after, on the same day, they traveled to La Paz. Due to plane delays, they were unable to make it on time to grant an interview to Radio Erbol. Nonetheless, they left several packages of pro life educational material, including the mini-newsletter, at the radio station. In fact, everywhere they went, they left a package of the same educational material with ecclesiastical leaders, pro life local lay leaders, and people in the media. Later, they met with Monsignor Ivo Scapolo, Apostolic Nuncio in Bolivia and a strong supporter of HLI Bolivia. Afterwards, they gave an interview to Red ATB Televisión, the major television network in the country. Later, they participated in a panel with Father Javier Llorente on Canal Católico Televisión, which is managed by Opus Dei in Bolivia and has a wide national reach. Still later, Adolfo gave a talk to 200 seminarians, priests and laity at the Saint Jerome Major Seminary. At the end of the talk, Adolfo held his

weekly radio program by telephone with Radio La Paz in Florida, USA, which is managed by the Archdiocese of Miami; he spoke of his events in Bolivia. In the evening, Adolfo and Mario gave yet another talk to 600 people in the auditorium of the LaSalle School.

On Thursday, August 5, in the morning, Adolfo and Mario went to Sucre, where they were received by Mrs. Martha Gómez, Secretary of the Civic Committee of Sucre; Mrs. Felipa Barzola, Director of Lay Ministry in Sucre; and by the staff of Canal 11 Universitario Televisión. Later, accompanied by SER Jesús Pérez, Archbishop of Sucre, they held a press conference attended by people in newspaper, radio and television. In the afternoon, they gave a talk at the Salesian Coliseum, attended by 1,100 teenagers.

On Friday, August 6, Adolfo and Mario were invited to participate at the Te Deum Mass offered by, Archbishop Pérez of Sucre; in attendance were several members of the Government of Bolivia, including Hon. President Carlos Mesa. Archbishop Pérez thanked President Mesa for not having signed the anti life legislation and returning it instead to the Parliament of Bolivia for further discussion. In the afternoon, Adolfo and Mario participated in a meeting with pro life and pro family organizations (composed of Catholic, evangelical and civic leadership) that are opposing the anti life law now being debated in Bolivia. During the meeting, they discussed the anti life activities of pro abortion organizations, including those of Catholics for a Free Choice, the World Health Organization, the Population Council, Marie Stopes International, USAID, UNFPA, and IPPF Bolivia.

On Saturday, August 7, Adolfo and Mario participated in one of the regular meetings held by ANEPROVIDA in Sucre, and left much pro life educational material with them. In the evening, they were part of a two-hour six-member ecumenical panel discussion on life issues, transmitted by Canal Católico Televisión. During his turn, Adolfo spoke of the international anti-life movement.

On Sunday, August 8, Adolfo and Mario attended Mass at the Chapel of ANEPROVIDA in Sucre. Father Nicolás Velázquez, the Mass celebrant, particularly thanked Adolfo and Mario for their pro life work in the city. During the intercessory prayers request, Adolfo asked for the conversion of IPPF. In the afternoon, ANEPROVIDA Sucre held another meeting, where Adolfo explained the anti life strategies of IPPF and gave them the example of the sex education program sponsored in El Salvador by the national government, IPPF El Salvador, UNICEF, and USAID. Adolfo gave them a compact disc with his Power Point presentation on the international anti-life plans and strategies of IPPF.

In the late afternoon, Adolfo and Mario traveled to Santa Cruz where they were received by Mrs. Gabriela Terceros-Eterovic, Director of ANEPROVIDA Santa Cruz. The next day, Monday 9 August, Adolfo and Mario visited the Pastoral Family Office of the Archdiocese of Santa Cruz, where Adolfo was interviewed by the press. Later, Adolfo, Mario and Gabriela met with two evangelical leaders to explain to them the significance and consequences of the anti-life legislative measure being debated in their country. Afterwards, Adolfo and Mario gave a two-hour interview on Radio Betania, managed by the Charismatic Renewal ministry. In the evening, Adolfo gave a talk to 500 people at the Don Bosco School auditorium.

On Tuesday, August 10, Adolfo and Mario gave an interview on Red ATB Televisión in Santa Cruz. Later they gave a talk on chastity at the Uboldi School attended by 200 high school students, and which was well received. Afterwards, Adolfo gave a telephone

interview to Radio Grigotá. In the afternoon, Adolfo and Mario gave a live interview at Radio Santa Cruz. In the evening, they held a meeting with the members of ANEPROVIDA Santa Cruz, and gave them pro life educational material sent by VHI.

Let us ask God to bless all of the pro life efforts of HLI, VHI and HLI Bolivia and its affiliates, particularly in the cities of La Paz, Sucre and Santa Cruz. May these simple but great efforts bear fruit in the cause for life and family in Bolivia!

[Commentary: Rev. Thomas Euteneuer](#)



 SHARE



Father Thomas J. Euteneuer (EYE-ten-our), former president of Human Life International, has traveled more than one million miles as a pro-life missionary and has visited fifty-seven countries. He has spoken directly to tens of thousands of people all over the world and has appeared numerous times on national and local television, radio, and in other media. Fr. Euteneuer was awarded the John Cardinal O'Connor Award for Life from Legatus in 2005 and the "Soldier of the Church Militant" Award from the Brent Society in 2007.

* [Spirit & Life Archive](#)

* **Letters Exchanged Regarding the Sean Hannity Scandal:**

* [*Fr. Euteneuer asks to Meet with Hannity about Birth Control*](#)

* [*An Open Letter to Fox Analyst Father Jonathan Morris; including Father Morris' Letter to Sean Hannity*](#)

* [Click here](#) to visit HLI's audio commentary page, featuring talks by Fr. Euteneuer.

Facts of Life: Chapter 2: Abortifacients: How the Definition of "Conception" has Evolved, and Why This Is Important



SHARE

How the Definition of "Conception" Has Evolved, and Why This is Important.

The Future of Pro-Life Activism. The current paramount objective of "reproductive" research is to find the ideal abortifacient - one that will kill the preborn child every time without side effects to the woman. This emphasis on abortifacients, rather than contraceptives, has come about because abortifacients in general eliminate or greatly reduce user error, whereas contraceptives, which always remain under the control of the user, have much higher failure rates than abortifacients and are therefore less effective.

In other words, abortifacients are much more efficient at *ending* pregnancies than contraceptives are at *preventing* them. The average user effectiveness rates of oral contraceptives, IUDs, Norplant and Depo-Provera are about 94 percent, and the average user effectiveness rates of the male and female condoms, cervical caps, diaphragms and sponge are only about 83 percent (see Chapter 21, "Contraception," for individual method and user effectiveness rates).

This means that as women change their preferences from surgical abortion to chemical abortion, the future of pro-life activism lies not as much outside the abortion mills as it does inside and outside the major pharmaceutical corporations.

Of course, no matter how effective abortifacients are at killing preborn children, just as they did with contraception, pro-abortionists will demand surgical abortion as a "backup." After all, abortifacients have been freely available since the mid-1960s, but have not significantly affected the abortion rate. This means that we will *always* have abortion mills - at least, until the law or public outrage shuts all of them down.

How the Definitions Have Evolved. In 1963, the United States Department of Health, Education and Welfare (HEW) defined "abortion" as "all the measures which impair the viability of the zygote at any time between the instant of fertilization and the completion of labor." [1]

Until the mid-1960s, scientists universally acknowledged that conception happened at the moment of fertilization of the ovum by the spermatozoa, somewhere in the Fallopian tube. But pro-abortionists and population controllers already had their sights set on a shift from contraceptive to abortifacient methods of birth prevention, and abortifacient research was already ongoing in Japan and several European countries.

In order to make abortifacients acceptable to women, and to circumvent laws designed to prohibit abortion, the pro-abortionists realized that they had to blur the line between contraceptive and abortifacient action.

They could do this only by changing the definition of "conception" from *fertilization* [union of spermatozoa and ovum] to *implantation*. Under the *new* definition of "conception," if a device or drug - such as an IUD or Depo-Provera - prevents implantation, then no abortion takes place. Under the *new* definition, abortion would only occur if a chemical or device killed a preborn child who had already implanted in the endometrium (lining) of the uterus.

The pro-abortionists' continuing agitation for a change in terminology finally bore fruit in 1965, when the American College of Obstetrics and Gynecology (ACOG)

published its first *Terminology Bulletin*, stating that "Conception is the implantation of a fertilized ovum." This semantic subterfuge resulted in the *Bulletin* inventing two misleading terms for early abortion: "Post-conceptive contraception" and "post-conceptive fertility control." [2]

The deception by the medical establishment regarding the definition of "conception" coincided exactly with its devaluation of the preborn child. Neither change in attitude nor terminology was based upon some revolutionary discovery in medical technology or knowledge: The changes were made purely to further the anti-life goals of the medical profession and the pro-abortionists.

Dr. J. Richard Sosnowski, head of the Southern Association of Obstetricians and Gynecologists, a member group of ACOG, clearly highlighted this strategy in his 1984 presidential address:

I do not deem it excellent to play semantic gymnastics in a profession ... It is equally troublesome to me that, with no scientific evidence to validate the change, the definition of conception as the successful spermatic penetration of an ovum was redefined as the implantation of a fertilized ovum. It appears to me that the only reason for this was the dilemma produced by the possibility that the intrauterine contraceptive device might function as an abortifacient. [3]

Summary of the Changes. Figure 2-1 summarizes the changes that have occurred in medical terminology that are relevant to the early preborn child.

Figure 2-1 Changes in Terminology Relevant to the Beginning of Human Life		
<u>Term</u>	<u>Pre-1965 Definitions</u>	<u>Post-1965 Definitions</u>
Fertilization	Sperm unites with egg	Sperm unites with egg
Conception	Sperm unites with egg	Implantation (7-10 days after fertilization)
Embryo	The human being from first cell division until 35-40 days after fertilization	The human being after implantation, until 35-40 days after fertilization
"Pre-embryo"	Nonexistent term	The tissue (non-human being) after fertilization and before implantation

How the New Definitions Work to Kill Preborn Babies. The new (post-1965) definitions have implications far beyond that of the field of abortifacients. The new terms represent "non-inclusive" language that excludes preborn children before implantation. The new definitions will become more and more important, especially if the public and pro-life activists accept them without dispute.

Under the new terminology, few people will object to *in-vitro* fertilization (IVF), where fertilization takes place in a laboratory dish. The least perfect blastocysts (very early

developing human beings) are simply discarded. If these are mere "pre-embryos," who will care?

What's more, not many people will care if "pre-embryos" are experimented on. And few will protest when, eventually, all "pre-embryos" are systematically screened for all known birth defects, with only the most perfect allowed to continue developing. We already see strong agitation for universal genetic screening shortly after true conception. This is one of the inevitable consequences of the Human Genome Project, which has mapped every human chromosome and will eventually compile every possible genetic defect that can befall human beings.

The Bottom Line. As the battle over abortion shifts from retail surgical baby-killing to wholesale *chemical* baby-killing, pro-lifers must use precise and unchanging language and terms on the ever-changing battlefield. The babies cannot afford sloppy or imprecise pro-abortion language because confusion and uncertainty always work to the advantage of the anti-lifers.

Traditionally, pro-life activists have proclaimed that "Life begins at conception."

In the Brave New World of silent abortions and shifting terminology, this statement, although it is true, is not specific enough to counter the shifting terminology of the anti-life forces.

The vast majority of preborn children who die at the hands of abortionists are not killed by vacuum machines or curettes, but by injections and pills.

In order to fight for all preborn children, pro-lifers must declare what has always been true, but which is now particularly relevant: "Life begins at *fertilization!*"

[Go to Next Topic: The Definition of "Abortifacient"](#)

[Return to *Abortifacients* Table of Contents](#)

Footnotes to "How the Definition of 'Conception' Has Evolved, and Why This is Important"

[1] Public Health Service leaflet No. 1066, United States Department of Health, Education and Welfare [HEW], 1963, page 27.

[2] American College of Obstetrics and Gynecology (ACOG). *Terminology Bulletin*, "Terms Used in Reference to the Fetus." Chicago: ACOG, September 1965.

[3] J. Richard Sosnowski, M.D. "The Pursuit of Excellence: Have We Apprehended and Comprehended It?" *American Journal of Obstetrics and Gynecology*, September 15, 1984, page 117.

Facts of Life: Chapter 2: Abortifacients: The Definition and Types of Abortifacients



SHARE

The Definition of "Abortifacient."

A true *contraceptive* agent prevents conception by one or more of four specific actions. It can:

- place an actual mechanical barrier such as a condom or cervical cap between the sperm and ovum to prevent them from uniting;
- thicken the cervical mucus;
- inhibit ovulation, thereby preventing the release of a mature ovum; and
- block the Fallopian tube or *vas deferens* through sexual sterilization.

All of these means prevent a new human being from being created.

By contrast, an *abortifacient* destroys the preborn child who is already conceived. The general definition of "abortifacient" is "a drug or agent that induces an abortion." [4]

Depending upon the type of abortifacient, this killing can take place at virtually any stage of pregnancy, by preventing implantation of the blastocyst (the very early developing human being), by killing the unborn child shortly after implantation, or by killing the child later in pregnancy.

Pro-abortionists are now distorting even the meanings of the terms "abortion" and "abortifacient" in order to blur the distinction between true contraceptives and abortifacients.

The Different Types of Abortifacients

It has been said that man's greatest ingenuity is displayed in time of war.

This is especially true in the war against his own fertility.

At this moment, extensive research is being conducted on a bewildering array of more than 200 actual and potential abortifacient agents, covering the complete alphabet from alcyonacean soft corals to zoapatle aqueous crude extract, or ZACE.

The research trend in "family planning" is towards pure abortifacients. The ultimate objective is to develop a monthly pill that will not only ensure sterility, but will also cause a cessation of menstruation. The most effective of the many abortifacients currently under research include progestin-carrying IUDs, steroid-containing vaginal rings and diaphragms, and progestin-only creams that could be rubbed on the skin (in other words, an abortifacient skin lotion).[5]

As one cartoonist noted a few years ago, scientists whose product killed preborn children used to moan "We're ruined!" Now they happily exclaim "We're rich!"

There are generally two classes of abortifacient in existence and under research today, as shown in Figure 2-2.

Figure 2-2

Types of Abortifacients

The first type of abortifacient includes drugs and devices designed to continually

maintain a certain level of hormones in the woman's body and repeatedly kill early preborn children before or at implantation (without the woman's knowledge). These include;

- (1) Oral contraceptives (OCs);
- (2) Intrauterine devices (IUDs);
- (3) Depo-Provera; and
- (4) Norplant and Norplant-2 (Jadelle).

The second type of abortifacient kills a preborn child who is *known or suspected* to exist. These abortifacients include;

- (5) The RU-486 abortion pill;
- (6) The methotrexate/misoprostol (M&M) combination; and
- (7) "Emergency contraception." This type of abortifacient regime has many forms, including;

- the "Yuzpe Regimen," which consists of taking combined ethinyl estradiol/levonorgestrel pills at a higher than normal dose;
- taking pills specifically designed to cause early abortions. These are often called "emergency contraceptive pills (ECPs)," "morning-after pills (MAPs)" and "postcoital contraception," and consist of high doses of the artificial steroids found in oral contraceptives. Two examples are Plan B and Preven.

The remainder of this chapter describes these abortifacients and their effects in detail.

[Go to Next Topic: \(1\) Oral Contraceptive Pills \(OCPs\)--Part 1](#)

[Return to *Abortifacients* Table of Contents](#)

Footnotes for "The Definition and Types of Abortifacients"

[4] Benjamin Miller and Claire Keane. *Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health* (Third Edition) [Philadelphia: W.B. Saunders Company, 1983].

[5] "New Contraceptives." United Press International, August 3, 1995. Also see Susan Aucott Ballagh, *et.al.* "A Contraceptive Vaginal Ring Releasing Norethindrone Acetate and Ethinyl Estradiol." *Gynecological and Obstetrical Survey*, September 1995, pages

and Ethinyl Estradiol. *Obstetrical and Gynecological Survey*, September 1995, pages 607 to 610.



SHARE

HUMAN LIFE INTERNATIONAL'S *PRO-LIFE TALKING*

The *Pro-Life Talking Points* series is meant to provide pro-life activists with clear and concise information with which to argue against common misinformation they will encounter while debating life issues. Feel free to download, copy, and distribute these one-page (two-sided) documents as needed. You can also add this page to Facebook, Twitter, and other social networking sites via the "Share" icon in the upper right corner.

We hope that this series will help pro-lifers begin small discussion groups and challenge one another to grow in their ability to argue the pro-life case.

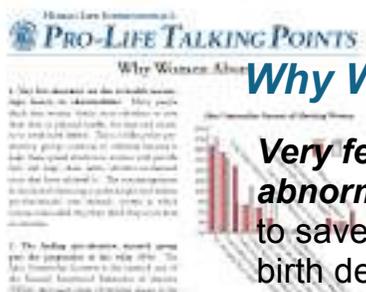
Keep checking back also, as we will continue to update and add new *Pro-Life Talking Points* regularly.



Pro-Abortion Violence: Setting the Record Straight

The Media Narrative for "Pro-Life" Violence is Seriously Distorted.

The fact is that abortionists and pro-choice activists are guilty of much more violence than pro-life activists.  [Pro-Abortion Violence 625 kb](#)



Why Women Abort

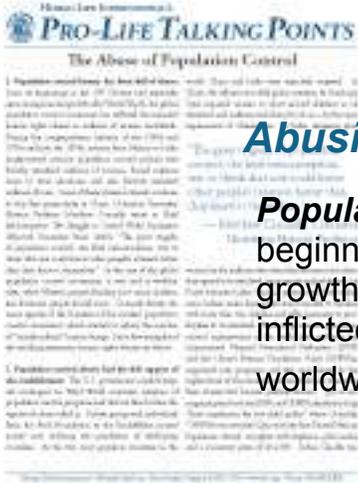
Very few abortions are due to health reasons, rape, incest, or abnormalities: Many people think that women obtain most abortions to save their lives or physical health, for rape and incest, or to avoid birth defects. This is a fallacy that pro-abortion groups continue to

cultivate.  [Why Women Abort 258 kb](#)



Abusive Population Control

Population control history has been full of abuse: Since its beginnings in the 19th Century and especially since its exponential growth after World War II, the global population control movement has inflicted documented human rights abuses on millions of women worldwide.  [Abusive Population Control 167 kb](#)



Negative Effects of the Pill

Hormonal contraceptives have severe side effects: Though the mainstream media and feminist groups typically present hormonal contraceptives as a boon for women, they overlook the serious side effects reported in mainstream scientific literature.  [Negative Effects of the Pill 159 kb](#)



Does Welfare Reduce Abortions?

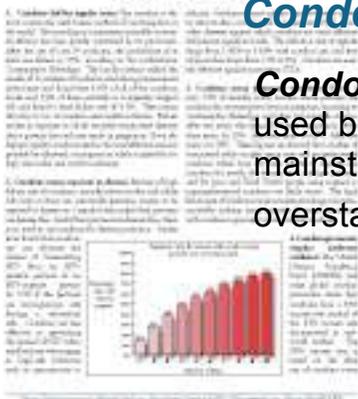
The connection between welfare and illegitimacy is well-established: Social scientists have long documented that when women are paid to have children out of wedlock, they are more likely to do so.  [Does Welfare Reduce Abortions? 191 kb](#)



Condoms

Condoms

Condoms fail for regular users: The condom is the most commonly used barrier method of contraception in the world. Yet according to mainstream scientific sources, its efficacy has been grossly overstated by its promoters.  [Condoms 409 kb](#)



Is a Baby Human from the Beginning?

Fetal Development

A new human being is created at conception: From the instant the male gamete (sperm) fuses with the female gamete (egg), a unique human being with his or her own DNA, different from those of his mother and father, is present. After fertilization, there are 46 chromosomes (or 47 in the case of Down Syndrome) where there were two sets of 23 chromosomes before. The resulting being is genetically human and alive, and therefore, by standard biological definition, a human being.  [Fetal Development 891 kb](#)



Men & Abortion

Men & Abortion

Men suffer in the aftermath of abortion as well as women: Though not nearly as much research has been done on abortion's effects on men as on women, considerable evidence shows that abortion often negatively affects men's mental health and that a large proportion of men regret their partner's abortion later on.  [Men and Abortion 162 kb](#)



Does Abortion Save Lives?

Does Abortion Save Women's Lives?

Abortion-on-demand has not saved women's lives: Pro-abortion





politicians and groups argue that without easy access to abortion, substantial numbers of women would die through illegal, unregulated, and unsafe "backalley" abortions. Yet the evidence shows death from abortion in the United States was very rare even before abortion was legalized.  [Does Abortion Save Womens Lives 188 kb](#)



Obama v Life I: Before the Election

Barack Obama declared the expansion of abortion his first priority: During his presidential campaign, Barack Obama discussed a large number of pressing issues facing the federal government from the economy and health care reform to terrorism and the war in Iraq. He chose to make the removal of all restrictions on abortion his first priority from the beginning of his campaign.  [Obama v Life I 139 kb](#)



Obama v Life II: His First 100 Days as President

As both a state and U.S. senator, Barack Obama compiled a 100% pro-abortion-on-demand voting record, and he favored abortion-on-demand as a presidential candidate. In his closely-watched first 100 days as President, every relevant decision he made favored abortion. Below is a timeline of President Obama's pro-abortion actions during his first 100 days in office.  [Obama v Life II 167 kb](#)



Female Sterilization

The only medical procedures intended to destroy or inhibit healthy organs are those aimed at the male and female reproductive systems. This is the strange state of reproductive medicine today.  [Female Sterilization 184 kb](#)

Facts of Life: Chapter 2: Abortifacients: (1) Oral Contraceptive Pills (OCPs)--Part 1



SHARE

(1) Oral Contraceptive Pills (OCPs).

The 'Sexual Revolution.' The majority of women who want to inhibit their natural fertility now turn to the birth control pill. "The Pill" became widely used in the late 1960s and was hailed as a panacea — and it also helped fuel the 'Sexual Revolution.' About 11.7 million American women now use this method of artificial birth control. [6]

Convenience-minded women in general either do not know or no longer care that all birth control pills on the market today are abortifacients. In fact, the introduction of such proven abortifacients as Norplant/Jadelle and RU-486 may cause the percentage of women using the birth control pill to decline substantially in the near future in favor of methods that are *advertised* as abortifacient in character.

The historically sharp dividing line between birth control and abortion has well and truly been obliterated by the "New Abortionists:" The pharmaceutical companies.

How the Birth Control Pills Work. Users of the "old" high-dosage birth control pills experienced relatively severe side effects. However, many of these pills were generally considered non-abortifacient in their two-fold modes of action. The pills would thicken cervical mucus and inhibit ovulation, but they would generally *not* inhibit implantation of the blastocyst (the five-day old, 256-cell developing human being) in the uterine lining.

However, the new low-dosage pills have *three* modes of action; they thicken cervical mucus, inhibit ovulation, *and* block implantation, as described below.

- **Mode of Action #1: Suppression of Ovulation.** When the female reproductive system is functioning normally, the hypothalamus (the part of the brain containing the vital autonomic regulatory centers) controls the release of gonadotropin-releasing hormone (GnRH), which signals the pituitary gland to secrete luteinizing hormone (LH), which in turn assists ovulation and coordinates the release of estrogen and progesterin from the ovaries.

When a woman ingests oral contraceptive pills, they literally hijack her reproductive system. The pills cause the ovaries to maintain a steady high level of estrogen and/or progesterin production, depending upon the type and brand of pill being used. Thus, the woman's body is essentially "tricked" into acting as if it is continuously pregnant. The hypothalamus adjusts to this high level of hormone secretion and essentially shuts off GnRH production. Therefore, the production of luteinizing hormone by the pituitary gland is also inhibited, and ovulation either ceases or is drastically curtailed.

During those months that ovulation is suppressed, the mode of action of the oral contraceptive pill is contraceptive in nature.

- **Mode of Action #2: Cervical Mucus Effects.** Oral contraceptives also cause changes in the consistency and acidity of cervical mucus, making it more difficult for sperm to penetrate and live in the cervix — a second contraceptive effect.
- **Mode of Action #3: Endometrial Effects.** The third effect of oral contraceptives on the body is to cause certain changes in the endometrium (lining of the uterus), making implantation more difficult. In a cycle where ovulation was not prevented

and fertilization takes place, the Pill causes a "silent abortion."

Most of the older "high-dose" oral contraceptive pills functioned mainly by inhibiting ovulation and affecting the cervical mucus, making them primarily two-fold in function. Sometimes, however, breakthrough ovulation occurred, and so the older pills were occasionally abortifacient in their actions.

All of the newer oral contraceptive pills on the market today not only often suppress ovulation and affect the cervical mucus, they often make implantation of the developing human being impossible. This three-fold mode of function means that all of the newer oral contraceptive pills function at least part of the time as abortifacients.

The Types of Oral Contraceptive. Three general classes of oral contraceptive pill are manufactured in the United States and other countries and used worldwide. These are the high-dose pill, the low-dose pill and the "mini-pill."

The following paragraphs describe these pills and their modes of action. Figure 2-3 summarizes the hormonal contents of the general classes of pills, and Figure 2-4 lists some of the manufacturers of the pills in the United States.

Figure 2-3 Chemical Composition of Birth Control Pills		
Type of Pill	Milligrams of Progestin	Micrograms of Estrogen
(1) High-dose pill	1 to 12 milligrams	60 to 120 micrograms
(2) Low-dose pill	1 to 2.5 milligrams	50 to 80 micrograms
(3) Mini-combination	0.5 to 1.5 milligrams	20 to 35 micrograms
(4) Mini-pill	0.075 to 0.35 milligrams	NONE

(1) The High-Dose Pill. The Searle Pharmaceutical Corporation developed the first oral contraceptive, Enovid, in the late 1950s. In keeping with its defensive anti-lawsuit strategy, the company tested the Pill on Puerto Rican women before concluding in 1961 that it was safe for women on the American mainland to use.[7]

Experimentation on foreign women is a typical tactic of the major pharmaceutical

Experimentation on foreign women is a typical tactic of the major pharmaceutical companies. They often test birth control chemicals and devices on poor women in developing countries so any mistakes or serious health problems are easier to cover up. Poor women in poor countries have little recourse when their health is destroyed or damaged by this kind of testing. This is because the companies bring huge amounts of money to their homelands, and protest against the programs can easily be suppressed by local or national governments.

Enovid and other high-dose pills, which have generally fallen out of favor in the United States but are still widely used in developing countries, contain from 1 to 12 milligrams of progestin and/or 60 to 120 micrograms of estrogen, a natural female hormone. This high dosage has a variety of effects, including blurred vision, nausea, weight gain, breast pain, cramping, irregular menstrual bleeding, headaches, and possibly breast cancer.[8]

The high-dose pills are primarily two-fold in action. Their primary mechanism suppresses gonadotropin production and therefore ovulation. They also cause changes in the consistency and acidity of cervical mucus, making it more difficult for sperm to penetrate and live in the cervix. Finally, they occasionally cause certain changes in the endometrium (lining of the uterus), making implantation more difficult.

When the high-dose pill functions by this last mechanism, it is an abortifacient if the woman experiences a "breakthrough" ovulation. Such "breakthroughs" occur during about 1 to 12 percent of all cycles.

Beginning about 1975, pill makers, in reaction to bad publicity about the severe side effects of the high-dosage pills, steadily decreased the content of estrogen and progestin in their products.

Figure 2-4

Composition of Birth Control Pills

Monophasic[A]

- 20 µg ethinylestradiol plus 100 µg levonorgestrel (US: Alesse©, Lutera©, Levline©)

- 20 µg ethinylestradiol plus 1000 µg norethindrone acetate (UK: Loestrin 20©, US: Loestrin 1/20©Fe, US: Loestrin 24©Fe, Microgestin© 1/20)

- 20 µg ethinylestradiol plus 150 µg desogestrel (UK: Mercilon©)
- 20 µg ethinylestradiol plus 75 µg gestodene (UK: Femodette©)
- 30 µg ethinylestradiol plus 150 µg levonorgestrel (UK: Microgynon 30©, Ovranelle©, US: Levlen©, Levora©, Nordette©)
- 30 µg ethinylestradiol plus 150 µg levonorgestrel (extended cycle - 84 days: Seasonale©)
- 30 µg ethinylestradiol plus 250 µg levonorgestrel (UK: Eugynon 30©)
- 30 µg ethinylestradiol plus 300 µg norgestrel (US: Lo-Ovral©)
- 30 µg ethinylestradiol plus 150 µg desogestrel (US: Desogen©, Organon International; Ortho-Cept©, Ortho-McNeil)
- 30 µg ethinylestradiol plus 1500 µg norethindrone acetate (UK: Loestrin 30©, US: Loestrin© 1.5/30, Microgestin© 1.5/30)
- 30 µg ethinylestradiol plus 3000 µg drospirenone (US: Yasmin©)
- 30 µg ethinylestradiol plus 75 µg gestodene (UK:

Minulet©)

- 35 µg ethinylestradiol plus 250 µg norgestimate (US: Ortho-Cyclen©)
- 35 µg ethinylestradiol plus 400 µg norethindrone (US: Ovcon-35©, Warner Chilcott)
- 35 µg ethinylestradiol plus 500 µg norethindrone (UK: Brevinor©, Ovysmen©, US: Modicon©, Brevicon©)
- 35 µg ethinylestradiol plus 1000 µg norethindrone (UK: Norimin©, US: Ortho-Novum 1/35©, Necon©, Norethin©, Norinyl 1/35©)
- 35 µg ethinylestradiol plus 1000 µg ethynodiol diacetate (US: Demulen 1/35©, Zovia 1/35E©)
- 50 µg ethinylestradiol plus 1000 µg norethindrone (US: Ovcon 50©, Warner Chilcott)
- 50 µg ethinylestradiol plus 500 µg norgestrel (US: Ogestrel©, Ovral©)
- 50 µg ethinylestradiol plus 1000 µg ethynodiol diacetate (US: Demulen 1/50©, Zovia 1/50E©)
- 50 µg mestranol (equivalent to 35 µg ethinylestradiol) plus 1000 µg norethindrone (UK: Norinyl-1©, US: Necon 1/50©, Norinyl 1/50©, Ortho-Novum 1/50©)

Multiphasic

- ethinylestradiol/desogestrel combination with 21 tablets 20 µg/150 µg, 5 tablets 10 µg/0 µg, followed by 2 tablets of placebo (US: Kariva©, Barr Laboratories; Mircette©, Organon)
- ethinylestradiol/desogestrel combination with 7 tablets 25 µg/100 µg, 7 tablets 25 µg/125 µg, 7 tablets 25 µg/150 µg, followed by 7 tablets of ferric oxide (US: Cyclessa©, Organon; Velivet©, Barr Laboratories)
- ethinylestradiol/gestodene combination with 6 tablets 30 µg/50 µg, 5 tablets 40 µg/70 µg, 10 tablets 30 µg/100 µg (UK: Triadene©, Tri-Minulet©)
- ethinylestradiol/levonorgestrel combination with 6 tablets 30 µg/50 µg, 5 tablets 40 µg/75 µg, 10 tablets 30 µg/125 µg (UK: Logynon©, Trinordiol© or with additional 7 placebo tablets as Logynon ED©, US: TriLevlen©, Triphasil©, Trivora©)
- ethinylestradiol/norethindrone combination with 10 tablets 35 µg/500 µg, 11 tablets 35 µg/1000 µg, followed by 7 tablets of placebo (US: Ortho-Novum 10/11©)
- ethinylestradiol/norethindrone combination with 7 tablets 35 µg/500 µg, 14 tablets 35 µg/1000 µg (UK: BiNovum©)
- ethinylestradiol/norethindrone combination with 7 tablets 35 µg/500 µg, 7 tablets 35 µg/750 µg, 7 tablets 35 µg/1000

μg , followed by 7 tablets of placebo (UK: TriNovum©, US: Ortho-Novum 7/7/7©)

- ethinylestradiol/norethindrone combination with 7 tablets 35 μg /500 μg , 9 tablets 35 μg /1000 μg , 5 tablets 35 μg /500 μg (UK: Synphase©)

Progestin Only Pills (POPs) [B]

- 75 μg desogestrel (UK: Cerazette©)
- 500 μg ethynodiol diacetate (UK: Femulen©)
- 350 μg norethindrone (UK: Micronor©, Noriday©
US: Micronor©, Nor-QD©)
- 30 μg levonorgestrel (UK: Microval©, Norgeston©)
- 75 μg norgestrel (UK: Neogest© US: Ovrette©)

Notes for this Table

[A] Monophasic (21 tablets of estrogen and progestin, followed by seven placebo tablets or an iron supplement).

[B] Progesterone only pills use progesterone alone with doses taken continuously and no gap between packs taken.

References for this Table

- Robert A. Hatcher and Anita Nelson. "Combined Hormonal Contraceptive Methods." Robert A. Hatcher (Editor). *Contraceptive Technology* (18th revised edition) [New York: Ardent Media, 2004], pages 391 to 460.
- Leon Speroff and Philip D. Darney. "Oral Contraception." *A Clinical Guide for Contraception*, 4th edition. Philadelphia: Lippincott Williams & Wilkins, 2005. Pages 21 to 138.

(2) The Low-Dose Pill. Eventually — in the West, at least — the older "high-dose" pills gave way to the new, abortifacient "low-dose" pills. Ortho/Johnson & Johnson, G.D. Searle/Monsanto, and Syntex, the three largest manufacturers of OCs in the United States, voluntarily withdrew their "high-dose" products from the U.S. market in 1988 on the advice of the U.S. Food and Drug Administration (FDA). These were the last commercially-available pills in the United States containing more than 50 micrograms of estrogen.[9]

The low-dose pills contain from 0.35 to 15 milligrams of progestin in the form of norethindrone, norgestrel, ethyndiol diacetate, or norethindrone acetate and from 0.7 to 2.0 micrograms of estrogen in the form of ethinyl estradiol or mestranol, a tremendous drop in estrogenic potency compared to the high-dose pills.[10]

The low-dose pills work in essentially the same manner as the high-dose pill. However, a much higher percentage of ovulation occurs in women who use the low-dose pills, due to the much lower estrogen dose. This means that women who use these pills frequently conceive, and the low-dose pills prevent implantation of the new human life, thereby acting more often as true abortifacients.

(3) The Mini-Pill. Scientists have not pinpointed the primary mechanism of action of mini-pills (progestin-only pills), although women who use them frequently ovulate. Therefore, these pills function primarily as abortifacients.

It is known that pills that contain only progestin alter the cervical mucus. They also interfere with implantation by affecting the endometrium (lining of the uterus) and suppressing ovulation in some women by reducing the presence of follicle-stimulating hormone (FSH).

This mechanism is confirmed by the Food and Drug Administration, which has stated that "Progestin-only contraceptives are known to alter the cervical mucus, exert a progestinal effect on the endometrium, interfere with implantation, and, in some patients, suppress ovulation." [11] The Department of Health and Human Services (HHS), in its 1984 pamphlet "Facts About Oral Contraceptives," compared the performance of high-dose pills to mini-pills:

It is possible for women using combined pills (synthetic estrogen and progestin) to ovulate. Then other mechanisms work to prevent pregnancy. Both kinds of pills make the cervical mucus thick and "inhospitable" to sperm, discouraging any entry to the uterus. In addition, they make it difficult for a fertilized egg to implant, by causing changes in Fallopian tube contractions and in the uterine lining. These actions explain why the minipill works, *as it generally does not suppress ovulation* [emphasis added].

The makers of the mini-pills also admit this mode of action. For example, Syntex Laboratories announced that its progestin-only pill Norinyl "... did not interfere with ovulation ... It seems to affect the endometrium so that a fertilized egg cannot be implanted." [12]

In other words, the Pill is now truly abortifacient "birth prevention" — *not* conception control, as may have originally been intended when the first oral contraceptives were being developed.

[Go to Next Topic: \(1\) Oral Contraceptive Pills \(OCPs\)—Part 2](#)

[Return to Abortifacients Table of Contents](#)

Footnotes to “(1) Oral Contraceptive Pills (OCPs)—Part 1”

[6] United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States* [Washington, DC: United States Government Printing Office, 2007 (126th Edition)], Table 95, "Current Contraceptive Use by Women, 15 to 44 Years of Age: 1995 and 2002." The entire *Statistical Abstract* for the current year in PDF format is available on the Census Bureau Web site at <http://www.census.gov>. For calculations on abortifacient usage and the number of "silent abortions" caused by abortifacients in the United States, see the spreadsheet located at FACTS/IMAGES/19/CALCS/F-19-09.WK3 on this compact disc. Microsoft Excel can import this spreadsheet directly.

[7] Bogomir M. Kuhar, Ph.D. "Pharmaceutical Companies: The New Abortionists." Reprint 16 from Human Life International, 4 Family Life, Front Royal, Virginia 22630.

[8] *Ibid.*

[9] *Ibid.*

[10] Robert A. Hatcher, *et. al.* *Contraceptive Technology* (17th Revised Edition) [New York: Ardent Media, Inc., 1998], Table 19-1, "Relative Potency of Estrogens and Progestins in Currently Available Oral Contraceptives Reflecting the Debate About the Strength of the Progestins," page 407.

[11] *Federal Register*, 41:236, December 7, 1976, page 53,634.

[12] United Press International news release in the *Cincinnati Post*, January 11, 1973.

Facts of Life: Chapter 2: Abortifacients: (2) Intrauterine Devices (IUDs)



 SHARE

(2) Intrauterine Devices (IUDs).

What is an Intrauterine Device? The intrauterine device is a foreign body made of a non-reactive plastic such as polyethylene, inserted into the uterus to prevent implantation of the developing human being. Some IUDs include active chemicals, such as progesterone or copper, which slowly diffuse into the uterus for an enhanced abortifacient effect.

More than 2,000 years ago, camel drivers knew about the contraceptive effect of intrauterine devices. They would commonly insert small round stones into the uteri of their female camels in order to prevent pregnancy on long journeys.

Whether or not human females used this method is unknown. However, we do know that the first modern-day IUD, the Grafenberg Ring, was placed on the market in 1915.

Several other companies immediately saw the opportunity for profit, and by the mid-1930s, there was a proliferation of IUDs for sale. They sported intimidating names such as the Sterilette, the Collar-Button, the Wishbone, the Silkworm Pust, and the Star. Some of the devices were of fine quality, but many were made of "... cheaper, noncorrosive metals, or of celluloid, bakelite, and chromium-plated metals rather than gold." [35]

According to one expert, "Sometimes these [cheaper IUDs] were claimed to be made of solid gold in order to enhance the price, and a few practitioners took economic advantage of the need and ignorance of women." [36]

More than 70 different types of IUDs have been manufactured over the last half-century. Some of these have consisted of polyethylene with barium sulfate so they could be detected by X-rays. The Dalkon Shield, which was withdrawn from the market in 1974 due to a number of maternal deaths, was of this type.

Other IUDs, including the Progesterone-T, were loaded with varying doses of progesterone crystals that were usually suspended in silicone oil. This IUD released about 24 milligrams of progesterone a year. It was originally promoted under the truly Orwellian label "Uterine Therapeutic System." [37]

The copper IUDs (including the "Copper-7," "Copper-T" and "Tatum-T") discharge from 50 to 75 micrograms of ionic copper into the uterus each day. These copper ions interfere with the life-sustaining functions that regulate implantation of the new human life in the uterus. Copper has been proven to be the active agent in these IUDs because identical devices are ineffective without the element. Each copper IUD is effective at causing early abortions for about four years. [38]

The only IUDs now available on the American market are;

- The Copper T 380A (ParaGard), produced by the Population Council, and marketed first by GynoPharma, a small "front" corporation set up to avoid legal liability, and currently by FEI Women's Health LLC of New York City. [39] The Paragard consists of a flexible T-shape containing copper collars on both arms and a copper coil along the stem, and is supposedly good for six years. More than 25 million of these IUDs have been distributed in seventy countries. [40]
- The LNG-IUS, or "Mirena," is produced by Berlex Laboratories in Montville, New Jersey. It was approved for use in the United States in 2000, and about three million

women use it. This IUD released levonorgestrel at a rate of about 20 micrograms per day, declining to 14 micrograms per day after five years.

- The progesterone T (Progestasert, by ALZA Pharmaceuticals in Mountain View, California), caused an anti-estrogenic effect. It was first used in 1976 and was discontinued in 2001. The Progestasert only functioned effectively for about one year.[41]

How Do IUDs Work? The different IUDs have different modes of action. They prevent sperm from fertilizing ova, release ions (primarily copper) that interfere with fertilization, thicken the cervical mucus, and inhibit sperm capabilities. These are all contraceptive effects. But IUDs also irritate the endometrium (the lining of the uterus) and make it inhospitable to the blastocyst (the very early developing human being), an abortifacient effect.[42] There is some disagreement among medical authorities over the contraceptive effects of IUDs, but these experts *do* agree that IUDs prevent implantation.

The American Medical Association's Committee on Human Reproduction has said that "the action of the IUDs would seem to be a simple local phenomenon. That these devices prevent nidation [implantation] of an already fertilized ovum has been accepted as the most likely mechanism of action." [43]

The U.S. Food and Drug Administration (FDA), which studies birth control methods before releasing them to the market, has observed that "IUDs seem to interfere in some manner with the implantation of the fertilized egg in the lining of the uterine cavity. The IUD does not prevent ovulation." [44]

The International Planned Parenthood Federation (IPPF) states that:

At the end of 1986 the WHO [World Health Organization] Scientific Group on the Mechanism of Action, Safety, and Efficacy of IUDs looked into this aspect [mechanism of action] of the use of IUDs very thoroughly. Their main conclusions stated that all IUDs stimulate a foreign body reaction in the endometrium which is potentiated by the addition of copper, and progestagen-releasing IUDs produce endometrial suppression similar to that seen when the drug is administered by other routes, e.g., orally or by injection.[45]

However, the results of 18 studies of women with IUDs found that the devices do not always prevent implantation. A major study showed that an average of 28.6 percent of all implanted pregnancies that occurred with the IUD in place were eventually aborted, and another 8.4 percent resulted in life-threatening ectopic pregnancies that required surgery. [46] Scientists have confirmed this method of action with sophisticated radioreceptorassay and radioimmunoassay techniques that can detect pregnancy as early as six days after conception.[47]

A study team in the early 1970s published a very detailed exposition on the suspected mode of operation of the intrauterine device;

It is generally believed that the contraceptive action of the nonmedicated IUDs involves the production of a local sterile inflammatory reaction. As with any instrumentation, insertion of an IUD introduces some bacteria from the cervix and vagina into the endometrial cavity. Within two to four weeks after insertion of the device, the uterine cavity becomes sterile. However, the presence of an IUD initiates mobilization of leukocytes from the capillaries into the endometrial stroma and surface epithelium. Polymorphonuclear leukocytes appear first, followed by lymphocytes, eosinophils, macrophages and plasma cells. This leukocytic response, which persists as long as the

macrophages and plasma cells. This leukocytic response, which persists as long as the IUD remains in place, creates an endometrial environment hostile to the blastocyst. Such macrophages also accumulate in the endometrial cavity and phagocytosis of spermatozoa occurs, thereby preventing fertilization. The degree of this inflammatory response seems to be related to the material used in the construction of the IUD. ... The FDA has recently approved a T-shaped IUD (Progestasert) which releases 65 mcg. of progesterone per day for one year. The minute amounts of progesterone released by the system cause endometrial glandular atrophy and decidual changes in the stroma, creating an environment hostile to nidation. Effects on sperm migration and sperm capacitation have also been postulated. The effect of the natural hormone is localized at the endometrium because the small amount of progesterone released each day (only a fraction of the total body production) is metabolized rapidly as it traverses the endometrial layer, so that little progesterone is absorbed systemically. Hence, unlike oral hormonal contraception, the progesterone IUD does not inhibit ovulation or affect the length of the menstrual cycle.

While the IUD is effective in preventing over 98 percent of intrauterine pregnancies, it is less than 90 percent effective in preventing tubal pregnancies. If a patient becomes pregnant while she still has an IUD in place, the chances are more than one in 20 that the pregnancy is ectopic. ... About half of the patients who conceive with an IUD in place will abort; the rest will carry to term, with no problem to the mother or the fetus.[48]

In summary, every IUD currently or previously manufactured prevents implantation: they are therefore *all* abortifacients. In other words, these devices insure that the purpose of the womb is perverted completely, to the point where the uterus is as barren and hostile to new life as a desert.

Complications Associated with IUD Use. Until about 1960, the medical community generally criticized IUDs because of their obvious and severe side effects. However, this criticism was generally muted because birth control choices were limited before the widespread distribution of the birth control pill.

Alan Guttmacher, president of Planned Parenthood, stated in 1959 that "Intrauterine devices are mentioned only to be thoroughly condemned because of their ineffectiveness, their potential source for infection and irritation, as well as their carcinogenic potential." [49]

Although IUD technology had not advanced in the slightest, the entire medical community performed an abrupt about-face in the mid-1960s and began to accept the device. Interestingly, this change in heart was simultaneous with its flip-flop on abortion.

The Food and Drug Administration's *Ad Hoc* Committee on IUD Safety met in 1974 for the purpose of summarizing complaints received about the various IUDs on the market at that time.

The Committee received reports of 238 cases of spontaneous septic abortion from women who had become pregnant with IUDs in place. Of these women, 21 died. The Dalkon Shield was involved in 14 of these deaths and 209 cases of septic abortion, and the Lippes Loop caused 5 deaths and 21 septic abortions.[50] Overall, there were about 15,000 IUD-related hospitalizations annually in the early 1970s.[51]

A.H. Robin Pharmaceuticals made the Dalkon Shield IUD from 1971 to 1974. Documented reports of severe injuries began to surface almost immediately after initial distribution, and on 29 June 1975, the FDA announced it intended to "... require special warning notices for users of the intrauterine devices, the contraceptives that were linked to 43 deaths in recent years." [52] A.H. Robin pulled the Dalkon Shield from the market in 1975. By 1985, 42,000 women had sued the company for damages relating to sterility.

1975. By 1985, 13,000 women had sued the company for damages relating to sterility, miscarriages and pelvic infections. Incredibly, some population controllers, including Stephen Mumford and Elton Kessel, who peddle the dangerous sterilizing chemical quinacrine in developing countries, are trying to sanitize the image of the Dalkon Shield so it can make a comeback.[53]

Ortho Pharmaceuticals withdrew its Lippes Loop from the American market in 1985, and G.D. Searle withdrew its Copper-7 and Tatum-T IUDs in 1986 when its liability insurance lapsed. Searle also faced 775 lawsuits from women who suffered injuries from their IUDs or who conceived malformed babies when the devices did not work properly.

According to a literature review of the journals *Contraception* and *Fertility and Sterility* over the period 1980-1995, harm associated with current IUD use includes (but is not limited to);

- sterility:
- hemorrhage:
- perforation of the uterus, colon, bladder or small or large intestine:
- cervical lacerations:
- cervical dysplasia (developmental abnormalities):
- deep embedding of the IUD (a serious problem in developing countries, where women may have had the devices in their uteri for a decade or more):
- fragmentation of the IUD:
- dysmenorrhoea (painful menstruation):
- development of hydatidiform moles:
- menorrhagia (excessive menstruation):
- salpingitis (inflammation of uterine tubes):
- pelvic inflammatory disease (PID, which often leads to infertility or sterility). The incidence of PID in users of an intra-uterine device is nine times higher in those who do not use the device and have not had children, and two to three times for those who have not used the device and who have had children:[54]
- compared to pregnant women without IUDs, those using IUDs have a threefold higher risk of spontaneous abortion. They also face a 50-fold higher risk of death from septic spontaneous abortion and a 6 to 20 times greater risk of ectopic pregnancy:[55]
- cervical erosion:
- cystic masses on the pelvis; and

- tubal infertility.

The IUD and "Contraceptive Imperialism." IUDs have confronted the anti-fertility industry with a number of insurmountable problems, the greatest of which was the proven danger of the devices. This did not stop the IUD manufacturers from turning a tidy profit by dumping their products on the poor women of developing countries.[56]

Despite being faced with nearly 1,000 lawsuits claiming damage from its Copper-7 and Tatum-T IUDs, the Searle company stated that it would continue to make IUDs for women in developing countries (for population control programs funded by the United States and other Western countries).[57] This is yet another example of the West's "contraceptive imperialism" — a willingness to dump unsafe and even lethal products on poor women of the developing world after judging them too risky for Western women.

Health risks associated with IUDs are a serious matter with grave implications that are not immediately evident. Women normally lose an average of 35 to 40 cubic centimeters (cc) of blood during their menstrual period, but women using a loop IUD lose about twice as much blood, and those who use copper IUDs lose about 50 cubic centimeters of blood. This shows that IUDs are especially ill-suited for use in developing countries, where anemia and malnutrition are often endemic, especially among women and children.[58]

Despite the obvious dangers of IUDs, the American Public Health Association (APHA) backed Searle and other IUD manufacturers by launching a campaign to distribute IUDs to Third World women and to get the U.S. government to assume much of the pharmaceutical company's legal liability for IUD damages, thus letting the corporations act with virtual impunity.[59]

[Go to Next Topic: \(3\) Depo-Provera](#)

[Return to Abortifacients Table of Contents](#)

Footnotes for “(2) Intrauterine Devices (IUDs)”

[35] Norman E. Hines, Ph.D. *Practical Birth-Control Methods* [New York: Viking Press, 1938], page 138.

[36] *Ibid.*

[37] E.B. Connell. "The Uterine Therapeutic System: A New Approach to Female Contraception." *Contemporary OB/GYN*, June 1975, pages 49 to 55.

[38] H.J. Tatum. "The New Contraceptive: Copper Bearing IUDs." *Contemporary Obstetrics and Gynecology*, January 1973, pages 61 to 63.

[39] David A. Grimes, M.D. Chapter 21, "Intrauterine Devices (IUDs)." Robert A. Hatcher, *et. al. Contraceptive Technology* (18th Revised Edition) [New York: Ardent Media, Inc., 2004], pages 495 to 530. See also Bogamir M. Kuhar, Ph.D. "Pharmaceutical Companies: The New Abortionists." Reprint 16 from Human Life International, 4 Family Life, Front Royal, Virginia 22630.

[40] E.B. Connell. "The Uterine Therapeutic System: A New Approach to Female Contraception." *Contemporary OB/GYN*, 6:49-55. 1975.

[41] Judy Berlfein. "Birth-Control Technology Creeps Along." *The Oregonian*, November 15, 1990, pages B1 and B2.

13, 1990, pages B1 and B2.

- [42] David A. Grimes, M.D. Chapter 21, "Intrauterine Devices (IUDs)." Robert A. Hatcher, *et. al. Contraceptive Technology* (18th Revised Edition) [New York: Ardent Media, Inc.], 2004, pages 495 to 530.
- [43] American Medical Association Committee on Human Reproduction. "Evaluation of Intrauterine Contraceptive Devices," *Journal of the American Medical Association*, February 27, 1967, page 155.
- [44] United States Food and Drug Administration. "Text of Required Patient Information for IUDs." *Federal Register*, May 10, 1977.
- [45] International Planned Parenthood Federation. *Family Planning Handbook for Doctors*, "Intrauterine Devices." IPPF Medical Publications, page 104.
- [46] Thomas W. Hilgers, M.D. "The Intrauterine Device: Contraceptive or Abortifacient?" *Minnesota Medicine*, June 1974, page 497.
- [47] R. Landesman, E.M. Coutinho, and B.B. Saxena. "Detection of Human Chorionic Gonadotrophin in Blood of Regularly Bleeding Women Using Copper Intrauterine Contraceptive Devices." *Fertility and Sterility*, 27:1,062. 1976.
- [48] Ramaa P. Rao and Antonio Scommegna. "Intrauterine Contraception." *AFP*, November 1977, pages 176 to 185.
- [49] Harold Dubrow, M.D., and Alan Guttmacher, M.D. "The Present Status of Contraception." *Mt. Sinai Journal*. New York: 26:118-124. 1959.
- [50] "The Dalkon Shield and the Questions of Safety." *Medical World News*, September 13, 1974, pages 58 to 61. Also see Catherine Breslin. "Day of Reckoning." *Ms. Magazine*, June 1989, pages 46 to 52. This article describes the inside story of the Dalkon Shield disaster.
- [51] H.S. Kahn and C.W. Tyler. "IUD-Related Hospitalizations: United States and Puerto Rico, 1973." *Journal of the American Medical Association*. 234:53-56(1973).
- [52] "American Public Health Association Launches Campaign to Save IUD." *ALL News*, March 9, 1987.
- [53] S.D. Mumford and E. Kessel. "Was the Dalkon Shield a Safe and Effective Intrauterine Device? The Conflict Between Case-Control and Clinical Trial Study Findings." *Fertility and Sterility*, June 1992, pages 1,151 to 1,176.
- [54] Julia Kagan. "Sexual Freedom: The Medical Price Women are Paying." *McCall's Magazine*, May 1980, page 104.
- [55] Willard Cates and John Ory. "IUD Complications: Infection, Death, and Ectopic Pregnancy." *Controversies in Contraception*, 1979, page 187.
- [56] Filipino women have probably suffered more abuse from American and European pharmaceutical companies than the women of any other nation. Max Ricketts wrote in the *Mabuhay Times* (April 16-29, 1991, page 12) that "... many drugs and devices which are not even permitted in the United States have found their way to Manila where they are dumped on hapless Filipino women. One example was the IUD (or intrauterine device) which is associated with a great deal of disease and despair."
- [57] Front Line Updates. "Searle Removes IUDs from U.S. Market." *NRL News*, February 27, 1986, page 4.
- [58] F. Hefnawi and H. Aksalani. "Menstrual Blood Loss with Copper Intrauterine Devices." *Contraception*, September 1974, pages 133 to 139.
- [59] "American Public Health Association Launches Campaign to Save IUD." *ALL News*, March 9, 1987.

Mission Field: Asia-Ligaya



DR. LIGAYA ACOSTA , ASIA

Dr. Ligaya Acosta makes her home in the Philippines, where for more than 28 years she had previously worked against the culture of life as a loyal government employee for the Department of Health. **During that time, she was a firm believer in population control and an avid promoter of contraceptives.** She also served for 15 years as manager of the Information-Education and Communication office and as a trainer for those working with AIDS/STD victims. With a Doctorate in Management, and Bachelor degrees in Law and Social Work, she was well qualified for her government post.

In 2004, Dr. Acosta began to see the international pro-death propaganda for what it really was. She began doing independent research (which in part included reference materials from HLI), and after nearly 3 decades as an avid promoter of contraceptives and population control, **Dr. Acosta made a 180-degree turn and became a pro-life advocate and activist.**

By the end of 2004, her conversion was complete. Then, with passion and resolve, she turned her attention to defending human life, faith, marriage, and the family, and to exposing the deadly deception of the culture of death that she had known all too well. She left her job and high-paying consultancies in February 2005 and began her new campaign for life.

In 2007, Dr. Acosta joined the HLI team, and since then she has done extensive activism work all over the Asian region.

HLI President: Fr. Thomas Euteneuer



SHARE



Rev. Thomas J. Euteneuer

Former President, Human Life International

Fr. Euteneuer resigned as president of HLI in August, 2010. Rev. Thomas J. Euteneuer (EYE-ten-our) became president of Human Life International in December 2000. Human Life International is the world's largest pro-life organization with affiliate offices and associates in eighty countries around the world. In nine years of service to this unique mission Fr. Euteneuer has traveled more than one million miles as a pro-life missionary and has visited fifty-seven countries.



Rev. Euteneuer was born in Detroit, Michigan in 1962, the fourth of seven children born to Joseph and Mariann Euteneuer. He has a Bachelor's degree in Philosophy from the University of Notre Dame in Indiana as well as a Licentiate degree in Biblical Theology from the Pontifical Gregorian University in Rome, Italy. He is fluent in Spanish.

While in college, Rev. Euteneuer participated in the Marine Corps Officer Candidate Program, attended basic training at Quantico, Virginia and graduated at the top of his Company. After discerning that the Lord was calling him to the priesthood rather than the

Company. After discerning that the Lord was calling him to the priesthood rather than the military, he entered the seminary. After his ordination in 1988, Fr. Euteneuer served as a parish priest in five parishes of the Diocese of Palm Beach, Florida, secretary to the diocesan bishop, director of vocations, and spiritual moderator for the diocesan Respect Life office.



His pro-life activity began in the early years of his priesthood with prayer vigils, pilgrimages, pickets at abortion mills, sidewalk counseling and the establishment of a crisis pregnancy center across the street from an abortion mill in 1999.

Since taking office at HLI, Rev. Euteneuer has spoken directly to tens of thousands of people all over the world spreading the Gospel of Life and has appeared frequently on EWTN and other media. He has been featured in *Human Events* and *Envoy* magazine and has appeared on local and national television many times. His now-famous Fox News interview with Sean Hannity on the subject of contraception has merited him both praise and criticism for his defense of Church teaching (see video below). He was awarded the John Cardinal O'Connor Award for Life from Legatus in 2005 and the "Soldier of the Church Militant" Award from the Brent Society in 2007.

Click [here](#) for Rev. Euteneuer's Commentary page.

Click [here](#) for HLI's Audio page featuring talks by Rev. Euteneuer.

For media inquires, contact Stephen Phelan at sphelan@hli.org or call 540-622-5270.

For all other inquiries please write us at hli@hli.org or call us at 1-800-549-LIFE.



 SHARE

(3) Depo-Provera

How Depo-Provera Works. Depo-Provera's active ingredient is depot-medroxyprogesterone acetate (DMPA), a synthetic form of the natural hormone progesterone, originally developed for the treatment of uterine cancer in the 1950s. The woman receives 150 milligrams of DMPA via deep intramuscular injection every three months.

Depo-Provera was approved for use in the United States in October 1992. In June of 1993, however, Canada's Department of Health and Welfare prohibited the use of Depo-Provera, saying that the drug did not meet Canadian safety standards as a contraceptive.[60] Depo-Provera is now available in more than 90 countries and is particularly popular among population controllers in Indonesia, Jamaica, Thailand, Kenya and New Zealand.

As with all other abortifacients that may pose a danger to Western women, Depo-Provera was extensively tested on Third World women first. The World Health Organization (WHO) used Depo on more than 11,000 women in Kenya, Mexico and Thailand before submitting it to the FDA for approval.[61]

According to Upjohn's information pamphlet on Depo-Provera, the compound "inhibits the secretion of gonadotropins which, in turn, prevents follicular maturation and ovulation and results in endometrial thinning. These actions produce its contraceptive effect." [62] The pamphlet also says that Depo-Provera:

- "[Has a] contraceptive effect produced by inhibiting the secretion of gonadotropins (FSH, LH), which prevents follicular maturation and ovulation.
- Suppresses the endometrium [the mucous membrane lining the uterus] and changes cervical mucus."

In other words, Upjohn acknowledges that Depo-Provera acts as an abortifacient.

Many women's menstrual cycles continue when using Depo-Provera: 43 percent after 12 months and 32 percent after 24 months.[63] This data shows that the compound does not completely suppress ovulation in a large percentage of women who use Depo-Provera.

Contraceptive Technology confirms that Depo-Provera has a three-way mode of action. It inhibits ovulation and thickens cervical mucus (which are both contraceptive actions), but it also alters the endometrium (the lining of the uterus) so that its degree of receptivity to the blastocyst (very early developing human being) is significantly decreased. According to *Contraceptive Technology*, "Other contraceptive actions include the development of a shallow and atrophic [thinning] endometrium ..."

When Depo-Provera works in this way, it is an abortifacient.[64]

Adverse Reactions to Depo-Provera. Upjohn's information pamphlet on Depo-Provera lists more than 60 adverse reactions suffered by women who use the compound.[65]

Women on Depo-Provera report an average weight gain of 5.4 pounds in the first year and 16.5 pounds over six years. Depo-Provera users commonly experience osteoporosis (loss of bone mass).[66] Some users also suffer jaundice, a decrease in glucose tolerance and convulsions.

In women who have used Depo-Provera for the first time within the last four years, and who are under 35 years of age, the risk of breast cancer increases 129 percent.[67] No increased risk of ovarian, liver or cervical cancer is apparently associated with the drug's use.

Use of Depo-Provera may be associated with ectopic pregnancy, thrombophlebitis (inflammation of blood vessels associated with blood clots), pulmonary embolism (obstruction of the pulmonary artery by a blood clot, air bubble, or other material), cerebrovascular disorders, and partial or complete loss of vision in mothers, and polysyndactyly (webbing and extra digits of the hands and feet), hypospadias (genital tract abnormalities) and chromosomal anomalies among infants born to them.[68]

More than five percent suffer headaches, nervousness, abdominal pain or discomfort, dizziness or asthenia (weakness or fatigue). One to five percent reported one or more of these ailments: Decreased libido (sexual desire) or anorgasmia, depression, nausea, insomnia, leukorrhea (abnormal vaginal discharges), pelvic and breast pain, rashes, hot flashes, edema (swelling), vaginitis and acne.[69]

The information pamphlet lists 48 other symptoms reported by lesser numbers of patients, including chest pains, pulmonary embolus, allergic reactions, anemia, tachycardia (racing heart rate), fever, hoarseness, blood dyscrasia (abnormal blood chemistry), rectal bleeding, breast lumps or nipple bleeding, paralysis, facial palsy, uterine hyperplasia (abnormal growth of the uterus), varicose veins and deep vein thrombosis.[70]

[Go to Next Topic: \(4\) Norplant and Jadelle](#)

[Return to *Abortifacients* Table of Contents](#)

Footnotes for "(3) Depo-Provera"

[60] *HLI Newswire*, June 3, 1993.

[61] *HLI Newswire*, June 19, 1992.

[62] Patient information brochure. "Now Available in the U.S.: Depo-Provera Contraceptive Injection." Upjohn Pharmaceutical Company, December 1992.

[63] *Ibid.*

[64] Robert Hatcher, M.D., M.P.H. Chapter 20, "Depo-Provera Injections, Implants, and Progestin-Only Pills (Minipills)." Robert A. Hatcher, *et. al. Contraceptive Technology* (18th Revised Edition) [New York: Ardent Media, Inc.], 2004, pages 461 to 494.

[65] Patient information brochure. "Now Available in the U.S.: Depo-Provera Contraceptive Injection." Upjohn Pharmaceutical Company, December 1992.

[66] On October 30, 1992, the *Los Angeles Times*, *Houston Chronicle*, and Minneapolis *Star-Tribune*, among other major newspapers, reported that "Use of Depo-Provera may be considered among the risk factors for developing osteoporosis. The rate of bone loss is greatest in the early years of use. ... A slight increased overall risk of breast cancer

has been associated with use in women under 35 years of age whose first exposure to the Depo-Provera Contraceptive Injection was within the previous four years. Other complications include weight changes, menstrual irregularities, headache, dizziness, nervousness, abdominal pain or discomfort, and asthenia (weakness or fatigue)."

[67] *Ibid.*

[68] Patient information brochure. "Now Available in the U.S.: Depo-Provera Contraceptive Injection." Upjohn Pharmaceutical Company, December 1992.

[69] *Ibid.*

[70] *Ibid.*



(4) Norplant and Jadelle.

The History of Norplant. The Population Council (founded by population controllers John Rockefeller III and Elton Kessel) originally owned the patent for Norplant, which was developed by embryologist Sheldon Segal of the Rockefeller Foundation. Wyeth-Ayerst Laboratories of Philadelphia, a subsidiary of American Home Products Corporation, produced the abortifacient, which cost women about \$870 to produce about five years of barrenness.[71] The U.S. Food and Drug Administration (FDA) approved the abortifacient Norplant for public use on December 10, 1990.

Norplant was formally introduced to the American public in February 1991.

As of December 2004, about one and a half million North American women had used Norplant. More than 50,000 of these women have brought more than 200 lawsuits, including 70 class-action suits, against Wyeth-Ayerst Laboratories.[72] The legal complaints allege inadequate warnings of side effects, prolonged menstrual bleeding, headaches, large weight gains, personality disorders, hair loss and depression. Wyeth-Ayerst won three jury verdicts, a score of summary judgments, and the dismissal of 14,000 claims. In 1999, it offered \$1,500 cash settlements to the remaining 36,000 women who alleged that they had been injured by Norplant.[73]

In 1999, Norplant distribution ceased in the United Kingdom, and three years later it stopped in the United States, although supplies continued to be used until 2004.

The original Norplant is being succeeded by Norplant II, brand-named "Jadelle." Like the original Norplant, Jadelle was developed by the Population Council and manufactured by Finland's Schering Oy Pharmaceuticals. Jadelle consists of two small (2.5 millimeter X 43 millimeter) silicone rods, each containing 75 milligrams of levonorgestrel in a polymer matrix. The Food and Drug Administration approved Jadelle on May 31, 1996, and it is also effective for five years. Jadelle has not yet been marketed in the United States, but as of January 2007, it is being used all over the world by the United States Agency for International Development (USAID) as a successor to the original Norplant.

Implantation and Extraction Procedures. Insertion and extraction procedures for Norplant and Jadelle are similar. Both consist of silastic (silicone rubber), the same material used in heart valves and medical tubing.

A physician begins the insertion procedure by making a 1/8-inch incision about six inches above the woman's elbow. He then loads the capsules one by one into her arm in a fan-shaped pattern using an insertion tube.[74] He uses local anesthetic for both the implantation and extraction procedures.

In many cases, removing the six tubes of the original Norplant is trickier than implanting them because the tubes become coated with fibrous tissue and gradually anchor into the surrounding tissue (i.e., they grow into the arm). This is a result of trauma caused by the implants being pushed into the tissue and a low-level inflammatory reaction to the tube's foreign substance. Such difficulties will probably also be associated with Jadelle.

How Norplant and Jadelle Work. Norplant and Jadelle are members of the single-

synthetic hormone class of abortifacients that includes the "mini-pill" and the Progestasert intrauterine device (IUD).[75]

Once implanted, Norplant and Jadelle slowly release levonorgestrel (a low-dosage progestin used in many birth control pills), which is an abortifacient that prevents implantation of the developing human being in the uterus.

Norplant and Jadelle both have a three-fold mode of action. They inhibit ovulation, thicken cervical mucus, and alter the endometrium (the lining of the uterus) so that its degree of receptivity to the blastocyst (early developing human being) is significantly decreased.[76] A test of 41 women using Norplant for one year showed that 24 women experienced a suppressed uterine lining, 12 had an irregular uterine lining, and only five had normal (unchanged) uterine linings.[77] Thus, Norplant had a clearly abortifacient effect in up to 88 percent of the women tested.

The mode of action of both Norplant and Jadelle are based upon a timed release of the abortifacient levonorgestrel. This means that a woman using either will occasionally ovulate and conceive, and will therefore be aborting at least once or twice each year.

Norplant/Jadelle's Side Effects. According to Dr. John Hildebrand, an expert in human reproduction, the synthetic hormone in NORPLANT

... louses up the lining of the uterus. It produces exhaustion of the endometrium, depriving the lining of the uterus of the hormonal support that it needs. [The drug] disturbs all factors in the blood system. The drug is long-acting because the body can't digest these new analogs. The body sees this as an abnormal thing and tries to get rid of it. When it can't, it sets up violent reactions inside us. In the sense that we are all different - that our enzymes are as individual as our fingerprints - nobody can be certain of the effects this drug will have.[78]

We are now beginning to get an idea of the galaxy of negative side effects suffered by Norplant users. Since Jadelle releases exactly the same chemicals, we can expect its users to suffer the same side effects.

Although they naturally vary widely from woman to woman, the range of typical Norplant side effects generally include;

- changes in the endometrium (uterine lining);

- odd menstrual bleeding patterns;

- spotting between menstrual periods;

- missed or prolonged menstrual periods;

- dizziness;

- thrombosis (formation of blood clots);

- liver dysfunction;
- headaches;
- sudden weight gain or loss;
- ectopic pregnancy;
- nervousness;
- nausea;
- breast pain;
- hirsutism (abnormal body hair growth);
- high blood pressure;
- arm numbness;
- allergic/immune reactions;
- "migration" of the six polymer capsules; and
- ironically, a decreased sexual appetite.[79]

One Texas survey showed that eight percent of Norplant users experienced pseudo-tumor cerebri, a condition where increased fluid pressure in the brain crushes the optic nerve and causes partial or complete *permanent* blindness.[80]

A study conducted in Singapore concluded that after one year of use, women "... may have an increased predisposition to thrombosis as evidenced by significant increase in platelet count and aggregability." The results also show that NORPLANT acceptors may have an enhanced potential for hypercoagulation ... "[81] Another study showed that there was a significant increase (58%) in bilirubin in women who used NORPLANT for a year, indicating that the abortifacient may cause serious liver dysfunction.[82]

The United States Food and Drug Administration (FDA) has warned that NORPLANT "... should not be used by women who have acute liver disease, unexplained vaginal bleeding, breast cancer, or blood clots in the legs, lungs, or eyes."

Groups that were already deeply involved in abortion, contraception, and population control predictably downplayed the side effects of the drug in their literature. The April 1990 issue of the International Planned Parenthood Federation (IPPF) newsletter *Medical Bulletin* stated that NORPLANT's most serious side effects were weight gain and a "... greater risk that the pregnancy will be ectopic than if the user were not using NORPLANT." The article failed to mention impacts such as allergic/immune reactions, 'migration' of the six polymer capsules, or most of the side effects listed above.

Norplant: Targeting the Poor Worldwide. It is standard operating procedure (SOP) for contraceptive manufacturers and population controllers to target Third World women with new or untested abortifacients. In addition, the old high-dose birth control pills and various IUDs that have proven too dangerous for North American women to use are shipped overseas by the tens of millions.

At the turn of the 19th century, the sun never set on the British Empire. If an empire could be defined as control of the wombs of poor women in developing countries, there is a new empire upon which the sun never sets - the empire painstakingly constructed by Western contraceptive imperialists.

Since the mid-1970s, the United States has been deeply committed to both domestic and foreign population control programs. More than *twenty billion dollars* of our tax money have been used to implement many questionable programs, including, most notably, the Chinese forced-abortion atrocity.[83]

The National Security Council (NSC) is the highest U.S. bureaucracy charged with the planning and direction of foreign policy. One of the most vital aspects of this policy is population control.

One highly sensitive NSC document entitled "Implications of Worldwide Population Growth for U.S. Security and Overseas Interests" was written in 1974 and only declassified in late 1990. This document served as the foundation for our country's anti-natalist population philosophy.

The document stated that "Commitment to population stabilization will only take place when leaders of less-developed countries (LDCs) clearly see the negative impact of unrestricted population growth and believe it is possible to deal with this question through governmental action."

The document also suggested that United States food assistance might be made conditional depending on the LDC's population control performance but that "... it is important in style as well as substance to avoid the appearance of coercion ... mandatory programs may be needed and that we should be considering these possibilities now."

In 1976, the Interagency Task Force on Population Policy for the Under Secretaries Committee of the NSC found that "In some cases, strong direction has involved incentives such as payment to acceptors for sterilization, or disincentives such as giving low priorities in the allocation of housing and schooling to those with larger families. Such direction is the *sine-qua-non* [essential essence] of an effective program."

Anti-lifers betray their racist and eugenicist roots most plainly when they express their fear of the population increase in developing countries. They believe that the currently poor nations with large populations will eventually attain massive economic power and will present unwanted competition for the United States.

This fear was explicitly outlined in *National Security Study Memo 200 [NSSM 200]*, or the "Kissinger Report". This document clearly outlined how and why the United

States felt that it had to hold down the populations of developing nations;

The U.S. economy will require large and increasing amounts of minerals from abroad, especially from less developed countries. That fact gives the U.S. enhanced interest in the political, economic, and social stability of the supplying countries. Wherever a lessening of population pressures through reduced birth rates can increase the prospects for such stability, population policy becomes relevant to resource supplies and to the economic interests of the United States. ... It is vital that the effort to develop and strengthen a commitment on the part of the LDC ["lesser developed countries"] leaders not be seen by them as an industrialized country policy to keep their strength down or to reserve resources for use by the "rich" countries. Development of such a perception could create a serious backlash adverse to the cause of population stability. ... The conclusion of this view is that mandatory [population control] programs may be needed and that we should be considering these possibilities now. ... On what basis should such food resources then be provided? Would food be considered an instrument of national power? Will we be forced to make choices as to whom we can reasonably assist, and if so, should population efforts be a criterion for such assistance? ... No country has reduced its population growth without resorting to abortion. ... Pay women in the LDCs to have abortions as a method of family planning. ...

The parallels to the U.S.-funded Chinese program (described in Chapter 4, "China's Forced Abortion Program") are obvious.

Norplant Used in Developing Nations. Norplant was the final product of 24 years of Population Council research. In 1990, the USA became the 17th country to accept it for distribution. The abortifacient had been tested continuously since 1972 on women in several developing countries, including Haiti, Indonesia, Brazil and Bangladesh, by the United States Agency for International Development (USAID), which provided most of the \$20 million in research costs.[84]

At a 1990 meeting of the American Public Health Association (APHA), Dr. Shayam Thapa claimed that, although doctors were eager to implant the drug, only one-fourth of Bangladeshi women who wanted the capsules removed could find a doctor willing or trained to do so.[85]

In 1990, the *Hai News*, a Korean newspaper, reported that UBINIG, a Bangladeshi health advocacy group, had uncovered "gross violations of medical ethics" in the testing and distribution of Norplant under the auspices of the USAID and Family Health International (FHI). Medical personnel did not inform Bangladeshi women that the drug was experimental and that it had possible side effects. They bribed many women to use the drug and instructed them not to report side effects so the test program results would be skewed to "show" lower rates of health problems. When women became too sick to avoid seeking medical attention, the medics withheld proper care from them, and told them that they would have to refund the cost of the Norplant if it was removed - an impossibility since this sum was more than a year's wage. Many women suffered severe eye problems and even blindness, yet the summary reports on the effectiveness of Norplant contained no mention of these side effects.[86]

Initial experimentation of possibly dangerous drugs on foreign women is an entirely typical tactic of the major pharmaceutical companies. They test their birth control

devices on poor women from developing countries so that any mistakes or serious health problems are easier to cover up. One advantage to this tactic is that poor women from foreign countries have little recourse when their health is destroyed or damaged by this kind of testing, because the companies bring lots of American dollars to their homelands and any agitation against the programs can be easily suppressed by local governments.

In the opinion of the 'new abortionists,' it is just too bad if their 'guinea pigs' are damaged. As one gynecologist who was testing Norplant heartlessly proclaimed, 95% of our clients belong to the very poor class. They are responsible for giving birth four or five times. Since they cannot remember to take birth control pills every day, long-acting contraceptives are much better for them. ... In order to have a good thing there is always a price to pay. If two or three women die - what's the problem? The population will be reduced.[87]

When the birth control product is judged safe for American women to use, the product is marketed in the United States.

If the product is used by American women but later turns out to be unhealthy despite the initial program of foreign testing, the pharmaceutical companies flood developing countries with their abortifacient devices and drugs in the name of "foreign aid" and "population control." They have taken this course of action with several IUDs, the injectable abortifacient Depo-Provera, and many brands of high-dose birth control pills.

If this is not an overt and concrete expression of racism, *what is?*

For more information on various forms of United States "contraceptive imperialism," see Chapter 18, "The International Abortion Situation."

Norplant Used in the United States. Immediately after Norplant was introduced to the American public, several judges ordered women (always poor Blacks) onto the drug because they had been convicted of abusing previous children. In one such case, Tulare County (California) Superior Court Judge Howard R. Broadman gave Darlene Johnson a very simple but coercive choice: Be chemically sterilized with Norplant or go to jail for two to four years.[88]

Nor did it take state legislatures long to perceive the dramatic possibilities of using the drug. Kansas H.B. 2089 identified Norplant by name in an act that would provide help to female welfare recipients *only* if they agreed to be implanted.[89]

With so many influential people pushing abortion and birth control on poor minority women, it is inevitable that their secret racist agenda will slip out occasionally. Strangely, these stories seem to have little effect on the blissfully unaware public. Typically, those pro-abortion groups that claim to be fighting for the rights of minorities ignore them entirely.

In a classic recent example, deputy editorial page editor Donald Kimelman of the *Philadelphia Enquirer* stated in a December 12, 1990 article, chillingly entitled "Can Contraception Reduce the Underclass?," that

As we read these two stories [about Norplant and Black poverty], we asked ourselves: Dare we mention them in the same breath? To do so might be considered deplorably insensitive, perhaps raising the specter of eugenics. But it would be worse to avoid drawing the logical conclusion that foolproof contraception could be invaluable in

breaking the cycle of inner city poverty - one of America's greatest challenges.[90]

Kimelman went on to suggest that welfare mothers could be implanted with Norplant for free and perhaps receive increased welfare benefits as a reward. He apparently failed to realize that this was one of the first elements of the coercive Chinese population program that now features mandatory sterilization and forced abortions even in the ninth month of pregnancy.

We might ask ourselves this question: If Kimelman and his fellow "thinkers" were truly concerned about poverty in general, why do they not also recommend the use of Norplant for poor *White* women?

Others apparently asked this same question. Vanessa Williams, president of the Philadelphia chapter of the National Association of Black Journalists, called Kimelman's article "A tacit endorsement of slow genocide." [91]

Inquirer columnist Steve Lopez sarcastically suggested on December 16th that contraception would not reduce the underclass quite so fast as "just shooting them."

The *Philadelphia Enquirer* publicly apologized for its racist article on the 22nd of December, after a wave of complaints. But the damage had been done; the racist thinking of the pro-abortionists and some very influential people had been exposed once again.

[Go to Next Topic: \(5\) The RU-486 Abortion Pill](#)

[Return to *Abortifacients* Table of Contents](#)

Footnotes for "(4) Norplant and Jadelle"

[71] Paul Likoudis. "Five-Year Birth Control Device Approved By FDA." *The Wanderer*, December 20, 1990, pages 3 and 12.

[72] Associated Press. "Publicity Blamed for Drop in Norplant Use." *San Francisco Chronicle*, August 12, 1995, page A5.

[73] Erica Johnson. "Medical Device Lawsuits." *CBC News*, April 1, 2003; Pamela Manson. "Federal Judge Dismisses Norplant Damage Claims." *Texas Lawyer*, August 27, 2002.

[74] Paul Likoudis. "Five-Year Birth Control Device Approved By FDA." *The Wanderer*, December 20, 1990, pages 3 and 12.

[75] Robert A. Hatcher, *et. al.* *Contraceptive Technology* (18th Revised Edition) [New York: Ardent Media, Inc., 2004]. Chapter 20, "Depo-Provera Injections, Implants, and Progestin-Only Pills (Minipills)," pages 461 to 494.

[76] Dale N. Robertson. "Implantable Levonorgestrel Rod Systems: *In Vivo* Release Rates and Clinical Effects." Also see Horacio B. Croxatto, *et al.* "Histopathology of the Endometrium During Continuous Use of Levonorgestrel." Both included in Gerald I. Zatuchini (editor). *Long Acting Contraceptive Delivery Systems* [New York: Harper & Row, 1984], pages 133 to 144 and 290 to 295, respectively.

[77] *Ibid.*

- [78] Paul Likoudis. "Five-Year Birth Control Device Approved By FDA." *The Wanderer*, December 20, 1990, pages 3 and 12.
- [79] Robert A. Hatcher, *et. al.* *Contraceptive Technology* (18th Revised Edition) [New York: Ardent Media, Inc., 2004]. Chapter 20, "Depo-Provera Injections, Implants, and Progestin-Only Pills (Minipills)," pages 461 to 494.
- [80] British Broadcasting Corporation. Horizon Television Show entitled "The Human Laboratory," broadcast of November 7, 1995.
- [81] O.A.C. Viegas, *et al.* "The Effects of NORPLANT on Clinical Chemistry in Singaporean Acceptors After 1 Year of Use: Haemostatic Changes." *Contraception*, September 1988, Volume 38, Number 3. Pages 313 to 323.
- [82] *Ibid.*
- [83] See Chapter 18, "The International Abortion Situation," for calculations.
- [84] Elizabeth Sobo. "Norplant: Lab-Tested on Third World Women." *Our Sunday Visitor*, February 3, 1991, pages 10 and 11.
- [85] *Ibid.*
- [86] British Broadcasting Corporation. Horizon Television Show entitled "The Human Laboratory," broadcast of November 7, 1995; Elizabeth Sobo. "Norplant: Lab-Tested on Third World Women." *Our Sunday Visitor*, February 3, 1991, pages 10 and 11.
- [87] Bangladeshi gynecologist Josas Koninoor, M.D., quoted in "Norplant, The Five Year Needle." *Issues in Reproductive Engineering* [Volume 3, Number 3], pages 221 to 228.
- [88] Joe Bigham. "Birth Control Order Stands Until Appeal." *The Oregonian* [Portland, Oregon], January 11, 1991, page A16.
- [89] "Chemical Warfare." American Life League's *Communique*, March 1, 1991.
- [90] Don Kimelman. "Poverty and Norplant: Can Contraception Reduce the Underclass?" *Philadelphia Enquirer*, December 12, 1990.
- [91] Clarence Page. "Hope Best Way to Fight Poverty." *The Oregonian*, December 31, 1990, page C5.

Facts of Life: Chapter 2: Abortifacients: (5) The RU-486 Abortion Pill--Part 1



 SHARE

(5) The RU-486 Abortion Pill.

Dreams of an "Ultimate Pill." At one time, the lives of preborn children had some value to the pharmaceutical companies, which actually worked hard to avoid injuring them as they concocted their various chemical mixtures.

As national morality loosened, especially after abortion was legalized, such companies no longer needed to consider the effects of various "birth control" methods on the life of the developing human being. The health of the mother became the only criterion.

And so, the ideal "contraceptive" gradually evolved into a device or drug that would not only prevent ovulation and fertilization, but eliminate early pregnancies as well. In the 1970s, Garrett Hardin and other population theorists dreamed of such a major "contraceptive" of the future, which would most likely take the form of an abortifacient pill.[92]

With RU-486, it seems that the anti-life genie has granted their unholy wish.

The Origin and History of RU-486. The original manufacturer of the RU-486 abortion pill (originally labeled ZK 95.890, but now classified as Roussel-Uclaf 38486, or RU-486 for short) was the French company Groupe Roussel-Uclaf, a subsidiary of the West German pharmaceutical giant Hoechst.

It is a little-known but revealing fact that Hoechst changed its name from the original "I.G. Farben" after World War II in an attempt to shake its loathsome reputation. I.G. Farben made a tidy profit during the war from the manufacture of the cyanide gas Zyklon-B, used to exterminate Jews and other people in the "showers" of the Nazi death camps.

Now Farben's descendant will make a profit by exterminating millions of preborn babies.

Ironically, the Pill's inventor, Etienne-Emile Baulieu of France's National Institute of Health and Medical Research, is Jewish. He was born in 1926 to a doctor named Leon Blum, and changed his name in 1942, presumably to avoid being killed by the Zyklon-B gas made by the same company he works for today.

On September 23, 1988, the French government, which just happens to own 36.25 percent of Roussel's stock, approved distribution of the abortion pill on the condition that it be administered only in approved medical centers and only until the seventh week of pregnancy. The manufacturer was immediately swamped with tens of thousands of pro-life protest letters, and more than 20,000 French pro-life activists marched in Paris streets in opposition to the Pill.[93]

For months, Dr. Edouard Sakiz, Roussel-Uclaf chairman, watched pickets outside his window at work. Pro-lifers publicly condemned his new product as "a chemical weapon that would poison the still-tiny children of a billion Third World mothers." Jean-Marie Cardinal Lustiger, Archbishop of Paris, condemned the Pill as being "extremely dangerous," both physically and morally.

On October 26, 1988, about one month after government approval of the Pill, Roussel-Uclaf suspended distribution in China and France because of the "outcry of

public opinion at home and abroad." Andre Ullman of Roussel-Uclaf, who helped develop the Pill, said that a boycott figured heavily in the company's decision to stop making the drug.

The predictable backlash from the left wing was incredibly vehement, even by its low standards. Faye Wattleton, former president of the Planned Parenthood Federation of America, squawked that the suspension was "... a tragic display of cowardice and a shocking blow to women around the world." [94]

Liberation, France's largest left-wing daily newspaper, sneered at the Catholic Church in its front-page article entitled "The *Diktat* of the Bigots." The political weekly *L'Evenement du Jeudi* sniveled about "... the brutal return of the Inquisition." The French Family Planning Movement (including, of course, Planned Parenthood) trotted out its usual mix of tired slogans and twisted grammar to condemn "... this new assault by conservative religious forces. After having set the fires of intolerance with the Scorcese film ["The Last Temptation of Christ"], the traditionalists and Catholic reactionaries now want to impose their reactionary laws on women." [95]

Meanwhile, Baulieu was whipping up support for his death pill at the World Congress of Gynecology and Obstetrics in Rio de Janeiro before 9,500 doctors and researchers. He denounced Roussel-Uclaf and called the decision to stop making the Pill "morally scandalous," a description that amused many French pro-lifers. Apparently, Baulieu has no problem at all engineering the deaths of millions. According to him, this genocide is perfectly legal *and* moral.

Then, on October 29, 1988, the French press reported that the government ordered the company to resume distribution of the death pill. Health Minister Claude Evin, quoting France's 1975 law legalizing abortion, stated that the Pill was "the moral property of the women of France." Evin had invoked, for the very first time, a 1968 French law that allows the government to directly intervene when the "interests of public health" are endangered. Evin simpered that "I was doing what I could to make sure France did not surrender to pressure groups animated by archaic ideologies" [such as Christianity]?

The press lied about this incident, saying that the French government demanded that Roussel resume distribution of the Pill. In reality, the government merely *requested* the company to resume distribution. In the interest of fairness, however, it must be noted that the 'request' was coercive - Roussel-Uclaf would lose its license to manufacture the Pill to another company if it did not comply with the government's wishes.

Baulieu, the killer pill's inventor, was now in the spotlight and parroted the usual pro-death lies. "One hundred and fifty thousand women die annually from botched abortions. RU-486 could save the lives of thousands of women," he said. When asked for documentation, Baulieu simply ignored the questions in the pro-abort manner easily recognized all over the world.

Incredibly, pro-abortion groups even began to promote Baulieu for a Nobel Prize nomination! It would be interesting indeed to see how the Nobel Committee would justify elevating Baulieu to the same stature as Mother Teresa of Calcutta, who labored to save life rather than destroy it, and who condemned abortion during her Nobel Prize acceptance lecture.

This dramatic move by the French government relieved Roussel-Uclaf of any responsibility for its actions, and company spokesmen merely shrugged their shoulders and said, in effect, "What can we do? The government has ordered us to continue." This total lack of resistance to government intrusion into its affairs made it quite plain that

Roussel-Uclaf welcomed the diversion of attention and the shifting of moral responsibility to the French government so that it could get on with mass production of its astronomically profitable killing pill.

The invention of the abortion pill caused great excitement among pro-abortion groups in the United States. Several groups whose sole or primary purpose was to propagandize the public soon sprang up, including Every Child a Wanted Child (California) and the Reproductive Health Technologies Project (Washington, D.C.).

When the French government ordered the continued production of the Pill, Kate Michelman of the National Abortion and Reproductive Rights Action League (NARRAL), attempting to cram as many trite slogans as possible into a single sentence, enthused that "The French government has taken a strong stand against intolerance and in favor of the health of women. We support this action and the message it sends to those who seek to impose their will on all of us."

Roussel-Uclaf spokesmen have insisted that their product was not intended to be a morning-after pill. Those familiar with the pro-abortion mentality know for certain that it indeed *will* become a morning-after pill, a convenient birth control method for women who don't want to be subject to the side effects of the regular birth control pill. Of course, the ultimate pro-abortion objective is to simply have women take an early abortion pill each month. A writer for the pro-abortion front group 'Catholics' for a Free Choice (CFFC) says that

If RU-486 is also used monthly, proliferators would have a hard time convincing the public that the drug isn't just another contraceptive. Indeed, a 1982 *New York Times* story on Baulieu and RU-486 described the drug as "a new birth control pill." Planned Parenthood released a "Fact Sheet" in October that refers to RU-486 as a type of "interceptor (luteal contraception)." If most people hear a new drug described as "birth control," they'll think of the Pill and IUD, not abortion. ... If more women come to use RU-486 than traditional contraceptives, abortion would be the preferred method of birth control in the United States.[96]

A total of 793 French clinics were initially authorized to use the abortion pill. The cost for an RU-486 abortion was about \$256, eighty percent of which was borne by the Socialist government.[97]

However, Roussel-Uclaf initially distributed the Pill only in France and the People's Republic of China, because the company leadership was not eager to start a worldwide debate. In reality, they were particularly concerned about the financial muscle of American pro-life groups.

The Archbishop of Lyon, Cardinal Albert Decourtray, summed up the feelings of Christians everywhere neatly as he said that "The Pill now produces a process which allows abortion to seem like a contraceptive. In other words, it tends purely and simply to numb the conscience about both the act itself and its moral gravity. A follower of Christ cannot accept it."

In November of 1988, the Vatican clarified its definition of abortion to include the use of drugs like RU-486, which are used specifically to kill the unborn child. Such use, they said, is an excommunicable offense for Catholics, the same as procuring a surgical 'elective' abortion. For further information on this teaching, read Chapter 9, "Catholic Church Teachings on Abortion "

Church Teachings on Abortion.

An affiliate of Roussel-Uclaf, Hoechst-Roussel Pharmaceuticals of Somerville, New Jersey, holds the option rights for the drug in the United States. Hoechst-Roussel is a part of Hoechst Celanese, a wholly-owned subsidiary of Hoechst AG. Celanese has average annual sales of \$1.7 billion.

The United Nations World Health Organization (WHO) conducted detailed tests with RU-486 and a similar drug, ZK 98.734, produced by Schering AG.[98] It is obvious that WHO would have no particular interest in RU-486 unless the Pill would aid its population control programs. Baulieu has cited his own concern about the "complications of overpopulation" as one of the reasons he developed the abortion pill.[99]

On September 28, 2000, the RU-486 abortion pill was approved for use in the United States. After one year, only 12 percent of all abortionists had provided the drug to women. Most likely it was not more popular because of two reasons: (1) it requires at least three visits to the abortionists, and (2) it is about \$150 more expensive than an early surgical abortion.[100]

The Population Council tested RU-486 on 2,100 American women between October 1994 and December 1995. This trial deliberately excluded women over 35 years of age and those who smoked more than ten cigarettes each day. As a result, the Food and Drug Administration advises doctors to "treat these patients with caution," and also to be very careful with women taking anticonvulsants or anticoagulants.

The Population Council gave the rights to produce RU-486 to the New York-based marketing firm Danco Laboratories, which plans to sell a chemical equivalent under the name Mifeprix or "Early Option." The Shanghai-based Hua Lian Pharmaceutical Company makes the drug compound.[101]

Since the RU-486 abortion pill was approved for general use in the United States, nearly a million preborn children have lost their lives to it, as shown below.

Figure 2-7	
Number of RU-486 Abortions in the United States, 2001-2007	
Year	RU-486 Abortions
2001	51,000
2002	89,000
2003	115,000
2004	140,000
2005	160,000
2006	170,000
<u>2007</u>	175,000
Totals	900,000
<u>References.</u>	
(1) Lawrence B. Finer and Stanley K. Henshaw "Abortion	

(1) Lawrence B. Finer and Stanley K. Henshaw. "Abortion Incidence and Services in the United States in 2000." *Perspectives on Sexual and Reproductive Health* [Alan Guttmacher Institute]. January/February 2003 [Volume 35, Number 1], pages 6 to 15. Table 6, "Estimated Number and Percentage of Providers Performing Early Medical Abortion; and Among Nonhospital Abortions, Number and Percentage that Were Medical, and Percentage of Medical Abortions that Used Mifepristone - All by Selected Characteristics of Providers, January-June 2001." This table shows 35,300 medical abortions for the first six months of 2001. The text below this box on page 13 states that 72 percent of these abortions were done with mifepristone (RU-486). This means that about $(35,300 \times 2 \times .72) = 51,000$ RU-486 abortions were performed in the United States in 2001.

(2) In reply to an inquiry, a May 29, 2007 e-mail message from Cynthia Summer, DrPH, of Danco Laboratories, stated that about 725,000 women have used Mifeprix for medical abortion in the United States during the time period 2001-2006, inclusive. She did not have the year-by-year breakout for these numbers, so the numbers for 2002-2007 are estimates based on a standard growth curve.

How RU-486 Works. RU-486's scientific name is mifepristone. It imitates progesterone, the hormone that signals the uterus to become receptive to the fertilized egg. The abortion pill is used in tandem with a prostaglandin that prepares the uterus for evacuation.

RU-486 contains a progesterone analogue (imposter) that "plugs in" to the uterine progesterone receptors, but does not deliver the message that progesterone is supposed to transfer naturally. These hormone impostors are commonly labeled "anti-hormones."

Once the anti-hormone has occupied the progesterone receptors, the blastocyst (early growing human being) is denied attachment and simply starves for want of nutrients and oxygen. He or she is expelled after several days. This mechanism of action works to kill preborn children in the first eight weeks of pregnancy.

Most abortion pills, including RU-486, are about 80 percent effective when used by themselves and about 95 percent effective when accompanied by one or two subsequent injections of synthetic prostaglandin E or Sulprotone. The abortion pills are used to kill babies of less than five weeks gestation, and their efficiency decreases dramatically past seven weeks' gestation.

Naturally, pro-abortionists know the RU-486 pill is a true abortifacient, and they know, in fact, that it was *designed* to be a true abortifacient. They recognize the value of lying to the public about its intended effects because they know the public is much more comfortable with contraception than with abortion.

For example, the National Abortion Federation (NAF) says in an article entitled "Successful Strategies: Managing the Media"

When polls have been conducted on RU-486, the new French pill, the results vary depending on how the question is asked. If RU-486 is referred to as an 'abortion pill,' it has significantly less support than if it is called a new form of birth control. In many polls, the description can change support by as much as 15-20 points and determine if a majority of those polled are in favor of the Pill.[102]

Etienne-Emile Baulieu has said "I don't like abortion and I don't like talking about it. I am a physician and would rather talk about saving life. I am not really for abortion, I am for women ... I resent it when people present the very early interruption of pregnancy as killing a baby, morally or physically. I think it's a crime to say that." [103]

In order to blur the line between contraception and abortion, anti-lifers commonly call abortion pills "menses regulators," "post-coital contraceptives," "emergency contraceptives" and "contragestives."

In case there is any confusion, we can simply quote the National Abortion and Reproductive Rights Action League (NARRAL, now 'NARAL Pro-Choice America'), which has said that "RU-486 is properly called an 'abortifacient.' Because it is a drug that can induce a menstrual period after the implantation of a fertilized egg in the uterus, it can terminate a woman's pregnancy in its earliest stages." [104]

[Go to Next Topic: \(5\) The Ru-486 Abortion Pill—Part 2](#)

[Return to Abortifacients Table of Contents](#)

Footnotes for "(5) The RU-486 Abortion Pill—Part 1"

[92] Garrett Hardin. "The History and Future of Birth Control." *Perspectives in Biology and Medicine*. Autumn 1966.

[93] Diana Geddes. "French Catholics Take a Beating On Abortion Pill." *National Catholic Register*, November 13, 1988, page 1.

[94] Faye Wattleton, quoted in *New York Woman*, May 1990.

[95] As described in Dianne Pomon. "RU-486." *Voices for the Unborn* (Feasterville, Pennsylvania), August 1990, pages 7 and 15.

[96] Tony Kaye. "Are You for RU-486?: A New Pill and the Abortion Debate." *Conscience* [newsletter of 'Catholics' for a Free Choice (CFFC)], July/August 1986 [Volume VII, Number 4], pages 15 to 17.

[97] "France Orders Subsidies for RU-486 Abortion Pill." *National Catholic Register*, April 1, 1990, page 2.

[98] Joan Batista. "Abortion Pill is No Panacea." *Against the Current*, July/August 1990, pages 11 to 14.

[99] "RU-486: Major Topic at Conference." *WomenWise* (newsletter of the New Hampshire Feminist Women's Health Centers), Winter 1986-1987.

[100] Karen Auge. "RU-486 Has Scant Effect on Abortions." *Denver Post*, September 24, 2001.

[101] Lynne Zielinski. "The Mother of All Pills." *Envoy Magazine* [Volume 5, Issue 4], pages 48 to 51.

[102] National Abortion Federation. *Abortion: Moral Choice and Medical Imperative*. "Abortion Practice Advancement, Sixteenth Annual Meeting Workbook, April 13-14, 1992, San Diego, California," page 133, "Successful Strategies: Managing the Media."

[103] Etienne-Emile Baulieu, quoted in the *New York Times Magazine*. Described in the *American Family Association Journal*, May 1989, page 8, and quoted in *National Catholic Register*. "France Orders Subsidies for RU-486 Abortion Pill." April 1, 1990, page 2.

[104] National Abortion Rights Action League "Factsheet" quoted in "From the Horse's Mouth." *National Right to Life News*, February 12, 1990, page 13.

Facts of Life: Chapter 2: Abortifacients: (6) The Methotrexate/Misoprostol-Cytotec (M&M) Combination



 SHARE

(6) The Methotrexate/Misoprostol-Cytotec (M&M) Combination.

One abortifacient in particular has emerged recently as the next contender for the widespread killing of preborn children - the methotrexate/misoprostol combination under investigation by Dr. Richard U. Hausknecht of the Mount Sinai School of Medicine and funded by the Population Council.

This drug combination is 96 percent lethal through nine weeks of pregnancy. First the woman receives an injection of methotrexate. This drug inhibits cell growth and division and works by interfering with the growth of the embryo and placenta by blocking folic acid (Vitamin B) uptake. It has been used since 1985 to successfully terminate ectopic pregnancies and treat cancer, psoriasis and rheumatoid arthritis.

Five to seven days after the methotrexate injection, the woman returns to the abortionist's office for a vaginal suppository containing misoprostol (Cytotec), an ulcer drug that causes uterine contractions. Within two days, cramping and bleeding occur, followed by the abortion, usually at home. Then the woman returns to the abortionist's office a fourth time to confirm that the pregnancy is ended. In about ten percent of all cases, a second suppository is required. If this also fails, a suction abortion is done.

Both methotrexate and misoprostol have been approved by the U.S. Food and Drug Administration for non-abortion purposes. No further government oversight is necessary because any drug approved by the FDA for any use may be used by any licensed physician for any purpose, although "off-label" uses may expose them to liability.[120]

The confirmed side effects of methotrexate include;

- liver and chromosomal damage;
- infertility;
- birth defects;
- liver toxicity;
- induced cancer;
- convulsions;
- vomiting;
- diarrhea;
- stomatitis;
- severe blood disorders;
- behavioral abnormalities;
- pneumonitis;
- fever;
- coughing; and;
- death.[121]

The documented side effects of misoprostol (Cytotec) include;

- spotting;
- cramps;
- hypermenorrhea (excessive menstrual bleeding);
- menstrual disorders;
- nausea;
- ...

- vomiting; and
- severe headaches.[122]

Go to Next Topic: (7) "Emergency Contraception"

Return to *Abortifacients* Table of Contents

Footnotes for "(6) The Methotrexate/Misoprostol-Cytotec (M&M) Combination"

[120] Jane E. Brody. "Abortion Method Using Two Drugs Gains in a Study: Vast New Implications." *New York Times*, August 31, 1995, pages B1 and B12.

[121] Pharmacists for Life International. "New Abortion Drugs a Health Threat." News release dated August 31, 1995.

[122] *Ibid.*

Facts of Life: Chapter 2: Abortifacients: (7) "Emergency Contraception"



 SHARE

(7) "Emergency Contraception."

Introduction and History. For decades, pro-abortionists and "family planners" have searched for new and better ways to kill early preborn babies with chemical compounds and devices already approved by the Food and Drug Administration. The methotrexate/misoprostol combination described above is one of the results of this ongoing search.

Anti-lifers have also promoted another type of abortifacient potion, the "Yuzpe Regimen," which consists of women taking combined ethinyl estradiol/levonorgestrel pills at a higher than normal dose. This kind of abortifacient is ideal for women who are forgetful or lazy about taking their pills.[123]

Pro-abortionists dishonestly call this "emergency contraception" - another attempt to erase the distinction between true contraception and abortifacient action. Pills taken under the Yuzpe and similar regimens are often called "emergency contraceptive pills (ECPs)," "morning-after pills (MAPs)" and "postcoital contraception."

When pro-lifers hear pro-abortionists using these and similar terms, they can be sure that they are referring to abortifacient cocktails.

Remember that this is how the anti-lifers work. They create a phony "crisis" in order to enact their agendas, and then work hard to make sure that the original "emergency" becomes an accepted routine. For example, in France, anti-lifers were pushing "emergency contraception" in 1998. By November 2000, the French parliament voted to allow school nurses to distribute the morning-after abortifacient pill in junior and senior high schools to girls *with no lower age limit* [in other words, girls as young as ten or eleven years old]. In January 2002, the government decreed that French girls as young as 11 years old can get the morning-after abortifacient pill for free in pharmacies, without a prescription or parental authorization.[124]

Since the medical profession switched the definition of "conception" from fertilization to implantation in the mid-1960s for the sole purpose of paving the way for new abortifacients, it does not feel it is lying when it claims that "emergency contraception" does not cause abortions. *Contraceptive Technology Update* insists that Scientists believe the [morning after] procedure works in one of two ways: Either by keeping the ovary from releasing an egg, or by changing the uterus in such a way that the egg may not attach and develop into a pregnancy. *MAP does not cause an abortion ... RU 486 is different from MAP as it is used later and causes an already implanted ovum/embryo to detach from the uterine lining, which is why it has been called the "abortion pill" [emphasis in original].*[125]

Yet More Empty Promises. One of the primary tactics anti-lifers use to achieve their agendas is to make all kinds of unsubstantiated promises to the public if only they are allowed to have what they want.

They *promised* that contraception would not lead to a degradation of marriage.

They *promised* that abortion would lead to healthier women and a decrease in child abuse.

They *promised* that the RU-486 abortion pill would cure a wide range of diseases, from heart disease to cancer

And now, they are *promising* that "Emergency contraceptives could cut in half the number of unwanted pregnancies in the U.S. and prevent 800,000 abortions every year." [126]

Are we foolishly going to believe their empty promises yet again?

[Go to Next Topic: The Teachings of the Catholic Church on Abortifacients](#)

[Return to *Abortifacients* Table of Contents](#)

Footnotes for "(7) 'Emergency Contraception' "

[123] "What Are Legalities of Promoting ECPs?" *Contraceptive Technology Update*, November 1995, pages 137 and 138.

[124] Associated Press. "French Distribute Morning-After Pill." January 10, 2002.

[125] "Ask Your Clinician ... " *Contraceptive Technology Update*, November 1995, page 141.

[126] Mary Ann Marshall. "Morning Becomes Prophylactic." *Ms. Magazine*, August/September 1999, pages 40 and 41.

[Facts of Life: Chapter 2: Abortifacients: The Teachings of the Catholic Church on Abortifacients](#)



 SHARE

[The Teachings of the Catholic Church on Abortifacients](#)

The Catholic Church has clarified its teachings on abortion to encompass new abortion compounds and methods. This became necessary due to the production of various new abortifacients and fabricated definitions of life promulgated by the medical profession.

On November 24, 1988, The Pontifical Commission for the Authentic Interpretation of the Code of Canon Law declared that abortion is not only "the expulsion of the immature fetus," but is also "the killing of the same fetus in any way and at any time from the moment of conception."

"Conception" in this case refers not to implantation, but to fertilization.

This definition of abortion forbids the use of any of the following:

- all oral contraceptive pills because *every oral contraceptive pill made today causes early abortions part of the time*;
- mini-pills, morning-after pills and true abortion pills such as RU-486;
- injectable or insertable abortifacients such as Norplant and Depo-Provera; and
- all intrauterine devices (IUDs), all of which are abortifacients and act by preventing the implantation of the already-fertilized zygote.

As for the RU-486 abortion pill, Albert Cardinal Decourtray of Lyon summed up the feelings of Christians everywhere: "The Pill now produces a process which allows abortion to seem like a contraceptive. In other words, it tends purely and simply to numb the conscience about both the act itself and its moral gravity. A follower of Christ cannot accept it."

[Go to Next Topic: Further Reading on Abortifacients](#)

[Return to *Abortifacients* Table of Contents](#)

Facts of Life: Chapter 2: Abortifacients: Further Reading on Abortifacients



 SHARE

Further Reading: Abortifacients.

Nona Aguilar. *No-Pill, No-Risk Birth Control* [New York: Rawson, Wade Publishers, 1980]. 235 pages. Reviewed by Edward F. Keefe in the Spring 1980 issue of the *International Review of Natural Family Planning*, pages 81 to 84, and by Rose Fuller on pages 177 to 179 of the Summer 1986 issue of the same publication. This book extols the virtues of natural family planning while explaining the "shocks" to the system of sterilization and the various methods of artificial contraception. A good 'theory' book.

American Life League. "The Birth Control Game: Gambling with Life." \$2.00. Order from American Life League, Post Office Box 1350, Stafford, Virginia 22554. How IUDs and the birth control pills work - by killing new human life.

American Life League. "RU-486, the Human Pesticide." Informational booklet sold by ALL for \$2.00; the most comprehensive reference to the various aspects of the abortion pill, excellent for informing professionals, clergymen, and interested pro-lifers about RU-486. Write to ALL, Post Office Box 1350, Stafford, Virginia 22554.

American Society of Law & Medicine. *Antiprogestin Drugs: Ethical, Legal and Medical Issues*. Proceedings from the conference at the Hyatt Regency Crystal City, Arlington, Virginia, December 6-7, 1991. 1992, 589 pages. Order from the American Society of Law & Medicine, 765 Commonwealth Avenue, Boston, Massachusetts 02215. A series of fifty papers on all aspects of use and impacts of the abortion pill RU-486 and the insertable abortifacient NORPLANT. The ethics and implementation of these drugs and of early abortion and contraception in developing nations is also covered in detail by some of the world's leading pro-abortion strategists.

Etienne-Emile Baulieu and Sheldon J. Segal (editors). *The Antiprogestin Steroid RU-486 and Human Fertility Control* [New York: Plenum Press, 1986], 353 pages, \$29.50. This book contains the full reports of major clinical tests of RU-486 on rats, monkeys, and women in the form of papers presented at the Worldwide Conference on RU-486 at Bellagio, Italy, in 1984.

Bernadell Technical Bulletin. An excellent bibliography of more than 150 sources on the effects of abortion and contraception (including abortifacient birth control pills and IUDs) on fertility may be found in the November 1990 issue of the *Bernadell Technical Bulletin*, pages 7 to 9. Order this back issue of the *Bulletin* from Post Office Box 1897, New York, New York 10113-0950.

John R. Cavanaugh, M.D. *The Popes, the Pill, and the People: A Documentary Study* [Milwaukee: Bruce Publishing Company, 1965], 130 pages. This interesting book, written and published before *Humanae Vitae* was issued, describes the impacts of the Pill on society and on women's bodies long before the debate was obscured by the power of the press and the drug companies. The author also describes the impacts of the pill on

menstrual regulation and its effects upon nursing mothers. Most importantly, he talks about the neverchanging position of the Church on artificial contraception.

Couple to Couple League. "The Pill and the IUD: Some Facts for an Informed Choice." Pamphlet available for 10 cents from the Couple to Couple League, Post Office Box 11084, Cincinnati, Ohio 45211. Telephone: (513) 661-7612.

Carl Djerassi. *The Politics of Contraception* [New York: W.W. Norton & Co.], 1980. Illustrated, 274 pages. Reviewed by Andrew Hacker in the Summer 1980 issue of the *International Review of Natural Family Planning*, pages 179 to 181. This is a fascinating book purely because it gives us insight into the mind of Dr. Carl Djerassi, one of the original inventors of the birth control pill. By reading this book, one can examine the very roots and beginnings of the anti-life, anti-natalist philosophy.

Ana Regina Gomes dos Reis. "Norplant in Brazil: Implantation Strategy in the Guise of Scientific Research." *Issues in Reproductive and Genetic Engineering*, February 1990, pages 111 to 118. A good expose of Norplant research being done on poor women in a third-world area so that American women could receive the less-dangerous, tested product. Written from the feminist viewpoint.

J.C. Espinoza, M.D. *Birth Control: Why Are They Lying to Women?* Paperback, \$5.00. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898, or from Our Lady's Book Service, Nazareth Homestead, R.D. 1, Box 258, Constable, New York 12926, telephone: 1-800-263-8160. Reviewed by Eugene F. Diamond, M.D., on page 32 of the February 1983 *ALL About Issues*. The eugenicists, the birth-control profitmakers, and the Neomalthusians have concocted an effective and pervasive propaganda campaign against population. This propaganda is filled with lies, half-truths, and distortions. Dr. Espinoza's book exposes the health hazards of artificial contraception and shows that safe and effective natural family planning is really the only way to go - from a *practical* standpoint. Also available in Spanish as *El Control De La Natalidad: Porque Les Mienten A Las Mujeres?*

Food and Drug Administration (FDA), United States Government. *Approved Drug Products With Therapeutic Equivalence Evaluations*. Lists current market prescription drug products approved by the Food and Drug Administration (FDA) and therapeutic equivalent products. Excellent for conscientious pro-lifers who want to boycott Upjohn, Rousell-Uclaf, and other death peddlers. Serial Number 917-016-00000-3, 1990, subscription price \$90.00. Order by mail from Superintendent of Documents, United States Government Printing Office, Washington, DC 20402, or by telephone from (202) 783-3238.

Food and Drug Administration (FDA), United States Government. *Requirements of Laws and Regulations Enforced by the United States Food and Drug Administration*. This publication is intended to be a cross reference to the major requirements of laws and regulations administered by the FDA. This book could come in handy for pro-lifers trying to track the distribution of new IUDs, Norplant, and the resurgence of the use of Depo-Provera by poor women. Serial Number 017-012-00343-5, 1989, 85 pages, \$2.75. Order by mail from Superintendent of Documents, United States Government Printing Office,

Washington, DC 20402, or by telephone from (202) 783-3238.

Gale Research. *Drugs Available Abroad*. Information on about 1,000 significant drugs available all over the world. Information on each drug includes name, generic name, brand names and manufacturers, drug purposes and modes of action, form in which delivered (i.e., IV or tablet, etc.), dosage, precautions and warnings, contraindications if any, adverse effects, status in the United States, and U.S. equivalents. 600 pages, \$89.95, updated and published annually by Gale Research, Inc., 835 Penobscot Building, Detroit, Michigan 48226-4094, telephone: (313) 961-2242. Toll-free telephone number: 1-800-877-GALE.

Richard D. Glasow, Ph.D., and John C. Willke, M.D. "Omen of the Future?: The Abortion Pill RU-486." 55 pages. A superb and highly-detailed explanation of the origins, effects, and controversy surrounding the most well-known abortion pill. Order from the National Right to Life Committee Educational Trust Fund, 419 7th Street N.W., Suite 500, Washington, D.C. 20004. The first copy is free, and orders of from 2 to 500 cost from 70 to 75 cents each, plus postage, depending upon quantity.

George Grant. *The Quick and the Dead: RU-486 and the New Chemical Warfare Against Your Family* [Crossway Books, 1300 Crescent Street, Wheaton, Illinois 60187, 1991], 153 pages. This book addresses what RU-486 really is, how it works, its health complications, and the implications of the debate surrounding the abortion pill. The book also tells the stories of several women who have taken the pill.

Natalee S. Greenfield. *"First Do No Harm" A Dying Woman's Battle Against the Physicians and Drug Companies Who Misled Her About the Hazards of THE PILL*. Sun River Press, Two Continents Publishing Group, 30 East 42nd Street, New York, New York 10017. 1976, \$7.95. The author follows the story of Kathryn Stuart, her daughter, whose breast cancer was fatally accelerated by the birth control pill, which she was encouraged to take by doctors. Her husband, so typical of many men, wanted a sterile wife and divorced Kathryn when she refused to take the pill for health reasons. The doctors condemned her as "neurotic" even when she was in agony, because she realized what was happening to her and fought back.

Greenhaven Press. *Human Sexuality: Opposing Viewpoints*. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1989, 440 pages. This series consists of a basic volume followed by annual updates by the same name. The main arguments for and against each idea are written by the leading activists in each field. Topics covered include contraceptives (the birth control pill and condoms are emphasized), AIDS, homosexuality, and abortion. This topic is covered by a series of books, beginning with a basic set of essays entitled *Sources* (priced at \$39.95) and continuing with an additional and updated annual series of essays. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Thomas W. Hilgers, M.D. "An Evaluation of Intrauterine Devices." *International Review of Natural Family Planning*, Spring 1978. Available as a reprint for \$1.25 from the Human Life Center, University of Steubenville, Steubenville, Ohio 43952. Telephone: (614)

282-9953.

George A. Kelly (editor). *Human Sexuality in Our Time: What the Church Teaches*. 1978: Paperback, \$4.95. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. Proceedings of the Spring 1978 conference by St. John's University's Institute for Advanced Studies in Catholic Doctrine. Topics include Catholics and the Pill; the Bible and human sexuality; the morality and sanctity of sex; and what the Church teaches on sex.

John F. Kippley. "Birth Control and Christian Discipleship." 1985, paperback, 36 pages, \$2.00 from the Couple to Couple League, Post Office Box 111184, Cincinnati, Ohio 45211-1184, or from Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This superb booklet outlines the history of artificial contraception, its effects upon the body, the family and society in general, and the history of traditional Scriptural and Christian opposition to it (both Protestant and Catholic), until the collapse of the Church's resistance in the period 1930 to 1970.

James W. Knight and Joan C. Callahan. *Preventing Birth: Contemporary Methods and Related Moral Controversies* [University of Utah Press, Salt Lake City], 1989. 350 pages. This book thoroughly covers the history, politics, and types of birth control, some information on human reproductive anatomy and how the birth control methods work, techniques of abortion and types and modes of action of various abortifacients, and a short section on the various issues related to abortion. This is a book that takes the widest possible view of the abortion debate, sweeping in almost every tangential issue, and is recommended for those who would like to pursue the connections between abortion and artificial contraception further.

Lawrence Lader. *RU 486: The Pill That Could End the Abortion Wars and Why American Women Don't Have It* [Addison-Wesley Publishing, Reading, Massachusetts, 1991], 165 pages, \$16.95. This is a useful book for pro-life activists to read in their fight against the abortion pill. Lader, the 'king of the abortion propagandists,' uses his talents here to lambaste pro-lifers, allege that the pill is valuable for other medical uses, and paints an expectedly slanted picture of the history behind the pill.

Donald H. Merkin. *Pregnancy as a Disease: The Pill in Society* [Port Washington, New York: Kennikat Press, 1976], 135 pages. A very interesting look at how the birth control pill was introduced into the United States. The author discusses the psychology of "pregnancy as disease;" detailed information concerning the various measures applied to the impacts of the Pill; and the social demography associated with using American women in "the most massive experiment ever conducted." Drug litigation and diethylstilbestrol (DES) are also covered.

John Warwick Montgomery. *Slaughter of the Innocents: Abortion, Birth Control, and Divorce in Light of Science, Law, and Theology* [Crossway Books, 9825 West Roosevelt Road, Westchester, Illinois 60153, 1981]. Among other topics, this book covers how to decide whether or not to use artificial birth control methods; marriage, divorce, and abortion from a Christian perspective; and the historical Christian perspective of the unborn child.

Physicians Desk Reference (PDR), updated annually, contains a comprehensive inventory of virtually all drugs currently available in the United States, including birth control pills. The *PDR* even includes photographs of the pills and detailed information on their chemical contents.

Father Paul J. Quay. *The Christian Meaning of Human Sexuality*. \$7.95, 115 pages. Order from Ignatius Press, 15 Oakland Avenue, Harrison, New York 10528, telephone: 1-800-528-0559. Using Scripture and the writings of distinguished (conservative) theologians, Father Quay explains the understanding of human sexuality that divine revelation offers us. This book is written for Christian adults who want to know what kinds of sexual behavior are right and wrong and who want to gain true insight into why such behavior is right or wrong.

Janice Raymond, professor of Women's Studies and Medical Ethics and the University of Massachusetts, Amherst; Renate Klein, lecturer in Women's Studies at Deakin University, Australia; and Lynette J. Dumble, Senior Research Fellow in the University of Melbourne's Department of Surgery. *RU 486: Misconceptions, Myths, and Morals*. Institute of Women and Technology, c/o Room 3-405, Department of Urban Studies & Planning, Massachusetts Institute of Technology, Cambridge, Massachusetts 02139. 115 pages, 1991, 10.95. Three self-described feminist professors extensively document the dangers of RU-486 and the claims of efficacy against various diseases, and conclude that "These claims have an all-too-wondrous ring of promise subsequently turned peril." Their book also describes how the abortion pill increases instead of decreases physician control and how it is dumped on Third World women.

John Rock. *The Time Has Come* [Avon Books, 959 Eighth Avenue, New York, New York 10019, 1963], 186 pages, 75 cents originally. This book is profoundly interesting from a historical point of view because the author, one of the original developers of the birth control pill, tells us why we Americans (and Catholics in particular) should accept the birth control pill. The book, written five years before the encyclical *Humanae Vitae* was released, was published when birth control was being debated as hotly as abortion is being debated now. It is also fascinating because it gives precisely the same reasoning as pro-abortionists do now. The author inadvertently gives us a classic treatise on the intimate connections between abortion and birth control.

Barbara Seaman. *The Doctors' Case Against the Pill* [Garden City, New York: Doubleday & Company, 1980], 230 pages. This book, which comes highly recommended by the pro-abortion Neofeminist group The Boston Women's Health Book Collective (of *Our Body* fame), covers in great detail the many aspects of the debate surrounding the birth control pill, with the vast majority of the emphasis on the physical dangers associated with it - blood clots, heart disease, strokes, diabetes, cancer, jaundice, gum disease, sterility, genetic changes, irritability, depression, urinary infections, and arthritis. Alternatives to the Pill are also discussed.

Brian Young, J.D. "Fact Sheet: New "Under the Skin" Abortifacient Birth Control Drug/Device Implant." 1990, 8 page booklet on Norplant. Order from American Life League, Post Office Box 490, Stafford, Virginia 22554. Telephone: (703) 659-4171.

[Return to *Abortifacients* Table of Contents](#)

Facts of Life: Chapter 3: Exceptions for Abortion: Advantages and Disadvantages of the Two Primary Pro-Life Strategies



SHARE

Advantages and Disadvantages of the Two Primary Pro-Life Strategies.

Overview. Pro-life groups and individuals generally advocate two overall strategies: The "pragmatic" (also called "practical" or "realistic") and the "full protection" (also called "absolutist," "purist" or "no exceptions") approaches.

The "Pragmatic" Strategy. Currently, the more popular of these two strategies is the "pragmatic" approach, which asserts that pro-life activists should work for whatever protective laws they can get passed in light of prevailing local conditions. In a liberal state, the best that pro-lifers may think they can do is pass a parental notification law, work for stricter state regulation of abortion mills, end public abortion funding, or enact humane fetal disposal laws. This strategy assumes all abortions are bad, but that it may be possible to save *some* babies with a partial abortion ban or with stricter clinic regulations.

The main advantage of the "pragmatic" strategy is obvious. The abortion industry can only work at peak efficiency if there are absolutely no restrictions on it. *Any* restriction or regulation of abortion centers by the State will increase costs and decrease profits. In the short run, since most abortionists are motivated by money, this saves preborn children.

Another important advantage of "pragmatic" activism is that it is more likely to bring short-term victories that keep individuals and organizations motivated. Unfortunately, many pro-lifers have been infected with the "win or else" mentality, so they become lax and unmotivated if they cannot immediately see the fruits of their labors. This is why 80 to 90 percent of new pro-life activists "burn out" within one year. It is the rare person who can doggedly carry on for years in the face of a long string of defeats, or who can continue working without actually seeing babies saved as the result of his work. Almost everyone needs an occasional victory to boost morale.

Advocates of the "pragmatic" strategy point out that a total ban on abortions in the United States and most other Western countries is simply out of the question under current conditions. Even if such a law were passed by a legislature or enacted by popular vote, it would inevitably be struck down by the courts. "Pragmatists" assert that it is far more likely that abortion will ultimately be banned by an "incrementalist" strategy that takes one small step at a time.

The main disadvantage of the "pragmatic" strategy is subtle but extremely important. If pro-lifers give the impression that they are simply working with the State to regulate baby-killing, the credibility of the movement will be destroyed or irreparably damaged. Since pro-lifers claim that all babies are equally valuable, they may appear to be hypocritical to try to save some while apparently abandoning others.

This is a misperception that pro-abortion groups emphasize for propaganda purposes. For example, the pro-abortion front group 'Religious' Coalition for Reproductive Choice (RCRC, formerly RCAR) says, "Opponents of abortion rights walk a fine line within their own movement when they condone any abortion. Based on their own definition, they are guilty of being accessories to "murder" in certain circumstances by accepting rape and incest exceptions." [1]

Any intelligent person can see the fallacy of this kind of thinking. One useful analogy is the "sinking ocean liner." If hundreds of people are in danger of drowning and all you have is a six-person life raft, the right thing to do is to save a handful of people. RCAR would have the public think this means the rescuers "condoned" the drowning of all of the other people and were therefore accessories to their deaths, which is obviously illogical. RCRC's propaganda is clearly aimed at goading pro-lifers into formulating and supporting legislation that could not possibly stand a court challenge.

The "Full Protection" Strategy. The second pro-life strategy is the "full protection" approach, which works toward a complete ban on all abortions without compromise. "Full protection" pro-life activists refuse to willingly yield any preborn children to the abortionists's knife.

The most crucial advantage to this strategy is that it is consistent in holding that every preborn life is equally precious. In the long run, the public will perceive the pro-life movement as having greater integrity. This steadfast and absolute adherence to the sanctity of life in all cases may indeed lead to ultimate victory.

However, the strategy's main disadvantage is that its adherents must be willing to suffer a long string of defeats, with few preborn children being saved in the interim.

Another point is central to the debate between "pragmatic" and "full protection" pro-lifers. Even if a paramount Human Life Amendment (HLA) were passed by Congress and withstood court challenges, abortions would continue by the hundreds of thousands each year. As described in Chapter 1, gender feminists have vowed to set up "underground railroads" and "menstrual extraction" clinics in order to bypass any law that protects preborn children. History has also shown us that illegal abortionists operated in plush offices with the full knowledge of police for decades before *Roe v. Wade*. All over the world police, district attorneys, judges and juries allow "illegal" abortion mills to operate with impunity. What evidence do we have that the situation would be different after abortion is criminalized? In reality, it will be much worse, since society has become accustomed to the "convenience" of legalized abortion, and will strongly resent having it removed.

What is the Answer? Both "pragmatic" and "full protection" pro-lifers see every baby as equally precious in the sight of God. Contrary to what pro-abortionists say, trying to save some babies does *not* imply abandoning others.

Evangelium Vitae [¶73,90] teaches,

... when it is not possible to overturn or completely abrogate a pro-abortion law, an elected official, whose absolute personal opposition to procured abortion was well known, could licitly support proposals aimed at *limiting the harm done* by such a law and at lessening its negative consequences at the level of general opinion and public morality. This does not in fact represent an illicit cooperation with an unjust law, but rather a legitimate and proper attempt to limit its evil aspects ... the Church encourages political leaders, starting with those who are Christians, not to give in, but to make those choices which, taking into account what is realistically attainable, will lead to the re-establishment of a just order in the defense and promotion of the value of life ... Here it must be noted that it is not enough to remove unjust laws. The underlying causes of attacks on life have to be eliminated, especially by ensuring proper support for families and motherhood. A family policy must be the basis and driving force of all social policies

policies.

It must be noted that *Evangelium Vitae* is specifically written to address the question of an elected official whose absolute personal opposition to procured abortion was well known. Pro-lifers should always advocate personhood and all of its protections for every pre-born child. In helping elected officials who meet the criteria specified in *EV* ¶¶73,90, any proposed legislation must be in keeping with the following two principles:

1. The legislation must treat all preborn children equally. When working on legislation or litigation, pro-lifers must treat every preborn child with equal dignity. Every preborn baby, regardless of health or circumstances surrounding conception, is equally precious in the eyes of God, and therefore every preborn baby is deserving of equal protection. Laws which classify some babies as not as worthy of protection as others (as with fetal deformity, rape and incest exceptions) are inherently *illicit*. Parental consent laws are also illicit, because it can never be allowable for a grandparent to give permission to execute his or her own grandchild.

By contrast, *imperfect* legislation does not divide preborn babies into classes. It treats all of them equally. Measures that treat *all* preborn babies as equally valuable involve parental notification, abortion funding cuts, decent burial requirements, laws that require that only licensed physicians commit abortions, and tighter abortion mill regulations.

In summary, pro-lifers may work for *imperfect* laws, which treat all preborn babies equally. However, they may never work for *illicit* laws, which divide preborn babies into classes and judge some to be worthy of protection and some unworthy of protection.

2. The legislation must avoid "life" and "health" exceptions. Pro-lifers must always remember that the standard "health of the mother" exception *always* means abortion on demand in practice. Pro-abortionists use the World Health Organization definition of "maternal health," which is "A state of complete physical, mental, and social well being and not merely the absence of disease or infirmity."

Pro-lifers must also not allow pro-abortionists to play the victim and trick them into supporting even a so-called "life of the mother" exception for abortion. Many high-volume abortionists have claimed that *all* abortions are medically necessary since, as they falsely allege, they are safer than childbirth.[2] Modern medicine has virtually eliminated maternal deaths due to pregnancy, as Alan Guttmacher and Bernard Nathanson have attested. In those *extremely* rare cases when the mother's life truly *is* threatened by pregnancy (such as with cancer of the uterus or ectopic pregnancy), she may undergo an operation whose purpose is to save her life, even though the preborn child dies as an indirect result of the procedure. This principle is known as the "double effect," and is described later in this Chapter.

The Bottom Line. In 2002, the Congregation for the Doctrine of the Faith (CDF) clarified the duties of Catholics regarding abortion legislation in its "Doctrinal Note on Some Questions Regarding the Participation of Catholics in Political Life." This Note said that

In this context, it must be noted also that a well-formed Christian conscience does not permit one to vote for a political program or an individual law which contradicts the

fundamental contents of faith and morals. The Christian faith is an integral unity, and thus it is incoherent to isolate some particular element to the detriment of the whole of Catholic doctrine. A political commitment to a single isolated aspect of the Church's social doctrine does not exhaust one's responsibility towards the common good. Nor can a Catholic think of delegating his Christian responsibility to others; rather, the Gospel of Jesus Christ gives him this task, so that the truth about man and the world might be proclaimed and put into action.

When political activity comes up against moral principles that do not admit of exception, compromise or derogation, the Catholic commitment becomes more evident and laden with responsibility. In the face of fundamental and inalienable ethical demands, Christians must recognize that what is at stake is the essence of the moral law, which concerns the integral good of the human person. This is the case with laws concerning abortion and euthanasia (not to be confused with the decision to forgo extraordinary treatments, which is morally legitimate). Such laws must defend the basic right to life from conception to natural death.

In summary, then, *Evangelium Vitae* recognizes the distinct limitations and strictures that pro-life politicians must labor under, and it allows them to work for and vote for imperfect legislation. However, no such limitations exist for Catholics who are not directly involved in the political process. The CDF Note quoted above makes it perfectly clear that it is impermissible for Catholics to work for illicit legislation that treats some preborn babies as unworthy of protection.

Never Give Up! *Evangelium Vitae* recognizes that it will be impossible to ban abortion by either the "full protection" or the "pragmatic" strategy until the family has been strengthened and has regained its proper place as the "sanctuary of life" in society.

As long as a society accepts the anti-life mentality, trying to ban abortion is like trying to empty the ocean with a child's plastic bucket. Pro-abortionists are correct in only one aspect of their thinking: No-one can legislate morality. Changing the laws may help greatly, but is not the final answer to the slaughter of preborn children.

The ultimate answer to the killing is to convert the hearts and minds of each person in society. By working to strengthen Church and family, pro-lifers will eventually rise up and gain control of the courts, the legislatures, the media, the professions and the schools.

Only *then* will every preborn child be safe.

Until this happens, every pro-life activist should memorize 1 Corinthians 15:58, which tells us "Never give in then, my dear brothers, never admit defeat; keep on working at the Lord's work always, knowing that, in the Lord, you cannot be laboring in vain."

[Go to Next Topic: The Basic Arguments Against "Hard Case" Abortions](#)

[Return to Exceptions for Abortion Table of Contents](#)

Footnotes for "Advantages and Disadvantages of the Two Primary Pro-Life Strategies"

[1] 'Religious' Coalition for Abortion Rights (RCAR). Booklet titled "Words of Choice." 1991, Washington, D.C., page 24.

[2] *Zbaraz v. Quern*, No. 77-C4522 (N.D. Ill, Memo Opinion, June 13, 1978). "Are Exception Clauses Pro-Life?" *ALL About Issues*, July-August 1987, pages 25 and 26. Summary of the MacNeil/Lehrer Report of April 22, 1980, titled "Medicaid Abortion." *Human Life Review*, Summer 1980, page 86.

Facts of Life: Chapter 3: Exceptions for Abortion



SHARE

Advantages and Disadvantages of the Two Primary Pro-Life Strategies

Overview

The "Pragmatic" Strategy

The "Full Protection" Strategy

What is the Answer?

The Bottom Line

Never Give Up!

The Basic Arguments Against "Hard Case" Abortions

Introduction

(1) The Rarity of the "Hard Cases"

(2) "Hard Cases:" Wedge for Abortion on Demand

(3) A Preborn Child is Created in the Image of God

Abortions Committed to Preserve the Life or Health of the Mother

The Two-Step Pro-Abortion Strategy

Why Pro-Lifers Must Oppose "Health of the Mother"

Exceptions

Pregnancy is Rarely a Threat

Medical Conditions that Do *Not* Require Abortion

Playing the System to Get Abortions

The Special Case of Pregnant Women Threatening

Suicide

Teenage Birth Complications

Concessions by the Abortionists

Results of the Studies

Medicaid Abortion Funding

Conclusion: Pregnancy is a *Healthy* Condition

How the Principle of the "Double Effect" Applies to Abortion

The Concept

Ectopic Pregnancies

The Rarity of Pregnancies Resulting from Rape and Incest

Introduction

Abortion = Infanticide for Many Women

The Eugenics Argument

Try This ...

Rape and Incest: Wedge for Abortion on Demand

Manipulating the 'System'

Lyin' All Over the World

The Impacts of Lying

The Frequency of Rape-Caused Pregnancies

The Rate of Incest-Caused Pregnancies

Conclusions

The Rarity of Major Birth Defects

The Frequency of Eugenic Abortions

No Heart Leads to No Soul

Abortion as the Eugenics' Tool

Abortion as the Eugenicist's Tool

Frequency of Birth Defects

[Prenatal Genetic Testing; Can We Ever Morally Justify It?](#)

Amniocentesis

Chorionic Villus Sampling (CVS)

Maternal Serum Alpha-Fetoprotein (AFP)

Ultrasonography

Prenatal Testing - The Eugenicist's Ultimate Tool

Can We Ever Morally Justify Prenatal Testing?

[Further Reading: Exceptions for Abortion](#)

Facts of Life: Chapter 3: Exceptions for Abortion: The Basic Arguments Against "Hard Case" Abortions



SHARE

The Basic Arguments Against "Hard Case" Abortions.

Introduction. We can make three fundamental logical arguments against all "hard case" abortions.

1. The first is purely practical: The true "hard cases" (life of the mother, rape and incest and fetal defects) are extremely rare, as described below.
2. Pro-abortionists use *any* law that allows hard case abortions to gain and maintain abortion on demand.
3. Finally, handicapped preborn babies and those conceived through rape and incest, are just as worthy of protection as all other preborn babies.

The following paragraphs expand upon these arguments.

(1) The Rarity of the "Hard Cases." People commonly overestimate the probabilities of very rare catastrophic events such as earthquakes and airplane crashes. People also tend to grossly overestimate the number of abortions committed for the classic "hard cases" of rape and incest, eugenics and life and health of the mother.

Figure 3-1 shows that all "hard cases" *combined* make up only about 0.7 percent of all abortions committed in the United States today (about one out of every 143 abortions). This means that 99.3 percent of all abortions are committed basically because the mothers think that a child would adversely impact their lifestyles. Figure 3-1 gives some idea of the relative magnitude of the number of "hard case" and "lifestyle" abortions committed in the United States each year.

The numbers in Figure 3-1 are almost exactly confirmed by a survey of more than 120,000 aborting women performed by the states of Louisiana, Nebraska and Utah during the years 1996 to 2004. The combined studies showed the following reasons that women obtained abortions;

State Surveys on Why Women Obtain Abortions		
Reasons Given	Abortions	Percent
All Abortions	122,083	100.00%
Rape and Incest	273	0.22%
Mother's Life or Physical Health	513	0.42%
Birth Defects (eugenics)	250	0.20%

Total Hard Cases	1,036	0.84%
Total Lifestyle Abortions	121,047	99.16%

Figure 3-1

Summary and Analysis of United States Abortion Statistics

<u>AVERAGE ANNUAL ABORTIONS, 1980 to 2007</u>	1,439,914 (100%)
<u>MARITAL STATUS OF ABORTING WOMEN</u> (average, 1980-2007)	
Unmarried	1,188,011 (82.0%)
Married	258,515 (18.0%)
<u>PERCENT OF PREGNANCIES ABORTED</u> (average, 1980-2007)	
Total	26.8%
Married	8.4%
Unmarried	51.1%
<u>RACE OF ABORTING WOMEN</u> (average, 1980-2007)	
White	664,019 (46.1%)
Black	438,216 (30.4%)
Hispanic	250,803 (17.4%)
Asian/Pacific Islander	70,699 (4.9%)
Native American	16,178 (1.1%)
Total Minority Abortions Annually	775,895 (53.9%)
<u>ABORTIONS PER 1,000 WOMEN 15-44</u> (average, 1980-2007)	
White	15.1
Black	52.6
Hispanic	35.9
Asian/Pacific Islander	28.9
Native American	-
Black/White Ratio	3.47
<u>BABIES ABORTED BY RACE</u> (total, 1967 to 2007)	
Total Abortions	50,237,500
White Babies Aborted	23,344,163
Black Babies Aborted	15,246,010
Hispanic Babies Aborted	8,659,268
Asian/Pacific Islander Babies Aborted	2,416,050
Native American Babies Aborted	572,010
Total Minority Babies Aborted	26,893,338

<u>AGE OF ABORTING WOMEN</u> (average, 1980-2007)	
Under 15	13,389 (0.9%)
15 to 17	130,691 (9.1%)
18 to 19	195,493 (13.6%)
20 to 24	480,969 (33.4%)
25 to 29	313,256 (21.8%)
30 to 34	182,438 (12.7%)
35 to 39	94,461 (6.6%)
40 and over	29,217 (2.0%)
<u>PRIOR BIRTHS</u> (average, 1980-2007)	
None	681,387 (47.3%)
One	351,394 (24.4%)
Two	251,131 (17.4%)
Three	97,623 (6.8%)
Four or more	58,379 (4.1%)
<u>PRIOR SURGICAL ABORTIONS</u> (2007 figures)	
None	412,029 (38.0%)
One	444,880 (33.3%)
Two	249,880 (17.6%)
Three or more	161,011 (11.1%)
Total repeaters	855,771 (62.0%)
<u>CONTRACEPTIVE USE BY ABORTING WOMEN</u> (average, 1980-2007)	
No contraceptive use (abortion as birth control)	630,424 (43.9%)
Failed contraception	809,490 (56.1%)
<u>AGE OF ABORTED BABIES</u> (average, 1980-2007)	
Less than 9 weeks	733,377 (50.9%)
9 or 10 weeks	383,879 (26.7%)
11 or 12 weeks	180,566 (12.5%)
13 to 15 weeks	82,060 (5.7%)
16 to 20 weeks	51,074 (3.5%)
21 or more weeks	8,958 (0.6%)
<u>THE "HARD CASES"</u> (average, 1980-2007)	
Mother's life or health	5,184 (0.36%)
For rape and incest	1,296 (0.09%)
For fetal birth defects (eugenics)	3,456 (0.24%)
Total "Hard Cases"	9,935 (0.69%)
Non-therapeutic ("lifestyle") abortions	1,429,979 (99.31%)

Numbers can only go so far in helping others understand women's motives for having abortions. There is nothing as persuasive as actually surveying women in abortion mills and asking them why they think they must have abortions.

The Alan Guttmacher Institute (AGI), which is the research arm of the Planned Parenthood Federation of America (PPFA) did exactly this in 1988 in the United States.

The AGI surveyed 1,900 women in 38 states who were waiting for abortions, and asked them to fill out a form that detailed their motives for aborting.

The results of this survey are shown in Figure 3-2. They are fascinating and we can draw many conclusions from them. For example:

- According to the women themselves, the "hard cases" of mother's health, rape and incest, and fetal deformity (eugenics) account for only seven percent of all abortions. Pro-lifers should remember that abortionists and health professionals have found that pregnancies that threaten mothers' physical health or lives are very rare indeed. Also, careful study of statistics reveals that very few women become pregnant from rape or incest (see the discussion on the rarity of rape- and incest-caused pregnancies in this Chapter). Finally, we must remember that many women who abort for eugenic reasons may believe their preborn child is severely handicapped based on various prenatal tests, but the odds reveal that most of these babies are perfectly healthy.
- Most women who have abortions, regardless of their ages, say "a baby would change my life." This seemingly innocuous statement shows just how drastically the Culture of Death has infected the thinking of the Western world. Most people now see a baby as a curse and a burden instead of a precious gift. The AGI poll shows that husbands, boyfriends and parents have this attitude, too.
- The percentages of some excuses, such as "I can't afford a baby right now" and "I'm not ready for the responsibility" do not change with age as much as we might have thought. These excuses give us insight into the mentality of women who have abortions, and can increase the effectiveness of sidewalk counselors, crisis pregnancy center or Birthright workers, and others who have contact with mothers contemplating abortion.

Figure 3-2

Why Do Women Say They Have Abortions?

<u>Reason Given by Women</u>	<u>Percent Responding by Age</u>						<u>Total</u>	<u>Most Important Reason</u>
	<u>14-17</u>	<u>18-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-44</u>			
"A baby would change my life."	92%	82%	75%	72%	69%	76%	16%	
"I can't afford a baby right now."	73%	73%	70%	64%	58%	68%	21%	
"I have problems with my relationship."	37%	46%	56%	55%	50%	51%	12%	

	%	%	%	%	%	%	
"I'm not ready for the responsibility."	33%	40%	35%	25%	18%	31%	21%
"I don't want others to know I was pregnant or having premarital sex."	42%	41%	35%	21%	22%	31%	1%
"I'm not mature enough for a baby."	81%	57%	28%	7%	4%	30%	11%
"I have all the children I want."	8%	12%	23%	31%	51%	26%	8%
"My husband/boyfriend wants me to abort."	23%	29%	25%	18%	20%	23%	1%
"The fetus has a possible health problem."	9%	13%	12%	14%	17%	13%	3%
"My health isn't good enough."	3%	4%	7%	8%	15%	7%	3%
"My parents want me to abort."	28%	12%	4%	3%	2%	7%	1%
"I am a victim of rape or incest."	1%	1%	1%	1%	1%	0%	1%
Other reasons	2%	5%	8%	5%	8%	6%	1%
<u>Reference:</u> Aida Torres and Jacqueline Darroch Forrest. "Why Do Women Have Abortions?" <i>Family Planning Perspectives</i> , July/August 1988, pages 169 to 176, Table 1.							

In 1998, the AGI published the results of studies showing that "lifestyle" reasons also predominate among aborting women all over the world. Its summary of surveys performed in 26 countries outside the United States showed that the primary reasons for aborting given by the 62,658 women interviewed were:

- "I want no (more) children" (30.9%);
- "I want to postpone childbearing" (21.1%);
- "Having a child will disrupt my education or job" (19.9%)
- "My mental health is at risk" (9.8%);
- "I can't afford a baby now" (6.6%);
- "I have a problem with my relationship or my partner does not want this pregnancy" (4.4%);
- "There is a risk to fetal health" (negative eugenics) (3.1%);

- "I am too young; my parent(s) or other(s) object to my pregnancy" (1.5%);
- "My physical health is at risk" (1.1%); and
- Other reasons (1.6%).[7]

Since rape and incest are included under "other reasons," we may conclude that a maximum of 5.8 percent of all abortions performed in other countries are done for the "hard cases," and a minimum of 94.2 percent are performed essentially to "save the mother's lifestyle."

(2) "Hard Cases:" Wedge for Abortion on Demand. In *every one* of the 112 countries that now have actual or practical abortion on demand, the first step the pro-abortion forces took was intense lobbying for abortion in the so-called "hard cases" - the mother's life and health, fetal deformity (eugenics) and/or rape and incest.

Any lawyer will tell you "hard cases make bad law," but this principle has not stopped pro-abortionists all over the world from using the classic "hard cases" to introduce first contraception and sterilization, then abortion, then infanticide and finally euthanasia.

In reality, what are the *typical* 'hard cases' for pro-abortionists?

Try Daniel and Marjorie Reiley Maguire, formerly of 'Catholics' for a Free Choice (CFFC). Daniel said of his wife; "She is anti-abortion, as you would know, but allows for tragic moral exceptions." What *are* these "tragic moral exceptions?" She says "Such factors as your age, health, financial ability to care for yourself and a child, the health of the fetus, whether you are married or single, the kind of emotional support you have from family or friends, and your plans for your own future need to be considered in deciding if your reasons are justifiable." [8] In other words, any reason at all is a "tragic moral exception" for pro-abortionists [try asking any pro-abortionist activist the question: "Under what conditions would you *deny* a woman an abortion?," and they will refuse to answer and immediately try to divert attention away from your question].

Once the pro-abortionists secure abortion for any of the "hard cases," they point out the "inconsistency" in the laws in order to justify abortion on demand.

Abortionists expand even a life-of-the-mother exception to mean abortion on demand in practice since, according to the pro-abortion mentality, *all* "unwanted pregnancies" threaten the life of the mother, as described below.

(3) A Preborn Child is Created in the Image of God. According to Jeremiah 1:5, God tells us, "Before I formed you in the womb I knew you; before you came to birth I consecrated you." The Psalmist (139) tells us, "It was You who created my inmost self, and put me together in my mother's womb; for all these mysteries I thank You: For the wonder of myself, for the wonder of Your works."

A child conceived by incest or rape, or a child with a birth defect, is still a child - no matter how violent the crime that led to his existence or how serious his disability. We poor human beings, with our limited intelligence and vision, cannot even *begin* to perceive the intricacies of God's plans for our *own* lives, let alone His intentions for a child who has not even been born yet.

child who has not even been born yet.

It is God Himself, and God *alone*, Who confers value upon a human being. People often say we are created in His image - and misunderstand this phrase to mean His *physical* image. But our chief similarities to God lie not in our physical resemblance to Him, but in our *spiritual* likeness to Him.[9] In this way and no other are we all truly equal in the sight of God. And because we are created in His *spiritual* image, abortion, in a very real sense, amounts to an attack on God Himself.

The Great Commandment is to love one another as God has loved us. Abortion is never an act committed in love, despite what some pro-abortion propagandists tell us. As described above, the main motivations behind abortion are shame, guilt and a desire for a more comfortable lifestyle.

Handicapped children and those conceived by rape and incest present us with a difficult problem. Society's answer to this problem will decide whether we truly reflect the glory of God in our spiritual selves. If we welcome the child who is "less than perfect," in either his appearance or his abilities or the circumstances of his beginning, then we are truly a human - and godly - people. If we reject the child in our midst, we are rejecting God's gift to us - and therefore God Himself.

[Go to Next Topic: Abortions Committed to Preserve the Life or Health of the Mother](#)

[Return to *Exceptions for Abortion* Table of Contents](#)

Footnotes for "The Basic Arguments Against 'Hard Case' Abortions"

[3] Stanley K. Henshaw and Jennifer Van Vort. "Abortion Patients in 1994-1995: Characteristics and Contraceptive Use." *Family Planning Perspectives*, July/August 1996, pages 140 to 148.

[4] This percentage is derived from the aggregate results of three studies of why more than half a million women had abortions, as follows; (1) Office of Public Health of the Louisiana Department of Health and Hospitals, compilation of State of Louisiana "Report of Induced Termination of Pregnancy" forms (#PHS 16-ab), Item 9d, "Reason for Pregnancy Termination," 1975-1988. During this time period, 863 of 115,243 abortions were committed for reasons pertaining to physical health and 114,380 were done for mental health reasons. (2) D.B. Paintin, M.D., Department of Obstetrics and Gynecology, St. Mary's Hospital Medical School, London, England. "Late Abortions." *The Lancet*, November 11, 1989, page 1158. During the time period 1987-1988, 966 of 358,074 abortions were committed for a "specified medical disorder," and 357,108 were done for mental health reasons. (3) J.J. Rovinsky and S.B. Gusberg. *American Journal of Obstetrics and Gynecology*, 98:11-17 (1967). During the time period 1953 to 1964 at New York's Mount Sinai Hospital, 69 of a total of 57,297 deliveries *and* abortions were abortions committed for physical health reasons, and there were 57,228 deliveries. Totals for the three studies are 1,898/530,614 = 0.36 percent.

[5] See Figure 3-5 for calculations on rape-caused pregnancies.

[6] David A. Grimes, M.D. "Second-Trimester Abortions in the United States." *Family*

[6] David H. Grimes, M.D. "Second Trimester Abortions in the United States." *Family Planning Perspectives*, November/December 1984. Grimes quotes a range of 1,500-3,750 abortions per year for serious birth defects. For the purposes of this table, an approximate of the higher number is used.

[7] Akinrinola Bankole, Susheela Singh and Tayl Haas. "Reasons Why Women Have Induced Abortions: Evidence from 27 Countries." *International Family Planning Perspectives*, August 1998. Table 2, "Percentage Distribution of Women Who Had an Abortion, by Main Reason Given for Seeking Abortion, Various Countries and Years." For detailed information on each of these studies, see the spreadsheet located at FACTS/IMAGES/03/CALCS/F-03-01.WK3 on this compact disc. Microsoft Excel can import this spreadsheet directly.

[8] Daniel Maguire (former member of the 'Catholics' for a Free Choice Board of Directors) and Marjorie Reiley Maguire, quoted in Mary Meehan. "The Maguires Bring Abortion Issue to a Turbulent Boil." *National Catholic Register*, May 27, 1984, pages 1 and 7.

[9] See Father Thomas L. Kinkead. *Baltimore Catechism No. 4*, 1891. Chapter 1, "On the End of Man," Question 4.

Contact Us



International Headquarters

4 Family Life Lane

Front Royal, VA

22630 USA

hli@hli.org

<http://www.hli.org/>

Phone: 800-549-5433

Fax: 540-622-6247

Miami Office

Vida Humana Internacional

45 S.W. 71 Ave.

Miami, FL 33144 USA

Phone: 305-260-0525

Fax: 305-260-0595

vhi@vidahumana.org

<http://www.vidahumana.org/>

Rome Office

Vita Umana Internazionale

Piazzale Gregorio VII,

n.22, int.2 00165

Rome Italia

39-06-30-37-89-85 or 39-06-63-72-374

vuiroma@tin.it

Send us an email using the form below.

Contact Us

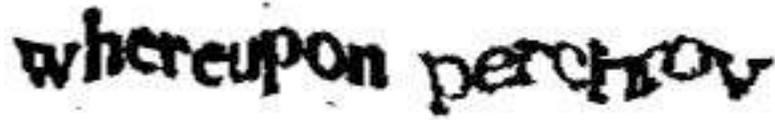
Your Name (*)

Your Email (*)

Subject (*)

Your Question

We need to make sure you are a human. Please solve the challenge below, and click the I'm a Human button to get a confirmation code. To make this process easier in the future, we recommend you enable Javascript.



whereupon perch

Please enter the code

Type the two words:

[Try another challenge](#) [Get an audio challenge](#) [Help](#)

Facts of Life: Chapter 3: Exceptions for Abortion: Abortions Committed to Preserve the Life or Health of the Mother



 SHARE

Abortions Committed to Preserve the Life or Health of the Mother.

The Two-Step Pro-Abortion Strategy. Since the mid-1960s, pro-abortionists have used a time-tested two-step strategy for imposing actual or practical abortion on demand in more than one hundred countries all over the world.

The first step in the grand scheme is to legalize abortion for the "hard cases" of life of the mother, fetal abnormalities and rape and incest. Once a country legalizes abortion for *any* reason, pro-abortionists find that it is always much easier to impose abortion on demand. So, the second step is usually to legalize abortion "for the mother's health" - which, in practice, is exactly the same as abortion on demand.

Enacting a law to allow so-called "abortion on request" is merely a formality, and does not increase the number of abortions already being committed.

The statutes of 46 States regulating abortion before 1965 explicitly allowed abortion to save the life of the mother. Of the four States that did not explicitly allow an exception for the life of the mother, State courts found that such laws did indeed *implicitly* allow such an exception. These exceptions were used if there was any doubt at all that a mother's life would be imperiled by a continuing pregnancy; abortionists obviously did not wait for women to reach death's door.

It was generally expected that a woman seeking an abortion to preserve her health was in dire mental or physical condition indeed. However, lawmakers reasoned that it was hardly moral or fair to kill a preborn child for a chronic health problem that was induced by pregnancy and would clear up after delivery. Therefore, before 1965, "mother's health" was generally interpreted to mean a truly life-threatening situation. In other words, a "mother's life" exception was approximately equivalent to a "mother's health" exception.

It is interesting that Margaret Sanger and her American Birth Control League (ABCL) used "hard cases" and the "health of the mother" argument in the fight for contraception as well. One article in the *Birth Control Review* lamented that

The New York State law, for example, allows physicians to give married patients [contraceptive] advice when it is necessary for the cure or prevention of disease ... What are the health reasons necessitating Birth Control advice? Women with tuberculosis, cancer, diabetes, severe heart disease, epilepsy, kidney disease, insanity, high blood pressure, severe anemia, etc. would endanger their lives and health by repeated pregnancies, ore even, in many cases, a single pregnancy ... From the standpoint of preventive medicine, most women would be considered eligible for Birth Control information just after a severe operation, for a period after confinement, or while nursing a baby. What about the mother who has borne eight children in ten years, whose husband is an habitual drunkard? Shall anyone say that such a mother's health is going to be uninjured by more pregnancies? ...[10]

Why Pro-Lifers Must Oppose "Health of the Mother" Exceptions. At first glance, it may seem heartless for anyone to oppose abortions committed in order to preserve the physical or mental health of women. However, we must remember that abortionists will interpret *any* loophole - even a "life of the mother" exception - to mean abortion on demand.

Abortionists all over the world use the definition of "maternal health" set by the World Health Organization (WHO): "A state of complete physical, mental, and social well being and not merely the absence of disease or infirmity." [11] The U.S. Supreme Court defined maternal health to include "mental health" in its *United States v. Vuitch* decision (402 U.S. 62, 71-72 (1971)), and expanded this to say that virtually *all* factors of any type are relevant to the mother's health, including "physical, emotional, psychological, familial, and the woman's age" (*Doe v. Bolton*, 410 U.S. 179, 192 [1973]).

Some pro-abortion judges have gone to even more ridiculous extremes in their mad rush to prop up the abortion 'right.' Perhaps the most absurd example was provided by Judge John F. Dooling when he overturned the Hyde Amendment. Dooling asserted on page 309 of his opinion that "Poverty is a medical condition." [12] Most abortionists take these definitions at face value, because they cover all possible excuses for abortion throughout all nine months of pregnancy;

- Abortionist Warren Hern states, "It appears that "unwantedness" may be regarded as a major complication of pregnancy, with surgical intervention in the form of abortion as the indicated treatment. ... In fact, a woman seeking an abortion is making a circumstantial self-definition of pregnancy as an illness for which she considers the appropriate treatment to be abortion." [13]
- Abortionist Lise Fortier asserts, "Each and every pregnancy threatens a woman's life. From a strict medical viewpoint, every pregnancy should be aborted." [14]
- Abortionist David Zbaraz seconded Fortier's view when he claimed that *all* first-trimester and most second-trimester abortions are medically necessary since, as he alleges, they are safer than childbirth. [15]
- Abortionist Michael Burnhill of the National Abortion Federation (NAF) said that a "life of the mother" exception would allow him to perform all abortions he considered "medically necessary," all those that would preserve a "condition in which one can actively participate in one's total life ... " [16]
- According to another author, "A Colorado abortion clinic director claimed that his extensive research showed that carrying a pregnancy to term is about 100 times more life threatening than having an abortion. He, therefore, considered *any* pregnancy life-threatening and used that as justification, certifying that the mother's life was endangered." [17]

Finally, abortionist Jane Hodgson testified under oath that

In my medical judgment, every pregnancy that is not wanted by the patient, I feel there is a medical indication to abort a pregnancy where it is not wanted. In good faith, I would recommend on a medical basis, you understand, that, and it would be 100% ... I think they are all medically necessary ... Occasionally we will advise these women to carry their pregnancy to term, but most of these are medically necessary because I am considering the woman's physical, mental, emotional and social and welfare and family and environment and all that ... I am concerned with the quality of life, not physical existence.[18]

Hodgson also stated the general pro-abortion attitude towards abortion when she said "A medically necessary abortion is any abortion a woman asks for." [19]

Pregnancy is Rarely a Threat. There exist a number of studies showing how very rare pregnancy is a threat to the life of the mother.

In 1986, the Inspector General of the United States Department of Health and Human Services (HHS) issued a report (Control Number 14-60150) that summarized the events leading to 207 Colorado and Ohio Medicaid abortions performed to "save the life of the mother."

Intuition would tell us that an abortion performed to save a woman's life would involve only the most extreme life-threatening physical circumstances. Yet 179 of the 207 abortions (86 percent) "to save the mother's life" were performed in the abortionist's offices, which usually have no advanced medical or resuscitation equipment on hand. Even more startling, 182 of these abortions (88%) were coded as including "no medical complications!"

Three abortionists performed 184 of these abortions (89% of the total) and the HHS report stated that they "... said that pregnancy was more life-endangering to a mother than an abortion, so they signed the certifications on that basis." In other words, the abortionists simply alleged that "childbirth is ten times more dangerous than abortion, so abortion was obviously the way to go."

For a detailed rebuttal to the false pro-abortion premise that abortion is safer than childbirth, see Chapter 7, "Maternal Deaths Due to Abortion."

Medical Conditions that Do Not Require Abortion. The complete list of all conditions that *may* still endanger a pregnant woman's life is extremely short. These conditions include acute heart and kidney diseases and advanced hypertensive diseases.

Figure 3-3 shows the various diseases and disorders that are *rarely* indications for abortion.

Figure 3-3

Diseases and Disorders that Are Rarely Indications for Abortion

Blood Diseases
Anemia

Cancers
Breast cancer

<p>Clotting disorders Hemoglobinopathies Myeloproliferative diseases Thrombocytopenic purpura</p>	<p>Central nervous system cancer Gastrointestinal tract cancer Leukemia and lymphoma Melanoma Thyroid cancer</p>
<p><u>Connective Tissue Diseases</u> Marfan's Syndrome Periarteritis nodosa Rheumatoid arthritis Scleroderma Systemic lupus erythematosus</p>	<p><u>Endocrine System Diseases</u> Adrenal disease Diabetes mellitus Parathyroid disease Pituitary disease Thyroid disease</p>
<p><u>Gastrointestinal System Diseases</u> Liver disorders Pancreatitis Regional enteritis</p>	<p><u>Heart Diseases</u> Cardiac arrhythmias Congenital heart disease Coronary artery disease Hypertensive heart disease Rheumatic heart disease</p>
<p><u>Infectious Diseases</u> Bacterial infections Spirochetal/protozoal infections Viral infections</p>	<p><u>Kidney/Urinary Tract Diseases</u> Acute renal failure Acute/chronic glomerulonephry Ectopic kidney Nephrosis Urinary tract infections/calculi</p>
<p><u>Nervous System Diseases</u> Cerebral vascular accidents Chorea gravidarum Epilepsy Multiple sclerosis Myasthenia gravis Obstetrical paralysis Peripheral neuropathies Tetany</p>	<p><u>Respiratory Diseases</u> Asthma Bronchiectasis Cystic fibrosis Sarcoidosis Tuberculosis</p>
<p><u>Skeletal Disorders</u> Chondrodystrophy Osteogenesis imperfecta</p>	<p><u>Skin Diseases</u> All skin diseases</p>
<p><u>Vascular Diseases</u> Arterial aneurysms Aerial coarctation Essential hypertension Thromboembolic disease Varicose veins</p>	

Reference: Denis Cavanagh, M.D., Professor of Obstetrics and Gynecology, University of South Florida College of Medicine. "Medical Treatment for Pregnant Women." *Restoring the Right to Life: The Human Life Amendment*. 1984: Brigham Young University Press, Table 3, pages 139 to 141.

Playing the System to Get Abortions. It does no good whatsoever for pro-life legislators to strictly define "health of the mother" exceptions in the law, because abortionists and unscrupulous women will lie as aggressively as they can to commit abortions. After all, what is a little rationalization and lying to women determined to kill their own preborn children and to people committed to earning money by killing them?

All existing evidence shows that from 90 to 99 percent of all abortions are justified under "mental health" criteria when reasons for abortions must be given;

- Dr. E. James Lieberman said this about those states that had already legalized abortion for the mother's "health" before *Roe v. Wade*: "In recent years, 90 percent of all legal abortions performed in the United States were justified on psychiatric grounds, since there are few physical conditions which stand in the way of normal gestation and parturition." [20]
- Dr. Benjamin N. Branch confirmed this number when he revealed, "until June 1970, almost 90 percent of abortions in New York were in fact certified as necessary to protect emotional health." [20]
- This kind of dishonesty still occurs on a vast scale. A comprehensive review of the reasons given for abortions in Louisiana during 1975-1988 found that abortionists committed 99.1 percent of all abortions for "mental health" reasons. [21]
- Widespread exploitation of the "mental health" dodge is not a purely American phenomenon: Abortionists are the same the world over. For example, of the 168,297 abortions committed in England in 1988, 92% were for "mental health reasons" and 6.6% had no reason given. The person who made a determination of mental problems was not a psychiatrist but *the abortionist himself!* [22] Perhaps this explains why a full 100% of the abortion justifications for "mental health" were labeled either "neuroses" or "depression," which no reputable psychiatrist or psychologist would ever do. Professor Myre Sim, lecturer in Psychiatry at Birmingham University, recognized that abortionists are certainly not qualified to make psychiatric evaluations; "I was able to demonstrate successfully that psychiatry was competent to deal with all the psychiatric hazards of pregnancy, and that the day that a psychiatrist required a gynaecologist to treat his patients has not arrived." [22]
- According to official data, there were 64,564 abortions in Hungary in 1997, and 97.5 percent of these were carried out due to "serious crisis situation of the expectant mother." [23]

Lucinda Cisler described how women deliberately used bogus health indications ("psychiatric games," as she calls them) to obtain abortions before legalization in the gender feminist "Bible" *Sisterhood is Powerful*. Her article was aptly entitled "Getting an Abortion - By Hook or By Crook." [24] Many other gender feminist organizations advocate

this kind of deception and have promised to teach women how to "get over" on the system if abortion is restricted to "health of the mother" exceptions.

Pro-abortionists have written books describing how to "play the system" by faking physical or mental symptoms in order to get an abortion.

One detailed example of how to lie during an abortion interview appeared in *The Abortion Handbook* and later in *A Woman's Book of Choices*:

During the interview, weep, show anger, fear, disgust, outright destructiveness of your clothing or small objects, say, the ashtray on his desk which can be broken on the floor or against a wall. Don't overdo this. You will be billed for the broken things later! Don't break the doctor's head. This is a "no-no" ... How's your attention span? ... You can't seem to concentrate on anything for more than a couple of minutes ... Drop sly hints that you are "attracted" to many strange men sexually. Be dull and very sad. Cry a bit. Just sit in silence, and make him repeat questions as though you hadn't heard a word ... And now for the Manic Scene: Just like the opera, ladies! Brighten up, beam like a sunrise ... let your thoughts gallop wildly ... your speech flows like the Danube in flood time ... you might try taking off your shoes, kicking them all the way across his office, wriggling your toes. Then say, "That feels so good, I think I'll take *everything* off ... (musingly)."[25]

The authors of *A Woman's Book of Choices* also admit, "Another pre-Roe standby that many women employed successfully was threatening or feigning suicide. ... sympathetic doctors readily used any excuse, no matter how flimsy, to do what came in late pre-Roe days to be called "therapeutic abortions." [25]

Even pro-abortion congresswomen see no problem with lying in order to get what you want. This shows how far the rot of the Culture of Death has set in - any act, no matter how despicable, is justifiable if you *want* something badly enough. When eligibility for abortion funding under the Hyde Amendment was expanded to include rape and incest in 1992, Congresswoman Nita M. Lowey (D.-New York), Chair of the House Reproductive Choice Caucus, said "I'd tell my constituents, 'Send a letter. Say you were raped. Say it was incest. Say you have heart disease.'" [26]

[Go to Next Topic: The Special Case of Pregnant Women Threatening Suicide](#)

[Return to *Exceptions for Abortion* Table of Contents](#)

Footnotes for "Abortions Committed to Preserve the Life or Health of the Mother"

[10] Marie P. Levinson, M.D. "What Everyone Ought to Know." *Birth Control Review*, Volume XIV, Number 6 (June 1930), pages 175 and 176.

[11] The World Health Organization definition of "maternal health" is quoted in Jodi L. Jacobson. "Coming to Grips With Abortion." Worldwatch Institute, *State of the World 1991 Report* [W.W. Norton Publishers, London, 1991], pages 114 to 131. Also issued as Worldwatch Paper #97, *The Global Politics of Abortion*.

- [12] As quoted in "Judge Dooling, the Hyde Amendment, and the New Bill That Would Limit the Courts." *ALL About Issues*, January 1980, page 5.
- [13] Warren H. Hern. *Abortion Practice*. Philadelphia: J.B. Lippincott Company, 1990, pages 8 and 9.
- [14] Abortionist Lise Fortier, quoted in Andrew Scholberg. "The Abortionists and Planned Parenthood: Familiar Bedfellows." *International Review of Natural Family Planning*, Winter 1980, page 308.
- [15] *Zbaraz v. Quern*, No. 77-C4522 (N.D. Ill, Memo Opinion, June 13, 1978).
- [16] Abortionist Michael Burnhill of the National Abortion Federation on the April 22, 1980 "MacNeil/Lehrer Report." Quoted in "Exceptions: Abandoning "The Least of These My Brethren."" American Life League booklet, 1991. Page 24.
- [17] As described in "Are Exception Clauses Pro-Life?" *ALL About Issues*, July-August 1987, pages 25 and 26.
- [18] Abortionist Jane Hodgson, transcript, August 3, 1977, at 99-101, *McRae v. Califano*, 491 F.Supp. 630 (E.D.N.Y. 1980), *rev'd sub nom. Harris v. McRae*. 100 S. Ct. 2671 (1980).
- [19] Human Life International's *Special Report* Number 83, August 1991, pages 6 and 7.
- [20] E. James Lieberman, M.D. "Abortion Counseling," and Benjamin N. Branch, M.D. "Counseling in Abortion Services." Sarah Lewit (Editor). *Abortion Techniques and Services: Proceedings of the Conference, New York, N.Y., June 3-5, 1971*. Amsterdam: *Excerpta Medica*, 1972.
- [21] Office of Public Health of the Louisiana Department of Health and Hospitals compilation of Louisiana State "Report of Induced Termination of Pregnancy" forms (#PHS 16-ab), Item 9d, "Reason for Pregnancy Termination," 1975 to 1988.
- [22] Professor Myre Sim, lecturer in Psychiatry at Birmingham University. Association of Lawyers for the Defence of the Unborn, London, Newsletter No. 29, Spring 1986.
- [23] *Agence France Presse*. "Hungarian Court Calls for New Abortion Law." As described in Steven Ertelt's *Pro-Life Infonet*, November 21, 1998.
- [24] Lucinda Cisler. "Unfinished Business: Birth Control and Women's Liberation." *Sisterhood is Powerful* (Robin Morgan, editor). New York: Vintage Books, 1970. Page 269.
- [25] Lana Phelan and Pat Maginnis. *The Abortion Handbook*. North Hollywood, California: Contact Books, 1969, pages 111 to 115. Also quoted in Rebecca Chalker and Carol Downer. *A Woman's Book of Choices: Abortion, Menstrual Extraction, RU-486* [Four Walls Eight Windows Press, Post Office 548, Village Station, New York, New York 10014, 1992], pages 35 and 43.
- [26] Congresswoman Nita Lowey (D.-New York), Chair of the House Reproductive Choice Caucus, on what to do when eligibility for abortion funding under the Hyde Amendment was expanded to include rape and incest in the Summer of 1992. Quoted in Michael Kramer. "Will Abortion Be Covered?" *Time Magazine*, September 27, 1993, page 40.

Facts of Life: Chapter 3: Exceptions for Abortion: How the Principle of the "Double Effect" Applies to Abortion



SHARE

How the Principle of the "Double Effect" Applies to Abortion.

The Concept. The Catholic Church and most other religions recognize the moral principle of the "double effect."

As applied to abortion, this means that any treatment done to save a woman's life that *also* results in the death of a preborn child is not a true abortion, since the primary purpose of the treatment was to *save* a life, not *take* one. Even if the death of the baby is a foregone conclusion, such an action is not an abortion, because the death was an *indirect* effect of the surgical procedure.

Two examples illustrate this principle. If a doctor treats a woman's high blood pressure by aborting her child, he has committed a direct abortion. He is guilty of killing the child in order to treat the condition of the mother. However, if he has to perform a hysterectomy in order to remove a cancerous uterus, he is focusing on the organ itself in an attempt to heal the mother. If the mother was pregnant at the time, this is an indirect abortion - the purpose of the operation was removing the uterus, not the preborn child.

In other words, the *purpose* of the second procedure was not to kill the child in order to preserve the mother's life, but to save the mother's life by removing the organ, not the child. If possible, the doctor must delay treatment as long as possible in order to save both the mother and the child. In some cases, such as with ectopic pregnancies, this is not possible.

Pope Pius XII clearly described the principle of the "double effect:"

It has been our intention here to use always the expressions "*direct* attempt on the life of the innocent person" [and] "*direct* killing." The reason is that if, for example, the safety of the life of the future mother, independently of her state of pregnancy, might call for an urgent surgical operation, or any other therapeutic application, which would have as an accessory consequence, in no way desired nor intended, but *inevitable*, the death of the fetus, such an act could not be called a *direct* attempt on the innocent life. In these conditions the operation can be lawful, as can other similar medical interventions, provided that it be a matter of great importance, such as life, and that it is not possible to postpone it till the birth of the child, or to have recourse to any other efficacious remedy ... Both for the one and the other, the demand cannot be but this: To use every means to save the life of both the mother and the child.[58]

Some of the treatments that may indirectly kill a preborn child include certain cancer treatments; hysterectomy (removal) of a cancerous or severely traumatized uterus; and salpingectomy (the removal of a Fallopian tube), which is the most common application of the "double effect" as applied to abortion.[59]

Some pro-abortionists assert that the double effect applies in the case of *all* abortions, because they say *all* pregnancies threaten the life of the mother or are more dangerous than abortion. This position is due to a ridiculously broad definition of "threats" to the life and health of the mother, and is completely illicit. The "double effect" applies *only* in the case of an *actual* and *proximate* threat to the life of the mother. Such instances are rare indeed.

Frances Kissling, President of 'Catholics' for a Free Choice (CFFC), shows us how

far pro-abortionists will reach in order to justify abortion on demand;

For example, the just war theory accepts the taking of human life if one's own life or that of another is directly threatened. A just abortion theory would therefore permit a woman whose life was in danger to have an abortion - an act now prohibited by church law. Just war theory has also accepted that war can be warranted to protect a nation's integrity, particularly if the violation of a nation would result in the erosion of values judged to be equal to or greater than life itself. This could include territorial violation that would result in loss of liberty or traditional freedoms such as religion and speech. Could not a just abortion theory admit that threats to a woman's physical and emotional health are a violation of bodily integrity comparable to national integrity? Could not a woman's capacity to care for existing children and children to come, her ability to function as a fully contributing member of our society and her sense of self identity and purpose be seen as values proportional to the potential value of fetal life?[60]

Ectopic Pregnancies. The most common application of the "double effect" occurs in the case of an ectopic (tubal) pregnancy - when the embryo implants in the Fallopian tube, instead of completing its journey to the uterus.

Such implantation is inevitably fatal to the woman if her pregnancy progresses too far.

It is quite possible for a baby to implant virtually anywhere in the mother's abdominal cavity and survive. Recently, a mother gave birth to a perfectly healthy baby boy who had somehow migrated out of a rupture in the uterus and had implanted in the vicinity of her stomach.[61]

The surgical procedure used to remedy this situation is fairly simple to describe. The surgeon first must use ultrasonography to diagnose the unruptured tubal pregnancy. He then inserts a laparoscope (small camera with light) through an incision in the abdominal wall and locates the distended fallopian tube. He then laterally incises the tube and suctions out the embryo.[61]

Legally and medically, then, this procedure is the same as a typical suction abortion. Morally, however, it is different in several critical ways. In the majority of cases, the pregnancy is wanted. And, most importantly, the intent of the surgical procedure is to save life, not extinguish it.

In the future, doctors hope to be able to remove the embryo intact and transfer it to the uterus, where it will be successfully implanted.

All pro-life groups (including Catholic organizations) concede that such procedures are necessary.

[Go to Next Topic: The Rarity of Pregnancies Resulting from Rape and Incest](#)

[Return to *Exception for Abortion* Table of Contents](#)

Footnotes for "How the Principle of 'Double Effect' Applies to Abortion"

[58] Pope Pius XII, Address to the Family Front Congress on November 27, 1951. Published in *Matrimony*, Papal Teachings. Boston: St. Paul Editions, 1963, pages 437 to 440. See also Pope Pius XII, *Allocution to Midwives*, October 29, 1951, *Acta Apostolicae Sedis*, 43(1951), page 855.

[59] Bernard M. Nathanson and Richard N. Ostling. *Aborting America* [Garden City, New York: Doubleday & Company, Inc., 1979], pages 244 to 247.

[60] Frances Kissling, President of 'Catholics' for a Free Choice. If War is "Just," So is Abortion." *We Are Church: Reflections on Core Values and Concerns*. Parish Renewal Consulting Services (PRCS), 1996, pages 35 to 37.

[61] As described in J.C. Willke. "Tubal Pregnancies and Life of the Mother." *National Right to Life News*, November 19, 1987, page 3.

Facts of Life: Chapter 3: Exceptions for Abortion: The Rarity of Pregnancies Resulting from Rape and Incest



 SHARE

The Rarity of Pregnancies Resulting from Rape and Incest.

"How I am grieved by the indignities I have suffered, and revolted by rank smells
How I despise the nomad land and hate the nomad sky!
When I became pregnant with a Buranian child, I wanted to kill myself.
Yet once I bore it, I found the love of mother and child.
His looks are strange and his speech is different, yet my hate turns into love.
Deep inside, I feel the tug of my heartstrings.
Morning and evening he is with me.
How can I not pity that which my womb has borne and my hand nurtured?"
— Lament of a Chinese noblewoman who was
kidnapped and raped by barbarians in 195 A.D.[62]

"[My mother] finally approved of her unwanted one, whom she had borne so long ago in such great pain and sorrow and humiliation ..."

"Some people disclaim their natural heritage. I always name my origin. It didn't hold me back and neither has my color. I was born in poverty. My father raped my mother when she was 12. Now they've named a park for me in Chester, Pennsylvania."
— Renowned Gospel singer Ethel Waters.[63]

Introduction. From an ethical and logical standpoint, the number of pregnancies from rape and incest in most countries is simply irrelevant to the moral case against these exceptions. A baby conceived through violence is as blameless and innocent as one conceived in marriage, and is therefore deserving of the same protection. Either *all* preborn babies are worth saving, or *none* of them are.

As the pro-abortion front group 'Religious' Coalition for Reproductive Choice (RCRC) says, "Opponents of abortion rights walk a fine line within their own movement when they condone any abortion. Based on their own definition, they are guilty of being accessories to "murder" in certain circumstances by accepting rape and incest exceptions." [64]

However, it is very useful to be able to show just how rare rape- and incest-caused pregnancies really are, because pro-abortionists have persuaded the public that the number is huge. A 1990 national Wirthlin poll found that the average respondent's guess at the number of abortions committed for rape and incest was 21 percent of the total number of abortions in the United States.[65]

As correctly pointed out by one of the most rabidly pro-abortion groups in the world,

pro-lifers must *never* apologize for fighting rape- and incest-justified abortions. If we even begin to *think* that preborn lives are disposable for any reason other than to save another human life, we set the life of the preborn below that of other human beings — and this is what started our nation and our world on the road to abortion on demand in the *first* place!

There is no question that rape is traumatic. But why pile trauma upon trauma by insisting on abortion to 'remedy' rape? As reformed abortionist Bernard Nathanson, has so eloquently stated,

Rape is a heinous, ineradicably humiliating act of violence imposed upon an defenseless woman. The key word is 'ineradicable,' for the destruction of the innocent human being created as a result of that act can never eradicate the unspeakable emotional and psychological residue of that rape. To the contrary, it can only compound the residue with another deadly act of violence. ... If a part of a human community were not at stake, no woman should be required to undergo the degradation of bearing a child in these [rape and incest] circumstances, but even degradation, shame, and emotional disruption are not the moral equivalent of life. Only *life* is. ... [66]

As with any other problem pregnancy, the woman's problem is *not* that she's pregnant. The main problem is *how others treat her*. Rape and incest victims have always unjustly been victims of the "Scarlet Letter Syndrome," but 'treating' this problem of societal perspective with abortion is like saying that the woman is a hopeless case or 'damaged goods.'

Basile Uddo, Professor of Law, Loyola School of Law, says it best;

Abortion is to rape and incest what morphine is to pain — a superficially appealing, temporarily relieving, woefully inadequate response to something serious. The immediate benefits only mask the deeper wounds, which can fester to the point of great injury. A physician would never 'treat' his patient only with morphine unless his was a hopeless case. To 'treat' rape and incest pregnancies with abortion is a way of saying these women are hopeless cases — violated, tainted, damaged goods, for whom abortion is a way to scrub away the 'scarlet letter.' [67]

Former rape counselor Sandra Mahkorn, M.D., says that

The central issue then, should not be whether we can abort all pregnant sexual assault victims, but rather an exploration of the things we can change in ourselves, and through community education, to support such women, through their pregnancies. The 'abortion is the best solution' approach can only serve to encourage the belief that sexual assault is something for which the victim must bear shame — a sin to be carefully concealed. [68]

What is more caring — to sneer at a rape victim's problem and just tell her to 'get rid of it,' or to respect the life within her and give her whatever *real* help she needs?

In summary, the tragedy is the rape — *not* the child that is conceived. Contrary to what pro-abortionists apparently believe, two injustices do not equal a right or a healed life. The greatest pain of the first injustice lasts nine months, but the pain of the abortion 'remedy' lasts a lifetime.

Some may answer that the woman has a right to be free from assault. This is true, of course, but in the case of abortion for rape, the assault has *already* happened. Just as the woman has a right to be free from assault, so does her preborn baby. Allowing her abortion for rape under this argument is like saying that anyone who is assaulted can find healing and peace by going out into the street and punching the first person he or she sees.

Abortion = Infanticide for Many Women. According to experts at the University of British Columbia's Department of Psychiatry, "Whatever may be the case at the conscious level, at a much deeper level, abortion is regarded by many women as infanticide." [69]

Obtaining an abortion may not be much of a problem for a hard-core, heartless pro-abortion gender feminist, but what about a woman who truly believes that abortion is the killing of a human being?

According to various polls, more than sixty percent of all women in the United States believe that preborn children are human beings. [70]

The Eugenics Argument. Some self-proclaimed pro-abortion genetics 'sexperts' insist that rape-caused pregnancy *must* end in abortion because the child (if male) will turn out to be a rapist, as well.

This is utter hogwash. Nobody has *ever even attempted to perform a study* that examines the allegation that the tendency to commit rape or any other crime is hereditary. Psychiatrists and psychologists agree that the making of a criminal is primarily due to environmental effects.

Many pro-abortionists are so racist they see dark skin as a sort of a birth defect. For example, lobbyists for the Medical Association of Georgia urged Governor Lester Maddox to pass an initial rape and incest exception for abortion, asking him how he would feel "... if a White girl got raped by a Negro and then became pregnant." [71]

In any case, how many persons think that there should be capital punishment for rapists? Obviously, not too many. If this majority of people do not favor capital punishment for the obviously guilty rapist, why then should they favor it for the innocent child, who has committed no crime whatsoever?

Try This ... Pro-life debaters might like to try this theoretical question on their "pro-choice" friends: Take a newborn baby conceived by rape or incest and lay him next to a newborn conceived in a loving marriage. Then ask a pro-abortionist if they could tell you which one was the result of a rape by comparing their appearance and behavior.

Then try this second question: Would a pro-abortionist think less of an adult neighbor who was conceived by rape than he would of another neighbor who was conceived within marriage? The answer (if the pro-abort still retains a shred of human kindness) should be "no." Regardless of the answer, ask if the pro-abortionist would kill his neighbor merely because he or she was conceived as a result of rape? After all, that is what a woman is doing in cases of abortion for rape and incest.

Pro-abortionists say that they want abortion for rape and incest instances based

purely on the circumstances of the baby's conception. This is the same as saying that children conceived out of wedlock are somehow less worthy than those conceived within marriage.

These children used to be called "bastards," and they carried a heavy load of shame and discrimination throughout their lives.

Now our solution is much simpler.

We just kill them.

This kind of appeal is particularly powerful when addressing high schoolers, since a large number of them are now 'illegitimate,' and most are painfully aware of the fact.

Rape and Incest: Wedge for Abortion on Demand. Speaking for leading pro-abortion Congressman Les AuCoin [D.-Oregon], legislative aide Ron Fitzsimmons revealed the true anti-life strategy behind trying to get abortion funding for rape. In a January 1990 briefing to pro-abortion activists, he said that the objective of the 1990 session was to write a very loosely-worded "rape and incest" exception to the Hyde Amendment. This exception was *intended* to be open to abuse, so pro-life congressmen would have no choice but to vote against it and the President would have no choice but to veto it.

The pro-abortionists would then trumpet the "insensitivity" of the President and the pro-life congressmen in an attempt to discredit them and defeat them in the November elections. As Fitzsimmons said during the briefing session; "It's hard to ignore the rape and incest victims. But I can speak for my boss, he felt that in the long term what we want is full Medicaid funding. And the only way we're going to get that is to get the votes in, for people who will vote that way." [72]

Manipulating the 'System.' Women who are willing to kill their own preborn children for mere convenience obviously see lying as a relatively small crime. Rebecca Chalker and Carol Downer admit in their *A Woman's Book of Choices* that "Before abortion was legal, women sometimes got abortions by claiming that they had been raped." [73]

Pro-abortion women have continued to lie on a huge scale, as proven by the Hyde Amendment's varying effects upon the level of Federal funding of abortions since 1977.

The Hyde Amendment cut off Federal funding for convenience abortions, and paid for 17,983 abortions to save the life of the mother and for rape and incest in Fiscal Year 1981.

In Fiscal Years 1983 and 1984, only abortions to save the life of the mother were allowed under the Amendment, and the average number of abortions paid for during these two years plunged to 411.

This means that about $(17,983 - 411) = 17,582$ abortions were performed for claimed "rape and incest" under the Hyde Amendment in 1981.

This brings up a very interesting point. To begin with, about 20 percent of all women in the United States qualify for Federal abortion funding under this Amendment due to their low incomes. As mentioned above, the average number of rapes in the United States each year over the period 1980-1997 inclusive was about 179,980.

If this number is divided by five in order to find out approximately how many low-income women were raped during these years, we arrive at 36,000.

In other words, these low-income women are claiming that $(17,582/36,000) = 49$ percent of all of their rapes resulted in pregnancies!

To take this analysis one step further, Figure 3-5 shows that about 0.8 percent of all women who are raped actually become pregnant as a result of the act. This means that the number of women who claimed that they were raped to get a free Federal abortion was (49 percent/0.8 percent) = 61 times the number that were *actually* raped.

In other words, more than 98 percent of them lied to get a free taxpayer-paid abortion!

Lyin' All Over the World. The phenomenon of women lying to obtain abortions is certainly not unique to the United States. Just as a bogus gang-rape was used as the basis of the Supreme Court decision to usher in abortion on demand in the United States, a girl who claimed that she was a victim of a gang-rape drove the first wedge into Britain's protective abortion laws in 1938.

According to sworn testimony, professional pro-abortionists alleged that a 14-year old girl was lured into a stable to see a horse with a wooden leg (I *swear* I am not making this up) and was supposedly gang-raped by four guardsmen. She became pregnant, and went to a crusading abortionist (Alec Bourne), who gave her a free abortion. He then turned himself in. In the resulting case of law, *Rex v. Bourne*, Judge Alex McNaghten decided that delivery of the baby would impair the girl's mental health, and acquitted the abortionist.

Naturally, the guardsmen were never called into court to answer to the charge of rape — and for good reason. The incident never happened.

At the other end of the world, a New Zealand commission that liberalized that country's abortion laws recommended against a rape and incest exception since the likelihood of false reports and the difficulty of checking them would render the exception utterly meaningless.[74]

The Impacts of Lying. When an abortion law is liberalized to allow exceptions for rape and incest, the number of women claiming rape just so they can get a free abortion invariably multiplies by a factor of two, five or even ten. Just as inevitably, all available rape-crisis resources are overwhelmed by the sudden explosion of referrals. Women who were *really* raped will be victimized a second time because of these liars, and agencies and the public will eventually begin to regard even *genuine* claims of rape as "crying wolf."

Additionally, these callous and uncaring women will stretch law-enforcement agencies to the limit. The results may be twofold: When the lying woman is quizzed regarding her "rape," she may feel pressured to come up with a name — *any* name, and innocent men will be prosecuted and even jailed (although this result may be welcome to the gender feminists who claim that "all men are, by their very natures, rapists").[75]

Secondly, the chances of *real* rapists being caught will drop drastically due to overloading of investigative agencies, and these predators will be perfectly free to rape and rape again.

In just one of thousands of cases of false rape accusations, an 11-year old girl accused her mother's boyfriend, Ivie Cornell Norris, of raping her repeatedly. Cornell was convicted and sent to prison. After he had languished there for more than a year, the girl admitted that she had lied. Her story was based on an episode of the television program "21 Jump Street," which had depicted a rape.[76]

Norris' life was destroyed; he lost his job, his freedom, his reputation, his girlfriend, and all of his savings over this spurious charge. This is typical of the impacts on a man

who is imprisoned on a false rape charge. Gender feminists know full well that Norris' story might be repeated thousands of times annually if women try to get abortions under rape and incest exceptions. But, since they couldn't care less about the impacts of their decisions on men, they cannot be expected to promulgate any kind of safeguard against this terrible abuse.

The Pennsylvania Abortion Control Act of 1988 required women who claimed to be victims of rape or incest to report their crimes before getting a free abortion from the state. The reporting of rapes jumped significantly the very first month the law was in effect, and police reported that some women *admitted* that they were reporting rapes just to get a free abortion.[77]

When large numbers of pro-abortion women start lying to get their free abortions, the situation makes it next to impossible for law enforcement agencies to find and prosecute *real* rapists. As Ferris B. Lucas, Executive Director of the National Sheriff's Association, said in 1983;

We do, however, wish to comment on the provisions that would allow federal funds to be paid for abortions performed for treatment of rape or incest victims only. The wording would lead a person desirous of an abortion to make false reports to law enforcement agencies which would have to be checked and investigated to some length. These crimes are not easy ones to prove or disprove and resultantly require many man-hours of investigation. American law enforcement agencies are presently overburdened and do not have this vast amount of time available.[78]

This explosion of uncaring liars first occurred in Colorado, when the Model Penal Code abortion law revisions were passed in 1967. This law allowed abortions only to save the life of the mother for rape and incest, and for the mother's health. Of the 1,850 legal abortions performed in Colorado the first year under this law, 18 percent (or 333) of the mothers claimed to be rape victims.[79]

According to the statistical analysis performed earlier in this Chapter, it is probable that at least 330 of the 333 were lying. This percentage is buttressed by the fact that, in all of these cases, *not a single rapist was arrested or even identified*, a statistical impossibility in light of the fact that more than half of all rapes are committed by men that the victim knows.

[Go to Next Topic: The Frequency of Rape-Caused Pregnancies](#)

[Return to *Exceptions for Abortion* Table of Contents](#)

Footnotes for "The Rarity of Pregnancies Resulting from Rape and Incest"

[62] "The Unwanted Child — 195 A.D., China." *National Right to Life News*, May 1978, page 6.

[63] Ethel Waters, quoted in testimony on July 25, 1983 by Congressman Thomas J. Bliley, Jr., (R-Va.), and reprinted in the *Congressional Record*. Part of an excellent pamphlet printed by the American Life Lobby entitled "Rape and Incest Exception Not Needed and Unwarranted." Available for \$1 from ALL, Post Office Box 490, Stafford, Virginia 22555. Telephone: (703) 659-4171. Also see Ethel Waters. *His Eye Is On the Sparrow*, pages 277 and 278.

sparrow, pages 211 and 210.

[64] 'Religious' Coalition for Abortion Rights (now RCRC). Booklet entitled "Words of Choice." 1991, Washington, D.C. Page 24.

[65] Results of a 1990 Wirthlin poll described in "The Week." *National Review*, December 3, 1990, page 12.

[66] Bernard Nathanson, M.D., statement to the Virginia State legislature, February 11, 1982.

[67] Basile Uddo, Professor of Law, Loyola School of Law, "Pregnancy Due to Rape and Incest." *Restoring the Right to Life: The Human Life Amendment* [Provo, Utah: Brigham Young University Press, 1984], page 188.

[68] Sandra Mahkorn, M.D., former rape counselor, "Pregnancy and Sexual Assault." *The Psychological Aspects of Abortion* [Washington, D.C.: University Publications of America, 1979], pages 65 and 66.

[69] As described in Ian Hunt, M.D., University of British Columbia's Department of Psychiatry. American Psychiatric Association's *Psychiatric News*, March 3, 1978.

[70] As an example, the Gallup Poll conducted in Princeton, New Jersey from May 8 to 11, 1981, asked the question "Some people feel that human life begins at the moment of conception. Others feel that human life does not begin until the baby is actually born. Do you, yourself, feel that human life begins at conception, at the time of birth, or at some point in between? If you feel that human life begins sometime between conception and birth, when do you feel that it begins?" 59 percent of women responding answered "at conception," and eight percent more replied "three months or less."

[71] As described in Sagar C. Jain and Laurel F. Gooch. *Georgia Abortion Act of 1968: A Study in the Legislative Process* [University of North Carolina, Chapel Hill, North Carolina, 1972] pages 56 and 57.

[72] As described in Richard Doerflinger. "Hyde Amendment to Be Examined By Congress Again." The [Portland, Oregon] *Catholic Sentinel*, November 9, 1990, page 7.

[73] Rebecca Chalker and Carol Downer. *A Woman's Book of Choices: Abortion, Menstrual Extraction, RU-486* [Four Walls Eight Windows Press, Post Office 548, Village Station, New York, New York 10014, 1992], 271 pages, page 39.

[74] *Report of the Royal Commission of Inquiry into Contraception, Sterilization and Abortion*. New Zealand, 1977.

[75] For example, Marilyn French, in the gender feminist anthology *Sisterhood is Powerful*, says that "All men are rapists. They rape us with their eyes, their laws, and their codes" [*Sisterhood is Powerful* (Robin Morgan, editor) [New York: Vintage Books, 1970]].

[76] "TV Program is Source of Made-Up Story." *American Family Association Journal*, April 1990, page 4.

[77] Andrew Sheehan. "New Abortion Law Brings More Reports of Rape." *Pittsburgh Post-Gazette*, June 25, 1988, page 5.

[78] Ferris B. Lucas, Executive Director, National Sheriff's Association, July 18, 1977. Quoted by Congressman Thomas J. Bliley (R-Va.) in July 25, 1983 testimony printed in the *Congressional Record*.

[79] V. Seltzer. "Medical Management of the Rape Victim." *Journal of the American Medical Women's Association*, 32, 1977, page 141. Described in Eugene F. Diamond, M.D. "Rape and Abortion." *Linacre Quarterly*, August 1980.

Facts of Life: Chapter 3: Exceptions for Abortion: The Rarity of Major Birth Defects



SHARE

The Rarity of Major Birth Defects.

Figure 3-6

Risks of Fetal Genetic Abnormalities, Related to Maternal Age

Mother's Age	Risk of Down's Syndrome [[A]]	Total Risk of All Genetic Abnormalities [B]	Percent Healthy Babies
15	0.03% (1 out of 3,333)	0.22% (1 out of 455)	99.78%
16	0.04% (1 out of 2,500)	0.24% (1 out of 410)	99.76%
17	0.04% (1 out of 2,324)	0.26% (1 out of 381)	99.74%
18	0.05% (1 out of 2,161)	0.28% (1 out of 354)	99.72%
19	0.05% (1 out of 2,008)	0.30% (1 out of 329)	99.70%
20	0.05% (1 out of 1,867)	0.33% (1 out of 306)	99.67%
21	0.06% (1 out of 1,736)	0.35% (1 out of 285)	99.65%
22	0.06% (1 out of 1,614)	0.38% (1 out of 265)	99.62%
23	0.07% (1 out of 1,500)	0.41% (1 out of 246)	99.59%
24	0.07% (1 out of 1,395)	0.44% (1 out of 229)	99.56%
25	0.08% (1 out of 1,296)	0.47% (1 out of 213)	99.53%
26	0.08% (1 out of 1,205)	0.51% (1 out of 198)	99.49%
27	0.09% (1 out of 1,120)	0.54% (1 out of 184)	99.46%
28	0.10% (1 out of 1,042)	0.59% (1 out of 171)	99.41%
29	0.10% (1 out of 968)	0.63% (1 out of 159)	99.37%
30	0.11% (1 out of 900)	0.68% (1 out of 148)	99.32%
31	0.13% (1 out of 749)	0.81% (1 out of 123)	99.19%
32	0.16% (1 out of 624)	0.98% (1 out of 102)	99.02%

32	0.16% (1 out of 624)	0.96% (1 out of 102)	99.02%
33	0.19% (1 out of 519)	1.17% (1 out of 85)	98.83%
34	0.23% (1 out of 432)	1.41% (1 out of 71)	98.59%
35	0.28% (1 out of 360)	1.69% (1 out of 59)	98.31%
36	0.35% (1 out of 285)	2.14% (1 out of 47)	97.86%
37	0.44% (1 out of 225)	2.71% (1 out of 37)	97.29%
38	0.57% (1 out of 176)	3.47% (1 out of 29)	96.53%
39	0.73% (1 out of 138)	4.43% (1 out of 23)	95.57%
40	0.92% (1 out of 109)	5.61% (1 out of 18)	94.39%
41	0.95% (1 out of 105)	5.82% (1 out of 17)	94.18%
42	0.99% (1 out of 101)	6.03% (1 out of 17)	93.97%
43	1.02% (1 out of 98)	6.25% (1 out of 16)	93.75%
44	1.06% (1 out of 94)	6.47% (1 out of 15)	93.53%
45	1.10% (1 out of 91)	6.71% (1 out of 15)	93.29%

[A] *Hippocrates* Magazine, May/June 1988, pages 68 and 69, and letter dated March 21, 1980 from Hymie Gordon, M.D., Chairman, Department of Medical Genetics at the Mayo Clinic, to Nona Aguilar.

[B] Includes incidence of Down's Syndrome, Alpha anti-trypsin enzyme deficiency, alpha thalassemia, beta thalassemia (Cooley's anemia), cystic fibrosis, Duchenne's muscular dystrophy, fragile "X" Syndrome, hemophilia, anencephaly, spina bifida, polycystic kidney disease, sex chromosome abnormalities, sickle cell anemia, Tay-Sachs disease, trisomy 13 (Patau Syndrome) and trisomy 18 (Edwards Syndrome).

[Go to Next Topic: The Frequency of Eugenic Abortions](#)

[Return to *Exceptions for Abortion* Table of Contents](#)

Facts of Life: Chapter 3: Exceptions for Abortion: The Frequency of Eugenic Abortions



 SHARE

The Frequency of Eugenic Abortions

No Heart Leads to No Soul. The birth defects argument is perhaps the most loathsome of all of the rationalizations for prenatal killing used by pro-abortionists.

While they fight for handicapped parking spaces for those who cannot walk, and while they make sure they have sign language interpreters and wheelchair ramps at their conferences, pro-abortionists see no hypocrisy in advocating abortion for babies whose only crime is that they are less than perfect.

This is pure and simple *discrimination*.

People do not abort a handicapped baby because he would be unhappy. Handicapped people usually are just as happy as those who have no handicaps. People commit eugenic abortions for selfish reasons, regardless of what they say - because the child would make *them* unhappy.

What is particularly distressing about eugenic abortions is the fact that no child, no matter how severely handicapped, is unwanted. None of the more than 100 organizations consisting of the parents of handicapped children has ever endorsed abortion. In fact, many of these organizations have standing offers to adopt any child with handicaps.[94]

This means that no eugenic abortion is truly necessary - but many are undoubtedly carried out because genetic counselors and abortion clinic staff do not tell parents about these organizations.

Abortion as the Eugenicist's Tool. The elimination of human beings solely because they have mental and physical limitations is the dream of the pseudoscientific worldview known and universally condemned as eugenics, which is the systematic destruction of "life devoid of value." Today, of course, we use the politically correct term "insufficient quality of life."

The *Decree of the Congregation of the Holy Office on Eugenics* of March 18, 1931 answered a question about the legitimacy of a practice that was beginning to flourish in the United States:

Question: "What is thought of the theory called "eugenics," whether positive or negative, and of the means indicated by it to improve the human race without taking into consideration neither natural or divine or ecclesiastical laws relative to marriage and individual rights?"

Answer: "The theory of "eugenics" is to be held entirely blameable, false and condemned, in accordance with the Encyclical on Christian Marriage, *Casti Connubii*, December 31, 1930.

Margaret Sanger, the founder of Planned Parenthood and a serious disciple of the eugenics philosophy, longed for "a race of thoroughbreds" through positive eugenics - the breeding of "good stock." Now abortionists would like to improve the gene pool

through negative eugenics, the "weeding out" of those human beings they consider unsatisfactory.

Marjorie Reilly Maguire and Daniel C. Maguire, formerly of the fake religious front group 'Catholics' for a Free Choice, said heartlessly, "while you are making your [abortion] decision, do not let yourself be a victim of romantic thinking about the beauty and value of handicapped children ... such children place extreme demands upon a family." [95]

And Kenneth Vaux, Professor of Ethics at Baylor College of Medicine, shows that such thinking will inevitably lead to *abortion on command*:

I am told by a reliable scholar that a major private health insurance company is contemplating the policy of requiring amniocentesis or other acceptable forms of antenatal diagnosis for all pregnant women holding a policy with the company. If a diagnosis of congenital defect is made, insurance will be dropped on the potential child. In other words, *abortion will be required* ... We have a legal obligation to protect the unborn from the cruel and unusual punishment of genetic disease. Surely we need ponder whether the abnormal merit our protection, even *in utero*. We now have the possibility, *which means the responsibility*, of deciding whom we will admit to the human community. [96]

Frequency of Birth Defects. There are about 4.1 million births per year in the United States, and about 1.3 million abortions, for a total of 5.4 million pregnancies not concluding in miscarriage. The average age of pregnant women is 26. [97] Considering the data given in Figure 3-6 and the distribution of pregnancies by age not ending in miscarriage, there are about 4,400 cases of Down's Syndrome and about 22,000 cases of other serious fetal genetic defects per year

[Go to Next Topic: Prenatal Genetic Testing; Can We Ever Morally Justify It?](#)

[Return to *Exceptions for Abortion* Table of Contents](#)

Footnotes for "The Frequency of Eugenic Abortions"

[94] John and Barbara Willke. *Handbook on Abortion* [Cincinnati: Hayes Publishing Company, Inc., 1979], page 177. A literature survey was performed on many of the organizations listed in *Reaching Out: A Directory of Voluntary Organizations in Maternal and Child Health, 1985*. National Center for Education in Maternal and Child Health, 8201 Greensborough Drive, Suite 600, McLean, Virginia 22102, and no endorsements of abortion were found.

[95] "Abortion: A Guide to Making Ethical Decisions." 'Catholics' for a Free Choice pamphlet dated September, 1983.

[96] Kenneth Vaux. *Biomedical Ethics* [New York: Harper & Row, 1974], pages 51, 58 and 59.

[97] United States Department of Commerce, Bureau of the Census. Reference Data

Book and Guide to Sources, *Statistical Abstract of the United States* [Washington, DC: United States Government Printing Office, 2006 (126th Edition)]. Table 72, "Live Births, Deaths, Marriages and Divorces, 1950 to 2003." The entire *Statistical Abstract* for the current year in PDF format is available on the Census Bureau Web site at <http://www.census.gov>.

Facts of Life: Chapter 3: Exceptions for Abortion: Prenatal Genetic Testing; Can We Ever Morally Justify It?



 SHARE

Prenatal Genetic Testing.

Amniocentesis. Amniocentesis is usually performed after the 16th week of pregnancy on the preborn babies of mothers who have abnormal alpha-fetoprotein (AFP) concentrations, whose families have a history of birth defects, or who are more than 35 years old.[98]

Guided by ultrasound, the doctor inserts a needle through the abdominal wall into the uterus and withdraws about an ounce of amniotic fluid. Labs grow fetal cells in the fluid for three to four weeks, and examine the cell for chromosomal abnormalities (karyotyping). Abortions are committed about 32 to 45 days following the test. The risks to the baby from the "amnio" range from 0.5 percent to 2.0 percent fatalities by miscarriage.[98]

In the October 1986, issue of *Ob-Gyn News*, Dr. Ann Tabor reported that her randomized study of 2,264 women in the 25-34 age group showed that 23 women - or one percent - had miscarriages directly caused by amniocentesis. The test detected abnormalities in only one percent of the babies, meaning the amnio killed as many *healthy* babies as it detected babies with abnormalities.

The vast majority of mothers who have eugenic abortions do so at 20 weeks or more, when their babies weigh about a pound. If abortion is the "treatment of choice," the babies die either by being cut apart (D&E abortion) or, less frequently, by one of the other grisly late-term abortion techniques such as dilation and extraction (D&X). Chapter 1 on abortion describes these procedures.

The major risks of amniocentesis include maternal hemorrhage and infection, fetal puncture wounds, pneumothorax (injection of gas into the mother's pleural cavity), laceration of the baby's spleen, damage to the placenta and/or umbilical cord, and the baby's death from exsanguination (loss of blood).

Chorionic Villus Sampling (CVS). This procedure is physically similar to amniocentesis, but can be done about eight weeks earlier. A doctor uses a plastic catheter to clip villi (hairlike structures) from the placenta, and the results of chromosomal tests are available within a week. The risks of fatality to the baby are greater than with "amnio," however: From one to five percent miscarriages.[98]

Maternal Serum Alpha-Fetoprotein (AFP). AFP is a maternal blood test performed from the 13th to 20th weeks of pregnancy. Neural tube defects (such as anencephaly or spina bifida) in a baby may cause his kidneys to release elevated levels of AFP into the mother's bloodstream, and lower levels signal the possibility of Down's Syndrome. The blood test must be confirmed by ultrasound and/or amniocentesis. The risk to the baby or mother is nil for the blood test by itself.[98]

Ultrasonography. Ultrasound uses high-frequency sound waves that reflect off a preborn child's internal organs and appear on a sonography screen. At the 20th week, ultrasound can spot various defects in the spine, kidney, heart, and skeleton. The test can also determine the position of the placenta.[98] Abortionists sometimes use

sonograms to position a baby for the kill.

The effects of sonograms on preborn babies are unknown. It is possible that delayed-onset effects of ultrasonography may be significant, and research into this area continues.

Prenatal Testing - The Eugenicist's Ultimate Tool. As the medical profession accepts the various gene-selection technologies, and as they become more and more accurate, interest will inevitably turn to cost containment, and the degree of coercion will certainly become greater.

Some insurance plans already refuse to pay for deliveries or care of infants with genetic defects if the parents do not accept amniocentesis and abortion to "select out" the "defectives" who have serious birth defects.

In 1975, Anthony Smith wrote, "Medical opinion is generally firm. It recommends that amniocentesis should be offered to the patient only on the clear understanding that if the fetus is found to be affected, the pregnancy *will* be terminated. Abortion laws were unthinkable a dozen years ago. Amniocentesis laws, currently unthinkable, may also be with us before so very long. There will be eugenic strides ..."[99]

Kenneth Vaux, Professor of Ethics at Baylor College of Medicine, reports, "Marjorie Shaw, one of the world's most outstanding geneticists, argues that genetic disease is the same as communicable disease, and therefore should be isolated and quarantined as a public health measure - not allowed to transmit itself."[100]

And, on April 4, 1976, the *New York Times* editorialized, "In the far future a subsidy - by insurance companies or the government - might be available if the procedure [amniocentesis] could be shown to save money. Researchers at Columbia University School of Public Health have proposed a voluntary program of screening all pregnant women 40 and over and eventually [a mandatory program to screen] *all* pregnant women to prevent 90 percent of Down's Syndrome."

The crushing weight of godlike 'professional opinion' already acts to compel parents to abort preborn babies who are diagnosed as being handicapped. The National Institutes of Health (NIH) found that parents aborted more than 95 percent of all preborn babies who were found "defective" by prenatal genetic tests.[101]

It seems that we no longer have room for handicapped people on this perfect planet of ours.

Can We Ever Morally Justify Prenatal Testing?

In the realm of prenatal testing, motive determines permissibility.

Most prenatal testing is done in order to find and kill preborn children who fail to "measure up" to parents' and physicians' high standards. Prenatal testing for this purpose is illicit. However, tests for the purpose of healing preborn children are allowable.

The Vatican's *Donum Vitae* answers all the fundamental moral questions about prenatal diagnosis succinctly and completely:

Is Prenatal Diagnosis Morally Licit?

If prenatal diagnosis respects the life and integrity of the embryo and the human

tetus and is directed towards its safeguarding or healing as an individual, then the answer is affirmative.

For prenatal diagnosis makes it possible to know the condition of the embryo and of the fetus when still in the mother's womb. It permits, or makes it possible to anticipate earlier and more effectively, certain therapeutic, medical or surgical procedures.

Such diagnosis is permissible, with the consent of the parents after they have been adequately informed, if the methods employed safeguard the life and integrity of the embryo and the mother, without subjecting them to disproportionate risks. But this diagnosis is gravely opposed to the moral law when it is done with the thought of possibly inducing an abortion depending upon the results: a diagnosis which shows the existence of a malformation or a hereditary illness must not be the equivalent of a death-sentence. Thus a woman would be committing a gravely illicit act if she were to request such a diagnosis with the deliberate intention of having an abortion should the results confirm the existence of a malformation or abnormality. The spouse or relatives or anyone else would similarly be acting in a manner contrary to the moral law if they were to counsel or impose such a diagnostic procedure on the expectant mother with the same intention of possibly proceeding to an abortion. So too the specialist would be guilty of illicit collaboration if, in conducting the diagnosis and in the communicating its results, he were deliberately to contribute to establishing or favoring a link between prenatal diagnosis and abortion.

In conclusion, any directive or program of the civil and health authorities or of scientific organizations which in any way were to favor a link between prenatal diagnosis and abortion, or which were to go as far as directly to induce expectant mothers to submit to prenatal diagnosis planned for the purpose of eliminating fetuses which are affected by malformations or which are carriers of hereditary illness, is to be condemned as a violation of the unborn child's right to life and as an abuse of the prior rights and duties of the spouses.[102]

[Go to Next Topic: Further Reading on *Exceptions for Abortion*](#)

[Return to *Exceptions for Abortion* Table of Contents](#)

Footnotes for "Prenatal Genetic Testing; Can We Ever Morally Justify It?"

[98] American College of Obstetrics and Gynecology. Patient Education Pamphlets "Ultrasound Exams in Ob/Gyn," "High-Risk Pregnancy" and "Amniocentesis for Prenatal Diagnosis of Genetic Disorders."

[99] As described in Anthony Smith. *The Human Pedigree* [New York: J.B. Lippincott Co., 1975], page 275.

[100] Kenneth Vaux, Professor of Ethics at Baylor College of Medicine. *Biomedical Ethics* [New York: Harper & Row, 1974], pages 51, 58 and 59.

[101] Sorenson, "Some Social and Psychological Issues in Genetic Screening."

Symposium on Intrauterine Diagnosis (D. Bergsma, editor), 1971, page 177.

[102] Congregation for the Doctrine of the Faith. *Donum Vitae* ("Instruction on Respect for Human Life in its Origin and the Dignity of Procreation: Replies to Certain Questions of the Day"), February 2, 1987.

[Facts of Life: Chapter 3: Exceptions for Abortion: Further Reading for Exceptions for Abortion](#)



 SHARE

Further Reading: Exceptions for Abortion.

Lynda Allison. *Lisa Said No* [Hazelwood, Missouri: Word Aflame Press, 1989], 188 pages. Reviewed by Ed Hurlbutt on page 53 of the August-September 1989 *ALL About Issues*. The story of how a young girl chooses life over death after being sexually molested.

Colleen D. Clements. *Medical Genetics Casebook: A Clinical Introduction to Medical Ethics Systems Theory* [Humana Press, Crescent Manor, Post Office Box 2148, Clifton, New Jersey 07015, 1982], 233 pages, \$29.50. The author examines 130 actual case studies from a medical genetics program and attempts to apply systems theory to come up with a general decisionmaking process that allow hospital and other bioethicists to make decisions in difficult cases. The cases cover the gamut, including selective abortions and amniocentesis.

Father John Connery, S.J. *Abortion: The Development of the Roman Catholic Perspective* [Chicago: Loyola University Press, 1977]. Hardcover, \$12.95. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This study traces the entire history of the Roman Catholic doctrine regarding abortion from the beginning of the Christian era to modern times. Particular attention is given to the controversy and confusion within the Church regarding abortion to save the life of the mother.

Norbert Gleicher, M.D., and Uri Elkayam, M.D. (editors). "Birth Control and Abortion in the Cardiac Patient." *In Cardiac Problems in Pregnancy: Diagnosis and Management of Maternal and Fetal Disease* [New York: Alan R. Liss, Inc. Publishers, 1982].

Jeff Lane Hansley (editor). *The Zero People: Essays on Life* [Servant Books, 1983]. 310 pages, \$7.95. Reviewed by Douglas Johnson on page 9 of the November 24, 1983 issue of *National Right to Life News*. An anthology of 26 essays on the life issues, most of which are extracted from the *Human Life Review*. This book is useful to all pro-life activists, no matter what their experience level, because the accomplished writers bring together all of the life issues, explain them, and show how they are inextricably intertwined. See especially Basile J. Uddo. "The Hard Cases: Rape, Incest, and Public Policy," pages 109 to 122.

Thomas W. Hilgers, M.D., Dennis J. Horan, and David Mall (editors). *New Perspectives on Human Abortion* [Frederick, Maryland: Aletheia Books, University Publications of America, 1981]. A superb compilation of essays by the most experienced pro-lifers in the land, dealing with virtually all of the basic issues involved in taking human life. An excellent primer for any pro-life activist. Articles include Makhorn and Kolan, "Sexual Assault and Pregnancy." This article discusses the "Scarlet Letter Syndrome" as it applies to rape and incest victims.

David Mall and Walter F. Watts, M.D. (editors). *The Psychological Aspects of Abortion*. Sponsored by the Department of Obstetrics and Gynecology, Stritch School of Medicine, Loyola University. 1979: University Publications of America, Inc, Washington, DC. 156 pages. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This collection of studies covers post-abortion psychosis, abortion and the consequent abuse of siblings, the psychic causes of the abortion mentality, and how abortion depersonalizes both the individual and society in general. Written in layman's language, easily readable, and filled with good and indisputable information. See especially George E. Maloof, M.D. "The Consequences of Incest: Giving and Taking Life," pages 74 to 89.

Robert G. Marshall and Charles Donovan. *Blessed Are the Barren: The Social Policy of Planning Parenthood* [Ignatius Press, San Francisco], \$19.95. Reviewed by Mary Meehan on page 5 of the November 29, 1992 *National Catholic Register*. This volume provides lots of detail on the Planned Parenthood connections with racist eugenics, the effort to capture the Black leadership, and its ability to tap into hundreds of millions of dollars of tax and private money.

Professor Charles E. Rice. *No Exceptions: A Pro-Life Imperative* [Tyholland Press, Box 212, Notre Dame, Indiana 46556, 1990], 131 pages, \$8.00. A truly outstanding examination of the basic pro-life moral arguments against abortion. Pro-life direct and support activities are also described in some detail. Recommended for all new pro-life activists, and those veterans who want to redefine and sharpen their debating skills.

Lothrop Stoddard, Ph.D. *The Rising Tide of Color Against White World-Supremacy* [New York: Charles Scribner's Sons, 1921]. Reprinted in 1971 by Negro Universities Press, Westport, Connecticut. A classic racist book that clearly and vividly demonstrates the kind of thinking that led to eugenics, the current-day racist abortion program in the United States, and the Nazi mentality. Interestingly, Stoddard sat on the board of Margaret Sanger's American Birth Control League (ABCL) for years. For the complete text of this book, [click here](#).

Jack C. Willke, M.D. "Assault Rape and Pregnancy" (3 parts). *National Right to Life News*, July 17, August 21, and October 9, 1986. An outstanding encapsulation of all of the important points surrounding the rape/incest debate. This series, which is must reading for anyone who hopes to seriously debate or research this issue, is available in the archives of most state and local Right to Life chapters.

Kay Zibolsky. *How You Can Live Again - After Assault* [Wilson, North Carolina: Star Books, 1989], 93 pages. Reviewed by Judie Brown on page 45 of the May 1989 issue of *All About Issues*. The story of a victim of rape and how she recovered and is reaching out to other victims.

[Return to *Exceptions for Abortion* Table of Contents](#)

Facts of Life: Chapter 4: China's Forced Abortion Program



 SHARE

The Origins of the Chinese Population Control Program

What the Anti-Lifers Say

The Origins of the Chinese Population Control Program

The Basic Philosophy

Goals of the Forced Abortion Program

Origins: The National Security Council

Architect of the Program: The UNFPA

Continuing the Program

Involuntary Contraception and Early Abortions in the PRC

The Philosophy of American Leftists

Involuntary Contraception and Early Abortions in the PRC

The Women's Federation at 'Work'

Roasted Uteri and Other Atrocities

Forced Late Abortions in the PRC

The Program

Torture, Murder and "Choice"

China's Infanticide

Introduction

The Law and Second Children

"Post-Natal Abortion"

Gender Imbalance in the PRC

Applause from the United States

Steven Mosher's Experience

Applause from the United States

Support for Forced Abortions

Planned Parenthood Supports Forced Abortions

The National Organization for Women (NOW) Supports Forced Abortions

The Population Institute Supports Forced Abortions

Zero Population Growth (ZPG) Supports

Forced Abortions
The Worldwatch Institute Supports Forced
Abortions
Other Pro-Abortion Support for Forced
Abortions

[The Current Situation — and the Future](#)

The Slaughter Continues
Chinese Officials Respond to Criticism
Merely an 'Image Problem'
Culling the "Undesirables"

[Support for a Forced Abortion Program *in the United States*](#)

The *True* Meaning of 'Pro-Choice'
The Ultimate Goal: Compulsive, Sterile Sex

[The Results of Coercion in the United States](#)

Advocation and Implementation
Forcibly Aborting the Handicapped
Pushing Sterilization on the 'Undesirables'
The Programs are Gone, But the Racism Remains

Conclusions

[Further Reading: China's Forced Abortion Program](#)

Facts of Life: Chapter 4: China's Forced Abortion Program: Origins of the Chinese Population Control Program



SHARE

What the Anti-Lifers Say.

"Socialism should make it possible to regulate the reproduction of human beings. We should be able to produce human beings under a quota system, just as we produce bicycles and tons of steel."

- Vice Premier Chan Muhua, Director of the Chinese Family Planning Board.[1]

Chinese and American anti-lifers claim that there is no such thing as a "forced abortion." They say that stories of forced abortions in China are merely fairy tales spun by "anti-choice propagandists" so that they may "force their narrow views on other countries" by destroying or hobbling international United States population control assistance programs.

As Qian Xinzhong, Minister in Charge of the State Family Planning Commission, states: "State guidance is by no means a compulsory command; we absolutely oppose compulsory methods."[2]

Those who support and applaud China's forced abortion and sterilization program also claim that "anti-choice fanatics" hope to eliminate 'reproductive rights' in the United States by using these "fictional" stories to frighten people with the specter of coercion.

Finally, the pro-abortionists strain credulity to the limit by alleging that a forced abortion program cannot happen in the United States - *unless* the pro-life movement makes significant progress and establishes a eugenics program that eliminates the "unfit" and encourages the "fit" to breed more!

The Origins of the Chinese Population Control Program.

The Basic Philosophy. The vast majority of people (even most pro-abortionists) agree that forcing women to have abortions is not a good thing.

So where does the coercive population control philosophy come from?

It originates in the same place from which all anti-life monstrosities emerge: The utilitarian philosophy. This worldview holds that a goal that is deemed to be "good" by the people in power may be attained by any means available.

Not by moral means.

Not by ethical means.

Just by *any possible* means.

The Chinese are adhering to a simple five-step syllogism. It is summarized as follows;

1. Too many people = bad.
2. We have too many people.
3. We have the necessary degree of control over our populace.
4. Therefore we *can* reduce our population.
5. So we *will* reduce our population by all available means.

Those who think that this view seems simplistic should not chuckle too soon. American abortionists and their toadies have been saying exactly the same thing for more than a quarter of a century, although their statements are couched in a luxurious layer of soothing Newspeak and reassuring (but meaningless) qualifications.

For example, abortionists Selig Newbardt and Harold Schulman claim in their "how-to" book *Techniques of Abortion* that "An abortion should not infringe upon the rights of any other woman or man. A continuing pregnancy might infringe on these rights - because a new person has to have clean air, clean water, electric power, dispose of his waste materials, be educated, and require protection and health services." [3]

Notice that the authors' sweeping statement qualifies *any* "continuing pregnancy" - wanted or not - as a possible violation of the rights of others. This philosophy, if accepted widely enough, will certainly mandate abortion wherever it holds sway.

This is precisely the mentality that eventually led to the Chinese forced abortion program. As shown later in this Chapter, many or most of the 'leading (b)lights' of the pro-abortion movement have been calling for mandatory contraception, abortion, sterilization and euthanasia in this and other countries since the late 1960s.

Goals of the Forced Abortion Program. Most pro-life activists have heard at least sketchy details about China's forced abortion program. The direct cause of this coercion is the ridiculous goal set by China's "one child" policy planners in 1980: population stability at 1,054 million by the year 2004, with a precipitous decline to only 370 million by the year 2080.

This utterly unrealistic goal will supposedly be achieved by firmly controlling the country's massive population by *any* necessary means. These means include forced abortion, forced sterilization, forced use of contraceptives, and widespread female infanticide.

Origins: The National Security Council. Since the mid-1970s, the United States has been deeply committed to both domestic and foreign population control programs. Billions of dollars of our tax money have been used to implement many questionable programs, including, most notably, the Chinese forced-abortion atrocity.

The National Security Council (NSC) is the highest U.S. bureaucracy charged with the planning and direction of foreign policy. One of the most vital aspects of this policy is population control.

The idea that drives NSC population control policy is fundamentally racist and elitist. The concept is this: If there are too many of "them" (people of foreign races) and too few of "us" (pure White and other acceptable American races), then the worldwide influence of the United States will decline, and eventually, if the situation becomes serious enough, our country will cease to be a "global player" entirely. Therefore, we must use our vast reserves of "foreign assistance" money *now* to cut down on threatening "foreign" populations, while we still have the chance.

This policy is a very slightly altered version of the Nazis' *Lebensraum* concept, the driving force behind the extermination of the Jews and the initiation of World War II.

One highly sensitive NSC document entitled "Implications of Worldwide Population Growth for U.S. Security and Overseas Interests" was written in 1974 and was only declassified in late 1990. This document served as the foundation for our country's anti-natalist population philosophy. It is also known as *National Security Study Memo 200* [NSSM 200], or "The Kissinger Report."

The document states that "Development of a worldwide political and popular commitment to population stabilization is fundamental to any effective strategy. This requires the support and commitment of key LDC leaders. This will only take place if they clearly see the negative impact of unrestricted population growth and believe it is possible to deal with this question through governmental action."

NSSM 200 goes on to suggest that United States food assistance might be made conditional depending on the LDC's population control performance. More significantly, the document states that United States agencies *should* be planning on the use of force in the future: "It is important in style as well as substance to avoid the appearance of coercion. ... mandatory programs may be needed and that we should be considering these possibilities now."

In 1976, the Interagency Task Force on Population Policy for the Under Secretaries Committee of the NSC found that "In some cases, strong direction has involved incentives such as payment to acceptors for sterilization, or disincentives such as giving low priorities in the allocation of housing and schooling to those with larger families. Such direction is the *sine-qua-non* [essence] of an effective program."

The *Report* asks some very interesting questions;

- "On what basis should such food resources then be provided? Would food be considered an instrument of national power? Will we be forced to make choices as to whom we can reasonably assist, and if so, should population efforts be a criterion for such assistance?"
- "Is the U.S. prepared to accept food rationing to help people who can't/won't control their population growth?"
- "Are mandatory population control measures appropriate for the U.S. and/or for others?"

Architect of the Program: The UNFPA. For many years, the United States government has lavishly funded the United Nations Population Fund (UNFPA) with tens of millions of *our* tax dollars. One of the main targets of UNFPA money is the People's Republic of China (PRC).

The United States government is certainly not the only massive funder of UNFPA. For example, the Canadian government, through the Canadian International Development Agency (CIDA), gave \$9.1 million Canadian to UNFPA in 2000 despite its knowledge of the evidence of China's forced abortion program.[4]

Although spokesmen for the organization have stridently disavowed responsibility for China's coercive programs, UNFPA's plan was laid out in many of its internal memos, including a January 15, 1985 briefing note entitled "The United Nations Population Fund and China;"[5]

- UNFPA contributed more than \$100 million to China's population control programs;
- UNFPA bought and custom-designed a \$12 million IBM computer complex specifically to monitor the population program;
- UNFPA provided the technical expertise and personnel that trained thousands of Chinese population control officials;
- UNFPA presented China with the United Nations' award for the "most outstanding population control program;" and
- UNFPA only stated that the coercive programs should cease because they were causing the Chinese "negative image problems" - *not* because the programs were

inhuman genocide, but because they had been caught in the act.

When the horrors of the Chinese population control program were finally laid bare, U.S. funding to the UNFPA was cut off. Planned Parenthood, *despite having the evidence of the Chinese atrocities before it*, protested strongly and lobbied vigorously in a vain attempt to get UNFPA funds reestablished.

Meanwhile, the parent organization of the UNFPA participated in the cover-up as well. The United Nations has gone on record as saying that "Although some have accused the family planning programme of employing coercive methods, the [Chinese] Government has never sanctioned the use of coercion." [6]

Pro-abortion denials hold little credibility, especially in light of Chinese national and provincial laws demonstrating the coercive nature of the one-child policy;

- Central Committee Directive Number 7 of 1983 reads "All state officials, workers and employees, and urban residents, except for special cases which must be approved, may have only one child per couple." [7]
- Shanxi Province Communist Party Chief Zhang Boxing issued a directive on July 10, 1983 as follows: "Those women who have already given birth to one child *must* be fitted with IUDs, couples who already have two children *must* undergo sterilization of either the husband or the wife, and women pregnant outside the Plan *must* abort as soon as possible." [8]
- In April of 1992, the Chinese National People's Congress adopted Article 42 of a law that states: "When a wife terminates gestation as required by the family planning programme, her husband may not apply for a divorce within six months after the operation."
- In April 1988, Fujian Province adopted birth control regulations which stated that "Persons not meeting legal age requirements shall be prohibited from marrying or bearing children. ... Unplanned births shall be prohibited."
- In April 1990, Henan Province adopted "Rules and Regulations on Family Planning," which states in Article 11 that "Birth of the second child must be strictly controlled, and birth of the third child must be prohibited." [9]
- Finally, on December 29, 2001, the 25th session of the Standing Committee of the National People's Congress formally approved China's first law on population control and family planning, whose purpose is to further advance its one-child policy. Li Peng, Chairman of the legislature, said the law would "stabilize" China's family planning policy, which had been in place since 1980. [10]

As background, the legislation that offended Planned Parenthood was enacted in 1985. The Kemp/Kasten Amendment, named after its chief sponsors, cut off "population assistance" money to "... any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization."

Following passage of the Kemp/Kasten amendment and the repeal of a law that *guaranteed* funding of the UNFPA, the Reagan Administration found that UNFPA had violated the Kemp/Kasten amendment in China. UNFPA's funding was cut off, and the Court of Appeals for the District of Columbia upheld the action.

"Family planners" saw this as a direct attack, and they reacted predictably: By pouring millions of dollars into another trademark ad/smear campaign filled with distortions and outright lies. The Chinese took leading population controllers on carefully structured tours of their country, and the anti-populationists obediently reported to the public that they personally saw no forced abortions (as if the Chinese would lead them to

a clinic filled with screaming women enduring forced third-trimester abortions)! Werner Fornos, head of the Population Institute, insisted that 'disincentives' were used in China, but never 'coercion.'

The UNFPA itself operates family planning programs in 32 counties, or county-level municipalities, throughout China. In fact, its offices are often co-located with local Family Planning Offices. Therefore, there is no possible way that UNFPA *cannot* know about the draconian forced-abortion program in China. Yet it claims that Chinese "women are free to voluntarily select the timing and spacing of their pregnancies;" that there are *no* family planning targets or quotas; that abortion is *not* promoted in China as a method of family planning; and, finally, that coercion does not exist![11]

In 1986, Rafael Salas, UNFPA's then-Executive Director, said that "Each country has its view of what is free, a free choice. If you refer to the case of China, I am very sure that the Chinese themselves will say that within their cultural norms, they are not at all coercive. Maybe from Western standards, these might not be totally acceptable, but then each country must determine that for themselves."[12]

In 1989, UNFPA's Executive Director Nafis Sadik claimed on CBS's "Nightwatch" television program that the UNFPA "does not support abortion programs anywhere in the world," and is "not supporting coercion in any form." She also continued to insist that China's population control policies are "purely voluntary."[13]

Twelve years later, Sadik was still in denial despite a mountain of evidence contradicting her stubbornly-held beliefs. She said that "China has every reason to feel proud of and pleased with its remarkable achievements made in its family planning policy and control of its population growth over the past 10 years. Now the country could offer its experiences and special experts to help other countries."[14]

Continuing the Program. After hearing repeated denials of wrongdoing, that International Spy and Enemy of the People Steven Mosher decided to check the current situation in China. Despite numerous bureaucratic obstacles thrown in his path, he managed to visit several rural villages for four days in June of 1987. Upon his return, he published articles showing that forced abortions and sterilizations were still taking place in China. The United States Agency for International Development (USAID), after reviewing the UNFPA "family planning" program, agreed that China's family planning program "remains systematically coercive."[15]

However, the pro-aborts apparently still couldn't care less about forced abortions. For example, virulently pro-abortion senator Daniel Inouye of Hawaii attempted to reinstate funding for UNFPA, but was rebuffed by the Senate Appropriations Committee, 14 to 11, on December 3, 1987.

As final proof of China's program of forced baby-killing, the United States House of Representatives on December 10, 1987, adopted a resolution sponsored by Congressman Chris Smith that "... strongly condemns the continued violations of human rights by the Government of the People's Republic of China, including the one-child-per-family policy adopted in 1979 that relies on coercion, economic penalties, and forced abortions, often late in pregnancy ..."

Interestingly, the Chinese Family Planning Association - which implements the coercive program in China - is an affiliate of the International Planned Parenthood Federation (IPPF). Cash grants from IPPF to the Chinese birth control program rose tremendously about the time the Chinese coercive population control program was publicized: From \$5,600 in 1982 to \$750,000 in 1985, a 134-fold increase in just three

years![16] Significantly, at about this time, the IPPF changed its logo from a two-parent/two child design to a two-parent/one child design.

[Go to Next Page: Involuntary Contraception and Early Abortions in the PRC](#)

[Return to China's Forced Abortion Program Table of Contents](#)

Footnotes for "The Origins of the Chinese Population Control Program"

- [1] Steven W. Mosher. *Broken Earth: The Rural Chinese* [New York: The Free Press, 1983]. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. Mr. Mosher, a Chinese-American scholar who was denied his Ph.D. because he revealed details of China's forced-abortion policy, outlines various Chinese government policies and their impacts on the common Chinese worker and rural dweller. Chapter 9 of his book, "Birth Control: A Grim Game of Numbers," deals with China's forced-abortion and one-child policy, which leads also to female infanticide when the first baby is a girl. Chan Muhua's quote is on page 224.
- [2] Qian Xinzong, Minister in Charge of the State Family Planning Commission. "China's Population Policy: Theory and Methods." *Studies in Family Planning*. December 1983, Part I, pages 295 to 301.
- [3] Selig Newbardt, M.D., and Harold Schulman, M.D. *Techniques of Abortion* [Boston: Little, Brown and Company, 1977] (Second Edition), page 9.
- [4] "Canada Donates \$9 Million to UNFPA - Funders of China's One-Child Policy." *LifeSite Daily News* at <http://www.lifesite.net>, May 7, 2001.
- [5] Steven W. Mosher. "Thinking Clear: Forced Abortions and Infanticide in Communist China." *Human Life Review*, Summer 1985, pages 7 to 34. Page 33, footnote 9.
- [6] United Nations. *Abortion Policies: A Global Review* [New York: United Nations, 1992]. Volume 1, page 85.
- [7] "China's Population Policy is Proving to Be Effective." *Beijing Review* (English Edition), November 6-12, 1989, pages 42 to 44.
- [8] "The Week." *National Review*, May 27, 1988, page 15.
- [9] "Canada Donates \$9 Million to UNFPA - Funders of China's One-Child Policy." *LifeSite Daily News* at <http://www.lifesite.net>, May 7, 2001.
- [10] "China Passes First Law Codifying 1-Child Policy." *The Washington Times*, December 30, 2001.
- [11] "China: Background Information." United Nations Population Fund (UNFPA) Web site at <http://www.unfpa.org/regions/apd/countries/china.htm>; "UNFPA's Country Program in China: Providing Quality Care, Protecting Human Rights." UNFPA, August 10, 2001. For a summary of UNFPA's most recent deceptions, see Population Research Institute (PRI) *Weekly Briefing*, "UNFPA Supports Coercive Family Planning - Including Forced Abortion - in China (and PRI Has the Evidence to Prove It)" [Volume 3, Number

25], October 4, 2001.

[12] "An Uncompromising Position: China, the UNFPA and U.S. Population Policy." Undated Zero Population Growth *Backgrounder*.

[13] "Forced Abortion, Infanticide Reported in Tibet." *The Wanderer*, April 6, 1989, page 2.

[14] Nafis Sadik, former Executive Director of the United Nations Population Fund (UNFPA), quoted by China's official news agency Xinhua on April, 11, 1991. Also described in "Canada Donates \$9 Million to UNFPA - Funders of China's One-Child Policy." *LifeSite Daily News*, May 7, 2001.

[15] Richard Glasow, Ph.D. "Pro-Aborts Work Overtime to Break RU-486 'Quarantine.'" *National Right to Life News*, November 30, 1989, pages 6 and 11.

[16] B. Nossiter. "Population Prizes from U.N. Assailed." *New York Times*, July 24, 1983.

Facts of Life: Chapter 4: China's Forced Abortion Program: Involuntary Contraception and Early Abortion in the PRC



 SHARE

The Philosophy of American Leftists.

It is an exceedingly curious fact that many dedicated American Communists bitterly denounce the United States government for purportedly "dictating to women how they can control their own bodies," while wholeheartedly applauding China's forced-abortion and forced-sterilization program. In fact, these people hold up China's population control program as a "model for the entire world to follow."

United States citizens William H. Draper and Andrew P. O'Meara, both of whom have long histories of involvement in international population control, wrote a preface to a widely-distributed Chinese family planning manual. This manual was written in English and sponsored by the Victor-Bostrom Fund and the Population Crisis Committee (PCC).

Draper and O'Meara spoke of using "postconceptive means" to control the "rising tide of excess and unwanted children." Draper parrots that "We must control our population if life is to be worth living." Guest writer Edgar Snow makes the amazing statement that "There are no illegitimate children in China." [17] No prize for guessing why — illegitimate children are forcibly aborted!

In this family planning manual, the Chinese speak plainly of "population control propaganda," "enforcement mechanisms and surveillance procedures," [17] and call "excess" children an "offense to the Government" (Government with a capital "G")!

Interestingly, the words "Planned Parenthood" appear dozens of times in the text.

The rest of this Chapter describes some of the hideous crimes against born and unborn humanity now occurring in the People's Republic of China.

Involuntary Contraception and Early Abortions in the PRC.

Ann Landers: "If a woman who has three children becomes pregnant with a fourth, is an abortion compulsory?"

Chief of Staff of the Peking Hospital: "No, but we send a member of the Revolutionary Committee to educate her. After a visit or two, the woman almost always agrees that abortion is best." [18]

The Women's Federation at 'Work.' There is obviously no "right to privacy" in the PRC, especially when the subject is human reproduction. The euphemistically-named 5,000,000 member "Women's Federation" is the Gestapo of the Chinese family planning program, a kind of grown-up and fully-empowered National Organization for Women.

It aggressively 'educates,' detects pregnancies, and accompanies women to the abortion clinics to insure that they don't have a change of heart (thus performing a

service identical to our 'clinic escorts'). In the factories, the Women's Federation even records and publicly displays a chart of each woman's menstrual cycle and insures that she uses contraception.

This type of coercion, of course, is nothing new. It has been endured under totalitarian regimes since the beginning of recorded history. For examples the Japanese Shoguns, particularly during the Tokugawa Dynasty, adhered strictly to zero population growth. Every family was allowed but two children; the third was suffocated upon birth under the rule of *mabiku*, or "thinning out." [19]

Roasted Uteri and Other Atrocities. The United States suffers about 1.4 million surgical abortions per year. This is a large number, but we are rank amateurs compared to the Chinese. Over the time period 1975 to 2006, the Chinese have committed more than 300 million surgical abortions, with an almost incomprehensible high of 14,371,843 in 1983 alone. [20]

Official statistics show that about 95 percent of these abortions are performed before 24 weeks gestation. This means that *half a million* are performed past the point of fetal viability each year!

Since about 80 percent of China's population lives in rural areas, many early abortions are performed by methods that have been designed to use locally available materials. One of the most popular is to create powerful suction by burning flammable liquid in a stoppered series of two jars. [21] This method is very efficient, and most "barefoot doctors" and many of the Communist Chinese cadre members are trained to construct and use it.

However, the injuries inflicted by constructing or using such a crude apparatus improperly can be hideous. In some cases, the amateur 'abortionist' loses control of the suction tip and extracts neat plugs of the uterine wall, possibly penetrating arteries and leading to hemorrhaging that can only be controlled in a modern hospital that may be hundreds of miles away. The suction tip may completely penetrate the uterine wall and shred other vital body organs. Most appalling of all, burning liquid may be inadvertently injected into the uterus if instructions are misinterpreted, causing the woman to die in unspeakable agony.

Death caused by a roasted uterus takes anywhere from thirty seconds (if the woman is lucky) to a week — or even longer.

[Go to Next Topic: Forced Late Abortions in the PRC](#)

[Return to China's Forced Abortion Program Table of Contents](#)

Footnotes for "Involuntary Contraception and Early Abortions in the PRC"

[17] Wenming Su (editor). *Population and Other Problems*. Beijing Review Special Feature Series #1. April 1981, 95 pages.

[18] Conversation between syndicated advice columnist Ann Landers and the Chief of Staff of the Peking Hospital Described in Vital Signs. "An Offer That Can't Be Refused?"

Staff of the Peking Hospital. Described in vital signs. An Order That Can't Be Refused: *National Right to Life News*, October 1974, page 15.

[19] Erik von Kuehnelt-Leddihn. "Thoughts About the Family." *Human Life Review*, Winter 1980, pages 73 to 85, footnote 9.

[20] John S. Aird. *Slaughter of the Innocents: Coercive Birth Control in China* [Washington, DC: American Enterprise Institute, 1990], 196 pages. An excellent and detailed look at the history of coercive population policies in China since the Revolution of 1949.

[21] Steven W. Mosher. "Thinking Clear: Forced Abortions and Infanticide in Communist China." *Human Life Review*, Summer 1985, pages 7 to 34. Page 33, footnote 9.

Facts of Life: Chapter 4: China's Forced Abortion Program: Forced Late Abortions in the PRC



SHARE

Forced Late Abortions in the PRC.

The Program. China commits about 200,000 third-trimester surgical abortions annually. Most of these babies are fully viable when they are killed, and virtually all of these abortions are performed against the mother's will. Researcher Steven Mosher has described how pregnant women are imprisoned in a small room, isolated from their families, and are not even allowed to leave so that they can change clothes or go to the bathroom. While they sit in misery on hard wooden benches, they are perpetually berated by shifts of professional cadre, who shout that they must perform their "duty to the State and the Party" by aborting.[22]

This barbaric brainwashing endures for weeks on end if necessary, until the helpless mothers finally break down and agree to 'voluntary' abortions. This is how Chinese 'family planning' officials can insist with straight faces that there are no forced abortions or illegitimate children in their country.

Pro-abortion propagandists play the same lying word games all over the world.

After she finally breaks, a woman in her last trimester is generally taken to the local abortion mill and injected with Rivalor (*du zhen*, or "poison shot"), which causes congestive heart failure in the unborn baby. The child usually dies in agony over a period of about a day, and is then delivered dead.[22]

Not only are the women themselves brutalized, but entire villages are held in terror by China's "Planned Birth" policy. When one family produces an "over-birth," the entire village is often penalized with huge fines, leading to an atmosphere of mistrust and resentment among families, a situation which the Communists actively encourage, since a united village is a strong village and may cause problems for them down the road. In many cases, homes in villages that house families with more than one child are bulldozed or burned. Planned Birth officials round up all women of childbearing age and force them to witness the destruction. This method is known as "killing the chicken to scare the monkey," and is popular in maintaining Communist power and keeping the people in a perpetual state of terror.

Every woman must pledge to be sterilized immediately following her second birth. If she refuses to do so, she may be beaten, fined or jailed. Every fertile woman must have a urine test and ultrasound completed every three months. If a woman tests positive for pregnancy, she must immediately have an abortion.[23]

Torture, Murder and "Choice." The examples of torture and murder inflicted by the Chinese government on helpless women and their families are endless, and certainly represent only the tip of the iceberg. Often brave relatives must risk their lives in order to reveal these atrocities to the rest of the world.

- Zhou Jianxiong was a 30-year-old agricultural worker from Hunan Province. His wife suddenly left their home without telling him where she was going. Officials from the local birth control office suspected that she was "pregnant without permission." Zhou was arrested on May 13, 1998 and tortured in order to force him to reveal the whereabouts of his wife. The officials hung Zhou upside down, whipped and beat him with wooden clubs, burned him with cigarette butts, and branded him with

him with wooden clubs, burned him with cigarette butts, and branded him with soldering irons. He became doubly incontinent, and his body was covered in excrement. The officials then tied wire around his genitals and ripped off his penis. He died on May 15, 1998.

When Zhou's mother tried to obtain his release, she too was arrested and imprisoned. Officials forced her to stand perfectly still for hours and listen to her son being tortured to death in an adjacent room.

For these atrocities, the Mayor of Chunhua Township proposed giving the murderers "administrative detention" for 15 days.[24]

- Birth control officials in Caidian Village, Hubei Province injected a nine months pregnant mother with a poison shot to kill her baby. When the baby was born alive, they instructed the father to get rid of him. The father dutifully threw his own baby into the cess pit of a men's public toilet behind the village government offices. Liu Juyu heard the baby crying and rescued him. While Liu was feeding the baby on her doorstep, five birth control officials approached, grabbed the baby and threw him on the ground. They kicked the baby repeatedly as he screamed on the ground, then took him to a nearby paddy field where they drowned him. This murder took place on August 15, 2000.[24]
- At sunrise on May 15, 2001, Sun Zhonghua, 34, from a farming family in Xiapu County near the provincial capital of Fuzhou, was forcibly abducted from her home by local birth-control officials. The officials told Sun that they were taking her to the nearby birth control clinic for sterilization, a procedure they had previously been pressing her to submit herself to. She refused once again, displaying documents obtained from a local hospital proving that the sterilization would endanger her health because of a medical condition. Despite this, the birth control officials forced her into a waiting car and drove away.

Later that day, the officials informed Sun's relatives that she had died after jumping from the fourth floor of the building housing the local birth-control administration. Family members who were allowed to see her body discovered large bruises all over her body and head. "There is no way she could have received those injuries from jumping to her death," said one relative. Sun's relatives tried to get police to take action, but were ignored.[25]

- The Population Research Institute (PRI) interviewed a young woman who went into hiding to avoid being forced to have an abortion. Family planning officials attempted to coerce her family members into revealing her whereabouts by arresting her mother, her father, her brother, her sister, her mother-in-law and her brother-in-law, all of whom were jailed for four months. They were only released after they had paid a fine of 17,000 *renminbi* [\$2,040], equivalent to several years' income. While they were imprisoned, family planning officials armed with jackhammers appeared at the woman's home, and the homes of her brother-in-law and father-in-law. They smashed huge holes in the floors, walls, ceilings and roofs of these homes. They also removed the windows and doors to the homes and confiscated them. Finally, they destroyed or stole all the furniture and belongings in the homes.

The woman herself reported that she must now pay an additional 17,000 *renminbi* fine for her child to be legally registered and permitted to attend school. These exorbitant fines constitute an additional form of coercion, and a warning to others who might violate the one-child policy.[26]

Interestingly - but not surprisingly - even after Amnesty International and the Population Research Institute had revealed the above hideous details, not a single pro-

Population Research Institute had revealed the above hideous details, not a single pro-abortion group denounced the forced abortions, the jailings, the torture and the murders committed by Chinese birth control officials. Quite the contrary - they demanded *more* funding for the United Nations Population Fund when President George W. Bush zeroed out its spending in early 2002.

Go To Next Topic: China's Infanticide

Return to *China's Forced Abortion Program* Table of Contents

Footnotes for "Forced Late Abortions in the PRC"

[22] Steven W. Mosher. "A Mother's Ordeal." *Reader's Digest*, February 1987, pages 49 to 55. A heartrending first-hand account of how one mother is forced to abort her third-trimester baby. Another article that describes how poison is injected into the fontanelles of newborns is Alex Shoumatoff. "The Silent Killing of Tibet." *Vanity Fair*, May 1991, pages 76 to 80.

[23] Testimony of Harry Wu, Executive Director of the Laogai Research Foundation, on the Planned Birth Policy in the People's Republic of China, before the Committee on International Relations of the United States House of Representatives, October 17, 2001.

[24] Amnesty International. "Torture in China - A Growing Scourge." Downloaded from Amnesty International's Web site at <http://www.amnesty.org> on February 21, 2001. See especially Section 2.7, "Torture During The Implementation of the Birth Control Policy."

[25] "Chinese Woman Refusing Sterilization Beaten to Death: Relatives." Yahoo.com, December 15, 2001.

[26] Population Research Institute (PRI) *Weekly Briefing*. "UNFPA Supports Coercive Family Planning - Including Forced Abortion - in China (and PRI Has the Evidence to Prove It)" [Volume 3, Number 25], October 4, 2001.

Facts of Life: Chapter 4: China's Forced Abortion Program: China's Infanticide



SHARE

China's Infanticide.

Introduction. As bad as forced abortions are, the most extreme horrors of the Chinese program are reserved for those poor mothers who somehow manage to hold out against the brutal pressure, or who conceal their pregnancies in some remote part of the Provinces. This illegal activity is common enough to be referred to by the Chinese as "childbirth on the run."

The Law and Second Children. Couples in rural areas are only allowed one or, at most, two children. Any third child is officially labeled "excess," and law dictates that these "excess" children be delivered in the commune clinic. Large red placards proclaim that "THE CLINIC WILL NOT BE RESPONSIBLE FOR ANY MISHAPS THAT OCCUR DURING THE BIRTHS OF EXCESS BABIES." [27] This is a wise disclaimer, since the infant mortality rate for third babies in these clinics is a perfect *one hundred percent!*

If a mother tries to give birth to a third child, she is led to believe that perhaps an exception will be made in her case. She is soothed and told that all will be well — that she and her child will be taken care of. Everything is, indeed, all right until the baby's head crowns. The "barefoot doctor" then locates the fontanelle (soft spot) on the baby's head, and injects a formaldehyde solution through it into the baby's brain. As the mother watches in horror, her child thrashes in agony as its brain slowly liquifies. [27] Of course, the "doctor" will merely shrug and disavow knowledge of what is happening, and the injection site in the fontanelle is so small that it is undetectable by the grieving mother.

Michael Weisskopf of *The Washington Post* describes this type of murder;

In the Inner Mongolian capital of Hohot, however, hospital doctors practice what amounts to infanticide by a different name, according to a Hohot surgeon who would not allow his name to be used for fear of reprisal. After inducing labor, he revealed, doctors routinely smash the baby's skull with forceps as it emerges from the womb. In some cases, he added, newborns are killed by injecting formaldehyde into the soft spot of the head. He estimated that hundreds of babies die this way in his hospital every year. [28]

"Post-Natal Abortion." Occasionally, the child may escape the clutches of the clinic until it is born. But the cadre members are prepared for this event as well. They carry 'chokers' in their bags, which are similar to the white plastic tie-wraps used as handcuffs by some United States police departments. This 'choker' is simply placed around the living baby's soft neck and cinched down hard. The baby will flail its little legs and arms helplessly, dying painfully of strangulation over a period of about five minutes, usually in full view of the poor mother, as a "Lesson in obedience to the Party and to the wishes of the State." [29]

The sad little carcasses that result from this pro-abortion butchery rarely goes to waste; they are commonly thrown to the commune pigs, who gleefully tear the tiny delicacies apart.

Imagine, for a moment, that you are a newborn baby emerging from the warmth and safety of your mother's womb. Imagine that, instead of being held in your mother's loving

arms, someone seizes you, chokes the life from you, and throws your broken, dead little body to the animals as waste. Is *this* what God intended?

Steven Mosher has documented cases where a mother has given birth to twins, and has then immediately been faced with an inhuman 'Sophie's Choice' — Party officials ask her which twin she wants to keep. The other twin is executed on the spot.

He describes the plight of a woman who was unfortunate enough to have borne twins;

In one incident shortly after I left Guangdong Province, a young woman pregnant for the first time gave birth to twin boys. What should have been an occasion for rejoicing quickly turned tragic as the cadres asked her which one she wanted. "Both of them," she replied, but to no avail. One of the babies — she could not and would not choose which — was taken from her and put to death.[30]

[Go to Next Topic: Gender Imbalances in the PRC](#)

[Return to *China's Forced Abortion Program* Table of Contents](#)

Footnotes for “China’s Infanticide”

[27] Steven W. Mosher. "A Mother's Ordeal." *Reader's Digest*, February 1987, pages 49 to 55. A heartrending first-hand account of how one mother is forced to abort her third-trimester baby. Another article that describes how poison is injected into the fontanelles of newborns is Alex Shoumatoff. "The Silent Killing of Tibet." *Vanity Fair*, May 1991, pages 76 to 80.

[28] Michael Weisskopf. "China's Birth Control Policy Drives Some to Kill Baby Girls." *The Washington Post*, January 8, 1985, page A1.

[29] This information was gleaned by the author from personal interviews with more than thirty citizens of the People's Republic of China during their visits to the United States.

[30] Steven W. Mosher. *Broken Earth: The Rural Chinese* [New York: The Free Press, 1983]. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. Mr. Mosher, a Chinese-American scholar who was denied his Ph.D. because he revealed details of China's forced-abortion policy, outlines various Chinese government policies and their impacts on the common Chinese worker and rural dweller. Chapter 9 of his book, "Birth Control: A Grim Game of Numbers," deals with China's forced-abortion and one-child policy, which leads also to female infanticide when the first baby is a girl.

Facts of Life: Chapter 4: China's Forced Abortion Program: Gender Imbalance in the PRC



SHARE

Gender Imbalance in the PRC.

Since boys are valued more than girls in China, female infanticide ('femicide') is common. The March 3, 1983 *People's Daily* admitted that "The butchering, drowning, and leaving to die of female infants has become a grave social problem."

The history of China's newborn male-to-female sex ratio is shown below. Until about 1990, amniocentesis, sonography, and other means of detecting fetal sex before birth were almost unknown outside the largest Chinese cities, so it is obvious that the vast majority of these 'disappearing' girls were killed at birth, when their parents discovered their sex.

The Chinese sex ratio is becoming more and more unbalanced as ultrasonography to identify female preborn children becomes more widespread outside the cities. Therefore, female sex-selection abortions are replacing female infanticide.

Nevertheless, as Figure 4-1 shows, *at least* 10.3 million girls are missing in China because they were either killed before birth by sex-selection abortion or murdered after birth through female infanticide — their only crime being that they were conceived female.

Figure 4-1

Number of Girls Aborted or Murdered at Birth in China Because They Were Female, 1976-2005[31]

<u>Age Group</u>	Boys in Age Group	Actual Girls in Age Group	Natural Girls in Age Group	Shortfall of Girls
1-4	44,529,000	39,954,000	42,008,000	2,054,000
5-9	50,042,000	44,940,000	47,209,000	2,269,000
10-14	53,933,000	48,369,000	50,880,000	2,511,000

	00	0		0
15-19	61,549,000	55,684,000	58,065,000	2,381,000
20-24	52,008,000	48,107,000	49,064,000	957,000
25-29	50,157,000	47,203,000	47,318,000	115,000
	312,218,000	284,257,000	294,544,000	10,287,000

The implications of this gender imbalance are numerous and profound;

- China's population will start declining as soon as 2025, according to the United Nations Population Information Network. Fast-track city dwellers — the very people that China hopes will power its economic engine — are having almost no children at all. In Beijing and Shanghai, the population would be shrinking were it not for an influx of migrants from the countryside. More than a fourth of all young urban couples will not have any children at all, and most refuse to follow Chinese tradition and take care of their elderly parents.[32]
- Kang Ling of the Secretariat of the All-China Women's Federation estimated that, by 2010, there will be 40 million males of marriageable age who will be unable to find wives as a partial result of this mass femicide.[33] Other experts say that there are this many young men who cannot find wives *right now*. Zhu Zhixin, the Commissioner of the National Bureau of Statistics in China, said that the increased use of ultrasound machines to identify female fetuses and abort them had helped skew China's sex ratio to the point that men outnumber women by approximately 41 million in China, which had a population of 1.26 billion in 2001.[34]
- Beijing's *China News Service* has announced that 93 percent of unmarried adults in the Beijing area are men. Single men outnumber single women by a million in the 29 to 49 age group in Beijing alone. Men's prospects for marriage, of course, are even bleaker in the rural areas, where female infanticide is most prevalent.
- The gender imbalance already has contributed to the common practice of kidnapping rural women and selling them as brides to farmers. The Chinese Communist Party has revealed that, in 1990 *alone*, authorities discovered more than 19,000 cases of women sold against their will, and more than 60,000 people implicated in this trafficking were arrested. In the year 2000, 110,000 women were freed during a crackdown on human trafficking, but millions more will never be found. If the gender ratio imbalance continues to worsen, it could also further fuel the rapid spread of prostitution in the nation's cities.[35]

A gross gender imbalance is only one ghastly aspect of the wonderful new world that the anti-lifers are dreaming of: The world where they will have complete control. This is the ultimate result of losing respect for God and for the lives of the most wonderful of His creations, human beings. This is what the anti-lifers so passionately desire for all of us.

[Go to Next Topic: Applause from the United States](#)

[Return to China's Forced Abortion Program Table of Contents](#)

Footnotes for "Gender Imbalances in the PRC"

[32] United Nations Population Information Network (POPIN) at <http://esa.un.org/unpp/>. The low variant has historically always been the most accurate. Also see Hannah Beech. "China's Baby Bust." TIMEasia.com, August 29, 2001.

[33] "Trafficking in Women Is Linked to One-Child Policy." Zenit News Agency, March 8, 2001.

[34] "China Again Records Fewer Female Births." *Omaha World-Herald*, March 29, 2001.

[35] Hannah Beech. "China's Baby Bust." TIMEasia.com, August 29, 2001; "China Again Records Fewer Female Births." *Omaha World-Herald*, March 29, 2001; and "Trafficking in Women Is Linked to One-Child Policy." Zenit News Agency, March 8, 2001.

Facts of Life: Chapter 4: China's Forced Abortion Program: Applause from the United States



SHARE

Steven Mosher's Experience.

At the center of the storm resides Steven Mosher, Director of the Population Research Institute (PRI), who observed first-hand and then exposed the practice of forced abortion in China while he was researching his Ph.D. dissertation for Stanford University.

The reaction by pro-aborts at both ends of the globe was predictable. His doctoral dissertation committee did not deny any of the facts in his project, but denied him his doctorate on the grounds that he had caused "... an erosion of trust between himself and Stanford's Anthropology Department." [36] Naturally, when Mosher and others demanded proof of this serious charge, there was none forthcoming. The committee reluctantly acknowledged that his research was "outstanding in nature," but added that "There are things better left unsaid." [36] This attitude of censorship is quite typical of the anti-life mindset.

China formally charged Mosher with "crimes against the people," including spying, bribery, smuggling, and slander against China. China's Ministry of Public Security (similar to the Russian KGB) honored him with the title "international spy." Pro-abortionists in both China and the United States called him a liar and a counterrevolutionary, and stated flatly that his charges were pure "fabrications." [36]

Of course, those without a vested interest in these atrocities saw things differently. The *Wall Street Journal*, renowned for its dispassionate and even-handed reporting, stated that "No one has ever raised significant objections to the veracity of Mr. Mosher's revelations. ... If it were not for Mr. Mosher's courage, the world would never have learned of the horrors he discovered in Guangdong [Province]." [36]

Applause from the United States.

Support for Forced Abortions. Pro-abortion groups like to say that pro-lifers who do not vigorously condemn clinic bombings actually support such actions by their silence.

Since no national pro-abortion group in this country has condemned forced abortions in China, we can use the identical logic to arrive at the inescapable conclusion that Planned Parenthood, the National Organization for Women, and all other pro-abortion groups *support forced abortions*.

The proof is in the [non]speaking.

Planned Parenthood Supports Forced Abortions. The International Planned Parenthood Federation (IPPF) has a long record of supporting and encouraging forced abortions in the People's Republic of China.

Dr. Alan F. Guttmacher, former President of the Planned Parenthood Federation of America, stated more than thirty years ago that "Each country will have to decide its own form of coercion and determine when and how it should be employed. At present, the means available are compulsory sterilization and compulsory abortion. Perhaps someday a way of enforcing compulsory birth control will be feasible" [37]

someday a way of enforcing compulsory birth control will be feasible. [37]

In the mid-1980s, a Planned Parenthood panel said that "[We recommend] compulsory abortion of out-of-wedlock pregnancies. ... payments to encourage abortions ... and compulsory sterilization for those who have had two children ... Coercion [in population programs] may become necessary. Such force may be required in areas where the pressure is the greatest, possibly in India and China." [38]

More recently, the IPPF enthused that "China is the most extraordinary success. Irrespective of media speculation about that [population control] program, on the whole this is carried out in a very responsible way." [39]

The National Organization for Women (NOW) Supports Forced Abortions.

However, pro-abortion support for forced abortions is by no means limited to a refusal to attack the programs. The most vociferous American supporter of China's forced abortion program is undoubtedly Molly Yard, former president of the National Organization for Women (NOW).

In the midst of the Congressional debate over the issue, Yard, during her March 1989 appearance on the Oprah Winfrey Show, continued to offer support, excuses and rationalizations for mandatory abortions by asserting that "I consider the Chinese government's [population control] policy among the most intelligent in the world. ... It is a policy limited to the heavily overpopulated areas, and it is an attempt to feed the people of China. I find it very intelligent."

Shortly thereafter, she said in an April 7, 1989 press conference that criticism of China's family planning program comes "from a lot of people who don't know what they're talking about." She also said that "China's population is so enormous that if they didn't control it, they wouldn't be able to feed their people. The Chinese government doesn't coerce people. They use education. It's very clear when you're there. You can't miss it. Even if you can't read the language, you can't miss it." [40]

Even after viewing the mountain of evidence that convinced Congress that our tax dollars are supporting coercion in China, Yard continued to ignore the facts and sidestep the central issue. During her keynote address at the 1990 NOW National Convention, she asked "What is moral about denying family planning funds to China, which is what the United States has done, because the Chinese have a policy of allowing abortions and encouraging a one-child family? What is moral about insisting that our point of view should be adopted by the Chinese when the only responsible policy they can have is to control family planning?" [41]

The Population Institute Supports Forced Abortions. The pro-abortionists are so intent on their agenda that some of them went so far as to oppose the Justice Department's giving sanctuary to women who were fleeing to America to escape Chinese brutality.

Sarah G. Epstein, a member of the advisory board of the Population Institute, went on the offensive;

I am aghast that the Justice Department granted three Chinese couples asylum under guidelines for Chinese citizens who "express a fear of persecution upon return because they refuse to abort a pregnancy or resist sterilization."

I have twice been to China and have studied China's birth policy in cities and rural areas. Only about 20 percent of Chinese families choose to be one-child families. As such, they have certain privileges. No one prevents the others from having two or more

children. Indeed, those who choose one child are counseled not to have a sterilization until the child is 10 or 12 years old in case something happens to the only child (or in case they change their minds). ...

The Chinese system is both compassionate and fair. For example, if an oldest child is handicapped, the family can have a second child with all the privileges of an only child. If both parents are only children, the same thing. If the parents belong to minority groups (5 percent of the population), they can have more than one child, with all the benefits of an only child. ...

Allowing any pregnant Chinese couple to gain asylum here on assertion of fear of forced abortion at home (as illegal in China as it is in the United States) makes a mockery of our asylum law. There are people who truly need asylum, and irresponsible use of refuge in our country will make it only harder in the long run for true political refugees. Let us work out a rational population policy for our own country and respect policies of other countries that are dealing humanely with the critical need to slow population growth.[42]

Zero Population Growth (ZPG) Supports Forced Abortions. Incredibly, Zero Population Growth (ZPG) founder and perennial popcon hack Paul Ehrlich found a forum in the [formerly] prestigious *National Geographic Magazine*. On page 922 of the December 1988 issue (the one with the flashy full-holograph cover), Ehrlich praised China's coercive population-control program as "remarkably vigorous and effective" and applauded China "as a leader in a grand experiment in the management of population and natural resources."

The Worldwatch Institute Supports Forced Abortions. Lester R. Brown, president of the Worldwatch Institute, stated in the May 8, 1985 *New York Times* that "The main difference between China and other densely populated developing countries ... may be that the Chinese have had the foresight to make projections of their population and resources and the courage to translate their findings into policy." [43]

Other Pro-Abortion Support for Forced Abortions. In prefaces to various Chinese family planning manuals, William H. Draper and Andrew P. O'Meara say that "The methods and techniques used in the People's Republic of China will be of great interest to other nations," and ask "Why not adopt China's population goals and methods?" [44]

In June of 1992, the ubiquitous Garrett Hardin (a member of the American Eugenics Society who himself has four children) said in *Omni Magazine* that "I give the Chinese credit for officially recognizing that they have a problem and for having the nerve to propose the single-child program ... They have failed, however, by not making this directive universal throughout the country. The one-child policy is only enforced in congested urban areas." [45]

And, of course, in 1983, Ted Turner, founder of the Cable News Network (CNN), produced a half-hour bogus "documentary" entitled "A Finite World: China," which praised the forced-abortion and sterilization program there. For this enthusiastic endorsement of population coercion, he was awarded the "Media Excellence Award" by the Population Action Council (PAC). [46]

Turner's support of forced abortion is longstanding. He addressed the National Family Planning and Reproductive Health Association (NFPRA) on February 16, 1990

Family Planning and Reproductive Health Association (NFPRHA) on February 10, 1983, where he was awarded the group's President's Award for his support of the United Nations Populations Fund (UNFPA). The previous year, Turner and his wife, Jane Fonda, gave \$1 billion to the United Nations for population control programs. During the lavish banquet, Turner said that while he is the father of five children, he fathered most of them before he was 30 when he didn't know any better. He added, "Once they were here, I couldn't shoot them." He also said now he believes an ideal world population would be 2 billion — a drastic decrease from the current population. He claimed that "We could do it in a very humane way if everybody adopted a one-child policy for 100 years."

In other remarks during the NFPRHA convention, Turner said that the Ten Commandments are outdated and stated, "If you're going to have 10 rules, I don't know if adultery should be one of them." When asked what he would say to Pope John Paul, he responded with a bigoted anti-Polish ethnic joke ("Ever seen a Polish mine detector?"), and suggested the Holy Father should "get with it. Welcome to the 20th century." [47]

These revealing episodes show us exactly where the population controllers stand on forced abortions.

Ted's pro-abortion, pro-euthanasia Hollywood stars certainly haven't helped the poor women in China exercise *their* "right to choose." In fact, as more Chinese atrocities are revealed one by one, Hollywood seems to get behind the coercion more and more.

Turner's Better World Society (BWS) demonstrated its wholehearted support of China's forced-abortion program when it presented its 1988 "Envision a Better World" Award to the head of the China Family Planning Association, Wang Wei. Attending the lavish banquet were, among other stars, "New Age" guru Shirley MacLaine, Margot Kidder, Turner, Carl Sagan, Robin Chandler Duke, Jean-Michel Cousteau, and "good Catholic" Phil Donahue. [48]

As expected, the pro-abortion American media did not hesitate to defend the Chinese population control program. In June 1983, the *New York Times* praised China as "... the country that has been most effective in implementing birth control and population planning." [49]

A particularly virulent supporter of coerced family planning is the *Times'* Anthony Lewis, whose hobby until about mid-1988 seemed to be condemning Jerry Falwell for mixing religion and politics while praising anti-apartheid Bishop Desmond Tutu of South Africa for getting into politics up to his neck.

The same Anthony Lewis excused the 1975 forced march of three million people from Pnomh Penh because, as he said, it was being done to build "a vision of a new [Communist] society," and branded objections to the atrocity from the United States as "cultural arrogance." In 1987, he acknowledged that the Chinese population control program includes forced abortion and sterilization, but stated that "The propriety of the methods used to discourage children is a fair question. But outsiders should not make ringing statements about it without understanding the reality of the problem China faces." [50]

[Go to Next Topic: The Current Situation—and the Future](#)

[Return to China's Forced Abortion Program Table of Contents](#)

Footnotes for "Applause from the United States"

[36] Steven W. Mosher. "China's Coercive Population Program Continues: Part II." *National Right to Life News*, December 17, 1987, page 7.

[37] Dr. Alan F. Guttmacher, former President, Planned Parenthood Federation of America. "Outlook." *Medical World News*, June 6, 1969, page 11.

[38] Planned Parenthood panel, quoted by Richard D. Glasow, Ph.D. "Ideology Compels Fervid PPFA Abortion Advocacy." *National Right to Life News*, March 28, 1985, page 5.

[39] International Planned Parenthood Federation (IPPF). *Family Planning World*, Volume 2, Number 2, March/April 1992.

[40] Mary Meehan. "Women as Guinea Pigs." *National Catholic Register*, April 30, 1989, page 4.

[41] Debra J. Saunders, *Los Angeles Daily News*. "NOW's Shrillness Becomes Embarrassment to Feminism." August 7, 1989, page D4.

[42] Sarah G. Epstein, a member of the advisory board of the Population Institute, in a published letter to *The New York Times* entitled "China Has Humane and Fair Birth Policy." September 15, 1988, page A34.

[43] Jim McFadden's Introduction to the *Human Life Review*, Summer 1985, page 3.

[44] Wenming Su (editor). *Population and Other Problems*. Beijing Review Special Feature Series #1. April 1981, 95 pages.

[45] "Interview: Garrett Hardin." *Omni Magazine*, June 1992, pages 56 to 63.

[46] "Rich Boy Ted Turner Pushing Population Control." *ALL News*, April 1984, page 40. Also see *International Dateline*, November 1983.

[47] "CNN Founder Calls For One-Child Policy, Insults Pope." *Catholic World News Service Daily News Briefs*, February 17, 1999.

[48] "Honors and Accolades: Third Annual Awards Dinner a Smashing Success." *Better World Letter*, Volume 4, Number 4.

[49] International Items. "Successful Infanticide Earns Praise in China." June 11, 1983, page 31. The *New York Times* praises China's mass killing of newborn girls.

[50] Anthony Lewis of the *New York Times*, quoted in "The Week." *National Review*, September 20, 1985, pages 12 and 14.

Facts of Life: Chapter 4: China's Forced Abortion Program: The Current Situation--and Future



 SHARE

The Current Situation — and the Future.

The Slaughter Continues. The policies of China's family planning program are still being rigorously enforced. Third or fourth babies are automatically slated for abortion. Second babies are also killed if they are conceived less than a fixed period of time after the first — usually four or five years.

The one-child policy, as it is currently applied, is summarized by Central Committee Directive Number 7 of 1983: "All state officials, workers and employees, and urban residents, except for special cases which must be approved, may have only one child per couple."[51]

A more detailed statement regarding the basics of China's inhuman population control program is the directive by Shanxi Province Communist Party Chief Zhang Boxing, issued on July 10, 1983: "Those women who have already given birth to one child *must* be fitted with IUDs, couples who already have two children *must* undergo sterilization of either the husband or the wife, and women pregnant outside the Plan *must* abort as soon as possible."[52]

This is the essence of 'reproductive choice' in the People's Paradise.

There are no exceptions to the "one child" policy in the city, but if couples in the country should have "real difficulty" with their first child — which means that it is a girl — they may be allowed to have a second. Of course, women have no choice when it comes to being neutered. The official Central Committee policy, handed down in 1983, dictates that women with one child be fitted for an IUD, and women with two children be sterilized, whether they want to be or not.

Finally, on December 29, 2001, the 25th session of the Standing Committee of the National People's Congress formally approved China's first law on population control and family planning, whose purpose is to further advance its one-child policy. Li Peng, Chairman of the legislature, said the law would "stabilize" China's family planning policy, which had been in place since 1980.[53]

Chinese Officials Respond to Criticism. Predictably, Chinese officials at first blandly denied that forced abortions or sterilization had ever been a part of their population control policy, and tried to shift blame by alleging that these coercive measures were strictly due to the "enthusiasm of local officials for the population program."

Then, when the growing pile of evidence became too large for them to ignore, Chinese bureaucrats took the position that any protest against these brutal actions was meddling in their internal affairs. As early as January 11, 1985, Chinese embassy aide Shi Chengxun denied reports of female infanticide and defended his country's coercive population control program with a statement that was hauntingly familiar to American pro-lifers; "Precisely because of this important [population control] policy, the Chinese people's material and cultural life has been improved, the old have been taken better care of, and babies have become fewer but healthier."[54]

Perhaps the most comical statement was made by Jin Mingai, mayor of Daijiawan Village, who claimed that "There is no infanticide here. The peasants would never drown their own daughters." [55]

The reason that Jin's statement is so funny is that Daijiawan Village *has no girl children at all under the age of twelve*.

On March 16, 1989, Ministry spokesman Li Zhaoxing said that "It is a country's sovereign right to decide its own population policy." [56]

A burst of defensive essays appeared in the English translations of Chinese magazines following disclosures about their coercive population programs and the widespread publicity about the mid-1989 Tianenmen Square massacre. The bottom line of these essays was that "There are no universal and abstract human rights ... from the Marxist standpoint, all rights emerge historically and are based on economic relations in society." [57]

This final statement is the philosophical underpinning for the entire Chinese program. Several Provincial governments have adopted a program of compulsory abortion and sterilization for tens of thousands of retarded women in some districts. In Gansu Province, for example, official Xiao Shuzi stated that "The purpose of the [compulsory sterilization] law is to raise the quality of our population and of our nation." [58]

By May of 1990, 5,500 compulsory sterilizations had taken place in Gansu Province, and officials stated that their goal was to sterilize most or all of the Province's 260,000 mentally handicapped persons by the end of 1990. [59]

Dr. Blake Kerr, a physician who has long been involved in civil rights, reported in early 1989 that coerced sterilizations and abortions were still widespread in China. They are primarily performed by "roving birth control teams," whose pay depends upon a quota system. Dr. Kerr reported that several Tibetan monks witnessed such a team functioning outside their monastery in Amdo; "All pregnant women in the village had abortions followed by sterilization, and every woman of childbearing age was sterilized. We saw many girls crying, heard their screams as they waited for their turn to go into the tent, and saw the growing pile of fetuses build outside the tent, which smelled horrible." [60]

Merely an 'Image Problem.' According to Nafis Sadik, former Executive Director of the United Nations Population Fund (UNFPA), which helped design and execute the Chinese population program, such abuses should be halted — not because they are intrinsically immoral acts, but because "the Chinese need to counter their negative image" in the hope of getting UNFPA funds reinstated by the United States. This attitude is typical of the international popcon fanatics — the only *real* evil is a tarnished image.

All of these measures mean that China's population is aging faster than the population of any other country in history except Japan. By the year 2010, the elderly retired will outnumber workers. Since China is not a rich country, this will place an intolerable burden on its economic system.

China is falling into a demographic hole of its own construction. However, it is quite well prepared to climb out, using the same Draconian methods it used to dig the hole in the first place. Following the lead of eugenicists and euthanasiasts like Joseph Fletcher, China's intellectuals are already preparing mathematical formulas to assess the 'suitability' of its citizens to live.

One such crude assessment table and several possible outcomes are shown in Figure 4-2.

Figure 4-2

Example of a Chinese Euthanasia Assessment Table

		Typical Scores			
<u>Criterion</u>	Maxi mum Possi ble <u>Scor e</u>	Comm unist Party <u>Officia l</u>	<u>Lab orer</u>	<u>Cri min al</u>	Mentall y Handica pped <u>Person</u>
Moral Quality	5	5	5	0	0
Occupation Value	10	10	10	0	0
Educational Level	10	10	5	5	0
Creative Ability	60	60	20	10	0
Other Qualities	10	10	10	5	0
Totals	95	95	50	20	0
Possible cutoff score for mandatory euthanasia: <u>40</u>					
Reference: Professor Zhu Wenhua, Fudan University. "Also On Population Quality." <i>Jingji Kexue</i> ("Economic Science"), Number 4, 1981, page 23. This table is also shown in Steven Mosher. "Thinking Clear: Forced Abortions and Infanticide in Communist China." <i>The Human Life Review</i> , Summer 1985, pages 7 to 34. The first two columns are provided by Professor Zhu; the possible typical scores are provided by the author.					

How easy it is to classify entire groups of people out of existence! And yet, we Americans cannot look down our noses at these 'barbaric' Chinese — we have been doing the same thing, albeit in a more genteel and covert manner, for decades. Remember Baby Doe of Bloomington, Indiana? And Nancy Cruzan? And the thousands of others that have joined them in death because of they were "inconvenient?"

The final result of all of this is predictable — and entirely inevitable. Shortly after the turn of the century, the elderly — perhaps those of a fixed age — and those who fail to pass enough mental tests like those shown in Figure 4-2 will be forced to attend

to garner enough points in tests like those shown in Figure 4-2, will be forced to attend 're-education' sessions that get progressively longer and more intense until the attendees finally realize the mistake they are making by continuing to be useless eaters. They will then unanimously 'volunteer' for euthanasia.

And who in the United States will applaud *then*?

Culling the "Undesirables." The Chinese social engineers are already putting their euthanasia assessment tables into action as they rush to fulfill demand in the growing world market in organ trafficking, while accomplishing the goal of ridding their society of the growing number of "undesirables."

According to Chinese dissident and former political prisoner Harry Wu, there are now ninety hospitals in China capable of performing kidney and cornea transplants. The going price for kidneys is \$30,000, and several hospitals are now doing a more complicated (and far more lucrative) liver transplant procedure.

The demand is there — but what about the supply?

There are currently 68 offenses punishable by death in the People's Republic of China, which carries out twice as many executions as the rest of the world combined. [61] These crimes include such nonviolent crimes as reselling value-added tax receipts, theft, burglary, hooliganism, seriously disrupting public order, pimping, trafficking of women, the taking of bribes, corruption, forgery and tax evasion.[62] It is estimated that there are at least 10,000 executions in China annually, and that 1,600 of these prisoners voluntarily or involuntarily donate 3,200 organs per year.[63]

Since many Chinese people engage in money-making practices that carry the death penalty, the authorities have a ready-made supply of organs available — the many prisoners who receive the death penalty every year.

Wang Guoqi, a former surgeon for the People's Liberation Army (PLA), testified before Congress that bodies of executed prisoners are usually rushed to an autopsy room, where doctors extract skin, kidneys, livers, bones, and corneas for research and experimental purposes. The skin of the corpses is sold to burn victims for 10 *renminbi* (about \$1.20) per square centimeter, or \$7.80 per square inch.[64] Acquiring skin from executed prisoners usually takes place around major holidays such as the Chinese New Year, or during the government's "Strike Hard" campaigns against crime, when prisoners are executed in groups. After a prisoner is executed, teams of doctors have 15 seconds to get his corpse to a waiting ambulance, where other physicians quickly extract his or her kidneys and other desirable organs. Finally, the doctors turn the corpse over to another team which specializes in stripping skin from bodies, and this task is completed in 10 to 20 minutes.

Believe it or not, some prisoners are still alive and breathing after their kidneys are extracted and during the process of removing their skin![64]

None of this is done with informed consent — or anesthesia.

Finally, the ransacked, mutilated corpse is delivered to a crematorium.

Dr. Wang said that "After all extractable tissues and organs were taken, what remained was an ugly heap of muscles, the blood vessels still bleeding, or all viscera exposed. Then the corpse was handed to the workers at the crematorium." [64]

Dr. Wang participated in these ghastly procedures more than a hundred times, so he is eminently qualified to testify as to the inhumane nature of the Communist regime. He has since repented of his involvement in these horrors.

Naturally, the Chinese government has alleged that his testimony was "riddled with lies." Chinese public relations official said that "His account of the executions is

lies. Chinese public relations official said that "his account of the executions ... is something out of his imagination ... an anti-Chinese farce," and suddenly the Chinese government began to make all kinds of allegations of illegal activities against Dr. Wang. [65]

This, of course, is how Communists and other anti-lifers everywhere operate: Lie, dodge the questions, and slander those who oppose you. After all, how can a government admit such horrors?

In 1994, Mr. Wu secretly videotaped the comments of a hospital worker in Zhengzhou City, who had extracted organs at execution sites many times. The worker said "A shot in his head, blow away his brain, and the guy is brain dead. He has no more thinking, ceases to be a human being, just a thing, and we use the waste." [66]

Mr. Wu posed as a prospective organ buyer at the First University Hospital in Chengdu. A Chinese doctor making a sales pitch to him boasted that

The quality of our kidneys is better than in America, because we can remove the kidney fast and at the appropriate time. Basically, as soon as we know the donor is brain dead, we can get at the kidney with the minimum of fuss and we can guarantee several kidneys in one month. The distance between where we remove the kidney and the transplant is short. We can do it in, oh, less than 10 hours. In America it takes more than 20 hours. [66]

A reporter from the *South China Morning Post* inquired about the possibility of a liver transplant for a friend. A doctor at the Sun Yat Sen University of Medical Sciences in Chengdu told him,

[T]he organs are of good quality as they come from young prisoners. ... I cannot make it too clear ... if you miss this chance [before Lunar New Year], you may have to wait until Labor Day. Some prisoners have been sentenced earlier. We will have some organs this month. Of course, we have to match the patient's blood type, but no need to worry. There will be lots. [67]

Mr. Wu also caught on tape the comments of a grateful transplant recipient at Huaxi University of Medical Sciences in Chengdu, who said that "They told me my kidney came from an executed prisoner because you get them fresh that way. From the taking out of the kidney, it is only a few hours to get it transplanted in me." [68]

This patient was one of six who had received a "fresh" kidney that same day. It is unlikely that it was a mere coincidence that the Chinese government carried out a mass execution only 10 miles away just a couple of hours before the transplants took place. [68]

Wei Jingsheng, from Columbia University's Human Rights Center, testified Congress that, while he was on death row, a guard told him that often organ removal *itself* is used as a means of execution. The guard said "There are almost no exceptions. They first are given anesthesia. Just the same as killing a pig. ... We use cloth to wrap them up and bring them to the execution ground. No one cares if they are alive or dead." [69]

Gao Pei Qi, the onetime deputy chief of the Public Security Bureau in Shenzhen, China, testified before the Senate Foreign Relations Committee in 1995 regarding informed consent for the condemned prisoners.

He said that

In the 10 years that I worked for the Public Security Bureau, I never saw or heard anything to suggest that death row prisoners were asked for consent before donation

anything to suggest that death-row prisoners were asked for consent before donating organs. Nor was the family asked. In fact, more often than not, the prisoner's family would be held under house arrest while the executions were taking place. Only by agreeing to pay the authorities for the urn would they be able to collect the ashes.[70]

In keeping with the practice of corrupt Communist systems everywhere, only the rich have access to the bountiful harvest of organs from executed prisoners. The priority list is as follows;

1. high-ranking government officials or members of the military;
2. wealthy overseas Chinese and other foreigners who can pay the fees the Chinese government demands;
3. rank and file members of the military; and
4. members of the public.[71]

Naturally, only categories (1) and (2) ever have the opportunity to take advantage of organ transplants.

A number of Americans, usually Chinese-born, have taken advantage of the lucrative Chinese organ trade. In 1998, Mr. Wu worked with the Federal Bureau of Investigation to set up a sting operation that caught Wang Cheng Yong and Fu Xingqi, two suspected organ brokers who resided in Queens. Wu got Wang and Fu to arrange for patients to fly to China for kidneys and to smuggle corneas, which can keep for weeks when frozen, for sale abroad.[72]

Professor Nancy Scheler-Hughes, program director of Organ Watch, congratulated Dr. Thomas Dilio and Harry Wu for their courage and stated how "the complicity of Chinese doctors in these highly medicalized executions whereby the condemned prisoner is carefully examined, incubated, and "prepped" for organs harvesting minutes before he is executed by a bullet to the head, is reminiscent of Nazi medicine as practiced in the death camps."[73]

[Go to Next Topic: Support for a Forced Abortion Program in the United States](#)

[Return to China's Forced Abortion Program Table of Contents](#)

Footnotes to "The Current Situation—and the Future"

[51] "China's Population Policy is Proving to Be Effective." *Beijing Review* (English Edition), November 6-12, 1989, pages 42 to 44.

[52] "The Week." *National Review*, May 27, 1988, page 15.

[53] "China Passes First Law Codifying 1-Child Policy." *The Washington Times*, December 30, 2001.

[54] Chinese embassy aide Shi Chengxun. Quoted in the *Washington Post*, January 11, 1985, and the *Conservative Digest*, March 1985, page 31.

[55] Jin Mingai, mayor of Daijiawan village. Quoted in Nicholas D. Kristof, *New York Times* News Service. "Birthrates in China Beg Question: Where Are the Girls?" *The Oregonian*, Sunday, June 23, 1991, page A14.

[56] Quote in Ann Scott Tyson, Christian Science Monitor News Service. "China Seeks New Image for Population Effort." *The Oregonian*, January 27, 1989, page A8.

[57] Yi Ding. "Opposing Interference in Other Countries' Internal Affairs Through Human

- [57] Yi Ding. "Opposing Interference in Other Countries' Internal Affairs Through Human Rights." *Beijing Review* (English translation), November 6-12, 1989, pages 14 to 16.
- [58] Xiao Shuzi, quoted in Nicholas D. Kristof. "Chinese Region Uses New Law to Sterilize Mentally Retarded." *New York Times*, November 21, 1989, page A1.
- [59] *Washington Times*, May 21, 1990. Quoted in "Chinese Sterilization of Retarded Proceeds Apace." *ALL About Issues*, June-July 1990, page 10.
- [60] "Forced Abortion, Infanticide Reported in Tibet." *The Wanderer*, April 6, 1989, page 2.
- [61] Testimony of Thomas Diflo, M.D., Director of Renal Transplantation, New York University Medical Center, Before the Committee on International Relations of the United States House of Representatives, June 27, 2001. Also see Craig S. Smith. "Doctors Worried as Americans Get Organs of Chinese Inmates." *The New York Times*, November 11, 2001, and the detailed article in Erik Beard and Rebecca Cooney. "China's Execution, Inc." *The Village Voice*, Week of January 2-8, 2002.
- [62] As described in "Human Organs — Another Chinese Export: Executed Prisoners Provide Vast Harvest of 'Fresh' Body Parts for Sale." *WorldNetDaily* at <http://www.worldnetdaily.com/>, July 3, 2000.
- [63] Testimony of Thomas Diflo, M.D., Director of Renal Transplantation, New York University Medical Center, Before the Committee on International Relations of the United States House of Representatives, June 27, 2001. Also see Craig S. Smith. "Doctors Worried as Americans Get Organs of Chinese Inmates." *The New York Times*, November 11, 2001, and the detailed article in Erik Beard and Rebecca Cooney. "China's Execution, Inc." *The Village Voice*, Week of January 2-8, 2002.
- [64] Testimony of Wang Guoqi, Former Doctor at a Chinese People's Liberation Army Hospital, before the Subcommittee on International Operations and Human Rights of the United States House of Representatives, June 27, 2001. Also see Steven Mufson. "Chinese Doctor Tells of Organ Removals After Executions." *Washington Post*, June 27, 2001, page A01.
- [65] Martin Fackler. "China Dismisses Doctor's Testimony." Associated Press, July 4, 2001.
- [66] As described in "Human Organs — Another Chinese Export: Executed Prisoners Provide Vast Harvest of 'Fresh' Body Parts for Sale." *WorldNetDaily* at <http://www.worldnetdaily.com/>, July 3, 2000.
- [67] Statement of a Chinese doctor at Sun Yat Sen University of Medical Sciences in Chengdu to a reporter from the *South China Morning Post*, inquiring about the possibility of a liver transplant for a friend, as described in the January 9, 2000 edition of the paper [NOTE: The paper also reported that "Organs from executed prisoners are being offered for up to \$300,000 each to Hong Kong liver transplant patients who travel to a mainland hospital"].
- [68] As described in "Human Organs — Another Chinese Export: Executed Prisoners Provide Vast Harvest of 'Fresh' Body Parts for Sale." *WorldNetDaily* at <http://www.worldnetdaily.com/>, July 3, 2000.
- [69] Erik Beard and Rebecca Cooney. "China's Execution, Inc." *The Village Voice*, Week of January 2-8, 2002. Wei Jingsheng's quote is excerpted from his testimony before the International Relations Committee and Government Reform & Oversight Committee of the United States House of Representatives on June 4, 1998.
- [70] As described in "Human Organs — Another Chinese Export: Executed Prisoners Provide Vast Harvest of 'Fresh' Body Parts for Sale." *WorldNetDaily* at <http://www.worldnetdaily.com/>, July 3, 2000.
- [71] Testimony of Henry Wu, Executive Director of the Legal Research Foundation, on

[71] Testimony of Harry Wu, Executive Director of the Laogai Research Foundation, on Organ Harvesting in the People's Republic of China, before the Subcommittee of International Operations and Human Rights of the Committee on International Relations in the United States House of Representatives, June 27, 2001.

[72] Erik Baard and Rebecca Cooney. "China's Execution, Inc." *The Village Voice*, Week of January 2-8, 2002. Wei Jingsheng's quote is excerpted from his testimony before the International Relations Committee and Government Reform & Oversight Committee of the United States House of Representatives on June 4, 1998.

[73] Ann Noonan, Policy Director for the Laogai Foundation. "Organs for Sale: A Gruesome Human-Rights Abuse, Courtesy of China." NRO, July 6, 2001.

Facts of Life: Chapter 4: China's Forced Abortion Program: Support for a Forced Abortion Program in the United States



SHARE

Support for a Forced Abortion Program in the United States.

"The greatest evil is not now done in those sordid "dens of crime" that Dickens loved to paint. It is not even done in concentration camps and labor camps. In those we see its final result. But it is conceived and ordered (moved, seconded, carried and minuted) by quiet men in clean, carpeted and well-lighted offices, by quiet men with white collars and cut fingernails and smooth-shaven cheeks who do not need to raise their voices. Hence, naturally enough, my symbol for Hell is something like the bureaucracy of a police state or the offices of a thoroughly nasty business concern."
- C.S. Lewis, *The Screwtape Letters*. [74]

The True Meaning of 'Pro-Choice.' For more than two decades, the International Planned Parenthood Federation (IPPF) and many other popcon fanatics have lavishly praised the Chinese population control program, and have held it up as a model for other countries - *including the United States!*

At the same time, any pro-life activist who points at China and raises the specter of reproductive coercion in the United States is roundly criticized and ridiculed as being an alarmist - not only by pro-abortionists, but by know-little Christians as well.

Pro-lifers are not merely being alarmist. There are concrete reasons for worry. American scholars have been discussing direct and indirect coercion in many areas of reproduction for more than 25 years. If indirect mechanisms for the application of force are successfully installed, and if they function efficiently and quietly enough, direct coercion is absolutely inevitable.

As always, this force will first be applied to the handicapped and weak. Already parents and doctors allow thousands of handicapped newborns to die of starvation and thirst in this country every year (for documentation of the spreading practice of infanticide in the United States, see Chapter 23, "Euthanasia"). And soon, parents may not even have the *choice* of bearing a less-than-perfect child.

For example, demographer Bernard Berelson has recommended a Federal fertility control program that would include childbearing licenses, temporary or permanent enforced sterilization at the whim of the government, compulsory sterilization for all men with three children, and mandatory abortion in many cases if the government saw fit. [75]

Population controller Paul Ehrlich has given us a detailed view of what he envisions for the United States of the future in his 1968 book *The Population Bomb*;

The battle to feed all of humanity is over. In the 1970's the world will undergo famine - hundreds of millions of people are going to starve to death in spite of any crash programs embarked upon now. At this late date nothing can prevent a substantial increase in the world death rate. ... We must have population control at home, hopefully through a system of incentives and penalties, but by compulsion if voluntary methods fail. We can no longer afford merely to treat the symptoms of the cancer of population

rain. ... we can no longer afford merely to treat the symptoms of the cancer of population growth; the cancer itself must be cut out. Population control is the only answer [prologue] A minimum of three and a half million people will starve to death this year [1968], mostly children. But this is a mere handful compared to the numbers that will be starving in a decade or so. And it is now too late to take action to save many of those people [page 17]. ... Our first step must be to immediately establish and advertise drastic policies designed to bring our own population size under control. We must define a goal of a stable optimum population size for the United States ... and move rapidly toward that goal. ... we also are going to have to adopt some very tough foreign policy positions relative to population control. How do we go about it? Many of my colleagues feel that some sort of compulsory birth regulation would be necessary to achieve such [population] control. One plan often mentioned involves the addition of temporary sterilants to the water supplies or staple food. Doses of the antidote would be carefully rationed by the government to produce the desired population size. Those of you who are appalled at such a suggestion can rest easy. The option isn't even open to us, thanks to the criminal inadequacy of biomedical research in this area [pages 135-136]. ... A Federal Department of Population and Environment (DPE) should be set up with power to take whatever steps are necessary to establish a reasonable population size in the United States and to put an end to the steady deterioration of our environment. The DPE would be given ample funds to support research in the areas of population control and environmental quality. In the first area it would promote intensive investigation of new techniques of birth control, possibly leading to the development of mass sterilizing agents such as were discussed above [page 138].

Edgar Chasteen, author of *The Case for Compulsory Birth Control* and a board member of Zero Population Growth (ZPG), has even proposed a two-child law for the United States which reads as follows;

As of January 1, 1975, it shall be unlawful for any American family to give birth to more than two children. Any family already having two or more natural children on that date shall not be allowed to give birth to another. Toward this end, it is hereby lawfully determined that *all* Americans above the age of 10 years will, at least one year prior to the aforementioned date, present himself/herself for reversible immunization against fertility at a local county health department or physician's office. An official "Certificate of Immunization" shall be issued to and in the name of each citizen so treated. Said certification shall be signed by the authorized medical practitioner who administers the immunization, and shall be entered into the official records of the county in which immunization occurred. After marriage, any citizen may present himself/herself at a local county health department or physician's office and obtain a fertility restorer. At the birth of the second child, immunity against fertility shall be readministered to both parents. If the first birth shall be multiple, no other births shall be permitted to that mother, and both parents shall thereupon be re-immunized.[76]

Figure 4-3 is a compendium of more quotes made by population controllers in support of their goal of a program of forced contraception, abortion, and sterilization in the United States. The reason that so many quotes are presented is that it is necessary to emphasize that such desires on the part of the population controllers are not unique to

to emphasize that such desires on the part of the population controllers are not unique to just one or two individuals - *most or all* of our country's well-known antinatalist agitators favor mandatory population control measures for the United States.

Figure 4-3

Quotes by Population Controllers Supporting Forced Contraception,
Sterilization, Abortion and Euthanasia in the United States

"If we love the truth we must openly deny the validity of the Universal Declaration of Human Rights, even though it is promoted by the United Nations. ... As a genetically trained biologist. ... It seems to me that, if there are to be differences in individual inheritance, legal possession should be perfectly correlated with biological inheritance - that those who are biologically more fit to be the custodians of property should legally inherit more. ... Coercion is a dirty word to most liberals now, but it need not forever be so. As with the four letter words, its dirtiness can be cleaned away by exposure to the light, by saying it over and over without apology or embarrassment."

- Garrett Hardin, "The Tragedy of the Commons." *Science Magazine*, December 13, 1968.

"If parenthood is a right, population control is impossible. If parenthood is only a privilege, and if parents see themselves as trustees of the germ plasm and guardians of the rights of future generations, then there is hope for mankind."

- Garrett Hardin. "Parenthood: Right or Privilege?" *Science Magazine*.
Quoted in Robert G. Marshall. *Bayonets and Roses: Comprehensive Pro-Life Political Action Guide*. 1976, 388 pages.

"Enforced population control need not be feared if people will be voluntarily responsible in their breeding."

- Official of the San Jose chapter of Zero Population Growth (ZPG), in a letter to the San Jose *Mercury*. Quoted in Elizabeth Moore. "Feminism and Population Control Not Compatible, Says Germaine Greer." *National Right to Life News*, November 23, 1981, pages 8 and 11.

"[This panel recommends] (1) *mandatory* abortion for any unmarried girl found to be within the first three months of pregnancy, and (2) *mandatory* sterilization of any such girl giving birth out of wedlock for a second time."

- The 1969 White House Conference on Hunger (WHCH), panel entitled "Pregnant and Nursing Women and Infants," headed by Planned Parenthood's Dr. Alan Guttmacher and Dr. Charles U. Lowe of the Department of Health, Education and Welfare's National Institutes of Health (NIH).

"Humanism's respect for the dignity of man and its regard for every human life as sacred, while among the most powerful forces ever to advance man's welfare along certain fronts, had ambiguous results on others. We must consider enforced

certain fronts, had ambiguous results on others. ... we must consider enforced contraception, whether through taxation on surplus children, or through more severe means such as conception license, replacing or supplementing the marriage license. Abortion should be freely available to those suffering unintended pregnancy. In international relations, of course, any aid to peoples who through ignorance, prejudice or political hypnosis fail to control their numbers might be forbidden."

- Robert Ardrey, "Control of Population." *Life Magazine*, February 20, 1970.

"Effecting radical changes in the birth rates by voluntary means alone is 'manifestly hopeless,' Robert A. Harper of Washington told the American Psychological Association meeting here ... The only solution is to take away the right to reproduce, he said ... His recommendation would simply 'in one full and nondiscriminatory sweep take away the right to reproduce from everyone.'"

- *Ob. Gyn. News*, November 1, 1969.

"Is adolescent pregnancy a disease? We have laws regarding other epidemics. We have mandatory immunizations, but we have no law prohibiting motherhood before the age of 14 in our supposedly-civilized society. We ought to mandate against continuing pregnancy in the very young - say, those less than 14 years."

- Minnesota abortionist Jane Hodgson at the May 28-30, 1980 National Abortion Federation conference in Washington, D.C. Quoted by Mary Meehan and Elizabeth Moore. "Forced Abortion Suggested at Clinic Owner's Conference." *National Right to Life News*, June 2, 1980, pages 1 and 13.

"Each country will have to decide its own form of coercion and determine when and how it should be employed. At present, the means available are compulsory sterilization and compulsory abortion. Perhaps someday a way of enforcing compulsory birth control will be feasible."

- Dr. Alan F. Guttmacher, former President, Planned Parenthood Federation of America. *Medical World News*, June 6, 1969.

"[We recommend] compulsory abortion of out-of-wedlock pregnancies ... payments to encourage abortions ... and compulsory sterilization for those who have had two children ... Coercion [in population programs] may become necessary. Such force may be required in areas where the pressure is the greatest, possibly in India and China."

- Planned Parenthood panel, quoted by Richard D. Glasow, Ph.D.

"Ideology Compels Fervid PPFA Abortion Advocacy." *National Right to Life News*, March 28, 1985, page 5.

"When health insurers do enter the field [of genetic counseling], some enterprising company may offer to pay for amniocentesis and abortion, if indicated, but *not* for subsequent medical care of the offspring, should abortion be refused."

- Dr. Gilbert S. Omenn, Medical Genetics Division, University of

Washington. Quoted in "M.D. Predicts Forced Abortion." *National Right to Life News*, July 1975, page 4.

"It has been concluded that mandatory population control laws, even those requiring compulsory abortion, could be sustained under our existing Constitution if the population crisis became sufficiently compelling to endanger the society. A few consider the situation already serious enough to justify some forms of compulsion. ... A massive campaign must be launched to restore a quality environment in North America and to de-develop the United States."

- Paul Ehrlich, *Population, Resources, Environment* (1970). Quoted in Brent Bozell. "Environmental Inaccuracy: Who Cares?" *Conservative Chronicle*, June 17, 1992, page 18.

"Just as we have laws compelling death control, so we must have laws requiring birth control - the purpose being to ensure a zero rate of population increase. We must come to see that it is the duty of the government to protect women against pregnancy as it protects them against job discrimination and smallpox, and for the same reason - the public good. No longer can we tolerate the doctrinaire position that the number of children a couple has is a strictly private decision. ... Such laws would serve not only to defuse the population bomb, but also to protect first-born children against too prolific reproduction by their parents."

- Edgar Chasteen, author of *The Case for Compulsory Birth Control* and a former board member of Zero Population Growth (ZPG). "The Case for Compulsory Birth Control: The Stork is Not the Bird of Paradise." *Mademoiselle Magazine*, January 1970.

"Planning to prevent over-population of the earth must include the practice of euthanasia, either negative or positive. ... Therefore, *since we must restrict the rate of population increase*, we should also be giving careful consideration to the quality as well as the quantity of people generated. ... We doubtless will not get support from all religious groups and it would be best not to force these and other disagreeing groups to conform *unless non-conformity would affect society or significant segments of it too adversely*."

- Robert H. Williams, M.D. "Numbers, Types and Duration of Human Lives." *Northwest Medicine*, July 1970, pages 493 to 496.

"We are making birth control compulsory because we have compulsory death control, and we have found you can't have one without the other. ... Having compulsory death control, we must have compulsory birth control, limiting every family to two children."

- Former Colorado Governor Richard Lamm (of "duty to die" fame). Quoted in "'Voluntary' Sterilization?" *ALL About Issues*. March 1983, page 30.

"I am a little discouraged and irritated at the welfare recipient families growing in

size all the time. Those of us who work and pay taxes all the time shouldn't have to pay for these kids."

- Hilmar G. Moore, chairman of the Board of Human Resources of Richmond, Texas, in a February 27, 1980 UPI press report. Quoted in "Welfare Director Advocates Forced Abortion." *National Right to Life News*, March 1980, page 19.

"I am not afraid to stick by my belief that only those couples who have the necessary material possessions and sources of income to ensure an economically secure and safe cradle should allow a pregnancy to progress to term."

- Letter from Dr. Julius Adlam. *Medical News*, April 6, 1977. Described in Nancy B. Spannaus, Molly Hammett Kronberg, and Linda Everett (Editors). *How to Stop the Resurgence of Nazi Euthanasia Today*. Transcripts of the International Club of Life Conference, Munich, West Germany, June 11-12, 1988. *Executive Intelligence Review Special Report*, September 1988. EIR, Post Office Box 17390, Washington, D.C. 20041-0390. \$150.00.

"I am told by a reliable scholar that a major private health insurance company is contemplating the policy of requiring amniocentesis or other acceptable forms of antenatal diagnosis for all pregnant women holding a policy with the company. If a diagnosis of congenital defect is made, insurance will be dropped on the potential child. In other words, *abortion will be required*. ... We have a legal obligation to protect the unborn from the cruel and unusual punishment of genetic disease. Surely we need ponder whether the abnormal merit our protection, even *in utero*. We now have the possibility, *which means the responsibility*, of deciding whom we will admit to the human community."

- Kenneth Vaux, Professor of Ethics at Baylor College of Medicine. *Biomedical Ethics*. New York: Harper & Row, 1974. Pages 51, 58 and 59.

"When health insurers do enter the field [of genetic counseling], some enterprising company may offer to pay for amniocentesis and abortion, if indicated, but *not* for subsequent medical care of the offspring, should abortion be refused."

- Dr. Gilbert S. Omenn, Medical Genetics Division, University of Washington. Quoted in "M.D. Predicts Forced Abortion." *National Right to Life News*, July 1975, page 4.

"As a first step in this direction [of achieving zero population growth], it would be necessary for the family planning movement to enlarge its objectives ... from enabling couples to achieve the number of children desired to *inducing* them to have a number of children consistent with a zero-rate of population growth."

- Philip Hauser. "Non-Family Planning Methods of Population Control." From the *Proceedings of the International Conference of Family Planning*, Dacca, 1969.

The Ultimate Goal: Compulsive, Sterile Sex. Paul Ehrlich of Zero Population Growth (ZPG) has recommended with a straight face that the Federal government allocate funds to develop mass sterilizing drugs that could be added to the water supply in all major American cities to curtail or destroy fertility.[77] Dr. Mary Calderone of Physicians for Social Responsibility takes this atrocity one step further: she has stated that she wants both contraceptives *and* aphrodisiacs added to the water supply.

What a noble vision! Unlimited compulsive, animal-like, sterile sex. Is *this* the best that Calderone and her peers envision for the human race? Is *this* their idea of the pinnacle of human evolution?

Include us out!

[Go to Next Topic: The Results of Coercion in the United States](#)

[Return to China's Forced Abortion Program Table of Contents](#)

Footnotes for "Support for a Forced Abortion Program in the United States"

[74] C.S. Lewis. *The Screwtape Letters* [New York: Macmillan, 1964], page ix.

[75] *New York Times* News Service. "China Adamant on Birth Control." *The Oregonian*, March 17, 1989, page A9.

[76] "Public Law Number -: Reversible Fertility Immunization." From Edgar R. Chasteen. *The Case for Compulsory Birth Control* [Englewood Cliffs, New Jersey: Prentice-Hall, 1971].

[77] Paul Ehrlich. *The Population Bomb* [New York: Ballantine Books, 1968].

Facts of Life: Chapter 4: China's Forced Abortion Program: The Results of Coercion in the United States



The Results of Coercion in the United States.

"No woman is forced to abort a pregnancy in this country. ... It must be stated as fact that no one is forced to submit to an abortion, that the power of the state has not been used in a coercive manner, and that Americans have not been forced or propagandized into supporting that which offends their religious beliefs or their moral convictions."

— Rabbi Charles D. Mintz of the 'Religious' Coalition for Reproductive Choice (RCRC, formerly RCAR).[78]

Advocaton and Implementation. Some may claim that coercive programs such as those practiced in the People's Republic of China could never be instituted in the Land of the Free and the Home of the Brave.

Bitter experience has already proven such people wrong — many times over.

Under a utilitarian worldview, it is simply not *possible* to advocate eugenics and coercive population programs *without implementing them*.

Already in this country, we forcibly abort the mentally handicapped, coercively sterilize the unwanted, and systematically euthanize the inconvenient. Such individual actions, because they are so universally repulsive, are committed under a cloak of the strictest secrecy. Only the family, the doctors, and the judges know, and they aren't telling.

Only when some ghastly foul-up is committed, only when the well-oiled wheels of death squeak loudly, does the truth reach the light of day.

Forcibly Aborting the Handicapped. For example, a mentally handicapped teenager was aborted in her second trimester on October 22, 1981, at the Reproductive Health Services abortuary in St. Louis. She died following complications due to the abortion.

She did not give her consent to the abortion. In other words, the abortion was committed in the absence of her freely willed choice. Yet the owner of the abortion mill — Judith Widdicomb — was the Executive Director of National Abortion and Reproductive Rights Action League (NARRAL). And Frank Susman, a local American Civil Liberties Union (ACLU) lawyer and "regular attorney" for the clinic, had petitioned a local court for the abortion.[79]

Keep in mind that NARRAL and the ACLU proclaim loudly to anyone who will listen that they champion "free choice." But, as always, actions speak louder than words. When the opportunity comes to force abortions on those who cannot resist, these and other pro-abortion groups are the first to take advantage of the situation.

Despite their protestations to the contrary, pro-abort groups are the greatest danger to "free reproductive choice" in the world today.

Pushing Sterilization on the 'Undesirables.' American population controllers generally confined themselves to theorizing and philosophizing until the early 1920s, when state and local governments began to "test" (purely for academic or fiscal reasons, of course) some of their more apparently innocuous schemes. These plans, of course, targeted those who had the weakest voices; the poor and the institutionalized.

Eventually, of course, the population controllers and eugenicists discovered the simplest and most effective way of preventing the "less desirable classes" from reproducing — widespread involuntary surgical sterilization.

The first American law mandating the sterilization of 'undesirables' was passed at the end of World War I. The operations were performed in "mental health facilities" on "unwed mothers, prostitutes, petty criminals and children with disciplinary problems." [80]

In 1927, Supreme Court Justice Oliver Wendell Holmes delivered the Court's *Buck v. Bell* decision upholding the widespread enforced eugenic sterilization of poor Black women in several states. In his opinion, Holmes wrote that "We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices. ... Three generations of imbeciles are enough." [81]

Justice Holmes had once remarked that "I see no reason for attributing to man a significance different in kind from that which belongs to a baboon or a grain of sand." [82]

By 1933, thirty states had enacted laws that mandated sterilization for the poor. [83] These laws were modeled on the Model Eugenical Sterilization Law, promulgated by Harry H. Laughlin, director of the Eugenics Record Office. This legislation called for the sterilization of criminals, mental patients, the retarded, the blind, deaf, diseased, and alcoholics, and for dependents upon society — the homeless, orphans, and tramps. [84]

The Nazis, of course, were corresponding with their American counterparts, and simultaneously enacted the 1933 Law for the Prevention of Progeny with Hereditary Disease. This law was the basis for Hitler's race purification program, and was directly patterned after the American Model Eugenical Sterilization Law. [85]

Forty years later, a Federal court found that, under these laws, 100,000 to 150,000 women were sterilized *annually* without their knowledge *or* consent under these federal programs. From 1924 right up until the early 1970s, more than 7,500 poor men and women were forcibly sterilized in the State of Virginia *alone* every year. [86]

After the initial sterilization programs had been enacted with little fuss from the public, other eugenicists, sensing that their "window of opportunity" had arrived, demanded that the American eugenics program "progress" even further, and as quickly as possible. Frederick Osborne called for the mandatory segregation of those persons with birth defects and mental disabilities in state-run institutions. Even if such unfortunates recovered, a condition of their release would be mandatory sterilization. Osborne also demanded mandatory sterilization of all those who carried hereditary disabilities (which would account for more than 20 percent of the population), and mandatory contraceptive use by all those whose family history indicated a predisposition towards serious hereditary defects (another twenty percent of the nation's population).

The Programs are Gone, But the Racism Remains. Vestiges of these racist eugenics programs still linger to this day. The federal government continues to fund 90 percent of the cost of sterilization of poor women under Medicaid and other family planning programs, but will not pay for infertility treatments. And poor women are now being coerced into using the implantable abortifacient Norplant, as described in Chapter 2, "Abortifacients."

And, of course, we still have many influential pro-abortion pro-eugenics scientists calling for enforced sterilization and abortion. Dr. Cecil B. Jacobson, Chief of the Reproductive Genetics Unit of George Washington University Hospital, asserts that "I can't imagine any reasonably responsible person arguing against the abortion of mongols ... If we could tell what fetuses are going to be affected with cancer in their 40s and 50s, I would be for aborting them now." [88]

And, in a 1979 symposium sponsored by the March of Dimes, bioethicist Joseph Fletcher claimed that "People who carry genetic disease should be prevented from having children. We ought, in conscience, to have a humane minimum standard of reproduction, not blindly accepting the outcome of every conception. And we ought to act on our genetic information to prevent the birth of children below that minimum." [89]

The only reasons we do not hear more about these quotes is that these people move in influential circles that most of us never breach, and that the anti-life media hushes up their indiscretions so that the public never hears about them.

For more information on the racism of abortion (including the court-ordered use of sterilizing and abortifacient 'contraceptives'), see Chapter 6, "The Racism of Abortion."

Although the practice of enforced sterilization has largely been stamped out, it is interesting to note that Neofeminists commonly use it as a red herring by tying it to abortion 'rights.' Despite the fact that they were responsible for the atrocity of forced neutering, one of the favorite slogans of the Neofeminists is 'NO FORCED STERILIZATION! NO COMPULSORY PREGNANCY!'

Conclusions.

The quotes and actions of Planned Parenthood and the population controllers prove conclusively that they are anything *but* "pro-choice." They are now irrevocably on record as favoring mandatory abortion and forced sterilization for women who "breed excessively."

In other words, PP and its contemptible ilk obviously favor not just 'abortion on demand,' but also 'abortion on *command!*'

[Go to Next Topic: Further Reading on China's Forced Abortion Program](#)

[Return to *China's Forced Abortion Program* Table of Contents](#)

Footnotes for "The Results of Coercion in the United States"

[78] 'Rabbi' Charles D. Mintz. Quoted in "Abortion and the Holocaust: Twisting the Language." 'Religious' Coalition for Abortion Rights, 100 Maryland Avenue NE, Washington, DC 20002, telephone: (202) 543-7032. 1987, 24 pages, \$1.50. This booklet is stylishly written and laid out on only the best paper. It features five short essays by apostate 'Jews' and phony 'Christians' that are masterpieces of Doublethink and propaganda. This booklet should be mandatory reading for any pro-lifer who wants insight into just how clever and downright sneaky pro-abort propaganda can be.

[79] "Girl Dies Following Abortion in Clinic of National Abortion Rights Action League Executive Director." *National Right to Life News*, November 9, 1981, page 12.

[80] Stephen J. Gould. *The Mismeasure of Man* [New York: W.W. Norton, 1981], page 335. Also see the *Washington Post* of February 23, 1980, "Over 7,500 Sterilized in Virginia."

[81] United States Supreme Court decision *Buck v. Bell*, 274 US 200 (1927), at 207.

[82] Supreme Court Associate Justice Oliver Wendell Holmes, quoted in Richard Hertz. *Chance and Symbol* [Chicago: University of Chicago Press, 1948], page 107.

[83] Robert Lipton. *The Nazi Doctors*. New York: Basic Books, page 23.

[84] Allen Chase. *The Legacy of Malthus: The Social Costs of the New Scientific Racism* [Chicago: University of Illinois Press], pages 316 and 349.

[85] *Relf v. Weinberger*, 372 F.Supp.1196(D.D.C1974), remanded for modification, *sub nom Relf v. Matthews*, 403 F.Supp.1235 (D.D.C.1975). Also see the "Women's Guide to Reproductive Rights." American Civil Liberties Union's Reproductive Freedom Project, 1981. Page 23.

[86] Stephen J. Gould. *The Mismeasure of Man* [New York: W.W. Norton, 1981], page 335. Also see the *Washington Post* of February 23, 1980, "Over 7,500 Sterilized in Virginia."

[87] Frederick Osborne of the American Museum of Natural History, Preface to *Eugenics* [New York, Harper and Row, 1940], page 35.

[88] Cecil B. Jacobson, Chief, Reproductive Genetics Unit, George Washington University Hospital, Washington, D.C. *Psychology Today*, September 1975, page 22.

[89] 'Bioethicist' Joseph Fletcher, during his address of the second national Symposium on Genetics and Law, held in May of 1979 in Boston and sponsored by the March of Dimes.

[Facts of Life: Chapter 4: China's Forced Abortion Program: Further Reading on China's Forced Abortion Program](#)



 SHARE

Further Reading: China's Forced Abortion Program.

Howard M. Bahr, Bruce A. Chadwick, and Darwin L. Thomas (editors). *Population, Resources, and the Future: Non-Malthusian Perspectives* [Brigham Young University Press, Provo, Utah 84601]. A general examination of the myths associated with overpopulation and big families. This book also examines some of the Draconian population control policies of the past, present, and those seriously proposed for the future.

Jacqueline R. Kasun, Ph.D. *The War Against Population: The Economics and Ideology of Population Control* [Ignatius Press, 15 Oakland Avenue, Harrison, New York 10528, 1987]. One of the most popular myths of our time is the Malthusian notion that the world's population is exploding, so that disaster is inevitable (even imminent). Therefore, the population control fanatics state as fact that governments and individuals have the duty to control procreation, no matter what means are necessary. The population controllers use billions of our tax dollars to advance U.S. "contraceptive imperialism" all over the world. This book examines and effectively debunks the basic assumptions of the international population control network.

Steven W. Mosher. *Broken Earth: The Rural Chinese* [New York: The Free Press, 1983], 317 pages. \$17.95 hardback, \$8.95 paperback. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. Mr. Mosher, a Chinese-American scholar who was denied his Ph.D. because he revealed details of China's forced-abortion policy, outlines various Chinese government policies and their impacts on the common Chinese worker and rural dweller. Chapter 9 of his book, "Birth Control: A Grim Game of Numbers," deals with China's forced-abortion and one-child policy, which leads also to female infanticide when the first baby is a girl.

United Nations Population Fund (UNFPA). *Annual Report*. Detailed information on the UNFPA's activities, to include current programs, the organization's opinions regarding current general world population trends, and future plans (generally over the next five years). Population control programs are described by sectors, regions and countries. Special headquarters activities and global projects are also described. Order from the United Nations Population Fund, 220 East 42nd Street, New York, New York 10017, or access the UNFPA's Web site at ***.

United Nations Population Fund (UNFPA). *Inventory of Population Projects in Developing Countries Around the World*. Issued annually in English and French. 932 pages. Includes information on multilateral organization assistance, bilateral agency assistance, regional organization assistance, and non-governmental organization and other assistance in more than one hundred developing countries throughout the world. Each citation includes basic demographic data, the government's view regarding population control measures, mortality, morbidity, international migration, fertility, nuptiality, and family information. Each citation also has a detailed list of information on

nuptiality, and family information. Each citation also has a detailed list of information on each population control program going on in the country. For instance, the 1989/1990 Annual listed information on 114 projects in the People's Republic of China alone. Order from the United Nations Population Fund, 220 East 42nd Street, New York, New York 10017.

[Return to *China's Forced Abortion Program* Table of Contents](#)

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion



Why Such Vehemence?

What the Pro-Abortionists Say

Why Such Vehemence?

The Psychology Behind the Reaction

A Detailed Example of Overreaction

The Response

When Pro-Abortion 'Jews' Object

They Fake a Good 'Indignant' ...

Revisionist 'Jews' As Bigots

Inconsistency and Hypocrisy

The *Real* Scoop on the Vatican

Just More Communist Lies

A Rabbi Speaks

The Dangers of the Slippery Slope

Introduction

Incrementalism is the Key

The Wall of Protection is Doomed

The Similarities Between the Nazi and American Holocausts

Introduction

Similarity #1: Country of Origin

The Land of the Free Leads the Way

Statements of the Eugenicists

The Courts Go Along

Resurrection of the Horror

Similarity #2: Use of Newspeak

The Purposes of Newspeak

Examples of Newspeak

Just "Ordinary Men" Like You and Me

A Bogus Comparison?

Similarity #3: Justifying the Holocausts

Similarity #4: Medical Leadership

Similarity #5: Dehumanization of the Victims

Are Pro-Lifers Like Nazis?

Why Do They Make This Bogus Comparison in the First Place?

The Specific Allegations

The Nazis Were Leftists

Conclusion: Some Pointed Questions

The History of the Nazi Abortion Program

Introduction

The Planning Begins

The Planning Begins

Hitler's Personal Views On Abortion

Poland's Martyrdom

The Eastern European Offensive

The Whole Filthy Package

The Aftermath of Murder

The Genocide Treaty

[But Hitler was a Catholic — Right?](#)

[Further Reading: The Abortion/Holocaust Analogy](#)

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: Why Such Vehemence?



 SHARE

"I found myself in danger, I cried out in despair
I prayed, "Lord let them hear me! Let just one person care!"
I raised my voice to heaven as the train kept moving on
As we passed behind the church yard I could hear their worship songs
I cried out all the louder to the Christians there inside,
but they raised the chorus louder not hearing me outside
I know they heard the whistle and the clacking of the tracks
They knew that I was going to die and still they turned their backs
I said, "Father in Heaven how can your people be
so very hard of hearing to the cry of one like me?"
I shouted, "Please have mercy! Just a prayer before I die!"
But they sang a little louder to the Holy One on high.
They raised their hands to Heaven but blood was dripping down
The blood of all the innocent their voices tried to drown
They have devotions daily, they function in My name
and they never even realized it was I upon that train."
- Penny Lea. "Sing a Little Louder!"[1]

What the Pro-Abortionists Say.

"In our view, individuals who exhibit the least human dignity are those who compare the Holocaust, the mass murder of 6 million Jews, to abortion. There exists no comparison more immoral or depraved. It is both illogical and outrageous to suggest that the calculated murder of millions of children and adults can be equated with an individual woman's decision to terminate her pregnancy ..."

- Sol Gordon.[2]

Why Such Vehemence?

"The greatest evil is not now done in those sordid "dens of crime" that Dickens loved to paint. It is not even done in concentration camps and labor camps. In those we see its final result. But it is conceived and ordered (moved, seconded, carried and minuted) by quiet men in clean, carpeted and well-lighted offices, by quiet men with white collars and cut fingernails and smooth-shaven cheeks who do not need to raise their voices. Hence, naturally enough, my symbol for Hell is something like the bureaucracy of a police state or the offices of a thoroughly nasty business concern."

- C.S. Lewis, *The Screwtape Letters*.[3]

The Psychology Behind the Reaction. Sol Gordon is certainly not alone in his condemnation of pro-lifers for their audacity in comparing the Nazi Holocaust to the New Age holocausts of abortion, infanticide and euthanasia.

Pro-abortion medical 'ethicist' Dr. Sissela Bok insists that any comparison between the original and American Holocausts is "an inflammatory toying with human fears," and British euthanasiast Glanville Williams calls such comparisons "ridiculous fantasies" and

says that "No proposal for reform, however strong the argument in its favor, is immune from the 'wedge' objection [the 'slippery slope']."

It is obvious that a *spurious* or truly ridiculous comparison would not receive the dignity or effort of a logical reply. However, if well-known pro-abortionists feel driven to denounce the Holocaust/abortion analogy with such incandescent vehemence, we have some indication that the analogy is at least partially true, or they wouldn't feel threatened by it.

Pro-abortionists will scoff, of course, but psychologists know that the most vicious reactions occur to a statement that comes uncomfortably close to some secret that a person wants hidden or obscured.

Abortion pushers passionately loathe the "American Holocaust" analogy precisely because it is so fitting and because it hits so very close to home.

Pro-abortion propagandists are very disturbed about this comparison, and for good reason - their thin veil of privacy will be ripped away if the public sees the pervasive parallels between themselves and the Nazis, and so they attack the comparison with incredibly vehemence.

The 'abortion mentality' might just as well be called the 'eugenics mentality;' we, not God, determine who will be born into this world (or who will remain here). This mindset cuts across all borders and issues; it can be applied to birth control, abortion, sterilization, euthanasia, and even genocide!

In any case, we know from experience that the only reason certain people react with rage to the "abortion Holocaust" term is because they love abortion. They do not shout abuse when an environmentalist speaks of a "salmon Holocaust," as when one Northwest writer said that "Salmon were found dead in a net pen below the Ice Harbor Dam Monday, where scientists were monitoring the migration. ... This isn't just a case of salmon murder. It's a Holocaust. What do we do to stop it?"[4]

These pro-abortionists did not even raise their voices in protest when Ingrid Newkirk, founder and director of People for the Ethical Treatment of Animals (PETA), compared Jews to *chickens*, of all things, when she claimed that "When it comes to feelings, a rat is a pig is a dog is a boy. They are all mammals. They all feel pain. There is no rational basis for saying that a human being has special rights ... 6 million people died in concentration camps, but 6 billion chickens will die this year in slaughterhouses."[5]

Anti-lifers also display a rigid double standard when pro-lifers use swastikas to symbolize the abortion-Holocaust connection.

Why don't they get angry when pro-abortion groups use swastikas and images of Adolf Hitler against pro-lifers? Why don't they complain when 'gays' use as one of their primary symbols another prominent Nazi symbol - the pink triangle that Hitler used to brand homosexuals in the concentration camps? And where is their outrage over the Olympic torch, which was invented by German Carl Diam in 1916 and first used during the Nazi-sponsored Berlin Olympics in 1936?[6]

A Detailed Example of Overreaction. It is very important for pro-life debaters to know exactly why pro-aborts object so strenuously to the Holocaust comparison. If pro-abort 'logic' can be effectively debunked, the pro-lifer can show just how Nazi-like the thinking of the anti-lifers really is in the process.

The 1990 National Organization for Women (NOW) fundraising comic book "Choices" very neatly encapsulated all of the pro-abortion objections to the "American

Holocaust" comparison in a two-page piece entitled "Donahue."

It seems amusing that pro-abortionists constantly push their propaganda in comic book form; perhaps they realize that the only people who will believe their swill are those who operate with a comic-book and bumper-sticker mentality.

In this story, a woman quotes a Catholic man (with a classic stern, staring, White 'Big Brother' face), a guest on the "Donahue" television talk show. Her rebuttal to his statements follows, with editorial replies to her rhetorical questions added in brackets.

Analysis of the "Choices" Objection to the American Holocaust Analogy

"Hitler had a conscience, he [the "Donahue" guest] said. Hitler made a conscious decision to kill Jews. If Hitler had a *Christian* conscience, he said, it wouldn't have happened. This guy kept calling a woman's choice the "Abortion Holocaust." This pisses me off!

"I mean, does this guy really think that a woman's right to decide for herself can be equated with ovens and gas chambers and medical experiments?" [The unborn are indeed incinerated in specially-made Austrian ovens after they are killed. Late-term babies are also the subjects of ghastly medical experiments].

"Can he actually compare getting on a bus to go to a clinic with being herded onto trains like cattle (actually, worse than cattle), and being delivered into the gates of hell, gates with names like Auschwitz, Dachau, Bergen-Belsen, Treblinka?" [Women are herded into clinics by escorts, rushed through assembly-line abortions, and hustled out the door as soon as they can stagger a few steps. No time to think it over, no other options, no informed consent. And the clinics, by whatever name, *are* the gates to the tortures of Hell for their unborn children].

"Does he really believe that going through an elective ambulatory procedure is the same as being strapped down on a table and having your ovaries irradiated and then removed, without consent, without anesthesia?" [Unborn babies - and now, even *newborn* anencephalic babies - do indeed often have their organs removed without consent and without anesthesia].

"*Jesus Christ!* And that's the only Christian thing I can say about it! How dare he equate the suffering of millions upon millions (and not only Jews) which was thrust upon them by a madman and his murdering hordes, with a conscience, *Christian* or otherwise ... with personal choice?" [Call it anything you like, but the only difference is this: Instead of having black-garbed SS troops oversee the execution of millions, now the victim's own mothers willingly carry them to the slaughter - all in the name of 'freedom of choice!']

The final panel shows the woman, with a determined look on her face vividly reminiscent of a Red Chinese propaganda poster, volunteering for "Clinic Defense," as she gallantly thinks, "I'm insulted. No, it's worse. I'm disgusted. As a Jew ... and as a woman." [We pro-lifers are disgusted, too - and that is why we so adamantly oppose this slaughter of the innocents]!

In summary, the only difference between the Nazi and American Holocausts is that the ability to make the decision to kill has been delegated from the Nazi death camp (*Vernichtungslager*) commandants and doctors to individual women. The main event - the killing - still takes place.

In fact, it may be said that the American Holocaust is far worse than the Nazi

In fact, it may be said that the American Holocaust is far worse than the Nazi Holocaust, not only in sheer numbers of deaths, but in the fact that tens of millions of women have had their consciences deadened to the point that they *want* to abort their children for convenience.

The Responses. Notice the tone of the above pro-abortion tirades. These rhetorical explosions illustrate the only two possible pro-abortion responses to the Holocaust comparison;

1. Sol Gordon simply states his opinion; as always, there are no attempts to refute or discuss, only to *condemn*, the Holocaust comparison.
2. The "Choices" comic-book writer merely asks a long line of rhetorical questions for the purpose of obscuring the comparison.

Notice also that both writers puff up like fat toads with sheer indignity and bitterness. This is all the pro-abortionists can do. After all, it is virtually impossible to *disprove* such a complex analogy. It is much easier to obscure it with the diversion provided by an explosion of indignant words.

Pro-lifers have an easy task with the Holocaust parallel; all we have to do is highlight just a few of the many parallels between the original and current Holocausts to get our points across. It is up to the pro-aborts to disprove the analogy, which of course is impossible.

[Go to Next Topic: When Pro-Abortion 'Jews' Object](#)

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Footnotes for "Why Such Vehemence?"

[1] Penny Lea. "Sing a Little Louder!" I Believe in Life, Post Office Box 34077, Pensacola, Florida 32507, telephone: (904) 479-7684.

[2] Sol Gordon. *Personal Issues in Human Sexuality*, page 65.

[3] C.S. Lewis. *The Screwtape Letters* [New York: Macmillan, 1964], page ix.

[4] Rocky Barker's Letter from the West. "Don't Trust Group That Pretends to Protect Salmon." *Post Register*, May 14, 1995.

[5] Ingrid Newkirk, founder and director of People for the Ethical Treatment of Animals (PETA), quoted by syndicated columnist Stephen Chapman in the December 6, 1989 *Chicago Tribune*.

[6] "Professor Says Nazis Started Torch Run." *Northern Virginia Daily*, June 19, 1996, page B9. [The Olympic torch carried the manufacturing logo of Krupp, the largest German arms manufacturer, and a concern that used thousands of slave laborers. "It began in Berlin in 1936, it's true" said Francois Carrard, Director-General of the International Olympic Committee].

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: When Pro-Abortion 'Jews' Object



SHARE

When Pro-Abortion 'Jews' Object.

"The Religious Coalition for Abortion Rights shares the outrage of our member Jewish groups and other member religious bodies over statements by persons in the anti-choice movement equating the practice of abortion with the Nazi Holocaust."

- Mary Jane Patterson, President of the Board of Directors of the 'Religious' Coalition for Reproductive Choice (RCRC).[7]

They Fake a Good 'Indignant' ... At no time do secular Jewish abortophiles become more indignant than when pro-lifers explain and publicize the many parallels between the original Nazi Holocaust and the one occurring in the Western nations right now. The intensity of their reaction to such analogies is almost comically vitriolic.

When a pro-lifer confronts a 'Jewish' abortion-lover on the topic of abortion, the situation can get very sensitive. The Jewish pro-abort will *always* divert attention from the focus of the debate and will *always* accuse the pro-lifer of "anti-Semitism." This reaction is *guaranteed*; the Jewish pro-abort simply does not have the intelligence or the imagination to formulate any other response. The Jewish pro-abortionist is taking the classic 'victim stance,' and the pro-lifer must not let him get away with it.

Anti-Semitism once referred to those who hate Jews; now it refers to those that anti-life Jews hate.

The only possible way to deal with this nonsense is with a powerful and focused counterattack. The pro-lifer should state that the "anti-Semitic" accusation is flatly stupid and illogical, and should explain the many parallels between the Old and New Holocausts. If the situation is particularly 'hot,' he can simply emphasize the central point by asking again and again: "Who did all the killing in the first Holocaust? And who does all the killing *now*?"

There is no way around this parallel for the pro-abort.

The pro-life debater must recognize that *real* Jews are pro-life. Only Modernist or revisionist 'Jews' are pro-abortion, just as only Modernist or revisionist 'Catholics' are. In other words, people who claim to be both "pro-choice" and "Jewish" are really not Jewish at all, just as self-described 'Catholic' pro-abortionists are not Catholic at all.

Revisionist 'Jews' As Bigots. Strangely, the same people who snivel about "religious bigotry" are usually virulent anti-Christian bigots themselves. More particularly, most pro-abortion 'Jews' seem to have a strong anti-Catholic bias that they do not even seem to be aware of.

For example, 'Jewish' abortophile Regina Barshak squawked loudly when pro-lifers dared to draw the Old/New Holocaust analogy in her presence;

For the purposes of this political campaign, they [pro-lifers] help themselves at the expense of cheapening the memory of those millions of murdered men, women and children, - as well as at the expense of the personal distress caused by an apparently

disrespectful use of events. ... It must be noted that while millions of men, women and children relentlessly dragged themselves to their death under the boots of their tormentors for nearly a decade, neither the voices of the prestigious leaders of the Vatican - nor the voices of "Value of Life" persons - were heard on behalf of these tortured lives. Now this world drama is exploited in the form of a callous and cheap and convenient cliché for the self-serving purposes of a political controversy.[8]

Inconsistency and Hypocrisy. Notice how pro-aborts like to have it both ways; when pro-lifers enter the political arena, abortophiles snivel that they are trying to impose a "profoundly religious" viewpoint on everyone - and then, when pro-lifers try to become involved in church activities, the abortion issue suddenly becomes a "political campaign," as Barshak asserts.

Pro-lifers should not be misled by the agonized bleating of secular so-called 'Jews' who aggressively promote abortion. For these people, preserving their precious abortion 'right' is infinitely more important than honoring the memory of the victims of the original Holocaust.

The Real Scoop on the Vatican. Not only is Barshak's knowledge of history absolutely abysmal, but her transparent anti-Catholic bigotry clearly shows. Prominent Jewish leaders have acknowledged the actions of the Vatican and of various Fundamentalist churches in saving the lives of tens of thousands of Jews during World War II.

During the War, Pope Pius XII authorized the issuing of more than 10,000 Vatican ration tickets, identity cards, and other papal documents to refugees at great risk to both himself and the Vatican. The Vatican's Crusade of Charity directly assisted more than 695,000 victims of the war, including a large percentage of Jews.

Pope Pius XI even issued an encyclical condemning Nazism on Palm Sunday of 1937 entitled *Mit Brennender Sorg* ("With Burning Anxiety"). The document, which referred to Hitler by name as "a mad prophet possessed of repulsive arrogance," was smuggled into Germany, where it was read by all of the German Bishops from their pulpits.[9].

The Nazi national newspaper *Volkischer Beobachter* viciously attacked Pius, characterizing him as "the Jew-god in Rome." [10]

Himmler's deputy, Paul Heydrich, commented that "The Pope has repudiated the National Socialist New European Order. ... He is virtually accusing the German people of injustice toward the Jews and makes himself the mouthpiece of the Jewish war criminals." [11]

The Pope personally saved the lives of hundreds of Jews by paying to the Nazis a ransom of one hundred pounds of gold, obtained by melting down religious vessels. And the Pope and his officials established 180 places of refuge within the cramped confines of the Vatican, which sheltered more than five thousand Jews during the Nazi occupation of Rome.[12]

On Christmas Day of 1942, a *New York Times* editorial praised Pope Pius XII in the following glowing terms;

The voice of Pius XII is a lonely voice in the silence and darkness enveloping Europe this Christmas. In calling for a 'real new order' based on 'liberty, justice and love' to

this Christmas. ... in calling for a 'return to social and international principles capable of creating a barrier against the abuse of liberty and the abuse of power,' the Pope put himself squarely against Hitlerism. Recognizing that there is no road open to agreement between belligerents 'whose reciprocal war aims and programs seem to be irreconcilable,' he left no doubt that the Nazi aims are also irreconcilable with his own conception of a Christian peace.[13]

The Chief Rabbi of Rome, Israel Zolli, and his wife became Catholic in 1945 and took the baptismal name Eugenio, the given name of Pope Pius XII. The Rabbi, who had offered himself as hostage for his fellow Jews during the War, was declared dead by his former synagogue, which declared several days of fasting in atonement for his conversion.[14]

Additionally, at least a dozen Catholic priests are honored as "Righteous Gentiles" with trees planted along the Avenue of the Just at Yad Vashem in Jerusalem.[15]

When Pius XII died in 1958, Israeli Foreign Minister Golda Meir declared that "When fearful martyrdom came to our people in the decade of Nazi terror, the voice of the Pope was raised for the victims." Israeli official Pinchas E. Lapid wrote in 1967 that the Catholic Church saved anywhere from 700,000 to 860,000 Jews during the Holocaust. [16]

But these historical facts mean nothing to common bigots like Barshak, who will slavishly ignore all evidence in their almost pathological desire to condemn the Catholic Church, which remains the single greatest obstacle to their treasured goal of free and easy abortion on demand.

Barshak and her repulsive ilk simply base their bigotry upon the opinions of other bigots, one of the first of whom was Rolf Hochhuch.

Just More Communist Lies. Pope Pius XII died in 1958. Just five years later (now that he was unable to defend himself), anti-Catholics launched their flood of backstabbing criticisms and slander with an undistinguished Berlin play in February of 1963. The heretofore-unknown German playwright Rolf Hochhuch produced *Der Stellvertreter* ("The Deputy"), which, among other things, alleged that Pius XII was a "war criminal" because he was "totally silent" on the question of Jewish extermination; that he actually approved of and assisted the Nazi regime in many ways; and that he urged the United States to join Hitler in attacking the Soviet Union in 1945.[17]

Lieutenant General Ion Mihai Pacepa is the highest-ranking intelligence officer ever to defect from the former Soviet bloc. His book *Red Horizons*, which revealed the inner workings of the Soviet propaganda machine, has sold millions of copies and has been published in 27 countries. He has revealed that *Der Stellvertreter* is, in fact, nothing more than a KGB-backed smear campaign against Pope Pius XII.

General Pacepa revealed that, early in 1960, Soviet premier Nikita Khrushchev approved a plan sketched out by then-KGB chairman Aleksandr Shelepin and Politburo member Aleksey Kirichenko. The KGB had been battling the Vatican for years, correctly identifying the Holy See as its mortal enemy, and had smeared it with a crude propaganda campaign that had seen only limited success.

But then the KGB had hit upon a much more direct and effective strategy: To discredit the Vatican by portraying it as a supporter and ally of Nazism.

Operating under the principle "Dead men can't defend themselves," the KGB began

to search for a way to corrupt the memory of Pope Pius XII, who had died two years earlier, in 1958. The KGB knew better than to give even the slightest appearance of Soviet involvement in such a propaganda campaign, so it had to find a "proxy propagandist."

The super-secret attack on Pius XII was carried out under the code name "Seat-12," and began with three Romanian men posing as priests stealing hundreds of documents from the Vatican Archives and the Apostolic Library, and passing them on to the KGB.

General Ivan Agayants, head of the KGB's disinformation department, was confronted with a problem after examining all of these stolen documents. *Not one of them* supported the idea that Pope Pius XII was even slightly anti-Semitic. So Agayants hit upon a brilliant plan - to write a play alleging that Pope Pius XII was, indeed, a virulent anti-Semite.

Agayants sketched an outline of the play, and convinced Erwin Piscator, founder of Berlin's Proletarian Theater, to produce the play. Agayants and Piscator gave credit for the play to an obscure West German playwright named Rolf Hochhuth and, in 1963, it was released under the title *Der Stellvertreter: Ein Christliches Trauerspiel* ("The Deputy: A Christian Tragedy").

This play's central theme was that Pius XII had actually encouraged Hitler to proceed with the Final Solution against the Jews. The play was distributed complete with a large package of what Hochhuth called "historical documentation," which was in reality documents that he or the KGB had faked or made up themselves.

The Deputy was a badly-written and horribly-acted play based on faked documents, written and produced by liars and cheats. Still, it had a huge impact on the reputation of Pope Pius XII, despite the fact that, in 1974, KGB Chairman Yury Andropov conceded that his organization should never have attacked Pope Pius XII due to lack of evidence that he was actually an anti-Semite.[18]

A Rabbi Speaks. In an article entitled "Israel's Holocaust," Rabbi Jacob Neusner poignantly describes the terrible irony whereby American Jews loudly support the killing of millions of Jewish babies, which in turn threatens Jews in general more directly than Hitler's legions ever did;

As the numbers [of abortions] mount up, when do considerations of volume enter in and validate calling the annihilation of millions of lives "a Holocaust?" I think they do. Here is a Holocaust today. Every Jewish child born in the State of Israel is a survivor of the Holocaust sustained by Israeli law.

The State of Israel rightly invokes the Holocaust as a primary cause in the creation of the state itself: A refuge and a hope for the victims of the Holocaust. But its liberal abortion laws, the prevalence of abortion as a medium of contraception, the routine character of decisions to abort as a perfectly ordinary medical procedure - these political facts of public policy constitute the counterpart to the race laws and state-organized offices and institutions of mass murder that shame Germany through all eternity.

The difference is, Germany has acknowledged its shame. But for the annual annihilation of tens of thousands of Jewish children, the State of Israel acknowledges nothing. And, here at home, American Jewry's consensus is one-sidedly pro-choice. In desperation I try to tell myself abortion is not a Jewish issue. But the *Torah* intervenes, teaching that human life comes from God. And, when it hits within a family, it becomes

very much a Jewish issue, too, no less than it is a Christian and a Muslim issue.

The abortionists call themselves "pro-choice." Indeed so, and the *Torah* teaches, "Choose life." [19]

[Go to Next Topic: The Dangers of the Slippery Slope](#)

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Footnotes for "When Pro-Abortion 'Jews' Object"

[7] "Abortion and the Holocaust: Twisting the Language." 'Religious' Coalition for Abortion Rights, 100 Maryland Avenue NE, Washington, DC 20002, telephone: (202) 543-7032. 1987, 24 pages, \$1.50. This booklet is stylishly written and laid out on only the best paper. It features five short essays by apostate 'Jews' and phony 'Christians' that are masterpieces of Doublethink and propaganda. This booklet is mandatory reading for any pro-lifer who wants insight into just how clever pro-abort propaganda can be.

[8] Regina Barshak. "A Jewish Cry of Protest." Letter in *The Boston Globe*, March 18, 1972. Also distributed by the National Abortion and Reproductive Rights Action League (NARRAL, now NARAL Pro-Choice America) for propaganda purposes on page 44 of its looseleaf booklet entitled "Organizing for Action." Prepared by Vicki Z. Kaplan for the National Abortion Rights Action League, 250 West 57th Street, New York, N.Y. 10019. 51 pages, no date.

[9] Robert Martin, M.D. *Spiritual Semites: Catholics and Jews During World War Two* [The Catholic League for Religious and Civil Rights, 1100 West Wells Street, Milwaukee, Wisconsin 53233, 1983]. A fine summary of the activities that Pope Pius XII engaged in during World War II in his efforts to save thousands of Jews.

[10] *Ibid.*

[11] *Ibid.*

[12] Professor Oscar Halceki. *Eugenio Pacelli: Pope of Peace* [New York: Farrar, Straus and Young, Inc, 1951], pages 192 to 197. Also see Alden Hatch and Seamus Walshe. *Crown of Glory: The Life of Pope Pius XII* [New York: Hawthorne Books, Inc., 1957], pages 168 and 169.

[13] December 25, 1941 *New York Times* editorial, as described in Henry V. King. "League's *New York Times* Ad Defends Pope Pius X." *The Wanderer*, December 25, 1997, pages 1 and 14. This passage is also featured in Father Robert A. Graham, S.J. "Pius XII: Years of Praise, Years of Blame." Supplement to the Newsletter of the Catholic League for Religious and Civil Rights, December 1989. Also see Father Vincent A. Lapomarda. "Some Reflections on Catholics and the Holocaust." Supplement to the Catholic League Newsletter of February 1987. Both are available as reprints from the Catholic League, 1100 West Wells Street, Milwaukee, Wisconsin 53233.

[14] Father Arthur J. Klyber. "The Chief Rabbi's Conversion." *This Rock*, April 1992, pages 18 to 21.

[15] Professor Oscar Halceki. *Eugenio Pacelli: Pope of Peace* [New York: Farrar, Straus and Young, Inc, 1951], pages 192 to 197. Also see Alden Hatch and Seamus Walshe.

Crown of Glory: The Life of Pope Pius XII [New York: Hawthorne Books, Inc., 1957], pages 168 and 169.

[16] December 25, 1941 *New York Times* editorial, as described in Henry V. King. "League's *New York Times* Ad Defends Pope Pius X." *The Wanderer*, December 25, 1997, pages 1 and 14. This passage is also featured in Father Robert A. Graham, S.J. "Pius XII: Years of Praise, Years of Blame." Supplement to the Newsletter of the Catholic League for Religious and Civil Rights, December 1989. Also see Father Vincent A. Lapomarda. "Some Reflections on Catholics and the Holocaust." Supplement to the Catholic League Newsletter of February 1987. Both are available as reprints from the Catholic League, 1100 West Wells Street, Milwaukee, Wisconsin 53233.

[17] *Ibid.*

[18] Lieutenant General Ion Mihai Pacepa. "Moscow's Assault on the Vatican: The KGB Made Corrupting the Church a Priority." *National Review Online*, January 25, 2007.

[19] Rabbi Jacob Neusner. "Israel's Holocaust." *Christianity Today*, October 26, 1998, page 85.

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: The Dangers of the Slippery Slope



 SHARE

The Dangers of the Slippery Slope.

"If you want a picture of the future, imagine a boot stamping on a human face — forever!"

— George Orwell, *Nineteen Eighty-Four*.

Introduction. Perhaps the one aspect of the new and old Holocausts that disturbs pro-abortionists the most is pro-life insistence upon the existence of the looming "slippery slope."

If the public finally realizes that abortion inevitably leads to euthanasia (and therefore poses a direct and clear threat to *them*), the anti-life agenda will be exposed. The pro-abortionists know that the spurious "right to privacy" on a national scale is the only thing that can preserve their "progress" down the slippery slope. They will do anything to maintain this strategic veil of secrecy.

Incrementalism is the Key. The Nazis skidded down the "slippery slope" with incredible speed, traversing the complete course from selective eugenic sterilization to genocide in only nine years. They violated the principle of incrementalism (gradualism), which states that social change must occur at a rate that is virtually unnoticeable to the public. If change proceeds too quickly or in steps that are too obvious and threatening, people will vigorously oppose the movement. We 'modern' people are following the same road, albeit at a more measured and leisurely pace. We are paying attention to the principle of incrementalism.

After reviewing the medical war crimes trials at Nuremberg, the World Medical Association (WMA) adopted the Declaration of Geneva in 1948. This document read, in part; "I will maintain the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity." [20]

With Nazi atrocities still vividly in mind, researchers and physicians generally held to the Declaration of Geneva, and to the more comprehensive Hippocratic Oath, for about two decades after World War II concluded.

The Wall of Protection is Doomed. But then cracks began to appear in the armor of the physician's regard for human life. Once again, the eugenicist/utilitarian mindset began to appear in isolated instances. And, as we all know after being taught the lesson twice (with contraception and then abortion), after the first crack appears, the wall is doomed.

Two famous physicians/researchers injected live cancer cells into elderly patients at Brooklyn's Jewish Hospital and Medical Center in the mid-1960s. In the first publicized case of infanticide, doctors at Johns Hopkins Medical Center allowed a baby boy with Down's Syndrome to starve to death in 1971. [21]

Soon thereafter, the United States Supreme Court bestowed upon us abortion on demand throughout the entire nine months of pregnancy. In 1983, doctors starved Baby Doe of Bloomington, Indiana to death. Although an estimated 2,000 infanticides had been occurring in this country every year, what made this case significant was that it

was the first *court-sanctioned* instance of euthanasia in this country (for further information on the history of the euthanasia movement in the United States, see Chapter 23, "Euthanasia").

It was not long before late-term aborted babies became prey to experimentation while they were still alive and feeling pain, as condoned by two leading medical researchers;

Since we know we are going to destroy, dismember and discard the fetus in a procedure known as abortion, it seems a small indignity to expose it to rubella vaccine just prior to that termination. The medical ethic 'do no harm' would, of course, be violated — but we have already violated that principle when we accepted the concept of abortion. The ultimate harm of destroying the fetus trivializes that which precedes it.[22]

Compare the above statement to the one made by Nazi Dr. Julius Hallervorden, quoted at the Nuremberg trials in 1945: "If you are going to kill all these people, at least take the brains out so that the material may be utilized." [23]

[Go to Next Topic: The Similarities Between the Nazi and American Holocaust](#)

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Footnotes for "The Dangers of the Slippery Slope"

[20] Dr. Leo Alexander. "Medical Science Under Dictatorship." *The New England Journal of Medicine*, July 14, 1949, pages 39 to 47. This superbly-written summary of the medical horrors inflicted by Nazi 'doctors' on their victims is available as Reprint #605 from the Institute of Society, Ethics and the Life Sciences (The Hastings Institute), Hastings-on-Hudson, New York, 10706.

[21] Charles J. Sykes. "Medical Nightmares: German Doctors/ American Doctors." Milwaukee: Catholic League for Religious and Civil Rights, 1987, page 14.

[22] William Gaylin and Marc Laape (president and associate for biological sciences at the Hastings Institute). "Fetal Politics: The Debate on Experimenting with the Unborn." *Atlantic Monthly*, May 1975.

[23] William Brennan. *The Abortion Holocaust: Today's Final Solution*. 1983, 237 pages.

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: The Similarities Between the Nazi and American Holocausts



SHARE

The Similarities Between the Nazi and American Holocausts.

"Nazism is merely applied biology."
- Rudolf Hess [24]

Introduction. The proof (or rebuttal) of any comparison is found primarily not in the *differences* between two or more entities or ideas, but in the *similarities*.

The similarities between the Nazi and American Holocausts are simply too profound and numerous to ignore. They include:

1. the identical country of origin (the United States);
2. the identical pervasive use of propaganda and deceptive language (Newspeak);
3. the identical justification of the atrocities;
4. early medical leadership of the Holocausts;
5. dehumanization of the victims; and
6. the identical anti-life, Hegelian philosophy of those in power.

These similarities are not trivial or tangential in nature; they address the very heart of the matter. *The philosophies and the methods employed by both the Nazis and the pro-abortionists are identical!*

The following paragraphs discuss these similarities.

Similarity #1: Country of Origin.

The Land of the Free Leads the Way. It may be almost incomprehensible to the close-minded and those who would like to avoid shame by rewriting history, but the philosophy of the Nazi eugenics movement was not framed and nourished in Germany.

It was conceived, developed and nurtured in our own "land of the free" - the United States!

Statements of the Eugenicists. The proof is in the statements made by leading American eugenicists, racists, and euthanasiasts during the period from the mid-1920s to the mid-1930s, when their movements flourished.

Several years before the Third Reich was founded (i.e., in the mid-1920s), Hitler and his cronies were avid readers of American eugenicists, including especially the pathologically anti-Semitic Madison Grant.

Grant argued that "sentimental beliefs" (such as Christianity) short-circuited the practice of infanticide, which he saw as a natural weeding-out process necessary to the preservation of the species.[25]

Grant and Dr. Lothrop Stoddard exerted great influence "... in awakening in Germany ... the movement for the preservation and increase of the Nordic race." Stoddard asserted that compulsory sterilization of the "unfit" was a "gift" from the American eugenics movement.

It is interesting that the masthead slogan of the *Birth Control Review* was "Creating a Race of Thoroughbreds." In 1933, the magazine featured an article entitled "Eugenic Sterilization: An Urgent Need," authored by Adolf Hitler's Director of Genetic Sterilization and founder of the Nazi *Gesellschaft fur Rassenhygiene* [Society for Racial Hygiene] - Ernst Rudin!

Lothrop Stoddard sat on the board of the American Birth Control League (later the Planned Parenthood Federation of America (PPFA)) in the 1930s. The *Birth Control Review* enthusiastically endorsed his book *The Rising Tide of Color Against White World-Supremacy*. In this book (introduced by fellow racist/eugenicist Madison Grant), Stoddard demonstrates beyond a shadow of reasonable doubt the intimate connections between abortion, eugenics and goal-oriented racism, both in the Nazi regime and in latter-day America;[26]

... upon the *quality of human life* all else depends ... none of the colored races shows perceptible signs of declining birth-rate, all tending to breed up to the limits of available subsistence ... It can mean only one thing: a tremendous and steadily augmenting outward thrust of surplus colored men from overcrowded colored homelands ... But many of these relatively empty [Northern] lands have been definitely set aside by the white man as his own special heritage ...

His ["colored" man's] outstanding quality is superabundant animal vitality. In this he easily surpasses all other races. To it he owes his intense emotionalism. To it, again, is due his extreme fecundity, the negro being the quickest of breeders. This abounding vitality shows in many other ways, such as the negro's ability to survive harsh conditions of slavery under which other races have soon succumbed ... black blood, once entering a *human* stock, seems never really bred out again ...

White men cannot, under peril of their very race-existence, allow wholesale Asian immigration into white race-areas ... The grim truth of the matter is this: The whole white race is exposed, immediately or ultimately, to the possibility of social sterilization and final replacement or absorption by the teeming colored races.

And, of course, the more primitive a type is, the more prepotent it is. This is why crossings with the negro are uniformly fatal. Whites, Amerindians, or Asiatics - all are alike vanquished by the invincible prepotency of the more primitive, generalized, and lower negro blood.

... whether we consider interwhite migrations or colored encroachments on white lands, the net result is an expansion of lower and a contraction of higher stocks, the process being thus a disgenic one.

For race-betterment is such an intensely *practical* matter! When peoples come to realize that the *quality* of the population is the source of all their prosperity, progress, security, and even existence; we shall see much-abused "eugenics" actually moulding social programmes and political policies ... we or the next generation will take in hand the problem of race-depreciation, and segregation of defectives and abolition of handicaps penalizing the better stocks will put an end to our present racial decline.

Notice how, near the end of the second paragraph, Stoddard lets slip that he does not consider Blacks to be human. Does this sound familiar? Remember that Margaret Sanger, founder of Planned Parenthood, heartily approved of the contents of *The Rising Tide of Color*.

Notice also how Stoddard waxes prophetic in the last paragraph. His prophecy, unfortunately, has turned to fact. It is *our* benighted generation that has taken up the task of "abolishing handicaps" and dealing with "race-depreciation" by employing the devastatingly effective weapon of racially-directed abortion.

H.L. Mencken, another leading American eugenicist, urged that "A resolute attack be made on the fecundity of all the males on the lowest rung of the social ladder." [27]

Yet another American eugenicist demanded that Hitler be made an honorary member of the American Eugenics Record Office. [28]

Charles Davenport grumbled that "Our ancestors drove Baptists from Massachusetts Bay into Rhode Island, but we have no place to drive the Jews to. Also, they burned the witches, but it seems to be against the mores to burn any considerable part of our population." [29]

The Courts Go Along. With so many leading American 'thinkers' advocating such a fashionable, utilitarian, and 'socially beneficial' course of action, is it any surprise that their depraved fantasies were placed into concrete action, despite Constitutional safeguards?

The United States court system bestowed its *imprimatur* upon eugenics in 1927, when Supreme Court Associate Justice Oliver Wendell Holmes wrote the majority opinion in the Court's *Buck v. Bell* decision upholding the enforced eugenic sterilization of poor Black women. Holmes held that "We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices. ... Three generations of imbeciles are enough." [30]

This eugenic sterilization law was reversed by the Supreme Court only as recently as 1972. But the damage had been done. Following the lead of the Supreme Court, thirty states had enacted laws that mandated sterilization for the poor by 1933. [31]

These laws followed the Model Eugenic Sterilization Law, promulgated by Harry H. Laughlin, director of the Eugenics Record Office. They called for the sterilization of criminals, mental patients, the mentally handicapped, the blind, deaf, diseased, and alcoholics, and for dependents upon society - the homeless, orphans, and tramps. [32]

From 1924 to the early 1970s, more than 7,500 poor men and women were forcibly sterilized in the State of Virginia alone. Of course, these operations were performed in approved "mental health facilities" on "unwed mothers, prostitutes, petty criminals and children with disciplinary problems." [33]

Other laws drafted by American eugenicists mandated segregation of those with birth defects and mental disabilities in state-run institutions. No inmate ever left these places with their reproductive organs intact - they were all neutered like stray dogs. In some states, all of those inmates who carried hereditary disabilities were sterilized. Other state regulations mandated contraceptive use by all whose family history indicated a predisposition towards serious hereditary defects. [34]

Resurrection of the Horror. A person with common sense might think that this type of thinking would die out after the eugenics-driven horrors of World War II. Unfortunately, those who long for a better world *right now* always desire it at the expense of those they consider inferior to themselves, as shown by the quotes in Figure 5-1.

Figure 5-1

Quotes by American and European Eugenacists

"Do our nobly intended welfare programs promote dysgenics - retrogressive evolution through the disproportionate reproduction of the genetically disadvantaged?"
- Nobel Prize winner William Shockley Chase, quoted in Mark Haller's *Eugenics* (New Jersey: Rutgers University Press), 1963, page 482.

"No newborn infant should be declared human until it has passed certain tests regarding its genetic endowment and that if it fails these tests, it forfeits the right to live."
- Nobel Prize winner Dr. Francis Crick. *Pacific News Service*, January 1978.

"How far should we defend the right of a parent to produce a child that is painfully diseased, condemned to an early death, or mentally retarded? In our society, a parent does not have the right to withhold an education from his children. Does he then have a right to produce a child that is uneducable?"
- J.F. Crow, "Conclusion, Advances in Human Genetics and Their Impact on Society." *Birth Defects*, September 1972, page 16.

"With savages, the weak in body or mind are soon eliminated; and those that survive commonly exhibit a vigorous state of health. We civilized men, on the other hand, do our utmost to check the process of elimination; we build asylums for the imbecile, the maimed, and the sick; we institute poor laws; and our medical men exert their utmost skill to save the life of everyone to the last moment. There is reason to believe that vaccination has preserved thousands, who from a weak constitution would formerly have succumbed to smallpox. Thus the weak members of civilized society propagate their kind.

"No one who has attended to the breeding of domestic animals will doubt that this must be highly injurious to the race of man. It is surprising how soon a want of care, or care wrongly directed, leads to the degeneration of a domestic race; but excepting in the case of man himself, hardly anyone is so ignorant as to allow his worst animals to breed."

- Charles Darwin, quoted in Mark Haller's *Eugenics* (New Jersey: Rutgers University Press), 1963, page 4.

"Soon it will be a sin of parents to have a child that carries the heavy burden of genetic disease. ... We are entering a world where we have to consider the quality of our children."

- Bob Edwards, one of the two scientists responsible for the birth of the first test tube baby, Louise Brown, at the European Society of Human Reproduction and Embryology conference on fertility. "Bearing Disabled Babies to be Sinful: Britain To Screen All Babies For Down's Syndrome "

Babies to be Similar. Britain to Screen All Babies for Down's Syndrome.
LifeSite Daily News at <http://www.lifesite.net/>, July 13, 1999, and the
London Sunday Times, July 4, 1999.

"Eventually, when public opinion is prepared for it, no child shall be admitted into the society of the living who would be certain to suffer any social handicap - for example, any physical or mental defect that would prevent marriage or would make others tolerate his company only from a sense of mercy. ... Life in early infancy is very close to nonexistence, and admitting a child into our society is almost like admitting one from potential to actual existence, and viewed in this way, only normal life should be accepted."

- Bioethicist Millard Everett, *Ideals of Life*. Quoted by C. Everett Koop, M.D. "The Slide to Auschwitz." *Human Life Review*, Summer 1982.

"With the availability of the technology and know-how permitting prevention of many genetically-based congenital abnormalities, there may be developing as a corollary a social attitude which *demands* such use. In general, if a congenital abnormality can be avoided, then it *should* be avoided, and those individuals who do not partake of these advances will be socially ostracized."

- Hastings Center bioethicist John Fletcher, quoted in Sorenson, "Some Social and Psychological Issues in Genetic Screening." *Symposium on Intrauterine Diagnosis* (D. Bergsma, editor). 1971, page 177.

"People who carry genetic disease should be prevented from having children. We ought, in conscience, to have a humane minimum standard of reproduction, not blindly accepting the outcome of every conception. And we ought to act on our genetic information to prevent the birth of children below that minimum."

- Hastings Center bioethicist Joseph Fletcher, during his address of the second national Symposium on Genetics and Law, held in May of 1979 in Boston and sponsored by the March of Dimes.

"If the greatest good of the greatest number (i.e., the social good) were served by it, it would be justifiable not only to specialize the capacities of people by cloning or by constructive genetic engineering, but also to bio-engineer or bio-design para-humans or "modified men" - as chimeras (part animal) or cyborg-androids (part prostheses). I would vote for cloning top-grade soldiers and scientists, or for supplying them through other genetic means, if they were needed to offset an elitist or tyrannical power plot by other cloners - a truly science-fiction situation, but imaginable. I suspect I would favor making and using man-machine hybrids rather than genetically designed people for dull, unrewarding or dangerous roles needed nonetheless for the community's welfare - perhaps the testing of suspected pollution areas or the investigation of threatening volcanos or snow-slides.

"People who appeal to *Brave New World* and *Nineteen Eighty-Four* and *Fahrenheit 451* forget this, that the tyranny is set up first and then genetic controls are employed.

"Coital reproduction, is, therefore, less human than laboratory reproduction - more fun, to be sure, but with our separation of baby making from lovemaking, both become

run, to be sure, but with our separation of baby making from lovemaking, both become more human because they are matters of choice, and not chance. This is, of course, essentially the case for planned parenthood. I cannot see how either humanity or morality are served by genetic roulette.

"To be men we must be in control. That is the first and the last ethical word. For when there is no choice, there is no possibility of ethical action. Whatever we are compelled to do is a-moral.

"Rights are nothing but a formal recognition by society of certain human needs, and as needs change with changing conditions, so rights should change too. The right to conceive and bear children has to stop short of knowingly making crippled children - and genetics gives us that knowledge ... It is human need that validates rights, not the other way around."

- Hastings Center bioethicist Joseph Fletcher. "Ethical Aspects of Genetic Controls." *New England Journal of Medicine* (285:776-783, 1971). Available as Reprint #104 from the Institute of Society, Ethics and the Life Sciences, Hastings-On-Hudson, New York 10706.

"[We have a choice of] a painless weeding out before birth or a more painful and wasteful elimination of individuals [with low IQ] after birth."

- Population controller Garrett Hardin. *Biology: Its Human Implications* (1949).

"I can't imagine any reasonably responsible person arguing against the abortion of mongols. ... If we could tell what fetuses are going to be affected with cancer in their 40s and 50s, I would be for aborting them now."

- Cecil B. Jacobson, Chief of the Reproductive Genetics Unit, George Washington University Hospital, Washington, D.C. *Psychology Today*, September 1975, page 22.

"In the far future a subsidy - by insurance companies or the government - might be available if the procedure [amniocentesis] could be shown to save money. Researchers at Columbia University School of Public Health have proposed a voluntary program of screening all pregnant women 40 and over and eventually [a mandatory program to screen] *all* pregnant women to prevent 90 percent of Down's Syndrome."

- April 4, 1976, *New York Times* editorial.

"Society as the trustee of life is responsible to life for every botched life that comes into existence; and as it has to atone for such lives, it ought consequently to make it impossible for them ever to see the light of day: it should in many cases actually prevent the act of procreation, and may, without any regard for rank, descent, or intellect, hold in readiness the most rigorous forms of compulsion and restriction, and, under certain circumstances, have recourse to castration. ... "Thou shalt do no murder," is a piece of ingenuous puerility compared with "Thou shalt not beget"!!! ... The [unhealthy] must at all costs be *eliminated*, lest the whole fall to pieces."

- Friedrich Nietzsche, quoted in Mark Haller's *Eugenics* (New Jersey: Rutgers Press) 1963 page 53

"No training or education can create intelligence; you must breed it. ... The social imperialist state might well have to intervene in reproductive matters, at least in the families of anti-social propagators of unnecessary human beings."

- Karl Pierson, Huxley Lectures, quoted in Daniel Kelves' *In the Name of Eugenics* (New York: Knopf), pages 3 and 34.

"There is now no reasonable excuse for refusing to face the fact that nothing but a eugenics religion can save our civilization from the fate that has overtaken all previous civilizations."

- George Bernard Shaw, quoted in Mark Haller's *Eugenics* (New Jersey: Rutgers Press), 1963, page 19.

There is ample evidence that the Nazi "quality of life" ethic not only survives to this day, it *flourishes* and receives wide acceptance and support. This phenomenon is particularly evident when we examine the situation surrounding abortion and sterilization.

Dr. H.G. Whittington unconsciously betrayed the Holocaust-abortion connection when he wrote that "The [abortion] counselor must help the applicant [for abortion] face a painful existential dilemma: whether to kill one nascent human being in order to enhance the quality of life of another person. ... Society legalizes abortion to enhance the quality of human life." [35] This is just as the Nazis exterminated the Jews to enhance their 'quality of human life' and *Lebensraum*.

This utilitarian, anti-life attitude even extends to minorities, who should know far better than the rest of us what oppression is, and who should know the true value of human life. For example, as a "somewhat chilling surprise" to the researchers who did a survey of Black health workers and opinion leaders, 73 percent of those polled approved of the *involuntary* sterilization of mentally handicapped and mentally ill women. [36]

[Go to Next Topic: Similarity #2-Use of Newspeak](#)

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Footnotes for "The Similarities Between the Nazi and American Holocausts"

[24] Rudolf Hess, quoted in Robert Lipton's *The Nazi Doctors* [New York: Basic Books], pages 23 and 129.

[25] Allen Chase. *The Legacy of Malthus: The Social Costs of the New Scientific Racism* [Chicago: University of Illinois Press], pages 69 and 316. Also New York: Knopf, 1976, page 349.

[26] Lothrop Stoddard, Ph.D. *The Rising Tide of Color Against White World-Supremacy*

[New York: Charles Scribner's Sons, 1921]. Reprinted in 1971 by Negro Universities Press, Westport, Connecticut. Pages i, 8, 9, 90, 231, 298, 301, 302, 308, and 309 in the reprinted version.

[27] H.L. Mencken. "Utopia by Sterilization." *The American Mercury*, August 1937.

[28] Robert N. Proctor. *Racial Hygiene* [Massachusetts: Harvard University Press], page 103.

[29] Allen Chase. *The Legacy of Malthus: The Social Costs of the New Scientific Racism* [Chicago: University of Illinois Press], pages 69 and 316. Also New York: Knopf, 1976, page 349.

[30] United States Supreme Court decision *Buck v. Bell*, 274 US 200 (1927), at 207.

[31] Rudolf Hess, quoted in Robert Lipton's *The Nazi Doctors* [New York: Basic Books], pages 23 and 129.

[32] Allen Chase. *The Legacy of Malthus: The Social Costs of the New Scientific Racism* [Chicago: University of Illinois Press], pages 69 and 316. Also New York: Knopf, 1976, page 349.

[33] *Ibid.*

[34] Frederick Osborne of the American Museum of Natural History, in his 1940 book *Preface to Eugenics* [New York: Harper and Row], page 35.

[35] H.G. Whittington, M.D. "Role of the Counselor in Abortion." Sarah Lewit (Editor). *Abortion Techniques and Services: Proceedings of the Conference, New York, N.Y., June 3-5, 1971* [Amsterdam: Excerpta Medica, 1972].

[36] W.N. Long, M.D., B.R. Brandshaw, Ph.D., and M. Burge. "Black Attitudes Regarding Contraception, Abortion, and Sterilization." Sarah Lewit (Editor). *Abortion Techniques and Services: Proceedings of the Conference, New York, N.Y., June 3-5, 1971* [Amsterdam: Excerpta Medica, 1972].

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: Similarity #2: Use of Newspeak



SHARE

Similarity #2: Use of Newspeak.

"Neither American nor German history justifies the leap from that proposition [that legalizing abortion is to legalize murder] to the view that Americans reason like Nazis and have "simply declared the unborn to be nonhuman.""

- "Of Analogy and Abortion." *The New York Times*, March 15, 1984.[37]

The Purposes of Newspeak. Both the National Socialist (Nazi) movement and the modern pro-abortion movement use nice-sounding words to salve the consciences of their respective followers.

Despite luxuriant growths of Newspeak, the average German knew precisely what was going on. And so does the average American. But the average German was afraid to take action. And so is the average American. Ditto for the churches. The public and the churches, just as much as the actual killers, use these terms to give themselves an excuse *not* to stop the killing. The average do-nothing "Christian" uses these words when he talks about abortion and infanticide with other average do-nothing "Christians."

Examples of Newspeak. Notably, both the Nazis and the American pro-abortion movement habitually use inflammatory Newspeak as propaganda for the purpose of degrading and dehumanizing both their victims and their opposition.

Tens of thousands of Jewish, Gypsy, and handicapped children were killed by the "Reich Committee for Children." Those sickly persons who would be eliminated were identified by the grandly-named "Committee for Research on Hereditary Diseases and Constitutional Susceptibility to Severe Diseases." These unfortunate people were carried to concentration camps by the "Non-Profit Patient Transport Corporation," and their passage was funded by the "Charitable Foundation for Institutional Care." [38]

The Nazis used a vast galaxy of terms when referring to the extermination of the Jews; "resettlement," "evacuation," "clearing the area of Jews," "cleansing," "disinfection," "special treatment," "moving off to labor in the East," "injecting off," "putting to sleep like animals," "discharging," "cleaning-up of the Jewish question," and "the final solution to the Jewish question" are just a few of the euphemisms they employed.

The words employed by the Nazis and the pro-abortionists to label the essential elements of their respective Holocausts - the victims, the killing, the killers, the killing places, and the opposition - are shown in Figure 5-2. The similarities are absolutely striking.

Figure 5-2

A Comparison of Newspeak Employed by the
Nazi and Modern Pro-Abortion Movements

NAZI AND MODERN PRO-ABORTION MOVEMENTS

National Socialist (Nazi) Movement	Modern Pro- Abortion Movement
<u>Newspeak Used Against the Jews</u>	<u>Newspeak Used Against the Preborn</u>
<i>Ballastexistenzen</i> ["human ballast"]	"Just like fingernail clippings or warts"
"Garbage" [Dr. Christian Wirth]	"Gobbets of meat" [Philip Wylie]
<i>Sheise</i> ["feces"] [Hermann Goebbels]	"So much garbage" [Peter Stanley]
"Lives devoid of meaning and value"	"A hateful, vile plague"
"Empty shells of human beings"	"Protoplasmic rubbish"
"Human weeds" [Hermann Goebbels]	"Human waste"
"An infection" [Adolf Hitler]	"A venereal disease"
"Non-persons" [Heinrich Himmler]	"Sub-human non-personhood" [Raymond Marks]
<u>Newspeak Describing Nazi Doctors</u>	<u>Newspeak Describing Abortionists</u>
"Ordinary mainstream citizens"	"Ordinary mainstream citizens"
"Respected social psychologists"	"Women's choice physicians"
"Heroes of the Aryan Race"	"Champions of women's choice"
"Builders of a new social order"	"Reproductive health care providers"
<u>Newspeak Describing Murder of Jews</u>	<u>Newspeak Describing Murder of Preborns</u>
"Improvement of the Aryan race"	"Improvement of women's health"
"Evacuating the afflicted/infested area"	"Evacuating the contents of the uterus"
"Removal of undesirable social elements"	"Interruption/termination of pregnancy"
"Adjustment of the social order"	"Postconception fertility interruption"
"Evacuation," "removal," "cleansing"	"Venereal disease treatment"
<u>Newspeak Describing Concentration Camps</u>	<u>Newspeak Describing Abortion Mills</u>
"Friendship settlements"	Friendship Medical Center" [Chicago]
"Transition rooms"	"Transition rooms," "health centers"
"Resettlement camps"	"Orlando Birthing Center" [Florida]
" <i>Brausebad</i> " [showers]	"Lovejoy Surgicenter" [Portland, Oregon]
"Delousing centers"	"Parents Aid" [Missouri]
"Welcoming facilities"	"Preterm Institute" [Cleveland, Ohio]
<u>Newspeak Nazis Used to Describe Their Opponents</u>	<u>Newspeak Pro-Abortionists Use to Describe <i>Their</i> Opponents</u>
"Non-progressives," "reactionaries"	"Non-progressives," "reactionaries"

"Enemies of the Aryan race"	"Enemies of women" [misogynists]
"Small but vocal minority"	"Small but vocal minority"
"Interfering meddlers"	"Hysterical Bible-beaters"
"Terrorists"	"Terrorists"
	"Ayatollah Khomeini clones" [Bill Baird]
	"Vicious, rabid dogs" [<i>Revolutionary Worker</i>]

Just "Ordinary Men" Like You and Me ... And so, after a dozen years of this kind of soothing and reassuring German propaganda, the Nazi High Command recruited 3,000 ordinary, everyday men from all walks of life in the Spring of 1941 for a "special assignment."

After several months of training, these 3,000 men were organized into four special-purpose battalions (*Ersatzgruppen*) and given their assignment: To roam the vast reaches of Eastern Europe and ruthlessly exterminate all of the Jews and Gypsies they found.

Within nine months, these 3,000 men had killed 1.5 million men, women and children - an average of 500 murders per man! Some of the killers were sickened at first, but soon grew used to the ceaseless slaughter. For month after month, they killed 8,000 people per day (they got weekends off, of course), and their leaders - who were specially trained and instructed to watch for psychological impacts among the men - reported almost no distress or misgivings.

After the war, hundreds of these men underwent intensive and detailed psychological tests on the belief that they were psychopaths specifically recruited by the Nazis for their genocidal task. But the *Summary Report* found that there were no more psychological anomalies in this group than in the general population. The only characteristic common to all of them was that they were all completely desensitized to violence and killing.[39]

In other words, they were just ordinary Germans.

Just like ordinary Americans.

Most of the Nazi killers of the World War II concentration camps were also perfectly ordinary men, as described in Christopher Browning's book *Ordinary Men* (Harper-Collins, 1992). Browning describes the activities of a military reserve unit, the 101st Police Battalion, which was comprised entirely of Bremerhaven steelworkers.

It was the job of these men to "process" new arrivals at the Polish concentration camps, including Auschwitz. When trainloads of Jews and other "undesirables" arrived at the camps, the steelworkers would first separate small children from their mothers. Then they would slaughter the mothers. Finally, they killed the little children with clear consciences, since, without mothers, their "quality of life" (*Lebensqualität*) would be too low.[40]

And so, the members of this unit - which consisted entirely of perfectly ordinary men - slaughtered thousands of infants and little two- and three-year old girls and boys, and claimed at the Nuremberg trials that they were merely participating in "acts of mercy."

A Bogus Comparison? Pro-abortionists (especially allegedly 'Jewish' pro-aborts) scoff at the idea that Americans have been desensitized to violence. They simply claim

that no rogue battalions wander the countryside slaughtering millions in the United States.

What is the truth? Have Americans been desensitized to violence towards the unborn - or have they not?

Pro-aborts are not really raving demons, although they may appear to be at times. They are perfectly ordinary human beings - *just like you and me* - who just happen to have bought into the deadly "quality of life" ethic.

Today, abortion clinic workers echo the same words used by the Bremerhaven steelworkers as they fruitlessly tried to defend themselves against charges of mass murder and genocide at the Nuremberg trials. Many abortuary staff have candidly admitted that, if it were legal to kill *perfectly healthy* four- and five-year old boys and girls in clinics, they would gladly help.

A typical interview;

Question: "Oh, so as long as you make money, it doesn't matter?"

Abortion mill employee: "As long as it's food in my stomach, no, it doesn't matter. It is legal ... It is legal ... It is legal!"

Question: "So if they legalized killing four-year-old children, you would have no problem?"

Abortion mill employee: "No, I would not have a problem ... My conscience is very clear ..."[41]

If this is not a classic example of desensitization, *what is?*

If we have not been desensitized, why do late-term abortionists speak of desensitization in precisely the same words that the German "ordinary men" did?

A nurse and abortionist describe the process;

You have to become a bit schizophrenic. In one room you encourage the patient that the slight irregularity of the fetal heart is not important, everything is going well, she is going to have a nice baby, and then you shut the door and go into the next room and assure another patient on whom you just did a saline abortion that it's fine if the heart is already irregular, she has nothing to worry about, she is *not* going to have a live baby. I mean you definitely have to make a 180-degree turn, but somehow it evolved in my own mind gradually, and I have no trouble now making the switch ...[42]

If we have not become desensitized, how can abortionist Warren Hern calmly and dispassionately describe the dismembering of a two-or three pound viable baby like this?

We have reached a point in this particular technology where there is no possibility of denial of an act of destruction on the part of the operator. It is before one's eyes. The sensations of dismemberment flow through the forceps like an electric current ... The procedure changes significantly at 21 weeks because the fetal tissues become much more cohesive and difficult to dismember. A long curved Mayo scissors may be

more cohesive and difficult to dismember ... A long curved Mayo scissors may be necessary to decapitate and dismember the fetus.[43]

If we are not desensitized, how can another late-term abortionist compare pulling apart viable babies "like chickens?": "It's difficult to pull apart a chicken when it is newly killed. You have to cook it first, and then it comes apart very easily. It's the same here [when doing a late-term abortion]."[44]

And how can a nurse sound almost joyful at the prospect of assisting at late-term prostaglandin abortions, if she has not been desensitized?

It's a really interesting thing that is happening. It's fascinating, when you can think about it clinically and not get involved in the babies, or the people ... Several times I saw really beautiful things happen, I mean it's physically beautiful. Sometimes you can see the vagina opening up and the entire thing coming out at once. ... It's a really interesting thing, and it got me very excited.[45]

Finally, how can we compare living unborn babies to "warts" or "fingernail clippings" if we have not become desensitized to the unceasing slaughter that is happening in our own communities *right now*? As Maryland abortion mill worker Pam Crosby says, "For the most part it [fetal remains] is thrown out like in many doctors' offices. If you had a wart removed or whatever [chuckle] you could make that analogy."[46]

Most appalling and frightening of all, how can the majority of the American public believe that abortion is the killing of a living human being - yet still want to keep the procedure "safe and legal" - if it has not been profoundly desensitized?

[Go to Next Topic: Similarity #3: Justifying the Holocausts](#)

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Footnotes for "Similarity #2: Use of Newspeak"

[37] "Abortion and the Holocaust: Twisting the Language." 'Religious' Coalition for Abortion Rights, 100 Maryland Avenue NE, Washington, DC 20002, telephone: (202) 543-7032. 1987, 24 pages, \$1.50. This booklet is stylishly written and laid out on only the best paper. It features five short essays by apostate 'Jews' and phony 'Christians' that are masterpieces of Doublethink and propaganda. This booklet is mandatory reading for any pro-lifer who wants insight into just how clever pro-abort propaganda can be.

[38] James Tunstead Burtchaell. "The Holocaust and Abortion." Supplement to the newsletter of the Catholic League for Religious and Civil Rights, Volume 9, Number 11.

[39] L. Dawidowicz. *The War Against the Jews* [New York: Holt, Rinehart, Winston, 1975].

[40] Christopher Browning. *Ordinary Men* [Harper-Collins Publishing, 1992]. Reviewed in the April 12, 1992 *New York Times Book Review* by psychiatrist Walter Reich

the April 12, 1992 *NEW YORK TIMES* BOOK REVIEW by psychiatrist Walter Reich.

[41] "Abortion Clinic Staff Worker Gives Her Excuses." *Life Advocate* (publication of Advocates for Life Ministries, Portland, Oregon), April 1992, page 21.

[42] Dora Greenwald, MSW, and John Szenes, M.D., quoted by Magda Denes. "Performing Abortions." *Commentary*, October 1976, pages 33 to 37. A truly frightening and profoundly sickening article by a doctor who observes and describes in graphic detail a number of saline abortions and their results. She acknowledges that abortion is killing, but a type of "necessary" killing.

[43] Warren Hern, M.D. *Abortion Practice* [J.B. Lippincott Company, 1984], pages 154, 323, and 325. Also from Hern's address of the Association of Planned Parenthood Physicians at their 1978 convention in San Diego. Presentation entitled "WHAT ABOUT US? Staff Reactions to the D&E Procedure." Quoted in *The Advocate* (publication of Advocates for Life Ministries, Portland, Oregon), March 1986, page 15.

[44] A British abortionist describing a new late-term abortion procedure. Quoted in *HLL Reports*, June 1986, and in "Just Another Piece of Meat?" *ALL About Issues*, August-September 1986, pages 51 and 52. The umbilical cord is cut on the first day, and, after the preborn baby dies and begins to decay, the abortionist pulls it apart.

[45] Dora Greenwald, MSW, and John Szenes, M.D., quoted by Magda Denes. "Performing Abortions." *Commentary*, October 1976, pages 33 to 37. A truly frightening and profoundly sickening article by a doctor who observes and describes in graphic detail a number of saline abortions and their results. She acknowledges that abortion is killing, but a type of "necessary" killing.

[46] Pam Crosby, Clinical Coordinator at Prince George's Reproductive Health Services, on the clinic dumping second-trimester babies in their trash. Quoted in Debra Braun. "Bodies of Aborted Babies Thrown in Trash at Maryland Clinic." *National Right to Life News*, December 8, 1983, page 5.

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: Similarity #3--Justifying the Holocausts



SHARE

Similarity #3: Justifying the Holocausts.

The perpetrators of any oppression must rationalize their actions for two reasons: (1) to deceive the public, and, much more importantly, (2) to deceive themselves.

The greater the offense against humanity, the more aggressive the propaganda and the deeper the self-deception.

Unlike the Nazi Holocaust, the abortion Holocaust involves millions of perpetrators, some ignorant of, and some in complete command of, the facts. The most pervasive and deceptive propaganda is directed towards those women who have had or are about to have abortions.

Figure 5-3 shows some of these self-excusing rationalizations. Notice the heavy dependence on the idea that "if it's *legal*, it's *right*." Notice also that physicians are not killers, just "instruments," as if they were dull and simple tools without judgment, morals, or discernment. Finally, observe that the appeals to the public are framed in terms of "the common good."

Figure 5-3 Justifying, Rationalizing, and Excusing the Holocausts	
NATIONAL SOCIALIST (NAZI) MOVEMENT	MODERN PRO-ABORTION MOVEMENT
"The accused did not act wrongly, because they were covered by the law and were carrying out the laws of the land." — Defense attorney at the	"I did nothing which was illegal, immoral, or bad medicine. Everything I did was in accordance with the law." — Boston abortionist Kenneth Edlin

at the
Hadamar Hospital
Euthanasia
Trial, 1945.

KENNETH LUETT,
at his manslaughter
trial for
strangling to death a
living late-
term aborted baby girl
in 1975.

"The courts tell us
that this is a legal
matter — it is all quite
legal."
— Nuremberg
defendant Walter
E. Schmidt.

"I just go by what
the court says. I only do
what's legal."
— Abortionist Michael
Jackson,
New York City.

"The physician is
merely an instrument,
as in the case of an
officer who receives
an order."
— Dr. Karl Brandt,
Nuremberg
Doctor Trial, 1947.

"The physician is
only the instrument of
her decision."
— Abortionist Bernard
Nathanson, 1974.

"The victims of
this Buchenwald
typhus test did not
suffer in vain and did
not die in vain. People
were saved by these
experiments."
— Dr. Gebhard Rose,
Nuremberg

"In the case of
abortion, the fetus is
doomed to death
anyhow, but perhaps its
death can be ennobled
when the research has
as its objective the
saving of the lives of
other. *wanted* fetuses."

Doctor Trial, 1947.

— Drs. Willard Gaylin
and
Mark Lappe, 1975.

"What good does it do to humanity to maintain artificially and rear the thousands of cripples, deaf-mutes, and idiots? Is it not better and more rational to cut off from the first this unavoidable misery which their poor lives will bring to themselves and their families?"
— Dr. Ernst Haeckel, medical and biological scientist, 1904.

"Most birth defects are not discovered until birth. If a child were not declared alive until three days after birth, the doctor could allow the child to die if the parents so choose and save a lot of misery and suffering. I believe this view is the only rational, compassionate attitude to have."
— Nobel laureate Dr. James D. Watson, 1973.

The collaborationist Vichy government ordered 2,000 Paris police to ensure that "demonstrators" did not disturb public "peace and order" while hundreds of Jewish children were rounded up and

The governments of various American cities, including Atlanta, Pittsburgh, New York and San Francisco, turn out swarms of riot-helmeted police to ensure that "demonstrators" do not disturb public "peace and order" while

rounded up and crammed into buses for transport to extermination camps during the Summer of 1942.

and order while hundreds of American preborn children are exterminated during the Summer of 1992.

Reference: Most of these quotes may be found in William Brennan. *The Abortion Holocaust: Today's Final Solution*. Order from Landmark Press, Post Office Box 13547, 1461 Dunn Road, St. Louis, Missouri 63138, or Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. 1983, 237 pages, \$6.95.

[Go to Next Topic: Similarity #4—Medical Leadership](#)

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: Similarity #4--Medical Leadership



SHARE

Similarity #4: Medical Leadership.

Physicians — not black-clad *Schützstaffel* thugs — developed the philosophy and methodology of the Nazi Holocaust. Almost all of the leading German, British, and American eugenicists admired by the leaders of the Third Reich were doctors.

The American Holocaust was initiated by anti-lifers and opportunistic politicians, but physicians soon took over the pro-abortion movement's leadership. Warren Hern, Bill Baird, Bernard Nathanson, Henry Morgentaler, Willard Cates, Alan Guttmacher, and many other pro-abortion strategists and leaders were physicians.

Figure 5-4 shows the similarities between the thinking of the German and American doctors.

Figure 5-4 Medical Leadership in the Holocausts	
NATIONAL SOCIALIST (NAZI) MOVEMENT	MODERN PRO-ABORTION MOVEMENT
"The destruction of Jews is analogous to removing a gangrenous appendix from a diseased body." — Nazi doctor Fritz Klein.	"Abortion is precisely equivalent to operating on an appendix or removing a gangrenous bowel." — Dr. Alan F. Guttmacher, Planned Parenthood.
"A doctor may interrupt a pregnancy when it threatens the	"A licensed physician is justified in terminating a pregnancy if he believes that

when it threatens the life or health of mother. An unborn child that is likely to present hereditary and transmissible defects may be destroyed."
— German Penal Code and Hamburg Eugenics Court, 1933.

pregnancy if he believes that the pregnancy would impair the physical/mental health of the mother or that the child would be born with grave physical or mental defect."
— American Law Institute (ALI) Model Penal Code, 1962.

"The authority of physicians is enlarged to include the responsibility for according a "mercy death" to "incurables"."
— Adolf Hitler's Euthanasia Order, September 1939.

"The abortion decision in all its aspects is inherently and primarily a medical decision and basic responsibility for it must rest with the physician."
— *Roe v. Wade*, 1973.

"If you are going to kill all these people, at least take the brains out so that the material may be utilized."
— Defendant Dr. Julius Hallervorden, Nuremberg trials, 1945.

"With changes in the abortion laws, fetuses as valuable research material is on the increase."
— Dr. Leroy Jackson, 1975.

Auschwitz inmates

"Dr. Ming K. Hah, reputed

injected with lethal doses of phenol died quickly: "Two or three prisoners in one minute." The speediest of the phenol technicians was Josef Klehr who "injected two prisoners at a time."
— Bernd Naumann.
*Auschwitz:
A Report on the
Proceedings ...* [47]

to be the fastest abortionist in Chicago, vacuums the unborn to smithereens at breakneck pace: Eight abortions per hour, forty per day. His productivity rate is so impressive that he sometimes performs two abortions simultaneously."
— "Dr. Ming Kow Hah: Physician of Pain." *Chicago Sun-Times*. [48]

Reference: Most of these quotes may be found in William Brennan. *The Abortion Holocaust: Today's Final Solution*. Order from Landmark Press, Post Office Box 13547, 1461 Dunn Road, St. Louis, Missouri 63138, or Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. 1983, 237 pages, \$6.95.

The attitude that is most striking is the bare, stark utilitarianism shown by these Nazi and pro-abortion so-called 'physicians.' Placed in a position where they could literally dictate life or death with impunity, they soon reverted to relying upon their own instincts for guidance instead of a truly caring, God-inspired set of immutable rules.

What we must remember is that the anti-life mentality is purely utilitarian. It believes that it can eliminate anything (or anyone) that is inconvenient or useless. Adolf Hitler describes his Hegelian ethic in his work *Mein Kampf* ["My Struggle"]; "Everything must be examined from this [utilitarian] point of view and used or rejected according to its utility." [49]

In the current age, situation ethics reign supreme in the United States, just as they did in Nazi Germany a half-century ago.

[Go to Next Topic: Similarity #5—Dehumanization of the Victims](#)

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Footnotes for "Similarity #4—Medical Leadership"

[47] Bernd Naumann. *Auschwitz: A Report on the Proceedings Against Robert Karl, Ludwig Mulka and Others Before the Court at Frankfurt*. Translated by Jean Steinberg (New York: Frederick A. Praeger Publishers, 1966), pages 151 and 205.

[NEW YORK: FREDERICK A. FEAUER PUBLISHERS, 1966], pages 131 and 295.

[48] Pamela Zekman and Pamela Warrick. "Dr. Ming Kow Hah: Physician of Pain." *Chicago Sun-Times*, November 15, 1978, pages 1, 4, and 5.

[49] Adolf Hitler. *Mein Kampf* ["My Struggle"]. Written in 1925 and released by Trans Ralph Manheim Publishers, Boston, 1943, pages 257 and 404 and 405. Also released by Houghton, Mifflin of New York in 1971, pages 214 and 215.

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: Similarity #5--Dehumanization of the Victims



SHARE

Similarity #5: Dehumanization of the Victims.

"Those who use this [Holocaust] analogy maintain that the proponents of freedom of choice have dehumanized the unborn child, just as the Nazis dehumanized the Jew. This is not true."

- Rabbi Charles D. Mintz, 'Religious' Coalition for Reproductive Choice (RCRC).[50]

It is so much easier to eliminate a class of people whom you have first carefully stripped of their human dignity. We have done this so many times that historians have lost count. Yet we still refuse to learn our lessons from history.

The same anti-lifers who call the unborn "protoplasmic rubbish," "gobbets of meat," "parasites," and "blobs" fume about how women were historically oppressed and 'kept down' by men who viewed them as 'weaker vessels' with no talents other than having and raising babies.

Black 'leaders' like Jesse Jackson and Coretta Scott King, who refer to the unborn as "products of conception" or "contents of the uterus," snivel about the injustices that White men heaped on Blacks more than a century ago, robbing them of their humanity by calling them "brutes, obscene with animal appetites, vicious, and illegitimate," and "ignorant, perverse, wicked, the pest of White men, agents of Satan." [51]

According to the Nazis, Jews and others not of Aryan quality "... had to be treated like tuberculosis bacilli, with which a healthy body may become infested. This was not cruel, if one remembers that even innocent creatures of nature, such as hares and deer, have to be killed, so that no harm is caused by them." [52]

In *Mein Kampf*, Adolf Hitler variously referred to Jews as "maggots in a rotting corpse;" "a plague worse than the Black Death;" "mankind's eternal germ of disunion;" "drones in the human hive;" "spiders sucking blood out of the people's pores;" "a pack of rats eating one another;" "the eternal bloodsucker;" "the vampire of peoples;" and "a harmful bacillus that spreads," among many other degrading terms. [53]

Figure 5-5 shows the striking sameness of the language of dehumanization. Killers invariably cloak their acts of genocide with words of kindness, compassion and concern; "empty," "removal," "evacuation," and "treatment," to name just a few. The perpetrators wear the thick and nearly impenetrable cloak of respectability, and anyone who dares question it is ruthlessly suppressed.

Figure 5-5

How the Anti-Lifers Dehumanize the Victims of the Holocausts

NATIONAL SOCIALIST
(NAZI) MOVEMENT

MODERN PRO-
ABORTION MOVEMENT

<p>"It had nothing to do with humanity. It was a mass. I rarely saw them as individuals, but always as a huge mass." - Franz Stangle, Commandant of the Treblinka Concentration Camp, during his 1971 war crimes trial.</p>	<p>"What is aborted is a protoplasmic mass and not a real live individual." - Drs. Walter Char and John McDermott, 1972.</p>
<p>"If it is pointed out that the Jew is human, I then reject that totally." - Reichstag speech, 1895.</p>	<p>"It is a wild contention that <i>newborn babies</i> are persons." - Dr. Michael Tooley, 1972.</p>
<p>"Whenever Jews are left to themselves, they bring brutal misery and depravity. They are pure parasites." - Reichsführer Adolf Hitler, 1943.</p>	<p>"A parasite can commit murder. What attention has Catholic thinking or the law given to the fetus's capacity to murder its mother?" - Dr. Natalie Shalness, 1968.</p>
<p>"The Jewish-Bolshevik Commissars personify a repulsive yet characteristic subhumanity." - Dr. August Hirt, 1942.</p>	<p>"For the first four and one-half months, the fetus is subhuman and relatively close to a piece of tissue." - Amital Etzioni, Ph.D., 1976.</p>
<p>"Only persons of German or related blood can be citizens; this does not include Jews." - Reich Citizenship Law 410,2, 1934.</p>	<p>"The word 'person' as used in the Fourteenth Amendment does not include the unborn." - <i>Roe v. Wade</i>, 1973.</p>
<p>"59,000 persons were evacuated." - SS Report on the Warsaw Ghetto, June 1942.</p>	<p>"The uterus was evacuated." - Abortionist David Edelman, 1974.</p>
<p>"The Baron de Hirsch ghetto would have to be emptied." - Max Merten, 1943.</p>	<p>"The uterine cavity was emptied." - Abortionist A.K. Mukerjee, 1973.</p>
<p>"... the removal of the Jewish element." - Hans Frank, 1943.</p>	<p>"... remove the products of conception." - Abortionist Thomas Dillon, 1974.</p>
<p>"The treatment was administered to the children of the Haar-Egfling Institution." - Dr. Heinrich Pfannmüller, 1945.</p>	<p>"... abortion as treatment for the sexually transmitted disease of unwanted pregnancy." - Abortionist Willard Cates.</p>
<p>Reference: Most of these quotes may be found in William Brennan. <i>The Abortion Holocaust: Today's Final Solution</i>. Order from Landmark Press, Post Office Box 13547, 1461 Dunn Road, St. Louis, Missouri 63138, or Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. 1983, 237 pages, \$6.95.</p>	

[Go to Next Topic: Are Pro-Lifers Like Nazis?](#)

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Footnotes for "Similarity #5-The Dehumanization of the Enemy"

[50] "Abortion and the Holocaust: Twisting the Language." 'Religious' Coalition for Abortion Rights, 100 Maryland Avenue NE, Washington, DC 20002, telephone: (202) 543-7032. 1987, 24 pages, \$1.50. This booklet is stylishly written and laid out on only the best paper. It features five short essays by apostate 'Jews' and phony 'Christians' that are masterpieces of Doublethink and propaganda. This booklet is mandatory reading for any pro-lifer who wants insight into just how clever pro-abort propaganda can be.

[51] For examples of such dehumanizing language, see the following works. Simon Clough. *A Candid Appeal to the Citizens of the United States, Proving that the Doctrines Advanced and the Measures Pursued by the Abolitionists Relative to the Subject of Emancipation, are Inconsistent with the Teachings and Directions of the Bible and that those Clergymen Engaged in the Dissemination of these Principles Should be Immediately Dismissed by their Respective Congregations as False Teachers* [New York, 1834]. Also: Richard H. Colfax. *Evidence Against the Views of the Abolitionists, Consisting of Physical and Moral Proofs, of the Natural Inferiority of the Negroes* [New York, 1833]. Also: W.P.N. Fitzgerald. *A Scriptural View of Slavery and Abolition* [New Haven, 1839]. Also: R. Yearson. *The Amenability of Northern Incendiaries ...* [Charleston, 1835], page 5. Also: James G. Birney. *The American Churches: The Bulwarks of American Slavery* [London, 1840], pages 15 to 18.

[52] James Tunstead Burtchaell. "The Holocaust and Abortion." Supplement to the newsletter of the Catholic League for Religious and Civil Rights, Volume 9, Number 11.

[53] Adolf Hitler. *Mein Kampf* ["My Struggle"]. Written in 1925 and released by Trans Ralph Manheim Publishers, Boston, 1943, pages 257 and 404 and 405. Also released by Houghton, Mifflin of New York in 1971, pages 214 and 215.

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: Are Pro-Lifers Like Nazis?



SHARE

Are Pro-Lifers Like Nazis?

"The ill-conceived "love of neighbor" has to disappear, especially in relation to inferior or asocial creatures. It is the supreme duty of a national state to grant life and livelihood only to the healthy ... in order to secure the maintenance of a hereditarily sound and racially pure folk for all eternity. The life of an individual has meaning only in the light of that ultimate aim, that is, in the light of his meaning to his family and to his national state."

- Dr. Arthur Gütt, Nazi Director of Public Health.[54]

Why Do They Make This Bogus Comparison in the First Place? Pro-abortion propagandists love to compare the pro-life movement to the Nazi movement. They do this for two reasons;

1. To imply that pro-lifers are 'right-wing fanatics' and "brownshirted thugs" who attempt to deprive others of their most fundamental human rights. For example, abortionist Warren Hern says that "The general atmosphere is one of survival. Twenty-five percent of the [abortion] clinics have been bombed. This is a highly repressive, totalitarian [pro-life] movement, similar to the Brown Shirts who broke windows in Jewish shops in Germany."[55]
2. To attempt to compare themselves to the most pitiful and well-known victims of recent times; the Jews, who were experimented upon and slaughtered like cattle, and whose bodies were stacked like cordwood by the Nazis.

The Specific Allegations. The pro-aborts say that the Nazis banned abortion, just like the pro-lifers want to do. They say that "Hitler and his Nazis were anti-choice, too."

One crude pamphlet distributed by the violent pro-abortion group Refuse and Resist includes perhaps the most laughably stupid and inept propaganda ever spewed by any anti-life group. Its cover reads "Meet the Father of the "Right to Life" Movement. Some men just TALK about outlawing abortion. He DID it!

It contains much of the same mindless history revisionism as is featured on Refuse and Resist's Web site, as follows;

Typical Crude Pro-Abortion Narrative Propaganda
Claiming that Adolf Hitler was "Pro-Life"

Outlawing Abortion Was - and Is - a Nazi Program!

If there is one man in history who can be credited with launching the compulsory child bearing movement. it is Adolph Hitler. Hitler's "right to life" accomplishments after

coming to power are summarized by one historian: "On May 26, 1933, two pieces of penal legislation. ... prohibit[ed] the availability of abortion facilities and services. More important was the stricter handling of the old anti-abortion law, resulting in a 65 percent increase in yearly convictions between 1932 and 1938, when their number reached almost 7,000. From 1935 on, doctors and midwives were obliged to notify the regional State Health Office of every miscarriage. Women's names and addresses were then handed over to the police, who investigated the cases suspected of actually being abortions. In 1936 Heinrich Himmler, head of all police forces and the SS, established the Reich's Central Agency for the Struggle Against Homosexuality and Abortion, and in 1943, after three years of preparation by the Ministries of the Interior and of Justice, the law entitled Protection of Marriage, Family, Motherhood called for the death penalty in 'extreme cases'."

Today's anti-abortionists, who bomb women's medical clinics, harass women seeking abortions, preach a traditional male-dominated family, and espouse the subordination of women to the state and church as "breeders," can certainly identify with a record like that! Like their storm-trooper predecessors, they delight in inflicting cruelty on women. Women who are already having to deal with unwanted pregnancies are screamed at, have pictures of aborted fetuses pushed in their faces, and are told that they simply must carry the fetus to term - in order to suffer the further pain of giving up an actual child. Sweet people, these "right to lifers"!

And like their Nazi forebears, many of today's anti-abortionists are quite willing to accept abortion when the pregnancy is the result of "race mixing." When asked about the case of the white women allegedly raped by the Black paroled convict Willie Horton, Vice President Quayle quickly allowed that she should of course get a "d and c" (a fancy word for an abortion)! These are the same kind of reactionary politicians who have "no problem" with the sterilization of minority women.

There is more at stake than a group of religious fanatics trying to impose their views on everyone else. The issue of abortion is the doorway through which many people are brought to the broader reactionary agenda of restoring America's "glory" as the undisputed imperial power in the world and upholding conservative domination at home. Maintaining the "sanctity of motherhood," keeping the women at home and subservient to the father and the state, is part and parcel of this. "Right to Life" means Father Right - and Fatherland - *uber alles!*[56]

Naturally, the pamphlet and Web piece do not feature a single footnote. This is understandable, since *every fact* stated in both is completely false. The sole purpose of such consistent and indignant lying is to propagandize followers into hating their opponents.

The rest of this section addresses the specific charges that Refuse and Resist and other pro-abortion groups churn out in their propaganda.

The Nazis Were Leftists. To begin with, the German Nazi Party bore all of the characteristics of a *left-wing* organization. Consider the name of the party: "Nazi," which meant *Nationalsozialistische Deutsche Arbeiterpartei*, or National *Socialist* German Worker's Party!

Fascism is and always has been a *leftist* ideology. It is almost identical to National Socialism (Nazism), whereas international Socialism is generally referred to as Marxism.

Adolf Hitler himself said on October 7, 1933 that "It is thus necessary that the individual should finally come to realize that his own ego is of no importance in comparison with the existence of his nation, that the position of the individual ego is conditioned solely by the interests of the nation as a whole." [57] Hitler's statement is a concise summary of "collectivism" (the German term), or 'Socialism' as it is now known.

Compare this philosophy to modern attitudes, described in almost the same words by world-famous Harvard psychologist B.F. Skinner; "Life, liberty, and the pursuit of happiness are basic rights. But they are the rights of the individual and were listed at such a time when the literatures of freedom and dignity were concerned with the aggrandizement of the individual. They have only a minor bearing on the survival of a culture." [58]

The ideologies of Mussolini's Fascists dovetailed very nicely with Nazism. Both systems centralized power, promoted collective labor, and considered unionization one of the highest goods. Under Hitler's regime, public expenditures ballooned, and social welfare programs proliferated. One of the primary motivating factors in the early (pre-invasion) stages of aggressive German foreign policy was the need for more and more support for these programs. In fact, Hitler is still admired today by some left-wingers for his extraordinarily lavish and expensive social programs.

The Nazis progressively exerted a greater and greater degree of control over the people, and eventually used the fledgling German film industry to launch an extensive and pervasive propaganda campaign directed at the people. The primary focus of this campaign: Individual rights and autonomy, the "right to privacy" and the "freedom of choice" (*Auswahlfreiheit*) while, at the same time, these rights were actually being eroded to an unprecedented degree.

Conclusion: Some Pointed Questions. In summary, what can we say about the "pro-life Hitler" analogy other than the fact that it is completely false, a product of fevered imaginations, blind hate and simple barefaced lies?

We must ask ourselves: Who are the *real* spiritual descendants of the hated Nazis?

The essence of "pro-choice" is deciding who you want and who you don't want on an individual scale. Nazism was deciding who you wanted and who you didn't want on a national scale.

"Pro-choicers" want healthy babies - not handicapped ones.

They want babies "conceived in love" - not those begotten by the violence of rape or incest.

They want to determine the sex of their children through sex selection.

"Pro-choicers" want babies who are convenient - not "unwanted" or "inconvenient."

What is the difference between the "pro-choice" philosophy and that of Hitler, who said that he valued only Aryans and not Jews or Gypsies, Catholics or the handicapped?

Only a matter of scale. The killing done by pro-choicers puts Hitler and his thugs to shame.

And, for the sake of fairness and balance, we should ask: Who is the *real* father of the modern "pro-choice" movement?

He was the man who said

It is unjust to cut short the days of a well-shaped person; it is not unjust, I say, to prevent the arrival in the world of a being who will certainly be useless to it. ... The penalty against child-murdering mothers is an unexampled atrocity. Who then has a

penalty against child-murdering mothers is an unexampled atrocity. Who then has a greater right to dispose of the fruit than she who carries it in her womb? ... To interfere with the usage a woman chooses to make of it is stupidity carried beyond any conceivable extreme.[59]

His name?

Donatien-Alphonse-Francois de Sade, better known as the Marquis de Sade.

[Go to Next Topic: The History of the Nazi Abortion Program](#)

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Footnotes for "Are Pro-Lifers Like Nazis?"

[54] Dr. Arthur Guett, Nazi Director of Public Health. Quoted by Andrew C. Ivy, M.D. "Abortion and the Medical Profession." *Human Life Review*, Summer 1984, page 80.

[55] Abortionist Warren Hern, quoted in "Why Three Abortionists Quit: Picketing, Conscience, Old Age." *ALL News*, February 16, 1987, page 7.

[56] Refuse and Resist. "Adolph Hitler: Father of the Right to Life Movement." Downloaded from the Refuse and Resist! Web Page at <http://www.calyx.com/~refuse/altindex.html> (not currently in service) on April 24, 1997.

[57] H.W. Koch. *Hitler Youth: The Duped Generation* [New York: Ballantine Books, 1972], page 10.

[58] Harvard psychologist B.F. Skinner. *Beyond Freedom and Dignity* [New York: Knopf, 1971], page 180.

[59] The Marquis de Sade. "Yet Another Effort, Frenchmen." *Juliette* [New York: Grove Paperbacks, Inc., 1968 reprint], pages 782 and 783.

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: The History of the Nazi Abortion Program



 SHARE

The History of the Nazi Abortion Program.

"Once in power, the Nazis made "motherhood" into an official honor and abortion became a symbol of degeneracy."

- The Revolutionary Communist Party of the United States.[60]

Introduction. When pro-abortionists allege that the Nazis were "anti-choice," they are mouthing a classic half-truth. Hitler and his eugenicist physicians banned abortion only for *pureblooded Aryan women* (who were a minority within German borders at the time).

Although the Nazis banned abortion for Aryan women, they enthusiastically peddled and promoted abortion for non-Aryans. In fact, the Nazis mandated legalized abortion in several European countries where it had never been legal before. They recognized that abortion could be an extremely effective population control tool.

This is comparable to the current United States practice of "contraceptive imperialism;" pro-abortionists push very hard for funding for the United Nations Fund for Population Assistance (UNFPA), which in turn helped plan and direct the Chinese forced-abortion program, as described in Chapter 4, "China's Forced Abortion Program." The 'developed' nations also fund the distribution of abortifacients like Depo-Provera and Norplant in 'developing' countries. Depo was banned in the United States until very recently. And many of the intra-uterine devices (IUDs) that killed hundreds of women in the United States and were subsequently pulled off the domestic market are now being shipped overseas in great quantities.

It is also interesting to note that pro-abortion American doctors and medical schools have recently either removed the prohibition against abortion from the Hippocratic Oath or have disavowed the Oath altogether. This action, of course, is part of the necessary program of preparation for medical horrors yet unknown to the public, including mass euthanasia, experimentation upon newborns, human cloning, and genetic manipulation on a mass scale.

The Nazis had to jettison the Oath as well, as described by Dr. Georg August Wetzl, who was responsible for the hideous Nazi "cold experiments;"

The Hippocratic Oath ... is an honorable historical document, which, however, does not altogether fit present times. If it is to be applied today, the wording has to be exchanged very extensively, and in these reformulations a series of new oaths have been drawn up which have only a vague relationship to the ancient Hippocratic Oath ... a [theory of] medicine based on the principle of *nil nocere* [do no harm] is a very impoverished medicine, and we are unfortunately not in a position to carry on medicine on that simple principle today.[61]

In summary, pro-abortionists who call pro-lifers "Nazis" are engaging in classic transference; they are labeling their opposition with the very qualities that they detest in themselves.

The following paragraphs trace the history of the German abortion program.

The Planning Begins. Nazi physicians, ethicists, and planners had been greatly influenced by the thinking of American eugenicists, as described previously in this Chapter. The Hegelian (utilitarian) "ethic" held by the eugenicists deemed that there was such a thing as human life not worth living. Once this initial assumption had been made, of course, the definition of "unworthy" inevitably expanded to suit the needs of those in power at the time.

This type of thinking dovetailed nicely with Hitler's developing philosophy. In his book *Main Kampf*, he wrote that the government had seven chief responsibilities. One of these was "... to maintain the practice of modern birth control. No diseased or weak person should be allowed to have children." [62]

As early as the Summer of 1932, the leaders of the Nazi Party met in Munich to discuss population policy as it would be applied to non-Aryan peoples. Demographic and agricultural experts warned that the "tremendous biological fertility" of the Eastern European regions must be dealt with by the implementation of a rigidly-enforced depopulation policy (whose elements remarkably resemble the current coercive Chinese population program described in Chapter 4, "China's Forced Abortion Program").

Hitler, who personally attended at this conference, warned that "What we have discussed here must remain confidential." [63]

In 1933, the compulsory sterilization law for the mentally handicapped and crippled went into effect. On October 8, 1935, Germany promulgates the *Erbgesundheitsgesetz* - "hereditary health laws." One of these laws legalized abortion for "just the hard cases" - rape, incest, and if either parent had a hereditary disease that might lead to deformation of the fetus. [64]

Hitler's Personal Views On Abortion. Over and over again, pro-abortionists tell us that Adolf Hitler enacted restrictive abortion laws for "the protection of motherhood." This is absolutely true - but only for *Aryan* motherhood. Once again, the pro-abortion liars are only telling a small portion of the story.

Adolf Hitler, were he living today, would make a superb pro-abortion propagandist. His views *exactly* paralleled those of the modern-day abortionists, who have tried to hard to exterminate the Black race ever since Margaret Sanger's early birth control programs.

Hitler believed that rights only belong to those strong enough to defend them - just as American pro-abortionists do. He insisted in *Mein Kampf* that the weak or small had "no inalienable right to life" (*Lebensrecht*) - just as American pro-abortionists do. [65] Those physicians who dared resist Hitler's program of abortion on demand for women of unfit race were labeled "reactionary" and "enemies of women" (misogynists) while those who supported the program were called "sensible" and "friends of women" - the identical words used by American pro-abortionists today. [66]

Poland's Martyrdom. The German *Blitzkrieg* ("lightning war") swept into Eastern European countries in 1939. The Nazi eugenicists and population planners were not far behind the tanks.

After the 1939 invasion of Poland, the "Reich Commission for Strengthening of

Germandom" (RKFDV), an SS (*Schützstaffel*) organization, issued the following policy statement on November 25;

All measures which have the tendency to limit the births are to be tolerated or to be supported. Abortion in the remaining area of Poland must be declared free from punishment. The means for abortion and contraceptive means may be offered publicly without police restriction. Homosexuality is always to be declared legal. The institutions and persons involved professionally in abortion practices are not to be interfered with by police.[67]

Until this time, abortion had been illegal in Poland. The Nazis introduced "safe and legal abortion" for the first time - for the specific purpose of limiting the future Polish population. It is absolutely fascinating to note that the key slogan of this program was "Freedom of Choice!" (*Auswahlfreiheit*).

The German Ministry of the Interior reviewed and approved of this program in May 27, 1941, and, on October 19 of the same year, the Polish population program was put into action. Hitler's July 23 decree, described below, extended the identical policy of "contraceptives and abortion on demand" to the other parts of Nazi-occupied Eastern Europe.[68]

The Eastern European Offensive. In mid-1942, "Operation Blue," the German offensive in Eastern Europe, was succeeding brilliantly.

In mid-July of this year, Karl Brandt, Hitler's personal physician, and Martin Bormann, Hitler's personal secretary, conducted a tour of the Soviet Ukraine for the purpose of reviewing population demographics. Bormann subsequently stated to Hitler that "In view of the large families of the native population, it could only suit us if girls and women there had as many abortions as possible." [69] Bormann stated in an August 11, 1942 letter to Hitler that

The Slavs are to work for us. Insofar as we do not need them, they may die. Therefore, compulsory vaccination and German health service are superfluous. The fertility of the Slavs is undesirable. They may use contraceptives or practice abortion, the more the better. Education is dangerous. It is enough if they can count up to 100. At best an education which produces useful coolies for us is admissible. Every educated person is a future enemy. Religion we leave to them as a means of diversion. As for food, they will not get any more than is necessary. We are the masters; we come first.[70]

Reichsführer Adolf Hitler strongly agreed with this assessment, actually incorporating Bormann's language in his own directives;

The Slavs are to work for us. Insofar as we don't need them they may die. Therefore compulsory vaccination and education are superfluous. The fertility of the Slavs is undesirable. They may use contraceptives or practice abortion - the more the better. ... In view of the large families of the native population, it could only suit us if girls and women there had as many abortions as possible. Active trade in contraceptives ought to be actually encouraged in the Eastern territories, as we could not possibly have the

slightest interest in increasing the non-Germanic population.[71]

On July 22, Brandt and Bormann proposed a restrictive population policy to Hitler, and on the very next day, the Führer approved it. The resulting eight-paragraph secret order was, as one historian stated, "... perhaps the most extreme policy statement ever issued from the *Führer-Hauptquartier*." [72]

The population control policy included a paragraph that paraphrased Hitler's wording;

When girls and women in the Occupied Territories of the East have abortions, we can only be in favor of it; in any case we should not oppose it. The Führer believes that we should authorize the development of a thriving trade in contraceptives. We are not interested in seeing the non-German population multiply.[73]

The Whole Filthy Package. A short April 27, 1942 statement by Berlin population and demographics expert Professor Heinrich Wetzel (reproduced below in its entirety) summarized the entire Nazi population control program for Eastern Europe. Notice carefully the striking similarities this program has to the one that has been implemented in the United States by pro-abortion groups.

Every propaganda means, especially the press, radio and movies, as well as pamphlets, booklets, and lectures, must be used to instill in the Russian population the idea that it is harmful to have several children. We must emphasize the expenses that children cause, the good things that people could have had with the money spent on them. We could also hint at the dangerous effect of childbearing on a woman's health.

Paralleling such propaganda, a large-scale campaign would be launched in favor of contraceptive devices. A contraceptive industry must be established. Neither the circulation and sale of contraceptives nor abortions must be prosecuted.

It will even be necessary to open special institutions for abortion, and to train midwives and nurses for this purpose. The population will practice abortion all the more willingly if these institutions are competently operated. The doctors must be able to help out, in case there is any question of this being a breach of their professional ethics. Voluntary sterilization must also be recommended by propaganda.[74]

By this time, the Nazis recognized that personal and professional consciences were often deeply troubled by the practice of widespread and easily-available abortion. Heinrich Himmler soothed these troubled consciences by issuing a decree in March of 1943 that is remarkable similar to those promulgated by our own American Medical Association; "The Russian physicians or the Russian Medical Association, which must not be informed of this order, are to be told in individual cases that the pregnancy is being interrupted for reasons of social distress." [75]

During the Nuremberg War Crimes Tribunal, Major General N.D. Zorya, Assistant Prosecutor for the USSR, testified that

According to an official announcement of the German Farmers' Union in Carinthia

(*Landesbauernschaft Karnten*) of 10 August 1944, issued in Klagenfurt, every case of pregnancy of non-German women was to be reported, and in all such cases these women were to be obliged to have their child 'removed by operation in a hospital.' The announcement itself explains that in cases when non-German women give birth to their children this 'creates difficulties for their use in work,' and besides, it is also 'a danger for the population policy.' Furthermore, this announcement states that the Office of Labor Service should try to influence these women to commit an abortion.[76]

The Aftermath of Murder. After the war, the Nuremberg Trials brought most of the Nazi war criminals involved in Germany's population control programs to justice. Between October of 1947 and March of 1948, the United States Military Tribunal prosecuted the leadership of the RKFDV in its 'Case 8.' One of the charges was that "Protection of the law was denied to the unborn children of the Russian and Polish women in Nazi Germany. Abortions were encouraged and even forced on these women." [77]

One of the RKFDV documents entered into evidence by the U.S. prosecution stated that "It is known that racially inferior offspring of Eastern workers and Poles is to be avoided if at all possible. Although pregnancy interruptions ought to be carried out on a voluntary basis only, pressure is to be applied in each of these cases." [78]

The Nuremberg War Crimes Tribunal indicted and convicted ten Nazi leaders for "encouraging and compelling abortions," an act which the Tribunal characterized as "a crime against humanity." [79]

As with their other crimes against humanity, the Nazis protested that "we were just following orders." Lieutenant General Richard Hildebrandt, the SS Chief of the RKFDV's Race and Settlement Office in Berlin, stated that "Up to now nobody had the idea to see in this interruption of pregnancy a crime against humanity." [80]

He was given a 25-year sentence.

Other officers of the RKFDV were meted sentences ranging from ten years for Fritz Schwalm, a "Racial Examination Officer," to life imprisonment for Ulrich Griefelt, the organization's Chief Executive Officer. [81]

Other evidence submitted into evidence included a July 13, 1943 German military report referring to "an intensification of countermeasures" against Ukrainians, including the "forcible abortion of pregnant women." [82] Other women within the borders of Germany itself were forcibly aborted as punishment for attempting to avoid forced labor in German factories. [83]

When we conduct our "Nuremberg Trials" for United States abortionists and euthanasia pushers, we can be sure that those who have committed latter-day crimes against preborn and helpless humanity will cling to the same empty excuses as a futile defense.

The Genocide Treaty. With the atrocities of Nazism still fresh in the minds of the world, international lawyers soon drafted the "Convention on the Prevention and Punishment of the Crime of Genocide," which defines "genocide" as "acts committed with intent to destroy, in whole or in part, a national, ethnical (ethnic), racial, or religious group."

Article II of the Convention further defines "genocide" as "imposing measures intended to prevent births within the group." [84]

[Go to Next Topic: But Hitler Was a Catholic-Right?](#)

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Footnotes for "The History of the Nazi Abortion Program"

[60] "Women Are Not Incubators!: The Assault on Abortion Rights." Revolutionary Communist Party of the United States, *Revolutionary Worker*, November 6, 1989. Also distributed as a special reprint booklet, page 17.

[61] Dr. Georg August Wetzl, who was responsible for the Nazi "cold experiments." Quoted in *The United States v. Brandt, et al.* The Medical Cases, American Military Tribunal, Nuremberg. Wille in direct examination of Wetzl, May 7, 1947, pages 7,131 to 7,134. Also quoted in Herbert Ratner, M.D. "The Slide Toward "Mercy-Killing."" Child and Family Reprint Booklet Series, 1987, page v.

[62] Adolf Hitler. *Mein Kampf* ["My Struggle"]. Written in 1925 and released by Trans Ralph Manheim Publishers, Boston, 1943, pages 257 and 404 and 405. Also released by Houghton, Mifflin of New York in 1971, pages 214 and 215.

[63] Hermann Rauschning. *The Voice of Destruction* [New York, 1941], pages 34 to 38. Also: Joseph B. Schechtman. *European Population Transfers, 1936-45* [New York, 1946], pages 266 and 296.

[64] Gitta Sereny. *Into That Darkness* [New York, 1974], page 62.

[65] Adolf Hitler. *Mein Kampf* ["My Struggle"]. Written in 1925 and released by Trans Ralph Manheim Publishers, Boston, 1943, pages 257 and 404 and 405. Also released by Houghton, Mifflin of New York in 1971, pages 214 and 215.

[66] See the *Trials of War Criminals Before the Nuremberg Military Tribunals*. Washington, 1949-1954. Transcript at IV: 1,081 to 1,084. Nuremberg: NO-3,512.

[67] Ihor Kamenetsky. *Secret Nazi Plans for Eastern Europe* [New York: 1961], chapter on "German *Lebensraum*," page 171.

[68] Paul Hilberg. *The Destruction of European Jews* [Chicago, 1961], page 642. Also: Nuremberg trial transcripts at NG-844. Also: Alexander Dallin. *German Rule in Russia, 1941 to 1945* [London: Winchester Books, 1957], page 457.

[69] Alexander Dallin. *German Rule in Russia, 1941 to 1945* [London: Winchester Books, 1957], page 141. Also see Ihor Kamenetsky. *Secret Nazi Plans for Eastern Europe* [New York: 1961], page 143.

[70] Excerpt from Martin Bormann's August 11, 1942 letter to Adolf Hitler. *Proceedings of the Nuremberg War Crimes Trial*, Volume XI, 17 April, 1946, page 542. The transcripts of the Nuremberg War Crimes Trials are located on the World Wide Web at <http://>

www.yale.edu/lawweb/avalon/imt/imt.htm.

[71] Adolf Hitler, quoted in (1) William Shirer. *The Rise and Fall of the Third Reich* [London: Pan Books, 1964]. Page 1,118. Source document: Nuremberg #1130-PS, "Nazi Conspiracy and Aggression," Volume VIII, page 53. (2) Hillel and Henry. *Of Pure Blood*. Page 148, quoting Hitler's "*Tigesprache im Führerhauptquartier*."

[72] Alexander Dallin. *German Rule in Russia, 1941 to 1945* [London: Winchester Books, 1957], page 141.

[73] Leon Poliakov. *Harvest of Hate* [Syracuse, 1954], pages 272 to 274. Also see Ihor Kamenetsky. *Secret Nazi Plans for Eastern Europe* [New York: 1961], pages 197 to 199.

[74] Poliakov, pages 272 to 274. Also: Nuremberg trial transcripts at NG-2325.

[75] See the *Trials of War Criminals Before the Nuremberg Military Tribunals*. Washington, 1949-1954. Transcript at V:109. Also: Richard Stites. *The Women's Liberation Movement in Russia* [Princeton, 1975], pages 264 to 265, 355, 385 to 388, and 403 to 405.

[76] Testimony by Major General N.D. Zorya, Assistant Prosecutor for the USSR. *Proceedings of the Nuremberg War Crimes Trial*, Volume VIII, February 22, 1946, page 132. The transcripts of the Nuremberg War Crimes Trials are located on the World Wide Web at <http://www.yale.edu/lawweb/avalon/imt/imt.htm>.

[77] Nuremberg Trial Transcripts at IV: 1,077, V: 112; and IV: 1,076, 1,081, and 1,090.

[78] Michael Schwartz. "Abortion: The Nazi Connection." Newsletter of the Catholic League for Religious and Civil Rights, August 1978. Page 1.

[79] *Ibid.*

[80] *Ibid.*

[81] *Ibid.*

[82] William Manchester. *The Arms of Krupp* [New York, 1964], page 486.

[83] Dallin, pages 435 and 458.

[84] Nehemiah Robinson. *The Genocide Convention: A Commentary* [New York, 1960], page 57. Also see Leo Kuper. *The Prevention of Genocide* [New Haven, 1985], page 241f.

Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: But Hitler was a Catholic--Right?



 SHARE

But Hitler was a Catholic - Right?

The Internet is replete with charges that Adolf Hitler was a good practicing Catholic. Many of these claims are posted on Catholic-hating Web sites, and some other allegations can be found on pro-abortion sites. Most of the photos and quotes are either doctored or outright fabrications, as you will find out if you try to track down their references. These bigots point out that Hitler was born to Catholic parents (which is certainly true), but then conveniently neglect to mention that gave up the Faith during his schoolboy years and, after leaving home, never attended Mass or received the Sacraments.

The photos of Hitler shown before Catholic churches or with priests and bishops were taken while he was trying his hardest to win over the Catholic vote, which did not respond well to him at all.[85] Hitler had not yet proven himself a threat to humanity and, once he had shown his true colors, received stiff opposition from leading bishops and priests in Germany.

There is no doubt that Hitler saw Christianity as his greatest enemy, and was himself in no way, shape or form Christian. As President Franklin Delano Roosevelt was conducting his wartime "fireside chats" for the American people, Hitler was doing the same. He called these his *Tablette Gespräche*, or "table talks." He frequently voiced his hatred of Christianity during these talks, as shown in Figure 5-6. While reading Hitler's quotes, notice the startling similarity between them and those of modern-day Christophobes.

Figure 5-6

Quotes by Adolf Hitler Expressing His Hatred of Christianity in General and Catholicism in Particular

"Why not [make peace with the churches]? That will not prevent me from totally uprooting Christianity in Germany and eliminating it lock, stock and barrel. It is, however, decisive for our people whether they have the Judeo-Christian faith and its flabby morality of sympathy, or a strong, heroic faith in god in nature, in god in one's own people, in god in one's own fate, in one's own blood. ... One is either a Christian or a German. One can't be both."

- Adolf Hitler to the Reich Chancellery, quoted in Henry Bordeaux.

Edith Stein: Thoughts on Her Life and Times. Translated by Donald and Idela Galalgher [Milwaukee: Bruce Publishing, 1959], page 20.

"The heaviest blow that ever struck humanity was the coming of Christianity.

Bolshevism is Christianity's illegitimate child. Both are inventions of the Jew. The deliberate lie in the matter of religion was introduced into the world by Christianity. Bolshevism practices a lie of the same nature, when it claims to bring liberty to men, whereas in reality it seeks only to enslave them. In the ancient world, the relations between men and gods were founded on an instinctive respect. It was a world enlightened by the idea of tolerance. Christianity was the first creed in the world to exterminate its adversaries in the name of love. Its key-note is intolerance.

"Without Christianity, we should not have had Islam. The Roman Empire, under Germanic influence, would have developed in the direction of world-domination, and humanity would not have extinguished fifteen centuries of civilization at a single stroke.

"Let it not be said that Christianity brought man the life of the soul, for that evolution was in the natural order of things.

- *Hitler's Table Talk, 1941-1944* (Hugh Trevor-Roper, Editor, Norman Cameron and R.H. Stevens, Translators) [London: Weidenfeld and Nicholson, 1973, Second Edition], night of July 11-12, 1941, page 7.

"Christianity is a rebellion against natural law, a protest against nature. Taken to its logical extreme, Christianity would mean the systematic cultivation of the human failure."

- *Hitler's Table Talk*, October 10, 1941, page 51.

"Christianity is an invention of sick brains: One could imagine nothing more senseless, nor any more indecent way of turning the idea of the Godhead into a mockery. A negro with his taboos is crushingly superior to the human being who seriously believes in Transubstantiation."

- *Hitler's Table Talk*, December 13, 1941, page 144.

"I shall never come personally to terms with the Christian lie. ... Our epoch will certainly see the end of the disease of Christianity."

- *Hitler's Table Talk*, February 27, 1942, page 343.

"The fact that the Japanese have retained their political philosophy, which one of the essential reasons of their success, is due to having been saved in time from the views of Christianity. Just as in Islam, there is no kind of terrorism in the Japanese State religion, but on the contrary, a promise of happiness. This terrorism in religion is the product, to put it briefly, of a Jewish dogma, which Christianity has universalized and whose effect is to sow trouble and confusion in men's minds."

- *Hitler's Table Talk*, April 4, 1942, page 393.

"It is deplorable that the Bible should have been translated into German, and that the whole of the German people should have thus become exposed to the whole of this Jewish mumbo-jumbo. So long as the wisdom, particularly of the Old Testament, remained exclusively in the Latin of the Church, there was little danger that sensible people would become the victims of illusions as the result of studying the Bible. But since the Bible became common property, a whole host of people have found exposed

since the Bible became common property, a whole heap of people have found opened to them lines of religious thought which - particularly in conjunction with the German characteristic of persistent and somewhat melancholy meditation - as often as not turned them into religious maniacs. When one recollects further that the Catholic Church has elevated to the status of Saints a whole number of madmen, one realizes why movements such as that of the Flagellants came inevitably into existence in the Middle Ages in Germany.

"As a sane German, one is flabbergasted to think that German human beings could have let themselves be brought to such a pass by Jewish filth and priestly twaddle, that they were little different from the howling dervish of the Turks and the negroes, at whom we laugh so scornfully."

- *Hitler's Table Talk*, June 5, 1942, page 513.

"During the years of our struggle Rosenberg once submitted to me the draft of a leading article he proposed publishing in reply to the attacks of the Catholic Church. I forbade him to publish it; and I still think it was a great mistake that Rosenberg ever let himself be drawn into a battle of words with the Church. He had absolutely nothing to gain from it; the hesitant Catholics of their own free will regarded the Church with a critical eye, and from the truly devout not only could he expect no fair hearing for his "heretical outpourings," but he must also have realized that the opposition propaganda would condemn him for his meddling in matters of faith and successfully point to him as a man guilty of mortal sin.

"The fact that I remain silent in public over Church affairs is not in the least misunderstood by the sly foxes of the Catholic Church, and I am quite sure that a man like the Bishop von Galen knows full well that after the war I shall extract retribution to the last farthing. And, if he does not succeed in getting himself transferred in the meanwhile to the Collegium Germanicum in Rome, he may rest assured that in the balancing of our accounts, no "T" will remain uncrossed, no "I" undotted!"

- *Hitler's Table Talk*, July 4, 1942, page 555.

"The Church of to-day is nothing more than a hereditary joint stock company for the exploitation of human stupidity."

- *Hitler's Table Talk*, August 1, 1942, page 607.

"Paul of Tarsus, who was originally one of the most stubborn enemies of the Christians, suddenly realized the immense possibilities of using, intelligently and for other ends, an idea which was exercising such great powers of fascination. He realized that the judicious exploitation of this idea among non-Jews would give him far greater power in the world than would the promise of material profit to the Jews themselves. It was then that the future St. Paul distorted with diabolical cunning the Christian idea. Out of this idea, which was a declaration of war on the golden calf, on the egotism and the materialism of the Jews, he created a rallying point for slaves of all kinds against the elite, the masters and those in dominant authority. The religion fabricated by Paul of Tarsus, which was later called Christianity, is nothing but the Communism of to-day."

- *Hitler's Table Talk*, night of November 29-30, 1944, pages 721 and 722.

[Go to Next Topic: Further Reading on the Abortion/Holocaust Analogy](#)

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Footnotes for "But Hitler Was a Catholic-Right?"

[85] Michael Rissmann. *Hitler's Gott: Vorsehungsglaube und Sendungsbewußtsein des Deutschen Diktators* [Zürich und München: Pendo, 2001], pages 94 to 96.

[Facts of Life: Chapter 5: The Holocaust Analogy to Abortion: Further Reading on The Abortion/Holocaust Analogy](#)



 SHARE

Further Reading: The Abortion/Holocaust Analogy.

Anti-Defamation League of B'nai B'rith. "Rescuers of Jews During the Holocaust: Programs and Resources." Jewish Foundation for Christian Rescuers, a project of the Anti-Defamation League of B'nai B'rith. 823 United Nations Plaza, New York, New York 10017, telephone: (212) 490-2525. A 16-page catalog of books, films, and other information on how Christians protected and rescued Jews during World War II.

Robert Bluford and Robert E. Petres. *Unwanted Pregnancy* [New York: Harper and Row, 1973]. A frightening book that advocates the elimination of the unwanted and undesirable, precisely as Binding and Hoche did more than a half-century ago as they laid the foundation for the Nazi mentality and the resulting Holocaust.

William Brennan. *The Abortion Holocaust: Today's Final Solution* [St. Louis: Landmark Press, 1983]. Reviewed by David H. Andrusko on page 6 of the March 10, 1983 issue of *National Right to Life News* and on page 34 of the April 1984 *ALL About Issues*. This book is an incredibly detailed presentation of the hundreds of parallels between the Nazi holocaust of World War II and the one going on in the United States right now. Traces the development of the holocausts from years before they 'went public' to their final horrible configurations. The best available documentation of the more than 225 intimate parallels between the original Holocaust and the one now being perpetrated in our country. A 'must read' for pure interest and fascinating facts.

Father James Tunstead Burtchaell. *Rachel Weeping: The Case Against Abortion* [New York: Harper & Row, 1982]. Five essays, marked with crystal-clear reasoning and fully documented, addressing several major arguments against abortion, including the Holocaust analogy, the slavery analogy, and point-by-point rebuttals of pro-abortion slogans. Of particular interest is the first essay, which uses *pro-abortion* sources to show how damaging abortion is to women.

Catholics United for Life. "Holocaust: New and Old." A 14-page booklet containing the complete interview by *National Catholic Register* editor Patrick Riley of Elasah Drogin of the group Remnant of Israel. The subject of the interview was parallels between the Nazi Holocaust and the one now happening in the United States, and the willing complicity of cultural Jews in the slaughter. This booklet is available from Catholics United for Life, New Hope, Kentucky 40052.

Martin Chervin. *Born Unborn* [Theater Without Walls, Post Office Box 661236, Los Angeles, California 90066]. A dramatic description of the horrors of abortion from the points of view of the baby, the mother, and society.

Eugene F. Diamond, M.D. *This Curette for Hire* [Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174]. The author discusses the deterioration of medical ethics and

the critical role of the doctor in all anti-life activities: abortion, fetal experimentation, sterilization, euthanasia, infanticide, sex therapy, and more.

Elasah Drogin. "Holocaust: New and Old." A 14-page booklet containing the complete interview by *National Catholic Register* editor Patrick Riley of Elasah Drogin of the group Remnant of Israel. The subject of the interview was parallels between the Nazi Holocaust and the one now happening in the United States, and the willing complicity of cultural Jews in the slaughter. This booklet is available from Catholics United for Life, New Hope, Kentucky 40052.

Hugh Gregory Gallagher. *By Trust Betrayed: Patients, Physicians, and the License to Kill in the Third Reich* [New York: Henry Holt and Company, 1990]. The details on Nazi Germany's "Aktion T-4" program and the disturbing parallels to today's treatment of the weak and disabled.

Michael H. Kater. *Doctors Under Hitler* [Raleigh: University of North Carolina Press, 1989]. As its name implies, this book is a detailed examination of the role played by doctors as they slowly introduced the genocidal practices of the medical profession to the Nazi movement.

Robert Jay Lifton. *The Nazi Doctors* [Basic Books, 1986]. Reviewed by Eugene F. Diamond, M.D., on pages 5 and 15 of the August 13, 1987 issue of *National Right to Life News*. This excellent book describes in great detail how the original Holocaust was begun — by the medical profession. It also warns about how such an event could happen in our country. The book provides invaluable and detailed information on the psychology and history of the Nazi biomedical Holocaust. Special treatment is given to the sterilization programs, the role of the doctors, and a detailed description of the Holocaust operating at the Auschwitz death camp.

Robert Martin, M.D. *Spiritual Semites: Catholics and Jews During World War Two* [The Catholic League for Religious and Civil Rights, 1100 West Wells Street, Milwaukee, Wisconsin 53233, 1983]. A fine summary of the activities that Pope Pius XII engaged in during World War II in his efforts to save thousands of Jews.

Lothrop Stoddard, Ph.D. *The Rising Tide of Color Against White World-Supremacy* [New York: Charles Scribner's Sons, 1921]. Reprinted in 1971 by Negro Universities Press, Westport, Connecticut. A classic racist book that clearly and vividly demonstrates the kind of thinking that led to eugenics, the current-day racist abortion program in the United States, and the Nazi mentality.

Fredric Wertham, M.D. *A Sign for Cain: An Exploration of Human Violence* [New York: Macmillan Company, 1973]. Although it does not directly address abortion, this excellent book explores the roots, motivations, and expressions of human violence against other humans. Additionally, Dr. Wertham looks at the mechanics of violence in all of its forms. Abortion and euthanasia fit nicely into this picture.

Wolf Wolfenberger. *The New Genocide of Handicapped and Afflicted People* [Syracuse: Syracuse University Training Institute, 1987]. Reviewed by Julie Grimstad on page 46 of the May 1990 *All About Issues*. This little volume deals with the progressive expansion

the May 1996 *ALL ABOUT* issues. This little volume deals with the progressive expansion of "deathmaking" and its ties to the anti-life mentality.

[Return to *The Holocaust Analogy to Abortion* Table of Contents](#)

Facts of Life: Chapter 6: The Racism of Abortion



SHARE

Normal 0 false false false MicrosoftInternetExplorer4 /* Style Definitions */
table.MsoNormalTable {mso-style-name:"Table Normal"; mso-tstyle-rowband-size:0; mso-
tstyle-colband-size:0; mso-style-noshow:yes; mso-style-parent:""; mso-padding-alt:0in
5.4pt 0in 5.4pt; mso-para-margin:0in; mso-para-margin-bottom:.0001pt; mso-
pagination:widow-orphan; font-size:10.0pt; font-family:"Times New Roman"; mso-ansi-
language:#0400; mso-fareast-language:#0400; mso-bidi-language:#0400;}

[Abortion Is Racial Genocide!](#)

What the Anti-Lifers Say

Abortion is Racial Genocide!

The Argument

Whose "Rights?"

Two False Assumptions

[The Overt Racists in the Pro-Abortion Movement](#)

Planned Parenthood's Role

[Planned Parenthood's Views](#)

[Staying the Course](#)

[Current Racism](#)

Edwardian Slips

[Slaughtering Black Women for Money](#)

[The New Eugenics](#)

Spawn of a Rotten Seed

A Eugenics Expert Speaks

Eugenics Advances in the '60s

"Good Germans" — *Again?*

And They're Still At It ...

[Norplant: Abort 'Em or Neuter 'Em](#)

Introduction

Your Wish is Granted, Master

The Dark Side of the Power

Oops!

Who is the Target?

Abortion As Human Culling

Getting With the Program

Number One on the Hit Parade

[Destroying Cultures in Order to Improve Them](#)

The International Population Control Network

The "Threat:" "Differential Fertility"

[Summary — Who Are the *Real* Racists?](#)

The Ultimate Impact of Abortion

Summary --- Who Are the *Real* Racists?

[Minority Pro-Life Organizations](#)

[Further Reading: The Racism of Abortion](#)

Facts of Life: Chapter 6: The Racism of Abortion: Abortion is Racial Genocide!



SHARE

"Now the womb of the Black woman is seen as the latest battleground for oppression. In times past, the Blacks couldn't grow kids fast enough for their 'masters' to harvest. Now that [Black] power is near, the 'masters' want us to call a moratorium on having babies. When looked at in context, the whole [abortion] mess adds up to blatant genocide."

— Erma Clardy Craven, chairwoman, Minneapolis Commission of Human Relations.[1]

What the Anti-Lifers Say.

"If abortion becomes illegal, incredible numbers of poor women, including many women of oppressed nationalities, will die horrible deaths ... there is a very racist side to the bourgeoisie's attacks on abortion. When women of color are denied control of their own reproduction, this contributes to the overall conditions of national oppression in this country ..."

— Revolutionary Communist Party of the United States.[2]

Abortion Is Racial Genocide!

"Government family planning programs designed for poor Blacks which emphasize birth control and abortion with the intent of limiting the Black population is genocide. The deliberate killing of Black babies by abortion is genocide — perhaps the most overt form of all."

— Dick Gregory.[3]

The Argument. Pro-abortionists commonly argue that any pro-life activism directed towards the elimination of legal abortion, including the refusal to fund abortions for poor women is racist, because 'women of color' would not be able to exercise their "Constitutional rights" in the same manner as White women.

Whose "Rights?" Unscrupulous pro-abortionists have made clear their contempt for minorities ever since racists railed against Blacks in Margaret Sanger's *Birth Control Review* more than a half-century ago.

So why do they cry so loudly about "women of color" now?

The answer is quite obvious. They are using Black and poor women as a cover to protect their "right" to kill their *own* unborn children. After all, there would not be much public sympathy for the typical abortion patient, who happens to be White, 22 years old, unmarried (and therefore pregnant as a result of premarital sex), and perfectly capable of paying for her own abortion(s).

For further information on abortion statistics, see Chapter 19, "United States Abortion Statistics."

Two False Assumptions. Pro-abortionists who argue that minority women must

have easy access to abortion make two false implicit (unstated) assumptions;

- That all people must have equal access to *everything*, bad or good, in the name of equality. This is equivalent to saying that the criminalization of drug use is racist, because many 'women of color' are poor, and cannot afford the very latest and most potent drugs, and;
- That abortion is a desirable 'good' that must be made available to all women by society.

[Go to Next Topic: The Overt Racists in the Pro-Abortion Movement](#)

[Return to *The Racism of Abortion* Table of Contents](#)

Footnotes for “What the Anti-Lifers Say; Abortion is Racial Genocide!”

[1] Erma Clardy Craven, chairwoman, Minneapolis Commission of Human Relations. Quoted in T.W. Hilgers and D.J. Horan. *Abortion and Social Justice*, article entitled "Abortion, Poverty, and Black Genocide" [New York: Sheed and Ward, 1972].

[2] "Women Are Not Incubators!: The Assault on Abortion Rights." *Revolutionary Worker*, November 6, 1989. Also distributed as a special reprint booklet, page 33.

[3] Civil rights activist and pacifist Dick Gregory. "My Answer to Genocide." *Ebony Magazine*, October 1971.

Facts of Life: Chapter 6: The Racism of Abortion: The Overt Racists in the Pro-Abortion Movement



SHARE

The Overt Racists in the Pro-Abortion Movement.

"Planned Parenthood's policies are made by upper-middle-class White people who have a fetish about controlling the reproductive capacities of others, especially those who are poor and Black."

— Erma Clardy Craven.[4]

Planned Parenthood's Role. Planned Parenthood, founded by eugenicist Margaret Sanger, promotes abortion relentlessly among Blacks and other minorities. The majority of PP's efficient abortion mills are located in areas generally classified as 'inner city.' These areas possess a very large proportion of minorities — usually more than fifty percent.

In fact, the number of abortion clinics in a city generally correlates closely to the size of that town's minority population. Figure 6-1 shows that there are more than twice as many abortion clinics per million people in cities that have large minority populations, compared to those cities with smaller minority populations.

Figure 6-1 Comparison of Abortion Clinic Density in Cities with High and Low Minority Population Densities	
<u>Percent Minority</u>	<u>Abortion Mills Per Million Population</u>
More than 75.0% Minority	6.11
50.0%-74.9% Minority	4.33
25.0%-49.9% Minority	2.92
Less than 25.0% Minority	2.77
References.	

(1) The population and racial breakout of population by city is from "Sortable List of Population Totals." Downloaded from the Web site of the Lewis Mumford Center for Comparative Urban and Regional Research on January 14, 2005.

(2) The list of abortion mills by address was downloaded from the Web site of Life Dynamics, Inc. Under "Find an Abortion Clinic," there is a list of the names and addresses of 743 abortion mills in the United States as of January 1, 2005. Downloaded on January 14, 2005. 70 of the 743 total abortion mills in the United States are located in smaller cities and towns: Annapolis, Maryland (1 abortion mill); Arlington, Washington (1); Attleboro, Massachusetts (1); Augusta, Maine (1); Aurora, Illinois (1); Avon, Indiana (1); Barre, Vermont (1); Beacon, New York (1); Bend, Oregon (1); Cobleskill, New York (1); Cocoa, Florida (1); Concord, New Hampshire (1); Council Bluff, Iowa (1); Durango, Colorado (1); Eureka, California (1); Fairbanks, Alaska (1); Fort Bragg, California (1); Fort Collins, Colorado (1); Frederick, Maryland (1); Glenwood Springs, Colorado (1); Helena, Montana (1); Howell, New Jersey (1); Hudson, New York (1); Ithaca, New York (1); Jackson, Wyoming (1); Kailua Kona, Hawaii (1); Kalispell, Montana (1); Kenai, Alaska (1); Kenmore, Washington (1); Kennewick, Washington (1); Killeen, Texas (1); Lakewood, New Jersey (1); Lakewood, Washington (1); Laurel, Maryland (1); Le Mars, Iowa (1); Merrillville, Indiana (1); Monroe, New York (1); New Windsor, New York (1); Niagara Falls, New York (1); Niles, Michigan (1); Oxford, California (1); Oxnard, California (1); Palm Desert, California (1); Phillipsburg, New Jersey (1); Plantation, Florida (2); Plattsburgh, New York (1); Pocatello, Idaho (1); Port Charlotte, Florida (1); Poughkeepsie, New York (1); Rancho Mirage, California (1); Rohnert Park, California (1); Rutland, Vermont (1); San Marcos, California (1); Santa Barbara, California (1); Santa Maria, California (1); Santa Rosa, California (1); Seaside, California (1); Severna Park, Maryland (1); Smithtown, New York (1); Stony Brook, New York (1); Syosset, New York (1); Tamarac, Florida (1); Vail, Colorado (1); Vestal, New York (1); Voorhees, New Jersey (1); Waterford, Michigan (1); Weaverville, California (1); West Lebanon, New Hampshire (1); and York, Pennsylvania (1).

(3) You can find complete calculations for all 331 Metropolitan Statistical Area (MSAs) in the United States, comprising more than 80% of the population of the nation, by looking at the spreadsheet located at **FACTS/IMAGES/06/CALCS/F-06-01.WK3** on this compact disc. Microsoft Excel can import this spreadsheet directly.

[Go to Next Topic: Planned Parenthood's Views](#)

[Return to *The Racism of Abortion* Table of Contents](#)

Footnotes for "The Overt Racists in the Pro-Abortion Movement"

[4] Erma Clardy Craven. "Abortion, Poverty, and Black Genocide." T.W. Hilgers and D.J. Horan. *Abortion and Social Justice* [New York: Sheed and Ward, 1972].

Facts of Life: Chapter 6: The Racism of Abortion: Planned Parenthood's Views



 SHARE

Planned Parenthood's Views. The Planned Parenthood Federation of America (PPFA) was once known as the American Birth Control League, or ABCL.

The primary purpose of this organization was to promote the improvement of human beings through positive eugenics — the systematic breeding of people in order to eliminate bad genes. This would presumably lead to a "race of thoroughbreds."

To many of the writers for the ABCL's *Birth Control Review*, this meant the strict limiting of births among Black people. Some of their quotes are shown in Figure 6-2, featured in articles with such blatantly racist titles as "Eugenics for the Negro."

Figure 6-2

Racist Quotes by Writers in Margaret Sanger's *Birth Control Review*

"Even now in China, people live all the year round on boats because there is no room for them on land.

"I offer for your approval the following remedies [for overpopulation]:

"2a. We may solicit the aid of God by prayer and dropping coins into the contribution box — to hurry along a glacial period. Meanwhile we can beg Him to send down some great pestilence as the Black Death, or a few earthquakes, or a couple of flu epidemics.

"2b. We can always start a war.

"2c. We must get rid of the inferior colored races —

2c. We must get rid of the inferior colored races — the Blacks, the Yellow and the Red races must be exterminated — of course you must convert them first to religion because their souls are very valuable.

"2d. The white race then may proceed as follows: Let the Christians exterminate all Jews and Moslems, then the Protestants kill all Catholics, then let the Ku-Klux-Klan kill everybody except the one-hundred-per-cent; then let the Nordic race with blond hair and blue eyes kill off all the dark complexioned."

"2e. As a last resort the Nordics may cultivate large colonies of Typhoid, Flu or other bacilli and distribute them, as occasion requires, by means of aeroplanes, and manufacture cheaply on a large scale, poison gases and smoke the surplus [colored] population to hades.

"3. Teach and practice scientific Birth Control."

— Bernard Sacks, M.D. "Overpopulation." *Birth Control Review*,

Volume VIII, Number 9 (September 1924), pages 252 and 270.

"Only the inconceivable eventuality of an alliance of all the other races of the world against the white race could seriously threaten white civilization, and by the time the colored races reach the stage where this would be possible, they will long since have been forced to adopt birth control themselves.

"The whites will practice voluntary restriction of their numbers while "uncivilized" races remain prolific, with the ultimate result of the extermination of white civilization by a 'rising tide of color.'"

— Malcolm H. Bissell. Review of J.B.S. Haldane's book *Daedalus*

or Icarus: Is Science to Be Man's Servant or His Master? Birth

Control Review, October 1924 [Volume VIII, Number 10], pages 277 and 279.

"I am hoping that your influence will be felt among the masses of three races in particular, the Hebrew, the Italian, and the Negro. From casual observation it seems to me that these races are less observant of Birth Control than any others."

— "The Correspondent's Column." *Birth Control Review*, Volume

IX, Number 12 (December 1925), page 357.

"Too many Negroes are born, too many are sick and too many die each year, for these vital processes consume energy that might otherwise be accumulated for advancement. So the Negro's program should include the conservation of vital energy. The best way and perhaps the only practical way is to control the birth rate. Birth control propaganda and techniques should be disseminated till no more Negro babies are born than can be properly cared for and prepared for efficient citizenship. The great bulk of Negroes everywhere are overburdening themselves with progeny to whom they can give only half a chance in the world. Thus they keep themselves impoverished and their race down. They give

themselves impoverished and then race down. They give hostages to the white man by making themselves dependent upon his charity whereas by prudent breeding they might be independent. Dependency of any kind is weakness. Is it any wonder, therefore, that the responsible white community looks upon the average Negro as being irresponsible, without pride or self-respect when he supplies more than his quota of dependents and delinquents? Birth control should be urged as a step toward independence and greater power."

— Newell Sims. "A New Technique in Race Relations." *Opportunity*,

April 1931. Quoted in *Birth Control Review*, Volume XV, Number 6

(June 1931), pages 187 and 188.

"I wish to reiterate that all objections to birth control can be met unanswerably except one — that the human race will degenerate if the superior races and the superior classes among civilized races will curtail the number of their offspring while inferior races and the inferior strata in civilized countries will continue their high birthrate. This must be prevented by all means, and it can be if we go about it earnestly and zealously, and if the civilized governments give us their cooperation."

— Editorial in *The Critic and Guide*, July 1931, quoted in "In the

Magazines." *Birth Control Review*, Volume XV, Number 9

(September 1931), page 268.

"... the mass of ignorant Negroes still breed carelessly and disastrously, so that the increase among Negroes, even more than the increase among whites, is from that part of the population least intelligent and fit

from that part of the population least intelligent and ill, and least able to rear their children properly.

"Moreover, they ["negroes"] are quite led away by the fallacy of numbers. They want the black race to survive. They are cheered by a census return of increasing numbers and a high rate of increase. They must learn that among human races and groups, as among vegetables, quality and not mere quantity really counts."

— W.E.B. DuBois. "Black Folk and Birth Control." *Birth Control Review*,

Volume XVI, Number 6 (June 1932, the "Negro Number"), page 167.

"Basing their prognostications on the Negro's mortality rate as compared with that of the white population, they have seen the solution of the vexatious Negro problem achieved by the mere passing of time. And not a few anthropologists and sociologists have valiantly maintained that the difference in Negro and white mortality rates is conclusive evidence of the innate inferiority of the Negro.

" ... Negroes who by virtue of their education and capacity are best able to rear children shrink from that responsibility and the Negro who, in addition to the handicaps of race and color, is shackled by mental and social incompetence serenely goes on his way bringing into the world children whose chances of mere existence are apparently becoming more and more hazardous.

"The probabilities are that the race problem in America is infinitely aggravated by the presence of too many unhappily born, sub-normals, morons, and imbeciles of both ["negro" and white] races ... For at present the practice [of birth control] is confined to those whose offspring would be best fitted to carry the lance of racial progress."

racial progress.

— Elmer A. Carter. "Eugenics For The Negro." *Birth Control Review*,
Volume XVI, Number 6 (June 1932, the "Negro Number"), page 169.

"As to the crossing of human races, it may sometimes be harmless, especially if the races are closely allied, but "injury to the constitution may also result from hybridization" (Fischer), and "the crossing of Teutons and Jews, is likely, as a rule, to have an unfavorable effect (Lenz)."

"Indeed, Hitler is said to have studied the Baur-Fischer-Lenz book very seriously, and to have been won over to it, while Lenz has recently written an article favoring Hitlerism.

"Hence, Lenz settles down into the position that "degeneration is the central problem of racial hygiene, and the prevention and the overcoming of degeneration are its main objects." The prevention of degeneration is laudable enough in itself, but how weak-kneed, negative, and uninspiring as the major ideal of eugenics!"

— H.J. Muller. Review of the book *Human Heredity*, by Erwin Baur,
Eugen Fischer and Fritz Lenz. *Birth Control Review*,
Volume XVII,
Number 1 (January 1933), page 20.

As for the founder of the American Birth Control League, Margaret Sanger envisioned a program that would "... hire three or four colored ministers, preferably with social-service backgrounds, and with engaging personalities. The most successful educational approach to the Negro is through a religious appeal. We don't want the word to go out that we want to exterminate the Negro population, and the minister is the man who can straighten out that idea if it ever occurs to any of their more rebellious members." [5]

This quote causes us to conclude that Planned Parenthood possesses at least a

rudimentary sense of humor. The recipient of the very first Margaret Sanger Award in 1963 (bestowed for outstanding dedication to PP's racist principles) was none other than Martin Luther King — the best-known Black minister of his time!

As everyone knows, the future of any country or race lies with its children. Therefore, the most efficient method possible for eliminating an entire race is to destroy its children. And, of course, the easiest and most efficient way to destroy children is to "nip them in the bud," so to speak — by killing them before they are born.

It is interesting that the masthead slogan of the *Birth Control Review* was "Birth Control: To Create a Race of Thoroughbreds," as shown below. In 1933, the magazine featured an article entitled "Eugenic Sterilization: An Urgent Need," authored by Adolf Hitler's Director of Genetic Sterilization and founder of the Nazi Society for Racial Hygiene — Ernst Rudin!

Lothrop Stoddard sat on the board of the American Birth Control League (later Planned Parenthood) in the 1930s, when Margaret Sanger headed it. Havelock Ellis, one of Sanger's lovers, enthusiastically endorsed Stoddard's book *The Rising Tide of Color Against White World-Supremacy* in Sanger's magazine *Birth Control Review*.^[6] In this book (introduced by fellow racist/eugenicist Madison Grant), Stoddard demonstrates beyond a shadow of reasonable doubt the intimate connections between abortion, eugenics and goal-oriented racism:^[7]

... upon the quality of human life all else depends ... none of the colored races shows perceptible signs of declining birth-rate, all tending to breed up to the limits of available subsistence ... It can mean only one thing: a tremendous and steadily augmenting outward thrust of surplus colored men from overcrowded colored homelands ... But many of these relatively empty [Northern] lands have been definitely set aside by the White man as his own special heritage ...

His ["colored" man's] outstanding quality is superabundant animal vitality. In this he easily surpasses all other races. To it he owes his intense emotionalism. To it, again, is due his extreme fecundity, the negro being the quickest of breeders. This abounding vitality shows in many other ways, such as the negro's ability to survive harsh conditions of slavery under which other races have soon succumbed ... black blood, once entering a *human* stock, seems never really bred out again ...

White men cannot, under peril of their very race-existence, allow wholesale Asian immigration into White race-areas ... The grim truth of the matter is this: The whole White race is exposed, immediately or ultimately, to the possibility of social sterilization and final replacement or absorption by the teeming colored races.

And, of course, the more primitive a type is, the more prepotent it is. This is why crossings with the negro are uniformly fatal. Whites, Amerindians, or Asiatics — all are alike vanquished by the invincible prepotency of the more primitive, generalized, and lower negro blood.

... whether we consider interwhite migrations or colored encroachments on White lands, the net result is an expansion of lower and a contraction of higher stocks, the process being thus a disgenic one.

For race-betterment is such an intensely *practical* matter! When peoples come to realize that the *quality* of the population is the source of all their prosperity, progress, security, and even existence; we shall see much-abused "eugenics" actually moulding social programmes and political policies ... we or the next generation will take in hand the problem of race-depreciation, and segregation of defectives and abolition of handicaps penalizing the better stocks will put an end to our present racial decline

handicaps penalizing the better stocks will put an end to our present racial decline.

Notice how, near the end of the second paragraph, Stoddard lets slip that he does not consider Blacks to be human.

Does this sound familiar?

Remember that Margaret Sanger, founder of Planned Parenthood, heartily approved of the contents of Stoddard's book.

Notice also how Stoddard waxes prophetic in the last paragraph. His prophecy, unfortunately, has finally been transformed into practice. It is *our* benighted generation that has taken up the task of "abolishing handicaps" and dealing with "race-depreciation" by employing the devastatingly effective weapon of racially-directed abortion.

[Go to Next Topic: Staying the Course](#)

[Return to *The Racism of Abortion* Table of Contents](#)

Footnotes for "Planned Parenthood's Views"

[5] Margaret Sanger's letter to Clarence Gamble, October 19, 1939, as quoted Linda Gordon's *Woman's Body, Woman's Right: A Social History of Birth Control in America* [New York: Grossman Publishers, 1976]. Also quoted in the National Federation for Decency *Journal*, June 1984, page 20. Her phrase "We don't want the word to go out that we want to exterminate the Negro population ..." does not mean that she *wanted* to exterminate Blacks; she just did not want this *impression* to become popular.

[6] Havelock Ellis. "The World's Racial Problems." *Birth Control Review*, October 1920, page 16.

[7] Lothrop Stoddard, Ph.D. *The Rising Tide of Color Against White World-Supremacy* [New York: Charles Scribner's Sons, 1921]. Reprinted in 1971 by Negro Universities Press, Westport, Connecticut. Pages i, 8, 9, 90, 231, 298, 301, 302, 308, and 309 in the reprinted version.

Facts of Life: Chapter 6: The Racism of Abortion: Staying the Course



 SHARE

Staying the Course. Although it has been challenged to do so many times, Planned Parenthood has never *once* repudiated the racist attitude or writings of Margaret Sanger. Quite the contrary: The organization is extremely proud of her views!

Faye Wattleton, former president of the Planned Parenthood Federation of America (and who is herself a token Black), stated at PPFA's annual luncheon in St. Louis, on May 2, 1979, "I believe Margaret Sanger would have been proud of us today if she had seen the directions that we have most recently in this organization taken." [8]

So Planned Parenthood's eugenicist work continues. Sanger's grandson, Alexander C. Sanger, became President and Chief Executive Officer of Planned Parenthood of New York City in January of 1991. This organization has a budget of \$30 million a year and 250 full-time workers. Sanger boasted that

I intend to be out on the front lines of our issues. That is why I'm here ... Right now, we have three clinics in this city and I want ten more. We currently have a small storefront office in central Harlem, and it is my first priority to see if we can transform that into a clinic ... With all her success, my grandmother left some unfinished business, and I intend to finish it. [9]

A clinic in Harlem would certainly be an efficient way to "finish" the job of culling allegedly "inferior" genes from the population.

The racists have every reason to be proud. There currently exists a deadly inequity between the abortion ratios of White women and minority women in this country. Figure 6-3 shows that minority women obtain abortions at more than twice the rate that White women do. This Figure also shows that a much greater percentage of the Black race has been wiped out by legal surgical abortion than has the White race. All of this lends credibility to Erma Clardy Craven's statement that abortion is racial genocide. It also dovetails quite nicely with Planned Parenthood's original racist and eugenicist philosophy of "more children from the fit, less from the unfit."

Certainly the current-day racists in the pro-abortion movement have been devastatingly effective. After all, it took 86 *years* to lynch 3,500 Black people (between Reconstruction in 1882 and the last lynching in 1968). [10] It takes 86 *hours* to kill that many Black preborn babies with abortion today.

Figure 6-3

Total Legal Surgical Abortions by Race
in the United States, 1967 to 2006,
and Percent of Races Wiped Out

<u>Race</u>	Population as of <u>January 1,</u> <u>2007</u>	Abortio ns, <u>1967-2</u> <u>006</u>	Percent of Races Wiped Out by <u>Abortion</u>
All Races		48,933, 000	
White	199,199,00 0	22,811, 000	10.3%
Black	36,968,000	14,833, 000	28.6%
Hispanic	45,364,000	8,396,0 00	15.6%
Asian/Pacific Islander	13,581,000	2,333,0 00	14.7%
Native American	2,277,000	560,00 0	19.8%
Total Minority	98,190,000	26,122, 000	21.0%

References: For population figures by race, see United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States* [Washington, DC: United States Government Printing Office, 2007 (126th Edition)]. Table 13, "Resident Population by Sex, Race, and Hispanic Origin Status: 2000 to 2005." Populations by race are taken from two categories: "Hispanic or Latino" and "Not Hispanic or Latino/One Race." Populations are indexed to January 1, 2007 levels by using the average 2000-2005 growth rate specified in the last column. The entire *Statistical Abstract* for the current year is available on the United States Census Bureau Web site at <http://www.census.gov/compendia/statab>. For abortions by race, see the LOTUS 123R3 document entitled "F-19-05" in the "CALCS" Directory of this compact disc for complete calculations

and documentation for the above year-by-year statistics. You can import this file directly into Microsoft Excel. Remember that the total population wiped out by abortion is not merely the number of abortions divided by the total population, but $(\text{NUMBER OF ABORTIONS})/(\text{TOTAL POPULATION} + \text{NUMBER OF ABORTIONS})$.

[Go to Next Topic: Current Racism](#)

[Return to *The Racism of Abortion* Table of Contents](#)

Footnotes for "Staying the Course"

[8] Faye Wattleton, president of the Planned Parenthood Federation of America (PPFA), at PPFA's annual luncheon in St. Louis, on May 2, 1979.

[9] "Another Sanger Leads Planned Parenthood." *The New York Times*, January 23, 1991, page B2.

[10] For the number of people lynched, see the Wikipedia entry on "Lynching," which is based upon Tuskegee Institute archives. The spreadsheet located at FACTS/IMAGES/19/CALCS/F-19-05.WK3 on this compact disc shows that Black women currently obtain about 400,000 abortions annually in the United States, or about 3,900 in 86 hours.



SHARE

Current Racism. The attitude of utter contempt towards minorities waxes strong among latter-day abortionists. Perhaps this is because more than 90 percent of all abortionists are *White males*. These abortionists have been far more effective and deadly at exterminating the Black race than any number of goose-stepping Nazi goons could ever be; they have labored in anonymity, virtually unchallenged behind their formidable wall of attorneys and corrupt judges, as they have legally exterminated more than fourteen million Black babies and more than *26 million* minority babies since 1966.

Delores Bernadette Grier, in her testimony before the Senate Labor and Human Resources Committee during its May 1990 hearing on the so-called "Freedom of Choice Act," said that "Black women never requested, demanded nor demonstrated for the right to have an abortion. It was thrust upon us as a solution to our social and economic crises. The White master is still telling Black people what is best for us - death instead of life. 97 percent of the abortionists who kill unborn Black babies are White American males ..."[11]

Edwardian Slips. Sometimes the White racist mega-abortionists and their supporters even 'slip up' in public and reveal their true feelings and objectives, as shown in the following quotes.

Figure 6-4

Racist Quotes by Modern-Day Pro-Abortionists

"Population control is too important to be stopped by some right-wing pro-life types. Take the new influx of Hispanic immigrants. Their lack of respect for democracy and social order is frightening. I hope I can do something to stem that tide; I'd set up a[n abortion] clinic in Mexico for free if I could. Maybe one in Calexico would help. The survival of our society could be at stake ... The Aid to Families with Dependent Children program is the worst boondoggle ever created. When a sullen black woman of 17 or 18 can decide to have a baby and get welfare and food stamps and become a burden to all of us, it's time to stop. In parts of South Los Angeles, having babies for welfare is the only industry the people have."

- California abortionist Edward Allred, quoted in Anthony Perry.

"Doctor's Abortion Business is Lucrative." *San Diego Union*, October 12, 1980, pages A-3 and A-14.

"Above all, society must grasp the grim relationship between unwanted children and the violent rebellion of minority groups."

- Lawrence Lader, co-founder of the National Association for the Repeal of Abortion Laws [now NARAL Pro-Choice America]. *Breeding Ourselves to Death* [New York: Ballantine Books, 1971], page 23.

"Legal abortion will result in a reduction in welfare roles."

National Abortion Rights Action League [now NARAL Pro-Choice]

- National Abortion Rights Action League [now NATIONAL PRO-CHOICE America]. Looseleaf booklet entitled "Organizing for Action." Prepared by Vicki Z. Kaplan for the National Abortion Rights Action League, 250 West 57th Street, New York, N.Y. 10019. 51 pages, 1974. See especially the chapter written by Emily C. Moore, Ph.D., entitled "The Major Issues and the Argumentation in the Abortion Debate," pages 33 to 43.

"This is my abortion machine, where I do the Lord's work. I heal the sick with it.

"My mother's dead, but I'm looking forward to being an orphan. I can't wait for that nasty son of a bitch [my father] to die, so I can go piss on his grave.

"I'm the prince of the pelvis, the disciple of Elvis! The uptight, out-of-sight, feeling-all-right Dr. Brian Leslie Finkel.

"You know, Filipinos have absolutely drop-dead gorgeous chicks. We used to call them LBFMs. Little Brown F-ing Machines. Want to see a picture of an LBFM? I just happen to have one right here. ...

"Got a Tech 9 [gun]. Every gynecologist needs a Tech 9, so I could have more rounds, 'cause they were bringing me more Christians. There's a Smith and Wesson .40 and a few rifles, for crowd control down at the [abortion mill] office. Ya ever looked down [the barrel of] a gun? C'mon, it's fun. ... Pretend the Catholic hordes are after you."

"I give all these guys [pro-life picketers] names, 'cause that personalizes it. We had this one guy that was stalking my office with his family. I called him 'Beer Belly,' he was a fat Mexican, stuff hanging over his belt. I go, 'Hey, Beer Belly, I want you to know that if your wife ever needs an abortion, I'll do one for free. Not because I'm a nice guy, but just because I want to get between her l-e-e-e-gs.'"

- Arizona abortionist and convicted sexual predator Brian Finkel, quoted in Amy Silverman. "The Terminator." *Phoenix New Times*, June 17, 1999.

"When abortions are illegal, poor women deliver and keep their babies. Then they plunk them in front of a TV set, watch them get abused and conditioned to violence by parades of males, and expose them to all the factors the criminologists describe as the precursors to a life of crime. ... Making abortions freely available to the impoverished young women who produce our criminals is very likely the most important crime-prevention measure adopted in this country in the last 25 years."

- Anthony Bouza, a former Minneapolis Police Chief and columnist for the *Minneapolis Star Tribune*, in a 1990 Mother's Day editorial entitled "A Mother's Day Wish: Make Abortion Available to All Women." Quoted in Mary Ann Kuharski. "Aborting the "At Risk" Population: Racism Rears its Ugly Head." *ALL About Issues*, Winter 1991, pages 16 and 17 [Bouza described the "at risk" population as "poor, Black and Indian," and said that their offspring are "marked for failure"].

"I hope his [Supreme Court Justice Clarence Thomas] wife feeds him lots of eggs

and butter and he dies early like many black men do, or heart disease. ... He is an absolutely reprehensible person."

- *USA Today* columnist and Pacifica Radio talk show host Julianne Malveaux on Justice Clarence Thomas, on the November 4, 1994 PBS "To the Contrary" Show.

"[Whites are] technically clever, yes. Powerful, well-armed and prolific, to be sure; but without an ounce of basic human decency. ... No one whose community of memory was etched with the vision of lynched, barbecued ancestors, no Afro-American person who has seen the flash of greedy, obsessive hatred in the fish-blue stare of a cracker's cocked eyes could help but question his inherent humanness."

- Pro-abortion Harvard sociologist Orlando Patterson, in his book *The Ordeal of Integration*, as described in Courtland Milloy. "Finding Hope in a Hothouse of Hate." *The Washington Post*, February 22, 1998, page B1 [Patterson also insists in his book that one in five Whites is a "hard-core racist"].

"If black people kill black people every day, why not have a week and kill white people? ... If your white great-great-grandfather killed my great-great-grandfather, and your white great-grandfather sold my great-grandfather, and your white grandfather raped my grandmother, and your father stole, cheated, lied, and robbed my father, what kind of fool would I have to be to say 'Come, my friend' to the white daughter and son?"

- "Sister Souljah" (Lisa Williamson), quoted in "Under the Rainbow: Jesse Jackson Shelters a Repulsive Bully." *World Magazine*, July 4, 1992, page 14. Also quoted in "Quotes," *World Magazine*, June 20, 1992, page 5.

"Latino women are some of the best patients [for the abortionists]. They come in and they don't complain. Sometimes they are given abortions when they're not even pregnant."

- Albert Brown, M.D., quoted in an April 1998 *Los Angeles Times* report on abortion "chop shops" that exploit minority women. Quoted in Paul Likoudis. "California Political Races Reflect "Catholic Diversity"." *The Wanderer*, October 15, 1998, pages 1 and 7.

"The already serious problem of induced abortion in the urban areas of the developing world will worsen. *Fortunately*, the technology of early abortion is uniquely suited to an urban slum environment. ... appropriate to shantytown technologies."

- Malcolm Potts, first Medical Director of the International Planned Parenthood Federation (IPPF) and CEO of Family Health International (FHI) from 1978 to 1990. "Abortion and Contraception in Relation to Family Planning Services." in Jane E. Hodgsen (editor). *Abortion and Sterilization: Medical and Social Aspects* [London: Academic Press, 1991], page 498.

Even far-Left and Marxist theorists occasionally become momentarily coherent and recognize the starkly racist nature of the abortion-mad population controllers. Alexander Cockburn, one of the most prolific writers on the Left, declared that "The not-so-concealed theme of some major figures in NARAL [National Abortion Rights Action League] and NOW [National Organization for Women] was that abortion should be legal because the most prolific breeders were welfare mothers from the dangerous classes. ... the leader of NARAL in New York lobbied against the provisions to protect poor minority women from involuntary sterilization, and so did Planned Parenthood." [12]

[Go to Next Topic: Slaughtering Black Women for Money](#)

[Return to *The Racism of Abortion* Table of Contents](#)

Footnotes for "Current Racism"

[11] Delores Bernadette Grier, testifying before the Senate Labor and Human Resources Committee during its May 1990 hearing on the "Freedom of Choice Act." Quoted in *Living World*, Volume 5, Number 2, page 30.

[12] Alexander Cockburn, quoted in *Proletarian Revolution*, Fall 1989, page 28.

Facts of Life: Chapter 6: The Racism of Abortion: Slaughtering Black Women for Money



SHARE

Slaughtering Black Women for Money. White male abortionists not only kill Black babies, they also kill young Black women at a tremendous rate.

More than 350 women have died from so-called "safe and legal" abortions. The races of 263 of these women has been positively identified, and are broken out as shown in Figure 6-5.

Figure 6-5

Summary of the Races of Legal Abortion Fatalities

Races of the Victims	Total Deaths and Percentages	Legal Abortions by Race [A]	Death Rate Per Million Abortions[B]
Women killed by legal abortion	360		
Race identified	263		
White women	85/263 (32.3%)	22,329,699	3.80
Black women	130/263 (49.4%)	14,459,760	8.99
Hispanic women	41/263 (15.6%)	8,160,738	5.02
Asian women	5/263 (1.9%)	2,257,317	2.21
Native American women	2/263 (0.8%)	549,686	3.64
Total Minority Women	178/263 (67.7%)	25,427,501	7.01

[A] Legal abortions by race over the time period 1967-2005, inclusive. See Figure 19-5 in Chapter 19 of *The Facts of Life*, "United States Abortion Statistics," for calculations.

[B] This is a number that shows the legal abortion death rates of women by race. Although this document is certainly not a complete list of legal abortion fatalities, the sample size is certainly representative of the whole. For example, among legal abortion fatalities whose race has been identified, the death rate for White women is (85/22,329,699), or 3.80 deaths per million abortions. The death rate for Black women is (130/14,459,760), or 8.99 deaths per million abortions. Therefore, the legal abortion death rate among Black women is (8.99/3.80) = 2.37 times higher than that of White women. Interestingly, this ratio has held relatively constant since abortion was legalized in the first states in 1967. For example, the risk of a Black woman dying of legal abortion was 2.8 times greater than the risk of a White woman dying of legal abortion during the time period 1972-1974 inclusive [Willard Cates, Jr., M.D., M.P.H., Acting Chief, Abortion Surveillance Branch, Centers for Disease Control Bureau of Epidemiology. "Mortality from Legal Abortions, United States, 1972-1974." Paper given at the Western Regional Conference on Abortion, Denver, Colorado, February 28, 1976, sponsored by the United States Department of Health Education and Welfare (HFW)]

This means that 68 percent of all known legal abortion deaths have occurred among minority women.

By comparison, minority women obtain about 53 percent of all abortions.[13]

This means that the death rate among minority women who obtain abortions is nearly *twice as high* as that of White women who abort [14]. This number is confirmed by Planned Parenthood, which has admitted that the risks of abortion for Black women *are more than three times as high as for White women*. Planned Parenthood states that the death rates for second-trimester abortions for Black and White women respectively are 24.8 and 6.8 deaths per 100,000 abortions.[15]

The death rate among poor minority women may be even higher than this estimate, because such women are often disenfranchised from the 'system' and do not trust attorneys or anything to do with litigation, for good reason - and therefore do not press their claims.

The leading medical journal of Great Britain is *The Lancet*, which states that "'Institutionalized racism" consists of the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin." [16]

If we review the above statistics, it is very difficult to conclude that the abortion industry in the United States is *not* guilty of "institutionalized racism."

Nobody seems to care about this continuing slaughter, least of all those who hypocritically call themselves "pro-choice." In fact, the pro-aborts put on their best 'indignant' act and puff up with anger and rage whenever anyone suggests that they might be supporting genocide. For example, Helen I. Howe, a spokesperson for the phony front group that calls itself the 'Religious' Coalition for Reproductive Choice [RCRC, formerly RCAR], alleged that "RCAR views it as an insult to black women to make the generalized claim that abortions performed on black women are genocide." [17]

What is the truth in this matter?

One Black mother, Mattie Byrd, mourned her dead daughter Belinda in a letter to a friend as she said that "I cry every day when I think of how horrible her death was. She was slashed by them and then she bled to death. ... Where is [the abortionist] now? Has he been stopped? Has anything happened to him because of what he did to my Belinda? ... People tell me nothing has happened, that nothing ever happens to White abortionists who leave young Black women dead." [18]

Stephen Pine of the Inglewood Women's Hospital was the busy abortionist who killed Belinda Byrd. She was his 74th abortion of the day!

Pine perforated Byrd's uterus and she died three days later. As a partial result of this botched abortion, the Inglewood Women's Hospital had its license revoked by the State of California and closed down. However, money is a great motivator, and it opened only two weeks later with a different name: The West Coast Women's Medical Group. It was subsequently bought by mega-abortionist Edward Allred (who has also killed several women), and still functions to this day.

[Go to Next Topic: The New Eugenics](#)

[Return to *The Racism of Abortion* Table of Contents](#)

Footnotes for "Slaughtering Black Women for Money"

[13] Average, 1967-2006 legal abortions.

[14] $(7.01/3.80) = 1.84$ (see Figure 6-5).

[15] John Benditt. "Special Report: Second-Trimester Abortions in the United States." Planned Parenthood's *Family Planning Perspectives*, November/December 1979, page 359.

[16] "Institutionalized Racism in Health Care." *The Lancet*, March 6, 1999, page 765.

[17] "Abortion and the Holocaust: Twisting the Language." 'Religious' Coalition for Abortion Rights, 100 Maryland Avenue NE, Washington, DC 20002, telephone: (202) 543-7032. 1987, 24 pages, \$1.50. This booklet is stylishly written and laid out on only the best paper. It features five short essays by apostate 'Jews' and phony 'Christians' that are masterpieces of Doublethink and propaganda. This booklet is mandatory reading for any pro-lifer who wants insight into just how clever pro-abort propaganda can be.

[18] Undated letter from Mrs. Mattie Byrd (mother of Belinda Byrd, who died January 27, 1987), quoted in Feminists for Life of America *amicus* brief in the case of *Webster vs. Reproductive Health Services*, No. 88-605.

Facts of Life: Chapter 6: The Racism of Abortion: The New Eugenics



 SHARE

The New Eugenics.

"How can the 'Dream' survive if we murder the children? ... Abortion is at the forefront of our destruction ... By taking the lives of our young, and wounding the wombs and lives of their mothers, we are flying in the face of God."

- Alveda King, niece of Martin Luther King Jr.[19].

Spawn of a Rotten Seed. The eugenics movement is inherently and irreversibly racist because it considers minorities to be handicapped or somehow deficient because of their skin color. Chapter 24, "Eugenics," describes in detail how this movement flourished in the United States during the 1920s, and how this line of thought led to the establishment of the Nazi eugenics program in the early 1930s.

One of the first eugenicists was none other than Charles Darwin, who wrote in his work *The Descent of Man* that;

With savages, the weak in body or mind are soon eliminated; and those that survive commonly exhibit a vigorous state of health. We civilized men, on the other hand, do our utmost to check the process of elimination; we build asylums for the imbecile, the maimed, and the sick; we institute poor laws; and our medical men exert their utmost skill to save the life of everyone to the last moment. There is reason to believe that vaccination has preserved thousands, who from a weak constitution would formerly have succumbed to smallpox. Thus the weak members of civilized society propagate their kind.

"No one who has attended to the breeding of domestic animals will doubt that this must be highly injurious to the race of man. It is surprising how soon a want of care, or care wrongly directed, leads to the degeneration of a domestic race; but excepting in the case of man himself, hardly anyone is so ignorant as to allow his worst animals to breed.[20]

A Eugenics Expert Speaks. A very concise and complete summation of the innate racism of the fully-developed eugenicist philosophy is provided to us by Norman E. Hines in his 1938 book *Practical Birth-Control Methods*;

All the rights we have are those granted to us by society. Certainly there is no natural right to spawn defective children who must be supported by others through taxation or charity. The crisis in this instance is the enormous expense to the state of the care of the defective classes and the contamination of the biological stock which results from their reproduction ... While sterilization is no substitute for segregation, it is also true that segregation is no substitute for sterilization. They must go hand in hand.

Ever since the rise of the Nazi regime in Germany an objection that has frequently been raised against eugenical sterilization is that a voluntary sterilization program may

been raised against eugenical sterilization is that a voluntary sterilization program may turn into a compulsory one. Some thoughtful people sincerely fear this. But the history of eugenical sterilization in the United States and in other democratic countries offers little warrant for the contention. This is the old fallacy of ultimate danger; that if we take step A, it would lead to step B; that if we take step B, it may lead to step C, and so forth without end. The evidence now available shows that even in Nazi Germany, where there is a great deal of compulsion that would not be tolerated by citizens who believe in democracy, there has been as yet no attempt to sterilize any special racial group ...

Most of the objections to eugenical sterilization are based upon unfounded fears, insufficient knowledge, or faulty reasoning. None of the objections has substantial merit. They are comparable to the arguments made ten years ago against birth control, even by some supposedly well-informed individuals, that birth-control devices caused sterility, necessarily led to immorality, would cause 'race suicide,' were unreliable, etc.

... we do not need the defective classes. They are already an excessive burden upon the State. A few special students of the problem even believe that our society is undergoing a "moronization" process; that the intelligence level of the American people is declining because the gifted have few children and the stupid many ... Probably it will take society a span of years to learn how to use it [eugenic sterilization] properly as a weapon for its own improvement ..."[21]

Note the author's representation and summation of classic eugenicist theories, which, despite their antique quaintness, are still deadly poisonous to this day;

- that all rights are granted by the State, even the right to life of the handicapped;
- that "defectives" are expensive and "contaminate the biological stock," and therefore society does not need "the defective classes;"
- that the slippery slope theory (here called the "ultimate danger fallacy" has no merit, and, in fact, all anti-eugenicist arguments are baseless and originate from ignorance; and
- that birth control methods are reliable, do not cause physical damage, do not lead to immorality, and may one day be compulsory.

It is amusing indeed that Hines tried bravely to debunk the "ultimate danger" (slippery slope) theory by stating that there was "little warrant" for the contention that Nazi Germany's voluntary sterilization program might turn into a campaign of compulsory sterilization. Hines' book was first published in August 1938. Unknown to him, a compulsory sterilization program had *already begun* in Nazi Germany.

He also feigned ignorance of the fact that, by 1938, several states had created Boards of Eugenics that typically endorsed involuntary sterilization and castration for such reasons as "... feeble minded, insane, epileptic, habitual criminal, degenerates and sexual perverts reported to it who will probably become a social menace or ward of the State." [22]

So much for disproving the "slippery slope" theory! And yet, modern-day eugenicists are following Hines' lead as they insist that they can control the extent to which their "reforms" are applied in society.

Eugenics Advances in the '60s. Beginning in 1965, euthanasia and eugenics advocates advanced, almost unseen, behind an almost unbroken string of pro-abortion political and judicial successes. As this multi-pronged wave of death surged forward, the most helpless people of all were naturally the first target

most helpless people of all were naturally the first target.

They always are.

And so, the unborn, the old and infirm, and poor minorities found themselves in greater danger than ever before.

"Good Germans" - Again? As far back as 1971 - two years before nationwide legalized abortion - the National Commission on the Causes and Prevention of Violence found that "The overwhelming majority of White Americans would be 'Good Germans' if the government turned to massive racial repression." [23]

Why was this study performed in the first place unless members of the Commission perceived an actual threat?

As it turned out, there was ample cause for the Commission's concern; experts testified that there had already been many cases of outright propaganda and coercion directed against minorities by governmental and quasi-governmental agencies in numerous States;

- In the 1960s, Chicago's Planned Parenthood Association sponsored birth control "coffee parties" all over the Black sections of the city - but not a single one in the White-dominated suburbs. [24]
- Representatives of Federally financed family planning programs sent a brigade of "home visitors" and public assistance workers to thousands of homes of indigent Black Pittsburgh women in order to coerce them into visiting and making use of family planning clinic's services. If a woman did not immediately comply, workers would directly threaten her with a cutoff of all public assistance if she had any more children. When Black citizens exposed this coercion and called it "genocide," the Pittsburgh Antipoverty Board voted down funds from the Office of Economic Opportunity (OEO) that would have continued Planned Parenthood clinics in six of the city's poorer neighborhoods. [25]
- In the 1960s, the South Carolina and Delaware Legislatures considered laws that would mandate the sterilization of all welfare mothers after they had borne two children out of wedlock. In New York, municipal judges commonly offered women the choice of sterilization or no welfare money. [26]
- Dr. Constance Redbird Uri testified before her State legislature that "What is family planning for Indians? The highest priority is abortion. We have been controlled by your government for 200 years now, but you have another weapon [abortion]. We often doubt whether we will be here in another 200 years." [27]
- Raoul Silva testified that "California is waging a war of genocide against Blacks, Latins, and Indians. They offer abortions to minority women who don't even ask - and they get teenage girls to decide for abortion before they're pregnant. That's how they play the genocide game in Los Angeles County." [28]

And They're Still At It ... The corrupt and racist theory of eugenics, which seeks to create a "race of thoroughbreds" through birth control, abortion, and sterilization (without consent, if necessary) certainly did not die with Adolf Hitler in 1945. It is worrisome indeed to discover that some of the world's most distinguished and influential scholars and social engineers still advocate the widespread use of eugenics to rid society of its ever-present "undesirable elements."

- Two-time Nobel Prize winner Linus Pauling has suggested that those who carry "dysfunctional genes" have information on their disabilities tattooed in code onto their foreheads. [29] While we're at it, why don't we take just a few extra minutes and

tattoo the numbers "666" there as well?

- 'Distinguished' biologist John Maynard Smith would like to give tax breaks and bonuses to the educated and intelligent who have children and heavily penalize others (i.e. minorities and those with "dysfunctional genes." [30]
- Perhaps not surprisingly, the omnipresent population controller Garrett Hardin weighed in with his eugenicist views in the June 1992 issue of *Omni Magazine*; "It would be better to encourage the breeding of more intelligent people rather than the less intelligent. ZPG's entire attraction has been among the college population. So in effect, ZPG is encouraging college-educated people to have fewer children instead of encouraging reduced fertility among the less intelligent." [31]
- A Washington state doctor, Bruce Tracy, urged the state Senate to provide sterilization bounties for women on welfare. The measure, Senate Bill 6379, sponsored by Senator Scott Barr, would pay \$10,000 to a woman if she agreed to be neutered after her first child, and \$5,000 if she agreed after the second child. The bill would also give \$500 to men who got neutered after fathering a welfare child. [32]

[Go to Next Topic: Norplant-Abort 'Em or Neuter 'Em](#)

[Return to *The Racism of Abortion* Table of Contents](#)

Footnotes for "The New Eugenics"

[19] Alveda King, niece of Martin Luther King Jr., quoted in Deirdre A. McQuade. "Abortion, Non-Violence and the Black Community." *Arlington Catholic Herald*, June 22, 2006, page 10.

[20] Charles Darwin. *The Descent of Man*. *Encyclopedia Britannica*, Inc., Chicago, London, and Toronto. Section I, Chapter 5. Also quoted in *ALL About Issues*, June-July 1986, page 42.

[21] Norman E. Hines, Ph.D. *Practical Birth-Control Methods* [New York: Viking Press, 1946].

[22] Example shown is from Oregon statutes. *The Oregonian*, January 29, 1990, page A12. Also see Gerald N. Grob, *Mental Illness and American Society, 1875-1940*.

[23] Rodney Stark and James McEvoy III. "Middle-Class Violence." *Psychology Today*, November 1970, pages 34-38.

[24] See *America Magazine*, November 6, 1965, page 511.

[25] R.Z. Hallow. "The Blacks Cry Genocide." *The Nation*, April 28, 1969, page 535.

[26] Erma Clardy Craven. "Abortion, Poverty, and Black Genocide." T.W. Hilgers and D.J. Horan. *Abortion and Social Justice* [New York: Sheed and Ward, 1972].

[27] Dr. Constance Redbird Uri, quoted in Peggy Cuddy. "Abortion and Racial Genocide." *A.L.L. About Issues* [American Life Lobby], October 1983, pages 23 to 26.

[28] Raoul Silva, quoted in Peggy Cuddy. "Abortion and Racial Genocide." *A.L.L. About Issues* [American Life Lobby], October 1983, pages 23 to 26.

[29] Linus Pauling. Foreword to "Reflections on the New Biology." *UCLA Law Review*, February 1968, page 269.

[30] John Maynard Smith. "Eugenics and Utopia." *Daedalus*, Summer 1989, page 91.

[31] "Interview: Garrett Hardin." *Omni Magazine*, June 1992, pages 56 to 63.

[32] "Rural Doctor Proposes Sterilization Bounty." *The Oregonian*, February 8, 1992, page B2.

Facts of Life: Chapter 6: The Racism of Abortion: Norplant--Abort 'Em or Netuer 'Em



 SHARE

Norplant: Abort 'Em or Neuter 'Em.

"It takes little imagination to see that the unborn Black baby is the real object of many abortionists. Except for the privilege of aborting herself, the Black woman and her family must fight for every other social and economic privilege. ... The quality of life for the poor, Black, and the oppressed will not be served by destroying their children."
- Erma Clardy Craven.[33]

Introduction. Abortion is a marvelously efficient weapon for the population controllers, but it has its drawbacks. It is expensive, messy, and - worst of all - it is being exposed as a racist institution by the very people the abortionists accuse of being prejudiced.

For decades, the popcon fanatics have dreamed about a means of neutering minority women that would be quick, efficient, and private. And the concept of a "safe and handy" abortifacient is certainly nothing new. A quarter-century ago, Garrett Hardin and other population theorists fantasized that the dominant "contraceptive" of the future would be an efficient abortifacient pill.[34]

Your Wish is Granted, Master. It appears that the science genie has finally granted the population controller's wish. The United States Food and Drug Administration (FDA) approved the abortifacient "contraceptive" Norplant for public use on December 10, 1990.

This "contraceptive," supposedly effective for a period of five years, consists of six small plastic tubes inserted into a woman's upper arm. Once implanted, these tubes slowly release the drug levonorgestrel, an abortifacient that prevents implantation of the developing human being. A woman being used by Norplant will therefore be blissfully unaware that she is aborting several times each year.

The FDA warns that Norplant "... should not be used by women who have acute liver disease, unexplained vaginal bleeding, breast cancer, or blood clots in the legs, lungs, or eyes."

The ominously-named Population Council owns the patent for Norplant and will reap four percent of the colossal profits that will accrue from use of the drug. It is produced by Wyeth-Ayerst Laboratories in Philadelphia, a subsidiary of American Home Products, and will cost about \$500 to insure about five years of sterility.[35]

For more information on Norplant, see Chapter 2, "Abortifacients."

The Dark Side of the Power. Many people, including Law Professor Charles Rice of Notre Dame university, see a dark side to the great convenience of Norplant. Certain countries, including South Africa, have made the injectable abortifacient Depo-Provera mandatory for teenaged schoolgirls, female prisoners, welfare recipients, and the mentally handicapped. And now, radical thinkers are tentatively suggesting that Norplant be made mandatory in certain cases for women in the United States (for more information on how the United States ships dangerous birth-control devices overseas in

information on how the United States ships dangerous birth-control devices overseas in great quantities, see Chapter 18, "The International Abortion Situation").

Oops! With so many influential people pushing abortion and birth control on poor minority women, it is inevitable that their dirty little secret will slip out occasionally. Strangely, these stories seem to have almost no effect on the blissfully unaware public. Typically, those pro-abortion groups that claim to be fighting for the rights of minorities ignore these racist incidents entirely.

In a classic recent example, deputy editorial page editor Donald Kimelman of the *Philadelphia Enquirer* stated in a December 12, 1990 article, ominously entitled "Poverty and Norplant: Can Contraception Reduce the Underclass?" that "As we read these two stories [about Norplant and Black poverty], we asked ourselves: Dare we mention them in the same breath? To do so might be considered deplorably insensitive, perhaps raising the specter of eugenics. But it would be worse to avoid drawing the logical conclusion that foolproof contraception could be invaluable in breaking the cycle of inner city poverty - one of America's greatest challenges." [36]

Kimelman continued by suggesting that welfare mothers could be implanted with Norplant for free and perhaps receive increased welfare benefits as a reward. He apparently failed to realize that this was one of the first elements of the coercive Chinese population program that now features mandatory sterilization and forced abortions even in the ninth month of pregnancy.

Who is the Target? We might ask ourselves this question: If Kimelman and his fellow "thinkers" were truly concerned about poverty in general, why did he not also recommend the use of Norplant for poor *White* women?

Others apparently asked this same question. Vanessa Williams, president of the Philadelphia chapter of the National Association of Black Journalists, called Kimelman's article "A tacit endorsement of slow genocide." [37]

Inquirer columnist Steve Lopez sarcastically suggested on December 16th that contraception would not reduce the underclass quite so fast as "just shooting them."

The *Enquirer* publicly apologized for its racist article on the 22nd of December, after a wave of complaints. But the damage had been done; the truly racist nature of the thinking of some very influential people had been exposed once again.

Abortion As Human Culling. Kimelman was not the only racist journalist to step on his tongue after Norplant was released to the public. Anthony Bouza, the former Minneapolis Police Chief and columnist for the *Minneapolis Star Tribune*, wrote a 1990 Mother's Day editorial with the incredibly oxymoronic title "A Mother's Day Wish: Make Abortion Available to All Women."

He described the "at risk" population as "poor, Black and Indian," and said that their offspring are "marked for failure." Then he went on by stating that "When abortions are illegal, poor women deliver and keep their babies. Then they plunk them in front of a TV set, watch them get abused and conditioned to violence by parades of males, and expose them to all the factors the criminologists describe as the precursors to a life of crime ... Making abortions freely available to the impoverished young women who produce our criminals is very likely the most important crime-prevention measure adopted in this country in the last 25 years." [38]

Bouza's astounding racist stupidity is even more remarkable in light of the fact that

he is a former police chief. If his thesis is true - that abortion is our "most important crime-prevention measure" - why is our country's rape rate 250 percent higher than it was before abortion was legalized in 1973? Why has our murder rate doubled in the last twenty years? Why has child abuse exploded more than 500 percent during the same period? Why is our prison population now nearly one million, double what it was before *Roe v. Wade*? If abortion is so effective at "crime-fighting," why does the United States possess the dubious distinction of having the largest percentage of its population imprisoned among all the countries of the world, including the former Soviet Union, Cuba, and South Africa?

Don't expect answers to these questions from pro-abortionists - especially pro-abortion journalists. They have a very big axe to grind, and nobody had better bother them with the facts.

Journalists Kimelman and Bouza are not the only people who think that abortion can be used to cull out society's "undesirable elements" - who, incidentally, always seem to come from minority populations.

Dr. David A. Hamburg of the psychiatry department of the Stanford University Medical School has approved of the UNESCO (United Nations Educational, Scientific and Cultural Organization) theory that abortion might be a way to prevent a future Genghis Khan or Hitler from being born.[39] The implementation of such an abortion program would require the mandatory genetic testing of all unborn babies via amniocentesis or chorionic villi sampling (CVS), and the mandatory abortion of those babies whose genes were deemed "unsatisfactory" by the eugenicists. This figure would vary from 20 to 50 percent of all pregnancies.

Getting With the Program. Immediately after Norplant was introduced to the public, several judges ordered women (usually poor Blacks) onto the drug because they had been convicted of the abuse of previous children. In one such case, Tulare County (California) Superior Court Judge Howard R. Broadman gave Darlene Johnson a very simple but coercive choice: Be sterilized with Norplant or go to jail for two to four years. [40]

Number One on the Hit Parade. Of course, Norplant is not the only tool used by modern racists to neuter women from "undesirable" classes. The all-time number one favorite tool for this purpose has been and is the "Mississippi Appendectomy" - surgical sterilization without knowledge or full informed consent of those being operated on.

The United States court system bestowed its *imprimatur* upon eugenic sterilization in 1927, when Supreme Court Justice Oliver Wendell Holmes wrote the majority opinion in the Court's *Buck v. Bell* decision, which upheld the enforced sterilization of poor Black women. Holmes held that; "We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices ... Three generations of imbeciles are enough." [41]

Following the lead of the Supreme Court, thirty states had enacted laws that mandated sterilization for the poor by 1933.[42] This eugenic sterilization law was reversed by the Supreme Court only as recently as 1972. But the damage had been done.

These laws followed the Model Eugenic Sterilization Law, promulgated by Harry H. Laughlin, director of the Eugenics Record Office. They called for the sterilization of

criminals, mental patients, the retarded, the blind, deaf, diseased, and alcoholics, and for dependents upon society - the homeless, orphans, and tramps.[43] It was not coincidental that Blacks made up a percentage of those sterilized that was grossly out of proportion to their actual representation in such "undesirable classes."

From 1924 to the early 1970s, more than 7,500 poor men and women (almost all of them Black) were forcibly sterilized in the State of Virginia alone. Of course, these operations were performed in approved "mental health facilities" on "unwed mothers, prostitutes, petty criminals and children with disciplinary problems." [44]

Other laws drafted by American eugenicists mandated segregation of those with birth defects and mental disabilities in state-run institutions. No inmate ever left these places with their reproductive organs intact - they were all neutered like stray dogs. In some states, all of those inmates who carried hereditary disabilities were sterilized. Other state regulations mandated contraceptive use by all whose family history indicated a predisposition towards serious hereditary defects.[45]

A person with common sense might think that this type of thinking would die out after the eugenics-driven horrors of World War II. Unfortunately, those who long for a better world *right now* always desire it at the expense of those they consider inferior to themselves.

[Go to Next Topic: Destroying Cultures in Order to Improve Them](#)

[Return to *The Racism of Abortion* Table of Contents](#)

Footnotes for "Norplant-Abort 'Em or Neuter 'Em"

[33] Erma Clardy Craven. "Abortion, Poverty, and Black Genocide." T.W. Hilgers and D.J. Horan. *Abortion and Social Justice* [New York: Sheed and Ward, 1972].

[34] Garrett Hardin. "The History and Future of Birth Control." *Perspectives in Biology and Medicine*. Autumn 1966.

[35] Paul Likoudis. "Five-Year Birth Control Device Approved By FDA." *The Wanderer*, December 20, 1990, pages 3 and 12.

[36] Don Kimelman. "Poverty and Norplant: Can Contraception Reduce the Underclass?" *Philadelphia Enquirer*, December 12, 1990.

[37] Clarence Page. "Hope Best Way to Fight Poverty." *The Oregonian*, December 31, 1990, page C5.

[38] Anthony Bouza, a former Minneapolis Police Chief and columnist for the *Minneapolis Star Tribune*, in a 1990 Mother's Day editorial entitled "A Mother's Day Wish: Make Abortion Available to All Women." Quoted in Mary Ann Kuharski. "Aborting the "At Risk" Population: Racism Rears its Ugly Head." *ALL About Issues*, Winter 1991, pages 16 and 17 [Bouza described the "at risk" population as "poor, Black and Indian," and said that their offspring are "marked for failure"].

[39] "Abortion Held Way to Avoid Tyrants." *Los Angeles Times*, May 20, 1970, part I, page 9.

[40] Joe Bigham. "Birth Control Order Stands Until Appeal." *The Oregonian*, January 11, 1991, page A16.

[41] United States Supreme Court decision *Buck v. Bell*, 274 US 200 (1927), at 207.

[42] Robert Lipton. *The Nazi Doctors* [New York: Basic Books, 1984], page 23.

[43] Allen Chase. *The Legacy of Malthus: The Social Costs of the New Scientific Racism* [New York: Knopf, 1976], page 349.

[44] As described in Frederick Osborne of the American Museum of Natural History, in his 1940 book *Preface to Eugenics* [New York: Harper and Row], page 35.

[45] *Ibid.*

Facts of Life: Chapter 6: The Racism of Abortion: Destroying Cultures in Order to Improve Them



SHARE

Destroying Cultures in Order to Improve Them.

"We hope these words will be carried by the four winds, to reach the ears and hearts of all our Indian Tribes, so that they may learn of the dangers to our tribal survival and be strong against the new enemy. ... We belong to a culture that holds all life to be sacred. ... This belief has sustained our people throughout the long struggle for survival. ... The whiteman's culture that kills its unborn is foreign to our way of life. ... The Great Spirit gave to the Indian Woman the duty to look after each succeeding generation. ... The whiteman's solution to the Indian Woman's poverty is to kill her unborn."

- Indian Women United for Social Justice.[46]

The International Population Control Network. Because of the nature of our country and the free exchange of ideas, truly effective racist policies must "go underground" and employ total secrecy in order to remain in existence. The classic example of this is the concentration of abortion mills in minority neighborhoods, as described earlier in this chapter.

However, there exists a huge and extremely powerful network of organizations that practices *overt* racism on a grand and international scale. As these institutions, larded with Western money, hold entire nations captive, the American press feigns ignorance and disinterest.

There are several multinational lending corporations in existence today that loan huge sums of money to developing countries so that they may develop and construct large-scale projects to improve the low standard of living of their citizens. The United Nations World Bank (UNWB), for example, has for several years been considering a multi-billion dollar loan to the People's Republic of China for the purpose of constructing the mammoth Three Gorge Project, which would provide electricity and flood control for the large and fertile Dongting plain north of Changsha.

However, in the mid-1960s, Paul Ehrlich's book *The Population Bomb* kicked off the modern expression of the radical population control movement. This movement, laden with radical environmentalists, sees overpopulation as the root of all evils. Groups like Friends of the Earth and the Sierra Club have been bringing pressure to bear on international lending institutions, demanding that they attach population-control "strings" to their loans.

One suggestion published in a Population Council periodical in the late 1960s was "U.S. insistence on "population control as the price of food aid," with highly selected assistance based thereon, and exertion of political pressures on governments or religious groups impeding "solution" of the population program, including shifts in sovereignty." [47]

These loan preconditions lately feature coercive population-control conditions that, in many cases, give the receiving country a choice: Implement *our* Western values regarding family and population, and you will get your loan. Otherwise - *starve!*

Reverend Peter Proeku Dery of Tamale, Ghana, stated that "The World Bank

Reverend Peter Poku Dedei of Tamale, Ghana, stated that "The World Bank denied loans to Ghana until my country agreed to institute a nationwide contraception and family-planning policy. There was also pressure to legalize abortion. The people have so far been able to prevent this, but for how long, I don't know."

The United Nations Population Fund (UNFPA), the International Planned Parenthood Federation (IPPF), the Rockefeller Foundation, the World Bank, and many other rich Western organizations have taken it upon themselves to impose their (per)version of the "perfect world" on other countries. To the extent that this vision provides clean drinking water, sanitation, medical facilities and education, there can be little objection.

But when these institutions demand that poor countries employ population control measures that conflict with their ideology and customs, we are engaging in what can only be called racist "contraceptive imperialism."

The "Threat:" "Differential Fertility"

"It is not easy to get the birth rate down other than by penalizing people and having sterilization and abortion both on demand and by command ... Unless all the population groups accept family planning on a voluntary basis, future generations will have to take these other, less pleasant compulsory measures."

- J. deBeer, M.D., Director-General, South African Department of Health and Welfare.[48]

The economic future of Europe is in grave doubt. The dreaded "Demographic Cross" feared by racists and advocates of the principle of "differential fertility" is finally coming to pass.

In the year 1950, Europe was still relatively young, and comprised more than a fifth of the world's population. Meanwhile, Africa was home to less than ten percent of the world's people. But while Africans continued to have large families, Europeans began to abort, sterilize and contracept themselves out of existence. The continents "crossed over" in about 1997, with each possessing about one out of every eight of the world's people. By 2050, their sizes will have reversed: Africa will have more than one out of every five people, and Europe will have only one out of fourteen. Even more importantly, the average African will be barely 30 years old, while the average European will 53 years old!

Since population equals power, the Danes, Germans, Swedes and French pour tens of millions of dollars into population control each year. The Europeans are now the only continent which is *losing* population. They have one foot in the grave, and the only way to hold on to their share of the world population is to drag the developing continents into the grave with them.

To whom will the future belong - a young, vigorous, large population, or an old, small, hopeless one?

The answer to that question will be obvious to anyone with a background in social science.

The table below shows the basic figures from the United Nations Population Information Network (POPIN).

Figure 6-6

Europe and Africa: The "Demographic Cross"

Year	Populations			Percent of World Populations		Median Ages (years)	
	World	Europe	Africa	Europe	Africa	Europe	Africa
1950	2,519,470	547,405	224,068	21.7%	8.9%	29.7	19.0
1960	3,023,812	604,406	281,659	20.0%	9.3%	30.7	18.3
1970	3,696,588	655,862	363,535	17.7%	9.8%	31.8	17.6
1980	4,442,295	692,435	478,824	15.6%	10.8%	32.7	17.5
1990	5,279,519	721,390	635,685	13.7%	12.0%	34.8	17.5
2000	6,085,572	728,463	812,466	12.0%	13.4%	37.6	18.4
2010	6,781,431	719,473	998,659	10.6%	14.7%	40.7	19.7
2020	7,280,148	688,271	1,184,495	9.5%	16.3%	44.4	21.8
2030	7,618,083	651,734	1,368,390	8.6%	18.0%	47.9	24.3
2040	7,753,745	608,439	1,534,382	7.8%	19.8%	51.2	27.2
2050	7,679,714	556,608	1,666,475	7.2%	21.7%	53.3	30.5

Reference: United Nations Population Information Network. Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2004 Revision and World Urbanization Prospects: The 2003 Revision*, all found at <http://esa.un.org/unpp>. The low variant is used because it is historically the most accurate for population projections.

[Go to Next Topic: Summary-Who are the Real Racists?](#)

[Return to The Racism of Abortion Table of Contents](#)

Footnotes for "Destroying Cultures in Order to Improve Them"

[46] Indian Women United for Social Justice. *Voices of the Indian Women*. Los Angeles, 1979, page 1. Originally written by Constance Redbird Uri, M.D.

[47] A summary of coercive population control measures for the United States and for poor and developing countries by the leading population controllers and eugenicists of the late 1960s was published in Bernard Berelson. "Beyond Family Planning." *Studies in Family Planning* [publication of the Population Council], February 1969, pages 1 to 16.

[48] J. deBeer, M.D., Director-General, South African Department of Health and Welfare. Quoted in Gwynne Dyer, *Toronto Star*, August 31, 1982, and in "Forced Abortion for Blacks?" *The Human*, February 1983, page 12. This quote is also mentioned in the on-

line book by Hilda Bernstein. *For Their Triumphs and For Their Tears: Women in Apartheid South Africa*. [London: International Defence and Aid Fund, March 1985 revision]. Available at the Web site of the African National Congress [ANC] at <http://www.anc.org.za/books>.

Facts of Life: Chapter 6: The Racism of Abortion: Summary--Who are the Real Racists?



 SHARE

The Ultimate Impact of Abortion.

"I fully support the right to life of every human being, from conception until natural death. In addition, I unequivocally endorse a total Human Life Amendment to the U.S. Constitution, that would promote the value and integrity of every human life."
- Dick Gregory.[49]

As described in Chapter 20, "The Demographic Impacts of Abortion," no race or country can continue to exist if it aborts more than half of its heritage. Hong Kong, South Korea, Germany, Italy, and most other European countries are learning the lessons dealt by this painful and apparently irreversible process right now.

If the Black race continues to abort at its current rate, it will inevitably occupy a smaller and smaller percentage of this country's population in comparison to other races. In general, groups of people exert a degree of political and social influence that is roughly proportional to their representation in terms of population. Therefore, as a group slowly shrinks, its influence will shrink at a similar rate. The Black race has always suffered from a disproportionately small degree of influence in society; it simply cannot afford to lose any more.

Only the future will answer the critical questions regarding the demographics of race in the United States. All we can do now is guess and speculate.

But we *do* know one thing - As Faye Wattleton surmised, Margaret Sanger would certainly have been proud!

Summary - Who Are the Real Racists?

"The whites are getting scared of us blacks getting control. Otherwise, all their population control programs wouldn't be directed at the ghettos. You've got Planned Parenthood ladies calling on us twice a day but nobody is knocking on doors in suburbia and rural areas."

— Mrs. Freddie Mae Brown of the Metropolitan Black Survival Committee of St. Louis.[50]

"Your wife say she's going to destroy your child, and I'm waiting to hear you talk like [your father] and say we a people who give children life, not who destroys them - I'm waiting to see you stand up and look like your daddy and say we done give up one baby to poverty and that we ain't going to give up nary another one."

- *Raisin in the Sun*.

After all is said and done, we must turn to a tried but true slogan to discern the identities of the true racists in the abortion battle: "What you are doing speaks so loud I can't hear what you are saying "

can't hear what you are saying.

So let us summarize the hard evidence in order to make our conclusion;

- Pro-abortionists sometimes allege that Adolf Hitler and other great villains were "pro-life." But, as Chapter 5, "The Holocaust Analogy to Abortion," describes in detail, Hitler prohibited abortion for Aryan women while legalizing and aggressively encouraging it in Eastern Europe. What kind of pro-lifer has ever done *that*?
- The modern pro-abortion movement arose *directly* from the eugenics movement, which was led by such people as Margaret Sanger, and which was supported by publicly avowed racists like Lothrop Stoddard and Madison Grant. The pro-abortion movement has never disavowed the views of Sanger, Stoddard or Grant.
- The definition of a "pro-lifer" is someone who sees things from God's viewpoint - that every human being has an immortal soul - and therefore believes that the life of *everyone*, regardless of sex, race or nationality, is equal from fertilization to the moment of natural death. The pro-life movement is completely inclusive when defending life. By contrast, the pro-abortion movement discards anyone who is not convenient or healthy or "wanted" at the time. Who is more truly inclusive?
- Pro-lifers do not discriminate against anyone when trying to rescue human lives. By contrast,
- Pro-abortionists discriminate against handicapped preborn babies;
- Pro-abortionists discriminate against preborn babies who are not the right sex, through sex-selection abortions.
- Pro-abortionists discriminate against preborn babies who they deem "inconvenient" or "unwanted." This is the heart of all oppression.
- Pro-abortionists have a long and sordid history of discrimination against preborn babies and other people who have darker skin. For example, pro-abortion people have tested abortifacients and sterilizing agents such as Depo-Provera, Norplant and quinacrine on the women of developing countries.
- Pro-abortionists operate many more abortion clinics in minority neighborhoods than they do in White neighborhoods. They have killed more than *26 million* preborn minority babies, more than Hitler could ever have dreamed of. They kill minority women twice as frequently as White women through so-called "safe" and legal abortion (see Chapter 19, "United States Abortion Statistics," for documentation).
- Many leading pro-abortionists have uttered racist slurs, as shown above. Not a single pro-life leader has ever done so. You can rest assured, we would have heard all about it if one had.
- Finally, there is not a single pro-abortion group oriented towards Black people. Certainly there are occasional token Blacks used as tools by the pro-abortion movement - Faye Wattleton was one example - but all of the issue-oriented Black groups are on the pro-life side. Some of these are listed below.

Now, we ask again - *who* are the racists?

[Go to Next Topic: Minority Pro-Life Organizations](#)

[Return to *The Racism of Abortion* Table of Contents](#)

Footnotes for "Summary-Who Are the Real Racists?"

[49] Peace and civil rights activist Dick Gregory, in his speech to the third annual National Youth Pro-Life Coalition Thanksgiving for Life convention, November 21, 1974.

[50] Mrs. Freddie Mae Brown of the Metropolitan Black Survival Committee of St. Louis at the First National Congress on Optimum Population and Environment, held in Chicago in June 1970. Quoted in the Population Reference Bureau's *Population Bulletin*, November 1970.

Facts of Life: Chapter 6: The Racism of Abortion: Minority Pro-Life Organizations



 SHARE

Minority Pro-Life Organizations.

African-Americans for Life/Save the Seed Ministries
Post Office Box 3833
Columbia, South Carolina 29230

Association of Black Catholics Against Abortion
Dolores Bernadette Grier
1011 First Avenue
New York, New York 10022
Telephone: (212) 371-3060

Blacks for Life
1700 West Congress
Milwaukee, Wisconsin 53209
Telephone: (414) 442-1265
E-mail address: NCBCJD921@CS.COM

BOND (Brotherhood Organization of a New Destiny)
Post Office Box 35090
Los Angeles, California 90035-0090
(323) 782-1980
Web site: <http://www.bondinfo.org>

International Black Women's Network [IBWN]
Post Office Box 90972
Washington, DC 20090
Telephone: (301) 277-1122
FAX: (301) 699-0792

LEARN [Life Education and Resource Network]
Reverend Johnny Hunter, D.D., Director
Post Office Box 4900
Fayetteville, North Carolina 28311
Telephone: (910) 488-9936
Web site: <http://www.learninc.org/>

LEARN Northeast
Pastor Clenard H. Childress, Director
Post Office Box 157
Montclair, New Jersey 07042
Telephone: (866) 242-4997
Web site: <http://www.blackgenocide.org>

National Black Pro-Life Union
Day Gardner, President
Post Office Box 76452
Washington, DC 20013
Telephone: (202) 834-0844
Web site: <http://www.nationalblackprolifeunion.com>

VIDA Humana Internacional Sucursal en Miami de
(Human Life International - Miami)
45 SW 71st Avenue
Miami, Florida 33144-2613
Telephone: (305) 262-6464
FAX: (305) 261-8456
Web site: <http://www.vidahumana.org/>

[Go to Next Topic: Further Reading on *The Racism of Abortion*](#)

[Return to *The Racism of Abortion* Table of Contents](#)

Facts of Life: Chapter 6: The Racism of Abortion: Further Reading on The Racism of Abortion



 SHARE

Further Reading: The Racism of Abortion.

"The Negro cannot win as long as he is willing to sacrifice the lives of his children for comfort and safety."

— Alveda King, recalling the words of her uncle, Martin Luther King Jr., quoted in Deirdre A. McQuade. "Abortion, Non-Violence and the Black Community." *Arlington Catholic Herald*, June 22, 2006, page 10.

Star Parker, Phillip Johnson, and Joy Harris. "The Effects of Abortion on the Black Community." *A Policy Report* of CURE [the Coalition on Urban Renewal & Education], 6033 West Century Boulevard, Suite 950, Los Angeles, California 90045, telephone: (310) 410-9981, FAX: (310) 410-9982. This report explores the social and psychological effect of widespread and easily-available abortion on the African-American community in general and on Black individuals in particular. This report is available for \$10.00 from CURE's Web site at <http://www.urbancure.org>.

Robert Bluford and Robert E. Petres. *Unwanted Pregnancy* [New York: Harper and Row, 1973]. A frightening book that advocates the elimination of the unwanted and undesirable, precisely as Binding and Hoche did more than a half-century ago as they laid the foundation for the Nazi mentality and the resulting Holocaust.

William Brennan. *The Abortion Holocaust: Today's Final Solution* [St. Louis: Landmark Press, 1983]. Reviewed by David H. Andrusko on page 6 of the March 10, 1983 issue of *National Right to Life News* and on page 34 of the April 1984 *ALL About Issues*. This book is an incredibly detailed presentation of the hundreds of parallels between the Nazi holocaust of World War II and the one going on in the United States right now. It traces the development of the holocausts from years before they 'went public' to their final horrible configurations. The best available documentation of the more than 225 intimate parallels between the original Holocaust and the one now being perpetrated in our country. A 'must read' for pure interest and fascinating facts.

Eugene F. Diamond, M.D. *This Curette for Hire* [Thaxton, Virginia: Life Issues Bookshelf]. The author discusses the deterioration of medical ethics and the critical role of the doctor in all anti-life activities: abortion, fetal experimentation, sterilization, euthanasia, infanticide, sex therapy, and more.

Robert G. Marshall and Charles Donovan. *Blessed Are the Barren: The Social Policy of Planning Parenthood* [San Francisco: Ignatius Press]. Reviewed by Mary Meehan on page 5 of the November 29, 1992 *National Catholic Register*. This volume provides lots of detail on the Planned Parenthood connections with racist eugenics, the effort to capture the Black leadership, and its ability to tap into hundreds of millions of dollars of tax and private money.

tax and private money.

Lothrop Stoddard, Ph.D. *The Rising Tide of Color Against White World-Supremacy* [New York: Charles Scribner's Sons, 1921]. Reprinted in 1971 by Negro Universities Press, Westport, Connecticut. A classic racist book that clearly and vividly demonstrates the kind of thinking that led to eugenics, the current-day racist abortion program in the United States, and the Nazi mentality.

Reverend Jesse Jackson, Jr. "How We Respect Life Is Over-Riding Moral Issue." *National Right to Life News*, January 1977. Jackson stuck his finger in the wind a few years later when he decided to become a politician, and switched his stance to pro-abortionism.

[Return to *The Racism of Abortion* Table of Contents](#)

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion



A Brief Historical Overview of the Abortion Debate

What the Anti-Lifers Say

Introduction and Overview

A Brief Historical Overview of the Abortion Debate

The Prevalence of Illegal Abortions

Claims by the Pro-Abortionists

An Estimate of Illegal Abortion Prevalence

How Many Women Died Due to Illegal Abortion Complications?

Introduction

Pro-Abortionists Repudiate the Claims

The "Official" Figures Are Confirmed By European Experience

Documentation Problems?

The Way it Was: Illegal Abortions Before *Roe v. Wade*

First: The Way It Wasn't

The Illegal Abortions and Their Supporters Speak

Lifestyles of the Rich and Unscrupulous

Recalling the "Bad Old Days" for Current Political Advantage

The Battle of Gory Photographs

General Conclusions

The Increasing Threat to Maternal Health Posed by Legal Abortion

Introduction and Overview

The Back-Alley Abortion Mills Move to Main Street

Moneymaking Machines

What is the Actual Degree of Abortion Mortality Underreporting?

Overview

Flaws In the "Official" Abortion Death Count

(1) Reporting is Entirely Voluntary and is Therefore Incomplete

(2) Most Deaths Occur After The Victim Leaves the Abortion Mill

(3) Travel Hinders Identification

(4) Mistrust of the "System" By Members of Minority Groups

(5) Death Certificates Often Reflect Other Causes of Death

Calculating the Correction Factor

The Worldwide Abortion Conflict

Introduction and Overview

The Allegations Regarding Worldwide Maternal Deaths

An Estimate of Worldwide Maternal Deaths Due to Illegal Abortion

The Pro-Abortion "Case" Against Childbirth

The Pro-Abortion Claims

Comparing Grapes and Watermelons

Why Do Pro-Abortionists Make This Comparison in the First Place?

What About Other Dangers?

Background on Abortions Performed for Health Indications

The Abortionists Speak Honestly

The Mental Health Exception = Abortion on Demand

Calculation of Relative Hazard Levels: Proposal for An Original Approach

- (1) Comparison Using Standard Definitions
- (2) Redefining the Parameters
- (3) Summary and Conclusions

The Dangers of "Home Abortion"

So Who's Concerned?

Home Abortion Kits ...

... And Home Abortion Parties

Making Money Off Women's Pain

Summary and Conclusions

Further Reading on Maternal Deaths and Abortion

Lexicon: Assisted Procreation and IVF-ET



SHARE

By Jean-Louis Bruguès

From the perspective of 22 years of the use of different techniques referred to as "medically assisted procreation" (artificial insemination, in vitro fertilization, GIFT- Gamete intrafallopian transfer-, ICSI-Itracitoplasmic sperm injection- in particular) we understand better today why the Church has firmly condemned these practices. In reality, the very term "assisted procreation" is completely misleading because we are mainly not dealing with "assistance" (which the Church is the first to approve of), but with a substitution. The marital bed is replaced by the laboratory. The husband is replaced by the doctor manipulating the gametes and the union of bodies is replaced by a purely technological act. Medically assisted procreation introduces, with full knowledge, a breach in the most private area, the most personal and perhaps most rich part of the human person. Even if one day improvements in the techniques made it possible to avoid the massive destruction of human embryos currently tied to the practice of in vitro fertilization (IVF) (96% of the embryos are thus "created" only to be discarded) which make it unacceptable, one would still have to nevertheless continue to condemn the procedure which, in the end, is dehumanizing.

Louise Brown was born on July 25th 1978 in Great Britain. She was to be called the first "test-tube baby". The little girl in fact had been conceived thanks to an *in vitro* fertilization accompanied by a transfer of embryos. This technique was going to be recognized worldwide as IVF-ET (*in vitro* fertilization and embryo transfer). It has developed in the past 20 years, notably in the context of GIFT (Gamete intrafallopian transfer), but the principle is the same: obtaining the sperm through masturbation, taking the oocytes found using coelioscopy or a sonogram, their production having been stimulated (six to ten are obtained, instead of only one per cycle), fertilization of all the oocytes, implantation of several of the embryos obtained in this way - usually three - in the uterus of a woman who may belong to the initial couple (homologous fertilization) or of a different woman (heterologous fertilization), freezing of supernumerary embryos in liquid nitrogen at 196°C below zero. Pregnancy takes place normally, except that in the case of a heterologous IVF-ET, the child is taken away from the "bearing" mother right from his birth to be given to the social mother.

IVF-ET is indicated essentially in the case of female tubular sterility, when the destruction or blockage of the Fallopian Tubes render impossible, despite normal ovarian production, the encounter of the oocytes and of the sperm in the uterine milieu. It is also proposed in other cases of female sterility: absence of cervical mucus, endometriosis, idiopathic sterility...

Looking at the different stages involved in IVF-ET shows that recourse to this technique raises considerable moral objections. These are grouped into four categories: the questions tied to the dissociation of the acts, those tied to the dissociation of blood

relations, the status of the human embryo, and finally, the questions which arise from the new perspectives opened up by this technique and its generalization. Let us analyze them one after the other.

MORAL QUESTIONS TIED TO THE DISSOCIATION OF THE ACTS.

There exists a double dissociation: the one rendered necessary to obtain the sperm and the substitution of the sexual act by a technical act.

•a) The medical community speaks of procuring a sperm sample. In reality, the sperm is obtained by masturbation. Certainly, this act does not present the same moral malice as that habitually attributed to it by Catholic morality. It is neither an act of intemperance, through lack of self-mastery nor the seeking of a solitary pleasure, nor a refusal of procreation, since it has become in a sense its *sine qua non* condition, nor refusal of sexual relations, since the embrace of their bodies still unites the spouses - in each of these cases envisaged by classical theology, masturbation is qualified as a "gravely and intrinsically disordered act" -, this action however "remains deprived of its unitive meaning" (*Donum Vitae*, II, 6).

•b) The second *dissociation between the sexual act and the act of procreation* is even more difficult to analyze. Reduced to its simplest expression, the question posed is the following: does the desire for a child, which is otherwise legitimate, permit the substitution of a technical act for the sexual act? According to Catholic doctrine, there exists an "inseparable connection, established by God, which man on his own initiative may not break, between the unitive significance and the procreative significance which are both inherent to the marriage act" (*Humanae Vitae*, 12). A first objection is then raised by Catholic morality in the face of IVF-ET, even if homologous: this technique injures the integrity of the act of procreation in its most profound meaning. The Magisterium has not followed the path of the so-called principle of totality, indicated by a few theologians for whom the dissociation became acceptable in the measure in which the technical act of procreation (fertilization of the oocytes) inserted itself into an ensemble of sexual acts through which the spouses continued to manifest their love and to give themselves to each other.

A second objection consists in recognizing that in substituting a technical act to the embrace of the bodies, the relation to the child is perverted. The child is no longer a gift, but a right so that the childless couple would have the right to demand that society place at their disposal the necessary technique to satisfy such a desire, and then the right to demand that technicians "produce" a perfect child. From the moment the technique is applied to human procreation, it causes, as it does anywhere else, the dream of perfection. The child is no longer just "ordered" in a general way but is to be customized down to the last detail. The slightest imperfection is looked for. IVF-ET is thus accompanied by what is called "ordinary" eugenics. The desire for a perfect child assigned to the technique defies any unwished for or programmed difference. The child is wounded in its otherness. Only the sexual act of the encounter between the two

bodies respects this otherness.

SEPARATIONS IN KINSHIP

What has just been said is valid for the principle of IVF-ET. The questions examined in this second part are about recourse to a third person, separate from the couple. In the case of dissociation of kinship, we speak of heterologous IVF-ET.

•a) IVF-ET becomes heterologous, in a broad sense, when it calls for another much older assisted procreation technique, *artificial insemination with intervention of a third donor* of sperm. Catholic reflection on this has led to the formulation of a hitherto undefined right. The Magisterium evoked it on several occasions, without yet defining it in a categorical way. The *Donum Vitae* instruction speaks of the "child's right to be conceived and brought into the world in marriage and from marriage". It concludes: "Heterologous artificial fertilization violates the rights of the child; it deprives him of his filial relationship with his parental origins and can hinder the maturing of his personal identity" (*Donum Vitae*, II, 2). In several countries in fact, where "sperm banks" have been created, a couple in which the man suffers from infertility may have recourse to an anonymous donor. This anonymity constitutes an injury for the child who will never know his biological father, nor the family he is coming from; in depriving him of the knowledge of a part of his origins, it keeps him from reaching a full knowledge of himself. Legislation in several countries is currently coming nearer to recognizing this point and no longer is hesitant to evoke a right of the child to the knowledge of his origins.

•b) IVF-ET is said to be heterologous, in a strict sense, when it calls for a woman other than that of the couple, either as donor of her oocytes which are fertilized by the sperm of the husband, or to lend her womb and to carry the embryo until delivery, or to perform both operations, the gift of oocytes and lending her uterus. The practice of using "surrogate mothers" was controversial from its origins. It currently is even less favorably viewed, although it has not completely ceased to exist. Heterologous IVF-ET inflicts on the child a wound of a different nature than the last. According to the terms of the "rental" contract, often agreed to at high expense, the child is taken away from the surrogate mother right after birth. The long established relationship with this woman during the baby's intra-uterine existence, which is known to be critical for personality formation, is brutally interrupted. These stories of the selling or buying of children are as old as humanity. IVF-ET gives them a modern twist. As to the carrying mother, she is "instrumentalized": part of her body was bought, but she is forbidden to give herself to the child. How could she love the child she is supposed to abandon? In so doing, she abdicates her dignity: does not the responsibility to conceive and to bear a child inevitably lead to the responsibility of educating it? The couple is destabilized in the end. Certainly, recourse to a substitutional mother - or to a sperm donor - does not mean adultery, in the strict sense of the term, but it betrays the marriage vows, such as they are conceived by the Catholic tradition, which gives each spouse an exclusive right to the body of the other. The man and the woman find themselves no longer equal before the child who is the biological fruit of one, but not of the other.

Medically assisted procreations (MAP) thus destroys kinship relations. In an extreme situation, a child could have a biological father and social father who bestows his name, a biological mother (the oocyte donor), a surrogate mother, who lends her uterus, and a social mother. Who could maintain that this fragmentation is of little importance and that it does not disturb the construction of the personality of the child? We then see that these procreations bring to the fore the sole fulfillment of the desire of the adults, while relegating to the background the good of the child himself; they even do injury to some of his rights. From the point of view of human morality, does not the decision to give life to a child imply include the desire to give him the best, of guaranteeing him the best conditions of development? Anxious above all to protect the innocent child, Catholic morality brings forth a more radical proposition: every child has the right to be born of a legitimately married couple; "Heterologous artificial fertilization is contrary to the unity of marriage, to the dignity of the spouses, to the vocation proper to parents, and to the child's right to be conceived and brought into the world in marriage and from marriage" (*Donum Vitae*, II,2).

THE LEGAL STATUS OF THE EMBRYO

The moral objections just mentioned are important. However, those relating to the status of the human embryo are even more crucial. In theory, it would be enough to fertilize only one oocyte; but the chances of success of implantation of this one embryo are too slight, and technicians prefer, as mentioned before, to stimulate the production of oocytes, to fertilize all of them, then to implant a few and to keep the rest in reserve.

•a) *Two concrete situations* lead then to posing anew the question of the status of the human embryo.

- The technicians only implant a small number of embryos, usually three. They hope only one will reach maturity. If two or even three embryos implant and develop normally, they may decide, with the agreement of the woman or the couple, to take out one or two in order to avoid multiple births. This operation supposes selecting the embryos, therefore a choice; this relates to the "ordinary" eugenics, already mentioned and which has become so common in the MAP milieus. It is euphemistically called "embryonic reduction"; in reality it consists in voluntarily provoking one or more abortions.

- What happens to the surplus frozen embryos? Several solutions may now be envisaged. These embryos may be implanted in the future in the same couple, either because the first one failed, or because the couple wishes a new child several years later. They may also be given to another couple undergoing similar fertility problems; the operation may be performed free of charge - the embryos are donated - or at a cost - the embryos are sold. In the case of lack of interest on the part the initial couple, or of their death, the embryos may be abandoned for scientific research, used for commercial ends, for example in manufacturing cosmetics, or simply destroyed.

These frozen embryos, donated, sold, abandoned, used or destroyed, what are they in reality?

•b) IVF-ET thus brings up again *the philosophical question* of the status (we would prefer to speak of the nature) of the human embryo at the heart of the technical predicament. Let us begin by recognizing that this practice was only established and generalized in countries having permitted abortion by depenalization or legalization.

In legislation inspired by Roman law, there exist only two categories: persons and property. Is the embryo a person or a thing? We know that two prevailing currents of thought clash on this decisive question. The first has become a clear majority opinion in the Western countries and especially among MAP technicians, who are often tempted by utilitarianism. It essentially comes back to the following proposition: it is the act of recognition, often called the "parental project", coming from the woman, the couple, the practitioners, even from society, which is the basis of humanity. Before this recognition, the embryo can be treated with the greatest liberty, according to the needs of the couple or society, because it would tend to be only an object. After recognition, it would be a developing human person with dignity and rights. The moment of this recognition varies depending on the desires of the persons and national laws.

Without pronouncing decisively on the moment of ensoulment - immediate (as in Gregory of Nyssa) or progressive (as in Thomas Aquinas) - the Catholic tradition has always held that the embryo, that is the being resulting from the fusion of the gametes emanating from a man and a woman, was entirely human and had to be treated "as if it were a person", enjoying the dignity and rights attached to this concept. "The human being is to be respected and treated as a person from the moment of conception; and therefore from that same moment his rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life" (*Donum vitae*, I, 1). In consequence, it is absolutely unacceptable to voluntarily provoke an abortion. The first prevailing opinion is voluntaristic. The Catholic tradition sees itself as "realist"; it chooses an apparent biological criterion: present scientific knowledge, in fact, certifies that the being resulting from the fusion of the gametes is already unique and has a complete genetic patrimony. It does not become human: from the fusion of the gametes until puberty, it is the same human being developing autonomously, without knowing any significant discontinuities.

c) This position leads to the *following practical consequences*:

-- every voluntary destruction of an embryo is an abortion. Therefore it may not be admitted by the Catholic conscience.

-- The Roman instruction *Donum vitae* determined that the freezing of embryos was not in conformity with human ethics: "...those embryos which are not transferred into the body of the mother and are called "spare" are exposed to an absurd fate, with no possibility of their being offered safe means of survival which can be licitly

pursued" (*Donum vitae*, I,5).

-- Since the abolition of slavery, it is forbidden to give or to sell a human person. It is therefore contrary to their dignity to dispose of human embryos by sale or free of charge.

-- It is absolutely contrary to the dignity of the embryo to be used for commercial ends.

-- Like all human beings, the embryo can be the object of observation by practitioners, provided it does not expose the embryo to any risk. Similarly, we may recognize as licit, and sometimes even necessary, experimentation on the embryo, when the research is oriented towards the good of the embryo, for example the treatment of a disease or for its survival.

d) One particular question will take on greater importance in the years to come: are *research and experimentation* on the human embryo legitimate?

If this research and experimentation aim at insuring the good of the embryo (if for example they try to heal it), they are morally acceptable. The embryo is then considered as a human person, apt to receive care, even if they incur the risk inherent to all medical experimentation. On the other hand, it is not in conformity with the dignity of the human embryo to be used in scientific research or experimentation for the needs of society (*Donum vitae* I, 4). This question is of great importance currently. One must understand in fact, that at the origins of IVF-ET oocytes were fertilized because we did not yet know how to freeze them, and the embryos were frozen. Scientific articles published in the course of the past few months have just confirmed the successful freezing of oocytes. It has therefore become unnecessary to produce spare embryos in order to freeze them. Yet in Western countries, pressure from drug companies and even public opinion has become particularly strong: we expect from the experiments on embryos significant advances in improving drugs and treatments of certain diseases. Will the legislator resist the alliance of utilitarian mentalities and financial interests? Probably not. Here again, we will have recourse to linguistic sleight-of-hand: while we will continue to strongly affirm that one may not "manufacture" human embryos for research and experimentation, we already speak of "totipotent" stem-cells created for the express purpose of research and experimentation to which we deny the name of embryos. IVF-ET has then opened the door to the massive production of human embryos which, destined to serve the needs of society, are set aside and then destroyed.

OPEN PERSPECTIVES FOR IVF-ET

In its beginnings, IVF-ET was presented as a technique to fight infertility. In reality, it does not treat infertility itself, since after the coming of the child, the woman will still have the same difficulties; she contents herself to go around it.

However we did perceive well that this technique opened the perspective of a real abyss for the future of man, such as ectogenesis, the gestation of human embryos by animal species, cloning, embryonic biopsy, the substitution of the embryonic nucleus by a nucleus sampled from an adult human being, not to mention so called preventative

by a nucleus sampled from an adult human being, not to mention so called preventative medicine...

Faced with such perspectives, the human spirit may oscillate between *two attitudes*. The first would be that of awe and enthusiasm: has not man become able to penetrate into the arcane mysteries of nature and take for himself some of her secrets? Catholic morality chooses another attitude. Certainly, technical progress is worthy of the greatest encouragement. But it ought not to be done at any price. It is not itself an ethical imperative. IVF-ET confers on humans, or for the whole of society, a right to life and death over its most weak members: embryos. God alone possesses this right. The danger that increasingly manifests itself consists exactly in allowing one to believe that man has already become a demi-god and that he occupies the place left vacant by the driving away of all transcendence by secularization.

The desire for a child is one of the most admirable there is, but it has a strong narcissistic component. A dark future may be feared when it allies with scientific techniques and requires of them this perfection expected of old from a divine miracle. Human freedom has everything to fear from such an alliance.

BIOETHICS COMMITTEES

By Elio Sgreccia

Bioethics Committees (BCs) went from emergency bodies to having a support function and becoming a constant point of reference, so much so that by March 31st 1976 they were formally instituted by a sentence of the Supreme Court of New Jersey. There are four main reasons for which the support of such Committees may be justified: 1) to bring together disciplines, that are becoming ever more specialized and susceptible of considering cases sectorially and reductively to safeguard the good of the entire person in the different phases of research and assistance; 2) to find a common field of dialogue - among the various models and visions of man and over the ethical problems in healthcare - allowing for a confrontation of the various ethics, including the so-called secular ones; 3) to spare physicians from bureaucratic, political and economic restrictions, granting them a just deontological autonomy in their decisions; 4) finally, to safeguard the rights of the patient. Today UNESCO tends to become a reference point for institutional bioethics: it has an inter-ministerial committee composed of ministers or delegates of the member countries. Furthermore, within the European Union and various other nations, at national and local levels, there are many BCs. BCs have two critical characteristics: interdisciplinarity and pluralism. In the first instance respect for the autonomy of the various disciplines involved is sought, while these disciplines agree on their behalf to combine their findings for a judgment that might offer a better answer to the ethical requirement of being licit or not, and under what conditions. A major challenge in respecting the autonomy of the various disciplines, lies in the integration of their judgments - especially while evaluating them ethically and expressing them according to anthropologic values - with the deontological and juridical norms. In the second instance, pluralism, the challenge is quite complex, since what is at stake is to reconcile models that are completely different and at times even opposed, also in relation to different religions. Neither the application of minimal ethical standards nor the mere careful following of procedures (informed consent of the patient, majority ethics, etc.) nor the existing international reference points, such as the Helsinki Declaration, are always satisfactory solutions. The following contribution offers some models of methodology that may help in such complex cases. (ä Biotechnology: the State and Fundamentalism; Informed Consent; Family Counseling Centers; A New Paradigm of Health; What Bioethics?; Quality of Life; Reproductive Health)

INTRODUCTION

It is known for being an institution or organism consisting of specialists of various disciplines, who are consulted with the aim of clarifying problems of a bioethical nature that may arise in biomedical research at the level of treatment or management.[\[1\]](#)

Bioethics has been defined as a systematical reflection on the problems posed by

interdisciplinary and pluralistic bio-medicine, in the light of moral principles and norms:[2] therefore various sciences may be involved, experimental or non-experimental (biology, medicine, law, ethics etc.), and specific themes may be tackled starting from different moral visions and theories (utilitarianism, contractualism, personalism, liberal ethics etc.). The Bioethics Committees equally consist of many disciplines and specialists of various disciplines (interdisciplinarity); each of them may host persons that refer to different moral and philosophical visions (pluralism).

Pluralism may be superseded when such committees are bound to guidelines that refer to one specific vision; for instance: Catholic hospitals will refer to Catholic morals; but where public scientific or health institutions are concerned, pluralism and a knowledge of the various ethical theories or visions are required even from the specifically religious Bioethics Committees, so that the users and the public may consult them and ask for meetings and justification of the decisions that are being made.

How pluralism is managed within the Bioethics Committees is the most delicate item of their life and validity and, as we will specify later, it even represents one of the reasons for their existence.

For this reason we wish to briefly go over the historical beginnings of this organism, so that we may rediscover the reasons and motivations that are supporting the institution, and define the methodology and the problems it is interested in, their typology according to specific duties and institutional engagements, especially the criteria used for the elaboration of a judgment, and finally, the characteristics the Committees must have for them to function correctly.[3]

Historical origins

BCs arose first of all because of some situations that were at the limit of the paradoxical and the dramatic (the case of Karen Ann Quinlan and similar situations); today they offer themselves as a sustaining organ for decisions to be taken about protocols for experimentation, or about situations that may offer some innovative character or an uncertain ethical value; i.e., its function has shifted from that of an emergency body to a support function and a consistent point of reference.

Although a 1976 ruling of the Supreme Court of the State of New Jersey (USA) is usually considered as the historical date for the erection of the first formal BC as an institution, one should recognize[4] that from 1971, in a *Medico-Moral Guide* of the Canadian Catholic bishops, there was a proposal to create, in all Catholic hospitals, medical-moral commissions with some fundamental duties - including educational-formative duties - above all to apply in a single consistent way the *Ethical and Religious Directives for Catholic Health Care Facilities*, which the National Conference of the Catholic Bishops of the United States had published that year.

Undoubtedly, it was after the ruling of the Supreme Court of New Jersey issued on March 31, 1976 that one of the first BCs was formally instituted, and right from the start various problems arose connected with what function such committees should have.

Let us briefly remember how the decision of the American judges to create a BC developed from the Karen Ann Quinlan case. For a whole year this girl had been living in coma, caused by a very serious neurological trauma, and she had been refused admission by various hospitals and private clinics that considered her state to be irreversible. She was finally accepted in a clinic, the *Morris View Nursing Home*, and kept alive by sophisticated equipment, in a state of total unconsciousness. The question for public opinion in that far-away 1976, was whether keeping a person alive at all costs in such conditions was licit or whether it would be more just to let nature take its course. Instituting the committee, the Supreme Court put its components in charge of evaluating the reasonable possibilities for Karen Ann Quinlan to reemerge from that condition, with the precise aim to approve or disapprove the final decision: to definitively unplug the equipment keeping the girl alive. It was immediately noticed that the committee had not been asked to approve or disapprove of the decision to suspend care, but rather to deliver a truly clinical-prognostic judgment. Inside the clinic where the girl was hospitalized the committee requested by the Judges was created, consisting of two priests, the health director, a social worker, one physician and a legal counsel. However, doubts about the "competence" of this committee arose: in fact, if the duty assigned to it was to be strictly prognostic, why was there only one physician among its members, and, at that, not a specialist in neurology and not even directly involved in treating the patient?

Thus, as soon as these BCs began to exist in the United States, problems arose about their composition and their role.

Next to this contingent and dramatic motive that led to the institution of a BC, later on, as we already said, the use of such committees was suggested also in ordinary situations, for instance, with reference to protocols for experimentation on the sick or in situations that may occur in the health care arena and through biomedical progress. From being emergency bodies, BCs now function as a support and point of reference in daily practice. Even from the Catholic ethical point of view, as we already said, the need is felt for health workers not to be left alone to face unbearable responsibilities in addressing clinical cases that are becoming ever more complex and problematic. This is why the *Charter for Health Care Workers* recently issued by the Pontifical Council for the Pastoral Assistance to Health Care Workers refers to the role of the BCs in facilitating the choices that weigh upon the health workers and to oversee them.

BCs expanded rapidly at various levels, both in the *Common Law* countries and in those countries where legislation governs healthcare: today there are BCs at a national level, as a consulting organ of parliament and the government, and there are local BCs for research institutes and hospitals, and little by little this institution is becoming a component of the dialogue, orientation and decision-making at a pre-judicial and social

component of the dialogue, orientation and decision-making at a pre-judicial and social level.

REASONS FOR SUPPORT

The reasons for the BCs[5] vitality and their justification can be summarized in the following four points.

a) The first one is epistemological and consists in the requirement to recreate an "anthropological unity" inside the medical sciences milieu that is becoming ever more specialized and susceptible of treating health problems and situations of disease more sectorially and reductively. The need is felt to look for the good of the whole human person, both in research and while treating the person when it comes to healthcare.

b) The second reason is philosophical-cultural: there is a felt need for dialogue and for finding a common ground of agreement about various models and visions of man and the different ethical problems that refer to medical care. It is well known that there are strong differences and tensions between the various philosophical-ethical lines of bioethical thought. There are liberal models, models of utilitarianism, of contractualism, of principlism, of sociobiology. In our line of thought, that is open to rational reflection and to the contributions given by revelation, we have tried to rediscover a personalism with an ontological foundation, to be ready for an open field debate with the so-called "secular ethics". For the national, and today also for the international committees, this dialogue is the prevalent motivation and function of the committee. Frequent conflicts on the theoretical level, often (but not always) are lessened at the level of practical decisions, where concrete cases impose their elements of objective truth. Further on we will illustrate this aspect of difficult conflicts.

c) The third reason is deontological and political: One wants to support the physician and the deontological autonomy of his decisions in the face of possible bureaucratic conditioning and the risks of politicization, especially in periods of limitations on financial resources.

d) The fourth reason identifies itself with the need to safeguard the patients' rights in times of illness, and to resolve cases that are difficult to settle at the patient's bedside or when an emergency arises. Patient research protocols, the decision to revive or not to revive a low birth weight child in a critical condition, the procedures for organ removal, all require a congruous protection of the patient while supporting the physician's decisions. Sometimes clinical bioethics, though taught to doctors and researchers, does require facing a concrete case.

TYOLOGY AND FUNCTIONS OF THE BCs

CBs came into existence and spread very fast, with very different missions. President Carter had already created a *President's Commission* for the problems of genetic engineering. Reagan, his successor, confirmed the commission in 1983 while increasing its mandate; in France, since 1984 the *Comité d'éthique national consultatif* has been active, first nominated by Mitterand; in Italy, in 1990, by a decree of the President of the Council of Ministers, a national bioethics committee was created. So today in most states one can find a bioethics commission or committee at the national level; these committees have even gathered several times in *summits* celebrated in various parts of the world, and lately their presidents are invited by UNESCO where an international committee has been active ever since the Universal Declaration on the Human Genome was issued in 1997.

UNESCO has now become a point of reference for institutional bioethics, and in its meeting of 22-23 October 2001 there appeared a clear will to establish a universal orientation and to spread bioethics in the entire world, thus encouraging a kind of globalization of bioethics. During this meeting the publication of a universal code of bioethics was proposed, which could present the risk of a "minimal" and pragmatic ethics that is a least common denominator of culture instead of animating it with dialogue towards a growth in civilization.

Within UNESCO there is also an inter-ministerial committee, which is concerned with bioethics and consists of ministers - or minister delegates - of scientific research belonging to the participating countries. Furthermore, the existence of a Bioethics Committee within the Council of Europe, which has had several denominations (CAHBI, CAHGE, CDBI) should not be forgotten together with the one created at the heart of the European Parliament and concerning itself with genetic problems.

Besides this attempt at the "globalization" of bioethics and UNESCO's coordinating the web of national committees, one should consider that each of these committees has produced documents and opinions that constitute an important source for research.^[6] Furthermore, there exists a second level of committees, the "local" ones, which can also be operative at the level of research institutes or in hospitals; at times hospitals, for instance university hospitals, are also research institutes themselves. New committees arise at the hospital or research institute's initiative, with a charter approved by management following traditional norms or by specific ministerial decrees.

Again, these local committees, and especially the hospital ones, can be oriented towards verifying protocols of pharmaceutical experimentation, according to codified norms (in Europe these norms are contained in directive n. 91/507/CEE of July 19, 1991, entitled *Good Clinical Practices*), or else they can include other finalities also, such as formulating opinions about borderline cases or cases that are difficult to resolve at the level of medical care for patients, and even taking the mission to educate personnel on ethical themes, and more generally, to look after the quality of care being given.

The ends, procedures, the number and qualifications of members must be specified in

the charter and, especially where clinical experimentation is concerned, they must be governed closely by the international documents on deontology (Helsinki Declaration, *Good Clinical Practices*) and by the national laws and/or decrees.[7]

METHODOLOGY AND ELABORATED OPINIONS

Considering their various typologies, for a profitable functioning of these committees two important characteristics have to be reconciled: interdisciplinarity and pluralism.

Interdisciplinarity, which is typical of bioethics, requires that the autonomy of each discipline that concurs in the examination of the specific cases and situations be respected; on the other hand it requires their respective contributions be integrated so that an ethical judgment may be reached: whether the decision is / licit or not / and what are the required conditions for it to be licit?

That the autonomy of each discipline should be respected is something already required by Vatican Council II,[8] and this autonomy is based on the fact that each discipline has its specific arena, its own methodology of research, its criteria for judgment; biology, statistics, ethics, law and deontology, all have different standards of reflection, specific research methodologies and criteria for judgment that agree and are consistent within their own research milieu. In a BC that consists of a physician, a gynecologist, a pharmacist, a specialist in statistics, an ethicist, a deontologist and a jurist, whenever these members will have to make a judgment about experiments with a medicine that may affect the fetus of a pregnant woman, each of them will have to make their own judgment: what are the risks, whether such a risk is justified and proportional, how frequent its occurrence may be, what deontology, ethics and the law have to say about it; these data have to be integrated so as to reach a judgment about the protocol being acceptable or not and to make a decision.[9]

But again, integration can be understood in various ways, according to whether the data to be incorporated belong to the same area of knowledge pertaining to the experimental sciences or else an integration is called for between data belonging to the experimental sciences and those pertaining to values and norms. In the first case, for instance, data coming from biology, pharmacology, gynecology, statistics, belonging to the same experimental area it will be enough for the results to be added one next to the other as in a circle, to formulate a judgment about their factual reality.

When evaluating the data ethically and confront them with values, what is needed is a "triangular" figure, consisting in examining the scientific fact globally and objectively in its entirety (for instance, the data that are known about the taking of a specific drug by a pregnant woman in the light of biology, pharmacology, gynecology, embryology, statistics etc.), after which one has to consider what this implies as far as its anthropological value (the woman or the baby's health) is concerned; and finally what possible side-effects and bioethical considerations may mean in the light of values and norms, and also what norms are already at hand at the deontological and juridical level.

This brings us more or less to the following figure:[\[10\]](#)

(Figure not included)

It seems to us that only with this kind of methodology can one be respectful of the autonomy of the sciences and their epistemology, while guaranteeing an interdisciplinary debate that may lead to a bioethical judgment.

The answer is more complex in the pluralistic application. As we know, except for the case of scientific or hospital centers that are formally and from the start professing the same ethical vision (for instance Catholic hospitals and centers), BC components or members, be they professionals or not, may refer to ethical models that differ and are sometimes even opposed to each other; their orientation may be liberal, utilitarian, contractualistic etc.

It is not always possible to reach an agreement by simply confronting single cases and decisions. Pluralism is found also as far as various religions are concerned.

What should the procedures be, for a consensus decision or at least for some decision to be reached?

It would seem that, in relation with the patient or the citizen's good, the path of "minimal ethics" cannot be embraced. Even if we admit that a lowest common denominator could be found between the various currents of thought, which at times can be strongly contrasting, very often what has to be faced is the whether or not to accept the maximum value or not, i.e. life or death: for example, to help a low birth weight newborn baby at risk to live or let it die, to allow assisted suicide or not, to allow "therapeutic" abortion or not.

Nor does a procedural theory seem acceptable, that would consider any decision valid as long as procedures are followed (informed consent of the patient, majority of patients, obeying the law, etc.), because procedural ethics is the ethics of the majority, and does not take into account the objective good nor the person who cannot express their own consent. In fact, some procedures are being used that are founded on criteria that already have a certain consensus: starting from the legislative datum (not always coinciding with ethics) one can examine the datum of the "rights of man" codified by conventions, declarations, recommendations, directives issued by institutions that are present in each continent; in Europe numerous series of norms have been issued by the Council of Europe, by the European Parliament and their BCs.[\[11\]](#) Each BC that is operating in the hospitals or in the research centers considers as a valid reference point the documents of a deontological nature issued by the World Medical Association, particularly the Helsinki Declaration, that up to today has been updated various times, whenever new problems have been arising.[\[12\]](#) The deontological codes that are being published and updated by the doctor's associations - in those countries where they exist

published and updated by the doctor's associations - in those countries where they exist - often allow for differences to be overcome, at least within a specific territory.

We- who make reference to the foundation of an ontological personalism - uphold that debate and dialogue should turn towards the global good of the person and should search for the common good through the realization of the good of the single person. The chart which we are reproducing here may help as an orientation for this methodology.

(Chart not included)

But a few controversial items will remain, and require the formulation of the majority or the minority and even the signature of a single member.

This is not only possible but also a duty, because BCs have a consultative character and leave the responsibility on the professional (researcher or physician), who will have to decide, and the presence of different opinions will help him take the decision that remains the responsibility of the person invested with authority.

This does not decrease the importance or the merits of the said committees whose opinions are often required, if not absolutely binding in nature: the effort in searching for a dialogue, for a cultural elaboration and facing the data represent a real patrimony also as far as ethical and bioethical literature are concerned.[\[13\]](#)



[\[1\]](#) In today's literature the prevalent use of the Genitive (Committees of ethics or bioethics as used in Italian) instead of the adjective form (Ethic Committees), intends to explicitly stress the subject-matter and not the quality of the persons or the institution involved. We will use the term Committees of bioethics (Comitati di bioetica (CdB)). The English term is *Bioethics Committee* (BC).

[\[2\]](#) See the definition of bioethics in *Encyclopedia of Bioethics*, New York ²1995, It states: "the systematic study of the moral dimensions--including moral vision, decisions, conduct, and policies--of the life sciences and health care, employing a variety of ethical methodologies in an interdisciplinary setting" (p. XXI).

[\[3\]](#) For an essential bibliographical information, we suggest: R. J. Levine, "Research Ethics Committees", in W. Reich (ed.), *Encyclopedia of Bioethics*, New York 21995, IV, 2266-2270; C. J. Dougherty, "Clinical Ethics", in Reich, *Encyclopedia of Bioethics*, I, 409-412; E. Sgreccia, *Manuale di bioetica*, Vita e Pensiero, Milano 1999, 235-282; Pontificio Consiglio per gli operatori sanitari, *Carta degli operatori sanitari* (1995), 8; A. Anzani "Comitati di etica" in *Dizionario di bioetica* FDR-ISR Bologna 1994 162-167

[4] These directives were successively reconsidered in 1975 and more recently in 1994 (Cf. National Conference of Catholic Bishops, "Ethical and Religious Directives for Catholic Health Care Services", in *Origins* (1994) 24/27, 449-462. As far as BCs are concerned, Directive 37 foresees that "an ethics committee or some alternate form of ethical consultation should be available to assist by advising on particular ethical situations, by offering educational opportunities, and by reviewing and recommending policies. To these ends, there should be appropriate standards for medical ethical consultation within a particular diocese that will respect the diocesan bishop's pastoral responsibility as well as assist members of ethics committees to be familiar with Catholic medical ethics and, in particular, these Directives".

[5] Sgreccia, *Manuale di bioetica*, 239-242.

[6] The Italian National Committee (CNB) has already issued 30 documents.

[7] Cf. A. G. Spagnolo - A. A. Bignamini - A. De Franciscis, "I Comitati di etica fra linee-guida dell'Unione europea e decreti ministeriali", in *Medicina e morale* 6 (1997), 1059-1098.

[8] Vatican Council II, *Gaudium et Spes*, 36.

[9] This notion of "integration" came to me after reading some suggestions made by philosopher-theologian Bernard J.F. Lonergan, whose works are now being published by Città Nuova, (a cura di P.N. Spaccapelo e S. Muratore): I have tried to apply this methodological opinion to our present discussion on a confrontation between experimental sciences and philosophical anthropology.

[10] Sgreccia, *Manuale di bioetica*, 242.

[11] Conseil d'Europe, *La santé face aux droits de l'homme, à l'éthique et aux morales*, Strasbourg 1996.

[12] Helsinki Declaration, 1962, modified at Helsinki in 1964, updated in Tokyo in 1975, Venice in 1983, Hong Kong in 1989 and Somerset-West (South Africa) in 1996.

[13] Having been a member of many committees, at the national level and in various hospital or research milieus, I have noted that only rarely does the necessity arise to verbalize a motivated minority opinion or a single dissent, on many opinions and documents in which I participated in the discussions, even if at times discussions may become lively and lengthy.

Facts of Life: Chapter 2: Abortifacients: (1) Oral Contraceptive Pills (OCPs)--Part 2



SHARE

Pregnancies While Using the "Infallible" Pill. From the very first day that it was introduced, the oral contraceptive has been hailed as the solution to "unwanted pregnancies" and the enabler of the "sexual revolution." Continued allegations of high efficiency, combined with the easy availability of abortion as a "backup," have inevitably led to widespread careless use of the Pill. Then the anti-life mentality leads women whose birth control fails to feel entitled to an abortion of the life that technology failed to prevent.

Only about 11 percent of all women who use the Pill do so correctly, according to a 1989 study.[13] This carelessness is the major contributor to an incredible number of unintended pregnancies, especially among younger women. U.S. women who are on the Pill experience nearly a million unintended pregnancies annually, and more than 40 percent of these occur among women 15 to 24 years old. [14]

The *method* effectiveness of the oral contraceptive pill is 99.7 percent per year. This percentage sounds extremely high; but the method effectiveness refers to the efficiency of the Pill when a woman is in excellent health *and uses the Pill without error*. When user error and illness is factored in, the result is the actual, or "real world" *user* effectiveness rate, also known as the overall effectiveness rate, which is only 92 percent per year.[15]

Veteran abortion statistician Christopher Tietze has defined the user effectiveness rate as "Performance under real life conditions, including any accidental pregnancies during regular or irregular use of the method under study by *excluding* pregnancies following discontinuation of contraception or adoption of another method." [16]

As mentioned before, the "real world" effectiveness rate for the birth control pill is 92 percent per year. This still sounds fairly high until one calculates the probability of a woman becoming pregnant over an extended period of time when using the Pill, as shown below.

Figure 2-5

Cumulative Probability of Pregnancy Among Women Using Oral Contraceptives

Period of Pill Use	Probability of Pregnancy
6 months	4%
1 year	8%
2 years	15%

2 years	10%
3 years	22%
4 years	28%
5 years	34%
7 years	44%
10 years	57%
<p>Note: Accumulated failure rates are calculated with the formula $1-(1-f)^n$, where f equals the failure rate and n equals the number of years.</p>	

In summary, if a sexually active girl of 15 starts using the Pill, and uses it continuously, *there is a nearly 50 percent chance that she will become pregnant by the time she is 22!*

This statistic is verified by pro-abortionists, including Dr. Christopher Tietze, who said that "within 10 years, 20 to 50 percent of Pill users and a substantial majority of users of other methods may be expected to experience at least one repeat abortion." [17] Tietze is referring to the young women that sidewalk counselors see in droves, trooping into the abortion mills with bemused expressions on their faces and saying "It's okay because my birth control failed!"

Note that Tietze is speaking about *repeat* (second or more) abortions here. These statistics are significant when one considers that one of the primary goals of school-based clinics (SBCs) is to distribute contraceptives and abortifacients to teenagers without parental consent or knowledge (see Chapter 17 for more information on sex education and SBCs).

These rates are in line with Alan Guttmacher Institute figures that show that half of all abortion patients in 1987 were practicing contraception during the month in which they conceived, and a substantial proportion of those who were not doing so had stopped using a method only a few months before becoming pregnant. The majority of abortion patients who had stopped using a method prior to becoming pregnant said they had most recently used the Pill. [18]

Naturally, these and other statistics are never divulged by those who operate school-based clinics or who push comprehensive sex education programs in our public schools.

For further statistical information on the failure rate of the Pill and other contraceptive methods, see Chapter 21, "Contraception."

The Pill: Unsafe At Any Speed. United States Federal courts have classified the birth control as "unavoidably unsafe." [19] This means that, implicit in a woman's consent to use the Pill is an acknowledgement of physical risk — even if she is not entirely informed of all of its dangers.

This legal classification means that women damaged by the Pill have a much harder time recovering damages. Dr. John Hildebrand, an expert in the field of human

reproduction, estimates that more than 500 women die every year because of pill-induced effects. This startling number is confirmed by figures provided by the Alan Guttmacher Institute (the world's foremost abortions statistics analyzer) and one of the foremost abortionists in the United States, Warren Hern, as shown in Figure 2-6.

It is ironic indeed that the same pill that the gender feminists pushed so hard as part of their solution to 'excessive illegal abortion deaths' now kills five to seven times as many women per year as illegal abortions themselves did before *Roe v. Wade* (see Chapter 7 on "Maternal Deaths Due to Abortion" for a detailed study on maternal morality caused by both illegal and legal abortions).

Figure 2-6

Calculation of Annual Deaths Attributable to the Birth Control Pill

Age Group	Annual Deaths Per Million Users[A]		Percent of Women in Age Group Who Smoke [B]	Pill Users (millions) [C]	Deaths in Age Group
	Nonsmokers	Smokers			
15-24	7	28	25.2	4.158	51
25-34	17	102	28.8	4.920	204
35-44	182	800	26.8	1.351	470
					725

References.

[A] Warren Hern. *Abortion Practice* [Philadelphia: J.B. Lippincott Company, 1990], page 45, and H. Ory. "Mortality Associated with Fertility and Fertility Control: 1983." The Alan Guttmacher Institute's *Family Planning Perspectives*, 15:57, 1983.

[B] United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States* [Washington, DC: United States Government Printing Office, 1999 (119th Edition)]. Table 239, "Current Cigarette Smoking: 1985 to 1995." The entire *Statistical Abstract* for the current year in PDF format is available on the Census Bureau Web site at <http://www.census.gov>.

[C] *Statistical Abstract*, 1999, Table 118, "Contraceptive Use By Women, 15-44 Years of Age, 1995."

Example calculation: The number of women aged 15-24 who die annually due to complications associated with using the birth control pill is

$$[\text{smokers}] ((4.158 \times 0.252) \times 28) + [\text{nonsmokers}] ((4.158 \times (1-0.252)) \times 7) = 29 + 22 = \underline{51}$$

Cardiovascular Impacts. The most dangerous and well-documented side effects commonly associated with the Pill are heart attacks and strokes. The eight-year Nurse's Health Study at Harvard Medical School found that Pill users are 250 percent as likely to have heart attacks and strokes than those who don't use the Pill, probably because the Pill excessively increases blood clotting ability. One of the major findings of the study was that women who get off the Pill have rates of cardiovascular disease equal to that of the general population after a period of one year.[20]

Breast Cancer. The Fertility and Maternal Health Drugs Advisory Committee is a panel of medical experts that meets to advise the Commissioner of the United States Food and Drug Administration (FDA) on matters regarding drugs that disable the female reproductive function. Its advice is non-binding, but it does influence the FDA to a certain extent.

The Committee evaluated a study by Dr. Clifford R. Kay of the Royal College of General Practitioners of Manchester, England. Kay studied 46,000 women, half of which were Pill users and half of which were non-users. He found that Pill users were more than three times more likely to develop breast cancer than non-users between the ages of 30 and 34. Kay stated that the Pill may not have been a contributing factor to the increases in cancer because of its long latent period, but that the Pill may "accelerate" the process if it had already begun.

He also said that it was "absolutely critical" that these studies continue, and if they showed a clear connection between the Pill and cancer, that it would be a "devastating condemnation" of the drug.

A second study by researchers at the Boston University School of Medicine, the University of Pennsylvania, and New York's Memorial Sloan-Kettering Cancer Center, completed in 1988, showed that the longer women took the Pill, the greater their chances of contracting breast cancer. The risk of developing breast cancer was found to be twice as great by age 45 for women who had used the Pill for less than ten years and four times as great for women who had used the Pill for greater than ten years.

Another 1988 study by the Centers for Disease Control (CDCs) in Atlanta, reviewed by the Food and Drug Administration, found that women who had never had children and who began menstruating before the age of 13 had an increased risk of breast cancer depending on how long they had used the Pill.

Indirect Effects of the Pill: Introduction. The *direct* results of the Pill, as described above, include at least 25,000 dead women and many hundreds of thousands more seriously injured since 1965.

The *indirect* impacts of the Pill are much more diffuse but even more damaging to society in general. The Pill indirectly impacts not only women, but men and children as well.

The Pill cannot be assigned all of the blame for these damaging effects. However, since it is a more popular birth control method than any of the other artificial means, it must bear a large portion of the responsibility for sexual promiscuity, the increase of illegitimate births, the explosion of venereal diseases, and the degradation of marriage, as described in the following paragraphs.

Indirect Effect: Increased Promiscuity. It goes without saying that the wide availability a drug like the birth control pill would appeal strongly to those persons with no particular sense of sexual ethics.

After the Pill was introduced in the mid-1960s, pre-marital sex and cohabitation ("shacking up") both almost doubled in a period of only five years. This behavior also increased steeply when abortion was legalized in 1973.

People of all ages (but especially teenagers) are having premarital sex more than ever before. Wife-swapping clubs, organized orgies, the membership of sex addiction treatment organizations like Sexaholics Anonymous, hard-core pornography, and 'fantasy [sex] tours' to Far East nations have increased tremendously.

Even the original developers of the birth control pill now acknowledge that their invention has led to widespread promiscuity. Dr. Robert Kirstner of Harvard Medical School said that "About ten years ago, I declared that the Pill would not lead to promiscuity. Well, I was wrong. The birth control pill has been a *major causal factor* in the rapid increase in both V.D. and cervical cancer among adolescents by stimulating higher levels of promiscuity" [emphasis in original]."[21]

And Dr. Min-Chueh Chang, one of the co-developers of the birth control pill, has acknowledged that "[Young people] indulge in too much sexual activity ... I personally feel the Pill has rather spoiled young people. It's made them more permissive."[22]

Dr. Alan Guttmacher, former medical director of the International Planned Parenthood Federation, also drew a clear picture of the link between abortion and contraception within the context of increased promiscuity; "When an abortion is easily obtainable, contraception is neither actively nor diligently used. If we had abortion on demand, there would be no reward for the woman who practiced effective contraception. Abortion on demand relieves the husband of all possible responsibility; he simply becomes a coital animal."[23]

Finally, psychologists Eugene Sandburg and Ralph Jacobs noted the obvious connection between contraception and abortion as birth control; "As legal abortion has become increasingly available, it has become evident that some women are now intentionally using abortion as a substitute for contraception."[24]

Drs. Kirstner and Min-Chueh were certainly correct in their assessment of the situation. In 1970, only 4.6 percent of all 15-year-old girls had experienced premarital sex. By 2000, this rate had increased more than eightfold to 40 percent. Of all unmarried girls in the 15 to 19 age bracket, 28.6 percent had had premarital sex in 1970. This rate had more than doubled to 61.4 percent by 1990 [25]

had more than doubled to 0.4 percent by 1990.[25]

Indirect Effect: Illegitimate Births. The inevitable result of the combination of increases in premarital sex and of 'unwanted pregnancy' is obviously an increase in illegitimate births and abortion.

Professor Kingsley Davis of the United States Commission on Population Growth and the American Future states that

The current belief that illegitimacy will be reduced if teenage girls are given an effective contraceptive is an extension of the same reasoning that created the problem in the first place. It reflects an unwillingness to face problems of social control and social discipline, while trusting some technological device to extricate society from its difficulties. The irony is that the illegitimacy rise occurred precisely while contraceptive use was becoming *more*, rather than *less*, widespread and respectable.[26]

The illegitimacy rate for births among teenaged girls hovered around five to seven percent for decades, until about 1960. Between 1960 and 1970, it doubled as the birth control pill helped usher in the 'Sexual Revolution.' After 1970, the teenage illegitimacy rate literally exploded as comprehensive sex education programs and school-based clinics were introduced.

The overall illegitimacy rate for all children born in the United States was 5 percent in 1960. This rate had increased 600 percent to 35% in 2003.[27]

This phenomenon is not just an ethical or religious concern: It is a profoundly practical one. It is common knowledge among social workers that children born into one-parent families are much more likely to be abused and abusive, to be undereducated, to be under- or unemployed, to have illegitimate children themselves, and to be more prone to criminal activity.

Indirect Effect: Increased Venereal Diseases. Because it is not a 'barrier method,' the birth control pill does absolutely nothing to halt the spread of venereal diseases. Quite the contrary: It has contributed greatly to promiscuity, and venereal diseases have exploded as a result.

In 1920, VD's were concentrated in a very small segment of the population: Prostitutes, a few promiscuous homosexuals, and a small percentage of men (and sometimes women) who had the financial means to seduce a succession of sexual partners.

Only twelve sexually-transmitted diseases (STDs) were catalogued in 1920, and seven of them were rare indeed. Today, there are over 50 recognized strains of STDs, and more are being discovered every year.

AIDS was nonexistent in 1920, and now it has killed more than half a million people in the United States alone.

Dr. V. Livingstone, in her mid-1940s public health work in New York and New Jersey, noted that virtually all long-time prostitutes had contracted cervical cancer from almost continuous sexual activity. Now, fifty years later, there is an incredible rise in the nationwide incidence of cervical cancer among promiscuous young women who are not prostitutes.[28]

Herpes used to be rare in this country, but now more than three million Americans are infected, with 300,000 more joining the ranks of the 'elect' every year. Symptoms include flue-like indications after about a week. The virus usually resides near the spinal cord, and returns to the site(s) of infection at fairly regular intervals, causing successive

rounds of symptoms to occur. Genital herpes is very easily transmitted, is incurable, and changes a person's entire lifestyle until the day he or she dies.

The incidence of genital warts (condyloma), which are caused by human papillomavirus (HPV), has increased by a factor of 1,000% since the birth control pill came into wide use. The latent period ranges from a month to a year, so a newly-infected person may transmit the virus very easily before realizing he is diseased. The infected person must usually undergo repeated treatments involving cauterization, laser burning, or use of powerful drugs such as podophyllin or trichloroacetic acid.[29]

Pelvic inflammatory disease (PID) is not an STD, but is commonly caused by gonorrhea, chlamydial infection, and other STDs. It is a broad term referring to a group of infections that lodge in the uterus, ovaries, and Fallopian tubes. About 15 percent of all women will suffer from PID at some point in their lives, and one million new cases are reported each year.

PID is a serious matter. About one-fourth of all outbreaks are severe enough to warrant hospitalization, and about 150 women die of PID each year. PID causes half of the 60,000 annual cases of ectopic (tubal) pregnancies in the United States. Tubal pregnancies account for about ten percent of all pregnancy-related deaths, and its incidence has tripled since 1965. The primary cause of this increase in PID has been the increase of gonorrhea and chlamydia.[30]

In conclusion, the rate of infection with various venereal diseases is greater today than it ever has been in the United States. A large percentage of the blame for this explosion of diseases must be laid squarely on the doorstep of the inventors and peddlers of the birth control pill.

Rolling Stone Magazine had it right when it declared in a March 4, 1982 editorial that "Some wrathful deity is extracting revenge for our decade-long orgy."

Indirect Effect: Degradation of Marriage and Family. Anyone who alleges that the Pill has 'damaged the institution of marriage' is liable to be met with hoots of derision from knee-jerking "New Age" liberals and anti-lifers.

Perhaps we should look at the facts supporting this conclusion before dismissing it out of hand.

In 1965, before the Pill became widely available, about 15 percent of all couples lived together before marriage. The major reason for the relatively low incidence of this arrangement was simple: Living together meant more sex, and more sex meant a greater chance of a pregnancy in a nation where abortion was still illegal.

Today, many young unmarried women are on the Pill. They therefore have no reason *not* to fornicate freely and cohabit before marriage if they feel like it.

As a result, more than 40 percent of all couples in the United States now live together ("shack up") before marriage. Their usual alleged excuse: They want to make sure that they're "compatible." They don't want to rush into something that might not work and cause pain for everyone involved. They say that it's best to have a trial run first.

Just to make sure, you see.

Sound sensible?

Of course it does!

/s it sensible?

Of course not!

In 1989, James Bumpass, James Sweet, and Andrew Cherlin of the University of

Wisconsin completed a long-term study to determine the effect of pre-nuptial cohabitation on marriage. Their findings showed that more than *75 percent* of all couples who lived together before marriage eventually divorced. This is a rate of more than *50 percent* greater than the general population![31]

Why is this?

There are two primary reasons;

1. People who 'shack up' generally have a loose and flexible morality (sure it sounds "judgmental," but think about it). True commitment and a willingness to 'work at it' are far more important to the success of a marriage than a self-serving "fling." Obviously, many of those who 'shack up' do not intend to get married initially, but kind of "fall into it."
2. Those who have 'shacked up' are naturally far more likely to commit adultery in marriage than those who haven't. This makes sense — adultery is, like premarital sex, a tangible result of lack of discipline and self-control. Many of those who get used to "serial monogamy" before marriage see no reason why they can't continue to practice it after marriage.

So it is obvious that the Pill has contributed greatly to our country's exploding divorce rate, which was about 18 percent in 1965 and now stands at about 50 percent. [32]

Unfortunately, the innocent children of divorced couples are always those who suffer the most. But the gender feminists and sexologists simply write them off as sort of "collateral damage," inevitable victims of the Sexual Revolution and the war against one's own sexuality. According to the 'sexperts,' there can be no impediment to the rush for self-gratification, self-indulgence, self-actualization, or self-destruction — not even children, regardless of whether they are born or preborn, and regardless of how much they will be hurt.

Implications for Pro-Life Activists. Millions of women in the USA and all over the world use oral contraceptives. Many women who would never even *consider* a surgical abortion now use low-dose oral contraceptive pills that cause them to abort a new life an average of once or twice every year. A large number of women who say that they are pro-life use these pills, many at the urging of their husbands. These are usually the women who are ignorant of the Pill's abortifacient mode of action, those who think that their way of life requires that they use the Pill, or those who cannot mentally make the connection between contraception and abortion.

'Catholics' for a Free Choice (CFFC) plays upon this theme constantly. It conducts well-publicized 'surveys' that purport to show that 75% to 80% of all Catholic women are on the Pill. Knowing how little CFFC regards the truth, it is not surprising that this number is an exaggeration. Nevertheless, the actual figures are still distressingly high.

The 1988 National Survey of Family Growth, conducted by the National Center for Health Statistics, surveyed thousands of married Catholic couples of childbearing age and found that;

- 40 percent of Catholic women use the Pill;

- 16 percent of the women had been neutered;
- 9 percent of the men had been neutered;
- 8 percent use some other artificial method of conception regulation;
- 2 percent use some form of natural family planning; and
- the remaining 25 percent use no form of fertility control, because they are either naturally infertile or are attempting to get pregnant.[33]

Some researchers (using very conservative figures) have calculated that the oral contraceptive pill directly causes between 1.53 and 4.15 million chemical abortions per year in the United States — *up to two and a half times the total number of surgical abortions committed every year!*[34]

This means that "pro-life" women who are using an oral contraceptive or some other means of abortifacient birth control are committing abortions themselves on a frequent basis. These abortions are "silent" and unseen, but they are no less abortions in the eyes of God than are gruesome third-trimester D&X abortions. There are many "pro-lifers" who are using these pills and who are involved in their promotion and distribution. These people must consider whether they can, in good conscience, criticize women whose action differs from their own only in that they have to drive to an abortion mill to commit it.

[Go to Next Topic: \(2\) Intrauterine Devices \(IUDs\)](#)

[Return to Abortifacients Table of Contents](#)

Footnotes to “(1) Oral Contraceptive Pills (OCPs)—Part 2”

[13] Kim Painter. "Most Users of the Pill Don't Follow Directions." *USA Today*, February 21, 1990, page D1.

[14] See Chapter 21 for calculations and documentation.

[15] Robert A. Hatcher, *et. al. Contraceptive Technology* (18th Revised Edition) [New York: Ardent Media, Inc., 2004]. Table 31-1, "Percentage of Women Experiencing an Unintended Pregnancy During the First Year of Typical Use and the First Year of Perfect Use of Contraception and the Percentage Continuing Use at the End of the First Year. United States," page 792.

[16] Christopher Tietze and Stanley Lewit. "Statistical Evaluation of Contraceptive Methods." *Clinical Obstetrics and Gynecology*, 17:121-138 (1974).

[17] Christopher Tietze, quoted in the National Abortion Rights Action League's *A Speaker's and Debater's Guidebook*. June 1978, page 24.

[18] *Ibid.*

[19] Thomas P. Monaghan, Co-Chairman, Free Speech Advocates. "Unavoidably Unsafe." *Fidelity Magazine*, October 1987, pages 14 and 15.

[20] Dr. Meir J. Stampfer. *New England Journal of Medicine*, November 24, 1988. This study was based on an eight-year followup of 119,061 female nurses, ranging in age from 30 to 55 in 1980. 7,074 were current pill users and 49,269 were previous users. Overall, there were 380 heart attacks, 205 strokes, and 230 cardiovascular deaths among pill users.

[21] Dr. Robert Kirstner, Harvard Medical School, one of the original developers of the birth control pill. Quoted in Barret L. Mosbacker. *Special Report: Teenage Pregnancy and School-Based Clinics* [Washington, D.C.: Family Research Council, 1986], and in *ALL About Issues*, June 1981, page 5.

[22] Dr. Min-Chueh Chang, one of the inventors of the birth control pill. Quoted by Charles E. Rice. "Nature's Intolerance of Abuse." *ALL About Issues*, August 1981, page 6.

[23] Dr. Alan Guttmacher in a discussion at the Law, Morality and Abortion Symposium, held at Rutgers University Law School, March 27, 1968. *Rutgers Law Review*, 1968(22): 415-443.

[24] Eugene C. Sandburg, M.D. and Ralph I. Jacobs, M.D. "Psychology of the Misuse and Rejection of Contraception." *American Journal of Obstetrics and Gynecology*, May 15, 1971, pages 227 to 237.

[25] "The US Family Staggered Into the Sexy Secular Future." *Family Research Newsletter*, January-March 1991, page 1, Table 1, "Percentage of Women Aged 15-19 Who Reported Having Had Premarital Sexual Intercourse, By Race and Age — United States, 1970-1988." Numbers from 1988 to 1992 linearly extrapolated using 1985-1988 rates.

[26] Professor Kingsley Davis. "The American Family, Relation to Demographic Change." *Research Reports*, United States Commission on Population Growth and the American Future. Volume I, *Demographic and Social Aspects of Population Growth*, edited by Robert Parke, Jr., and Charles F. Westoff [Washington, D.C.: United States Government Printing Office, 1972], page 253.

[27] United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States* [Washington, DC: United States Government Printing Office, 2006 (126th Edition)]. Table 76, "Live Births by State and Island Areas: 2003," shows 4,091,000 total births for the year 2003, and Table 82, "Births to Unmarried Women by Race of Child and Age of Mother: 1990 to 2003" shows 1,416,000 births to unmarried mothers in 2003, for a percentage rate of 34.6%. The entire *Statistical Abstract* for the current year in PDF format is available on the Census Bureau Web site at <http://www.census.gov>.

[28] Julia Kagan. "Sexual Freedom: The Medical Price Women are Paying." *McCall's Magazine*, May 1980, page 104. Also see American College of Obstetricians and Gynecologists, Committee on Patient Education. Patient Education Pamphlets Nos. P-009 ("Sexually Transmitted Diseases"), P-054 ("Genital Herpes"), P-073 ("Genital Warts"), and P-077 ("Pelvic Inflammatory Disease"). Also see Marsha F. Goldsmith. "Sexually Transmitted Diseases May Reverse the 'Revolution.'" *Journal of the American Medical Association*, April 4, 1986, pages 1,665 to 1,672.

[29] *Ibid.*

[30] *Ibid.*

[31] Dale Vree. "Hey, it Sounds Plausible." *National Catholic Register*, May 7, 1989, page 5.

[32] United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States* [Washington, DC: United States Government Printing Office, 2006 (126th Edition)]. Table 72, "Live Births, Deaths, Marriages and Divorces: 1950 to 2003." The entire *Statistical Abstract* for the current year in PDF format is available on the Census Bureau Web site at <http://www.census.gov>.

[33] Catholic News Service. "Most Catholic Women Ignore Church-Accepted Form of Birth Control." The [Portland, Oregon] *Catholic Sentinel*, January 24, 1992, page 7.

[34] S. Killick, E. Eyong, and M. Elstein. "Ovarian Follicular Development in Oral Contraceptive Cycles." *Fertility and Sterility*, September 1987, pages 409 to 413.

Facts of Life: Chapter 2: Abortifacients: (5) The RU-486 Abortion Pill--Part 2



 SHARE

Side Effects of the Abortion Pill on Women. There has been much dispute over when the RU-486 abortion pill begins to lose its killing power.

According to a September 29, 1989 *New York Times* article, "RU-486 starts losing effectiveness after six weeks of pregnancy." This, of course, is when most women are beginning to wonder if they are pregnant. In his March 1990 *American Health* interview, Baulieu confirmed that the drug's optimum use is "within three weeks of a missed period."

This means that women will inevitably take the drug as a "morning-after pill" or as a monthly insurance policy, and will therefore suffer enhanced and more severe side effects.

It is quite obvious, because of its very nature, that RU-486 will cause serious health problems for women. The "old" high-dosage birth control pills (described previously) caused a myriad of serious side effects, and *those* pills merely suppressed ovulation. It takes little imagination to conjure up visions of what the much more powerful RU-486 may do. All test reports written so far document severe bleeding, cramping, nausea, and vomiting.

Dr. Frank Young, head of the Food and Drug Administration, wrote in a June 9, 1989 letter to Rep. Robert Dornan (R.-Cal.) that RU-486 "... has potential side effects such as uterine bleeding, severe nausea, vomiting and weakness, which might require prompt medical intervention."

Just three days earlier, the FDA had issued an "import alert" that instructed its regional officers to seize any imported RU-486 pills not being used strictly for research purposes.[105]

It is also significant that the chemical composition of RU-486 is similar to DES (diethylstilbestrol), which caused reproductive system malformations and sterility in the female children of women who took it (giving rise to the term "DES daughters").

Of course, none of the reports written about the abortion pill mention the ultimate psychological trauma that they will cause. No longer will the abortionists be able to soothe women with gentle talk of "products of conception" that are ushered quickly and quietly out of their sight before they are even seen.

When a woman now cramps, bleeds, and delivers her tiny baby into her own hands, she will instantly know the truth. And the truth will hit her like a sledgehammer.

Pro-lifers consider it very significant that even most pro-abortion experts consider RU-486 much too dangerous for use without proper medical supervision.

In April of 1989, Roussel sent a letter to all French abortionists acknowledging the risks associated with RU-486. This directive instituted stricter controls and procedures regarding its use, and urged all abortionists to install cardiac resuscitation equipment in every one of the clinics where RU-486 is administered. These precautions were due to the fact that at least one woman had died of cardiac arrest immediately after taking the drug.[106]

The letter cited a 9.5% complication rate among the 33,000 women who had been aborted with the Pill. These effects included pelvic pain, weakness, nausea, vomiting, headache, and dizziness.[107]

A simultaneous Roussel release stated that the company had decided not to sell

RU-486 to the People's Republic of China because the country's "medical facilities are too primitive" and were "not equipped to distribute it safely." [108]

However, Eleanor Smeal, former president of the National Organization for Women (NOW), boldly displayed a blithe pro-abortion contempt for scientific evidence by proclaiming "our reading of the scientific data shows that there are essentially no side effects" related to RU-486. [109]

As Abraham Lincoln once said, "It's hard to see the truth through a gold eagle [a \$20 coin]."

Baulieu has also said that the abortion pill provides "immense hope" for third-world women. These are the poor women who will inevitably fulfill their ignorant dual role as guinea pigs and profitable dumping grounds for contraceptives and abortifacients (such as the old high-dose birth control pills and many IUDs) that are considered simply too risky for use by women in the United States.

Side Effects of the Abortion Pill on Preborn Babies. The abortion pill's sole purpose is to kill preborn babies. According to Baulieu, the RU-486 pill proved 95.5% "effective" at destroying preborn babies during tests administered to 4,000 pregnant French women when given in tandem with prostaglandins.

However, the drug apparently has severe impacts on babies that it does not kill. Andre Ullman of Roussel's Medical Laboratories reported one instance where a woman had taken RU-486, had not aborted, and then changed her mind and wanted to keep the baby. She went into premature labor and delivered a severely deformed stillborn child at 6 month's gestation.

This is another reason that surgical abortion will not disappear from the medical scene if RU-486 becomes widely distributed. Assuming that two million RU-486 abortions take place every year in the United States, a 5% failure rate means that there will be thousands of poor little deformed preborn babies every year that will still have to be disposed of by the sharp knives of the abortionists.

RU-486 - A Miracle Cure? The pro-abortion forces that have worked to spread the RU-486 poison pill all over the world consistently use the old "bait and switch" tactic. They insist they are "pro-RU-486" - not because it is an abortifacient, but because it will allegedly cure a wide range of diseases. They insist that THAT is why they *really* want to bring it to the United States, and, of course, that is why no *reasonable* person would want to oppose it.

As one example, at a November 19, 1990 House subcommittee hearing, pro-abortionists cited a long list of ailments that could supposedly be cured or ameliorated by the abortion pill: AIDS, cancers of the breast and ovaries, Cushing's Syndrome, brain and prostate cancer, diabetes, osteoporosis, hypertension, and even obesity. Louise Tyrer, Vice-President of Medical Affairs for the Planned Parenthood Federation of America, asserted that "We must fight to ensure that scientific progress and the right to practice medicine in the best interest of our patients is not stifled by the ideological perspectives of a few who would force their moral views on the rest of the world." [110]

Note that RU-486 pushers never state categorically that their pill *is* useful for treating illnesses because no researcher has ever provided any evidence showing that RU-486 is useful for anything other than killing preborn babies. [111] So they play on people's emotions and load their sentences with disclaimers, like one study that stated "*[research] suggests that RU-486 may have potential value in AIDS*" (emphasis

... [research] suggests that RU-486 may have potential value in AIDS [emphasis added].[112]

Among many others, Canadian neurologist Paul Ranalli recognizes that the benefits of RU-486 are strictly speculative: "As an antiprogestin agent, RU-486 has properties that might offer theoretical value in Cushing's Disease (an adrenal disorder), meningioma (a largely benign brain tumor), and breast cancer, but despite some of the recent hype, studies to date have failed to show any benefit whatsoever in any of these conditions." [113]

These claims are so spurious, and the propaganda so transparent, that even some committed pro-abortionists are voicing their opposition to RU-486. For example, three women professors have extensively documented the dangers of RU-486 and the claims of efficacy against various diseases, and conclude that "These claims have an all-too-wondrous ring of promise subsequently turned peril." Their book, entitled *RU 486: Misconceptions, Myths, and Morals*, also describe how the abortion pill increases instead of decreases physician control and how it is dumped on Third World women. [114]

Pro-lifers must not be hoodwinked by the intense glare of publicity surrounding the abortion pill. Pro-abortionists obviously could not care less about the other alleged uses of the abortion pill, or else they would have been involved in fighting other diseases long ago. Their sole purpose in spreading RU-486 all over the world is to promote abortion by making baby-killing even more private and difficult to oppose than it is now.

What RU-486 Means to the Abortionists. Since evil people tend to remain mired in evil due to their spiritual inertia, abortionists will remain abortionists, and surgical abortions will still go on.

Pro-abortionists favor the abortion pill for several reasons;

(1) Abortionists' fees will not decrease, but may very well increase dramatically. Their charge for two or three office visits will be equal to or greater than the current cost of a surgical abortion.

(2) Of course, RU-486 will not *actually* decrease the number of surgical abortions, as the pro-abortionists promise. Many women will wait too long to use RU-486 in the false belief that it can be used much later than it actually *can* be used. And so, these women will resort to surgical abortion by the millions. Additionally, the Alan Guttmacher Institute has found that 43.3 percent of all women who get surgical abortions now use no method of contraception whatsoever. [115] Naturally, these women will also find RU-486 a simple and convenient pill to "pop" every month in order to remain sterile - especially if powerful pro-abortion groups and their allies can coerce the Federal and state governments to foot the entire cost of the Pill, as they most certainly *will* attempt to do.

(3) The pro-abortionists think that privacy for the abortionist and the aborter will be total. They say that it will be difficult or impossible for pro-life activists to discover who is prescribing the Pill. They claim that rescue missions, sidewalk counseling, and picketing will all be rendered useless, and so pro-lifers everywhere should just give up and go home. Of course, they are not stating the obvious: That abortion mills everywhere will simply continue to commit both surgical and chemical abortions. The 'players' will remain

simply continue to commit both surgical and chemical abortions. The players will remain the same. Of course, doctors who do not do surgical abortions now will think that they are safe from discovery and can prescribe the abortion pill secretly; but pro-lifers will find out about them.

We always do.

(4) No longer will abortionists and their staffs have to endure the psychological trauma of seeing the dead babies that result from surgical abortion. The women will endure this trauma entirely by themselves as they deliver their tiny dead babies into their own hands at home.

The Media Beats the Drum. Marie Bass, former political director of the National Abortion and Reproductive Rights Action League (NARRAL), and Joanne Howes, former Planned Parenthood Federation of America chief Washington lobbyist, have assembled a five-fold media strategy to get the media to accept RU-486.

They formed an explicitly pro-abortion lobbying and propaganda organization entitled the "Reproductive Health Technology Project," whose purpose is to collect and distribute *only* favorable information on the abortion pill. Bass and Howes developed and disseminated a high-powered press kit that included sample charts and graphs and photos. Reporter Charles Durrant described these: "Those press kits were impressive. In fact, they were a lazy reporter's gold mine. Everything you needed for a really fantastic story - or a series of stories - was right there at your fingertips. I don't think I've ever seen anything like it."

Figure 2-8 shows the basic strategies of the pro-486 campaign.

Figure 2-8

The Five-Part Bass & Howes Strategy
for Encouraging Media Acceptance of RU-486

- (1) "Emphasize the possibility that the drug could very well end the whole public abortion struggle by making clinic protests obsolete."
- (2) "Emphasize the dearth of other contraceptive options available - particularly in comparison with what is available in other parts of the world."
- (3) "Emphasize the issues of privacy, ease, safety, choice, and freedom, rather than of abortion and politics."
- (4) "Emphasize the possibility of other medical benefits of the drug, such as treatment of breast cancer and Cushings Syndrome."
- (5) "Emphasize the threat to the freedom of ongoing medical research that a rejection of the drug might bring."

Reference: This strategy is described in George Grant. "Media Bias and Abortion." *Legacy*, October 1991, page 1. Newsletter of Legacy Communications, Post Office Box 680365, Franklin, Tennessee 37068.

Given the deeply ingrained pro-abortion bias of the media, this set of instructions worked very well indeed. A survey of more than two hundred magazine and newspaper articles on RU-486 during the time period 1989-1990 showed that only 9 percent mentioned *any* of the Pill's numerous and serious complications or side effects; only 8 percent quoted *any* pro-life experts or sources; and a lopsided 96 percent cast the Pill in a "very favorable" light. Bass said that "Press coverage really is good, if you think about it - sometimes I worry that it's almost *too* good." [116]

Naturally, Hollywood jumped on the pro-death bandwagon, and many pro-abortion actresses began to shrilly push the RU-486 abortion pill as hard as they could. Cybill Shepherd said that "My daughters, indeed all American daughters, deserve the option to use RU-486, as it may develop into a new form of birth control." [117]

'Prestigious' Awards. Another tactic used by the pro-abortionists to advance a cause is to confer upon each other 'prestigious' awards. This deception looks good to the public eye until examined closely.

In September of 1989, Baulieu was named one of six recipients of the Albert Lasker Medical Research Award, which the September 28, 1989 *New York Times* labeled "one of the most prestigious" medical awards in existence. [118]

The real reason this award was made was soon revealed: Deeda Blair, a Lasker Foundation vice president, said in the November 1989 issue of *Vanity Fair*, "That's the purpose of giving awards: to call attention to an advance."

The Devil and his slaves never rest, so pro-lifers must remain eternally and relentlessly vigilant.

Birth Control = Abortion? The Planned Parenthood Federation of America (PPFA) trotted out yet another of its doctored public opinion polls which 'showed' that 59 percent of adults in the United States approve of RU-486. Predictably, in keeping with PP's standard deceptive tactics, it conveniently 'forgot' to mention in their poll how RU-486 works. PP merely described it as a safe, new type of birth control pill.

The final result of all of this pro-abortion deviousness, of course, will be that women will be genuinely damaged by the abortion pill because they think it is merely a safe contraceptive. Then, they will be left out in the cold because they will be unable to recover actual or punitive damages.

This decisively demonstrates just how much these companies (and the pro-aborts) *really* care about women.

RU-486's Uses. There is no question that a market for the Pill exists in the United States. In fact, a large quantity of RU-486 could be used in school-based sex clinics. In the December 22, 1986 edition of the *Boston Globe*, Dr. Allen Rosenfield, chairman of Planned Parenthood's board of directors, exulted that "RU-486 is a *major step forward for teenagers* ... If girls who suspect they are pregnant could come to a clinic for a pill when their period is late, they would probably show up a lot earlier than they do now. Most current restrictions, such as parental notification laws, would be unenforceable." [119]

This quote shows that *your* school-aged daughters are the most accessible and obvious targets for these killing pills. Teenagers are easily intimidated by medical authority and will be easy prey for the sex clinic strategists, who have already stated that they intend to ignore parental consent or notification laws (see Chapter 17 for detailed information on how school-based clinic leaders deliberately plot to freeze

parents out of their children's decisionmaking processes).

Is This the End for the Pro-Life Movement? The abortion pill's chemical composition is rather simple, and therefore would be relatively easy for any well-equipped private laboratory to reproduce. Free of quality control, these private labs may churn out pills of dubious quality that may have even more profound side effects upon women than RU-486 - and this is bound to happen whether or not the United States legalizes the abortion pill.

Therefore, within a few years, pro-lifers will be fighting the wide distribution of some form of abortion pill, whether or not the Pill is legalized.

Faye Wattleton, former director of the Planned Parenthood Federation of America, once again publicly flaunted her profound ignorance of the pro-life movement and its philosophy as she said "The right-to-lifers are fighting the last gasp. If these drugs get to the market, it is really all over."

Wattleton is wrong, of course. Pro-life activists will continue to fight for the lives of the preborn. Every type of death pill is so dangerous that they all require at least four doctor-supervised visits. Our current abortion mills will simply 're-tool' in order to administer the pills. Pro-lifers will continue to rescue, picket, and sidewalk counsel at these death camps, and will probably reach even more women, since twice as many visits are required than for a surgical abortion.

And so, the situation (and the players) will remain *exactly* the same.

And, of course, the eternal moral battle will continue until the end of time.

[Go to Next Topic: \(6\) The Methotrexate/Misoprostol-Cytotec \(M&M\) Combination](#)

[Return to *Abortifacients* Table of Contents](#)

Footnotes for "(5) The RU-486 Abortion Pill—Part 2"

[105] Roberta Ulrich. "Scientists Protest FDA Ban on Drug." *The Oregonian*, November 20, 1990, page A10.

[106] Paulette Likoudis. "RU-486 - Another Level of the Same Barbarism." *The Wanderer*, June 7, 1990, pages 4 and 8.

[107] Richard Glasow, Ph.D. "Roussel-Uclaf Seeking U.S. Connection." *National Right to Life News*, October 31, 1990, pages 1 and 13.

[108] *Ibid.*

[109] *National Catholic Register*, July 10, 1989, page 8.

[110] Louise B. Tyrer, Vice-President of Medical Affairs for the Planned Parenthood Federation of America, New York. "Update on RU-486." *The American Journal of Gynecologic Health*. January/February 1989.

[111] Bernard Nathanson, M.D. "Beyond 'Abortion:' RU-486 and the Needs of the Crisis Constituency." *Bernadell Technical Bulletin*, November 1990, pages 1 to 3.

[112] William Regelson, M.D., Roger Loria, Ph.D., and Mohammed Kalimi, Ph.D. *Journal of the American Medical Association*, August 22-29, 1990, pages 1026 and 1027.

[113] Paul Ranalli. "The Appalling Ordeal of Abortion By Pill." *Toronto Globe and Mail*, August 28, 1992, page A17.

[114] Janice Raymond, professor of Women's Studies and Medical Ethics and the University of Massachusetts, Amherst; Renate Klein, lecturer in Women's Studies at Deakin University, Australia; and Lynette J. Dumble, Senior Research Fellow in the University of Melbourne's Department of Surgery. *RU 486: Misconceptions, Myths, and Morals*. Institute of Women and Technology, c/o Room 3-405, Department of Urban Studies & Planning, Massachusetts Institute of Technology, Cambridge, Massachusetts 02139. 115 pages, 1991, 10.95. Three self-described feminist professors extensively document the dangers of RU-486 and the claims of efficacy against various diseases, and conclude that "These claims have an all-too-wondrous ring of promise subsequently turned peril." Their book also describes how the abortion pill increases instead of decreases physician control and how it is dumped on Third World women.

[115] Stanley K. Henshaw and Jennifer Van Vort. "Abortion Patients in 1994-1995: Characteristics and Contraceptive Use." *Family Planning Perspectives*, July/August 1996, pages 140 to 148.

[116] George Grant. "Media Bias and Abortion." *Legacy*, October 1991, page 1. Newsletter of Legacy Communications, Post Office Box 680365, Franklin, Tennessee 37068.

[117] Pro-abortion actress Cybill Shepherd, quoted in Brent Bozell. "Hollywood's Hall of Fame for the Left." *Conservative Chronicle*, August 19, 1992, page 21.

[118] Richard D. Glasow, Ph.D. "Pro-Aborts Work Overtime to Break RU-486 'Quarantine.'" *National Right to Life News*, November 30, 1989, pages 6 and 11.

[119] Richard D. Glasow, Ph.D. "SBCs and Pro-Abortion 'Sex Education.'" *National Right to Life News*, October 15, 1987, page 4.

Commentary: Brian Clowes



SHARE



Brian Clowes is a graduate of West Point, a former A-Team leader for the Army Special Forces ("Green Berets"), and holds a PhD in Civil Engineering and Systems Science. Since 1995, he has been HLI's Director of Research and Training worldwide, and is one of the most accomplished and respected intellectuals in the international pro-life movement. Perhaps best known for his Pro-Life Basic Training Course, Brian is the author of nine books, over 90 scholarly and popular articles, and has traveled to 35 countries on five continents as a pro-life speaker, educator and trainer. Perhaps most importantly, Brian authored the report which helped sway legislators in the 2001 defunding of the UNFPA by the Bush administration. Brian and his wife, Kathleen, have seven children and combined have over 50 years of pro-life experience, ranging from rescues and sidewalk counseling to counseling pregnant women and assisting in litigation against abortionists.

The Guttmacher Institute Redefines Violence Against Women (Inside Catholic, May 6, 2010)

In other words, a person who believes in AGI's impartiality on abortion will be the kind of person who believes in the Tobacco Institute's impartiality about the harmful effects of cigarettes. However, without the slightest admission of conflict of interest, AGI churns out dozens of reports every year supporting unlimited access to abortion. [Read More at Inside Catholic...](#)

Homosexuality and the Church Crisis (LifeSiteNews, April 19, 2010)

Due to clergy sex abuse scandals centered primarily in the Northern hemisphere, the moral authority of the Roman Catholic Church has been subjected to an opportunistic siege by prominent individuals and organizations who see the chance to advance their goals, including the ordination of women and the suspension of the requirement for priestly celibacy.  [Clowes: Homosexuality and the Church Crisis 993.32 Kb](#)

Good for China, Good for the World? (spectator.org, December 18, 2009)

Last month, the People's Republic of China celebrated the thirtieth anniversary of its brutal and inhumane one-child policy. Human rights groups have documented the widespread abuses of forced abortions and sterilizations, and in several provinces authorities have even been known to monitor women's menstrual cycles and contraceptive use. [Read More...](#)

"Women on Waves" Finally Runs Aground

(*The Wanderer*, August 20, 2009)

Women on Waves has proven that it is just another manifestation of pro abortion hypocrisy and contraceptive imperialism. While WOW shouts at pro lifers to "obey the law" and "don't offend us," it deliberately sets out to offend the populations of entire nations, blithely ignoring their laws while doing so. There is plenty of poetic justice in the termination of this killer boat. Let us hope and pray that this ridiculous chapter in abortion extremism remains where it should have been all along -- at the bottom of the deep blue sea. [Read More...](#)

Brian Clowes Photo Essay from his mission trip to the Caribbean in July 2009

Let's Get Our Facts Straight About Tiller and Anti-Abortion Violence

(*LifeSiteNews.com* June 3, 2009)

Not only is it wrong to respond to people like Tiller with the ultimate anti-life act of murder, it also sets the entire pro-life movement back as good, committed leaders have to scramble to distance themselves from an act that they never called for and which is obviously antithetical to their philosophy and work. Pro-abortion legislators seize on the opportunity to call for laws restricting legitimate pro-life activities such as sidewalk counseling and picketing, knowing the whole time that such legislation will do nothing to hinder a maniac with a gun. And, worst of all, thousands of people who would otherwise have joined the pro-life movement will continue to sit on the sidelines, believing the media lie that we are violent. [Read More...](#)

A Review & Analysis of the Relative Frequency of Child Molestation by Homosexuals and Heterosexuals

(*Homiletic and Pastoral Review*, May 2005; reproduced with permission)

 [relative_frequency_of_child_molestation_by_homosexuals_and_heterosexuals.pdf](#)
246 kb

The Bitter Fruits of Abortion

Back in the late 1960s in the United States, pro-abortion groups promised us that the rewards would be great if we legalized abortion. A group called NARAL promised us that "Legal abortion will decrease the number of unwanted children, child abuse cases, and possibly subsequent delinquency, drug addiction, and a host of social ills believed to be

associated with neglectful parenthood."1 ... A few prophetic people, like Father Paul Marx, the founder of Human Life International, realized that the pro-abortionists were lying. [Read More...](#)

[Commentary: Clowes: The Bitter Fruits of Abortion](#)



The Bitter Fruits of Abortion

Presented to the "State, Life, Family" Conference, Kiev, Ukraine

Brian Clowes, PhD

May 17, 2003

Introduction

Back in the late 1960s in the United States, pro-abortion groups promised us that the rewards would be great if we legalized abortion. A group called NARAL promised us that "Legal abortion will decrease the number of unwanted children, child abuse cases, and possibly subsequent delinquency, drug addiction, and a host of social ills believed to be associated with neglectful parenthood."¹

This is how the Devil works: He promises us everything, then betrays us. No wonder he is called "a liar and the father of lies."

A few prophetic people, like Father Paul Marx, the founder of Human Life International, realized that the pro-abortionists were lying. But even Father Marx could not have seen just how bad things would really get after abortion was legalized;

- Several abortionists in the United States specialize in killing unborn babies right up until the moment of birth with a hideous procedure called dilation and extraction, or 'partial-birth abortion.' The abortionist delivers the baby feet first, all but the head. Then he uses a special tool to break a hole in the baby's head and sucks the brains out. Most of these babies and their mothers are perfectly healthy, and almost all of the babies would be perfectly normal if they traveled just three more inches down the birth canal.
- Many doctors say that, since abortion is legal right up till the moment of birth, that it should be legal after birth as well. If a mother changes her mind and does not want to have the baby after it is born, these doctors let the child starve to death, or kill it outright. They call this "fourth-trimester abortion" or "a second chance at choice." More than a dozen abortionists have been charged with killing newborn babies. We suspect that thousands each year are simply left to die.
- Hundreds of women have died of so-called "safe and legal" abortion in the United States. Most of these deaths were avoidable, since the worst doctors in the profession seem to become abortionists because they cannot get work anywhere else in the medical field. In one case, abortionist Alicia Hanna Ruiz killed a mother of four, then tried to stuff her dead body in the trunk of her car right in front of two of her children. In another case, abortionist David Benjamin punctured the uterus of a mother of four and then just walked away, allowing her to bleed to death. Both abortionists were convicted of murder.
- More than four out of five abortions in the United States are performed on single women. Abortion has become a fast and easy "eraser of mistakes" for women who have sex before marriage. But they are often victims, as well as their unborn babies, because their boyfriends now expect them to abort if they get pregnant, and get violent with them if they do not. At Human Life International, we have

documented more than fifty cases of boyfriends murdering their girlfriends because they would not get abortions. And, since the pregnancy of the girlfriend is usually not reported when newspapers write about these crimes, we can estimate that at least one hundred boyfriends kill their pregnant girlfriends each year because they would not get abortions. In one particularly horrible case, a boyfriend lured his 15-year-old pregnant girlfriend into a forest, killed her by jamming a branch down her throat so hard it tore her tongue out, and then crushed her skull with a 15-kilogram rock.

- Abortion has destroyed millions of marriages and engagements in the United States. I have seen husbands standing around outside abortion clinics with sad looks on their faces. When I ask them why they do not do anything to protect their own child, they just shrug and say "What can I do? Abortion is a woman's right and I can't interfere." Studies have shown that a great majority of marriages and pre-marital friendships break up within two months after an abortion.
- And, of course, the psychological impact on women is huge. It has to be when one commits such a profoundly unnatural act. Any priest can tell you about women confessing their abortions from 10, 20, 30, even fifty years previously. Their dead children will just not let them rest. My mother Pamela died in July 1991. On the last day of her life, she confessed to my wife Kathy that she had had an abortion forty years earlier, in 1951. She felt compelled to tell someone about this event after all those years. Significantly, she never told my brother or I that she had aborted our older brother or sister.

We are all pro-life here. We are aware of the terrible effects abortion has on the family, on the fathers, on other children, and most of all on aborting women themselves. But we often lose sight of the wider effects of abortion, of contraception and sterilization, and of the Culture of Death itself. This "anti-life mentality" does not only affect individuals and families; it has terrible effects on ethnic groups, on nations, and even on entire continents.

What I am here to talk to you about today is about the more sweeping, large-scale impacts of abortion.

The Demographic Fruits.

Introduction. The most profound impacts of the Culture of Death indirectly affect everyone on earth. But almost nobody thinks about demographics, or the characteristics of a nation's population, because these effects take place so slowly.

The direct cause of abortion is the separation of sex from procreation. Nowhere is this more obvious than in Europe, which has been in the grip of the anti-life mentality since World War I.

There are many demographic impacts caused by the Culture of Death in general and by abortion and contraception in particular. In Europe, these effects are;

- a declining population
- decreasing support ratios
- collapse of the family
- the influx of Islam
- declining economic power

Plunging Populations

Demographers use a very important term called the total fertility rate (TFR), which is the average number of babies each woman has during her lifetime. In order for a developed

nation to replace its population, its TFR must be about 2.2.

Not one of Europe's 39 countries is currently replacing its population. Sixteen of the lowest twenty TFRs in the world belong to European nations, and the highest European TFR is Albania's 2.03, still well below replacement. Europe's average TFR is now 1.35, which means that Europe's population is about to plunge.

There are currently eighteen countries in the world whose population is actually declining. Fifteen of these are in Europe. In fact, Europe is the only continent whose total population is now declining. Historically, this has only happened during famine, epidemic or war. This is the first time in the history of the world that an entire continent's population is declining due to people simply not having any more babies, for no more pressing reason than they do not want them any more.

The only European country with laws that fully protect preborn children or allow for only a "life of the mother" exception is tiny Malta, home to just 1/20 of one percent of Europe's population. Even Ireland's strong traditional protection of preborn children is eroding rapidly, with ten thousand Irish women and girls travelling legally into England for abortions every year.

Support Ratios

The nations of Europe are already feeling the profound demographic effects of their longtime anti-life policies. These include rapidly dropping support ratios.

The support ratio is the number of working people (aged 20-64) supporting each retiree (assumed to be 65 years old and older). In the year 2000, the European support ratio was 4.1. In other words, slightly more than four workers were supporting each retiree. This ratio will shrink to about 1.7 by the year 2050, collapsing national social security systems and retirement plans and leading to a huge push for cost-cutting in the health care area. This will obviously also lead to a sustained push for euthanasia. We have already seen this in the Netherlands, the first nation to legalize euthanasia. Keep in mind that the Netherlands is one of the youngest nations in Europe.

Collapsing Families

In Europe, the Culture of Death has successfully undermined its two great enemies: Faith and family. There has been a huge increase in the number of divorces (from 125,000 in 1960 to about 750,000 in 2001); births to unwed mothers (4.5 percent of all births in 1960 to about 25 percent in 2001); unemployment (from five million in 1977 to more than 15 million in 2001); and a huge increase in abortions, from about 250,000 in 1960 to more than a million annually today among the EC12 countries alone.²

Europe and Islam

The United Nations estimates that there will be an influx of about 50 million Muslims by the year 2025, mainly from North Africa. Because they are generally a very religious people, Muslims tend to integrate poorly with secular European society, a situation causing great tension and conflict that will only worsen in the future.³

Muslims, who are generally very pro-life, know that they can conquer the world, if not with the sword, then with patience and with their children. As Atifa Dawat, an Iranian delegate to the July 1985 conference entitled "Forum '85," in Nairobi, Kenya, stated, "The more children we have, the better. When there are enough Muslims in the world, then we will have world victory."⁴ If 'Christians' continue to selfishly abort their children while Muslims continue to have large families, then Islam truly deserves its "world

victory."

In Germany, rioting has broken out in response to the incoming flood of foreign workers (gastarbeitern, or "guest workers") who are needed in order to make up for the fifteen million Germans who have been aborted over the past thirty years. As expected, the world media has painted this as a "right-wing backlash," with a "small minority of Nazis" causing nationwide disruption. Common sense reveals the truth: Germany is caught in an impossible situation. It must become an ethnic melting-pot with great speed in order to survive, and almost all Germans, regardless of age, resent the influx of foreigners, which has caused their taxes to more than double since 1980.

European countries that have been victims of permissive abortion for even longer periods than the United States are feeling ethnic impacts right now. In Paris, the largest city in the nation known as the "eldest daughter of the Church," there are now more mosques than there are Catholic churches!

As The Wall Street Journal observes;

Fewer Europeans are practicing Catholics than ever and the size of nominally Christian families in Europe has been shrinking for decades. By contrast, many Muslim immigrants are enthusiastic practitioners of their faith and often have more children than the European average. The Muslim population in Europe has doubled in the last decade, according to United Nations estimates. There are now more Muslims in Italy than Jews or Protestants. The first mosque in Rome opened in 1995 and perhaps 100 have opened on the Italian peninsula since 1989. Islam is now the number two religion in France; Muslims edged out Protestants several years ago. There may be as many as five million practicing French Muslims today, a number roughly equivalent to the number of practicing French Catholics ...5

This state of affairs is a direct result of falling Europe birthrates; the last year "native" Europeans replaced themselves was 1973, and since then, there has been a shortfall of tens of millions of births required to replace the population.⁶ Until now, massive immigration has made up for the shortage of babies. But now the population of Europe, despite this immigration, is declining for the first time since the Black Death of 1347-1351.

Loss of Economic Power

According to the United Nations definition, there are 39 nations in Europe with a population of greater than 100,000 in the year 2000. The UN has projected the average age of the people in each nation of the world by 2050.

By 2050, fifteen of the twenty oldest nations on earth will be European. Thirty-four of the oldest fifty will be European. By 2050, Europe will be by far the oldest nation on earth.

This table shows the average age of people by continent in 2050;

Europe	52.3 years
Latin America	46.6 years
North America	45.1 years
Asia	45.1 years

Oceania	44.7 years
Africa	30.7 years
World	42.5 years

Twelve European nations -- including Ukraine -- will have an average age of more than 50 years. The youngest nation in Europe will be Albania, with an average age of 42 years. By comparison, the average age of Nigerians will be 20 in 2050. Liberians will enjoy an average age of 23, and Somalians will average 22 years of age.

In Ukraine, 40 percent of the people will be aged 60 and over, and only 14 percent will be children under 15, compared with 27 percent children and 10 percent over 60 in Nigeria. The United Nations has also predicted that 43 nations will actually decline in population by 2050. Two-thirds of these (29) are European nations.

Europe is currently losing about a million people a year, and this trend is accelerating fast. If we use the historically more accurate low variant, the United Nations predicts that the European population will collapse from its current 725 million to 565 million by the year 2050 -- a loss of 22 percent. And this accounts for massive immigration from the South.

The fact that the European population is both aging and getting smaller does not bode well for European economic power in the future. We all know that the future belongs to the young; and this does not just refer to our children, it refers to entire nations and continents as well.

As we have already said, by the year 2050 the European population will be rapidly shrinking. It will be about 565 million. By comparison, the population of the United States will be about 355 million. In 2050, the average European will be 52 years old. The average American will only be 45. With its vast storehouses of technology and natural resources, the United States will be much better positioned to lead the world economy than the European Union. But here is another strange demographic effect: By 2050, more Americans will speak Spanish than English, because English-speaking Americans are dying out and Hispanics are having large families!

But where will the real power be in half a century?

Probably not in North America or in Europe.

In Africa!

This continent has already begun to exploit vast natural resources that may dwarf the combined assets of both the European Union and the United States. And Africa will have the people to capitalize on its natural wealth. By 2050, the population of Africa will have nearly doubled to 1.515 billion. And the average age of Africans will be only 31, fourteen years younger than any other continent.

If African nations can overcome AIDS and official corruption, there will be no stopping Africa from dominating the world's economy and moral values for decades to come. In the United States, we already see this effect with the large numbers of African priests coming to our parishes. Father Boniface Osuji from Nigeria once told me that African

priests see the United States as mission territory, since so few people go to church there.

Trying to Stop the Dying Process

At least a dozen European countries have recognized the danger posed by plunging birthrates, and have tried to reverse the process, but with little success. History shows us that once the people of a nation are conditioned to believe they should live for themselves and that children are a burden, it is virtually impossible to persuade them otherwise.

As one example, European population alarmists have been exaggerating the high cost of raising children for decades in their campaign to get people to have smaller children. When the terrible demographic effects of too few babies become obvious, the governments try to reverse the thinking of the people, but with little effect. The people remember only that babies are messy, noisy and expensive.

This is why the La France a besoin des enfants! [France needs babies!] campaign failed.⁷ And this is why, when the German State of Brandenburg offered to pay its citizens US \$650 to have a child, there was not even the slightest change in the birth rate. People were insulted that the government had told them for years that raising a child cost more than \$300,000, then turned around and offered them just \$650 to have babies. No wonder Wolfgang Jahmer, director of a social welfare program in Schwerin, Germany, said that "We have some fears that the tree of life may be falling."⁸

Germany's culture is extremely top-heavy with elderly people, and visiting American pro-lifers have noted the common sight of dogs being dressed up in expensive clothes and even being wheeled about in baby carriages!⁹

The only answer to this situation is for pro-life activists to convert the hearts and minds of the people one by one. This will take as long to do as the population controllers took to destroy the European's love of children. We are talking about a process that will take at least a generation. The conversion of hearts is our greatest mission. If the current generation refuses to have children, and if nothing changes their minds, then we must evangelize their children.

Conclusion

Now that I have thoroughly depressed you, I do not want anyone here to go out and commit suicide. There are too few Europeans as it is.

So now I will give you the good news.

The future belongs to the people who have babies.

Nations -- and now even entire continents -- are dying. Ethnic groups are simply disappearing. But we see signs of hope everywhere in the world today;

- Since the current Pope took office in 1978, there has been a 64 percent increase in the number of seminarians worldwide. And groups like Human Life International and Priests for Life are doing their best to reach these young men with pro-life materials and instruction.
- In the United States, pro-abortion families are dying out because they average only about one child. Pro-life families are flourishing because they average between three and four children each. Public opinion polls show that Americans are becoming more pro-life by about one percent per year. Within the next ten years, you are going to see huge changes in our pro-abortion law, which is one of the worst in the world. We are beginning to destroy pro-abortionism at its roots in the United States and

we are beginning to destroy pro-abortionism at its roots in the United States, and we think the same will begin to happen in Europe soon. The evil weed of anti-life thinking cannot be killed from the top down; it will die from the roots up. How can the Culture of Death win? It contains the seeds of its own sterile destruction.

- Even in nations that have had abortion for almost a century, the people are recognizing the terrible effects and are rising up against it. In Russia, the young pro-life movement is making strong advances, giving the people a message they have never heard before. And in South Africa, the nation with the world's worst abortion law, pro-lifers are defying the repressive regime and are speaking out in greater and greater numbers.
- Finally, and most importantly, we were made to fight -- to fight for Faith, for life, for family, for country -- to fight for the values that dignify humanity, that care for the least and most helpless among us, that lead to true liberty and freedom. There can be no higher calling. We should be sincerely grateful to God for this matchless opportunity to serve Him! Our Lord told us to "Go forth and make disciples of all nations" [Matthew 28:19], and there is no better way to achieve this than by saving lives and souls in the pro-life movement. And our reward will be great, but only if we fight on until the end: "... and you will be hated by all nations for My Name's sake. And then many will fall away, and betray one another, and hate one another. And many false prophets will arise and lead many astray. And because wickedness is multiplied, most men's love will grow cold. But he who endures to the end will be saved" [Matthew 24:9-13].

We have to fight with all our might, but do not worry too much if you lose and lose again. Nothing tempers a soul like the pro-life movement, where we are taught to endure and have faith. If ever you get discouraged, just remember the words of 1 Corinthians 15:58: "Therefore, my beloved brethren, be steadfast, immovable, always abounding in the work of the Lord, knowing that in the Lord your labor is not in vain."

Endnotes

[1] National Abortion Rights Action League (NARAL), "A Speaker's and Debater's Notebook," 1974, page 11.

[2] Eurostat. A Social Portrait of Europe. Luxembourg: Eurostat, 1991. The EC12 countries are Belgium, Denmark, Germany, France, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain and the United Kingdom.

[3] R. Clarke. "Population Imbalances: The Consequences." Forum [Council of Europe], 1986, pages 5 to 7.

[4] Janie Hampton. "Women at United Nations Conference Stage Heated Fight Over Abortion." The Oregonian, July 21, 1985.

[5] Wall Street Journal editorial, September 25, 2000. See also "News Notes." The Wanderer, October 5, 2000, page 3.

[6] Calculations and extrapolations based on figures from the Institut National d'Etudes Demographiques (INED). "Short Fall in Births Europe." Population, July/September 1983.

[7] French national ad campaign. Daniela Deane. "Birth Rates Down Across Europe." USA Today, October 15, 1997.

[8] Stephen Kinzer, New York Times News Service. "German State Pays Bounty for Babies." The Oregonian, November 25, 1994, page A13.

[9] The author personally observed this phenomenon as early as 1986 during one of his visits to Europe.

[Commentary: Joseph Meaney](#)



SHARE



One of the world's leading experts on the international pro-life movement, Joseph Meaney speaks French, Spanish, and Italian fluently and is HLI's Director of International Coordination. His bachelors and masters degrees from the Catholic University of Dallas and the University of Texas Institute of Latin American Studies prepared him for an international career that has included lectures and investigative journalism missions on all continents and over 67 countries. Before becoming Director of HLI's International Division, Joseph helped found and served four years as Vice Director of HLI's Rome Office.

The Skeleton in Radical Feminism's Closet (*The Washington Times*)

Well over 40 percent of the world's annual births are occurring in countries where a girl is far less likely to be born than a boy. For more than 30 years, "son preference," a

euphemism in societies where ultrasound scans commonly are used to find female fetuses for the purpose of aborting them, has silently created a demographic crisis for the modern world. [Read More...](#)

Bursting the *Economist's* Population Bubble (*The American Spectator*)

The *Economist* magazine's cover story for October 31, 2009 "Falling fertility: How the population problem is solving itself," is notable both for its eminently sane rebuke of population control extremists, and for its nearly unqualified optimism with regard to plummeting fertility rates in the developing world. [...] Oddly, the article makes only a passing mention of the fact that "eventually developing countries will face the same problems of aging as Europe and Japan." [Read More...](#)

Laying the Netherlands to Sleep (*Inside Catholic*)

On my most recent visit to Amsterdam for the World Congress of Families (WCF), I was once again struck by the remarkable façade of peaceful, tolerant prosperity the Dutch maintain. [...] The simple fact, however, is that this beacon of liberalism worldwide is rotting from the inside out and must increasingly rely on deception to keep up appearances as a nation of tolerance, peace, and prosperity. [Read More...](#)

Calling Out Fellow "Pro-Lifer" Doug Kmiec (*LifeSiteNews*)

It is now clear that the chief Catholic apologist for President Obama, Pepperdine Law Professor Doug Kmiec, ignoring the pastoral direction of many American bishops, has only increased his aggressive promotion of the most pro-abortion president in American history. For his successful efforts in confusing Catholics about the Obama administration's stance on life issues, Professor Kmiec has been appointed to the prestigious post of US ambassador to Malta by the administration he helped to bring to power. [Read More...](#)

Gendercide: Where have all the girls gone?

One of the most shocking global trends I have encountered in travels to over 54 countries

on all continents in the past five years is the practice of gendercide. This massive "disappearance" of girls in the last few decades is an underreported international scandal. ...  [gendercide_where_have_girls_gone.pdf](#) 101 kb

Women: Between Abortion, Cloning and Prostitution Another Battle at the UN

The United Nations made a highly significant pro-life move on March 8, 2005. This will come as a surprise to many HLI Special Reports readers who have seen numerous accounts of the different anti-life activities by UN agencies and at UN meetings in the past decades. The United Nations Declaration on Human Cloning calls on all member states to "prohibit all forms of human cloning inasmuch as they are incompatible with human dignity and the protection of human life." [Read More...](#)

**SEMINARIANS FOR LIFE INTERNATIONAL™
FACT SHEET - AIDS and the Big Lie About Condoms**

The issue of condoms has become ideologically charged in recent years. A good example of this is the August 2004 statement by Timothy Wirth, president of Ted Turner's United Nations Foundation. Mr. Wirth states, "The United States and others have started questioning the efficacy of condoms. To condemn women by indifference to science and by failure to provide tools for their own protection may not meet the technical definition of crimes against humanity, but it is certainly gross negligence toward humanity." In point of fact, he and all others who promote condoms are the ones who will face the verdict of history as having done a grave wrong to humanity. [Read More ...](#)

[Commentary: Meaney: Women Between Abortion Cloning and Prostitution](#)



Women: Between Abortion, Cloning and Prostitution Another Battle at the UN

By Marie and Joseph Meaney

The United Nations made a highly significant pro-life move on March 8, 2005. This will come as a surprise to many HLI Special Reports readers who have seen numerous accounts of the different anti-life activities by UN agencies and at UN meetings in the past decades. The United Nations Declaration on Human Cloning calls on all member states to "prohibit all forms of human cloning inasmuch as they are incompatible with human dignity and the protection of human life."

The UN General Assembly approved the measure by a vote of 84 countries in favor vs. 34 against. In a typical example of UN inefficiency, at least five nations who had expressed their desire to vote for the ban did not manage to arrive on time to vote; despite our best efforts to mobilize their participation, 37 others chose to abstain even though many were in favor of the ban on cloning. We, my wife Marie and I, were privileged to be at the UN headquarters in New York doing pro-life work for HLI from February 28th to March 11th during which the historic vote took place. We were accompanied by several HLI delegates from Latin America led by Julia Regina de Cardenal, director of the HLI affiliate in El Salvador. The UN declaration concluded four years of hard work by pro-lifers and especially by the government of Costa Rica to have a universal call to ban human cloning. It is also important to note that the Bush administration solidly backed the measure, and many believed a Kerry administration would have managed to kill it.

A near total media blackout surrounded this UN- declaration, one of the most important since its founding. The main reason was a liberal bias in the press favoring a very different kind of ban. Some European Union nations and others, intent upon defending the interests of their bio-tech industry, pushed until the very end for a human cloning ban which only covered reproductive cloning and allowed for "therapeutic cloning." What they call "therapeutic" is the creation of human embryos through cloning for the purpose of harvesting their stem cells or organs resulting in the child's death in a shocking kind of scientific cannibalism. The developing nations also insisted that language be included to protect women from being used as "human egg farms" for the millions of ova that would be needed to do "therapeutic" cloning on a massive scale.

This all occurred during the sessions of Beijing +10, the ten year review conference following the 1995 UN Fourth World Conference on Women held in Beijing, China. At that time the Clinton administration, with Hilary Clinton personally leading the charge, had pushed strongly for an international woman's "right to abortion". The Holy See, other countries and pro-life non-governmental organizations (NGOs) courageously fought and prevented this from happening. Nonetheless, the "Beijing Platform for Action" document has been used by radical groups to argue for just such a "right."

How times have changed! Pro-lifers and the Bush administration now insisted on an explicit clarification that the Beijing document does not include a "right to abortion."

Heretofore the American delegation under ambassador Ellen Sauerbrey proposed an amendment to the official Beijing +10 Declaration, stating that: "they [the original Platform for Action and the new Declaration] do not create any new international human rights and that they do not include the right to abortion." This continues the positive trend of the pro-life side going on the offensive rather than only fighting defensive battles as in the past.

For one week, liberal countries such as the European Union (EU), New Zealand, Canada, Australia, South-Africa as well as radical NGOs fought the US-proposed amendment while HLI and the pro-life coalition supported the inclusion of the unambiguous pro-life statement. The tactics the other side used turned against them, however, for they kept repeating that the original Beijing-document does not include the "right to abortion" and that it was therefore unnecessary to put this in writing. They never explained why they were so adamant about preventing the pro-life language from entering the document, if it was redundant. Instead, they accused the US of blocking progress and further discussions, whereas this was precisely what they were doing. In the mean time we were lobbying aggressively to support the US-proposed pro-life amendments and had to admire their firm and principled stance. Though the amendment was ultimately not accepted, it ended with a positive outcome for the pro-life side, since liberal countries and radical NGOs were forced to make reiterated statements re-affirming that abortion is not included as a human right.

It takes a special kind of patience to do pro-life work at UN meetings. The proceedings can go on almost endlessly over major or minute points of difference in the wording of declarations and treaties. Marie and I monitored the sessions and discussed with country delegates the pro-life merits of the language being discussed day after day. Crucial meetings are often closed to NGO delegates, however, and so the pro-life representatives must speak with international ministers and ambassadors in the hallways and corridors in various languages. Despite the frustrations and exhausting work associated with these meetings, they can bear fruit in unexpected ways. Marie and I first met as young pro-life delegates to the Second UN World Conference on Human Settlements in Istanbul, Turkey in 1996 and we married in 2000. Whereas our group of five college students was a rarity among the professional pro-lifers then, one now finds dozens of students from places like the Franciscan University of Steubenville and Regina Apostolorum in Rome who come to volunteer and enthusiastically support the pro-life cause.

The UN attracts the most varied kinds of birds. We saw several individuals whose gender was not easily discernable. The "Youth for Women's Rights Caucus" passed around a flier at the end of the conference, demanding abortion, contraception, comprehensive sex-education and that the UN "recognize and protect the right to sexual pleasure and to enjoy our sexuality free of shame, guilt, violence and coercion." The Journal of Catholics for a Free Choice (CFFC), inappropriately named "Conscience", was distributed, featuring an article on the pro-life situation in Lithuania attacking HLI and Father Tom Euteneuer for promoting an "extreme conservative Catholic position." They recognize HLI is a major opponent to their agenda of contraception, abortion and sex-education. On the other end of the spectrum, there were several Franciscan Friars of the Renewal standing out in their grey habits and bringing back some sanity to this Tower of Babel. One sometimes gets the feeling at UN-headquarters that one is walking around an airport terminal all day long without ever going anywhere.

However, great progress was made on the issue of human trafficking and prostitution. The US proposed a resolution against international sex trafficking, since this is one of the most common and terrible forms of women's exploitation around the world. The Bush administration has made this a top priority, and at face value it would seem that a conference on women's rights would enthusiastically embrace this initiative. Some nations, with New Zealand and the EU in the lead, rejected any reference to prostitution or sexual exploitation, preferring a more vague reference to exploitation in general. The motivation seemed to be liberal laws and attitudes in these countries in favor of legalized prostitution. A shocking statistic circulating at the conference was that 5 % of the Dutch economy comes from their sex-industry, and the money has increased by 25% over the last decade. Their lame argument that legalizing prostitution prevents trafficking is proven wrong by the fact that 70% of their prostitutes are from Central and Eastern Europe. The American proposal focused on punishing the traffickers and clients rather than prosecuting the many enslaved prostitutes - a model that has worked well in the otherwise liberal country of Sweden. The resolution was in danger of being blocked, but thanks to the aggressive lobbying by our pro-life coalition passed and was even co-sponsored by 50 countries. The distribution of a flier entitled "Pimps and Panderers: Governments block consensus on resolution to protect women from sexual exploitation" made a great impact, shaming the liberal nations into relenting in their public opposition. HLI has long seen the significance of the issue and has contributed to the rehabilitation of former prostitutes all over the world.

HLI-supporters should take pride in the ground gained through the pro-life work at the UN since the 1990s. Such concrete measures as the UN ban on cloning and the Doha Declaration passed by the UN General Assembly in December 2004 defining marriage as the union of a husband and a wife and recognizing the fundamental importance of the family to society have all become official UN pronouncements. The feminist-inspired daily newspaper at Beijing +10 reported the event was "a reality check" and a disappointment for the activists who saw it as "Beijing Betrayed". Our HLI group and all the pro-lifers left encouraged and inspired to continue, since most of the nations of the world are clearly pro-life and need our support to prevent a small group of countries from imposing their radical anti-life agenda on the world. Many HLI-leaders actively followed the events and supported us in their respective countries during the UN-conference for which we are very grateful. This is the time to press forward.

[Commentary: Meaney: AIDS and the Big Lie About Condoms](#)



SEMINARIANS FOR LIFE INTERNATIONALTM FACT SHEET - AIDS and the Big Lie About Condoms

By Joseph Meaney

HLI Director of International Coordination

The issue of condoms has become ideologically charged in recent years. A good example of this is the August 2004 statement by Timothy Wirth, president of Ted Turner's United Nations Foundation. Mr. Wirth states, "The United States and others have started questioning the efficacy of condoms. To condemn women by indifference to science and by failure to provide tools for their own protection may not meet the technical definition of crimes against humanity, but it is certainly gross negligence toward humanity." In point of fact, he and all others who promote condoms are the ones who will face the verdict of history as having done a grave wrong to humanity.

It is an undeniable fact that AIDS cannot be transmitted sexually if a person remains chaste before marriage, marries a virgin, and stays monogamous during marriage. All reasonable scientists must admit this fact. It is clear that those who follow the Church's teaching on sexual morality have almost no chance of getting sexually transmitted diseases, including AIDS. Promoters of condoms and "Safe Sex" are nonetheless desperate to find some way to prevent these diseases, while also permitting sexual promiscuity to continue on a vast scale.

Clearly, no one would be comfortable promoting an airline that had major safety failures on 10 percent of its flights resulting in the death of passengers. Condoms, however, have a far worse protection record against such fatal diseases as AIDS. Msgr. Jacques Suaudeau, a medical doctor and official of the Pontifical Academy for Life, has written an excellent article on why the condom is unacceptable on scientific and moral grounds. He cites studies showing that condoms have failure rates in preventing pregnancy, averaging 15 percent. This failure rate is scary considering the human sperm is much larger than the HIV virus. Further, researchers R. Gordon and S.C. Weller found condom failure rates as high as 23 and 31 percent respectively. It is a tragedy that many AIDS prevention programs today provide a false sense of security to those most vulnerable.

When reasonable people advocate the Church's age-old message of chastity, the immediate rejoinder from the condom promoters is that such ideas are completely unrealistic and old-fashioned. Condom promoters combine a radical contempt for human self-control with a lack of elementary psychological insight. People can control their free will. Vigorously promoting chastity has shown concrete positive results. Uganda is an example of this. The Ugandan government reduced AIDS prevalence rates greatly by heavily campaigning for abstinence and fidelity. In the United States, also, we have seen lower rates of teenage promiscuity and pregnancy due to abstinence education.

The condom is an immoral and scientifically flawed instrument. The failure rate of condoms is such that not even a rational pagan should find them acceptable. We must continue to proclaim the truth that only chastity and fidelity can be successful in the fight against AIDS.

Quoted in "Fridav Fax." Catholic Family and Human Rights Association (C-FAM).

September 3, 2004, Volume 7, Number 37. This can be viewed on the C-FAM website at: .

J. Suaudeau, "Sesso Sicuro," Lexicon of ambiguous and debatable terms regarding family life and ethical questions, Pontifical Council for the Family, (EDB, Bologna 2003), p. 795-817.

Ibid. p. 803.

Ibid. p. 812-13. S.C. Weller's meta-analysis of eleven publications shows failure rates of 31 percent.

See Sarah Trafford, "Uganda Winning the Battle Against AIDS - Using Abstinence" retrieved on Sept 7, 2004, from and Trevor Summers, "Why are we not being told the truth," Christian Media Fellowship 2001 retrieved Sept 7, 2004 from . Originally published in Triple Helix, Spring 2001, p. 10-11.



The Case Against Condoms

The Scientific and Moral Basis for the Teaching of the Catholic Church on Preventing the Spread of Disease

You will learn the full truth about condoms and the beauty of the Catholic Church's unchanging response to an escalating culture of death. Be able to step up to the plate to boldly proclaim the unequivocal truth about

- the scientific and proven ineffectiveness of condoms or so-called "safe sex" to fight the AIDS pandemic;
- the lies of the condom-mania propaganda;
- the unchanging immorality of condoms or "safe sex" to stem the tide of AIDS;
- the marvelous plan of God for human sexuality, as the answer to the AIDS/STD pandemic.

Through a comprehensive 2-pronged approach, you will find the scientific and moral truth concerning the world's serious health crisis - the ramifications of today's hedonistic lifestyles. Once you read the well-researched information, you will be able to put to rest any lingering doubts about "safe sex" propaganda. You will begin to appreciate that it is the truth of Jesus Christ, as taught through the Magisterium of the Catholic Church, that indeed has "the words of life" for a dying world.

[Family Values Versus Safe Sex](#)

A Reflection by His Eminence, Alfonso Cardinal López Trujillo
President, Pontifical Council for the Family
December 1, 2003

[Death by Latex](#)

Condom Exposé by Brian Clowes, Phd

Case Against Condoms: Death by Latex



By Brian Clowes, PhD

Director of Research Worldwide

Human Life International

WARNING: In order to completely and accurately describe the subject matter, this document contains explicit information about human sexuality which is not appropriate for minors or for persons who are morally vulnerable to such material.

Introduction: Basic Concepts.

The Underlying Problem. It is common knowledge among health professionals that sexually-transmitted diseases (STDs), some of which are incurable and/or fatal, have found fertile ground to multiply in societies that permit and even celebrate all forms of permissive sex. Unfortunately, most people, for fear of appearing "backwards" or "repressive," treat this glaringly obvious fact like a basilisk -- they dare not look at it or even *speak* about it.

The response of most 'developed' world governments at every level, and the reaction of various social service agencies to this explosion of STDs, was as predictable as it was pitiful: They took the inherently Humanistic position that Americans (not just teenagers) are mere animals. Since they can't be trusted to control their sexual urges, we might as well make it as safe for them as possible to have sex with whomever they please.

The government's weapons of choice were not chastity and monogamy, but 'education' and condoms. Even Bill Clinton's Surgeon General, Joycelyn Elders, sported a "rubber tree" on her desk -- festooned, of course, with condoms.

And so, with intriguing names like "Arouse," "Embrace," "Excita," and "Pleaser," condoms crowd pharmacy shelves and restroom walls, leering at potential users and proclaiming the merits of "family planning" and "safe sex" on their vividly-colored packages.

Unfortunately, members of the public uncritically accept the government, and the condom manufacturers, at their word. And nobody (except a few pro-lifers, who are universally ignored) seems to be asking the most vital question of all.

If condoms are so effective at preventing pregnancy and AIDS transmission, why do nations that stress their use continue to experience a rapidly-escalating rate of teen pregnancy and an exploding AIDS epidemic?

Due to the highly charged aspects of the issues related to contraception (i.e., school-based clinics, the teen pregnancy "epidemic," and the spread of AIDS), there is much conflicting information on the effectiveness of the most commonly-used nonpermanent true contraceptive method in the world, the male condom, at preventing pregnancy, AIDS, and sexually transmitted diseases.

In order to conduct an intelligent conversation on this topic, we must first review a few basic facts.

Types of Condoms. Three types of male condoms are commonly available today;

- (1) By far the most commonly used condoms are made from natural rubber latex. These are the most effective at preventing pregnancy and STDs, and make up about 97 percent of all condom sales in the United States.
- (2) A small number of condoms are made from the intestinal caecum of lambs, and are called "natural skin," "natural membrane" or "lambskin" condoms. Experts generally agree that skin condoms are not effective as latex condoms at preventing AIDS and STDs.
- (3) A third type, generally becoming more available, are the condoms made from synthetic materials including polyurethane. These are more resistant to deterioration than latex condoms and are generally believed to provide a similar level of protection against pregnancy and STDs [1].

Definition of Terms. The book *Contraceptive Technology* is the most authoritative source of information on all methods of birth control in the world today. This two-inch thick book is often referred to as the "family planner's bible," and is revised every few years in order to include updated information. The latest edition was published in 2004, and it is considered by family planners to be the "last word" on all matters contraceptive.

Family planners use four terms when referring to the failure rate of a contraceptive or abortifacient method;

- (1) The "efficacy" of a birth control method refers to the protection its users receive under ideal conditions.
- (2) The "effectiveness" of a method refers to the protection its users receive under actual conditions of use, and includes user error.
- (3) The "method failure rate" refers to malfunctions of the method itself when a couple use it perfectly. For condoms, the method failure rate is two percent. This does not mean that two percent of condom uses will result in pregnancy. It means that, if there are one hundred couples that use a condom perfectly over an entire year of use, only two will experience pregnancy. Since the average couple in the United States has sexual intercourse 83 times a year, this means that, among one hundred *perfect method users*, there will be two pregnancies for every 8,300 uses of the condom.
- (4) The "user failure rate" reflects not perfect use, but typical use, and includes all user errors. According to *Contraceptive Technology*, 15 of 100 typical condom-using couples will experience pregnancy within the first year of use.[2]

The basic problem is as follows. No matter how much 'safe(r) sex' education is taught, no matter how many bowls of free condoms are left in plain view, and no matter how much contraceptive marketing is propagated. there are a number of mechanical and

human factors that simply cannot be controlled [3];

- Condoms break and slip off;
- They age. One study found that the breakage rate for condoms increased from 3.6% for new condoms to as high as 18.6% for condoms several years old.[4]
- They deteriorate in even the best of conditions, but even more rapidly in extremely cold or hot situations. Condom wrappers recommend storing the product at temperatures between 59 and 88 degrees Fahrenheit. One researcher found that, at major condom distribution points in New Jersey and New York, boxes of condoms were left outdoors in the ice and snow during the dead of winter. During the summer months, the researcher took photographs of eggs frying on the floors of dozens of trucks and containers where condoms were stored in temperatures exceeding 180 degrees.[5] High temperatures cause oxidation and freezing temperatures cause crystallization in some of the chemical compounds that make up condoms, leading to cracking, drying, shrinking and drastic loss of flexibility and strength. Keep in mind that condoms exported from the United States sit in uninsulated shipping containers in extreme weather conditions for even longer periods of time;
- If taken out of the package and left unused for a long period of time, they are liable to ozone deterioration, which causes damage invisible to the eye;
- Improper use of oil-based lubricants can degrade them;
- They get broken in their packages;
- They have allowed rates of manufacturing defects. The present acceptable quality limit (AQL) for North American condom manufacturers is 99.6% of condoms free of leaks. The British AQL is 97%, and the Dutch AQL is 96.5%;
- The users are caught up in passion and do not properly follow the ten- to sixteen-step process for safe usage [6];
- The users are compromised by the use of alcohol, marijuana, illegal drugs, prescription and over-the-counter drugs, or exhaustion; and
- Bodily secretions can get around and over a condom even if it performs perfectly.

The Primary Danger -- Not Pores, But Catastrophic Failure.

"Counting on condoms is flirting with death."

-- Dr. Helen Singer-Kaplan, founder of the Human Sexuality Program at the New York Weill Cornell Medical Center, Cornell University.[7]

Overview. Although latex condoms appear to occasionally be permeable to the AIDS virus, by far the greatest danger of infection lies in their propensity to burst, tear and slip off.

Even if only a few HIV viruses *did* pass through a porous condom, the risk of infection would still be extremely small; but in those cases where condoms fail catastrophically, massive exposure to the HIV virus is inevitable. In cases of failure during intercourse with an HIV-infected person, there is the distinct possibility of a protracted and extremely unpleasant death.

The Studies The frequency of condom breakage depends upon many factors

The Studies. The frequency of condom breakage depends upon many factors, including the type of lubricant used and the brand of condom. *Contraceptive Technology* tallied the results of fifteen studies involving a total of 25,184 condoms used during heterosexual intercourse and found that 4.64 percent of all of the condoms broke and 3.44 percent of them partially or completely slipped off, for a total of 8.08 percent, or about one in twelve.[8]

Figure 1 is a summary of these studies.

Figure 1

A Summary of Major Studies on Condom Breakage and Slippage Rates

Study	Total Condoms Used	Breakage Rate (percent)	Slippage Rate (percent)	Total Breaks	Total Slips
1. Nevada	353	0.0%	3.9%	0	14
2. United States #1	4,632	0.4%	0.6%	19	28
3. United States #2	147	0.7%	7.4%	1	11
4. Sydney, Australia	605	0.5%	-----	3	-----
5. Atlanta, Georgia #1	478	3.7%	13.1%	18	63
6. Atlanta, Georgia #2	405	2.4%	13.1%	10	53
7. California #1	3,717	3.0%	2.9%	112	108
8. California #2	2,059	4.3%	2.2%	89	45
9. North Carolina #1	1,072	3.3%	5.4%	35	58
10. North Carolina #2	4,589	11.1%	-----	509	-----
11. North Carolina #3	1,947	5.3%	3.5%	103	68
12. North Carolina #4	752	4.1%	-----	31	-----
13. North Carolina #5	358	6.7%	-----	24	-----
14. Denmark	385	5.0%	-----	19	-----
15. New Zealand	3,685	5.3%	5.1%	195	188
Totals	25,184			1,168	636

Summary of Studies

Average breakage rate of all condoms: $1,168/25,184 = 4.64\%$

Average slippage rate of all condoms: $636/18,495 = 3.44\%$

Total failure rate of all condoms: **8.08%**

According to *Contraceptive Technology*, the condom's user effectiveness rate is 85 percent [9]. This means that, under real-world conditions, a woman whose sexual partners use condoms for every act of sexual intercourse has a 15 percent chance of becoming pregnant in a year.

Figure 2 shows the chances of pregnancy for a woman whose sexual partners faithfully use condoms for 83 average annual instances of sexual intercourse.[10]

Keep in mind that these are the *lowest* rates that can generally be expected, since they assume 100% condom usage.

Figure 2

Probability of Pregnancy Over Time for Women Whose Sexual Partners *Always* Use Condoms

Time Span	Probability of Pregnancy
1 year	15 percent
2 years	28 percent
3 years	39 percent
4 years	48 percent
5 years	56 percent
10 years	80 percent

According to United States Census Bureau sources, about 6.8 million couples use condoms as their primary means of contraception in the USA.[11] 15 percent of this number means that about one million unwanted pregnancies occur every year due to condoms breaking, a number equivalent to half of the unintended pregnancies in the United States annually!

This experience is mirrored in many other surveys of people who use condoms under real-world conditions;

- 1,609 of 4,666 women (34.5 percent) obtaining abortions at the Leeds Marie Stopes International abortion clinic were using condoms that failed [12].
- 27% of the abortions performed at Paris' *Hospital St. Louis* are done because of condom failure.[13]
- A 1996 study of students requesting "emergency contraception" at the Rusholme Health Center in Manchester claimed condom failure.[14]
- In Botswana, HIV prevalence among pregnant urban women rose from 27 percent to a staggering 45 percent from 1993 to 2001 as condoms sales tripled. In Cameroon

a staggering 40 percent from 1999 to 2001 as condom sales tripled. In Cameroon, adult HIV prevalence rose from 3 percent to 9 percent as condom sales rose from six million to 15 million during the same period [15].

- Cambodia instituted a "100% Condom Program" early on in its fight against AIDS. Condom use rocketed from 99,000 in 1994 to 16 million in 2001. Reported HIV infections more than kept pace, soaring from 14 in 1994 to more than 16,000 in 2001 [16].
- When United States Surgeon General Joycelyn Elders was Arkansas Health Director from 1987 to 1992, she pushed condoms by every means possible, including in 24 high schools. The results were predictable. The teen pregnancy rate in Arkansas rose 17 percent between 1989 to 1992, the syphilis rate among teenagers rose 130 percent, and the HIV rate rose 150 percent [17].

Figure 3 includes many quotes from leading experts who have shown in studies that condoms are dismal failures at preventing pregnancies.

Understandably, for practical and ethical reasons, few studies have actually used live couples to test HIV transmission rates. A University of Miami Medical School study showed that three out of 10 women whose HIV-infected husbands faithfully used condoms contracted AIDS-Related Complex (ARC) in an 18-month period.[18]

This translates into an infection rate of 21 percent per year, 38 percent in two years, 51 percent in three years, 70 percent in five years, and 91 percent in 10 years. One article in *The Lancet* concluded that

The possible consequences of condom failure when one partner is HIV infected are serious enough and the likelihood of failure sufficiently high that condom use by risk groups should not be described as 'safe sex.'... Condoms have a substantial failure rate: 13-15% of women whose male partners use condoms as the sole method of contraception become pregnant within one year.[19]

Figure 4 consists of quotes from leading experts who believe that condoms are ineffective at preventing AIDS and other sexually transmitted diseases.

Figure 3
Experts Speak on the Ineffectiveness
of the Condom at Preventing Pregnancy

"After reviewing the extensive literature on contraception, some variation in results is found. Reported failure rates for condom use vary from about 2 to 35 unplanned pregnancies per year, but a conservative consensus reveals a rate in the range of 8 failures per 100 users each year in the general population. Simple mathematics would conclude that after five years, the number pregnant with this method would be five times the yearly rate. Thus, after five years of condom use, there would be about forty pregnancies in this group of 100 real people ..."

-- Stephen Genuis, M.D. "What About the Condom?" *Risky Sex* (2nd Edition) [Edmonton, Alberta: KEG Publishing, 1991].

"Of 100 women whose partner uses a condom for one year, 3 to 36 will become

"Of 100 women whose partner uses a condom for one year, 5 to 30 will become pregnant."

-- United States Department of Health, Education and Welfare. "Contraception: Comparing the Options."

"In the Oxford/Family Planning Association contraceptive study, 4% of highly motivated couples relying on condoms experienced an unplanned pregnancy within one year, while more generally representative data from the National Survey of Family Growth in the United States show that between 6% and 22% of couples relying on condoms experienced an unplanned pregnancy within a year, the rate depending on the woman's age and whether the couples wished to delay pregnancy or to prevent it. Much of the health education material about HIV infection has failed to stress the limitations of the condom."

-- M.P. Vessy and L. Villard Mackintosh. "Condoms and AIDS Prevention." *The Lancet*, March 7, 1987, page 568.

"Use of a barrier method backed up by abortion in case of failure confers over a woman's reproductive life complete protection against unplanned childbearing with a minimal risk of mortality. For some women, however, such a course is morally unacceptable, since it involves a high likelihood of having at least one abortion."

-- K. Ory, et.al. *Making Choices: Evaluating the Health Risks and Benefits of Birth Control Methods* [Alan Guttmacher Institute, 1983], page 60.

"In a survey of family planning clients who used condoms as their only or primary birth control method, only 1.3% of the 388 women followed all five steps for proper use."

-- Marilyn Elias. "Correct Use of Condoms is Rare." *USA Today*, December 13, 1991.

"Dr. Richard Gordon, International AIDS Conference presenter and University of Manitoba professor, concluded after live studies that red dye testing demonstrated that seminal fluid leaks out of even properly fitted condoms both prior to and after orgasm."

-- Beverly Sottile-Malona. "Condoms and AIDS." *America*, November 2, 1991.

One test showed that 14.6 percent of condoms used in a clinical trial either broke or slipped off the penis during intercourse or withdrawal. A survey at a Manchester, England family planning clinic revealed that 52% of the respondents had experienced condom breakage or slippage *during the past three months alone*.

-- Alan Guttmacher Institute. *Family Planning Perspectives*, January/February 1992, pages 20 to 23. Also see R.J.E. Kirkman, J. Morris, and A.M.C. Webb. "User Experience: Mates v. Nuforms." *British Journal of Family Planning*, 1990;15:107-111.

A Federally funded UCLA study of the effectiveness of 29 major condom brands showed that reliability ranged from a high of 98.9% to an incredible low of 21.3%.

-- "Condom Reliability." *Los Angeles Times*, June 29, 1988.

Figure 4

Experts Speak on the Ineffectiveness of the Condom at Preventing AIDS and Other Sexually Transmitted Diseases

"I think these results certainly tell us right off that one condom is not the same as the

I think these results certainly tell us right off that one condom is not the same as the next. Koop and AIDS groups and others promoting condoms have been very careless about that point ... The Lifestyles Conture, Trojan Ribbed Natural, Trojan Ribbed and Contracept Plus all showed evidence of virus leakage. One in 10 condoms tested leaked in each brand, except for the Contracept Plus, which leaked [HIV] virus 10 of the 25 times it was tested."

-- Dr. Cecil Fox, quoted in Allan Parachini. "Condom Study Finding Wide Differences Among Brands." *Los Angeles Times*, June 29, 1988.

"The possible consequences of condom failure when one partner is HIV infected are serious enough and the likelihood of failure sufficiently high that condom use by risk groups should not be described as 'safe sex'... Condoms have a substantial failure rate: 13-15% of women whose male partners use condoms as the sole method of contraception become pregnant within one year."

-- Jeffrey A. Kelly and Janet S. St. Lawrence. "Cautions About Condoms in Prevention of AIDS." *The Lancet* (Journal of the British Medical Association). February 7, 1987, page 323.

"Professionals and the public alike have been misled into believing that sex with a condom is safe ... considering the 10% pregnancy rate with the use of condoms, this creates a dangerous false sense of security. We consider it irresponsible to suggest to anyone that condoms are entirely safe ... advising persons that it is safe to have sex with condoms is false, provides an erroneous sense of security, and can kill partners."

-- *Journal of Sex and Marital Therapy*, Fall 1986, page 164.

"As has been discussed, condoms do not offer protection for diseases that are transmitted by skin to skin contact such as human papilloma virus and herpes simplex virus, frequently found throughout the genital area in infected individuals. No degree of condom education will curb the transmission of these organisms."

-- Stephen Genuis, M.D. "What About the Condom?" *Risky Sex* (2nd Edition). Edmonton, Alberta: KEG Publishing, 1991.

"The officials note that condoms have been widely rejected as a method of birth control because they frequently fail, and say the devices may be no better - in fact, may be worse - at curtailing AIDS. They warn that sexually active men and women should not assume that they are protected simply because they use prophylactics ... The safe-sex message just isn't true. You're still playing a kind of Russian roulette. Instead of having six bullets in the chamber, you have one."

-- Bruce Voeller, M.D., researcher with the Mariposa Research Foundation, quoted in Lindsey Gruson. "Condoms: Experts Fear False Sense of Security." *The New York Times*, August 18, 1987.

"Condoms failed to prevent HIV transmission in three of 18 couples, suggesting that the rate of condom failure with HIV may be as high as 17%."

-- James J. Goedert, M.D. "What is Safe Sex?" *New England Journal of Medicine*, October 21, 1987, page 1,340.

"The condom was useless as a prophylactic against gonorrhoea and even under ideal conditions against syphilis."

-- Nicholas J. Fiumara, M.D., Massachusetts Department of Public Health.

The effectiveness of condoms at preventing AIDS is obviously much lower than their effectiveness at preventing pregnancy, for two primary reasons;

- A couple can conceive during only a fraction of the menstrual cycle (the "fertility window"), about five to seven days per cycle. It is possible, however, to be infected with HIV at any time during the menstrual cycle.
- A sperm cell is massively larger than an HIV virus. The head of a sperm cell is about 3,000 to 5,000 nanometers in diameter, and an HIV virus is about 100 to 120 nanometers in diameter (1 nanometer = one billionth of a meter).[20]

Condoms and Leakage.

The Primary Point to Remember. There is a lot of debate in the pro-life community today over whether or not latex condoms have pores large enough to leak the HIV virus.

As this booklet will describe, the latex condom does indeed occasionally leak the HIV virus. However, the following point cannot be stressed enough:

The risk of HIV leakage by latex condoms is trivial when compared to the risk of massive exposure to the HIV virus caused by the condom's propensity to frequently break, tear or slip off.

Pro-lifers should not allow themselves to be dragged into a long, drawn-out discussion on whether or not condoms have pores big enough to leak the HIV virus. This is a distraction from more important issues, because nobody can prove on the spot whether or not they actually *do* leak the virus. After all, how many people carry a portable electron microscope around with them? There are hundreds of studies on both sides of this question.

In any discussion of condoms, pro-lifers should stay on much firmer ground and speak about the condom's frequent catastrophic failure rate.

A Complicated Question. Much debate exists over whether latex condoms provide protection against the HIV virus. The Centers for Disease Control (CDCs) assert that *unbroken* and *properly used* latex condoms can block the AIDS virus.[21] The basis for this claim is a series of studies that show that latex condoms are 99 percent or more effective at stopping the AIDS virus.

Two serious flaws are inherent in each of these studies:

- (1) An extremely small sample size was used in each study (only one to 10 condoms of

each brand); and

(2) *In-vivo* conditions of actual intercourse were not simulated.

The inherent, naturally occurring flaws in natural rubber (latex) range from 5 to 70 microns in diameter.[22] The average sperm cell is about 5 microns in diameter, and the average AIDS virus is about 0.1 micron in size.[23] This means that, in terms of size, an AIDS virus can pass through a latex flaw as easily as a house cat can walk through an open double garage door. Pro-abortionists and others loudly deny this fact, but offer no evidence whatsoever to back up their claims.

However, before concluding that latex condoms do not protect against the AIDS virus, two factors must be taken into account:

(1) Condom advocates stress that water molecules "stick" to each other through hydrogen bonding. Therefore, they say, it is very doubtful indeed that an AIDS virus in a water-based suspension of any type would be able to pass through a hole even 100 times its own diameter in the absence of motion, friction, pressure and corrosion stresses. The clumped water molecules "bridge" the condom gaps, in other words.

However, condoms do indeed leak water, as shown by the standard condom permeability test. This involves filling a condom with 300 milliliters of water, tying it off, and then rolling it on paper to assist in detecting leaks.

In one study, scientists deliberately punctured condoms with holes about 10 microns in diameter, then subjected them to the standard water permeability test. 75 percent of the condoms passed the test, despite the fact that they were riddled with holes 100 times the diameter of the AIDS virus.[24]

In a second test, holes were artificially introduced into condoms of several brands. Those containing holes 1 micron in size -- ten times the diameter of the HIV virus -- passed the leakage test 90 percent of the time. In this latter test, a surfactant (which reduces water cohesion) was introduced into the liquid. Most condom lubricants act as surfactants.[25]

These studies prove that condoms do indeed leak water, regardless of what its surface tension may be.

(2) Latex condoms are "double-dipped," meaning that all or most of the voids left from the first layer will be filled by the second. Repeated SEM (scanning electron microscope) photos of stretched condoms show no apparent voids, even at a magnification of 2,000X.[26]

Once again, this fact is irrelevant in light of the fact that, as shown above, a large percentage of condoms that have passed the standard water leak test do indeed leak HIV-sized particles.

An Engineering Analysis of an SEM Image. Point (2) above is repeatedly used by condom advocates to argue that latex condoms are extremely effective at blocking the HIV virus. Indeed, when a latex condom is stretched and viewed under the extreme magnification possible with a scanning electron microscope, no pores seem to be

present.

When an SEM image of stretched latex shows no pores, we must remember that stretching applies only one type of stress on a material: Uniform lateral stress. This is the kind of stress that is applied to a child's balloon when it is blown up -- equal and constant pressure is applied to every square inch of the surface of the balloon.

An SEM cannot provide us with an accurate "picture" of pores in a condom under conditions of actual use, because the SEM can only provide still shots of a condom with uniform lateral stress applied to it.

It is physically impossible to simultaneously simulate for an SEM picture the other *four* types of stress that are applied to a condom during intercourse:

- (1) **pressure stress** (perpendicular to the axis of the lateral stress). This would be like taking the child's balloon and stretching it from pole to pole;
- (2) **shear stress** (high twisting or angular stresses at critical points). This would be like holding the child's balloon at both ends and twisting the poles in opposite directions;
- (3) **friction stress** (abrasion occurring during lateral movement between two surfaces in contact). This would be like taking the child's balloon and rubbing it across a sticky surface; and
- (4) **corrosion stress** caused by a mixture of body fluids and lubricants, whose effect is greatly enhanced by the repeated and simultaneous application of mechanical stresses.

To say that a latex condom is safe because it shows no pores when only one out of five types of stress is applied to it is like saying that a new type of jeep is safe for heavy off-road use because it can be driven in a straight line at 25 MPH on a smooth and level road without falling apart.

The fact that latex condoms do indeed contain pores was highlighted by a major 1992 Food and Drug Administration (FDA) study, the first to simulate actual conditions of sexual intercourse. This study showed detectable leakage of HIV-sized particles in one-third of the condoms tested.[27] Significantly, all of these condoms had previously passed the standard water leakage test.

Again, those who debate the merits and demerits of condoms should remember that the head of a human sperm cell is approximately 50 microns (0.002 inches) in diameter, and the head of an HIV virus is about 0.1 microns in diameter.[28] This means that a sperm cell, which is effectively blocked by an *unbroken* latex condom, is about 100 million times more massive than an HIV virus.

This contrast in size is proportional to a five-ton bull elephant standing next to a small housefly.

Condoms and the Prevention of Sexually Transmitted Diseases.

"There is no such thing as safe sex for someone contemplating sex with an HIV-positive person."

-- Dr. Michael Gottlieb, the scientist who made the original report to the Centers for Disease Control on gay-related immune deficiency (GRID), which was later relabeled AIDS.[29]

Health authorities agree that condoms (when used perfectly and when they do not break, leak or slip) effectively block such sexually transmitted diseases as gonorrhea and syphilis. However, condom misuse or breakage can cause massive exposure to these diseases, just as with the HIV virus.

What's more, even consistent perfect use of unbroken condoms will not protect against STDs that are spread by skin-to-skin contact, such as human papillomavirus (HPV) and herpes simplex virus (HSV), which frequently infect the entire genital area. Finally, many STDs, such as gonorrhea and herpes, are transmitted by oral sex, which is usually practiced with multiple sexual partners.[30]

These problems partly account for a resurgence in certain STDs;

- **Genital chlamydial** infection is the most common bacterial STD in the United States, and is the leading cause of preventable infertility and ectopic pregnancies. Half a million new cases of chlamydia (the most common sexually transmitted disease) are reported each year.[31]
- **Genital warts** (*condyloma acuminata*) are caused by human papillomavirus (HPV), the most common viral STD in the United States, accounting for three million new cases each year. HPV is present in an estimated 50 percent of all sexually active young women, and, as with other STDs, is associated with multiple sexual partners and with earlier intercourse.
- There are about 400,000 new cases of **gonorrhea** in the United States each year, many of which are caused by strains resistant to treatment, and up to one-fourth of all infected men have no symptoms. Gonorrhea can also infect other mucous membranes, including the mouth. The disease can have extremely serious consequences if left untreated, including sterility, pelvic abscesses and severe health problems for infants born to infected mothers.[32]
- **Hepatitis B** is a particularly dangerous problem in some developing countries. It can lead to chronic hepatitis, cirrhosis, cancers, hepatic (liver) failure and death. There is no cure for Hepatitis B, and up to 20 percent of the general population in many developing countries show signs of infection.
- **Herpes genitalis** is caused by the herpes simplex virus (HSV) and infects about 30 million people in the United States today, most of whom show no symptoms. Those who do show symptoms may have painful ulcers in the genital or mouth area.
- **Pelvic inflammatory disease (PID)** is a result of infection with other STDs and viruses/bacteria such as gonorrhea and *E. Coli*. PID afflicts one million American women each year, 20 percent of whom require hospitalization. PID also inflames the Fallopian tubes and is a leading cause of ectopic pregnancy.
- **Syphilis**, one of the deadliest STDs, recently reached its highest level in 40 years, with 134,000 people in the United States newly infected in 1990.[33] Untreated syphilis can lead to rashes, lesions, paralysis, aneurysms, blindness and death.

Health professionals often assert that there are "epidemics" of teen pregnancy, AIDS, alcoholism and drug use. Some of these allegations are exaggerated and are not

supported with proper statistical analysis.

But declarations of an epidemic of STDs are certainly *not* exaggerated. With more than 100 million people infected with one or more of 20 STDs in the United States alone, it is unrealistic to expect that a paper-thin, nearly weightless sheath of polyurethane or latex will slow down the epidemic.

The only way to completely eradicate all STDs is to follow God's plan for our sexual lives: Abstinence before marriage and fidelity after.

Of course, the sex educators and condom sellers tell us that this is not a "realistic" solution.

They are wrong.

Since abstinence/fidelity is the *only* solution that will work, it is the only *realistic* solution as well. Perhaps if the health professionals struggle unsuccessfully for another decade or two trying to contain the STD epidemic with impractical means, they too will reach the same conclusion. Unfortunately, the price of their education will be steep indeed -- millions of lives needlessly lost and more millions of lives spent in unnecessary misery.

Teenagers and Condoms.

The New York Times Speaks. In 1997, *The New York Times* front-paged a study alleging that passing out condoms in school does *not* increase teenage sex, which flies in the face of common sense.[34]

If schools passed out coupons for free beer at local ABC stores, would beer consumption by teenagers increase?

Of *course* it would! Anyone who says otherwise is just not in touch with reality.

Saying that passing out condoms does not increase sexual behavior is kind of like saying that passing out cars and keys does not increase driving behavior.

In any case, the lead researcher of the study cited by the *Times* was none other than Sally Guttmacher, daughter of Alan Guttmacher, who did more to spread abortion and contraception around the world than anyone else in history. The study was funded by the Robert Wood Johnson Foundation, which pours millions of dollars into organizations that promote condoms.

The *Times* seems to be completely blind to preordained conclusions brought on by a massive conflict of interest, but only if such conflicts exist on the anti-life side of various issues.

Would the *Times* accept such a study (much less put it on the front page) if it was conducted by a well-known pro-life priest and funded by the Vatican? Of course not! The *Times* would dismiss the study without even reading it.

But *not* if it has the 'right' conclusions ...

In light of their dismal record, the only thing more illogical than adults using condoms is adults providing condoms to teenagers, especially in the public schools.

Rebuttal by the Alan Guttmacher Institute. An article in the Alan Guttmacher Institute's *Family Planning Perspectives* quoted an annual condom failure rate of 18.4 percent among teenaged girls under 18 years old. This means that more than half of the users will be pregnant within three years.

The authors also said that "These rates are understated because of the substantial under-reporting of abortion among single women; if abortion reporting was complete, failure rates would be 1.4 times as high as they *appear* high." [35]

Results of School Condom Studies. These figures have been borne out in studies of those public schools that have distributed condoms to their students.

One writer describes the dismal results of one of the first free-condom programs to be instituted at a high school in the United States;

In the three years since this [Adams City, Colorado] high school became one of the first to hand out condoms, the birth rate has soared to 31% above the national average of 58.1 births per 1,000 students [annually].

Last year, 76 of Adams City students became teen mothers. This year, more than 100 births are expected. That's left people at this school, recognized throughout Colorado for its cutting-edge educational and social programs, searching for explanations." [36]

International Case Studies Showing Condom Ineffectiveness Against HIV/AIDS.

Uganda. In 1986, President Yoweri Museveni took office and immediately started an intensive campaign to change the widespread incidence of risky sexual behavior in Uganda.

In 1991, Uganda had one of the highest adult HIV infection rates in the world. Fifteen percent of all adults in the country were infected. Ten years later, Uganda had cut its HIV infection rate by two-thirds, to only five percent. It was the only nation in Africa that cut its HIV infection rate during this time period, and its decline in HIV prevalence was the greatest of any country in the world.

The key to this tremendous decline was an approach that other nations declined to embrace: The ABC Program, or **A**bstain from sex until marriage, **B**e faithful to your partner, and use **C**ondoms if you do not practice abstinence or fidelity. The entire focus of the message was not simply to "condomize" the population, but to reduce risky sexual behavior.

The consistent broadcasting of the ABC message through all governmental, educational, religious and communications networks, in time, built up what researchers called a "highly effective social vaccine against HIV," or a massive behavioral change among the people of the nation. The 2000-2001 Ugandan *Demographic and Health Survey* found that 93 percent of Ugandans had changed their sexual behavior to avoid HIV/AIDS.

According to the Heritage Foundation, the primary lessons learned from the Uganda

experience are;

- (1) High-risk sexual behaviors can be discouraged and replaced by healthier lifestyles. Ugandans gradually accepted what they call "zero grazing," or faithfulness to one partner.
- (2) Abstinence and marital fidelity appear to be the most important factors in preventing the spread of HIV/AIDS. Contrary to all expectations, young Ugandans widely embraced the pro-abstinence message. From 1989 to 1995, the percent of unmarried young men having sex plunged from 60 percent to 23 percent, and the percent of unmarried young women having sex dropped from 53 percent to 16 percent.[37] This proves that teenagers are not mere animals who are helpless slaves of their "raging hormones."
- (3) Condoms do not play the primary role in reducing HIV/AIDS transmission. As President Museveni himself remarked, "We are being told that only a thin piece of rubber stands between us and the death of our continent. Condoms have a role to play as a means of protection, especially in couples who are HIV-positive, but they cannot become the main means of stemming the tide of AIDS." [38] The Ugandan government targeted only extremely high-risk groups, including prostitutes, with condoms. The vast majority of Ugandans rejected the use of condoms. Anne Peterson, M.D., USAID's Director of Global Health, says that "Condoms play a role. They are better than nothing, but the core of Uganda's success story is big A, big B, and little C." [39]

In stark contrast to Uganda, the countries with the highest rate of condom availability still have the world's highest AIDS rates -- Zimbabwe, Botswana, South Africa and Kenya.[40]

- (4) Religious organizations are crucial participants in the fight against AIDS [41]. Most condom-promoting organizations believe that purely secular organizations should have a monopoly in the battle against HIV/AIDS, and that religious organizations have no place in the fray. From the very beginning of the ABC program, Christian, Jewish and Muslim faith-based organizations played a central role.

The ABC program has been intensively studied and deemed effective by many leading international health organizations, including;

- the United States Agency for International Development (USAID), which says that "This dramatic decline in [HIV/AIDS] prevalence is unique worldwide, and has been the subject of intense scrutiny;" [42]
- the Joint United Nations Program on HIV/AIDS (UNAIDS);
- the United Nations World Health Organization (WHO); and
- the Harvard Center for Population and Development Studies.[43]

Despite the obvious success of the Ugandan ABC program, which has undoubtedly saved hundreds of thousands of lives, condom promoters continue to discount abstinence in favor of programs that have been proven ineffective.

For example, the Global HIV Prevention Working Group issued a July 2002 report entitled *Mobilization for HIV Prevention: A Blueprint for Action*, which emphasizes sex education, condom distribution, needle exchange programs and increased availability of and access to anti-retroviral drugs in its program. It briefly mentions Uganda's success story but attributes its drops in HIV infection rates primarily to massive condom

story, but attributes its drops in HIV infection rates primarily to massive condom promotion and distribution programs, which did not actually occur in the country [44].

In reality, condoms do not impede the spread of AIDS. In 2004, the journal *Studies in Family Planning* concluded that "No clear examples have emerged yet of a country that has turned back a generalised epidemic primarily by means of condom promotion." [45]

The Philippines and Thailand. The second real-life example of how condoms fail to stop the spread of HIV/AIDS is presented by the Philippines and Thailand, two Southeastern Asian nations with approximately the same populations.

In 1984, the first case of HIV was detected in both of these nations. By 1987, Thailand had 112 cases of AIDS, and the Philippines had 135 cases. In 1991, the World Health Organization predicted that, by 1999, Thailand would have 70,000 deaths from the disease, and the Philippines would have 85,000 deaths.

In 1991, both nations took concrete and comprehensive measures against the spread of the HIV virus -- but both directed their efforts in completely different directions.

The Thai Minister of Health enacted a "100% Condom Use Program." All brothels were required to have supplies of condoms, and condom vending machines were installed in all supermarkets, bars, restaurants, and other public gathering places. This program was widely accepted and implemented by the people of Thailand.

Two years later, Rene Bullecer, M.D., received authorization from the Catholic Bishops Conference of the Philippines (CBCP) to establish the organization AIDS-Free Philippines as its official program to combat HIV/AIDS nationwide. The government signed on to this effort as well.

By the end of 2003, the disparity in the effectiveness of both types of programs had become glaringly obvious, as shown in this table; [46]

Parameter	Thailand	Philippines
Adults and Children Living with HIV	570,000	9,000
AIDS Deaths in 2003	58,000	500
Population	62,833,000	79,999,000
HIV Infection Rates Per Mission	9,072	113

This table shows that the Thai HIV infection rate is eighty times higher than the Filipino HIV infection rate.

The current rate of HIV infection in the United States, with all of our sex education, all of our sexual freedom, all of our advanced antiviral drugs, and all of our billions of condoms, is 3,900 per million, thirty times higher than in the Philippines.[47]

What lesson does this teach us?

USAID has concluded that the reason that the Philippines has such a low incidence of HIV/AIDS is that youth have a very high rate of abstinence and married people largely remain faithful to their spouses. The USAID report grudgingly admitted that "The

Catholic Church must be credited with influencing sexual behavior."[48]

'Abstinence has a High Failure Rate.' Pro-condom groups often denigrate abstinence because they say it is ineffective. For example, A poster distributed by 'Catholics' for a Free Choice says that "Abstinence has a high failure rate." [49] The idea behind this slogan is that people get passionate and engage in sexual intercourse despite intentions or formal vows to the contrary.

This is an illogical and inconsistent allegation. Failures are not attributed to any method of birth control if it is simply not used. If a formal study of condoms finds that several pregnancies resulted from couples *intending* to use condoms but failing to do so, these pregnancies will properly not be attributed to the condoms themselves.

The same criteria should be applied to abstinence. If, for whatever reason, a couple engage in sexual intercourse, resulting exposure to pregnancy or STDs cannot be attributed to abstinence, *because it was not used*.

They Simply Refuse to "Get It." Despite the stunning success of Uganda at reducing its AIDS epidemic, and the Philippines at avoiding it altogether, population controllers, "family planners" and pro-condom ideologues continue to vigorously promote programs that are *proven failures*. These groups and people have the attitude that theirs is the only "realistic" solution to the AIDS crisis, even when they are confronted with abundant and vivid evidence to the contrary.

Why do they do this, in light of the fact that they are obviously causing many deaths and much misery?

(1) This is the result of a venerable mindset that holds that human beings are essentially no different from animals in the area of sexuality, and that they have either no free will or greatly diminished free will.[50] This is an old and outdated philosophy, and must be jettisoned in favor of more modern and effective thinking. Unfortunately, the people who hold this quaintly antiquated viewpoint are usually the "family planning" and "reproductive health" experts who fund and execute programs involving condom distribution.

(2) It's their job. If they give up their hold on condoms, they might be out looking for gainful employment. Peddling condoms is a very profitable venture indeed, and the resulting income must be protected, regardless of the health risks to those using the product. In 1987, the *Los Angeles Times* reported that "The condom industry has launched an intensive campaign to weaken, delay or possibly shut down a federally funded Los Angeles study of the effectiveness of condoms in preventing transmission of the AIDS virus." [51]

(3) Condoms are part of the web of "progressive" thinking that is more rigidly dogmatic than the beliefs of any religion. One of the precepts of this mode of thinking is that "condoms are good."

(4) Population controllers and condom pushers are just plain lazy. It is far easier to throw condoms at a problem than it is to go through all the trouble of changing behavior.

(5) The organizations that think this way have a strong bias towards racist population control programs. Lothrop Stoddard sat on the board of Margaret Sanger's American Birth Control League (later the Planned Parenthood Federation of America). In Sanger's publication *The Birth Control Review*, Lothrop vividly portrayed the racist's fear of "differential fertility," a dread that still exists among population controllers today;

... upon the quality of human life all else depends ... none of the colored races shows perceptible signs of declining birth-rate, all tending to breed up to the limits of available subsistence ... It can mean only one thing: a tremendous and steadily augmenting outward thrust of surplus colored men from overcrowded colored homelands ... But many of these relatively empty [Northern] lands have been definitely set aside by the White man as his own special heritage ...

His ["colored" man's] outstanding quality is superabundant animal vitality. In this he easily surpasses all other races. To it he owes his intense emotionalism. To it, again, is due his extreme fecundity, the negro being the quickest of breeders. This abounding vitality shows in many other ways, such as the negro's ability to survive harsh conditions of slavery under which other races have soon succumbed ... black blood, once entering a *human* stock, seems never really bred out again ...

White men cannot, under peril of their very race-existence, allow wholesale Asian immigration into White race-areas ... The grim truth of the matter is this: The whole White race is exposed, immediately or ultimately, to the possibility of social sterilization and final replacement or absorption by the teeming colored races.

And, of course, the more primitive a type is, the more prepotent it is. This is why crossings with the negro are uniformly fatal. Whites, Amerindians, or Asiatics -- all are alike vanquished by the invincible prepotency of the more primitive, generalized, and lower negro blood.

... whether we consider interwhite migrations or colored encroachments on White lands, the net result is an expansion of lower and a contraction of higher stocks, the process being thus a disgenic one.

For race-betterment is such an intensely *practical* matter! When peoples come to realize that the *quality* of the population is the source of all their prosperity, progress, security, and even existence; we shall see much-abused "eugenics" actually moulding social programmes and political policies ... we or the next generation will take in hand the problem of race-depreciation, and segregation of defectives and abolition of handicaps penalizing the better stocks will put an end to our present racial decline.[52]

Indeed, some have raised a troubling question: If the USA and the developed world *know* that condoms are ineffective, why do they keep shipping billions of them to Africa every year? The ideal form of genocide is that which few expect -- claiming to assist a people while actually helping them to do nothing more than exterminate themselves.

Despite the proven track record of Uganda's ABC program, many influential organizations and people continue to criticize it and the USA's support of it;

- U.S. Representative Barbara Lee said that "In an age where five million people are

- U.S. Representative Barbara Lee said that "In an age where five million people are newly infected each year and women and girls too often do not have the choice to abstain, an abstinence until marriage program is not only irresponsible, it's really inhuman. Abstaining from sex is oftentimes not a choice, and therefore their only hope in preventing HIV infection is the use of condoms." [53]
- Adrienne Germain, president of the International Women's Health Coalition (IWHC), said that "The Bush administration position basically condemns people to death by H.I.V./AIDS, and we're talking about tens of millions of people." [54]
- Mary Crewe, Director of the Centre for the Study of AIDS at the University of Pretoria, said that "ABC is a middle-class, middle-aged response to an epidemic, all overlaid with a kind of morality that doesn't hold any more." [55]
- Jonathan Cohen of Human Rights Watch said that "Governments should be promoting condom use, not treating condoms like contraband. The clear result of restricting access to condoms will be more lives lost to AIDS." [56]
- Stephen Lewis, the United Nations Secretary General's special envoy for HIV/AIDS in Africa, said that "There is no question in my mind that the condom crisis in Uganda is being driven and exacerbated by PEPFAR [the U.S. administration's AIDS assistance program] and by the extreme policies that the administration in the U.S. is now pursuing in the emphasis on abstinence. ... That distortion of the preventive apparatus is resulting in great damage and undoubtedly will cause significant numbers of infections which should never have occurred." [57]
- Paulo Roberto Teixeira, the AIDS Program Coordinator for Brazil's Health Ministry, said that "Millions and millions of young people are having sexual relations. We cannot talk about abstinence. It's not real." [58]

Lying in Order to Sell Condoms. Edward C. Green, a senior research scientist at the Harvard School of Public Health, and a former condom advocate, has said, "The way condoms are marketed in Africa and other developing parts of the world is as if they were 100 percent safe. Condoms have brand names like Shield and Protector that gives the impression that they are 100 percent safe." [59]

This statement is certainly true. The most powerful visual tool used to market condoms in Africa is the large and colorful billboards that are built next to major thoroughfares and painted on stone walls near stadiums, schools, and other places where large crowds of people regularly congregate. None of these billboards even *hint* at the failure rate of condoms; in fact, the opposite is the case. They all state plainly that, in order to be completely safe from HIV/AIDS, *you must use condoms.*

Conclusion: Of Parachutes and Prophylactics.

If parachutes had the abysmal safety record that condoms do, skydiving would have been outlawed long ago. Add to this the fact that tens of thousands of people die of AIDS and other sexually-transmitted diseases for every person who dies in a parachuting accident, and it is obvious that we are suffering from a major case of worldwide myopia. It is also obvious that most people would choose sudden death by parachute failure than a lingering, hideous wasting away at the 'hands' of the AIDS virus.

Condom promoters often make the following analogy.

If your child was in an airplane that was going to crash, wouldn't you want him or her to have a parachute, even if it was only 90 percent effective?

This is obviously a false analogy.

If you, as a parent, already know that the airplane your children want to fly on is unsafe and will probably crash, your only realistic option is to stop him or her from boarding it in the first place!

Good Housekeeping Magazine will not even accept condom advertisements, because they are not reliable enough for its "Seal of Approval." [60]

Apparently, when it comes to birth control, anything goes. What is apparently important is not whether or not you *are* safe, but whether or not you *think* you are safe.

The Family Planners `Speak.' Perhaps family planners were at their most eloquent and revealing when they were not saying anything at all. In 1987, 800 sexologists gathered for a conference in Heidelberg, Germany. Dr. Theresa Crenshaw, past President of the American Association of Sex Educators, Counselors and Therapists (AASECT), asked the assembly how many of them would have intercourse with the HIV-infected partner of their dreams using a latex condom. Not a single one raised their hand. Dr. Crenshaw concluded that "Putting a mere balloon between a healthy body and a deadly disease is not safe." [61]

The United States government pamphlet entitled "Condoms and Sexually Transmitted Diseases" says "Condoms are not 100 percent safe, but if used properly will reduce the risk of sexually transmitted diseases, including AIDS."

Read this quote again. What the United States government is telling us is that condoms *reduce* the risk of a disease that is 100 percent fatal!

This has led to a phenomenon that one expert delicately terms a "disservice." Susan Weller says that

A negative effect has been the misinterpretation and misinformation regarding condom effectiveness. The public at-large may not understand the difference between 'condoms may reduce risk of' and 'condoms will prevent' HIV infection. It is a disservice to encourage the belief that condoms will prevent sexual transmission of HIV. [62]

There are hundreds of sources that claim that condoms reduce HIV transmission from 80 to 90 percent. This is absolutely true -- but *only* if we compare (1) people using condoms to (2) people not using condoms at all.

But this is a false choice. The condom promoters simply assume that people are *going* to have extra-marital sex because they can't help themselves. Such thinking is called "risk reduction," and is ultimately fatalistic. It assumes that people are largely powerless to change their risky behaviors, and assumes that people who are generally acting irrationally (by engaging in high-risk sexual behavior) will suddenly begin acting rationally when handed a condom.

The *real* decision is (1) to abstain or (2) to use condoms during extramarital sex. Abstinence is obviously safer.

The condom promoters are offering people a choice that is similar to this: If a person is going to run into burning buildings just for thrills, it is much better for him to wear a fireproof suit than not to wear a fireproof suit.

What we are saying is simply this: It is far better not to run into that burning building at all.

Endnotes

[1] Lee Warner, Ph.D., M.P.H., Robert A. Hatcher, M.D., M.P.H., and Markus J. Steiner, Ph.D. "Male Condoms." Chapter 16 in Robert A. Hatcher, M.D., M.P.H., *et. al. Contraceptive Technology* (18th Revised Edition). New York: Ardent Media, Inc., 2004.

[2] *Ibid.*, page 334.

[3] Richard Gordon. "A Critical Review of the Physics and Statistics of Condoms and Their Role in Individual Versus Societal Survival of the AIDS Epidemic." *Journal of Sex & Marital Therapy*, Spring 1989 [Volume 15, number 1], pages 5 to 30.

[4] M. Steiner, R. Flodesy, D. Cole and E. Carter. *Contraception* 46, 279 [1992]; C.M. Roland. "The Barrier Performance of Latex Rubber." *RubberWorld* ["The Technical Service Magazine for the Rubber Industry"], June 1993 [Volume 208, Number 3].

[5] William B. Vesey. "Condom Failure." *Human Life International Reports*, July 1991, pages 1 to 3.

[6] Condom usage guides list anywhere from ten to sixteen steps involved in using condoms. One article in the *American Journal of Public Health* says primly; "Condoms are not 100% efficacious and a high degree of individual compliance is required for condoms to be effective in use" [William L. Roper, M.D., M.P.H., Herbert B. Peterson, M.D., and James W. Curran, M.D., M.P.H. "Commentary: Condoms and HIV/STD Prevention -- Clarifying the Message." *American Journal of Public Health*, April 1993 [Volume 83, Number 4], pages 501 to 503].

[7] Helen Singer-Kaplan. *The Real Truth about Women and AIDS*. Simon & Schuster, 1987.

[8] All of these studies are listed in Robert A. Hatcher, *et. al. Contraceptive Technology* (17th Revised Edition) [New York: Ardent Media, Inc., 1998]. Table 16-3, "Prospective Studies of Condom Breakage and Slippage," pages 330 to 332. The Table refers to the following studies, as listed above. All studies refer to vaginal intercourse only.

(1) Nevada -- Study of Nevada Brothel Prostitutes. A.E. Albert, D.L. Warner, R.A. Hatcher, J. Trussell, and C. Bennett. "Condom Use Among Female Commercial Sex Workers in Nevada's Legal Brothels." *American Journal of Public Health*, 1995;85:1,514-1,520.

(2) United States #1 -- Study of Monogamous American Couples. M.J. Rosenberg and M.S. Waugh. "Latex Condom Breakage and Slippage in a Controlled Clinical Trial." *Contraception*, 1997;56:17.21 (events of breakage and slippage were unambiguously not double counted).

(3) United States #2 -- U.S. Clinical Research Participants. M.A. Leeper and M. Conrardy. "Preliminary Evaluation of REALITY, a Condom for Women to Wear."

contrary. Preliminary Evaluation of REALITY, a Condom for Women to wear. *Advances in Contraception* 1989;5:229-235.

(4) Sydney, Australia -- Study of Sydney Female Prostitutes. J. Richters, B. Donovan, J. Gerofi and L. Watson. "Low Condom Breakage Rate in Commercial Sex" [letter]. *Lancet* 1988;2:1,487-1,488. Correction by John Gerofi in personal communication to Philip Kestelman, July 1989.

(5) Atlanta, Georgia #1 -- Study of Atlanta Family Planning Recruits. J. Trussel, D.L. Warner and R.A. Hatcher. "Condom Performance During Vaginal Intercourse: Comparison of Trojan-Enz and Tactylon Condoms." *Contraception* 1992;45:11-19.

(6) Atlanta, Georgia #2 -- Study of Atlanta Family Planning Recruits. J. Trussel, D.L. Warner and R.A. Hatcher. "Condom Slippage and Breakage Rates." *Family Planning Perspectives* 1992;24:20-23 (events of breakage and slippage were unambiguously not double counted; slippage rate recalculated from original article and reflects condoms that fell off or slipped down during intercourse or withdrawal).

(7) California #1 -- Study of Southern California Monogamous Couples. A. Nelson, G.S. Bernstein, R. Freziers, T. Walsh, V. Clark and A. Coulson. "A Study of the Efficacy, Acceptability and Safety of a Non-Latex (Polyurethane) Male Condom; Revised Final Report (N01-HD-1-3109). Bethesda, Maryland: National Institute of Child Health and Human Development, September 15, 1997 (events of breakage and slippage were unambiguously not double counted).

(8) California #2 -- Study of Southern California Monogamous Couples. A. Nelson, R. Freziers, T. Walsh, V. Clark and A. Coulson. "A Controlled Randomized Evaluation of a Commercially Available Polyurethane and Latex Condom (Avanti Versus Ramses Sensitol): Final Report (N01-HD-1-3109). Bethesda, Maryland: National Institute of Child Health and Human Development, November 6, 1996 (events of breakage and slippage were unambiguously not double counted).

(9) North Carolina #1 -- Study of North Carolina Monogamous Couples (events of breakage and slippage were unambiguously not double counted; among new condoms used with either no additional lubricant or water-based lubricant, rates recalculated from the original article).

(10) North Carolina #2 -- Study of North Carolina Monogamous Couples (breakage rates ranged from 3.5% for a new lot to 18.6% for an 81-month old lot).

(11) North Carolina #3 -- Study of North Carolina Monogamous Couples (events of breakage and slippage were unambiguously not double counted).

(12) North Carolina #4 -- Study of North Carolina Couples Recruited by Mail.

(13) North Carolina #5 -- Study of North Carolina Local Recruits.

(14) Denmark -- Study of Denmark Female Prostitutes and Male and Female Hospital Staff.

(15) New Zealand -- Study of New Zealand Male and Female Family Planning Clinic Clients (events of breakage and slippage were unambiguously not double counted).

In another major study, the nation's most trusted consumer's advocacy group, the Consumer's Union (CU), interviewed 3,300 of its readers in order to determine the effectiveness of condoms at preventing conception and disease. CU also mechanically

tested 16,000 condoms of 37 different varieties and brands. It published the results of its studies in the March 1989 issue of *Consumer Reports*. About one-fourth of the Consumer Union's readers reported at least one instance of condom breakage in a one-year period, and about one in eight experienced two or more incidents of breakage in one year. Using these and other data, CU estimated that an average of one condom in 165 broke during heterosexual intercourse, and about one in 105 broke during anal intercourse. This failure rate was much lower than that produced by most other studies. The results of this study were not included in this Chapter because CU relied heavily on self-reporting, which is inherently unreliable ["Can You Rely on Condoms?" *Consumer Reports*, March 1989, pages 135 to 141].

Other studies do not rely on self-reporting, but rigorously document all procedures. One such study found that 15.1% of 405 condoms broke or slipped off [James Trussell, David Lee Warner and Robert A. Hatcher. "Condom Slippage and Breakage Rates." *Family Planning Perspectives* [Alan Guttmacher Institute], January/February 1992 [Volume 24, Number 1], pages 20 to 23].

[9] Lee Warner, Ph.D., M.P.H., Robert A. Hatcher, M.D., M.P.H., and Markus J. Steiner, Ph.D. "Male Condoms." Chapter 16 in Robert A. Hatcher, M.D., M.P.H., *et. al. Contraceptive Technology* (18th Revised Edition). New York: Ardent Media, Inc., 2004.

[10] Accumulated condom failure rates can be calculated with the formula $1-(1-f)^n$, where f equals the failure rate (0.14) and n equals the number of years.

[11] United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States 2006* (126th Edition) [Washington, D.C.: United States Government Printing Office]. Table 92, "Contraceptive Use by Women, 15 to 44 Years of Age: 1995 and 2002."

[12] Judy Murty and Sue Firth of the Marie Stopes Centre. "Use of Contraception By Women Seeking Termination of Pregnancy." *The British Journal of Family Planning*, April 27, 1996, pages 6 to 9.

[13] *Le Monde*, May 28, 1996.

[14] M. Gabbay and A. Gibbs. "Does Additional Lubrication Reduce Condom Failure?" *Contraception*, March 1996, pages 155 to 158.

[15] "Condom Promotion for AIDS Prevention in the Developing World: Is it Working?" *Studies in Family Planning*, March 2004.

[16] "Condom Promotion for AIDS Prevention in the Developing World: Is it Working?" *Studies in Family Planning*, March 2004; UNAIDS, UNICEF and WHO. "Epidemiological Fact Sheet on HIV/AIDS and STIs: Cambodia." 2004 Update.

[17] Don Feder. "CDC Opts to Wage Its Own Trojan War." *The Boston Herald*, August 19, 1993; *Kentucky Citizen's Digest*, January/February 1993, pages 4 and 5.

[18] "Evaluation of Heterosexual Partners, Children and Household Contacts of Adults With AIDS." *Journal of the American Medical Association (JAMA)*, February 6, 1987.

[19] Jeffrey A. Kelly and Janet S. St. Lawrence. "Cautions about Condoms in Prevention of AIDS." *The Lancet* (Journal of the British Medical Association). February 7, 1987, page 323.

[20] By comparison, *neisseria gonorrhoeae* (the largest STD infectious agent) is about 1,000 nanometers in diameter; a hepatitis B surface antigen (the smallest STD

1,000 nanometers in diameter, a hepatitis B surface antigen (the smallest STD infectious agent) is about 22 nanometers in diameter, and the herpes virus is about 400 nanometers in diameter. Marsha F. Goldsmith. "Sex in the Age of AIDS Calls for Common Sense and 'Condom Sense.'" *JAMA*, May 1, 1987, pages 2,261 to 2,263 and 2,266.

[21] Luran Neergaard. "CDC: Condoms Can Block AIDS." *The Philadelphia Enquirer*, August 6, 1993, page E10.

[22] C.M. Roland. "The Barrier Performance of Latex Rubber." *RubberWorld* ["The Technical Service Magazine for the Rubber Industry"], June 1993 [Volume 208, Number 3].

[23] C.M. Roland, Ph.D., Editor, *Rubber Chemistry and Technology* and Head of the Polymer Properties Section, Naval Research Laboratory. Letter entitled "Do You Want to Stake Your Life on a Condom?" *Washington Times*, April 22, 1992.

[24] G.B. Davis and L.W. Shroeder. *Journal of Testing and Evaluation*, 18, 352 (1990); C.M. Roland. "The Barrier Performance of Latex Rubber." *RubberWorld* ["The Technical Service Magazine for the Rubber Industry"], June 1993 [Volume 208, Number 3]. Sometimes, condom advocates say that HIV is always attached to or associated with a cell. This is not a factual allegation. HIV is definitely present in free virus form, that is, it is not associated with or attached to sperm cells or white blood cells [J.H. Mermin, M. Holodny, D.A. Katzenstein and T.C. Merigan. "Detection of Human Immunodeficiency Virus DNA and RNA in Semen by the Polymerase Chain Reaction." *Journal of Infectious Diseases*, October 1991, pages 769 to 772].

[25] R. Schmukler and R.B. Beard, unpublished study. Described in C.M. Roland. "The Barrier Performance of Latex Rubber." *RubberWorld* ["The Technical Service Magazine for the Rubber Industry"], June 1993 [Volume 208, Number 3].

[26] "From the Surgeon General, US Public Health Service." *Journal of the American Medical Association*, June 9, 1993, page 2,840.

[27] Ronald F. Carey, William A. Herman, Stephen M. Retta, Jean E. Rinaldi, Bruce A. Herman, and T. Whit Athey. "Effectiveness of Latex Condoms As a Barrier to Human Immunodeficiency Virus-Sized Particles under Conditions of Simulated Use." *Sexually Transmitted Diseases*, July-August 1992, pages 230 to 233. The article stated that "Leakage of HIV-sized particles through latex condoms was detectable ($P < 0.03$) for as many as 29 of the 89 condoms tested." This study used fluorescence-labeled, 110-nanometer polystyrene microspheres to model free HIV particles.

[28] C.M. Roland, Ph.D., Editor, *Rubber Chemistry and Technology* and Head of the Polymer Properties Section, Naval Research Laboratory. Letter entitled "Do You Want to Stake Your Life on a Condom?" *Washington Times*, April 22, 1992.

[29] Quoted in John Kelly, M.D. "Condom Failure and Transmission of HIV Infection." *CMAC Bulletin*, October 1992, pages 19 and 19.

[30] Robert A. Hatcher, et. al. *Contraceptive Technology* (17th Revised Edition). New York: Ardent Media, Inc., 1998. See the Index to find discussions of the various sexually transmitted diseases.

[31] United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States 1999* (119th Edition) [Washington, D.C.: United States Government Printing Office]. Table 226,

"Specified Reportable Diseases - Cases Reported: 1980 to 1997."

[32] *Ibid.*

[33] *Ibid.*

[34] Lynda Richardson. "Condoms in School Said Not to Affect Teen-Age Sex Rate." *The New York Times*, September 30, 1997, pages A1 and A14.

[35] W.R. Grady, M.D. Hayward, and J. Yagi. "Contraceptive Failure in the United States: Estimates From the 1982 National Survey of Family Growth." Alan Guttmacher Institute's *Family Planning Perspectives*, September/October 1986, page 204.

[36] Jana Mazanee. "Birth Rate Soars At Colorado School." *USA Today*, May 19, 1992, page 3A.

[37] Joint United Nations Program on HIV/AIDS (UNAIDS). "Uganda: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases," 2000.

[38] President Yoweri Museveni of Uganda. *What is Africa's Problem?* [Minneapolis: University of Minnesota Press], 2000.

[39] Tom Carter. "Uganda Leads by Example on AIDS." *The Washington Times*, March 13, 2003.

[40] Joint United Nations Program on HIV/AIDS (UNAIDS). "AIDS Epidemic Update, December 2005."

[41] Joseph Loconte. "The White House Initiative to Combat AIDS: Learning from Uganda." The Heritage Foundation's Executive Summary Backgrounder #1692, September 29, 2003. 18 pages, PDF document. <http://www.heritage.org/research/africa/bg1692.cfm> for the article.

[42] E.C. Green, V. Nantulya, R. Stoneburner, and J. Stover. "What Happened in Uganda? Declining HIV Prevalence, Behavior Change and the National Response." United States Agency for International Development (USAID), September 2002. To see this report, http://www.usaid.gov/pop_health/aids/Countries/africa/uganda_report.pdf.

[43] *Ibid.*

[44] Global HIV Prevention Working Group. *Mobilization for HIV Prevention: A Blueprint for Action*, July 2002.

[45] Norman Hearst and Sanny Chen. "Condom Promotion for AIDS Prevention in the Developing World: Is It Working?" *Studies in Family Planning*, March 2004.

[46] Joint United Nations Program on HIV/AIDS (UNAIDS). Country-by-country HIV/AIDS statistics can be accessed http://www.unaids.org/en/Regions_Countries/Countries/default.asp.

[47] Joint United Nations Program on HIV/AIDS (UNAIDS). "United States of America: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases," 2004 Update.

[48] C. Hermann, E.C. Green, J. Chin, M. Taguiwalo, and C. Cortez. "Evaluation of the Philippines AIDS Surveillance and Education Project." USAID/Philippines, May 8, 2001.

[49] Poster by 'Catholics' for a Free Choice (CFFC) entitled "Abstinence Has a High Failure Rate: Good Catholics Use Condoms." Downloaded from the Web site of CFFC at <http://www.condoms4life.org/images/image2.htm>.

[50] Some examples of this thinking from ages past;

- "Chastity cannot be a virtue because it is not a natural state" [Dr. Harry Benjamin, endocrinologist and Kinsey advocate, in the Introduction to pedophile Rene Guyon's book *Sexual Ethics*, 1948].
- "Our alternative solution is to be ready as educators and parents to help young people obtain sex satisfaction before marriage. By sanctioning sex before marriage, we will prevent fear and guilt. We must also relieve those who have them of their fears and guilt feelings, and we must be ready to provide young boys and girls with the best contraception measures available so they will have the necessary means to achieve sexual satisfaction without having to risk possible pregnancy. We owe this to them" [Dr. Lena Levine. "Psychosexual Development." *Planned Parenthood News*, Summer 1953, page 10.
- "The adolescent years are, among other things, for learning how to integrate sex usefully and creatively into daily living. Therefore, we must accept that adolescent sexual experimentation is not just inevitable, but actually necessary for normal development. ... The adolescent years are, among other things, for learning how to integrate sex usefully and creatively into daily living. Sexual experimentation is a moral and appropriate decision for adolescents ... I advocate discussion of it [sex], so young people know they have choices beginning with masturbation, of course, and petting to climax and mutual orgasm before moving on to intercourse. ... An extramarital affair that's really solid might have a very good result" [Mary Steichen Calderone, M.D., founder of the Sexuality Information and Education Council of the United States (SIECUS) and its President from 1964 to 1982, Medical Director of Planned Parenthood/World Population (PP/WP) from 1982 to 1993, and President of Physicians for Social Responsibility (PSR). Quoted in "Woman Favors Sex Testing by Adolescents." *Minneapolis Tribune*, October 13, 1965, and "An Interview With Mary Calderone." *Playboy Magazine*, April 1970].
- "No religious views, no moral standards, are to deflect the child from the overriding purposes of self-discovery, self-assertion, and self-gratification" [*Planned Parenthood Sex Education and Mental Health Report*, 1979].
- "FIRST PRIZE: A Solid Gold Condom: "From using a condom you will learn/No deposit means no return." SECOND PRIZE: A Bronzed Wallet with Circular [Condom] Indentation: "Rubberizing copulation/Puts a cap on population." THIRD PRIZE: A Gross of Condoms (144) for the Night of Your Life: "When you rise ... Condomize." FINALISTS. "Twins are bad, triplets worse/Use a condom, safety first!" "Rubbers are jolly, rubbers are fun/Better to use one than end up a mum"" [Winners of the Population Institute's "Condom Couplet Contest," announced on "Condom Day," February 20, 1978. Described in the National Alliance for Optional Parenthood's "Searching for Alternatives to Teenage Pregnancy," 1980].
- "We are not going to be an organization promoting celibacy or chastity" [Faye Wattleton, former President of the Planned Parenthood Federation of America (PPFA), quoted in the *Los Angeles Times*, October 17, 1986, page V-1.
- "God knew when he made us that he has given us a built-in sex drive to go out and sow our seeds. He has given us promiscuous genes. I think it would be wrong for the church to condemn people who have followed their instincts" [Richard Holloway, the Anglican Bishop of Edinburgh, quoted in "The Edge: The Quotebag," *The Oregonian*, June 26, 1995, page C1.

- "The big lie is that it's easy to be monogamous, and that everybody is. If you believe that, you'd better choose well. We can't go back to the values we had because they don't exist anymore. For the most part, women are not virgins anymore, so to teach virginity doesn't work" [Carol Cassell, former Director of Education for the Planned Parenthood Federation of America (PPFA) and Past President of the American Association of Sex Educators, Counselors and Therapists (AASECT). *Family Life Educator*, Fall 1987, page 19, also quoted in Focus on the Family *Citizen*, December 1989].

[51] Allan Parachini. "Condom Industry Seeking Limits on U.S. Study." *Los Angeles Times*, August 28, 1987. The article also states that "Among other things, the association [the Health Industry Manufacturers Association, which is the condom industry's trade group] has insisted to federal funding officials that the research rely solely on testing standards established by condom makers, that condom companies be allowed to supply all prophylactics to be tested, and that only products currently sold in the United States be studied ... The documents indicate that the attempt to force major modifications in the condom study was apparently motivated by industry concerns that the research might conclude that no American-made condom is currently able to consistently prevent the spread of HIV."

[52] Lothrop Stoddard, Ph.D. *The Rising Tide of Color Against White World-Supremacy*. New York: Charles Scribner's Sons, 1921. Reprinted in 1971 by Negro Universities Press, Westport, Connecticut. Pages i, 8, 9, 90, 231, 298, 301, 302, 308, and 309 in the reprinted version.

[53] "Abstinence, Condom Controversy Erupts at AIDS Meet." Reuters, July 12, 2004.

[54] D. Kristof. "The Secret War on Condoms," available <http://www.condoms4life.org/images/image2.htm>

[55] "Abstinence Row Overshadows AIDS Day." *Daily Dispatch* (South Africa), November 30, 2004.

[56] "World AIDS Day: Condom Restrictions Cost Lives." Human Rights Watch.

[57] "Ugandan Anti-AIDS Activist Demands UN Fire Lewis For Pushing Condoms." *LifeSite Daily News* at <http://www.lifesite.net/>, September 7, 2005.

[58] "Mandela, Clinton Close Barcelona Conference, Urging More Action." *UNWire*, July 12, 2002, available http://www.unwire.org/unwire/20020712/27624_story.asp.

[59] Edward C. Green, quoted in *The Boston Globe* and in "United Nations Report Says Condoms Fail to Protect Against AIDS 10% of the Time." <http://www.lifesite.net/ldn/2003/jun/030623.html> *LifeSite Daily News*, June 23, 2003.

[60] Letter entitled "Sound Medical Advice," by William V. Fitzsimmons, M.D. *Fidelity Magazine*, April 1987, pages 11 and 12.

[61] Don Feder. "CDC Opts to Wage Its Own Trojan War." *The Boston Herald*, August 19, 1993; *Kentucky Citizen's Digest*, January/February 1993, pages 4 and 5.

[62] Susan Weller, associate professor of Preventive Medicine and Community Health at the University of Texas Medical Branch at Galveston, quoted in Jo Ann Zuniga. "Study: Condoms Don't Eliminate Spread of HIV." *The San Juan Star*, June 18, 1993.

Recommended Reading on Condoms.

(1) [In]effectiveness of Condoms.

- Joel McInaney, M.D., Medical Institute for Sexual Health [MISH]. "Condom Effectiveness." This is probably the best summary of studies on the ineffectiveness of the latex condom that exists on the Internet today.
- American Life League (ALL). "The Flawed Condom." 2002, 4 pages. An excellent and short summary of the critical issues surrounding condom use -- failure rates, permeability, and efforts to coverup the high failure rate of the condom.
- The Culture of Life Foundation & Institute. "Condom Effectiveness Summary." A very good overview of the issues surrounding the ineffectiveness of condoms. <http://www.altheal.org/overview/condoms.htm> for the article.
- Medical Institute for Sexual Health [MISH]. "Frequently Asked Questions." A superb summary of all of the issues surrounding the STDs epidemics, including the impact of teen sexual activity, the ineffectiveness of condoms, and the types and frequencies of STDs. http://www.medinstitute.org/health/questions_answers.html#listitem1766%11%207467 for the questions.
- Jane Jiminez. "All the Condoms in the World." Agape Press, February 16, 2004. A thoughtful essay on the only realistic method to stop the AIDS epidemic -- chastity! <http://headlines.agapepress.org/archive/2/162005jj.asp> for the article.
- Jane Jiminez. "Condoms: Context Counts." Agape Press, January 11, 2005. When considering how "effective" condoms are, remember that tests are carried out in sterile and perfect laboratory conditions, not in messy, uncontrolled, disease-saturated real-life conditions. In other words, the actual failure rate of condoms is much higher than they tell you. <http://headlines.agapepress.org/archive/1/112005jj.asp> for the article.

(2) Catholic Church Teachings on Condoms.

- Alfonso Cardinal Lopez Trujillo, President of the Pontifical Council for the Family. "Family Values Versus Safe Sex." December 1, 2003. This is the best and most complete summary of the Church's teachings on all issues surrounding the condom debate, to include condom failure, the morality of AIDS sufferers using condoms, the right to truly complete information on condoms, and the need to rediscover responsible sexual behavior. http://www.vatican.va/roman_curia/pontifical_councils/family/documents/rc_pc_family_doc_20031201_family%11%20values%11%20safe%11%20sex%11%20trujillo_en.html for the essay.
- Monsignor Jacques Suaudeau, M.D. "Stopping the Spread of HIV/AIDS." A wonderful essay that addresses the Church's caring for AIDS patients from the very beginning of the epidemic, the fact that the family alone, if properly configured, prevents STDs, and that condoms will add to the problem, not detract from it.
- Michael Cook. "Was Karol Wojtyla the Greatest Mass Murderer of the 20th Century?" Tech Central Station, June 10, 2005. A wonderful summary of the ridiculous charges made against Pope John Paul II because he would not condone the use of condoms, and a coherent and succinct reply to these charges. Especially riveting is the proven fact that AIDS incidence is *inversely proportional* to the number of Catholics in African countries. <http://www.tcsdaily.com/article.aspx-id=061005D> for the article.
- "What Does the Church Teach About Birth Control?" Couple to Couple League International (CCLI), 1981. This is a concise and complete summary of the

international (CCLC), 1981. This is a concise and complete summary of the teachings of the Catholic Church about all methods of birth control, both contraceptive and abortifacient. <http://www.ewtn.com/library/MARRIAGE/CCLBC.TXT> for the article.

- "Vatican Message for the World Day Against AIDS." December 1, 2005. A concise summary of Catholic teachings about AIDS. http://www.vatican.va/roman_curia/pontifical_councils/hlthwork/documents/rc_pc_hlthwork_doc_20051201_giornata%11%20aids_en.html for the message.
- Amin Abboud. "Letter: Searching for Papal Scapegoats is Pointless." *British Medical Journal*, July 30, 2005, page 294. A doctor mounts a strong defense of the teachings of Pope John Paul II and Pope Benedict XIV. <http://www.bmj.com/cgi/content/extract/331/7511/294> for the article.
- Hilary White. "South African Bishop Calls for Catholic 'Theology' of Condoms for AIDS." *LifeSite Daily News*, November 15, 2005. Renegade bishop Kevin Dowling of the Rustenberg Diocese condemns Catholic teaching on the sanctity of marriage and sexual self-control as "death-dealing," but, like all other condom pushers, his statements are wildly inconsistent and illogical. <http://www.lifesite.net/ldn/2005/nov/05111507.html> for the article.
- "Condom Conundrums: Evidence Shows Wisdom of Catholic Doctrine." ZENIT News Service, September 24, 2005. 3 pages, PDF document. This is an excellent summary of the issues surrounding condom distribution in Uganda, including the fact that men given condoms immediately began to have more sexual partners. <http://www.zenit.org/> for the article.
- "Doubts About Condoms: Science Questioning Their Efficacy in Halting HIV/AIDS." Zenit News Service, June 26, 2004. Medical journals show the wisdom of Catholic teaching regarding condoms, abstinence and AIDS. <http://www.zenit.org/english/visualizza.phtml-sid=55945> for the article.

(3) Africa and AIDS.

- Joseph Loconte. "The White House Initiative to Combat AIDS: Learning from Uganda." The Heritage Foundation's Executive Summary Backgrounder #1692, September 29, 2003. 18 pages, PDF document. This is the most complete description of all of the details of Uganda's ABC program, and is a must-read for all who are concerned about the African AIDS epidemic. <http://www.heritage.org/research/africa/bg1692.cfm> for the article.
- Douglas Sylva. "Sacrificing Humans to the Condom Gods." TheFacts.org, 2005. An excellent summary of myths generated by population controllers and condom pushers in Uganda. These include the myth that condoms were responsible for the Ugandan success in reducing AIDS, that religion has no place in this situation, and that women must be freed from marriage even more than they must be freed from prostitution.
- Erin Curry. "USAID Accused of Human Rights Abuse for Burying Harvard Prof's Abstinence Research." Baptist Press at <http://www.bpnews.net/>, February 15, 2005. Liberal secularist and Harvard professor Edward Green wrote a report for USAID showing that condoms are ineffective at stopping the spread of AIDS in Africa. So USAID suppressed the results of Green's study, and, in fact, hired a well-known condom advocate to redo the study in order to arrive at the results the organization wanted — i.e., that condoms are necessary to stop AIDS. <http://www.sbc Baptist Press.org/bpnews.asp-ID=20146> for the article.

- Testimony of Edward C. Green, PhD, Senior Research Scientist, Harvard Center for Population and Development Studies, Before the African Subcommittee of the United States Senate, May 19, 2003. <http://www.hsph.harvard.edu/hcpds/documents/Senate%20Testimony%20rev2.pdf> for Dr. Green's testimony.
- Michael Carter. "Uganda's Success Against HIV Due to Abstinence, Behaviour Change and Community, not Condoms." AIDSMap News, April 30, 2004. <http://www.aidsmap.com/en/news/ED007047%11%200E93%11%204964%11%209FBA%11%20AA887D42817E.asp> for the article.
- Chuck Colson. "Much-Needed Honesty: Africa and AIDS." *BreakPoint*, July 7, 2005. An essay on human nature, condoms and AIDS in Mozambique.
- Michael Cook. "'This Should Have Been Anthropology 101:' Quiet Breakthroughs in Africa's War on AIDS." Tech Central Station. December 27, 2004. This is a superb summary of the Ugandan ABC program and its history. Highly recommended. <http://www.tcsdaily.com/article.aspx-id=122704X> for the article.
- Steve Jordahl. "Ugandan Abstinence Too Successful, Say Some." *Family News in Focus* [Focus on the Family]. August 2, 2005. Pro-condom activists make the idiotic allegation that abstinence in Uganda is so successful that there will soon be a population crash.
- "Ugandan Anti-AIDS Activist Demands UN Fire Lewis For Pushing Condoms." *LifeSite Daily News* at <http://www.lifesite.net/>, September 7, 2005. <http://www.lifesite.net/ldn/2005/sep/050907.html> for the article.
- Kerry L. Marsala. "Pass the Condoms and Let's Forget Ideology." July 19, 2004. Despite the name of the article, it is a superb defense of President Museveni of Uganda and the Bush Administration's emphasis on AIDS prevention by abstinence and faithfulness. <http://www.enterstageright.com/archive/articles/0704/0704condoms.htm> for the article.
- Candi Cushman. "A Republican Sex Scandal." *Citizen Magazine* [Focus on the Family], January 2006. How Republican senators and pro-abortion groups are attempting to undermine President Bush's abstinence-based anti-AIDS programs, in Uganda and elsewhere.
- Address by Her Excellency Janet K. Museveni, First Lady of the Republic of Uganda. "Common Ground: A Shared Vision for Health." Conference hosted by The Medical Institute for Sexual Health [MISH], Washington, DC, June 17- 19, 2004. <http://www.medinstitute.org/includes/downloads/museveni.pdf%20for%20the%20address>.
- Mary Rettig. "AIDS Researcher: European and U.N. Anti-Abstinence Bias Will Cost Lives." Agape Press, December 13, 2005. <http://headlines.agapepress.org/archive/12/132005a.asp> for the article.
- "UN Program Rejects Abstinence Group for Criticizing Condoms." Friday FAX (Catholic Family and Human Rights Institute (C-FAM)), September 1, 2005 [Volume 8, Number 37]. Nigeria's Action Family Foundation was denied admittance to a United Nations volunteer program. One of the criteria for admittance is that organizations must not be critical of any aspect of the ABC program. But, of course, the U.N. readily admits to the program groups that are highly critical of abstinence.

(4) Population Control and Condoms.

- Joseph A. D'Agostino. "UNAIDS and UNFPA Want More of the Same for Asia." Population Research Institute's Weekly Briefing, July 28, 2005 [Volume 7, Number

29]. Population control groups, instead of spreading effective programs from Uganda and the Philippines, want to impose ineffective programs of sex education and condoms on these nations. <http://www.pop.org/main.cfm-id=243&r1=2.00&r2=1.50&r3=0.04&r4=0.00&level=3&eid=841> for the article.

- "United Nations's Cartoon Condoms: Global Body Unveils Shaft, Stretch and Dick in TV Ads Pushing AIDS Prevention Message." WorldNetDaily, January 13, 2005. In its relentless push of programs that have proven to be ineffective, the United Nations puts together twenty obscene public service announcements featuring three animated condoms. http://www.worldnetdaily.com/news/article.asp-ARTICLE_ID=42353 for the article.
- James K. Glassman. "The Phony Abstinence Complaint." Tech Central Station. August 20, 2004. Celebrities at the July 2004 Bangkok conference on AIDS condemn the United States for not pushing condoms more. <http://www.tcsdaily.com/article.aspx-id=082004G%20>for the article.

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: A Brief Historical Overview of the Abortion Debate



 SHARE

"Figures never lie, but liars sure do figure."

— Mark Twain.

What the Anti-Lifers Say.

"On Friday the north lawn of the United Nations was ablaze with 500,000 carnations placed there by the International Planned Parenthood Federation. The flowers weren't celebratory. They were grave markers — for the 500,000 women who die each year around the globe from the complications of pregnancy and childbirth. ... Yet almost all of these deaths can be [sic] prevented — if these women have the choice to avoid pregnancy, and have a chance for medical care."

— "Mothers, Flowers and Death." *The New York Times* Editorials/
Letters, May 10, 1992, page 16E.

Every pro-abortion group in the United States claims that the availability of legal abortion is a vital necessity for the maintenance of women's health, because *thousands* of women died of illegal abortions *every year* in this country before the Supreme Court's *Roe v. Wade* decision. They also allege *ad nauseam* that, if we "turn the clock back" to the days when women were forced to seek out back-alley butchers, our emergency rooms will once again overflow with desperate women who have been mangled by quacks and "home remedies." Then they bravely raise their little fists into the air and shout "We will *never* go back to the days when women died of unsafe, illegal abortions!"

Besides, say the pro-abortionists, abortion is six [ten, twelve, twenty, pick a nice round number] times safer than childbirth.

Introduction and Overview.

The single most effective tactic used to obtain abortion on demand in the United States and in many other countries was the assertion that a huge number of women died of complications due to illegal and unsanitary abortions each year before the procedure was legalized.

This central element of the eternal debate over abortion is of genuine interest to activists and scholars on both sides of the issue because it presents legitimate questions that must be addressed when considering the fundamental merits of both the pro-abortion and anti-abortion positions. Additionally, the historical background of the abortion debate and the tactics used by early pro-abortion activists make fascinating reading.

This Chapter analyzes the claims made by pro-abortion activists regarding illegal abortion deaths both in the United States and in foreign countries, and shows that these numbers had no scientific support and were greatly exaggerated. It also shows that the

majority of maternal deaths arising from complications due to legal abortion are not properly reported for a number of reasons, and estimates the approximate numbers of abortion-related deaths that are currently occurring. This Chapter also discusses the claim that abortion is much safer than childbirth, and shows that this allegation is unscientific and false. Finally, it discusses the increasing dangers to women's health posed by the resurgence of "self-help" abortions.

A Brief Historical Overview of the Abortion Debate.

"The illegal abortionist has played an essential role in the evolution of modern industrial urban living, with its low birth rates, intensive education, and nuclear family system. He or she was classed as a criminal, but without their help, history would have taken a different course."

— Malcolm Potts, Peter Diggory and John Peel. *Abortion* [Cambridge University Press, 1970].

Although there has been continued agitation for abortion law reform or repeal in the United States since at least the 1920s, the modern abortion-rights movement generally traces its origins to 1959, when the American Law Institute (ALI) published its proposed revisions to existing state abortion laws.

At the time the ALI promulgated its completed Model Penal Code, abortion was illegal in every state except to preserve the life of the mother.[1] The Code provided that abortion be performed in licensed hospitals if the pregnancy was the result of rape or incest, or to preserve the mental or physical health of the mother.

While such revisions were being proposed, the modern pro-abortion movement constructed and refined its framework of strategies and slogans. The heart of this plan was a brilliant two-pronged approach which took advantage of the traditional concern of Americans for the well-being of pregnant women.

The first element of this scheme would obtain exceptions for the woman's "physical and mental health," and would subsequently expand this definition to the point where it meant abortion on demand in practice. Pro-abortion strategists recognized from the very beginning that this process would take place, and, in fact, the United States Supreme Court made this expansion a reality in its January 22, 1973 *Abortion Decisions, Roe v. Wade and Doe v. Bolton*. [2]

The second component of the overall pro-abortion strategy was intended to generate public fear and loathing over the apocryphal "back-alley" abortion. Pro-abortion leaders began to circulate and publicize the claim that 5,000 to 10,000 women died each year due to complications incurred from illegal abortions, and combined this number with lurid and graphic stories of "back-alley" abortion mills designed to simultaneously inspire disgust and sympathy in lawmakers and in members of the public. [3]

Both elements of this plan were intended to serve a single purpose: To secure and then retain abortion on demand.

Eight years after the American Law Institute's model abortion law was proposed, Colorado became the first state to adopt a more permissive statute allowing abortion for the mother's life and rape and incest. By December of 1970, a total of 14 states had liberalized their abortion laws. [4]

At this point, the "Abortion Revolution" stalled. When it appeared that no further

states would enact liberal abortion laws, pro-abortion activists twice attempted to legalize the procedure via referendum in 1972. They were defeated both times, by a crushing 79%-21% margin in North Dakota, and by 62% to 38% in Michigan.

It soon became evident to abortion activists that the struggle was in virtual stasis. While some states were leaning towards permissive abortion laws, others conducted polls that showed the people to be heavily against such actions, and some states that had enacted permissive statutes appeared on the verge of re-criminalizing the procedure.

The abortion debate remained essentially deadlocked until the Supreme Court's *Abortion Decisions* of January 22, 1973.

[Go to Next Topic: The Prevalence of Illegal Abortions](#)

[Return to *Maternal Deaths Due to Abortion* Table of Contents](#)

Footnotes for "A Brief Historical Overview of the Abortion Debate"

[1] Keith J. Grady. "The Value of Life: *Thornburgh v. American College of Obstetricians and Gynecologists*, 106 S.Ct. 2169(1986)." *Hamline Law Review*, Fall 1987, pages 623 to 662. It should be noted that, when an exception to save the life of the mother was not explicitly stated, such intent was understood to be present in any case by the Courts.

[2] The Supreme Court of the United States never explicitly stated that its purpose was to authorize abortion on demand. However, the practical effect of its definitions of maternal 'health' is abortion on demand in practice. The Court defined maternal health to include "mental health" in its *United States v. Vuitch* decision (402 U.S. 62, 71-72 (1971)), and expanded this to hold that virtually all factors of any type are relevant to the mother's health; "... the medical judgement may be exercised in the light of all factors — physical, emotional, psychological, familial, and the woman's age — relevant to the well-being of the patient. All these factors may relate to health. This allows the attending physician the room he needs ..." (*Doe v. Bolton*, 410 U.S. 179, 192 (1973)).

[3] Two of the co-founders of the organization that was then called the National Association for the Repeal of Abortion Laws (NARAL), Dr. Bernard Nathanson and Larry Lader, were among the first to circulate these figures. See Lader, *Abortion* [Boston: Beacon Press, 1966]. For a definitive treatise on early pro-abortion strategy, see Bernard M. Nathanson, M.D. *The Abortion Papers: Inside the Abortion Mentality* [Idea Books, Post Office Box 4010, Madison, Wisconsin 53711, 1985].

[4] The following states liberalized their abortion laws prior to *Roe v. Wade*: Colorado, California, and North Carolina in 1967; Georgia and Maryland in 1968; Arkansas, Delaware, Kansas, New Mexico, and Oregon in 1969; and Hawaii, Alaska, New York, and Washington in 1970.

[Commentary: Castaneda: Report on Encuentro Onternacional](#)



 SHARE

Report on Encuentro Internacional "Vida y Familia" in Cochabamba, Bolivia
Adolfo J. Castañeda, Vida Humana Internacional
May 23-25, 2003

The God of Life was certainly planning great things for Bolivia, for I had never before encountered so many obstacles when preparing for a conference overseas. For starters, I lost my passport two months before leaving. Thanks to God I was able to get a new one in time for my departure. Then, my computer got a virus just the day before taking the plane, when I was making final preparations with the educational materials I was to take with me. Thanks be to God, again I was able to resolve that problem. Finally, the flight I was supposed to get on was canceled without notice! I did finally get on a plain to Bolivia the next day, May the 24th.

Bolivia, a country the size of Texas and California combined, is in the heart of South America. It has no outlet to any ocean, but plenty of rivers with delicious fish. This land of about 8 million people (mostly Catholic) and a very low population density of less than 10 persons per square mile, is also blessed with natural gas, gold, silver and a great variety of vegetables, including more than 20 different types of potatoes. Unfortunately, years of governmental corruption, cocaine trafficking and leftist agitation have impoverished this beautiful country. Nevertheless, Bolivia does have very capable people, including professionals, experts in technology and scientists, who can turn it around.

I arrived at Cochabamba, the third largest city, early in the morning, after flying all night. I was immediately taken to the First International Conference "Life and Family" by Mrs. Nora Rojas, the wife of Mr. Mario Rojas, the Executive Director of ANE Provida, our affiliate in Bolivia. ANE stands for "Apostolado de la Nueva Evangelización" ("New Evangelization Apostolate") - a Catholic evangelization movement that started at Cochabamba, but that has gone international. It has the blessing of the local bishop and is very faithful to the Magisterium. It emphasizes the Eucharist and devotion to Our Blessed Mother (you can't go wrong with that!). Needless to say, all pro-lifers were worried about my delay and praying their hearts out for my successful arrival.

The Conference was a huge success. About 600 professionals attended, most of them were young educators - that was the emphasis of the event. Its international character was due to the fact that 4 out of the 6 speakers were from outside the country, myself included. Dr. Concepción Morales, from Pro-Vida Cuba (an organization which belongs to the Catholic Church in that country), spoke to an attentive crowd about the consequences of abortion and contraception, and also about the benefits of NFP, of which she is an expert. Another expert of NFP, Dr. Blanca Neira, a leader of CEPROFARENA, our affiliate in Peru, also spoke about this issue. Carlos Beltramo, also from Peru and a leader of ALAFA (a pro-family organization active in Latin America), addressed attendants on the topics of chastity and the importance of the family in building the Culture of Life.

The two national speakers were Fr. Miguel Manzanera, SJ, an expert in bioethics and the President of ANE Provida, who spoke on the status of the human embryo and on respect for the dignity; and Dr. Silvestre Arza, another expert in bioethics, who gave a

respect for the dying, and Dr. Silvestre Arze, another expert in bioethics, who gave a talk on the correct approach to organ transplants. He based his definition of death on the Holy Father's careful approach to this delicate issue.

I gave three conferences. The first was on the immorality of human cloning and its ethical alternatives (a hot topic at this moment in Bolivia). The second one was on the true meaning of human sexuality - here I discussed chastity, marriage and celibacy, as well as the evils of contraception, fornication and homosexual activity, among others. I emphasized why these things are wrong and I also explained the beauty of Church teaching about the wonderful gift of human sexuality. My final talk was on the work Vida Humana Internacional does in the Hispanic world - for which I used a Power Point Presentation. I also brought with me 70 pounds of educational materials, which will be greatly used by the local pro-lifers.

The Conference ended with a beautiful Mass (without liturgical abuses). It was presided by His Excellency Archbishop Ivo Scapolo, Apostolic Nuncio to Bolivia, who came down from La Paz (the capital) to be present for the entire event. Concelebrating were His Excellency Tito Solari, Archbishop of Cochabamba; His Excellency René Fernández, Retired Archbishop of Cochabamba; His Excellency Luis Sainz, Auxiliary Archbishop of Cochabamba; His Excellency Abel Costas, Retired Bishop of Tarija; Fr. Manzanera; Fr. Víctor Benavente, Rector of San Luis Seminary; Fr. Franco Gasparini and Fr. O'Brien, a Maryknoll missionary, who has worked for many years in La Paz. There were also several seminarians from San Luis Seminary.

That evening, I personally gave to Mons. Scapolo and to Mons. Solari copies of two manuals we have prepared for the bishops in the Hispanic world. One of them is about how to help persons with homosexual inclinations live a chaste life. The other one is about post-abortion healing and reconciliation.

The Conference also received a lot of press coverage in the local newspapers. One of them, Los Tiempos ("The Times") sent a reporter to interview the speakers. I was interviewed on human cloning. During my last day in Bolivia, May the 26th I was again interviewed, this time more extensively, by the same newspaper on the same topic.

The next day of the Conference, Sunday May the 25th, we held training sessions. Drs. Morales and Neira and I addressed over 30 leaders on pro-life strategies and counter arguments to the anti-life lies and deceptive language. I must point out that those present were people who also attended the Conference and who were not only from Cochabamba, but from other cities as well, including La Paz, Santa Cruz and Tarija. Bolivia is by no means a small country, so the pro-lifers traveled quite a bit to be present there. In four hours these attentive people, most of them professionals, including doctors and educators, were drilled on IPPF, the UN, the anti-life feminists and their deceptive arguments, such as "reproductive health", "gender perspective" and "safe and legal abortion", among others.

Bolivia is a special target of IPPF, which makes the ridiculous claim that its birth rate is too high (thank God it's about 4 children per woman of child-bearing age in a practically empty country!) They also claim that too many women are dying from clandestine abortions. That's the same argument pro-aborts made over 30 years ago in the U.S. to legalize abortion and make it "safe" - not for the unborn child nor for his mother, of course, but for the pockets of the abortion business. This "safe and legal abortion" dangerous nonsense is the same garbage that IPPF, the UN and their cohorts are pushing all over Latin America. Can you help us stop them?

pushing all over Latin America. Can you help us stop them?

The next day, Monday morning, May the 26th, I did not leave Bolivia on the flight I was scheduled to. Yes, it did happen again! Although this time I was "mysteriously" put out of that flight and into the one leaving that evening. But it was providential. As you know, God writes straight with crooked lines. That day I was invited to speak, along with Dr. Morales, to the student body of a school of nurse assistants. The school, which belongs to the government of Bolivia and which is partially financed by the government of Japan, is into the "reproductive health", and the pro-contraception sex "education" baloney. They had a full colored brochure, sponsored by the pro-abortion Pathfinder Fund, telling how "wonderful" pills, IUDs and condoms are. Of course, it did not say a word about the abortifacient effects or about the dangers to women's health of the first two, nor about the high failure rate in preventing AIDS of the latter. When it came to NFP, it reduced it to the "calendar" method.

Dr. Morales had a field day shocking the students, most of whom were young women, about the abortifacient nature of the Pill and the IUD, as well as the deceptive "safety" of the condom. She also chastised the brochure for being "over 70 years outdated" and proceeded to debunk the myths about the modern methods of NFP. In the afternoon she would continue to explain how NFP works and its wonderful benefits for marriage.

I began my talk by astounding the audience with the fact that nowadays Japan is the country whose government gives more money to the international anti-life movement -- the very same government which is funding their school! I then told them which organizations belong to the death "culture": IPPF (including its affiliate in Bolivia: CIES), the UN, UNFPA, UNICEF, "Catholics for a Free (or rather, Fatal) Choice", the anti-life feminists, etc., etc.

I told also them that no loving husband would want his wife to be pumped with more that 150 different chemical reactions into her body (that's the effect of the Pill), nor having a dangerous piece of plastic perforate her uterus (that's a possible effect of the IUD). I then told them (by now they were dumbfounded) that a loving husband, if serious reasons were present to space the birth of children, would want to preserve the delicate and wonderful inner ecology of his wife by means of NFP. I finally told them that Bolivia's greatest natural resource was not natural gas, nor minerals, nor fruits, nor any of the rest; but Bolivians themselves, especially Bolivian children. And that no foreign country or organization should come to tell them how many children they ought to have or kill - nor should their own government cooperate with them.

Curiously enough, at the end, nobody asked any questions or made any comments. I wondered what happened between the students and the personnel in charge of the school after I left at noon. For, from time to time, some of the latter came to peek at our talks, which were delivered almost always only to the students. I hope they didn't "crucify" Dr. Morales, who stayed there the rest of the afternoon. Poor Dr. Morales, I think I left her with a "hot potato"!

I left Bolivia tired but happy. I think the pro-life cause is in very good hands there. ANE Provida has leaders who are both capable and solidly based on the spiritual life. They are faithful to the Magisterium and supported by their local bishops. But they now face two big challenges. The first one is the weak abortion law they have in Bolivia. It does not protect life unconditionally, but allows babies to be killed when they are conceived out of rape and when their mothers have a health problem while carrying them in their wombs. These two so-called "exceptions" are, of course, at least potentially, abortion on

wombs. These two so-called "exceptions" are, of course, at least potentially, abortion on demand. That's especially so if the term "health" is interpreted broadly, as happened in the U.S. and as the pro-abortion, UN-dependent World Health Organization has defined "health".

The second problem is the fact that in vitro fertilization (IVF) is not even regulated at all. This, in a way, is schizophrenic. Because a country that forbids, even though weakly, the killing of unborn children, should also prohibit the killing of human embryos by means of IVF. The danger is that, just as they did with abortion, Bolivian legislators might prohibit IVF but with exceptions.

ANE Provida needs all the help it can get from all of us. It needs to educate its people about the humanity of the unborn child (including the embryo), the inhumanity of abortion and IVF and the monstrosity of a law that allows the killing of innocent human beings by means of so-called "exceptions".

I would like to take this opportunity to congratulate and thank Fr. Manzanera, Mr. Rojas, his wife Nora and the rest of the collaborators of ANE Provida for the great pro-life work they do and for the wonderful hospitality they showed me.

Commentary: Magaly Llaguno



Magaly Llaguno, Executive Director of Vida Humana Internacional, arrived in the United States from Cuba with refugee status in 1959. Father Paul Marx, HLI founder, recognized her abilities, and since 1984, when he asked her to found an Hispanic division for Human Life International, she has been overseeing this important and predominantly Catholic region of the world with skill and dedication.

U.S. ORGANIZATIONS & FOUNDATIONS LAUNCHING ANTI-LIFE ATTACKS ON HISPANIC COUNTRIES

An Overview by Vida Humana Internacional
Human Life International's Hispanic Division
January 2005

Latin America and the Caribbean are under siege by U.S. anti-life organizations and foundations. Countless attacks on life, family and even Hispanic culture are being perpetrated by them, with the objective of changing the pro-life/family values of entire countries. A quote from Mariana Schkolnik, a consultant with the social development division of the U.N.'s Economic Commission for Latin America and the Caribbean, is a good example of the objectives in this anti-life agenda : "Reducing unwanted pregnancies requires cultural changes...this includes adjusting traditional gender roles, erasing the social stigma attached to abortion, and changing outdated family laws".

 [Launching_anti-life_attacks_on_hispanic_countries.pdf 170 kb](#)

Planned Parenthood's Deadly Invasion 2005

Unborn Americans who die at Planned Parenthood's "health clinics"; and their mothers, who suffer abortion's after effects and sometimes also die at these killing centers, are not the only victims of this evil organization. Planned Parenthood crossed over the border and invaded Mexico and other Latin American countries, over 30 years ago.

[Read More...](#)

Eulogy for a Great Pro-Life Catholic

2005

It is not very often that one can find someone totally committed, not only to proclaiming the Catholic faith but also to really living it. Everything that person says and does is rooted in faith. One such person is Ivan Ortiz, who recently went home to God the Father.

[Read More ...](#)

Anti-Life Parliamentarians Lobbying Foreign Governments

In an article titled "Reproductive Health: A euphemism Used to Promote Abortion",¹ Vida Humana Internacional (VHI - Human Life International's Hispanic Division, www.vidahumana.org), denounced this clever strategy being used to try to legalize abortion in Latin America. A number of countries in the Eastern hemisphere have already approved "reproductive health" legislation which includes abortion rights. ² Recently the Bolivian congress fell into the same trap, when a "reproductive health" bill was secretly approved. Although it does not directly mention abortion, the legalization of abortion is now being promoted by the anti-life movement worldwide, as "a reproductive health need" and it is obvious that legislation would pave the way for abortion legalization in Bolivia. [Read More...](#)

Movement Underway to Liberalize Abortion Laws in Latin American Countries

2004

The population control movement is constantly launching anti-life campaigns in Hispanic countries, for the widespread promotion of abortifacient contraceptives; as well as hedonistic sex education programs. The anti-life movement that has been at work in all these countries for many years in promoting all of these evils that pave the way for the legalization of abortion. [Read More...](#)

Report on Grants for Anti-Catholic, Anti-Life Activities by American Foundations

2003

American Foundations are exerting a powerful and evil influence throughout the U.S. and much of the world. A great number of them donate funds for anti-life, anti-Catholic activities in Latin America and The Caribbean, because they give grants to Catholics for a Free Choice (CFFC). The ones listed below are categorized as "Grantmakers who address reproductive rights/access to abortion", as well as "Grantmakers who fund in Latin America and the Caribbean". [Read More...](#)



Planned Parenthood's Deadly Invasion

By Magaly Llaguno
2005

Unborn Americans who die at Planned Parenthood's "health clinics"; and their mothers, who suffer abortion's after effects and sometimes also die at these killing centers, are not the only victims of this evil organization. Planned Parenthood crossed over the border and invaded Mexico and other Latin American countries, over 30 years ago.

The Family Planning International Assistance Program (FPIA) was started in 1972 by Planned Parenthood Federation of America (PPFA), U.S. associate member of the International Planned Parenthood Federation\Western Hemisphere Region (IPPF\WHR), which has affiliates in every Latin American country. FPIA's objective is "to increase access to reproductive health services and strengthen support for reproductive rights in strategically selected countries in Africa, Asia and Latin America and the Caribbean." 1 It supports those organizations that promote "sexuality education and contraceptive services among adolescents" and "safe abortion services". 2

In 1994, FPIA assisted 25 projects in 17 countries, including Nicaragua, Bolivia, Ecuador and Mexico. The Nicaragua project according to PPFA, also provided abortion and MR [menstrual regulation, early abortion] services." 3 A report on Family Planning International Assistance which accompanied a letter from FPIA dated July 10, 1995, states that Si Mujer clinic in Managua, Nicaragua, included "the provision of induced abortion services." FPIA also supported "menstrual regulation services" in the "Sacaba health post" in Bolivia. By 1996, PPFA had already poured more than 285 million into FPIA, its international service arm.

Through the Global Partners program, PPFA's "international public service policy and service initiative", "partnerships" between PPFA affiliates in the U.S. and "family planning" organizations in other countries were established. 4

For example, the Tampico branch of IPPF's Mexico affiliate, MEXFAM, is receiving assistance from Planned Parenthood of Houston & Southeast Texas (PPHSET). When MEXFAM officials visited Houston, PPHSET threw a party attended by "the offices of several legislators and the mayor", and the Houston Chronicle devoted "important space...to coverage of MEXFAM's first visit to Houston." "PPHSET, with the assistance of MEXFAM Tampico, has initiated its own "promotoras" program in Houston's low-income, largely Hispanic East End neighborhood." In Mexico and other Latin American countries, "Promotoras...go door to door in their own neighborhoods to offer family planning information, contraceptives and clinic referrals." 5

These are some of the other Planned Parenthood "partners" in Latin America:

Planned Parenthood of Amarillo and the Texas Panhandle and MEXFAM, IPPF affiliate in San Luis Potosí, Mexico. 6

Planned Parenthood of Palm Beach and Treasure Coast Area in Florida, and APROFAM, IPPF affiliate in Guatemala. 7

Planned Parenthood of Columbia/Willamette and Asociación Demográfica Costarricense, IPPF affiliate in Costa Rica. 8

Planned Parenthood of Southern Arizona and Asociación Demográfica Salvadoreña, IPPF affiliate in El Salvador. 9

Planned Parenthood of Southeastern Pennsylvania and Sí Mujer's "reproductive health clinic" in Nicaragua. Sí Mujer is that country's main feminist pro-abortion group. 10 "Over 80 % of the FPIA funded projects are with women organizations or women's leaders." 11 "Youth partnerships" have also been established. 12 Planned Parenthood's interest in reaching Hispanic youth is obvious when you see its very sexually explicit "Teenwire" website, which has an entire section in Spanish.

Planned Parenthood Federation of America has complained that "countries in Latin America and the Caribbean have the strictest abortion laws in the world." 13 So through its international arm FPIA, it is promoting the legalization of abortion in Latin American countries, where for the most part it is illegal. In its 1991 Annual Report FPIA stated: "Abortion services became an increasingly important component of the FPIA program last year"; and it boasted that it had completed "abortion related projects" in Mexico and Peru, where laws still protect most unborn babies. 14 FPIA also works in Bolivia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala and Nicaragua, as well as Asia and Africa, "to increase access to safe quality abortion services." 15

What PPFA lost in U.S.A.I.D. funds because of the Mexico City Policy and its refusal to stop promoting and/or practicing abortions; American foundations such as Prospect Hill, Erik E. & Edith H. Bergstrom, The Prudential, David and Lucille Packard, Wallace Global Fund, William and Flora Hewlett, etc.; replaced more than adequately. The latter one gave PPFA for its FPIA international program \$2,750,000 between 1999 and 2002. 16

Between 1999 and 2000, the David and Lucille Packard Foundation provided almost nine million dollars to anti-life groups and organizations in Mexico. Among them, GIRE (Mexico's main pro-abortion feminist organization) and the so-called Catholics for a Free Choice, which got 3 million of those funds "to develop a long-term regional plan for improving reproductive rights in Latin America" and \$655,000 for a "collaborative reproductive rights initiative focusing on Catholic communities in Mexico". The Mac Arthur Foundation and the Ford Foundation have also given a great deal of financial help to the pro-abortion movement in Mexico. 17

FPIA was among the organizers and co-sponsors of a pro-abortion conference in Cuernavaca, Mexico in November 2001, called "Unwanted Pregnancy and Abortion: Public Health Challenges in Latin America and the Caribbean." 18 The program for the conference was painstakingly detailed, as if to design a how-to manual to procure legal abortion in the countries where it is illegal. Laws were reviewed, attitudes were researched and the use of surgical and chemical abortion methods were discussed. Some of the talks given during this three day conference included: "How to manage pain after D&C abortions...", "Cost of maintaining abortion illegal in Chile", "Investigation as a strategy to improve abortion politics in Nicaragua" and "Talking about abortion to diverse audiences" by Frances Kissling, president of so-called "Catholics" for a Free Choice, which is another Planned Parenthood ally. 19

The efforts of Planned Parenthood and its cohorts have paid off in one of Mexico's states. In January 2002, seven of the eleven members of Mexico's Supreme Court,

voted in favor of legalizing abortion in cases of rape and fetal malformation or disease, by declaring the pro-abortion Robles Reform, which had been approved the previous year, constitutional.²⁰ Pro-abortion legislator Rosario Robles (the reform is named after her), claimed: "It is a triumph of the women's movement and an advance of the right to choose".²¹ Planned Parenthood Federation of America and American foundations, helped achieve that tragic triumph of the pro-death forces in Mexico and are active in other countries too.

NOTE: The author is Executive Director of Vida Humana International (VHI), the Hispanic Division of Human Life International in Miami. This article is based on a talk given by Mrs. Llaguno at the American Life League World Conference in New Orleans, July 14, 2002, titled "IPPF in Latin America". Other data was added. For more information (in English) on IPPF and Planned Parenthood's activities, visit http://www.vidahumana.org/english/family/ippf-pp_index.html. For a list of Founders of Planned Parenthood's Activities in Latin America, go to the section on Planned Parenthood (in English) at <http://www.vidahumana.org/english/family/ippf-us.html>. If you want to download free materials you can use to educate Hispanics on this evil organization, visit the section on Planned Parenthood in Spanish: http://www.vidahumana.org/vidafam/ippf/ppfa_index.html. If you wish to contact VHI, please write: vhi@vidahumana.org.

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: The Prevalence of Illegal Abortions



 SHARE

The Prevalence of Illegal Abortions.

"Approximately 1.5 million safe and legal abortions are provided each year in the U.S. If abortions were made illegal once again, the number of illegal abortions would probably reach 1,000,000 per year ... Approximately 125,000 women would suffer major complications, such as hemorrhage, infections and sterility."

— 1989 Planned Parenthood Federation of America (PPFA) pamphlet entitled "The Bush Administration: Dragging Us Back to the Back Alley."

Claims by the Pro-Abortionists. Uncertainty over the number of illegal abortions performed in the United States prior to the *Abortion Decisions* parallels the running dispute over the numbers of maternal deaths caused by complications due to these procedures. If a reliable estimate can be made of the number of illegal abortions performed in the United States before legalization, established mortality ratios can be applied in order to confirm or refute estimates of illegal abortion deaths.

The most common pro-abortion figure cited regarding illegal abortions was approximately one million per year in the two decades preceding *Roe v. Wade*. Pro-life activists dispute this figure and contend that the real number was much lower, usually in the vicinity of 100,000 to 200,000 per year.

Documentation for the figure of one million illegal abortions per year was very seldom advanced by pro-abortionists, but it appears to be based on a 1934 study that makes the unsubstantiated assumption that there was one illegal abortion for each 3.55 births. This figure was a simple extrapolation based on the case histories of 10,000 women who received services at New York City's Margaret Sanger birth control clinic during the time period 1925 to 1929.[5]

Abortion statistician J.M. Finnis gives us a detailed background on the invalidity of pro-abortion estimates;

For example, the great majority of commentators in recent American law journals accept that 1,200,000 is a plausible estimate of the number of abortions per annum in the United States. But on examination it appears that this figure is based on a study published in 1934 — according to which it may be assumed that there is one illegal abortion for every 3.55 live births. And this latter figure is an extrapolation from the case histories of 10,000 women who attended the Margaret Sanger birth control clinic in New York City between 1925 and 1929!

Another widely accepted figure for the United States is 600,000 per annum — this by extrapolation from the case histories of the women who volunteered the information in Kinsey's famous study of female sexuality [a group which included a negligible proportion of blacks and Catholics, and which was unrepresentative even of urban white women]. The statistics committee at a 1958 conference called by Planned Parenthood

agreed that the number may be between 200,000 and 1,000,000, and that there is no way of determining the number more closely than that.

One should not assume that the lower limit of 200,000 is a sacred figure. Consider, for example, the study done in Indianapolis in 1941-42, involving married, white Protestant couples: 1.9 percent of their pregnancies ended in illegal abortions. If we were to extrapolate this figure and apply it to the United States for the year 1940, it would have meant that there were 48,000 illegal abortion in the United States in that year. If we were to increase this number by 50 percent to allow for population growth up to the year 1969, we could be estimating the number of illegal abortions per year in the United States as roughly 72,000. Clearly, this also is an unrepresentative sample, but it serves to indicate the range of extrapolations based on unrepresentative samples that could be used to sway public opinion.[6]

In other words, the "one million" figure makes two very bold and unfounded assumptions in addition to the ratio mentioned above;

1. that all women in the United States possessed the same relevant characteristics as those visiting an illegal birth control clinic in the largest city in the land, New York; and that
2. all women had the same access to illegal abortion networks as did women in the illegal abortion capital of the country, an obvious impossibility.

It should be noted that, in the first full year after abortion was legalized (1974), there were a total of 745,000 legal abortions and an estimated 50,000 illegal abortions, for a total of about 800,000.[7] To assert that the total numbers of abortions in this country would *decrease* dramatically as a result of legalization is grossly illogical. After all, what other illegal activity would *decrease* if it were legalized?

A second figure advanced by pro-abortionists is 600,000 illegal abortions per year. Once again, this number is based on a large number of unwarranted assumptions and originates in a study whose methodology was questionable at best.

In his 1952 publication entitled *Sexual Behavior in the Human Female*, 'sexologist' Alfred Kinsey committed the same fundamental errors that he did in his 1948 *Male Report*. [8] To begin with, all of Kinsey's conclusions were based upon information gleaned from volunteers. This "volunteer bias" invariably skews study results. Additionally, Kinsey made no attempt to attain a representative cross-section of American women. His sample included a negligible number of Catholic, Protestant, and minority women (all of whom were relatively conservative in their sexual practices at the time), and was considered unrepresentative of even urban White women. These errors unquestionably caused an unacceptable degree of bias towards very liberal sexual practices, including abortion.[9]

The dangers of such errors can be illustrated by applying the same procedure to a similarly unrepresentative sample. A 1941-1942 study of White Protestant couples in Indianapolis showed that a mere 1.9 percent of their pregnancies ended in illegal abortions. If this percentage were applied to the American population in, say, 1965, we can conclude that only 71,500 illegal abortions took place nationally that year, which is perhaps an unrealistically low figure.

An Estimate of Illegal Abortion Prevalence. In its 1978 *A Speaker's and Debater's Notebook*, the National Abortion and Reproductive Rights Action League (NARRAL, now NARAL Pro-Choice America) quotes an illegal abortion maternal death rate of 40 per 100,000, and an annual total of 200,000 illegal abortions before *Roe v. Wade*.

The late Dr. Christopher Tietze of the Population Council, the country's most experienced abortion statistician, believed that the illegal abortion death rate was about 100 deaths per 100,000 abortions.[10] The Centers for Disease Control estimates that about 150 women died annually as a result of complications suffered due to illegal abortions in the decade before the first state legalized the procedure, leading to a total of perhaps 150,000 annual illegal abortions in the early and mid-1960s.[11]

Statistically, these numbers lead to two alternatives, only one of which is logical and realistic;

(1) NARAL is admitting that there were only about 80 annual deaths due to illegal abortion before *Roe v. Wade* (i.e., 200,000 illegal abortions times 40 deaths per 100,000). This agrees almost perfectly with the Centers for Disease Control figure of 90 fatalities in 1972. Either this number is correct, or;

(2) using the maternal death ratios given above (40 per 100,000) and NARAL's claimed 5,000 to 10,000 annual maternal deaths, this means that there were from 12.5 *million* to 25 *million* illegal abortions annually in the United States before *Roe v. Wade*, an obvious absurdity.

These estimates are entirely typical of a number of approximations that have been made by experts in the field of abortion epidemiology and statistics. Higher estimates are generally accompanied by little or no documentation.

Of the above two choices, it is perfectly obvious that option (1) is the only one that can possibly be correct; there were about 80 to 90 maternal deaths annually from illegal abortion before *Roe v. Wade*.

This figure is supported by the famous 'sexologist' Dr. Alfred Kinsey, who found that, before legalization, about 90 percent of all abortions in the United States were performed by licensed physicians in clinics that rivaled hospitals in terms of cleanliness, expertise, and up-to-date equipment.[12] Kinsey, speaking at the famous 1955 conference on induced abortion held by Planned Parenthood, said that "I will add that about 87 per cent of all the induced abortions that we have in our records were performed by physicians. It is only about 8 per cent that were self-induced, and if you were to throw out all those, it would not materially change the over-all picture of induced abortions." [13]

Two years later, Dr. Mary Calderone wrote that "The [Planned Parenthood] conference estimated that 90 per cent of all illegal abortions are done by physicians. Call them what you will, abortionists or anything else, they are still physicians, trained as such; and many of them are in good standing in their communities. ... There were only 260 deaths in the whole country attributed to abortions of any kind [in 1957]." [14]

It can therefore be concluded that from 150,000 to 200,000 illegal abortions took place annually before the process of legalization began.

[Go to Next Topic: How Many Women Died Due to Illegal Abortion Complications?](#)

[Return to *Maternal Deaths Due to Abortion* Table of Contents](#)

Footnotes for "The Prevalence of Illegal Abortions"

[5] J.M. Finnis. "Three Schemes of Regulation." *The Morality of Abortion*, J.T. Noonan, Jr. (editor) [Cambridge: Harvard University Press, 1970], page 181.

[6] J. M. Finnis. "Three Schemes of Regulation." Article contained in J. T. Noonan, Jr. (editor). *The Morality of Abortion* [Cambridge: Harvard University Press, 1970], page 181. Also quoted in Thomas W. Hilgers and Dennis J. Horan (editors). *Abortion and Social Justice* [Thaxton, Virginia: Sun Life, 1980], page 165.

[7] For information on abortions by year, see the spreadsheet located at FACTS/IMAGES/19/CALCS/F-19-05.WK3 on this compact disc. Microsoft Excel can import this spreadsheet directly.

[8] Alfred C. Kinsey, Wardell B. Pomeroy, and Clyde E. Martin. *Sexual Behavior in the Human Male* [Philadelphia: W.B. Saunders Company, 1948].

[9] See Judith A. Reisman and Edward W. Eichel. *Kinsey, Sex and Fraud: The Indoctrination of a People* [Lafayette, Louisiana: Huntington House Publishers, 1990]. An excellent and detailed examination of the flaws inherent in the Alfred Kinsey sexual studies that "showed" that children are sexual from birth and that ten percent of the population is exclusively homosexual.

[10] Christopher Tietze, M.D. *Induced Abortion: A World View, 1983* [New York: The Population Council, 1983].

[11] CDC figures and other quotes are extracted from Matthew J. Bulfin, M.D. "Deaths and Near Deaths with Legal Abortions." Presented at the American College of Obstetricians and Gynecologists Convention at Disney World, Florida, October 28, 1975. Numbers given by the CDCs are 1942: 1,232 deaths; 1947: 583 deaths; 1957: 260 deaths; 1968: 130 deaths; and 1972: 90 deaths.

[12] John Benditt. "Special Report: Second-Trimester Abortions in the United States." Alan Guttmacher Institute's *Family Planning Perspectives*, November/December 1979, pages 358 to 361.

[13] Alfred C. Kinsey, Sc.D., speaking at the 1955 conference on induced abortion held by Planned Parenthood. Quotes in Mary Steichen Calderone, M.D., Medical Director of the Planned Parenthood Federation of America (editor). *Abortion in the United States* [New York: Paul B. Hoeber, Inc., 1956]. Also see Mary Steichen Calderone [editor], *Abortion in the United States* [New York: Harper Brothers, 1958], page 53.

[14] Mary Calderone, "Illegal Abortion as a Public Health Problem," *American Journal of Public Health*, vol. 50, no. 7 (July 1960), 948-954.

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: How Many Women Died Due to Illegal Abortion Complications?



SHARE

How Many Women Died Due to Illegal Abortion Complications?

"Before *Roe v. Wade*, hundreds of thousands of women had illegal abortions [annually], and one in 10 of them died."
- July 7, 1989 *USA Today* staff editorial.

Introduction. In October of 1989, when several minor restrictions on abortion were enacted by the Pennsylvania State legislature in its modified Abortion Control Act, local pro-abortion activists and lawmakers immediately began to make numerical claims that even most other pro-abortionists found embarrassing. The local pro-aborts claimed that Mexico has the same number of abortions that the United States does, although they are all illegal there and the Mexican population is much smaller than that of the United States (101 million vs. 278 million at the time); that 140,000 women died of illegal abortions every year in Mexico (according to the United Nations, the actual number is 159); and that this many women would die in the United States if abortion were criminalized again.[15] This is a factor of exaggeration amounting to *one hundred thousand percent, or a thousand times the actual number!*

Although this is one of the most extreme claims recently made regarding criminal abortion mortality, the pro-abortionists bandy about many round numbers without substantiation, and all of them seem to end in "000." There are literally hundreds of examples of such lying;

- Two days after the Supreme Court's *Webster v. Reproductive Health Services* decision, the daily newsmagazine *USA Today* stated as fact in an understandably unsigned staff editorial that "Before *Roe v. Wade*, hundreds of thousands of women had illegal abortions [annually], and one in 10 of them died."

Using the pro-abort's own figures of 200,000 to one million illegal abortions per year, *USA Today* is therefore stating that 20,000 to 100,000 women died of illegal abortions every year before *Roe*. This amounts to an exaggeration factor of 55,555 percent over the actual figure!

- A San Francisco pro-abortion group calling itself "Men Who Care About Women's Lives," which including Brian Willson (the 'peace' activist who lay on railroad tracks in front of a 200-ton locomotive and lost his legs as a result), echoed the most popular figure when it mailed 10,000 wire coathangers to President George Bush in 1989, representing the "number of women who will die annually should pro-choice be outlawed." [16]
- A *New York Times* writer claimed that "Their histories date back to women who had back-alley abortions that resulted in internal infections and other, more disturbing, complications. Legalization has largely eliminated these things, as well as the estimated 5,000 annual abortion-related deaths in the years before *Roe* ... Unfortunately, their [19th Century doctors] successful effort to make abortion illegal simply drove it into the back alley, where, according to some estimates, as many as two million abortions a year were performed - a number that if even half accurate

should sober up today's Victorian nostalgists. ... [Abortionist David Bingham says] "I save lives. I respect these people who have picketed outside my office for 25 years, in and out of snowstorms ... I know what would happen if they were successful politically - a lot more tragedy, a lot more deaths. I saw what it was like when it was illegal. Look - we have saved tens of thousands of lives, maybe hundreds of thousands. ... The day abortion became legal in New York State was also the day that we - in Detroit - noticed that the number of patients coming into the hospital with 'miscarriages' plummeted." [17]

Pro-Abortionists Repudiate the Claims. Without question, the most effective lie the pro-abortion movement used to obtain abortion on demand in the USA and many other countries was the allegation that thousands of women died of illegal, unsanitary abortions each year before the procedure was legalized.

The numbers "5,000 to 10,000" were nice and round and sounded eminently plausible. They were therefore uncritically accepted by most of the media, some of the Courts, and many members of the public.

However, the pro-abortionists never presented a particle of solid evidence whatever to support their statistics. They didn't *have* to - the media and the courts were on their side. Therefore, they could lie with total impunity.

However, in the early 1970s, numerous pro-abortionists acknowledged that these numbers were greatly exaggerated even as they were being used as a potent tool for advancing abortion rights.

Dr. Bernard Nathanson, one of the founders of the National Association for the Repeal of Abortion Laws (now NARAL Pro-Choice America), and the former owner of the largest abortion clinic in the world (the Center for Reproductive and Sexual Health, or C*R*A*S*H) states in a quote widely used by pro-lifers to highlight the dishonesty of pro-abortionists;

How many deaths were we talking about when abortion was illegal? In NARAL, we generally emphasized the frame of the individual case, not the mass statistics, but when we spoke of the latter it was always '5,000 to 10,000 deaths a year.' I confess that I knew the figures were totally false, and I suppose the others did too if they stopped to think of it. But in the 'morality' of our revolution, it was a useful figure, widely accepted, so why go out of our way to correct it with honest statistics? The overriding concern was to get the [abortion] laws eliminated, and anything within reason that had to be done was permissible. [18]

Many other pro-abortionists freely admitted that the "pro-choice" movement simply lied about the number of women who died of complications due to illegal abortions;

- Pro-abortion writer Marian Faux confirms the thought processes behind what she labels "propaganda" in her book *Roe v. Wade*; "An image of tens of thousands of women being maimed or killed each year by illegal abortion was so persuasive a piece of propaganda that the [pro-abortion] movement could be forgiven its failure to double-check the facts." [19]

We have to wonder if Faux would be so "forgiving" of pro-lifers who deliberately lied and exaggerated the numbers of women currently dying of *legal* abortion.

- Dr. Malcolm Potts of the International Planned Parenthood Federation, one of the

original activists who helped promote abortion throughout the world, claimed in 1970 that "Those who want the [abortion] law to be liberalized will stress the hazards of illegal abortion and claim that hundreds, or thousands, of women die unnecessarily each year - when the actual number is far lower." [20]

- Even the gender feminist "Bible," *Sisterhood is Powerful*, recognized that "A study made in the 1930s, before the development of antibiotics made even illegal abortion less deadly than it used to be, came up with this number of 10,000 deaths; but it is no longer anywhere near the truth and has no place in any serious discussion of abortion." [21]

The "Official" Figures Are Confirmed By European Experience. According to the United States Bureau of Vital Statistics and the Centers for Disease Control, the last time 1,000 women died of illegal abortions in the United States was in the year before penicillin became widely available to the public - in 1942. From this date, the number of maternal deaths due to illegal abortions declined steeply until it stabilized at about 90 to 150 per year during the decade preceding *Roe v. Wade*. [22]

It is important to note that the most impressive drop in abortion mortality was *prior* to legalization in 1973. The United States maternal mortality rate (which accounts for all deaths due to abortion, childbirth, and ectopic pregnancies) per 100,000 live births declined almost linearly from 37.1/100,000 in 1960 to 9.9/100,000 in 1978, for an average annual decline of 1.5/100,000. The rate was 29.1 per 100,000 in 1966, the year before the first state legalized abortion and 14.6/100,000 in 1974, the year after *Roe v. Wade*, representing an average annual decline of 1.8/100,000. In 1987, the rate was beginning to flatten out at 6.6/100,000 as the lowest practicable level was being approached. [23]

Note that Figure 7-1 shows a steady and steep decline in abortion deaths from 1942 on, finally stabilizing at about 25 to 30 per year in 1976 and then dropping again to about 20 per year in 1980. This decline is clearly unrelated to the legal status of abortion. Once again, it is critical to note that the most impressive drop in abortion mortality was *prior* to legalization. This steady trend reflects advances in medicine and the introduction of safer abortion techniques, both legal and illegal.

Figure 7-1

Maternal Deaths Attributable to All Types of Abortion in the United States, 1942 to 1992: The "Official" Figures

Year	Abortion Deaths	Year	Abortion Deaths
1942	1,232	1981	12
1947	583	1982	17
1957	260	1983	19
1968	130	1984	17
1972	90	1985	21
1973	57	1986	18
1974	54	1987	17

1975	48	1988	23
1976	27	1989	16
1977	37	1990	10
1978	25	1991	18
1979	30	1992	27
1980	18		

Reference: Figures for the years 1942 to 1968: Centers for Disease Control, Abortion Surveillance Unit. Quoted in Matthew J. Bulfin, M.D. "Deaths and Near Deaths with Legal Abortions." Presented at the American College of Obstetricians and Gynecologists Convention at Disney World, Florida, October 28, 1975. Figures for the years 1972 to 1992: Lisa M. Koonin, M.N., M.P.H., Lilo T. Strauss, M.A., Camaryn E. Chrisman, M.P.H., Myra A. Montalbano, Linda A. Bartlett, M.D., M.H.Sc. and Jack C. Smith, M.S. of the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control. "Abortion Surveillance - United States, 1996." *Morbidity and Mortality Weekly Report*, July 30, 1999. This Report is available on the Web site of the Centers for Disease Control (CDCs) at <http://www.cdc.gov>. Note that the figures in the above table include maternal deaths due to spontaneous abortions [early miscarriages] and an "unknown" category. These latter categories are excluded in Figure 7-3.

This steady trend reflects advances in medicine and the introduction of safer abortion techniques, both legal and illegal. This statistical inclination is accompanied by a steady decline in overall maternal mortality, and some pro-abortion activists have claimed that easy availability to abortion has been a key factor in this trend. However, Dr. Bernard Nathanson has also said that

In fact, the lowering of maternal mortality has been due largely, if not entirely, to advances in anesthesia techniques; the development of new and more powerful antibiotics; the emergence of realtime ultrasound; major strides in laboratory technology with a deeper understanding of the mechanisms of infectious disease; more sophisticated transfusion techniques and - perhaps most important - a higher and more standardized level of training of nurses, medical students and resident physicians in obstetrics and gynecology.[24]

It is important to note that the death rates for *legal* abortions in European countries were virtually identical to the death rates for *illegal* abortions in the United States. Since legal abortions in Europe were performed under the best prevailing conditions at the time, we must conclude that the vast majority of illegal abortions performed in the United States took place under similar favorable and sanitary conditions, not seedy back-alley abortion mills, as described later in this Chapter.

The actual maternal death rates for abortions in three countries in the late 1940s were;

Sweden (legal), 250 per 100,000, 1946-1948;
Denmark (legal), 195 per 100,000, 1940-1950;
U.S. (illegal), 165 per 100,000, 1940-1950.[25]

Another fact the pro-abortion movement absolutely cannot afford to admit is that the country with the lowest maternal mortality in the world in 1996 was the Irish Republic, with 1.83 per 100,000 live births - a nation where abortion is illegal. By contrast, the United Kingdom and the Netherlands, where abortion is free for all women, have 7.72 and 9.64 deaths per 100,000 live births respectively.[26]

Documentation Problems? The argument most often used by pro-abortion groups against these "official" illegal abortion-death figures is that almost all of the deaths caused by illegal abortion before 1973 were not reported or properly documented.

However, this obviously cannot be the case. As described above, the maternal death rate declined smoothly during the legalization period 1966 to 1974. If the cause of thousands of annual maternal deaths was suddenly removed during this time frame, a precipitous drop could have been expected in the absolute numbers of maternal deaths attributable to all causes. However, there were only about 1,100 maternal deaths from *all* causes in 1966, and there was a smooth decline in the numbers of maternal deaths each year not only over this time period but in the several years following it as well, after abortion had been fully legalized throughout all fifty states (see Figure 7-3).[27]

Additionally, when a woman died of a botched or self-inflicted illegal abortion before 1973, the cause of death became quite obvious during the autopsy (which is required for deaths under unknown circumstances), and this type of death was officially recorded as such by a physician who had no personal interest in the case and had no reason to falsify the death certificate. Illegal abortion deaths were invariably reported to the Bureau of Vital Statistics of the U.S. Public Health Department. In fact, many physicians who wanted to see abortion legalized went public with such deaths in order to push for abortion law reform or repeal.

The abortion-death reporting situation is now exactly the opposite of what it was before abortion was legalized. Instead of being properly reported, many abortion-caused deaths are covered up for obvious reasons by attribution to other causes, as described later in this Chapter.

[Go to Next Topic: The Way it Was--Illegal Abortions Before *Roe v. Wade*](#)

[Return to *Maternal Deaths Due to Abortions* Table of Contents](#)

Footnotes for "How Many Women Died Due to Illegal Abortion Complications?"

[15] *United Nations Demographic Yearbook*, 1978 [New York: United Nations, 1979].

[16] National Newslines. "Feminist Men Take Action on Women's Rights." *The Lavender Network* [an Oregon homosexual monthly magazine], May 1989, pages 58 and 59.

- [17] Jack Hitt. "Who Will Do Abortions Here?" *The New York Times Magazine*, January 18, 1998. On the cover of this issue of the magazine is a doctor standing in a hospital hallway with his hands on his hips, wearing a surgical mask. Part of the caption reads "he's wearing a mask because he fears for his life and reputation." *Really?* We thought it was to prevent the spread of infection!
- [18] Bernard Nathanson, M.D. *Aborting America* [Garden City, New York: Doubleday, 1979], page 193.
- [19] Marian Faux. *Roe v. Wade: The Untold Story of the Landmark Supreme Court Decision That Made Abortion Legal* [Philadelphia: MacMillan, 1990].
- [20] Malcolm Potts, Peter Diggory and John Peel. *Abortion* [Cambridge University Press, 1970].
- [21] "Unfinished Business: Birth Control and Women's Liberation." *Sisterhood is Powerful* (Robin Morgan, editor) [New York: Vintage Books, 1970], page 260.
- [22] Matthew J. Bulfin, M.D. "Deaths and Near Deaths with Legal Abortions." Presented at the American College of Obstetricians and Gynecologists Convention at Disney World, Florida, October 28, 1975.
- [23] Monthly Vital Statistics Report. *Provisional Statistics, Annual Summary for the United States, 1978* [United States Department of Health, Education and Welfare, Office of Health Research, Statistics, and Technology, National Center for Health Statistics, 1979].
- [24] Bernard N. Nathanson, M.D., FACOG. "A Pro-Life Medical Response to ACOG's January 1990 Publication: 'Public Health Policy Implications of Abortion'" presented by William F. Colliton, M.D., *et.al.*, American Life League, 1990.
- [25] Christopher Tietze, M.D., and Stanley K. Henshaw, M.D. *Induced Abortion: A World Review* [New York: The Population Council, 1986] (6th Edition). page 107.
- [26] Letter by John Kelly, M.D., Birmingham Women's Hospital. *The Lancet*, Volume 348 (August 17, 1996), page 478.
- [27] Monthly Vital Statistics Report. *Provisional Statistics, Annual Summary for the United States, 1978* [United States Department of Health, Education and Welfare, Office of Health Research, Statistics, and Technology, National Center for Health Statistics, 1979]; *Statistical Abstract*, Table 80, "Live Births, Deaths, Marriages, and Divorces: 1950 to 1988," and Table 110, "Infant, Maternal, and Neonatal Mortality Rates, and Fetal Mortality Ratios, By Race: 1960 to 1987."

Facts of Life: Chapter 7: The Way it Was: Illegal Abortions Before Roe v. Wade



 SHARE

The Way it Was: Illegal Abortions Before Roe v. Wade.

"Most illegal medical abortionists will not handle a case when the pregnancy is beyond the twelfth week, but there are no doubt some exceptions. The technique of the well-accredited criminal abortionist is usually good. They have to be good to stay in business, since otherwise they would be extremely vulnerable to police action."

— Alan Guttmacher, M.D. *Babies by Choice or by Chance* [Garden City, New York: Doubleday, 1959], page 216.

First: The Way It Wasn't. It was relatively simple for pro-abortionists to create apparently plausible statistics regarding illegal abortion deaths, but putting a face on the suffering allegedly endured by a vast number of women was another matter entirely.

One tactic that is still very commonly used by pro-abortion writers and speakers involves lurid descriptions of the ordeals purportedly suffered by the vast majority of the women who sought illegal abortions before *Roe v. Wade*.

It is very instructive and interesting from a historical perspective to examine the extraordinary differences in descriptions of the "typical" illegal abortion experiences advanced by pro-abortion activists and by the illegal abortionists themselves.

The old lies about maternal abortion deaths worked extremely well before abortion was completely legalized, and so the pro-abortion forces and their toadies in the press began to work the same angle in mid-1989, when it appeared that *Roe v. Wade* was in danger of imminent demise after the Supreme Court's *Webster* decision. There appeared to be an unofficial but enthusiastic contest waged among pro-abortion writers to see just who could produce the most graphic and sensational picture of 'the way things were.'

This, of course, is the classic way to identify people with closed minds: They simply discard or ignore all evidence that does not agree with their conclusions.

One excellent specimen of the "horror" genre is provided by Brett Harvey of *Mother Jones* Magazine, who wrote that

It's hard for today's young women to imagine abortions in dark, dirty rooms that smelled of Clorox, done by doctors who breathed bourbon fumes and copped a feel before they got to work, and warned you not to scream or they'd walk out and leave you alone in the middle of nowhere. Or self-aborting alone in your college dorm room, scared to tell anyone, watching your metal wastebasket fill up with blood, flushing the fetus down the toilet, terrified that it would clog the plumbing and you'd be found out. Or being rushed to the hospital hemorrhaging from a perforated uterus, only to be interrogated by police officers demanding to know where you got the abortion ...[28]

One obvious purpose of the almost incandescent level of anger that saturates these anecdotes is to generate indignation that will be translated into action. In other words, "back-alley" abortion stories are excellent tools for recruiting sympathetic readers into ..

the pro-abortion cause.

Other pro-abortion writers have added a second purpose to their prose: The slandering of pro-life activists. The purpose of such classic "mixed" propaganda is to generate sympathy for the underdog and hatred and distaste towards the opposition.

One obvious characteristic of these ravings is the almost explosive level of indignation and anger that seems to boil off the page as pro-aborts compete with each other to see who can make up the most garish and ridiculous story. Notice the extremely high degree of artificial outrage Sherry Matulis demonstrates as she describes "Why Abortion *Must* Remain the Law of the Land" in her article of the same name in *The Humanist*;

I'd like to see how they'd ["holier-than-thou" pro-lifers] fare if *they* were put in the position of being young and raped and pregnant and scared witless — if they thought that *they* could very well die and leave two little children motherless. I'd like to see if their smug pseudomorality would hold up if they had to experience firsthand what a *real* "abortion mill" was all about: The incredible, indescribable filth and stench. The cobwebs hanging from the ceiling. The blood-spattered floor. The two-aspirin "anesthetic." The slop bucket at the end of the old enameled kitchen table. The drunken old butcher coming at *them*, a whiskey glass in one hand and a sharp instrument in the other, saying to *them* "You can take your pants down now, but you shoulda — ha, ha — left 'em on before." Putting his fist in *their* faces and saying, "This is gonna hurt and you'd better keep your mouth shut or I'll shut it for you! Whacking away at *their* insides for 15 eyeball-popping minutes. And then — insult added to injury — offering *them* \$20 of their \$1,000 back for "a quick blowjob" ...

Women young, old, black, white — known to the medical books only by their initials and their perforated or Lysol-damaged wombs and their resultant infections and suffering and eventual deaths ... Women with bent heads and unbent coathangers, screaming in the night — dead at 16, 18, 20, 22. Women for whom the phrase *right to life* was totally without meaning or substance, who were murdered as surely as putting a gun to their heads by the same sort of blue-nosed and hypocritical element in our society that once again rears its ugly, unfeeling head to laud what might be and to condemn what *is* ... [emphasis in the original].[29]

The Illegal Abortionists and Their Supporters Speak. The above passages are entirely typical of descriptions rendered by pro-abortionists over the past quarter-century. When reading such prose, it is almost possible to see the writers shudder with mock horror as they eagerly paint the classic caricature of the filthy (and invariably male) back-alley butchers who terrorized women while taking their last few grocery dollars, and as they describe the ordeals of horribly lacerated women dying in unspeakable agony after undergoing abortions in fleabag motel rooms, in kitchens, and even in the back seats of beat-up cars.

The truth of the matter is far different from the fiction. Far from being a filthy back-alley butcher, the typical illegal abortionist was a licensed medical professional (usually a medical doctor) practicing in a clean, spacious, and antiseptic suite of offices. He or she enjoyed the respect and the protection of the police and many of the community's most distinguished citizens.

Illegal abortionist "Dr. Edith" was a professional, like the vast majority of her peers.

She said that "In those days [in the 1940s], in any large city, there was quite an assortment of illegal abortionists, and some of them were quite good. ... They did safe, clean abortions, and it was good money for them. ... We had two good abortionists in Baltimore." [30]

Dr. Alan Guttmacher described another professional abortionist who was so respected in his community that he could even speak about his activities at public meetings without fear of prosecution;

However, more than two decades ago [in the 1930s], Baltimore's Dr. B. made the statement at a public meeting, in which the danger of abortion was being overemphasized by some well-meaning do-gooder, that in 12,000 illegal abortions with which he had been personally associated there had been only 4 deaths. It is to be remembered that this remarkable record predated antibiotics. [31]

However, the evidence that abortion used to be "safe and illegal" extends far beyond the anecdotal. 'Sexologist' Dr. Alfred Kinsey noted that "... about 87 per cent of all the induced abortions that we have in our records were performed by physicians." [32] Dr. Mary S. Calderone, founder of the Sexuality Information and Educational Council of the United States (SIECUS), confirmed Kinsey's conclusions. She wrote that "The [Planned Parenthood] conference estimated that 90 per cent of all illegal abortions are done by physicians. Call them what you will, abortionists or anything else, they are still physicians, trained as such; and many of them are in good standing in their communities." [33]

Prolific author and leading population controller Garrett Hardin asked

Who performs illegal abortions? Here popular literature goes far astray with its lurid pictures of back-street quacks — filthy, ill-trained and incompetent. There are quacks, to be sure, but they are in the minority. Most abortions are performed by licensed physicians, usually at some personal risk. Dr. [Alan] Guttmacher [Medical Director of the Planned Parenthood Federation of America] estimates that 80 percent of the abortions in the U.S. are performed by M.D.'s; Dr. [Mary S.] Calderone says 90 percent. In one noted instance of record, a single physician in the Baltimore region, Dr. G. Lotrell Timanus, performed over 5,000 abortions before he was stopped by the law. Is it fair of us to ask physicians to perform operations that we are unwilling either to forego or to legalize? [34]

As described earlier, the primary motivation claimed by pro-abortion activists in their crusade to remove all restrictions on abortion was a concern for maternal health.

However, the *true* objective of eliminating abortion laws was more utilitarian. Pro-abortionists hoped to eliminate the laws, not to defuse the danger of back-alley abortionists — but to codify and expand *existing practice* in order to allow doctors to more easily obtain insurance and legal coverage.

As psychiatrist Dr. Jerome Kummer acknowledged, "Proposed legislation to change existing abortion laws is merely codifying that which reputable physicians, and I'll use that word again — *reputable physicians* — in some of our leading hospitals have been doing for a good many years." [35]

In other words, the great 'reform/repeal' effort was strictly a sound business strategy.

Decades later, free-standing abortion clinics are still nothing more than

moneymaking machines for entrepreneurs. In 1985, 75 percent of all abortions performed in the United States took place in clinics that killed 1,000 or more preborn children per year. The two percent of clinics that committed more than 5,000 abortions per year accounted for one-fifth of *all* abortions in the country.[36] Abortionists like Edward Allred and Canada's Henry Morgentaler run chains of killing centers that have made their owners millionaires many times over.

[Go to Next Topic: Lifestyles of the Rich and Unscrupulous](#)

[Return to *Maternal Deaths Due to Abortion* Table of Contents](#)

Footnotes for "The Way it Was: Illegal Abortions Before Roe v. Wade"

- [28] Brett Harvey. "The Morning After." *Mother Jones*, May 1989, pages 28 to 31 and 43. This quote is an aggregation of some of the more descriptive portions of stories told by anonymous women in Ellen Messer and Kathryn E. May. *Back Rooms: An Oral History of the Illegal Abortion Era* [New York: Touchstone Press, 1989].
- [29] Sherry Matulis. "Why Abortion Must Remain the Law of the Land." *The Humanist*, July/August 1992, pages 35 to 37 and 49. Adapted from her 1991 "Humanist Heroine Award" acceptance speech. Emphasis in the original.
- [30] "Dr. Edith," quoted in Patricia G. Miller. *The Worst of Times* [New York: HarperCollins, 1993], page 32.
- [31] Alan Guttmacher, M.D. *Babies by Choice or by Chance* [Garden City, New York: Doubleday & Company, Inc., 1959], page 216.
- [32] Alfred C. Kinsey, Sc.D., addressing the 1955 conference on induced abortion convened by the Planned Parenthood Federation of America. Quoted in Mary S. Calderone, M.D., Medical Director of the Planned Parenthood Federation of America (editor). *Abortion in the United States* [New York: Paul B. Hoeber, Inc., 1956].
- [33] Mary S. Calderone, M.D. "Illegal Abortion as a Public Health Problem." *American Journal of Public Health*, July 1960, pages 948 to 954.
- [34] Garrett Hardin, quoted in Alan Guttmacher, M.D. *The Case for Legalized Abortion Now* [Berkeley: Diablo Press, 1967], page 71.
- [35] Psychiatrist Jerome Kummer, M.D., quoted by Lester Kinsolving. "What About Therapeutic Abortion?" *Christian Century*, May 13, 1964, page 634.
- [36] Stanley K. Henshaw, Jacqueline Darroch Forrest, and Jennifer Van Vort. "Abortion Services in the United States, 1984 and 1985." Alan Guttmacher Institute's *Family Planning Perspectives*, March/April 1987, pages 67 and 68.

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: Lifestyles of the Rich and Unscrupulous



 SHARE

Lifestyles of the Rich and Unscrupulous. Pro-abortion writers often described illegal abortionists as filthy butchers when it was necessary to generate legislative or public indignation.

However, when it was convenient, illegal abortionists were portrayed as sympathetic and heroic individuals who risked their careers and livelihoods for a pure and noble cause, because they "felt sorry for women in desperate straits," or because they "believed in the cause of women's freedom." Some writers, including Malcolm Potts, even believed that illegal abortionists were necessary in order for a modern society to evolve properly; "The illegal abortionist has played an essential role in the evolution of modern industrial urban living, with its low birth rates, intensive education, and nuclear family system. He or she was classed as a criminal, but without their help, history would have taken a different course." [37]

Naturopath Ruth Barnett, an acquaintance of Planned Parenthood founder Margaret Sanger, gives us a truly fascinating glimpse into the life of a typical big-city illegal abortionist. Barnett performed approximately forty thousand illegal abortions during the period 1918 to 1968 in Portland, Oregon. At least 70 percent of these women were referred to her by reputable practicing physicians. [38]

Barnett's story has intrigued abortion historians for many years. During her half-century of illegal activity, Barnett earned the equivalent of more than \$40,000,000 in 2007 dollars. As she explained, "My income during the years at the Stewart Clinic was as much as \$182,000 a year. I make no apologies for earning that kind of money ..." [39]

Barnett considered herself to be quite a philanthropist. For example, she used tens of thousands of dollars of her own money to reopen the Portland Meadows horse-racing track after the disastrous Vanport Flood of 1948. Barnett's only daughter, Margaret St. James, was married and divorced ten times, including three times in one year. St. James boasted that "I married everybody who asked, like throwing cards up in the air. If you didn't like how they fell, you got divorced." [40]

Because of her promiscuous lifestyle, St. James often employed her mother's "services," and was aborted by her six times. Her mother supported all ten of her husbands, and lavished many costly gifts upon her, including a huge home with a full-time cook, housekeeper, nurse and gardener. St. James remembered cardboard boxes stuffed with money scattered around her mother's house. [40]

Barnett operated her "abortion mill" freely and openly in Portland for 33 years without being hampered by police, who simply winked at her activities. Her longevity record was nearly doubled by Dr. Albert Littlefield, who ran a high-volume illegal abortion mill in Portland for 65 years without being investigated by the police a single time.

There is no doubt at all that, if these practitioners were butchering women as pro-abortionists claim, the police would have immediately moved in and closed them down. As Dr. Alan Guttmacher acknowledged, "They have to be good to stay in business, since otherwise they would be extremely vulnerable to police action." [41]

And Barnett was very good indeed. She stated that "And there is one figure of which I am entirely certain. In all those [40,000] abortions over all those years, I never lost a single patient "

lost a single patient.

It is important to note that Barnett was *not* a medical doctor, that she had absolutely no formal medical training, and that her abortion training consisted solely of *performing* abortions.[42] And yet her safety record is probably unsurpassed by any *legal* abortionist who has performed as many (or more) abortions.

Barnett also left us a revealing glimpse of her 'front-alley' abortion clinic, which was worlds apart from the filthy hovels that pro-abortionists so eagerly present as the reality;

In the movies, they always depict the fallen woman sneaking up a dirty, rickety stairway to a dismal room — or making her way, furtively, into a dark alley that leads to a decrepit shack where some alcoholic doctor or untutored butcher performs the abortion. A clinic such as mine was not that way at all. It was a bright, cheerful place where women's problems were handled quickly, efficiently and with dignity, no matter what the circumstances of the patient."[43]

Barnett also described the lavish lifestyle of another local illegal abortionist, Dr. Ed Stewart, operator of the Stewart Clinic on Broadway Street;

He owned and operated a racing stable, and played an important role in making horse racing a respected activity in Oregon. He was a cultured man. A connoisseur of art, he kept impressive collections of paintings both in his clinic and his home ... Dr. Stewart's [abortion] rooms were beautifully furnished. There were eleven of them and they took up nearly the whole eighth floor of the Broadway Building. His reputation had been flawless and his name was known throughout the Northwest wherever women were in trouble.[44]

Barnett was not the only abortuary operator in the "Abortion Capital of the Northwest." In her book, she describes the office of George Watt, another illegal abortionist; "Here, as in his consulting room, I was impressed with not only the antiseptic cleanliness but the wholesome purity that stems from plenty of hot water and soap suds."[45]

Finally, in 1951, Barnett was arrested for the first time — and, revealingly, her troubles with the law were not initiated by police, but by an ambitious newspaper journalist who was determined to make a name for himself. As Detective Barney Shields reminisced, "We never bothered any abortion clinics. Everybody knew of them ..."[46]

This kind of statement makes pro-lifers wonder whether the police will enforce the law against illegal abortionists as enthusiastically (and brutally) as they do against rescuers, should abortion again become illegal.

Domestic "butchers" were certainly not the only topics favored by pro-abortion writers. Their pulp novels and propaganda flyers are frequently crowded with descriptions of the archetypical squalid Mexican abortion mill and vivid portrayals of hideous ordeals involving drunken, untrained, lecherous Mexican abortionists. These provide an interesting but primarily fictional portrait of the way things were before *Roe v. Wade*.

One Zero Population Growth writer describes a report from a young woman whom she referred to an abortionist named "Dr. Ponce" in Mexico City:

Things were really good down in Mexico City. Everything happens so fast there is almost an aura of fantasy. The clinic (more like a mansion really) is very nice and comfortable. There were about seventeen women there the morning I had the D&C done, plus some in the afternoon. They get you up right after and feed you fruit and drink and cookies right away — helps take your mind off the cramping. Some of us went sightseeing that afternoon. Mexico City is really nice, and I had no trouble at all with any facet of the journey or my stay there. ... One young woman added, somewhat apologetically, "You know, in a way it was almost fun." [47]

This description of Mexican abortion mills is obviously far more accurate than the popular vision that has been foisted off on the public for many years. This is due to several reasons;

- If illegal abortionists were so plentiful and easy to access in the United States, why would anyone want to go all the way to Mexico — unless the abortion "experience" there was *better* than it was in the United States? Many women obviously saw an unplanned pregnancy as an opportunity to do a little tourism in Mexico and incidentally get an abortion on the side, guaranteeing their anonymity.
- How could individual women have learned about Mexican abortion mills? Think of how difficult it would have been for an average woman to make such a connection. Obviously, pro-abortion organizations acted like "funnels" by referring women to the illegal Mexican abortion mills. They operated *sub rosa* referral centers and even, in some cases, ran bus lines to abortion mills in Juarez and Tijuana [48]. They often boast about such activities today. Members of these pro-abortion groups claimed to "care deeply about women," and would therefore take care not to refer them to "butchers."
- If illegal abortionists ran assembly line abortion mills that charged a thousand dollars apiece, as the pro-aborts claim, does it make any sense that they would run the archetypical "filthy warrens?" Wouldn't they instead try to increase business by maintaining spotlessly antiseptic clinics like those operated by Portland, Oregon illegal abortionist Ruth Barnett? After all, competition would be cutthroat in a booming business like illegal abortion, and reputation would be everything!

Recalling the "Bad Old Days" for Current Political Advantage. The most powerful weapon used by pro-abortion strategists is unquestionably the fabricated image of thousands of suffering and desperate women being brutalized at the hands of back-alley butchers. This weapon was used to legalize abortion, and pro-abortionists are now reviving it in their continuing political efforts to keep abortion legal. Nevertheless, a chronic lack of attention to detail often exposes such stories as outright fiction.

When the National Abortion and Reproductive Rights Action League (NARRAL, now NARAL Pro-Choice America) perceived a growing threat to "abortion rights" in the mid-1980s, it attempted to capitalize on this theme with its "Silent No More" campaign. NARAL hoped to gather tens of thousands of vividly-written stories of women who had had illegal abortions (or who knew other women who had done so), and planned to publicize them aggressively in order to influence public opinion on abortion.

NARAL made its biggest push for stories in May of 1985, when it advertised widely among its 200,000 members and the public, asking for letters detailing experiences with

among its 200,000 members and the public, asking for letters detailing experiences with illegal abortions. NARAL proudly claimed that it received "Tens of thousands of letters" — but, mysteriously, only 68 were submitted to the *Congressional Record* for publication on May 22nd, 1985, and even these were of truly wretched, even laughably horrible, quality.

For example, one rambling letter in the *Record* claimed that "Thirty-five years ago I was pregnant — my baby had died in 4th month of pregnancy but because of abortion being illegal I couldn't have an abortion — I had to carry that dead child for 5 months before I finally aborted it myself. I carried that child for 5 agonizing months knowing I was carrying a dead child — please legalize abortion — it must be pro choice." [49]

Anyone knowledgeable in fetal development or obstetrics will realize that the situation described in the above letter is, at best, dubious from both the medical and legal standpoints.

It was revealing to note that most of NARAL's letters were written not by women who were in truly desperate circumstances, but by women who wanted abortion to remain legal for purely selfish reasons of convenience. One typical letter asserted that

My abortion occurred when I was a married adult woman. I simply had not fully dealt with the role of motherhood, and how it might impact upon the rather new career path which I was pursuing. I was not raped. I do not think I carried a deformed fetus. I was not a teenager. I was simply a woman who believes that her uterus was her own, as was the decision as to when or if it would bear a child. [50]

NARRAL and other pro-abortion groups sponsored scores of public "readings" all over the country, where women would stand and read their letters of victimization before crowds of weeping sympathizers. All of these letters were similar in one critical respect: The 'victim of illegal abortion' was invariably anonymous. When pro-life activists in several cities asked questions about the persons in the letters, they were met with shouts accusing them of "insensitivity!"

The pro-abortionists used two anonymous plaintiffs to secure abortion on demand in this country. The stories manufactured by (and for) these plaintiffs were outright lies, as the plaintiffs themselves have revealed. Whenever they initiate litigation to overturn abortion restrictions, pro-aborts also use anonymous plaintiffs, because they cannot produce anyone who is *really* damaged by the pro-life laws. And now, anonymous 'victims' are used in an attempt to curry sympathy with the public in an effort to keep abortion legal.

Pro-lifers should not be afraid to challenge these "Silent No More" stories as the lies they most certainly are.

Perhaps the most spectacular story regarding a 'victim' of illegal abortion was provided Frank Mendiola, a Los Angeles homosexual and pro-abortion activist.

NARRAL used Mendiola's extremely graphic "Silent No More" tale as the centerpiece of one of its national fundraising letters. This undated appeal, which was signed by NARAL's then-Executive Director Kate Michelman, listed a series of anonymous 'victimization' stories, including one that read: "*Frank*, who wept as he told of his beloved twin sister, who bled to death from an illegal abortion after being brutally raped at the age of 14."

Mendiola was very much in demand at pro-abortion rallies. He would read his 'open

letter' to President Reagan describing how his twin sister 'Rose Elizabeth' died from a botched illegal abortion. Mendiola sobbed about how "She bled to death on a kitchen table. Yes, Mr. President, *on a kitchen table.*"

It was not long before Mendiola's story began to come apart at the seams under the glare of publicity surrounding a related matter. According to the December 10, 1987 issue of the *Los Angeles Times*, Mendiola called in numerous bomb threats to abortion clinics, abortionists, and even his own home so that "... you people, the media, will come down with a harder line on those people who are harassing the clinics."

Further investigation into Mendiola's background revealed that he had been lying about his 'twin sister' dying on a kitchen table, because he *had* no twin sister — in fact, he had no sisters at all![51]

At his trial, Mendiola was given a one-year suspended sentence because, as the judge put it, he had "good intentions." [52] Now imagine any judge suspending sentence on any pro-lifer for threatening to bomb an abortion mill because he had "good intentions!"

Pro-aborts packed the courtroom in Mendiola's support. Many members of the "Committee for Reproductive Rights" appeared at his trial, and Sherna Gluck of the CRR said that "Clearly, the whole thing is very sad. I just feel very badly for him. He is a very fine person, and I guess the worst one can say is he is just confused. I'm sure it was [done] with the very best of intentions." [52]

Even when Mendiola was exposed and confronted with his lies, he merely altered his story to say that it actually had happened to a sister's friend, and that "I was her voice." Naturally, he refused to identify the person in question. The reason he didn't simply describe his sister's friend in the first place is obvious.

This incident helps illustrate the incredible arrogance of pro-abortionists who will continue to lie like rugs even when they are caught red-tongued, and shows how out of touch with reality they really are.

Mendiola's bogus story also helps to call into question all of the other pro-abortion propaganda stories of women who died of illegal abortions before the procedure was legalized. *At least* 95 percent of these "Silent No More" stories are complete fabrications, as proven elsewhere in this Chapter.

Additionally, this dramatic case confirmed what pro-lifers have asserted for many years: that pro-abortionists threaten and commit violence against their *own* clinics in order to discredit pro-lifers.

The Battle of Gory Photographs. Pro-life activists routinely display graphic pictures of aborted preborn babies. The pro-abortion comeback to this tactic is to wave around photographs of nude women who have supposedly butchered themselves through self-inflicted abortions. These usually feature unclothed women in fetal positions on a blood-soaked carpet, with the instruments of their 'demise' in obvious view.

The surgical "instrument" is invariably either a carefully arranged coat hanger, knitting needle, or bottle of lye skillfully placed so the large-print label can be read by the viewer.

Curiously, identical pictures in different publications refer to different names, times, places of death, and method of illegal abortion. All of these pictures are supposedly extracted from the files of medical examiners — but what reputable medical examiner would release photos of murders or suicides to the general public?

We obviously should give this pictorial 'evidence' about as much credence as the

pro-abortion's tearjerker "Silent No More" fiction competition, sponsored by national pro-abortion groups to emphasize the "dangers of illegal abortion." In this contest, as described previously, women write allegedly factual stories about beloved mothers, daughters, aunts, nieces, and friends who have died of illegal abortions.

Whenever the story-tellers are asked for further details, they cleverly say that they don't want to compromise the dead person's privacy (as if a dead person cares a whole lot about her privacy). In those few cases where details can be checked, as in the case of Frank Mendiola's nonexistent sister, the stories invariably turn out to be lies.

The same holds true for photographs of women supposedly killed by illegal abortions. No pro-abortion group has ever provided adequate documentation for even one of these photographs. And yet these people, who so casually and skillfully lie about literally every aspect of abortion, will become indignant indeed if their documentation is questioned.

General Conclusions. As far as the archetypical illegal abortionist is concerned, Ruth Barnett is certainly closer to the reality than some filthy, lecherous Mexican butcher. About two hundred thousand illegal abortions were being performed annually before 1970, and the primary motivation for legalization was not a concern for maternal health but a desire to integrate a common procedure into legitimate medical practice.

This acknowledged propaganda campaign worked so well that already euthanasiasts are using it as a template. One doctor recently commented that "Legalization [of euthanasia] will give security to doctors and patients because they'll know their rights and it will take away those behind-the-curtain cases." [53]

It is obvious, from reading about the exploits of Dr. Jack Kevorkian and others, that euthanasia is already a common practice in this country. The objective of the euthanasiasts is legalization of a widespread medical practice, and the propaganda tools they are using are the same well-worn ones employed by pro-abortionists in the mid-1960s.

[Go to Next Topic: The Increasing Threat to Maternal Health Posed by Legal Abortion](#)

[Return to Maternal Deaths Due to Abortion Table of Contents](#)

Footnotes for "Lifestyles of the Rich and Unscrupulous"

[37] Malcolm Potts, Peter Diggory and John Peel. *Abortion* [Cambridge University Press, 1970].

[38] Ruth Barnett. *They Weep On My Doorstep* [Beaverton, Oregon: Halo Publishers, 1969].

[39] Jann Mitchell. "My Mother, Ruth Barnett." *The Oregonian* [Portland, Oregon], October 27, 1987.

[40] *Ibid.*

[41] Alan Guttmacher, M.D. *Babies by Choice or by Chance* [Garden City, New York: Doubleday, 1959], page 216.

[42] Ruth Barnett. *They Weep On My Doorstep* [Beaverton, Oregon: Halo Publishers, 1969].

[43] *Ibid.*

[44] *Ibid.*

[44] *Ibid.*

[45] *Ibid.*

[46] Jann Mitchell. "My Mother, Ruth Barnett." *The Oregonian* [Portland, Oregon], October 27, 1987.

[47] As described in Anne Nicol Gaylor. *Abortion is a Blessing* [New York: Psychological Dimensions, 1975], page 8.

[48] Some pro-abortion groups conducted classes on how to find safe illegal abortionists. For example, one recent book described "... The third part [of the class on how to find an abortion] was about Mexico and Puerto Rico ... including a list of available abortionists ..." Patricia Maginnis, quoted in Ellen Messer and Kathryn E. May. *Back Rooms* [New York: Touchstone Press, 1988], page 194.

[49] May 22, 1985 *Congressional Record* and quoted in "Wimps of the Week," *The Review of the NEWS*, July 3, 1985, pages 55 and 56.

[50] *Ibid.*

[51] Patt Morrison. "Zealot's Tale: Pro-Choice Activist Faces Sentencing in Bomb Threats to Stir Sympathy for Cause." *Los Angeles Times*, December 10, 1987.

[52] "Pro-Life Action League Helps Expose Pro-Abortion "Bomber."" *The Advocate* [publication of Advocates for Life Ministries], Portland, Oregon, May 1988, page 10. Also see Patt Morrison. "Pro-Choice Activist Faces Sentence for Phony Threats to Bomb Clinics." *Los Angeles Times*, December 10, 1987.

[53] As quoted in Michael Fumento. "The Dying Dutchman: Coming Soon to a Nursing Home Near You." *The American Spectator*, October 1991, pages 18 to 22.

[Commentary: Llaguno: Eulogy for a Great Pro-Life Catholic](#)



By Magaly Llaguno

2005

It is not very often that one can find someone totally committed, not only to proclaiming the Catholic faith but also to really living it. Everything that person says and does is rooted in faith. One such person is Ivan Ortiz, who recently went home to God the Father.

Ivan was one of those Christians who actively seek the opportunity to do good deeds. One small example is the story told by Father David Smith during Ivan's funeral. Father Smith said that when Ivan found out that he needed a car in order to be able to perform his priestly duties, he went online, found him one and gave him the funds to purchase it. Many more examples such as this one could be given. The fact that the church was totally full during Ivan's funeral services, shows how much he was loved and how much good he had done. Ivan's wife Rosemarie and his two sons spoke beautifully from the pulpit, about his life as a husband and a father.

But in my opinion the greatest acts of charity that Ivan ever did, were done in defense of his Catholic faith and of unborn children; in his speeches and in his writings. Ivan, even though he was very seriously ill and suffering greatly because of his cancer, held a meeting at his home and urged his friends to organize a fundraiser for Vida Humana Internacional (VHI), Human Life International's Hispanic Division in Miami. A long time supporter, Ivan was concerned over the future of the VHI affiliates that are defending life & family throughout the Hispanic world, and in need of financial support in order to continue their life-saving work.

A small group of Ivan's friends, moved out of love for him and as a tribute to him, helped organize a beautiful fundraising dinner for VHI. But Ivan was so ill, that he could not even attend. However, using a phone he addressed those who were present with beautiful, faith-filled words, urging them to support VHI's work. Because of Ivan's and of his faithful friends' efforts, funds were raised for the work of saving unborn lives being done by VHI's affiliates.

From the time that Ivan was diagnosed with cancer to the time he died, he valiantly fought for his own life, as he had fought in defense of unborn babies' lives. I have never seen any human being suffer that much, and bear it without any complaints. It was obvious that God was giving him the supernatural graces that he needed to persevere in faith, right up until the end. He was an example of fortitude in spite of great suffering that inspired all who visited him.

Ivan was an active member of Legatus, an organization of ambassadors of Catholic values in the market place. He was also involved with NARTH, which successfully helps people suffering from a homosexual orientation to live a normal life. He was a member of St. Robert Bellarmine Catholic Church in Miami, and was greatly loved by the pastor, Father Omar Huesca. The funeral services were held at that church by Fr. Huesca.

Ivan's earthly life ended on January 28, 2005. However, his legacy lives on in every unborn baby that will be saved from abortion, because of his contribution to the pro-life movement in Latin America.

[Commentary: Llaguno: Anti-Life Parliamentarians Lobbying Foreign Governments](#)



 SHARE

By Magaly Llaguno

In an article titled "Reproductive Health: A euphemism Used to Promote Abortion",¹ Vida Humana Internacional (VHI - Human Life International's Hispanic Division, www.vidahumana.org), denounced this clever strategy being used to try to legalize abortion in Latin America. A number of countries in the Eastern hemisphere have already approved "reproductive health" legislation which includes abortion rights. ² Recently the Bolivian congress fell into the same trap, when a "reproductive health" bill was secretly approved. Although it does not directly mention abortion, the legalization of abortion is now being promoted by the anti-life movement worldwide, as "a reproductive health need" and it is obvious that legislation would pave the way for abortion legalization in Bolivia.

The president of Bolivia vetoed the bill and sent it back to the congress for public and open discussion. However, pro-lifers in that country believe, that the cards are already stacked in favor of its approval. Aided by UNFPA (United Nations' Fund for Population Activities, a close ally), the Inter-American Parliamentary Group on Population and Development (IAPG), which is International Planned Parenthood Federation's (IPPF'S) "legislative arm", established its branch in Bolivia November 19, 2003, just before the final vote on the "reproductive health" bill took place. There are now 14 Senators and 34 representatives, who confirmed in writing their membership in this anti-life organization last November in the Senate Hall. ³ A Bolivian legislator is a member of the IAPG board of directors, along with legislators from Uruguay, Brazil and Panama. ⁴ Another Bolivian legislator, Dr. Javier Torres Goitia, a founding president of IPPF's other political outreach, the Medical Parliamentarians, was appointed to IAGP's Advisory Committee. He represented the Minister of Health of Bolivia, at the International Conference of Parliamentarians on the Implementation of the ICPD Program of Action, celebrated in Ottawa, Canada in 2003. That conference was attended by over 100 parliamentarians, representing 70 countries. ⁵ IAPG parliamentarians from Peru, Colombia, Ecuador and Venezuela, met with Bolivian parliamentarians to discuss legislation in that country, before the reproductive health bill was approved. ⁶

According to its website at <http://iapg.org>, the "IAPG works with individual members of parliament, all-party national parliamentary groups and decision makers from different countries in the Americas." At the regional level, they work in partnership with three parliamentary regional bodies: the Latin American Parliament (PARLATINO), the Central American Parliament (PARLACEN), and the Andean Parliament (PARLANDINO). At the United Nations, the IAPG monitors the United Nations international conferences and preparatory committees to promote the participation of parliamentarians and to ensure that their role is included in the language of the UN outcome documents." They also "seek to foster the links between parliamentarians, intergovernmental agencies, and local NGOs working on sexual and reproductive health and rights issues and women's empowerment." The " IAPG is composed of legislators from all the countries of the Americas in which there is a legislative body" , and their main objective is to re-inforce the role that parliamentarians have in getting the 1994 Cairo U.N. Conference agreements adopted by all the governments in the region. ⁷ In fact, that was the main

reason given for the approval of the above mentioned legislation in Bolivia. The people of that country were not consulted or even informed about it before it was approved.

In December of 2000, Alvaro Alonso, the Minister of Labor and Social Security of Uruguay, accompanied by Hernan Sanhueza (who until recently was IPPF WHR's Regional Director and IAPG's Executive Coordinator), attended the launching in Paris of the Inter-European Parliamentary Forum on Population and Development. 8 In the year 2002, abortion on demand during the first three months was legalized in Uruguay's House of Representatives. June 12 of 2003, before the aforementioned proposed legislation was voted on by the Senate, IAPG organized "an informative session" on emergency contraception (EC) in the Uruguayan congress, in order "to make legislators and participating agencies aware of the importance of emergency contraception for women's reproductive and sexual health", and to "generate a favorable attitude among legislators, in order to carry out new parliamentary activities where it concerns these issues." 9 Fortunately, because of the work of the pro-life movement in that country (which is mainly composed of the two VHI/HLI affiliates), the Uruguayan Senate rejected the bill.

One of IAPG's objectives is "to have emergency contraception (EC) officially included" in the official government programs. 10 IAPG has been very successful in getting this objective achieved in a number of Latin American countries. Big battles against the distribution and use of EC are taking place in Chile, Colombia and Mexico. On January 21, 2004, the Mexican Secretary of Health introduced EC in the government family planning programs, and the National Pro-Life Committee is suing the Mexican government. 11

Argentinian, Mexican and Peruvian IAPG parliamentarians traveled to Colombia to discuss with Profamilia, the IPPF affiliate, "sexual health programs for youth" and specifically EC. They also met with Colombian government officials. Colombia approved a "National Sexual and Reproductive Health Policy" in 2003, of which EC is an essential part.12

In view of all this information recently uncovered by Vida Humana Internacional, Magaly Llaguno, its executive director, commented : "Since at least 1995, IPPF's Inter-American Parliamentary Group parliamentarians have been boldly lobbying the governments of many countries. 13 If that's not 'foreign intervention', what is?"

[Commentary: Llaguno: Movement Underway to Liberalize Abortion Laws in Latin American Countries](#)



 SHARE

by Magaly Llaguno, VHI Executive Director
2004

The population control movement is constantly launching anti-life campaigns in Hispanic countries, for the widespread promotion of abortifacient contraceptives; as well as hedonistic sex education programs. The anti-life movement that has been at work in all these countries for many years is promoting all of these evils that pave the way for the legalization of abortion.

A battle is underway in many Latin American countries to liberalize abortion laws. According to Latin American pro-life leaders, abortions are already being performed in their countries-where abortion is illegal for the most part-through "emergency contraception" and "menstrual regulation" or "induction." These are euphemisms for early abortion-the first caused by the pill and the IUD, and the second by using suction equipment imported into Latin America and other developing countries to "treat incomplete abortions." In fact, Latin American doctors have been encouraged at conferences, held in the United States as early as 1976, in the performance of these "menstrual extractions."

In order to counteract these anti-life attacks on Latin America-funded by countries such as the United States, Canada, Japan and by many American anti-life foundations-pro-life and family leaders are in desperate need of help.

This is exactly why Human Life International launched Vida Humana Internacional (VHI), its Hispanic Division in Miami, Florida. VHI provides assistance, training and educational materials to pro-life leaders in as many as 16 countries including the United States, which is also being targeted by anti-life organizations like Planned Parenthood. VHI offers excellent materials and assistance to these pro-lifers and to those who work with them. It organizes pro-life and family conferences and training sessions for leaders. It collaborates with Latin American bishops, some of whom support VHI not only with their prayers but also with their donations. The importance of the missionary work that VHI does in the Hispanic world cannot be underestimated. More than 48 percent of the world's Catholics are Hispanics.

VHI began in a small room in my home at the request of Fr. Paul Marx, Human Life International's founder. With the experience of 14 years of pro-life work (at that time), I was able to fit right into HLI's worldwide apostolate. From that small room VHI has expanded to a multi-nation educational effort that is reaching Hispanics as far away as Australia through the use of modern technology.

VHI has its own website in Spanish at www.vidahumana.org, which is constantly being enlarged to include all the most important aspects of every topic related to the defense of life and family. In one month alone-May 2001-VHI's website received more than 927,000 hits! There are now more than 22 life and family issues on VHI's website, including information on Catholic Church doctrine.

VHI's Spanish language, bimonthly newsletter, "Escoge la Vida" reaches countless thousands through print and the Internet. It is being used in the preparation of radio and television programs. VHI's articles and news are reproduced by important publications,

including major newspapers in the United States and a number of Hispanic countries. Its radio and television programs are reaching millions in the Hispanic world.

VHI is not only providing valuable resources on life and family issues, but also the latest pro-life updates through a free weekly information service (in Spanish), which is sent to thousands by e-mail and posted in the "Noticias" (news) section of VHI's Spanish language website.

There are many other successes that we could mention concerning the pro-life/family movement in Hispanic countries, such as: the many countries that have declared March 25 the Day of the Unborn Child; Costa Rica's decision to outlaw in vitro fertilization and Chile and El Salvador changing their constitutions to give full protection to unborn children.

Because we at VHI have been so actively involved in establishing pro-life/family groups throughout , those groups are 100 percent pro-life: they don't just fight surgical abortion—they also fight against contraception, sterilization and hedonistic sex education. Pro-life and family leaders in those countries are very aware of the connection between these evils. Because of VHI's help and guidance, they are able to continue the fight against not just surgical abortion (which is just one of the consequences of family breakdown), but also the anti-life mentality and its underlying hedonistic view of marriage, children and the family.

VHI thanks Human Life International's benefactors, who through their generous donations have made it possible to do such incredible work throughout the Hispanic world. I have been with HLI for 18 years. The greatest success that HLI's Hispanic Division, Vida Humana Internacional (VHI), has achieved is, without a doubt, the countless organizations that have sprung up all over Latin America, the Caribbean and Spain, that are defending life/family. HLI/VHI has helped create a very active, vibrant, growing pro-life/family movement in these Hispanic countries. New organizations are still being founded and the movement keeps growing. HLI/VHI and our generous supporters have made this possible!

Much is at stake at this moment, however, and the next few years will be crucial. Please pray for VHI and all the pro-life and family leaders it provides assistance to.

Many countries in Latin America as well as the Caribbean are 100 percent pro-life, but that is beginning to change, little by little. Groups such as Planned Parenthood, the dissent group [ex-] Catholics for a Free Choice, the United Nations (particularly through its CEDAW initiative) and others have been implementing attacks on these life-loving families. They promote contraception, sex education and abortion under the all-too-familiar guise of "reproductive health."

Much more remains to be done because all these groups count on HLI/VHI to continue providing them with the resources to do their work and to grow. They are facing the greatest anti-life attacks ever, funded mostly (unfortunately), by U.S. foundations and organizations.

And VHI is on the forefront of countering these attacks. Here are listed just a few of the future projects we hope to cultivate to keep the anti-life agenda at bay:

The bishops who are presidents of the Episcopal Conference in their Hispanic country, as well as those who are executive secretaries and presidents of the Family Life Pastoral, have all received from VHI a letter encouraging them to start a pastoral (similar

to the Courage program) in their diocese, to help those Catholics suffering from same-sex attraction disorders who wish to live a chaste life. In the letter, VHI offered the bishops assistance and materials. Currently, VHI is in the process of writing, translating and compiling educational materials in Spanish, which will be sent to the bishops in Latin America, the Caribbean and Spain. VHI hopes to be able to conduct training for this type of work in Mexico if the funding can be obtained. We would like to offer scholarships for bishops, priests, psychologists and psychiatrists and pro-life and pro-family leaders.

Another project is the Aid to Women Network, which is our new Mexican affiliate. If we can secure funding, we hope to continue our collaboration with the Network in helping to open more crisis pregnancy centers throughout Latin America. Training sessions have already been held in several countries, and centers have opened because of them.

Vida Humana Internacional thanks you for your continued support-spiritual as well as financial-so that these projects and all of our work around the world can continue.

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: The Increasing Threat to Maternal Health Posed by Legal Abortion



SHARE

The Increasing Threat to Maternal Health Posed by Legal Abortion.

"Traditionally, the medical profession has been unwilling to present concrete facts to the public concerning the possible dangers associated with various procedures. Perhaps it is now time for doctors to be more open and honest and to encourage better education of the community. The general public should be allowed to know that mid-trimester abortions are not simple, safe procedures and that they may carry a significant risk, not only of morbidity, but of death."

— "Midtrimester Abortion and Its Complications." Editorial in the *Medical Journal of Australia*, January 22, 1977, page 38.

Introduction and Overview. When abortion was illegal, it was in the best interests of the pro-abortion movement to greatly exaggerate the numbers of maternal deaths that resulted from clandestine procedures. Since 1973, the situation has been reversed, and pro-abortionists downplay or simply ignore the physical dangers of legal abortion as part of their strategy to keep "safe and legal abortion" an inseparable component of the medical and social landscape.

According to a wide range of sources, there can be no question that the number of severe injuries inflicted upon women by abortion has been *increasing* since 1973 instead of *decreasing*.

The Back-Alley Abortion Mills Move to Main Street. Immediately upon legalization in New York State, a number of large-volume illegal abortion entrepreneurs immediately grasped the opportunity to make a killing — in more ways than one. These unscrupulous operators presented a much greater threat to women than illegal abortion mills did before legalization.

Dr. Bernard Nathanson was the former operator of the world's largest abortion clinic. In his capacity as the Chairman of the Medical Committee for the National Association for the Repeal of Abortion Laws (NARAL, now the National Abortion and Reproductive Rights Action League), he made detailed remarks concerning the health hazards posed by high-volume abortion mills at the May 12, 1972 annual meeting of NARAL's Executive Board. These clinics performed an incredible 300,000 abortions annually in New York City immediately after legalization in that state.

Figure 7-2 contains excerpts from the minutes of the NARAL meeting. Note that Dr. Nathanson is referring to the *legal* abortion clinics that sprouted like mushrooms in New York City immediately after legalization.

Figure 7-2

Dr. Bernard Nathanson's Comments on Early Legal Abortion Clinics

"[Comments by] Bernard Nathanson, M.D., Chairman, NARAL Medical Committee.

Problems with Law and Clinics -

(a) Much money made - kickbacks, stealing patients, etc. by fly by night unsavory characters.

(b) Some unsafe practices - brought on by greed. ...

(c) State and City lax in enforcing health codes and licensing of clinics. Of the 30 clinics in New York [City], 25 are unlicensed and vicious financially, poor medically, 5 are licensed and safe."

Two decades after Dr. Nathanson's comments, many freestanding abortion clinics remain unlicensed and "poor medically." Just a few of the most egregious examples of freestanding front-alley abortion mills are listed below.

In many cases, legal abortion deaths are entirely preventable, and are caused by sheer carelessness on the part of abortionists. Unsubstantiated horror stories regarding illegal abortion ordeals have been supplanted by evidence found in trial proceedings involving the relatives of women who have been killed by physicians who would rival any fictional Tijuana 'butcher' of the pre-*Roe* days. The legalization of abortion was a goldmine for unscrupulous and unethical operators. Some current abortionists seem to be almost insane in their reckless disregard for human life, both born and preborn, as described in the following paragraphs.

Remember that hundreds of abortionists have lost their licenses and have been charged with every imaginable manner of crime from rape, torture and mass murder to peddling pornography and belonging to pedophile groups.

The examples listed below represent only about one percent of the total number of convictions that have been gained against legal abortionists in this country.

- Richard Muncie was an illegal abortionist. He killed a woman in 1968 when he botched an abortion, was convicted of manslaughter and sentenced to prison, and had his medical license suspended.

Once he had completed his jail sentence, he went into a business that was more fitting to his abilities — he opened an antique shop. Immediately after the United States Supreme Court issued its *Roe v. Wade* decision, he went to court and got his medical license back. He is now performing abortions again.[54]

- In 1986, Newark, New Jersey abortionist E. Wyman Garrett was charged with gross malpractice and a number of other offenses in connection with the substandard care he gave to at least 40 women, mostly abortion patients.

Garrett aborted a 14-year old girl in his office. He did not give her proper care when she began suffering complications, and she died on the table. He then altered her medical records in an attempt to cover up his role in her death. For this series of offenses, he also pled no contest to violating various state laws.

His privileges were suspended at University Hospital in 1988 when he killed another woman there.

In 1986, Garrett pled "no contest" to an array of charges in State court. These specifications including performing a very late-term abortion so negligently that the baby survived it; leaving a baby's head inside a woman's uterus after an abortion; and falsifying medical records to cover up several cases of severe abortion complications.

Judge Sybil Moses, who conducted an administrative hearing on Garrett, noted that he had made hundreds of thousands of dollars on abortion without paying income taxes and was a chronic liar and falsifier of medical records. She said that he had an extremely "cavalier attitude toward patient safety," and asked for the revocation of his medical license.

Garrett, during his testimony, called his abortion patients "pachyderms" (i.e., female elephants) and "actresses" when they displayed symptoms of acute complications caused by his abortion procedures.

- One of the greatest threats to women's health is Los Angeles' Inglewood Women's Hospital, which could have served as the prototype for the apocryphal illegal abortion mill. This 'Hospital,' which, under California law, was immune from licensing requirements or inspections by the state health department, performed only one operation: Abortions. An average of a thousand of the procedures were carried out each month in the facility's single operating room.

Patients were rushed through four-minute abortions where the tables and floors were stained with the blood of previous patients. Medical personnel did not wash their hands or equipment between procedures, and patients under anesthesia were not properly monitored. Many patients were not given proper on-site post-abortion checkup and were urged to leave before they were ready "in the interest of maintaining the facility's busy operating schedule." Health records were routinely falsified, and one doctor was fired because he complained about the inadequate care being given to patients. One health inspector expressed amazement at the clinic's "out of control" and "battlefront conditions." [55]

Eventually, the deaths of five women and nearly 200 health code violations led the State of California to close the clinic. However, it was reopened only two weeks later with a different name, and was subsequently bought by Edward Allred.

The abortion mill is still functioning today.

- On March 4, 1975, Robert Sherman performed an incomplete abortion on 16-year old Rita McDowell. When she began to suffer an extremely elevated temperature the next day, McDowell's mother telephoned Sherman, who refused to speak to her.

Four days later, Rita died of kidney failure and massive infection. During Sherman's murder trial, prosecutors showed that he deliberately performed incomplete abortions on women so that he could charge them additional fees for followup care. He also allowed a nurse's aide to perform surgery, regularly re-used syringes and other disposable items without even sterilizing them, failed to have urine samples checked to confirm pregnancies, failed to check aborted fetuses for completeness, and covered up his role in McDowell's death by fabricating administrative records and tampering with medical records. Sherman even ordered that the paper sheets used on the abortion tables not be changed after each patient. Testimony during trial indicated that Sherman "... would [simultaneously] operate with one hand, and eat a tuna fish sandwich with the other, and talk to his stockbroker on the phone." [56]

Sherman's murder trial ended in a mistrial because he allegedly developed "heart problems" during the proceedings. He pled guilty to repeated charges of perjury in exchange for prosecutors dropping the murder charge. Prosecutors defended the plea-bargain on the grounds that "We believe these felony convictions will prevent the defendant from ever practicing medicine again."

They were dead wrong, of course. Sherman served two years in a federal prison, then moved to Boston and immediately began to perform abortions again. [57]

- Arnold Bickham had spent two years in prison for fraud and had lost his state medical license due to incompetence and malpractice. He was also barred from receiving Medicaid funds due to his "providing grossly inferior care." After regaining his license, he performed an abortion on 18-year old Sylvia Moore on New Year's Eve, 1986. She slipped into deep shock and began bleeding profusely. Bickham called her "lazy" because she was in shock and could not stand on her own, and he then pushed her out of the clinic in a wheelchair and left her on the sidewalk. Her mother managed to get her to a nearby hospital, but she had no pulse or blood pressure upon arrival and she died a short time later. An autopsy revealed that she had suffered severe lacerations of the uterus, cervix, and vagina. She also had a plastic foreign object (an abortionist's tool) lodged in her uterus near a large perforation. The presiding medical examiner ruled her death a homicide due to Bickham's extreme negligence and his abandonment of a patient in severe distress. As a result of Sylvia Moore's death, Bickham's license was suspended a second time. This did not stop him from performing abortions, however, and he was arrested after attempting to elude police in September of 1989 for practicing medicine (primarily abortions) without a license. [58]

Bickham was the highest paid Medicaid recipient in the nation with \$792,266 in 1974. In 1975, he was the highest paid in Illinois with \$519,189. In 1976, he received \$370,541, third highest in Illinois. This is a total of more than \$1.68 million over a period of only three years — *\$1.68 million of our tax money* for killing more than 10,000 preborn babies.

When women are badly injured at abortion clinics, they are often whisked away from the clinic and dropped off at the nearest emergency room. After Jacqueline Bailey died at the Pacific Glen Hospital on December 2, 1977 after a saline abortion, George Finn, the attorney for the Bailey family, estimated that the abortion clinic took in \$1.2 million in

abortion fees that year alone. He remarked that "Poor people aren't getting any better treatment now than they were when they were getting butchered in Tijuana or being dumped on a doorstep in some back alley. Now they are being dumped on a hospital doorstep." [59]

Moneymaking Machines. More than three decades after legalization, many free-standing abortion mills are prodigious moneymaking machines for medical entrepreneurs. Currently, 85 percent of all abortions performed in the United States take place in high-volume abortuaries that perform 1,000 or more of the procedures annually. The forty clinics (two percent of the total) that perform more than 5,000 abortions per year accounted for one-fifth of *all* of the abortions in the country. [60]

Abortion is tailor-made for moneymaking because overhead is very low, and it is possible for abortionists to perform 50 or 60 of the repetitive procedures in a single day's work. Several professional abortionists, including Arnold Bickham, Edward Allred, and Henry Morgentaler, run chains of centers that have made their owners millionaires many times over.

Arnold Bickham, whose exploits are described earlier, received \$1,681,996 in Medicaid funds during a single three-year period for performing abortions. Edward Allred's chain of abortion mills stretch from Modesto to San Diego and have performed more than 1.2 million abortions. They gross an estimated \$25 million per year partly due to the "assembly line" five-minute abortions that are Allred's stock in trade. As of 1989, more than 100 medical malpractice lawsuits had been filed against Allred's clinics. [61]

[Go to Next Topic: What is the Actual Degree of Abortion Mortality Underreporting?](#)

[Return to Maternal Deaths Due to Abortion Table of Contents](#)

Footnotes for "The Increasing Threat to Maternal Health Posed by Legal Abortion"

[54] In the United States District Court for the Western District of Missouri, Western Division, Civil Action No. 73CV497-W-3.

[55] Sebastian Rotella. "Health Violations May Cost Hospital License, Funding." *Los Angeles Times*, December 3, 1987, pages 12 and 18.

[56] "Convicted Doctor Fights for License." *The New York Times*, October 6, 1982.

[57] *Chicago Sun-Times*, November 19, 1978.

[58] Fred Marc Biddle. "S. Side Doctor Faces Charge in 18-Year-Old Patient's Death." *Chicago Tribune*, February 18, 1987, Section 2, page 3. Jean Davidson. "Charges Sought Against Doctor in Woman's Post-Abortion Death." *Chicago Tribune*, March 2, 1987, Section 2, page 3. Rob Karwath. "Former Doctor Did Abortions, State Charges." *Chicago Tribune*, September 14, 1989, Section 2, pages 1 and 4.

[59] Bill Loughlin. "No Prosecution in Abortion Death." *The Tidings* [Los Angeles Catholic Archdiocesan Newspaper], May 26, 1978.

[60] Stanley K. Henshaw, Jacqueline Darroch Forrest, and Jennifer Van Vort. "Abortion Services in the United States, 1984 and 1985." Alan Guttmacher Institute's *Family Planning Perspectives*, March/April 1987, pages 67 and 68. See also Information Plus.

Abortion: An Eternal Social and Moral Issue [Wylie, Texas: Information Plus, 1992], page 70.

[61 Anthony Perry. "Doctor's Abortion Business is Lucrative." *The San Diego Union*, October 12, 1980. Also see Keith David Picher. *The New World* [Publication of the Chicago Catholic Archdiocese], March 10, 1989.

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: What is the Actual Degree of Abortion Mortality Underreporting?



 SHARE

What is the Actual Degree of Abortion Mortality Underreporting?

Overview. This Chapter has demonstrated that the total number of legal and illegal abortions performed in the United States increased by a factor of about tenfold in approximately a decade (1967-1977).

There can be no doubt that the average mortality *rate* due to abortion declined significantly as the procedure made the transition from nearly 100 percent illegal to nearly 100 percent legal over this ten-year period. This is primarily due to the fact that the few true non-M.D. 'quacks' who were in operation at the time of legalization accounted for the majority of criminal abortion deaths and injuries and were immediately put out of business, since only doctors could subsequently legally perform abortions.

However, there is ample evidence showing that this increased degree of safety is nearly offset by the huge increase in the sheer *numbers* of abortions now being performed.

As calculated above, about 150,000 to 200,000 illegal abortions took place annually before *Roe v. Wade*. The overall maternal death rate was about 50 to 100 per 100,000 abortions, and about 90 percent of these abortions were performed by fully-trained medical doctors. Since the raw total number of annually abortions increased by a factor of about ten, the procedure would have to become *ten times as safe* if the number of women dying of abortion was to remain constant.

There are many indications that such a prodigious leap in quality control was not accomplished;

- The Commission on Professional and Hospital Activities found that, in 1969, about 9,000 women were admitted to hospitals across the United States for treatment of injuries directly caused by abortions. In 1977, that figure had nearly doubled, to 17,000.[62] If we assume that the proportion of deaths to serious injuries remained the same, then deaths due to legal abortion would have nearly doubled as well, to about 300 per year. Although the actual number of maternal deaths is probably not this high, the true figure is certainly higher than the "official" (i.e., Centers for Disease Control) reported figure of 8 to 10 annual deaths.
- The famous *Chicago Sun-Times* "Abortion Profiteers" series of December 1978 showed that 12 women had died of 'safe and legal' abortions in Chicago during a single year in the town's abortuaries, which performed about 30,000 abortions per year. If this number is extrapolated to include the 1.5 million abortions performed every year in the entire country, we arrive at a total of 600 women dying every year of 'safe and legal' abortions! Although the actual number of maternal deaths was probably not this high, the true figure was certainly higher than the "official" reported figure of 15 to 20 annual deaths in the late 1970s.

- Dr. Matthew Bulfin polled 486 obstetrics/gynecology specialists at a May 1974 convention in Las Vegas regarding their experiences with deaths and complications relating to *legal* abortion. The results were startling. Dr. Bulfin found that 87% of the attendees had hospitalized women and girls suffering from complications due to legal abortions, and 91% said they personally had to treat women and girls with such complications. Most significantly, 6% of the respondents said that at least one of their patients suffering from *legal* abortion complications later died as a result of their injuries.[63]

It is important to note that these statistics applied to legal abortion only fifteen months after *Roe v. Wade*, and only about one-fourth of the OB/GYNs who performed abortions as a significant part of their practices were represented by the survey. Considering that there had been 2.43 million legal abortions performed in this country to May 1974, this means that the legal abortion death rate was about 5 per 100,000, indicating that there were about 100 abortion deaths per year by 1975. [64]

Dr. Bulfin concluded that "Deaths and near deaths do occur with every type [of] abortion procedure. As the vast majority of abortions are done for social reasons, the deaths and near deaths that do occur from the operation are especially tragic." A number of physicians acknowledged that abortion is one of the extremely rare surgical procedures performed in which the operating surgeon seldom sees the complications caused by his actions.[65]

Despite all of this tragedy, and despite the fact that pro-abortionists portray themselves as 'champions of women's rights,' the pro-aborts will not even acknowledge these women's deaths!

This shows just how much they care for 'women's rights.'

Every major pro-life group has documentation on women who have died of so-called 'safe and legal' abortions, but whose deaths are not noted because of statistical chicanery. It is certain that 50 to 100 women die of abortions every year now — about one-third of them 'on the table,' but most within one week due to abortion-related complications (see calculations supporting this number in Figure 7-3). It is also obvious that almost all women who die several days after an abortion will have causes of death other than the abortion itself listed on their death certificates. Yet these deaths should properly be included in the total abortion mortality figures.

This would mean that as many or more women are dying now as did before abortion was legalized. How could this be possible?

Flaws In the "Official" Abortion Death Count. The most commonly-cited source of abortion mortality statistics is the Centers for Disease Control (CDC), which has reported that an average of 11.2 women died of complications arising from all kinds of abortions annually during the decade 1983-1992, the latest ten years for which complete information is available.[66]

The data provided by CDC is inherently incomplete, and therefore greatly underestimates the number of abortion deaths that occur in the United States today. This is because, when abortion was legalized in 1973, the strategic motivation for reporting abortion-related maternal deaths vanished. Reporting data on abortion mortality and morbidity became largely voluntary, and all such data since 1973 is based entirely upon estimates.

I here are several statistical reasons why the "official" estimated count of abortion deaths is too low. These variables are listed below and described in the following paragraphs.

1. Reporting maternal deaths is voluntary, and therefore incomplete.
2. Most deaths occur after women leave the abortion mills.
3. Many victims travel more than 50 miles to the abortion clinics and identification is therefore hindered.
4. Abortion is frequently seen as a tool of genocide by members of minority groups, and this and other reasons engenders mistrust in the "system."
5. Death certificates that are completed for women who have died due to abortion-related complications frequently list causes of death other than abortion.

[Go to Next Topic: \(1\) Reporting is Entirely Voluntary and is Therefore Incomplete](#)

[Return to Maternal Deaths Due to Abortion Table of Contents](#)

Footnotes for "What is the Actual Degree of Abortion Mortality Underreporting?"

[62] Todd Ackerman. "'Pro-Choicers' Pushing Home Abortion Kits." *National Catholic Register*, September 3, 1989, page 1.

[63] Matthew J. Bulfin, M.D. "Deaths and Near Deaths with Legal Abortions." Presented at the American College of Obstetricians and Gynecologists Convention at Disney World, Florida, October 28, 1975. [64] *Statistical Abstract*, Table 101, "Legal Abortions, By Selected Characteristics: 1973 to 1985." The total number of legal abortion deaths during this period would be $(486 \times 4 \times 0.06) = 117$.

[65] Matthew J. Bulfin, M.D. "Deaths and Near Deaths with Legal Abortions." Presented at the American College of Obstetricians and Gynecologists Convention at Disney World, Florida, October 28, 1975.

[66] Lisa M. Koonin, M.N., M.P.H., Lilo T. Strauss, M.A., Camaryn E. Chrisman, M.P.H., Myra A. Montalbano, Linda A. Bartlett, M.D., M.H.Sc. and Jack C. Smith, M.S. of the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control. "Abortion Surveillance — United States, 1996." *Morbidity and Mortality Weekly Report*, July 30, 1999. Table 19, "Number of Deaths and Case-Fatality Rates for Abortion-Related Deaths Reported to CDC, by Type of Abortion — United States, 1972-1992." This report is available on the CDCs' Web site at <http://www.cdc.gov/>.

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: (1) Reporting is Entirely Voluntary and is Therefore Incomplete



 SHARE

(1) Reporting is Entirely Voluntary and is Therefore Incomplete. There has been no legal requirement for physicians to report maternal abortion deaths and complications since the procedure was legalized in 1973. Most states therefore do not report maternal abortion deaths at all, and a few states submit only incomplete data. The Centers for Disease Control (CDCs), which compiles and summarizes this information, receives only sketchy data from California, Texas, Florida and Illinois, which account for more than half a million abortions annually, or one-third of the nation's total.

Given the stigma that persistently accompanies the act of abortion and the human instinct for self-preservation, it naturally follows that many or most abortion deaths, injuries, and other mishaps will not be voluntarily reported. As abortion statistician Dr. Willard Cates has logically argued, "It's like turning yourself in to the IRS for an audit. What is there to gain? The tendency is not to report because there are only negative incentives." [67]

Another doctor states that

Complications following abortions performed in free-standing clinics is one of the most frequent gynecological emergencies encountered. Even life endangering complications rarely come to the attention of the physician who performed the abortion unless the incident entails litigation. The statistics presented by Cates represent substantial under reporting and disregard women's reluctance to return to a clinic, where, in their mind, they received inadequate treatment. [68]

A survey of abortionists demonstrated that a majority of physicians who perform large numbers of abortions feel that they are pariahs within their own profession. [69] Additionally, a maternal abortion death reflects discredit not only upon the abortionist, but upon the medical profession in general. In many cases, maternal abortion deaths only come to light when relatives of the deceased women take legal action.

The reporting system itself is deeply flawed and contributes to incomplete data regarding maternal abortion deaths. The United States Public Health Service (USPHS) is one of several Federal agencies that monitors the reporting of abortion statistics, including those dealing with complications and death. In its *Handbook on the Reporting of Induced Termination of Pregnancy*, the USPHS describes how to fill out the form used to collect abortion data. This form is called the "U.S. Standard Report of Induced Termination of Pregnancy."

One of the items on the form concerns abortion complications. The USPHS instructions read "If no complications have occurred *at the time the report is completed*, check 'none.' This item will provide data regarding the risk of induced termination." [70]

In the vast majority of cases, the form is either filled out immediately after the abortion procedure, or after the woman has left the premises. Therefore, if she suffers severe complications or dies later, these incidents will usually not be reflected in the USPHS reporting summary. In fact, up to 40 percent of all abortion deaths occur a significant amount of time after the victims leave the abortion facilities. [71]

This underreporting means that the statistics collected and reported by the Federal

This underreporting means that the statistics collected and reported by the Federal government have little bearing on reality. For example, at least five women died due to abortion-related causes in California in 1983 and 1984 — including Patricia Chacon, Inez Herron, Cora Mae Lewis, and Yvonne Tanner — but the State reported no maternal abortion deaths for either year.[72] And, in 1989, at least three women died due to complications arising from legal abortions in Maryland — including 16-year old Erica Richardson and Debra Gray — but the State's Department of Health and Mental Hygiene reported no abortion deaths for that year.[73] Richardson's autopsy report (Prince George #89-593) reveals why; she was the subject of a typical abortionist's coverup. On the report, the item "How Injury Occurred" was answered as "therapeutic misadventure." The "Manner of Death" blank was filled in with the single word "Accident."

The States of California and Maryland have not corrected their records. Nor have the Centers for Disease Control. The CDCs do not search vigorously for information, nor do they research abortion deaths; they rely entirely upon the information that is voluntarily provided by the States.

In fact, many abortionists will not report complications (or even routine statistical data), even when state law mandates such reporting. Records of state litigation are replete with the accounts of battles between abortion clinics and state agencies over the reporting of such data.

(2) Most Deaths Occur After The Victim Leaves the Abortion Mill. As described previously, physicians are not required to report abortion-related complications that arise once a woman has left an abortion clinic. This would constitute an almost impossible task in any case.

The only abortion-related deaths that are reported by clinics are those resulting from immediately fatal injuries inflicted during the procedure itself, commonly referred to as "on-the-table" complications. The most frequent causes of such deaths are hemorrhage, pulmonary embolism, and anesthesia complications.[74]

When a woman suffers acute complications several hours or days *after* an abortion, she will usually report to the hospital emergency room nearest to her, as instructed by the forms she has signed or as advised by abortion clinic personnel. Additionally, she will not feel compelled to return to the facility that caused her difficulties in the first place. In such cases, the emergency room physicians who treat women for physical damages inflicted by abortion generally do not investigate further, and the cause of such injuries is usually not listed as abortion. Often, this occurs even when a dying or unconscious patient is taken *directly* from the abortion clinic to the emergency room: If the actual death occurs at the hospital, the death certificate may contain no reference whatsoever to the abortion mill, the abortionist, or that an abortion was ever performed.

In addition to their failure to report subsequent deaths caused by abortion injuries, official statistics tabulators, including the Centers for Disease Control, do not count as abortion-related deaths those women who die as a result of abortion's indirect effects. Such cases include missed ectopic pregnancies or subsequent ectopic pregnancies directly or indirectly caused by damage inflicted during abortion procedures; complications related to premature delivery of subsequent children directly resulting from damage inflicted during abortion procedures; blood incompatibility complications caused when abortion providers fail to give Rho-GAM shots to RH-negative women; and from suicide brought on by acute depression or post-abortion syndrome (PAS).[75]

A typical abortion-related suicide was described at a conference of OB/GYNs; "An 18 year old female underwent suction curettage for a suspected pregnancy of 8 weeks duration. She committed suicide 3 days after the procedure having expressed guilt. ... There had been no pregnancy tissue in the suction specimen, but [the] patient was never told this." [76]

Abortion statistician Dr. Christopher Tietze describes other cases where women have committed suicide due to guilt caused by their abortions, only to have the coroner discover that they had never even been pregnant. [77] This type of case is certainly noteworthy. But how many women who actually *did* kill their preborn babies decide to do away with themselves as well?

Nobody knows.

(3) Travel Hinders Identification. Privacy is extremely important to women who obtain abortions for a variety of reasons.

Many women who obtain abortions are ashamed or embarrassed by the circumstances under which they got pregnant and/or by the act of killing their preborn child. Additionally, most women do not live in direct proximity to an abortion clinic. Finally, most abortion clinics do not perform abortion past twelve weeks' gestation. Therefore, a large percentage of women cross state lines or travel to another city in order to maintain anonymity or to obtain late-term abortions, which account for about half of all abortion-related fatalities. About 30 percent of all women travel more than fifty miles to the clinic where they are aborted, and a third of these travel up to 100 miles. [78]

If a woman returns to her home town and then dies of abortion-related complications after several hours or days, her death is extremely difficult to trace if no family member or friends know that she obtained an abortion, or where the abortion occurred. And one researcher has found that women who know that they are having serious physical complications rarely return to the clinic where they had their abortions;

Complications following abortions performed in free-standing clinics is one of the most frequent gynecological emergencies encountered. Even life-endangering complications rarely come to the attention of the physician who performed the abortion unless the incident entails litigation. The statistics presented by [Willard] Cates [a leading CDC abortion statistician] represent substantial underreporting and disregard women's reluctance to return to a clinic, where, in their mind, they received inadequate treatment. [79]

Such a case has been described as follows; "The [abortion] patient was quite obviously exsanguinated [dead from loss of blood]. The husband had learned only that morning that a saline infusion had been performed in another state where she had given a fictitious name and address. Her husband had found her unresponsive in the bathroom with evidence of massive blood loss." [80]

In cases where a woman crosses state lines to obtain an abortion and later dies in her home state, the abortion may not be reported by the home state because the cause of death occurred in another state. Additionally, from the viewpoint of the state, no useful purpose would be served by expending resources in attempting to track down the

abortionist involved with the death.

In any case, mortality reporting practices vary widely from state to state and even within states. For instance, New York State courts do not cross-index lawsuits, so an abortionist is somewhat insulated from research into his records regarding his involvement in previous litigation. Additionally, many county coroners do not keep cross-indexed records of people who die due to complications arising from medical malpractice. Furthermore, many states do not investigate deaths when an attending physician certifies that a death does not involve direct evidence of foul play.

Pariahs they may be, but abortionists are well-protected by the medical profession, which sees them as a repulsive necessity.

(4) Mistrust of the "System" By Members of Minority Groups. A disproportionate percentage of the women who succumb to abortion complications live below the poverty line. The relatives or friends of many poor women who have died of abortion are unaware of their remedies at law, are intimidated by the legal system or mistrust it, or are afraid of reporting problems due to fears of retaliation.

Some prolific abortionists appear to see members of minority groups as inferior human beings who pose a threat to democracy, and have stated that the control of the population of these groups is highly desirable. In light of these attitudes, at least some of the mistrust on the part of minority groups seems to be justified.

Edward Allred, who owns a chain of more than 40 abortuaries that perform more than 120,000 abortions per year (primarily in minority neighborhoods), has said that

Population control is too important to be stopped by some right-wing pro-life types. Take the new influx of Spanish immigrants. Their lack of respect for democracy and social order is frightening. I hope I can do something to stem that tide; I'd set up a clinic in Mexico for free if I could. Maybe one in Calexico would help. The survival of our society could be at stake ... The Aid to Families with Dependent Children [AFDC] program is the worst boondoggle ever created. When a sullen black woman of 17 or 18 can decide to have a baby and get welfare and food stamps and become a burden to all of us, it's time to stop. In parts of South Los Angeles, having babies for welfare is the only industry the people have.[81]

When a poor minority woman dies at the hands of an influential white abortionist who works at a well-established abortion chain, her death often goes unreported and uninvestigated. Since the majority of women who die of complications due to legal abortions are members of minority groups, this can lead to serious underreporting.

Human Life International has identified the names of more than 350 women who have died of complications due to legal abortion since 1969.[82] The races of 263 of the victims is shown on death certificates or other documentation. Of these, 130 victims were Black, 41 were Latinas, 5 were Asians, two were Native American, and 85 were White.

This means that 68 percent of all known legal abortion deaths where the race of the victim has been known have occurred among minority women. By comparison, minority women obtain only 53 percent of all abortions. It follows that the death rate among

women obtain only 50 percent of an abortion. It reveals that the death rate among minority women who obtain abortions is *nearly twice as high as that of white women who abort.*[83]

Cities with a high percentage of minority residents have nearly twice as many abortion clinics per each million population as do cities with a low percentage of minority residents [84]. It follows that a large percentage of minority maternal deaths will occur at chains of high-volume, high-profit abortion mills purposely located in poorer urban areas by population controllers like Edward Allred. For example, 39 identified abortion deaths have occurred in Los Angeles, a rate five times higher than the nation as a whole. At least 24 of these women were members of minority groups.

The death rate among poor minority women may be even higher than estimated, because such women have been effectively disenfranchised from the "system" and do not trust attorneys and anything to do with litigation, and for good reason.

The poignant letter by Mattie Byrd, a black woman whose daughter died of complications from an abortion performed by white abortionist Stephen Pine, vividly reflects this distrust and anger. She wrote that

I cry every day when I think of how horrible her death was. She was slashed by them and then she bled to death ... Where is the abortionist now? Has he been stopped? Has anything happened to him because of what he did to my Belinda? ... People tell me nothing has happened, that nothing ever happens to White abortionists who leave young Black women dead.[85]

Her 37-year-old daughter Belinda had required Cæsarian sections for each of her previous three children. When she went to abortionist Steven Pine on January 24, 1987, at 19 weeks gestation, she weighed only 95 pounds.

Pine was a very busy abortionist. In fact, Belinda Byrd's preborn baby was the 74th to die at his hands *that day!*

He perforated her uterus and she died three days later. As a partial result of this botched abortion, the Inglewood Women's Hospital had its license revoked by the State of California and closed down. However, money is a great motivator, and it opened only two weeks later with a different name: The West Coast Women's Medical Group. It was subsequently bought by mega-abortionist Edward Allred (who has also killed several women), and still functions to this day.

For more information on the racist and eugenicist origins of abortion, see Chapter 6 and Chapter 24 respectively.

(5) Death Certificates Often Reflect Other Causes of Death. When a woman dies of complications due to legal abortion, her death certificate often reflects a cause of death that appears to have nothing at all to do with abortion. This greatly complicates the job of tracing individual cases of abortion-related maternal deaths. Abortion statistician Willard Cates, Jr., and his colleagues found that "inadequate physician documentation on the death certificate" is involved in about 40 percent of abortion-related deaths.[86]

This is due to several influences. To begin with, abortion is a business, and there is an obvious business motivation on the part of abortion clinic personnel to obscure the cause of death in many cases [87] For example, when Erica Kae Richardson died after

cause of death in many cases. For example, when Linda Rae Richardson died after an abortion performed in a Maryland clinic in 1989, her autopsy report listed "How Injury Occurred" as "therapeutic misadventure" and "Manner of Death" as "accident." After Kathy Denise Murphy died following an abortion at Los Angeles' Inglewood Women's Hospital in 1973, Dr. John Dupont claimed she died of a "breathing disorder." When Lynette Wallace died after an abortion at the same location two years later, another doctor claimed that she died of "cardiopulmonary arrest." [88]

According to Dr. Jack Willke, an 18-year old died of a "safe and legal" abortion in Los Angeles County in 1988. Her death certificate stated that the cause of death was a "spontaneous gangrene of the ovary." This is about as honest as listing "lead poisoning" as the cause of death of a person who was gunned down by killer with a large-caliber pistol.

These abortion-caused deaths would have gone entirely unnoticed if sharp-eyed investigators had not noticed minor discrepancies in reporting. It is certain that many more cases escape detection, because it is usually in the best interests of every medical professional involved to "hush up" the death.

Even if a woman dies of a cause directly related to an abortion, there may be no indication whatsoever that she died *before* the procedure, if such is the case. Examples would be deaths caused by heart problems or reactions to anesthesia administered *before* the abortion. Such deaths are generally not attributed to abortion.

[Go to Next Topic: Calculating the Correction Factor](#)

[Return to Maternal Deaths Due to Abortion Table of Contents](#)

Footnotes for "(1) Reporting is Entirely Voluntary and is Therefore Incomplete"

[67] Willard Cates, M.D., discussing the "dreaded complication" of late-term aborted babies being born alive, in Liz Jeffries and Rick Edmonds. "Abortion: The Dreaded Complication." *Philadelphia Enquirer*, August 2, 1981.

[68] L. Iffy. "Second Trimester Abortions." *Journal of the American Medical Association*, February 4, 1983, page 588.

[69] Project Choice. *The Abortion Provider: A Self-Analysis*. Life Dynamics, Lewisville, Texas 75067. February 1993. A confidential survey by Project Choice revealed that 69% of the nation's abortionists feel that they are not respected in the medical community, 65% feel ostracized because they perform abortions, and 60% say that their prestige is damaged by being identified as a physician who performs abortions.

[70] United States Public Health Service. *Handbook on the Reporting of Induced Termination of Pregnancy*. USPHS, PHS 7901117, pages 2 and 11.

[71] 78 of 124 maternal abortion deaths (including induced and spontaneous abortions) reported during the period 1979 to 1986 were due to infection and hemorrhage, most of which take place hours or days after miscarriage or after leaving the abortion facility. Lisa M. Koonin, Hani K. Atrash, Herschel W. Lawson, and Jack C. Smith, "Maternal Mortality Surveillance, United States, 1979-1986." *Morbidity and Mortality Weekly Report Surveillance Summaries*, July 1991, Volume 40, No. SS-2, pages 1 to 13. See Table 5, "Cause of Maternal Death By Outcome of Pregnancy United States 1979-1986 "

[72] State of California, Department of Vital Statistics. *California Vital Statistics (1986)*. Table A-2, "Maternal Deaths by Selected Causes of Death, California, 1960-1984 (By Place of Residence)." Inez Herron died on November 3, 1983 in Bakersfield (*NRL News*, November 23, 1986). Cora Mae Lewis died on December 3, 1983 (Los Angeles County Coroner Report #83-15079). Patricia Chacon died on March 3, 1984 (Los Angeles County Coroner Report #84-2948). Yvonne Tanner died on August 14, 1984 (Los Angeles County Superior Court #C-55-5261). Mary Pena died on December 16, 1984 (Los Angeles County Coroner Report #84-16016).

[73] Erica Kae Richardson died on March 2, 1989 (Prince George (MD) *Journal*, May 30, 1990). Gladys Estanislao died on May 23, 1989 (*The Wanderer*, December 5, 1991). Debra M. Gray died on July 15, 1989 (*Washington Post*, August 13, 1990).

[74] Lisa M. Koonin, Hani K. Atrash, Herschel W. Lawson, and Jack C. Smith, "Maternal Mortality Surveillance, United States, 1979-1986." *Morbidity and Mortality Weekly Report Surveillance Summaries*, July 1991, Volume 40, No. SS-2, pages 1 to 13. See Table 5, "Cause of Maternal Death, By Outcome of Pregnancy, United States, 1979-1986."

[75] G.L. Rubin, W. Cates, Jr., J. Gold, R.W. Rochat, and C.W. Tyler, Jr. "Fatal Ectopic Pregnancy After Attempted Legally Induced Abortion." *Journal of the American Medical Association*, October 1980, Volume 244, No. 15, pages 1,705-1,708. The CDCs identified ten deaths caused by ruptured ectopic pregnancies over the time period 1973 to 1978. In the typical case, the woman was given a pregnancy test, found that she was pregnant, underwent a standard abortion procedure, and therefore thought that the "problem" was "taken care of." Subsequent abdominal pain may have been dismissed as a minor abortion complication. If an abortion had not taken place, such pain might have led to a closer investigation of the situation and discovery of the ectopic pregnancy.

[76] G.S. Berger, C. Tietze, J. Pakter, and S.H. Katz. "Maternal Mortality Associated With Legal Abortion in New York State: July 1, 1970-June 30, 1972." *Journal of Obstetrics and Gynecology*, March 1974, pages 315-325.

[77] Christopher Tietze, Jean Pakter, and George Berger. "Mortality with Legal Abortion in New York City, 1970-1973: A Preliminary Report." *Journal of the American Medical Association*, July 30, 1973.

[78] Stanley K. Henshaw. "The Accessibility of Abortion Services in the United States." Alan Guttmacher Institute's *Family Planning Perspectives*, November/December 1991, pages 246 to 252 and 263.

[79] L. Iffy. "Second Trimester Abortions." *Journal of the American Medical Association*, February 4, 1983, page 588. Also see Willard Cates, Jr., *et.al.* "Assessment of Surveillance and Vital Statistics Data for Monitoring Abortion Mortality, United States, 1972-1975." *American Journal of Epidemiology*, March 1978, pages 200 to 206.

[80] J.F. Jewitt. "Committee on Maternal Welfare Report." *New England Journal of Medicine* 288:47-48, 1973.

[81] Edward C. Allred, M.D. quoted in Anthony Perry. "Doctor's Abortion Business is Lucrative." *San Diego Union*, October 12, 1980, pages A-3 and A-14. It is interesting to note that three women died due to complications after legal abortions within 16 months at Allred's clinics — and all three were members of minority groups. Patricia Chacon died on March 3, 1984 (Los Angeles County Coroner Report #84-2948), Mary Pena died on December 16, 1984 (Los Angeles County Coroner Report #84-16016), and Josefina Garcia died on May 23, 1985 (Los Angeles County Superior Court Case #SOC82220).

[82] Joe Scheidler's Pro-Life Action League has also compiled and updated a national list of women who have died due to complications brought on by legal abortion. Each death is

of women who have died due to complications brought on by legal abortion. Each death is confirmed by use of death certificates or documents submitted during litigation. For information, contact The Pro-Life Action League, 6160 North Cicero Avenue, Chicago, Illinois 60646, telephone: (312) 777-2900, FAX (312) 777-3061.

[83] $(0.68/0.53)/(0.32/0.47) = 1.88$.

[84] See [Chapter 6](#), "The Racism of Abortion," for a complete analysis.

[85] The details of Belinda Byrd's death are contained in Los Angeles County Superior Court #SWC-90298. Mrs. Mattie Byrd's letter is reproduced in the Feminists for Life of America *amicus* brief in the case of [Webster vs. Reproductive Health Services](#), No. 88-605.

[86] Willard Cates, Jr., *et.al.* "Assessment of Surveillance and Vital Statistics Data for Monitoring Abortion Mortality, United States, 1972-1975." *American Journal of Epidemiology*, March 1978, pages 200 to 206.

[87] Several books have reflected this theme, including Bernard M. Nathanson, M.D. *The Abortion Papers: Inside the Abortion Mentality* [Idea Books, Post Office Box 4010, Madison, Wisconsin 53711, 1985]; Carol Everett. *The Scarlet Lady: Confessions of a Successful Abortinist* [Brentwood, Tennessee: Wolgemuth & Hyatt, 1991]; and Jonathan B. Imber. *Abortion and the Private Practice of Medicine* [New Haven: Yale University Press, 1986].

[88] Erica Richardson: Prince George (MD) *Journal*, May 30, 1990; Kathy Murphy: Los Angeles County Coroner Report #73-14676; Lynette Wallace: Los Angeles County Coroner Report #75-11665.

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: Calculating the Correction Factor



SHARE

Calculating the Correction Factor. Pro-lifers must have a firm grip on the number of women who have actually died of so-called "safe and legal" abortion since 1973. This number is far greater than most pro-abortionists (and members of the public) think, and can be a real shocker when it is properly documented and presented.

The above paragraphs list the primary reasons that the "official" figures for legal abortion deaths are underreported. It is therefore necessary to apply a correction factor to the "official" figures regarding maternal deaths in order to arrive at a more accurate estimate.

All of the information required to calculate this correction factor is contained in the November/December 1979 issue of the Alan Guttmacher Institute's medical reporting publication *Family Planning Perspectives*.^[89] This data was compiled at a gathering of hundreds of abortionists at a conference entitled "Second-Trimester Abortion: Perspectives After a Decade of Experience," convened on September 27th and 28th, 1979, at the University of North Carolina Medical School at Chapel Hill, North Carolina.

Keep in mind that this information was compiled by, analyzed by, and published by the abortionists themselves. This fact effectively defuses the argument that the statistics are somehow 'biased pro-life propaganda.'

The article describes the most complete study of its type, in which Dr. Richard Selik positively identified and analyzed 104 maternal deaths due to complications arising from second-trimester abortions in the United States during the period 1975 to 1977. He also stated that second-trimester abortions are about 10 times as hazardous as first-trimester procedures, and that ten percent of all abortions were performed in the second and third trimesters, ratios that are still valid.^[90]

Using these figures based upon Dr. Selik's study, it is a simple matter to calculate that there were approximately 198 total positively-identified maternal abortion deaths accounted for during the three-year period 1975 to 1977, as follows.^[91]

The Centers for Disease Control report that a total of 3,530,200 abortions were performed in the United States during the period 1975 to 1977. Ten percent of these (353,000 abortions) were therefore performed in the second trimester.

If, as the article claims, 104 women died of second-trimester abortions during this period, the death rate for such procedures is

$$(104/353,000) \times 100,000 = 29.46 \text{ per } 100,000.$$

And, if first-trimester abortions are ten times safer than second-trimester procedures, the death rate for first-trimester abortions is 2.95 per 100,000 performed.

Therefore, total maternal abortion deaths from 1975 to 1977 can be calculated as follows;

	Number of Abortions,	Deaths Per 100,000	Total
--	----------------------	-----------------------	-------

		ONS			Pregnancy	ion "Official"	ated)	Child birth	Abortions	Births
1968	3,501,564	114,300	24.6	861	90	91	337	435	294.6	12.4
1969	3,600,206	171,500	23.1	832	86	83	307	438	179.1	12.2
1970	3,731,000	228,700	21.5	802	83	71	263	456	114.9	12.2
1971	3,556,000	574,100	19.8	703	73	67	248	382	43.2	10.7
1972	3,258,000	693,400	18.0	587	61	63	233	293	33.6	9.0
1973	3,137,000	744,600	16.3	511	53	44	163	295	21.9	9.4
1974	3,160,000	898,600	14.5	459	48	32	118	293	13.2	9.3
1975	3,144,000	1,034,200	12.8	402	42	33	122	238	11.8	7.6
1976	3,168,000	1,179,300	11.7	372	39	13	48	285	4.1	9.0
1977	3,327,000	1,316,700	10.7	355	37	21	78	240	5.9	7.2
1978	3,333,000	1,409,600	9.6	320	33	16	59	227	4.2	6.8
1979	3,494,000	1,497,700	9.6	335	35	22	81	219	5.4	6.3
1980	3,612,000	1,553,900	9.2	332	35	10	37	261	2.4	7.2
1981	3,629,000	1,577,300	8.5	308	32	9	33	243	2.1	6.7
1982	3,681,000	1,573,900	7.9	291	30	12	44	216	2.8	5.9
1983	3,639,000	1,575,000	8.0	291	30	12	44	216	2.8	5.9
1984	3,669,000	1,577,200	7.8	286	30	12	44	212	2.8	5.8
1985	3,761,000	1,588,600	7.8	293	31	12	44	218	2.8	5.8
1986	3,757,000	1,574,000	7.2	271	28	11	41	202	2.6	5.4
1987	3,809,000	1,559,100	6.6	251	26	9	33	192	2.1	5.0
1988	3,910,000	1,590,800	7.1	279	29	16	59	191	3.7	4.9
1989	4,041,000	1,566,000	7.7	310	32	13	48	220	3.1	5.7

1989	4,071,000	1,588,900	7.7	310	32	10	40	220	3.1	5.7
1990	4,158,000	1,608,600	8.2	341	35	5	19	287	1.2	6.9
1991	4,111,000	1,556,500	8.0	329	34	12	44	250	2.9	6.1
1992	4,065,000	1,528,900	7.8	317	33	10	37	247	2.4	6.1
1993	4,000,000	1,495,000	7.5	300	31	11	41	227	2.8	5.7
1994	3,979,000	1,423,200	8.3	330	34	11	41	254	2.9	6.4
1995	3,900,000	1,359,400	7.1	277	29	11	41	207	3.0	5.3
1996	3,891,000	1,360,200	7.6	296	31	11	41	224	3.0	5.7
1997	3,881,000	1,335,000	8.4	326	34	11	41	251	3.1	6.5
1998	3,942,000	1,319,000	7.8	307	32	11	41	233	3.1	5.9
1999	3,959,000	1,314,800	7.8	308	32	11	41	235	3.2	5.9
2000	4,059,000	1,310,000	7.8	316	33	11	41	242	3.2	5.9
2001	4,026,000	1,306,000	7.8	313	33	11	41	239	3.2	5.9
2002	4,022,000	1,290,000	7.8	313	33	11	41	239	3.2	5.9
2003	4,091,000	1,281,000	7.8	312	32	11	41	239	3.1	6.0
2004	3,997,000	1,272,000	7.8	311	32	11	41	238	3.1	6.0
2005	4,010,000	1,263,000	7.8	312	32	11	41	239	3.1	6.0
2006	3,997,000	1,254,000	7.8	311	32	11	41	238	3.1	6.0
AVERAGES, 1997-2006										
	4,038,300	1,294,480	8.0	317	33	11	41	242	3.2	5.9

These numbers will probably come as a shock to those people who have not until now realized that nearly 1,800 women have died of so-called "safe" and legal abortion since 1973, the year of the United States Supreme Court decision.

A list of the names of these dead women, copied front-to-back on the same sheet of paper, make an eye-opening flyer that effectively destroys the myth of "safe and legal" abortions. At a debate or presentation, even the most closed-minded person will be forced to reconsider his views on abortion when a pro-life speaker compares the magnitude of the disaster (more than 1,700 deaths since *Roe v. Wade*) to the number of people sitting in the room.

[Go to Next Topic: The Worldwide Abortion Conflict](#)

[Return to Maternal Deaths Due to Abortion Table of Contents](#)

Footnotes for "Calculating the Correction Factor"

[89] John Benditt. "Special Report: Second-Trimester Abortions in the United States." Alan Guttmacher Institute's *Family Planning Perspectives*, November/December 1979, pages 358 to 361. The conference was entitled "Second-Trimester Abortion: Perspectives After a Decade of Experience," and was convened on September 27th and 28th, 1979, at the University of North Carolina Medical School at Chapel Hill, North Carolina. For more current ratios of early/late abortions, see Lisa M. Koonin, Jack C. Smith, Merrell Ramick, and Herschel W. Lawson, "Abortion Surveillance - United States, 1989." *Morbidity and Mortality Weekly Report*, CDC Surveillance Summaries, September 4, 1992, Volume 41, No. SS-5, pages 1 to 33. Table 13, "Number and Percentage of Reported Legal Abortions, By Weeks of Gestation, Age Group, and Race - United States, 1989."

[90] John Benditt. "Special Report: Second-Trimester Abortions in the United States." Alan Guttmacher Institute's *Family Planning Perspectives*, November/December 1979, pages 358 to 361. The conference was entitled "Second-Trimester Abortion: Perspectives After a Decade of Experience," and was convened on September 27th and 28th, 1979, at the University of North Carolina Medical School at Chapel Hill, North Carolina. For more current ratios of early/late abortions, see Lisa M. Koonin, Jack C. Smith, Merrell Ramick, and Herschel W. Lawson, "Abortion Surveillance - United States, 1989." *Morbidity and Mortality Weekly Report*, CDC Surveillance Summaries, September 4, 1992, Volume 41, No. SS-5, pages 1 to 33. Table 13, "Number and Percentage of Reported Legal Abortions, By Weeks of Gestation, Age Group, and Race - United States, 1989."

[91] $104 + (104 \times 9/10) = 198$.

[92] Centers for Disease Control. *Abortion Surveillance 1977*. Atlanta: CDC, 1978, pages 9 and 62. See also R.M. Selik, W. Cates, Jr., and C.W. Tyler. "Behavioral Factors Contributing to Abortion Deaths: A New Approach to Mortality Studies." *Obstetrics and Gynecology*, November 1981, pages 631 to 635.

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: The Worldwide Abortion Conflict



 SHARE

The Worldwide Abortion Conflict

"It is conservatively estimated that 200,000 women worldwide die every year from abortions that are illegal and unsafe."

— 1989 Planned Parenthood Federation of America (PPFA) pamphlet entitled "The Bush Administration: Dragging Us Back to the Back Alley."

Introduction and Overview. The struggle over abortion rights is being waged all over the world. Many developed nations are taking a second look at their permissive abortion laws, primarily due to the adverse demographic impacts being wrought upon their cultures by rapidly-declining birth rates (for a detailed exposition on the demographic impacts of abortion, see Chapter 20). And many developing nations — notably those in Africa — are being pressured by Western population-control organizations to loosen their restrictions on abortion and contraception.

Despite local differences in culture and religion, the characteristics of some aspects of the abortion conflict are startlingly similar to those in the United States. One of these is the persistent pro-abortion claim that abortions kill thousands of women each year in those countries where the procedure is illegal — and, on a worldwide basis, *hundreds* of thousands or even *millions* of women each year.

The Allegations Regarding Worldwide Maternal Deaths. Many pro-abortion claims regarding the prevalence of maternal deaths due to illegal abortions in various developing countries exceed the total number of deaths of *all* women of childbearing age for *all* reasons in those respective nations.

For instance, before legalization, Indian pro-abortionists commonly claimed that the total number of women dying of illegal procedures was an incredible 600,000 annually. [93] African medical professionals have claimed that as many as 74,000 African women currently die of illegal abortions each year. [94] Pro-abortion activists have also alleged that 140,000 women die of illegal abortions every year in Mexico. [95]

Perhaps the most extreme example of exaggeration is the BENFAM estimate of 400,000 annual deaths due to illegal abortions in Brazil. BENFAM is the Brazilian affiliate of the International Planned Parenthood Federation (IPPF). Brazilian Institute of Geography and Statistics (IBGE) figures have showed that only 55,066 Brazilian women between the ages of 14 and 50 died *of all causes* in 1980. The IBGE figures were confirmed by World Health Organization (WHO) statistics showing that 41,685 Brazilian women between the ages of 15 and 41 died in 1986 and, of these, 241 died of complications due to both legal *and* illegal abortions. [96]

This means that Brazilian pro-abortionists inflated the actual number of illegal abortion deaths in their country by a factor of 1,660, or 166,000 percent!

It is a simple matter to sum pro-abortion claims regarding deaths due to illegal

It is a simple matter to sum pro-abortion claims regarding deaths due to illegal abortions in a number of nations to produce an aggregate claimed total number of worldwide deaths. These figures include current numbers in countries where abortion is now illegal, and pre-legalization figures in countries where abortion is now legal.

The resulting total number of deaths would be more than *two million*, which would make illegal abortion the number one cause of death among women of childbearing age on this planet.[97]

Figure 7-4 is a summary of some of the gross pro-abortion lies regarding maternal deaths due to illegal abortions in various countries around the world.[98]

Figure 7-4

A Summary of Pro-Abortion Lies Regarding Worldwide Maternal Deaths due to Illegal Abortion

Country or Continent	Annual Illegal Abortion Deaths Claimed	Actual Annual Illegal Abortion Deaths	Factor of Exaggeration
India	600,000	1,800	333 times
Brazil	400,000	241	1,660 times
Mexico	140,000	159	881 times
Africa	74,000	150	493 times
Italy	20,000	55	365 times
Germany	15,000	100	150 times
United States	10,000	40	250 times
Portugal	2,000	12	167 times
World	1,000,000	2,640	379 times

References. For India: Priya Darshini. "Abortions Increase in India." *The Oregonian*

[Portland, Oregon], September 3, 1989, page A9. For Mexico: Dr. Salvador Sandoval's letter in the April 2, 1992 issue of the *Merced Sun-Star*, and James A. Miller's rebuttal in the April 30, 1992 issue of the same publication. For Brazil: November 13, 1991 Reuters news service releases of various titles to newspapers all over the world. Also see the December 30, 1991 letter of Dr. Geraldo Hideu Osanai, President, *Associacao Pro-Vida de Brasilia*, to Andrew M. Nibley and Thomas D. Thompson of the Reuters News Agency in New York City. For other nations: D. Kurchoff, *Deutsches Arztblatt*, Volume 69, Number 27, October 26, 1972. Also *Portuguese Anuario Estatistico*, Tables 11, 16, and 111. Also John Cavanaugh-O'Keefe and Kathleen Essex. "Protecting Life in Brazil." *HLI Reports*, September 1989, page 1.

The usual number of total worldwide illegal abortion deaths currently claimed by pro-abortionists is comparatively modest, but is still a gross exaggeration. There are endless examples of this hysteria;

- Dr. Suzanne T. Poppema writes in *Ms. Magazine* that "Globally, a woman dies every seven minutes from complications of an illegal abortion [this works out to 75,000 per year]. If nonsurgical medical abortions were made available to women everywhere, millions of lives would be saved." [99]
- The United Nations Conference on Population and Development (UNCPD) Cairo draft plan specifically states that the public health problems of unsafe abortions kill an estimated quarter of a million women each year. [100]
- The opening of a May 1999 Alan Guttmacher Institute fundraising letter says

"Dear Friend,

Bamboo sticks ... bleach ... blows to the stomach

What do they have in common?

Each is one of the hundreds of horrendous ways women in some parts of the world still try — and usually fail — to end an unwanted pregnancy.

They do so out of sheer desperation and anguish. They do so regardless of their fears of prosecution. They do so in poverty. They do so when a safe abortion is simply not available.

In fact, each year — according to new information from the Alan Guttmacher Institute — in doing so

-- 20 million women break their country's law;

-- 8 million women endure serious, often untreated, medical complications;

and

-- 78,000 women die." [101]

The lies go on and on, and the media just uncritically and unquestioningly eats them up, no matter how outrageous or obviously illogical they are. Naturally, when pro-lifers try to submit a letter to a newspaper challenging this number, the editor demands detailed documentation and even then, the paper rarely prints the letter.

The Worldwatch Institute has claimed that 200,000 women die from illegal abortions each year, and from 6,000,000 to 8,000,000 more "suffer serious, often lifelong health problems." [102] This number is echoed by virtually every pro-abortion group from the

American Civil Liberties Union to Zero Population Growth.[103] In order to whip up support for his death pill, Etienne-Emile Baulieu, the inventor of RU-486, also estimates that 200,000 women die of illegal abortions annually worldwide.[104] And, as always, the paragon of hysteria was the Revolutionary Communist Party of the United States. In the RCP's propaganda organ, the *Revolutionary Worker*, an understandably anonymous writer complained that

If the people don't succeed in taking the OFFENSIVE and defeating this assault on women, hundreds of thousands of women will suffer mutilation and death from illegal abortions. Today some 200,000 women a year die in Third World countries — one woman every three minutes. And the anti-abortion policy of the U.S. is making the situation even worse [emphasis in the original].[105]

The magic "200,000" seems to carry the same cachet for pro-abortionists on a worldwide level as their discredited "5,000 to 10,000" figure did for the United States. Planned Parenthood is the worst offender in this area, and the figure is repeated so frequently in its literature that it approaches the status of a mantra:

- "It is conservatively estimated that 200,000 women worldwide die every year from abortions that are illegal and unsafe."[106]
- "Hospital records alone show that 200,000 women die from such non-clinical abortions worldwide each year; the real total is estimated to be much higher."[107]
- "Illegal abortions in developing countries result in as many as 200,000 maternal deaths each year."[108]

Despite the occasional pro-abortion claim that the figure of 200,000 deaths was derived from "hospital records" (which would have been a mammoth international accounting task indeed!), no original documentation or impartial verification of this number is ever provided.

One must question why Planned Parenthood continues to use this number, particularly since one of its affiliates is the Alan Guttmacher Institute, which employs the most experienced abortion statisticians in the world.

An Estimate of Worldwide Maternal Deaths Due to Illegal Abortion. The pro-abortion claim that 200,000 women currently die due to complications brought on by unsanitary illegal abortions is a persuasive piece of unsupported and unverified propaganda. However, the legitimate question remains: How many women *really* die of illegal abortions in the world today?

A few simple calculations will yield a fairly accurate estimate.

A reasonable assumption regarding abortion mortality rates must first be established — an assumption which is favorable to the *pro-abortion* point of view;

The Alan Guttmacher Institute (AGI) estimates that the worldwide mortality rate for legal abortions is about 0.6 per 100,000.[109] For the purposes of this estimate, it is assumed that illegal abortions are twenty times as dangerous as legal abortions on a worldwide

basis — 12 per 100,000, or twice the illegal/legal mortality ratio commonly quoted by Planned Parenthood and the National Abortion and Reproductive Rights Action League, as described earlier.

The Alan Guttmacher Institute estimates that an estimated 26 to 31 million legal abortions are performed annually in these countries, and 10 to 22 million clandestine abortions are performed in these and other countries each year.[110]

The actual range of maternal deaths caused by complications due to illegal abortion annually worldwide would therefore be;

High Estimate: (22 million X 12/100,000) = 2,640 deaths.

Low Estimate: (10 million X 12/100,000) = 1,200 deaths.

This means that the standard pro-abortion statement that "200,000 women die of illegal abortions each year" is an exaggeration of *at least* $((200,000/2,640) \times 100\%) = 7,500$ percent!

[Go to Next Topic: The Pro-Abortion "Case" Against Childbirth](#)

[Return to Maternal Deaths Due to Abortion Table of Contents](#)

Footnotes for "The Worldwide Abortion Conflict"

[93] Priya Darshini. "Abortions Increase in India." *The Oregonian* [Portland, Oregon], September 3, 1989, page A9.

[94] Khama Rogo. "Induced Abortion in Africa" (unpublished draft), prepared for the Population Association of America annual meeting in Toronto, Canada, May 2 to May 3, 1990.

[95] See Dr. Salvador Sandoval's letter in the April 2, 1992 issue of the *Merced Sun-Star*, and James A. Miller's rebuttal in the April 30, 1992 issue of the same publication.

[96] November 13, 1991. Reuters news service releases of various titles to newspapers all over the world. Also see the December 30, 1991 letter of Dr. Geraldo Hideu Osanai, President, *Associação Pro-Vida de Brasília* to Andrew M. Nibley and Thomas D. Thompson of the Reuters News Agency in New York City.

[97] In addition to the above claims of 600,000 illegal abortion deaths in India, 400,000 deaths in Brazil, 140,000 deaths in Mexico, 74,000 deaths in Africa, and up to 140,000 deaths in the United States, there have been allegations of 20,000 deaths in Italy, 15,000 deaths in West Germany (D. Kurchoff, *Deutsches Arztblatt*, Volume 69, Number 27, October 26, 1972) and 2,000 deaths in Portugal (*Portuguese Anuario Estatístico*, Tables 11, 16, and 111).

[98] D. Kurchoff, *Deutsches Arztblatt*, Volume 69, Number 27, October 26, 1972. Also *Portuguese Anuario Estatístico*, Tables 11, 16, and 111. Also John Cavanaugh-O'Keefe and Kathleen Essex. "Protecting Life in Brazil." *HLI Reports*, September 1989, page 1.

[99] Suzanne T. Bonnema. "The Future of Roe v. Wade: Medical." *Ms. Magazine*

[99] Suzanne T. Poppema. "The Future of *Roe v. Wade*." *Medical. Ms. Magazine*, January/February 1998, page 76.

[100] Alan Cowell, *New York Times News Service*. "Catholic Cardinals Oppose Document on Population." *The Oregonian*, June 15, 1994, page A8.

[101] Opening of a May 1999 Alan Guttmacher Institute fundraising letter. The letter also says that there are 26 million legal abortions and 20 million illegal abortions.

[102] Jodi L. Jacobson. "Coming to Grips With Abortion," pages 114 to 131. In the Worldwatch Institute's *State of the World 1991 Report*. W.W. Norton Publishers, London, 1991. Also issued as Worldwatch Paper #97, "The Global Politics of Abortion."

[103] The Fund for the Feminist Majority claimed that "Illegal Abortion Kills One Woman Every 3 Minutes Worldwide" in the title of an advertisement for its "Abortion for Survival" propaganda video in the July/August 1989 issue of *Ms. Magazine*, page 47. The Revolutionary Communist Party of the United States alleges on pages 4 and 40 of its booklet entitled "Women Are Not Incubators!: The Assault on Abortion Rights" that "Today some 200,000 women a year die in Third World countries — one woman every three minutes. And the anti-abortion policy of the U.S. is making the situation even worse."

[104] *Primum Non Nocere*, Volume IV, Number 1, 1983.

[105] "Women Are Not Incubators!: The Assault on Abortion Rights." Revolutionary Communist Party of the United States, *Revolutionary Worker*, November 6, 1989. Also distributed as a special reprint booklet, pages 4 and 40.

[106] 1989 Planned Parenthood Federation of America (PPFA) pamphlet entitled "The Bush Administration: Dragging Us Back to the Back Alley."

[107] February 6, 1989 Planned Parenthood Federation of America advertisement in *The New York Times* entitled "How Can You Explain That Her Mother Died of Politics?"

[108] International Planned Parenthood Federation, Western Hemisphere Region, Inc. *Annual Report*, 1989 [New York: PPFA, 1989], pages 2 and 3.

[109] Stanley K. Henshaw. "Induced Abortion: A World Review, 1990." Alan Guttmacher Institute's *Family Planning Perspectives*, March-April 1990, pages 76 to 89.

[110] *Ibid.*

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: The Pro-Abortion "Case" Against Childbirth



SHARE

The Pro-Abortion "Case" Against Childbirth.

"Today it is possible for almost any patient to be brought through pregnancy alive, unless she suffers from a fatal disease such as cancer or leukemia, and if so, abortion would be unlikely to prolong, much less save the life [of the mother]."

— Alan Guttmacher. "Abortion Yesterday, Today, and Tomorrow."

The Case for Legalized Abortion Now [Berkeley: Diablo Books, 1967], page 9.

The Pro-Abortion Claims. In accord with their desire to legitimize a procedure that most people find unpalatable at best, various pro-abortion individuals and organizations claim that the abortion procedure itself is six, ten, or even one hundred times safer than childbirth;

- For instance, the National Abortion Federation (which, being the trade union for many abortion clinics, has a definite financial interest in such comparisons) alleges that "Abortion is seven times safer than childbirth, and carries approximately the same risk of death as a shot of penicillin." [111]
- The Planned Parenthood Federation of America (PPFA) claims that "Here at home, where it is safe and legal, abortion is twice as safe as tonsillectomy and ten times safer than appendectomy ... abortion is 7 to 28 times safer than giving birth." [112]
- Rebecca Chalker and Carol Downer claim in their book *A Woman's Book of Choices* "One salient fact that the anti-abortion movement cannot afford to acknowledge is that childbirth is 11 times more dangerous than early termination abortion." [113]
- Finally, in his book *Abortion Practice*, Warren Hern quotes a mortality rate for childbirth that is an astounding 111 times higher than that for abortion. Perhaps Hern's unsupported statistics (or the huge profits he makes) provide the basis for his bizarre attitude towards pregnancy and childbirth: "Due to the comparative mortality risks of induced abortion and term birth, abortion is the indicated treatment for pregnancy ... The relationship between the gravid female and the feto-placental unit can be understood best as one of host and parasite ... Pregnancy should be seen as a biocultural event in the context of other human illnesses." [114]

As early as the Summer of 1971, the American College of Obstetrics and Gynecology (ACOG) filed a brief before the Supreme Court of the United States stating that "The medical procedure of induced abortion is potentially 23.3 times as safe as the process of going through ordinary childbirth." [115] As described above, pro-abortion activists realized before *Roe v. Wade* that nice round numbers are appealing to the

activists realized before *Roe v. Wade* that nice round numbers are appealing to the public, and so this figure was quickly rounded up to "25" and widely disseminated by the media.[116]

Such allegations had the effect most desired by the pro-abortion movement. In *Roe v. Wade*, the United States Supreme Court "... took as 'established medical fact' the contention that in the first three months of pregnancy mortality in abortion is less than mortality in childbirth."

Comparing Grapes and Watermelons. There are a number of profound statistical and logical problems with comparing abortion-related mortality and childbirth-related mortality.

To begin with, comparing maternal *abortion* mortality with maternal *childbirth* mortality is even more imprecise than comparing apples with oranges; it is analogous to comparing grapes with watermelons.

There are basically four basic differences between abortion and childbirth;

1. **Duration.** The duration of an abortion is seldom more than two days for the relatively rare prostaglandin or saline procedures, and is most often fifteen minutes or less for first-trimester procedures. The total pregnancy, delivery, and postpartum period averages more than a year in duration. It reflects badly on the relative safety of abortion to even *attempt* comparing what is alleged to be a "quick and easy" procedure akin to "removing a wart" with a nine-month pregnancy followed by delivery and recovery. [117] After all, the ratio of time involved is about (9 months:15 minutes) = 26,300 to one!
2. **Methodology.** Abortion is always invasive, and, until this point in time, the vast majority of legal abortions have been surgical procedures. Childbirth involves surgery (Cesarian section) in only about one-fifth of all cases — and this percentage is beginning to decline rapidly. In fact, nearly half of all deaths due to childbirth can be attributed to Caesareans. [118] The comparison between a surgical procedure and a natural process is therefore fundamentally flawed.
3. **Functions.** Abortion is an artificial and unnatural invasion of the body's reproductive system. Any artificial non-therapeutic interference with any of the body's natural processes may be expected to cause subsequent problems. In the case of 'therapeutic' abortion, these problems probably include increased chances of breast cancer and post-abortal pelvic inflammatory disease (PID), which can lead to an increased probability of tubal pregnancy.[119]
4. **Intent.** A mother who seeks an abortion wants very badly to kill her child. She does not just want to be rid of the baby; she wants to *kill* it. This is evidenced by the fact that most aborting women refuse to even *consider* the adoption alternative. On the other hand, a mother who delivers her

baby wants to love and nurture her child.

Why Do Pro-Abortionists Make This Comparison in the First Place? The pro-abortion allegation that abortion is safer than childbirth is peculiar in addition to being imprecise, because there can be no logical rationale for making a comparison between two activities that are associated with such extremely low mortality rates. Although individuals tend to overestimate the probability of extremely rare events, they do not ordinarily base their decisions upon such analyses. For example, very few people would decide between making a 1,000 mile trip by air or by car based exclusively upon the chances of being killed or injured.

The only possible reason that pro-abortionists can have for attempting to contrast abortion and childbirth is to imply that abortion is somehow *preferable* to childbirth from a medical standpoint.

In fact, many abortionists and other pro-abortionists *do* claim that *all* abortions are preferable to *all* childbirth. For example, abortionist Lise Fortier has suggested that "Indeed, if one were to push logic to an extreme, since abortion is so much safer than childbirth from a strict medical standpoint, every pregnancy should be aborted." [120]

The "abortion/childbirth safety" analogy is unsound because the only figure generally quoted by pro-abortionists is the alleged *relative* dangers between abortion and childbirth; the absolute degrees of danger (mortality rates per 100,000) are rarely quoted in this context.

The same logic could be used to claim that women should use garden hoses to bathe outside, since more than a hundred women die of falls and drowning in bathtubs each year, while gardening fatalities are much rarer. [121]

By saying that 'abortion is safer than childbirth,' pro-abortionists are implying that abortion is *preferable* to childbirth, based on an analysis of the comparative hazards of both.

If the pro-aborts were to be consistent, therefore, they should also list (and discourage) *all other* activities that women participate in that are also more dangerous than abortion.

The pro-abortionists, in pursuit of their hallowed consistency, should also prohibit women from smoking, traveling, swimming, and riding a bicycle and participating in most other sports, because the risks of these activities are greater than the risks of abortion as well.

In fact, pro-abortionists should vigorously insist that women should never shower or take a bath, since more women die in the bathtub each year that are killed by abortion and childbirth *combined!*

The comparative risks of common activities engaged in by American women are shown in Figure 7-5.

Figure 7-5

Most Common Causes of Women's Deaths, Ranked by
Degree of Hazard

Degree of Hazard

Description of Activity or Incident	Probability of Death
Heart Disease	22.5% (1 out of 4)
All cancers, except breast cancer	13.3% (1 out of 8)
Mountain climbing (15 years of participation)	8.99% (1 out of 11)
Smoking (30 years of smoking one pack a day)	3.79% (1 out of 26)
Breast cancer	2.43% (1 out of 42)
Hang gliding (15 years of participation)	1.71% (1 out of 58)
Motorcycling (15 years of participation)	1.67% (1 out of 66)
Car/aircraft accidents	1.52% (1 out of 67)
Alpine hiking (15 years of participation)	0.90% (1 out of 111)
Murder	0.72% (1 out of 139)
Scuba diving/boating (15 years of participation)	0.45% (1 out of 222)
Suicide	0.42% (1 out of 238)
Parachuting (1,500 freefall jumps)	0.36% (1 out of 278)
Alpine skiing (15 years of participation)	0.30% (1 out of 333)
Rock climbing (15 years of participation)	0.21% (1 out of 480)

Snowmobiling (15 years of participation)	0.195% (1 out of 513)
Drowning	0.165% (1 out of 614)
Bicycling (15 years of participation)	0.018% (1 out of 5,630)
Canoeing (15 years of participation)	0.015% (1 out of 6,667)
Cross-country skiing (15 years of participation)	0.015% (1 out of 6,667)
ABORTION (assumes two during lifetime)	0.014% (1 out of 6,944)
CHILDBIRTH (assumes two children, including Caesarian deliveries)	0.011% (1 out of 9,260)
References.	
<p>(1) United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, <i>Statistical Abstract of the United States</i>. 2007 (126th Edition) [Washington, DC: United States Government Printing Office, 2007]. Table 111, "Deaths and Death Rates By Leading Causes of Death and Age: 2003." The entire <i>Statistical Abstract</i> for the current year is available on the United States Census Bureau Web site at http://www.census.gov/compendia/statab.</p> <p>(2) "Killer Sports." <i>U.S. News and World Report</i>, January 15, 1990, page 67.</p>	

[Go to Next Topic: What About Other Dangers?](#)

[Return to *Maternal Deaths Due to Abortion* Table of Contents](#)

Footnotes for "The Pro-Abortion 'Case' Against Childbirth"

[111] National Abortion Federation booklet entitled "Twelve Years of Legal Abortion." 1985, pages 2 and 7. Williard Cates, David Grimes, Jr., and J.C. Smith. "Abortion as a Treatment for Unwanted Pregnancy: The Number Two Sexually-Transmitted Condition "

...treatment for unwanted pregnancy. The number of sexually transmitted infections...
Annals of Planned Parenthood, pages 115 to 120. Presented at the 14th Annual Convention of the Association of Planned Parenthood Physicians, Miami Beach, Florida, November 11-12, 1976.

[112] 1989 Planned Parenthood pamphlet entitled "The Bush Administration: Dragging Us Back to the Back Alley."

[113] Rebecca Chalker and Carol Downer. *A Woman's Book of Choices: Abortion, Menstrual Extraction, RU-486* [Four Walls Eight Windows Press, Post Office 548, Village Station, New York, New York 10014, 1992], page 68.

[114] Warren Hern. *Abortion Practice* [Boulder, Colorado: Alpenglo Graphics, 1990]. Hern quotes a childbirth mortality rate of 11.1/100,000 on page 7 and a first-trimester abortion mortality rate of 0.1/100,000 on page 46, resulting in a ratio of 111 to one.

[115] This *amicus* brief was filed in the *Doe v. Bolton* case by the American College of Obstetricians and Gynecologists (ACOG), the American Medical Women's Association, the American Psychiatric Association, the New York Academy of Medicine, and a number of medical school professors and individual practitioners.

[116] The claim that "abortion is 25 times safer than childbirth" is still widely used today. See Michael J. Rosenberg and Steven M. Rosenthal. "Reproductive Mortality in the United States: Recent Trends and Methodological Considerations." *American Journal of Public Health*, July 1987, pages 833-836, and "The Federal Role in Determining the Medical and Psychological Impact of Abortion on Women." Tenth Report by the Committee on Government Operations, 101st Congress, 1st Session, *House Report 101-292*, pages 6, 12, 19, and 28.

[117] There are many examples of pro-abortionists making the "abortion/wart removal" analogy. One is by Beryl Benderly in her amusingly-titled book *Thinking About Abortion* [New York: Dial Press, 1984]: "The Supreme Court placed the decision to end a pregnancy, like that to remove a wart or straighten a nose, in the hands of the patient and her doctor."

[118] Roger Rochat, *et.al.* "Maternal Mortality in the United States: Report from the Maternal Mortality Collaborative." *Obstetrics & Gynecology*, 1988;72:91-97. This paper states that 45.5% of all childbirth-related mortality can be attributed to complications arising from Cesarean sections.

[119] 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 Cancer Risk Factor: A Review of Epidemiological Evidence." *Journal of Epidemiological Community Health*, December 1990, pages 259-264. G.L. Rubin, W. Cates, Jr., J. Gold, R.W. Rochat, and C.W. Tyler, Jr. "Fatal Ectopic Pregnancy After Attempted Legally Induced Abortion." *Journal of the American Medical Association*, October 1980, pages 1,705 to 1,708. Heisterberg, L. "Prophylactic Antibiotic in Women With a History of Pelvic Inflammatory Disease Undergoing First Trimester Abortion." *Acta Obstet Gynaecol Scand*, 1987; 66:15-18. Heisterberg, L., Hebjern, S., Andersen, L., and Petersen, H. "Sequelae of Induced First Trimester Abortion." *American Journal of Obstetrics and Gynecology*, 1986;155:76-80. Heisterberg, L. "Pelvic Inflammatory Disease Following Induced First Trimester Abortion." *Danish Medical Bulletin*, 1988;35,1:64-75.

[120] Lise Fortier, Medical Director of Planned Parenthood of Los Angeles. Quoted in *OB/GYN News*, December 1, 1980.

[121] United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States*. 2007 (126th Edition) [Washington DC: United States Government Printing Office. 2007]. Table 111. "Deaths

Washington, DC: United States Government Printing Office, 2004]. Table 1.1, "Leading and Death Rates By Leading Causes of Death and Age: 2003." The entire *Statistical Abstract* for the current year is available on the United States Census Bureau Web site at <http://www.census.gov/compendia/statab>.

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: What About Other Dangers?



 SHARE

What About Other Dangers? Yet another reason why pro-abort hand-wringing over the 'hazards' of childbirth rings hollow is that the same people who compare the relative risks of abortion and childbirth simply ignore surgical threats to maternal health that dwarf those posed by abortion and childbirth *combined*.

What about Cesarean sections? The risk of death for a cesarian is two to four times that of natural childbirth, and the frequency of Caesareans have risen from 5 percent to 25 percent of all births, primarily for the convenience of the (usually male) doctors.[122]

This means that at least one thousand women die from mostly unnecessary C-sections each year, but we do not hear a peep from the pro-aborts about such widespread abuse.

And what about hysterectomies? This is perhaps the most-abused operation aimed at either sex, and is used for a variety of purposes, from birth control to controlling headaches. It is estimated that more than 500 women per year die from hysterectomies. [123]

Yet, once again, we do not hear any objections from the pro-aborts.

If pro-abortionists were *really* concerned about women's health, they would not be attacking or denigrating childbirth — they would instead be vigilantly monitoring the proliferating abuses related to unnecessary C-sections and hysterectomies.

Background on Abortions Performed for Health Indications. One of the most confusing issues regarding the debate over maternal and abortion mortality involves the social evolution of the definition "maternal health," which has expanded beyond its clinical sense to become almost all-encompassing.

The United Nations World Health Organization (WHO) defines "health" as "A state of complete physical, mental, and social well being and not merely the absence of disease or infirmity." [124]

Such expansive misuse of this term means that abortionists can justify literally *all* abortions on the grounds of "protecting maternal health." This attitude has been expressed by a number of abortionists. David Zbaraz has claimed that all first-trimester and most second-trimester abortions are medically necessary purely since, as he alleges, they are safer than childbirth.[125] Michael Burnhill of the National Abortion Federation has said that a "life of the mother" exception would allow him to perform all abortions he considered "medically necessary," all those that would preserve a "condition in which one can actively participate in one's total life ... " [126] Abortionist Jane Hodgson stated her case in much simpler and more direct terms: "In my medical judgment, every pregnancy that is not wanted by the patient, I feel there is a medical indication to abort a pregnancy where it is not wanted. In good faith, I would recommend on a medical basis, you understand, that, and it would be 100% ... I think they are all medically necessary." [127]

This attitude seems to be the norm among abortionists.

And why not?

Doing abortions is how they make money — and lots of it!

The abortionists' thinking is definitely reflected in their practices

The abortionists' thinking is definitely reflected in their practices.

In 1986, the Inspector General of the United States Department of Health and Human Services (HHS) issued a report (Control Number 14-60150) that summarized the events leading to 207 Colorado and Ohio Medicaid abortions performed to "save the life of the mother."

Intuition would seem to indicate that an abortion performed to save a woman's life would involve only the most extreme life-threatening physical circumstances. Yet 179 of the 207 abortions (86 percent) performed "to save the mother's life" were performed in doctor's offices, which generally have no advanced medical or resuscitation equipment on hand. Even more startling, 182 of these abortions (88%) were coded as including "no medical complications." Only three physicians performed 184 of these abortions (89% of the total), and the HHS report stated that they "... said that pregnancy was more life-endangering to a mother than an abortion, so they signed the certifications on that basis."

Another indication of the safety of childbirth is the extreme rarity of abortions performed to save the life or health of the mother when rigorous documentation of the procedure is required. Several studies performed in areas that require justification for legal abortions support the view that childbirth is not as hazardous as some pro-abortion organizations claim. Several studies performed over a period of four decades yielded a similarly low percentage of abortions performed to avoid the rare genuine hazards of childbirth.

The first study of abortions performed for health reasons began forty years ago at New York's Mount Sinai Hospital. During the time period 1953 to 1964, there were a total of 57,228 deliveries at Mount Sinai, and 69 abortions were performed for physical health reasons. The study managers admitted in a journal article that the true degree of risk to the mother's health was not assessed in most cases; if there was any doubt whatever about the mother's health, they performed an abortion as a safeguard. Despite the author's liberal attitudes regarding the justification of abortion for the mother's health, the total rate of abortions performed to safeguard maternal health in this study was one in 830 pregnancies, or about one-eighth of one percent. Abortion was not yet legal in New York State during this time period, and so the rate of maternal health problems at Mount Sinai Hospital was not artificially deflated by the easy availability of abortion elsewhere. [128]

In a second study, a total of 358,074 abortions were reported in the United Kingdom for the years 1987 and 1988. Of these, a total of 966 were performed for a "specified medical disorder," i.e., a perceived serious health threat to the mother. This is a total of one pregnancy in 416, or 0.24% (one-fourth of one percent).[129]

Another study of maternal health was performed at the Republic of Ireland's National Maternity Hospital, the largest facility of its kind in Europe. During the ten-year period 1970 to 1979, this hospital was the scene of 74,317 deliveries at more than 28 weeks' gestation. Twenty-one women died in childbirth. Of these 21, seven died of reasons not associated with childbirth and 11 died as a result of unforeseen circumstances (and which therefore could not have been corrected by abortion). Only three deaths were a result of chronic diseases that deteriorated during the pregnancy. This means that 3 of 74,317 delivering women — a total of less than one-one hundredth of one percent — lost their lives as a result of their pregnancies at a hospital that had extensive experience in managing the health of pregnant women.[130]

Aside from exhaustive studies, the best indicator of the number of abortions actually performed for valid health reasons is reflected in modifications in both federal

actually performed for valid health reasons is reflected in modifications in both federal and state Medicaid abortion funding standards and the resulting changes in numbers of abortions paid for under the programs.

Until October 1, 1977, the Federal government funded abortions for the life of the mother, for rape and incest, and for the 'health of the mother.' After this date, the Hyde Amendment allowed the government to drop funding for the 'health' exception, while retaining funding for the other exceptions. The results were truly dramatic. In Fiscal Year 1977, before the Hyde Amendment took effect, the Federal government funded 294,600 abortions. With the new restrictions, the government only paid for 2,100 abortions in Fiscal Year 1978 — a decrease of 99.3 percent.[131]

The debate over maternal abortion deaths was thrust into the forefront once more during the debate over the Hyde Amendment. The American Civil Liberties Union revived the two-pronged scare tactic described earlier in this Chapter as it launched an "informational campaign" declaring that "Hundreds of women this year will die because they cannot afford an abortion. Most will be young. Many will be black. All will be poor ... The risk of death is far greater when the operating room is a kitchen table and the surgical instrument a coat hanger." [132]

Instead of "hundreds of women" dying each year because of the Hyde Amendment, the Centers for Disease Control reported that 21 women died of abortion complications in 1977 (the year before the Hyde Amendment was enacted), and 16 died the year the Amendment was in force — a decrease of 24 percent, not an increase of more than a thousand percent as the ACLU had claimed.[133]

On the state level, the best example of such a precipitous drop was experienced in Illinois, which paid for 23,209 abortions in 1976, primarily for the 'health of the mother.' The state paid for just 12 abortions in 1983, after courts upheld a 1977 state law banning the use of state money for abortions unless medically necessary to save the woman's life.[134] This meant that 99.95 percent of all abortions performed in Indiana prior to the cutoff in funding were committed for reasons *not* related to life-threatening maternal health conditions.

The Abortionists Speak Honestly. Before pro-abortionists finalized their strategy to legalize abortion all over the world, they were much more honest in their assessments of the magnitude of the "threat" that pregnancy posed to women.

Alan Guttmacher of Planned Parenthood did more to promote and spread abortion on demand throughout the world than any other individual. Yet as long ago as 1967 he commented, "Today it is possible for almost any patient to be brought through pregnancy alive, unless she suffers from a fatal disease such as cancer or leukemia, and if so, abortion would be unlikely to prolong, much less save the life." [135] Certainly, with all of the advances in medicine since 1967, cases in which a woman's pregnancy threatens her health are still rarer today (see Chapter 3 for a list of diseases and disorders that are almost never indications for abortion).

Other experts in obstetrics and gynecology have testified as follows;

- Reformed abortionist Bernard Nathanson said in 1990, "The situation where the mother's life is at stake were she to continue a pregnancy is no longer a clinical reality. Given the state of modern medicine, we can now manage any pregnant woman with any medical affliction successfully, to the natural conclusion of the pregnancy: The birth of a healthy child." [136]

- The "Father of Fetology," Hymie Gordon, M.D., Director of Medical Genetics at the Mayo Clinic, said that "In more than 25 years now of medical practice, I have come to learn that if a woman is healthy enough to become pregnant, she is healthy enough to complete the term — in spite of heart disease, liver disease, almost any disease. As far as I'm concerned, there are no medical indications for terminating a pregnancy." [137]
- Dr. Alan F. Guttmacher, former President of the Planned Parenthood Federation of America (PPFA), said in 1959 that "Twenty-five years ago [1934] the famous triad — heart, lungs and kidneys — were the three black horsemen. They accounted for an overwhelming portion of legal abortions. But with our present miraculous improvements in the treatment of heart disease, lung tuberculosis and kidney ailments, this infamous trio has lost much of its terror, and today relatively few pregnancies have to be terminated on their account. However, as I have indicated earlier in this chapter, three new entities have usurped prominence: Psychiatric difficulties, eugenic considerations and malignancy, or cancer. ... Most abortionists owe half their practices to patients referred by legitimate doctors — patients in whom the legitimate doctor can find no medical reason for abortion." [138]
- Dr. Roy Heffernan of Tufts University Medical School has said that "Anyone who performs a therapeutic abortion is either ignorant of modern medical methods or unwilling to take the time and effort to apply them." [139]
- Drs. John F. Murphy and Diernan O'Driscoll say that "There is now general agreement that pregnancy does not alter the natural history of disease, so that, provided a woman survives the immediate challenge, neither her health nor her life-expectancy is permanently changed." [140]
- Dr. Jasper Williams, Jr., of the Bernard Hospital in Chicago, Past President of the National Medical Association, has said that "Since 1953, I have never seen a patient die who died because she needed an abortion and it could not be performed. Doctors now have the tools and the knowledge with which to work so that they can handle almost any disease a patient may have, whether that patient is pregnant or not, and without interrupting the pregnancy." [141]
- Dr. Patrick Beirne, who specialized in difficult obstetrical situations, has testified in court that "There's virtually no situation now where you must abort or the mother will die." [142]
- Former Surgeon General of the United States Dr. C. Everett Koop said that "The life-of-the-mother argument surfaces in every debate concerning abortion. The fact of the matter is that abortion as a necessity to save the life of the mother is so rare as to be non-existent." [143]

[Go to Next Topic: The Mental Health Exception = Abortion on Demand](#)

[Return to *Maternal Deaths Due to Abortion* Table of Contents](#)

Footnotes for "What About Other Dangers?"

[122] Diana B. Pelitti *et.al.* "In-Hospital Maternal Mortality in the United States: Time Trends and Relation to Method of Delivery." *Obstetrics & Gynecology*, January 1982, page 6.

[123] Ruth Toumala. "Hysterectomy." *Harvard Medical School Health Letter*, May 1988, page 8. Also see Richard C. Dicker *et.al.* "Complications of Abdominal and Vaginal Hysterectomy Among Women of Reproductive Age in the United States." *American Journal of Obstetrics and Gynecology*, December 1, 1982, pages 841 to 848.

[124] Jodi L. Jacobson. "Coming to Grips With Abortion," pages 114 to 131. In the Worldwatch Institute's *State of the World 1991* Report [W.W. Norton Publishers, London, 1991]. Also issued as Worldwatch Paper #97, "The Global Politics of Abortion."

[125] *Zbaraz v. Quern*, No. 77-C4522 (N.D. Ill, Memo Opinion, June 13, 1978).

[126] Michael Burnhill, M.D., of the National Abortion Federation on the April 22, 1980 "MacNeil/Lehrer Report." Quoted in "Exceptions: Abandoning "The Least of These My Brethren."" American Life League booklet, 1991, page 24.

[127] Jane Hodgson, M.D., transcript, August 3, 1977, at 99-101, *McRae v. Califano*, 491 F.Supp. 630 (E.D.N.Y. 1980), rev'd sub nom. *Harris v. McRae*, 100 S. Ct. 2671 (1980).

[128] J.J. Rovinsky and S.B. Gusberg. *American Journal of Obstetrics and Gynecology*, 98:11-17 (1967).

[129] D.B. Paintin, M.D., Department of Obstetrics and Gynecology, St. Mary's Hospital Medical School, London, England. "Late Abortions." *The Lancet*, November 11, 1989. No. 8672:1158.

[130] Her Majesty's Safety Officer, Office of Population Censuses and Surveys. *Abortion Statistics 1988*, page 60. Quoted in "Submission by Dr. G.T. Gardner, M.R.C.G.P., to the General Medical Council Preliminary Proceedings Committee, May 7th, 1992."

[131] Douglas Johnson. "293 Abortions Paid For By Federal Medicaid: 1984 Lowest Figure to Date." *NRL News*, May 2, 1985, page 10. Rachel Benson Gold. "Publicly Funded Abortions in FY 1980 and 1981." Alan Guttmacher Institute's *Family Planning Perspectives*, July/August 1982.

[132] American Civil Liberties Union pamphlet entitled "The ACLU's Campaign for Choice," dated 1979.

[133] Lisa M. Koonin, Jack C. Smith, Merrell Ramick, and Herschel W. Lawson, "Abortion Surveillance — United States, 1989." *Morbidity and Mortality Weekly Report*, CDC Surveillance Summaries, September 4, 1992, Volume 41, No. SS-5, pages 1 to 33. Reprinted by the CDCs as an informational booklet. Table 15, "Number and Case-Fatality Rates of Abortion-Related Deaths Reported to CDC, By Type of Abortion — United States, 1972-1987."

[134] Frontline Updates. "Illinois State-Paid Abortions Drop to Twelve." *National Right to Life News*, August 16, 1984, page 4.

[135] Alan Guttmacher. "Abortion Yesterday, Today, and Tomorrow." *The Case for Legalized Abortion Now* [Berkeley: Diablo Books, 1967], page 3.

[136] Bernard Nathanson, M.D. Written statement to the Idaho House of Representatives' State Affairs Committee, 16 February 1990. Also quoted in "Exceptions: Abandoning "The

State Affairs Committee, 16 February 1958. Also quoted in "Exceptions: Abandoning the Least of These My Brethren." American Life League booklet, 1991, page 22.

[137] Hymie Gordon, M.D., Director of Medical Genetics, Mayo Clinic, Rochester, Minnesota, October 15, 1974.

[138] Alan Guttmacher, M.D. *Babies by Choice or by Chance* [Garden City, New York: Doubleday & Company, Inc., 1959], page 209.

[139] Roy Heffernan, Tufts University Medical School. Quoted in Thomas J. O'Donnell's *Morals in Medicine* [Westminster, Maryland: Newman Press, 1960], page 159.

[140] John F. Murphy, M.D. and Diernan O'Driscoll, M.D. "Therapeutic Abortion: The Medical Argument." *Irish Medical Journal*, August 1982, pages 304 to 306.

[141] Jasper Williams, Jr., M.D., Bernard Hospital, Chicago, Illinois, Past President of the National Medical Association, address before the NMA National Committee on October 19, 1981.

[142] Patrick Beirne, M.D., in testimony at the *Borowski* trial, May 17, 1983, Regina, Saskatchewan, page 444.

[143] C. Everett Koop, M.D., former Surgeon General of the United States. *The Right to Live, the Right to Die* [Toronto, Canada: Life Cycle Books], page 61.

Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: The Mental Health Exception = Abortion on Demand



 SHARE

The Mental Health Exception = Abortion on Demand. The potential for abuse of the term "mental health" is even greater than misuse of the term "physical health" where abortion is concerned. When a definite physical indication for abortion cannot be ascertained, it is a simple matter to use virtually any rationalization to justify an abortion for the mother's mental health.

This has been a common approach since the first states legalized abortion. Dr. E. James Lieberman spoke of those states that had already legalized abortion for the mother's "health" in 1970 when he said that "In recent years, 90 percent of all legal abortions performed in the United States were justified on psychiatric grounds, since there are few physical conditions which stand in the way of normal gestation and parturition." [144]

Two decades later, this phenomenon was confirmed by the Office of Public Health of the Louisiana Department of Health and Hospitals, which compiles state abortion statistics. Over the 14-year period 1975 to 1988, 202,135 abortions were performed in Louisiana. Of these, the reasons were listed for 57 percent, or 115,243 of the abortions. Of this subgroup, 1,012 were performed for rape, incest, fetal deformity (eugenics), and the mother's physical health. [145] This means that 114,231 abortions, or more than 99 percent, were performed for the mother's 'mental health.'

Pro-abortion activists know that they can portray those who oppose abortion exceptions for the mother's health as unfeeling and judgmental. They also acknowledge that they can use an abortion exception for the mother's 'mental health' to obtain abortion on demand in practice.

In 1988, in anticipation of a possible limitation of *Roe v. Wade*, many pro-abortion activists began instructing women how to 'act' in order to get abortions should the procedure be limited to 'health' exceptions once again. A good example of this type of chicanery was provided in a recent book by Rebecca Chalker and Carol Downer;

During the interview, weep, show anger, fear, disgust, outright destructiveness of your clothing or small objects, say, the ashtray on his desk which can be broken on the floor or against a wall. Don't overdo this. You will be billed for the broken things later! Don't break the doctor's head. This is a "no-no" ... How's your attention span? ... You can't seem to concentrate on anything for more than a couple of minutes ... Drop sly hints that you are "attracted" to many strange men sexually. Be dull and very sad. Cry a bit. Just sit in silence, and make him repeat questions as though you hadn't heard a word ... And now for the Manic Scene: Just like the opera, ladies! Brighten up, beam like a sunrise ... let your thoughts gallop wildly ... your speech flows like the Danube in flood time ... you might try taking off your shoes, kicking them all the way across his office, wriggling your toes. Then say, "That feels so good, I think I'll take *everything* off ... (musingly)." [146]

Calculation of Relative Hazard Levels: Proposal for An Original Approach.

(1) Comparison Using Standard Definitions. The calculations used to determine the relative rates of maternal mortality due to abortion and childbirth are straightforward, and are shown in Figure 7-3.

In Figure 7-3, we calculated that an average of about 41 women per year die of complications arising from the huge number of legal abortions currently being performed annually, resulting in an average mortality rate of 3.1/100,000 over the ten-year period 1997-2006.

Figure 7-3 also shows that there were an average of 242 annual maternal deaths attributed to the average of 4,038,300 births that took place each year over the decade 1997-2006. This means that the average mortality rate for childbirth was 6.0 per 100,000, or not quite twice that of surgical abortion.

(2) Redefining the Parameters. For decades, pro-abortion and pro-life statisticians have compared the relative safety of childbirth and abortion and have vociferously disagreed over their methodologies and results.[147]

Such a discussion is largely irrelevant for the reasons described above. A single "average" abortion procedure may indeed have a lower probability of mortality than a single "average" instance of pregnancy and childbirth, but the comparison is largely invalid to begin with due to the vanishingly small chances of death happening in either case.

It is certainly true that there are only two choices available once a woman is pregnant: Childbirth or abortion. However, from a wider perspective, a more equitable, logical, and pertinent comparison would involve the sum total of all hazards related to pregnancy and childbirth compared to the sum total of all of the hazards associated with *avoiding* pregnancy and childbirth. Such a comparison would have much more relevance to the debate and would be valuable in terms of dispelling public misunderstandings and helping women make a more informed choice about whether or not to conceive a child.

The comparative risks could be entitled "childbirth-related mortality" and "childbirth-avoidance mortality."

Childbirth-related mortality would assess maternal deaths related directly to complications arising from pregnancy and childbirth and those indirect causes of maternal death that are reasonably proximate (i.e., first-order). Childbirth-related mortality would be measured in terms of deaths per 100,000 births, and would include all maternal deaths due to pregnancy terminated by natural means, including miscarriage, natural birth, stillbirth, and ectopic pregnancy, and those deaths due to incidents that do not result in termination of pregnancy;

- embolism;
- hypertensive diseases of pregnancy;
- non-obstetric injuries;
- obstetric hemorrhage;
- cerebrovascular accidents; and
- anesthesia complications.

The critical point to consider here is that, according to the ACOG and other medical institutions, the current definition of "childbirth-related mortality" *includes* abortion-related

institutions, the current definition of childbirth-related mortality includes abortion-related mortality, because the medical community sees "childbirth" as synonymous with "pregnancy" for certain purposes.

In other words, if, in a certain year, 10,000 women died of complications due to legal abortions and only one woman died of childbirth, abortion would still be rated safer than childbirth under this fatally flawed statistical system!

Childbirth-avoidance mortality would measure those deaths resulting directly from all means used to avoid pregnancy or its continuation, including abortion, sterilization, and contraceptive and abortifacient methods, and those indirect causes of maternal death that are reasonably proximate. It would be measured in terms of deaths per 100,000 women using contraception, sterilization, abortifacients or abortion to avoid childbirth.

Some factors that should be taken into consideration include;

- abortion-related deaths "on the table" from anesthesia, bleeding, or shock;
- abortion-related deaths due to abortion-caused physical complications that occur days or even months later;
- extreme depression directly caused by abortion leading to suicide;
- deaths due to related physical complications brought on by previous abortion(s), such as mortality due to the documented concomitant increased risk of ectopic pregnancies;
- physical complications associated with female sterilization; and
- complications associated with the use of contraception and abortifacients, including the intrauterine device (IUD) and the oral contraceptive (OC) pill.

Such a comparison would make a fascinating and extremely complex statistical study. While "on the table" abortion deaths are fairly simple to estimate, firm data concerning abortion's influence on long-term trends such as maternal suicide and breast cancer is scarce. Deaths caused by direct and proximate complications due to female sterilization and hysterectomies performed for birth control reasons are well-documented, but many long-range impacts of these procedures are being debated and firm estimates of mortality due to indirect causes have not been established in the literature.[148] There are studies concerning method-related deaths caused by two of the most popular currently-prevailing methods of contraception, the birth control pill and the IUD, but there is much conflicting evidence concerning their long-range impacts on cardiovascular diseases, breast cancer, and the incidence of ectopic pregnancy.[149]

A further consideration revolves about the fact that, of the sexually active women in the United States who are not naturally or artificially sterile, approximately 11 million do not use contraception of any type, and about 24 million use some method of abortifacient or contraceptive birth control. Since no contraceptive method is perfect, method-related problems and user-related error account for about two and a half million unintended pregnancies per year, half of which end in abortion. [150] This means that one million unintended pregnancies annually are carried to term.

Many experts have acknowledged that the prevention of pregnancy may cause as many deaths as pregnancy itself.[151] For example, Chapter 2 includes calculations that show that over 700 women die of complications due to the use of the oral contraceptive pill in the United States every year.

A thorough investigation into the complex question of the relative dangers of

A thorough investigation into the complex question of the relative dangers of childbearing and its avoidance should be conducted.

(3) Summary and Conclusions. The chances of dying of either abortion or childbirth are vanishingly small for the average healthy woman: About 6 chances in 100,000 for childbirth and about 3 chances in 100,000 for abortion. To put these probabilities into perspective, a woman's chances of dying in childbirth are equal to those of being killed in a car accident over a period of three months of average driving.

A woman who wishes to address her particular situation with a wider perspective should base her reproductive decisions on the risks and probabilities that are associated with the total range of options that are likely to confront her. These include not only the mortality due to abortion and childbirth, but sterilization and contraception as well.

Unfortunately, it will be years before all risks and probabilities are documented, if the task is ever accomplished at all.

[Go to Next Topic: The Dangers of "Home Abortion"](#)

[Return to Maternal Deaths Due to Abortion Table of Contents](#)

Footnotes for "The Mental Health Exception = Abortion on Demand"

[144] E. James Lieberman, M.D. "Abortion Counseling," and Benjamin N. Branch, M.D. "Counseling in Abortion Services." In Sarah Lewit (Editor). *Abortion Techniques and Services: Proceedings of the Conference, New York, N.Y., June 3-5, 1971* [Amsterdam: Excerpta Medica, 1972].

[145] Louisiana Department of Health and Hospitals, Office of Public Health. Compilation of Forms #PHS 16-ab, "Report of Induced Termination of Pregnancy," Item 9d, "Reason for Pregnancy Termination."

[146] Quoted from Lana Phelan and Pat Maginnis. *The Abortion Handbook* [North Hollywood, California: Contact Books, 1969], pages 111 to 115. Also quoted in Rebecca Chalker and Carol Downer. *A Woman's Book of Choices: Abortion, Menstrual Extraction, RU-486* [Four Walls Eight Windows Press, Post Office 548, Village Station, New York, New York 10014, 1992].

[147] Two excellent examples of this discussion are contained in W. Cates, Jr., J.C. Smith, R.W. Rochat, and D.A. Grimes. "Mortality from Abortion and Childbirth: Are the Statistics Biased?" and S.A. LeBolt, D.A. Grimes, and W. Cates, Jr. "Mortality from Abortion and Childbirth: Are the Populations Comparable?" Both in the *Journal of the American Medical Association*, July 1982, pages 188-196.

[148] The Centers for Disease Control found that 29 deaths were attributable to tubal sterilization from 1977 through 1981 (H.B. Peterson, *et.al.* "Deaths Attributable to Tubal Sterilization in the United States, 1977 to 1981." *American Journal of Obstetrics and Gynecology*, May 1983, pages 131-136). The mortality rate for tubal sterilization is about 8.0/100,000 (H.B. Peterson, *et.al.* "Mortality Risk Associated with Tubal Sterilization in United States hospitals." *American Journal of Obstetrics and Gynecology*, May 1982, pages 125 to 129. L.G. Escobedo, H.B. Peterson, G.S. Grubb, and A.L. Franks. "Case-Fatality Rates for Tubal Sterilization in U.S. Hospitals, 1979 to 1980." *American Journal of Obstetrics and Gynecology*, January 1980, pages 147-150).

Obstetrics and Gynecology, January 1988, pages 147-150).

[149] H. Ory. "Mortality Associated With Fertility and Fertility Control: 1983." Alan Guttmacher Institute's *Family Planning Perspectives*, May-June 1983, pages 53-57. The rates provided in this paper are applied to the total number of smoking and nonsmoking women in the United States, and this information is extracted from the *Statistical Abstract*, Table 13, "Total Population, By Age and Sex: 1960 to 1989;" Table 101, "Contraceptive Use By Women, 15-44 Years Old, By Age, Race, Marital Status, and Method of Contraception: 1982 and 1988;" and Table 201, "Cigarette Smoking, By Age, Sex, Race, and Educational Attainment: 1965 to 1987." These numbers show that an average of 450 women die due to the method-related effects of the birth control pill each year. The intrauterine device (IUD) has had a stormy history. The Dalkon Shield, the Lippes Loop, and other IUDs were linked to at least 43 deaths during the period 1971 to 1974 (Richard P. Dickey, M.D., Ph.D. "The Effect of Recent FDA Legislation on Contraceptive Developments and Safety." 15 *International Journal of Gynecology and Obstetrics* 111-112 (1977)). Although the primary method of action of the intrauterine device (IUD) appears to be interference with implantation, eighteen studies of patients with IUDs found that 8.4% of all implanted pregnancies that occurred with the IUD in place resulted in life-threatening ectopic pregnancies that required surgery (D.R. Mishell, Jr. "Assessing the Intrauterine Device." Alan Guttmacher Institute's *Family Planning Perspectives*, May-June 1975, pages 103-111. R.G. Wheeler, R.L. Buschbom, and R.K. Marshall. "A Rational Basis for IUD Design and Development." In R.G. Wheeler, G.W. Duncen, and J.J. Speidel (editors). *Intrauterine Devices: Development, Evaluation, and Program Implementation* [New York: Academic Press, 1974], page 185). Finally, IUD users face a 50-fold higher risk of death from septic spontaneous abortion and a 6 to 20 times greater risk of ectopic pregnancy (Willard Cates and John Ory. "IUD Complications: Infection, Death, and Ectopic Pregnancy." *Controversies in Contraception*, 1979, page 187).

[150] United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States* [Washington, DC: United States Government Printing Office, 2007 (126th Edition)]. Table 95, "Current Contraceptive Use by Women, 15 to 44 Years of Age: 1995 and 2002." The entire *Statistical Abstract* for the current year is available on the United States Census Bureau Web site at <http://www.census.gov/compendia/statab>. Method and user failure rates are from Robert A. Hatcher, et. al. *Contraceptive Technology* (18th Revised Edition) [New York: Ardent Media, Inc., 2004]. Table 31-1, "Percentage of Women Experiencing an Unintended Pregnancy During the First Year of Typical Use and the First Year of Perfect Use of Contraception and the Percentage Continuing Use at the End of the First Year. United States," page 792. For the total number of failures for each method type, see Chapter 21, "Contraception."

[151] B.P. Sachs, P.M. Layde, G.L. Rubin, and R.W. Rochat. "Reproductive Mortality in the United States." *Journal of the American Medical Association*, May 1982, pages 2,789 to 2,792.

"dangerous back-alley abortions." However, *sub rosa* illegal abortion networks are still operating for three reasons. Some women simply prefer to be aborted by close friends, no matter what the status of abortion laws are. Secondly, women are 'practicing' in anticipation of the day when abortion is illegal again. Finally, as noted above, "menstrual extraction" helps eliminate the guilt that abortion may cause, because women who use it never really know if they were pregnant in the first place.[155]

... **And Home Abortion Parties**. A recent article in *American Medical News* described an illegal 'abortion party' at a woman's house in stomach-wrenching detail. What was so sickening about the article was not the goriness of the abortion (which was not mentioned), but the indifferent way in which the snuffing out of a baby's life was treated by all present at the abortion. For these women, the abortion was not a thing to be agonized over, not a thing to regret in any way, but instead merely an opportunity to 'share an experience with friends.'

The article centers around Maria Romero, an unmarried 20-year old woman who has been shacking up with her boyfriend. When asked how she could have become pregnant while using birth control, Romero just shrugged, grinned, and said "Sometimes I'm kind of lazy about using my cervical cap."

In a hideous parody of a baby shower, the article describes how friends brought gifts to her home on the appointed abortion day. One of the women brought a dozen tiny pink roses.

After assembling, the women then chatted and drank cappucino for a while. Finally, they got down to business. Carla Martinez, a lay person with no medical experience, aborted Romero with a home 'menstrual extraction' kit. Despite Romero feeling significant pain, the procedure is described as safe and almost trivial in nature.

After the abortion, Martinez said that "There are some people who want to see it so they can see there are no body parts, that it's not a baby," and Romero gushed happily that "I think that it's wonderful to share the [abortion] experience with my friends." [156]

Cindy Pearson, who has been promoting self-abortion for nearly a decade, enthused that "This is so fun; this is so great, that we can do this ourselves ... It's just joyful." [157]

These very existence of these 'abortion parties' dispels a number of pro-abortion myths; that 'pro-choicers' are morally superior to 'Operation Rescue types' because they respect the law; that they really *care* about women's health; and that abortions are invariably the product of long and painful soul-searching by the aborter.

Making Money Off Women's Pain. Small circles of individual women are not the only promoters of self-abortion in the country today.

The Federation of Feminist Women's Health Centers (FWHCs) began selling \$89.95 'home suction aspiration kits' in mid-1989, immediately following the Supreme Court's *Webster v. Reproductive Health Services* decision. These kits consisted of aquarium tubing, Mason jars, and syringes. As Lynne Randall, director of the Atlanta FWHC, said: "Since there won't be enough courageous doctors to break the law, this could be the safest illegal abortion possible." [158] Personnel from the Federation of FWHCs began touring the country in mid-1990, selling and demonstrating their home abortion kits and showing their 28-minute propaganda film "No Going Back." [159]

The U.S. Food and Drug Administration promptly shut down the sales by the FWHCs, because it considered the home abortion kits to be extremely dangerous to

women's health. There is, of course, no ultrasound performed during ME, even though this is considered standard practice by most experienced abortionists. One emergency room doctor, commenting on this shortcoming, asserted that "The existence of an ectopic pregnancy or a [hydatidiform] mole would have disastrous results." [160]

Gender feminists are not the only people who are pushing illegal abortion kits. Various Communist and homosexual groups are joyfully leaping into the fray as well. For example, a disreputable group calling itself "Anonymous Queers 1992" circulated diagrams of the "Del-Em" at the pro-abortionist's April 1992 "March for Death" in Washington, DC. [161]

The future and prevalence of ME is in doubt at this time, particularly in light of the introduction of the RU-486 abortion pill and its inevitable black-market imitations. However, the abortion situation is constantly evolving, and its configuration depends to a large degree upon the attitudes of the courts, the media, the legislatures, the churches, and the public. Given the fluid nature of the many aspects of the debate — and the influence of demographics — it is entirely possible that, at some future date, access to abortion will be significantly restricted in the United States. If this occurs, many experienced abortionists will certainly continue to perform the procedure illegally. The practice of 'menstrual extraction' and other 'home remedies' will also spread under such conditions, and will probably account for a large percentage of future maternal deaths due to illegal abortion.

Ironically, any significant future restrictions on abortion will almost certainly be challenged by the same people who are performing "home abortions" and causing the maternal deaths that they will then turn around and use as a centerpiece of their campaign to repeal 'restrictive' laws.

Summary and Conclusions.

The prevalence of maternal deaths due to abortion complications has played a central role in the moral debate since the early 1960s. The most effective weapon used by pro-abortionists to secure abortion on demand was a two-pronged strategy whose centerpieces were the exaggeration of the numbers of women dying of illegal abortions and graphic descriptions of back-alley abortion mills that they held out as the norm.

When abortion was legalized in 1973, the political and strategic status of maternal abortion deaths was suddenly reversed. Instead of being grossly overstated, the numbers of women dying of complications due to legal abortion are now greatly underreported. Abortionists are now a very well-protected part of the medico-legal "system" despite their "untouchable" status, because they are the garbage men of the medical profession. They dispose of unwanted human beings, and their filthy business is considered vital to the welfare of society by modern-day utilitarians. Many abortion-caused deaths are quickly and efficiently covered up, as described earlier in this Chapter.

Another powerful weapon used by pro-abortionists to obtain and then retain abortion on demand was the allegation that abortion is safer than childbirth. However, these two outcomes of pregnancy are in no way comparable for several reasons, as described elsewhere in this Chapter. In any case, the absolute chances of death due to either childbirth or abortion are similar and so small that no important life decision such as childbearing should be based solely upon this factor.

unbearable should be based solely upon this factor.

Data regarding the secondary risks of abortion, pregnancy and childbirth is generally contradictory, and the literature does not contain a detailed comparison of the total risk of childbirth compared to the total risk of childbirth avoidance. The probability that secondary abortion complications may be affecting a significant number of women demands that more comprehensive and conclusive research be done in this area.

A comparison between the total risks of childbirth and childbirth avoidance would better serve the interests of women who are contemplating the possibility of pregnancy than the current rather simplistic debate over the relative hazards of abortion and childbirth.

Finally, the resurgence of "self-help" abortions poses a threat to the health of women, because early abortion or "menstrual extraction" takes place either to "get rid of the period" or before seven weeks' gestation (if the woman is pregnant). In both cases, the uterus is smaller and more vulnerable than it is past eight weeks' gestation. "ME" has never been truly widespread and is a largely symbolic practice. However, the chances of perforation or pelvic inflammatory disease is significant enough that the medical community should unite in condemnation of such procedures being performed by minimally-trained lay people.

[Go to Next Topic: Further Reading on Maternal Deaths and Abortion](#)

[Return to *Maternal Deaths Due to Abortion* Table of Contents](#)

Footnotes for "The Dangers of 'Home Abortion'"

[152] A good article on this topic is Colette Price. "The First Self-Help Clinic." Redstockings of the Women's Liberation Movement. *Feminist Revolution* [New York: Random House, 1975], pages 136 to 142.

[153] Rebecca Salstrom. "Menstrual Extraction: Is Self Help Making a Comeback?" *WomenWise* [publication of the New Hampshire Federation of Feminist Womens Health Centers], Spring 1992, page 6.

[154] Robert G. Castadot. "Pregnancy Termination: Techniques, Risks, Complications and Their Management." *Fertility and Sterility*, January 1986, Volume 45, No. 1, pages 5 to 17.

[155] Warren Hern states that "The term [menstrual extraction] originated as a euphemism for early abortion prior to the legalization of abortion and was perceived by its originators as a useful deception [and is still useful] in a politically repressive setting." *Abortion Practice* [Boulder, Colorado: Alpenglo Graphics, 1990], page 120.

[156] Janice Perrone. "Controversial Abortion Approach." *American Medical News*, January 12, 1990, pages 9 and 18 to 20.

[157] Candy Berkebile. "Feminists Teach "Do-It-Yourself" Abortions." Quoted in *Family Voice* [a publication of Concerned Women for America], June 1992, pages 12 and 13.

[158] Lynne Randall, director of the Atlanta Feminist Women's Health Center, quoted in *The New York Times*, October 6, 1982.

[159] Described in a November 1989 letter to "pro-choice supporters," signed by Shireen Miles, Associate Director of the Federation of Feminist Women's Health Centers, Los Angeles, California. The Executive Director of the FWHCs at this time was Carol Downer.

[160] Albert Altchek, M.D. *Emergency Medicine*, September 1973.

[161] Candy Berkebile. "Feminists Teach "Do-It-Yourself" Abortions." Quoted in *Family Voice* [a publication of Concerned Women for America], June 1992, pages 12 and 13.

[Facts of Life: Chapter 7: Maternal Deaths Due to Abortion: Further Reading on Maternal Deaths and Abortion](#)



 SHARE

Further Reading: Maternal Deaths and Abortion.

Ruth Barnett. *They Weep on My Doorstep* [Halo Publishers, Portland, Oregon]. May be ordered from Post Office Box 1383, Silver Springs, Florida 32688-1383. 223 pages, \$7.45. This is a fascinating account of a naturopath who committed illegal abortions in Portland, Oregon, with the full knowledge of the authorities, for more than 40 years. This book tells the *real* story of what illegal abortions were like before *Roe v. Wade*: Barnett describes how immaculate her clinic was, how few complications she had (no deaths in 40,000 abortions), how phony the "back-alley" abortion stories are, and how she accumulated millions of dollars and lives a lavish lifestyle. This book is a "must-read" for any pro-life activist who wants the real scoop on the days of illegal abortions, and not some weepy propaganda piece by fictionalized "brutalized" women.

Rebecca Chalker and Carol Downer. *A Woman's Book of Choices: Abortion, Menstrual Extraction, RU-486* [New York: Four Walls Eight Windows Press, 1992]. It is an ominous sign of the times that illegal abortion manuals were printed by the Neofeminists 25 years ago in secrecy and passed hand to hand, and now they are sold in mainline bookstores and sit innocently on library shelves. This book was written by the Neofeminists in anticipation of tougher days, and is a totally unselfconscious description and endorsement of all of the 'self-help' methods of abortion.

Suzanne Gage. *When Birth Control Fails: How to Abort Ourselves Safely* [Speculum Press/Self-Health Circle, Inc., Post Office Box 1063, Hollywood, California 90028, 1979], 54 pages. A very interesting short book on the equipment that has been used in the past by women's illegal abortion circles, and which will be used in the future when women set up "Jane" networks once again. This book (and others like it) will then be of interest to pro-life activists who are working to derail the abortion movement's "underground railroads." This book shows how to self-examine, how to construct the Del-Em home suction abortion machine, and also gives information on herbal abortions.

Anne Nicol Gaylor. *Abortion is a Blessing* [New York: Psychological Dimensions Publishers, 1975], 122 pages. This amazingly-entitled book, by a Zero Population Growth fanatic (who hypocritically has four children), accurately reflects the author's attitudes. The book jerkily swings from third-rate psychological analysis of the "antis" (that's us, folks) to virulent anti-Catholic tirades ("card-carrying Catholics" shouldn't be allowed to sit on juries when abortion is involved) to stomach-turning and obviously false tearjerker stories of desperate women who were butchered by illegal abortions. The book makes fascinating reading, however, for many reasons: The crude and nightmarish cartoons (one of which shows a one-ton embryo strangling its mother with its umbilical cord) to women's accounts of trips to Mexico for illegal abortions, which were performed in spotless facilities by polite and accomplished doctors — a very far cry indeed from the alleged butchery that modern pro-aborts like to snivel about.

Thomas W. Hilgers, M.D., Dennis J. Horan, and David Mall (editors). *New Perspectives on Human Abortion* [Frederick, Maryland: Aletheia Books, University Publications of America, 1981]. A superb compilation of essays by the most experienced pro-lifers in the land, dealing with virtually all of the basic issues involved in taking human life. An excellent primer for any pro-life activist. Articles include "Abortion Related Maternal Mortality: An In-Depth Analysis," on pages 69 to 91, and "An Objective Model for Estimating Criminal Abortions and its Implications for Public Policy," on pages 164 to 181.

Ellen Messer and Kathryn E. May. *Back Rooms: Voices From the Illegal Abortion Era* [St. Martin's Press, 175 Fifth Avenue, New York, New York 10010, 1988], 230 pages. This interesting book tells the stories of about 25 women who had abortions before it was legal in this country. Several obvious features give it away as a pro-abortion propaganda/fiction piece; all of the women are anonymous; pro-lifers and anyone who stood in the way of "progressive" abortion law repeal or reform are painted as demons; the abortionists are depicted as heroes; and there is a special chapter canonizing Lawrence Lader, Bill Baird, and the "reverend" Robert Hare. Spend a rainy day counting the literally hundreds of inconsistencies physical impossibilities.

Ann Saltenberger. *Every Woman Has the Right to Know the Dangers of Legal Abortion* [Air-Plus Enterprises, Post Office Box 367, Glassboro, New Jersey 08028, 1983] or Sun Life, Greystone, Thaxton, Virginia 24174, telephone: (703) 586-4898. Reviewed by Daniel J. Martin, M.D. on page 8 of the November 24, 1983 issue of *National Right to Life News*. This book goes into minute detail about every imaginable type of physical or psychological harm that could possibly arise from abortion. It also addresses the impact on other family members, particularly siblings. The appendix to the book features over 300 references.

Thomas W. Strahan. *Detrimental Effects of Abortion: An Annotated Bibliography 2001*. This bibliography consists of 1,200 references on 66 abortion-related health topics and is 261 pages long. It is available in a bound printed version as well as an electronic version. For information on ordering the bibliography, contact Acorn Books at 1-(888) 412-2676, or Thomas W. Strahan, Esq., Attorney at Law, 3740 Edmund Boulevard, Minneapolis, Minnesota 55406, telephone: (612) 729-6765, FAX: (612) 729-0164, e-mail: strahan@pclink.com. This very comprehensive bibliography covers the following topics: Index; Introduction; Emotional and Social Implications of Abortion; Abortion (General Background Studies, Crisis Theory); Pregnancy as a Crisis; Personality Changes in Women Shortly Before Abortion; Pregnancy Reactions/Unwanted Pregnancy; Abortion — General Background Studies (Grief and Loss); Abortion-Related Grief and Loss; Abortion — General Background Studies (Guilt); Abortion Related Guilt/Regret/Violation of Conscience or Belief; Abortion and Decline of Religious Involvement; Abortion — General Background Studies (Depression); Abortion and Ambivalence; Abortion and Anxiety; Abortion and Intrusion/Avoidance/Dreams/Nightmares; Abortion and Denial; Abortion and Dissociation; Abortion and Narcissism; Abortion and Self-Image; Abortion as Self-Punishment or Punishment of Others; Abortion Decision Making — Adolescents; Adolescent Developmental Issues; Adolescent Abortion — Adverse Effects; Differential Impact of Abortion on Adolescents/Adverse Psychosocial Effects; Adolescent Abortion — Demographic Data; Adolescent Abortion — Risk of Breast Cancer; Adolescent

— Demographic Data, Adolescent Abortion — Risk of Breast Cancer, Adolescent Abortion — Physical Complications; Adolescent Abortion — Violation of Conscience or Belief; Adolescent Abortion — Long-Term Psychological Sequelae; Adolescent Abortion-Parental Notice or Consent; Necessity of Parental Involvement; Parental Reaction to Pregnancy; Profile of Adolescents Not Disclosing Pregnancy or Abortion to Parents; Pregnant Teenagers Reliance on Others to Make Pregnancy Decisions; Availability of Financial Resources as a Factor; Effect of Parental Involvement Laws on Abortion Rates; Adoption as an Option; Abortion Decision-Making — General; Abortion Decision-Making — Role of Males; Abortion Procedures — Standards and Guidelines; Informed Consent Issues; Women Particularly at Risk for Adverse Emotional Consequences of Abortion; Induced Abortion and Psychiatric or Psychological Consultations or Hospitalizations; Post Abortion Stress/Trauma/Post-Abortion Syndrome; Abortion Related Depression (Shortly Prior to Abortion, During Subsequent Pregnancies, Anniversary Depressive Reactions, Depressive Reactions from Genetic Abortion, Short-Term Depressive Reactions, and Long-Term Depressive Reactions); Psychological Consequences of Abortion — Limitations on Research; Induced Abortion Following Rape; Induced Abortion Following Incest; Induced Abortion — Impact on Men; Induced Abortion — Impact on Siblings; Induced Abortion — Impact on Marriage and Family; Substance Abuse in Women — Background Information; Induced Abortion — Substance Abuse; Child Abuse and Neglect — Wantedness and Abuse; Child Abuse and Abortion; Violence During Pregnancy — Abortion as a Risk Factor; Child Neglect or Failure to Bond; Family Violence and Abortion; Abortion and Suicide; Abortion and HIV/AIDS/Hepatitis; Repeat Abortions; Replacement Pregnancies/Rapid Repeat Abortions; Outcome — Refused Abortions; Long-Term Effects of Abortion; Abortion and Eating Disorders; Sex Selection and Abortion; Induced Abortion and Genetic Engineering; Induced Abortion and Smoking; Deterioration of Economic and Social Conditions Following Abortion; Induced Abortion and Race or Poverty; Abortion and Religion; Second and Third Trimester Abortion; Induced Abortion — Immediate Physical Complications; Induced Abortion — Short-Term Complications and Other Morbidity; Induced Abortion and Secondary Infertility; Induced Abortion and Fetal Malformation/Birth Defects; Induced Abortion and Placenta Previa/Abrupto Placentae/Retained Placenta; Induced Abortion and Subsequent Miscarriage/Premature Birth/Low Birth Weight; Induced Abortion and Cervical Injuries; Induced Abortion and Perforated Uterus; Induced Abortion and Its Relationship to Adverse Physical Effects; Induced Abortion and Pain In Women (Acute Pain and Chronic Pain); Induced Abortion and Neonatal Infection; Induced Abortion and Intraamniotic Infection; Induced Abortion and Uterine Fibroids; Induced Abortion and Autoimmune Disease; Induced Abortion and Organ or System Failure; Induced Abortion and Gestational Trophoblastic Disease; Induced Abortion and Genital Tract Infection; Use of Antibiotics in Connection with Abortion; Pelvic Inflammatory Disease — General; Induced Abortion and Pelvic Inflammatory Disease; Induced Abortion and Chlamydia Trachomatis; Induced Abortion and Bacterial Vaginosis; Induced Abortion and Endometritis; Induced Abortion and Ectopic Pregnancy; Induced Abortion and Gonorrhoea; Abortion and Maternal Death; Pregnancy-Associated Mortality; Homicide of Women during and following Pregnancy; Induced Abortion and Cancer Risk — General (Breast Cancer, Cervical Cancer, Ovarian Cancer, Endometrial Cancer, Lung Cancer, Colon and Rectal Cancer, and Other Cancers); Induced Abortion and Sterilization; Induced Abortion and Pregnancy — Induced Hypertension; Characteristics of Women Having Induced Abortions; and Definition of Terms.

[Return to *Maternal Deaths Due to Abortion* Table of Contents](#)



Joseph Meaney, November 4-11, 2008

HLI made its first pro-life missionary trip to the Central African Republic (C.A.R.) when George Wirnkar, our regional coordinator for French-speaking Africa, and I flew there this past November. It was somewhat easier for George to arrive, since Cameroon and the C.A.R. share a long border. From the US, however, one has to fly first to Paris and then catch the one flight offered each week to the capital city of Bangui.

Considering its many natural wonders, the Central African Republic could be a premier tropical tourism destination; instead, it is in disastrous shape. The United Nations Development Programme (UNDP) ranks the Central African Republic 168th out of 175 countries surveyed in its Human Development Index. Tourist guides to the C.A.R. include warnings about the violence and unrest that are unpredictable and potentially very dangerous.

A COUNTRY VICTIMIZED BY SLAVE TRADERS

What saddened me the most, however, was the excellent book by Pierre Saulnier I read there. It lists the population estimates for the C.A.R. in the 17th century at between 5 and 6 million people.[1] The best available statistics for the current population approximates it at 4.5 million. What happened? The demographic disaster of slave raids did not cease until the very end of the 19th century. Imagine my surprise to learn that **the primary culprits were Arab and Muslim slave traders from the Sudan and Zanzibar and from the northern region of Chad.** "As recently as the 19th century 20,000 slaves were sold each year on the Egyptian market." [2]

In the midst of severe economic and political difficulties, the Church has grown dramatically and is a dynamic presence in that society. Here are some numbers that illustrate this fact: In 1905, the C.A.R., which is about the size of France, had 450 baptized Catholics in the entire country. By 2000, the number had grown to 708,000 Catholics. The first Central African priest was ordained in 1938. In the year 2000, they had 137 indigenous priests. George Wirnkar and I spoke at the major seminary outside Bangui, which currently has 138 seminarians.

Archbishop Paulin Pomodimo of Bangui received us very kindly. The chancellor of the archdiocese was even sent to pick me up from the airport. Our mission of supporting the Church in defending the right to life and the family corresponds closely with their priorities. We were introduced to Fr. Ignace Bikowo, who recently graduated from the Frenchspeaking John Paul II Institute for Studies on Marriage and Family in Benin. He is just putting into place a pastoral plan for defending life and the family.

Experience has taught us that **a most effective way to spread the pro-life message is**

to use Catholic radio. Fortunately, we found a strong ally in Fr. Bertrand Bailly, director of Radio Notre Dame. He invited us to participate in several interviews, and even call-in shows, during the week of our visit. We discussed all the major topics concerning the culture of death, but AIDS came to the fore as the most serious issue.

The Central African Republic has an HIV/AIDS prevalence rate of 13.5%^[3] among adults, which is the 9th worst in the world. The problem is definitely getting worse, as sexual morality and faithfulness in marriage are not the focus of AIDS prevention efforts. One government employee told me that, when looking at the "AIDS Map" of the country, **the areas well known for strong families and marriages had a very low incidence of infection.** No one at the national AIDS office seems interested in following up on this insight.

Condoms are being widely promoted in the C.A.R. I saw billboards for the "lover's plus" brand with the name curiously written in English. The local International Planned Parenthood Federation affiliate is deeply implicated in the condom campaigns. Numerous other non-governmental organizations (NGOs) and the government health centers are also distributing many condoms in order to saturate their society with them. **On the positive side, abortion is illegal, and there is little talk of changing the law in this very pro-childbearing culture.** The average family still has 4.2 children.

We spoke with a Catholic nun who leads a major group caring for AIDS sufferers. She has 800 women enrolled who receive the latest drugs. It is truly amazing to see her "before and after" pictures of AIDS-infected persons who look on the brink of death before and perfectly healthy after treatment. A major problem she told us about, however, was the fact that many ladies, who feel fine thanks to their medication, say they want to marry and have children. But, even if their symptoms are virtually gone, they remain HIV-positive and capable of infecting others. The billions of dollars worth of AIDS medication being sent to Africa from the US and other donor countries are slowly transforming the disease for many into an expensive-to-treat chronic condition.

One area that is extremely troubling is the arrival of the Sexual Revolution in the C.A.R. A concerned father told me he had to withdraw his daughters from a high school where prostitution was being organized among the students. Predatory men had managed to corrupt some school girls into becoming their "pimps." At-risk girls typically would receive "gifts" such as cell phones, etc., and then they would be told that they would have to pay for these or provide sexual favors. The teachers in the school did not realize what was going on for a long time. (This situation is not quite as bad as the many scandals from South Africa, where teachers were demanding sex for good grades.) Prostitution remains a big factor in the Central African AIDS epidemic.

CATHOLIC APOSTOLATE HELPS C.A.R. COUPLES AND FAMILIES

One of the groups that will hopefully be able to turn the tide in favor of healthy marriages and families is the *Equipes Notre Dame (Teams of Our Lady)*. Archbishop Pomodimo strongly encouraged us to meet with their leadership and work together. They invited us

to a planning meeting and accepted our gifts of molds to produce models of 10-weekold preborn children. These are excellent educational tools to teach children in schools and to help convince mothers not to go through with an abortion. We also brought copies of pro-life films and St. Michael the Archangel prayer cards in French.

The *Equipes Notre Dame* consists of small groups of married couples who meet regularly to pray together and to discuss their faith and family challenges. It is an excellent support network for Catholics and has a strong component of spirituality. Most remarkable in the Central African Republic is the high caliber of the members, both intellectually and in terms of social position. **They can closely monitor the political situation to make sure that no legislation to legalize abortion is brought forward secretly.**

Both George and I perceived that the Central African Republic has been spared the aggressive attacks of the abortion promoters until now because the political situation has been so unstable there. As an extremely poor country, however, they are vulnerable to financial blackmail by international institutions. On the other hand, the strong pro-child culture of the C.A.R. and the influence of the Catholic Church are strong bulwarks for the protection of the right to life.

HLI plans to continue working closely with the Church and lay apostolates in the Central African Republic to spread pro-life information and materials. We shall be taking advantage of the well-developed Catholic radio network to air our new HLI programs in French. (An interesting side note here was the news that Radio Notre Dame's transmitter is strong enough to reach the whole country, but the government refuses to grant them the rights to reach further than the area surrounding the capital.)

PARKS FOR HUMANS, ANIMALS FREE TO ROAM

As I was leaving Central Africa, I learned that a large percentage of the country consists of national parks. Central Africans confided to me that they were scandalized by the largely white international environmentalist groups and visitors who demand the elimination of the black human presence from these areas, where populations have lived for thousands of years. **The cruel irony of treating humans as pests to be eradicated and animals and plants as invaluable resources is not lost on the people of Africa.** It is certainly not the balanced environmentalism that the Church advocates, with man as a steward of nature. HLI recognizes the inverted priorities of radical environmental groups who would "park" humans and subject them to population control while engaging in idolatrous worship of animals and wilderness as a modern manifestation of the culture of death.

Endnotes

1 Pierre Saulnier, *La République Centrafricaine: Géographie, Histoire*, Savona, 2005 p. 52.

2 Lonely Planet Guide, "Central African Republic" 2008 p. 529.

3 <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2155rank.html>

Mission Report: Togo Benin Chad: August 2008



George Wirnkar, August 2008

Our HLI missionary travels take a great deal of preparation, especially when making a ground-breaking trip to a country we have never reached before. In parts of Africa, modern means of communication and air transportation are expensive and unreliable. Even a rented car is almost as likely to break down in the middle of nowhere as is a bush taxi. However, prayer and the Holy Spirit keep us going.

RETURN VISIT TO BENIN AND TOGO

I was pleasantly surprised to see that Cotonou International Airport is now **Cardinal Bernadin Gantin International Airport**. This is in tribute to the first cardinal from Benin, who served in the Roman Curia for many years under John Paul the Great and who recently passed away in his native country.

On this missionary trip, I first drove to Togo, where in December 2006-almost like a thunderbolt-the National Assembly had passed a law that liberalized abortion in what was supposed to be a budget rubber-stamp session. ***This was a blatant case of manipulation by a handful of elites exploiting the ignorance of lawmakers with the help of some international NGOs*** (non-governmental organizations). This law is not only immoral but totally repugnant to traditional Togolese values. Our affiliate in Togo clearly has her work cut out for her.

The visit to Togo was critical at this time because of the recent elevation of three holy priests to the episcopate. Father Denis Amouzou-Dzakpah was promoted from Priest-Secretary General of the Bishop's Conference to Metropolitan Archbishop of Lomé. Mgrs. Nicodème Anani Barrigah-Benissan was called home from the Vatican Diplomatic Service to take charge of the Diocese of Atakpame. Former John Paul II Seminary rector, Fr. Jacques Longa, became Coadjutor Bishop of Kara. ***We are infinitely grateful to the Almighty for raising these distinguished and faithful sons of His to the episcopate in Togo.***

Longtime friend, Bishop Benoit Alowonou, welcomed me to his Diocese of Kpalime. We rely on his support, since he is the bishop responsible for the seminary, priests, and religious in Togo. He graciously welcomed me to his residence and made plenty of time for us to discuss our plans and on-going programs. **Togo shall host the next HLI Francophone Seminarian Institute in the summer of 2009**, and we have received the blessing for this from the Metropolitan Archbishop, H.E. Amousou-Dzakpa.

The high spirits with which I left Kpalime on August 14-the Feast of St. Maximilian Kolbe-were soon put to the test by an attack of malaria. This terrible disease can quickly reduce even the strongest man to helplessness. I arrived in Cotonou, Benin, with a fever

of 101.3°. My medical doctor, who is also my niece, immediately prescribed medication for me by telephone text message. Nevertheless, the next day I had a heavy head, intermittent nausea, and balance problems due to the powerful anti-malaria drugs. Trusting in the intercession of the Blessed Virgin Mary on her great feast (August 15, Feast of the Assumption), I grabbed my pilgrim's baton and headed for Porto Novo.

SEMINARIANS FOR LIFE PROGRAM BEARING SPIRITUAL FRUIT

Assumption Day was to mark one of the high points of my visit. **It was a great moment of grace for me to be present at the priestly ordination of 18 priests and 23 deacons** in one ceremony for the Diocese of Porto Novo, Benin. Over 10,000 people came, including 155 priests and hundreds of religious. The ceremony was held in the huge square outside the national assembly, which could hardly hold all who came. I also felt that sanctifying these grounds around the parliament building was providential in a climate where African governments are under pressure to legalize abortion.

More than half of the ordinands were members of our seminarian groups from the two major seminaries in Benin. Therefore, the joy of the event included the great satisfaction of knowing that we had helped to make these seminarians well-equipped to bring the Gospel of Life to their people. The joy and the effervescence of the rich local traditions and Yoruba color made me forget my malaria attack while I was at this five-hour ordination Mass. Only profuse sweating reminded me to take my eight-hourly medicine and rest some more.

The number of seminarians in Togo and Benin are the largest they've ever been, and those numbers are growing! This is also a fact in most of Africa. That means increased demands on our time and a need for more publications, materials, and visits to encourage these seminarians who are the hope of the Church. We must continue to follow up and provide printed material, didactic resources, and sometimes equipment like projectors and computers to support their work. Without the generous support of our faithful friends and donors, these, at best, would remain wishes. **By the end of 2008, Benin alone will see 80 ordinations.** Projections for next year stand at 85. Togo, in 2008, expects 28 priestly ordinations. And there are 14 more Francophone countries that add to the number of newly ordained priests on this continent.

The end of my visit to Togo and Benin saw a joint planning meeting of our affiliate leaders and staff. It is beautiful to see these two neighbors sharing solid cooperation and joint action for life.

FIRST HLI VOYAGE TO CHAD

Chad's problems have made news headlines in the last five years. It is hemmed in by Sudan in the east, Libya in the North, Niger in the west, Central African Republic in the South, and Cameroon in the Southwest. Chad's landlocked population of just over ten million has an HIV prevalence rate of nearly 5%. Estimates that put its Muslim population at 53% and Christian population at 34% (Catholic 20.1%, Protestant 14.2%) are incorrect, I was told, and are inflated in favor of Islam.

Chad is a country blessed with huge oil reserves, but this is being turned into a curse upon its people. Greed has fueled war amongst various factions. The people are poorer than in many other African countries with fewer natural resources. **The major seminary in Bakara has no electrical service**, and it is only 15 miles outside of the capital, N'Djamena! **They use a small generator to have lights a few hours at night.** Most incredibly for a leading crude oil exporter, diesel costs \$6.06 per gallon.

His Excellency Matthias N'Gateri Mayadi, Archbishop of N'Djamena, opened the doors of Chad's seminaries to us and arranged a meeting for me with the vibrant **Family Life Apostolate** and the **Chastity and Family Life Education** teams. I was honored to speak twice during my visit at a meeting of the Charismatic Renewal that gathered 200 leaders from all over Chad.

Chad has two seminaries with a total of about 100 seminarians. **It is one of the rare countries of Africa that is not bursting at the seams with priestly vocations.** Chad is, in many respects, a place of primary evangelization and has missionaries, mainly from other African countries, in many of their parishes and ministries. We have the arduous task of helping the Church in Chad to strengthen her families, which is the only sustainable way to assure an increase in vocations and authentic evangelization.

Because of political instability and constant rebel incursions, humanitarian organizations are plentiful in Chad. Many organizations friendly to the culture of death, particularly UNFPA, IPPF, and *Médecins Sans Frontières* (Doctors Without Borders) are hard at work in Chad. The Church's limited chastity program is unique there in providing a truly enduring defense for the young against HIV/AIDS. In many cases, the terrain is wide open for contraception to flourish. **Abortion remains illegal but is very easily accessible.** I was told of deaths from abortions practiced both in primitive conditions and in medical institutions.

The culture of death is working overtime in Chad. With the economic situation stagnating-despite the oil-the anti-life agenda has many opportunities. Resources available to the Church are extremely limited, but we are blessed to have a Church open and willing to work with us to make things better.

In the years ahead, we shall bring our experience to bear on this land in order to push back abortion and to support chastity and youth education programs. **We urgently need to supply films and printed materials to both the Family Life Apostolate in N'Djamena and the Love and Life Education program.** We also hope to begin a parish-to-parish-based youth program similar to our Benin affiliate's work. We have already distributed copies of *Evangelium vitae*, *Veritatis splendor*, and *Humanae vitae* to all seminarians in the theological phase of studies at St. Luke Major Seminary in Bakara, Chad. We are preparing a shipment of our well-received **The Case Against Condoms** book in French as well as other key materials on NFP and the Culture of Life to all of Chad's 100 seminarians. This is the beginning of a great enterprise to revive the

to all of Chad's 100 seminarians. This is the beginning of a great enterprise to equip the Church in Chad with all the information and materials it needs to defend life and the family.



EQUATORIAL GUINEA WELCOMES HLI FOR THE FIRST TIME

Frequently, George and I travel together as a team in Africa. This time, however, we parted ways to cover more territory. He flew to Senegal, and I went to Equatorial Guinea. ***In both cases we were undertaking the very first HLI pro-life missionary journeys to these countries.*** Another reason for me to go alone to Equatorial Guinea is that George is not fluent in Spanish, the main language there. They are, in fact, the only Spanish-speaking nation in West Africa.

Spain created a small trading post there in the late 18th century, but they were much more interested in developing their colonies in the Americas and the Philippines. During the tide of decolonization, in 1968, they were granted independence. Within a few decades, very large off-shore oil fields were discovered. Equatorial Guinea is now Sub-Saharan Africa's third largest oil-exporter, which has greatly increased the importance of this little tropical nation. Their average per capita income is very high for Africa, but unfortunately, the financial blessings from the black gold are not divided very equitably.

On landing at the international airport in the capital city of Malabo, located on the island of Bioko, it was immediately clear that Guineans are better-off than most of their African neighbors. As in natural resources-rich Gabon, there was no crowd of persons trying to earn a tip by carrying your bag out to the parking lot. I was happy that US citizens do not require a visa for travel to Equatorial Guinea, but the many foreign oil-industry workers have inflated the cost of lodging. It took some searching to find a hotel with reasonable prices.

HLI's PRO-LIFE REPUTATION PRECEDES US

My first stop the next morning was to call on Archbishop Idefonso Obama Obono. ***Imagine my surprise to learn that "Obama" is a fairly common name in Equatorial Guinea!*** I came well-introduced with a letter from Archbishop Esua of Bamenda, Cameroon, who knows Archbishop Obama well. It was a very warm welcome. As I began to describe HLI's work to the archbishop, he informed me that he knew all about Human Life International, even though no representative had yet gone to his country. It seems that HLI's pro-life reputation now precedes us before we arrive. Archbishop Obama has read our publications in Spanish and has heard about the good work we are doing through his brother bishops. This was an auspicious beginning to our meeting!

Equatorial Guinea needs HLI's help, Archbishop Obama insisted. **Although about 90% of Guineans are baptized Catholics and abortion is illegal, the cultural drift there is going in an anti-life direction.** They have only 108 priests to minister to 548 000

going in an anti-life direction. They have only 100 priests to minister to 340,000 faithful.¹ They have many young vocations to the priesthood, but the Church is still critically low on clergy. I was invited to address the priests in the capital city and found out there were only 12!

Equatorial Guinea still has a healthy birthrate of just over five children per family, but the situation is changing fast. Several priests who came from large families themselves told me that their married siblings are generally only having two children. In the cities, the decline in fertility is dramatic. Despite this worrying trend, the ministry of health has family planning as its top priority as well as fighting AIDS through a program that relies heavily on condoms.

I saw a local television program featuring an AIDS prevention program in a small town. Although they began by saying "ABC"-Abstinence, Be Faithful and Condoms-they spent the vast majority of their time promoting condom use and neglecting to mention the terrible failure rates of this method. Guinean priests told me that the Church was usually invited to these AIDS prevention meetings at first, but since they refused to endorse condom use, they are no longer welcome at these sessions.

Looming over Equatorial Guinea, as in much of resource-rich West Africa, is the presence of the Communist People's Republic of China. Thirty percent of their oil is exported to China. There is a large and growing Chinese colony in Equatorial Guinea. As HLI readers know well, the anti-life ideas of China, particularly with regards to training doctors and policy-makers, are a big problem. They are quite eager to export their "success" in family planning and abortion to countries around the world.

We will be establishing a branch of Seminarians for Life International in Equatorial Guinea and will send them our many excellent materials in Spanish. Training sessions for the priests are another high priority. **I believe that this small nation is a perfect place for HLI to assist the Church in creating a pro-life stronghold that will successfully resist the assaults of the culture of death.** The remarkable Spanish-language pro-life website HLI maintains, www.vidahumana.org, is something that the Guineans are very happy to have at their disposal. They are also looking forward to receiving pro-life films that can be shown in parishes and schools. Once again, HLI is fulfilling its mission of reaching the far-flung regions of the earth with the Gospel of Life.

1. I highly recommend a website with a wealth of information about the Church obtained through the official *Anuario Pontificio* published by the Holy See. www.catholic-hierarchy.org

Mission Report: Malawi: January-February 2008



Emil Hagamu, January-February, 2008

When I left Dar es Salaam, Tanzania, for Malawi on Wednesday, January 23, the weather was sunny and very hot, but on entering Malawi the weather changed to cool and the land was very green. I could see farms of maize and tobacco everywhere. When my hosts, Fr. Alpheus Zikomankhani and Mr. Harris Kachaso came to pick me up an hour after I landed, I realized just how beautiful this tiny country was and why they call it **The Warm Heart of Africa**. The evergreen vegetation is a wonder in and of itself, and as I took in its beauty, I saw hard working Malawians in the fields-cultivating the land and planting seeds.

This was my fourth visit to Malawi in three years. The purpose of this visit was: 1) to introduce HLI to Church leadership, especially the bishop of Lilongwe Diocese; 2) to conduct a four-day leadership training workshop; 3) to present a pro-life/pro-family program to major seminarians and lay groups within and outside Lilongwe; and 4) to visit pro-life activists and encourage them to do more and recruit new ones to the movement.

TEACHING ON THE THREATS TO HUMAN LIFE

Fr. Alpheus drove us directly to his Madisi parish, where we stayed until Friday morning when we left for Lilongwe and Likuni. During our stay at Madisi, I visited some pro-life activists-those I trained at Chipoka three years ago and others I trained at Mangochi two years ago. On Friday, we traveled to Lilongwe, 80 km from Madisi. There were many pro-lifers who were eagerly waiting to meet us.

On Sunday, I met with 56 members from the Lilongwe Diocese's **Christian Family Movement**. I gave a talk to them in which I highlighted the many dangers facing the traditional family today, including abortion, contraception, same-sex "marriage," and sex education. On their part, they expressed appreciation for my talk and promised to be on their guard. More importantly, they promised to cooperate with our HLI office in Malawi-which is situated within the same compound-for further information and education whenever our assistance will be needed.

On Monday, our 4-day workshop began. There were a total of 13 participants from various parishes in the Diocese of Lilongwe. The workshop took place at Aonenje Lodge, some 7 miles south of Lilongwe city. Presentations included:

- What is HLI, its Vision, and Mission
- The Miracle of Human Life
- Christian Marriage
- The Christian Family
- Threats to Human Life, Marriage, and Family
- Abortion and its Consequences
- A video presentation called *The Silent Scream*

- A video presentation called *The Great Concern*
- Contraception and its Consequences and Church Teachings
- NFP: The Billings Ovulation Method
- The Maputo Protocol.

WIDESPREAD KING CONDOM PROMOTION

Condom advertising has been entrenched in Malawi, making Malawians believe that, indeed, they are the SAVIOR against HIV infection and a method of family planning. On Saturday evening, as I was watching TV in my hotel room, I saw a condom program. In the program, the condom instruction began by defining what a condom is, and one condom was unrolled and showed to the viewing audience. As there is only one TV (MTV: Malawi Television) station in this country, certainly the program was being watched by many people. **The program continued by showing the viewers how the condom should be handled, unrolled, and fitted onto the male reproductive organ.** This was a very obscene moment! Imagine a program of that nature being shown on the TV without regard to the selection of the audience. Children were watching, as well as young adolescents, the married, and the elderly. Population controllers do not take into consideration people's cultures. Perhaps that is their aim: to destroy Malawi culture.

As I was walking along the streets of Lilongwe, I saw many vehicles with full condom advertisements, especially the special condom brand, "MANYUCHI." If you remember what I reported two years ago, **Manyuchi stands for the English word HONEY.** So, by advertising the condom as Manyuchi, and through photographs of beautiful women, Population Services International (PSI) wants to convince Malawi people that condoms are sweet as honey and therefore ideal and appropriate for use.

PSI and all condom promoters know very well the failure rate of condoms. Yet they continue lying to people by employing the most deceptive language. The failure rate of condoms will always lead to the DEATH of the infected individual. Pro-lifers can only defeat these lies if they gallantly put in place counter programs and if the Catholic Church stands by their side.

SEMINARIAN WORKSHOP POSTPONED

A seminarian program was scheduled to take place after the four-day workshop. We were to travel to Zomba on February 1. There, I was expected to meet and address major seminarians at St. Peter's Major Seminary and Nankunda Minor Seminary. However, due to the illness of Mr. Harris Kachaso, the HLI contact person in Malawi, the program was postponed. Mr. Kachaso's health failed him even before we started the workshop. I had to do most of the work, planning, coordinating, and presenting all the workshop topics. On Friday, Mr. Kachaso became seriously ill, despite his heroic struggle to work with me. **On Saturday, he could not walk nor talk, and it was apparent that he was very seriously sick.** I took him to the hotel I was staying at and gave him a room where he could sleep and enjoy a peaceful environment. After taking supper and praying together, I escorted him to his room. On Sunday morning, Mr Kachaso could not wake up. I rushed to pick up his wife and a few friends. With the help of these friends and his wife, I took him to a nearby Lilongwe Mission hospital. He was

of these friends and his wife, I took him to a nearby Likuni Mission hospital. He was admitted there for further investigation and treatment. Until Monday, February 4, Mr. Harris Kachaso was receiving intensive care by the medical doctors and nurses at this Catholic Hospital. As I was leaving Likuni for Madisi, his health had slightly improved. He could recognize people who came to see him and could remember the day and date.

[Editor's note: After a brief recovery, Harris became gravely ill again and passed away in August. Please pray for the repose of his soul-he was an heroic pro-lifer! For more on Mr. Kachaso, please see his obituary in HLI's fall edition of FrontLines.]

BISHOP BLESSES HLI

On Monday, February 4, I had the privilege to meet with the Bishop of Lilongwe, His Lordship Remie Ste Marie. He is Canadian by birth and belongs to White Fathers Missionary Religious Congregation. Since I had previously sent him some pro-life material, he already knew my name and therefore he welcomed me very warmly. I gave him one copy of the books *The Facts of Life* and *The Case Against Condoms*, some brochures, and HLI's *Pro-life CD Library*. I also gave him copies of the four books I have written in Kiswahili. This was a momentous event indeed for the three of us who visited him, Fr. Alpheus Zikomankhani, Lilian, and myself.

In my talk with the Bishop, I made a brief presentation of HLI and its mission around the world, the branches, regional offices, and the many affiliates. I told him about our president, Fr. Tom Euteneuer, and his competent staff at HLI headquarters in Front Royal, Virginia. Then, I told him about the early development of HLI Pro-life Malawi. I mentioned the three formation workshops we have had and Dr. Brian Clowes' visit in 2006, which was also instrumental in pioneering the formation of HLI Pro-life Malawi.

At the end of my presentation, I made three requests to the Bishop: 1) upon his discretion, to appoint Fr. Alpheus Zikomankhani, who has been assisting HLI Malawi over all these years of formation, as advisor; 2) if possible, to provide an office for HLI in one of his diocesan buildings since the current one at Likuni Printing Press is very expensive and we cannot afford to continue using it; 3) to bless and support the work that HLI has started for bringing the Gospel of Life and building a culture of life in Malawi.

In his response, the bishop expressed his appreciation for the great work HLI is doing around the world and the initiative it has taken to start a pro-life movement in Malawi, especially in his diocese Lilongwe. He said he has heard about HLI, and he has always supported the pro-life mission. **He fully gave his approval to the requests I made to him and promised to work with HLI Malawi in all matters that will need his support or advice.** Finally, he thanked HLI for giving him the pro-life material.

I would like to sincerely thank HLI-Central for facilitating the success of this missionary trip to Malawi. Indeed, without the financial and material support from HLI-Central, this program would not have taken place.

Mission Report: Ukraine: March 2009



SHARE

Rev. Thomas J. Euteneuer, March 25-29, 2009

Rich in culture, history, and spirituality, this nation suffered from a vicious religious persecution under Communist dictator Joseph Stalin and his successors like very few other nations. The Ukrainian



Catholic Church (i.e., Greek or Byzantine Catholic, united with Rome) was the target of forced church closings and absorption into the Orthodox Church, various fraudulent church synods, the martyrdom of bishops, priests, nuns, and laity on an unprecedented scale, and an ongoing campaign to sully and degrade the Faith.

Yet, despite decades of this type of treatment, ***the Ukrainian Catholic Church went underground and survived with a remarkable resiliency.*** Robert Royal, in his book, *Catholic Martyrs of the 20th Century*, mentions that 8 bishops, 1,000 priests, 1,200 nuns and at least 6 religious orders survived intact and emerged from the catacombs once the religious persecution abated in the 1980s (p. 85). In fact, the Church in Ukraine seems to be flourishing now. At the Holy Spirit Seminary in Lviv, where our bioethics conference was held, there are a full 200 seminarians studying for the priesthood, and this does not count Roman Catholic and other religious order seminarians, which amount to hundreds more. Truly, God is blessing this Church for its fidelity.

UKRAINE'S ANTI-LIFE SITUATION

The legacy of atheistic Communism has left deep scars on the nation, one of which is the scourge of abortion. Up to a decade ago, **this nation of 47 million people used to have more than 1 million abortions a year.** That was an astronomical abortion rate given that the country is one-sixth the size of the US, yet had virtually the same number of abortions. As with all countries under the hammer and sickle of the red menace, abortion was not so much a matter of feminist propaganda-***it was part of a materialistic ethic that sought to replace the family with the state.*** The main airport terminal in Lviv displayed this ethic very clearly in a set of murals that I took pictures of when I was leaving. These paintings showed the "glorious workers' revolution" of the people who were all smiling and grouped in sets of anonymous workers; there were a few kids in the murals but no discernible family units. The clear message was that the children didn't belong to parents in an organic, divinely-ordained institution called the family: they were

belong to parents in an organic, intimately organized institution called the family, they were just workers in training. Even today the effects of this control are felt: one sees almost no children on the streets in Ukraine. Children are noticeable by their absence; the fruit of decades of atheism.

REAL GOVERNMENT CONCERNS ABOUT THE FUTURE

Despite its history, Ukraine is one of those countries that are trying to face squarely the coming demographic disaster. A decade ago, Ukraine had a population of 52 million, but because of emigration and the long-term effects of abortion, the number of Ukrainians living in Ukraine is now 47 million and declining. According to the UN Population Division, **the 2008 fertility rate was less than one child per family**. Surely that must frighten even the most optimistic social planners as they look to the future of their country and wonder who will be there to pay taxes, to provide for the welfare of the elderly and dependent, and to lead Ukraine in the family of nations.

The government has established a special committee to study these problems. There are one million infertile couples, 80% of which are due to the effects of abortion. Abortion has brought immense health costs and hospitalizations, which are placing extra burdens on an already overtaxed healthcare system. **As many as 68% of all deliveries have complications and very few of the children born are fully healthy**. As a small step to remedying this situation the state is giving generous payments to those families that have a second and third child-I was told that the payments can be as much as the equivalent of a small professional salary per month. They know that the "investment" in their future is well worth the cost.

GOOD NEWS FOR LIFE



The statue of the Virgin Mary in Lviv Park attests to Ukraine's rich religious culture.

In 2003, HLI sponsored a pro-life conference in Kiev in which all denominations were represented and leaders from all sectors of government and healthcare were in

attendance. It was a major conference with a major impact. On the heels of that conference Parliament reduced the availability of abortion from 28 weeks of gestation down to 22 weeks. There was also much greater pressure from the churches to reduce or eliminate abortion and many of the pro-lifers were emboldened to begin new initiatives such as training and lobbying and crisis pregnancy centers.

The overall effect of these initiatives from the 2003 conference was a dramatic decrease in abortions in Ukraine. Our HLI representatives told me that in the last decade the number of abortions in Ukraine was **reduced from one million abortions down to 200,000 per year**-that is an astounding reduction in the killing! In Ukraine it is still possible to walk into abortion clinics and talk to both patients and medical personnel about abortion and convince them not to go through with or perform the procedure. Clearly there is an openness to the message of life both at the government and personal levels that makes Ukraine poised for further reductions. **Our only problem is giving the pro-lifers the resources to touch the hearts of as many people as possible.**

THE BIOETHICS CONFERENCE AND HLI LEADERS MEETING

My main reason for going to Ukraine was to attend our bioethics conference and bring HLI leaders together for some discussions about Eastern Europe. This was accomplished in full force. The conference was held at the Greek Catholic Holy Spirit Seminary which is right next to the phenomenal new Ukrainian Catholic University (UCU), which hosted many of the sessions. Nearly 400 people attended this conference to their great benefit.



Holy Spirit Seminary where the HLI-sponsored bioethics conference was held.

Sr. Diogena Tereshkevych, associate professor at the department of Philosophy and Economics at the National Medical University in Lviv was the main organizer, and she brought together professionals from every level of government, the churches, and the professions to discuss a whole range of pro-life issues. Great thanks go to Dr. Oleh Kindiy

and Fr. Ivan who provided phenomenal translation services to the HLI participants and without whom we would have been unable to appreciate the conference speakers.

The interventions and discussions were too numerous to recount here, but the conference provided ample opportunity for HLI speakers to encourage the pro-lifers there. Of particular note were the talks of Mr. Joannes Bucher (HLI Regional Coordinator), Mr. Paul Vincenti (HLI Malta), and Dr. Antun Lisec (HLI Croatia) who addressed the plenary session in Russian. I had a chance to give a word of warning about the new American anti-life administration, and regular HLI readers can pretty much figure out what I told them about Obama's anti-life record!

The bioethics conference was followed by a day-long meeting with HLI leaders, who came from Austria, Belarus, Croatia, Romania, Poland, and, of course, Ukraine to join us for the discussions. They represented a pretty good cross-section of the HLI family in that part of the world. The meeting provided us with ample time to talk and discuss the future of the pro-life work in Ukraine and other countries of Eastern Europe, and we ended with a pro-life Mass and dinner



Pictured left to right: Lech Kowalewski, Fr. Tom Euteneuer, Paul Vincenti, Antun Lisec, and Joannes Bucher at the bioethics conference in Lviv, Ukraine

HELPING UKRAINE

The resolutions for Ukraine became very clear as a result of our discussions. **The most effective thing that pro-lifers do in Ukraine, and one with long-term impact, is to train people in NFP and the pro-life mentality.** Our affiliate, the Foundation for Human Dignity, has three or four week-long training sessions per year and wants to increase that number to ten or twelve, and we have promised to help them to do that! ***They also desperately need to get pro-life literature translated into their language and distributed to as many people as possible.*** They work hand-in-hand with the few other pro-life organizations in Ukraine, such as the wonderful UCU Family Institute, to

other pro-life organizations in Ukraine, such as the wonderful CCC Family Institute, to get the message out as much as possible. There is so much to do but, thankfully, many willing hands! I would like to commend above all Genia Samborska and Aleksander Dubroyer of the Foundation for Human Dignity and those who work closely with them in their spreading of the life message. They are marvels of fidelity and creativity.

When Jesus was beginning His public ministry, He bid His disciples to raise their eyes and behold, "the fields are ripe for the harvest." (Jn 4:35) Indeed, the Lord Jesus is directing our eyes eastward, especially to Ukraine and the post-Communist countries, because the time for harvest is right now. We pray that from this beautiful country that suffered the spilling of so much martyrs' blood, will come the fruits of a new civilization of life and love.

Mission Report: Romania: October - November 2008



Fr. Bill Bellrose, October-November 2008

My first trip to Romania was an eye-opening experience that reconfirmed how great is the need for HLI's Seminarians for Life program. **The seminarians of Romania are open to life issues but sorely lacking in materials and training needed to make them tomorrow's pro-life priests.** Fortunately, HLI is now there to help remedy this problem.

As I landed in Timisoara, which is in the western part of Romania, I prepared myself for what would be an intensive week of talks and meetings to further the cause of life in what was not so long ago a part of the Eastern Bloc under Soviet rule. To get things under way, I met with the board of HLI's affiliate in Romania, the *Gift of Life Association*.

It was a good meeting in which we discussed the pro-life movement around the world and in Romania, and it included discussion about the main problems Romanians face and the successes they have enjoyed. **In one success story, it was related that many doctors at their hospitals have begun refusing to perform abortions.**

However, when discussing the role of the Church in Romania's pro-life movement, the board expressed concern that many of the bishops do not speak out and do not support them in their work. Another challenge in their pro-life movement is that they lack an organized approach to supporting women who want to keep their baby.

My first few days in Romania were productive and busy as I preached at Masses, gave a talk at the Church about the dignity of being human, and prayed at vigils in front of abortion "clinics." I was also able to preach at the Adoration of the Cross and Holy Hours.

OPENING THE DOORS TO SEMINARIANS IN ROMANIA

My travel companion, Fr. Ioan Chisarau, and I made our way around this country, which is slightly smaller than the US state of Oregon, traveling through the mountainous regions to visit both Greek and Roman Catholic seminaries. The first was in Oradea, in the northwest corner. There, I gave a talk to a mixed group of students and seminarians. The rector of this seminary, Fr. Cristian Sabau, is one of the most pro-life rectors in Greek Catholic seminaries in Romania. He is forming new programs on which Fr. Ioan Chisarau, who is the deputy director of the *Gift of Life Association*, can work with him. Fr. Ioan has been a great supporter of this seminary and has been very influential in the development of its educational program.

I spoke on the international pro-life movement and Fr. Ioan talked about the pro-life movement specific to Romania. We had time for a question-and-answer session, and

the seminarians raised very good questions about *in vitro* fertilization and euthanasia. Overall, the students were very receptive to the message.

SEMINARIANS RECEIVE THE GOSPEL OF LIFE

Traveling east through the mountains, we headed to Cluj, where we met with the pro-life director for the area. We had been told that the seminary there was not receptive to the pro-life message and that it viewed pro-life issues as personal. However, when I spoke with seminarians in Cluj, they seemed open to my message. I had the best reaction from them when I showed them the state of abortion laws around the world. I started with the African map, and then went to Europe. ***When they saw the contrast between the mostly pro-life laws in Africa and the mostly pro-death ones in Europe, they really started to pay attention.*** One of the questions I ask them during my talk was how many had read *Humanae vitae* and *Evangelium vitae*? And I found that not one seminarian had read either document. I challenged them to read the documents so they would at least know what the Church teaches on these issues. In turn, they asked questions, which were of such a nature that it became clear that the pro-life movement and life issues were indeed very new to them.

I found a similar situation at the seminary in Blaj, where our talk was well attended, and even the rector and a moral theologian joined the seminarians to hear our message. For all their interest in the message we brought to them, not a single student had read either of the papal encyclicals, and the pro-life issues were equally unfamiliar to them.

However, there was no lack of interest on the part of these future priests. After Mass on the following morning, one of the seminarians related to me over breakfast how he had been considering all that I had talked about the previous night. ***He made an analogy between the sex education course in schools and drug dealers,*** comparing a teacher giving out free pills and condoms to a drug dealer giving out the first few drugs for free and then charging for them after their "clients" are addicted. ***This was a very relevant analogy, and the young man became very fired up about pro-life issues.*** It was good to see.

After breakfast, we met with the Greek Catholic bishop, His Beatitude Major Archbishop Lucian Muresan of the Fagaras and Alba Iulia dioceses. He was very supportive of the pro-life movement, and he thanked us for our work and encouraged us to return. He said he hopes that we can meet again soon to help promote the culture of life.

RADIO INTERVIEWS ON ROMANIAN CHRISTIAN RADIO

Between our talks to seminarians, Fr. Ioan and I did a radio interview on the only Christian radio station in that area of Romania. The interview went well. We were able to talk about the pro-life movement, the effects of abortion on society, and the importance of protecting life from fertilization until natural death. The talk show host asked some good questions, and it was nice to see that the local radio station was not afraid to talk

good questions, and it was nice to see that the local radio station was not afraid to talk about life issues.

In Alba Iulia we spoke at the Roman Catholic Seminary, where the rector, Fr. Olah Zoltan, was very cordial and open to us. Again, I asked who had read *Humanae vitae* and *Evangelium vitae*, and this was the first place where one person raised his hand to indicate he had read *Evangelium vitae*. **Out of all of the seminaries I visited in Romania, only one seminarian had read one of the two documents.** Again, the students were very open to the message, and one of them even volunteered to work with Fr. Ioan at the *Gift of Life Association*. After the talk, we were able to speak with the rector, and he told us that many of the students entering the seminary were very much in need of basic training on life issues.

At the close of our whirlwind week, we had come full-circle back to Timisoara, where we held a

conference for medical students. The topic was science supporting Church teaching, and the students received my talk very well. Their questions were not argumentative, but very open ones, asking primarily about end-of-life issues.

SPIRITUAL FOUNDATION

At the end of the week, I went on a pilgrimage with the *Gift of Life Association* to Maria Radna shrine. We said the outdoor Stations of the Cross for the unborn child. Then, we had Mass in the Shrine, and I preached on the importance of Mary and prayer in the pro-life movement.

I ended my time in Romania that night with meditations during Adoration of the Cross, which I took from *Evangelium vitae*, paragraphs 50 and 51, and ending with the last lines, "Grant, therefore, that we may listen with open and generous hearts to every word which proceeds from the mouth of God. Thus, we shall learn not only to obey the commandment not to kill human life, but also to revere life, to love it, and to foster it."

Mission Report: Brazil: September 2008



Raymond de Souza, September 2008.

One of the reasons for my visit to Brazil was to attend and present a talk at a meeting of pro-life leaders, which took place at the Sacred Hearts Retreat House in Brasilia. The meeting was chaired by Dr. Humberto Vieira, Executive Director of HLI's affiliate in Brazil, ***Pro Vida Familia***, and included speakers from various parts of the pro-life movement in Brazil.

Dameres Regina Alves, an Evangelical representing the Evangelical Parliamentary Front and ATINI - Voice for Life - showed a DVD about the horrendous practice still in force among Brazilian Indians to bury children alive when they are born with physical defects (including having a hare lip), are twins, or are simply unwanted. There are many people campaigning to stop the practice and rescue the unwanted children. However, **the government agency in charge of native Indian affairs, the FUNAI ("Indian National Foundation"), refuses to interfere because it is their "culture," and therefore they must be left alone.** The equivalent agency in the Catholic Church, the CIMI ("Missionary Indigenist Council"), also looks the other way from the cold-blooded murder of children and even refuses to help secure their being adopted outside of the tribe. I met a 14-year-old Indian girl who had been buried alive and later saved by her brother.

Paulo Fernandes Melo da Costa, a Catholic representing ***PROVIDAFAMILIA***, together with the meeting's chairman, Dr. Humberto Vieira, explained what was being done and what more could be done to have pro-life bills passed in Congress and anti-life bills blocked. He is a very good attorney and a knowledgeable man regarding parliamentary procedures. He was unanimously elected Secretary-General of the newlyformed Pro-Life Network in Brazil ("*Rede pro-Vida*").

I addressed the group and spoke on the current process of de-Christianization in the West, especially regarding family values, thus giving a wider view to the pro-life movement in Brazil. I am grateful for the support given to my presentation by all participants, who said they understood better the role of HLI in the worldwide fight for life. **They were delighted with the idea of "Seminarists for Life," the newsletter, the email system, the expansion throughout the Portuguese-speaking world, and they insisted that I keep in touch with all of them.**

A PRO-LIFE NETWORK IN BRAZIL

The first two days ran rather smoothly, as talks were given with very lively participation from the audience (as is usual in Brazil). By the last day, however, a prolonged discussion took place regarding the nature, goals, and *modus operandi* of the proposed national Pro-Life Network. Originally, Dr. Humberto Vieira had wanted a nationwide organization, whose members would be closely linked to the national body; but in the

end, other views prevailed, and a rather loose network of autonomous groups was formed into a new juridical entity. In my opinion, it was a balanced compromise and a good step towards giving the pro-life movement a national, united voice, while respecting the autonomy of its members.

Dr. Vieira took me to visit **Bishop Dimas Barbosa**, the Secretary of the National Conference of Brazilian Bishops, who received us very cordially and showed interest in the work of HLI, especially in the Portuguese-speaking world. He mentioned that a conference of Portuguese-speaking bishops ("Lusophones") would hold a meeting in Macau later in September, and he volunteered to put me in touch with one of the meeting's organizers, who lives in Portugal, in order to secure contacts for future use in the Portuguese-speaking community of nations. He liked the idea of "Seminarians for Life" and was pleased with the development of closer relationships with HLI. **All in all, it was a very positive first major step in enabling HLI to work with the Church in Brazil.**

In the evening, I gave a one-hour talk at **Our Lady of Fatima Archdiocesan Seminary** to approximately 100 seminarians. **The topic was the culture of death in the context of the de-Christianization of the contemporary world and the necessity of a well-formed battalion of seminarians to confront it.** They responded very well, including the priest in charge, a missionary from Colombia, who thanked me for *"opening their horizons to the Cause of Life from the local to the worldwide perspective."* Seminarian *João Paulo* is the leader of the Seminarians for Life chapter there, a group of 23 seminarians committed to the Culture of Life. We agreed to keep in touch via email, newsletter, and live chats. He and his friends will make efforts to recruit more seminarians from other places in Brazil.

THE YOUNG FLOCK TO A BRAZILIAN "MARCH FOR LIFE"

Dr. Vieira and I participated in the March for Life called **"Brazil Without Abortion."** A tall truck with very powerful loudspeakers led the parade, which numbered 20-25 thousand people, at least half of them young.

It started around the cathedral and ended in front of the Congress and Government buildings. Dom João, the archbishop of Brasilia attended the parade, together with a priest of the diocese. I was given the opportunity to address the crowd twice and did so in my capacity as HLI representative and later as a Brazilian citizen.

It was very encouraging to see all the young people there. In my capacity as a Brazilian-born citizen, I had a thing or two to say about the role of abortionists in the Congress and the Senate, as well as the Presidency. The applause indicated that there was a growing discontent with the politicians' performance on the abortion issue, to say the least.

After the March, I went to visit the parish of a 35-year-old Polish priest who is a very enthusiastic pro-lifer. **He placed over 20 large placards at the main bus station of Brasilia, where thousands of people pass by to catch their buses home.** I had dinner in his parish, and he was delighted with having made my acquaintance. He gave me DVDs and other material to promote - all in Portuguese.

BROADCASTING THE MESSAGE OF LIFE

I then flew to São Paulo and was taken to a town in the interior of the State, Jacareí, where a very active youth group works to fight abortion. Their leader, Jeferson Moraes, took me to the local Catholic radio station, where I was interviewed for 45 minutes. The radio folks want me to contact them from time to time to report HLI news that may interest Brazilians. Jeferson has been in touch with Executive Director of HLI's Hispanic Division, **Vida Humana Internacional**, Magaly Llaguno, and is organizing a network of youth groups in five Latin-American countries.

From Jacareí, I was taken to the Canção Nova Television Station, where I was interviewed for an hour and a half. The interview was broadcast live via satellite and internet. **During the program, several people sent emails asking questions. These emails came from several different states of Brazil, and one even came from New Zealand.** The program host, Prof. Felipe Aquino, well-known in Brazil as a lay apologist and author, was very happy to meet me and said that the program is open to me whenever I visit Brazil. When I got back home, there were over 40 emails from people who saw the program and offered support.

The following morning, I was taken to the **Interdiocesan Mater Ecclesiae Seminary** in the diocese of Campo Limpo, near São Paulo. They brought in some 110 seminarians, coming from all over the country. The talk was very well-received, I was invited to return, and the priests volunteered to put me in contact with their counterparts in the US for future cooperation.

Early in the evening of the same day, I attended a private meeting with some 10 members of the **Esperança e Vida** pro-life group (Hope and Life), with whom HLI has already cooperated in Portugal and Uruguay.

SHARE



Raymond de Souza
Regional
Coordinator for
Portuguese-
Speaking Nations

**MISSION
REPORTS**

[Brazil, March '10](#)

[Portugal and the
Cape Verde](#)

[Islands,
October '09](#)

[East Timor, July
'09](#)

[Brazil, April '09](#)

[Mozambique,
September '08](#)

[Brazil, September
'08](#)

[Mozambique,
September '07](#)

HLI's Mission Field in Portuguese-Spe



East Timor,
August '07

FACTS AND STATISTICS:

Affiliates

Brazil

Portugal

Other Countries Where HLI Works

Angola

Cape Verde

East Timor

Guinea Bissau

Mozambique

São Tomé and Príncipe

***For contact information
for HLI affiliates in
Portuguese-speaking
nations, click here.***

DONATE NOW

***Support HLI's Pro-Life
Missionaries with a life
saving contribution!***

Mission Report: Mozambique: September 2008



Raymond de Souza, September 2008

The general goal of my visit to Mozambique was to set in motion the HLI Program for Portuguese-speaking countries in Africa. It was my first visit to that country. Emil Hagamu, HLI's Coordinator for Englishspeaking countries in Africa, had already opened a path there in 2007. With his help, I aimed to renew the contacts previously made by him and to make new ones with both lay and ecclesiastics, with a view to establishing a pro-life group there that would work with HLI.

THE PRO-LIFE SITUATION IN MOZAMBIQUE

Coming from Tanzania, Mozambique was for me a refreshing change: they speak a language I understand (Portuguese)! In Tanzania, they speak mainly Swahili, and I was a bit lost there, to put it mildly. However, Mozambique is a Portuguese-speaking country, so I was in my element, as least as far as language is concerned.

I was pleasantly surprised with the city of Maputo. I had thought it would resemble Dar es Salaam, but it is more like Johannesburg than any typical African city - except, of course, that virtually 99% of people there are Africans. A large number of Portuguese people left the country after the Communist takeover in 1975.

Emil and I set up our headquarters at the Santa Cruz Hotel and put the hotel functions room to good use for receiving people in a relaxed and agreeable atmosphere. We also went out to visit some of the contacts and gave two talks, one in the St. Pius X seminary and another in a private home.

Most of the people I spoke to indicated that **the main obstacle to the pro-life cause in Mozambique is the difficult situation of the local Church, which is understaffed and seemingly without the required means to counteract the wave of de-Christianization that has swept the country after nearly two decades of Communism.** This situation has been worsened by a wave of immorality and promiscuity among the people, coupled by a profound lackof moral teaching among the populace.

And yet the good prospects for the visit could be seen in the variety of good contacts made, the willingness of many of them to cooperate with HLI, and invitations to run a pro-life conference in the near future.

Emil and I began by making a variety of telephone calls to priests and religious. We

wanted to know firsthand what their views were regarding the prospects of a serious pro-life campaign in their country.

THE CHURCH IN MOZAMBIQUE

Fr. Albert Buque was our first contact. He is a Mozambican priest in charge of Radio Maria. He showed great interest in the work of HLI and volunteered time in his radio station to promote our initiatives in Mozambique.

Encouraged by that first promising contact, we visited Fr. Rafael Sabate, the rector of the St. Pius X major seminary. He was very friendly to us and took the initiative to invite me to address the 65 seminarians studying there in the course of my visit. That talk took place a few days later, when Emil and I visited the seminary for a great meeting! ***The overwhelming majority of the young men greeted the talk with much enthusiasm, and several of them came forward to express their desire to become "Seminarians for Life" with HLI.*** Had there been more time, I would have spent hours answering their questions.

We then met with Fr. Aloysius Kawesi, the archbishop's secretary. He was kind enough to share with us his understanding and concerns about the difficult situation in which the Church finds herself in Mozambique. He took the initiative to invite me to address the whole Bishops' Conference in the course of their meeting in April 2009. He also indicated his willingness to help organize talks for me in various parishes, in the course of a future visit, in preparation of a possible pro-life conference in the capital city.

That was certainly good news. Now it was the time to see the Apostolic Nuncio, His Excellency, Archbishop George Panikulam. He received us at the Nunciature and confirmed what we had heard from the priests. By way of example, he cited the fact that many catechists teach children what they themselves learned as children, as there are no solid catechetical programs available. A similar situation applies to marriage preparation and moral formation in general in the country. He wished us well and recommended that HLI approach the bishops in the first place, in order to organize a concerted effort to help the Church in her pro-life work in Mozambique.

The last priest we met was Fr. Manuel Tavares, a Portuguese Missionary of the Consolata. He showed great interest in HLI, especially by indicating his willingness to cooperate with us in projects carried out in Mozambique. He pointed out the difficulties encountered by the clergy in exercising good influence on the people in matters related to morality. **Apparently, marriage is an exception, and cohabitation is the "normal" thing among Mozambicans, especially the young.**

The only religious we could meet was a Missionary Sister of the Precious Blood. She was very concerned with the poor moral formation of the youth-which seems to be a constant concern in the country-and she welcomed the presence of HLI in Mozambique.

She also encouraged me to speak at parishes after Mass in order to invite people to attend a pro-life conference in the Archdiocese of Maputo. She promised to pray and help in whatever way she is able to promote the work of HLI in the country.

SPEAKING WITH PRO-LIFE CONTACTS

While in Mozambique, **I met with several non-clerical pro-lifers from different backgrounds and walks of life who offered their skills and connections to help HLI advance the pro-life cause in their land.** Three of them were law students from the local university. They were very interested in receiving informative material from HLI via email, as well as in helping recruit more people to work for the pro-life cause.

I met with the leaders of two different groups who promised to help HLI promote the Culture of Life in Mozambique. One group was a Catholic network called "Couples for Mary." Its coordinators are a man and his wife who organized a group of some 20 people to attend a talk I gave. **All of them showed interest in HLI and wanted to be involved in any activities we may hold in the country.** The other group was "Offices for Prayer and Life in Mozambique." Its leaders are a Mozambican and his wife, who showed the utmost interest in getting his network to join efforts with HLI in the country.

Two other people I spoke with proved to have strong pro-life views. One of them was a woman who works at Radio Mozambique on a part-time basis (her husband is its president). She volunteered her assistance in any activities HLI may organize in the country. The other was a young man in his mid-twenties, fluent in English, who admitted to having no particular religion, although the way he spoke revealed his Catholic background. He is keen to help HLI in the country because he sees and understands the horrors of abortion in the United States and elsewhere.

Finally, Mr. Antonio Rodrigues was the only non-African layman we met in Maputo. Being of Indian descent (from Goa), he is the contact person for a group of Goan Catholics in the metropolitan area. He came to see us at the hotel, insisted on driving us to the Apostolic Nunciature and, later, organized a talk in his parish. After the talk, he and his Goan friends treated us to a succulent dinner. All Goans were very friendly, and it would seem that much could be done with them in Maputo.

I came away from this trip to Mozambique with many contacts made and many ideas on how to move forward with the pro-life movement in Mozambique and other Portuguese-speaking countries around the world to advance HLI's mission of creating effective opposition to the culture of death around the world.

Mission Report: Brazil: April 2009



SHARE

HLI missionary Trip to BRAZIL - Reported by Raymond de Souza, April 2009



On April 16, 2009, a grand event took place in the Archdiocese of Olinda and Recife: the International Pro-Life Cardinal von Galen Award was granted to Archbishop José Cardoso Sobrinho in the crowded auditorium of the prestigious Damas College, in Recife.

The Award was granted by Human Life International, the largest pro-life movement of Catholic orientation in the world, which counts on affiliated groups in 86 countries. I have the honor to be its Program Director for Portuguese-speaking countries.

The strong impact provoked by the event among the participants still echoes in many places in Brazil and the world.

THE MISSION

I was charged by the Rev. Fr. Thomas Euteneuer, President of HLI, with the mission to fly from the United States to Recife, taking with me the von Galen Award so that it might be personally delivered to Archbishop Cardoso by our representative in Rome, Monsignor Ignacio Barreiro-Carámbula, who also traveled to Brazil for that specific purpose.

Although I am accustomed to address large auditoriums in many countries, I was

Although I am accustomed to address large auditoriums in many countries, **I was deeply impressed by the enthusiastic and euphoric reception of the public who attended the homage given to Archbishop Cardoso.** Their joy was noticeably immense and contagious-equally as great was the well-deserved joy of the recipient of the homage.

Archbishop Cardoso had acted like a hero in a very difficult situation: he did not withdraw a single step from his battlefield, in spite of the systematic calumnies spread by the abortionist media and ignorant politicians-and especially in spite of the criticisms he received from various colleagues in the episcopate, both in Brazil and overseas.

But the precious support of ecclesiastics and lay people was not lacking, as **I could observe from the presence of practically the totality of the archdiocesan clergy at the event.**

In their characteristic mania to play down pro-life events, the media calculated the presence of 1,200 people in the auditorium, but from what I was able to observe, there were there over 2,000 people. Four Bishops, many priests, seminarians and religious of both sexes attended the event, besides people from the most varied parishes in Recife and other cities.

A WATCHFUL SHEPHERD



Over 2,000 people packed the auditorium of Damas College in Recife, Brazil for the presentation of the Cardinal von Galen Award.



During the event, various speakers addressed the floor. The main speaker, Archbishop Cardoso, acknowledged that the Award was a great and beautiful surprise for him. He affirmed that the polemics in which he became involved *"is producing many good fruits, since it awoke the conscience of many Catholics about the need to place the Law of God above any human law. I simply explained what the Law of the Church says. I was not the one who approved it. It is the Law of the Church that says: he who commits this crime, is automatically excommunicated."*

He simply followed the principles of the Church and of Canon law, principles that appear to have been forgotten by many Bishops these days. He said, *"If I had remained silent during that episode, I would have been an accomplice of the crime. I fulfilled my duty."*

Archbishop Cardoso thanked all those who cooperated in one way or another in the fight for the lives of three children and also for the messages of support that came to him from many dioceses of Brazil and other countries. *"I offer this homage especially to the two babies that were murdered and to their little mother as well,"* he concluded.

Others were also the recipients of homage from Human Life International with the gift of silver medals: the Vicar General of the Archdiocese, Monsignor Edvaldo Bezerra; the Chancellor, Father Cícero Ferreira; the Rector of the minor seminary, Fr. Moisés Ferreira; the parish priest of Alagoinha, Fr. José Edson; and the Archdiocesan Attorney, Dr. Márcio Miranda.

Mons. Ignacio Barreiro-Carámbula, who represents Human Life International in Rome, said in his address: *"I think it is very important to emphasize the protection of innocent human life. For this reason, we grant this Award to Archbishop Cardoso."*

In my capacity as envoy of Human Life International from the United States, it was my duty to draw people's attention to the courage shown by the Archbishop, as well as to criticize the pro-abortion media for their partiality and the lukewarm clergy for their inertia. Archbishop Cardoso dared to face everything and everyone, unafraid of unpopularity. He did not succumb under the attacks of the media, because he was not doing something evil, but something good instead.

A JOYOUS OCCASION

The joy and enthusiastic support of Archbishop Cardoso was well illustrated by this report from one of the people present:

"When Archbishop Cardoso was invited to come forward to receive the Cardinal von Galen Award, everyone in the auditorium was thrilled with joy."

"Many were moved to tears, others shouted with joy, others sung, and I was there near the Archbishop, taking photos in my cell phone, seeing his countenance overflowing with joy, thus making it my joy to see him.



The presence of nearly the entire archdiocesan clergy showed how greatly supportive were the local Church members.

"After he received the Award, everyone wanted to congratulate him, and tell him: 'My Lord Archbishop, you are not alone! Jesus Christ is with you and also with us. Please God that you will continue at the helm of our suffered but well-looked after Archdiocese for yet a long time. And when the time will come in God's own good time that you will enjoy your well-deserved rest, may God grant us a pastor like you.'

"I went home with my soul cleansed, breathing the air of a typical night of Recife, with a clear sky and hot weather, certain to walk on the correct side of the road, and also certain to be CATHOLIC above everything else.

"Thank you Archbishop Cardoso, for your witness! I am honored to be part of your Archdiocese."

The example of courage given by Archbishop Cardoso must be seen by all Catholics as a model to be followed: enough of indecision, lukewarmness, and compromise with the Culture of Death! Let us fight with all legal means to eliminate, once and for all, from our nations that cursed plague of abortion!

It is also a fight for our right to exist in peace, defending our families from the attacks of the peddlers of immorality and the Culture of Death that infest many political circles. Because, as the First International Conference to Defend Life affirmed with wisdom and objectivity in Aparecida in February 2008,

"Unless the strategists of the Culture of Death are naïve, and they have already shown that they are not, after the legalization of abortion in Latin America they will be obliged to turn all of their resources towards the work of disfiguration or destruction of the Catholic

turn all of their resources towards the work of disfiguration or destruction of the Catholic Church. Behind the problem of abortion is hidden much more than the defense of life of millions of innocent people: The Catholic Church and the Culture of Death cannot coexist in the same world."

Archbishop José Cardoso has already led by his good example. May many Bishops, both in Brazil and overseas, follow it in their own dioceses, because they are responsible for the souls that God Our Lord entrusted to their care.

Mission Report: Rome: March 2008



Joseph Meaney & Brian Clowes, March 2008

A major milestone for Human Life International was the opening in 1998 of our permanent office serving the "Heart of the Church." I had the honor of being the first HLI staff member stationed in Rome where I assisted Msgr. Ignacio Barreiro, the office's long-time director, for four years. This past March, Msgr. Barreiro arranged for a week-long seminarian speaking tour for Dr. Brian Clowes and myself.

Seminaries and religious houses of formation abound in Rome. Msgr. Barreiro receives, in the HLI office, a steady stream of seminarians, priests, and religious who wish to enhance their formation in bio-ethics and life issues. They benefit from a wonderful library and personalized attention. ***And we now distribute 2,000 copies of the Italian edition of HLI's Seminarians for Life International Newsletter.***

FORMING PRO-LIFE PRIESTS IN ROME

On this trip, our first pro-life lectures were given to the **Society of Our Lady of the Most Holy Trinity (SOLT)** seminarians and priests at their Roman headquarters in the enormous complex built for the Christian Brothers. A special honor was having Fr. Jim Flanagan, SOLT's founder, present for the talks. He thanked us and offered to place all the SOLT fathers in Belize at our disposal for our pro-life campaigns there! They have many parishes, a school, and a Catholic radio station. HLI already owes a debt of gratitude to the Society, since they have assigned Fr. Frank Papa to serve as our chaplain at HLI's international headquarters.

The first talks we gave in Italian were at the international seminary named for Pope John Paul II, located next to the church of San Andrea della Valle. Brian is still waiting for "the gift of tongues," so we translated for him. ***The 45 seminarians and priests there come from 27 different countries!*** Two Mexican seminarians approached me afterwards and told me they knew Adolfo Castañeda, who works with *Vida Humana Internacional*, our regional office for Latin America. They had heard him speak at their home seminaries in Mexico. HLI certainly covers a great deal of ground around the world.

EVANGELIZING THROUGH THE AIRWAVES

Vatican Radio, through my friend Charles Collins, invited me to come to their studios for a series of interviews in different languages about HLI's work during this trip. Their building is located just next to the Tiber at the end of *Via della Conciliazione*. After doing the first taped program in English, the Spanish and French editions also recorded interviews. This is a far cry from covering the 40 total languages that exist on the Church's radio, but it is a start!

One of our most moving venues for speaking was the headquarters of the Franciscan Friars of the Immaculate just outside Rome. These young sons of St. Francis live radical poverty and apostolic zeal. They do not own the building they are using or any property, for that matter. Their pro-life enthusiasm is beautiful. Once again HLI has a close connection to this religious group. Dan Cortes, who serves as our Internet webmaster, has a brother with the friars. Also, Fr. Luiz Carlos Lodi da Cruz, a Brazilian priest and great pro-life leader, is living with the friars while studying at the John Paul II Institute. He has worked closely with HLI in Brazil, where more than 90% of the people are pro-life!

CATHOLICS SPEAKING UP

We met several famous American Catholics while in Rome. Professor Scott Hahn, from Franciscan University of Steubenville, was taking advantage of spring break to give some lectures at *Santa Croce* University. Mary Shovlain, who has a Catholic film company that often produces programs for EWTN, is a dear friend of mine and my wife's. We were happy to see her again. CNN's Vatican analyst, Delia Gallagher, is another faithful Catholic we saw. It is a positive sign that there are more and more good Catholics in the news and entertainment industries.

On the traditional feast of St. Thomas Aquinas, Msgr. Barreiro, Brian Clowes, and I drove out to the Italian hill town of Segni for a special celebration with the Incarnate Word Institute. Imagine a small village on a knife-edged ridge, shrouded in fog. The church of St. Peter there is built on the ruined walls of several pagan temples dating back to 700 B.C. We spoke as the guests of honor to all the seminarians, priests and nuns, as well as invited guests. One of our points, that **vocations are more frequent in large families**, was born out by the testimony of a nun about to make her perpetual vows who is one of 11 kids. The Incarnate Word Institute is originally from Argentina, but they have many vocations now from Ukraine, Egypt, Russia, and even Holland. One of the highlights of the banquet that evening was Dutch sister Van Christus playing the harp.

Militia Christi, a Catholic pro-life group, invited us to participate in a seminar. Msgr. Barreiro has worked productively with them for many years. As is to be expected in Italy, the conference hall was very elegant. One speaker gave a moving testimony of her courage in standing up to the pressure that abortion doctors placed on her. They mistakenly believed her little girl would be born with handicaps, so **they tried every means imaginable to make her kill this beautiful child**. Dr. Paolo Gulisano did a very good job of showing the origins of the modern abortion legalization movement, starting with Communist Russia in 1920 and Nazi Germany in 1935.

PRO-LIFE POLITICAL VICTORIES

Italy was on the verge of elections in April, and the pro-life issue came to the forefront of

the campaign. A famous journalist, Giuliano Ferrara, launched a political party and a movement for a moratorium on abortion. Posters throughout Rome with a picture of a preborn child on them proclaimed "*Non Uccidere*" ("do not kill"). On International Women's Day, March 8th, Ferrara's movement held a pro-life rally in Piazza Farnese across from the French Embassy that I attended. ***The feminists were furious and tried to disrupt the event, but the police intervened.*** On several other occasions, Ferrara was pelted with eggs and tomatoes by violent anti-lifers during campaign rallies in Bologna and Palermo. Pro-lifers had the last laugh, however, because the conservatives won the election and will put an end to the socialists' plans to introduce the RU-486 abortion pill in Italy.

GREAT PRO-LIFE LEADERS

A voyage to Rome is incomplete without a personal pilgrimage to the tomb of St. Peter. My wife, Marie, and I were moved to tears as we walked past Pope John Paul II's grave in the basilica's crypt. Tens of thousands of people still come every day. The author of "The Gospel of Life" will long be remembered, even after the culture of death he fought is buried and forgotten. He, along with my parents, is certainly one of the main reasons I have devoted myself to the pro-life cause.

Cardinal Alfonso López-Trujillo, another person who was a real pro-life father-figure for me during my years in Rome, passed away on April 19, 2008. He did not appear sick during our three hour meeting and lunch with him at the Pontifical Council for the Family just a few weeks before he died. It was a real blessing to see him for the last time. I would like to ask our supporters to pray for his eternal rest and for his successor. Pope Benedict XVI will have a hard time finding a new president of the Council for the Family who is as energetic and articulate.

HLI's outreach to seminarians has reached many of the world's future priests with the message of the Gospel of Life. **In March 2008, we spoke in person to almost 900 at our various events in and near Rome.** We also took advantage of the Church's communications infrastructure to explain our activities over the airwaves. Finally, we did our part in supporting the Italian pro-life movement at a critical time. It will be a privilege to continue this work in the future with even larger numbers of seminarians and religious in Rome, where all the nations of the world come together to be near the Vicar of Christ.

Mission Report: Dominica: January 2009



SHARE

Brian Clowes, January, 2009

Dominica, the Caribbean's "Nature Isle," is a heavily jungled jewel only about 25 miles long and 12 across at its widest. Only about 70,000 souls populate its steep slopes, mostly along a narrow ledge adjacent to



the coastline. A third of the population occupies the capital city of Roseau in the Southwest. However, as the people like to point out, one of Dominica's main exports is Dominicans. Twice as many Dominicans live outside the nation as in it, and this is primarily why the population of Dominica is very slowly declining.

Perhaps the amazing natural beauty and the temperate climate of the island contributes to the people's average life span of 74 years, second only to Canada in the Western hemisphere. In fact, according to local reports, a 124-year-old woman recently died in Dominica.

PLANNED PARENTHOOD: FROM CONTRACEPTION TO ABORTION

Citizens are generally very pro-life, and even Prime Minister Roosevelt Skerit has said that he will never allow abortion in this nation "on his watch." If a woman has an abortion, villagers shun her and call her a "cemetery," pushing the pro-life "womb as a tomb" saying to the next level.

However, not even this tiny, far-flung corner of the Caribbean is safe from the Planned Parenthood ideologues. The Dominican Planned Parenthood Association





The main local newspaper, The Chronicle, named Fr. Cuffy the Dominican "Person of the Year," showing him in his priestly collar and wearing a military uniform as Chaplain of the Dominican Cadet Corps.

(DPPA) does what PP does best - it pushes sex education and distributes contraceptives. It knows full well that all it has to do is wait a few years, and then use the resulting illegal abortions as a propaganda tool to call for the legalization of abortion. In fact, teen pregnancy is not a major problem on the island due to the many illegal abortions that are committed each year. ***It is only a matter of time before Planned Parenthood and Dominican "women's rights" groups begin to loudly demand "safe" (i.e., legal) abortion.***

Father Tom and I felt like rocks being skipped across the Caribbean as we stopped at nearly every island on our way to Dominica. Redemptorist Father Franklyn Cuffy met us at the Melville Hall Airport, and we drove over the central part of the island to reach St. Clement's House, where we stayed. It took an hour to cover 20 miles on a rough one-lane road with amazing vistas around every corner, including the mile-high volcano Morne Diablotins.

Father Cuffy drove us to Soufriere at the very Southern end of the island. Everyone seems to know him, and they shout his name as he drives by. The main local newspaper, *The Chronicle*, just named him the Dominican "Person of the Year," showing him in his priestly collar and wearing a military uniform as Chaplain of the Dominican Cadet Corps.

On the corner of the block in Roseau holding the Our Lady of Safe Haven Cathedral and Catholic school stands a big poster that shows a couple of kids on it and the slogan "Abstinence: The Best Choice." The implied message is "Abstinence yes, but if not, then contraceptives." This is rather like saying "Abstinence [from robbery] yes, but if not, go ahead and rob people."

RESISTING CONTRACEPTIVE IMPERIALISM

We began our work with the 8:00 A.M. Sunday Mass at the Cathedral. Fr. Tom and Fr. Cuffy concelebrated with the Bishop of Roseau, Gabriel Malzaire. **Fr. Tom spoke on the threat posed to Dominica by the culture of death and implored the people to wake up and get active against it.** The next morning, we held a press conference, and almost all of the island's major press outlets were there. Fr. Tom, Fr. Cuffy, and Mr. Wendell Lawrence, the head of the Dominican Respect Life Committee, warned about the contraceptive imperialism being foisted off on the world's nations in the name of "women's rights." Fr. Tom's warnings about how condoms merely enable the irresponsibility of men visibly startled the two young ladies in attendance.

In the evening, Fr. Tom and I spoke on *Humanae vitae* and the Antilles Episcopal Commission's wonderful document "The Gift of Life." Exactly two media people and four other people showed up, because everyone else was sitting at home transfixed by the endless media coverage of the Obama inauguration. "Obama-mania" has a firm grip on the Caribbean. The 30-year campaign of brainwashing people to make



Fr. Tom and Fr. Cuffy at a press conference.

decisions not based on logic and facts and reasoning but emotions and personal experience has done its job well. **Let's see how fond they are of Obama in about two years when Planned Parenthood is aborting their daughters without their knowledge!**

Fr. Cuffy and I also appeared on Marpin Television's "From All Angles" show, debating Valda Durand, an officer of the DPPA. These Planned Parenthood people all have the same debating style, and I suspect they go to some kind of "charm school" in order to learn how to dodge questions and speak in vapid generalities. I finally pinned her down after she insisted yet again that "sexual and reproductive health" is a basic human right. I repeatedly asked if this "right" included abortion, and she finally admitted that it did, after saying that she was not pushing abortion in Dominica. So, the logical question was, "If you believe abortion is a basic human right, why aren't you pushing it?" I also invited listeners to read Planned Parenthood's *Vision 2000* document, which instructs all IPPF associations to agitate for the legalization of abortion.

HOPE FOR THE FUTURE

On Thursday, Fr. Cuffy and I traveled to the Christian Brothers' St. Mary's Academy to talk to about 90 teenaged boys. After I had spoken about ethics and personal responsibility, Fr. Cuffy asked how many of the boys would vote for the decriminalization of homosexual activity in Dominica. Every one of the young men gestured "thumbs down." When asked how many would vote for the legalization of abortion, less than 20 percent said they would. There is certainly hope for the future of this island!

Whenever I talk to students, I always emphasize a three-pronged message:

1) **We all care about the external environment that we live in, but what about the *internal* environment?** I have seen many young women who are very militant about the environment and their own health, but think nothing of popping a powerful steroidal drug pill into their mouths every day.



Fr. Cuffy speaking to boys at the Christian Brothers' St. Mary's Academy in Dominica.

2) So many people experiment with things that only give temporary amusement, such as sex, drugs, alcohol, money, travel, "personal experience," possessions, power, and so on. But **there are only two things that will make you truly content and happy, and that will give you true inner peace: Faith and family.** In other words, if you live by the word of God, you will be happy. If you live by the way of the world, you will not be happy.

3) **There is an easy way for young people to avoid many heavy worries, and that is to abstain from sex before marriage.** We hear so much that abstinence and faithfulness is "unrealistic," but, from a scientific point of view, they are the *only* solutions to many of the most severe problems afflicting the world today. Those who follow God's simple plan will not have to worry about unwanted pregnancy and single motherhood; sexually transmitted diseases and HIV/AIDS; loss of self-respect and their reputations; worrying about what their parents will think; finding and paying for expensive

contraceptives/abortifacients and then getting hit with their side effects; abortion and its physical and emotional impacts; raising children alone, usually in poverty; the difficulty in finding a good husband or wife when they already have children; and, most importantly, fear of loss of their souls! ***Young people should have their eyes and minds fixed on the future, not sweating out the present unnecessarily due to bad decisions.***

I also tell the young girls to perform a simple test when they meet a boy they like: Tell him to empty out his pockets. If the boy is carrying a Rosary, he is probably all right. If he has a condom in his pocket, tell him to get lost.

The high point of the trip was January 22, Respect Life Day, when 1,000 little schoolgirls assembled in the Cathedral to pin green ribbons to a large wooden cross Fr.



Fr. Cuffy with girls Convent High School. Behind them stands the wooden cross filled with green ribbons for the Respect Life Day.

Cuffy had made. Fr. Cuffy's "Green Ribbon" campaign has as its centerpiece pro-life activism, but also includes care for the poor and the environment, among other causes. This might be called the "Seamless Garment" in the USA, but it works well in Dominica because it does not ignore or de-emphasize abortion. **Fr. Cuffy makes certain that abortion is always front and center, and he consistently shows how it damages all other human causes.**

In the evening, we traveled to the Convent High School, where eight schools sent students to make presentations on pro-life issues. Things got interesting when the moderator asked the young people questions after the presentations. ***The students were unanimous in rejecting abortion even for rape, and they argued very persuasively against it.***

On the last day of the mission, Fr. Cuffy and I spoke to the girls at the Convent High School as part of its 150th anniversary celebrations. One girl sang a Calypso song; three other girls read some very good pro- life poetry; and a dozen others danced on the basketball court to the strains of The Lion King's "The Circle of Life." Fr. Cuffy and I crammed a lot of advice into a very short period, and the girls seemed to appreciate it.

As always, when I leave a kind and friendly nation, I feel a clash of emotions - sadness at leaving and eagerness to get back to work in Front Royal. But a week after getting home, I am looking forward to visiting the "Nature Island" again, in the near future.

Mission Report: Costa Rica: October 2008



Joseph Meaney, October 25-29, 2008

If the world resembled the Central American nation of Costa Rica more, it would be a much better place to live. **Their constitution and laws protect human life from conception, and therefore all abortions are prohibited, as well as *in vitro* fertilization (IVF) and the Morning After Pill.** Our HLI affiliate in Costa Rica, *Asociación para la Defensa de la Vida (Association for the Defense of Life, or ADEVI)* is quite active and effective in providing pro-life education and services, such as help with crisis pregnancies. Even in this tropical paradise, however, there are still pro-life challenges.

HLI HUMANAЕ VITAE CONFERENCE

Dr. Alejandro Leal (university professor in genetics) and president of ADEVI saw the need for a conference to counter the growing contraceptive culture in Costa Rica. We discussed this idea at the World Youth Days in Cologne, Germany in 2005. Alejandro and I agreed on the value of promoting the Church's teachings on the regulation of births during the 40th anniversary of Pope Paul VI's encyclical letter *Humanae vitae (HV)*.

Alejandro is proud that the vast majority of his fellow citizens are against surgical abortion. **However, contraception, including the abortifacient types, is commonly used.** Many doctors have not even heard of Natural Family Planning (NFP). He also told us that he and ADEVI have a good relationship with the bishops, who are quite vocal in support of pro-life issues. A big problem that remains, however, is priestly silence from the pulpit and "follow your conscience" advice in the confessional, rather than the formation of consciences according to the mind of the Church.

The media can be quite bad as well. The day we arrived, the main headline on the front page of *La Nación* (the most important newspaper in the country) was a statement by the minister of health in favor of introducing the Morning After Pill and denying that it causes early abortions by preventing the implantation of very young preborn children in the uterus. There are also destructive "reproductive health" bills that are regularly introduced in their congress.

The title of the HLI conference was "*Simposio Científico Teológico de los Métodos Naturales de Regulación de la Fertilidad*" (*Scientific and Theological Symposium on Natural Methods of Regulating Fertility*). It was held at the Catholic University of Costa Rica. Sponsors included the Pascucci Foundation, which contributed substantially, the Bishop's Conference of Costa Rica, ADEVI, and HLI. Both Adolfo Castañeda, from our *Vida Humana Internacional (VHI) Miami regional office* for Latin America, and I went down as speakers. Leaders attended from over 12 countries, including: Nicaragua, Peru,

Cuba, Panama, Colombia, Costa Rica, Mexico, El Salvador, Honduras, USA, Spain and Chile.

We were happy to directly reach 300 people during this two-day conference on Natural Family Planning and *Humanae vitae*. Most of the participants were Catholic lay leaders of family/marriage ministries. There were also many priests and nuns, several of whom were involved in marriage and family ministries or the Bioethics Commission of the Conference of Bishops. A unique aspect of the event was how they organized two tracks: one session in the morning, for those who could take professional time off, and evening sessions for those who could only attend after work.

The opening Mass was presided by Bishop José Francisco Ulloa, Coordinator of Family Ministry for the Costa Rican Bishops. In his homily, Bishop Ulloa left no one in doubt about where the Church stands on life issues. He denounced the promotion of the Morning After Pill by IPPF-Costa Rica and the anti-life aspects of the Regional UN Youth Conference for Ibero-American (Spanish and Latin American) Presidents being held in El Salvador later that very same week.

COSTA RICANS DEFEND THEIR PRO-LIFE LAWS BEFORE THE ORGANIZATION OF AMERICAN STATES

Ironically, just as our HLI conference began in Costa Rica, our affiliate leader, Dr. Alejandro Leal, had to leave for Washington, DC. He was asked by the Costa Rican government to participate as an expert witness in a hearing before the Inter-American Commission on Human Rights regarding a lawsuit against his country. An infertile married couple, with the help of the infamous Center for Reproductive Rights, made a formal complaint that their "rights" were being "violated" by Costa Rica's law against *in vitro* fertilization. Several years ago, Alejandro and ADEVI had been instrumental in a Costa Rican Supreme Court decision that outlawed any form of IVF. Interestingly, the wife who had initially started the legal action has since converted to the pro-life side in a similar fashion to Norma Mc-Corvey of *Roe v. Wade* in the US. **This did not stop the legal action, however, since they found other couples to sign on to the legal challenge.**

The New York-based Center for Reproductive Rights has been trying to bully Latin American countries into changing their prolife laws into pro-death ones in recent years. They had a successful lawsuit in Colombia, which opened the gates for abortion. Ironically, their plaintiff there was a "Monica Roa," a clear reference to *Roe v. Wade*. *Fortunately, Alejandro Leal told us the hearings on Costa Rica* in Washington did not go well for the Center for Reproductive Rights.

COSTA RICA ON THE BRINK OF DEPOPULATION

What worries HLI most about Costa Rica is that **this small Central American country of only about 4 million inhabitants is on the verge of falling into demographic**

~~or only about a million inhabitants is on the verge of falling into demographic~~
decline like so many other places in the world. During the mid 1960's, the average Costa Rican family had about 5 children. Fertility has dropped so fast in recent years, however, that there is no agreement on today's fertility rates. Some demographic sources claim Costa Rica's fertility rate is 2.1 children per family, but locally the rate of 1.7 children is frequently quoted. One area everyone agrees on is that the birthrate is still falling.

During the conference, Adolfo and I gave talks on *Humanae vitae* and Adolfo gave conference attendees an introduction to the Theology of the Body of Pope John Paul II. I highlighted the prophetic aspects of HV and Adolfo the doctrinal and moral ones. We also informed the audience about the worldwide anti-life movement, with a special reference to Latin America. Adolfo offered the enthusiastic participants the resources of VHI: radio, website, materials, etc. Drs. Concepción Medialdea (Spain) and Sandy Porras (Costa Rica) delivered excellent talks on the more specialized issue of the scientific basis of NFP and the dangers and abortifacient effects of the Pill and other "contraceptives."

We always take advantage of these trips to bring pro-life books and other educational materials. About 100 pounds of books, CDs, brochures, cards and posters we carried to Costa Rica were either sold or given away at the conference. **A favorite item among our affiliate leaders was a mold that makes models of a preborn child at 10 weeks of pregnancy.** We left several with them, which will hopefully provide a wealth of baby-saving dolls to be used in their crisis pregnancy and educational work.

Getting the pro-life message out through the media is also a high priority on our missionary trips. Adolfo Castañeda was interviewed by *Telefides*, the Costa Rican national TV station. During the taped interview, which lasted a full hour, **he denounced so-called "reproductive health" and explained that it includes the legalization of surgical abortion, pushed by the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) worldwide.** I was interviewed by Costa Rican Catholic Radio, and the National Catholic Newspaper, *Eco Católico*, about the conference and HLI's work. This newspaper does an excellent job of defending the faith and the culture of life.

HLI hopes that Costa Rica will continue to be a pro-life example to the world. They certainly need to rebuild their traditional love of families with several children. One bright spot is the strong effort by the government to fight the abuse of children in prostitution, which is aimed at the many tourists who visit Costa Rica. Upon arrival into the country, everyone now receives a firm warning that the sexual exploitation of children is severely punished. We also cheered when ADEVI obtained a huge victory against IPPF-Costa Rica: the Costa Rican government prohibited any media outlet from advertising the Morning After Pill.

Please pray for Costa Rica, that they will successfully maintain and spread their pro-life culture throughout the world.

culture throughout the world.

[Mission Report: Mexico - January 2009](#)



Jorge Sorano's protest against reversing the Mexico City Policy

Mission Report: Guatemala: April 2008



Adolfo J. Castañeda, Vida Humana Internacional, and Fr. Tom Euteneuer, April 1-6, 2008

Located in the northernmost part of Central America, just south of Mexico, Guatemala is home to about 14 million people, 60% of whom are Indians. The rest are White descendants of the Spanish. After 35 years of a bloody civil war from 1962 to 1997, Guatemala, which means "Land of Forests" in one of the many Indian languages, has finally settled into a still fragile democracy. Nevertheless, the country has managed to grow economically, although it still remains a poor country, with the indigenous Indian population being the most affected.

Guatemala is besieged by violent gangs (called "Maras") and drug dealers, who find in this small country a sort of haven and stepping stone from Colombia to Mexico and then on to the U.S., thanks to police corruption. **The most insidious attacks against life, however, are the ones perpetrated by IPPF (International Planned Parenthood Federation) and IPAS (International Project Assistance Services).** IPPF has been in Guatemala since at least 1979. Its affiliate APROFAM and its horrible sex "education" programs are brain-washing Guatemalan youth with their filth and are also deceiving married couples with their abortifacient and other harmful contraceptives. US-based IPAS has been performing clandestine first-trimester abortions with their manual suction machines, euphemistically called "Manual Vacuum Aspiration." There are four *in vitro* fertilization "clinics," also operating in defiance of the Guatemalan Constitution, which recognizes that life begins at conception.

Nevertheless, Guatemala has been blessed by a fertile and diverse land, and, most of all, by beautiful family- and life-loving people. A Guatemalan gynecologist told us that the word "uterus" in one of the many Indian languages is "utiochil," which literally means "the place of God." I cannot find a more pro-life way of describing a mother's womb! As one of only two countries in all of Latin America in which HLI did not have an established affiliate, the tremendous ***pro-lifers in Guatemala beckoned HLI to join them for the first major pro-life conference in that country*** and for the inauguration of our newest associate, the **"Family and Life Association" of Guatemala.**

SEMINARIANS CONTINUE TO BE HLI'S #1 PRIORITY

I arrived on Wednesday, April 2, 2008 at Guatemala City and was received at the airport by several great pro-life leaders, who took me to my lodgings at the Major Seminary, where practically all of the pro-life activities took place during the following four days. Fr. Tom had arrived the day before and was immediately plunged into a tight agenda that lasted until Saturday, April 5, when he had to leave for his pilgrimage to Our Lady of Guadalupe Shrine in Mexico City. Fr. Tom spoke to about two dozen leaders of a Youth for Life group in a Catholic university in Guatemala City, as well as a teacher's college,

to bring a strong pro-life message and strengthen the pro-life commitment of these people. Based on our American experience, **HLI operates on the principle that the people of a country will find it much easier to keep abortion out than to try to get it out once it comes in.**

On my second day in Guatemala, we participated in a special pro-life seminar held just for the seminarians of the country-250 of them! In true HLI style, our Miami office prepared tons of pro-life material to bring to them, including our *Seminarians for Life International* Newsletters, which we gladly gave to two seminary rectors, along with tons of other materials that will keep their interest in the life issues alive for many years to come! We also gave them the best that we had to offer from our expertise on the subjects. ***In the course of six hours, they got their fill of pro-life teaching,*** and I can guarantee that not even one seminarian left his seat or nodded off during the whole day-I think that's a record!

One seminarian commented after the seminar that he had received a whole course on bioethics in just one day. How true. Here is what they heard:

- Two talks on bioethical issues and Natural Family Planning by Dr. Alejandro Leal, from HLI's affiliate in Costa Rica.
- A talk on the evils of contraception by Dr. Estuardo Carrera, a Guatemalan OB/GYN and head of the newly-formed Office of the Unborn for the Catholic Bishops of Guatemala.
- An introduction to the Theology of the Body of John Paul II and an exposé on dissent in the Church by me.
- Fr. Tom's talk on the international abortion situation and the role of the priest in fighting the culture of death.
- A talk on post-abortion syndrome by Rita Polo de Ponciano, a Guatemalan who is a licensed therapist and the President of HLI's new associate, Life and Family Association.

This was one of the best experiences of seminary training that we had ever had, due to both the quality of the presentations and the reception of the teaching by these good men who will one day be preaching from the pulpits of Guatemala's Catholic parishes.

THE FIRST-EVER PRO-LIFE CONFERENCE IN GUATEMALA

The next couple of days saw one of the most successful pro-life conferences in the Hispanic world. More than 1,200 people of all ages and backgrounds attended. It was the **First National Pro-Life Conference in Guatemala**, entitled "**The Life and Dignity of the Human Person.**" It was convoked by the Guatemalan Bishops' Conference, and about ten bishops were in attendance, several of them being speakers, including the Apostolic Nuncio. The same speakers from the previous day's course for seminarians were present, giving essentially the same talks. The audience was enthusiastically receptive, especially when several women and one man came forward to give their heart-felt testimonies on post-abortion and post-contraception issues. What topped it all was a beautiful testimony of a lady whose mother gave her life against incredible odds after

being raped 40 years ago. Julia Regina de Cardenal, the President of HLI-El Salvador, gave the final stunning talk about how to defend life against the "culture of death."

The whole Conference was transmitted *live* by Radio María, an international Catholic radio network that reaches at least half of Guatemala; and Jesús-TV, a Catholic TV network, video-taped parts of the Conference and re-transmitted them the following week. ***So, practically the whole country was educated on pro-life issues!***

MEDIA COVERAGE AND GUATEMALA'S FIRST MARCH FOR LIFE

The speakers were also interviewed by Catholic and secular media. "Prensa Libre," the major newspaper in Guatemala, gave a short but substantial report on one of its main pages, with a picture of the pro-life march and pro-life youth concert, with which the Conference ended Saturday night. About 500 pro-lifers took part in it with the seminarians being the loudest and most energetic participants! I did three different radio interviews, along with Fr. Tom and other pro-life leaders, for a total of about four and a half hours of live air time. Two of the stations were Catholic: Radio Estrella ("Star Radio") and local Radio María. One of the local pro-life leaders that accompanied me to Radio María was long-time HLI collaborator and CPC head, Alejandra de Skinner-Klee, the sister of Julia Regina, the leader of HLI's affiliate in El Salvador.

During my last day of activities in Guatemala, Sunday, April 6, Dr. Carrera and I spoke to 40 married couples about the evils of contraception, immoral sex "education," and the beautiful Theology of the Body. The couples belong to a Catholic movement founded right there in Guatemala City called "Victorious Marriages." ***They were so enthusiastic about our presentations that they wanted to repeat the experience for their counterparts in Miami, where their movement has extended!***

One of the most positive outcomes of this visit to Guatemala was the newly founded pro-life organization, named "Asociación Vida y Dignidad" ("Life and Dignity Association") or ASODIV, whose president, Rita Polo, is mentioned above. ASODIV is in the process of becoming the first ever HLI affiliate in Guatemala. Of course, we promised Dr. Rita Polo and ASODIV our full support, and we will surely pray for their pro-life success in Guatemala.

THE BATTLE CONTINUES!

Because of its Catholic heritage, Latin America continues to be the main battle ground for anti-life activities and pressure, but thanks to so many HLI-inspired pro-life groups and organizations that have formed over the past 30 years on the continents of Central and South America, we believe that we stand a fighting chance of keeping legalized abortion out of many areas of this region. We are literally a pro-life David versus a pro-abortion Goliath everywhere, but the Church is our greatest strength, and the deeply pro-

life cultures of this Catholic region are the greatest preservative against the decadence of the "culture of death." The battle is far from over, but with HLI's help, Latin American babies will never be without their advocates!

Mission Report: Jamaica: January - February 2008



Fr. Tom Euteneuer, January-February 2008

Teach us true respect for all / Stir response to duty's call / Strengthen us the weak to cherish / Give us vision lest we perish.

These inspiring words are from the **Jamaican National Anthem**, and they perfectly encapsulate the ideal that Jamaica needs to display as a nation if it is to have a future. The challenge to respect all and to "cherish the weak" is like a clarion call to action at this critical stage in their history. ***Never before in the life of their nation have Jamaicans been under such a threat.*** The good, pro-life people on this island are struggling hard to convince their nation that abortion is a deal with the devil that will kill their national soul.

This tiny island of only 2.8 million people, located just south of Cuba, has a rich and varied history from its "discovery" by Christopher Columbus in 1494 to independence from Britain in 1962. The island was taken over by the British in 1655, and it is said that during the 200+ years of British rule, literally every trace of Catholicism was wiped out with not one Catholic priest being allowed to live or work on the island. Catholics are only about 3% of the overall population today. Nonetheless, more than 90% of Jamaicans consider themselves Christians of some sort or another.

Jamaica's deep-seated Christian values, however, often get trampled upon by hedonistic lifestyles that are filtering into their national soul from their northern neighbors. Their unwed pregnancy rate is extremely high, poverty is endemic, crime is rampant, and they always talk about themselves as a Third-World Country even though it is modern in many ways. Jamaica had over 1,500 murders last year due to its strategic position in the Caribbean as a transshipment point for narcotics. Yet, despite these problems, Jamaicans are second to none in their love for life. ***The vast majority of Jamaicans really understand that there is no reason to kill a baby, ever.*** They call in to radio talk shows and write letters to the editor to let their pro-life opinions be known. So far, it's their pro-life heart that is saving them.

THE ABORTION PROMOTERS NEVER SLEEP

Despite the fact that the 1861 Offenses Against the Person Act generally prohibits abortions, corrupt doctors have for a long time found a way to circumvent the law, and even to *create* legal structures to permit and spread the killing. A report presented to the Jamaican Parliament last year stated, with all the radical feminist jargon, that dishonesty and malfeasance are the name of the game in the promotion of abortion, and they criticized the churches as being the main force of opposition.

The abortion report referred to a 1989 memorandum from the Jamaican Ministry of Health that was a watershed: it opened the possibility of abortion for teenagers, rape/incense/life of the mother, and even-if one can believe it-"failed contraception." If anyone ever needs a rationale to explain why contraception leads to abortion, they don't have to find the reasoning in the pro-life camp. The abortion promoters make the case perfectly. In other words, ***there is almost no reason which would prohibit abortion in Jamaica except the public stigma associated with it and the convictions of the churches if they are organized against it.*** Those churches are literally what stand the chance of keeping abortion from getting worse in Jamaica. The same can be said for every culture in the world.

ABORTION-ON-DEMAND KNOCKING AT JAMAICA'S DOOR

What the pro-lifers are really fighting in Jamaica, then, is not the legalization of abortion *per se*, but its ***total dominance of the culture***-that is, abortion-on-demand. The attempt to liberalize abortion in Jamaica is just another page of the abortion playbook. An Abortion Advisory Committee was set up in 2005 to "study" the issue of abortion for a proposed legal reform. The committee's chairman was a doctor who had been the head of Planned Parenthood in Jamaica! It consisted of 13 members, 11 of whom were pro-abortion, including one token minister from the liberal Jamaican Council of Churches and one woman who claims to be a practicing Catholic.

Predictably, this advisory group submitted a report to Parliament last year advocating abortion-on-demand *up to 22 weeks* and allowing for abortions after up to the point of birth "under exceptional circumstances agreed by the woman and two authorized medical practitioners." In other words, ***they will tolerate no limits whatsoever to the killing of babies in Jamaica.*** These are the sentiments of the demonic abortion influence hanging over that island right now.

NEW GOVERNMENT PUTS BABY-KILLING ON FRONT BURNER

A liberal government, the Jamaica Labor Party, came into power last September under the leadership of the Jesuit-educated Prime Minister, Bruce Golding, who proceeded to fast track the effort to liberalize abortion. *Immediately the situation reached a critical stage.* Parliament set up a special Select Committee to "debate" the issue and create draft legislation for a vote. No serious consultation of the people was scheduled, and they stated that the vote would be a "conscience vote," which is what every cowardly Parliamentary government does when it wants to push a controversial item but does not want the bad publicity to stick. There was no time frame for a vote either, which means they could have had a surprise vote at any time. Creatures of darkness operate this way all over the world-that is, unless they receive the principled resistance of the churches.

HLI assisted an alliance of churches and concerned civic groups with the planning of a press conference that was held at the Knutsford Court Hotel in Kingston on February 7, 2008. **The Jamaican Coalition for the Defense of Life wanted to signal to the**

government in no uncertain terms that they will *not* accept this plan to legalize abortion-on-demand in Jamaica. It was a magnificent show of solidarity and unity. The speeches of the seven participating groups were just marvelous and are nothing short of the voice of conscience of their nation!

Furthermore, the press conference seemed to have the effect of stopping the momentum of the abortion onslaught. The headlines of both the major daily newspapers on the following day were indicative that the message hit home. The *Jamaica Gleaner* shouted from the front page in huge bold letters, "**Oh, hell no! Church vows war should Gov't legalise abortion.**" The *Jamaica Observer* was hardly less emphatic on its front page: "**No to abortion. Church, Youth group knock policy review recommendation**" with a full-length picture of Roman Catholic Archbishop Donald Reece and Rev. Peter Garth of the Jamaican Evangelical Association.

From that point on, the subject of abortion has been one of the main headlines and "controversial" topics of discussion in the country. Dr. Doreen Brady-West, the marvelous head of the Coalition, was adamant in her testimony from a medical perspective that ***there is absolutely nothing positive about bringing more abortion into their land.*** She was featured on the national television news channel that night, along with pictures of literature that HLI had provided to support the pro-life efforts down there.

It is hard to express my admiration at how valiantly the good pro-life people in Jamaica are taking up this battle. Since the press conference, there has been no end of public debate and discussion of the issue of abortion. The Jamaican people are actually getting a good look at what abortion is and what the consequences will be for their society if they liberalize their law. It just goes to show the truth of what HLI has always said: **the people of a country never ask for abortion, and when they truly know what abortion entails, they usually reject it.**

THE CHOICEST BLESING OF THE EFFORT

I have no doubt that God's grace was operating in an extraordinary way in and through that press conference. Just one month after the press conference was held, the brand new **Youth for Life Jamaica** group held a public rally and March for Life in the streets of the capital city, Kingston, and by all accounts, the effort was phenomenally successful. In fact, this was the *first ever* March for Life in Jamaica! **Over six hundred young people attended with a marching band, placards, and a profound spirit of joy and zeal.** Many of the signs they held were magnificent statements of things we have learned here during many long decades of fighting abortion.

Best of all was that the youth of Jamaica stood up and took a stand against this radical injustice that is being forced on their generation. They are planning two more Marches for Life in other cities of Jamaica, and HLI will certainly accompany them with our prayers and support! These young men and women are the perfect fruit of the pro-life

prayers and support. These young men and women are the perfect fruit of the pro-life efforts in Jamaica, and we must thank God that He has seen fit to bless that country with such zeal and enthusiasm for life.

THE BATTLE IS NOT OVER

But keep in mind that the battle is not over! The abortion promoters never sleep, and so the Church must always remain vigilant. Let us continue to pray for the valiant pro-lifers- and above all, the babies-in this island so dear to God.

Mission Report: Belize: February 2008



Brian Clowes, February 13-18, 2008

Belize is in many ways a unique nation. Its population of only 300,000 people is spread out over an area a little smaller than Massachusetts, making it the least densely populated nation in Latin America. Belize is also the only English-speaking nation in Latin America, and boasts a very young and fast-growing population, with an average age of 20 and a population growth rate of nearly two percent. ***This was a situation that the population controllers found intolerable.***

"King Condom" Tries to Conquer Belize

Shortly after Belize won its independence in 1981, the International Planned Parenthood Federation (IPPF) established the Belize Family Life Association, comically misnamed, since it works hard to undermine the family and destroy human life. BFLA quickly set up four contraceptive distribution centers in Belize and became involved in the National AIDS Task Force, boasting that it is "the only organization in Belize dedicated primarily to family planning." **The results of IPPF's meddling were entirely predictable, as they are all over the world.**

Belize soon became a model "Planned Parenthood" society, with three out of four children born out of wedlock. Women still have an average of three or four children in Belize, but often they all have different fathers, and the women have to struggle constantly just to feed their children and themselves, as a succession of men move in and out of the home without a care in the world. **As far as the family is concerned, things won't get much worse in Belize because they can't get much worse.** As for reducing abortion, contraception failed to get the job done, as always. The number of abortions more than tripled in a decade, from 760 in 1985 to 2,600 in 1996, more than twice the rate in the United States.

THE GROWING BELIZEAN AIDS PROBLEM

Belize also suffers from the highest rate of HIV infection in Central America, and it is accelerating fast (the 2006 UNAIDS estimate shows a 2.5% adult HIV infection rate). Much of this increase is due to the continuous condom campaigns carried out by the BFLA and other population control groups. I personally witnessed PAHO (Pan-American Health Organization) and UNAIDS representatives doing condom demonstrations on the crowded main street of Belize City, and UNICEF and the Red Cross have set up gigantic condom billboards in strategic locations. Of course, neither the billboards nor the demonstrations mention the fact that condoms fail one time out of twelve uses.

Belize's uniqueness extends even to its abortion law. Nobody in the country (except for

the professional pro-abortionists) seems to know that abortion is entirely legal, and the power structures appear to want to keep it that way. Pro-abortionists prefer to do their dirty and murderous work in peace and quiet, of course, with a minimum of fuss and opposition. They managed to sneak abortion into the Belizean Constitution in 1981, when the nation became independent from Britain and changed its name from British Honduras. **This makes Belize the only Central American nation with legalized abortion.** Of course, the criminal code sports the usual "stringent" exceptions for the physical and mental health of the mother which, as we all know, means abortion-on-demand in practice.

THE CHURCH STANDS-UP FOR LIFE

Despite abortion being legal, the United Nations World Health Organization (WHO) alleges, as always, without evidence, that the number one cause of death among Belizean women is illegal abortion. While the Catholic Church in Belize preaches abstinence, ***various United Nations agencies have blamed the Church for the high teen pregnancy rate!*** In fact, a United Nations CEDAW committee member said that it was "alarming" that the Catholic Church runs schools in Belize, and that liberal sex education should be taught and condoms should be distributed in these schools, putting pressure on the Church through the "liberal Catholic groups present in other countries." The former First Lady of Belize also complained that the Catholic Church was "complicating" the fight against AIDS by banning the use of condoms. This is rather like saying that a fire department is "complicating" the business of stopping a fire by refusing to dump gas on it!

Population Controllers Hard at Work

In Belize, the United Nations and other non-governmental organizations offer the same old buzzwords and busily labor on the pseudo-issues of "sex role stereotyping," "gender awareness," "empowerment of women," and "lifting women's self-esteem." Meanwhile, they studiously ignore the root causes that make many women's lives so miserable and difficult in Belize - pushing sex education from a very early age, dumping contraceptives on them, offering abortion when the contraceptives fail, promoting every kind of "family configuration" and telling women that all they need is "self-esteem" - and then everything will be just fine.

As usual, these "air-conditioned warriors" ensconce themselves in the very best of quarters. In a country where one-third of the people live below the poverty line, UNFPA, UNICEF, and the other foreign population controllers work in a brand-new, stylish six-story building (the tallest in Belize) with a high fence all around it. The building is unmarked by any identifying logos, so few people suspect the deadly work that goes on within the comfortable offices.

As they like to say in this small nation - UnBelizeable!

But the situation is not all gloomy.

BRINGING THE SANCTITY OF LIFE BACK TO BELIZE

When Father Tom and I traveled to Belize in February, we found a good-sized hard core of experienced pro-lifers ready to literally breathe life back into Belize. At the top, Bishop Emeritus Osmond Peter Martin of the Belize City-Belmopan Diocese has expressed very strong support for HLI's mission. He has fought the good pro-life fight for many years and is well aware of Planned Parenthood's influence. Backing him up are our chaplain's, Father Papa's, confreres, the priests of the Society of Our Lady of the Most Holy Trinity (SOLT), including our host, Father Jim Blount, SOLT, Pastor of the Divine Mercy Parish, Father Leo Palma, SOLT, of La Inmaculada Parish in Orange Walk Town (the youngest priest in the diocese) and the SOLT priests in Benque Viejo del Carmen in the West of the country.

They are ably assisted in their efforts by veterans Margaret Robinson, founder of Helping Hands Pregnancy Counseling Center, which has sites in Belize City and in Benque Viejo, and Judy Vasquez, who runs the Helping Hands center in Belize City, as well as Lucy Jaramillo, Flavia Burgos, and Rachel de Ocampo, who are all NFP and crisis pregnancy counselors. Maria Zabaneh runs the **Voices for Life** pro-life group.

Father Tom and I began our tour of Belize by meeting with the Vicar General of the Belize City-Belmopan Diocese, Father Noel Leslie, who expressed his support for our critically important pro-life missionary work. We went on to meet with the main pro-life group in Belize, **Voices for Life**, then had Holy Mass at the Divine Mercy Parish. Belizeans eat a late supper, so we traveled to the home of Mark and Leticia Lizarraga to share a meal, and Father Tom had the pleasure of meeting their German Shepherds, Shadow and Lady.

We really got to work the next day, ***speaking for six hours to about sixty religion and science teachers from Catholic high schools in Belize*** at the St. Vincent Pallotti School auditorium. The teachers really needed to hear what we had to say about effectively tackling the AIDS and teen pregnancy problems in the country. Many of the teachers believed that condoms are the answer to the problem - until Father Tom and I finished showing them how the failure-prone devices actually lead to the spread of AIDS and, more importantly, more and more illicit sexual activity that endangers the soul. We covered a lot of ground, speaking on the various population control groups and their agenda, the beauty and effectiveness of natural family planning, and other topics such as how to overcome Belize's many societal problems by strengthening the family.

We spoke on the same issues later that day after driving to Orange Walk Town and addressing a larger audience of Catholic primary school teachers and lay leaders from the towns of Orange Walk and Corozal. We ate another late supper and arrived back at the Divine Mercy Parish at about eleven in the evening.

A BEACON OF HOPE

Over the next three days, we repeated the same themes in depth and distributed materials to diocesan and SOLT priests at the Santa Familia Monastery in Cayo District and to some 200 members of Catholic groups at the Holy Redeemer Parish Hall in Belize City. We also held an all-day training course for 50 pro-life leaders at Divine Mercy Parish, and Father Tom preached a pro-life homily at the Holy Redeemer Cathedral on Sunday. **We also spoke to a tough audience at a Belize Pharmacy Association meeting** before catching a small plane to the tourist town of San Pedro on San Pedro Island.

This proved to be the most interesting part of our trip. We walked through the garish tourist town, noticing that, like most such places, the entire economy is geared to helping people enjoy themselves in whatever way they choose. There were plenty of Red Cross condom posters plastered on doors, but we experienced hope when we saw a United Democratic Party (UDP) banner over the main street that proclaimed "VOTE UDP for the Future of Our Children." Father Tom and I hoped that the UDP would begin to turn things around and work for the protection of Belize's most helpless citizens, the unborn.

Father Tom preached a pro-life Mass in Spanish at the local Parish of St. Peter, and we spent a little time working and relaxing before heading back to Belize City and a sendoff by the Voices for Life group at the Global Spice Restaurant at Philip Goldson International Airport.

Some people may wonder why HLI is spending so much time and effort on a tiny country like Belize, which has a population less than one-third the size of Rhode Island. Belize is a strategic beachhead from which the pro-abortionists will attempt to spread their soul- and body-destroying philosophy, pills, and devices all over Central America. Human Life International intends to push the anti-lifers out of this country and deny them the foothold they have worked so hard to establish. Since Belize has a well-established pro-life structure and a supportive hierarchy, HLI has a much better chance of making it a shining beacon of hope to pro-lifers all over Central and Latin America.

You better Belize it!

Mission Report: Haiti: February 2008



Joseph Meaney, February 11-14, 2008

Going to Haiti on the first Human Life International (HLI) mission to this Caribbean nation was exciting. It also turned out to be a singularly opportune time to go. Shortly after the trip, food riots and violence brought down the government, and instability continues to the present. **HLI is now reaching some of the more desperate corners of the globe where the purveyors of abortion and anti-life propaganda faced little international opposition in the past.**

THE "LAND OF MOUNTAINS"

The history of Haiti is a long series of tragedies. The first colony planted by Christopher Columbus in 1492 disappeared without a trace. Soon thereafter, the Taino Indian inhabitants were decimated by disease. This prompted the importation of slaves from Africa, who were treated with such cruelty that their numbers could only be maintained by constantly bringing more across the sea to work the sugarcane plantations. The land was so productive that at one time it accounted for 40 percent of all the sugar and 60 percent of all the coffee consumed in Europe.

The French established their prosperous colony of Saint Domingue on the western third of the island of Hispaniola in the 17th century. (The Spanish remained on the other two thirds in what became the Dominican Republic.) Soon the 32,000 Europeans were outnumbered by 500,000 slaves. There were also 25,000 or so persons of mixed race who played a decisive role in the revolt of 1791 that continued until independence in 1804. Haitians are very proud that theirs is the second colony to achieve independence in the Western Hemisphere. The name Haiti was taken at that time from the original Taino Indian expression "land of mountains."

THE STRENGTH OF THE CATHOLIC CHURCH

As Jacqueline Mangones and I flew into Haiti from Miami, we had an excellent view of the area around the capital of Port-au-Prince and the tallest mountains in the Caribbean. Jacqueline was born in Haiti of French ancestry and had to leave for Florida due to the violence and economic hardships there. She is a friend of Mrs. Magaly Llaguno, the director of our HLI Latin American regional office. They are both 3rd order Carmelites. Thanks to Jacqueline's connections from her frequent trips back to Haiti, we were able to start working with the Church to defend the culture of life.

Father Gilbert, the chaplain of the religious house *La Villa Manrèse*, met us at the airport and drove us to our appointments during the trip. We passed through the crazy traffic in the capital to the hills above and the headquarters of the Saint Viateur fathers. This

French congregation came to Haiti in 1965 via Quebec. It was a blessing to stay at a religious house so close to the diocesan major seminary, especially since most hotels in Haiti are expensive and unsafe. We began our days with 6:30 AM Mass at the *Villa Manrèse* chapel and ate meals with the community.

Archbishop Joseph Serge Miot of Port-au-Prince very kindly met with us at the *Villa Manrèse* and suggested that we confer with his auxiliary bishop, Pierre-André Dumas, who serves as the rector of the *Université Notre Dame d'Haïti*. **It is remarkable how many educational institutions the Catholic Church maintains in Haiti.** We were told that only 15% or so of school children go to public schools. The vast majority are in the private sector. I was impressed by the throngs of children in Catholic school uniforms on the streets.

FIGHTING THE CULTURE OF DEATH

Bishop Dumas thanked us very much for the pro-life educational materials in French we brought for the students. Their "Notre Dame" University has a medical school with 600 students, a nursing school, and many other disciplines. **Our scientific information on prenatal development and the failure rates of the condom will now be distributed to the students in the health sciences.** At our meeting we learned about the dire situation of respect for human life in the country.

A very heroic priest goes every week to the public morgue to collect the bodies of those who died abandoned by all. The Church provides a simple but dignified burial for these poorest of the poor. ***What shocked Bishop Dumas was the news from the priest that most of the bodies discarded at the morgue are those of preborn babies-sometimes 30 in a week.***

Jacqueline and others told me about the pagan practice of child sacrifice that still continues in Haiti. **The African Voodoo religion is unfortunately widespread and feared.** When Jean-Claude "Baby-Doc" Duvalier was on the verge of losing power in 1986, he consulted Voodoo priests in an attempt to stay in office. Their price for helping him was the sacrifice of his son. "Baby-Doc" chose exile instead. It is widely reported that young children disappear as a result of pacts with Voodoo priests. President Jean-Bertrand Aristide, a former priest, was notorious for resorting to Voodoo and magic.

The Church has a major task of evangelization to fight Voodoo and a culture of violence in Haiti. Fortunately, they do have many religious vocations. ***The three major seminaries have a combined total of over 500 young men in formation.*** Father Guy Boursico, rector of Notre Dame Seminary, told us that HLI's Seminarians for Life program was very welcome, and he thanked us for the books and other materials we brought. Father William Smarth, rector of the CIFOR (*Centre Inter-Institut de Formation Religieuse*) gave me a tour of the common seminary for religious congregations. A consistent refrain on our visits was an interest in HLI doing some training sessions for the professors and seminarians on the life issues

the professors and seminarians on the one hand.

It is hard to move around Haiti without being assaulted by the yellow "Pante" signs for condoms, courtesy of Population Services International and the US taxpayer. They make the false promise of "safety" and "pleasure." AIDS is a severe problem in Haiti with one in 20 people infected. I was told that homosexual sex tourism was to blame for some of the initial outbreak of the disease. It is certainly true that sexual promiscuity is a big problem in Haiti, and the condom campaigns have done nothing to fight this.

On the other hand, the Missionaries of Charity of Mother Teresa of Calcutta, launched a successful campaign for public decency. The most popular brewery had a terrible idea of advertizing their beer with the image of a naked woman. This ad-campaign took the form of billboards and posters throughout the country. The sisters responded with a call to boycott the beer and tear down the posters. It caught on. With sales declining and outrage mounting, the brewery pulled its ads. The government ministry of women eventually got behind the campaign once the Church had done all the work.

FALSE "HEALTH CARE"

Haiti is the poorest country in the Western Hemisphere. The government is really a cruel joke. They do not educate more than a tiny minority of the children or provide police protection. The 8,000 strong MINUSTAH UN peacekeepers are universally recognized as the only thing keeping the gangs and criminal elements from instituting mob rule. (This was one of the few times I saw the UN objectively providing a useful service.) The economy is largely based on foreign aid. **In this kind of unregulated environment, the anti-life groups thrive.**

Profamil, the Haitian Creole name for their local Planned Parenthood organization, is opening clinics at a rapid pace. Their friendly-sounding name, "Pro Family," and the promise of free "Reproductive Health Services" make them popular. This is mainly because Planned Parenthood's deception is combined with a near total lack of health care facilities. **People actually wait in line for hours thinking they will get health care, but *Profamil's* staff is only there to dispense birth control.** It reminded me of the BBC documentary called "The Human Laboratory," which showed Haitian women from the slum of *Cité Soleil* being used in clinical trials for the Norplant birth control implants. The Population Council owns the patent for this population control method that severely damages women's health, and Haitians and other women were used as guinea pigs.

PRAYERS FOR HAITI

Please pray for Haiti. It is a beautiful country that is beset by many ills. HLI hopes to become part of the solution for many of the problems in their society that stem from a breakdown of the family and morality. **It is certainly edifying to see how much the**

Church does to comfort and help the Haitian people. AIDS and violence against preborn children spread a deep sorrow in Haiti. Hidden human sacrifice and disregard for the dignity of the human person are eating away at the soul of this nation.

One light in the darkness is Venerable Pierre Toussaint (1766-1853), who is likely to become the first Haitian canonized saint. He began life as a slave but turned his back on hatred and violence and instead became a peacemaker and generously gave the wealth he acquired later in life to the poor, the sick, and the homeless. His example and that of the Missionaries of Charity are sorely needed in Haiti today.

Mission Report: India: October 2008



HISTORY OF INDIAN POPULATION CONTROL - *reported by Dr. Brian Clowes, October 2008*

India was the first developing nation to impose an active population policy on its people. **The program began in December 1952**, just a few months after the International Planned Parenthood Federation (IPPF) was formally established in Bombay. India's first Five Year Plan set out to stabilize the country's population at "a level consistent with the requirements of the national economy," a fuzzy objective tailor-made for manipulation by aggressive population controllers.

India soon became a prime example of how massive human rights violations are *always* integral parts of any population control program.

Sanjay Gandhi initiated a forced sterilization program in the mid-1970s. Sterilization teams conducted dragnets, rounding up villagers and performing the operations on them against their wills. Many villagers slept in fields at night to avoid being forcibly neutered. They also avoided public markets since those were favorite targets of the roving sterilization teams, which rounded up everyone, regardless of how many children they had. ***In a single year, the Indian government performed 8.2 million sterilizations***, and thousands died because the operations were often done in assembly-line conditions in unsterilized environments, such as tents. Police fired into crowds protesting the mandatory sterilizations and killed dozens of people.

India legalized abortion in 1971, and **more than 11 million abortions are committed in the country each year**, a rate two and a half times higher than in the United States. Pro-life OB-GYNs who refuse to do abortions are occasionally murdered by boyfriends and families who do not want to support a child. The National Family Health Survey motto is "We Are Two and We Have Two." **In certain states, such as Kerala, there is a 10,000 rupee fine (\$200) for a third child.**

THE WAR ON BABY GIRLS

A practice called "female feticide" kills more than half a million preborn girls a year in India *simply because they are female*. India is a male-dominated society, and, although it is illegal, parents still pay dowries when they marry off their girl children. This is an especially strong impetus for poor parents to abort their preborn girls, and **UNICEF estimates that more than 20 million girls have been aborted or killed shortly after birth in the past 35 years**. Money-grubbing doctors and nurses with portable ultrasound machines advertise with the slogan "pay 600 rupees now, save 50,000 rupees later."

The normal sex ratio at birth is 105 girls for every 100 boys in most of the world; in India it is only 93 girls for every 100 boys. As gynecologist Punit Bedi says, "All kinds of famines, epidemics, and wars are nothing compared to this. In some parts of India, one

in every five girls is being eliminated at the fetal stage. It is a genocidal situation."

To show how hard the people's hearts have become, newborn baby girls are usually killed by forcing them to inhale coarse rice grains, after which they suffer painful suffocation. In other cases, husbands plant a poisonous *madar* plant upon learning that their wives are pregnant. By the time the wife delivers, the plant will be ready to kill the baby if it is a girl. One 26--year-old woman told *India Today*, "If I and my husband have the right to have a child, we also have the right to kill it if it happens to be a daughter and we decide we cannot afford it. Outsiders and the Government have no right to poke their noses into this."

India banned gender-selection abortions in 1994, but abortionists, as they do everywhere, ignore laws they don't like in pursuit of cash and are almost never prosecuted. The only doctor convicted over the past four years of performing sex-selective abortions was fined *ten dollars*.

Through all of this, as always, there is not a peep from the feminist groups who claim to stand for "women's rights."

TEACHING THE TRUTH

After Dr. Angela Lanfranchi and I had given our talks at the ASPAC (Asia-Pacific Conference) in Goa, we traveled to Bangladesh for a whirlwind speaking tour consisting of a dozen talks in four days. We were met by Sister Mary Annunciata, RGS, who has been Secretary of Respect for Life India for 20 years. **She is a great pro-life champion struggling against almost impossible odds.** Sister Annunciata has attended five of HLI's ASPACs and is a dynamo of energy at the tender age of 75. She has been the mother superior of three convents, the principal of five different schools, and a youth counselor for more than 20 years. The homosexuals and pro-aborts absolutely despise her with unholy passion for preaching chastity and fidelity.

During our time in the beautiful city of Bangalore, we spoke to a wide variety of over 1,000 people, including seminarians, doctors, law students, nurses, high schoolers, and Catholic social workers.

We primarily talked about the international abortion situation, the abortion-breast cancer link, the failure of condoms to stem the spread of HIV/AIDS, population control, and homosexuality. We had long question and answer sessions at the end of each talk, and we provided information that most people had obviously never heard before. For example, I frequently pointed out that the population density of India is significantly less than the population densities of either New Jersey or Rhode Island -- but when was the last time you ever heard a population controller gripe about there being too many people in New Jersey or Rhode Island? I always went back to *NSSM-200*, the "Kissinger Report" of 1974, which established official United States population policy and states that ***the USA has to hold down the populations of developing countries in order to***

obtain better access to their natural resources.

CONFRONTING ABORTION EXTREMISM

Of all of these talks, one really stood out. I spoke to about 120 law students at Christ Junior College about international abortion law and how more than 100 nations have legalized abortion-none with the consent of the people. Then I opened the discussion up for questions.

Never in more than 20 years of Q&A sessions have I encountered such industrial-strength ignorance and inflexible thinking. As most people tend to do, the law students focused solely on the one-half of one percent of abortions that are true "hard cases"-life of the mother, rape and incest, and birth defects (eugenics). These students were different from any I have ever talked to before. **They defended pro-abortionism fanatically-even claiming that they would give their lives for it!**

One student asserted that abortion should not be limited because this interferes with a person's "freedom to choose." I asked him to name me one single law that does *not* limit "freedom of choice" in some way. Laws limit my "freedom of choice" by telling me that I can't drive like a bloody maniac on the roads. They tell me that I cannot sell illegal drugs. There are even signs painted on the walls all over Bangalore that forbid public urination. Do *these* laws limit my "freedom of choice?" Of course they do, because they support the public good! **I told him that he was in the wrong line of work if he wants unlimited "freedom of choice," because without laws, who needs lawyers?**

The silliness only got worse after that. One young female student said that there was a "stigma" associated with being the child of rape, so I asked the class if they would rather be born with a stigma or die. Most of them answered that they would rather die! What a cowardly attitude! What about homosexuals, who suffer stigma in India? Should they all just kill themselves? Nobody said a word in reply.

Of course, there was the popular argument that we must always keep the "public sphere" and the "private sphere" strictly separated. I asked why, and the students lapsed into baffled silence. I then explained why this is simply an illogical and impractical notion. The example I gave angered them greatly-that promiscuous homosexuals lose more time off their lifespans than a person who is morbidly obese and abuses alcohol, tobacco, *and* illegal drugs. Who pays for the expensive treatment these people need over the last several years of their lives? Why, the public, of course. I told the students that unhealthy private behavior *always* impacts the public sphere, but I could tell from their shaking heads that they refused to even *think* about what I said.

The pro-abortionists would be delighted with this crop of future lawyers. If this is typical of the quality of "thinking" among students in Indian law colleges today, I cringe when thinking what the state of jurisprudence will be in the nation 30 or 40 years from now.

I didn't expect to get any positive comments after this Q&A session, but one young man wearing a *taqiyah* smiled and gave me a thumbs-up sign.

COMMITMENT TO LIFE

Sister Annunciata certainly kept Dr. Angela and me busy! Our last talk was just an hour before we left for the airport, and we returned to the United States with heavy hearts, knowing that the population controllers have a very good friend and incomparable "sugar daddy" in President Barack Obama. Once again, the United States will lead the way in funding coercive and destructive population control programs all over the world and, once again, authentic economic development will take a distant back seat to programs that will do little more than make large poor families into *small* poor families.

But, whatever atrocities the population controllers commit in nations like India, Human Life International will be there to expose them to the world.

You have our word on it.

Mission Report: XVth ASPAC Conference - India: October - November 2008



 SHARE

INDIA AND XVth ASIA-PACIFIC CONFERENCE - Reported by Rev. Thomas J. Euteneuer, October 30-November 4, 2008.

India has many positive assets as a nation, but the roads are not one of them. Driving in India is much like going on Mr. Toad's Wild Ride in Disney World-the only difference being that Mr. Toad's Wild Ride doesn't include cows at every turn. There are cows wandering free on all the roads of India! I believe the cow phenomenon is unique to the world. It is a result of the Hindu belief in reincarnation that cows are sacred, and on top of that, they are legally protected in India. I even saw cows resting in the sand on the beaches of Goa!

My motive for traveling to India on my third visit to this country was both to attend HLI's XVth annual Asia-Pacific Conference and to conduct a missionary trip in the region of Goa, one of the first regions of India to be evangelized by Christian missionaries. Although India is only 2% Christian in its population, the south western region of India, primarily the State of Kerala, is traditionally known as the area where St. Thomas the Apostle evangelized after Pentecost, and the Catholics there are proud to be called "Thomas Christians." The region of Goa, about half way up the western side of the subcontinent of India, was settled later, in the 16th century, by Portuguese conquerors and missionaries, who established a colony there which lasted as an independent state until 1961 when it was forcibly absorbed into India by the leader Nehru as a measure of unifying the Indian people. It was to this colony that St. Francis Xavier came in 1542 and used it as a base for his evangelizing mission to the Far East, having returned 13 times to Goa. It was fitting then that his remains should have returned to Goa as their final resting place.

ST. FRANCIS XAVIER, THE APOSTLE TO THE EAST

There is hardly a saint that symbolizes HLI's mission as well as St. Francis Xavier. In 1540 when St. Ignatius Loyola sent him to the Far East, he gave Xavier and his companion the command, *Ite, Incendite!* which means in Latin, "Go forth and set [the world] afire!" And light up the world he did! This extraordinary man, travelling on rickety boats for months, eating atrocious foods, braving pirates, assassins, hostile pagan hordes, misunderstanding, disease and language barriers, took the message of the Gospel where no one else of his day would go. He was rightly proclaimed Patron of the Missions by Pope Pius X in 1904 and is one of the main patrons of HLI's international mission of life.

I had the privilege of celebrating Mass at the tomb of this great saint in Goa on November 4 and offered my prayers for all the staff, board members, benefactors and collaborators of HLI in the US and throughout the world. Needless to say, I also prayed for our country on the day of the presidential election. I asked St. Francis to strengthen our mission of life and help us to bring this most urgent and necessary message to the

poorest nations of our world, which are poised on the edge of a precipice now that America has elected another abortion-loving US President who will export the culture of death with a vengeance to the rest of the world.

HLI's MISSIONARIES IN INDIA

A most remarkable man named Milagres (Portuguese for "Miracles") Pereira is HLI's most worthy representative in Goa, India. He works for the Family Service Center of the Archdiocese of Goa and Daman and conducts a program called, "Pro-Life Option." In this capacity **he forms lay leaders in his Pro-Life Institute and with them he goes out to parishes constantly giving training in family life education and pro-life messages.** He literally speaks to hundreds of people each month in his pro-life apostolate, and that kind of missionary spirit is greatly needed in India.

Milagres and his pro-life team hosted me for a three-day speaking tour after the Asia-Pacific Conference, and I found myself caught up in the great missionary spirit of St. Francis and the new pro-life missionaries of Goa. In just three days, I gave numerous pro-life Masses, spoke to more than 1,000 people in three different parishes of the Archdiocese, had three seminars for priests, doctors, and pro-lifers respectively, and on my last night there, I was privileged to speak to 67 seminarians of the Patriarchal Seminary of Rachol. **What a blessing to use every scrap of time that we had available to us for getting the message of the Gospel of Life out to these wonderful people!** Credit goes to Milagres and his team for setting the whole schedule up and for making the trip truly fruitful.

In every venue and with every group, I did nothing but witness to them about God's plan for marriage and family life and teach them about the dangers of abortion and contraception. I focused almost exclusively on contraception with the priests and seminarians because the need is greatest in this area due to the lack of understanding of the Church's teaching on this subject. But this teaching is always a sign of contradiction. One of the priests of the seminary faculty walked out of my talk in the middle of it, seemingly as a protest that I would dare to teach these seminarians the truth of the Church's teaching! I have come to expect that, though. It doesn't stop our mission. Thankfully, there are several excellent priests on the faculty there, especially Fr. Donato and Fr. Pauli, who invited me to address the seminarians, and the seminarians were as attentive and open to the message as I have found, literally everywhere in the world. I am sure that St. Francis Xavier would have given the same talk if he were alive.

THE XVth ASIA-PACIFIC CONFERENCE

As our supporters know, **each year HLI sponsors a pro-life conference in the Asia-Pacific region for the purpose of spreading the pro-life message, forming leaders, and planting the pro-life movement in new areas.** This year the conference was hosted by the Family Service Center of Goa and 11 countries were represented, including Laos and East Timor, which sent representatives for the very first time to an HLI conference. The unfortunate violence against Christians in the eastern state of Orissa that preceded the conference kept a number of potential delegates away, and

Crissa that preceded the conference kept a number of potential delegates away, and India refused visas to our delegates from Sri Lanka and Vietnam. Dr. Brian Clowes and I only obtained our visas with great difficulty as apparently our names were put on a list of "suspicious persons," which caused a huge delay in the processing of the visas. The visas were eventually granted, not without many frantic phone calls from a few friends in Washington, and we arrived two days late to our own conference but happy that we were at least able to address the delegates on the last day. At least we ended up on a positive note. Next year's conference will be held in Miri, Malaysia, and we intend to attach a two-day training seminar for HLI leaders to that conference to make sure that the authentic pro-life message is getting through.

PRAY FOR INDIA AND ASIA

The new circumstances with the American presidency mean that we will have much work to do in the future to keep the world from completely succumbing to the abortion steamroller. Our new American President will utterly wipe out any restrictions to abortion and abortion funding to the rest of the world, he will radicalize the UN again and lock down any possibility of changing the Supreme Court. America will begin to export abortion again, as it did in the Clinton Administration, and no abortion-free country will be left untouched. We are bracing ourselves for this reality.

India has its own problems. That country has abortion-on-demand up to 20 weeks of pregnancy and has set up a Policy Review Committee to examine the 1971 Medical Termination of Pregnancy Act, which legalized abortion. In February of 2009, it appears that Parliament will vote on the recommendations of the Review Committee, which will undoubtedly recommend liberalizing abortion even more in that country. India already has a two-child policy, which provides sometimes severe penalties for families that seek to be generous with life. **I was told that in some regions of India a family with three children will be deprived of the standard government subsidy of rice, and their children may even be prohibited from going to school as a punishment for the crime of having three children.** I even heard that birth certificates can be denied to a family that has three or more children.

OUR HOPE

Everywhere HLI goes, we remind Catholics that our Church, the Roman Catholic Church, is the last and greatest hope that we have to stop the coercive spiritual power of the culture of death. We relentlessly speak to seminarians around the world to assure that the next generation of Church leaders will take the mantle of the Gospel of Life upon their shoulders and preach, teach and live this message for a world that is becoming increasingly bloodied by abortion and its attendant evils.

The good people of Goa and the example of St. Francis Xavier reminded me that when the Church's missionary zeal for life is strong and its leaders are vibrant, there is no barrier that cannot be overcome for the saving of babies and the saving of souls!

Mission Report: Philippines: July 2008



Dr. Brian Clowes, July, 2008

My eighth trip to the Philippines was just as enjoyable as the first seven. The Filipinos are such hospitable, friendly and honest people that you cannot help but feel right at home there as soon as you step off the airplane. But, all of this might soon change.

ASSAULTS AGAINST FAITH AND FAMILY

The Philippines has been under heavy anti-life attack for more than 15 years now, because the nation is the bastion of Catholicism in Asia. **More than 90 percent of Filipinos are Catholic, and more than two out of three hear Mass at least once a week.** Huge churches seating thousands of people frequently have ten or more daily Masses, all very well attended, and priests are kept very busy hearing confessions.

Since Faith and family are anathema to the anti-lifers, they have done their best to destroy both-and they appear to be succeeding. When I first visited the Philippines in 1996, the first thing I saw when walking into Manila International Airport was a four-foot high statue of the Blessed Virgin Mary. Now, there are no such statues or images anywhere in the airport. It has been efficiently "sanitized" of religious items, perhaps for foreign consumption. In 1996, I heard traditional Filipino songs being sung in the countryside. Now, there is karaoke. In 1996, I saw a lot of fine religious woodwork in many different little stores. This time, in the EDSA Megamall, I saw ghastly "sculptures" that appeared to be large preserved reptile cadavers being pierced by various sharp instruments. In 1996, most Filipinos had charming names like "Policarpio," "Felicisimo," and "Angelito." Now, sadly, names like "Britney," "Hannah," and "Nick" predominate.

The people who claim that "diversity" is their highest good seem to have no trouble with destroying it on a huge scale. They have embarked on a program of worldwide cultural homogenization, which aims to make good and mindless consumers out of everyone on Earth. More and more Filipinos are giving up their music for rap, their traditional colorful clothing for blue jeans and T-shirts, and their wide variety of food for Big Macs and Kentucky Fried Chicken. **The Filipino way of life is quickly slipping away, and there seem to be few mourners in the rush to modernization.**

DANGEROUS ANTI-LIFE BILLS

More troubling is the fact that the average Filipina had just under seven children in 1965; this has been cut by more than one-half to 3.2 children now, and the United Nations expects that the total fertility rate (TFR) of the Philippines will reach replacement in 2015 and a disastrously low 1.35 by 2040.

The population controllers in the Philippines are lavishly funded by Europe and North America, and they never give up. At least six "family planning" bills have been on the

America, and they never give up. At least six family planning bills have been on the Congressional docket this year, including the most dangerous one, House Bill 17, which would set up a "National Policy on Reproductive Health, Responsible Parenthood and Population Development." Note that the "family planners" don't say "population control," they call it "population development."

As usual, the pro-abortionists could not care less about what the people think. A very dangerous combined bill, which contained provisions from four previous "family planning" bills, was passed in less than a minute, and public testimony was prohibited. Then, the session was immediately adjourned and, when our head of HLI-Asia, Dr. Ligaya Acosta, approached the Presiding Officer about the anti-Democratic nature of the procedures, he simply told her that the bill had passed, and there was absolutely nothing she or anyone else could do about it.

Signs of the anti-life rot are everywhere. After a 28-hour journey to Manila, I noticed a brightly-painted clinic named "FriendlyCare" across the street from my hotel, complete with armed guard standing outside. My host, Dr. Acosta, told me that this clinic is part of a chain of abortion mills that does thousands of "menstrual extractions" every year, the best way to get around the laws of a pro-life country.

As always, the Filipinos keep you moving. I suspect that there are no bedrooms in the people's houses, since they never seem to sleep. At least they like to eat!

SPREADING THE GOSPEL OF LIFE THROUGH THE AIRWAVES

Our first event was a press conference on "Reproductive Health, Abortion, and Contraception" at the five-star Dusit Thani Hotel. Every major print and electronic media outlet in the country was represented, and I knew we would have a fair hearing when I saw that the MC of the press conference, Rey Langit, Chairman of the National Media Union, had a "little feet" pin on his tie.

Our lineup of speakers included Dr. Angie Aguirre, a bioethicist from the Department of Medicine at the University of Santo Tomas, Father Melvin Castro, Executive Secretary of the Catholic Bishops Conference of the Philippines (CBCP), Linda Valenzona, an economist and specialist in demographics from SAFE (Subtle Attack Against the Family Explained), Dr. Acosta, and myself. We talked for a total of about 45 minutes, and then had an hour and a half of questions.

This will certainly help our cause, which is really heating up here. Just the previous day, Archbishop Paciano Aniceto, Chairman of the Episcopal Commission on Family & Life of the CBCP, told the Catholics in Congress, "If you are a Catholic, you should behave like a Catholic. Otherwise, you are not what you profess." A monsignor from the Jaro Diocese also said, "We will stand by the principle of *Humanae Vitae*."

GEARING UP FOR A RALLY ON *HUMANAE VITAE*

That evening, Dr. Acosta and I spoke to about 225 members of Couples for Christ, who got thousands of their people out to the big Friday rally in Manila, along with El Shaddai.

The next day, we visited Our Lady of Antipolo Cathedral near Manila. This Archdiocese is the second-largest in the Philippines after Cebu, with 3.4 million Catholics and less than 100 priests to serve them. Five hundred people showed up to hear Dr. Acosta and myself describe the terrible threat to Faith and family posed by the international population controllers and their corrupt "reproductive health" bills.

On Thursday, we were up at 4:15 AM to fly to Iloilo, which was hard-hit by a typhoon less than a month before. Mud and wreckage lies everywhere as the people work together to put their lives back on track as best they can. Our morning press conference saw about 20 members of the media show up to hear the presentations of our reconstituted "ABC Team" (Acosta, Dr. Rene Bullecer, and Clowes) and ask questions.

In the sweltering afternoon, we had our first major *Humanae Vitae* conference in the public grandstands in central Iloilo City. Three separate parades of people started walking from five kilometers away and arrived at the grandstands at almost the same moment. People continued to flow into the area, filled the grandstand, and spilled into the streets. Just as the program began, clouds suddenly filled the sky and the temperature dropped about 15 degrees. The crowd swelled to about 7,500 by the time I gave my talk on the magnitude of the threat of the "reproductive health" movement to the Philippines. Dr. Ligaya gave her moving testimony on her time in the Department of Health, and Dr. Rene Bullecer got the crowd roaring with excitement (although I didn't understand a word he said, since he spoke in Cebuano). It's easy to recognize a great speaker by the reaction of the crowd, even if you don't understand anything that's being said. During the concluding Mass, Jaro Archbishop Paciano Aniceto gave a 30-minute homily on demographics and abortifacients, which informed everyone in the crowd exactly what they were up against.

TENS OF THOUSANDS CELEBRATE *HUMANAE VITAE*

Friday, the 40th anniversary of *Humanae Vitae*, was the big day. Dr. Acosta and I arrived early at the University of Santo Tomas football fields, and thousands of people were already there. More people in large groups continued to pour in from all over Manila, walking from distant points. **The Cardinal Archbishop of Manila gave permission for the city's 30 Catholic schools to suspend classes for the day so their thousands of students could attend the rally!**

There were many prominent people there, including, of course, the great pro-life Lito Aienza, former three-term Mayor of Manila and now Minister of the Department of Environment and Natural Resources (DENR).

We had 20,000 people present to hear Dr. Acosta's talk on the threats posed by the "family planners" from an inside perspective. I had the last talk of the day before the

family planners from an inside perspective. I had the last talk of the day before the Mass on "U.S. International Policies on Population Control and Intervention in the Republic of the Philippines." I concluded the talk by shouting "Hands Off the Philippines" several times, and the people loved it.

Gaudencio Borbon Cardinal Rosales, Archbishop of Manila, celebrated the concluding Mass, along with 14 other archbishops and bishops and more than 100 priests. During the Mass, all of the nearly 100 churches in Manila rang their bells at exactly 6 PM for the program *Campana para sa familia, busina para sa buhari* ("Blow horns for family, ring bells for the life").

FILIPINOS FIGHT TO KEEP FAITH AND FAMILY ALIVE

My long trip home began the next morning at 4 AM. I had plenty of time to reflect on the situation in the Philippines during the 13-hour, five-movie flight from Hong Kong to Los Angeles, and during another five-hour flight to Dulles. ***I wondered why the population controllers can't just leave people in peace.*** Why are they such fanatical busybodies? These people, who seem to derive such unholy delight by telling us proliferators to "keep our laws off their bodies," are actually trying to impose a two-child policy on the Philippines! Don't they see their hypocrisy, or are they somehow blinded to it?

No matter how altruistic they try to look, their efforts to make their evil acts look benevolent are similar to spray-painting roadkill. They may make the mess look a little less ugly, but it stinks horribly just the same. My message in the Philippines was simple and direct: Money won't make you happy. Nor will sex, drugs, rock n' roll, power, possessions, influence, or popularity.

Only Faith and family do the job. And these are exactly the two things the foreign-funded population controllers are actively destroying in the Philippines. All they are doing is making *large* poor families into *small* poor families-and doing irreparable damage to the nation in the process.

For five centuries, the Philippines was colonized by foreign powers-the Spaniards, the Japanese, and the Americans. Now the so-called "developed" world is trying to colonize the *minds* of Filipinos, a far more deadly type of occupation.

It is far past time to just let the Filipinos make their own way and enjoy the benefits of their Faith, their families, and their own natural resources. Let them alone while North America and Europe disintegrate. If they survive all of this meddling, they will lead the world to a great spiritual revival in a couple of decades.

But perhaps this is exactly what the anti-lifers are terrified of.

It is time for all of us to say to the death peddlers: "Hands off the Philippines!"

Mission Report: Philippines-Nepal: June 2008



 SHARE

Ligaya Acosta, June 2008

The month of June was a very hectic but fruitful one for HLI-Asia, with a frenzy of activities in the Philippines and a ten-day travel to the landlocked country of Nepal, cruising through a total of 5,484 air miles.

On this trip, there was almost no time to sleep, as we conducted talks and congresses to awaken the people and save them from the sharpened claws of the culture of death, and we worked with key church groups to chart further strategies to defeat the forces of evil.

STRENGTHENING THE PRO-LIFE MESSAGE IN THE PHILIPPINES

The month aptly opened with a big Marian Congress in Davao City, Philippines, with the theme, **"Mama Mary Guardian and Protector of Life,"** held on June 1 and attended by about 2,000 people. This was an offshoot of last month's symposium, where attendees clamored to have more people learn and understand the threats and challenges to life and family. I was one of only two speakers, and after my talk, some media people approached me for further interviews. **Also, after the talks, there was a long processional prayer rally all around the city in which participants carried placards proclaiming their support for life and "no" to abortion and anti-life laws.** The long walk along the rugged roads of the city was exhausting, but the vivid vision of Jesus walking with the heavy cross to Calvary was enough to force my weary legs and bruised feet to carry on. Besides, I thought it was too little a reparation for the sins against life and family, which make Mama Mary shed tears of blood. The event was capped by a Mass presided over by the Auxiliary Bishop and concelebrated by a number of priests.

Aside from Davao City, I gave nine other talks during the month: On June 3, I gave a talk to the Bishops from the Episcopal Commission on Family & Life (ECFL); on June 4, I addressed the Family and Life Priests from Luzon and Metro Manila; on June 13-14, I gave three talks in the Province of Bohol (two with Family and Life workers and one with more than 200 teachers of the Holy Name University); on June 18, I gave a talk to the elite Federation of Broadcasters of the Philippines (KBP); and on June 30, I gave three talks in the city of Legazpi with three different audiences - one to the presbyterium of the Diocese of Legazpi (which was attended by the Bishop and almost 100 priests), another at the Bicol University (attended by seminarians, Family & Life workers, teachers, students, and media), and the third with about 200 parishioners of St. Raphaela Church, which included the attendance of some religious groups. The Legazpi talks were part of a three-day sortie to the Bicol Region, which lasted until July 2, where I had eight very fulfilling speaking engagements in four provinces and cities.

Aside from the talks, there were constant meetings to plan and organize the grand celebration for the 40th anniversary of *Humanae vitae*. A special TV program was also

made for the Family and Life Crusade of the Philippines on *Humanae vitae*, with me as the lone guest. It was taped on June 11, and the episode was aired on July 6.

On June 12, I also had a chance to meet with a group of priests from the St. John the Baptist Congregation, which included their Superior General, who came all the way from the U.S.A. They were introduced to me by a nun who is Superior at a Convent where I spoke in Korea. The five priests came from three countries-Vietnam, China, and Taipei-and they offered their assistance for me to be able to visit their countries, where they have a house of their congregation. We set a contingent visit to Taipei in December and a possible visit to Vietnam in August.

BREAKING THE SILENCE OF NEPAL

There is a great contrast between Nepal and the Philippines. In the Philippines, there are well-organized groups defending life and family, while in Nepal there are none. ***The silence in Nepal on life issues is due to their lack of knowledge of the anti-life conspirators' agenda.*** My visit and talks were thus welcomed and well-received, especially since the parliament was soon to vote on a proposal to increase the age limit for when babies could be legally slaughtered or aborted.

Credit is due to His Excellency Bishop Anthony Sharma, of the Apostolic Vicariate of Nepal, and Rev. Father Pius Perumana, Vicar General, who readily extended their assistance and welcome when I contacted them. The good Bishop also approved, in principle, a national pro-life congress to equip Nepal with the ammunition of facts and figures for pro-life activism.

DIRECTLY CONFRONTING THE CULTURE OF DEATH

I gave five talks during my nearly seven-day stay in Nepal. Two others that had been scheduled-one exclusively for the clergy and the other for college students-but these had to be cancelled because of the constant strikes and demonstrations against the government, which paralyzed public transportation and practically put life on hold in the city of Kathmandu. The clergy however, were able to attend my other talks. On the day that I had been scheduled to talk at the biggest Catholic college in the country, the Parliamentarians themselves declared a ban on all public and private transportation, as they wrestled over the issue of government control, pressuring the Prime Minister-who had been identified with the ousted king-to resign.

It was a great disappointment for me not to be able to address the students and faculty. Students in Nepal are so powerful that when they declare a strike all public transportation can come to a halt (though their means of doing it-by burning tires in the streets, among other things-cannot be condoned). They have been so instrumental in bringing about change for so many causes in the past that I wanted to tell them about the much more important issue that needs their attention: ***stopping the legalization of the mass slaughter of children in their country.*** One teacher from that college, however, was able to attend one of my talks, and he expressed to me how moved he was by it.

My most exciting session was with the death peddlers themselves. We came early to the Church of the Assumption-the biggest Catholic Cathedral in the whole of Nepal-for my 10:30 a.m. talk on June 22. My talk was scheduled to take place after Mass, and I was told I would meet many Filipinos and English-speaking parishioners. As I arrived, my heart turned to heaven for reinforcement! ***Written in bold on the flashy cars parked in the Church compound were UN, UNFPA, and UNICEF, among others.***

The first Filipino introduced to me was a woman who was working with UNICEF. I also met a doctor who had been a friend of mine and who is now the Country Director of UNAIDS in Nepal. We had been together in Australia for a training course on HIV/AIDS many years back when we were both still at the Department of Health in the Philippines, which of course included training in the massive promotion of condoms and, now I realize, other shameful and deceptive things.

What I thought would be a confrontation during my talk became a triumph of GOD's glory. Nobody contradicted me, and many spoke to me afterwards to express appreciation for my "courage" in exposing the death peddlers right in their presence. The Country Director of World Vision-an African lady-even stayed after my talk to express a touching thanks and said that my coming was timely because the Parliament would soon be voting on a proposal to increase the age of babies in the womb eligible for legal abortion. She attended my session again the next evening with the Couples for Christ group, who had requested a talk on Natural Family Planning, and she influenced others to attend my subsequent sessions. The other African lady, though, who was Country Director of UNICEF, did not finish the session. Before I ended, she silently left without saying anything.

The touching confessions and sharing of those currently doing anti-life work were enough to make all the sacrifices I had made for this trip vanish away. Their keen interest in listening to and knowing the truth also touched my heart. It made me look back at my own deep conversion, which I also shared with them. Some members of the media also covered my talks, with one attending three of the five sessions and calling me a number of times until I left the country. He told me how grateful he was for my coming, ***and that he was deeply convinced of my message.*** Again, the power of the Gospel of Life shone.

Mission Report: Brunei: March 2008



SHARE

Dr. Ligaya A. Acosta, Director, HLI-ASIA, March 6-15, 2008.

Brunei Darussalam, officially the *State of Brunei: Abode of Peace*, is a country located on the northern coast of the island of Borneo in Southeast Asia. Apart from its coastline with the South China Sea, it is completely surrounded by the State of Sarawak, Malaysia.

The country is an absolute Islamic sultanate, headed by the sultan, or king, who serves as the supreme ruler. As such, Islam is the official religion, of which the sultan is head. Other faiths practiced are Buddhism (mainly by the Chinese), Christianity, and some indigenous religions in very small communities. Though a minority, the Catholic community here is vibrant and growing fast.

Brunei is relatively small, with a total area of only 2,226 square miles. It has an estimated population of barely 391,450. The official languages are Malay (Bahasa Melayu) and English, although an important minority speak Chinese. The climate is equatorial with high temperatures, high humidity, sunshine, and heavy rainfall throughout the year.

Though it is a very small country, Brunei is amazingly wealthy with a GDP of about \$9 billion, and an income of approximately \$24,000 per capita, derived mainly from crude oil and natural gas production, as well as from overseas investment supplements. The government provides for all medical services and subsidizes rice production and housing, as well as the schooling of children. Residents don't pay any tax.

A RISKY ENTRANCE

As I arrived in Brunei on a hot sunny morning, ***my big travel bag was suddenly pointed to by the Muslim Guards at the airport for opening in a routine, random search.*** I had to make a frantic call to the Lord in my heart to send St. Michael the Archangel to defend me in battle. The same bag contained pro-life books and materials, including a significant number of copies of HLI's Pro-life CD Library, which I intended to give away. Prior to coming, I was sufficiently warned against bringing materials which may be considered "offensive" by authorities, like religious articles and books. However, I still decided I had to bring sufficient materials to leave as weapons in the battle for life and family. **The Lord was quick in His reply, as the guard, after touching my bag, decided not to open it, and let me go.** I said my quick "Thank you" to God and heaved a sigh of relief as I went out of the immigration area to find Rev. Arin Sugit, a newly ordained deacon in the Diocese of Brunei and my main contact for the mission, already waiting for me with a smile on his face. We proceeded to the diocesan office, where I was received by a most accommodating and fatherly bishop, His Excellency, Cornelius Sim. After the usual introductions, the bishop made a slideshow presentation on his diocese.

The Diocese of Brunei is small, with only three parishes under the Apostolic Vicariate in Brunei Darussalam: Bandar Seri Begawan, Kuala Belait (KB), and Seria. There are only three priests serving the entire diocese, including the bishop himself, thus, they often have to import priests to assist them, mostly from the Philippines and India.

My talks were held only in the evenings, usually extending way past the scheduled ending time. Fasting was part of the routine, thus even the bishop had to postpone dinner until after the talks, which almost always ended at midnight!

The diocese advertised my series of talks through a poster it conspicuously placed at the entrance of the church, and the talks were mentioned in the Masses.

PREACHING THE GOSPEL OF LIFE

My first talk was called "The Myth of Overpopulation and the Fight for Life in Asia." The 200-capacity Diocesan Function Hall was less than filled, but after the talk, it was clear that the Holy Spirit touched the hearts of everyone who heard it. Many of the attendees came to thank me after the talk. The most heartwarming story was of a couple whose wife was soon expecting their fifth baby. Before the talk, the couple-especially the wife-had been apologetic and ashamed of her being pregnant again. After the talk, she was obviously beaming with pride for being a co-creator of life with the Lord!

The second night showed a big improvement in attendance, as many more people came, and the hall was filled to capacity. People who came the first night became instant advertisers of the talks. It was heartwarming. God was definitely working. My second topic was "Pills, Condoms, and Other Stories," which is an exposé on the horrible killer effects of artificial birth control and abortion and the fallacy of reproductive health. Again, people's eyes opened wide. ***They were hearing the truth for the first time and seeing real pictures of aborted babies for the first time*** - not just blood or a glob of tissue - but defenseless human beings, killed by their very own mothers! Many more people came to thank me after the talk; the most notable among them was a childless young couple who said they felt guilty during the entire talk - **the husband was in the business of selling contraceptives!** What would they do, they asked? I shared the story of a friend who was in a similar situation who made the most difficult decision of giving up his executive post in a drug company that manufactured and sold contraceptives, which afforded him a new car each month. God in His mercy gave him another job, not as lucrative in terms of finances, but definitely more fulfilling. I told them it would not be easy, but, as I myself experienced, the Lord would definitely give them the grace and joy to bear even the most difficult of situations.

My last night of talks brought the most people. The attendees from the first two nights were definitely effective advertisers! The hall was filled over capacity. Some people were standing at the back. And, as in the first two nights, people were paying strict attention to the discussion. It was heartwarming that even though most, if not all, of the

people came directly from work and hadn't had dinner yet, no one slept or left early. The enterprising youth group saw an opportunity for business and made pasta and pizza to sell to the participants. When asked how much they earned, they proudly announced, "We ate our profits!"

The topic for the last night was "Natural Family Planning." I started with a video entitled "Natural vs. Artificial," which caught the participants' interest. I also had to summarize the past nights' discussions for the benefit of those who missed those talks. Everyone was fascinated with learning the natural cycles and discovering the body clock God had installed in every woman. **However, I emphasized the Church's teaching that when NFP is used for selfish reasons or the wrong ends it is still immoral.** *"Children are a gift from the Lord, the fruit of the womb a reward. Like arrows in the hand of a warrior are the children born in one's youth. Blessed are they whose quivers are full. They will never be shamed contending with foes at the gate."* (Psalms 127:3-5)

TEACHING THE FUTURE OF THE CHURCH

Sunday afternoon was spent with the youth aged 12-18. It was inspiring to have many parents come with their children, even if it was previously announced that the session was only for the youth. The youth themselves confirmed my talks when they revealed that, yes, they are discussing sex in school and are taught about contraceptives and sterilization. It was a shock to the parents that their children are actually receiving sex education. Before my talks, some were saying that this is not allowed in a Muslim country, but the contrary was proven. A biology teacher who attended the talks also confirmed this fact. **Truly, the culture of death is pervading everywhere, and the people are not even conscious about it, as the deception is so subtle.** Thus, they need someone like HLI to open their eyes to the sad reality. The session ended with a beautiful "Pledge of Chastity," which all the young participants took to the delight of their parents.

From the capital city, I was brought to the parishes of KB and Seria, where I gave one talk at each location on the topic, "Threats and Challenges to the Asian Family." As always, the splendor of the Gospel of Life shone through. Some of those who attended in KB, in fact, still drove to the town of Seria the next evening, hoping to learn more, and they were not disappointed. They clamored for more, but time was short. The parish priest promised that he would invite HLI again in the future.

ENCOURAGING PRO-LIFE ACTIVISM

As an immediate result of the mission, the bishop called for a special meeting of a select group to discuss the next steps, foremost of which was the creation of an NFP team, as well as the future visit of HLI. The response was extraordinary and, though originally meant to last for only an hour, it lasted more than two. Everyone was very enthused about the meeting. They expressed how disturbed they were with the issues and wanted to get involved in the next steps. In his opening statement, the bishop said that it had long been his plan to organize such a group. He was grateful for my visit, which paved the way for its realization.

Indeed the Brunei Mission was another show of God's amazing glory. **There truly is power in the Gospel of Life, and we just need to courageously proclaim it always.** How blessed I am indeed to be a chosen instrument in fulfilling the great mission of Human Life International!

Mission Report: India: April 2008



SHARE

Dr. Ligaya A. Acosta, Director, HLI-ASIA, April 4-15, 2008

India is a country in South Asia and is the seventh largest country, by geographical area, in the world. Its population is 1.12 billion. Classified as the second most populous country in the world, India has long been a target of massive population control programs by international death peddlers, which have succeeded in having abortion legalized in this country as early as 1972. India's total fertility rate has dropped to a dangerously low 2.7, and in some areas, like Goa, it has gone down below replacement level to 1.7. Apparently, people only see the population number and not the huge land area and the fact that their population density is much much lower than rich countries like Hong Kong and Singapore. The massive campaign on population control has been dramatized by pictures of the poor living in the streets, despite the fact that three of the ten richest men in the world are Indians, one of whom is the richest.

Flying 6,151 miles internationally with two domestic flights, this mission took me to three states, Mumbai, Goa, and Bangalore, where I delivered 18 talks in ten days on the theme, "Threats and Challenges to the Asian Family." **Ravaged by the culture of death, India indeed needs to hear the Gospel of Life.** Abortion is rampant and divorce is legal. Seeing pictures of Margaret Sanger, the killer angel, in poses framed for posterity with the famed former Prime Minister of India, Indira Ghandi, made my bones shiver. Billboards glorifying small families were seen all over, as well as advertisements of I-pill, an emergency contraceptive.

Reading through documents that some pro-lifers were able to secure, I felt pity on the government, which acknowledges that India is below replacement level and yet talks about the many "unwanted pregnancies" **and the need for more massive population control services.** Indeed, the enormous brainwashing of international death peddlers, coupled with huge sums of money, blinds people of glaring facts.

So great are the threats and challenges to life and family in India that home-schooling has become recourse to some families, notably those in Goa. Inspired by talks given by HLI, especially speaker Dr. Brian Clowes, these families have courageously pulled their children out of schools in favor of sheltered learning in the home.

GROWTH OF THE INDIAN PRO-LIFE MOVEMENT

Defense of life and the family is a growing concern in this country. Inspired by seminars and materials conducted and produced by Human Life International, **pro-life groups have mushroomed and are steadily growing.** Thus, for this trip, I am greatly indebted to Milagres Pereira, the multi-talented and indefatigable Coordinator of Pro-Life Option of the Diocesan Family Service Centre (DFSC) in Goa, who made all the necessary arrangements for me, with the invaluable support, of course, of Fr. Socorro Mendes, DFSC Director. both of whom are presently preparing for the 15th Asia-Pacific Congress

on Faith, Life, and Family, which they are hosting for this year.

DEFENDING MARRIAGE IN MUMBAI

In Mumbai, I stayed at the beautiful convent of the Canossian Sisters, who so kindly took me into their guest room. They were located just across the auditorium where I was going to have my first talk that day. Although there were not as many people as expected for my first talk, it was definitely a power-group of about 50 attendees. All the Canossian Sisters attended, and various professionals from Mumbai, including doctors and some health workers, took time out to listen. After my talk, they expressed so much concern and vowed support to the pro-life movement. Their comments were heartwarming, and they longed for more.

My second talk was during the celebration of the Annual Pro-Life Day in Mumbai, which was also the awarding ceremony for the Sr. Annunciata Pro-Life Award, initiated last year by her brother Dr. Anthony J.F. Sequeira.

Prior to my talk, there was one given by a nun who spoke on "Women's Empowerment." I had concerns about this talk, and my fears were soon confirmed. ***The nun spoke like somebody trained by the other side-and she was!*** Her talk never mentioned prayer or God and ended in a discussion of divorce, although she said it should be taken as a last resort. She brought with her a woman who spoke of her anguish with her former husband, from whom she is now divorced, a typical strategy of radical feminists.

In response to this, I departed from my prepared slides to concentrate on the issue of divorce. I asked the group what vow couples make during marriage, and they all chorused, "For richer or poorer, in sickness and in health, in good times and bad, till death do us part." Though not in my script, I shared my own story of how my husband and I survived the worst crisis in our marriage, and how God and Our Lady saved us. The audience turned quiet during my sharing, and some wiped away tears from their eyes.

As I started to speak, the bishop arrived with some priests who were going to celebrate Mass. During his homily, the bishop acknowledged my sharing. Indeed, how can we preach love of neighbor when we cannot even love the one with whom God made us one in the sacrament of marriage? **How can we be defenders of life and family when we're not willing to walk the extra mile to defend our own marriages?**

During my talk, I also spoke of women's empowerment-how it started beautifully, and how it was and is being ruined by radical feminists.

In the middle of my talk, the nun quietly disappeared, and I did not see her again, though I would have loved to have had a chat with her during the long lunch that followed.

THE POPULATION CONTROL THREAT IN GOA

My next stop was Goa. **During the long ride from the airport to my hotel, I saw no children.** Even from the airplane on my morning flight from Mumbai, it was evident that Goa had fewer people. But still, massive population control is taking place. I warned the people during my talks that ***if they continue having no children, there will come a time when there will be more foreigners than Goans.*** And, indeed, I saw later in official documents that 35% of residents in Goa are non-Goans. Everywhere I spoke, people identified with what I was saying. Response was overwhelming, and people longed for more. I talked in small and large groups. People appreciated the open discussion on the killer effects of contraception and the horrors of abortion. They told me priests should speak more about this. No one, they said, speaks about contraception and abortion in public, and people need to know.

Since it was vacation time when I came, I could not speak in the seminaries. Nevertheless, Milagres and I visited Rachol Seminary in Goa and were able to meet Fr. Donato Rodrigues, moral theology professor. Over breakfast, we discussed the possibility of having a talk with the seminarians, possibly by HLI president, Fr. Thomas Euteneuer, before the 15th ASPAC. I was also able to convey a personal invitation for the priests and seminarians to attend the congress.

THE 15th ASIA-PACIFIC CONGRESS ON FAITH, LIFE, AND FAMILY

Preparations are going very well for the 15th ASPAC, set for October 28-31. Fully supported by His Excellency Archbishop Felipe Neri Ferrao, the organizing committee, which is chaired by no less than Fr. Mendes, is leaving no stone unturned to have everything go smoothly. Different committees are in place, and responsibilities clearly laid out. Posters, program, and video materials have also been prepared as part of the invitation kit.

Although the conference venue and the hotel for participants are separate, busses will be on standby to ferry everyone to the sites. Everyday, Masses will be held in a nearby church, and similarly, busses will be available for those who are unable to walk.

The conference venue is at the huge and newly-built Taleigao Community Center, which is fully air-conditioned and artfully designed. Accommodations for foreign participants have been reserved at the scenic Goa International Center. Bishops attending the conference will have separate accommodations at the Diocesan House.

October 28 will be a special pilgrimage to the beautiful Basilica of Bom Jesus where the body relic of St. Francis Xavier lies, still whole inside a glass casket after more than 500 years!

As I knelt and prayed before him during my visit there, my tears flowed, as I united the work of HLI with him and asked for his intercession for all of HLI pro-life missionaries around the world

around the world.

I have no doubt that, just like the previous ASPACs, the 15th ASPAC this October will gain more soldiers in the battle for life!

PRAYER WARRIORS IN BANGALORE

The last leg of my 12-day journey was spent in the "garden city" of Bangalore, where I spoke to different groups - priests, nuns, youth, family and life workers, and health workers at St. Martha's hospital and the general public. It was all a show of God's amazing glory. My first talk was with the contemplative sisters of the Good Shepherd Congregation, who all vowed after my talk to pray much harder for the cause of life and family and for the whole of HLI. It was such a great feeling to have gained more powerful prayer warriors for HLI.

Mission Report: Korea: February 2008



Dr. Ligaya A. Acosta, Director, HLI-ASIA, February 1-8, 2008

I left the Philippines for South Korea on February 1, 2008. I was visiting the country for the first time, and I came as the new head of HLI-Asia to bring the Gospel of Life where only a handful of people speak and understand English. While there, I not only preached, but I learned and was nourished beyond my expectations!

I arrived on a very cold, early winter morning. As I got off the plane for the long walk to immigration, I immediately saw footprints of the culture of death! **On all planes of Asiana Airlines were proud announcements of their support for UNICEF**, and just before leaving the arrival area, I saw another bold proclamation that Korea was a public service awardee of the United Nations! I felt chills in my bones.

As I left the baggage claim area, I met my gracious hosts: Mrs. Kim Duck Ja and her husband, Mr. Gin Kee Beung. Since neither of them speak English, they had an interpreter in tow - a young Korean lady who told me later she was being paid "much" for the job. I was very touched. They welcomed me like we were long lost friends.

After a hearty Korean breakfast, I was brought to the blood-drenched Chol tu San, the Catholic Martyr's Shrine, where thousands had offered their lives "as witnesses to the glory and truth of the Gospel." What a first stop! The 140,000 square-foot shrine, where a big statue of Korean Saint Fr. Andrew Kim Dae Gon stands, was also the first place Pope John Paul II visited on his journey to Korea in 1984. How blessed I was indeed!

I expressed to my hosts my desire to see "Fr. Song," but I was told that there are many Fr. Songs in Korea, so I needed to have a full name. I just prayed for a miracle. As we were traveling the next day to Surichi Holy Place, the Mother House for some religious sisters, my Korean host received a call from Fr. Song himself! I knew it was a miracle that I had made contact with him-and a relief that he spoke English! He invited us to a "Mass for Life" that was going to be held at the famed Myeong-dong Cathedral in the capital city of Seoul at 6:00 p.m. that day. Thus, after lunch and Mass at Surichi Holy Place, we headed straight to Seoul, which was four hours away. God was taking over my itinerary.

THE MASS FOR LIFE

Every year in South Korea, a "Mass for Life" is sponsored by *Life 31*, a pro-life group affiliated with the Catholic Bishops Conference of Korea (CBCK). *Life 31* was established by Fr. Casimir Song of Cheongju Diocese-the same Fr. Song who had miraculously found me. He is a former General Secretary of the CBCK, and he had once visited HLI-Central in the U.S.

I met Father Song and his key staff briefly for the first time before he set off to prepare for the Mass. A TV camera covered the event. It was a cordial meeting, and he invited me for a visit at his home parish in Cheongju the next day.

The "Mass for Life" was overflowing with people who came from all over the country-priests, nuns, and the faithful-with the heads of ladies covered with veils, as I observed at all the Masses we went to every day. I marveled that this practice had been beautifully retained in Korea. The Mass was presided over by the Cardinal, with two Archbishops concelebrating, and I was told that the Cardinal's homily exhorted everyone to defend life, even though abortion had been made "legal" in Korea some 35 years ago.

After the Mass, Father Song gave acknowledgments. When he announced my presence, TV cameras turned in my direction, and I was briefly interviewed by some reporters. Some ladies literally "dragged" me so I could shake hands with the Cardinal and the Archbishops, ***and then they introduced me to the acknowledged "Father of Pro-life" in South Korea, Father Oh Woong Jin.***

At the dinner that followed, it was a great honor to share a special table with the famed and much revered Father Oh. I had heard many stories about his saintly work and healing power. My hosts told me later that it had been their long-time dream to be able to see Father Oh, but it is very difficult to do so. We not only got the chance to be with him up close, but he extended a personal invitation for us to visit the "Kkottongnae." My hosts were ecstatic.

FATHER SONG and LIFE 31

On February 5, we took a taxi to Fr. Song's parish in the city of Cheongju. We were welcomed by large statues of the Holy Family at the entrance of Fr. Song's territory on top of a little hill. We sat Korean style in his office, ***where we talked about the current situation in Korea and my wish to have a Congress on Faith, Life, and the Family.***

Father Song spoke candidly and related to me how abortion had been made legal in Korea in 1973. He said that **the Korean Bishops Conference had gathered 1,240,000 signatures from all over the country and petitioned Parliament to declare the law void, but to no avail.**

As elsewhere, the culture of death has pervaded Korea. One in two marriages ends in divorce in the first year of marriage! **There are 1,292 abortion clinics in South Korea, and about 4,000 babies die every day there through abortion.** [Editor's note: South Korea is slightly smaller than the state of Virginia, and yet it has more abortions each day than the whole of the United States.] The fertility rate has dropped to a dying 1.18, way below the replacement level of 2.1. Thus in 2003, when he was elected Executive Secretary of the Catholic Bishops Conference of Korea, Father Song established *Life 31*-referring to the three persons-Father, Son, and Holy Spirit-in one God. Membership is

composed of both religious and lay experts who meet once a month, but Father Song admits that their activity is very poor. He shared his disappointment that many priests do not speak for life. Thus, two years ago, he started speaking about life in seminaries and with nuns.

It is interesting to note that ***Father Song became an avid pro-life convert after attending an HLI Congress in Houston, Texas***, which he said opened his eyes to the various life issues. The more I spoke with Father Song, the more I dreamt of having a national Congress on Faith, Life, and Family in South Korea. Thus, I pursued it at every opportunity.

FATHER OH AND THE KKOTTONGNAE

It was with much excitement that my hosts and I headed for our next important meeting: to the Kkottongnae, where we had a 10:30 a.m. appointment with Fr. Oh. It was amazing how my hosts and I understood each other-they not speaking English, and I not speaking Korean.

After the Mass, Fr. Oh welcomed us very warmly. I presented my gift: the HLI CD Library, for which he was grateful. We were then summoned outside for a personally guided tour, which was led by the founder himself, Fr. Oh. It was wonderful to see the priests, nuns, employees, and volunteers, lovingly sitting side by side as one big family: young and old, well and handicapped, limping and walking straight, the very rich and very poor-4,000 in all-living together in the spirit of love, a love only God can give. And they do not wait for the clientele to come. With ten ambulances, ***priests, nuns, and volunteers go all around Korea in search of the poor and the abandoned, the sick and the dying***, so that they can be brought to the Kkottongnae to experience a life of love and dignity.

The Kkottongnae is a life-changing experience, and so many volunteers end up staying for good to become nuns and priests of the congregation that Father Oh himself founded-the Congregation of Kkottongnae Brothers and Sisters of Jesus. Even before the tour ended, I fished for my few remaining dollars and gave them to Father Oh. At the Kkottongnae, a dollar goes a long, long way. Members are asked to give a fee of only one dollar every month.

During lunch with the great Father Oh and his staff, I finalized a verbal agreement for Kkottongnae to host HLI's National Congress on Faith, Life, and Family in South Korea. I thought the Kkottongnae would be an ideal spot for such a congress, since participants could also witness the inspiring example of Christian life and loving that is there.

Thus, from start to finish, God and Our Lady had truly held me by the hand and guided me where they wanted me to go in South Korea. A foundation has been laid and some seeds planted. I look forward to returning so that we can assist these good people and bear fruit for the future of South Korea.



FOR IMMEDIATE RELEASE

CONTACT: Stephen Phelan, 540-551-2547

February 27, 2009

SPhelan@hli.org

HLI President slams Obama's and Congress' "anti-life one-upmanship"

FRONT ROYAL, VA - Father Thomas J. Euteneuer, president of Human Life International (HLI), today lambasted President Barack Obama for his decision to reverse the Bush administration's action guaranteeing freedom of conscience for medical providers, as well as the members of Congress who voted to restore funding to the United Nations Population Fund (UNFPA).

"Any pretense of 'moderation' on life issues was long ago dispensed with," said Fr. Euteneuer. "But with the rescinding of the Mexico City Policy, the appointment of dozens of radical anti-life cabinet members and staff, the enormous increase in funding for contraception and irresponsible sex advocacy, and now these grave insults to human life and dignity... one shudders to think what could be next."

"It's as if the president and Congress are trying to outdo each other for the dishonor of who can forward the most extreme anti-life agenda," said Father Euteneuer.

On Wednesday, Congress approved the restoration of funding to the UNFPA as part of a \$410 billion Omnibus spending bill approved by the House of Representatives on Wednesday. Funding for the UNFPA was eliminated under President George W. Bush after it became known that UNFPA supported the enforcement of China's one-child policy, which often includes forced abortion and sterilization. The 1998 report (Clowes, B., "Why the United States Should Not Resume UNFPA Funding", 1999, PRI) which brought this to light was authored by HLI's director of research and training, Brian Clowes, PhD.

"What advocate of human rights thinks coerced abortion and sterilization is a good idea? Yet everyone knows that the UNFPA has been shown to support this policy in China and has refused to distance itself from the practice," said Fr. Euteneuer.

"Like everyone who believes in human dignity, I am tired of these cowards in Congress trying to sneak these destructive, anti-life measures into bills that are supposed to be helping our country emerge from this recession." said Fr. Euteneuer. "And I'm tired of

helping our country emerge from the recession," said Tim Luterbach, president of Human Life International. "President Obama's 'Choice for me, but not for thee' hypocrisy. His audacity is not of hope, but of the destruction of freedom and human life!"

###

Human Life International: Creating effective opposition to the culture of death around the world.

Founded in 1981, HLI is the world's largest international pro-life organization and has affiliates in over 87 countries on six continents.



FOR IMMEDIATE RELEASE

CONTACT: Stephen Phelan, 540-551-2547

March 11, 2009

SPhelan@hli.org

International Pro-Life Leader Chastises Obama for Latest Anti-Life Nomination

FRONT ROYAL, VA - Father Thomas J. Euteneuer, president of Human Life International, today chastised President Barack Obama for his announced intention to nominate Melanne Verveer to the new position of Ambassador-at-Large for Global Women's Issues.

"If working on 'global women's issues' meant that the ambassador-at-large position would only be concerned with international sex trafficking, and with improving the lives, health and opportunities of women in developing countries, then she would find herself working in concert with Catholic and other Christian missionaries around the world," said Fr. Euteneuer. "We would support such a move. But since we know this administration's radical anti-life priorities, we cannot afford to be so naïve as to think this is actually what the new ambassador will be doing."

"This is yet another attempt to forward the 'reproductive health' agenda, which as we know by now is code for abortion, contraception, and the advocacy of promiscuity," said Fr. Euteneuer. "So if an unborn child somehow evades the assaults of NGOs funded by Obama's reversal of the Mexico City Policy, by his and Congress' reinstated and increased funding for the UNFPA, and by the tens of millions of private funds for International Planned Parenthood Federation-the same child now faces a further threat, an 'ambassador' whose responsibility it is to see to it that she never sees the light of day."

"A real ambassador would report back to President Obama that women in developing countries DO NOT WANT ABORTION! She would report that these women actually love and want their children. She would remind the president of the ugly history of the United States' meddling in the sovereign laws of other countries," said Fr. Euteneuer. "But as is clear by now, this is not a real ambassadorial position. It is yet another redundancy in Obama's program that is designed to eradicate future generations of the beautiful people in developing counties. 'No child left behind' seems to mean something else entirely to this president."

Fr. Euteneuer calls on all who love life to join in praying and fasting to end abortion, and for the conversion of President Obama and all world leaders who have such great swav

for the conversion of resident Obama and all other readers who have such great sway
over the innocent of the world.

###

Human Life International: Providing effective opposition to the culture of death around
the world.

Founded in 1981, HLI is the world's largest international pro-life organization and has
affiliates in over 87 countries on six continents.

[PRESS RELEASE: 4.15.09 Joining Forces](#)



 SHARE

FOR IMMEDIATE RELEASE

CONTACT: Stephen Phelan, 540-551-2547

April 15, 2009

SPhelan@hli.org

International Organizations Join Forces, Gather 45,000 Signatures So Far in Support of Pope

FRONT ROYAL, VA - As a response to the deluge of unfair and mistaken criticism leveled upon Pope Benedict XVI for his statement about the ineffectiveness of condom promotion in stopping the HIV/AIDS pandemic in Africa, four prominent international pro-life organizations have gathered 45,000 signatures so far in support of the Holy Father.

Kath.net (based in Austria), Human Life International (HLI, Virginia, USA), HLI Europa (Poland), and Vida Humana Internacional (VHI, Miami) have joined forces and efforts in reaching out around the world to gather support both for the courageous Pontiff, whose statement questioning the value of the promotion of condoms has been attacked by international press and politicians, even as it has been affirmed by scientists, African leaders, and activists who know the history of the AIDS epidemic.

"What the Holy Father said was absolutely true," said Joseph Meaney, HLI's Director of International Coordination. "It is an embarrassment to all who have so irresponsibly and often hatefully opposed him that what he said is verified by any honest examination of the evidence about what has worked historically to lower AIDS transmission rates in Africa."

The collaboration unfolded during Holy Week, as the organizations discovered each others' independently-initiated campaigns and decided to combine efforts to maximize effectiveness and emphasize unity in support of the truth.

"The criticism is so dishonest and often shows that the critic has no idea what the Pope said or what has actually worked in stopping AIDS in Africa," said Roland Noé of Kath.net, an Austrian Catholic news organization.

The pope's statement, made at the onset of his historical first visit to Africa, has been widely misunderstood and criticized. In the statement the Holy Father simply affirmed traditional Catholic teaching in the context of the destructive effect the disease has had on Africa, stating truthfully that promoting condoms as the remedy to AIDS actually risks worsening the problem rather than solving it.

...are worsening the problem rather than solving it.

"We want to set the record straight and let our beloved German Pontiff know that Catholics around the world support him for speaking the truth," said Johannes Bucher, Regional Coordinator for HLI Austria.

"Online campaigns such as these are one small way all Catholics around the world can show their support," said Ewa Kowaleska, Director of Poland's HLI Europa. "Language and distance are no longer barriers to joining our Catholic brothers and sisters in sending a message to the Holy Father."

The campaigns will continue through May 1, 2009, at which point the letters and all the signatures will be presented to the Holy See.

To sign the letters of support for Pope Benedict XVI, visit the following sites:

English: http://www.hli.org/papal_visit_support.html (since closed down)

Spanish: http://www.hli.org/apoyemos_al_papa.html (since closed down)

Polish, Latvian, Ukrainian, Lithuanian, Italian, Russian, French, Czech, and Romanian: http://www.yes-for-benedict.net/?lang_un=en

German: <http://www.ja-zu-benedikt.net/>

###

Human Life International: Creating effective opposition to the culture of death around the world.

Founded in 1981, HLI is the world's largest pro-life organization and has affiliates in over 87 countries on six continents.



FOR IMMEDIATE RELEASE

CONTACT: Stephen Phelan, 540-551-2547

March 3, 2009

SPhelan@hli.org

HLI President denounces endorsement of Sebelius by "prominent Catholics"

FRONT ROYAL, VA - Father Thomas J. Euteneuer, president of Human Life International, today denounced the endorsement of Kansas Governor Kathleen Sebelius as President Barack Obama's choice for Secretary of Health and Human Services (HHS) by a group of 'prominent Catholics'.

"Not only are there several troubling issues with the choice of Governor Sebelius for this important position, from her repeated vetoes of bipartisan-supported restrictions on late-term abortions, to her problematic relationship with the abortionist George Tiller, who currently faces 19 criminal charges," said Fr. Euteneuer. "But faithful Catholics everywhere are scandalized both by Sebelius's repeated and disingenuous invocation of her faith as justifying her pro-abortion record, and by this endorsement from supposedly prominent 'Catholics' that shows extreme ignorance of Church teaching on abortion."

"There's another prominent Catholic they may have heard of, and his name is Pope Benedict XVI," said Fr. Euteneuer. "And he has clearly taught that endorsing, and even worse, *signing into law*, legislation that directly results in the destruction of innocent human life, as Governor Sebelius has done, is a formal cooperation with evil, and therefore itself a grave evil."

"One wonders what the word 'integrity' means to these self-proclaimed 'faithful Catholics,'" said Fr. Euteneuer. "In the same document that they elevate their identity as 'faithful Catholics' as the reason for their endorsement of this anti-life choice, they accuse others of 'politicizing' the Catholic faith in opposition to the choice."

The March 1 statement was coordinated by "Catholics United", a Washington-based non-profit whose "post-partisan" rhetoric began during the 2004 Presidential campaign, often justifying its misleading position based on the USCCB's "Faithful Citizenship" document released during the same year (see <http://www.catholics-united.org/?q=node/18>).

"The American bishops should know that a group which uses the bishops' reasoning to justify their existence is endorsing a radically anti-life candidate for a key position in the

battle to defend human life," said Fr. Euteneuer. "We implore our bishops to rebuke this group, making clear that their teaching is not to be misused to forward the anti-life agenda."

###

Human Life International: Providing effective opposition to the culture of death around the world.

Founded in 1981, HLI is the world's largest international pro-life organization and has affiliates in over 87 countries on six continents.

News: Press Releases



For all media requests, please contact Communications Manager Stephen Phelan at 540-622-5270 or sphelan at hli dot org.

[September 2, 2010 - HLI Denounces Eugenecist Professor's Call to Sterilize the "Unfit"](#)

[August 27, 2010 - HLI President to Return to Diocese](#)

[June 14, 2010 - Pro-Life Priest, Exorcist Sheds Light on Ancient Ritual with Long-Awaited Book](#)

[May 26, 2010 - Marie Stopes' Abortion Commercials Called "Heinous" by Pro-Life Priest](#)

[May 21, 2010 - Jenn Giroux to Lead HLI America: 'Protecting Life Begins at Home'](#)

[April 7, 2010 - International Pro-Life Expert: "Stop this attack on the heart of Kenya!"](#)

[March 2, 2010 - \(Español\) \(Portuguese\) "The world is watching!" Pro-Life Leader Challenges Spanish King to Defend Life in Upcoming Decision](#)

[February 10, 2010 - Statement from HLI and Pregnancy Care Center on the Documentary Film "12th and Delaware"](#)

[January 18, 2010 - "This is now the world's pro-life march!" International Pro-Life Leaders Come to US Capitol to Protest Aggressive US Anti-Life Policies](#)

[January 15, 2010 - Pro-Life Leader Grateful for Coakley's Honest Admission that Health Care Reform Will Violate Catholics' Conscience Rights](#)

[December 17, 2009 - "Congress just signed millions of death warrants" says International Pro-Life Leader](#)

[December 4, 2009 - Pro-Life Leader Skeptical of Obama's Intentions for Bioethics Commission](#)

[August 27, 2009 - HLI Statement on the Passing of Senator Edward Kennedy](#)

[August 21, 2009 - Pro-Life Leader Blasts Planned Parenthood President for Dishonest Attack on US Bishops](#)

[July 7, 2009 - HLI Congratulates Retiring Pro-life Hero, Repeats Call for Clarification from Vatican](#)

[July 6, 2009 - HLI Announces Online Publication of *Pro-life Talking Points*](#)

[June 17, 2009 - Pro-life Leader Slams Proposed State-Sponsored Sexualization of Latin American Children](#)

[April 14, 2009 - HLI Honors Brazilian Archbishop with Pro-Life Award](#)

[April 15, 2009 - International Organizations Join Forces, Gather 45,000 Signatures So Far in Support of Pope](#)

[March 20, 2009 - African Pro-Life Leader: Media Misses True Story of Historic Papal Visit](#)

[March 11, 2009 - International Pro-Life Leader Chastises Obama for Latest Anti-Life Nomination](#)

[March 3, 2009 - HLI President denounces endorsement of Sebelius by "Prominent Catholics"](#)

[February 27, 2009 - HLI President Criticizes "anti-life one-upmanship" Between President and Congress](#)

[January 23, 2009 - Obama Rescinds Mexico City Policy](#)

[December 18, 2008 - HLI Challenges Pastor's Participation in Obama Inauguration](#)



FOR IMMEDIATE RELEASE

CONTACT: Stephen Phelan, 540-622-5270

December 19, 2008

sphelan@hli.org

HLI Challenges Pastor's Participation In Obama Inauguration

FRONT ROYAL, VA - The Rev. Thomas J. Euteneuer, STL, president of Human Life International (HLI), today challenged Pastor Rick Warren of Saddleback Church in Lake Forest, CA to reconsider his participation in the upcoming inaugural ceremonies for President-elect Barack Obama.

"We applaud Pastor Warren's support of pro-life causes as well as his defense of traditional marriage," said Father Euteneuer. "This is why we are concerned that his high-profile and explicitly Christian prayerful invocation at President-elect Obama's inauguration may be perceived as an endorsement, even a blessing, of what will likely be the most anti-life administration in the history of this country."

President-elect Obama has promised to sign into law the Freedom of Choice Act (FOCA), a massive assault on the dignity of life. He is also widely expected to reverse President George W. Bush's executive order reinstating the Mexico City Policy, which prevents funding of international groups and programs that advocate abortion, as well as funding to the United Nations Population Fund (UNFPA) which, among other assaults on life, has been demonstrated to support coercive "family planning" measures in China, including forced abortions and sterilizations.

"President-elect Obama has given every indication that he has no respect for the lives of the unborn, and whenever given the opportunity, has promised to enforce the most extreme demands of anti-life groups," said Father Euteneuer. "This extremist agenda should not be seen to have the endorsement of pro-life leaders such as Pastor Warren."

"I respect the personal relationship that Pastor Warren has with Mr. Obama," said Father Euteneuer. "But such a public and explicitly Christian endorsement as this invocation is certainly confusing to those who know Mr. Obama's record on life issues. We respectfully ask Pastor Warren to reconsider his participation in the inaugural ceremonies, given Mr. Obama's extremist anti-life views."

###

.....

Human Life International: Creating effective opposition to the culture of death around the world.

Founded in 1981, HLI is the world's largest international pro-life organization and has affiliates in over 87 countries on six continents.



FOR IMMEDIATE RELEASE

CONTACT: Stephen Phelan, 540-622-5270

March 20, 2009

SPhelan@hli.org

African Pro-Life Leader: Media Misses True Story of Historic Papal Visit

Yaoundé, Cameroon - Pope Benedict XVI had not yet touched down in Africa before his trip was defined by the Western media's distortion of a statement he made regarding condoms and the spread of HIV/AIDS. George Wirnkar, Director of Outreach for Human Life International's (HLI) Francophone Africa Region, expressed shock over the furor in the Western media, when the Holy Father's reception in Africa has been so positive.

"I saw over 2,000 people that stayed in heavy rain singing and praying as the Holy Father presided over vespers in the Basilica of Our Lady Queen of the Apostles. This is not a sign of dismay or disillusionment with the Church, but of devotion and joy," said Mr. Wirnkar.

Western media have widely reported on the pope's statement that the promotion of condoms actually worsens the problem of HIV/AIDS transmission. What was not given by these media outlets was the context for the statement:

I would say that this problem of AIDS cannot be overcome with advertising slogans. If the soul is lacking, if Africans do not help one another, the scourge cannot be resolved by distributing condoms; quite the contrary, we risk worsening the problem. The solution can only come through a twofold commitment: firstly, the humanization of sexuality, in other words a spiritual and human renewal bringing a new way of behaving towards one another; and secondly, true friendship, above all with those who are suffering, a readiness-even through personal sacrifice-to be present with those who suffer.

"Pope Benedict gave a thoughtful, spiritual response indicating a solution that is increasingly confirmed by empirical science^[1]," said Joseph Meaney, Director of International Coordination for HLI. "The hopeful message articulated by the Holy Father is exactly what HLI is trying to bring to fruition in cooperation with African leaders like George Wirnkar. This is about affirming what is most life-giving in African culture."

"Perhaps the historic first visit of the Holy Father to Africa and his providential first stop in Yaoundé. Cameroon should herald an era where the authentic voice of Africans is

... because, Cameroon should not be an area where the dominant voice of the media is heard rather than the imposed views of Western press who do not speak for the people of Africa-the continent of hope," said Mr. Wirnkar.

HLI had just completed its first conference of Medical Midwifery and Nursing Students for Life, Africa's first such program. Held March 13-14, and planned to precede Pope Benedict's visit to Africa, the group of over 125 students listened to speakers and discussed pro-life issues. Conference participants held 10 banners along the pope's welcome route expressing support for the visiting leader of the Catholic Church.

"Papal visits are usually a time of great spiritual renewal and a time when many people are listening to the Church," said Wirnkar. "Speaking to physician trainees, practitioners, nurses and other medical professionals about issues which Pope Benedict and Pope John Paul II have taught so clearly is crucial, so the Holy Father's visit seemed the perfect time to kick off this program."

"It is vital that pro-life young people are not converted to the pro-abortion or population control mentality while in medical school. The graduates of the MMNSL program will become the pro-life professionals we can count on in the future," said Meaney. "HLI is proud to reach an ever larger audience in Africa with the pro-life message thanks to George Wirnkar and our other leaders."

"The true story of the papal visit is that the Holy Father is inspiring African Catholics and all persons of good will to have hope, to deal directly with the root causes of the problems affecting our people, and resist the slogans of the West which offer false solutions to these problems," said Mr. Wirnkar.

PHOTOS OF HLI CONFERENCE AND PAPAL VISIT AVAILABLE UPON REQUEST.

###

Human Life International: Creating effective opposition to the culture of death around the world.

Founded in 1981, HLI is the world's largest international pro-life organization and has affiliates in 87 countries on six continents.

[1] Fitch, Sine, Hager, Mann, Adam, McIlhaney, "Condom Effectiveness: Factors that Influence Risk Reduction," *Sexually Transmitted Diseases* 29 (December 2002) 12:811-817.



FOR IMMEDIATE RELEASE

CONTACT: Stephen Phelan, 540-551-2547

**April 17,
2009**

SPhelan@hli.org

Brazilian Archbishop Sobrinho Receives International Pro-Life Award

FRONT ROYAL, VA - Representatives from Human Life International (HLI) presented Brazilian Archbishop Dom Jose Cardoso Sobrinho with the Cardinal von Galen Award in acknowledgement of his heroic defense of Catholic Church teaching and human life. The ceremony took place at the Damas College Auditorium in Recife, Brazil on April 16.

In March Archbishop Sobrinho declared that the Catholic doctors and counselors who facilitated the abortion of the unborn twins of a nine-year-old girl had incurred in a *latae sententiae* (automatic) excommunication by themselves. Despite the doctrinal soundness of his decision, Abp. Sobrinho has been vilified by critics in and out of the Church. His decision was even criticized by Archbishop Salvatore "Rino" Fisichella, the President of the Pontifical Academy of Life, in *L'Osservatore Romano*.

"With this award, we are affirming that Archbishop Sobrinho stands solidly with the Church in defense of all innocent human life," said Fr. Thomas J. Euteneuer, president of HLI. "Archbishop Sobrinho acted with great compassion toward the young girl and her family, and with even greater courage in making what he surely knew would be an unpopular decision. It is a travesty that, even now that the facts of the case have become known, certain officials in the Church have refused to reverse their precipitous judgments and publicly acknowledge the rightness of the excommunications."

The Cardinal von Galen Award is presented by Human Life International to courageous bishops around the world who defend life from conception to natural death. The award is named in honor of Blessed Clemens August von Galen (1878-1946), who was bishop of Münster (Germany) during the Nazi era. Known as the "Lion of Munster", von Galen both served and defended the poor and the sick, protesting against euthanasia and the persecution of the Jews.

The award was presented by Monsignor Ignacio Barreiro-Carámbula, JD, STD, head of HLI's bureau in Rome; and Raymond J. DeSouza, Program Director for Portuguese-speaking nations worldwide for HLI. During the presentation, DeSouza honored Archbishop Sobrinho by stating: "Human Life International is honored to grant to Dom José Cardoso Sobrinho, Archbishop of Olinda and Recife, the Cardinal von Galen Award in acknowledgement of his heroic attitude in the fulfillment of his episcopal ministry,

facing the displeasure of so many who promote the culture of death."

Among previous recipients of HLI's Cardinal von Galen Award are Cardinal López Trujillo of Colombia, Cardinal Tumi of Cameroon, and Archbishop Antonio Arregui of Guayaquil.

###

Human Life International: Creating effective opposition to the culture of death around the world.

Founded in 1981, HLI is the world's largest international pro-life organization and has affiliates in over 87 countries on six continents.



 **SHARE**

FOR IMMEDIATE RELEASE

CONTACT: Stephen Phelan, 540-622-5270

**January 23,
2009**

SPhelan@hli.org

HLI President criticizes Obama's Rescinding of Mexico City Policy

FRONT ROYAL, VA - As expected, President Barack Obama today rescinded President George Bush's "Mexico City Policy", a policy which had blocked funding for international organizations which practiced or promoted abortion worldwide.

"We are disgusted, but we are not surprised," said Father Thomas Euteneuer, president of Human Life International. "President Obama's signature today ensured that American dollars will, with no mandate from the taxpayer, fund abortions in the developing world, in countries that are historically and deeply pro-life."

The Mexico City Policy was first instituted by Ronald Reagan in 1984, was rescinded by Bill Clinton on his first full day in office, and was re-instituted by George W. Bush on his first full day in office.

"The way in which the president signed this order is telling," said Father Euteneuer. "It was pure cowardice. Friday afternoons are when politicians release decisions that they know are embarrassing or shameful. President Obama knows that this is shameful, but he needs to placate those who got him into office."

President Obama's executive order comes the day after over 200,000 pro-life activists filled the nation's capital in protest of Roe v. Wade, the controversial decision which made abortion legal in the United States by judicial fiat.

"We are reminded that even supposed political victories are temporary, and that the solution to these problems is not political, even if we have to keep up the political fight and our activist efforts," said Father Euteneuer. "We are called to prayer, fasting and conversion... only God can put a stop to the horror of abortion now."

###

Human Life International: Creating effective opposition to the culture of death around the world.

Founded in 1981, HLI is the world's largest international pro-life organization and has affiliates in over 87 countries on six continents.

Facts of Life: Chapter 8: Historical Christian Teachings on Abortion: Introduction--Abortion in the Christian Church



 SHARE

"It seems to me as clear as daylight that abortion would be a crime."

— Mahatma Gandhi.

[1]

What the Anti-Lifers Think.

"Remind your listeners that even among religious organizations only the Roman Catholic Church and small fundamentalist Jewish and Protestant groups oppose the right to abortion ..."

— National Abortion Rights Action League (NARAL, now NARAL Pro-Choice America).[2]

The anti-lifers say that the elimination of legal abortion would be a serious violation of the separation of church and state, because there is a diversity of opinion among churches, both Christian and non-Christian, as to when life begins. They say that they "can't let the Roman Catholic Church and its Fundamentalist allies foist their narrow-minded philosophy off on the rest of us Good Christians." The anti-lifers also allege that it is intolerable that any group would seek to force an entire society to conform to its religious beliefs.

In any case, they say, those who believe that life begins at conception don't have to have abortions themselves. But the "anti-choicers" have no right to force others to adhere to their beliefs.

Introduction: Abortion in the Christian Church.

Black, White — And Plenty of Grey. When activist Christians oppose any of the evils that afflict our modern world — especially abortion — they are invariably accused of seeing things as purely black and white. They are told that there is a "grey area" that various exceptions fall into.

Of course, common sense tells us that most moral issues *can indeed* be stated in terms of "black and white." However, there are those people who don't have the backbone to discard our ethical and moral framework completely, so they stretch the rules to create a zone within which any immoral or perverted act is allowable. This "grey zone" is a zone of confusion and relativism, where literally any act can be excused or rationalized.

This "grey zone" should be off-limits to any thinking person, because it numbs the mind and progressively destroys the conscience.

Anti-lifers frequently allege that perfectly simple moral issues such as abortion, contraception and homosexuality are so complicated that nobody can really understand all of their ramifications, and therefore nobody can pass judgment on any person committing the acts in question. This tactic is called "mystaquoquery," and anti-lifers

have used it successfully many times in the past.

From a religious point of view, abortion *is* uniquely a "black and white" issue. After all, even ultraliberal "Christians" accept that there is a God, and that He is the person who bestows our souls upon us.

If God goes to all the trouble of conceiving a child in the womb, then abortion is obviously a flagrant violation of His will, no matter what religious beliefs are being referred to. As Dietrich Bonhoeffer has said, "The simple fact is that God certainly intended to create a human being." [3]

From Birth Control to Abortion. Before 1930, every Christian denomination vigorously condemned any interference at all with God's plan for our reproductive systems. Everyone clearly understood that this interference included the use of artificial contraceptives.

For more than nineteen centuries, bishops, pastors, and lay people heeded the voice of the Holy Spirit. Then, in 1930, the first and ultimately most critical wound in the Church's moral armor was inflicted when the Anglican Church accepted contraception for just the "hard cases."

Following a decade of bitter and divisive debate, the historic Anglican Bishops' Resolution 15 of August 15, 1930, passed by a vote of 193 to 67 at the Lambeth Conference. It reads as follows.

Figure 8-1

The Anglican Bishops' Resolution 15 of August 15, 1930

" ... in those cases where there is a clearly felt moral obligation to limit or avoid parenthood, and where there is a morally sound reason for avoiding complete abstinence, the Conference agrees that other [contraceptive] methods may be used, provided that this is done in the light of the same Christian principles. The Conference records its strong condemnation of the use of any methods of conception-control for motives of selfishness, luxury, or mere convenience."

This carefully engineered statement clearly exhibits the familiar and deceptive semantic tools of the modern pro-abortion movement. Notice that the Resolution is crafted to sound smooth and compassionate.

Notice also that the Resolution places no real limits on the Christian, but instead leaves any action at all up to the individual and his conscience.

This statement was the beginning of the end of mainline Christian resistance to human attacks on God's divine plan for our fertility. The first crack in the armor had been inflicted. It did not take long at all for the corrosive acid of moral relativism to eat away at the wound.

The Federal Council of Churches of the United States (now the National Council of Churches) had been eagerly waiting for someone else to take the lead in 'modernizing' the Church's stand on birth control, and it lost no time in following the Anglicans' lead. In March 1931, the FCC endorsed "the careful and restrained use of contraceptives by married people," while simultaneously conceding that "serious evils, such as extramarital sex relations, may be increased by general knowledge of contraceptives."

Any real hope for reconciliation between the Catholic Church and the Protestant denominations was probably dashed by the split on artificial contraception. David Kennedy described how some Protestant churches held out for a few years, and how some Protestants felt the tug of their consciences on the matter;

The American churches, the official guardians of respectability, only cautiously and belatedly gave birth control their official attention. The Roman Catholic church, objecting to contraception on strict doctrinal grounds, often carried its dissent into overt action to thwart the birth control movement. But the Protestant churches, too, until well into the 1930s — in at least two cases until the 1950s — refused to sanction contraception and often argued against it with a vigor equal to Rome's. Insofar as American Protestants listened to their churches in such matters, for a long time they could find there no comfort of conscience about contraception.[4]

The Religious and Secular Prophets React. The reaction of many people to the above statements by the Anglican Church and the Federal Council of Churches was immediate and forceful. In the early 1930s, priests and ministers from the Catholic Church and other denominations were not afraid of being labeled "judgmental," "backward," "bigoted," "narrow-minded," or "out of touch with mainstream American society." In the 1930s, the churches had not given up their right to be a forceful voice in the public square, and were not intimidated by atheist and pseudo-religious front groups into silence.

These churches predicted that easy access to artificial birth control would lead to abortion and the destruction of the family. It is fascinating to read these 75-year old statements by major Christian churches and the secular press, and to realize how precisely current events have fulfilled their prophecies. The writers, all experienced students of human nature, understood the 'slippery slope' concept, and also clearly recognized that we had taken the irrevocable first fatal step. The pro-contraception stand by the Federal Council of Churches was condemned by virtually all major churches, as

shown in Figure 8-2.

Figure 8-2

Statements by the Churches and the Secular Press Condemning Artificial Contraception in Reaction to the Anglican's Lambeth Conference of 1930

The Lutheran Church:

"Birth Control, as popularly understood today and involving the use of contraceptives, is one of the most repugnant of modern aberrations, representing a 20th century renewal of pagan bankruptcy."

— Dr. Walter A. Maier, Concordia Lutheran Theological Seminary,
St. Louis, Missouri.

The Methodist Church:

"The whole disgusting [birth control] movement rests on the assumption of man's sameness with the brutes ... Its [the Federal Council of Churches] deliverance on the matter of birth control has no authorization from any churches representing it, and what it has said I regard as most unfortunate, not to use any stronger words. It certainly does not represent the Methodist Church, and I doubt if it represents any other Protestant Church in what it has said on this subject."

Bishop Warren Chandler, Methodist Episcopal Church

— Bishop Warren Chandler, Methodist Episcopal Church
South, April
13, 1931.

The Presbyterian Church:

"Its [Federal Council of Churches] recent pronouncement on birth control should be enough reason, if there were no other, to withdraw from support of that body, which declares that it speaks for the Presbyterian and other Protestant churches in *ex cathedra* pronouncements."

— *The Presbyterian*, April 2, 1931.

The Catholic Church:

"In order that she [the Catholic Church] may preserve the chastity of the nuptial union from being defiled by this foul stain, she raises her voice in token of her divine ambassadorship and through our mouth proclaims anew: any use *whatsoever* of matrimony exercised in such a way that the act is deliberately frustrated in its natural power to generate life is an offense against the law of God and of nature, and those who indulge in such are branded with the guilt of a grave sin."

— Pope Pius XI, Encyclical *Casti Connubii* ["On Christian Marriage"],

December 31, 1930, Section 4, Paragraph 4.

And the Secular Press:

"Carried to its logical conclusion, the committee's

Carried to its logical conclusion, the committee's report, if carried into effect, would sound the death-knell of marriage as a holy institution by establishing degrading practices which would encourage indiscriminate immorality. The suggestion that the use of legalized contraceptives would be "careful and restrained" is preposterous."

— The *Washington Post*, March 22, 1931.

The secular press could not have assessed and summarized the situation more accurately. The following excerpt from a March 24, 1931 *Washington Post* editorial, which clearly identifies the anti-life tactic of infiltration and subversion, is just as relevant today (probably even more so) as it was more than seventy years ago;

It is the misfortune of the churches that they are too often misused by visionaries for the promotion of "reforms" in fields foreign to religion. The departures from Christian teachings are astounding in many cases, leaving the beholder aghast at the unwillingness of some churches to teach "Christ and Him crucified." If the churches are to become organizations for political and scientific propaganda, they should be honest and reject the Bible, scoff at Christ as an obsolete and unscientific teacher, and strike out boldly as champions of politics and science as modern substitutes for the old-time religion.

Of course, the inevitable progression from the approval of artificial contraception in just the "hard cases" to *all* cases continued unabated down its smooth and obstacle-free road. The National Council of Churches proclaimed on February 23, 1961 that

Most of the Protestant churches hold contraception and periodic abstinence to be morally right when the motives are right. The general Protestant conviction is that motives, rather than methods, form the primary moral issue provided the methods are limited to the prevention of conception. Protestant Christians are agreed in condemning abortion or any method which destroys human life, except when the health or life of the mother is at stake.

Notice that the above statement constitutes a tacit acceptance of situational ethics. 40 years after the first exception was made for artificial contraception, the Methodist Church, which came to be known as the "abortion church," would be one of the prime movers behind the early pro-abortion movement.

Thus, history repeats itself — as it must if we do not learn its hard lessons.

[Go to Next Topic: "Christian" Abortion Pushers](#)

[Return to Historical Christian Teachings on Abortion Table of Contents](#)

Footnotes for "Introduction: Abortion in the Christian Church"

[1] Mahatma Gandhi, quoted in Krishna Kripalani's *All Men Are Brothers: The Life and Thoughts of Mahatma Gandhi*.

[2] Looseleaf booklet entitled "Organizing for Action." Prepared by Vicki Z. Kaplan for the National Abortion Rights Action League (NARAL). 1978, page 31, "Introduction to Debating."

[3] Dietrich Bonhoeffer. *Ethics* [New York, 1965], page 176.

[4] David M. Kennedy. *Birth Control in America* [New Haven and London: Yale University Press, 1971], page 141.

Facts of Life: Chapter 8: Historical Christian Teachings on Abortion

[Introduction: Abortion in the Christian Church](#)

What the Anti-Lifers Think

Introduction: Abortion in the Christian Church

Black, White — and Plenty of Grey

From Birth Control to Abortion

The Religious and Secular Prophets React

["Christian" Abortion Pushers](#)

[The Anti-Life Strategy of Infiltration and Subversion](#)

Introduction

Overt and Covert Attacks

The Beginnings of the Program

Clergy-Laity Divergence

A Classic Example

Unqualified Women 'Bishops'

The Silliness Never Ends

Conclusion

[The Critical Differences Between the Churches](#)

What is the Church's Primary Mission?

Two Different Religions?

The Widening Gap

Pagan Nation

God Reflecting Society?

[Religious People Are *Pro-Life*](#)

Religious People are *Pro-Life*

The Deaths of the "Feel-Good" Churches

Declining Membership

Backing Away From Prenatal Baby-Killing

Abortion: Only a Christian Issue?

[Church-Related Pro-Life Groups](#)

[Further Reading and Resources: Church Teachings on Abortion](#)

Facts of Life: Chapter 8: Historical Christian Teachings on Abortion: The Anti-Life Strategy of Infiltration and Subversion



 SHARE

The Anti-Life Strategy of Infiltration and Subversion

"All warfare is based primarily on deception of an enemy. Fighting on a battlefield is the most primitive way of making war. There is no art higher than to destroy your enemy without a fight — by subverting anything of value in your enemy's country."
— Ancient Chinese general Sun Tzu.[7]

Introduction. The anti-life forces knew that they could never obtain abortion on demand against the monolithic opposition of the Christian Church, so they set to work deceiving the public and the churches.

The primary objective of numerous pro-abortion groups (most notably the 'Religious' Coalition for Reproductive Choice (RCRC) and 'Catholics' for a Free Choice (CFFC)), is to convince the general public that you can be a good Christian of any denomination, and still be free to kill your own child.

Their primary tactic is the well-known "bait and switch," i.e., "THE ISSUE IS NOT ABORTION." The issue is privacy, autonomy, women's freedom, economics, but *never* abortion.

A few self-described "religious" people proclaim with perfectly straight faces that the subject of abortion is value-free — a political, legal and medical issue, fit only for legislators, lawyers, and health care professionals to debate.

This view makes about as much sense as insisting that nuclear war is really only a matter of nuclear physics, aeronautics, and ballistics, fit only for physicists, aeronautical engineers, and ordinance experts to discuss.

Overt and Covert Attacks. In the arena of strategy and tactics, the Christian Church is identical to any other organization in many fundamental ways. Most importantly, the Church, like most other groups, is actually *strengthened* by an overt attack carried out by a visible enemy. However, it is extremely vulnerable to a long-term and persistent program of infiltration and subversion, because the visible results of such an attack take place slowly and in increments small enough to escape attention. In other words, it is always easier to defend against an enemy that can be seen. Therefore, the infiltrators escape the determined and concentrated counterattack that would beat back an external attack.

Anti-lifers fully appreciate this principle, and have therefore embarked on a massive program of infiltration and subversion of the conservative Christian churches. This is not to say that there is some massive conspiracy afoot; quite the contrary. Tens of thousands of caring individuals with an agnostic or "New Age" bent also seek spirituality, and they have come to regard the pastor's collar as the easy ticket to respect, dignity, a good salary, and a comfortable home, not to mention the opportunity for aiding people in a "nonjudgmental" and "compassionate" manner.

The Beginnings of the Program This diffuse but deadly-effective program began

The Beginnings of the Program. This amuse but deadly-effective program began approximately in 1965, when many Catholic and Protestant seminaries began to downplay spirituality and instead began to emphasize sensitivity and compassion. When young priests and ministers graduated from these institutions, they often openly confessed that they did not believe that the Bible was the literal word of God and, indeed, many stated that they did not even believe in the existence of God any more!

Clergy-Laity Divergence. Most lay people are not exposed directly to this pervasive anti-life network on a day-to-day basis. Therefore, the majority have retained their belief in God and His precepts. The resulting extraordinarily large gap between the faith of the laity and the clergy has been highlighted in several recent surveys.

According to a comprehensive 1990 poll, 55 percent of all Presbyterian ministers describe themselves as "liberal" to "far Left," while only 13 percent of all Presbyterian lay people do.[8]

Another survey carried out at the United Methodists' 1988 General Conference revealed that only 11 percent of the clergy-delegates believed that the Bible is the "literal word of God," while a separate survey showed that 62 percent of all lay Methodists do. [9]

Yet another study showed that 69 percent of Evangelical Lutherans who attend church consider themselves "conservative." However, only 39 percent of their ministers do. 88 percent of the Lutheran laity think that the majority should determine Church position on social issues. Only 38 percent of their pastors agree.[10]

In summary, the mainline Protestant churches are composed of conservative laity listening to New-Age liberal preaching.

A Classic Example. As the "Modernized" products of the newly-Neoliberal seminaries took their seats as pastors or church bureaucrats, they naturally banded together to enact their personal agendas. Once again, this was not an overt or organized conspiracy; just as conservatives naturally work well together, so do Neoliberal clergy. However, the Neoliberals have a vast advantage. They are on the side of "freedom" and "tolerance," a message that has always been more appealing to man's fallen nature than that of sacrifice, repentance and self-discipline.

An absolutely classic example of infiltration and subversion took place recently in a mainline Protestant church. Neoliberals managed to pack the 18-member National Worship Committee of the Presbyterian Church, USA, and proceeded to make sweeping changes in the liturgy without once consulting the 2.9 million person membership to see what *their* opinions were.

This Committee took a huge step towards enacting the Neoliberal agenda by striking at the heart of the Church: its manner of worship.

Therefore, in order to avoid being perceived as "sexist," the Presbyterian Church jettisoned the great traditional hymns "God Rest Ye Merry, Gentlemen," "Faith of Our Fathers," and "Once to Every Man and Nation." They did not want to appear "militaristic," so they dumped "Onward, Christian Soldiers" and even the "Battle Hymn of the Republic." And, in order to avoid offending the handicapped, they even discarded "Stand, Up, Stand Up for Jesus!"[11]

It is not even enough for some Neoliberal "ecumenical" organizations to emasculate prayer in churches — they are apparently compelled to demand that Christians deny the very core of their Faith whenever they are in public.

For example, the National Conference of Christians and Jews (NCCJ) has issued a

For example, the National Conference of Christians and Jews (NCCJ) has issued a pamphlet entitled "Guidelines for Civil Occasions: Public Prayer in the Pluralistic Society," which solemnly declares "Prayer on behalf of the general community should be general prayer. General prayer is inclusive, non-sectarian, and carefully planned to avoid embarrassment and misunderstandings."

In other words, according to the NCCJ, Christians must be so anonymous in public that they must mouth meaningless pablum "prayer" that is so "inoffensive" that nobody can tell *what* they are — Muslim, Jew, Christian, or Hare Krishna. We are essentially being told by the NCCJ and other like-minded groups that we can be Christians only in private.

This is a logical demand. The Neoliberals want to destroy the Church, and what better way to do this than to insure that there is no apparent difference between pagans and Christians?

Unqualified Women 'Bishops.' On Saturday, February 11, 1989, the Episcopal Church caved in to radical Neofeminism once and for all as its Diocese of Massachusetts ordained the 'Reverend' Barbara Harris a 'bishop.' Everyone on all sides agreed that, if she had been a man, she would never have qualified for such a high post. She did not even have a college education or any theological degree of any kind; she had no formal theological education; no pastoral experience; and only eight years as a 'priestess' advocating radical causes. Her sole qualifications were her gender and her skin color (Black).[12]

The Silliness Never Ends. Every church, unless it is eternally vigilant, is susceptible to the strategy of infiltration and subversion.

Signs of decay are rampant among the mainline Protestant churches in every area of morality. Some of the more vivid examples of such rot are listed below.

- Reverend John Papworth of the Church of England said that shoplifting from large corporations can be justified because "Jesus said, 'Love your neighbor,' He didn't say, 'Love Marks and Spencers' [a big English retail chain]. With these institutions, all you are confronted with are these boardroom barons sitting round the boardroom plotting how to take the maximum amount of money out of people's pockets for the minimum in return." [13]
- The Anglican Bishop of Edinburgh, Scotland, justified fornication, adultery and prostitution with the unsupported claim that "Promiscuity is genetic." [14]
- The Presbytery of Greater Atlanta (Presbyterian Church, USA) voted 186-161 to uphold the ordination of transsexual Erin (Eric) Swenson as a minister. [15]
- In 1987, the Episcopal Church issued its 112-page manual entitled *Sexuality: A Divine Gift*. It defined sexual intercourse — even outside of marriage — as a "sacrament," and condoned homosexuality.
- In May of 1990, the National Council of Churches — which counts as members all of the mainline Protestant denominations — issued a resolution condemning

of the mainline Protestant denominations — issued a resolution condemning Christopher Columbus' historic 1492 voyage as "... an invasion and colonization with legalized occupation, genocide, economic exploitation and a deep level of institutional racism and moral decadence." Needless to say, the rank-and-file were left out of the decision to pillory Columbus as well. Largely due to such silliness, contributions to the National Council of Churches and its member organizations dropped more than 50 percent from 1975 to 1990.[16]

- The Methodist Church redubbed "Good Christian Men, Rejoice" as "Good Christian Friends, Rejoice." On the cutting edge of social reform as always, the Methodists (nicknamed the "abortion church" in the late 1960s) are even considering the neutering of God: "Father, Son and Holy Spirit" may well soon become "Creator, Redeemer, and Sustainer." [17]

Conclusion. It appears that the anti-lifers have succeeded beyond their wildest dreams in their strategy of infiltration and subversion. They have completely disarmed the mainline Protestant churches and many other churches as well.

The churches now thrash fruitlessly around the arid moral landscape, an unknowing and ineffectual laughingstock to all thinking people, whether they be religious or otherwise. In their zeal to avoid offense to every possible special-interest group, the churches have emasculated themselves. They spend millions of dollars and tens of thousands of man-years (excuse me, *person*-years) exorcising the largely-imaginary demons of "racism," "sexism," "fascism," "heterosexism," "ageism," and every other possible "ism," while millions of babies die, while pornography and apostasy flood the land with a darkening tide, and while sexual perversions proliferate in an infinity of hideous permutations.

Episcopalian theologian Gerald McDermott says that

This happened because in the last 30 years American pastors have lost their nerve to preach a theology that goes against the grain of American narcissism. What we are witnessing now is what (evangelicalism's premier thinker) Francis Shaeffer predicted over 20 years ago — that the American church of the future would be dedicated solely to peace and affluence. ... They [pastors] are afraid to preach and teach anything that challenges what people already think. The result is a belief in a meek, mild-mannered God who does not want to judge us. That's Deism. They have given up talking about divorce, abortion and homosexuality. They are even retreating from the Trinity. On Trinity Sunday I was in an Episcopal church, where the rector averred that this was only something for pastors to think about. Ordinary people did not have to bother with it. ... This underscores how America has become a mission field.[18]

This, of course, is precisely what the Humanists/Neoliberals were "praying" for. The churches have completely succumbed to the pure situational ethics advocated by Katherine Hancock Ragsdale, president of the 'Religious' Coalition for Reproductive Choice (RCRC), who says that "We must give up the idea that we can cling to some moral certainty." [19]

The Christian Church is now gravely ill. Some mainline churches are close to death — but still refuse to acknowledge their terminal condition

— but still refuse to acknowledge their terminal condition.

The only thing that will cure this hellish malignancy will be a massive infusion of Holy Spirit-inspired grace and the *undiluted* and *entire* Word of God [Matthew 28:19-20].

[Go to Next Topic: The Critical Difference Between the Churches](#)

[Return to *Historical Christian Teachings on Abortion* Table of Contents](#)

Footnotes for “The Anti-Life Strategy of Infiltration and Subversion”

[7] Sun Tzu, c. 500 BC. *The Art of War* [New York: Oxford University Press, 1973].

[8] Looseleaf booklet entitled "Organizing for Action." Prepared by Vicki Z. Kaplan for the National Abortion Rights Action League (NARAL). 1978, page 31, "Introduction to Debating."

[9] *Ibid.*

[10] Paul Harvey. "The Churches' Misled Leaders." *Conservative Chronicle*, January 28, 1991, page 27.

[11] John S. Tompkins. "Look What They've Done to My Songs." *Reader's Digest*, December 1990, pages 105 to 108.

[12] "That New Time Religion." *National Review*, March 10, 1989, page 16.

[13] "English Priest Stirs Up a Storm By Justifying Some Shoplifting." *The Washington Post*, March 16, 1997, page A28.

[14] The Anglican Bishop of Edinburgh, quoted in *Christianity Today*, December 9, 1996.

[15] "Shallowford Presbyterian Church (USA) Misrepresented in January AFA Journal Report." *American Family Association Journal*, March 1997, page 11.

[16] "On the Record." *National Review*, July 9, 1990, page 9.

[17] Steve Duin. "God Rest Ye Merry, Word Policemen." *The Oregonian*, Thursday, December 20, 1990, page D7.

[18] Uwe Siemon-Netto, UPI Religion correspondent. "Poll Shows Protestant Collapse." *United Press International*, June 28, 2001.

[19] Katherine Hancock Ragsdale, president of the 'Religious' Coalition for Reproductive Choice (RCRC), quoted in "Church Groups Lobby for the destruction of Unborn." *American Family Association Journal*, January 1997, page 9.

Facts of Life: Chapter 8: Historical Christian Teachings on Abortion: Religious People are Pro-Life



SHARE

Religious People Are Pro-Life.

It is the pastor's job to transmit attitudes to his congregation. The "feel-good" churches are much more pro-abortion and pro-homosexual than the stricter conservative churches, primarily due to the extreme degree of Neoliberalism and Humanism practiced by their clergymen.

On the other hand, real Christian pastors do not even have to mention abortion in order for their congregations to become pro-life. All they have to do is preach the Word of God.

According to an April 13-16, 1989 *New York Times*/CBS poll of 1,412 adults, people become more pro-life as religion becomes more important in their lives;

Figure 8-5 The Impact of Religion on Attitudes Toward Abortion		
Importance of Religion	Pro-Life	Pro-Abortion
Protestants "Extremely" or "very" important	66%	34%
"Somewhat" or "not" important	34%	66%
Catholics "Extremely" or "very" important	72%	28%
"Somewhat" or "not" important	28%	72%

These results are amusing in light of the fact that the most popular slogan of the 'Religious' Coalition for Reproductive Choice is the exquisitely oxymoronic "PRAYERFULLY PRO-CHOICE!"

The Deaths of the "Feel-Good" Churches.

Declining Membership. It is really no surprise that pro-abortion churches are in such atrocious condition. They are incredibly active in social issues, but they have confused worship with directionless action. If they are not quite dead yet, their bodies certainly have an advanced case of gangrene. They are losing members at an incredible rate. What, after all, is the point in belonging to a 'church' that provides no moral standards to live by? Such churches are merely social clubs, and provide, at best, an opportunity to have a pleasant get-together with friends every week or so.

Figure 8-6 compares the memberships in 1970, 1980, 1990 and 2000 for the nine largest pro-life churches and the five largest pro-abortion churches. The pro-life Catholic, Evangelical, and Mormon churches have exploding memberships, while the so-called 'mainline' pro-abortion churches are obviously in deep trouble.

In summary, the nine largest pro-life churches in the United States have gained from 30 percent to a whopping 748 percent in membership over the time period 1970 to 2000, while the pro-abortion churches have lost anywhere from 18 percent to 43 percent of their membership during the same time span.

Figure 8-6

Membership Changes for Pro-Life and Pro-Abortion Churches in the United States, 1970-2000

<u>Denomination</u>	<u>Members in 1970</u>	<u>Members in 1980</u>	<u>Members in 1990</u>	<u>Members in 2000</u>	<u>Percent Changes in Membership, 1970-2000</u>
Pro-Life Churches					
African Methodist Episcopal Church	1,702,381	2,050,000	3,371,000	3,568,370	+110%
African Methodist Episcopal Zion Church	940,000	1,134,176	1,205,065	1,260,682	+ 34%
Assemblies of God	1,072,1	1,389,50	1,403,16	1,389,62	+ 30%

	87	5	8	0	
Church of Jesus Christ of Latter-Day Saints	1,391,077	3,323,230	5,300,962	7,288,868	+424%
Church of God in Christ	2,073,146	2,811,000	4,267,000	5,201,459	+151%
Evangelical Lutheran Church in America	2,402,447	4,099,966	5,240,739	5,164,104	+115%
Pentecostal Assemblies of the World	201,897	358,793	600,000	1,711,726	+748%
Roman Catholic Church	45,253,568	47,794,800	53,480,231	60,292,400	+ 33%
Southern Baptist Convention	11,628,032	13,600,126	15,038,409	15,912,325	+ 37%
Other Pro-Life Churches	25,230,856	27,653,194	25,716,773	18,288,720	
	—	—	—	—	—
Total Membership of Pro-Life Churches	91,895,590	104,214,791	115,623,347	120,078,274	+ 31%

Pro-Abortion Churches

Christian Church (Disciples of Christ)	1,424,479	1,177,984	1,039,692	815,772	- 43%
Episcopal Church	3,285,826	2,786,004	2,446,050	2,335,852	- 29%
Presbyterian Church USA	3,087,213	2,423,601	2,788,009	2,520,180	- 18%
United Church of Christ	1,960,608	1,736,244	1,599,212	1,375,993	- 30%
United Methodist Church	10,671,774	9,584,711	8,785,135	8,285,812	- 22%

Other Pro-Abortion Churches	3,891,763	5,345,738	2,321,279	2,229,078	
	—	—	—	—	—
Total Membership of Pro-Abortion Churches	24,321,663	23,054,282	18,979,377	17,562,688	- 28%

Note: For documentation and a detailed table on the annual memberships statistics for 96 major pro-life, pro-abortion and neutral church denominations for the time period 1960 to 2000, see the spreadsheet located at **FACTS\IMAGES\20\CALCS\F-20-08.WK3** on this compact disc. Microsoft Excel can import this spreadsheet directly.

Backing Away From Prenatal Baby-Killing. To their credit, some of the large pro-abortion 'mainline' churches are beginning to awaken from their deep amoral slumber. Episcopalians, Presbyterians, and even Methodists (the latter three churches, of course, being by far the largest members of the 'Religious' Coalition for Reproductive Choice) all issued statements in 1988 'clarifying' their stands on abortion or retracting their former pro-abortion positions.

The United Methodist Church, commonly known as the "abortion church" for its vigorous efforts to legalize abortion in the late 1960s, has become disturbed at the tidal wave of abortion washing over our country. It stated its firm opposition to abortion for birth control or for gender selection.

The Presbyterian Church, USA stated that abortion "should not be used for convenience or to ease embarrassment or as a means of birth control" (convenience abortions account for more than 99 percent of all prenatal baby-killing as described in Chapter 19, "United States Abortion Statistics").

The American Baptist Churches, USA denounced "irresponsible sexual behavior," and stated that "As American Baptists, we oppose abortion, as a means of avoiding responsibility for conception, as a primary means of birth control without regard for the far-reaching consequences of the act."

The Episcopal Church (whose parent body is not a member of RCRC) has stiffened its backbone a bit, and now sanctions abortions "... only in extreme situations. We emphatically oppose abortion as a means of birth control, family planning, sex selection, or any reason of mere convenience."

Abortion: Only a Christian Issue?

Pro-aborts, even when they have learned attorneys arguing their case at the District, Circuit, and Supreme Court levels, insist that any attempt to legislate or restrict any aspect of abortion and its aftermath (even when it is as 'trivial' as a dignified burial of the sad little bodies) is an unconstitutional 'establishment' of a particular religion in

the sad little bodies), is an unconstitutional establishment of a particular religion — in this case, Christianity (usually, Roman Catholicism).

This is a false and unfounded assumption, and these dishonest pro-aborts know better. Pro-abortionists love to employ their deeply ingrained anti-Catholic bigotry to dismiss the opposition as a bunch of Papist puppets, but Figure 8-6 shows that opposition to abortion is not just a 'Catholic issue:' it is not even just a *Christian* issue. Buddhists, Hindus, Jainists, Moslems, Jews, Krishnas, and many other non-Christians oppose abortion on both religious and secular grounds.

For example, abortion is considered one of the "Five Great Sins" to Hindus (*Pancha Maha Pataka*). It is called *Bhruna Hatya* — the killing of an unwanted child.[30] And Chapter 10 describes how authentic Jewish teaching unequivocally condemns abortion.

On the other hand, we certainly can't accuse the pro-abortion 'churches' of lacking diversity; these organizations include at least eleven Satanist churches, all of the various covens practicing witchcraft (including Wicca), and the Sodomy Church (now anti-progressively relabeled the 'Fellowship of Metropolitan Community Churches').

[Go to Next Topic: Church-Related Pro-Life Groups](#)

[Return to *Historical Christian Teachings on Abortion* Table of Contents](#)

Footnotes for “Religious People are Pro-Life”

[30] P.V. Narasimh Acharya, Ph.D. "The Sin That Led to Indira Gandhi's Defeat." *International Review of Natural Family Planning*, Summer 1977, pages 136 to 138.

Facts of Life: Chapter 8: Historical Christian Teachings on Abortion: The Critical Differences Between the Churches



 SHARE

The Critical Differences Between the Churches.

"We will find our greatest success to the extent that we inculcate Marxism as a kind of religion. Religious men and women are easy to convert and win, and so will easily accept our thinking if we wrap it up in a kind of religious terminology."
— Vladimir Lenin.[20]

What is the Church's Primary Mission? It is an established fact that pro-abortion churches radically depart from Scripture teachings in many areas, and tend to be "feel-good" in their approach to God. They support the "right to choose" abortion, fornication, divorce, adultery, and homosexuality. They insist that God does not really condemn these acts, despite literally hundreds of Scripture passages to the contrary.[21]

In other words, their aim is not to preach the Gospel and uphold moral living (which admittedly can be very difficult at times), but instead to make their congregations feel comfortable and good about themselves. These churches stress tolerance and compassion instead of the principles of true Christianity or Judaism.

Their god is not a God of justice and mercy — he is an indecisive and ineffectual "mush God" who would never condemn anyone to Hell. The Neoliberals have succeeded in making God over into their own image.

Two Different Religions? A major study of 643 Oregon clergy from every major Christian denomination — the results of which confirm various national surveys — showed that there exists such an extraordinary split in philosophies between theological liberals and conservatives that it is almost as if they belong to two entirely different religions.

For example, 91 percent of Oregon's conservative Southern Baptist ministers stated that *the primary business of their Church was to save souls*. Only 14 percent of the very liberal United Church of Christ ministers agreed. In fact, the United Church of Christ recently informed its ministers that they no longer have to tell their parishioners that Jesus Christ is the only way to salvation![22] This means that the United Church of Christ is, *by definition*, a pantheistic, non-Christian religion. It is ignoring the single Gospel verse that could be said to summarize Christian thinking: John 14:6 ("I am the Way, the Truth, and the Life. Nobody comes to the Father except through Me").

Think about this for just a moment. The primary goal of all Christian churches a handful of decades ago was evangelization and saving souls. After all, if a particular church doesn't think that this is important, what is a church for? It becomes merely a social club or a social action committee. Yet, incredibly, only *one in seven* United Church of Christ ministers thinks that saving souls is "important!"[23]

This Oregon study and other surveys revealed other fascinating contrasts between the liberal and conservative clergy. For example, when asked to comment upon the acceptability of behaviors that have traditionally been deemed sinful, the conservative

and liberal ministers responded as follows;

Figure 8-4

Approval by Conservative and Liberal Ministers of Various Sexual Practices

<u>Scenario</u>	<u>Approval by Conservative Ministers</u>	<u>Approval by Liberal Ministers</u>
Homosexual 'marriages'	0%	94%
Cohabitation/fornication	0%	91%
Condom advertising	3%	94%

Reference: Sura Rubenstein. "Survey Finds Wide Gap in Liberal, Conservative Clergy." *The Oregonian*, January 21, 1989, page C12. Also see *The Oregonian*, December 25, 1988, page D1.

The conservative Baptist ministers in Oregon, as all over the United States, said that the most important guidelines were Biblical principles. Predictably, the liberal ministers said that the most important thing of all was to be "compassionate and nonjudgmental." [24]

Not surprisingly, this Neoliberal call to be "compassionate and nonjudgmental" only applies to Neoliberal 'clergypersons.' When a Catholic priest is found guilty of child molestation or some other form of sexual misconduct, the Neoliberals attack the Catholic Church in general and use the incident to further their agendas by alleging that such events "show" that Catholic priests should be allowed to marry.

But when ministers from Neoliberal denominations go on literal sexual rampages, other Neoliberal clergy support or excuse him. For example, Oregon United Methodist minister William O. Walker propositioned young boys, tried to seduce dozens of men (including fellow pastors), contracted AIDS and transmitted it to his wife (who subsequently died), asked his friends to lie for him about his AIDS infection, and then finally died of the disease.

His fellow ministers were entirely supportive of Walker and all of his activities. Incredibly, Pastor Jim Hulett said that Walker "wasn't distracted by his sexuality ... He was able to put it together. His sexuality was under control." [25]

Note the recurring theme among Neoliberals: Our God-given sexuality is for them.

a threatening force to be "controlled," not a part of us that should contribute to the harmonious whole as God intended.

The Widening Gap. Sadly, many good Evangelical, Jewish, and Catholic clergy and lay people have sunk into a psychological morass of indifference and hopelessness. These people have essentially given up; they accept the Humanist dictum that one may believe in God, so long as such belief does not affect one's conduct in any form. Among these people there is a numbing ignorance of what goes on around them. They are passive and timid, and merely wait for a savior to mend the world (not necessarily Christ, perhaps the State), preferably at minimum cost and discomfort to them.

They remain ignorant of Scripture, the teachings of their churches, and especially of the evil that surrounds them. In such a state, they are easily manipulated by those who have an organized and prepackaged agenda. They are no match for their many highly-motivated iconoclastic and atheistic enemies; they cannot even offer a verbal resistance. Some are even unsure as to whether or not to be offended by the anti-Christian rantings of the media and professional anti-religious 'artists.'

They have learned a passive Humanism from their churches; they are easily suckered by any movement that claims to advance human rights (i.e., abortion and "gay rights") or alleviate suffering (i.e., euthanasia and "animal rights"). They are swept along by their ignorance and desire to please everyone. Eventually, they become socially neutered. They have seen so much and have accepted so much that any type of behavior is allowable and appears normal. They are completely inactivated. They finally retreat into themselves and offer no resistance to the tide of evil sweeping over the world. They cannot even maintain values in their own families. Eventually, they lose control over their very souls.

And so, the Episcopalians now have a woman Bishop whose qualifications, if she were a man, would render her totally unacceptable for such a high position.

And, in the country where it all began, the English Anglican Church in 1983 blessed "contraceptive intercourse for unmarried couples for the purpose of proving their love." The Anglicans, with the approval of the Archbishop of Canterbury, recently devised a prayer in support of women who have aborted: "Into Thy hands we commit in trust the developing life we have cut short."

Not surprisingly, only two percent of England's population still attends church with any regularity. Why bother, if you can get a rubber stamp to do anything you want to? Why attend church, when there is absolutely no moral instruction whatever?

Pagan Nation. Many polls show that a large segment of the American public (anywhere from 25 percent to 40 percent, depending upon the survey) believe that abortion is murder and that it is immoral, but they still believe that it should be available to women. This is analogous to a person putting "KEEP ABORTION SAFE AND LEGAL" and "ABORTION KILLS CHILDREN" bumperstickers side-by-side on his car. But nobody in their right mind would do such a thing, because they realize how schizoid such an action would make them look to other people.

This strange public schizophrenia extends to other moral issues as well. A study of a half-century of opinion polling in America entitled "The Rational Public" shows that 58 percent of all Americans believed that homosexual acts should be legal but that 80 percent feel homosexuality is wrong.[26]

God Reflecting Society? In the United States, decades of anti-life theological posturing have led to results as predictable and strange as they are disastrous. According to James Patterson and Peter Kim, authors of the book *The Day America Told the Truth*, over 90 percent of all Americans believe in God. This huge percentage leads the media to declare that "America is one of the most religious nations on Earth."

If this is true, why is our country in such deplorable condition morally and ethically?

Because, although people believe in God, they simply ignore Him when making moral decisions. Religion plays almost no role whatever in the formulating of personal views and morality.

While it is true that the vast majority of Americans believe in God, the God they believe in is a nonjudgmental, relativist, wimpy God who would never consign anyone to Hell. This is why a recent major Gallup Poll found that only 10 percent of all Americans said that their faith made a "discernable difference in their lives." [27]

In other words, people believe in God but have no use for His rules. Only ten percent of Americans believe in the Ten Commandments, and even less *live* by them. And more than eighty percent of all Americans believe that it is all right *not* to believe in God. [28]

We have truly become a pagan nation.

And so, Satan continues to deceive millions through the brilliantly successful ploy of making people believe that they are "good Christians" when, in fact, they are cruising down the smooth, wide, flat highway to eternal damnation.

But why should Christians worry about Hell when they believe it does not exist?

According to a recent comprehensive survey, only 17 percent of Catholics, 18 percent of Methodists, 20 percent of Episcopalians, 21 percent of Lutherans, and 22 percent of Presbyterians believe that Satan is real. [29]

Truly, Satan's greatest triumph is to convince us that he does not exist.

[Go to Next Topic: Religious People are Pro-Life](#)

[Return to Historical Christian Teachings on Abortion Table of Contents](#)

Footnotes for "The Critical Differences Between the Churches"

[20] *Lenin: Selected Works*. 3 volumes, 2,225 pages. Distributed in English by Progress Publishers, 21, Zubovsky Boulevard, Moscow.

[21] Homosexual activity: See Deuteronomy 23:17; 1 Kings 14:24, 15:12, 22:46; and 2 Kings 23:7. Divorce: See Matthew 5:31-32, 19:3-9; Luke 16:18; and 1 Corinthians 7:10-15. Fornication: See 2 Chronicles 21:11; Isaiah 23:17; Ezekiel 16:26,29; Matthew 5:32, 19:9; John 8:41; Acts 15:20,29, 21:25; Romans 1:29; 1 Corinthians 5:1, 6:13,18, 7:2, 10:8; 2 Corinthians 12:21; Galatians 5:19; Ephesians 5:3; Colossians 3:5; 1 Thessalonians 4:3; Jude 1:7; and Revelation 2:14,20-21, 9:21, 14:8, 17:2,4, 18:3,9, and 19:2. Adultery: See Exodus 20:14; Leviticus 18:20, 19:20, 20:10-12; Deuteronomy 5:18, 22:13-29, 27:20, 27:23; Proverbs 6:26, 6:29, 6:32; Matthew 5:27,28,32, 15:19, 19:9,18; Mark 7:21, 10:11, 12:10; Luke 16:18, 19:20; John 8:4, 11; Romans 7:2, 13:9, 1

MARK 7:21, 10:11-12, 19, LUKE 10:16, 16:20, JOHN 6:4-11, ROMANS 7:5, 15:9, 1
Corinthians 6:9; Galatians 5:19; Ephesians 5:5; and Hebrews 13:4.

[22] Sura Rubenstein. "Survey Finds Wide Gap in Liberal, Conservative Clergy." *The Oregonian*, January 21, 1989, page C12. Also see *The Oregonian*, December 25, 1988, page D1.

[23] *Ibid.*

[24] *Ibid.*

[25] Letter to *The Oregonian* by Kathy Momyer Hossner entitled "Sexuality in Check?" December 13, 1992, Metro section.

[26] John Balzar, *LA Times - Washington Post Service*. "Homophobia Runs Deep in U.S." *The Oregonian*, February 10, 1993, pages E1 and E8.

[27] Cal Thomas. "Candidates of a Lesser God." *Conservative Chronicle*, September 9, 1992, page 23.

[28] James Patterson and Peter Kim. "God Plays Small Role in U.S. Morality." *The Oregonian*, August 7, 1991, page B5. In this article, the authors of the book *The Day America Told the Truth: What People Really Believe About Everything That Really Matters* summarize the attitude of Americans toward God.

[29] Uwe Siemon-Netto, UPI Religion correspondent. "Poll Shows Protestant Collapse." United Press International, June 28, 2001.

[Commentary: Llaguno: Report on Grants for Anti-Catholic Anti-Life Activities by American Foundations.](#)



 SHARE

Report on Grants for Anti-Catholic, Anti-Life Activities by American Foundations
By Magaly Llaguno
2003

American Foundations are exerting a powerful and evil influence throughout the U.S. and much of the world. A great number of them donate funds for anti-life, anti-Catholic activities in Latin America and The Caribbean, because they give grants to Catholics for a Free Choice (CFFC). The ones listed below are categorized as "Grantmakers who address reproductive rights/access to abortion", as well as "Grantmakers who fund in Latin America and the Caribbean". The amounts given by them to CFFC appear next to their name in the list and do not include their very large donations to other anti-life organizations throughout the region. Also not included are the donations given to CFFC and an additional number of anti-life organizations, by other antilife foundations in the U.S. The list below was compiled from the website of the The Funders Network on Population, Reproductive Health and Rights, which offers information on funding given by foundations in the U.S. and foreign countries.

Foundations:

Brush Foundation : \$164,853 (between 1980 and 1999)
Buffet Foundation : 75,000 (between 1994 and 2000)
Clark Foundation, Robert Sterling : \$457,000 (between 1985 and 1999)
Compton Foundation, Inc : \$310,000 (between 1992 and 2000)
Ford Foundation : \$6,380,760 (between 1982 and 1999)
General Service Foundation : \$692,635 (between 1986 and 2000)
Goldman Fund, Richard and Rhoda : \$350,000 (between 1994 and 1998)
Hewlett Foundation, William and Flora : \$1,050,000 (between 1995 and 1998)
MacArthur Foundation, John D. and Catherine T. : \$2,199,500 (between 1991 and 1999)
Moriah Fund : \$190,000 (between 1992 and 1999)
Open Society Institute : \$250,000 (between 1998 and 1999)
Packard Foundation, David and Lucile : \$5,095,800 (between 1982 and 2000)
Summit Foundation : \$50,000 in 1999
Turner Foundation : \$110,000 (between 1996 and 1998)
Weeden Foundation : \$140,000 (between 1991 and 2000)
Prospect Hill Foundation : \$94,500 (between 1987 and 1994)
Buffet Foundation : \$675,000 (between 1994 and 2000)

Total donations by the above foundations up to and including the year 2000:
\$18,285.048. Other important facts about the foundations that are members of The Funders Network on Population, Reproductive Health and Rights where it concerns funding in the U.S. and foreign countries:

In the year 1999:

- "The foundation topping the list in dollars granted" was the Gates Foundation, which "gave 39% of all grant dollars in the field - almost as much as the next six foundations combined." 1
- "Reproductive health commanded nearly three-fourths of funding in the field." 1
- "Most grant dollars supported programs intended to affect people outside the United States." 1
- "Women and adolescents were the population subgroups that foundations emphasized most strongly." 1
- The issue of "reproductive rights" received \$35,609,192 that year, out of which "access to abortion" received \$10,282,200. 1
- "Reproductive rights" in general received 52.3% of the funding and \$25,211,042 were disbursed for "advocacy". 1
- "Smaller funders concentrated on work in the United States, while the top 10 funders concentrated on international work." 1
- Mexico ranks 4th where it concerns the largest grants for 1999: \$17,321,762. 1

In the year 2000 :

- "The funders participating in the survey (conducted by the Funders Network), all US based, gave more than \$700 million for work on population, reproductive health, and reproductive rights..." 2 The Gates Foundation "awarded the eight largest grants, each of which was at least \$15 million", for a total of \$297,343,841. 2
- "The issue commanding the most funding by far was reproductive health" 2, a term which interpreted by the anti-life movement, includes not only contraception but also abortifacients and abortion. It received "three-fourths of all funding";
- "79% of funders (45 of 57) awarded grants for reproductive rights work" and "51% awarded grants for work in women's rights or gender equality." 2
- According to radical feminists, "women's rights" and "gender equality", involve the promotion of contraception, abortifacients, sterilization and abortion legalization.
- Funds specifically earmarked for "sexual rights work" (special "rights" for gays, transsexuals, bisexuals and lesbians), constituted 23% of all donations that year. 2
- Only 12.5% of all the funds donated that year were specifically allocated to "Maternal & Child Health", while 0.4% were specifically earmarked for "sexual rights." 2
- The funding for "Reproductive Health: Emergency contraception" amounted to \$1,156,881 among the top ten funders alone and to \$1,821,468 among the "smaller funders" the same year. 2

In the year 2001:

- **Private foundations outspent USAID by about \$200 million. 3**
- **"From 1999-2001, US foundations spent close to \$2 billion on population, reproductive health and reproductive rights work." 3**
- **The ten foundations contributing the largest amounts between 1999 and 2001 were:**
 1. Gates, Bill and Melinda Foundation (\$867,298,531 - 44.1%)
 2. Packard, David and Lucile Foundation (\$315,673,645 (16.1%)
 3. Ford Foundation (\$137,335,510, 7.0%)
 4. Hewlett William and Flora Foundation (\$106,634,000 - 5.4%)

4. Hewlett, William and Flora Foundation (\$100,004,000, 5.4%)
5. United Nations Foundation (\$86,937,066, 4.4%)
6. Mellon, Andrew W. Foundation (\$61,384,500, 3.1%)
7. Rockefeller Foundation (\$50,641,248, 2.6%)
8. MacArthur, John D and Catherine T. Foundation (\$39,064,577, 2.0%)
9. Turner Foundation (\$ 30,155,057, 1.5%)
10. Kaiser, Henry J. Family Foundation (\$27,062,747, 1.4%) 3

In view of all these facts, can anyone doubt that U.S. foundations are using their vast resources in order to change the moral and religious values and practices of a huge part of the world?

Sources for the partial list of foundations that donate funds for anti-life, anti-Catholic activities in Latin America and The Caribbean:

"List of Grantmakers who address Reproductive Rights/Access to Abortion", The Funder's Network Grantmaker Directory, <http://web.archive.org/web/20010309055934/http://www.fundersnet.org/grants/rights.html>, downloaded 06/17/2003 and "List of Grantmakers who Fund in Latin America and the Caribbean", The Funders Network Grantmaker Directory, <http://web.archive.org/web/20011019231510/http://fundersnet.org/grants/latinam.html>, downloaded 06/17/2003. Note: At the present time (03/17/2004), this website, located at www.fundersnet.org/, does not allow access to the above information or to the Grantmaker Directory except with a member password.)

"Catholics for a Free Choice Exposed", by Dr. Brian Clowes PhD, published by Human Life International.

Sources for the rest of the article:

"The Funders Network on Population, Reproductive Health and Rights , Following the Money, Funding Analysis, 1999", <http://www.fundersnet.org/fundanal-1999.pdf>, downloaded 03/12/04."The Funders Network on Population, Reproductive Health and Rights, Highlights from the Grants Database, Funding Analysis 2000", <http://www.fundersnet.org/Highlights%202000%20report.pdf>, downloaded 03/12/04.

"The Funders Network on Population, Reproductive Health and Rights, Highlights from the Grants Database, Funding Analysis 1999 - 2001", <http://www.fundersnet.org/FundAnalysis%2099-01-RR.pdf>, downloaded 03/12/04.

Note: Magaly Llaguno is executive director of Vida Humana Internacional, Human Life International's Hispanic Division.

Facts of Life: Chapter 8: Historical Christian Teachings on Abortion: Church-Related Pro-Life Groups



 SHARE

Church-Related Pro-Life Groups.

"There is nothing that the world would like so much as a silent Church."

— William Barclay [31]

Many pro-life churches have well-organized and highly visible pro-life organizations that actually get out into the street and *DO* something. Additionally, many pro-life members of pro-abortion churches feel isolated in their own congregations and have banded together to form pro-life groups for mutual support and pro-life action. Some of these church pro-life organizations are listed below.

Many of these organizations have chapters all over the country. For information, call the national headquarters of the appropriate organization. If no such group exists in your area, please consider starting one. It is not difficult, especially with help and advice from the national headquarters, and it is a sorely needed ministry. There are many other isolated pro-lifers out there!

Lutherans For Life believes that the Church is compelled by God's Word to speak and act on behalf of those who are vulnerable and defenseless. The crisis of our times is the repudiation of Biblical truth manifested in the wanton destruction of innocent human life through legalized abortion-on-demand and the growing threat to the lives of others through legalized assisted suicide and euthanasia. Therefore, as Lutherans For Life, we will strive to give witness, from a Biblical perspective, to the Church and society on these and other related issues such as chastity, post abortion healing, and family living.



Anglicans for Life

405
Frederick
Avenue
Sewickley,
Pennsylvania
15143
Telephone:
(412)
749-0455 or
1-(800) 707-
NOEL
CALL (412)

FAX: (414)
749-0422
Web site:
[http://
www.anglica
nsforlife.org/](http://www.anglicansforlife.org/)
E-mail:
info@Anglic
ansforLife.or
g
Areas of
Expertise:
Abortion and
religious

The mission of Anglicans for Life is to develop and strengthen pro-life and pro-family ministries in our church and culture, emphasizing the guidance, strength and grace that God provides through Jesus Christ. Our statement of belief is as follows: (1) Anglicans for Life is a fellowship of Anglican Christians who bear witness within our church and culture to the sanctity of life and the sacredness of the family; (2) Anglicans for Life believes that life is created by God and is a gift to be cherished, supported, and defended from the moment of conception to the time of natural death; (3) Anglicans for Life affirms God's unique plan for the family as the place ordained of Him for the creation and nurture of life; (4) Anglicans for Life welcomes the opportunity to join with others who seek to defend and protect the value of Scripture, life and family in our culture; (5) Anglicans for Life commits its resources and efforts to develop and support ministries that preserve, encourage and redeem lives and families; and (6) Anglicans for Life works to effect church and community policies, seeking to affirm biblical values, celebrate life and support families.



Baptists for Life

Post Office
Box 3158
Grand
Rapids,
Michigan
49501
Telephone:
(616)
257-6800
FAX: (616)

257-6805
Web site:
[http://
www.bfl.org/](http://www.bfl.org/)
E-mail:
b4life@bfl.or
g
Areas of
Expertise:
Abortion and
religious

Through education, training and research, Baptists for Life helps local churches form biblically centered, evangelistic pro-life ministries, using the spiritual gifts and innate talents of God's people. By the grace of God, Baptists for Life will help mobilize and equip the church of Jesus Christ for compassionate sanctity of life ministry and effective Gospel-based outreach.



Catholic
League
for
Religious
and Civil
Rights
450 Seventh
Avenue
New York,
New York
10123
Telephone:
(212)
371-3191
FAX: (212)
371-3394
Web site:
[http://
www.catholi
cleague.org](http://www.catholicleague.org)
Publications:
The Catalyst
and annual
reports on

reports on
anti-
Catholicism
Areas of
Expertise:
Litigation
and religious

The Catholic League is the nation's largest Catholic civil rights organization. Founded in 1973 by the late Father Virgil C. Blum, S.J., the Catholic League defends the right of Catholics — lay and clergy alike — to participate in American public life without defamation or discrimination. Motivated by the letter and the spirit of the First Amendment, the Catholic League works to safeguard both the religious freedom rights and the free speech rights of Catholics whenever and wherever they are threatened.



Catholic
Medical
Associati
on
(CMA)

(formerly
the National
Federation
of Catholic
Physicians'
Guilds)
333 East
Lancaster
Avenue,
#348
Wynnewood,
Pennsylvania
19096-1929
Telephone:
(215)
877-9099
FAX: (215)
701-6577
E-mail:
info@cathm

ed.org
Web site:
[http://
www.cathme
d.org/](http://www.cathmed.org/)
Publication:
*Linacre
Quarterly*
Area of
Expertise:
Medical

The missions of the Catholic Medical Association are: (1) To uphold the principles of Catholic Faith and morality as related to the science and practice of medicine; (2) To cooperate in leading the Christian community, especially with the particular medical expertise and experience of the Catholic physician, to understand, develop, and apply Christ's principles of Faith and morality to modern medical science and practice; (3) To lead the Christian community in the work of communicating Catholic medical ethics to the medical profession and the community-at-large; (4) To uphold Catholic hospitals in the application of Catholic moral principles in medical practice; and (5) To enable Catholic physicians to know one another better and to work together with deeper mutual support and understanding.



C
a
t
h
o
l
i
c
s
U
n
i
t
e
d
f

.
o
r
t
h
e
F
a
i
t
h
(
C
U
F
)
I
n
t
e
r
n
a
t
i
o
n
a
l
H
e
a
d
q
u
a
r
t
e
r
s
8
2
7
N
o
r
t
h
F
o
u
r
t
h
S
t
r
e

et
St
e
u
b
e
n
vil
le
,
O
hi
o
4
3
9
5
2
T
el
e
p
h
o
n
e:
1-
(8
0
0)
-
M
Y-
F
AI
T
H
(1
-8
0
0-
6
9
3-
2
4
8
4)

P
u
b
l
i
c
a
t
i
o
n
:
L
a
y
W
i
t
n
e
s
s
M
a
g
a
z
i
n
e
W
e
b
s
i
t
e
:
[ht
tp
://
w
w
w.
c
u
f
.o
rg
/](http://www.cuf.org/)
A
r
e
a
s
o
f
E
x
p

er
ti
s
e:
R
eli
gi
o
u
s
a
n
d
fa
m
ily

Catholics United for the Faith is an international lay apostolate building on the only sure foundation for happiness and renewal of the family and society: The teachings of Jesus Christ and His Church. Founded by H. Lyman Stebbins in 1968, our apostolate has reached out to tens of thousands of lay people, helping them discover and strengthen their Catholic faith.



Catholics
United
for Life
(CUL)

New Hope,
Kentucky,
40052

Web site:

[http://
www.cul.detroit
mich.com](http://www.cul.detroitmich.com)

E-mail:
buffalo@mic
h.com

Areas of
Expertise:
Abortion,
research and

religious

CUL's national headquarters is the 60-member third-order St. Martin de Porres Dominican Community in New Hope, Kentucky. The objectives of CUL and its 21 affiliates are sidewalk counseling and public education. CUL maintains an excellent library of pamphlets and tapes on various subjects, and you may obtain a list of CUL's materials by writing to the above address.



Jewish Anti-Abortion League

C/O Rabbi Yehuda Levin
Post Office Box 262
Gravesend Station
Brooklyn, New York 11223
Telephone: (718) 336-0053



L
ut
h
e
r
a
n
s
F
o
r
Li
fe
11
20
So
ut

--
h
"G
"
Av
en
ue
Ne
va
da
,
lo
wa
50
20
1-
27
74
Te
le
ph
on
e:
1-
(8
88
)
36
4-
LI
F
E
(5
43
3)
or
(5
15
)
38
2-
20
77
F
A
X:
(5
15
)

,
38
2-
30
20
E-
m
ail
:
inf
o
@l
ut
he
ra
ns
for
lif
e.
or
g
W
eb
sit
e:
[http://
www.l
ut
he
ra
ns
for
lif
e.
or
g/](http://www.luthe-rans-for-life.org/)
Ar
ea
s
of
Ex
pe
rti
se
:

.
Ab
ort
io
n,
eu
th
an
as
ia
an
d
rel
igi
ou
s



Presbyte rians

Pro-Life

3942 Middle
Road
Allison Park,
Pennsylvania
15101

Telephone:
(412)

487-1990

FAX: (412)

487-1994

E-mail:

ppl@ppl.org

Web site:

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

Areas of

Expertise:

Abortion and
religious

Presbyterians Pro-Life seeks to be a prophetic witness to the Presbyterian Church (USA) by upholding the sacred value of human life and the family. We believe the Scriptures teach that God, who made us in His own image, has forbidden us to shed

innocent blood. I heretofore, Presbyterians Pro-Life is committed to protecting the right to life of every human being from the moment of conception to the moment of natural death. In decisions about life and death, the sanctity of life of both mother and child must be respected, and every effort to preserve their lives should be made. This leads us to stand against abortion, infanticide, euthanasia, and any other practice which would devalue human life. Presbyterians Pro-Life is convinced that a return to the Biblical teaching concerning the sacred value of the family is essential to recovering respect for the sacred value of individual human lives. God has ordained the family, the basic social unit of all human institutions, to propagate, protect and nurture human life. Presbyterians Pro-Life is committed to strengthening the bonds of family love and nurture, and to protecting innocent life.



Task
Force of
United
Methodis
ts on
Abortion
and
Sexuality

Post Office
Box 306
Cottleville,
Missouri
63338

Telephone:
(636)
294-2344

E-mail:
Lifewatch@c
harter.net

Web site:
[http://
lifewatch.org](http://lifewatch.org)

Publication:
LifeWatch

Areas of
Expertise:
Abortion and
religious

Out of obedience to Jesus Christ, the Taskforce of United Methodists on Abortion and Sexuality (TUMAS) will work to create in church and society esteem for human life at its most vulnerable, specifically for the unborn child and for the Woman who contemplates abortion. Therefore, TUMAS's first goal is to win the hearts and minds of United Methodists, to engage in abortion-prevention through theological, pastoral and social emphases that support human life.

[Go to Next Topic: Further Reading and Resources on Church Teachings on Abortion](#)

[Return to *Historical Christian Teachings on Abortion* Table of Contents](#)

Footnotes for “Church-Related Pro-Life Groups”

[31] William Barclay. *The Ten Commandments for Today* [Grand Rapids, Michigan: Eerdmans, 1973], page 94.

[Facts of Life: Chapter 8: Historical Christian Teachings on Abortion: Further Reading and Resources on Church Teachings on Abortion](#)



Further Reading and Resources: Church Teachings on Abortion

American Life League. "Political Activity by Clergymen." ALL, Post Office Box 1350, Stafford, Virginia 22554.

Pastor John O. Anderson with Doug Brendel. *Cry of the Innocents: Abortion and the Race Towards Judgment* [South Plainfield, New Jersey: Bridge Publishing, 1984]. Scriptural background on sin in America and the parallels between our society and the Israel of Hosea's time make this book frightening and motivating reading. The killing of God's most innocent creations is a heinous sin that cries out to God for vengeance. Using the story of the prophet Hosea as a model, the author warns that God will withhold his vengeance upon this nation if we, as individuals and a people, stop our twin sins of sexual immorality and the shedding of innocent blood; but, if we persist, the wrath of God is inevitable — and it will also be directed towards those who stood by and did nothing. If your pastor is sitting on the fence or thinking of getting involved, this is the book that he should read. Pastor Anderson also has a "Cry of the Innocents" videotape, and he is available for presentations. Write to John O. Anderson, Post Office Box 152, Klamath Falls, Oregon 97601.

John Ankerberg and John Weldon. *When Does Life Begin?: And 39 Other Tough Questions About Abortion* [Brentwood, Tennessee: Wolgemuth & Hyatt Publishers, 1989], 252 pages. This book is one of the best primers the pro-life movement has, because it contains everything that a new activist needs to know. It has four logically laid-out sections: (1) the basic question on when human life begins; (2) answering pro-abortion slogans; (3) a Biblical and theological analysis of abortion, and (4) what Christians and churches can do to stop the American Holocaust.

Roy Howard Beck. *On Thin Ice* [Wilmore, Kentucky: Bristol Books]. This book uncovers the means and tactics that the liberals have used to undermine and paralyze the mainline churches — and, even worse, perverted them so completely that some of them embrace the entire left-wing agenda. Particular attention is lavished upon the National Council of Churches (NCC).

T.J. Bosgra. *Abortion, the Bible and the Church* [Hawaii Right to Life Educational Foundation]. Although somewhat out of date by this time, this book is still timely in that it discusses what the Bible says about abortion and lists the actual quotes from statements made by 150 major churches on the subject of abortion.

Paul B. Fowler. *Abortion: Toward an Evangelical Consensus* [Portland: Multnomah Press, 1987]. 222 pages, \$11.95. Reviewed by John Jefferson Davis on page 5 of the May 14, 1987 *National Right to Life News*. The author traces the roots and social forces that devastated the Christian consensus against abortion before Roe v. Wade, and

that decimated the Christian consensus against abortion before *Roe v. Wade*, and argues against the statement that the unborn are only 'potential persons.' The best part of the book is a comprehensive examination of what Scripture says about life, death, and the unborn. Mr. Fowler also challenges all Christians to do what they can to end the abortion holocaust.

Greenhaven Press. *Civil Liberties: Opposing Viewpoints*. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1988, 230 pages. Each section includes several essays by leading authorities on both sides of each issue. The questions asked are: "Historical Debates on Civil Liberties: Should the Church and the State Remain Separate?;" "How Free Should Speech Be?;" "What Violates the Right to Privacy?;" and "Is the Government Responsible for Securing Minority Rights?" Authors include Thomas Jefferson, Nat Hentoff, Abbie Hoffman, and Henry David Thoreau. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Greenhaven Press. *Constructing a Life Philosophy: Opposing Viewpoints*. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1985, 194 pages. Each section includes several essays by leading authorities on both sides of each issue. The questions asked are: "Where Are You?;" "What Is Life's Meaning?;" "How Do Religions Give Life Meaning?;" "How Do Others Make Moral Decisions?;" and "How Should One Live?" Authors include Benjamin Franklin, Plato, Niccolo Machiavelli, and Teilhard de Chardin. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Greenhaven Press. *Religion in America: Opposing Viewpoints*. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1988, 305 pages. Each section includes several essays by leading authorities on both sides of each issue. The questions asked are: "Is America a Religious Society?;" "What Role Should Religion Play in Politics?;" "Is Television Evangelism Positive?;" "Does Religious Discrimination Exist in America?;" and "What is the Future of Religion in America?" Authors include William Bennett, Barbara Ehrenreich, and James Eastland. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Greenhaven Press. *Science and Religion: Opposing Viewpoints*. Volume I. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1988, 233 pages. Each section includes several essays by leading authorities on both sides of each issue: "Great Historical Debates on Science and Religion;" "Are Science and Religion Compatible?;" "How Did the Universe Originate?;" "How Did Life Originate?;" and "Should Ethical Values Limit Scientific Research?" Authors include Clarence Darrow, William Jennings Bryan, The Roman Curia, Bertrand Russell, and the National Academy of Sciences. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Weldon M. Hardenbrook. *Missing In Action: Vanishing Manhood in America* [Nashville: Thomas Nelson Publishers, 1987]. 192 pages, \$14.95. Reviewed by James Bruen in the December 1987 *Fidelity* Magazine. Any Neofeminist who reads this book will die of

apoplexy. The book surveys the feminization of American culture and the extreme confusion and the resulting lack of direction in our society. It is now men, not women, who are alienated from many aspects of the Catholic Church and the mainline Protestant Churches that have allowed themselves to be deceived and seduced by the Neofeminists. The author presents an array of solutions to the phenomenon of women's leadership by default: Avoid government programs that are biased towards women; adjust social programs to reflect the differences between boys and girls; and get men to accept their responsibilities as spiritual and moral heads of their families.

Beverly Wildung Harrison. *Our Right to Choose: Toward a New Ethic of Abortion* [Beacon Press, 1983]. Reviewed by Mary Meehan on pages 5 and 9 of the November 24, 1983 issue of *National Right to Life News*. The author, a self-styled "Christian woman," shows us just how far self-deception can be carried as she advocates third-trimester abortions and other atrocities. There is nothing "new" about this 'ethic;' pro-life activists recognize it as the eternal black cloud of death and self-centeredness that has surrounded the anti-life philosophy and those enslaved by it since the beginning of time. This book is good for reading if one is interested in how anti-life rationalization works.

Father Robert J. Henle, S.J. "A Historical View of the Right to Life." *The Catholic League Newsletter*, July 1981. This four-page reprint rebuts the lie-packed 1981 National Organization for Women publication entitled "An Abbreviated Chronology of Reproductive Rights, 2600 B.C. to the Present." In addition to correcting all of NOW's deliberate falsehoods and anti-Catholic slander, Father Henle shows that those ancient societies that practiced cannibalism, slavery, oppression of women, perpetual warfare, and had a great number of superstitions generally had very permissive abortion and infanticide laws. Those societies that had what anthropologists call the "high religions" and a high degree of civilization had a general consensus against abortion. For example, the ancient Vedic writings of India condemned abortion from 1500 to 500 B.C. Buddhism as far back as 600 B.C. totally condemned abortion. And, since 622 A.D., Islam has condemned abortion.

Dave Hunt and T.A. McMahon. *The Seduction of Christianity: Spiritual Discernment in the Last Days* [Eugene, Oregon: Harvest House]. Reviewed on page 5 of the May/June 1986 issue of the *National Federation for Decency Journal*. The New Age is just the old paganism repackaged, and now it is invading the churches! It has gotten so bad that some people don't know what Christianity even is anymore. Read about the subtle compromises made by Church leaders and their practice of New Age beliefs in the place of real Christianity. The book describes some of these practices, including holistic healing, inner healing, positive thinking exercises, and many others. A very controversial book, but highly recommended by many true Christian leaders.

Institute on Religion and Democracy. Those Christians who are fed up with the decaying Humanism being dished out by their churches will be glad to hear that there exists a clearinghouse dealing with information on national and local Protestant and other renewal groups, including United Methodist Good News, Presbyterian Lay Committee, and Episcopal Renewal Ministries. Write to; Institute on Religion and Democracy, 1331 H Street NW, Suite 900, Washington, DC 20005.

Carl Landwehr, "Inviting Your Church in the Right to Life Issue" \$4.95. How to involve

Carl Landwehr. *Involving Your Church in the Right to Life Issue*. \$1.95. How to involve your congregation — and, even more importantly, your pastor — in pro-life activism. One of a set of nine booklets that outline an effective, unified strategy for stopping abortion on a local level. Order separately or as a group from: National Right to Life Educational Trust Fund, 419 7th Street, NW, Suite 402, Washington, D.C. 20044, or from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898.

Joyce Lively. *A Pro-Life Primer: The ABC's of Working in the Parish*. The Regina Coeli Institute, 145 Crestmont Terrace, Collingswood, New Jersey 08108. 1991, 71 pages. This book describes a compendium of 'low-key' activities that parishes can get involved in. Since these activities are relatively non-controversial, pastors have less of an excuse not to get involved. Topics include supporting crisis pregnancy centers, Masses for expectant families, phone trees, letters, fair booths, identifying support in the parish, and spiritual adoption of the unborn. Sample flyers are included.

John Warwick Montgomery. *Slaughter of the Innocents: Abortion, Birth Control, and Divorce in Light of Science, Law, and Theology* [Westchester, Illinois: Crossway Books, 1981]. This book, among other topics, covers how to decide whether or not to use artificial birth control methods; marriage, divorce, and abortion from a Christian perspective; and the historical Christian perspective of the unborn child.

William Oddie. *What Will Happen to God? (Feminism and the Reconstruction of Christian Belief)* [San Francisco: Ignatius Press]. The Neofeminists are striving to eliminate from all church documents and prayers what they consider to be "sexist" language. Oddie exposes the fallacies of this goal, and shows what will happen if we allow radical feminism to continue to dictate to the Church. The elimination of so-called "sexist" language is only the beginning!

'Religious' Coalition for Reproductive Choice. To obtain excellent examples of subtle propaganda created by masters of infiltration, subversion, and confusion, write to the 'Religious' Coalition for Reproductive Choice (RCRC), or visit its Web site.

Randall A. Terry. *Accessory to Murder* [Brentwood, Tennessee: Wolgemuth & Hyatt, 1990]. Reviewed by Cathy Ramey on page 44 of the August-September 1991 issue of *ALL About Issues*. Randy Terry describes the mission of the pro-life movement and condemns complicity by the churches. The book describes the role of Planned Parenthood, NOW, NARAL, the ACLU, NAF, the AMA, and other organizations in the abortion holocaust. Then it details the roles that the media, the courts, and the 'justice' system play. Finally, it covers the ways in which the church is an accomplice in the killing and details how Christians can get involved in an effective manner.

Dietrich von Hildebrand. *The Devastated Vineyard* [North Haledon, New Jersey: Keep the Faith]. The author describes in harrowing detail the destruction of the Roman Catholic Church in America and in Europe, and the methods of infiltration and subversion now being used to confuse and paralyze all conservative Christian churches in our country today.

[Return to *Historical Christian Teachings on Abortion* Table of Contents](#)

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion



 SHARE

Introduction

What the Anti-Lifers Think

Introduction

The Two Questions

The Unfulfilled Potential

Outline of this Chapter

On the Historical Opposition of the Catholic Church to Abortion

Lies to Confuse

Summary of the Rebuttal

[Early Teachings of the Church](#)

More Recent Teachings of the Church

Recent Teachings of the Catholic Church Regarding Abortion

Declarations of Recent Popes

[On the Infallibility of *Humanae Vitae*](#)

An Expanded Definition of 'Abortion'

The Church Penalty for Assisting or Obtaining Abortions: Excommunication!

On 'Playing the Game'

The Media and Excommunication

Obtaining An Abortion

Assisting in Procurement

Abortion to Save the Life of the Mother — The "Double Effect"

Statement of Intent and Principle

Yet More Silliness

The Question of Ensoulment

Saints Thomas and Jerome

Consistency at Any Ridiculous Cost

Conclusion

Baptism for Preborn Babies

Is Their Baptism Possible?

The Baptism of Desire

The Baptism of Blood

On Extreme Unction for Infants

For Those Who Think the Pope is Just the Bishop of Rome

What "Diversity of Opinion?"

Introduction

Warped 'Tradition'

That Blasted Vaccine Again ...

More 'Nonsense'

The 'Know-Nothings' Are Back

Using Contraception As a Wedge — Again

[Analysis of The *New York Times* Statement](#)

Introduction

Dissidents in 'Action'

Their Real Objectives

CFFC: A Small But Vocal Minority

[Pro-Abortion Bigots](#)

Have Their Pie and Eat it, Too

Litigation Chicanery

Defining the 'Enemy'

[Further Reading on *Catholic Church Teachings on Abortion--Part I*](#)

[Further Reading on *Catholic Church Teachings on Abortion--Part II*](#)

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: Introduction



 SHARE

What the Anti-Lifers Think.

"A large number of Catholic theologians hold that even direct abortion, though tragic, can sometimes be a moral choice."
— 'Catholics' for a Free Choice.[1]

Introduction.

The Two Questions. At this time in our world's history, vastly improved communications and fetal science are working together to tear the shroud of mystery and secrecy away from the unborn child — and from abortion. Therefore, the abortion battle is becoming intensely feverish as more and more people are being forced to confront the issue.

At the heart of the abortion debate are twin questions. The first of these is purely scientific: Are the unborn living persons, or are they not? Science has definitively settled this question, and even pro-abortionists have been forced to admit that the preborn are living beings, as described in Chapter 21, "Fetal Development."

The second question is philosophical and moral: May these living beings be killed, and, if so, under what circumstances?

The very nature of this second critical question makes it an appropriate problem for all churches to discuss. And, since churches are made up of people, these individuals must have the right to act on their consciences, either singly or in groups.

The Unfulfilled Potential. However, there are many people in this country who, while loudly proclaiming *their* right to follow their consciences, are actively campaigning to deprive those who oppose them of the same right.

Pro-abortionists correctly recognize that the Roman Catholic Church has the potential to be their most dangerous enemy. However, the Church certainly has not lived up to its potential in this area, in large part because the vast majority of its hierarchy and its rank-and-file lay people have been intimidated into silence and inactivity. As every military strategist from the dawn of time has correctly recognized, properly planned bluff and bluster is worth a dozen divisions. Dr. Bernard Nathanson, who was one of the founders of the National Association for the Repeal of Abortion Laws (NARAL), gambled that the Catholic clergy would remain silent as he and his cohorts mounted a focused attack on New York State's abortion laws: "We could never have gotten away with what we did if you [clergy] had been united, purposeful, and strong." [2]

Outline of this Chapter. This Chapter is divided into two sections. The first addresses the historical and current teachings of the Catholic Church regarding abortion, and also discusses the role of conscience, the "double effect," the issue of ensoulment, and the disposition of the souls of aborted and miscarried preborn babies.

The second half of the Chapter addresses the various tactics used by pro-abortionists to confuse and deactivate the leadership and laity of the Catholic Church in America, and describes their inbred hatred of the Church and everything that it stands for.

[Go to Next Topic: On the Historical Opposition of the Catholic Church to Abortion](#)

[Return to *Catholic Church Teachings on Abortion* Table of Contents](#)

Footnotes for "Introduction"

[1] October 7, 1984 *New York Times* statement entitled "A Catholic Statement on Pluralism and Abortion," signed by 97 members of 'Catholics' for a Free Choice.

[2] Bernard Nathanson, M.D. "How the Abortion Issue was Stolen." Audio tape from the 1990 Respect Life Clergy Days Series, Archdiocese of New York. Available through Mustard Seed Productions, Post Office Box 96, Pleasantville, New York 10570.

Mission Field: Latin America, Spain, and the Caribbean



SHARE



Magaly Llaguno
VHI Executive Director



HLI's Mission Field in Latin America and the Caribbean



Mario Rojas
Regional Coordinator for Spanish-Speaking Nations

FACTS AND STATISTICS:

Affiliates

Associates

Other Countries Where HLI Works

- [Argentina](#)
- [Bolivia](#)
- [Brazil](#)

- [Barbados](#)
- [Belize](#)
- [Dominican Republic](#)

- [Curacao](#)
- [Dominica](#)
- [Grenada](#)

MISSION REPORTS

[Peru, January 2010](#)

[The Caribbean, July '09](#)

[Mexico, March '09](#)

[Dominica, January '09](#)

[Costa Rica, October '08](#)

[Guatemala, April '08](#)

[Belize, February '08](#)

[Haiti, February '08](#)

[Jamaica, Jan/Feb '08](#)

[Cuba, June '07](#)

[Brazil](#)

[Chile](#)

[Colombia](#)

[Costa Rica](#)

[Cuba](#)

[Ecuador](#)

[El Salvador](#)

[Guatemala](#)

[Mexico](#)

[Nicaragua](#)

[Panama \(2\)](#)

[Paraguay \(2\)](#)

[Peru](#)

[Puerto Rico](#)

[Uruguay \(2\)](#)

[Venezuela](#)

[Dominican Republic](#)

[Jamaica](#)

[St. Vincent](#)

[Grenada](#)

[Honduras](#)

[St. Lucia](#)

[Trinidad & Tobago](#)

See also these excellent sites:

www.derechoalvida.org

www.soloparajovenes.org

www.rioporlavida.net

For contact information for HLI's affiliates and associates in Latin America, Spain, and the Caribbean, [click here](#).

Support HLI's Pro-Life Missionaries with a life saving contribution!

DONATE NOW

News: Mission Report Archives



 SHARE

Mission Report (formally *Special Report*) is a monthly journal of Human Life International's exciting pro-life trips and reports from our HLI Missionaries traveling around the world in faithful witness to the Church's call to spread the Gospel of Life.

2010

August 2010 Issue >> Ethnic Groups in Mauritius Face Extinction! | New Feminist Government Leader Threatens the Culture of Life | Mounting Pressure to Legalize Abortion in Mauritius | Albania's All-Time Low Fertility Rate of 1.68 | HLI Evangelizes Multitudes Through Albanian Radio | Medical Professionals Discuss Critical Bioethics Issues with HLI | Anti-Life Agenda Proposes a "Year of the Condom" | Read More...

 [Mission_Report_August_2010.pdf 732.92 Kb](#)

July 2010 Issue >> HLI Organizes Meeting of 27 Brazilian Pro-Life Leaders | Many Young Men Pledge to Join Seminarians for Life | The President of the Latin American Catholic Bishops' Conference Collaborates with HLI | 700 Abortions a Day in Ethiopia's Capital City! | Ethiopia's Seminarians and Nuns are Eager to Receive HLI Materials | Condoms Sink Ethiopia Deeper into the AIDS Crisis | Read More...

 [Mission_Report_July_2010.pdf 733.93 Kb](#)

June 2010 Issue >> Responding to Korea's Massive Population Decline | Challenges Surrounding Multi-Cultural Marriages in Korea | Korea's Campaign Against Abortion | Dispelling the Myths about Church Teaching | HLI Invited to Seminar with Pontifical Council for the Family | NEW Guidelines for Catholic Marriage Prep | Providing Pro-Life Resources for Priests and Seminarians | Read More...

 [MissionRept-June2010.pdf 791.32 Kb](#)

May 2010 Issue >> Population Growth Rate Rapidly Decreasing in Lesotho | Lesotho Bishops' Conference Defends Life | NEW Seminarians for Life Group | Dispelling the Myths about Church Teaching | HLI Speaks to TWENTY-ONE Bishops of Papua New Guinea! | A Conversion for Life | Government Officials Enlightened at HLI Talks! | Read More...

 [Mission_Report_2010_May.pdf 906.22 Kb](#)

April 2010 Issue >> Philippines DEATH Bill Defeated Again! | Traditional Pro-Life Strongholds Falling Like Dominos | More than 80% of Filipinos Strongly Pro-Life! | HLI Receives FIVE Seminary Speaking Invitations from Bishops in Peru! | Sister of St. Gianna Beretta Molla Speaks at International Conference on the Family | Bolivia Facing Onslaught from Radical Socialists and Feminists | Read More...

Onslaught from Radical Socialists and Feminists | Read More...

 [Mission_Report_April_2010.pdf](#) 6.18 Mb

March 2010 Issue >> Pro-Life Doctor Specializes in Prenatal Psychology! | New Federation of Pro-Life Organizations in Croatia | "Wrongful Life" Lawsuit | New Organized Pro-Life Movement in Swaziland | University Students Take Pro-Life Training to the Classroom | and more...

 [Mission Report March 2010](#) 899 kb

February 2010 Issue >> Catholic Church on the Rise in Mongolia | Evangelizing, One Person at a Time | HLI Speaks to 330 Mongolian Youth | Population Controllers Target Empty Mongolia | The UN's Empty Promises | and more...

 [Mission Report February 2010](#) 882 kb

January 2010 Issue >> Kazakhstan Fertility Rate: 1.88 | UN Agent Moved by Pro-Life Message | UNICEF Gives Condoms in Place of Medicine! | HLI Speaks with ALL the Future Priests of Belarus | "Sidewalk counseling" INSIDE an Abortion Mill! | First Pro-Life Conference in Belarus | Read More...

 [Mission Report January 2010](#) 729 kb

2009

December 2009 Issue >> The Message of Lebanon | HLI and Franciscan Friars of the Renewal

Join Forces | Planned Parenthood Depopulating Lebanon | Breaking New Ground: Cape Verde Islands | Stirring Catholics to Action for the Gospel of Life | Youth in Need of Moral Formation

 [Mission Report December 2009](#) 792 kb

November 2009 Issue >> HLI Mission Report - November 2009 Issue >> Singapore Natives on the Decline | Government Offers "Baby Bonus" | Trying to Undo Years of Anti-Life Propaganda | 41 Talks to 8,770 People in Malaysia | Confronting a Priest who Promotes Contraception | 6,000 Youth take Vow of Chastity | and more...

 [Mission Report November 2009](#) 763 kb

October 2009 Issue >> Population Control in the Caribbean | St. Lucia Archbishop Calls on Obama to Repent | Trinidad Congressman Vows to Keep Out Abortion | Pro-Life Training for 100 Seminarians | Thirteen Journalists Feature HLI's Work in Togo | Pro-Life Apostolate in a Vegetable Market! | The Challenges Facing Togo | and more...

 [Mission Report Oct 09.pdf](#) 738 kb

September 2009 Issue >> HLI Breaks New Ground in Lesotho | Church Leaders Warmly Welcome Pro-Life Training | Planning Further Expansion in Africa | Broadcasting Life Issues on Catholic Radio | Lesotho's Missing Children | St. Michael Prayer Campaign Reaches East Timor | Connecting with Church Leadership | East Timor Parliament Open to HLI's Assistance | and more...

 [Mission Report Sept 09.pdf 759 kb](#)

August 2009 Issue >> Papua New Guinea Youth Take Vow of Chastity | HLI Reaches Nearly 2,000 People in Seven Days | Strengthening Marriage with Natural Family Planning | Population Control Threatens Senegal | Educating on the Dangers of the Maputo Protocol | Meeting with Seminarians for Life Chapters | and more...

 [Mission Report Aug 09.pdf 850 kb](#)

July | Breaking New Ground in Guinea-Conakry | Seminarians for Life Train Medical Students | The Church Revives in a Post-Marxist Land | Vocations on the Rise! | New Seminaries Open | The World Meeting of Families | President of Mexico Takes a Pro-Life Stance | Mexican States Amend Constitutions to Protect Life | and more...

 [Mission Report July09.pdf 1.05 mb](#)

June | Archbishop José Cardoso Sobrinho Receives Cardinal von Galen Award | More than 2000 Attend the Award Ceremony | HLI and the Latin American Pro-Life Movement | and more...

 [sr_june_09.pdf 760 kb](#)

May | Swaziland Life Expectancy Rate at 32 Years HIV Infection Rate at 42.6% | IPPF Still Wants to Lower Population | The Culture of Death's Verbal Engineering | Continued Work with Seminarians for Life | HLI Speaks to Thousands in Nigeria | Government Officials Hear Pro-Life Message | and more...

 [sr_may_09.pdf 1 mg](#)

April | The Ukrainian Catholic Church: a Marvel of Fidelity | Ukraine Abortion Rate Finally Decreasing | HLI-Sponsored Bioethics Conference | Outsiders Pushing Death on Dominicans | Debating Planned Parenthood | Hope for the Future of Dominica | The Lay Charism and Catholic Education and more...

 [sr_april_09.pdf 846 kb](#)

March | Breaking New Ground in the Central African Republic | HLI on Radio Notre Dame | Swapping Rights on Humans and Animals | Contraception is Killing Costa Rica | Humanae Vitae Conference Draws Leaders from 12 Countries and more...



 [sr_march_09.pdf 952 kb](#)

Feb. | Romanian Doctors Refuse Abortion | Seminarians In Need of Training, Strengthening | Life in Romania | Training Romanian Medical Students | Culture of Death Takes Aim at Mongolia | Mongolians Hunger for the Message of Life | Nearly 100 Teens Take Vow of Chastity and more...

 [sr_feb_09.pdf 966 kb](#)

Jan. | HLI Begins Work with the Church in Brazil | Brazilian Seminarians Get Worldwide Perspective of Culture of Life | More Than 20,000 Gather for the Brazilian March for Life HLI in Mozambique and more...

 [sr_jan_09.pdf 906 kb](#)

2008

Dec. | India: One in Five Girls Killed for Being Female | Fines Set for Having Third Child | Thousands hear Gospel of Life in India Training Leaders at the XVth Asia-Pacific Conference and more...

 [sr_dec_08.pdf 805 kb](#)

Nov. | Seminarians for Life Become Priests | A Boom of Vocations in Africa | The Start of HLI's Missionary Work in Marian Congress in the Philippines | and much more...

 [sr_nov_08.pdf 1.07 mb](#)

Oct. | Tens of Thousands Attend HV Rally | Life in the Philippines Hangs in the Balance | Threats to Life in Malawi | Fighting to Dethrone King Condom | Malawi Bishop Blesses HLI | Catholic Journalism and the New Faithful...

 [sr_oct_08.pdf 789 kb](#)

Sept. | Dear HLI Friends and Supporters, In this unique edition of *Special Report*, I would like to introduce you to HLI's newest global outreach initiative, the *HLI Regional Coordinator Program*!

 [sr_sept_08.pdf 1.17 mb](#)

Aug. | Pro-life Message Reaches Seminarians from 11 African Countries | Teaching the Future of African Healthcare | NEW Seminarians for Life International Branch Established and more...

 [sr_aug_08.pdf 808 kb](#)

July | Many in Brunei Hear the Pro-life Message for the First Time | Young Catholics make a Pledge of Chastity | Pro-life Groups on the Rise in India | IPPF's Deadly Deception and more...

 [sr_july_08.pdf](#) 831 kb

June | HLI Trains Seminarians from 27 Different Countries! | RU-486 is Kept Out of Italy | Anti-Lifers Pelt Eggs and Tomatoes! | Guatemala's First March for Life and more...

 [sr_june_08.pdf](#) 765 kb

May | Belize Family Situation: As Bad as it Gets | HLI Meets Belize Pharmacy Association | First Missionary Trip to Haiti | Health Care Seekers Given Birth Control | Pagan Voodoo and Child Sacrifice Still Thrive in Haiti and more...

 [sr_may_08.pdf](#) 691 kb

April | S. Korea Aborting 4,000 per day | Korean Congress on Faith, Life, and the Family | Jamaica Fast Tracks Abortion | The CDF Fights Back! | 600 Jamaican's Attend First-Ever March for Life...

 [sr_april_08.pdf](#) 762 kb

March | Ireland's Fertility Rate Plunges to 1.7 | "3 Child Policy" threatens Rwanda | Cultural and Population Suicide | HLI Entrusted to Our Lady of Kibeho | The Population Problem...

 [sr_march_08.pdf](#) 787 kb

Feb | HLI Trains Seminarians in India | Seminarians Perform Pro-life Play for Thousands | Families in Mali Average 7 Children! | HLI Gets 100% Support from Mali and more!

 [sr_feb_08.pdf](#) 910 kb

Jan. | A UK Generation Lost | Repeating the Abortion Story for Euthanasia | 14th Asia Pacific Congress | Pro-Life Bishop called "Mentally Ill" and more...

 [sr_jan_08.pdf](#) 785 kb

2007

Dec. | HLI Trains Priests, Seminarians | Pro-life Message Broadcast on Ecuador Television | World's Largest Pro-life March | Pro-life Wisdom of Fr. Paul Marx! and more...

 [sr_dec_07.pdf](#) 852 kb

Nov. | Planned Parenthood Offers Death to the Poorest of the Poor | Secret Move to Pass a Death Bill | Legalizing Abortion Against the Will of the People | and more...

 [sr_nov_07.pdf](#) 815 kb

Oct. | HLI Trains Seminarians from 9 African Countries | How the Abortion Lobby Targets Africa | HLI Extends its Mission to Gabon | The Growing Menace of Marie Stopes and more...

 [sr_oct_07.pdf](#) 1.07 mb

Sept. | Cuban Birth Rate Drops 53% | Hospitals and School Close for Lack of Children | Tanzania Population Increases | HLI Educates 1,500 Students and 144 Seminarians and more...

 [sr_sept_07.pdf](#) 838 kb

Aug. | Seminarians Study Pro-Life in Indonesia | Fertility Rate Drops 75% in China | 3rd Millennium Belongs to Asia! | Contraception's Influence on Faith and Society and more...

 [sr_aug_07.pdf](#) 1.07 mb

July | Russian Pop. Declining by 800,000 per year | Legislation Restricting Abortion | Effects of 7 Decades of Abortion | World Congress Of Families | Pro-Life Lawyers Unite...

 [sr_july_07.pdf](#) 854 kb

June | Butchery in Barbados | Abortion Rate in Ukraine Six Times Higher than U.S. | Women in Ukraine Paid to Abort | The Consequences of Confronting the Culture of Death...

 [sr_june_07.pdf](#) 830 kb

May | How Portugal Fell to the Culture of Death | The Suicidal Nature of Abortion | Mexico City Legalizes Abortion | The Battle for Mexico Moves on...

 [sr_may_07.pdf](#) 881 kb

April | Battling AIDS in Rwanda and Burundi | Death Delivered through Relief Programs | Rwanda Considers Funding NFP | Abortion in South Africa and more...

 [sr_april_07.pdf](#) 742 kb

Feb. | Todo's New Abortion Law by George Wirnkar of HLI Africa and Prayer for Life

Conference at Fatima: Entrusting the Cause of Life to Mary reported by Dir., Magaly Llugano of VHI

 [sr_feb_07.pdf](#) 848 kb

Jan. | Dr. Rafael Cabrera-Artola reports on Nicaragua as well as Magaly Llaguno (VHI) and Fr. Tom Euteneuer's (HLI) report on Ecuador

 [sr_jan_07.pdf](#) 933 kb

[Commentary: Rev. Msgr. Ignacio Barreiro](#)



SHARE

Monsignor Ignacio Barreiro was born on Oct. 22, 1947 in Montevideo, Uruguay, to a family of Spanish and French descent. In 1973, he graduated from Law School in Montevideo and then entered the Uruguayan



Foreign Service.

The then Mr. Barreiro entered St. Joseph's Seminary at Dunwoodie and was ordained a priest for the Roman Catholic Archdiocese of New York on Nov. 14, 1987. From the beginning of his priestly ministry, Monsignor Barreiro was involved in the Pro-Life and Traditional Latin Mass apostolates. He did his licentiate and doctorate degree in Systematic Theology at the University of the Holy Cross, in Rome, Italy. For a period of time in the 1990s, Fr. Barreiro served in the Priestly Fraternity of St. Peter. Since September 1998, Msgr. Barreiro has been the Director of the Rome office of Human Life International. There, he started an apostolate with priests and seminarians from all over the world who are studying in the Eternal City. He has published articles on theological and life issues, and historical subjects. He was appointed a Chaplain of His Holiness on March 26, 2004.

Here is a [fun little article](#) on Monsignor Barreiro from December, 2009 by JP Sonnen, a blogger in Rome: [Mons. Ignacio Barreiro-Carambula the Great](#)

American Health Care Reform - A Good End Does Not Justify Evil Means - LifeSiteNews.com, August 21, 2009

All persons of good will need to understand the clear and present danger with which the US is being menaced by the health reform proposed by the Obama Administration. Abortion will be multiplied, the U.S. will move ahead on the road towards euthanasia, conscience rights will be in jeopardy: but what is worse, the United States would start moving towards a tyrannical, socialist government that would be the source of all sort of moral evils. [Read More...](#)

Address upon the presentation of the von Galen Award to Archbishop Jose Cardoso Sobrinho in Recife, Brazil in April, 2009

You should be praised, Your Excellency, because your action provides a luminous example for your brother bishops to follow and a sign of hope for the pro-life movement world wide. You provide a bright example because regrettably the bishops that have the courage to speak strongly and plainly in the defence of life and family are not very numerous. You provide a sign of hope because it is part and parcel of being a Catholic that we expect to be lead by strong bishops in our militancy in the defence of life and family. [Read More...](#)

A Fundamental Liturgical Law

First Appeared in *Inside the Vatican* August/September 2007

The Apostolic Letter *Summorum Pontificum*, given as a *mutuo proprio* by Benedict XVI and promulgated on July 7, is a fundamental liturgical law that provides for the active preservation of the liturgical treasure of the Church. It confirms the historical fact that the Roman Missal promulgated by St. Pius V and reissued in 1962 by Bl. John XXIII has never been abrogated. As a consequence it recognizes that the use of this Missal is perfectly licit and establishes the juridical conditions for its use and the ritual for the sacraments that was contemporary to this Missal. 

[msgn_ignacio_a_fundamental_liturgical_law.pdf](#) 654 kb

Be Prepared to Teach with Courage

First Appeared in *Inside the Vatican* March 2007

A talk with one of Rome's most influential traditional priests, Monsignor Ignacio Barreiro, director of the Rome office of Human Life International. Monsignor Barreiro, your office is situated a stone's throw from the Holy See. Does your work bring you into special contact with the various Congregations of the Roman Curia? 

[msgn_ignacio_be_prepared_to_teach_with_courage.pdf](#) 1.07 mb

Pro-Life Introduction to Pope Benedict XVI

Used with permission from Dave's Digest #8: April 28, 2005

Christ has granted us a new vicar on Earth, a pastor who would lead His Church with a firm commitment to preach the only truth that saves and defends life and family in accordance with the loving plan of the Creator. He is a man that has a profound prayer life. I was deeply moved as I contemplated him kneeling in prayer on Monday April 25th in front of the tomb of St. Paul at the Basilica of St. Paul outside the Walls in Rome. Already in his youth in 1953 when he obtained a doctorate in theology with a thesis entitled: "The People and House of God in St. Augustine's doctrine of the Church", we can see his concern with the family because seeing the Church as the House of God, leads to the very ancient view of the Church as the Family of God. [Read More...](#)

Blessed Karl of Austria

October 2004

In the name of the Father, the Son and the Holy Spirit:

In this solemn Mass we raise our gratitude to Christ the King and to the Holy Father for the beatification of the Emperor Karl of Austria. His name is joined to the long column of Holy Kings and Queens, Saints as Louis King of France, Saint Ferdinand of Castile and Saint Henry the Emperor that have led Christianity. [Read More...](#)

The Catholic View of Biomedical Research

March 2003

The Pontifical Academy for Life held its Ninth General Assembly at the Vatican from the 24th to the 26th of February. The topic addressed in this session by the Academy was biomedical research from the perspective of reason illuminated by Faith. Man by his God-given nature is a searcher of the truth. In this search he can achieve increased knowledge and put it to the service of society. As Pope John Paul II stated, "It is a recognized fact that the improvements in the medical treatment of disease primarily depend on progress in research." [Read More...](#)

[Commentary: Barreiro: Pro-Life Introduction to Pope Benedict XVI](#)



 SHARE

Used with permission from Dave's Digest #8: April 28, 2005
Msgr. Ignacio Barreiro
April 2005

Christ has granted us a new vicar on Earth, a pastor who would lead His Church with a firm commitment to preach the only truth that saves and defend life and family in accordance with the loving plan of the Creator. He is a man that has a profound prayer life. I was deeply moved as I contemplated him kneeling in prayer on Monday April 25th in front of the tomb of St. Paul at the Basilica of St. Paul outside the Walls in Rome. Already in his youth in 1953 when he obtained a doctorate in theology with a thesis entitled: "The People and House of God in St. Augustine's doctrine of the Church", we can see his concern with the family because seeing the Church as the House of God, leads to the very ancient view of the Church as the Family of God.

The concern of Cardinal Ratzinger to defend life and family was clearly manifested in all the years that he was Prefect of the Congregation for the Doctrine of the Faith. Perhaps one of the most serious moral problems within the Church is the disobedience to the teachings on contraception. For that reason on February 16th, 1989 he published the Doctrinal Note "The moral rule of *Humanae Vitae* and the pastoral duty." The brevity of this article does not permit an in depth analysis, but it should be pointed out the very important clarifications that this document makes showing the serious moral obligation that all Catholic couples have of following the teachings of the Church in this matter. The Instruction *Donum Vitae*, on respect for human life in its origin and on the dignity of procreation, of February 22, 1987, constitutes a milestone in the defense on the holiness and sacredness of life and gives a response to the challenge of the new biomedical technologies. To these impressive documents other fundamental pronouncements can be added like, the Declaration on Euthanasia and the Declaration Concerning Sexual Ethics.

With clarity and courage Cardinal Ratzinger made important interventions on the duties of Catholic political leaders on the Doctrinal Note on some questions regarding the participation of Catholics in political life. In this document of January 16th, 2003, Cardinal Ratzinger reiterates the traditional teaching of the Church that a political leader has to be always coherent with his faith in the political decisions he takes. Some months afterwards, on July 31st, 2003 another important directive was issued against different initiatives that seek to legalize unions between homosexuals. The legalization of this type of unnatural union is one of the new battle fronts of the culture of death and both Catholic leaders and all men of good will should take this menace seriously.

The Holy Father in his best seller of 1985, *The Ratzinger Report*, written with the leading Italian journalist Vittorio Messori, denounced with prophetic tones the evils of our times and many of the problems that have invaded the Church. He showed how the separation of sexuality from procreation leads to all forms of moral corruption. In this work he also had some pointed comments to make about the problems of feminism. In a 1996 interview that Cardinal Ratzinger did with Peter Seewald, entitled *The Salt of the Earth*, he notes with concern the mounting problems that affect the Church and the world at large. In his work he underlines how the tragic separation of sexuality from procreation

large. In his work he underlines how the tragic separation of sexuality from procreation leads to see the child as product that lies completely under the control of reason. As consequence he prophesies that this approach leads to "the self-destruction of man." And with regards to abortion he states with pointed words that:

"In the death penalty, when it is legitimately applied, someone is punished who has been proved guilty of the most serious crimes and who also represents a threat to the peace of society. In other words, a guilty person is punished. In the case of abortion, on the other hand the death penalty is inflicted on someone who is absolutely innocent."

In his last day as Cardinal Ratzinger, in the morning of April 18th, I had the privilege to be present at the Mass for the election of the Pope, which he celebrated. In his homily he expressed some fundamental concepts that I cannot refrain from including in this brief article:

"How many winds of doctrine have we known in recent decades, how many ideological currents, how many ways of thinking? The small boat of the thought of many Christians has often been tossed about by these waves -flung from one extreme to another: from Marxism to liberalism, even to libertinism; from collectivism to radical individualism; from atheism to a vague religious mysticism; from agnosticism to syncretism and so forth. Every day new sects spring up, and what St Paul says about human deception and the trickery that strives to entice people into error (cf. Eph 4: 14) comes true.

Today, having a clear faith based on the Creed of the Church is often labeled as fundamentalism. Whereas relativism, that is, letting oneself be "tossed here and there, carried about by every wind of doctrine", seems the only attitude that can cope with modern times. We are building a dictatorship of relativism that does not recognize anything as definitive and whose ultimate goal consists solely of one's own ego and desires.

We, however, have a different goal: the Son of God, the true man. He is the measure of true humanism. An "adult" faith is not a faith that follows the trends of fashion and the latest novelty; a mature adult faith is deeply rooted in friendship with Christ. It is this friendship that opens us up to all that is good and gives us a criterion by which to distinguish the true from the false, and deceit from truth.

We must develop this adult faith; we must guide the flock of Christ to this faith. And it is this faith - only faith - that creates unity and is fulfilled in love."

If we read both the documents that Benedict XVI has prepared as Prefect of the Congregation of the Doctrine of the Faith, or his works as a theologian or his interviews, we can see that he has a profound knowledge of the faith united with a keen intellectual perception of the problems of our times that goes together with the prophetic approach of a man of deep prayer life. So that gives us a reasonable hope that he will be one of the great popes of the history Church, starting a process of recovery that will reverse more than forty years of crisis and decadence.

Commentary: Barreiro: Blessed Karl of Austria



 SHARE

Mons. Ignacio Barreiro
October 2004

In the name of the Father, the Son and the Holy Spirit:

In this solemn Mass we raise our gratitude to Christ the King and to the Holy Father for the beatification of the Emperor Karl of Austria. His name is joined to the long column of Holy Kings and Queens, Saints as Louis King of France, Saint Ferdinand of Castile and Saint Henry the Emperor that have led Christianity.

The Blessed Karl of Austria had great natural and supernatural qualities, first and foremost an enormous sense of responsibility; he made any possible effort for the common good of his reign. He prohibited dueling even among officers and limited the bad popular press. He knew the enormous value of personal witness and the importance of the good example that rulers should give. Once he said to the head of his Chancery: "As an Emperor I have to set the good example. If everyone simply did their Christian duties, we would not have so much hate and misery in the world". He had a great personal bravery, a great austerity of life, a supernatural charity already manifested when he was a child; all of these was grounded in a constant prayer life and was based on an unshakeable confidence in the Divine Providence. In different occasions, during the war, it was noticed how he felt upon himself the heavy responsibility of ordering so many soldiers to enter into combat. In many cases during the war or during subsequent events after the fall of the Empire, he demonstrated a great physical bravery supported by his constant union with God, because the only way to be indifferent to danger is either madness or a total confidence in God's protection. He demonstrated great skills as a general in many occasions; among these we can mention the containment of the terrible offensive of the Russian General Brusilov in Eastern Galizia in 1916.

His spirituality was dominated by a great confidence in Divine Providence. In a letter to the Holy Father in 1919 he said: "In all my troubles, I have never lost my faith, I have never despaired". In another letter to Cardinal Bisleti he underlined: "I base myself, with patience and with a confidence that no one can destroy, in the help and assistance of the Almighty, to see one day the triumph of my rights, rights that I want to preserve only for the glory of God and for the good of peoples that the Divine Providence has entrusted to me." He always had a fervent devotion to the Sacred Heart of Jesus. In the difficult situation in which he found himself on April 1919, he writes to the Holy Father underlining his confidence that the Sacred Heart will not abandon the country that has been consecrated to Him.

As a child, his prayer life has always been remarkable; as he grew up, whenever it was possible to him, he attended Mass and received communion every day. He had a particular devotion for the adoration of the Holy Sacrament. He used to set up a chapel in which to expose the Sacrament in every place he dwelt, even temporarily in the field or during the war, at the front. Before making important decisions, he used to go to the chapel to ask Lord's assistance.

He had a deeply Christian attitude, regarding marriage and family. Immediately after his ceremony of engagement, he said to his fiancée: "Now we have to help each other in

reaching Paradise". In spite all his military and political commitments, he always kept a personal interest in the education of his children, an in particularly in their religious formation.

He deeply respected the limits that the Catholic morals impose in the conduction of military operations. He was completely against submarine war, as practiced at large scale by Germans, because this form of struggle did not make enough distinction between military and civil victims. He opposed resolutely to the bombing of cities and did everything possible to prevent the use of chemical weapons. He was always concerned about the soldiers' material and spiritual welfare, and did he sincerely strived to avoid unnecessary casualties.

As it emerges from the documents of the beatification process, the Blessed Karl I of Austria had a high conception regarding his imperial and regal prerogatives. He was conscious to have received his power directly from God, and for that reason was firmly convinced that he had to exercise it as scrupulously as possible with a great dedication. As he was conscious to rule for God's grace and not for the will of the people, he totally refused the idea that his authority could be based on a plebiscite or on any other form of democratic consultation and then as a consequence he never abdicated. In a letter written to Pope Benedict XV, when he was trying to reestablish his authority in Hungary, he reaffirms how his cause was the cause of religion and underlines that both altar and throne are powers of divine institution, that are called to work together in order to reestablish order, and above all to keep it.

The cause of beatification of Karl I of Austria, is based also on the firmness with which he always rejected any proposal to regain his throne, that would have lead him to enter into compromises with those forces of evil that today prevail everywhere and that are transforming the world into a universal chaos. The answer of Karl I of Austria to whom dared to present him these type of conditions was simple and firm: "About this, as a Catholic Prince, I have nothing to say... now any attempt of mine will fail ... Nevertheless it will never happen that I will accept from Satan what has been given to me by God".

In the Emperor Karl of Austria we can see a clear case of monarch that unities in his person the legitimacy of blood and the legitimacy of exercise for his unconditioned adhesion to the Catholic Faith and to the organic and traditional forms of monarchy.

Since the beginning of his reign, he did all possible efforts to achieve a peaceful conclusion of the hostilities. Really he was the only ruler to welcome the different warnings and initiatives of Pope Benedict XV in favor of peace. From his first proclamation published the day after he ascended to the throne, he announced his will to be a father for his subjects and declares openly to be animated by a sincere desire for peace. The Blessed Karl I of Austria sought peace first and foremost for Christian principles, and not for pacifism, tries to stop the "useless carnage" as Benedict XV, defined the terrible human sufferings of this tragic war. Second, for a deep political realism, he realized that the continuation of hostilities would have been fatal for the survival of Austria-Hungary Empire. He saw that the resources of the allies were stronger than the means that central empires had at their disposal. He was also completely conscious that both socialism and communism would have found a propitious climate in countries worn by war. The Emperor observed also how the different nationalist tendencies threatened empire's unity.

It is wrong to think that before war the destiny of Empire was already marked by centrifugal forces operating within Austria-Hungary. Among 1867 and 1914, the Empire enjoyed a climate of prosperity, in spite of the short periods of crisis, that it was manifested in a greater and generally more diffused affluence. The disappearance of Austria-Hungary has to be searched instead in the republican and anticlerical forces connected to masonry that totally refused the peace proposals of the Emperor, because the real aim of these forces was the destruction of this monarchy, because it represented the last Catholic power of importance in the world. Striking Austria-Hungary that was considered by these revolutionary forces the living symbol of the old European civil order, they were trying to destroy both the monarchical principle and Catholicism. They were trying in more than one way to continue the destructive action of French Revolution. This ideological way acting that caused thousands of casualties, can be seen both in French, English, Italian politicians as in the behavior of American politicians. The destruction of the Empire opens a political gap, whose consequences we continue to suffer. We cannot be mono-casuistic, but is evident that one of the main causes of all the tragedies we have suffered during the twentieth century can be traced back to the dissolution of dual monarchy and to the humiliation of Germany. As a consequence of this conflict rise both Nazi dictatorship and Bolshevik Empire, and today we are going toward a democratic dictatorship of a Europe that repudiates its Christian roots and runs the risk of being dominated by Islamic tide.

We rejoice at this beatification for many reasons, but first and foremost because it has been declared by the Church the blessedness of an exemplary man that certainly will intercede for us in Heaven, second because it keeps alive our hope that the Lord will send us Emperors and Kings like him, that will restore the organic and traditional society according to God's will.

This assertion will appear to many persons as anachronistic, nevertheless we have to consider that the Lord is not a distant God who does not intervene directly in men's history for our salvation. This intervention obviously is not limited to help single persons, but it is also manifested for the benefit of human societies, because man is a social being and needs society's assistance to reach his destiny of eternal glory. Normally the Lord does not intervene directly in the history of peoples, but does it through human instruments, men that he chooses to lead His people. So it is not absurd to expect that the Lord will raise up, men full of natural and supernatural talents to lead His people, men with a faith as strong as a rock and a clear and precise vision of how a nation has to be ruled, based on the laws of the Gospel and on the particular traditions of every nation. Is not absurd even to consider that these men should be part of families that for centuries have served the Nation, who have learned by their ancestors that the exercise of authority is first and foremost a service. I do not think either that it would be absurd to pray for the appearance of men of this height, because many graces that God grant us are bound by the fact that we ask them with the most humble of our prayers. We have to ask also to the Lord the grace to be able to discern if a possible leader has been really sent by God, and in that case to follow him with all our strength.

This beatification has been opposed by the same forces that have obstructed the beatification of other great men emblematic of the struggle against the revolution, such as the Blessed Marco D'Aviano, toward which the Emperor had a deep devotion, Saint Pio of Pietrelcina and the Blessed Pious IX. We hope that Holy Father who had the bravery to challenge those forces when he proclaimed those beatifications, would one

day, or one of His successors with the same bravery, may rise to the glory of altars the most noble of all the Queens of the world, Isabel of Castile.

Today we ask to the Virgin Mary, Queen of Heaven to plead for us, so that we can see one day the restoration of Christian Society.

May the Lord be praised!

Commentary: Barreiro: The Catholic View of Biomedical Research



 SHARE

Mons. Ignacio Barreiro, STD
March 2003

The Pontifical Academy for Life held its Ninth General Assembly at the Vatican from the 24th to the 26th of February. The topic addressed in this session by the Academy was biomedical research from the perspective of reason illuminated by Faith. Man by his God-given nature is a searcher of the truth. In this search he can achieve increased knowledge and put it to the service of society. As Pope John Paul II stated, "It is a recognized fact that the improvements in the medical treatment of disease primarily depend on progress in research." At the same time we are living in a world, where as one of the speakers pointed out: "The culture of death has for the last thirty years clearly controlled the press and the media now shows a sinister proclivity toward controlling scientific literature and thereby the political process." Seeing how many forms of scientific research put in serious danger human life and constitute an affront to human dignity, the Church has to raise her voice to protect human life and man's dignity and to orient science for the true benefit of mankind. Some of the speakers insisted that we also have to be capable of influencing the political process through which national and international scientific policies and programs are formed and conducted. As John Paul II said with prophetic tones in his memorable speech of October 7th 1979, on the Mall in Washington, D.C. "When innocent life is threatened - WE WILL STAND UP! WE WILL STAND UP!"

The initial premise, of the address of the Holy Father to the members of the Academy was that reason illuminated by the faith does not restrict the field of observation but rather extends it, since the light of revelation comes to the aid of reason to offer a fuller understanding of what is intrinsic to human dignity. Recalling the invitation made by Paul VI to researchers to make a contribution to the welfare of marriage and the family, he made it his own, stressing the need to find natural solutions for the problem of conjugal infertility. The Holy Father renewed his appeal that "scientific and biomedical research, resist every temptation to human manipulation," and instead it should "dedicate itself firmly to explore ways and means to sustain human life". He underlined how the "Church respects and supports scientific research when it has a genuinely humanistic orientation, avoiding any form of instrumentalization or destruction of the human being and keeping itself free from the slavery of political and economic interests." He pointed out how in presenting the moral orientations dictated by natural reason the Church offers a precious service to scientific research, doing her utmost for the true good of the human person. As a consequence, not only the aims, but also the methods and means of research must always respect the dignity of every human being at every stage of his development. The Holy Father underlined that scientists must be aware of the insuperable limits that the protection of the life, the integrity and dignity of every human being impose upon their research. He appealed to Catholic Institutes and Universities to measure up to the high standard of the spiritual values that presided over their beginning. The Holy Father as a last observation underlined the urgent need to fill the very serious and unacceptable gap that separates the developing world from the developed in terms of the capacity to progress in biomedical research. He then specifically pointed to the need to conquer the AIDS epidemic in Africa.

Archbishop Javier Lozano Barragán, President of the Pontifical Council for Pastoral Health Care, delivered the initial address. He denounced and gave a warning on how a new paradigm has been developed in international organizations that totally denies Christianity and transcendental objective values. The Archbishop underlined how, the values of "national sovereignty, religions, dogmas, natural and traditional values," are rejected. The main concern of this new vision is to protect the ecosystem that takes a quasi-divine nature. The bioethics that are a consequence of this new paradigm are closed to the Transcendent and can be considered "subjective" or "autonomous".

The meeting was well briefed on the current trends and directions of Biomedical research and its most important areas; like Neurology, Genetics, Molecular Biology, and transplant studies. Many important and qualified speakers intervened in the debate. Between them we can mention: Prof. Juan de Dios Vial Correa, the President of the Academy, who delivered a very significant analysis of the ethics of animal experimentation. In this study he demonstrated that animals can be used for experimentation if certain criteria are respected, like the avoidance of unnecessary suffering and if there is a true need to use animals for serious scientific research. Prof. Gonazalo Herranz offered an important commentary on the History of the Christian contribution to the Ethics of Biomedical research. Prof. William E. May, spoke on Human dignity and Biomedical research. He clarified the conditions under which research can be done on human persons always respecting their dignity. For that reason he underlined the need to always respect the principle of free and informed consent of the persons that volunteer as subjects for a scientific experiment. Prof. Eugene Diamond spoke on the Conflict of Interests in Biomedical Research: Economics and Ideology. In his presentation Dr. Diamond gave ample evidence of situations in which vested economic interests of authors or institutions have led them to present dubious scientific data or to ignore scientific information that was contrary to their interests. He also made a strong case against "advocate science" that consists in the propounding of so called "scientific" claims or rejecting counterclaims based not on the quality of objective data involved but rather on a hidden political agenda. Prof. Roberto Colombo made a valuable plea on behalf of the "Vulnerable" Subjects of Biomedical Research, marking the special case of the Human Embryo. Prof. Robert Spaeman, presented an insightful philosophical contribution to the nature of scientific research and the human quest for knowledge that is part and parcel of human nature.

At the end of the debate Bishop Elio Sgreccia, vice president of the Pontifical Academy of Life, made a very serious presentation on "Policy in Biomedical Research Values and Priorities". Within his indications on research policy he underlined the current awareness of research as a tool for development at the same time the need to avoid a monopoly of the state on research. He showed how the Church is directly committed to the promotion of scientific research and ready to provide it with an ethical guidance. He underlined how the Church is capable of enriching scientific research itself by presenting an overall vision of man that leads to the pursuit of his good. To evaluate the ethical value of biomedical research he proposed a triangular method. It has three stages, the presentation of biomedical data, the in-depth study of the anthropological values involved, and the elaboration as a consequence, of the ethical norms that should guide the action of the researchers taking into account the biomedical facts and the values affected. He expressed the very valid concern that Catholic Universities should be provided with sufficient resources to do research that is dedicated to the overall good of man and free from any compromises that obfuscate its commitment to the truth

man and free from any compromises that obfuscate its commitment to the truth.

The meeting concluded its work approving a final communiqué which reflected and summarized the main themes discussed and made a proposal for an ethical commitment for researchers at the biomedical level. In its initial premise this document underlined how the development of science in the last decades has produced cultural and social transformations that created hopes of concrete improvements for the life and future of man. At the same time some areas of research have created problems and doubts of an ethical and religious nature showing how necessary it is that science should receive an ethical guidance that directs it towards the common good. Without an ethical reference science can be ambivalent. It may either be used for the good or for the destruction of men. The document asks researchers to pledge a commitment to: A rigorous scientific methodology. The avoidance of conflicts of interest. That science and technology should be used at the service of the human person respecting his dignity and rights. All research and its applications should be based upon a criterion of moral goodness. To all human beings from the first moment of their existence up to their natural death should be guaranteed the full respect which is due to a human person. The utility and obligation of a serious and responsible experimentation on animals is recognized before applying any new technologies to man. Clinical experimentation on men should be done only after a clear knowledge is reached as to the goals and possible applications of the research. Every person that participates as a research subject should do it only on the basis of a free and informed consent.

This 9th General Assembly of the Pontifical Academy of Life concluded its work providing the Church and the world with an important advance in the understanding of the problems of biomedical research and with significant guidelines on how to confront contemporary problems and abuses that are a threat to life and human dignity.

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: On the Historical Opposition of the Catholic Church to Abortion



SHARE

On the Historical Opposition of the Catholic Church to Abortion.

"I think it undeniable that some of the liberal's bungling can be dismissed as the unseemly sputterings and stutterings of a transparently camouflaged anti-Catholic bias ..."

— Roger Wertheimer.[3]

Lies to Confuse. The most common pro-abortion lie about Catholic Church teaching claims that the Church has not always condemned abortion. This particular lie has been effectively used by unscrupulous pro-abortion activists all over the world to confuse and neutralize their Catholic opposition.

Just a few of the various forms this pro-abortion lie assumes are shown in Figure 9-1. The first quote, by the propaganda front group 'Religious' Coalition for Reproductive Choice (RCRC), summarizes many of the most common outright pro-abortion lies about the early history of Church teachings regarding abortion.

Figure 9-1

Typical Pro-Abortion Deceptions Regarding Catholic Church Teachings on Abortion

"Catholic theology, which now regards the early fetus as a person, did not always do so. The Church first adopted the belief of Aristotle, St. Jerome, St. Augustine, and St. Thomas Aquinas that ensoulment occurs several weeks after conception. Pope Innocent III, who ruled at the turn of the 13th Century, made that belief part of Church doctrine, allowing abortion until fetal animation. It was not until 1869 that the Church

prohibited abortion at any time and for any reason."

— 'Religious' Coalition for Abortion Rights (now RCRC). June 1978

propaganda pamphlet entitled "ABORTION: Why Religious

Organizations in the United States Want to Keep it Legal."

"I go to church on Sunday but do not subscribe to many of the basic tenets of the Church. That does not mean I am any less a Catholic."

— Pamela Maraldo, former president of the Planned Parenthood

Federation of America (PPFA), quoted in "More on Maraldo."

National STOPP News, January 20, 1993, page 1 [now try this,

Pammy: Say one of your board members claimed that "I come to all the Planned Parenthood meetings but do not subscribe to many of its basic beliefs. I believe that the unborn are persons, I do not believe in convenience abortions, I do not believe that we have any business handing out contraceptives in school. That does not mean

I am any less 'pro-choice' than anyone else." Wouldn't you

"excommunicate" him from Planned

Parenthood?]

"The Catholic Church is not consistent in its teaching. From 1211 to 1869, it recognised two types of foetus. It taught that the male foetus became animated at 40 days, and the female at 80 days. Furthermore, until 1869 the Church allowed abortion until quickening."

— Diane Munday of the British pro-abortion group Association for the

Reform of the Abortion Law (ARAL). Quoted in Colin Francome's

Abortion Freedom: A Worldwide Movement. London: George Allen

& Unwin Publishers, 1984, pages 89 and 90.

"[Prior to 1869], the Church had officially accepted the theory of delayed animation for 500 years ... Abortion before ensoulment was tolerated by the Catholic Church."

— Canadian psychiatrist Wendell W. Watters. *Compulsory Pregnancy:*

The Truth About Abortion. Toronto: McLelland & Steward, 1976, page 90.

"Abortion was only declared illegal and condemned by the Roman Catholic Church in

the 1800's. The Catholic Church condoned abortion until the fetus "quickenened," meaning the time when a pregnant woman first feels the unborn child moving."

— Ann Lukits. "The Agony of Abortion." *The Kingston, Ontario Whig Standard*, September 24, 1983, page 1.

"Until just over 100 years ago, the Vatican's attitude towards abortion was relatively tolerant."

— Penney Kome. "Woman's Place." *Homemaker's Magazine*, April 1976, page 21.

"Until the end of the 16th Century with the reign of Pope Sixtus V, the Church did, indeed, permit the termination of pregnancies within 40 days of conception for a male and 80 days for a female — the old Aristotelian concept ... But I believe that a case can be made — and many intelligent Catholics have agreed with me — that the church's attitudes towards abortion have varied in past history, are not always consistent and can, like other elements of Catholic dogma, be changed to meet man's increased enlightenment and changing social conditions."

— Illegal abortionist Ruth Barnett. *They Weep On My Doorstep*.

Beaverton, Oregon: Halo Publishers, 1969, pages 106 and 107.



In a single pamphlet, 'Catholics' for a free Choice makes more than 50 deliberate misstatements of Catholic teaching. These are deliberately chosen in order to cause the most confusion possible. Some of these are listed below, and have comments following them in [brackets].

"We believe that women should not be the victims of random fertility" [This sounds as if pregnancy bears no relation whatever to sexual activity]. ... "The Catholic hierarchy is trapped in an outdated authoritarianism which denies full equality to women and regards sex as evil" [*Who regards sex as evil? those who do everything they can to suppress natural fertility!*] ... "The church never formulated an infallible, or consistent, teaching against abortion ... Though the church preaches aggressively against birth control and abortion, there is no infallible dogma to substantiate its position" [The purpose of an infallible statement is not to "substantiate." See the Canon of St. Vincent of Lorenz]. ... "The law in a pluralistic society should not be written to enforce the teachings of one church against the moral principles of other churches and individuals" [Well, this is what is happening now. The Unitarian principle that life begins at birth is in force]. ... "The Catholic Church opposes every reliable method of birth control" [What about NFP at 98 percent? See Chapter 21,

"Contraception"] ... "Before 1869, the Catholic Church held that the early fetus did not have a soul, and therefore was not fully human. Consequently, it could be permissible to abort in early pregnancy" [As proven in this Chapter, abortion was never permissible. It was punishable at all stages]. ... "Catholics are disturbed by the excursions of the Catholic hierarchy into anti-abortion politics, which constitute a threat to the separation of church and state. ... According to Vatican II, "Declaration on Religious Liberty:" "The Christian faithful have the civil right of freedom from interference in leading their lives according to their conscience"" [see Father John Courtney Murray's refutation of these statements later in this Chapter]. ... "Catholic women have abortions; Catholic doctors perform abortions; Catholic communicants work as counselors in abortion and family planning clinics; Catholics are actively engaged in the pro-choice movement" [this is true, but so what? Catholic men rape women and murder others, but this does not justify their actions].

— 'Catholics' for a Free Choice undated pamphlet entitled "Did You Know that Most Catholics Believe in Reproductive Freedom?"

"Although Catholic teaching on abortion has shifted through the centuries, the current position is clear: abortion is murder. This position has

been fixed since 1869, when Pope Pius IX reinstated the doctrine that the soul enters the body at the moment of conception; from that moment on, the fetus is therefore a person. Furthermore, because the fetus has a soul, it must be baptized in order to remove original sin. Catholics therefore believe that not only is abortion murder, but it also condemns the unborn person to Hell."

— Michael Carrera. *Sex: The Facts, The Acts, and Your Feelings*. New York: Crown Books, 1981, page 290.

Michael Carrera's quote in Figure 9-1 is particularly significant. He calls himself 'Catholic,' yet makes at least *nine* major doctrinal errors in his short one-paragraph quote. In fact, this self-proclaimed "expert" does not make a *single correct statement* in this widely-circulated passage.

It is frightening to realize that uninformed people look to trash like this for clarification of the official teachings of the Catholic Church!

Summary of the Rebuttal. The falsehoods shown in Figure 9-1 have been bandied about by devious pro-abortionists for the last century, and the time has come to lay them to rest once and for all.

Most importantly, the Catholic Church has *never* "approved of" or "condoned" abortion in *any* part of its history. It has *never* taught that the time of 'ensoulment' of the unborn child depended on its sex, as stated above; this was merely the speculation of two theologians (who, by the way, both condemned abortion at *all* times).

And the Catholic Church has *never* accepted the theory of delayed animation. The only time that the Church has *ever* addressed this question is when Pope Innocent XI officially condemned the theory that animation took place at birth.

The teachings of the Catholic Church have been uniformly against abortion in any form, and have been stated and restated consistently through the centuries.

Those who believe otherwise are hereby challenged to produce a statement by *any* Pope, cardinal or bishop supporting abortion from *any* period in history (declarations by Modernist priests with suspended teaching authority don't count).

[Go To Next Topic: Early Teachings of the Church](#)

[Return to Catholic Church Teachings on Abortion Table of Contents](#)

Footnotes for “On the Historical Opposition of the Catholic Church to Abortion”

[1] October 7, 1984 *New York Times* statement entitled "A Catholic Statement on Pluralism and

Abortion," signed by 97 members of 'Catholics' for a Free Choice.

[2] Bernard Nathanson, M.D. "How the Abortion Issue was Stolen." Audio tape from the 1990 Respect Life Clergy Days Series, Archdiocese of New York. Available through Mustard Seed Productions, Post Office Box 96, Pleasantville, New York 10570.

[3] Roger Wertheimer. "Understanding the Abortion Argument." *The Rights and Wrongs of Abortion*. Edited by Cohen, Nagel and Scanlon. Princeton, New Jersey: Princeton University Press, 1974, page 29, footnote 6.

[4] Lucius Farraris, *Bibliotheca Iuridica Moralis Theologica*. Roma: 1885, I, pages 36 to 38.

[5] Paolo Zacchia, Physician-General of the Vatican State. *Quaestiones Medico-Legales*. Lyons: 1701. Library 6, Title 1, Questions 7 and 16.

[6] Denzinger-Schoenmetzer. *Enchiridion Symbolorum*. Rome: Herder, 1965, pages 2,134 to 2,135.

[7] *Codicus Iuris Canonici Fontes*. 9 Volumes. Rome, 1923 to 1939, specification number 552.

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: Early Teachings of the Church



Early Teachings of the Church. Figure 9-2 lists some quotes from the early history of the Church delineating its *true* teachings regarding abortion. This figure depicts passages from only a few of the many early Church documents that explicitly condemned abortion.

Other early Church theologians examined the methods, motives, morality and metaphysics of abortion. They all described abortion as a heinous sin, and their writings are listed in the second half of Figure 9-2.

Figure 9-2

Early Pronouncements of the Catholic Church Against Abortion

"The second commandment of the teaching: You shall not murder. You shall not commit adultery. You shall not seduce boys. You shall not commit fornication. You shall not steal. You shall not practice magic. You shall not use potions. You shall not procure [an] abortion, nor destroy a newborn child."

— *The Didache* ("The Lord's Instruction to the Gentiles through the

Twelve Apostles"). II, 2, translated by J.A. Kleist, S.J., *Ancient*

Christian Writers, Volume 6. Westminster, 1948, page 16.

"And near that place I saw another strait place ... and there sat women ... And over against them many children who were born to them out of due time sat crying. And

there came forth from them rays of fire and smote the women in the eyes. And these were the accursed who conceived and caused abortion."

— *The Apocalypse of Peter*, 25 (A.D. 137).

"The way of light, then, is as follows. If any one desires to travel to the appointed place, he must be zealous in his works. The knowledge, therefore, which is given to us for the purpose of walking in this way, is the following ... Thou shalt not slay the child by procuring abortion; nor, again, shalt thou destroy it after it is born."
— Barnabas (c. 70-138), *Epistle*, Volume II, page 19.

"For us [Christians], murder is once and for all forbidden; so even the child in the womb, while yet the mother's blood is still being drawn on to form the human being, it is not lawful for us to destroy. To forbid birth is only quicker murder. It makes no difference whether one takes away the life once born or destroys it as it comes to birth. He is a man, who is to be a man; the fruit is always present in the seed."

— Tertullian, 197, *Apologeticus*, page 9.

"What man of sound mind, therefore, will affirm, while such is our character, that we are murderers? ... [W]hen we say that those women who use drugs to bring on abortion commit murder, and will have to give an account to God for the abortion, on what principle should we commit murder? For it does not belong to the same person to regard the very fetus in the womb as a created being, and therefore an object of God's care, and when it has passed into life, to kill it; and not to expose an infant,

because those who expose them are chargeable with child-murder, and on the other hand, when it has been reared to destroy it."

— Athenagoras of Athens, letter to Marcus Aurelius in 177, *Legatio*

pro Christianis ("Supplication for the Christians"), page 35.

"It is among you that I see newly-begotten sons at times exposed to wild beasts and birds, or dispatched by the violent death of strangulation; and there are women who, by the use of medicinal potions, destroy the unborn life in their wombs, and murder the child before they bring it forth. These practices undoubtedly are derived from a custom established by your gods; Saturn, though he did not expose his sons, certainly devoured them."

— Minucius Felix, theologian (c. 200-225), *Octavius*, p. 30.

"... if we would not kill off the human race born and developing according to God's plan, then our whole lives would be lived according to nature. Women who make use of some sort of deadly abortion drug kill not only the embryo but, together with it, all human kindness."

— Clement of Alexandria, priest and the "Father of Theologians"

(c. 150-220), *Christ the Educator*, Volume II, page 10. Also see

Octavius, c.30, nn. 2-3.

"Sometimes this lustful cruelty or cruel lust goes so far as to seek to procure a baneful sterility, and if this fails

the fetus conceived in the womb is in one way or another smothered or evacuated, in the desire to destroy the offspring before it has life, or if it already lives in the womb, to kill it before it is born. If both man and woman are party to such practices they are not spouses at all; and if from the first they have carried on thus they have come together not for honest wedlock, but for impure gratification; if both are not party to these deeds, I make bold to say that either the one makes herself a mistress of the husband, or the other simply the paramour of his wife."

— St. Augustine, Bishop of Hippo (354-430), *De Nuptius et Concupiscus*

("On Marriage and Concupiscence"), 1.17.



"I cannot bring myself to speak of the many virgins who daily fall and are lost to the bosom of the Church, their mother ... Some go so far as to take potions, that they may insure barrenness, and thus murder human beings almost before their conception. Some, when they find themselves with child through their sin, use drugs to procure abortion, and when, as often happens, they die with their offspring, they enter the lower world laden with the guilt not only of adultery against Christ but also of suicide and child murder."

— St. Jerome, Bible Scholar and translator (c. 340-420), *Letter to*

Eustochium, 22.13.



"Women who were reputed to be believers began to take drugs to render themselves sterile, and to bind themselves tightly so as to expel what was being conceived, since they would not, on account of relatives

and excess wealth, want to have a child by a slave or by any insignificant person. See, then, into what great impiety that lawless one has proceeded, by teaching adultery and murder at the same time!"

— Hippolytus, *Refutation of All Heresies* (A.D. 228).

"When God forbids us to kill, he not only prohibits us from open violence, which is not even allowed by the public laws, but he warns us against the commission of those things which are esteemed lawful among men ... Therefore, let no one imagine that even this is allowed, to strangle newly-born children, which is the greatest impiety; for God breathes into their souls for life, and not for death. But men, that there may be no crime with which they may not pollute their hands, deprive [unborn] souls as yet innocent and simple of the light which they themselves have not given.

"Can anyone, indeed, expect that they would abstain from the blood of others who do not abstain even from their own? But these are, without any controversy, wicked and unjust."

— Lactantius, *Divine Institutes* 6:20 (A.D. 307).

"He that kills another with a sword, or hurls an axe at his own wife and kills her, is guilty of willful murder; not he who throws a stone at a dog, and unintentionally kills a man, or who corrects one with a rod, or scourge, in order to reform him, or who kills a man in his own defense, when he only designed to hurt him. But the man, or woman, is a murderer that gives a philtum, if the man that takes it die upon it; so are they who take medicines to procure abortion; and so are they who kill on the highway, and rapparees."

"The hairsplitting difference between formed and unformed makes no difference to us. Whoever deliberately commits abortion is subject to the penalty for homicide. ... Let her that procures abortion undergo ten years' penance, whether the embryo were perfectly formed, or not."

— St. Basil the Great, priest (c. 329-379), *First Canonical Letter*, from the work *Three Canonical Letters*. Canons 2 and 8. Loeb Classical Library, Volume III, pages 20 to 23.

"Wherefore I beseech you, flee fornication ... Why sow where the ground makes its care to destroy the fruit? — where there are many efforts at abortion? — where there is murder before the birth? For even the harlot you do not let continue a mere harlot, but make her a murderess also. You see how drunkenness leads to prostitution, prostitution to adultery, adultery to murder; or rather to a something even worse than murder. For I have no name to give it, since it does not take off the thing born, but prevents its being born. Why then do thou abuse the gift of God, and fight with His laws, and follow after what is a curse as if a blessing, and make the chamber of procreation a chamber for murder, and arm the woman that was given for childbearing unto slaughter? For with a view to drawing more money by being agreeable and an object of longing to her lovers, even this she is not backward to do, so heaping upon thy head a great pile of fire. For even if the daring deed be hers, yet the causing of it is thine."

— St. John Chrysostom, *Homilies on Romans* 24 (A.D. 391).

"Among surgeons' tools there is a certain instrument,

which is formed with a nicely-adjusted flexible frame for opening the uterus first of all and keeping it open; it is further furnished with an annular blade, by means of which the limbs [of the child] within the womb are dissected with anxious but unfaltering care; its last appendage being a blunted or covered hook, wherewith the entire fetus is extracted by a violent delivery.

"There is also [another instrument in the shape of] a copper needle or spike, by which the actual death is managed in this furtive robbery of life: They give it, from its infanticide function, the name of *embruosphaktes*, [meaning] "the slayer of the infant," which of course was alive ...

"[The doctors who performed abortions] all knew well enough that a living being had been conceived, and [they] pitied this most luckless infant state, which had first to be put to death, to escape being tortured alive. ..."

"Now we allow that life begins with conception because we contend that the soul also begins from conception; life taking its commencement at the same moment and place that the soul does."

— Tertullian, theologian (150-225), *Treatise on the Soul*, pages 25 and 27.

"Concerning women who commit fornication, and destroy that which they have conceived, or who are employed in making drugs for abortion, a former decree excluded them until the hour of death, and to this some have assented. Nevertheless, being desirous to use somewhat greater lenity, we have ordained that they fulfill ten years [of penance], according to the prescribed degrees."

— Council of Ancyra canon 21, (A.D. 314).

"Thou shalt not use magic. Thou shalt not use witchcraft; for He says, 'You shall not suffer a witch to live' [Ex. 22:18]. Thou shalt not slay thy child by causing abortion, nor kill that which is begotten; for "everything that is shaped, and has received a soul from God, if it be slain, shall be avenged, as being unjustly destroyed."
— *The Apostolic Constitutions* 7:3 (A.D. 400).

"Those who give drugs for procuring abortion, and those who receive poisons to kill the foetus, are subjected to the penalty for murder."
— Trullian (Quinisext) Council (692), *Canons*, 91.

Summary of the Most Significant Early Church Teachings Against Abortion

- The *Apocalypse* of Peter.
- Hippolytus, Bishop of Pontius and theologian (died 236), *Refutation of All Heresies*, 9.7.
- Origen, theologian of Alexandria (185-254), *Against Heresies*, page 9.
- Cyprian, Bishop of Carthage (c. 200-258), *Letters*, page 48.
- Methodius, Bishop of Olympus (died 311).
- Council of Elvira in Granada, Spain (305), *Canons*, 63 and 68.
- Council of Ancyra in Galatia, Asia Minor (314), *Canon*, 21.
- Ephraem the Syrian, theologian (306-373), *De Timore Dei*, page 10.
- Ephraem, Bishop of Salamis (c. 315-403)

- Euphrasianus, Bishop of Salamis (c. 315-405).
- St. Basil the Great, priest (c. 329-379), *Letters*, 188.2, 8.
- St. Ambrose, Bishop of Milan (c. 339-397), *Hexameron*, 5.18.58.
- *Apostolic Constitutions* (late Fourth Century)
- St. Augustine, Bishop of Hippo (354-430), *Enchiridion*, page 86.
- St. John Chrysostom, Bishop of Constantinople (c. 347-407), *Homily 24* ("On The Book of Romans")
- St. Jerome (died in 420)
- Council of Chalcedon (451)
- Caesarius, Bishop of Arles (470-543), *Sermons*, 1.12.
- Council of Lerida (524).
- Second Council of Braga (527), *Canons*, 77.
- St. Martin of Braga (580)
- *Consillium Quinisextum* (692).

More Recent Teachings of the Church. The Catholic Church has *always* taught that abortion is murder. However, some confusion exists because the penalties for the murder of a preborn child have been changed several times in the history of the Church.

In 1588, Pope Sixtus V tried to discourage abortion by reserving absolution to the Holy See alone. Because of the numbers of abortions taking place, it soon became evident that such an arrangement was impractical, and so in 1591, just three years later, Pope Gregory XIV returned absolution for abortion to the local ordinary (the local bishop). [4]

Paolo Zacchia, Physician-General of the Vatican, published a book in 1620 entitled *Quaestiones Medico-Legales* in which he argued that ensoulment takes place at conception and that development is a continuum.[5]

In 1679, Pope Innocent XI condemned the writings and teachings of two theologians, Thomas Sanchez and Joannis Marcus, who believed that abortion was lawful if the fetus was not yet animated or ensouled and the purpose of the abortion was to prevent shame to the woman.[6] This act showed decisively that the Church did not tolerate abortion, and was willing to prosecute those who spread error regarding child-killing.

The French Jesuit Theophile Raynaud (1582-1663) believed that indirect abortion of a viable baby to save the mother's life was allowable. This was notable because he was the *first* theologian to hold this view and his teachings were unique in the Church until about 1850. This is an early statement of the "double effect," described later in this Chapter.

In 1869, Pope Pius IX took the action that 'Catholic' pro-abortionists deliberately misrepresent in order to buttress their heretical views. The abortophiles allege that, in this year, the Pope condemned abortion for the very first time.

In reality, the Pope officially removed the distinction between the animated and unanimated fetus from the Code of Canon Law.[7] This action dealt not with theology, but with discipline, and merely made the punishment for abortion at any stage uniform. The Pope removed the distinction in order to support the Church's stance that life and ensoulment both begin at conception.

[Go to Next Topic: Recent Teachings of the Catholic Church Regarding Abortion](#)

[Return to Catholic Church Teachings on Abortion Table of Contents](#)

Footnotes for “Early Teachings of the Church”

[4] Lucius Farraris, *Bibliotheca Iuridica Moralis Theologica*. Roma: 1885, I, pages 36 to 38.[5] Paolo Zacchia, Physician-General of the Vatican State. *Quaestiones Medico-Legales*. Lyons: 1701. Library 6, Title 1, Questions 7 and 16.

Early Teachings of the Church. Figure 9-2 lists some quotes from the early history of the Church delineating its *true* teachings regarding abortion. This figure depicts passages from only a few of the many early Church documents that explicitly condemned abortion.

Other early Church theologians examined the methods, motives, morality and metaphysics of abortion. They all described abortion as a heinous sin, and their writings are listed in the second half of Figure 9-2.

Figure 9-2

Early Pronouncements of the Catholic Church Against Abortion

"The second commandment of the teaching: You shall not murder. You shall not commit adultery. You shall not seduce boys. You shall not commit fornication. You shall not steal. You shall not practice magic. You shall not use potions. You shall not procure [an] abortion, nor destroy a newborn child."

— *The Didache* ("The Lord's Instruction to the Gentiles through the

Twelve Apostles"). II, 2, translated by J.A. Kleist, S.J., *Ancient*

Christian Writers, Volume 6. Westminster, 1948, page 16.

"And near that place I saw another strait place ... and there sat women ... And over against them many children who were born to them out of due time sat crying. And there came forth from them rays of fire and smote the women in the eyes. And these were the accursed who conceived and caused abortion."

— *The Apocalypse of Peter*, 25 (A.D. 137).

"The way of light, then, is as follows. If any one desires to travel to the appointed place, he must be zealous in his works. The knowledge, therefore, which is given to us for the purpose of walking in this way, is the following ... Thou shalt not slay the child by procuring abortion; nor, again, shalt thou destroy it after it is born."

— Barnabas (c. 70-138), *Epistle*, Volume II, page 19.

"For us [Christians], murder is once and for all forbidden; so even the child in the womb, while yet the mother's blood is still being drawn on to form the human

being, it is not lawful for us to destroy. To forbid birth is only quicker murder. It makes no difference whether one takes away the life once born or destroys it as it comes to birth. He is a man, who is to be a man; the fruit is always present in the seed."

— Tertullian, 197, *Apologeticus*, page 9.

"What man of sound mind, therefore, will affirm, while such is our character, that we are murderers? ... [W]hen we say that those women who use drugs to bring on abortion commit murder, and will have to give an account to God for the abortion, on what principle should we commit murder? For it does not belong to the same person to regard the very fetus in the womb as a created being, and therefore an object of God's care, and when it has passed into life, to kill it; and not to expose an infant, because those who expose them are chargeable with child-murder, and on the other hand, when it has been reared to destroy it."

— Athenagoras of Athens, letter to Marcus Aurelius in 177, *Legatio*

pro Christianis ("Supplication for the Christians"), page 35.

"It is among you that I see newly-begotten sons at times exposed to wild beasts and birds, or dispatched by the violent death of strangulation; and there are women who, by the use of medicinal potions, destroy the unborn life in their wombs, and murder the child before they bring it forth. These practices undoubtedly are derived from a custom established by your gods; Saturn, though he did not expose his sons, certainly devoured them."

— Minucius Felix, theologian (c. 200-225), *Octavius*, p.

their mother ... Some go so far as to take potions, that they may insure barrenness, and thus murder human beings almost before their conception. Some, when they find themselves with child through their sin, use drugs to procure abortion, and when, as often happens, they die with their offspring, they enter the lower world laden with the guilt not only of adultery against Christ but also of suicide and child murder."

— St. Jerome, Bible Scholar and translator (c. 340-420),
Letter to Eustochium, 22.13.

"Women who were reputed to be believers began to take drugs to render themselves sterile, and to bind themselves tightly so as to expel what was being conceived, since they would not, on account of relatives and excess wealth, want to have a child by a slave or by any insignificant person. See, then, into what great impiety that lawless one has proceeded, by teaching adultery and murder at the same time!"

— Hippolytus, *Refutation of All Heresies* (A.D. 228).

"When God forbids us to kill, he not only prohibits us from open violence, which is not even allowed by the public laws, but he warns us against the commission of those things which are esteemed lawful among men ... Therefore, let no one imagine that even this is allowed, to strangle newly-born children, which is the greatest impiety; for God breathes into their souls for life, and not for death. But men, that there may be no crime with which they may not pollute their hands, deprive [unborn] souls as yet innocent and simple of the light which they themselves have not given.

"Can anyone, indeed, expect that they would abstain from the blood of others who do not abstain even from their own? But these are, without any controversy, wicked and unjust."

— Lactantius, *Divine Institutes* 6:20 (A.D. 307).

"He that kills another with a sword, or hurls an axe at his own wife and kills her, is guilty of willful murder; not he who throws a stone at a dog, and unintentionally kills a man, or who corrects one with a rod, or scourge, in order to reform him, or who kills a man in his own defense, when he only designed to hurt him. But the man, or woman, is a murderer that gives a philtum, if the man that takes it die upon it; so are they who take medicines to procure abortion; and so are they who kill on the highway, and rapparees."

"The hairsplitting difference between formed and unformed makes no difference to us. Whoever deliberately commits abortion is subject to the penalty for homicide. ... Let her that procures abortion undergo ten years' penance, whether the embryo were perfectly formed, or not."

— St. Basil the Great, priest (c. 329-379), *First Canonical Letter*, from the work *Three Canonical Letters*. Canons 2 and 8. Loeb Classical Library, Volume III, pages 20 to 23.

"Wherefore I beseech you, flee fornication ... Why sow where the ground makes its care to destroy the fruit? — where there are many efforts at abortion? — where there is murder before the birth? For even the harlot you do not let continue a mere harlot, but make her a murderess also. You see how drunkenness leads to prostitution, prostitution to adultery, adultery to murder; or

rather to a something even worse than murder. For I have no name to give it, since it does not take off the thing born, but prevents its being born. Why then do thou abuse the gift of God, and fight with His laws, and follow after what is a curse as if a blessing, and make the chamber of procreation a chamber for murder, and arm the woman that was given for childbearing unto slaughter? For with a view to drawing more money by being agreeable and an object of longing to her lovers, even this she is not backward to do, so heaping upon thy head a great pile of fire. For even if the daring deed be hers, yet the causing of it is thine."

— St. John Chrysostom, *Homilies on Romans* 24 (A.D. 391).

"Among surgeons' tools there is a certain instrument, which is formed with a nicely-adjusted flexible frame for opening the uterus first of all and keeping it open; it is further furnished with an annular blade, by means of which the limbs [of the child] within the womb are dissected with anxious but unfaltering care; its last appendage being a blunted or covered hook, wherewith the entire fetus is extracted by a violent delivery.

"There is also [another instrument in the shape of] a copper needle or spike, by which the actual death is managed in this furtive robbery of life: They give it, from its infanticide function, the name of *embruosphaktes*, [meaning] "the slayer of the infant," which of course was alive ...

"[The doctors who performed abortions] all knew well enough that a living being had been conceived, and [they] pitied this most luckless infant state, which had first to be put to death, to escape being tortured alive. ..."

"Now we allow that life begins with conception

because we contend that the soul also begins from conception; life taking its commencement at the same moment and place that the soul does."

— Tertullian, theologian (150-225), *Treatise on the Soul*, pages 25 and 27.

"Concerning women who commit fornication, and destroy that which they have conceived, or who are employed in making drugs for abortion, a former decree excluded them until the hour of death, and to this some have assented. Nevertheless, being desirous to use somewhat greater lenity, we have ordained that they fulfill ten years [of penance], according to the prescribed degrees."

— Council of Ancyra canon 21, (A.D. 314).

"Thou shalt not use magic. Thou shalt not use witchcraft; for He says, 'You shall not suffer a witch to live' [Ex. 22:18]. Thou shalt not slay thy child by causing abortion, nor kill that which is begotten; for "everything that is shaped, and has received a soul from God, if it be slain, shall be avenged, as being unjustly destroyed."

— *The Apostolic Constitutions* 7:3 (A.D. 400).

"Those who give drugs for procuring abortion, and those who receive poisons to kill the foetus, are subjected to the penalty for murder."

— Trullian (Quinisext) Council (692), *Canons*, 91.

Summary of the Most Significant
Early Church Teachings Against Abortion

- The *Apocalypse* of Peter.
- Hippolytus, Bishop of Pontius and theologian (died 236), *Refutation of All Heresies*, 9.7.
- Origen, theologian of Alexandria (185-254), *Against Heresies*, page 9.
- Cyprian, Bishop of Carthage (c. 200-258), *Letters*, page 48.
- Methodius, Bishop of Olympus (died 311).
- Council of Elvira in Granada, Spain (305), *Canons*, 63 and 68.
- Council of Ancyra in Galatia, Asia Minor (314), *Canon*, 21.
- Ephraem the Syrian, theologian (306-373), *De Timore Dei*, page 10.
- Ephiapius, Bishop of Salamis (c. 315-403).
- St. Basil the Great, priest (c. 329-379), *Letters*, 188.2, 8.
- St. Ambrose, Bishop of Milan (c. 339-397), *Hexameron*, 5.18.58.
- *Apostolic Constitutions* (late Fourth Century)
- St. Augustine, Bishop of Hippo (354-430), *Enchiridion*, page 86.
- St. John Chrysostom, Bishop of Constantinople (c. 347-407), *Homily 24* ("On The Book of Romans")
- St. Jerome (died in 420)
- Council of Chalcedon (451)
- Caesarius, Bishop of Arles (470-543), *Sermons*, 1.12.
- Council of Lerida (524).
- Second Council of Braga (527). *Canons*. 77.

- St. Martin of Braga (580)
- *Consillium Quinisextum* (692).

More Recent Teachings of the Church. The Catholic Church has *always* taught that abortion is murder. However, some confusion exists because the penalties for the murder of a preborn child have been changed several times in the history of the Church.

In 1588, Pope Sixtus V tried to discourage abortion by reserving absolution to the Holy See alone. Because of the numbers of abortions taking place, it soon became evident that such an arrangement was impractical, and so in 1591, just three years later, Pope Gregory XIV returned absolution for abortion to the local ordinary (the local bishop). [4]

Paolo Zacchia, Physician-General of the Vatican, published a book in 1620 entitled *Quaestiones Medico-Legales* in which he argued that ensoulment takes place at conception and that development is a continuum.[5]

In 1679, Pope Innocent XI condemned the writings and teachings of two theologians, Thomas Sanchez and Joannis Marcus, who believed that abortion was lawful if the fetus was not yet animated or ensouled and the purpose of the abortion was to prevent shame to the woman.[6] This act showed decisively that the Church did not tolerate abortion, and was willing to prosecute those who spread error regarding child-killing.

The French Jesuit Theophile Raynaud (1582-1663) believed that indirect abortion of a viable baby to save the mother's life was allowable. This was notable because he was the *first* theologian to hold this view and his teachings were unique in the Church until about 1850. This is an early statement of the "double effect," described later in this Chapter.

In 1869, Pope Pius IX took the action that 'Catholic' pro-abortionists deliberately misrepresent in order to buttress their heretical views. The abortophiles allege that, in this year, the Pope condemned abortion for the very first time.

In reality, the Pope officially removed the distinction between the animated and unanimated fetus from the Code of Canon Law.[7] This action dealt not with theology, but with discipline, and merely made the punishment for abortion at any stage uniform. The Pope removed the distinction in order to support the Church's stance that life and ensoulment both begin at conception.

[Go to Next Topic: Recent Teachings of the Catholic Church Regarding Abortion](#)

[Return to Catholic Church Teachings on Abortion Table of Contents](#)

Footnotes for “Early Teachings of the Church”

[4] Lucius Farraris, *Bibliotheca Iuridica Moralis Theologica*. Roma: 1885, I, pages 36 to 38.

[5] Paolo Zacchia, Physician-General of the Vatican State. *Quaestiones Medico-Legales*. Lyons: 1701. Library 6, Title 1, Questions 7 and 16.

[6] Denzinger-Schoenmetzer. *Enchiridion Symbolorum*. Rome: Herder, 1965, pages 2,134 to 2,135.

[7] *Codicus Iuris Canonici Fontes*. 9 Volumes. Rome, 1923 to 1939, specification number 552.

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: Recent Teachings of the Catholic Church Regarding Abortion



SHARE

Recent Teachings of the Catholic Church Regarding Abortion.

"Nor can he [the politician] take part in a propaganda campaign in favor of such an abortion] law, or vote for it."

— Vatican's *Declaration on Procured Abortion*, November 18, 1974.

Declarations of Recent Popes. The dissident 'theologians' quoted in this Chapter are obviously in direct disobedience to the teachings of Rome. Every Catholic is bound to follow the Magisterium (teaching authority) of the Catholic Church, which originates in Rome. The opinions of renegade Catholics and publicity-seeking 'theologians' are utterly meaningless and carry no weight whatever. In case there is any doubt about the enduring teaching of the Catholic Church on abortion, consider Figure 9-3, which shows some quotes by Popes of this century on the topic of intrauterine child lynching.

Figure 9-3

Statements of Recent Popes Condemning Abortion

"But another very grave crime is to be noted, venerable brethren, which regards the taking of the life of the offspring hidden in the mother's womb ... As to the "medical and therapeutic indication" to which, using their own words, we have made reference, venerable brethren, however much we may pity the mother whose health and even life are gravely imperiled in the performance of the duty allotted to her by nature, nevertheless what could ever be a sufficient reason for excusing in any way the direct murder of the innocent? This is precisely what we are dealing with here. Whether inflicted upon the mother or upon the child, it is against the precept of God and the law of nature: "You shall not kill." The life of each is

law of nature. You shall not kill. The life of each is equally sacred, and no one has the power, not even the public authority, to destroy it ...

"The direct procuring of abortion is never justified by any "indication" nor by any human law; nor is it shown to be licit by appealing to the argument of self-defense or of extreme necessity ... Those who hold the reins of government should not forget that it is the duty of public authority, by appropriate laws, to defend the lives of the innocent, and this all the more since those whose lives are endangered and assailed cannot defend themselves. Among whom We must mention, in the first place, infants hidden in the mother's womb. And if the public magistrates not only do not defend them, but by their laws and ordinances betray them to death at the hands of doctors or of others, let them remember that God is the Judge and Avenger of innocent blood which cries from earth to heaven."

— Pope Pius XI, Encyclical *Casti Connubii* [¶67],
December 31, 1930.

"Every human being, even the child in the womb, has the right to life *directly* from God and not from his parents, not from any society or human authority. Therefore, there is no man, no society, no human authority, no science, no "indication" at all — whether it be medical, eugenic, social, economic, or moral — that may offer or give a valid judicial title for a direct deliberate disposal of an innocent human life, that is, a disposal that aims at its destruction, whether as an end in itself or as a means to achieve the end, perhaps in no way at all illicit. The direct destruction of so-called "useless lives," already born or still in the womb, practiced extensively a few years ago [by Nazi Germany], can in no wise be justified ... The life of an innocent person is sacrosanct, and any direct

of an innocent person is sacrosanct, and any direct attempt or aggression against it is a violation of one of the fundamental laws without which secure human society is impossible ... [N]ever forget this: There rises above every human law and above every "indication" the faultless law of God [emphasis in original]."

— Pope Pius XII, *Allocution to Midwives*, October 29, 1951.

"No matter what the distinction between those different moments in the development of life, already born or still to be born, for profane and ecclesiastical law and for certain civil and penal consequences — according to the moral law, in all these cases it is a matter of a grave and illicit attempt on inviolable human life.

"This principle holds good both for the mother as well as the child. Never and in no case has the Church taught that the life of the child must be preferred to that of the mother. It is erroneous to place the question with this alternative: Either the life of the child or that of the mother. No; neither the life of the mother nor of the child may be submitted to an act of suppression. Both for the one and the other the demand cannot be but this: To use every means to save the life of both the mother and the child."

— Pope Pius XII, *Address to the Family Front Congress*, November 27, 1951.

"In conformity with these landmarks in the human and Christian vision of marriage, We must once again declare that the direct interruption of the generative process already begun, and, above all, directly willed and procured abortion, even if for therapeutic reasons, are to be absolutely excluded as licit means of regulating birth.

"Equally to be excluded, as the teaching authority of the Church has frequently declared, is direct sterilization, whether perpetual or temporary, whether of the man or of the woman. Similarly excluded is every action which, either in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, purposes, whether as an end or as a means, to render procreation impossible."

— Pope Paul VI, Encyclical *Humanae Vitae*, July 25, 1968, Paragraph 14.

"Disregard for the sacred character of life in the womb weakens the very fabric of civilization; it prepares a mentality, and even a public attitude, that can lead to the acceptance of other practices that are against the fundamental rights of the individual. This mentality can, for example, completely undermine concern for those in want, manifesting itself in insensitivity to social needs; it can produce contempt for the elderly, to the point of advocating euthanasia; it can prepare the way for those forms of genetic engineering that go against life, the dangers of which are not yet fully known to the general public."

— Pope Paul VI, September 11, 1968.

"Life *must* be protected with the utmost care from the moment of conception; abortion and infanticide are abominable crimes."

— Second Vatican Council, Encyclical *Gaudium et Spes*, IV, 51.

"It must in any case be clearly understood that a Christian can never conform to a law which is in itself immoral, and such is the case of a law which would admit

in principle the licitness of abortion. Nor can a Christian take part in a propaganda campaign in favor of such a law, *or vote for it*. Moreover, he may not collaborate in its application" [emphasis added].

— Sacred Congregation for the Doctrine of the Faith.

"Declaration on

Procured Abortion." November 18, 1974, Paragraph 22.

"Barbarity and cruelty are the right names [for abortion]: The mothers conceive a child, then accuse it of being their unjust aggressor and suppress it."

— Pope John Paul I (as Cardinal Luciani), 1977.

"I do not hesitate to proclaim before you and before the world that all human life — from the moment of conception and through all subsequent stages — is sacred, because human life is created in the image and likeness of God. Nothing surpasses the greatness or dignity of a human person. Human life is not just an idea or an abstraction; human life is the concrete reality of a being that lives, that acts, that grows and develops; human life is the concrete reality of a being that is capable of love, and of service to humanity.

"If a person's right to life is violated at the moment in which he is first conceived in his mother's womb, an indirect blow is struck also at the whole of the moral order ... Human life is precious because it is the gift of God, a God whose love is infinite; and when God gives life, it is forever."

— From Pope John Paul II's homily at the Capitol Mall in Washington,

D.C., on October 7, 1979, quoted in "Human Life is the Gift of God "

Gift of God.
The Wanderer, October 18, 1979, pages 1 and 9.

"The unborn human being's right to live is one of the inalienable human rights. God, the Lord of Life, has given man the exalted task of preserving life, and this must be carried out in a way which is worthy of mankind. From the conception, therefore, life must be protected with the greatest care. Abortion is the taking of a child's life and is a repulsive crime."

— Pope John Paul II, September 9, 1985, Knight's Hall, Vaduz, Liechtenstein.

"If you want equal justice for all, and true freedom and lasting peace, then, *America, defend life!* All the great causes that are yours today will have meaning only to the extent that you guarantee the right to life and protect the human person.

"Every human person — no matter how vulnerable or helpless, no matter how young or how old, no matter how healthy, handicapped, or sick, no matter how useful or productive for society — is a being of inestimable worth created in the image and likeness of God. This is the dignity of America, the reason she exists, the condition for her survival — yes, the ultimate test of her greatness: To respect every human person, especially the weakest and defenseless ones, those as yet unborn."

— Pope John Paul II, September 19, 1987, Detroit, Michigan. Quoted

by Gary Potter. "Pope's Farewell Message ...
"America, Defend Life!"

The Wanderer, October 1, 1987, page 4.

These Popes have condemned abortion clearly and unmistakably. No honest or open-minded person could possibly believe that there is a 'diversity of opinion' on the subject of abortion within the Catholic Church.

As strongly as the Church has spoken on abortion, perhaps nobody has described the very heart of the matter as well as Mother Teresa of Calcutta, who even condemned it during her Nobel Prize acceptance lecture. On September 17, 1988, in Ottawa, Canada, Mother Teresa eloquently reiterated this belief; "Every abortion kills two — the child and the conscience of the mother. The latter will never forget she, herself, has killed her own child. If you don't want that child, I want it, give it to me!"

[Go to Next Topic: On the Infallibility of *Humanae Vitae*](#)

[Return to *Catholic Church Teachings on Abortion* Table of Contents](#)

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: On the Infallibility of *Humanae Vitae*



SHARE

On the Infallibility of *Humanae Vitae*. Some so-called 'Catholics' claim that the only teachings of the Church that its members are bound to follow are those that have solemnly been declared to be infallible.

Conversely, they say, any teaching of the Church that has *not* specifically been declared infallible is open for individual interpretation. This category of teaching would, of course, include those that have addressed such sexual misconduct as fornication, adultery, abortion, divorce, and the use of artificial contraception.

The question of conscience vs. authority must be answered on two levels, the most basic being from the standpoint of "natural law." As defined in Romans 2:12-16 and Jeremiah 31:33, God imprints the natural law on the heart and soul of man, and this leads him to know whether or not an act is moral or evil. In other words, "natural law" is man's instinctual knowledge of what is right and what is wrong — his "conscience."

St. Thomas Aquinas, who is quoted in *The Catechism of the Catholic Church*, says that "Natural law is simply the light of intelligence placed within us by God; by it we know what we should do and what we should avoid. God bestowed this light, or this law, with the creation."

The practical effect of pronouncements made under natural law is that they can never be changed — not even by the Pope and all of his assembled Cardinals and Bishops. And they *certainly* cannot be tampered with by disgruntled lay people and dissident priests!

But 'Catholics' for a Free Choice is always telling us that we can choose abortion *if* we do so with a clear conscience. In other words, just as homosexuals are "born that way," some people are born with a conscience that is vestigial in that it does not restrict their activities in the slightest.

Occasionally these pro-abortion 'Catholics' will quote a Vatican II document entitled *Declaration on Religious Freedom* in support of their contention that we should be able to do anything our 'conscience' does not object to.

However, Father John Courtney Murray, S.J., principal author of the *Declaration*, anticipated this kind of dishonesty. He stated in a footnote to the Abbott-Gallagher edition of the Council texts that

The *Declaration* does not base the right to the free exercise of religion on 'freedom of conscience.' Nowhere does this phrase occur. And the *Declaration* nowhere lends its authority to the theory for which the phrase frequently stands, namely, that I have the right to do what my conscience tells me to do, simply because my conscience tells me to do it. This is a perilous theory. Its particular peril is subjectivism — the notion that, in the end, it is my conscience, and not the objective truth, which determines what is right and wrong, true or false.[8]

After settling the question of "natural law," we must turn our attention to the related

issue of *ex cathedra* ('from the chair') pronouncements of the Pope.

There are two methods by which Catholics may know that a teaching of the Church is infallible and therefore must be obeyed by all Catholics *in order to remain Catholic*.

The first of these, of course, is an *ex cathedra* pronouncement. Popes use this mechanism very infrequently, and then only to address the very fundamentals of Catholic faith. Only once since 1870 has the Pope spoken *ex cathedra*; on November 1, 1950, when Pope Pius XII declared the doctrine of the Assumption of the Blessed Virgin Mary.

Many pro-life theologians have debated the wisdom of having the Church's teachings on birth control and abortion be formally declared infallible, and have decided that this would not be wise in the larger scheme of things. The reason is that such a pronouncement in an area of morals (as opposed to fundamental beliefs) would give the impression that all other moral teachings of the Church were optional. This might lead to a situation where disbelief would run rampant in the areas not specifically addressed *ex cathedra*, and would lead to more and more demands for such pronouncements in almost every area of Church teaching.

The second means by which Catholics may know that a Church teaching is infallible is by examining the ordinary magisterium. This is the usual, day to day expression of the Church's infallibility.

The Canon of St. Vincent of Lorenz declares that any doctrine that has been taught *semper ubique obomnibus* — always, everywhere, and by everyone — makes it part of the ordinary and universal Magisterial teaching.[9]

As shown by the quotes of ancient and modern Catholic theologians in Figure 9-2 and Figure 9-3, the prohibition against abortion has indeed been taught *semper ubique obomnibus*. Therefore, Pope Paul VI's 1968 encyclical *Humanae Vitae* does not declare or create some new doctrine or dogma. It simply reiterates the infallible doctrine that human life is sacred from conception to natural birth.

From this, we may state without fear of contradiction (from anyone who counts, that is) that the Catholic Church's ban on abortion is, indeed, derived from an infallible doctrine.

Before wrapping up this discussion on infallibility, we must consider this question: Do we really think that 'Catholic' abortophiles would suddenly stop their child killing if the Pope suddenly issued an *ex cathedra* decree that abortion was a mortal sin?

Obviously, they would not. Just as with the question of ensoulment, the pro-aborts couldn't really care less about the degree of solemnity of Catholic condemnation of abortion. This is another red herring they use to distract attention from the real issue.

An Expanded Definition of 'Abortion.' The Catholic Church has expanded its definition of abortion to include new drugs and surgical procedures. This expansion has not been necessary until relatively recently because such drugs and procedures simply have not existed until this time, and their invention had created a new 'grey area' that needed to be clarified.

The Pontifical Commission for the Authentic Interpretation of the Code of Canon Law, on November 24, 1988, stated that abortion is not only "the expulsion of the immature fetus," but is also "the killing of the same fetus in any way and at any time from the moment of conception." [10]

This definition of abortion includes the use of any of the following;

- all birth control pills, because *every birth control pill manufactured today causes early abortions part of the time!* For a description of the modes of action of birth control pills manufactured today, see Chapter 2, "Abortifacients."
- mini-pills, morning-after pills, true abortion pills such as RU-486, abortifacients such as Depo-Provera, and injectable abortifacients such as NORPLANT (described in Chapter 2, "Abortifacients");
- so-called "menstrual extraction" techniques, a Neofeminist favorite; and
- the use of all intrauterine devices (IUDs), which are *all* abortifacient and act by preventing the implantation of the already-fertilized zygote (in order for the sanctions [including excommunication] against abortion to be applied, the woman must know that the IUD's action is abortifacient). The modes of action of the IUDs are described in Chapter 2, "Abortifacients."

[Go to Next Topic: The Church Penalty for Assisting or Obtaining Abortions: Excommunication!](#)

[Return to Catholic Church Teachings on Abortion Table of Contents](#)

Footnotes for "On the Infallibility of *Humanae Vitae*"

[8] Father John Courtney Murray, S.J., principle author of Vatican II's *Declaration on Religious Freedom*, quoted in Russell Shaw. "Answers." *National Catholic Register*, September 13, 1992, page 4.

[9] Monsignor William Smith, "*Humanae Vitae*, Dissent, and Infallibility." Presentation at Human Life International's "Conference on Love, Life, and the Family," held in Santa Barbara, California in March of 1991. This superb talk answers all of the difficult questions that may be posed by pro-aborts on Catholic teaching regarding abortion and artificial contraception. The tape of Msgr. Smith's talk would be very useful as a part of catechism classes and natural family planning presentations, and can be ordered from Human Life International, 4 Family Life, Front Royal, Virginia 22630, telephone: (800) 549-LIFE.

[10] "Church Elaborates Definition of Abortion." *National Catholic Register*, December 11, 1988, page 3.

Facts of Life: Chapter 9: Catholic Church Teaching on Abortion: The Church Penalty for Assisting or Obtaining Abortions: Excommunication!



The Church Penalty for Assisting or Obtaining Abortions: Excommunication!

"If you carefully examine your conscience and then decide that an abortion is the most moral act you can do at this time, you're not committing a sin. Therefore, you're not excommunicated. Nor need you tell it in confession since, in your case, abortion is not a sin."

— 'Catholics' for a Free Choice brochure entitled "You Are Not Alone."

On 'Playing the Game.' If a person refuses to play by the rules of a game, he is almost always barred from playing that game. If a basketball player insists on travelling, he will eventually be ejected. If a card player insists on cheating, he will be identified as a cheater and nobody will play with him. If a soldier refuses to salute, wear a uniform, or carry a rifle, he will be court-martialled and jailed or thrown out of the service.

The same holds true of the 'games' of life and religion. If a person constantly preys on others, he is not playing by the rules that society has set down, and, if he persists in his predatory activities, he will eventually be separated from society or even 'ejected' from life if his crimes are serious enough.

Perhaps every faithful Catholic has heard ignorant bigots sneer "if da Pope no play-a da game, he no make-a da rules," with regards to abortion and contraception. These people are missing the point. The Pope is not a *player* in the game; for Catholics, he is the *coach and referee*. And if so-called 'members' of the team (members of the Catholic Church) do not play by the rules, then they should be 'cut' from the team by excommunication. We might take the "play the game" remark and turn it around to use against the so-called 'Catholic' abortophiles: "If you no play-a by de rules, you no play-a de game."

After all, what's fair is fair — *for everyone!*

The Media and Excommunication. The pro-abortion media, of course, might be expected to maintain a double standard on anything impinging upon abortion. Excommunication is no exception.

Members of the media sinner that the excommunication of bad 'Catholics' is an unacceptable interference in public life, but they see no inconsistency when they attempt to meddle in Church affairs.

Of course, the media propagandists don't really care about excommunication; they only care about abortion. *The New York Times* proved this point with its greatly divergent reactions to the excommunication of two leaders from separate spheres of social activism.

When San Diego's Bishop Leo Maher excommunicated pro-abort state assemblywoman Lucy Killea in 1990, the *Times* sniveled "By imposing a test of religious loyalty, Bishop Maher threatens the truce of tolerance by which Americans maintain civility and enlarge religious liberty."

When John Cardinal O'Connor of New York City emphasized that pro-abortion

When John Cardinal O'Connor of New York City emphasized that pro-abortion 'Catholic' politicians were in danger of excommunication due to their activities, the *Times* squawked that he was "... tearing at the truce of tolerance that permits America's pluralistic society to work."

However, when Archbishop Joseph Rummel of New Orleans in 1962 excommunicated Leander Perez, a white supremacist and Louisiana political boss who had opposed desegregation of the schools, the *Times* didn't seem to mind at all; "Men of all faiths must admire the unwavering courage of the Most Reverend Joseph Rummel, Archbishop of New Orleans ... We salute the Catholic Archbishop. He has set an example founded on religious principle and is responsive to the social conscience of our time."

Of course, Catholic clergymen aren't the only people who excommunicate the dissenters within their ranks, but they are the only ones who get negative media attention.

Openly homosexual Congressman Barney Frank (D.-olt) was formally excommunicated according to Jewish law (*Halacha*) by Beth Din Zedek (the High Rabbinical Ecclesiastical Court) on June 27, 1990. The presiding Rabbi, Joseph Friedman, stated that the excommunication was for "Desecrating the name of God and the Jewish people, for bringing dishonor and disgrace upon the high office of Congressman, and for promoting and encouraging the moral corruption of society. A prominent Jewish public official, to our deep embarrassment, Frank has been a blatant promoter of moral depravity." [11]

Although this eminently justifiable writ of excommunication was extraordinarily stronger in tone and content than anything that Cardinal O'Connor or anyone else in the Catholic Church had issued, and although it was directed at a far more famous person than a lowly abortion clinic operator, the secular press played it down or ignored it altogether.

Obtaining An Abortion. The teachings of the Catholic Church on abortion could not be clearer. Only a person who is willfully blinding himself or herself to the facts could make the ridiculous claim that there is 'room for a diversity of opinion' within the Catholic Church on abortion.

The church not only does not *want* to change its teaching on abortion — it *absolutely cannot* change its teaching, because this critical issue deals with fundamental questions of faith, morals, and ethics.

Those 'Catholic' abortophiles who are waiting for a change will be waiting for a very long time indeed.

Canon 2350, promulgated in 1917, states that all who procure abortion shall be automatically excommunicated.

Canon Law Number 1398 states, quite simply, in Latin and English;

Qui abortum procurat, effectu secuto, in excommunicationem, latae sententiae, incurrat.

"Those who successfully abort a living human

tetus bring on themselves instant excommunication."

Abortum procurat means anyone who works to kill a human fetus in any manner at all. This may be the boyfriend or husband who drives the mother to the abortion mill, pays for the abortion in full or in part, or even advises that abortion may be an option in her case.

Latae sententiae means that the person brings instant excommunication upon himself with his act. No solemn pronouncement need be made by the Church or a Bishop or priest, and no one else need even know about the abortion. For automatic excommunication to take place, the woman must *know* that she is pregnant and must *freely choose* abortion. At the moment the woman's child dies, she is cut off from all the Sacraments completely, and cannot return unless she sincerely repents and makes a good confession. This sanction also applies to the abortionist, attending nurse or counselor, and anyone else who assists in the abortion. This is why Mary Ann Sorrentino, a "Catholic" who administered a Planned Parenthood abortuary in Rhode Island, was publicly excommunicated. Keep in mind that Rome or the Bishop did not excommunicate her, nor did any priest; she excommunicated *herself*.

It is important to note here that the woman must be fully knowledgeable of her act. She may use the birth control pill, intra-uterine device (IUD), NORPLANT, or some other abortifacient. Since many women are completely unaware of the abortifacient effects of these devices and drugs, they would not generally be liable to excommunication.

Effectu secuto means that the excommunication takes place only if the abortion is completed.

Assisting in Procurement. Canon Law 1398 (quoted above) and Section 2 of Canon Law 1329 outline quite clearly the penalty for assisting in an abortion. The latter Canon Law states that "Accomplices, even though not mentioned in the law or precept, incur the same penalty [*latae sententiae* excommunication] if, without their assistance, the crime would not have been committed, and if the penalty is of such a nature as to be able to affect them; otherwise, they can be punished with *ferendae sententiae* [inflicted by clergy] penalties."

In fact, the United States Catholic Bishops have stated quite clearly that one cannot be Catholic and even support the *general concept* of abortion; "At this particular time abortion has become the fundamental human rights issue for all men and women of good will. ... No Catholic can responsibly take a 'pro-choice' stand when the 'choice' involves the taking of innocent human life." [12]

In other words, the term "pro-choice Catholic" is the ultimate oxymoron.

[Go to Next Topic: Abortion to Save the Life of the Mother – The “Double Effect”](#)

[Return to Catholic Church Teachings on Abortion Table of Contents](#)

**Footnotes for “The Church Penalty for Assisting or Obtaining Abortions:
Excommunication!”**

[11] "Jewish Ecclesiastical Court Excommunicates Cong. Barney Frank." *The Wanderer*, July 19, 1990, page 1.

[12] National Council of Catholic Bishops, Fall 1989 conference resolution of November 8, 1989.

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: Abortion to Save the Life of the Mother -- The Double Effect



 SHARE

Abortion to Save the Life of the Mother — The "Double Effect."

The very rare cases of pregnancy that pose a real and immediate threat to the mother's life — including uterine cancer and ectopic pregnancies — are a source of great confusion, especially among Catholics.

It is absolutely true that the Catholic Church bans direct abortion to save the life of the mother. However (and this is an *extremely* important point) the mother's life *may be saved* by a surgical procedure that does not *directly* attack the preborn baby's life.

The most common dysfunctions that may set a mother's life against that of her preborn child's are the ectopic pregnancy, carcinoma of the uterine cervix, and cancer of the ovary. Occasionally, cancer of the vulva or vagina may indicate surgical intervention.

In such cases, under the principle of the "double effect," attending physicians must do everything in their power to save *both the mother and the child*. If the physicians decide that, in the case of an ectopic pregnancy, the mother's life can only be saved by the removal of the Fallopian tube (and with it, the preborn baby), or by removal of some other tissue essential for the preborn baby's life, the baby will of course die. But this kind of surgery would not be categorized as an abortion. This is all the difference between deliberate murder (abortion) and unintentional natural death.

The principle of the twofold, or double effect, states that it is morally allowable to perform an action that will produce both good and bad effects as long as the following conditions are *all* met. The example shown is for the treatment of an ectopic pregnancy, where the preborn child is developing in the Fallopian tube. If the child continues to grow there, the tube will eventually rupture and will probably cause the death of both the mother and the child.[13]

- (1) The object of the action to be performed must be good in itself or at least morally neutral. In this case, the object of the surgery is to remove a pathological organ which presents a threat to the life of the woman. By contrast, the object of surgical or chemical abortion is simply to kill the preborn child ["object" is the end toward which an action tends, and does not connote the intention(s) of the operator, as does the word "objective"].
- (2) The good effect must not come about as a result of the evil effect, but must come directly from the action itself. In this case, the good effect (saving the mother's life) is not caused by the bad effect (the death of the preborn child). By contrast, in the case of direct abortion (surgical or chemical abortion), the death of the child is wrongly considered to be the "good" effect.
- (3) The evil effect must not be desired in itself but only permitted. In the case of the removal of an ectopic pregnancy, the surgeon does not intend or want to kill the baby; his death is an unintended and unwanted side effect of the surgery. By contrast, the *intent* of abortion is to kill the preborn child.

(4) There must be a sufficiently grave reason for permitting the evil effect to occur. In this case, the reason is to save the life of the mother, a good that is greater than or equal to the evil effect of the baby's death. Pro-abortion groups often stretch this principle to absurd lengths, going so far as to justify *all* abortions under the principle of the double effect because, as they allege, *all* abortions threaten the life of the mother.[14]

(5) Sometimes a fifth condition is added, implicit in (4), above, namely, that there is no other alternative available to solve the problem at hand. If there are alternatives other than the intervention that offer better possibilities to save both mother and preborn child, these of course *must* be used.

In fact, this last condition is the one that most clearly distinguishes the "indirect abortion" case (the case under the double effect principle) from the "therapeutic" abortion case. "Therapeutic" abortion is *direct* abortion, and therefore is always gravely evil. It is the abortion committed with the (supposed) intention of saving the mother's life, but where one or more of the above conditions are not met. Basically, the doctor in this case *does* have alternatives to save both mother and preborn child, but chooses abortion as the most expedient way to solve the problem at hand. The phrase "therapeutic abortion" is in fact an oxymoron, since no direct abortion is therapeutic, i.e. it does not "cure" anyone of an illness, but instead kills an innocent human being.

It is perhaps a sign of the times that abortionists see pregnancy *itself* as a disease, and abortion as the "cure" for this dreaded malady. At an Association of Planned Parenthood Physicians conference, Willard Cates compared the miracle of pregnancy to a *venereal disease* when he said that "Unwanted pregnancy is transmitted sexually, is socially and emotionally pathologic ... and has many other characteristics of the conventional venereal diseases. The incubation time, defined as the period between exposure (mid-cycle coitus) and the development of initial symptoms (usually missed menses), averages approximately two weeks." [15] Barbara Roberts said that "It's obvious, therefore, that unwanted pregnancy is the most common venereal disease ... This disease is associated with immense suffering. Seeking to be cured of this disease, women from time have risked pain, mutilation, and death in numbers that really stagger the imagination." [16] And late-term abortionist Warren Hern has said that "[Pregnancy] is an episodic, moderately extended, chronic condition ... defined as an illness ... treated by evacuation of the uterine contents. ... The relationship between the gravid female and the feto-placental unit can be understood best as one of host and parasite. Pregnancy should be seen as a biocultural event in the context of *other* human illnesses." [17]

The promotion of "therapeutic" abortion by pro-abortionists in countries where abortion is illegal is a strategy they use to not only legalize abortion in these cases, but also to eventually legalize abortion on demand. Exceptions to direct abortion are not only evil in themselves, they also and *always* lead to abortion on demand.

As medical science advances, surgeons might be able to save the preborn child despite even these serious medical problems. If we ever arrive at the point where the lives of both mother and child can be saved in all cases, the principle of the double effect would

of both mother and child can be saved in all cases, the principle of the double effect would not apply.[18]

The principle of the "double effect" also applies to sexual sterilization. If a non-pregnant woman must have a hysterectomy to remove a dangerously cancerous uterus, this will result in her sterilization, but is not a sinful act (provided the above conditions are met). However, if the purpose of the operation is not to heal or safeguard health, but to directly sterilize, then that act is intrinsically evil and is always a mortal sin.[19]

Statement of Intent and Principle. Pope Pius XII summarized the intent of the double effect when he addressed the Family Front Congress on November 27, 1951; "Both for the one and the other, the demand cannot be but this: To use every means to save the life of both the mother and the child." [20]

Pius also stated the general principle of the "double effect" on October 29, 1951, at his address to the Italian Union of Midwives. This speech is codified in the Pope's *Acta Apostolicae Sedis*, 43(1951), page 855.

Article 14 of the Sacred Congregation for the Doctrine of the Faith's *Declaration on Procured Abortion* reiterates it.

The pertinent passage of this document reads;

Deliberately we have always used the expression 'direct attempt on the life of an innocent person,' 'direct killing.' Because if, for example, the saving of the life of the future mother, independently of her pregnant condition, should urgently require a surgical act or other therapeutic treatment which would have as an accessory consequence, in no way desired or intended, but inevitable, the death of the fetus, such an act could no longer be called a direct attempt on an innocent life. Under these conditions the operation can be lawful, like other similar medical interventions — granted always that a good of high worth is concerned, such as life, and that it is not possible to postpone the operation until after the birth of the child, nor to have recourse to other efficacious remedies.

Yet More Silliness. As described in Human Life International's course on "Winning Pro-Life Debates," one of the most effective general tactics employed by pro-abortionists and other anti-lifers involves the assertion that "this is not a black and white question." In other words, the pro-aborts would have us believe that there is some enormous (and necessarily undefined) grey area within which many ethical questions fall.

Of course, this concept is the ultimate red herring: According to 'Catholics' for a Free Choice and other phony 'Christians,' *any* abortion that *any* woman wants *inevitably* falls into this "gray area."

As with every other ethical and moral question posed to pro-abortionists, "wanna-be" theologians stretch the 'double effect' to cover *all* abortions, and the effects are frequently comical. For example, John Swomley, a propagandist for the 'Religious' Coalition for Abortion Rights (RCAR, now RCRC), claims that "The Roman church argues that although the death of the fetus is foreseen, it is not intended because the intention is to preserve the health and life of the woman. Isn't it just as reasonable to assert that the intention of most women is the separation of the fetus from the woman, not the killing of the fetus, though its death may be foreseen?" [21]

Swomley obviously is not familiar with the principle of the double effect, which requires that the act producing two effects *must itself be a morally good or neutral act to begin with*. The only purpose of an abortion is to kill the unborn child, and such an action

can never be good or even morally neutral, regardless of the circumstances or intentions surrounding it.

Canon law requires that the desired effect (in Swomley's example, "separation of the fetus from the woman") must be accomplished in such a way as to best assure the survival of both mother and child. Thus, the approved method to achieve "separation" would be the natural termination of pregnancy known as "birth," occurring at about nine months' gestation.

Additionally, if the intention of most women is the "separation of the fetus from the woman," why do 1.6 million women reject adoption each year? And why do abortionists deliberately use methods designed to kill preborn babies in late abortions? It is plain that the purpose of abortion is indeed *to produce a dead baby*.

[Go To Next Topic: The Question of Ensoulment](#)

[Return to Catholic Church Teachings on Abortion Table of Contents](#)

Footnotes for "Abortion to Save the Life of the Mother – 'The Double Effect'"

[13] Rev. Edward J. Hayes, *et. al. Catholicism and Ethics*. Norwood, Massachusetts: C.R. Publications, 1997, pages 54 to 57.

[14] For example, at the 1980 national convention of the National Abortion Federation (NAF), abortionist Lise Fortier said that "Each and every pregnancy threatens a woman's life. From a strict medical viewpoint, every pregnancy should be aborted" [Andrew Scholberg. "The Abortionists and Planned Parenthood: Familiar Bedfellows." *International Review of Natural Family Planning*, Winter 1980, page 308].

As described in the text, one of the most ridiculous pro-abortion abuses of the "double effect" was committed by John M. Swomley of the Religious Coalition for Abortion Rights (now RCRC), of which CFFC is a member organization. Swomley claimed that "The Roman church argues that although the death of the fetus is foreseen, it is not intended because the intention is to preserve the health and life of the woman. Isn't it just as reasonable to assert that the intention of most women is the separation of the fetus from the woman, not the killing of the fetus, though its death may be foreseen?" [June 1987 propaganda pamphlet by RCAR entitled "Six Ethical Questions"].

This is as stupid a statement as someone claiming that they only intended to push someone off a 500-foot cliff but were guilty of no crime, even though the death of the victim could be foreseen.

[15] Willard Cates Jr., M.D., *et. al.* "Abortion as a Treatment for Unwanted Pregnancy: The Number Two Sexually-Transmitted Condition." Address presented to the Association of Planned Parenthood Physicians Conference, Miami Beach, Florida, November 11-12, 1976.

[16] Barbara H. Roberts, M.D. "Abortion Laws Murder Women." Essay in a Women's National Abortion Action Coalition booklet entitled "Abortion is a Woman's Right: March on Washington, DC and San Francisco, November 20 [1972]."

[17] *Women Here: "Is Pregnancy Really Normal?"* Alan Guttmacher Institute's *Family*

[17] Warren Hern. *Is Pregnancy Really Normal?* Alan Guttmacher Institute's *Family Planning Perspectives*, January 1971, page 9; Warren Hern. *Abortion Practice*. Philadelphia: J.B. Lippincott Company, 1984.

[18] In some countries there currently exist advanced techniques that can save both the mother and her preborn child even in the extreme case of a tubal pregnancy. Abdominal pregnancies present a less difficult scenario insofar as saving both mother and child, because less advanced technology is required than in the case of tubal pregnancies.

In the case where the particular medical facility does not have such technology available to save *tubal* babies, competent moralists and doctors affirm that with the present medical technology we can diagnose such pregnancies earlier than before, and we can also accompany expectantly (ready to act but without intervening) a woman pregnant with a tubal preborn baby until we can attempt to save him (if that is indeed possible) or until we know the tubal baby has unfortunately died, in order to then remove him or her without damage to the mother. This way of acting is more respectful towards the preborn baby and the one to be followed, and we should set aside utilitarian considerations about costs, etc. [Niceto Blázquez. *Bioética Fundamental*. Madrid: Biblioteca de Autores Cristianos, 1996].

Of course, where none of the above techniques are available, the doctors will do the best they can to save both mother and child or at least one of them under the principle of the double effect.

We must also clarify that many times doctors, when faced with what they think is a tubal pregnancy, immediately rush to intervene without the proper diagnosis. And when they *do* intervene, they use drugs or other means to kill the tubal baby and then remove him or her. This is gravely immoral and does not constitute a correct use of the principle of double effect but a direct abortion.

Every effort should be made to obtain those techniques to save mother and preborn child and also to prevent ectopic pregnancies, since not enough is being done in this area. Let us keep in mind that many ectopic pregnancies are caused by promiscuity, which can result in sexually transmitted diseases (STDs) and/or the use of the intrauterine device (IUD), which is also abortifacient [see Chapter 2, "Abortifacients"].

The case of the cancerous uterus in a pregnant woman no longer presents a problem in saving both mother and preborn child. Therefore the principle of the double effect cannot be invoked any longer in this case to justify an intervention that results in the death of the preborn baby [Blázquez, *op. cit.*].

[19] Pope Paul VI, *Humanae Vitae* (¶14), July 25, 1968, and Pope Pius XII, "Allocution to Midwives," (¶27), October 29, 1951.

[20] Pope Pius XII, address to the Family Front Congress on November 27, 1951.

[21] John M. Swomley. "Six Ethical Questions." Propaganda pamphlet by the 'Religious' Coalition for Abortion Rights, June 1987, page 3.

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: The Question of Ensoulment



 SHARE

The Question of Ensoulment.

Saints Thomas and Jerome. Some pro-abortion propagandists with no particular regard for the truth point to the fact that Saint Thomas and Saint Jerome speculated as to when the soul was infused by God, and say that this uncertainty constitutes a definite approval of abortion. Others, like Dr. Robert E. Hall, simply make flatly untrue statements such as "One can admire St. Augustine for conceding that no one will ever know when fetal life begins." [22]

Other misleading statements by bogus "Catholics" used to prop up their unjustifiable support of prenatal child killing are even more bizarre. For example, "Catholic" Marjorie Reilly Maguire, a former board member of the National Abortion and Reproductive Rights Action League (NARRAL, now NARAL Pro-Choice America) and 'Catholics' for a Free Choice, claims with a straight face that the Annunciation "proves" that ensoulment does not take place until the mother consents to "the pregnancy that is within her." [23]

Keep in mind that, according to the Gospels, the Virgin Mary consented *prior* to the moment of conception.

These statements are illogical and, of course, dead wrong. Both Saints Thomas and Jerome recognized that ensoulment and abortion were two distinct and separate issues. They both condemned abortion in the strongest possible terms (see Figure 9-2 for one of St. Jerome's statements against abortion).

In any case, the matter of when the body is 'ensouled' has historically made no difference to the Catholic Church; see the quotes in Figure 9-2 by Saints Basil and Jerome, for proof. It is quite obvious from the language he uses that St. Basil had extensive experience in dealing with Fourth Century pro-abortion doublespeak.

In summary, Saints Thomas and Jerome were postulating a theory based upon the best medical knowledge of their time, which had been set forth by Aristotle centuries before. Aristotle taught that the unborn did not become human until forty days after conception. This notion was only discarded in 1621, based upon the work of Paulo Zacchia in his *Quaestiones Medico-Legales*, question 9.1.

Consistency at Any Ridiculous Cost? It is quite evident that the 'ensoulment' argument is nothing more than a red herring. It is an attempt to 'prove' that the Catholic Church is 'inconsistent' in its teachings on abortion.

In reality, of course, pro-aborts couldn't care *less* when the soul is infused. They know that such a concept cannot be *scientifically* proven one way or the other, so they are 'safe.' They can continue to kill with uncluttered consciences.

If someone suddenly developed a new and advanced technology that could definitively detect the presence of a soul in the preborn child, does any thinking pro-lifer believe that the pro-aborts would suddenly give up their precious 'right' to kill as a result?

If there are people that naive out there, we know of a slightly-used bridge for sale at a very attractive price ...

Pro-abortion groups will go to laughable extremes in their attempts to prove 'inconsistency' in Church teachings. For example, they actually say with a straight face

that the Catholic Church is not consistent because it does not insist on a funeral Mass for each miscarried baby.

This amazing assertion glaringly highlights the pervasive pro-abortion double standard. On the one hand, the pro-aborts insist that any mother who wants to kill her child should be able to define it out of existence with a mere thought, i.e., "This baby is unwanted, and therefore does not exist." She doesn't *need* the validation of Church or State or any other authority. All she needs, curiously enough, is an abortuary to eliminate this supposedly 'nonexistent' baby.

On the other hand, a grieving pro-life mother who has miscarried has to jump all kinds of hurdles before the existence of *her* baby can be 'validated.' The pro-abortionists say that she *must* have a funeral Mass and the participation of the Catholic Church, a Catholic priest, and numerous other people before *her* opinions and feelings are legitimized.

What blatant inconsistency!

Also, whatever happened to the 'right to privacy' cherished by the pro-aborts? Apparently, it is only for *them*. After all, they're special cases. Just ask them.

This is typical of the pro-abortion mentality. The mother's wishes or biological fact do not make the baby a human being; the funeral does!

The National Abortion and Reproductive Rights Action League even insisted in its June 1978 *A Speakers and Debaters Notebook* that every Catholic woman must have a formal funeral Mass and burial each time she menstruates, since the 'products of menstruation' *just might* include an unnoticed very early miscarriage! Population controller Garrett Hardin, always at the forefront of the abortion debate with a wide variety of silly statements, weighed in with the slightly differing (but still profoundly absurd) opinion that "Whenever a woman is late with her period, the menstrual products will have to be collected and given a proper burial." [24]

These and other pro-abortionists know that the Catholic Church is potentially their most dangerous enemy, and thus they are constantly trying to saddle it with obviously impossible missions in the name of 'consistency.' NARAL would just *love* to see Catholic priests spend 90 percent of their time saying funeral Masses for used Stayfree mini-pads!

Ah, the 'logic' of the abortophile mentality! As Ralph Waldo Emerson once said, "A foolish consistency is the hobgoblin of little minds."

Conclusion. Most pro-abortionists don't believe in God (at least not a Christian God), and therefore don't believe that human beings have souls. Why, then, are they quibbling about a concept that they don't believe in to begin with? Why, to divert attention away from the central issue — the immoral and unethical slaughter of real live unborn babies.

Curiously, those very few pro-aborts who *do* believe in 'ensoulment' are nevertheless willing and eager to kill what they believe *does* have a soul — the unborn baby.

[Go to Next Topic: Baptism for Preborn Babies](#)

[Return to Catholic Church Teachings on Abortion Table of Contents](#)

Footnotes for "The Question of Ensoulment"

[22] Robert E. Hall, M.D. "Time Limitation in Induced Abortion." Sarah Lewit (Editor). *Abortion Techniques and Services: Proceedings of the Conference, New York, N.Y., June 3-5, 1971*. Amsterdam: Excerpta Medica, 1972.

[23] National Abortion Rights Action League board member Marjorie Reilly Maguire, quoted in D.J. Dooley, "The Cuomo Syndrome." *Fidelity Magazine*, December 1987, pages 8 to 11 [Daniel Maguire divorced Marjorie and married another woman. She has left theology and has become a lawyer, and has even condemned 'Catholics' for a Free Choice, on whose board she sat for some years. She follows Dan to his speeches and takes the microphone to call him an "adulterer" and a "spiritual rapist," among other uncomplimentary things. Dan, a frequent civil libertarian and CFFC member, has long called for an open Catholic Church where everyone can speak his or her mind. But he got an injunction to stop Marjorie from speaking against him. Not everyone has a right to speak, it seems (Richard John Neuhaus. "While We're at it." *First Things*, February 1993, page 74)].

[24] "Interview: Garrett Hardin." *Omni Magazine*, June 1992, pages 56 to 63.

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: Baptism for Preborn Babies



 SHARE

Baptism for Preborn Babies.

Is Their Baptism Possible? Many Catholics believe that the greatest tragedy of abortion is not the actual deaths of preborn babies, but their loss of Heaven due to the fact that they were not baptized.

However, it is rather presumptuous to state as fact that all unbaptized people go straight to Hell (or even to some Limbo-like state), because this includes a broad assumption that God is restrained by certain laws as understood by man. God's power obviously cannot be limited by the desires or opinions of men; His power is infinite, and He can do anything He wants, including welcoming to Heaven unbaptized preborn babies. Some theologians believe that, after their deaths, God gives aborted and miscarried babies full knowledge and does so that they may make their own decision about eternity, just as they would have done on earth.

It is a repugnant concept that God would condemn to Hell a person who, through no fault of his own, has never heard of Christ. Therefore, the Catholic Church teaches that even persons who have never heard of Christ may be worthy of Heaven if they live a benign lifestyle that generally adheres to the precepts of Christianity. Since unborn babies are guilty of no sin other than original sin, they certainly fit this category.[25]

As proof of this, the Catholic Church has formally canonized as Saints a group of *unbaptized* persons — the Holy Innocents, who died directly because of others who hated Jesus, just as all of the aborted babies are dying for hate of Him today.

The Baptism of Desire. Catholic pro-life groups, including Catholics United for Life (CUL) and the Shield of Roses, commonly pray the Rosary for the dying and the dead outside abortuaries. The purpose of these Rosaries, in part, is to request the baptism of desire for the unborn babies being slaughtered there that day. Even if the aborting mothers are atheists and couldn't care less about their babies' souls, Catholics believe that it is possible to request baptism for them. This is essentially the same understanding used by mothers who conditionally baptize their miscarried babies.[25]

The Baptism of Blood. Many religions share the belief that those who die for God are martyrs who gain Heaven. Catholicism is no exception. Many believe that the little preborn babies who die of abortion are sacrificed for convenience (or necessity, in rare cases), and are therefore true martyrs, as were the Holy Innocents, the babies who died at Herod's hands in place of Jesus.

The Catholic Church canonized the Holy Innocents due because their deaths were to *odium fidei*, or hatred of the Faith. Father Benedict Groeschel says that it is reasonable to expect that unborn babies may also be killed due to *odium fidei* (or *odium Dei*), and therefore assume the status of latter-day Holy Innocents.[26]

In *Evangelium Vitae*, Pope John Paul II says

I would now like to say a special word to *women who have had an abortion*. ... If you have not already done so, give yourselves over with humility and trust to repentance. The

Father of mercies is ready to give you his forgiveness and his peace in the Sacrament of Reconciliation. You will come to understand that nothing is definitively lost and you will also be able to ask forgiveness from your child, who is now living in the Lord [¶99].

On Extreme Unction for Infants. Many pro-abortionists practically go into a frenzy looking for perceived 'inconsistencies' in the teachings of the Catholic Church, and will bellow triumphantly when they 'find' it — even if their conclusions are mistaken because they have failed to do proper research.

One typical example of mistakenly-perceived 'inconsistency' deals with the administration of the Sacrament of Extreme Unction ("The Last Rites") to infants. As illegal abortionist Ruth Barnett asserted,

However, somewhat contradictory [sic] I would think, is the fact that Catholic priests do not, ordinarily, give a fetus the usual extreme unction or burial services afforded a still-birth. It seems to me that this kind of differentiation, in practice, is in variation with their beliefs. If they do consider the fetus to be alive, why do they deny it the extreme unction given the child born dead? I have never heard this question answered.[27]

It is quite obvious that Barnett never bothered to ask a competent Catholic priest her question on Extreme Unction, or she *would* have heard it properly answered. To begin with, Barnett flaunts her ignorance of the Catholic faith by asserting that stillborn babies receive Extreme Unction. This is impossible, since this Sacrament can only be given to living people. Stillborn babies are dead. If there is some question as to whether or not the baby is living, this Sacrament may be administered conditionally.

As for her 'unanswered' question, Extreme Unction is not usually given to *any* children under the age of reason (about seven years). This is because intent is a necessary part of any sin and children under seven are deemed incapable of having the intent necessary to commit serious sin. Therefore, priests generally do not administer Extreme Unction to very young children because they have no intentional sins to remit.

For Those Who Think the Pope is Just the Bishop of Rome.

Almost all anti-life 'Catholics' know the truth about abortion. They simply want to rationalize their 'trendy' beliefs, both to themselves and to others (this is a very common phenomenon, and is well-known to psychiatrists). And they try to do so with absurd and dangerous assumptions that even they know, deep down inside, are false. Somehow they think, that on the Judgement Day, they will be able to excuse themselves by saying that they were sincere. But our eternal Judge knows better, because He knows us much better than we know ourselves. As Benjamin Franklin once said, "The greatest power of the mind is its capacity to deceive itself."

One of the more common assertions made by anti-life 'Catholics' in this country is that the Pope is just another Bishop of a small and not particularly important Archdiocese in some far-flung Mediterranean country. As such, why should we listen to him? The reason for this subterfuge is obvious. The pro-abortion propagandists loathe the unyielding pro-life stance of the current Pope, and so disregard his edicts in favor of a local 'authority' that better suits their viewpoint.

To these 'Catholic' pro-abortionists, we say: Listen to your own United States Bishops, who have repeatedly condemned abortion for any reason. The dates of just a few

Bishops, who have repeatedly condemned abortion for any reason. The dates of just a few of their major declarations, statements, and letters against abortion are listed below.

Figure 9-4

Summary of Recent Statements of the United States Catholic Bishops Against Abortion

"The sweeping judgement of the U.S. Supreme Court in the Texas and Georgia abortion cases [the *Roe v. Wade* and *Doe v. Bolton* cases] is a flagrant rejection of the unborn child's right to life ... Although as a result of the Court decision abortion may be legally permissible, it is still morally wrong, and no Court opinion can change the law of God prohibiting the taking of innocent human life."
— National Conference of Catholic Bishops, January 24, 1973.

- Statements against abortion by the National Conference of Catholic Bishops (NCCB), January 24, 1973; April 7, 1970; February 13, 1973; September 18, 1973; November 13, 1973; and November 20, 1975.
- Bishops of Connecticut, September 1974
- Bishops of Illinois, March 20, 1969
- Bishops of Illinois, February 3, 1971
- Bishops of Indiana, December 1972
- Bishops of Maryland, January 27, 1971
- Bishops of Massachusetts, March 1971
- Bishops of Massachusetts, February 1972

Bishops of Massachusetts, February 1972

- Bishops of Missouri, December 1970
- Bishops of New Jersey, March 1970
- Bishops of New York, February 12, 1967
- Bishops of New York, February 13, 1970
- Bishops of New York, March 19, 1970
- Bishops of New York, December 2, 1970
- Bishops of New York, April 7, 1972
- Bishops of Pennsylvania, September 1970
- Bishops of Texas, April 1971

Reference: All of the above Bishop's declarations, statements, and pastoral letters are reproduced in their entirety in the Daughters of St. Paul's book *Yes to Life*. Order from Daughters of St. Paul, 50 St. Paul's Avenue, Boston, Massachusetts, 02130. 328 pages, 1976, \$12.95.

If, even after seeing all of this evidence, an anti-life person continues to insist that there is some ill-defined 'plurality of opinion' regarding abortion within the Roman Catholic Church in the United States, simply ask him or her for a statement by *any* Pope or Bishop supporting abortion for any reason. If the person is to any faint degree open-minded, this should finally close the argument. You may wish to conclude by showing them the next few paragraphs dealing with excommunication.

[Go To Next Topic: *What Diversity of Opinion?*](#)

[Return to *Catholic Church Teachings on Abortion Table of Contents*](#)

Footnotes for "Baptism for Preborn Babies"

[25] The *Homiletic & Pastoral Review* has printed several excellent discussions on the concept of Baptism of Desire. Specifically, see Father Francis C. O'Hara's article entitled "Limbo — in Terms of Abortion" in the January 1985 issue and the rebuttal letters by Father Thomas Cleary, Father David Altman and Richard A. Ruth in the June 1985 issue. Back issues of this monthly magazine produced primarily to aid priests in the preparation

Each issue of the monthly magazine, produced primarily to aid priests in the preparation of sermons, are commonly saved by priests in larger parishes and by offices of various Archdioceses.

[26] Christopher Bell. "Where Do the Unborn Go?" *National Catholic Register*, June 23, 1991, page 4.

[27] Illegal abortionist Ruth Barnett. *They Weep On My Doorstep*. Beaverton, Oregon: Halo Press. 1954, page 107.

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: What Diversity of Opinion?



 SHARE

What "Diversity of Opinion?"

"I know that if either of my girls came to me and said, "Mom, I'm pregnant, and I'm not gonna have that baby," I would say "Here's the money. Please go see a doctor.""
— Geraldine Ferraro, *Ms. Magazine*, July 1984.

Introduction. Pro-abortion propagandists very commonly claim that the Catholic Church has, at one undefined time or another, tolerated abortion. Even if the Catholic Church *had* approved of abortion at one time (AND IT NEVER HAS), its teachings *now* are what is relevant. And that teaching is unyieldingly against abortion.

The treasured "diversity of opinion" has, on the one side, the Pope, the Cardinals, the Bishops, all *reputable* theologians, and the Magisterium of the eternal Roman Catholic Church. On the other side is a ragtag, disreputable gaggle of defrocked priests, dissidents, and those with an unending itch to destroy that which stands for good. These people include;

- disgraced priests and ex-priests, including Father Charles Curran and Daniel C. Maguire, all of whom have been disavowed and reprimanded by Rome;
- renegade nuns, like Barbara Ferraro and Patricia Hussey, who have been censured by Rome, and who have quit their orders; and
- famous pro-abortion 'Catholic' lay people who actually profit from their unethical stance, including Ted Kennedy, Pamela Maraldo, Frances Kissling, William Brennan, Mario Cuomo, Geraldine Ferraro, and Mary Ann Sorrentino.

Just a few examples of the dissidents' bizarre antics and ridiculous statements are shown below. The phrase, "by their fruits you shall know them" rings true in the cases of these pro-abortion propagandists.

Warped 'Tradition.' Father Richard McBrien, former Chairman of the Theology department at the University of Notre Dame, says that "Catholic tradition" forbids efforts to change current American law on abortion. Father Charles Curran agrees. Naturally, in their view, "Catholic tradition" allows changing the American law to *permit* abortion!

Father Raymond G. Decker, Assistant Dean of Loyola University School of Law, said that *Roe vs. Wade* "... is more in accord with fundamental Christian principles ... than the positions reflected in the rather strident criticisms it has received from certain Catholic sources."

Washington's Archbishop James A. Hickey stated that pro-abortion Catholic politicians and judges, no matter how ruthlessly they push abortion, are "practicing Catholics in good standing." The examples he gave: Fanatical pro-abortion U.S. Senator Ted Kennedy, who walked away from a drowning Mary Jo Kopechne at Chappaquiddick, and William Brennan, the 'brains' behind the *Roe v. Wade* Supreme Court decision that

and William Brennan, the brains behind the Roe v. Wade Supreme Court decision that condemned literally tens of millions of preborn children to death.

Archbishop Hickey's claim was in direct contradiction to the November 18, 1974 Vatican *Declaration on Procured Abortion*, which clearly stated that "Nor can he [the politician] take part in a propaganda campaign in favor of such a[n abortion] law, or vote for it."

That Blasted Vaccine Again ... Certain pro-abortion priests and ex-priests (including Daniel Maguire, Richard McCormick, James Halstead, Louis Janssens, Abel Jeanniere, and Pierre Simon) say that Pope Leo XII declared in 1829 that smallpox was a judgment from God and that "the smallpox vaccination is a challenge towards Heaven."

In a failed attempt at parallelism, these dissidents use this purported quote by Pope Leo XII to 'show' that the Catholic Church does indeed change its moral teachings with regard to biological matters like birth control, sterilization, and abortion.

However, after intensive research, experienced investigator Father Donald Keefe concluded that no such papal statement or Bull existed in any records anywhere, and the above-mentioned dissident priests could not provide substantiation of the statement. In other words, some abortophile simply made the statement up and every one of these 'theologians' was so eager to attack the Catholic Church that they seized upon the fabrication without bothering to check it for authenticity.[28]

More 'Nonsense.' The pro-abortion National Coalition of American Nuns (NCAN), in its "Statement on Its Opposition to the Hatch Act," made perhaps the smoothest "personally opposed, but ..." excuse ever when it said that "While we continue to oppose abortion, in principle and in practice, we are likewise convinced that the responsibility for decisions in this regard resides primarily with those who are directly and personally involved."

The 'Know-Nothings' Are Back. Historians remember the hysterical anti-Catholic propaganda vomited by the Know-Nothing Party and the Ku Klux Klan in the 1800s and early 1900s. Embittered former 'Catholics' have resurrected this garbage and are freely spewing it today;

The financial demands made on Catholics are atrocious. Churches are extremely wealthy institutions. I see what Churches have because I work in a bank. I work hard for what I have, and I need what I have for myself. I can't afford to support a priest. Let the priest support me once in a while. The Pope sits over there and makes all the rules and shakes his head, "Yes, no, yes, no.' He's got all those jewels. Who does he think he is? Did he ever sit down and talk to a woman who got into a jam? I'd like to say to him, "If I had this child, would you take care of it? Pull a few of those rocks off that habit and take care of it for me? Give up your jewels ...

This trash is not produced by white-robed KKK bigots but by bitter former 'Catholic' Neofeminists who claim to 'love their Church.' The above quote is from a 'Catholics' for a Free Choice booklet entitled "My Conscience Speaks: Catholic Women Discuss Their Abortions." It is one CFFC's "Abortion in Good Faith" series of anti-Catholic tracts that

bear titles like "I Support You But I Can't Sign My Name," "We Are the Mainstream," and, amusingly, "Morality Reborn." [29]

The media and others, of course, attempt to abuse the 'Seamless Garment' to condemn every pro-lifer — no matter how sincere or holy, or no matter how much they do in other areas — if they dare to oppose abortion in any way. For example, Christopher Hitchens, former editor of *Newsday*, who refers to Mother Teresa as "the ghoul of Calcutta," discusses his visit to one of her hospices;

I was about to mutter some words of praise, when M.T. [Mother Teresa] announced, "You see, this is how we fight abortion and contraception in Calcutta." M.T.'s avowed motive somewhat cheapened the ostensible work of charity, an exercise in propaganda for the Vatican's heinous policy of compelling the faithful to breed, and denying where it can the right of non-believers to get hold of birth control. After this experience with the leathery old saint, I kept up an M.T. watch of sorts.

I wasn't surprised to see her turn up in Haiti a few years later, as a kind of paid confessor to the Duvalier gang ... in August 1989, she made an official visit to the worst of all Stalinist tyrannies (Albania). ... Having prostituted herself for the worst of Communism, it was an easy and worldly step to embrace the worst of capitalism. [30]

Hitchens also recommended that Governor Edmund Brown of California "couldn't make a better move than dropping the old hell bat over the side [of a yacht]." [30]

Using Contraception As a Wedge — Again. One particularly clever tactic the Neoliberals use to undermine Church teaching on abortion is to claim that most Catholic men and women ignore Church teaching on contraception. Therefore, of course, since this is America where the majority rules, the Church must be 'wrong' on contraception. It naturally follows that the Church might also be 'wrong' on abortion.

Unfortunately, the Neoliberals are entirely correct when they claim that the majority of Catholic men and women ignore Church teachings on artificial contraception.

The 1988 *National Survey of Family Growth*, conducted by the National Center for Health Statistics, showed that;

- 72 percent of all married Catholic couples of childbearing age in the United States use some form of artificial contraception or sterilization to limit childbearing. 55 percent of these said they relied on the pill, 22 percent on tubal ligation, 12 percent on vasectomy, and 11 percent on other artificial methods.
- 3 percent of all Catholic couples use some form of natural family planning (NFP), the only Church-approved method of limiting family size.
- The remaining 25 percent of all married Catholic couples use no form of fertility control, because they are either naturally infertile or are attempting to get pregnant. [31]

The flaw in the Neoliberal line of reasoning is quite plain. The Catholic Church is not *anti-American*; but it is *un-American* in that it is *not* a democracy. God did not set up a pluralistic system. He made the rules; the Church interprets the rules; and it is up to us

parasitic system. He made the rules, the Church interprets the rules, and it is up to us to follow the rules.

If only one Catholic man or woman in the country adhered to Church teachings on abortion or contraception while everyone else ignored them, that one person would be in the right. Everyone else would be wrong.

But the Neoliberal mind simply cannot grasp the concept that "freedom of choice" does not mean that we simply do whatever we want. Faithful Catholics submit their personal autonomy to the truth of God's Word. By following that truth, they are set free in an infinitely more rewarding and lasting way. Neoliberals do not believe in this higher truth and freedom.

[Go to Next Topic: Analysis of *The New York Times* Statement](#)

[Return to *Catholic Church Teachings on Abortion* Table of Contents](#)

Footnotes for "What 'Diversity of Opinion?'"

[28] Fellowship of Catholic Scholars Newsletter of September 1986, quoted in the February 26, 1989 *National Catholic Register*.

[29] William McGurn. "Catholics & 'Free Choice.'" *National Catholic Register*, February 14, 1982, pages 2 and 6.

[30] Christopher Hitchens, editor of *Newsday*, quoted in Henry V. King. "Left-Wing Columnist Unleashes Vicious Slurs Against Mother Teresa." *The Wanderer*, September 24, 1992, pages 1 and 8.

[31] Catholic News Service. "Most Catholic Women Ignore Church-Accepted Form of Birth Control." The Portland, Oregon *Catholic Sentinel*, January 24, 1992, page 7.

Facts of Life: Chapter 24: Eugenics: Does Abortion Lower the Crime Rate?



 SHARE

Does Abortion Lower the Crime Rate?

The Researchers Make Their Case. In 2001, John J. Donohue III and Steven D. Levitt, law professors at Stanford and the University of Chicago respectively, published an article in Harvard University's *Quarterly Journal of Economics* in which they concluded that "Legalized abortion contributed significantly to recent crime reductions. ... Legalized abortion appears to account for as much as 50 percent of the recent drop in crime." The authors certainly did not recommend that abortion be used to curb crime, but noted that "Crime began to fall roughly 18 years after abortion legalization," and that the social benefit of this decrease in crime is about \$30 billion annually.[120]

Donohue and Levitt wrote that, since 1991 - 18 years after *Roe v. Wade* legalized abortion - murder rates have fallen faster than at any time since the end of Prohibition in 1933. They said that homicide rates are down 40 percent and violent crime and property crime are down 30 percent. They added that the five states that legalized abortion earlier than 1973 [New York, California, Washington, Hawaii and Alaska] also experienced earlier declines in crime. Finally, they found that states with especially high abortion rates in the 1970s and 1980s had especially dramatic crime reductions in the 1990s.

Let us examine the crime statistics for a moment.

Donohue and Levitt are certainly correct when they say that violent and property crimes are down by astonishing numbers since 1991. Figure 24-12 shows that the rates (not absolute numbers) of these crimes have decreased by the following percentages over the time period 1991 to 2004;

- Murder - 44%
- Forcible rape - 24%
- Robbery - 50%
- Aggravated assault - 33%
- Property crimes - 32%

Other statistics support Donohue's and Levitt's conclusion that states with especially high abortion rates in the 1970s and 1980s also had especially dramatic crime reductions in the 1990s. Figure 24-13 shows that, with some notable exceptions, there is a strong correlation between these two factors.

There are certain other statistics that support the findings of Donohue and Levitt;

- Unmarried women and teenage girls account for 80 percent of all abortions obtained in the United States, and 55 percent of all unmarried women's pregnancies end in abortion, as compared to less than 10 percent of married women's pregnancies (see *Facts of Life* Chapter 19, "United States Abortion Statistics") [121] Children born to

Facts of Life Chapter 19, "United States Abortion Statistics" [121] Children born to such mothers have a higher than normal probability of committing crimes in the peak ages for crime, 18 to 24. Therefore, a higher abortion rate among unmarried women would apparently lead to a decrease in crime.

- The likelihood of future criminal behavior declines if children are born into better environments. Teenagers and unmarried and poor women are most likely to consider a pregnancy unwanted, and unintended pregnancies are associated with poor prenatal care, greater smoking and drinking during pregnancy, and lower birth weights, all associated with higher crime rates in children.

The crucial statistic here is that the crime rate is generally highest in the age cohort 18 to 24. Since *Roe v. Wade* legalized abortion in 1973, this means that the first year that part of a generation (presumably the most crime-prone part) was aborted would be in $(1973 + 18) = 1991$.

The Pro-Aborts Hop on the Bandwagon. A number of prominent pro-abortion groups and individuals immediately seized on the results of the Donohue-Levitt study and used them as justification for committing as many abortions as possible.

For example, Canadian abortionist Henry Morgentaler, in an op-ed piece heartlessly entitled "It's Better For Us That They Died," declared moral vindication and grumbled that he had been saying for decades that abortion would reduce crime.[122]

Virtually every other pro-abortion group also trumpeted the findings of Donohue and Levitt for several months. However, their voices fell silent almost as one when various researchers began questioning the abortion-crime link.

Problems With the Conclusion. While Donohue and Levitt were doing their research, other scientists were addressing the same question and arriving at opposite results.

Law professors John R. Lott, Jr. of Yale Law School and John E. Whitley of the University of Adelaide found that legalizing abortion *increased* murder rates by up to 7 percent. They concluded that legalizing abortion is a contributing factor to the great increase in out-of-wedlock births and single parent families, which is borne out by United States Census Bureau statistics, as shown in Figure 24-14.[123] Since 1970, the percentage of single-family households in the United States has nearly doubled, from 13.1 percent to 28.3 percent, and the percentage of out-of-wedlock births has more than tripled, from 10.7 percent to 36.0 percent.

There are many other difficulties with the thesis that legalized abortion leads to a decrease in violent and property crimes;

- Statistician David Murray of the Statistical Assessment Service (SAS) pointed out that the drop in crime rate correlates with a number of different social and cultural

that the drop in crime rate correlates with a number of different social and cultural developments during the same time period (1991 to 2001). Murray confirmed that young males between the ages of 17 and 25 do commit the majority of crimes. However, if abortion *did* reduce crime, the crime rates in the United States would have dropped first among young people. They did not. Instead, the number of crimes committed by older people dropped first. Additionally, the rate of homicides committed by young females - which should have been equally affected by abortion as males - has not dropped.[124]

- Murray also points out a crucial fact: That other nations with high abortion rates have not shown a decrease in crime about eighteen years after they legalized abortion. For example, in Great Britain, which legalized abortion in 1968, violent crime has been *rising* steeply since about 1985 - exactly when it should have been declining, according to the Donohue-Levitt thesis. Additionally, Russia, with the highest abortion rate on earth, is experiencing a tidal wave of every kind of violent crime in the aftermath of the breakup of the Soviet Union.[124]
- FBI statistics show that the murder rate in 1993 for 14- to 17-year-olds (born in the high abortion years of 1975-1979) was a horrifying 3.6 times higher than that of the kids who were the same age in 1984 (who were born in the pre-legalization years of 1966-1970). Additionally, since Black women were having abortions at a much higher rate than White women, we should have expected the murder rate among Black youth to have declined beginning in about 1991. Instead, it *increased* by a factor of more than *five* from 1984 to 1993.[125]
- The huge increase in violent crime that peaked in 1991 and then began to decline is related to the crack epidemic, not to abortion. The Donohue-Levitt study confirms that the crime rate rose and fell exactly where crack cocaine was most easily available - in the large cities and among young Black males.[125] This is also confirmed by the *rise* in crime during the time period 1984 to 1991, after a decline from 1980 to 1984. If abortion were the primary cause of a decline in violent crime, the crime rate would have been relatively stable during the time period 1980 to 1991 (see Figure 24-12). Donohue and Levitt also describe the current drop in crime as the "greatest since the end of Prohibition in 1933." Just as that drop in crime was caused by changes in social factors - and not the easier availability of abortion - the current drop in crime is also the result of many interacting social factors.
- Professor Alfred Blumstein and Joel Wallman edited a 2000 book entitled *The Crime Drop In America*, in which they say "The reader is left with the assessment that 25 percent of the drop was the result of the prison expansion movement and that the significant drops in crime during the 1990s was also a result of changing drug use, increased gun control/intervention efforts, changes in adult and juvenile homicide rates, changes in policing, the labor market, and basic demographics. In other words, the crime drop was caused by a host of key factors mostly resulting from changes in political, economic, and social conditions, thus creating an intricate web of causes affecting the crime rates since 1992." [126]
- Dr. Ted Joyce of Baruch College and the National Bureau of Economic Research (NBER) says that he is "pro-choice." Yet he said that "I analyzed changes in homicide and arrest rates among teens and young adults born before and after 1970 in states that legalized abortion prior to *Roe v. Wade*. I compared these changes with variation in homicide and arrest rates among cohorts from the same period but who were unexposed to legalized abortion. I find little evidence to support the claim that legalized abortion caused the reduction in crime. I conclude that the association

that legalized abortion caused the reduction in crime. I conclude that the association between abortion and crime is not causal, but most likely the result of confounding from unmeasured period effects such as changes in crack cocaine use and its spillover effects." [127]

Furthermore, there is a pertinent question, albeit one difficult to research: Does the policy of abortion on demand, which reduces children to "choices" and pregnancies to casually disposable inconveniences, contribute to the mentality that does make many children - not just pregnancies - "unwanted" by their mothers? This certainly seems likely, which means that abortion culture itself causes crime.

[Go to Next Topic: The Moral Conclusions](#)

[Return to *Eugenics* Table of Contents](#)

Endnotes for "Does Abortion Lower the Crime Rate?"

[120] John J. Donohue III and Stephen D. Levitt. "The Impact of Legalized Abortion on Crime." Harvard University's *Quarterly Journal of Economics*, May 2001. The complete article is available on the Internet in PDF format at <http://mitpress.mit.edu/journals/QJEC/Donohue.pdf>.

[121] Stanley K. Henshaw and Jennifer Van Vort. "Abortion Patients in 1994-1995: Characteristics and Contraceptive Use." Alan Guttmacher Institute's *Family Planning Perspectives*, July/August 1996, pages 140 to 148.

[122] Canadian abortionist Henry Morgentaler. "It's Better For Us That They Died." Guest op-ed piece in the May 18, 2001 *Canadian National Post*.

[123] John R. Lott, Jr. of Yale Law School and John E. Whitley of the University of Adelaide. "Abortion and Crime: Unwanted Children and Out-of-Wedlock Births." Yale Law & Economics Research Paper No. 254, April 30, 2001.

[124] "Statistician Says Abortion-Crime Study is Erroneous." Fox News, May 16, 2001; Steven Ertelt's *Pro-Life Infonet*, May 17, 2001. Also see the *National Post* online, May 17, 2001.

[125] Federal Bureau of Investigation, United States Department of Justice Web site at <http://www.ojp.usdoj.gov/bjs/homicide/ageracesex.htm#oars/>, table entitled "Homicide Offenders by Age, Gender, and Race, 1976-99."

[126] Professor Alfred Blumstein and Joel Wallman [Editors]. *The Crime Drop In America* [Boston: Cambridge University Press, 2000].

[127] Edward Szymkowiak, National Director of STOPP International. "A Response to

"The Impact of Legal Abortion on Crime". For a copy of this excellent summary of rebuttals to the Donohue-Levitt study, contact him at <http://www.all.org/stopp>.

Mission Report: East Timor: August 2007



Joseph Meaney, August 24-30, 2007

East Timor, or Timor-Leste, is located in Asia, but it may surprise you to learn that **they have the distinction of being the most Catholic country in the world.** I was told by diocesan officials that 98% of the population is baptized Catholic. I just returned from HLI's first pro-life missionary journey to this unique place.

The Portuguese first evangelized the Timorese people in the 16th century. They were gradually driven out of most of their Asian outposts by the Dutch from the 17th to the 19th centuries but maintained themselves in the eastern part of Timor Island. In November 1975, Timor-Leste declared independence from Portugal. Nine days later, surrounding Indonesia invaded with overwhelming military forces and took over the country. US Secretary of State Henry Kissinger, who had just crafted the NSSM 200 population control policy¹, told Indonesian President Suharto he accepted the Cold War logic that they were making a preemptive strike on Communism on the island. For the next 24 years a brutal occupation ensued, and the US barely protested the repression that eventually killed over 100,000 Timorese.²

During this period of extraordinary trials, **the Catholic Church stood practically alone with the suffering people of East Timor**, providing hope in the darkness and as much material help as possible. Indonesia is predominantly Muslim, so the resistance in Timor took on a religious dimension. An anti-communist edict by the occupiers required all citizens to adopt one of the officially recognized religions-Islam, Christianity, Buddhism, or Hinduism. Given these choices, the remaining animists in East Timor became Catholic. Irony of ironies, Islamic Indonesia contributed to the completion of Timor's conversion to Catholicism! I was astonished to learn that an 88-foot tall statue of Jesus Christ, which dominates the bay across from the capital city of Dili, was erected by the Indonesians. It was a goodwill gesture during the period they were trying to annex East Timor.

HLI would almost certainly have brought our pro-life efforts to Timor-Leste before now, except for the violence that continues to plague this unfortunate nation. (For example, as I was flying there I saw on airport televisions breaking news of violent political riots, including fatalities and the burning of dozens of homes.) The current US State Department's travel advisory for Timor-Leste urges extreme caution and warns US citizens to defer travel there due to civil unrest.³ Fortunately, my wonderful hosts escorted me everywhere we had to go, and we kept away from dangerous areas. **Couples for Christ (CFC), a dynamic international Catholic group founded in the Philippines, has some marvelous representatives in Timor who invited me for their first family life conference.** Mon and Tita Santiago are so family oriented, they even brought one of their daughters, her husband, and grandson to be part of the CFC

mission team! Pedro and Nina Turquel lovingly welcomed me into their home, showing tremendous Catholic hospitality. Nevertheless, it was a unique experience to see that the house across the street had been burned to a hulk by rioters in the not so distant past.

WARMEST WELCOME EVER TO HLI BY THE TIMOR-LESTE CATHOLIC CHURCH

Bishop Alberto Ricardo Da Silva of Dili not only met with us, ***he attended an 8-hour HLI pro-life training day*** (and sat in the front row the whole time), which I gave for the Catholic clergy. With that kind of leadership, it is no mystery to me why the seminary is filled with priestly vocations, and young religious sisters are everywhere to be seen. The opening Mass of the family life conference was standing-room-only with hundreds more participating by congregating outside the large church and looking in through the doors and windows. Despite the huge crowd, it was heart-rending to see that when the collection baskets went around, very few of the desperately poor people could give more than pennies. (East Timor has adopted the US currency as its national currency-so I was literally looking at US pennies.)

The Timorese culture is very lively. Our pro-life and pro-family talks at the conference entitled, "Christian Families: The Hope of the Church and Society," were interspersed with singing and short skits depicting married life, resisting the devil, and an updated parable of the Good Samaritan. The conference addressed the fact that living Christian/democratic values is a problem, especially for political parties who see violence as an alternative to getting elected fairly. It was a pleasure to speak with the president of the national university and the minister of education who attended the conference. The hall could not hold any more people than the 400 enthusiastic young Timorese and CFC delegates from all over the country. My presentation was translated into Tetum, the most widely spoken Timorese language, but I found that most of the leaders I met could also speak English. Perhaps this is because of the several thousand-principally Australian and New Zealander-peacekeeping troops stationed in East Timor and the fact that many persons go to neighboring Australia. The Timor national television news covered the pro-life conference extensively.

My hosts organized a series of pro-life training days as part of the HLI missionary trip. Going to the National Hospital for one of these training sessions directed to medical personnel was a unique experience. The hospital director graciously welcomed me and rolled out the red carpet. I learned from my audience during the course of that day facts about local health care issues that put Timor-Leste in a class of its own. About 300 Cuban doctors are currently practicing medicine in this small country of one million people. They are far more numerous than Timorese doctors and quite problematic. Later ***I heard reports of medical malpractice by the Cubans, including charges that they sterilized mothers without their consent and performed clandestine abortions.*** These doctors are only allowed to leave Cuba if they profess Fidel Castro's ideology, and the rumor is that Communist China pays their salaries. Malaria and Malnutrition are the most common health threats, but efforts against these problems are not making much progress. Dengue Fever, for which there is no protection except

preventing mosquito bites, was also breaking out, making me a bit nervous as I rubbed on extra insect repellent... There is clear need for medical improvements-not Socialist medicine and immoral population control.

MARIE STOPES INTERNATIONAL POPULATION CONTROL EXPERTS IN TIMOR

East Timor has the unfortunate distinction of being the latest country where Marie Stopes International (MSI) has implanted itself. They arrived in 2006 and have a "Reproductive Health" clinic in Dili, which offers the widest range of birth control with an emphasis on surgical sterilization. The Indonesians had also pushed family planning and sterilization during their occupation. They advertise daily in the newspapers at great expense and spread tendentious population control propaganda. One of their pamphlets claims that the average family in Timor-Leste has 8 children and cannot feed themselves, so MSI is there to help with family planning. Statistics in Timor are largely guesstimates, but the best numbers available show the average family as having only 3.45 children.⁴ Poverty is certainly a problem in Timor, but the discovery of vast offshore oil deposits in the Timor Sea could make that a thing of the past if the wealth is properly employed. In any case, **Marie Stopes is motivated by a desire to propagate abortion and population control, not fighting poverty.** Their abortion center in wealthy Vienna is the main establishment HLI Austria contends with to save babies. In Timor, MSI claims to do "post-abortion care." This is a clever tactic, since abortion is illegal in East Timor, but it is quite possible that they sometimes perform actual abortions under the guise of a procedure to clean the womb after "an incomplete abortion." Fortunately, they have few "clients" so far, but they are certain to be malignant advocates of legalizing surgical abortion.

Because of its political troubles, the United Nations, World Bank, and many international Non-Governmental Organizations (NGOs) have congregated in Timor-Leste. Their influence is generally bad when it comes to maintaining protection for preborn human life or moral values. I recall that a byproduct of the UN and international presence in the troubled Democratic Republic of the Congo was a dramatic increase in prostitution, including previously non-existent homosexual prostitution. We can only pray that these negative outside influences will soon be kicked out, thanks to a rapid transition to tranquility and prosperity. The Catholic Church will certainly be a big part of the solution to East Timor's problems, and HLI has pledged to support them with our training, materials, and financial help.

- 
1. See HLI's exposé: http://www.hli.org/nssm_200_exposed.html.
 2. Amnesty International and other groups claim the deaths could be as high as 200,000 people, counting the many innocent civilians who died of starvation and disease due to the brutal conditions imposed by Indonesia.
 3. http://travel.state.gov/travel/cis_pa_tw/tw/tw_2918.html (current as of September 25, 2007.)
 4. <https://www.cia.gov/library/publications/the-world-factbook/docs/ft.html#People>

[Mission Report: Thailand-Malaysia: November 2007](#)



 SHARE

Fr. Thomas Euteneuer and Dr. Ligaya Acosta, November 11-15, 2007

November saw a changing of the guard at Human Life International-Asia, as HLI President, Fr. Tom Euteneuer, announced in Bangkok **the appointment of Dr. Ligaya Acosta as HLI Representative to Asia and the Pacific** effective November 12, 2007. Dr. Acosta took over from long time Executive Director, Dr. Orestes Monzon. Both are from the Philippines.

Dr. Acosta is not new to HLI. Thanks in large part to the influence of Dr. Rene Bullecer of HLI-Pilipinas, she had an amazing conversion in 2004 from being a firm believer in population control and an avid promoter of sterilization and contraceptives for 28 years to a staunch pro-life advocate and activist in her country. Since that time, she has been actively working with HLI-Pilipinas and HLI-Asia in organizing many activities to defend human life, faith, marriage, and the family and exposing the deadly deception of the culture of death - of which she was once a part. She was also with the team of Fr. Euteneuer and Dr. Brian Clowes, who went on a five-day pro-life mission tour in Sri Lanka in October 2005. It is interesting to note that **Dr. Acosta once considered HLI's representative in her country as her "mortal enemy!"** Never did she realize that one day she would jump over the fence and have HLI as her greatest ally!

Dr. Acosta brings with her a wealth of experience in both the anti-life and pro-life fields, and most importantly, an unquestionable passion and commitment to defend life, faith, and the family.

In recognition of her commitment to the pro-life cause, her archdiocese awarded her with a Plaque of Recognition in February 2006, and in October 2006, during the 13th Asia Pacific Congress on Love, Life, and the Family held in Cebu City, Philippines, she was also awarded the *"Father Paul B. Marx Pro-Lifetime Award" "in recognition of her all out efforts and unselfish service in the defense of Faith, Life, and the Family."*

As the leadership in our Asia Pacific office changes, we take this opportunity to thank Dr. Orestes Monzon and his wife, Dr. Edna Monzon, as well as Mr. Marlon Ramirez and all the HLI-Asia co-workers for their diligent decade and a half of work on behalf of life in the most populous region of the world. Not the least of HLI-Asia's accomplishments has been the planning and execution of 14 Asia Pacific Congresses in the strong HLI-Fr. Marx tradition. Blessings and thanks to those in our HLI-Asia family!

14th CONGRESS ON LOVE, LIFE, AND THE FAMILY: BANGKOK, THAILAND, NOVEMBER 11-15, 2007

The 14th Asia Pacific Congress on Love, Life, and the Family was held November 12-14

THE 14th ASIA PACIFIC CONGRESS ON LOVE, LIFE, and the Family was held NOVEMBER 12-17, 2007, at the scenic Pastoral Training Center in Bangkok, Thailand. It was hosted by HLI's representative, Pro-Life Movement-Thailand, who, despite being relatively new in the field, did an excellent hosting job. Great credit goes to Mrs. Usanee Nanasilp for her magnificent organizational skills.

Attended by 240 registered participants, the Philippines registered the highest number of attendees (56), second only to the host country of Thailand (100 participants). **This year's Congress had the most countries represented of all previous Congresses**, including India (13 delegates); Sri Lanka (2); Indonesia (5); Hong Kong (2); Malaysia (3); Myanmar (3); Singapore (2); China (2); Japan (1); Laos (5); Cambodia (8); and Vietnam (2), in addition to Thailand, the Philippines, and the United States. ***Truly, HLI-Asia Family has grown through the years!***

The tone of the congress was set with the Presentation of the Participants, hosted by Dr. Acosta and Attorney Jo Imbong, Legal Officer for the Catholic Bishops Conference of the Philippines. Dr. Acosta proudly introduced herself as the 9th of 11 children, publicly expressing gratitude to God that her parents did not practice birth control, for otherwise she would not be in the world today. Attorney Imbong, for her part, proudly announced that she is the mother of eight children!

The theme of the Congress was "Interfaith Dialogue and Solidarity on the Value and Meaning of Life," featuring speakers who explained the life teachings from Buddhism, Islam, and the Hindu religions. However, the Asia Pacific Congress is always the venue through which HLI speakers evangelize different cultures about the teachings of the Catholic Church on the life issues. His Excellency, Archbishop Louis Chamniern Santisukniran of Thailand spoke on "The Value and Meaning of Life," and Fr. Socorro Mendez of Goa, India, explained the teachings of Pope John Paul II on the contemporary challenge of the culture of death. HLI President Rev. Fr. Thomas J. Euteneuer spoke on "The Safe Sex Hoax: Exposing the Deceptions of Contraceptive Mentality" and "Street Advocacy: The Challenges of Sidewalk Counseling and Prayer Services."

Each day included either the Rosary or the Holy Mass or both. His Eminence, Cardinal Michael Kitbunchu, was the main celebrant for the opening Mass. The Apostolic Nuncio to Thailand, Archbishop Salvatore Pennacchio, read messages from the Holy Father and the Pontifical Council for the Family to bless our event. The Holy Father's message emphasized "the irreplaceable role of the family, through which the future of the world passes." "Each human life," he said, "is God's precious gift, is the incarnate love of God, is the concrete presence of God, is God's good news, and thus is sacred, precious, and inviolable."

Overall, the 14th Asia Pacific Congress was a success. With superb preparations, sumptuous food, and the impressive Thai architectural designs and eye-catching orchids strewn all over the stage, our hosts left no stone unturned to make everyone feel

welcome.

NATIONAL LOFE, LIFE AND FAMILY CONFERENCE: CHALLENGES OF THE MALAYSIAN FAMILY-MIRI, MALAYSIA, NOVEMBER 17-18 2007.

More than 300 participants came from all over Malaysia as well as the nearby countries of Brunei and Singapore for this national conference hosted by the Human Life Service (HLS), HLI's long-time associate in Malaysia. The participants comprised various sectors, **many of them doctors and nurses still doing contraception and sterilization services.** Some of them cried as they heard the talks-and shared their guilt-with the speakers. Two bishops attended the entire conference: our host bishop of Miri diocese, Most Rev. Anthony Lee Kok Hin; and the Bishop of Kuching, Most Rev. Datuk John Lee.

TRUE CHAMPIONS OF LIFE IN MALAYSIA

Bishop Lee shared how he was severely persecuted for his pro-life convictions and work and was called "mentally ill," even by fellow bishops, who publicly called for prayers for his recovery! However, judging from the fast growing number of devoted Catholics in Miri and the publicly recognized work of the center, Bishop Lee's programs and projects flourish. "By their fruits you will know them."

Human Life Service is a powerful witness to the profound impact of the work of HLI. It was established shortly after Bishop Lee attended an HLI Conference in 1994 in the United States of America, where he says he was greatly moved and inspired to start a pro-life center to serve people regardless of race, religion, and status. Today, after 12 years, HLS has expanded to include a Home for Unwed Mothers, which we visited. It is a very functional office located right in the heart of Miri and also houses a very comfortable Counseling Center. The staff says that most of their appliances and equipment are "second hand" - donated by generous people who believe in their cause.

A PHENOMENAL CONFERENCE

The two-day program had the following topics:

"Keeping the Culture of Death Out of Malaysia," "Bioethics," and "The Spiritual Dimension of the Battle of Life," by Fr. Tom; "The Myth of Overpopulation and the Fight for Life in Asia," "Pills, Condoms and Other Stories," by Dr. Acosta; "Legal and Moral Anchor for Pro-Life Advocacy," by Attorney Jo Imbong; and several great talks on marriage and family by Dr. John Wong, National President of NFP Service of Malaysia.

The congress was vividly spirit-filled. The homilies and songs pierced everybody's heart, and the talks were overwhelmingly received. Even after the conference finished, the speakers were still pursued by throngs of participants who hungered for more and

the speakers were still pursued by throngs of participants who hungered for more and who had their own stories to share. The truth still sets people free! ***Participants from the neighboring country of Brunei even wanted to bring the speakers back with them,*** but this was not possible at that moment. HLI is very blessed to be doing what Pope John Paul II calls, "the greatest work on earth!"

Because of this great success, it was decided that Miri would host the 16th Asia Pacific Congress in 2009. Aside from its perfect organizational skills and the full support of the bishop, Malaysia is strategically located in central Asia, which would allow many participants from surrounding Asian countries to be able to attend. Truly, it is an occasion to look forward to.

Automatic Gift Program Terms of Agreement



By entering either the "Bank Account Debit" or the "Credit Card" option on the contribution page, I authorize Human Life International to begin my participation in the Automatic Giving Program (AGP) with the next regularly scheduled AGP payment date (normally the 20th day of each month).

"BANK ACCOUNT OPTION"

I authorize my bank to debit my account on or about the 20th day of each month and to pay Human Life International the amount I noted on the contribution page.

I understand that pre-authorized transfers will then be made from this account on a monthly basis.

My authorization to debit my bank account shall be the same as if I had personally signed a check to Human Life International.

This authorization shall remain in effect until I notify Human Life International in writing that I wish to end this agreement, and until Human Life International or my bank has had reasonable time to act on my request.

"CREDIT CARD OPTION"

I authorize Human Life International to charge my Visa, Discover, MasterCard, or American Express card on or about the 20th of each month for the amount I noted on the contribution page.

I understand that this authorization shall remain in effect until I notify Human Life International in writing that I wish to end this agreement, and until Human Life International has had a reasonable time to act on my request.

"AUTHORIZATION"

By accepting these terms, I am authorizing Human Life International to charge my credit card or debit my bank account as I instruct on the contribution page.



Joseph Meaney and George Wirnkar, October 22-31 2007

George Wirnkar, our HLI Director for Francophone Africa, and I have been in contact with the seminaries in Burkina Faso and neighboring Mali for two years now. We have had the pleasure of bringing seminarians from both of these countries to train at our HLI Francophone Seminarian Institutes. Thanks to our previous contacts, we did a speaking tour, which took us to four major seminaries, **where we had the chance to address nearly 500 major seminarians.**

EXPLOSIVE GROWTH OF THE CATHOLIC CHURCH

Known as Upper Volta during the colonial era, President Thomas Sankara changed the name in 1984 to the more poetic "Land of Upright Men," or Burkina Faso. The area was part of the French sphere of influence in West Africa after the end of the 19th century. The first Catholic missionaries to establish a permanent presence only arrived in 1912. Thus, in less than 100 years, the growth has been simply astonishing. **Today there are 13 dioceses along with three major seminaries teaching 380 seminarians.** This figure does not even include the seminarians from some religious orders, who train their own novices rather than using the diocesan seminaries.

George Wirnkar and I made our base of operations at the St. Peter and St. Paul Seminary in the capital city of Ouagadougou (pronounced Waga-dougou). Despite the fact that it was late October, the temperature was a scorching 90°+ Fahrenheit. We were told that at the peak of summer the mercury can climb to 115°. Our hosts eagerly gathered the young seminarians and priests to hear our pro-life presentation only a few hours after I stepped off the airplane from Paris.

The next day began with a very warm shower, courtesy of the sun, and a beautiful sung liturgy of Morning Prayer. We were invited to address the National Commission on the Family Apostolate of Burkina Faso at midday. **The 22 delegates at their annual meeting represented all of Burkina Faso's dioceses.** We brought them the worrying news that Burkina Faso's government has ratified the African Union's Maputo Protocol, a treaty that aims to impose a radical feminist agenda on Africa. At the same time, HLI is helping them to prepare the fight to retain their pro-life laws and family-friendly culture.

Our next stop was St. John the Baptist Major Seminary, where another large contingent of seminarians waited for us. We learned from the seminary professors that they had just hosted a bio-ethics conference with several speakers from Rome.

THE CHURCH'S MESSAGE ABOUT AIDS

One of the big problems in Burkina Faso is the "safe sex" message relating to AIDS. Many people are confused about the Church's teaching when one spouse is infected with

HIV and the other is not. Some theologians have argued that marital relations using a condom is acceptable in these circumstances. Msgr. Jacques Suaudeau from the Pontifical Academy for Life explained to them that ***the use of condoms is never morally licit***. I added a very practical argument: Given the high failure rate of condoms, serodiscordant couples must abstain from sex, or the infected spouse will eventually literally kill their wife or husband by giving them AIDS. We left many copies of HLI's book, *The Case Against Condoms*, at all the seminaries where we spoke.

Our adventures really began as we took to the roads to drive through the south of Burkina Faso and into Mali. Thankfully, the highway did not have many potholes or much traffic. I believe I saw more donkey carts than cars once we left the major cities. Some of the villages we passed are still composed of round mud-brick huts with thatched roofs. Signs proclaimed that electricity had arrived as late as 2006 in some large towns. It is a very different world from the industrialized nations.

St. Peter Claver Major Seminary was the halfway point of our trip. It was actually the first seminary in the region. George and I spoke to the young men about our HLI Seminarians for Life International program and answered the seminarians' questions. The father rector expressed his delight at our coming as pro-life missionaries to help them to defend the Gospel of Life.

PRO-LIFE WORK IN LARGELY MUSLIM MALI

The next day we crossed the border into Mali. This country is larger than Burkina Faso—almost twice the size of Texas. Its territory reaches all the way north into the great Sahara Desert. I was happy that all went smoothly without any long delays like the ones I have experienced at other border-crossings. Mali is home to an estimated 12 million people, and about 90% are Muslim. ***Even here, however, the Catholic Church is growing, and there are many religious vocations.***

Our first stop was in the city of Sikasso, where we planned to make a courtesy call on the bishop. He was away on a trip to the capital of Bamako, so we followed him there. Unfortunately, the roads were not nearly as well maintained in Mali. I have painful memories of one stretch of highway where traffic rolled on the dirt shoulder next to the pavement for several miles because it was less jarring than going over the continuous potholes. We also saw mosques now in almost every village. Islamic nations paid for most of these, but the other forms of development aid they promised to this country are much less visible. The major exception to this is the new project of government buildings that Moamar Kaddafi of Libya is financing.

PRO-LIFE WORK EVEN BEING DONE IN TIMBUKTU!

Bamako is a vibrant place that I was told is the fastest growing city in Africa. The large Niger River flows through the city after passing by the fabled destination of Timbuktu. Malians are proud of their city and their medieval empire that stretches all the way to the Atlantic. A group of seminarians came to guide us through the chaotic traffic of almost two million people to St. Augustine Major Seminary.

Our guides were members of Seminarians for Life International, who began their dedication to the pro-life cause through our seminarian institutes. At St. Augustine, George and I found a thriving community. **They also include seminarians from neighboring Guinea-where HLI hopes to expand soon as well.** We had an evening session with the seminarians and prayed a rosary with them. Mercifully, the heat was a bit less in Bamako, thanks to a few rain showers, but this brought forth an incredible number of toads. It reminded me of the plagues mentioned in Exodus.

The big question in our minds was how the strength of Islam in Mali affected the Church and the pro-life situation. We were told that the Muslims there are much less radical than in Sudan or Arabia. In fact it is not uncommon for people to convert to Christianity without fearing retaliation, although most of the growth of the Church comes from those who leave the practice of Animism. **Regarding respect for human life, we saw that the average family has seven children.** This is among the highest birth rates in the world. **Abortion is strongly condemned and motherhood esteemed as a great honor.**

What did give us some concern, however, was the large presence of the UN Population Fund (UNFPA) and other UN agencies. Their projects in Mali are emphatically not oriented towards building up a culture of life. **Condom billboards dot the roadsides.** In fact, Mali has ratified the Maputo Protocol, which explicitly calls for the legalization of abortion. We had the sense that it is very important to warn the leaders there of the population controller's plans for them. They may easily accept euphemistic terms like "gender" and "reproductive health" without realizing that homosexuality and abortion are behind these phrases in treaties and international agreements.

Archbishop Jean Zerbo of Bamako and Bishop Jean-Gabriel Diarra of San received us to discuss our pro-life work. Archbishop Zerbo said that he has a good relationship with the president and can warn him about anti-life threats. George was especially pleased that they invited us to return and speak at the full bishop's conference. **We can count on 100% support from the strong leaders of the Church.**

Something I found very moving was a part of the discussion with the Archbishop of Bamako. He told us that he spent some time as a young priest working in Germany. Part of his ministry was going as a chaplain to a home for the aged. On his rounds he met an elderly couple. No one visited them because both their two children had died childless before them. Archbishop Zerbo expressed his great sadness that countries of Europe, which brought the Catholic Faith to them, are now experiencing a crisis of faith and declining populations. He is determined that this should not happen to his beloved country.

These trips for spreading the Gospel of Life are rewarding but can also involve some dangers. On the way back to Burkina Faso our jeep repeatedly broke down. The most dramatic incident was when this happened in the middle of the African bush at night. A

dramatic incident was when this happened in the middle of the African bush at night. As we tried to find water for the radiator and help to push-start the car, I looked up and saw the most enchanting and bright stars filling the sky. Later that night we almost ran off the road when we hit a large rock. At least there was no stampede when we passed an elephant crossing marked in the same way as school crossings in the USA.

THREAT TO AFRICA FROM AIDS GROUPS

A major threat to all these African countries is brewing thanks to the AIDS pandemic. Using the excuse of fighting the spread of this dreaded disease, many groups are infiltrating the healthcare institutions of these countries, including the Catholic hospitals. ***There they spread condoms and disrespect for innocent human life.***

They also use their financial leverage in the ministries of education and try to implement hedonistic sex education programs. The President's Emergency Plan for AIDS Relief (PEPFAR), created by George W. Bush to fight AIDS, was supposed to promote abstinence and fidelity rather than condoms, but there is a current move in the US Congress to massively increase the funding for the program while taking out its moral aspects. Congressman Chris Smith warns that billions of dollars from PEPFAR given to population control groups who have now reinvented themselves as partners in the fight against AIDS will be a disaster. This is something that pro-lifers in the US must take very seriously. In this and other areas, the results of the 2008 elections will have a dramatic impact on the international pro-life situation.

George Wirnkar continued on to Ivory Coast to call on the West African Bishop's conference, while I flew back to the USA. He had several fruitful meetings with the staff of this regional body. Hopefully, as a result we will soon be going to Senegal.

Mission Report: Cameroon: April-May 2008



Joseph Meaney, April 21-May 3, 2008

Africa is the fastest-growing region for Human Life International. It is impressive to note that among the French-speaking countries, we are now strongly present in 11 nations, when we were only present in Cameroon just a few years ago. George Wirnkar and I are constantly on-the-go with African missionary trips that are immensely rewarding. We are received with open arms by the seminary rectors, bishops, and newly activated pro-life leaders. Along with these trips to specific countries, we host one big conference every year in Francophone Africa. The third annual HLI Seminarian Institute was a big success once again. We decided to hold it in Bamenda, Cameroon, from April 24-27. The two previous institutes in Benin and the Republic of the Congo required George Wirnkar to coordinate them from a distance. This time we brought seminarians from throughout Francophone Africa to George's beloved home of Cameroon.

A big reason for our choice of location for the institute was the blessing of receiving the high patronage of Archbishop Cornelius Esua of Bamenda, Cameroon. He celebrated our opening mass with a great deal of enthusiasm and made it possible for HLI to train the seminarians at the beautiful Paul VI Memorial Centre in his archdiocese. We reflected that this facility was most appropriately named, since our training focused on the teachings of *Humanae vitae* in this 40th anniversary year of Pope Paul VI's prophetic encyclical letter on contraception. Archbishop Esua is a great friend of HLI. He is a profoundly humble and gentle person who believes that preaching the Gospel of Life is a high priority for the Church.

Most of the 120 seminarians attending the HLI institute came from several Cameroonian seminaries, but **a total of 11 French-speaking nations were represented.** We were especially happy to have a seminarian from Senegal, which is a new country for HLI. We set a new record for international participation, and everything points to the 2009 HLI Seminarian Institute being even larger. **Our pro-life expansion encompasses more and more countries in the region all the time.**

HLI CAMEROON UNIVERSITY STUDENT GROUP SAVES LIVES

Something new this year at the seminarian institute was a large contingent of university students. Over the years, George Wirnkar has fostered HLI groups at several Cameroonian universities. The young people show pro-life films and host lectures and activities. I was very moved by the testimony of a student leader who shared the story of two young mothers who decided not to have abortions after seeing a presentation of the HLI group on their campus. Some of the pro-life groups in Cameroon are in medical and nursing schools. It is vital that we reach the future healthcare professionals in Africa, because they are heavily targeted by population control and pro-abortion propaganda.

Another improvement to the institute this year was expanding the quantity and range of materials distributed to the participants. In 2007 we focused on supplying pro-life films and our book *The Case Against Condoms*. For 2008 we continued to give away films and expanded the amount of free literature. We gave out many copies of a French translation of Fr. Paul Marx's excellent pamphlet, "From Contraception to Abortion." They also appreciated an excellent publication against contraception by Msgr. Cormac Burke, "Life and Love in the Conjugal Act." We also gave out prayercards for women wounded by abortion, as well as "I am a responsible boy" & "I am a responsible girl" cards for young people.

For several years seminarians have asked us to provide them with "study editions" of the great magisterial documents on the life issues. George put together a book with *Humanae vitae, Evangelium vitae, Veritatis splendor, and Donum vitae*. The seminarians eagerly snapped up the hundreds of copies we had on-hand. It is our goal to get copies of all these Church documents into the hands of every seminarian in Africa. If our supporters continue their generous help, this goal will be possible. As it was, **our seminarians for life returned home to their various countries with literally a metric ton of pro-life publications and materials.**

PREBORN BABY MODELS SAVING LIVES IN AFRICA

I am very proud that HLI's international treasury of pro-life knowledge is being used to save lives all over the world. HLI Austria and several other HLI affiliates have for several years now used the small medical models of the preborn child at 10 weeks of pregnancy as a tangible way to illustrate the humanity of the fetus. Most surgical abortions take place when the young baby is about this old and roughly 2 inches long. Pregnant mothers who see a realistic model of the infant they are carrying often reconsider having an abortion. They are quite cute, with the preborn child sucking his thumb as babies do at that age.

Now, Human Life International has brought these models to Africa. Mr. Ernest Kanjam demonstrated to the seminarians and other participants at the institute how he makes these little sculptures using special molds and plaster. They are incredibly inexpensive to produce. HLI provides the molds to make them, and then our local pro-life leaders make and distribute them. We handed out copies to the attendees and gave them molds to be brought back to their seminaries and countries. HLI will be increasing our production of these simple baby molds until there is no corner in Africa where these great resources are not being produced and disseminated. They are an excellent teaching aid in schools and for pro-life instruction. I have seen classrooms full of teenage girls and boys with eyes open wide in wonder at the sight of these sculptures. ***They will never accept the propaganda that the preborn child is a "blob of tissue" that the anti-lifers present.***

Two couples presenting at the HLI institute received their formation at the .John Paul II

Two couples presenting at the HLI Institute received their formation at the Seminarian Institute for Studies on Marriage and the Family in Cotonou, Benin. All these Catholic JPPI Institutes provide marvelous pro-life formation, and there are now 11 of them spread around the world on all continents. The JPPI Institute for French-speaking nations located in Benin is producing wonderful results. Jean-Emmanuel & Thérèse Ngamo and Irénée & Aicha Kola enriched our presentations by sharing with us their experiences in promoting strong prayerful families, the correct pastoral approach to fighting AIDS, and teaching Natural Family Planning (NFP). **They really enhanced our discussions of how important it is for parish priests to minister to the pro-life needs of the families in their care.** Clear and persuasive preaching and programs on the fundamental issues of respect for life and conjugal morality are fundamental requirements in the modern world if a parish is to really serve the needs of its members.

Sr. Sheila McElroy, a missionary from Ireland, emphasized the importance of reaching young people and convincing them to change their behavior. Sadly, anti-life attitudes and Western sexual immorality is influencing the youth of Africa through the mass media. **A particularly worrying trend is young female university students exchanging sexual favors for money to pay their tuition and fees, as well as living expenses.** Fr. Ernest Tubuo addressed the increasingly necessary ministry of post-abortion healing and reconciliation. Even if abortion is generally illegal and culturally unacceptable, some people still obtain them. He did a great job of describing the incredible suffering of African mothers who obtained abortions and bitterly regretted this soul-destroying choice afterwards.

The 2008 HLI Francophone Africa Seminarian Institute concluded with a rousing standing ovation to thank our HLI Francophone Africa coordinator, Mr. George Wirnkar for all his labor in organizing this conference. He worked for months to get permission from seminary rectors and bishops to have their young men attend and then to organize their travel documents. We had to make sure the institute did not conflict with exams or other key formation events.

At our institute, we unveiled a new resource for the Francophone section of Seminarians for Life International. **George Wirnkar created and is administering an Internet blog dedicated to pro-life seminarians.** Now, all the French-speaking seminarians in SFLI can communicate with each other as a group. We can also post announcements and important documents for them to read. Hopefully, this technological instrument will greatly increase our ability to exchange information. The fact that it costs very little is an extra bonus.

NEXT SFLI INSTITUTE IN TOGO 2009

As we move across the West African region with the HLI Seminarian Institutes, the host countries are enriched in a special way. We hope that Togo will be specially blessed in the summer of 2009, when we do our training conference there. Shortly after ratifying the infamous Maputo Protocol of the African Union, Togo's national legislature rushed through a law legalizing abortion. The Togolese people are very pro-life and indignant

about this crime. The bishops and priests have all received pro-life materials from HLI and are leading a strong campaign to reverse this unjust law. Sadly, democratic institutions are weak in Togo, and it will take a great deal of societal pressure to reverse the government's position.

We took advantage of being in Cameroon to visit the HLI Seminarians for Life International group at St. Thomas Aquinas Major Seminary in Bambui. We attended Sunday Mass with the 178 seminarians there-most impressive in their immaculate white cassocks. George Wirnkar spent several years in formation at St. Thomas Aquinas before discerning his vocation to married life. The full student assembly came together in their auditorium to hear us speak. **We began by noting all the excellent pro-life activities taking place in their pro-life group.** The SFLI members assemble to pray the rosary for the defense of life. They also get together for small group discussions and debates, as well as pro-life presentations. Their seminary newsletter is a model of scholarship and zeal for the respect due to every innocent human life. The defense of human life is also carried out into the community by seminarians, as they work in parishes during holidays in the academic year.

I had the impression that a professional group was performing when George and I heard a brief concert by the SFLI choir at St. Thomas Aquinas. ***These talented seminarians have composed some remarkable and moving pro-life songs.*** They even have marching tunes for use in walks for life, while others could be appropriate for liturgical use. George and I are exploring the possibility of recording and distributing a CD with the best pro-life songs in their repertoire. It is interesting that Brian Clowes and I have found that pro-lifers in many countries have composed some wonderful music. A possible future pro-life project will be to assemble an international medley of songs in several languages.

The road back to Douala goes through beautiful countryside, literally bursting with agricultural plenty. Banana and tea plantations go on for miles. More ominous are the enormous rubber tree plantations from which, among other things, latex condoms are produced. We were forced to stop a few times on the main road by police officers who clearly wanted bribes, but, thank the Lord, we made it through without paying anything.

CONTRADICTIONARY MESSAGE ON AIDS IN CAMEROON

Almost all the villages we saw driving through Cameroon featured a strange kind of "signpost" along their main road. On its three arms the sign featured the following messages:

"100% Abstinence **or** 100% Condom"

"100% HIV Testing Before Marriage"

"100% HIV Testing With Each Pregnancy"

The last two parts of the message are fine, but the first part is completely illogical. It advocates both abstinence and condoms-as if one was a back-up plan for the other.

Some villages had signs in French and others were in English. The likely explanation for the confused message is the requirement from the US government that some of the US money for AIDS prevention be used for the abstinence message. Cameroonians may be excused if they reach the conclusion that math skills are truly declining in the West. **USAID and others seem to think that 100% of two mutually contradictory things, abstinence and condoms, will add up to 100% safety from AIDS.** In fact, the 100% condom message was largely responsible for the incredible increase in AIDS that took place in the 1980s and 1990s through much of Sub-Saharan Africa and in other parts of the world, such as Thailand.

EQUATORIAL GUINEA WELCOMES HLI FOR THE FIRST TIME

Frequently, George and I travel together as a team in Africa. This time, however, we parted ways to cover more territory. He flew to Senegal, and I went to Equatorial Guinea. ***In both cases we were undertaking the very first HLI pro-life missionary journeys to these countries.*** Another reason for me to go alone to Equatorial Guinea is that George is not fluent in Spanish, the main language there. They are, in fact, the only Spanish-speaking nation in West Africa.

Spain created a small trading post there in the late 18th century, but they were much more interested in developing their colonies in the Americas and the Philippines. During the tide of decolonization, in 1968, they were granted independence. Within a few decades, very large off-shore oil fields were discovered. Equatorial Guinea is now Sub-Saharan Africa's third largest oil-exporter, which has greatly increased the importance of this little tropical nation. Their average per capita income is very high for Africa, but unfortunately, the financial blessings from the black gold are not divided very equitably.

On landing at the international airport in the capital city of Malabo, located on the island of Bioko, it was immediately clear that Guineans are better-off than most of their African neighbors. As in natural resources-rich Gabon, there was no crowd of persons trying to earn a tip by carrying your bag out to the parking lot. I was happy that US citizens do not require a visa for travel to Equatorial Guinea, but the many foreign oil-industry workers have inflated the cost of lodging. It took some searching to find a hotel with reasonable prices.

HLI's PRO-LIFE REPUTATION PRECEDES US

My first stop the next morning was to call on Archbishop Idefonso Obama Obono. ***Imagine my surprise to learn that "Obama" is a fairly common name in Equatorial Guinea!*** I came well-introduced with a letter from Archbishop Esua of Bamenda, Cameroon, who knows Archbishop Obama well. It was a very warm welcome. As I began to describe HLI's work to the archbishop, he informed me that he knew all about Human Life International, even though no representative had yet gone to his country. It seems that HLI's pro-life reputation now precedes us before we arrive. Archbishop Obama has read our publications in Spanish and has heard about the good work we are

Obama has read our publications in Spanish and has heard about the good work we are doing through his brother bishops. This was an auspicious beginning to our meeting!

Equatorial Guinea needs HLI's help, Archbishop Obama insisted. **Although about 90% of Guineans are baptized Catholics and abortion is illegal, the cultural drift there is going in an anti-life direction.** They have only 108 priests to minister to 548,000 faithful.¹ They have many young vocations to the priesthood, but the Church is still critically low on clergy. I was invited to address the priests in the capital city and found out there were only 12!

Equatorial Guinea still has a healthy birthrate of just over five children per family, but the situation is changing fast. Several priests who came from large families themselves told me that their married siblings are generally only having two children. In the cities, the decline in fertility is dramatic. Despite this worrying trend, the ministry of health has family planning as its top priority as well as fighting AIDS through a program that relies heavily on condoms.

I saw a local television program featuring an AIDS prevention program in a small town. Although they began by saying "ABC"-Abstinence, Be Faithful and Condoms-they spent the vast majority of their time promoting condom use and neglecting to mention the terrible failure rates of this method. Guinean priests told me that the Church was usually invited to these AIDS prevention meetings at first, but since they refused to endorse condom use, they are no longer welcome at these sessions.

Looming over Equatorial Guinea, as in much of resource-rich West Africa, is the presence of the Communist People's Republic of China. Thirty percent of their oil is exported to China. There is a large and growing Chinese colony in Equatorial Guinea. As HLI readers know well, the anti-life ideas of China, particularly with regards to training doctors and policy-makers, are a big problem. They are quite eager to export their "success" in family planning and abortion to countries around the world.

We will be establishing a branch of Seminarians for Life International in Equatorial Guinea and will send them our many excellent materials in Spanish. Training sessions for the priests are another high priority. **I believe that this small nation is a perfect place for HLI to assist the Church in creating a pro-life stronghold that will successfully resist the assaults of the culture of death.** The remarkable Spanish-language pro-life website HLI maintains, www.vidahumana.org, is something that the Guineans are very happy to have at their disposal. They are also looking forward to receiving pro-life films that can be shown in parishes and schools. Once again, HLI is fulfilling its mission of reaching the far-flung regions of the earth with the Gospel of Life.

Mission Report: Rwanda-Burundi: Jan-Feb 2008



SHARE

Joseph Meaney, January 28-February 4, 2008

Rwanda is a lovely, even charming place. Those were perhaps the words I least expected to write as I prepared for this trip to central Africa. Most people associate Rwanda with the horrific 1994 genocide that left 800,000 victims dead, which is 10% of the total population. What I found in Rwanda were very friendly people, living in the land of a thousand hills (*mille collines*), which is blessed with abundant rain, fertile soil, and an "eternal spring" climate that averages 76 degrees (24 Celsius) year-round. It certainly was pleasant to arrive there from frozen Northern Virginia in late January! Most of all, however, **I was deeply moved by the way our pro-life mission was embraced by the Rwandan leaders and people we met.**

One of the most exceptional aspects of Rwanda is the rapid growth of the Catholic Church. Evangelization came late through the *Pères Blancs* (White Fathers) missionaries in 1900. Within 17 years, the first Rwandan priest was ordained. They keep a public record of ordinations, so it was easy to see that 886 Rwandans have been ordained to the priesthood so far and **33 deacons are scheduled to be ordained in 2008**. A graph of conversions showed exponential growth from zero in 1900 to over 600,000 persons in 1960. Today the vast majority of Rwandans are Catholic.

POPULATION CONTROL PROPOSED IN PARADISE

HLI's presence is especially needed because Rwanda is a small country where population control propaganda has a long history. During the autocratic misrule of various leaders following independence in 1962, ***the failures in achieving economic development were blamed on "overpopulation."*** These arguments also played a role in exacerbating the ethnic rivalries between the majority Hutus and the minority Tutsis. It is really incredible that a country that lost 10% of its population through mass murder as recently as 1994 should then be subjected to population control measures. Unfortunately, legislation for a "3-child policy" came up for debate in the national legislature as recently as last year.

The Catholic Church must take up the challenge to prevent the tragedy of the conquest of their country by the culture of death. As part of their response, the Rwandan bishops wrote a joint letter to the government when lawmakers were considering ratifying the terrible Maputo Protocol of the African Union. The result was positive in so far as the legislators made pro-life reservations to article 14 of the protocol on "Health and Reproductive Rights," which calls for the legalization of abortion and all forms of birth control. Nevertheless, **the proponents of killing preborn children and contracepting/sterilizing the country are actively working**, which is why HLI's offer to help has received such a warm welcome from Church officials and organizations.

George Wirnkar, our Cameroonian director for Francophone African outreach, and I met

with Bishop Kizito Bahujimihigo of Kibungo, who is charged with defending the family by the national bishop's conference. He is all too aware of the flood of foreign money and pressure being applied to Rwanda to follow the industrialized nations of the world down the path of cultural and population suicide. We also learned of a beautiful example of the Church standing up for its flock. At a meeting with the minister of health, the government presented the bishops with a prepared text that called for condom use and immoral family planning and asked for their endorsement. They steadfastly refused and pointed out that the meeting invitation asked for their input on campaigns to fight AIDS etc., and they wished to discuss pro-chastity measures but would not rubber-stamp immoral or anti-life propaganda. The official was actually shamed into admitting that he also personally opposed these immoral campaigns, but he was doing the bidding of international donors. It reminded me of a strikingly similar event in Mali as related to us by the Archbishop of Bamako.

SPEAKING IN RWANDA's SEMINARIES

We had a tight speaking schedule at the two major seminaries in Rwanda. Our first stop was at Kabgayi, where **164 seminarians** study. The group there is excellent, and we had a lively discussion about the pro-life apostolate of priests and the Church. The very next day we journeyed to Nyakibanda and its **186 seminarians**. I was struck by the beauty of the chapel and other brick buildings constructed in the Flemish neo-gothic style. The Seminarians for Life International group there gave us the happy news that they are translating the pro-life papal encyclicals *Humanae Vitae* and *Evangelium Vitae* into Kinyarwanda-the national indigenous language. They also requested that HLI create an Internet site where pro-life seminarians can exchange ideas and information. We plan to implement this excellent idea soon.

OUR LADY OF KIBEHO

George and I could not leave Rwanda without making a pilgrimage to **the Shrine of Our Lady of Kibeho**. This place of apparitions of the Virgin Mary was recognized as authentic by the Church in 2001. Just before going, I read the *Wanderer* article on the November 28, 2007, Mass celebrated at Kibeho by Ivan Cardinal Dias, Prefect of the Congregation for the Evangelization of Peoples, and attended by 50,000 persons. ***Some of the attendees walked there from over 100 miles away!*** This made me reconsider complaining about the bone-jarring 28 kilometers of bad roads on our pilgrimage. The shrine of Our Lady of Sorrows of Kibeho is a peaceful, rural place. The apparitions took place from 1981 to 1989, and one of the three visionary girls was killed in 1994. **Our Lady of Kibeho warned that the world was heading toward an abyss and showed one of the girls visions that were later tragically realized in the genocide.** We prayed for all the members of the HLI family in the shrine chapel and asked for strength as we continued on south to Burundi.

Despite many similarities to Rwanda in ethnic composition, climate, and geography, Burundi is in a radically worse situation. Taking bribes is not tolerated in Rwanda, while it is a way of life for police officers and others in Burundi. I counted 205 soldiers spread out in small groups along the road to the capital-Bujumbura. While most goods are in short supply, AK-47 assault rifles and United Nations Population Fund (UNFPA) signs are plentiful. At the border, we were greeted by a billboard denigrating a truck inside

are plentiful. **At the border, we were greeted by a billboard depicting a truck inside a condom-**a not so subtle message to drivers.

The papal nuncio to Burundi met with us and confirmed our impression that **the country is being over-run by international non-governmental organizations (NGOs) and the UN.** He also said that the bishops are very interested in getting help to spread the respect life and pro-family message. Natural Family Planning is something they want to teach widely. He informed us that Bishop Joachim Ntahondereye of Muyinga, who is in charge of the family office, was visiting the capital and would be glad to see us. Bishop Ntahondereye made the exciting suggestion that we arrange to return and do a multi-day seminar for all the bishops of Burundi, vicar generals, and seminary rectors.

Our other Episcopal contact in Burundi was with His Excellency Bishop Jean Ntagwarara of Bubanza. He and George became good friends after his December 2006 visit. We had a great discussion about defending their national pro-life culture and left a large number of books, videos, and other pro-life materials for seminarians and others, as we had done in Rwanda. On the way back, we had to share the road with herds of cattle and men transporting large stalks of bananas on bicycles. More ominous was the whispered warning we received that rebel troops lurked in the woods nearby.

MORE PRO-LIFE GROUPS JOIN WITH HLI

George Wirnkar flew straight back to Cameroon from Burundi, but I returned to Kigali, Rwanda, with our driver Felix on the one-lane "international highway." The reward for backtracking was a meeting with Dr. Therese Nyirabukeye. She is a remarkable Catholic leader who graduated from the John Paul II Institute for Studies on Marriage and the Family in Rome and then helped found the Francophone section of the same institution in Benin. Now she works with the *Fédération Africaine de l'Action Familiale*. **This African Federation for the Family is active in 26 nations.** They do excellent work, and we are looking forward to joining their efforts. I also met with the leaders of the *Jeunes Témoins du Christ*. This youth group spreads the Gospel and has contacts with a dynamic pro-life missionary priest from France, Fr. Daniel-Ange. They evangelize with the chastity message among the young people, especially around St. Valentine's Day.

On the 22-hour trip back to wintry Virginia, I reflected on how, despite its short duration, our pro-life mission to Rwanda and Burundi accomplished a great deal. We spoke to our seminarians for life and the key bishops who are leading the Church's proclamation of the culture of life. Most excitingly, we laid the basis for expanding our mission field to several new African nations.

Mission Report: Seminarian Institute: Republic of the Congo: July 2007



 SHARE

Joseph Meaney, July 5-13, 2007

HLI SEMINARIAN SUMMER INSTITUTE

HLI is establishing a new pro-life tradition in Africa: the Seminarian's for Life International Institutes. Last year the first French-speaking Seminarian Institute was in Benin. This year we held it in Brazzaville, the capital of the Republic of the Congo. The Cardinal Emile Biayenda Seminary graciously hosted this international pro-life event. Thanks to our generous donors, **HLI brought 88 seminarians from the following 9 African countries:** Benin, Togo, Burkina Faso, Mali, Guinea, Rwanda, Cameroon, the Democratic Republic of the Congo and the Republic of the Congo. (See HLI's upcoming FrontLines for a fuller report on the Seminarian Summer Institute.)

PAPAL NUNCIO CONCELEBRATES OPENING MASS

We were blessed to have Archbishop Andrés Carrascossa Coso, Apostolic Nuncio to both the Republic of the Congo and Gabon, as the main celebrant for our opening Mass. Archbishop Anatole Milandou of Brazzaville concelebrated with him. Archbishop Carrascossa was very delighted and told the seminarians they were blessed to be participants at the HLI Institute and enjoined them to pray for all who made the financial and material sacrifices that made their participation at the institute possible. The Nuncio promised he would write to Fr. Tom Euteneuer to salute the efforts of HLI, and we received a letter in the same vein from the Archbishop of Brazzaville, who came back to see us on the second day of the institute.

POPULATION CONTROL STILL ATTACKING AFRICA

Africa is one of the favorite targets of the international abortion lobby, which still proceeds with the logic of the discredited population control ideology. Fortunately, some African priests are speaking out against this modern form of exploitation. One of them is Fr. Mika Mfitzsche, a Congolese Sulpician father, who represents HLI in the Democratic Republic of the Congo. He is a seminary professor and a scholar, and he addressed the Francophone seminarians at this summer's Institute on the topic of "The Changing Face of the Culture of Death" and "The Language and Presentation Techniques of Culture of Death Documents [With Particular Focus on the Maputo Protocol]."

THE MAPUTO PROTOCOL AIMS AT LEGALIZING ABORTION

Fr. Mfitzsche and I pointed out the insidious nature of the Maputo Protocol.¹ This treaty, promulgated by the African Union (AU), **is a roadmap to legalize abortion in almost all cases** as a matter of "Reproductive Rights" in the 53 countries that belong to this inter-governmental organization.² So far, 43 countries have signed it, and 21 have

formally ratified it. The nation of Togo liberalized their abortion law shortly after ratifying the document last year.

I read to a shocked audience of seminarians Article 14 subsection C of the Maputo Protocol which states: **"protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus."** I then pointed out that such language was totally foreign to Africa and could only be explained by anti-life external influence in the drafting. In fact, the AU admits that it was developed in collaboration with the International Planned Parenthood Federation (IPPF).

HLI STANDS WITH AFRICA IN DEFENSE OF LIFE

HLI has produced an 18-page document explaining the Maputo Protocol in English and French versions. It provides the essential information about the evils the treaty contains. We are distributing it to the many African leaders who are completely unaware of the radical nature of the Maputo Protocol. Fortunately, African bishops and cardinals are increasingly speaking out against this imminent threat to their pro-life cultures and laws. **We will do everything in our power to stop the millions of abortions that would inevitably follow its generalized legalization as a consequence of universal African acceptance of the Maputo Protocol.**

CONDOMS: THE OTHER GREAT MENACE IN AFRICA

George Wirnkar, our HLI director for Francophone Africa, followed up on our talks by addressing "The Methods and Agents of the Culture of Death in Africa." He discussed the *modus operandi* of the culture of death groups in select countries. In conjunction with Fr. Mika Mfitzsche, George raised the issue of condoms in response to the HIV/AIDS Epidemic. HLI has now produced a French-language version of our **The Case Against Condoms** book. (The French title is **Le Préservatif en Procès.**)

HLI's latest book demonstrates the fact that the calamity of **the HIV/AIDS pandemic has been compounded by the immoral and ineffective strategy of massive condom distribution.** Millions of people are dying from AIDS every year because they were not given the chastity-abstinence and fidelity message that would have saved their lives. Instead, most of those suffering and dying from AIDS believed that using condoms would make promiscuous intercourse "safe." I am happy to say that, thanks to HLI's donors, **several thousand copies of this book, in English and French, are reaching Africa.** This summer, we also distributed copies to the bishops, priests, and seminarians who attended our Institute in Brazzaville.

Several other HLI affiliated African pro-life leaders also spoke at the Seminarians Summer Institute. Mr. Jean Marie Kouakoua of the Movement for Life Brazzaville addressed "The Work of the Movement for Life with People in Crisis Pregnancies as Support to the Pastoral Work of Parishes." Mr. Leo Kodjo, Togolese National President of the Blue Army of Our Lady of Fatima and delegate of Pro-life Togo, spoke on "The

Role of Mary in the Pro-life Movement" and on the "Role of Civil Society in Collaboration with the Church in Resisting the Culture of Death - the Case of Togo and Benin." Mr. Maxime Janvier Djossa of the Community of Mary Mother of Preborn Children (*Communauté de Marie Mère des Enfants à Naître*- CMMEN) spoke on "When Young People Commit Themselves to Action for Life - The History and Activities of CMMEN."

The seminarians participating also provided a valuable witness. From Burkina Faso, seminarian Desiré Kinda told us about his university experience (in Burkina Faso), where he formed a youth and chastity group before entering the seminary. **The seminarians authored and signed a declaration reaffirming their faith and trust in the teachings of the Magisterium of the Church and pledging their support and willingness to work with the bishops of Africa to resist and expose the Maputo Protocol.**

Copies of the declaration have been presented to the Papal Nuncio in Brazzaville and to the Archbishop of Brazzaville. Copies will be sent to all the bishops' conferences in Francophone Africa, to all Papal Nuncios, as well as to the Regional Bishops' Conference for Africa and Madagascar (SCEAM) and to the Regional Bishops' Conference of French West Africa (ACERAC).

The HLI Seminarians Summer Institute received extensive coverage in the African press. George Wirnkar granted news interviews on the history and work of HLI and the Institute. The reporters received copies of ***The Case Against Condoms*** in French. Among the media organs present were: Congolese National Radio, Congolese National Television, DRTV Radio, and Catholic Radio Magnificat. The following newspapers did interviews: La Dépêche de Brazzaville, La Semaine Africaine (a widely read Catholic bi-weekly), Tam Tam d'Afrique, and Le Nouvelle Observatoire.

We projected "The Silent Scream" and "The Eclipse of Reason" films for the seminarians during the evenings after the pro-life talks. They all left with a great deal of pro-life materials, including our two latest publications in French against the Maputo Protocol and our exposé against condoms. I also brought them the life-size models of preborn children at 10-12 weeks of pregnancy, which are a very effective tool in convincing people that human life before birth must be protected.

HLI BREAKS NEW GROUND IN GABON

After the successful conclusion of our international seminarian event, George and I took advantage of our presence in the region to visit the neighboring country of Gabon. We were very well received by Archbishop Basile Mvé Engone of Libreville. He introduced us to a dynamic Catholic women's group that may become our future HLI representatives in the country. We also met with the rector of the national seminary and two seminarians who had already participated in our Seminarian Summer Institute last year. Finally, we went to the Catholic radio station, which insisted on interviewing us about the pro-life work of HLI in Africa.

Gabon is a relatively rich nation in Africa because of the immense offshore oil reserves discovered in the 1970s. Less than a million and a half people under-populate the 267,667 square kilometers (103,346 square miles) of the country. **However, this does not prevent the anti-life ideologues from working there as well.** Many taxis had bumper stickers promoting the condom. One absurd slogan I saw proclaimed, "the condom: an act of love" (*le préservatif un geste d'amour*).

Our hope is that the Catholic Church in Gabon will prevent the Maputo Protocol from being ratified there. A majority of Gabonese are Catholics, which is a tribute to the missionaries who evangelized that country starting in the first half of the 19th century. HLI will certainly stand with them in defense of life, marriage, and family. We hope to continue our expansion to all the many French-speaking African nations as well as all the English-speaking countries there in the near future.

- 
1. The name comes from Maputo, Mozambique, where the treaty was negotiated. Its full name is the "Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa."
 2. The African Union is a regional body similar to the Organization of American States or the Council of Europe, but it has as its goal to create a kind of "United Nations of Africa." Like the UN, it has launched a dizzying number of treaties on all aspects of life, which have alarming liberal tendencies.

Mission Report: Swaziland: February 2009



Fr. Thomas Euteneuer, February 21-26, 2009

The first and most important thing to know about the Kingdom of Swaziland, as it is officially called, is that it conforms so little to any measure of Western ways or customs. One has to accept that reality in order to be able to minister to a culture that is so radically different in mentality and practices. With this as background, I joined Mr. Emil Hagamu, HLI's



Regional Coordinator for English-speaking Africa, on a week-long trip to Swaziland at the end of February. It was Mr. Hagamu's second trip to the country of one million souls.

This small, round patch of a country is immersed inside the larger country of South Africa and achieved its independence in 1968 when the British insisted on the sovereignty of this ethnic group as a single country. The Swazis are united by a single culture and one language (called SiSwati), with a small portion of their people representing tiny ethnic minorities. Basically, however, they are one people united under one ruler, an absolute monarch, which may seem strange in the modern day, but it is a system of governance that has satisfied them since time immemorial. They seem in no real rush to change it, although there are movements to increase democratic participation in the political process. Democracy doesn't get very far though when the monarchy owns all mechanisms of government, 60% of the land and much of the industry in the country.

THE CAUSE OF LIFE IN SWAZILAND

One does not need to convince the Swazis that abortion is an abominable crime. They already have laws against it, and as far as I can see, they try to enforce their laws. Like all cultures that have not been subjected to 40 or more years of feminist propaganda, the idea of killing a baby is just abhorrent to them. They know nothing of "freedom of choice," "women's right to choose," "sexual and reproductive



King Mswati III of Swaziland.

health" and "gender justice," to name a few of the slogans that corrupt westerners throw around with their dollars. I asked a group of young people gathered for a seminar on Peace and Justice if the SiSwati language had any equivalent to these words. Nothing at all.

That question drove home my point to the young people that **when they see these terms in documents and conferences, they must immediately recognize them as part of a Western abortion agenda** which is being forced upon them by the white

supremacists who work out of offices in New York, London, Washington and Brussels. How they took that message with gratitude! Indeed, the very week I was in their country they had a visit from a high official of the United Nations Population Fund (UNFPA) who was sent down to make sure they were faithfully implementing their agreed-upon quotas for population reduction.

THE HIV-AIDS EPIDEMIC AND THE ANTI-LIFE OPPORTUNISTS

The very sad part of the southern African social situation is the literal epidemic of HIV-AIDS that will not be driven out. The irony of the population-reducing UNFPA official's visit is that if



Condom billboards are everywhere in Swaziland. This one touts the message, "Pride yourself by being protected."

there is any country that should NOT be lowering its birth and fertility rates, it is Swaziland, which has the highest rate of HIV infection *in the world*. Yes, the epidemic has supposedly affected a whopping 42.6% of the Swazi population (Ministry of Health numbers), which has occasioned a precipitous fall in the life expectancy rate of the average Swazi—a shocking 32 years of age. There is no logic to pumping birth control into a country whose fertile population and life expectancy is so dramatically decreasing that they are likely to fall into an absolute population implosion in the next decade if something is not done about it soon. The Family Life Association of Swaziland (or FLAS) is the main purveyor of the anti-life messaging in the country. This organization is, not surprisingly, the local Planned Parenthood (IPPF) affiliate, and they slavishly follow the IPPF dogma like the perfect little ideological robots that they are. They are the ones that are the leading force for the indoctrination of the youth with condom propaganda further putting them at risk for transmission of the disease through promiscuous lifestyles. I constantly called them the Family Limitation Association of Swaziland, for that is the more appropriate term! This got a lot of laughs out of my audiences while I was there because it brought home a truth that all recognized.

THE CONSTITUTIONAL QUESTION

The Swazis that I spoke to all week seemed to be utterly unaware that **the anti-life lobby had surreptitiously snuck into their new Constitution (2006) the most radical abortion permissions of any African country other than their neighbor, South Africa**. When I mentioned that their Constitution permitted abortion for virtually any and every reason, *no one believed me* until I showed them the document. As plain as day, the legal language permitting abortion was shocking in its breadth and reasoning. **They all thought that abortion was against the law**. Yet, once the legal framework for abortion-on-demand was inserted into the Constitution, the change will come with a simple lawsuit by FLAS or any "aggrieved" party making a legal challenge because the judges will have to declare those laws unconstitutional. Sound familiar? Yes, it's simply *Roe v. Wade*, African-style.

Section 15 of the Constitution is called "Protection of right to life" but does anything but protect life! Here is the language from point 5 of that section, so that you can judge for yourself how extreme it is:



**Fr. Thomas Euteneuer with the Rt. Rev.
Bishop Louis Ncamiso Ndlovu of
Manzini, Swaziland.**

(5) Abortion is unlawful but may be allowed -

- a. On medical or therapeutic grounds including where a doctor certifies that:
 - i. Continued pregnancy will endanger the life or constitute a serious threat to the physical health of the woman;
 - ii. Continued pregnancy will constitute a serious threat to the mental health of the woman;
 - iii. There is serious risk that the child will suffer from physical or mental defect of such a nature that the child will be irreparably seriously handicapped;
- b. Where the pregnancy resulted from rape, incest or unlawful sexual intercourse with a mentally retarded female; or
- c. On such grounds as Parliament may prescribe.

Note that any abortion requires only the certification of one doctor without even so much as a gestational limit placed on it. The loophole to drive a truck through is, of course, the provision that abortions can be performed for "threat to the mental health of the woman," which means absolutely any reason whatsoever. Basically, then, **the new Swaziland Constitution gives this truly life-loving country one of the most extreme legal frameworks for abortion of any country in the world-and no one seems to know about it!**

TILLING THE SOIL AND PLANTING PRO-LIFE SEEDS

Mr. Hagamu and I were hosted by the Salesian Fathers in the main city of Manzini where Fr. Larry McDonnell went above and beyond the call of duty to make every resource available to us for travel, meals and



Fr. Euteneuer speaking to the senior boys of the Salesian High School.

lodging. My favorite part of the week was a talk to about 100 of the senior boys of the Salesian High School, who listened very attentively and respectfully to my messages about abortion, male responsibility in relationships and the condom. Their questions were excellent, and they all laughed when I told them that **the condom just destroys the marital act because it pits man against woman in a cat and mouse game where they each feel they have to "protect" themselves from the other.** They all had to admit that this was the mixed message they were getting from their condomized culture. Of course you could see the despicable condom billboard everywhere, too.

We met with the local bishop, the Right Rev. Louis Ncamiso Ndlovu, and then with Mrs. Kangazile Dlamini of the Council of Swaziland Churches for discussions on these very items. Several other meetings with pro-life youth and potential leaders capped off our week, and on the Sunday I was there, I addressed two Masses that had more than 1,000 people in attendance-despite the terrible fertility rate, you should have seen all the kids from the Catholic families! (Catholics make up only about 6% of the Swazi population.)

LOOKING TO THE FUTURE

While Swaziland still retains a fairly high total fertility rate (3.3 children per family) the future of the country absolutely hangs in the balance due to the HIV situation and the clear and present danger of the new Constitution. If they are not vigilant and forceful in their defense of life, they will become just another notch on IPPF's gun handle of those who have capitulated to the logic of the culture of death.

Mr. Hagamu and I went to Swaziland to plant the seeds of the pro-life movement there. We left with the assured hope that they have a core group of good people that will work for this end and help to keep their already pro-life culture free from the infection of the culture of death. Please pray that this beautiful but suffering people will keep their deep pro-life culture strong.

Mission Report: Tanzania: July 2007



Brian Clowes, July 2007

Whoever said, "It's a small world," hasn't traveled from Virginia to Dar es Salaam lately. The trip is made especially vexing by Kenya Airways, whose motto seems to be "We hope you're going to Chile, because your luggage is!"

This journey took nearly 30 hours, and I finally laid my tired head down after 2:00 AM. But there is little rest on a missionary journey if it is to be productive. And so, nine hours later, I was extolling the many benefits of the virtue of chastity to a huge crowd of about 1,500 students at St. Matthew's Secondary School in Mbagala, about 30 miles West of Dar es Salaam on the Morogoro Road.

This is what Human Life International does best. We show people that the Church's teachings make perfect sense, not only *theologically*, but also logically and scientifically—after all, the God Who made us also wants us to be happy.

I told the kids that there are only two things that make us happy—Faith and family. So many millions have tried everything else the Devil has to offer and have still felt hollow inside. ***Only belief in God and the loving arms of a family give us deep contentment where nothing else will.*** Not coincidentally, Faith and family are under the strongest attack in the world today. This is logical, because they are all that stands between a nation (particularly one that is developing) and total demographic disaster, as is happening in Europe today.

I talked to quite a few of the students one-on-one, which is always when the best communication seems to happen. One young kid of only 13 asked me how he could remain pure in the face of an increasingly promiscuous culture. It saddened me that someone this young even had to ask such a question. I told him that first he had to pray consistently and make a firm and unyielding decision to avoid sexual activity before marriage and then studiously avoid the near occasion of sin regardless of the temptations that would inevitably come his way.

Tanzania is in the crosshairs of the population controllers because it has one of the most rapidly growing populations on Earth. Its current population of about 39 million will double in the next 50 years, and it is an extraordinarily young nation where the median age is not even out of its teens! Women still average nearly five children, which is absolute anathema to the (population) control freaks, who are constantly sticking their noses into the Tanzanian's most intimate affairs. (See sidebar on page 7 for a list of Tanzania's population control network.)

Everywhere we went in Dar es Salaam, gigantic billboards advertised Salama ("Peace")

Everywhere we went in Dar es Salaam, gigantic billboards advertised Salama (Peace) condoms. Top-of-the-line, brand-new Land Cruisers (with snorkels yet!) belonging to such groups as Family Health International and UNFPA roared past us frequently, and these advertised condoms as well on their wheel covers. They always seemed to be in a hurry to get where they were going, and were the fastest drivers I saw anywhere in Tanzania.

Another of our activities was a press conference on the deadly **Maputo Protocol** with Emil Hagamu, director of Pro-Life Tanzania, and Harris Kachaso of Malawi. ***As usual, the pro-aborts use outright lies and deception to get their way.*** The Maputo Protocol is presented as a tool to combat female genital mutilation, but FGM is mentioned only once in the entire document, which strongly emphasizes repeatedly that abortion must be legalized all over Africa in order for women to be able to gain equality with men. Emil, Harris, and I pounded home the deceptive nature of this document, and almost everyone, by the end of our presentation, was impressed with our speaking. I told them that there is a simple way to determine when the population controllers are lying: When their lips are moving, they're lying.

Oddly, when we were finished, a handful of the press people thought that we were population controllers ourselves just because we talked about condoms!

Emil, Harris, and I had the opportunity to speak to 144 seminarians at St. Mary's Junior Seminary in Visaga due to the kindness of the rector, Father Ferdinand. My primary message to the seminarians was that, if they tirelessly promoted Faith and family and were fearless in condemning evil (especially those evils related to sexual morality), that they would be a lot happier themselves as priests. Instead of counseling one bitter, depressed married couple after another, they would spend a lot more time performing weddings and baptisms-and would have to deal with far fewer cases of AIDS as well.

After Father Tom, Emil, Harris, and I trained about 30 seminarians from five East African countries at the **2007 Summer Seminarian Institute** (see *HLI's upcoming FrontLines for a fuller report on the Seminarian Summer Institute*), we began making plans for returning and visiting all of the major seminaries in Tanzania within the next year.

At HLI, we believe that by strengthening the priesthood - the "thin black line" that protects society from complete moral chaos - that we protect Faith, life, and family as well. As Europe is finding out to its regret, ***giving up Faith and family means not only death for objective standards of morality, but death for entire nations as well.***

One dying continent is enough. HLI is working as hard as it can to prevent this fatal lassitude, this deadly indifference, this surrender to Satan, from spreading any further than Europe.

Mission Report: Mozambique: September 2007



Emil Hagamu, September 2007.

Mozambique is one of the poorest countries in the world. Most people earn less than a dollar a day, and usually they have only one meal a day. In such a situation, you would expect government efforts to be directed at the needs of the people-providing desperately needed basic necessities of life like clean water, agricultural equipment, affordable and quality medical services, and a good infrastructure like roads and electricity. These are the things Mozambicans need. ***Yet the government's response to the pathetic condition of its people is to provide more contraception and more sterilization programs.*** And now it plans to legalize abortion in this country, which has only 18 million people and a low population density of a mere 22 people per square km.

Death peddling organizations, like International Planned Parenthood Federation (IPPF), have capitalized on government laxity (or outright consent) to implement coercive population control programs. One such program provides free contraceptives, including abortifacients, to women of reproductive age. Any concerned pro-lifer would question such "philanthropic" gestures of the anti-life lobby. **How is it possible for the government to provide free contraceptives while neglecting to give its people much needed drugs against killer diseases like malaria?**

There are no social welfare programs in Mozambique. Elsewhere on the continent, children receive allowances. In South Africa, for example, more children born into a family means more allowance given to that family. As a result, some Mozambican parents have "given away" their children by registering them with the government of South Africa so they can benefit from their family programs. In Mozambique, **population controllers come in with government support to provide free contraceptives** so that Mozambican women can "escape" the burden of bearing children and "enjoy" barrenness.

There are no condom billboards in Mozambique (though they are common elsewhere in Africa), but the country is saturated with condoms. They are in every medical store, food store, garage, and soft drink shop. One day I was buying a soft drink from a nearby garage, and I had some change left over. When I asked what I could buy with it, I was told, "nothing except a condom." Then the person added that no girl would agree to have sexual intercourse without a condom.

The marketing of condoms is pushed very heavily through television in Mozambique. In one TV commercial, a man is turned away at the "last minute," after all the "necessary preparations" had been done, because he had not brought a condom. The entire scene embarrassed the young man, while the young girl laughed. The message conveyed by this advertisement was clear and powerful: **NO CONDOM, NO SEX**

this advertisement was clear and powerful. NO CONDOM, NO SEX.

But the population controllers and other pro-death lobby groups understand the double effect of the condom: ***they propose it as an ideal weapon against conception and a devastating killer through the HIV/AIDS infection.***

In Mozambique, like in many other countries today, including my own Tanzania, children are introduced to comprehensive sex education during their adolescence. We all know that the earlier sex education is taught, the earlier children engage in sexual activities. Children in Maputo, I have been told, begin to engage in sex at a "tender age" (to use the anti-life language) and become sexually active while still quite young. **With increasingly early sexual experiences, teenage pregnancies have become a common reality-and most end in abortion.**

Mozambican TV is also extremely pornographic. Naturally, this has greatly influenced the behavior of young people. And where young people dress half-naked, the resulting sexual permissiveness leads to cultural bankruptcy.

THE OTHER SIDE OF THE STORY

Despite the pathetic living conditions, there is one good thing for the people of Maputo: they love life! For every 100 women I met, one was pregnant. This is a sign of vitality! Unlike Dar es Salaam in Tanzania, where a 5-month pregnant woman would hide her pregnancy by putting on a long and wide maternity garb, pregnant women in Maputo dress normally and appear happy and proud of themselves. I think they want to exclaim to the world with joy, "LOOK I AM PREGNANT."

I also saw many children playing in the streets who were barefooted and shirtless but were so very happy. I took photographs of these kids as I was walking through the streets and markets. In one place, I was dumb struck to see the children playing in the dirt, merrily enjoying themselves as if they are in heaven. When I asked to photograph them, they posed willingly.

THE RADIO PROGRAM

Radio Mozambique aired two one-hour educational programs in which I was the guest speaker. As this is their national radio, the message was able to reach to nearly every corner of the country. This program aired for four consecutive weeks and had for its aims:

1. To alert the people of Mozambique on the dangers of abortion.
2. To alert the people on the impending abortion legalization bill that was about to be presented to the parliament by their Health Ministry.
3. To help them reject abortion and defeat the abortion bill.

Topics for this program were:

- The definition of abortion
- Side effects of abortion on women
- Side effects of abortion on abortion survivors
- Side effects of abortion on families
- Side effects of abortion on society and the nation
- Should Mozambique legalize abortion?

THE PEOPLE'S RESPONSE TO ABORTION

The overwhelming majority of the Mozambican people are against abortion and the legalization of abortion in their country. Some of the strongest words used by angry listeners to our program were: "Abortion is killing an unborn baby"; "Abortion is a crime against humanity"; "It is better not to conceive than to kill the baby already conceived."

THE VILLAGERS' RESPONSE TO ABORTION

Our radio program reached the majority of Mozambicans. However, there is also a sizeable group of people who have no access to a radio. Because of this, I decided to visit three villages, which were about 30 km from the city, with the aim of collecting first hand the villagers' opinion on abortion. Despite the communication barrier (the people speak Portuguese), my project was successful. I visited Patrice Lumumba village on two different days, as well as the villages of Benfica and Matola. I talked to over 50 people (men and women). **They were all against abortion.** They simply don't like to hear the word abortion. In fact, one villager said to me that abortion was against Mozambican culture. ***"Why should some people tell us to kill our own children? How can we talk about killing our own children and more particularly those unborn who need our love and care? This is barbaric; this is satanic. I will never agree to such a proposition, even if forced to by the president. This is a foreign idea."***

The Mozambican people oppose the abortion bill in its totality. The question is, if the government forces the bill, whom will it serve? As these villagers are rightly asserting, it definitely will be the Western baby killers that the abortion law will serve. While IPPF and other abortionists are waiting to celebrate the passing of this law, most Mozambicans are waiting in dismay, wailing in fact. ***They will definitely conclude that their government has sold them out to the monster whose thirst is for human sacrifice, human blood.***

THE LEGALIZATION PROCESS IS UNDERWAY

Following the Maputo Protocol, and following the signing and acceding to this protocol by the Mozambican government in 2003, pro-abortion groups have been working tirelessly day and night to ensure that an abortion law is passed as soon as possible. Also, sensing that the government was not acting according to their wishes and realizing that HLI was now swinging the pendulum away from them, **they have been forced to hasten**

their pro-abortion meetings. Only one week after HLI started the life-saving program through Radio Mozambique, one radical feminist group convened a press conference meeting to "put the house in order," as I was told. The aim of the press conference, as you would suspect, was to further pressure the government to hasten liberalization of the anti-abortion laws. ***The typical deceptive tactics were used again to advance their agenda:*** They told those in attendance that 11% of all maternal deaths were due to complications of "unsafe abortions"; that they needed to improve the "reproductive health of women"; and that the fertility rate was too high for a poor country like Mozambique.

When I learned of this press conference through a television news broadcast on the evening of Wednesday, September 12, 2007, **I understood that HLI's pro-life message was bearing fruit.** By then, we had presented only two topics. Given the overwhelming support that HLI's radio program was receiving throughout the country, ***the pro-abortion forces suspected that their imminent defeat would follow.*** So they quickly convened this meeting to strengthen their position with the government.

As I am writing this report, the abortion bill has already been submitted to the parliament by the Health Minister for debate and-most likely for approval-by this people's representative body. Whether by coincidence or not, on the third week of HLI's radio campaign against the legalization of abortion, the Health Minister secretly submitted his death bill proposal to the parliament-before he could even hear what people would say about the subject through this program. As Rev. Thomas J. Euteneuer recently said in his HLI e-newsletter, ***"The devil and his minions are on the verge of adding Mozambique to its collection of evil masterpieces."***

The abortion bill has been kept away from the sight of the people who will be subjected to its whims. When journalists, including those on the HLI anti-abortion radio program, rushed to get copies of the abortion bill from the Health Ministry, they were told it was confidential and top secret. Any pro-lifer would ask, "confidential to whom?" Why is a document that will affect the Mozambican population classified as "top secret?" Will the consequences of this document remain secret?

These good journalists did not stop there! They next went to the parliament. Some parliamentarians were surprised to learn that there was such a bill. A few of them said they would not support it.

Why has the Health Ministry kept this deadly document a secret? I was told that there had been a referendum two years ago on whether or not Mozambique should legalize abortion. The result of this referendum, which has never been revealed to the public by the government, showed that over 60% of Mozambicans were opposed to the idea of making a law that will massacre their innocent unborn children. To accept the government's proposal will mean committing suicide. The government was totally defeated.

Since then, however, pro-abortion groups have been bombarding the media with pro-abortion information in their program called IEC (information, education, and communication) in the hope of reversing the will of the people. They have further lobbied government support on the reproductive health agenda through seminars, workshops, and conferences that have been conducted continuously for the urban and rural people, with specific targeting of the youth and women.

On hearing that HLI was in the country running a pro-life program and alerting the people of Mozambique about the evil of abortion, the deadly Maputo Protocol that threatens to impose abortion-on-demand and legalization of abortion in Mozambique, **the anti-life groups were clearly worried that they were going to be losers.** They were especially concerned when they heard that through this pro-life program HLI was converting many people, including health officials, government leaders, and-more importantly-ordinary men and women. So, they quickly convened, strategized, and forced the Health Ministry to send the abortion bill to parliament. ***Further delay, it was argued, would be disastrous to their plan of reducing the population of this nation.***

Realizing that HLI's message of truth was against them, they worked clandestinely with some health officials to prevent the leaking of their plans. So, they insisted that health workers, MDs, nurses, and para-medical personnel neither cooperate with HLI nor leak any word about the abortion legalization bill. When our journalists went to get information from the Health Ministry, they were turned away. Some of them told our team that they had been warned not to say anything. This is what I call the government's iron-hand, Western intimidation of its own people. And one thing is clear: **if the government of Mozambique is going to enact a law to legalize abortion, it will do so against the will of its people.**

THE CATHOLIC CHURCH SUPPORTS HLI'S MISSION

On September 4, 2007, I visited St. Pius Major Seminary as a follow-up to my first visit in August. Fortunately, my meeting with the Rector, Fr. Rafael Sabate, was very fruitful. At the end of the discussions, the seminary leadership agreed to work with HLI on two projects:

1. A new seminarian pro-life group at the seminary, which would include participation in the Seminarian Summer Institute held annually in Tanzania for East Africa.
2. HLI's campaign against abortion and legalization of abortion in Mozambique.

Later that same day, I met Fr. Aloysius at the Bishop's house, who is also the Archdiocesan secretary. He expressed his happiness with HLI's programs, and through him everything else was arranged. Fr. Aloysius, a pro-lifer himself, promised to champion the pro-life apostolate in the archdiocese.

I met the Archbishop on September 13, 2007. He was very pleased to meet me and expressed his gratitude for the HLI pro-life materials I had given him on my first visit. He wholeheartedly supported HLI's work in its entirety and gave the approval to start a pro-life apostolate in his archdiocese. He invited me to address his diocesan clergy on the following day, September 14. I gave him two copies of my presentation, one of which was passed on to Fr. Aloysius for translation into Portuguese. The speech consisted of two major parts: "The Abortion Debate" and "Making Abortion Legal in Africa - a Systematized Process."

My presentation was 45 minutes long and was followed by a 15-minute question and answer period. I concluded by putting forward some proposals to the clergy. The Archbishop promised to invite me on another occasion to help with setting up a pro-life group, but in the meantime, Fr Aloysius will begin to coordinate pro-life activities in the Archdiocese of Maputo.

The clergy in Mozambique has fully supported the HLI radio campaign against the legalization of abortion through Radio Mozambique. They suggested that Radio Maria could be used too, and for this purpose the Archbishop immediately appointed Fr. Alfred Buque, Director of Radio Maria, to work with HLI. Fr. Buque, representing the Archbishop, has already worked with us on two radio programs in which he broadcast the Catholic Church's teachings on abortion during my August visit to Mozambique.

PRO-LIFE SEMINARS

I managed to conduct two pro-life seminars. Had there been no language barrier, I would have conducted more. Besides explaining to participants the pro-life apostolate, its vision, mission, and objectives, as well as HLI's pro-life work around the globe, I used these two occasions to expose the "Maputo Protocol," the legalization of abortion agenda, and the dangers of abortion. I also highlighted the tactics to defeat pro-abortion arguments.

PRO-LIFE MATERIAL

I was able to distribute pro-life material to many people, both inside and outside Mozambique. Within the country, I distributed pro-life materials to clergy, journalists, workers at Radio Maria, medical personnel, people in urban and rural areas, staff at the hotel where I stayed, and to the participants of the seminar. I distributed pro-life materials to individuals with whom I spoke and who were from other countries - Swaziland, South Africa, Botswana, and Zambia, as well as the USA.

THE ROAD AHEAD

On the morning of September 28, 2007, I returned to the bishop's house to bid farewell to the Archbishop (who had so generously received me and given me audience with the

diocesan clergy) and to say goodbye to Fr. Aloysius.

Fr. Aloysius and I discussed at length the future of the new pro-life and pro-family apostolate in Mozambique. We agreed that there is need to initiate a pro-life apostolate in the Archdiocese of Maputo as a starting point and later to extend the apostolate to other dioceses. We established a plan of action for this project, delineated responsibilities for various archdiocesan departments and staff, and we established that HLI would assist with the necessary training and materials for this new mission. HLI will provide pro-life materials that will be translated into Portuguese, return to Maputo in the spring of 2008 to provide training workshops, and be available on an ongoing basis for any other necessary assistance. Fr. Alfred Buque has agreed to run an HLI pro-family program on Radio Maria, and for this purpose I gave him many pro-life materials, including *The Facts of Life* book by Dr. Brian Clowes and our 2006 East Africa Pro-Life Conference papers in bound book form.

CONCLUDING THOUGHTS

HLI's month-long pro-life radio program was a success and has begun to educate the people of Mozambique on the dangerous threat of the legalization of abortion in their country. To me, this has been a miracle. Imagine working with people you have never met before, in a foreign country, speaking a foreign language. The Holy Spirit has surely been present in this great program!

I would like to sincerely thank HLI Central for facilitating this program and my trip to Maputo. The Holy Spirit was working with us-leading the way, blessing us, and spreading the message of light and truth. With His continued help, we will reap a rich harvest of life in Mozambique.

Mission Report: Ireland: August-September 2007



Dr. Brian Clowes, August 31-September 9, 2007

England Says "The Curse of Cromwell Be Upon You" - Again!

One of the most distinct characteristics of the Culture of Death is that it cannot tolerate purity or holiness-*anywhere*. It does not matter how much it corrupts or destroys. If there is a bastion of Faith and virtue anywhere, the Culture of Death is compelled to attack it. The Devil knows well that **as long as a nation inspires others to attain a greater degree of holiness, it greatly hinders his progress on earth.**

Satan has certainly done a hatchet job on Ireland, once known as the "Land of Saints and Scholars." At one time, the Emerald evangelized the entire world with its priests and theologians, but now, due to the homosexual priest scandal, it has barely enough priests to care for its own parishes. In November 1995, after an intensive campaign by foreign anti-life organizations, the Irish people voted for divorce by about **one-half of one percent** of the total turnout. This was good enough for the Devil, **and now Irish divorce levels are skyrocketing, with continued agitation by anti-lifers to remove what few restrictions remain.** And, as always, pro-abortionists have used fabricated sob stories and the "hard cases" to sway the sympathetic hearts of the Irish and have agitated for more and more exceptions.

In 1992, an unmarried and pregnant teenager threatened to commit suicide if she was not given an abortion, and three years later the Irish people gave women the "right to travel" to the United Kingdom to get abortions and the "right to information" about abortion. The Irish Family Planning Association-an affiliate of the International Planned Parenthood Federation-immediately did all it could **to ensure that Irish women could kill their preborn children as easily as possible**, and they went so far as to advertise their services on stickers they plastered in women's restrooms.

Since 1995, English abortionists have killed more than 75,000 Irish babies, exceeding Cromwell's wildest dreams. The Irish used to say to their enemies, *malacht Cromail ort*, or "The curse of Cromwell be upon you."

It seems that Cromwell is back with a vengeance in the form of English abortionists who are killing more Irish than the "Lord Protector" ever dreamed of-and also in the guise of Irish politicians who obviously could not care less about the lives of the poor and helpless.

As always, the Culture of Death hides in the background as it does its dirty work, and the great majority of people are completely unaware of its activities. This was my second trip to Ireland this year, the first being in January to Tralee in County Kerry. I

second trip to Ireland this year, the first being in January to Tralee in County Kerry. I interviewed two pro-life Ukrainian medical doctors, Vadym Lazaryev and Vladymyr Ischenko, who had exposed the newborn and late abortion organ-trafficking network in Eastern Europe and who had almost been murdered because of their exposé.

I also talked with Kathy Sinnott, an Irish Member of the European Parliament, who revealed that Ireland hopes to be involved in biotechnology in a big way and that **the morality of such activities is completely irrelevant to the Irish government:**

We have developed pharmaceuticals as our leading export in Ireland. Our government brings in pharmaceuticals [corporations] and tells them that they can do what they like. They like their companies to feel comfortable here, and if they want to do [fetal] tissue research, our government is not going to ask too many questions. In 2001, the head of the research board for the government, Bruce Barrington, said that we really have to get over our opposition to things like embryo research and cloning. In other words, we have to get over our ethical problems and get on with the real business of making money and attracting pharmaceutical companies and frontline research.

God has blessed the Irish for centuries, but it appears as if that blessing might be diminishing, because the Irish are joining the rest of dying Europe in their refusal to reproduce.

In order for a developed nation to merely maintain a steady population, the total fertility rate, or TFR, must be 2.1 children per woman. In the early 1970s, the Irish TFR was a healthy 3.8. **In just three short decades, it has plunged to a disastrous 1.7, and it is projected to fall much lower.** According to the United Nations, the Irish population will continue to rise slowly, but this is due almost entirely to massive immigration.

HLI'S 2007 MISSION TO IRELAND

During his homily at Limerick near the beginning of his pontificate, Pope John Paul II paraphrased Matthew 16:26 when he said, **"Ireland must choose ... What would it profit Ireland to go the easy way of the world and suffer the loss of her own soul?"**

Father Tom, my wife Kathy, and I traveled to Northern Ireland on the last day of August for a whirlwind ten-day tour of the island, which repeated the Holy Father's urgent theme "Ireland Must Choose." Patrick and Therese McCrystal, who live in a beautiful farmhouse less than half a mile from Belfast International Airport, picked us up for a day of recovering and strategizing. We enjoyed playing with their kids, Francis, Sarah, Esther, and Mary (13 months) who, like most toddlers, would rather wear her food than eat it.

After a day of rest, we began an intensive tour of Ireland, **visiting 11 cities and driving nearly 900 miles in six days** which in Ireland is saving something. We visited most of

...nearly 100 times in six days, which in Ireland is saying something. We visited most of the major population centers, beginning with Belfast, Newry, Omagh, Letterkenny, and Derry, then moving South to Knock, Galway, Thurles, Limerick, Killarney, Cork, and Dublin. ***During this time, we imparted the pro-life activist message to several hundred people***, including a dozen priests, a score of religious sisters-and one transvestite!

Our two-hour presentations focused on the necessity of prayer, the basics of pro-life activism, and the need to get involved before Ireland sinks even deeper into the mire.

Aidan Gallagher, head of HLI-Ireland, began each of our presentations with a short summary of the current situation. He stressed that **the tiny Irish population of just four million was fighting to protect itself from the corrosive secularist influence of the rest of Europe with 100 times as many people**. He spoke of the direct UK attempts to force Ireland into line to commemorate the 40th anniversary of abortion on demand, which has killed seven million English babies alone. Aidan also outlined several attacks on the decency and innocence of children, especially through explicit sex education, contraception, and the provision of the abortifacient morning-after pill to girls down to 11 years of age. He concluded with a summary of HLI-Ireland's many activities and its cooperation with other Irish pro-life groups that are doing so much good to stave off the Culture of Death, and finally asked everyone to get involved in one way or another.

Father Tom and I then rounded out the presentation by emphasizing prayer and the demographic situation, thus giving both the eternal and temporal perspectives of the fight. The main point we tried hard to get across was that the Devil never sleeps, and that he is especially energetic when attacking a nation that has a tradition of holiness.

We told the Irish that most American pro-lifers have at least some Irish blood flowing in their veins and that if Ireland went down to defeat, it would be a devastating blow to our morale.

During our whirlwind tour of Ireland, we also had a chance to visit Dr. Rita O'Connor's Majella Life and Education Centre in Limerick, and I had a chance to catch up on the Eastern European baby organ-harvesting situation with Dr. Vadym Lazaryev in Cork.

Father Tom, Kathy, and I even had our photos taken next to signs that announced that we were entering the town of Tipperary. It isn't such a long way after all. We frequently saw tiny villages with enchanting and fascinating names such as "Blackskull" and "Watergrasshill." I also saw many advertisements for the Guinness Beer Corporation and its fine products. The company sponsors many sports events, including hurling contests in Ireland. It looks like the Irish can make a sport out of anything.

THE GRAND FINALE

We wrapped up our grand tour of Ireland on September 8 at the beautiful Royal Dublin Society (RDS), a vast complex centered around a full-sized horse racing track. The theme for this conference was the same as for the tour: "Ireland Must Choose."

We had a truly great lineup for the several hundred people who attended, and almost every Irish pro-life group was on hand, selling their materials at tables in the conference rooms.

Once again, Aidan Gallagher opened the program and emphasized what Pope John Paul II said nearly 30 years earlier: ***that the Irish must rise up or the snakes will certainly be back in force.*** Father Tom gave a presentation on the demographic situation and the threat posed by the international "family planners," and he was followed by talks from two women who had had abortions.

Father Harvey, the founder of Courage, talked about how to help people with same-sex attraction remain chaste. (That day was the 60th anniversary of his priestly ordination!) Perhaps the most popular talk was by Dr. Tony Levitino, a former abortionist, on the duty to speak up for the preborn.

Patrick McCrystal, a pharmacist and former Director of HLI-Ireland, spoke on the abortifacient nature of some so-called "contraceptives," and Fathers Gabriel Harty and Killian Byrne followed with powerful presentations on the power of prayer with a focus on the Rosary.

We wrapped up the "Ireland Must Choose" tour with Mass and a consecration of all of Ireland's pro-life organizations and workers to the Immaculate Heart of Mary.

Mission Report: UK 40 Years in the Desert of Death: November 2007



 SHARE

John Mallon, November 2007

On October 27, 2007, we commemorated the 40th anniversary of the United Kingdom's Abortion Act of 1967, which went into effect April 27, 1968, in England, Scotland, and Wales, but not Northern Ireland. Forty is a significant and symbolic number in Biblical tradition for many reasons, but to name one, forty years traditionally denotes the length of a generation. For our purposes, a generation lost.

Strictly speaking, the 1967 UK law didn't legalize abortion as *Roe v. Wade* did in the USA, rather it allows it under certain conditions. The major differences between the Abortion Act of 1967 and *Roe v. Wade* in the US is that the British ruling required the approval of two physicians for an abortion and limited it to before the 28th week. Although the two-physician requirement remains in place, in reality, it does little to restrict abortion. As in the United States, **"medical requirements" are stretched to be practically meaningless.** Still, pro-abortion forces continue to push for "social abortion" (in contrast to "medical" abortion) in principle, complaining that the British law is not centered on "women's rights" but requires medical approval, unlike *Roe v. Wade*, which allows abortion on demand for any or no reason right up to birth.

Restrictions of the 1967 law require that a registered practitioner in a National Health Service hospital or other government-approved location must perform the abortion. The law also specifies:

- (a) The continuance of the pregnancy would involve risk to the life of the pregnant woman greater than if the pregnancy were terminated; or
- (b) the termination is necessary to prevent grave, permanent injury to the physical or mental health of the pregnant woman; or
- (c) the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman; or
- (d) the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of any existing children of the family of the pregnant woman; or
- (e) there is a substantial risk that if the child were born, it would suffer from physical or mental abnormalities as to be seriously handicapped, or in emergency, certified by the operating practitioners as immediately necessary; or
- (f) to save the life of the pregnant woman; or
- (g) to prevent grave, permanent injury to the physical or mental health of the pregnant woman.

These restrictions were later amended by the Human Fertilization and Embryology Act of 1990, which lowered the time limit to 24 weeks under statutory grounds "c" and "d" and removed time limits for statutory grounds "a" and "b."

HISTORY

The history of abortion in the UK provides many interesting twists and turns. **Before 1803, British Common Law allowed abortion before "quickening"** (the time it was then widely thought the soul entered the body-approximately 20-24 weeks). Abortions after "quickening" were considered an offense, but there were no fixed penalties, and the woman was not always held responsible. However, **in 1803 the Lord Ellenborough Act made abortion at any time in the pregnancy a felony under English statute, punishable by death.**

The Offenses Against the Person Act of 1861 softened this, making abortion punishable by imprisonment of three years to life, even when done for medical reasons. **In 1929 the the Infant Life Preservation Act was introduced**, which amended the 1861 law, saying *abortion was no longer a felony, so long as it was in good faith for the sole purpose of preserving the mother's life.* The new law made it illegal to kill a baby "capable of being born live." It also said the child should be presumed viable at 28 weeks but gave doctors the power to decide the legality when the mother's health was in danger.

The article "A Global History of Abortion" on the Life.org.nz website in New Zealand reports that "In 1920 the Soviet Union legalized abortion on demand, and the World League for Sexual Reform began in Berlin. The influential 1929 London Congress of the World League for Sexual Reform promoted the Soviet abortion law as an ideal for its pioneering secular ideology," and that "by 1932, supporters in the medical profession were lobbying the British Medical Association, and in 1936 the Abortion Law Reform Association (ALRA) was established."

Then, in 1938, Dr. Alec Bourne challenged the law with a test case. He gave an abortion to a 14-year-old girl who had been raped by four soldiers and turned himself in to the authorities. He gained great publicity and public sympathy and was acquitted. Life.org.nz reports, "Justice McNaughten told the jury that if Bourne believed that continuation of the pregnancy 'would make the woman a physical or a mental wreck,' then he operated for the purpose only of preserving the life of the woman."

The article continues, **"As a result of the Bourne case, more and more abortions began to be practised in Britain in cases where the woman's physical or mental health was thought to be in danger**, a loophole in the law that was interpreted increasingly loosely. This ambiguous legal precedent was adopted by other Commonwealth nations."

The ALRA continued its work, lobbying for more liberalized laws from 1936 through the 1950s, and the advent of the contraceptive pill in the 1960s accelerated matters. Life.org.nz also mentions another factor, which they suggest played a role in the 1967 law: "In the early 1960s, the thalidomide tragedy (when doctors prescribed a drug to 1,000 pregnant women that caused missing or malformed limbs) caused public alarm. Many of the women were refused abortions."

In 1966, the Abortion Law Reform Association led the campaign in support of Liberal Member of Parliament David Steel's (now Lord Steel) private member's bill to legalize abortion.

By this time, the loose interpretation of laws, numerous loopholes, and the upward spiraling rate of abortions alarmed Alec Bourne over what his 1938 test case had wrought, **causing him to become one of the founding members of one of the UK's leading pro-life organizations**, The Society for the Protection of Unborn Children, popularly known as SPUC.

In the fall of 2003, ALRA joined with the radical pro-abortion group National Abortion Campaign to form Abortion Rights.

RESULTS OF THE LAW AND NEW CHALLENGES

There are few champions of the unborn as bold and articulate as Lord David Alton of Liverpool, who has fought tirelessly for the unborn in the UK throughout his career as a Member of Parliament and as a member of the House of Lords. In an article entitled "Forty Years: It's Enough," appearing July 8, 2007, in *The Universe*, a British Catholic newspaper, he sums up the present situation in the UK:

"In October we will commemorate the fortieth anniversary of the Abortion Act: forty years since David Steel introduced the Abortion Bill, 20 years since my attempt in Parliament to challenge it. And in October 2007, a new Government Bill (the Human Tissue and Embryos Bill) will signal the most profound and far reaching debate on pro-life issues in many years.

"That such a national debate is long overdue is borne out by the grim statistics.

"Nearly 7 million abortions have taken place since 1967; one every three or four minutes; around 600 every day; about 190,000 annually. Abortion is permitted up to and even during birth on a disabled baby.

"The 1967 law paved the way for the destruction and cloning of more than a million human embryos

human embryos.

"At the other end of the spectrum, it has led to repeated attempts to legalise euthanasia and assisted suicide of sick and disabled people."

In an article entitled "Biggest Battle in a Generation," in the same newspaper on June 9, 2007, Lord Alton describes the next legal battle the UK will face:

"In the autumn, both Houses of Parliament will be invited to consider the Human Tissues and Embryos Bill. This Bill will signal the biggest battle on pro-life issues since 1990, and arguably since 1967.

"The Bill is likely to include provisions that deal with all aspects of embryology, including animal-human hybrid embryos; surrogacy; designer babies; therapeutic and reproductive cloning; embryonic and adults stem cells; the removal of biological fathers (through anonymous sperm donation); organ donation; tissue retention; and the re-opening of the abortion debate.

"The Bill has emerged following a review of the 1990 Human Fertilisation and Embryology Act, which the Government announced in 2004. The Bill establishes a new regulatory body, the Regulatory Authority for Tissue and Embryos (RATE), which takes the place of the Human Fertilisation and Embryology Authority (HFEA) and the Human Tissue Authority (HTA)."

Ten years ago, regarding the 1967 law, Lord Alton wrote, "The climate which allowed the 1967 Bill to be so successful had been created over a sustained period of time. This story has been repeated again and again in many other legislatures who have imitated the British legislation-**and the techniques are being used again as they seek to legalise euthanasia.**"

The UK's sojourn of 40 years in the Desert of Death is a familiar story. The history of legal abortion in the UK, like every other country, has its share of lies, treachery, and deceit, with an undeniable slippery slope towards other atrocities against life.



SHARE

Journey For Life into the Heart of Asia-Kerala, India - Fr. Jerry Novotny, October 23-27, 2007

Kerala is a very easy place to simply sit back and enjoy. The name means "land of coconuts," and the palms shade nearly the entire state from the tropical sun. Many call the beach at Kovalam the best in India; visitors can spend a day riding small ferries through the backwater lagoons or watching elephants cavort in the wildlife sanctuaries. The spicy food may be the best vegetarian cuisine on the planet.

FORMING PRO-LIFE PRIESTS FOR INDIA

But for me, the real reason to visit Kerala, which lies at the southwestern tip of the subcontinent, was to give a series of pro-life lectures, especially for seminarians, with the theme of *The Family at Crossroads: Trends and Challenges*. Fr. Stephen Chirapanath, procurator of St. Thomas Apostolic Seminary, met me at Cochin Airport. The Singaporean flight landed in a heavy rain, and the two-hour drive to the seminary was slow and bumpy. It was nearing the end of the southwest monsoon season in India, and the roads had not yet been repaired.

The following morning, I met Fr. Scaria Kannyakonil, who teaches bioethics and is in charge of the seminary's pro-life program. There are 350 seminarians here, with 20 permanent teachers and 40 visiting teachers. The number of students includes 49 fourth-year theologians, who will soon be ordained. What amazed me most during my lectures was their mastery of the pro-life issues. ***Without a doubt, India will soon be blessed with 49 well-informed pro-life priests.***

I spent another morning with the seminarian pro-life committee, trying to understand some of their background, and here is what I learned: Under the guidance of Fr. Scaria, the *Santhome Pro-life Movement* began in July 2004. Since the first step was to acquire an awareness of life issues, various classes, discussions, and programs were set up to serve this purpose. As the students began to realize the need to fight for life and for life-related issues, **they decided to create an unofficial one-year, pro-life group** entitled "*Spandanam*," which means "Heartbeat." They collected materials related to pro-life, such as wall posters, brochures, leaflets, books, videos, etc. Then they conducted their first public project—a pro-life exhibition in Kottayam City, Kerala. As part of the program, the seminarians wrote and put on a silent animation street play. ***Thousands of people visited the exhibition and watched the play outside in front of the train station.*** During this time, a group of their friends spent the whole day in prayer "to get spiritual strength," as one student described it. This was the first time Kottayam City witnessed such an event. (I saw the play on Pro-life Day, held at the seminary. **The actors were excellent and the message on abortion was very clear.**)

I had the privilege of attending the official inauguration of the *Santhome Pro-life*

Movement and to present a one-hour lecture on abortion to 350 seminarians and teaching staff. The inauguration was for an officially designated 4-year period: 2007-2010. Rev. Fr. Mathew Manakkatt, a representative of the Pontifical Oriental Institute of Religious Studies, officiated at the ceremony. The leadership was given to the first-year theologians. It was a milestone in the seminary, as this is the first group ever to be given such a responsibility. The group representative concluded his talk with, **"We are proud to be pro-life workers. It will become a part of our own life and priestly ministry."**

After this, with the seminary as my "home base" for the next week, I gave additional lectures and half-day seminars at John Paul II Institute for Studies in Marriage and Family, the Missionary Orientation Center, and a number of pro-life and family groups.

A GROWING NUMBER OF VOCATIONS IN INDIA

Nearing the last two days of my stay, a nine-hour train ride took me to the northern part of Kerala, the Kunnoth District, where a new seminary with 150 major seminarians is situated on a hill. Good Shepherd Major Seminary was built in 2000 and opened its doors in 2001. **The increase of vocations in the ecclesiastical divisions of Malabar was a main reason for this seminary.**

While a program for pro-life education is not yet part of their curriculum, it is currently under discussion. My day-long seminar was attended by a "full house," which included the rector, staff, and seminarians. ***I have great hopes that it might facilitate a pro-life dimension to this seminary in the future!*** Before concluding my visit here, I was presented with an Icon of the St. Thomas Cross, which was a very meaningful conclusion to a week full of learning experiences and sharing in Kerala.

In the early hours of the morning as I headed back for the two-hour trip to the airport to catch my morning flight to Goa, I could hear loud music from the Hindu temples, wailing muezzins at the mosques, and even church bells ringing at a parish. They say that religious tolerance is just one reason for Kerala's success. The people are extremely proud that almost half of Kerala's budget is spent on health and education. A heritage of female-headed households also means women have always been equal participants here. Unlike elsewhere in Asia, women outnumber men in Kerala, ***suggesting that there are no selective abortions.*** The Catholics number 18% of the Kerala population, and over 90% of Catholics attend Sunday Mass.

At 3:15 p.m., the Jets Airways plane touched down in Goa, which would be the final leg of my journey. At the terminal, I was met by Milagres Pereira and his family. Milagres is an oil-painter like myself. We met four years ago at the HLI conference held in Singapore and have become very good friends. He founded the Goa Pro-life Institute and is involved in many diocesan activities.

While in Goa, I was able to give two lectures to the area's future pro-life leaders each

day from 10:00 a.m. to 1:30 p.m. The group of 15-20 people was strongly motivated, and many questions always followed. The afternoons and evenings were spent speaking to various pro-life groups and church groups. **Since the number of young people in attendance was very high, I would judge from Kerala and Goa that this area of India has a promising future.**

Next year, Human Life International will hold its "15th HLI Asia Pacific Congress on Love, Life, and Family" in Goa. Known as the "Pearl of the Orient," the state of Goa is abundant and rich in people, culture, and beauty. From my experience, I can say that the people are very friendly, hospitable, and love to laugh. It promises to be an interesting and informative HLI Congress.

Mission Report: Cuba: June 2007



Fr. Tom Euteneuer, June 15-24, 2007.

José Martí is the Founding Father of Cuba. His motto, which can be seen emblazoned on one of the buildings at the airport bearing his name, was "*Patria Es Humanidad*" (Homeland is Humanity), but that motto was changed to "*Patria o Muerte*" (Homeland or Death). Some say the motto really should be "*Patria es Muerte*" (the Homeland *is* Death), given the total abortion culture that exists in Cuba. My guests said that the motto perfectly symbolizes a perfect culture of death.

The most grievous offence of *pre-revolutionary* Cuba was its tolerance of abortion. According to the Cuban pro-lifers, **abortion was legal in the 30s and grew to heavy practice in the 40s and 50s**, so much so that allegedly it was the preferred place for rich American women to come for their abortions and practiced privately by all the best Cuban doctors. In Cuba, abortion already had some legal standing. It was decriminalized under certain conditions in 1936.

At the time of the Castro revolution, the best doctors left the island, and the abortion practice fell into the hands of second-rate doctors who were killing women all over the place. The abortion lobby then pushed for liberalization of the law, and in 1965 Cuba adopted the Soviet practice of abortion on demand for the early stages of pregnancy. In 1980 they institutionalized the practice and made it legal to have an abortion up to 26 weeks, 6-10 weeks "on demand" and 11-26 for "health" reasons. All throughout the pregnancy, however, it is still legal to have an abortion for the "life of the mother" and "rape" exceptions.

There is an irony here: in the US, abortion is an industry, and most doctors practice it because it is extremely lucrative. **In Cuba, the only crime for an abortionist is to charge for his services!** Other regulations are simple: abortions must be done by doctors and must be done in state hospitals or clinics. They say that rich Hispanic women now come to Cuba for their abortions, making it the Latin American abortion paradise as it was previously the North American abortion killing place.

THREE ABORTIONS FOR EVERY LIVE BIRTH - BUT ALSO CONVERSIONS

Technically, according to Cuban law, life begins when the umbilical chord is detached, so there is no legal protection for unborn children. **There are three abortions for every live birth in Cuba.** The situation is exacerbated by the constant pressure and expectation to abort, both in the medical community and in the culture at large. My hosts told me that **the first question that a woman is asked when she finds out she is pregnant is, "Are you really going to keep it?"** This is hardly any different from the

American culture, except a bit more overt. Cuban doctors told me that they have strict quotas to keep and indexes of medical materials to stay within, and there can be severe reprisals if they do not tow the line. Abortion is just a medical statistic now. It has no moral dimension.

Last year I met a man at a church in a poor barrio of Havana who was an abortionist for 20 years until he was evangelized by two of *Pro-Vida* Cuba's best pro-life doctors. **Their words and example struck him to the core and caused a crisis of conscience within him.** Eventually, he gave up the practice and as a result almost had his license suspended, was persecuted and harassed by other doctors, and continues to find it difficult to work anywhere. He and other non-abortion doctors in the ob/gyn specialty are marginalized and pushed to certain areas where they will not be coerced into doing abortions by the system. He now takes care of the women who are at the end-stages of pregnancy, and another pro-life doctor generally takes care of older women.

A lawyer told me of the outright persecution of his wife when she got pregnant with their fourth child at age 40. They were lied to about possible Down's syndrome; she was checked up on and pressured every week to have an abortion; and finally this lawyer had to put his foot down and flatly reject the idea of abortion. The medical doctor finally said, "What is wrong with you? Why would anyone want to keep this pregnancy? Are you Catholic? Well, that explains it." Those who are not firmly grounded in their moral convictions will easily cave in to pressure of this kind. One medical student I met said that it is routine to take the medical history of women who have had an average of five abortions in their reproductive lives and she said that **a classmate of hers took the history of a woman who had had 18 abortions.**

DEMOGRAPHIC SUICIDE

In the face of this desperate abortion culture, the government is just now waking up to the reality that **Cuba is staring down a demographic crisis of immense proportions.** In a May 2006 article from a national paper, an official of the National Statistical Office complained that the birthrate has plummeted catastrophically in the last 35 years and the population is getting older. On top of that, the young people are less and less interested in having children at all. ***Cuba is closing children's hospitals and schools now because they just don't have the children.***

The very week I was in Cuba, the National Statistical Office issued its "Annual Health Statistics" report and the numbers were not pretty. The drop in births since 1970 has been precipitous, and the blame can be laid directly at the feet of abortion and contraception: in 1970 there were 237,019 live births; in 1975-192,941; 1985-182,067; 1995-147,170; 2005-120,716; and in 2006 only **111,323** births. **This shocking drop in births means that this small island has a dismal future to say the least.**

The same article noted that **by 2015 there will be more retired people on the island**

The same article noted that **by 2015 there will be more retired people on the island than people in their working years.** That is just frightening. It went on to say that if in the next 10 years Cuba has not formulated a "coherent politics of reproduction, we will see each other more at funerals than at children's birthday parties." Fr. Marx used to use that same image all the time. A Statistics Office spokesperson, María del Carmen Franco, said it a bit more bluntly: "The only way [to solve this problem] is to augment births." And she said that Cuba has less than a decade to do it. Given the ideologically rigid abortion and contraceptive culture of the medical profession, I can't see that happening.

THE HOLY SANCTUARY OF OUR LADY OF CHARITY

Prior to joining HLI, I served as a parish priest in Florida and met so many wonderful Cuban people there who told me about Our Lady of Charity, the Patroness of the Cuban people. On one of the days of my visit, I visited Mary's shrine at the eastern end of the island in the province of Santiago de Cuba, and what a blessed experience it was.

When we arrived at the local airport, we had a large, gregarious black taxi driver, whose head almost hit the inside of the ceiling of the Soviet-era car as he drove. His taxi was a broken down Lada car, which he drove like a banshee, and I was not sure it would actually make it to the shrine 15 km away. He seemed to have no such concerns. While we drove at breakneck speed down unpaved and pothole-filled roads, he was waving to every third person on the street. Several times he stopped to buy things from street vendors and twice let people in the taxi on our dime-one guy he brought in was his brother-in-law who had to get to the other side of town! He bought me a coconut for the delicious milk it contained, and I was grateful for the kindness. We eventually made it to the shrine, and I remarked what a sense of humor Our Lady must have!

The regularly-assigned priest had to be away, so it fell to me to offer the public Mass that day to a diverse crowd at the shrine from many places in the Caribbean and Latin America. In the intense tropical heat-no air conditioning, of course-I prayed for the dear Cuban people, their faith and wellbeing. I also prayed for Human Life International and all our supporters.

THE WHOLE REASON FOR THE VISIT

The last stage of my journey brought me to the Province of Holguín (pronounced "olegheen"), where a very zealous group of about 35 pro-lifers had gathered from the eastern provinces of Camagüey, Guantánamo, and Las Tunas. I gave them two solid days of my best pro-life materials on abortion, contraception, and family life; and like newly-minted converts, they drank it all in with zeal and gratitude. What a pleasure to see authentic pro-lifers living out their convictions in such dire circumstances!

One success story was particularly consoling during this visit. A 17-year old girl named Inés (Agnes) came to our weekend seminar in Holguín, invited by a friend of hers the

day before. She did not know anything about pro-life, but by coming to our seminar she was able to postpone her obligatory military service. When she came, she heard an earful of wonderful truth about the dignity of the unborn child and the sanctity of life, and during the weekend she revealed to us an amazing story. She just found out she was pregnant, and if she had gone to the military service, she would have undoubtedly had an abortion. Now she was a mom and keeping the baby! She hugged me and thanked me for coming all the way to Cuba. "You saved a life," she said-but I said, "To God be the glory!"

BISHOPS OF A SUFFERING BUT HOPEFUL CHURCH

During my visit, I was privileged to meet the legendary **Jaime Cardinal Ortega**, the prince of the Church who sponsored the famous 1998 visit of Pope John Paul II to Cuba. He is still young and dynamic and has a difficult job trying to evangelize the faith in dire circumstances. Both of my visits (2006 and 2007) happened to coincide with meetings of the Cuban Episcopal Conference in Havana. As a whole, the bishops seem to be excellent men of the Church and real shepherds of souls. Despite distinct differences in the styles and temperaments of the bishops and even stances toward the government, no one questions their orthodoxy. That is refreshing. Probably the best commentary on the Church in Cuba is that their bishops are all native Cubans and when they speak in public, it is said that "they speak as one man."

There are only 330 priests on the island; 155 of them are native Cuban. Cuba, however, has 49 major seminarians, 14 from Havana. Cardinal Ortega will ordain four this year and has six entering seminary this coming fall, of whom he seems to be particularly proud. Some of the conversion stories of these men are truly fantastic. All four of the men to be ordained entered seminary in 1999, the year after the pope's visit. Most of the seminarians on the island are converts to the Faith since that time. Judging from these fruits alone, it is hard to over-estimate the impact of the visit of Pope John Paul II to Christ's suffering people in Cuba.

PRAYERS AND HOPE

This humble visit to Cuba was one of planting many pro-life seeds in the hearts and minds of people. We plant, and God makes the seedling grow. We must continue to pray for the people of Cuba so that one day God will bring all those seeds to fruition in a totally transformed Cuban culture of life!

Mission Report: Mongolia: November 2008



Dr. Ligaya A. Acosta, November 6-14 2008

Mongolia is located between China and Russia in northern Asia. It is one of the least densely populated countries in the world, with a population density of 4.9 persons per square mile and an annual population growth rate of 1.5%. To make matters worse, for every 1,000 children that live, 41 die before they reach their first birthday. Also, 69% of women use contraception in Mongolia. The birth rate is estimated at 21.2 births per 1,000 people, and the average life expectancy is 63.5 years. About two-thirds of the total population is under age 30, 28.5% of whom are under 14. Religions practiced in the country are mainly Buddhism with some small Muslim and Christian influences. Roman Catholicism was introduced 16 years ago by the current Bishop, and today Catholics number only 500 throughout the whole country.

MONGOLIA'S ACTIVE CULTURE OF DEATH

I would have found Mongolia very cold indeed if not for the warm reception of the Bishop, His Excellency, Most Rev. Wenceslao Padilla, Bishop and Apostolic Prefect of Mongolia, who took care of me from my arrival to my departure. His touching kindness was more than enough compensation for the weather (the temperature was six degrees below zero), as well as the absence of hot water in my room.

Even before I reached Mongolia, though, I was already chilled to the bone as I went through documents to familiarize myself with the country. **International Planned Parenthood Federation (IPPF), the number one abortion-provider in the world, has been very active in Mongolia, working through its affiliate, the Mongolian Family Welfare Association.** In 1992, it started a program dubbed HIV/AIDS Education for Dormitory University Students of Ulaanbaatar, which was set up to provide "accurate information on STI/HIV/AIDS prevention" and "to increase condom use." Topics covered in this program included "family planning and unwanted pregnancy" and, not surprisingly, "safe sex." To help spread the message, it said it used the cooperation of tutors and social workers. Peer educators, it proudly proclaimed, "passed the information to more than 2,500 young people across the country and elsewhere."

By going to the UNFPA website, I found that it has been active in Mongolia since 1991, and that in January 2007, **a total of nine million US dollars was approved for the Fourth Country Programme Action Plan covering the period of 2007 to 2011.** The same site announced that "UNFPA will concentrate its strategic support in achieving the ICPD goals of promoting reproductive health and reproductive rights within the larger context of the Millennium Development Goals and poverty reduction in Mongolia."

Practically all the death peddlers have been in Mongolia for some time. Thus, I was saddened, but not surprised, when the Bishop told me of his concern over increasing teenage pregnancies. He arranged for me a special meeting with the priest in

charge of Youth Affairs in the diocese, Father Ernesto Viscardi, an Italian Consolata Missionary. We discussed the possibility of integrating HLI talks in next year's Youth Summer Camp.

I confirmed, upon my arrival, that not only is pre-marital sex common in Mongolia, but abortion and divorce are legal. It is not unusual to find single parents and women with children of different fathers or women who have had multiple abortions. As I watched the beautiful Mongol children all cutely bundled and tied up to protect them from the winter cold, I could not help but wonder, "How on earth could mothers kill their very own children?" It was always a treat for me to see from my bedroom window each morning the few kindergarten pupils quickly passing by as they tried to hold on to the hands of their fast-walking mothers.

During my first three days, I had the chance to interact with both the Catholic Missionaries and their wards in the various centers run by the Diocese. The Bishop himself brought me to the Center for Children at Risk (managed by the Missionaries of Charity), the huge Center for Street Children and Orphans, the diocesan clinic, and the Don Bosco Industrial Training Skills Center. I also had the chance to go to Sunday Mass at a Parish Church inside a *ger* (tent), a common dwelling place for Mongolians. Most of those who attended were foreigners working in multinational companies and organizations. It was also there that I learned where the Country Director of UNFPA, who is a Filipino like me, goes to Mass. I missed meeting her, though, because that Sunday she was away. It is a sad realization to find that most of the death peddlers are actually Catholics! A sadder realization, however, is finding the clergy and religious silent about the matter. **One nun even told me that abortion and pre-marital sex are part of the Mongolian culture, so they cannot say anything about it!**

MONGOLIANS THIRSTY FOR THE GOSPEL OF LIFE

My first formal talk was held November 10 with the Association of Major Religious Superiors, comprised of about 15 heads of the different foreign congregations working in Mongolia and presided over by the Bishop. I titled my talk "Building a Culture of Life in Mongolia." The response was great, as it brought many realizations to the audience. They said they really needed such a talk, ***which they were hearing for the first time.*** One priest shared that an abortion organization occupies one of their neighbor apartments. He also shared many complaints from women who are forced to use contraception. They thanked me profusely and told me that this was the kind of talk they needed to hear and proclaim, and they expressed the wish that I will be able to speak in wider audiences. They copied my presentation and asked my permission to have it translated into Mongolian. They also were glad to receive copies of the HLI Pro-Life CD Library. ***They confirmed that they truly needed reference materials and were glad they could find it in just one CD.*** By God's grace, my talk became the subject of the Bishop's homily in a Mass later that day.

The next day, I was with about 50 young teachers and staff members of the Diocese-run Don Bosco Industrial Training Skills Center, which included Vietnamese Brother Andrew Tran Le Phuong, SDB, the school principal. What was supposed to be a one hour

THAN LE PHUONG, SDB, the school principal. What was supposed to be a one-hour presentation stretched to three. Some missionary sisters who had heard about my talk the other day also attended. After my talk, which was given with the aid of an interpreter, the participants did not get up to leave. They stayed glued to their seats, speechless at first, and then they clamored for more. They also shared their very touching realizations. ***It was the first time they had heard the Gospel of Life.*** And they said that they had always thought contraception, abortion, divorce, and pre-marital sex were normal and safe, until they heard me speak. Now they were all convinced otherwise. **One person told me that prior to 1990, before these international organizations came to teach them about "safe sex," Mongolians were indeed chaste and valued life and family!** They also seemed shocked with the realization that-if they continue to contracept and abortion-day will come when there will be no more Mongolians in Mongolia. They were wide-eyed as I explained why they should be producing more babies rather than killing them.

TEENS TAKE VOW OF CHASTITY

There were about 100 people in the audience for my next talk on November 12. Although it was supposed to be only for the students, all the rest of the teachers and nuns came as well. **They wanted to learn how to conduct such a sensitive topic with teenagers and how to deal with the rampant cases of pre-marital sex, teenage pregnancies, and abortions.** It was interesting to observe two very young students who were obviously "lovebirds," almost intertwined at the start of my talk, falling further away as my discussion continued. They would look at each other with wide eyes as I explained the risks of pre-marital sex and the many advantages of chastity. The students nodded their heads and smiled as I emphasized that true love waits until marriage. I ended with the recitation of a vow of chastity, which I asked my interpreter to first explain to make sure they understood. I explained the seriousness of the vow and that it was voluntary. It was heartwarming that everyone took it. After my talk, the principal unexpectedly questioned the students about what they learned. It initially gave me jitters, as I worried that my message may have not been interpreted correctly and that the students who did not understand English did not understand me at all. But, their answers, as well as their impressions, truly touched me. One girl even said her moving thanks to me in English. As I heard them speak, I silently thanked the Lord for hearing my prayers.

NEW PRO-LIFE MONGOLIA

After my session with the students, all the teachers and staff gathered again for their requested talk on Natural Family Planning. Everyone listened with interest, even when it was way beyond their working hours. Their hunger for the message of life and family was evident. They asked how they could become affiliated with HLI. ***They expressed a desire to establish "Pro-Life Mongolia" and said they will do their best to be able to come to HLI's 16th Asia-Pacific Congress on Love Life and Family in Malaysia in November next year.***

As Brother Andrew, the school principal, drove me back on that cold winter night, we talked about future plans for Mongolia. Being the Chair for the Ministry on Education

talked about future plans for Mongolia. Being the Chair for the Ministry on Education, Brother Andrew will be my main contact. Earlier, during the session with the faculty and staff, he expressed his wish to have me back for a bigger congress and even asked everyone to bring all their friends and family. We also talked about the possibility of starting a Family and Life Ministry, which will incorporate Natural Family Planning. He also was heaven-sent in that he knew the Bishop of Papua New Guinea, whom I had wanted to reach, and he also promised to help arrange for my Vietnam trip, which we set for late February 2009, during his vacation in his home country. He told me that these countries also need to hear the message of life.

On my last night in Mongolia, the Bishop invited me to a special dinner with his staff "to celebrate the success" of my initial visit. We talked about the possibility of having HLI back next year for a speaking tour, which we further discussed over a late breakfast the next day. He handed me a heartwarming letter just before my departure, in which he described my visit as "grace-filled days in the Apostolic Prefecture of Ulaanbaatar" and expressed his sincere gratitude to HLI for sending me to Mongolia. In it, he also said, "It's my hope that HLI will be able to continue its presence felt in our society in the vast steppes of Mongolia."

What a privilege indeed for me to be made an instrument in planting the seed of life in Mongolia. I pray that God, with Our Lady, will bless it and make it grow to bear abundant fruits. To God be the glory!

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: Analysis of the New York Times Statement



 SHARE

Analysis of The *New York Times* Statement.

"As a Catholic, Jesuit, and priest, I'm against it [abortion], except for women!"
— Pro-abortion Catholic priest Robert Drinan.[32]

Introduction. There have been many full-fledged media campaigns conducted by pro-abortionists for the purpose of undermining Catholic Church teaching on abortion, but the 1984 *New York Times* statement is undoubtedly the most notorious example of this genre. It is also entirely typical of this type of subversive attack.

The *New York Times* advertisement by the pseudo-religious splinter group 'Catholics' for a Free Choice (which is excerpted at the beginning of this chapter) is an absolutely classic use of the propaganda strategy commonly referred to by professionals as "infiltration and subversion."

Simply stated, this pro-abortion group seeks to render ineffective or less effective a dangerous opponent to abortion 'rights' (in this case, the Catholic Church) by confusing its rank-and-file members and marginal priests as to authentic Catholic teaching.

This tactic has been effective in wars of all kinds since the beginning of time. The CFFC statement, which claims diversity and inconsistency within the Catholic Church is, quite simply, completely false.

For more information on the anti-life strategy of infiltration and subversion, see Session 5 of Human Life International's *Pro-Life Basic Training Program*, "Anti-Life Strategy and Tactics," on a separate compact disc.

Dissidents in 'Action.' Nearly a hundred persons signed the (in)famous *New York Times* statement challenging the teaching of the Catholic Church regarding abortion. Of these, all but four eventually retracted their statements after inquiries by Rome, betraying their total lack of courage and commitment to their cause. Of the four who refused to retract their statements, two were defrocked priests with an axe to grind (and nothing to lose) and two were marginal nuns who finally left their order after causing grave scandal.

People who have been excommunicated, and those without the courage of their convictions, frequently purport to speak for the Catholic Church. However, they obviously have no standing whatsoever.

Their Real Objectives. Notice how the signers of the CFFC statement call abortion "tragic." These are pure crocodile tears, shed in an attempt to give their position a transparent veneer of humanity.

In reality, the people who bought this \$35,000 ad and signed it couldn't care less about the preborn. Renegade pro-abortion "Catholic" groups want abortion for *everyone*, for any reason, and demand that the public pay for it — whether members of that same public believe that abortion is murder or not.

Many organizations that represent themselves as 'Catholic' are busily burrowing

many organizations that represent themselves as Catholic are busily burrowing away at Church moral teaching from within, in attempts to water it down to the point where it is indistinguishable from Humanistic public morality.

Those subversive pro-abortion groups that falsely refer to themselves as 'Catholic' include:[33]

- 'Catholics' for a Free Choice (CFFC);
- 'Catholic' Women for Reproductive Rights (CWRR);
- Conference for 'Catholic' Lesbians (CCL);
- National Coalition of American 'Nuns' (NCAN);
- Women's Ordination Conference (WOC);
- Sisters Against Sexism (SAS);
- Women-Church; and
- Dignity, an unrepentant 'Catholic' homosexual group.

CFFC: A Small But Vocal Minority. Through media tools like expensive ads in virulently pro-abortion newspapers, CFFC and other dissidents allege that the Pope is a renegade and that the Catholic Church is unpopular, backward, and "out of touch with the mainstream." By implication, of course, pro-aborts can then assert that the teachings of the Church on social issues are also 'out of touch.'

Marjorie Reilly Maguire and Daniel C. Maguire of 'Catholics' for a Free Choice, the best anti-Catholic propagandists the pro-aborts can field, slyly 'compliment' the Church while asserting that pro-life priests and laity are not part of the "real" Church; "Thus, the Catholic Church, when considered in its rich diversity, teaches that some abortions can be moral and that conscience is the final arbiter of any abortion decision. Unfortunately, the Catholicism that is taught in many Catholic parishes does not reflect the richness of the Catholic faith." [34]

Obviously, the Maguires believe that parishes that are liberal on abortion are "mature," "diverse," "open," and "rich." Those that uphold *authentic* Catholic teaching on abortion are "narrow," "punitive," and "impoverished."

Polls commissioned by the secular media prove that CFFC is wrong — and, not surprisingly, that CFFC and its contemptible ilk are merely (as they like to say about pro-lifers) "a small and vocal minority." These polls show that, if one considers the people to be the church, the *real* Catholic Church is, indeed, pro-life.

On the occasion of the Pope's 1987 visit to the United States, the *New York Times* and CBS News commissioned a nationwide poll of American Catholics during the period August 16 to 22.

The poll found that 59 percent of all Catholics had a favorable opinion of Pope John Paul II. A tiny minority of dissidents and renegades (only 5 percent) had an unfavorable impression of the current Pope.

More than half of all Catholics (56 percent) agreed that Pope John Paul II is "... a moral and humanitarian spokesman for all people, no matter what their religion." [35]

On parallel issues, only 29 percent of American Catholics said that abortion should be as widely available as it is now; this is compared to 40 percent of non-Catholics. 61 percent of all Catholics said that abortion was the equivalent of murdering a child, compared to 47 percent for non-Catholics. [35]

[Go to Next Topic: Pro-Abortion Bigots](#)

[Return to *Catholic Church Teachings on Abortion* Table of Contents](#)

Footnotes for “Analysis of the *New York Times* Statement”

[32] Pro-abortion Congressman and priest Robert Drinan (D.-Ma.), quoted in "Drinan ... One Exception." *National Right to Life News*, August 1979, page 5.

[33] See E. Michael Jones. "The Pope and the Condom Worshippers." *Fidelity Magazine*, December 1987, pages 31 to 44, and *Catholic Twin Circle*, May 14, 1989, page 7.

[34] Marjorie Reilly Maguire and Daniel C. Maguire. "Abortion: A Guide to Making Ethical Decisions." 'Catholics' for a Free Choice," September 1983.

[35] Joseph Berger, *New York Times* News Service. "Survey Shows Catholics Regard Pope Favorably Despite Disagreements." *The Oregonian*, September 10, 1987.

Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: Pro-Abortion Bigots



SHARE

Pro-Abortion Bigots.

"I've always known that Catholicism is a completely sexist, repressed, sin- and punishment-based religion."
— Trash star Madonna.[36]

Have Their Pie and Eat it, Too ... As usual, the pro-abortionists want it both ways. On one hand, they claim that there is a 'diversity of opinion' within the Catholic Church on abortion, and boast that there are wide cracks in the moral teachings of the 'monolithic, hierarchical church.' They say that many or most Catholics would not 'impose their morality' on others. And then the pro-aborts produce phony public opinion polls 'showing' that Catholic women get abortions more than any other class of women.

However, when it is convenient for them, the same people play the victim and pretend to cower before the 'onslaught against abortion rights' by the 'rigid and dogmatic' Catholic Church. They snivel loudly about how viciously they are being persecuted, while they themselves see no violence in tearing apart thousands of unborn children every day.

The same people who would blow a major blood vessel if anyone criticized them for being intolerant or judgmental see no problem at all with launching vitriolic tirades against Catholics that are bigoted and judgmental by any yardstick. For example, a writer in the Communist propaganda sheet *Women and Revolution* raved that According to chief druid Karol Wojtyla, procreation is the only legitimate function of sex. The Church staunchly defends the family because it is a fundamental pillar of class society ... *Church and state out of the bedrooms! For the full separation of church and state!* The revolutionary democrat Garibaldi correctly stated that "the Vatican is the cancer of Italy ... Down with the Concordat! Church out of the schools! Expropriate the Vatican and all its assets! Abolish "conscientious objection [for doctors who do not want to do abortions]!" Those who would practice medicine cannot also declare themselves "objectors!"[37]

This is all part of a larger, more important two-step strategy. First, the pro-abortionists would like to irretrievably link abortion with the Catholic Church in the public mind. Then, they would like to thoroughly discredit Catholic teaching on abortion by 'proving' it to be inconsistent, unscientific, and politically motivated.

The end result would be obvious: *Any* opposition to abortion, whether it be by Catholics, fundamentalists, or atheists, would be discounted as religious fanaticism, or — even worse — *Catholic* religious fanaticism.

The pro-aborts are bigots to the core. They use America's residual anti-Catholicism to try to preserve their precious and bloody 'right,' and they use it effectively. Try to imagine the tactics described in the following paragraphs being tolerated when used

against Jews or Blacks, and remember that these are just the most overt examples of such bigotry.

Litigation Chicanery. The plaintiffs in the Supreme Court case *Harris v. McRae* (which ruled the Hyde Amendment constitutional) tried to convince the Court that such an Amendment was a violation of the First Amendment Establishment Clause because it "incorporate[s] into law the doctrines of the Roman Catholic Church concerning the sinfulness of abortion and the time at which life commences." [38] Naturally, the plaintiffs did not point out the opposite side of the same coin: That declaring the unborn to be only 'potential life' is *also* a religious view held by several denominations, such as the Unitarians and the United Church of Christ.

Defining the 'Enemy.' Anti-Catholic bigotry is a long and dishonorable tradition of the pro-death forces, beginning with Margaret Sanger. David M. Kennedy writes that Remembering also the radical maxim that a visible enemy was an indispensable source of inspiration for a social movement, she [Sanger] used the Catholic church — as she had previously used the 'plutocrats' and Anthony Comstock — as a goad to energize her supporters and as a foil to dramatize her cause ... As she grew older, her childhood obsession with supposed Catholic deviousness became more and more exaggerated. [39]

A generation later, hate of Catholics had not abated a whit in the cold hearts of the social engineers. Dr. Bernard Nathanson describes a 1969 conversation he had (while still an abortionist) with fellow abortophile Larry Lader, in his book *Aborting America*;

Historically, every revolution has to have its villain ... Now, in our case, it makes little sense to lead a campaign only against unjust laws, even though that's what we really are doing. We have to narrow the focus, identify those unjust laws with a person or a group of people ... There's always been one group of people in this country associated with reactionary politics, behind-the-scenes manipulations, socially backward ideas. You know who I mean, Bernie ... *the Catholic hierarchy*. That's a small enough group to come down on, and anonymous enough so that no names ever have to be mentioned ...

Lader also tried to set church against church when he asserted in his originally-named book *Abortion* that "Unless Protestantism wants to continue its unstated but inherent subservience to Catholic doctrine, it is high time the Protestant leadership announces: A piece of tissue cannot be sanctified as human life." He also cast Catholics as anti-American and established a well-known pro-abortion slogan in the same book;

As long as the Catholic Church, or any faith, continues to block legislation allowing individual conscience and free choice in abortion, the core of our democratic system is crippled. The right to abortion is the foundation of Society's long struggle to guarantee that every child comes into this world wanted, loved, and cared for. The right to abortion, along with all birth-control measures, must establish the Century of the Wanted Child. [40]

It did not take the pro-abortionists long to pick up on Lader's virulent brand of bigotry. The Catholic Church's stand on abortion was first directly attacked on April 19, 1970, when the Michigan chapter of the National Organization for Women's (NOW) so-called Ecumenical Task Force on Women and Religion burned a Catholic missal and sent the ashes to the National Conference of Catholic Bishops.[41]

It did not take long for Lader's bigotry to explode into written and spoken tirades heavy-laden with hate and guilt, as demonstrated by Anne Gaylor (a Zero Population Growth fanatic who hypocritically has four children) in her bizarre book *Abortion is a Blessing*;

There is no point in our pretending that official Catholic views are enlightened and humane, or that Catholics are not different from anyone else. Catholics *are* different from others — they are quite willing to associate themselves with an organization that has done and continues to do an immense amount of damage to women, to families, to countries, and to the world. If the Catholic doctrines on sex could prevail, all the world would be miserable instead of just some of it. All the world would be hungry. *The world would end.*[42]

Gaylor also waxed ineloquent on the Edelin abortion/infanticide trial; "That gentle Dr. Edelin ever should have found himself a defendant against a charge of manslaughter beggars belief ... That card-carrying, dues-paying Catholics ever should have been allowed to serve on a jury deciding a charge of abortion-related manslaughter is a travesty of justice." [42]

It did not seem to occur to Gaylor that her statement was equivalent to asserting that no Jew should ever sit on a jury judging an American Nazi accused of committing hate crimes.

NARAL itself, of course, certainly did not stop at burning Catholic books. The minutes of the National Association for the Repeal of Abortion Laws Executive Committee meeting of Friday, May 12, 1972, show an obvious and extreme anti-Catholic bigotry as a parade of NARAL leaders proclaimed their hatred of Catholics and their Church in general.

Figure 9-5 consists of extracts from these minutes showing how the NARAL bosses alleged that the Pope runs America; that direct violence must be used against the Catholic Church; that the Catholic Church is "anti-life" and hates women; and that other illegal and unethical tactics must be used against the Church in the fight for abortion 'rights.'

This virulent anti-Catholic bigotry was shared by virtually every rank-and-file member of NARAL. The same hate still smolders, but it has been somewhat muted in order to avoid public condemnation.

Figure 9-5

Anti-Catholic Quotes by Leaders of the National Association for the Repeal of Abortion Laws at the 1972 NARAL National Strategy Meeting

NOTE: These summaries are exact quotes transcribed by a secretary for the minutes of the May 12, 1972 meeting of the executive board of the National Association for the Repeal of Abortion Laws, later the National Abortion Rights Action League and the National Abortion and Reproductive Rights Action League (NARRAL, now NARAL Pro-Choice America). All quotes below are copied verbatim from the Minutes.

Lawrence Lader, Chairman, NARAL Executive Committee

- (1) Stated Billy Graham and the Pope running our country. ...
- (2) Catholics trying to overthrow the most humanitarian legislation of our time. ...
- (3) [Catholic] Priests went into assembly and terrorized [Texas] legislators. ...
- (4) Stressed that he [Lader] uses every opportunity - Television appearances, radio interviews, newspapers to criticize the way the Catholic Church uses its tax free monies, etc.

Hon. Lorraine Beebe, former State Senator, Michigan

- (1) Stressed financial strength of the Catholic Church.
- (2) We have been nice, pleasant too long. We can be restrained no longer — Right to Lifers have a total lack of respect for human life. "We can no longer move restrainedly, either on our own, and here Rome will burn."

restrainedly, sit on our apathy and hope Rome will burn.

(3) Catholics waged a smear campaign against me when they learned I had had a therapeutic abortion. They made threatening calls, threw eggs at my house. Had signs — 'A vote for Beebe is a vote against the Pope.'

(4) The Catholics will stop at no ends to reach their goals.

Lawrence Lader — I share Mrs. Beebe's attitude, "I don't care if we have a Belfast and Dublin here in the U.S. we must have a direct conflict with the Catholic Church."

Reverend Robert T. Cobb — Associate Executive Director, N.Y. Council of Churches.

Rev. Cobb made a very dramatic entrance — ripping off his collar and asking "who are you afraid of" — when you thought I was a Catholic Priest you looked stunned. You should not be afraid of a church that condemns but does not forgive.

"Protestants have been bought by the Roman Catholic Church.

He proceeded to knock ecumenism and state[d] that if the Churches go to Rome he will go walking on his hands. (5) A good Roman Catholic Liberal can be valuable.

William Baird , Director, Parent's Aid Society

(1) Single Greatest Threat to Women — Roman Catholic Church

(2) In attacking Catholic Church — concentrate on separation of church and state.

Summary -

Their [NARAL] attack will be concentrated — even to

court cases — against the Catholic Church and trying to make people believe that Pope is trying to run the country, and that the Catholic Church is trying to take over Protestant Churches."

[Secretary's final comment]: "At this point we had to leave - It was after 5 ... I was getting a bit nervous — the anti-catholic, anti-Right to Life feeling in that room was close to violent."

[Go to Next Topic: Further Reading on Catholic Church Teachings on Abortion--Part I](#)

Return to *Catholic Church Teachings on Abortion* Table of Contents

Endnotes for "Pro-Abortion Bigots"

[36] Madonna, quoted in *US Magazine*, June 13, 1991, and in "Madonna Blasts Catholics." *American Family Association Journal*, September 1991, page 3.

[37] "Vatican Leads Onslaught Against Abortion Rights." *Women and Revolution*, Summer/Autumn 1992, pages 19 to 21.

[38] Slip opinion at 14, citing *Maher v. Roe*, 432 U.S. at 473-474.

[39] David M. Kennedy. *Birth Control in America*. New Haven and London: Yale University Press, 1971, pages 97 and 267.

[40] Lawrence Lader. *Abortion*. New York: The Bobbs-Merrill Company, Inc., 1966, page 165.

[41] Judith Hole and Ellen Levine. *Rebirth of Feminism*. Quadrangle Books: New York, 1971, page 295.

[42] Anne Nicol Gaylor. *Abortion is a Blessing*. New York, New York: Psychological Dimensions, Inc. 1975, 124 pages. Pages 57, 81, and 84.

[Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: Further Reading on Catholic Church Teachings on Abortion--Part I](#)



 SHARE

Further Reading on *Catholic Church Teachings on Abortion--Part I*

Apropos, Volume 5. A.S. Fraser, Editor, Burnbrae, Staffin Road, Portree, Isle of Skye, Scotland, IV51 9HP, United Kingdom. Subscription price is \$12.50 by regular mail, \$25.00 by airmail. This is a magazine devoted to developments in the European Catholic Church. Lately, the European Church has become deeply embroiled in the continuing controversy over fertility science, including various forms of *in-vitro* fertilization (IVF).

Benedict M. Ashley, O.P. *Theologies of the Body: Humanist and Christian* [Braintree, Massachusetts: The Pope John XXIII Medical-Moral Research and Education Center, 1985]. A very in-depth examination of the history and implications of the attitudes towards the human body by Christians and humanists.

Roy Howard Beck. *On Thin Ice* [Wilmore, Kentucky: Bristol Books]. This book uncovers the means and tactics that the liberals have used to undermine and paralyze the mainline churches — and, even worse, perverted them so completely that some of them embrace the entire left-wing agenda. Particular attention is lavished upon the National Council of Churches (NCC).

Claudia Carlen, IHM. *The Papal Encyclicals*. McGrath Publishing Company. Five volumes, 2,260 pages. The complete text of every encyclical issued by each pope from Benedict XIV in 1740 to Pius ix in 1878 (in Volume I, 460 pages); Leo XIII, 1878 to 1903 (Volume II, 520 pages); Pius X in 1903 to Pius XI in 1939 (Volume III, 570 pages); Pius XII, 1939 to 1958 (Volume IV, 380 pages); John XXIII in 1958 to John Paul II in 1981 (Volume V, 330 pages).

Claudia Carlen, IHM. *Papal Pronouncements: A Guide, 1740-1978* [Ann Arbor, Michigan: Pieran Press, 1990]. 2 volumes, 957 pages. *Volume I: Benedict XIV to Paul VI* (entries 1:1 to 16:930). *Volume II: Paul VI to John Paul I* (entries 16:931 to 17:30).

Catholic Eye. This periodical consists of incisive commentary on various political and

life-issue events. \$12 per year. Write to The National Committee of Catholic Laymen, Inc., James McFadden, Jr., Editor, Room 840, 150 East 35th Street, New York, New York, 10157-0137.

The Catholic Family News. 414 East Lawrence Street, Post Office Box 2435, Mount Vernon, Washington 98273. Telephone: (206) 336-5150. A monthly 16-page newspaper that includes general articles on items of information that will be of interest to traditional Catholic families. Subscription price is \$16 per year.

Catholic Mailbox. A free computer bulletin board that includes text files of the Pope's speeches, encyclicals, and an "Ask Father" question and answer box. 2400 baud, (313) 631-6870.

Catholic World Report. Post Office Box 6718, Syracuse, New York 13217. The main office for this publication is in Rome, and thus publisher Robert Moynihan has an advantage in reporting what is really going on in the Catholic Church. Subscription price is \$35 for a journal that covers all of the hot issues in the Catholic Church today: Abortion, altar girls, persecution of Catholics in China, the politics of sainthood, the Tridentine Mass movement, devotion to the Blessed Virgin Mary (by Muslims)!, the Irish and abortion, apparitions, clandestine Catholic communities, and many others.

Catholics United for Life. CUL issues this untitled 4-page aperiodic newsletter about once every six weeks. It deals primarily with the methods and spirituality surrounding sidewalk counseling. Write to Catholics United for Life, New Hope, Kentucky 40052.

Ronda Chervin. *Feminine, Free, and Faithful* [New York City: Ignatius Press]. Chervin shows that freedom and femininity are not mutually exclusive terms, but necessary elements for a woman to achieve her full potential as a Christian.

Mary Lewis Coakley. *Long Liberated Ladies* [New York City: Ignatius Press]. A favorite Neofeminist myth is that the Catholic Church institutionally and systematically oppresses women as a class. This book outlines the lives of women who accomplished spectacular spiritual and material feats instead of whining about how terribly they were "oppressed." Stories include the lives of Saint Catherine of Siena, Joan of Arc, Amelia

Earhart, Isabella of Castille, and Florence Nightingale.

Father John Connery, S.J. *Abortion: The Development of the Roman Catholic Perspective* [Chicago: Loyola University Press, 1977]. Hardcover, \$12.95. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This study traces the entire history of the Roman Catholic doctrine regarding abortion from the beginning of the Christian era to modern times. Particular attention is given to the controversy and confusion within the Church regarding abortion to save the life of the mother.

Robert P. Craig, Carl L. Middleton, and Laurence J. O'Connell. *Ethics Committees: A Practical Approach* [St. Louis: Catholic Health Association of the United States, 1986]. Topics covered include the functions of Catholic institutional (hospital) ethics committees, their structure, membership, formation, religious perspectives on them, their history and role, and the roles of the five key players: The administrator, the medical staff, nursing staff, theologian/ethicist, and the bishop.

Michael W. Cuneo. *Catholics Against the Church: Anti-Abortion Protest in Toronto, 1969-1985* [Toronto: University of Toronto Press], 1989. The author traces the history and sociology of the Canadian pro-life movement as it battles the most liberal Church hierarchy in the world. The author is not writing from the pro-life viewpoint, but his insights will be valuable for American pro-life strategists. A detailed recounting of the battle over the illegal but government-protected Morgentaler clinics is also provided.

Daughters of St. Paul. *Pro-Life Catechism* [Boston: Daughters of St. Paul, 1986]. Catholic teaching on life issues, in a useful question-and-answer format. The answers to the questions are drawn directly from Church documents. This book contains useful and pertinent information for all Christian pro-life activists.

Daughters of St. Paul. *Yes to Life* [Boston: Daughters of St. Paul, 1976]. May also be ordered from Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This is an outstanding sourcebook that summarizes the teachings of the Catholic Church regarding abortion from the first century to 1975. The book quotes the writings of the early church fathers in the first through fifth centuries and the teachings of

five recent Popes, in addition to the documents issued by the Sacred Congregation for the Doctrine of the Faith. The Bishops of nineteen countries speak out eloquently and forcefully against abortion in this book. This book will be the ultimate debate weapon for any pro-life activist confronting any member of 'Catholics' for a Free Choice or any other pro-abort who believes that there is 'room for disagreement' within the Catholic Church about abortion.

Donald DeMarco, Ph.D. *In My Mother's Womb: The Church's Defense of Natural Life* [Thaxton, Virginia: Life Issues Bookshelf]. An eloquent defense of the Catholic Church's defense of human life. An examination of abortion's terminology and perspectives, the unborn, contraception and bio-engineering. Also covered is the Church's perspective on new technologies, including *in-vitro*fertilization, surrogate motherhood, fetal experimentation, and genetic engineering. See especially Chapter 1, "Abortion and Church Teaching," pages 7 to 25, "Abortion and Bio-Engineering," pages 82 to 88, and "*In Vitro*Fertilization," pages 143 to 159.

Raymond Dennehy (editor). *Christian Married Love*. Five excellent and incisive essays on the meaning of *Humanae Vitae* for Christian families, by Malcolm Muggeridge, Cardinal Hans Urs von Balthasar, Louis Bouyer, Jean Guittou, and Father Joseph Lestapis.

Christopher Derrick. *Sex and Sanctity: A Catholic Homage to Venus* [San Francisco: Ignatius Press, 1982]. Reviewed by Donna Steichen in the Fall 1983 issue of the *International Review of Natural Family Planning*, pages 269 to 272. Why Christians and pagans have more in common with each other than with people who live in this 'desacrilized' world.

Jay P. Dolan. *The American Catholic Experience: A History From Colonial Times to the Present* [New York: Doubleday, 1985]. Reviewed by David Rooney on pages 50 and 51 of the April 11, 1986 issue of *National Review*.

Ethics & Medics. Subtitled *A Catholic Perspective on Moral Issues in the Health and Life Sciences*, this venerable monthly comments on all of the important developments in the life issues, to include animal rights and euthanasia. Subscribe for \$15 per year by writing to The Pone John Center 186 Forbes Road Braintree Massachusetts 02184

writing to The Pope John Center, 100 Forest Road, Framing, Massachusetts 02101, telephone: (617) 848-6965.

Fidelity. This monthly publication is billed as "a magazine on the family that is as Catholic as the Pope," and is a scholarly journal which takes an in-depth look at a wide range of topics of interest to Christians. It dissects in detail various issues affecting the Christian Church in the United States today, and is fairly heavy reading. It is also lengthy at about forty pages. The bulk of each issue is devoted to a very detailed examination of some current pro-life or religious issue. Examples are a 27-page report on the Pensacola abortion mill bomber trial written by someone who shadowed the lawyers for the defendants for the duration of the trial, and a 30-page essay on the effects of witchcraft and feminism on Western thought and beliefs. Other recent topics include Modernism and the effect of Eastern religions on the Christian Church in the United States. Included in each issue is a lengthy (5 to 7 page) letters section which is very informative in itself. Although this magazine identifies itself as strongly Catholic, all articles should be of interest to any pro-life activist. *Fidelity* is a monthly magazine with a subscription price of \$19.95 annually. Write to: Ultramontane Associates, Inc., 206 Marquette Avenue, South Bend, Indiana, 46617.

Father John Ford, Germain Grisez, Joseph Boyle, John Finnis, and William E. May. *The Teaching of Humanae Vitae: A Defense* [San Francisco: Ignatius Press]. Five of the most respected theologians in the world explain why *Humanae Vitae* is the inevitable product of Catholic moral principles. The encyclical is shown to be valid and universal to all Christians, and is also shown to fulfill the requirements of infallibility under Vatican II's *Lumen Gentium*.

Anne Marie Gardiner, SSND (editor). *Women and Catholic Priesthood: An Expanded Vision*. Proceedings of the Detroit Ordination Conference [New York: Paulist Press, 1976]. Two hundred pages of sniveling from the usual (dissenting) suspects. All of the old shopworn arguments are put forth for women's ordination, and it all just seems so unconvincing. Interesting appendices include the conference roster of attendees, a list of the public sponsors of the conference, and "women in Catholic priesthood now."

Michael J. Gorman. *Abortion & the Early Church: Christian, Jewish & Pagan Attitudes in the Greco-Roman World*. InterVarsity Press, Downers Grove, Illinois, 60515. 1982, 124

pages. This book emphasizes the teachings of early religions towards abortion and infanticide and covers the relevance of such teachings today. A good resource for those who want to refute the claim that the Catholic Church has not always opposed abortion.

Monsignor Orville N. Griese. *Catholic Identity in Health Care: Principles and Practice* [Braintree, Massachusetts: The Pope John XXIII Medical-Moral Research and Education Center, 1987]. The author examines in detail every one of the incredible range of ethical and moral questions that more and more Catholic hospitals are going to be *forced* to address by our more and more pro-abortion government. Topics covered include sterilization; emergency infant baptisms; natural family planning; the use of the birth control pill; the various types of artificial insemination; surrogate motherhood; abortion; passive and active euthanasia; informed consent; gender identity problems and transsexualism; the "double effect;" fetal experimentation and organ transplantation; and the right of a spouse to be informed of his or her partner's AIDS infection. This book is the only known source that collects in one place all of the most important Catholic teaching on all of the above ethical and moral issues.

Weldon M. Hardenbrook. *Missing in Action: Vanishing Manhood in America* [Nashville: Thomas Nelson Publishers, 1987]. Reviewed by James Bruen in the December 1987 *Fidelity Magazine*. Any Neofeminist who reads this book will die of apoplexy. The book surveys the feminization of American culture and the extreme confusion and the resulting lack of direction in our society. It is now men, not women, who are alienated from many aspects of the Catholic Church and the mainline Protestant Churches that have allowed themselves to be deceived and seduced by the Neofeminists. The author presents an array of solutions to the phenomenon of women's leadership by default: Avoid government programs that are biased towards women; adjust social programs to reflect the differences between boys and girls; and get men to accept their responsibilities as spiritual and moral heads of their families.

Father Robert J. Henle, S.J. "A Historical View of the Right to Life." *The Catholic League Newsletter*, July 1981. This four-page reprint rebuts the lie-packed 1981 National Organization for Women publication entitled "An Abbreviated Chronology of Reproductive Rights, 2600 B.C. to the Present." In addition to correcting all of NOW's deliberate falsehoods and anti-Catholic slander, Father Henle shows that those ancient societies

that practiced cannibalism, slavery, oppression of women, perpetual warfare, and had a great number of superstitions generally had very permissive abortion and infanticide laws. Those societies that had what anthropologists call the "high religions" and a high degree of civilization had a general consensus against abortion. For example, the ancient Vedic writings of India condemned abortion from 1500 to 500 B.C. Buddhism as far back as 600 B.C. totally condemned abortion. And, since 622 A.D., Islam has condemned abortion.

Homiletic & Pastoral Review. This venerable monthly journal packs many articles and letters of interest into its approximately 80 pages. Although it is primarily designed to inform Catholic priests (half of whom receive it), it is of interest to all Christians who want to keep up on traditional theological theory. Write to Catholic Polls, 86 Riverside Drive, New York, New York 10024, or call (212) 799-2600. Subscription rates are \$20 for one year and \$36 for two years.

Human Life International Special Reports. These monthly reports give details on the progress of the international pro-life movement in many countries and the status of pro-homosexual and pro-abortion infiltration of domestic and foreign Catholic churches. To subscribe, write to Human Life International, 4 Family Life, Front Royal, Virginia 22630, or call (800) 549-LIFE. You can also visit HLI's Web site at <http://www.hli.org> for much fascinating information on abortion around the world.

The Human Life Review. This is a superbly presented scholarly journal modeled after the most distinguished psychobiology periodicals, and is published by the Human Life Foundation. It is mailed quarterly, and contains about 150 pages of essays by the best-known pro-life authors in the world, primarily on the legal and sociological aspects of abortion and its loathsome offspring, infanticide and euthanasia. One of the favorite topics of the authors is the continued lack of decisive action by the Catholic Church and other institutions. This excellent chronicle of the American Holocaust and its many effects is must reading for the serious pro-life activist. The nation's top conservative writers examine the anti-life philosophy in clinical and brilliant detail with their scholarly and insightful articles. Most back issues are available. Subscriptions are \$15 annually, and back issues, both bound and unbound, are available from: Editorial Office, 150 East 35th Street, Room 840, New York, New York 10016. Telephone: (212) 685-5210, FAX: (212) 606-0300

J.A. Johnston, M.D., and D.B. Robert. *Catholic Women and Abortion: A Profile, Sample and Case Study* [Sydney, Australia: Catholic Family Life Programme, 1978]. Reviewed by Donald DeMarco, Ph.D., in the Spring 1980 issue of the *International Review of Natural Family Planning*, pages 74 to 81. This bizarre and muddled book shows that pro-abortionists use the same subtle anti-Catholic bias all over the world, even 'down under.' These authors present a purportedly comprehensive study whose numbers are impossible to follow because they change constantly and do not even add up! The pro-abortion bias and utter ignorance of the authors shows when they identify the Catholic Church as a "Right-to-Life Movement," and when they insist that a woman who aborts her child and sterilizes herself after using contraception during her entire period of childbearing years to cover up numerous acts of adultery is a "devout Catholic" because she occasionally attends Mass! This book, a combination of inept number-crunching and outright bigoted propaganda, is apparently what Aussie pro-aborts consider "leading-edge research."

George A. Kelly (editor). *Human Sexuality in Our Time: What the Church Teaches* [Thaxton, Virginia: Life Issues Bookshelf, 1978]. Proceedings of the Spring 1978 conference by St. John's University's Institute for Advanced Studies in Catholic Doctrine. Topics include Catholics and the Pill; the Bible and human sexuality; the morality and sanctity of sex; and what the Church teaches on sex.

John F. Kippley. "Birth Control and Christian Discipleship." 1985, paperback, 36 pages, \$2.00 from the Couple to Couple League, Post Office Box 111184, Cincinnati, Ohio 45211-1184, or from Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This superb booklet outlines the history of artificial contraception, its effects upon the body, the family and society in general, and the history of traditional Scriptural and Christian opposition to it (both Protestant and Catholic), until the collapse of the Church's resistance in the period 1930 to 1970.

John F. Kippley. *Sex and the Marriage Covenant: A Basis for Morality* [Cincinnati: Couple to Couple League International, 1991]. A very detailed workbook-like approach to human sexuality and its relationship to marriage. The author shows how intercourse outside of marriage and the use of artificial contraception can never be licit and refutes many of the

arguments set forth by the "revisionists" who would like to dilute Catholic teaching on sexual ethics.

Anthony Kosnik, William Carroll, Agnes Cunningham, Ronald Modras, and James Schulte, members of the Catholic Theological Society of America. *Human Sexuality: New Directions in American Catholic Thought* [Paulist Press, 1977]. Reviewed by Frances Day in an article entitled "Septenary Sex" in the Winter 1977 issue of the *International Review of Natural Family Planning*, pages 368 to 379. The title of this book is correct in that the authors generally follow current 'Catholic' American thinking on contraception and other evils. This type of thinking was the very first step taken by the Anglicans in 1930, and inevitably leads to abortion and euthanasia.

Carl Landwehr. "Involving Your Church in the Right to Life Issue." \$1.95. How to involve your congregation — and, even more importantly, your pastor — in pro-life activism. One of a set of nine booklets that outline an effective, unified strategy for stopping abortion on a local level. Order separately or as a group from: National Right to Life Educational Trust Fund, 419 7th Street, NW, Suite 402, Washington, D.C. 20044, or from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898.

Father Ronald Lawler, Joseph Boyle, Jr., and William E. May. *Catholic Sexual Ethics: A Summary, Explanation, and Defense* [Thaxton, Virginia: Life Issues Bookshelf, 1985]. Reviewed by Father Robert Barry, Ph.D. on pages 346 to 348 of the Winter 1985 issue of the *International Review of Natural Family Planning*. A very clearly written summary of Catholic Church teaching on sexual morality. Topics include the Bible and sex; formation of conscience; chastity, virginity, and Christian marriage; and Church teaching on sex.

Linacre Quarterly. This quarterly magazine is "A journal of the philosophy and ethics of medical practice," and is the official journal of the Catholic Medical Association (formerly the National Federation of Catholic Physicians' Guilds). It can be obtained from 850 Elm Grove Road, Elm Grove, Wisconsin 53122, telephone: (414) 784-3435. Subscription price is \$20.00.

Father Ermenegildo Lio, OFM. *Humanae Vitae e Infallibilita: Il Concilio, Paolo VI e Giovanni Paolo II* ("*Humanae Vitae* and Infallibility: The Council, Paul VI, and John Paul

II") [Vatican City: Libreria Editrice Vaticana, 1986]. The detailed review (six full pages) of this book by Father Brian W. Harrison in the November 1987 *Fidelity* Magazine covers the author's essential points and will be very useful to the reader who does not want to plow through the nearly 1,000 pages of the book. The general view among competent Catholic theologians is that *Humanae Vitae* is non-infallible, although belonging to the "authentic" ordinary magisterium of the Catholic Church. The book lays out in detail the reasoning behind the view that the encyclical is, indeed, infallible, and therefore a necessary article of faith for salvation.

Joyce Lively. *A Pro-Life Primer: The ABC's of Working in the Parish*[Collingswood, New Jersey: The Regina Coeli Institute, 1991]. This book describes a compendium of 'low-key' activities that parishes can get involved in. Since these activities are relatively non-controversial, pastors have less of an excuse not to get involved. Topics include supporting crisis pregnancy centers, Masses for expectant families, phone trees, letters, fair booths, identifying support in the parish, and spiritual adoption of the unborn. Sample flyers are included.

[Go to Next Topic: Further Reading on Catholic Church Teachings on Abortion--Part II](#)

[Return to Catholic Church Teachings on Abortion Table of Contents](#)

[Facts of Life: Chapter 9: Catholic Church Teachings on Abortion: Further Reading on Catholic Church Teachings on Abortion--Part II](#)



 SHARE

Further Reading on Catholic Church Teachings on Abortion--Part II

Kevin C. Long. *Anti-Catholicism in the 1980s* [Milwaukee: Catholic League for Religious and Civil Rights, 1990].

Father Vincent P. Miceli. *Women Priests and Other Fantasies* [North Haledon, New Jersey: Keep the Faith]. The author examines the pandemonium that results in the Christian Church (particularly the Catholic Church) when the senses of the sacred and supernatural are lost. The instant that Holy Scripture is judged by secular standards, the message of Christianity is hopelessly compromised and lost.

Stephen D. Mumford. *American Democracy & The Vatican: Population Growth and National Security* [Amherst, New York: The Humanist Press, 1984]. This book is praised by Larry Lader and Paul Ehrlich, which clues us in to its contents. Sure enough, it is a rather unrestrained screed, filled with great quotes demonstrating the bigotry and the totalitarian and intolerant nature of the Humanists and population controllers. Mumford's thesis is that the Vatican and the Catholic Church are attempting to destroy democracy and even the world by encouraging uncontrolled breeding. All of the old tired slogans are trotted out: The Vatican runs the United States, dissident priests are quoted as authoritative sources, and Catholics are portrayed as mindless drooling androids.

National Conference of Catholic Bishops and the United States Catholic Conference. *Pastoral Letters of the United States Catholic Bishops*. Five volumes, 2,630 pages. *Volume I: 1792-1940*. Publication Number 880, 480 pages. Covers the Age of John Carroll (1792-1828), the Provincial Councils (1829-1849), the Plenary Councils (1852-1884), and between the World Wars (1919-1940). Pastoral Letters include the 1932 Resolution on Indecent Literature and the 1939 Statement on Peace and War. *Volume II: 1941-1961*. Publication Number 885, 270 pages. Includes statements on a good peace, war and peace, secularism, compulsory military service, the Christian family, the child, persecution behind the Iron Curtain, censorship, the secular press, and bigotry. *Volume*

III: 1962-1974. Publication Number 870, 500 pages. Includes statements on the government and birth control, clerical celibacy, abortion, human life, birth control laws, population and the American future, and the Human Life Amendment. *Volume IV: 1975-1983.* Publication Number 875, 605 pages. Statements include the Pastoral Plan for Pro-Life Activities and resolutions on abortion and human sexuality. *Volume V: 1983-1988.* Publication Number 200-4, 775 pages. Statements include the Updated Pastoral Plan for Pro-Life Activities and resolutions on abortion and school-based clinics. All volumes may be ordered from the Office of Publishing Services, United States Catholic Conference, 1312 Massachusetts Avenue NW, Washington, DC 20005.

Father William Oddie. *What Will Happen to God?: Feminism and the Reconstruction of Christian Belief* [San Francisco: Ignatius Press]. The Neofeminists are striving to eliminate from all church documents and prayers what they consider to be "sexist" language. Father Oddie exposes the fallacies of this goal, and shows what will happen if we allow radical feminism to continue to dictate to the Church. The elimination of so-called "sexist" language is only the beginning!

Pope John XXIII. Encyclical *Mater et Magistra* ("Mother and Teacher"), 1961. This and other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911, and the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090.

Pope John XXIII. Encyclical *Pacem in Terris* ("Peace on Earth"), 1963, contained in *Contemporary Catholic Social Teaching*, number 342-6, \$3.95. This and other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911, and the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090.

Pope John Paul II. Encyclical *Centesimus Annus* ("On the Hundredth Anniversary of *Rerum Novarum*"), 1991, contained in *Contemporary Catholic Social Teaching*, number 436-8, \$4.95. This and other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston,

Massachusetts 02130, telephone: (617) 522-8911, and the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090.

Pope John Paul II. Encyclical *Laborem Exercens* ("On Human Work"), 1981, contained in *Contemporary Catholic Social Teaching*, number 825-8, \$3.95. This and other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911, and the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090.

Pope John Paul II. Encyclical *Redemptor Hominis* ("Redeemer of Man"), 1979, contained in *Contemporary Catholic Social Teaching*, number 003-6, \$3.95. This and other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911, and the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090.

Pope John Paul II. *Theology of the Body*. A series of four books designed to explain in detail the total Catholic Church teaching towards the sanctity of sex, marriage, and procreation. Order individually or as a set from Keep the Faith, 810 Belmont Avenue, Post Office Box 8261, North Haledon, New Jersey 07508, telephone: (201) 423-5395. (1) *Original Unity of Man and Woman*. A catechesis on the Book of Genesis and the foundations of the indissolubility of marriage. Paperback, \$4.00. (2) *Blessed Are the Pure of Heart*. A catechesis on the Sermon on the Mount and the writings of St. Paul. A discussion on the sins relating to adultery. Paperback, \$6.00. (3) *The Theology of Marriage and Celibacy*. A catechesis on marriage and celibacy in light of the resurrection of the body. Based on Matthew 22:24-33, which describes the 'renunciation' of marriage for the Kingdom of Heaven. Paperback, \$9.00. (4) *Reflections on Humanae Vitae*. The basis of the Encyclical in light of the redemption of the body and the sacredness of marriage in the Catholic tradition. Paperback, \$3.75.

Pope Leo XIII. Encyclical *Rerum Novarum* ("On the Condition of Workers"), 1891, contained in *Contemporary Catholic Social Teaching*, number 401-5, \$4.95. This and

other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911, and the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090.

Pope Paul VI. Encyclical *Humanae Vitae* ("Human Life: On the Regulation of Birth"). Pope Paul's historic Encyclical Letter dated July 25, 1968. This letter may be obtained in booklet form from the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090, or from any Archdiocesan office. Also available for \$0.25 from Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This and other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911.

Pope Paul VI. Encyclical *Gravissimum Educationis* ("Declaration on Christian Education"), 1965. Available in a compact 4-1/2" X 7" , 21 page booklet for 15 cents from the Daughters of St. Paul, 50 St. Paul's Avenue, Jamaica Plain, Massachusetts 02130.

Pope Paul VI. Apostolic Letter *Octogesima Adveniens* ("A Call to Action on the Eightieth Anniversary of *Rerum Novarum*"), 1971. This and other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911, and the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090.

Pope Paul VI. Encyclical *Populorum Progressio* ("On Promoting the Development of Peoples"), 1967, contained in Contemporary Catholic Social Teaching, number 260-8, \$2.25. This and other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911, and the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090.

Pope Paul VI and the Sacred Congregation for the Doctrine of the Faith. Vatican

Pope Paul VI and the Sacred Congregation for the Doctrine of the Faith, Vatican City. "Declaration on Procured Abortion." Available as a compact, 4" X 6", 27 page booklet for 15 cents from the Daughters of St. Paul, 50 St. Paul's Avenue, Jamaica Plain, Massachusetts, 02130. This is the most succinct and authoritative expression of the Catholic Church's position on abortion, and is written to be easily understandable. Published by the Vatican on June 28, 1974.

Pope Pius XI. Encyclical *Quadragesimo Anno* ("On Reconstructing the Social Order on the Fortieth Anniversary of *Rerum Novarum*"), 1931, contained in *Contemporary Catholic Social Teaching*, number 401-5, \$4.95. This and other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911, and the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090.

Roman Catholic Church, Bishops of Ireland. *Love is for Life*. 122 pages, sewn softcover, \$3.95. Order from Ignatius Press, 15 Oakland Avenue, Harrison, New York 10528. A very readable and interesting summary of the Church's teachings on love and sexuality. Very useful as a reference work or backup for Catholic sex education programs.

Roman Catholic Church, Vatican City. *Annuario Pontificio*. Vatican City, Libreria Editrice Vaticana, published annually. 2,100 pages, \$55.00. Anyone who wants to know anything about the people in the Vatican should look at this reference. There is information on every Archdiocese in the world, followed by the composition of every important Vatican office, including the Secretary of State, tribunals, secretariats, commissions, offices, vicars, representatives, and religious and cultural institutes. This reference is somewhat arcane in nature, but can be found at all archdiocesan and diocesan offices.

Roman Catholic Church, Second Vatican Council. *Gaudium et Spes* ("Pastoral Constitution on the Church in the Modern World"), 1965, contained in *Contemporary Catholic Social Teaching*, number 015-X, \$3.95. This and other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911, and the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194. telephone: 1-800-541-3090.

Roman Catholic Church, Synod of Bishops, Second General Assembly. *Justitia in Mundo* (Justice in the World), 1971. This and other Church documents that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911, and the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090.

J.N. Santamaria, M.D. and John J. Billings, M.D. *Human Love and Human Life: Papers on Humanae Vitae and the Ovulation Method of Natural Family Planning from the International Conference, University of Melbourne, 1978* [Melbourne, Australia: Polding Press, 1979]. Reviewed by Carman Fallace in the Fall 1980 issue of the *International Review of Natural Family Planning*, pages 271 to 274. Proceedings of the largest-ever conference on natural family planning, which covered nine full days.

Father H. Vernon Sattler. *Sex Education in the Catholic Family* [Thaxton, Virginia: Life Issues Bookshelf]. This short book shows that it is impossible to teach about sexuality unless we first properly define it. It is not exclusively recreation, procreation, or romance. Helps define "love" and introduces parents to the basic principles of Catholic sex education.

Janet Smith. *Humanae Vitae — A Generation Later* [Washington, D.C.: Catholic University of America Press, 1992]. Reviewed by Father Charles Mangan on page 5 of the August 2, 1992 *National Catholic Register*. The author provides detailed background information on the concept and promulgation of the encyclical, the dissent, the current Pope's views, and the players on both sides in the Papal Commission for the Study of Problems of the Family, Population and Birth Rate. She also addresses the several primary Natural Law arguments on the immorality of contraception.

Donna Steichen. *Ungodly Rage: The Hidden Face of Catholic Feminism* [San Francisco, Ignatius Press, 1991]. A very detailed and absorbing account of how the Roman Catholic Church in the United States has been infiltrated and subverted by Neoliberals and Neofeminists for the express purpose of blunting its effectiveness in its reaction to evils such as divorce, abortion, and euthanasia.

Father Rosario Thomas. *The Philosophy of Life: The Pope and the Right to Life* [Warren, New Hampshire: Pro Fratribus Press, 1989]. Despite the title, this neat little book will be of great interest to all Christians. There are topics covered in this primer that are found in few other similar works: The media and abortion, the basic philosophy and theology of life, women and motherhood, natural family planning (NFP), euthanasia, and abortion and peace. All of these are logically covered and well-presented, but the reading can get a little 'thick' sometimes. Definitely a book that even an experienced activist will find challenging.

Hans Urs von Balthasar, Joseph Cardinal Ratzinger, Walter Kasper, *et .al.* *The Church and Women: A Compendium* [San Francisco: Ignatius Press]. A collection of articles by leading Church scholars on the role of women in the Catholic Church today and contemporary issues regarding feminism, including the ordination of women and the role and importance of the family. The role of women is developed in a context faithful to Scripture, tradition, and the Magisterium of the Church.

Dietrich von Hildebrand. *The Devastated Vineyard* [North Haledon, New Jersey: Keep the Faith]. The author describes in harrowing detail the destruction of the Roman Catholic Church in America and in Europe, and the methods of infiltration and subversion now being used to confuse and paralyze all conservative Christian churches in our country today.

Dietrich von Hildebrand. *Humanae Vitae: A Sign of Contradiction* [Monrovia, California: Catholic Treasures]. An orthodox essay on birth control and the development of the Catholic conscience.

The Wanderer. This superb weekly newspaper covers all of the life issues in detail from a Catholic viewpoint. In publication for more than a century, it will be of definite interest to any pro-life activist, because it covers in detail not only all of the most important abortion-related stories (including a heavy emphasis on rescuing), but all of the important stories on related life issues such as homosexuality, contraception, abortifacients, capital punishment, New Age, and the 'Seamless Garment.'" Write to 201 Ohio Street, St. Paul, Minnesota 55107. Telephone: (612) 224-5733, FAX: (612) 224-5735.

The following documents are considered landmarks in Catholic social teaching. They are all available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911, and from the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090.

- *Rerum Novarum* ("On the Condition of Workers"), Pope Leo XIII, 1891, contained in *Contemporary Catholic Social Teaching*, No. 401-5, \$4.95.
- *Quadragesimo Anno* ("On Reconstructing the Social Order"), Pope Pius XI, 1931, contained in *Contemporary Catholic Social Teaching*, No. 401-5, \$4.95.
- *Mater et Magistra* ("On Christianity and Social Progress"), Pope John XXIII, 1961.
- *Pacem in Terris* ("Peace on Earth"), Pope John XXIII, 1963 (No. 342-6, \$3.95).
- *Gaudium et Spes* ("Pastoral Constitution on the Church in the Modern World"), Second Vatican Council, 1965 (No. 015-X, \$3.95).
- *Populorum Progressio* ("On Promoting the Development of Peoples"), Pope Paul VI, 1967 (No. 260-8, \$2.25).
- *Humanae Vitae* ("On Human Life"), Pope Paul VI, 1968.
- *Octogesima Adveniens* ("A Call to Action"), Pope Paul VI, 1971.
- *Justitia in Mundo* ("Justice in the World"), Synod of Bishops, Second General Assembly, 1971.
- *Redemptor Hominis* ("Redeemer of Man"), Pope John Paul II, 1979 (No. 003-6, \$3.95).
- *Declaration on Euthanasia*, Sacred Congregation for the Doctrine of the Faith, 1980 (No. 704-9, \$1.75).
- *Laborem Exercens* ("On Human Work"), Pope John Paul II, 1981 (No. 825-8, \$3.95).
- *Centesimus Annus* ("On the Hundredth Anniversary of *Rerum Novarum*"), Pope John Paul II, 1991 (No. 436-8, \$4.95).
- *Familiaris Consortio* ("The Role of the Christian Family in the Modern World").



Priests for Life

Post Office Box 141172

Staten Island, New York 10314

Telephone: (914) 937-8243

FAX: (914) 937-9207

This national association provides a newsletter and other written and taped materials explaining the Catholic Church's teaching on abortion.



Sisters of Life (*Soror Vitae*)
198 Hollywood Avenue
Bronx, New York 10465
Telephone: (718) 863-2264
FAX: (718) 792-9645

This is the only order of Catholic nuns in the world whose apostolate is pro-life activism. The order was founded in 1990 and is one of the fastest-growing orders of sisters in the United States.

[Return to *Catholic Church Teachings on Abortion* Table of Contents](#)

Facts of Life: Chapter 10: Jewish Faith Teachings on Abortion



[The Dilution of Jewish Heritage](#)

What the Anti-Lifers Think

The Dilution of Jewish Heritage

The Major Jewish Sects

The Tragedy

The Cause

Destruction of the Family

Destruction of the Faith

Conclusion

[Traditional Jewish Teachings on Abortion](#)

Introduction

Summary of the Seven Noahide Laws

Interpretation of the Third Noahide Law

On "Hard Travail"

Exceptions to the Third Noahide Law

Rabbis Get to the Essential Point

[Jewish 'Dissenters' — Engineers of the New American Holocaust](#)

Yet More "Diversity of Opinion"

The "Victim Status" At Work

'Jews' in the Lead

[The Role of Pro-Abortion 'Jews' in the American Holocaust](#)

In The Beginning

Euthanasia

'Jews' Perpetrating Another Holocaust

The Essential Point

[Pro-Lifers = Nazis?](#)

The Charges

The Rebuttal

The New/Old Holocaust Analogy

[Why Are the Victims Now the Perpetrators?](#)

Why Indeed?

The 'Hardening' Theory

The Assimilation Theory

[Further Reading on Jewish Faith Teachings on Abortion](#)

Facts of Life: Chapter 10: Jewish Faith Teachings on Abortion: The Dilution of Jewish Heritage



 SHARE

"There is a Holocaust taking place in America right now. We can't hear it, because there are no barking dogs; we can't see it, because there are no goose-stepping Nazi soldiers and no concentration camps; we can't smell it because there are no gas chambers. But the net result is exactly the same ... if we fail to act now ... the "silent Holocaust" will have done its job. Hitler will have emerged victorious."
— Ephraim Buchwald.[1]

What the Anti-Lifers Think.

"Jewish law is quite clear in its statement that an embryo is not reckoned a viable living thing (in Hebrew, bar kayama) until thirty days after its birth. One is not allowed to observe the Laws of Mourning for an expelled fetus. As a matter of fact, these Laws are not applicable for a child who does not survive until his thirtieth day. We support legislation enabling women to be free from the whims of biological roulette and free mostly from the oppressive crushing weight of anachronistic ideologies and theologies which, for reasons that escape my ken, continue to insist that in a world already groaning to death with overpopulation, with hate and with poverty, that there is still some noble merit or purpose to indiscriminate reproduction."
— Rabbi Balfour Brickner, National Director of the ultraliberal Commission on Interfaith Activities.[2]

The Dilution of Jewish Heritage.

"I cannot but agree with your evaluation of the situation in Israel as elsewhere as the result of the worldwide spread of atheism or as I prefer to call it people brainwashed into being unbelievers in the sanctity of life and the rule of G-d over the World. In Israel, it is a particularly sad situation as a combination of Communism and non-religious Zionism have created an educational system totally alien to spiritual values and therefore have caused a generation to be raised in a destructive atmosphere."
— Sephardic Chief Rabbi Israel Ovadya Yosef.[3]

The Major Jewish Sects. One way of gaining a better understanding of Jewish religious beliefs is to recognize that religious Jews generally follow one of four different spiritual paths, which may overlap to a considerable degree in some areas:[4]

- Orthodox Jews maintain strict adherence to traditional customs, including the Biblical laws regarding family purity. Only about 7 percent of American Jews count themselves as members of this group.
- Reform or Liberal Jews are essentially Humanistic, but apply nominally Jewish

customs to contemporary life. About 41 percent of American Jews count themselves as members of this group.

- Conservative Jews try to maintain a strong Jewish identity while combining important elements of both Orthodox and Reform Judaism. About 40 percent of American Jews count themselves as members of this group.
- Hasidic Jews may be seen as even more conservative than Orthodox Jews as they follow a uniquely mystical path.

The Tragedy. For many centuries, the word "Jew" conjured up many images, the foremost of which were those of a people fortunate enough to possess a rich family life and strong commitment to religious precepts.

Every Jew was an essential member of two extended families — the one where he lived and the other where he worshipped. These dual families strongly reinforced each other and were literally the warp and woof of daily Jewish life. This dedication to family and faith, in turn, greatly strengthened the extended Jewish nation as a whole.

History has shown us time and again that a nation will endure only as long as its people remain dedicated to their families and to their faith. Once the focus of the people turns inward, to selfish motives, the nation begins to die.

Therefore, it is truly one of the great tragedies of our time that a people who have survived the most vicious attacks through the millennia are now destroying themselves more effectively and efficiently than any external enemy ever could. This sense of disaster is multiplied by the fact that the destruction of the Jewish people is entirely preventable — but most of the Jews, who are the only ones who can save themselves, seem unwilling to do so.

The most galling irony of all is that the Jews are themselves completing the task that Hitler and all of his legions could not accomplish.

It is also excruciatingly ironic that, for a period of eight centuries (from 1144 to 1945), virtually all of the major persecutions of the Jews were based upon unfounded allegations of ritual child murder.[5] Now, in the United States, Jews enjoy freedom from genocide — but have led the drive for legalizing the slaughter of preborn children, a uniquely Modernistic form of ritual child murder on a massive scale.

The Cause. The cause of both homeland and American Jews turning away from their families and their faith can be stated quite simply. The Jewish culture has been assimilated to a great degree by the great Western melting pot.

A survey of the City University of New York's North American Jewish Data Bank revealed that American Jews are becoming less religious with each passing generation. Currently, less than 40 percent of American Jews spend more than three days per year in public worship.[6]

Hallmarks of traditional Jewish life are fast disappearing. The expressions of ideological secularism (to include labor Zionism) have almost vanished from the public scene, as have Landsmanschaften societies and Yiddish-speaking Sholem Aleichem schools. The outwardly visible signs of Jewish piety — the yarmulkes, the mezuzahs, the public schoolchildren noticeably absent on holy days, the fellow office worker who always brownbags in order to stay kosher, the friend who does not drive or answer the telephone on Saturday — all are disappearing.

Destruction of the Family. It is interesting to note that traditional Jewish law holds as a religious precept that married couples must abstain from intercourse during menstruation, and resume intercourse only after the woman's immersion in a ritual bath immediately following the cessation of menstruation, and after a period of abstinence of not less than twelve days. This timing made certain that first intercourse coincided approximately with ovulation, and such practices would guarantee the continued survival of the nation. As a general rule, Jewish law discouraged the use of artificial birth regulation, and the only permitted method of child spacing was breastfeeding.

The Jewish culture has traveled a long way down a very dangerous road since these laws were widely observed.

Just as Christians have done, Jews are being "absorbed" into American culture. More young Jews are waiting longer to get married, then tend to marry out of the faith and have one, two, or no children. Jews currently have less children as a group than any other religious or ethnic group, and have more people of marriageable age remaining single than any other group.[6]

And Jews have one of the highest abortion rates of any group of people in the United States, a fact plaintively echoed by one Jewish couple upon learning that their first grandchild had been aborted; "Jews are being screwed out of existence. Who uses birth control? Who gets all these abortions? We're being physically wiped out!"[7]

The Jewish situation in the homeland is even more tenuous. The October 1987 Conference on the Demography of the Jewish People in Jerusalem hardly mentioned the fact that, in 1986, there were 60,000 abortions in Israel and only 70,000 births.[8]

The world's foremost authority on Jewish medical ethics, British Chief Rabbi Dr. Immanuel Jakobovits, has recognized that the high Jewish abortion rate now poses a greater threat to the Jewish people than even Hitler did; "These self-inflicted [abortion] losses are proving far more catastrophic than anything we've experienced in our history."[9]

On November 25, 1980, the Minister of Health in the Knesset announced that, of all abortions committed in Israel, 12.2% were for age indications (under 17 or over 40), 33.4% were excused by fornication or adultery, 14.2% were for fetal deformity, 32.2% were for the mother's physical or mental health, and 8 percent were for "social" reasons. This last clause of the 1977 law was repealed by the Knesset in December 1979.[10]

The 2000-2001 National Jewish Population Survey found that there were 5.2 million Jews living in the United States, the largest population of Jews in the world (Israel was second with 4.5 million). But the Jewish population in the United States has decreased by 300,000 over the past decade, and the average age of American Jews has risen from 37 to 41. Most significantly, half of Jewish women aged 30 to 34 in the USA have no children, compared to 27 percent of all American women.

The worldwide population of Jews was about 13 million in 2002, which means that they have not yet recovered their pre-Holocaust population of 18 million. In the United States, the percentage of Jews was 4 percent in 1945 and is now 2.2 percent, due to a low birthrate and pervasive intermarriage. More than half of the Jews who married during the 1980s married non-Jews. Only about one-fourth of these couples raise their children to be Jewish.[11]

The demographic impacts of the low Jewish birthrate are compounded by the very high Moslem birthrate in Israel and neighboring countries. Adherents to Islam oppose both abortion and artificial contraception, and they are very patient. They recognize that there is more than one way to conquer the world. As Atifa Dawat, an Iranian delegate to

the July 1985 conference entitled "Forum '85," in Nairobi, Kenya, stated, "The more children we have, the better. When there are enough Moslems in the world, then we will have world victory." [12]

At the rate they are going, Jews will soon be a minority in their own country — even within the pre-1967 boundaries.

Destruction of the Faith. Not only are Jewish families disintegrating, but the majority of Jews have abandoned the faith of Abraham and Moses and are thus transforming the very definition of the word "Jew."

The largest survey of U.S. Jews ever performed showed that 75 percent believed that the word "Jew" was more indicative of a cultural group than a religious one. [13]

Many people who identify themselves as "Jewish" simply do not practice their faith. They are part of a large group with a common history, customs and traditions upon which they can draw. Their homeland is Israel, and their identification as Jews has little to do with religion.

This theory is supported by a second survey performed by Steven M. Cohen, professor of sociology at Queens College in New York, who found that Jews in general were much more secular and liberal than the general population.

Cohen's sample of 1,252 Jews and 1,217 non-Jews revealed the following;

Figure 10-1 A Comparison of the Social Attitudes of Jews and Gentiles		
Statement	Gentiles Agreeing with Statement	Jews Agreeing with Statement
Homosexuals should have the same rights as other people	59%	85%
I support a Constitutional amendment permitting school prayer	72%	18%
A city government may erect a Menorah during Chanukah	64%	37%

Cohen concluded that "Jews are more liberal because they are so secular — that is, non-religious. Although deeply attached to other Jews as an ethnic group, Jews report religious service attendance rates far lower than other Americans. Generally, the more religious Jews are more conservative." [14]

~ This is naturally also true of Christians. As the classic example, members of the pro-abortion propaganda group 'Catholics for a Free Choice (CFFC) are extremely anti-life in their outlook, while those Catholics who take their Faith seriously are much more conservative.

Conclusion. Jews have survived more organized oppression than any other group of human beings in history. Therefore, they might be said to offer the conclusive proof that oppression and religious fervor seem to go hand in hand, while an extended period of unlimited freedom is virtually synonymous with indifference towards the Almighty.

American Jews suffer from the same terminal malaise that Christians do. Both groups are being secularized and being assimilated into the secular 'mainstream' American society. Both groups are bringing up a generation of children woefully ignorant of the basic tenets of their faiths and completely uninstructed in basic Judeo-Christian morality. And both groups have as their visible spokespersons and media darlings those persons whose views are most diametrically opposed to the faiths that they purport to represent.

[Go to Next Topic: Traditional Jewish Teachings on Abortion](#)

[Return to Jewish Faith Teachings on Abortion Table of Contents](#)

Footnotes for "The Dilution of Jewish Heritage"

[1] Ephraim Buchwald. "The Holocaust is Killing America's Jews." Los Angeles Times, March 28, 1992.

[2] T.J. Bosgra. "Abortion, the Bible, and the Church." Booklet from Hawaii Right to Life Education Foundation, Post Office Box 10129, Honolulu, Hawaii 96816.

[3] Letter from Sephardic Chief Rabbi Israel Rabbi Ovadya Yosef, dated February 6, 1980. Those wishing to aid the cause of life in Israel may write to "Efrath-Hazchut Lichyot," Post Office Box 15004, Jerusalem, Israel, Telephone: 02-817963.

[4] Seymour P. Lachman and Barry A. Kosmin. "What Is Happening to American Jewry?" The New York Times, June 4, 1990.

[5] Kenneth M. Mitzner, Ph.D. "The Abortion Culture." Triumph, March 1973, pages 20 to 24.

[6] Seymour P. Lachman and Barry A. Kosmin. "What Is Happening to American Jewry?" The New York Times, June 4, 1990.

[7] Quoted in Linda Francke's The Ambivalence of Abortion. Also quoted in New Perspectives on Human Abortion, reference described below.

[8] Gabriel Meyer. "Israel and Abortion." National Catholic Register, Volume LXIII, Number 47, page 5. Also see Rabbi Aryeh Spero. "Therefore Choose Life: How the Great Faiths View Abortion." Policy Review, Spring 1989, pages 38 to 45.

[9] British Chief Rabbi Dr. Immanuel Jakobovits, quoted in Bill Moloney, "Jewish View." National Right to Life News, June 1979, page 6.

[10] Rabbi Mordechai Blank. "A National Disaster: Abortion in the Holy Land." Outlook, November/December 1980, pages 2 to 4.

[11] These figures are from a report entitled "State of the Jewish World" issued at the January 1996 annual convention of the World Jewish Congress in Jerusalem, as described in "Jewish Populations Decline." The Washington Post, January 27, 1996. Also see United States Department of Commerce, Bureau of the Census. Statistical Abstract of the United States: The National Data Book (124th Edition, 2004) [Washington, D.C.: United States Government Printing Office]. Table 69, "Christian Church Adherents, 2000, and Jewish Population, 2002 — States." The entire Statistical Abstract for the current year is available on the United States Census Bureau Web site at <http://www.census.gov/compendia/statab>.

[12] Atifa Dawat, Iranian delegate to the July 1985 conference entitled "Forum '85," in Nairobi, Kenya. Quoted in Janie Hampton. "Women at U.N. Conference Stage Heated Fight Over Abortion." The Oregonian, July 21, 1985.

[13] John Dart. "Most U.S. Jews Call Judaism a Culture, not a Religion, Poll Shows." The Washington Post, June 22, 1991.

[14] This survey is described in the American Family Association Journal, June 1987, page 2.

Facts of Life: Chapter 10: Jewish Faith Teachings on Abortion: Traditional Jewish Teachings on Abortion



SHARE

Traditional Jewish Teachings on Abortion.

"To what can the child be compared inside his mother's womb ... as with a candle perched on his head he perceives the world from one end to the other? ... [W]ho shall replace me in those former months, the days when the L-rd watched over me? ... and he is taught the entire Torah ..."

— Nidah 30b, the Talmud.

Introduction. Why do various Jewish factions disagree so radically about abortion?

Basically because the Jewish faith has suffered the same catastrophic ethical schism that the Christian church has endured: Denominations representing most of its adherents have thrown away the inspired Word of God and now view themselves as their own masters. Meanwhile, Orthodox Jews struggle to pass on their beliefs and practices to their children in the face of an ever more anti-religious world. The result is a splintering of the original faith into a crazy quilt of sects that embrace the complete range of beliefs on every imaginable social issue.

In order to properly understand this conflict and the resulting range of views on abortion, it is necessary to review the basics of traditional Jewish religious law.

Summary of the Seven Noahide Laws. First and foremost, Jewish faith is based upon a body of Commandments that include the seven Noahide Laws and a total of 613 parochial commandments.

These laws, just as our Constitution is supposed to be, are interpreted (but *not* altered) by a vast body of rabbinic opinions and case law referred to as *Halakhah* (the *Talmud*), which is based upon divine revelation.[15]

The primary difference between the two sets of commandments is quite clear.

The seven Noahide Laws are universal, in that they apply to *everyone*, Jew or Gentile.

Bereshis 9:6 contains the seven commandments of Bnei Noach, as follows;

1. Thou shalt not engage in idol worship.
2. Thou shalt not blaspheme God.
3. Thou shalt not kill.
4. Thou shalt not engage in incestuous, adulterous, or homosexual relations, nor commit the act of rape.
5. Thou shalt not steal.
6. Thou shalt establish laws and courts of law to administer these laws.
7. Thou shalt not be cruel to animals.

The primary objective of the 613 parochial commandments in the *Torah* (the five

books of Moses) is to support and preserve the seven indispensable Noahide laws. They are therefore not universally applicable to all people.

Some examples of these parochial commandments are;

- Do not randomly cut down trees (Deuteronomy 20:19);
- Do not randomly castrate animals (Leviticus 22:24); and
- Jewish men who sterilize themselves are cast out of the community (Deuteronomy 23:2).

Interpretation of the Third Noahide Law. The Old Testament contains the seven Noahide Laws in Genesis 9:6. The third law contains the admonition "He who spills the blood of a man in a man, his blood will be spilt." The *Talmud* (Sanhedrin 57b) defines "a man in a man" as a preborn baby in his mother's womb. This passage specifically states that abortion is a capital crime, a view supported by one of the leading sages of the *Talmud*, Rabbi Yishmael.[16]

Maimonides, the great twelfth-century interpreter and codifier of Jewish law, stated that "Six commandments were commanded by God to Abraham and the commandment of cruelty to animals was added to Noah ... When Abraham came he was commanded to circumcise ... and Moses was given the *Torah*." [17]

In his interpretation of the Third Noahide Law, Maimonides writes in his *Mishneh Torah* that abortion is a capital crime for the Jews; "A descendant of Noah who kills any human being, even a fetus in its mother's womb, is to be put to death."

On "Hard Travail." Maimonides ruled that abortion is allowable only if the pregnancy definitely *and without question* endangers the life of the mother (*Hilkhot Rozeah* 1:9 and *Shulhan Arukh Hoshen Mishpat* 425:2); "This also is a negative precept: not to have compassion on the life of a pursuer. Therefore, the Sages' rules [regarding] a pregnant woman in hard travail that it is permitted to dismember the fetus in her womb, whether by chemical means or by hand, for it [the fetus] is as one pursuing her in order to kill her." [17]

This passage refers to "hard travail," which was a delivery complicated by the size or position of the baby, so that a normal birth was impossible. At the time this commentary was written (prior to the development of obstetrical forceps and, later, safe surgical techniques for Caesarian section), this sort of problem would often result in the deaths of both mother and baby. The only way available to remove a baby that was "stuck" was to dismember it. In most cases, the mother would have been in labor for literally days, and the baby would have already died due to anoxia.

In summary, the *Talmud* rules that abortion is permissible only in very extreme cases: specifically when a woman's "hard travail" places her life in definite danger (*Oholoth* 7:6). This is a codification of Maimonides' concept of the *rodef*, or "pursuer."

Therefore, traditional Jewish law holds that the preborn child has a right to life just as strong as the mother's — *except* when he poses an *imminent* and *actual* danger to her life.

The Catholic parallel to the "hard travail" exception is referred to as the "double effect," and is described Chapter 9, "Catholic Church Teachings on Abortion."

The Chief Justice of the Supreme Rabbinical Court of America and the U.S. coordinator of the Jewish Survival Legion, Rabbi Marvin S. Antelman, clearly stated the

position of Jewish Noahide law on abortion when he said in 1978 that "All major religions have their parochial and their universal aspects, and the problem of abortion is *NOT* a parochial one. It is of universal morality, and it is neither a Catholic problem, nor a Jewish problem, nor a Protestant problem. It involves the killing of a human being, an act forbidden by *universal* commandment." [18]

Chief Rabbi Dr. Immanuel Jakobovits outlined the foundation of the reasoning behind this statement when he held that "Jewish law sees every human life as having the sanctity of intrinsic and infinite worth. One life has as much value as one hundred or one thousand; you cannot multiply infinity and you cannot divide it. So every human being has an identical worth and is identically worth saving." [19]

Exceptions to the Third Noahide Law. It is interesting to compare the attitudes of scholars from the various branches of Judaism regarding permissible exceptions for abortion.

Jewish law, while not specifically granting full personhood (*nefesh*) status to the preborn, nevertheless modified strict obligations in order to accommodate pregnant women. The Sanhedrin allowed the Sabbath to be violated for the sake of the preborn child, and no pregnant woman could be tried for a capital offense until she had given birth. [20]

The *Talmud* held that the preborn baby was "one of the living limbs of the mother." This might sound like support for the pro-abortion "woman's body, woman's choice" slogan, but it must be noted that The *Talmud* also prohibited any form of self-mutilation. Therefore, protection for the preborn child — except in the case of "hard travail" — was absolute.

Orthodoxy permits abortion to save the life of the mother only in instances of "grave necessity." This might include aggravation of a serious heart condition or if the mother's physical health would deteriorate drastically as the *direct result* of fetal deformity, a rare occurrence indeed, as described Chapter 3, "Exceptions for Abortion." [20]

Relying upon this and related rulings, in certain extraordinary cases, Orthodox rabbis have, for *specific individuals* and for *extreme circumstances*, allowed abortions in the cases of *documented* pathologic mental anguish.

These few specific exceptions (numbering no more than six) have naturally led pro-abortion propagandists to state that Jewish law allows abortion for any physical or mental indication whatever. It must be remembered that pro-abortion activists used the very same technique in secular courts to expand the "physical and mental health of the mother" exception until it could justify literal abortion on demand.

As a reflection of this strategy, Conservative and Reform scholars require only "severe anguish" to be shown before abortion, which is, of course, no limitation whatever on abortion. Any woman can claim that she will suffer "severe anguish" if she is "forced" to continue her pregnancy. We must remember that any person facing a crisis pregnancy can legitimately claim "severe anguish" — and that, of course, this has absolutely no bearing on the value of the preborn child's life.

Conservative and Reform scholars say that the Sinaitic Laws referring specifically to the Jewish people do not treat abortion as a capital crime in Exodus 21:22-23. But the Hebrew word for a miscarried baby in Exodus 21:22 is *y'ladeha*, or "child," instead of *u'bar* or *v'lad*, the terms for "embryo" and "fetus." Therefore, this passage implies that the preborn child has *already* achieved full humanity, and to deliberately cause its death would therefore be a form of homicide.

Exodus 21:12 speaks specifically of capital punishment for killing a man, so many liberal scholars conclude from the sum of the passages in the 21st Chapter of Exodus that capital punishment is meted out for killing a man but not a preborn baby.

But the Conservative and Reform scholars seem to avoid the fundamental point in all of this. The *Talmud* states in Nidah 31a that there are three partners in the creation of a child: The father, the mother, and *Hashem*. According to Chazal, this means that the creation of a child is the direct will of the Creator Himself. Does it make any sense to deny the will of the Almighty by killing one of His creations for any circumstances less urgent than to save *another* of His creations — a woman in "hard travail?"

Rabbis Get to the Essential Point. Rabbi Doctor Chaim U. Lipschitz, editor of *The Jewish Press* in Portland, explains that

Certainly on the issue of abortion we, as the true practitioners of the total and complete law of our immutable Holy *Torah*, are not represented by those Jewish secularists who advocate open and legalized abortion. Again I say it: *We consider abortion to be murder, plain and simple.* We do permit it only to save the life of the mother, as the saving of a sure life is of greater priority to us than killing an existing one in order to complete a life in formation. Every case is judged individually. Other than that, we oppose abortion in every way and for every reason. This is the Jewish point of view, and it is important to let our non-Jewish friends know that.[21]

Rabbi Doctor Bernard Poupko, Chairman of the Rabbinical Board of Greater Pittsburgh, and National President of the Religious Zionists of America, further states that;

Judaism has been the moral mentor of Western civilization, and no code of morality surpasses our Bible's concern for human life. Our holiest days and every religious precept must be set aside in order to save a human life. A sensitivity to social injustice is embedded within our tradition. And it is Judaism which resists a blanket allowance to abortion except under controlled circumstances as prescribed by competent rabbinic authority. Living in a time as we do when divinely revealed, universally binding and time-proven moral principles and ethical values which are divinely revealed are being challenged by a new and ruthless onslaught of secularism and nihilism, when some priests in the "Temple of Science" are relegating the sanctity of human life into the confines of a test tube, we who are committed to the notion of the divine image of man must speak up and act, vigorously and courageously, for the preservation of human life, *both born and unborn.*

Finally, Dr. Louis C. Gerstein, Associate Rabbi, Spanish-Portuguese Synagogue of New York, states that "The position of the traditional Jewish doctrine is that interruption of pregnancy is admissible only when there is imminent danger for the mother's life and when no other way is possible." [22]

[Go to Next Topic: Jewish 'Dissenters' — Engineers of the New American Holocaust.](#)

[Return to *Jewish Faith Teachings on Abortion* Table of Contents](#)

Footnotes for “Traditional Jewish Teachings on Abortion”

[15] J. David Bleich. "Abortion and Jewish Law." *New Perspectives on Human Abortion*. Edited by Thomas W. Hilgers, M.D., Dennis J. Horan, and David Mall [Frederick, Maryland: Aletheia Books, 1981], pages 405 to 419. This article is the best available summary of historical Jewish teaching on abortion. The book itself is a superb compilation of essays by the most experienced pro-lifers in the world, dealing with virtually all of the basic issues involved in taking human life. An excellent primer for any pro-life activist.

[16] Gabriel Meyer. "Israel and Abortion." *National Catholic Register*, Volume LXIII, Number 47, page 5. Also see Rabbi Aryeh Spero. "Therefore Choose Life: How the Great Faiths View Abortion." *Policy Review*, Spring 1989, pages 38 to 45.

[17] J. David Bleich. "Abortion and Jewish Law." *New Perspectives on Human Abortion*. Edited by Thomas W. Hilgers, M.D., Dennis J. Horan, and David Mall [Frederick, Maryland: 1981], pages 405 to 419. This article is the best available summary of historical Jewish teaching on abortion. The book itself is a superb compilation of essays by the most experienced pro-lifers in the world, dealing with virtually all of the basic issues involved in taking human life. An excellent primer for any pro-life activist.

[18] Rabbi Marvin S. Antelman, Chief Justice of the Supreme Rabbinical Court of America. "Why Jews Oppose Abortion." *The Review of The News*, May 1, 1974, pages 1 to 6.

[19] British Chief Rabbi Dr. Immanuel Jakobovits, quoted in Bill Moloney, "Jewish View." *National Right to Life News*, June 1979, page 6.

[20] Gabriel Meyer. "Israel and Abortion." *National Catholic Register*, Volume LXIII, Number 47, page 5. Also see Rabbi Aryeh Spero. "Therefore Choose Life: How the Great Faiths View Abortion." *Policy Review*, Spring 1989, pages 38 to 45.

[21] Rabbi Doctor Chaim U. Lipschitz. "A Rabbi Looks at Abortion." Supplement to the Catholic League newsletter of June 1977. Available as a reprint from the Catholic League, 1100 West Wells Street, Milwaukee, Wisconsin 53233.

[22] Dr. Louis C. Carstein, Associate Rabbi, Spanish-Portuguese Synagogue of New

[22] Dr. Louis C. Gerstein, Associate Rabbi, Spanish-Portuguese Synagogue of New York, quoted in The National Committee on Maternal Health, Inc. The Abortion Problem: The Proceedings of the Conference of the National Committee on Maternal Health, Inc., at the New York Academy of Medicine, June 19 and 20, 1942 [Baltimore: Williams & Wilkins Company, 1942], page 173.

Facts of Life: Chapter 10: Jewish Faith Teachings on Abortion: Jewish 'Dissenters' — Engineers of the New American Holocaust



 SHARE

Jewish 'Dissenters' — Engineers of the New American Holocaust.

"I would suggest that one of the greatest dangers facing the Jewish people in Israel is the direct result of a Western mental attitude, foreign to Judaism, and totally self-destructive. I am referring to the present Israeli secular attitude towards childbearing, fertility and family planning. If these attitudes are not drastically changed soon, there may be dire consequences for the Zionist dream and the Jewish people."

— Shimon Glick.[23]

Yet More "Diversity of Opinion." There are more than a dozen major branches of Judaism in the United States.

Those branches that have adhered to the original teachings of Judaism are invariably pro-life. Groups representing these branches include;

- The Rabbinical Alliance of America;
- The Rabbinical Council of America;
- United Orthodox Rabbis of the United States and Canada; and
- The Union of Orthodox Jewish Congregations of America.

On the other hand, Neoliberal Jewish sects are a superb source of anti-life propaganda, and they enthusiastically push abortion, sodomy, pornography, and euthanasia. Organizations representing totally pro-abortion Jewish sects include;

- American Jewish Committee (AJC);
- American Jewish Congress (AJC);
- B'nai B'rith Women;
- Central Conference of American Rabbis (CCAR) [Reform];
- Federation of Reconstructionist Congregations (FRC);
- Hadassah Women;
- Jewish Labor Committee (JLC);
- Na'amat USA;
- National Federation of Temple Sisterhoods [Reform];
- National Council of Jewish Women (NCJW);
- New Jewish Agenda (NJA);
- North American Temple Youth;
- Rabbinical Assembly;
- Union of American Hebrew Congregations (UAHC) [Reform];
- United Synagogues of America (USA) [Conservative];
- Women's League for Conservative Judaism.

These groups and sects, in cooperation with the United Methodist Church, were the religious groups most responsible for establishing abortion on demand in the United States, and many of their members actually led the push to legalize abortion. There is not much hope for reform in these organizations, because many Jewish seminaries have gone sour, just as have many Christian seminaries.

For example, the Jewish Theological Seminary of America and the Hebrew Union College even deny the divine and eternal nature of the *Torah*.

It is obvious that ultraliberal pro-abortion 'Jewish' sects (just like many so-called 'cafeteria Christians') have simply discarded the Commandments that do not suit them. In order to psychologically insulate themselves from this action, they have surrounded themselves with a lush thicket of Newspeak and other New Age trappings — just as many Neoliberal 'Christian' sects have done.

The "Victim Status" At Work. It is now socially unacceptable to criticize the actions of any member of a certified "victim group," regardless of his or her actions. These groups include women, Blacks, homosexuals, and Neoliberal Jews.

Even the most casual examination of social trends reveals that individuals from these "victim groups" have a much greater latitude to commit unethical and illegal acts and to say outrageous things than do those persons who are not members of these classes of people.

Whenever some brave person raises objections to even the most flagrant abuses committed by "certified victims," he or she is inevitably labeled "misogynist," "racist," "homophobic," or "anti-Semitic," depending upon the "victim's" background.

The description "anti-Semite" has been abused and overused so much, it no longer means someone who hates Jews, it means someone that Jews hate.

The mere fact that the perpetrator of some heinous act is a member of one of these groups must not stop pro-lifers from proclaiming the truth. If activists allow a person to use his gender, race, religious upbringing, or history of sexual perversions as a blanket excuse to commit atrocities, then there is simply no way to effectively oppose these atrocities.

'Jews' in the Lead. There is no doubt that people who identify themselves as 'Jews' *have* led and *do* lead the abortion movement, not only in the United States, but all over the world.

Yet these pro-abortion 'Jews' violate the most basic Jewish laws regarding the sanctity of life. They claim to be Jews merely to deflect criticism, just as renegade 'Catholics' trumpet their nominal religious affiliation in order to pander to the whims of abortophiles. They are usually members of ultraliberal 'Jewish' sects that are the theological equivalent of various 'Christian' churches. The primary purposes of these groups include functioning as propaganda organs for the new social revolution and salving the consciences of congregation members.

[Go to Next Topic: The Role of Pro-Abortion 'Jews' in the American Holocaust](#)

[Return to *Jewish Faith Teachings on Abortion* Table of Contents](#)

Footnotes for “Jewish 'Dissenters' — Engineers of the New American Holocaust”

[23] Shimon Glick. "Fertility Attitudes in Israel." The Jerusalem Post (Pessah Supplement), April 7, 1982.

Automatic Gift Plan



SHARE

What Is the HLI Automatic Gift Plan?



The Automatic Gift Plan (AGP) enables you to make automatic contributions to Human Life International each month through your credit card or bank account. Instead of having to write a check, find a stamp, address and seal an envelope, and remember to mail it ... you simply instruct HLI to debit your bank checking or savings account or charge your credit card for the amount that you pre-determined to send to HLI each month ... and it's done!

Automatic Gift Plan Benefits

Human Life International's Automatic Gift Plan makes your monthly contribution easier for you and more efficient for HLI. Here are just a few of the benefits:

- AGP makes your contribution more effective than ever because it reduces HLI's direct mail and administrative costs.*
- Your monthly bank or credit card statements will automatically reflect your gifts to HLI, giving you a convenient record of your contributions.*
- You no longer have to write a check, address, seal, stamp, and mail an envelope each month.*
- You need not be concerned with long mail delays or the possibility of lost or stolen checks.*

CHECKS.

Will I Be "Locked in" to Giving the Same Amount Each Month?

Absolutely not! You are not "locked in" to any specific gift amount each month. You may change your contribution amount any time you wish, or even stop automatic donations entirely. It's up to you - you are in complete control. The AGP is totally free and voluntary, and is not in any way a "contract." It's just designed to make things easier and more efficient.

Being an AGP Donor Helps Save Even More Lives

Like all other non-profit groups, Human Life International must spend money for our fundraising efforts. But unlike some other organizations, HLI receives neither federal funding nor huge grants from corporations. We must work to "earn" the money we need to operate.

The Automatic Gift Plan will reduce our mailing costs and allow us to channel more of our time and resources into our pro-life missionary apostolate. That means by signing up now for the Automatic Gift Plan, you are helping HLI make your contribution more effective than ever in the fight for life!

To Join the HLI Automatic Gift Plan call the HLI Finance Department at 540-622-5225 or click [here](#) to download the form, which can be mailed in!

HLI Expert: Magaly Llaguno



**Executive Director, Vida Humana Internacional
and Regional Coordinator, Latin American Countries**



"The greatest success that I have had is the founding of an extensive network of affiliates and collaborators. Those pro-life/family volunteers are self-sacrificing, courageous, hard working heroes. I am honored to serve them in whatever way I can."

HLI's executive director for Latin America and the Spanish-speaking world is long time pro-life leader Magaly Llaguno, who arrived in the United States from Cuba with refugee status in 1959. HLI Founder Father Paul Marx recognized her unique talents immediately, and since 1984, when he asked her to found an Hispanic division for Human Life International, she has been overseeing this important and predominantly Catholic region of the world with skill and dedication. Magaly has visited 18 countries and speaks English and Spanish fluently.



Some of Magaly's recent speaking topics are:

- "The Cost of Abortion for Women"
- "Post-abortion Syndrome and Healing"
- "The Activities of the Anti-life Movement in Latin America", and
- "Domestic Violence and its Connection with Abortion"

For Magaly's commentary page, click [here](#).

Magaly Llaguno is not currently traveling for speaking engagements, but for media

Magaly Lagano is not currently traveling for speaking engagements, but for media requests, email Stephen Phelan at sphelan@hli.org or call 540-551-2547.

[HLI Expert: Monsignor Ignacio Barreiro](#)



Executive Director, Rome Office
Human Life International



Monsignor Ignacio Barreiro was ordained a priest for the Roman Catholic Archdiocese of New York on Nov. 14, 1987. From the beginning of his priestly ministry, Monsignor Barreiro was involved in the Pro-Life and Traditional Latin Mass apostolates. He received his licentiate and doctorate degree in Systematic Theology from the University of the Holy Cross, in Rome, Italy. For a period of time in the 1990s, Msgr. Barreiro served in the Priestly Fraternity of St. Peter.

Since September 1998, Msgr. Barreiro has been the Executive Director of the Rome office of Human Life International. In Rome, he started an apostolate with priests and seminarians from all over the world who are studying in the Eternal City. Msgr. Barreiro has published hundreds of articles on theological and life issues, and historical subjects in popular and scholarly publications. He was appointed a Chaplain of His Holiness on March 26, 2004.



Monsignor Barreiro's speaking topics include:

- "Bioethics and the Catholic Church"
- "The Catholic Family"
- "What it Means to be a Pro-Life Priest"
- "Church Teaching on Population Control"



For Monsignor Barreiro's commentary page, click [here](#).

For media requests email Stephen Phelan at sphelan@hli.org, or call 540-551-2547.

HLI Expert: Adolfo Castaneda



 SHARE

Director of Educational Programs
Vida Humana Internacional



HLI Mission Field Map



SHARE



HLI has a presence in all the countries highlighted in green.

- HLI Affiliates are in plain text
 - HLI Associates are in parentheses
 - Multiple Affiliates/Associates in a country indicated by number in parentheses
- Click [here](#) to return to Worldwide Mission page.



SHARE

Human Life International Programs

Seminarians For Life - To change the culture we must change hearts and minds. Human Life International is dedicated to ceasing international abortion by spreading the Gospel of Life by providing to today's seminarians the information and resources they need to ensure that they are grounded in the scientific, moral, and pastoral issues related to the defense of human life. We do this by conducting training sessions at seminaries all over the world, reaching more than 2,000 seminarians every year. We also publish the Seminarians for Life newsletter in four languages (English, French, Italian and Spanish) for worldwide distribution, and maintain the Seminarians for Life web site as an on-line resource center.

African AIDS Awareness - It is a well know fact that the pandemic of AIDS is a scourge on the African continent and that billions of dollars is spent annually in an attempt to halt or reverse the tide. At Human Life International, we focus on the only proven method of preventing the spread of this deadly disease - authentic Catholic teaching on human sexuality - *chastity before marriage* and *fidelity in marriage*. Working closely with our African affiliates to implement a program appropriate to the local customs, HLI conducts training sessions for couples, young people, medical professionals, civic leaders, and clergy. To address the reality that condoms are ineffective in dealing with this pandemic, HLI has published [The Case Against Condoms](#) in both English and French for distribution across all of Africa. You can purchase your own copy at the HLI on-line store, or read the article *Death by Latex* [here](#).

Aid to Women Network - HLI's Mexican affiliate [Fundación Cultural de la Vida](#) , has developed a particularly effective model to help women in crisis pregnancy situations. Since 1989, Fundación Cultural de la Vida's network of Catholic pregnancy centers (CPCs) have been instrumental in saving the lives of more than 62,000 Mexican children while saving their mothers from the spiritual, physical and emotional ravages of abortion. The CPC is one of the most effective tools the pro-life movement has to stop abortion. Based on best practices established at pregnancy centers here in the United States, then modified to serve the local culture, the Aid to Women Network has established pregnancy centers throughout Latin America. Presently, there are more than 50 pregnancy centers in the network.

St. Michael Prayer Campaign - Saint Paul said that our battle is not against flesh and blood but against principalities and powers. This Truth is more than evident within the abortion industry and though we detest abortion and international abortion, we do not despise abortionists. Human Life International therefore launched the [St Michael Prayer Campaign](#) for the conversion of abortionists. The St Michael Campaign promotes the prayer to St. Michael at the conclusion of the Holy Sacrifice of the Mass. To assist individuals and groups, HLI has produced St. Michael prayer cards in English, Spanish, French, Italian, Portuguese and Arabic and to date we have distributed more than 2

million prayer cards around the world. To read more about the campaign, order prayer cards, or to make the St. Michael pledge, visit the [HLI St Michael web site](#).

Latin American Center for Human Rights (CLADH) - This HLI associate based in Argentina offers legal assistance to many countries throughout Latin America for the promotion and defense of life issues, and some highlights of recent activities include the following:

- Assisted the Bolivia Catholic Conference of Bishops in preparing a document containing arguments against the new anti-life and anti-family constitutional amendments which is set for a referendum vote.
- Assisted HLI Cuba with legal strategy and documents on the harmful effects of the use of the abortifacient cytotec. HLI Cuba plans to present the documentation to the Cuban government in an effort to stop its widespread use as an abortifacient.
- Is providing legal strategy to a group in Spain which has requested that the government investigate the Women on Waves abortion boat that docked in Spain.
- Worked with the HLI affiliate in Ecuador on new penal code dispositions that would ban all abortions in Ecuador.
- Is assisting various HLI affiliates throughout the region to file complaints of hostility and persecution by pro-abortion individuals and groups. The case will be presented before the Human Rights Inter-American Commission of the Organization of American States/OAS.

Fetal Models - We are all called to witness to the Truth and many HLI affiliates do this via side-walk counseling at abortion centers. One of the very effective tools in this mission is to present to the expectant mothers a 10 week fetal model. These models - typically made of plaster - show the exact size and features of a 10 week old fetus. Many women, when seeing for the very first time the human life growing in their womb, choose life. An example of this is the HLI affiliate in Austria that estimates it has saved 1 baby for every 3 models handed out to mothers.

DONATE NOW

Support HLI's Pro-Life Missionaries with a life saving contribution!

[Fr. Tom. Triumph Of Our Lady's Prolife Heart.1](#)



 SHARE

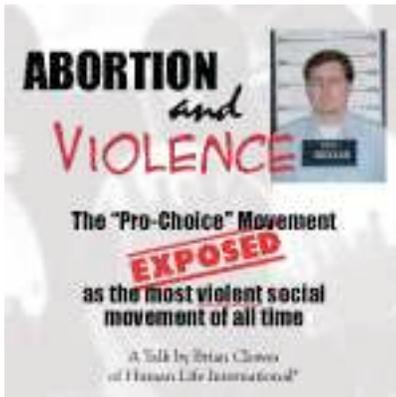
{Fr. Thomas Euteneuer's talk: "The Triumph of Our Lady's Pro-Life Heart" Part 1 of 5}

[Dr. Brian Clowes: Abortion Violence](#)



 SHARE

The standard media narrative is to focus on acts of



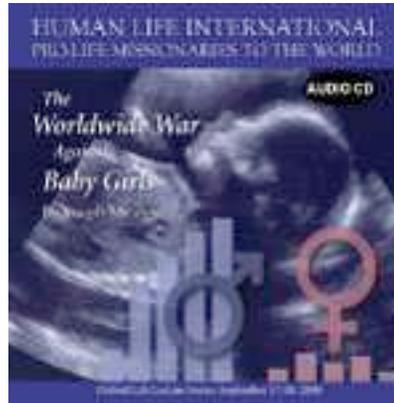
violence performed by a handful of pro-life activists. The real story is the greater level of violence perpetrated by abortionists and others involved in the abortion industry. In this talk, Brian Clowes exposes the truth that the "pro-choice" movement is the most violent social movement of all time.

Click below to listen:

[Joseph Meaney: The Worldwide War Against Baby Girls](#)



The Worldwide War Against Baby Girls will educate you on the problem of sex-selective abortion around the world and the consequences of this global disparity between the numbers of boys and girls. Finally, some nations are beginning to see the cost of losing a huge part of their society, but until they believe in the worth of every human person, the people of life will have work to do.



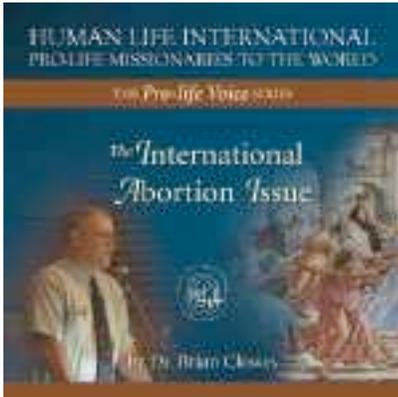
Click below to listen:

Order [The Worldwide War Against Baby Girls](#) on audio CD.

[Dr. Brian Clowes: The International Abortion Issue](#)



Dr. Brian Clowes gives a riveting, detailed



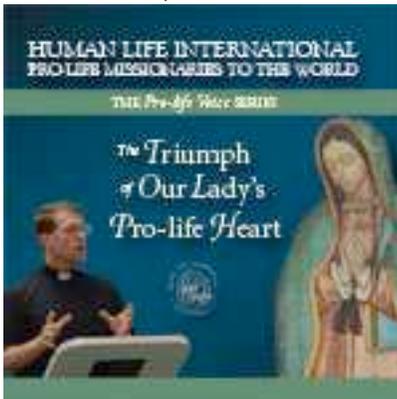
overview of the international abortion issue. In this talk, you will hear statistics and stories of the fight for life around the world. For more detailed stories about HLI's pro-life missionaries, visit the "Mission Field" pages of this web site.

Click below to listen:

Fr. Thomas Euteneuer: The Triumph of Our Lady's Pro-life Heart



In this talk, Fr. Euteneuer discusses how the Culture of



Death breaks down traditional fortresses that are in place to protect societies and replaces them with anti-life fortresses. But God's victory will come through the Pro-Life Heart of Mary, who has conquered death cultures before and will do it again - with the Church Militant rallying behind her banner!

Click below to listen:

[Commentary: Clowes: Let's Get our Facts Straight about Tiller and Anti-Abortion Violence](#)



Commentary by Brian Clowes, PhD

Director of Research

Human Life International

Let's Get our Facts Straight about Tiller and Anti-Abortion Violence

June 3, 2009 (LifeSiteNews.com) - Along with everyone else at Human Life International and throughout the legitimate pro-life movement, I strongly condemn the murder of abortionist George Tiller in Kansas. The Fifth Commandment does not read "Thou shalt not kill, except for abortionists."

Not only is it wrong to respond to people like Tiller with the ultimate anti-life act of murder, it also sets the entire pro-life movement back as good, committed leaders have to scramble to distance themselves from an act that they never called for and which is obviously antithetical to their philosophy and work. Pro-abortion legislators seize on the opportunity to call for laws restricting legitimate pro-life activities such as sidewalk counseling and picketing, knowing the whole time that such legislation will do nothing to hinder a maniac with a gun. And, worst of all, thousands of people who would otherwise have joined the pro-life movement will continue to sit on the sidelines, believing the media lie that we are violent.

Pro-lifers should indeed condemn the murder of George Tiller. But we should not play permanent defense as the nonsense snowballs and the unfair attacks against the pro-life movement multiply. Here are some facts that should be taken into consideration by all people of good will, especially those whose responsibility it is to report on this story.

- 1) George Tiller is the first abortionist to be killed in eleven years. If you think that's a "trend," or an "epidemic" as some have said, you're just not a serious person.
- 2) All of the posturing going on in the pro-abortion movement over the safety of abortionists is a ruse. There are four times as many hairdressers and 150 times as many convenience store clerks murdered as there are abortionists. Where is the "pro-choice" grieving over them?
- 3) George Tiller made his money performing late-term abortions, which often involves the killing of a viable human being. According to Kansas state statistics, he killed 395 *viable third-trimester* babies in one year - 2001 - all for "mental health" reasons (which, as we know, is the category for all elective abortions). Not one of those abortions was for a mother's physical health or for a medical emergency. Americans

was for a mother's physical health or for a medical emergency. Americans overwhelmingly believe this disgusting practice should not be legal. If any objective journalist were to look into his practice they would see that most people, and all sane people, are appalled by what happened in his clinic every day.

4) Tiller has been tried on criminal indictments for multiple abuses of his practice, including breaking state laws requiring another medical doctor to verify that certain patients' lives were at risk before performing late-term abortions. This man was no hero or saint, and his being held up as a martyr says more about pro-abortionists than it does about those they are trying to condemn.

5) Abortionists are not only widely considered an embarrassment to the medical profession, but they are much more likely to commit violence than to suffer violence. You may be surprised to learn that more than a dozen abortionists have been convicted of murder and manslaughter - of their wives, of their patients, and even of other abortionists. Yet you never hear about these killings in the press (see <http://www.abortionviolence.com/> for documentation). Abortionists are more likely to kill than to be killed.

6) Whenever an abortionist mutilates, kills or molests a woman, the "pro-choice" movement always rushes to his defense, as they did for Brian Finkel, the Arizona abortionist who was sent to prison for 35 years for 22 counts of sexual abuse. So much for caring for women!

7) The pro-life movement is the most peaceful social movement in the history of this country. Most other social movements, including the unionization movement, the pro-abortion movement, the homosexualist movement, the animal rights movement, and the environmental movement have all demonstrated much greater violence. So where is the outcry over the violence committed by these movements?

During the predictable surge of publicity over Tiller's murder, we must remember that abortion itself is the most cowardly form of murder, committed against the most helpless and innocent of all of God's people, the unborn. We must also remember those who have died, but who are ignored by the media and the pro-abortionists - the hundreds of women who have died of so-called "safe and legal" abortion, and the hundreds of other women who have been murdered by their boyfriends or husbands because they would not abort their children (see <http://www.abortionviolence.com/> for documentation).

Let's not be bullied or silenced by those who are trying to tar the whole pro-life movement by cynically exploiting the murder of George Tiller. Let's instead reply with facts which add context to the "abortionists are heroes, pro-lifers are violent" narrative that the "mainstream" media seems too willing to parrot.

Not that I expect the media to suddenly start reporting the truth of abortion. If they did

that, there would be no legal abortion in the first place. But we can try, and the facts are on our side. Let's pray, too, for the soul of George Tiller, his family, and his murderer, as well as for the conversion of all pro-aborts that they see how destructive abortion is for all human life, not just the child who is killed and the mother who is wounded.

One thing you can do is forward this information and the address of the abortion violence Web site to your friends so that we can reach those of good will - those who aren't just mindlessly screaming bloody murder but who can actually think and listen to reason - and show them that the story they've been told about supposedly "violent" pro-life activists is just that - a story.

[Commentary: Bainbridge: Reported Deaths by Abortion in Illinois During 2007](#)



(From *Life Matters* -The Newsletter of the Respect Life Office of the Diocese of Rockford May 2009)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

Reported Deaths by Abortion in Illinois During 2007

The Illinois Department of Public Health (IDPH) has released the number of reported abortions committed in Illinois during 2007. Based on the very nature of the abortion industry¹ and the reporting policies² of the IDPH, however, these figures should be viewed as a minimum and in some cases, very incomplete, picture of the procured abortions throughout the State.

The total number of reported abortions in Illinois for 2007 is 45,298. If that number is accurate, 1,169 fewer unborn babies were killed in 2007 than in 2006. However, it still means that 124 preborn babies were destroyed in Illinois each and every day.

In 2006, five counties (DeKalb, Kane, McHenry, Stephenson, and Winnebago) in the diocese reported increases in the number of mothers procuring abortion; two (Boone and Ogle) reported decreases; and four (Carroll, Jo Daviess, Lee, and Whiteside) remained "unknown"²; Ogle was listed for the first time as "unknown."

Five counties (Boone, DeKalb, Kane, McHenry, and Ogle) also reported increases in the number of mothers procuring abortion in 2007. As mentioned above, Boone and Ogle had reported decreases in 2006 but now both reported increases. Only Stephenson and Winnebago reported decreases while Carroll, Jo Daviess, Lee, and Whiteside were listed as 'unknown.'

The reported numbers of mothers from the 11 counties in the Diocese of Rockford who procured abortions in 2007 is as follows:

Boone- 82 (up from 78 in 2006)

Carroll- "unknown" ("unknown" in 2006)

DeKalb-198 (up from 160 in 2006)

Jo Daviess- "unknown" ("unknown" in 2006)

Kane-832 (up from 778 in 2006)

Lee- "unknown"² ("unknown" in 2006)

McHenry-564 (up from 531 in 2006)

Ogle- 56 (up from "unknown" in 2006)

Stephenson- "unknown" (down from 74 in 2006)

Whiteside- "unknown" ("unknown" in 2005)

Winnebago-623 (down from 642 in 2006)

While the total for the entire state has apparently decreased, the total number of women from the counties in our Diocese has increased. According to these figures, a minimum of 2,355 women living in the 11 counties within the Rockford Diocese procured abortions in 2007. That is 92 more abortions than in 2006. At minimum, 6 preborn babies whose mothers lived in one of the counties in the Diocese were killed by abortion each day in 2007.

What can we do?³

The United States Conference of Catholic Bishops (USCCB) Pastoral Plan for Pro-Life Activities provides a comprehensive model for pro-life efforts by calling "upon all the resources of the Church-its people, services, and institutions-to pursue this effort with renewed energy and commitment in four major areas": 1) public information and education; 2) pastoral care; 3) public policy; and 4) prayer and worship.

The Pastoral Plan also includes a reaffirmation of the Church's teaching regarding the dignity of human life and the responsibility of **all** living persons to protect life from its very earliest stage.

On occasion, those of us working to protect the unborn are criticized for focusing too much attention on abortion and not enough to other issues that violate the dignity of the human person.

The bishops clearly state in the Pastoral Plan that "**abortion necessarily plays a central role**" among the various life issues and that "it is imperative that those who are called to serve the least among us give **urgent attention and priority** to this issue of justice . . . Our concern is only intensified by the realization that a policy and practice that result in well over a million deaths from abortions each year cannot but diminish respect for life in other areas."

That does not mean that the bishops' only concern is abortion, but it does signal the preeminence of outlawing abortion and other direct attacks on innocent human life including embryonic stem cell research, human cloning, and euthanasia/assisted

suicide.

As Bishop Doran has said on a number of occasions, we need "kindness, gentleness, and persistence" in overcoming the "tremendous evil of abortion." These are positive attributes that we must strive to emulate. And, we must not become discouraged. We are not called to success, but to faithfulness and we need to "do the right thing at the right time for the right reason."

We must understand and learn to defend the Church's position on the life issues and all of us must live out our respect for life message. Mother Theresa said, "Holiness does not consist in doing extraordinary things. It consists in accepting, with a smile, what Jesus sends us. It consists in accepting and following the will of God."

Just as there are many different pro-life organizations with different emphases and different functions, so it is with individuals-all have as the goal, the elimination of abortion and building respect for life at all stages of development, but not all are engaged in the same activities.

While our focus of involvement may change over time, we need to pray and be open to what we believe God would have us do-and then do it!

We must embrace the totality of the Church's teaching on the dignity of each and every human life and, as with all the teachings of the Church, the way we live should reflect what we believe. We need to teach the next generation to respect all human life through word and deed.

This involves action-actually doing something. And whatever we do, we must begin with prayer. For without prayer, our efforts will fail. The Bishops recognized the importance of prayer in the Pastoral Plan when they wrote, "Parishes should include in the petitions at every Mass a prayer that ours will become a nation that respects and protects all human life, born and unborn, reflecting a true culture of life."

While we must be opposed to all anti-life attitudes and activities, each of us may be called to different areas of pro-life service or activity. We must remember that not everyone will be called to activism for the same life issue or to the same activity. But surely there is something each person can do.

We must go into society with the love and the truth of the church-the whole truth, not just the truth we like or the truth we think others will like. The decision is yours, but don't underestimate the significance of that decision-someone's life may depend on it.

Why not contact your Parish Respect Life Coordinator (PRLC) and find out how you can

be involved in building a culture of life.

¹ Reported abortion figures must be considered as a minimum because of the nature of the business. It is not logical to assume that abortionists are totally honest. After all, if one is willing to kill tiny, defenseless human beings for financial gain, what assurance do we have that he or she will accurately report the number of abortions they commit. Due to the fact that abortion is so unregulated and so protected by law, as well as the fact that many abortionists insist on cash payment, there is simply no way to know for certain the exact number of abortions committed. We have to rely on the information provided by the IDPH recognizing its limitations. Bottom line, even one abortion is one too many.

² As I have reported in past years, Illinois has the unexplainable "51 rule" where abortions from a county are not reported if there are not at least 51. If 51 women from a particular county procured abortions in 2006, but "only" 50 from that county procured abortions in 2007, the figures for that county would be listed as "unknown." These "unknown" counties could be as low as zero or as high as 50.

³ reprinted from the January 2008 issue of Life Matters

[Commentary: Bainbridge: Distorting and Concealing Facts to Serve a Political Agenda](#)



 SHARE

(From *Life Matters* - The Newsletter of the Respect Life Office of the Diocese of Rockford
April 2009)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

Distorting and Concealing Facts to Serve a Political Agenda

While it has become all too obvious that many in the mainstream media (MSM) are either ignorant of the facts or unable to report without bias on many issues, their lack of accurate reporting regarding the controversy regarding "stem cell" research would be laughable if it weren't so serious.

Distortions and misinformation about embryonic stem cell research have been disseminated by the MSM for years. Their incompetent reporting and commentary has resulted in confusion and misunderstanding among many American citizens. It appears the MSM has become the propaganda machine for advocates of unethical research.

In 2001 President Bush announced that the Federal government would fund research on 62 cell lines from human embryos that had been destroyed before August 9, 2001. Cell lines obtained from embryos destroyed after that date would *not* be funded by taxpayers. In other words, while the research on human embryos would remain legal, such unethical research would not receive federal funding.

In July 2006 the Senate passed the Stem Cell Research Enhancement Act designed to greatly expand federal funding of embryonic stem cell research [ESCR] by allowing any "spare" or "left over" embryos from in vitro fertilization [IVF] procedures to be used. Fortunately, Bush vetoed the bill and the House sustained his veto.

Then, on February 9, 2009 President Obama issued an executive order reversing the Bush policy. As a result the federal government (taxpayers) will now fund research on any and all existing embryos and ones that will be "created" in fertility clinics in the future.

Interestingly, although the MSM ignored it, Obama also reversed Bush's executive Order 13435 issued on June 20, 2007 which directed the Secretary of Health and Human Services to "conduct and support research" on stem cells "derived without creating a human embryo for research purposes or destroying, discarding, or subjecting to harm a

human embryo or fetus." In other words, Obama is putting an end to federal funding on non-embryonic stem cell research.

Back to the basics

To fully understand how the MSM causes confusion, we have to know the scientific facts.

Stem cells are those cells that are capable of becoming a different type of cell type in the body—they are "undifferentiated master cells" that can develop into differentiated tissues, such as bone, muscle, nerve, or skin."

What the MSM and many politicians (including the Obama administration) fail to acknowledge or explain properly is that there are two basic classifications of stem cells: embryonic and non-embryonic. Embryonic stem cells are found in human embryos.

Non-embryonic stem cells are found in umbilical cord blood, placentas, baby teeth, amniotic fluid, adult tissues (skin, bone marrow, fat, etc) and the newly discovered induced pluripotent stem cells (IPS).

To date, patients with **73** different adverse health conditions (including, but not limited to: Cancer, Juvenile Diabetes, Rheumatoid Arthritis, Multiple Sclerosis, Heart Damage, Parkinson's Disease, Spinal Cord Injury, and Stroke Damage) have benefitted from non-embryonic stem cells.

Not one condition has benefitted from embryonic stem cells and yet these are the only ones that Obama is interested in funding.

In a 2009 letter to Obama, Cardinal George wrote, "adult and cord blood stem cells are now known to have great versatility, and are increasingly being used to reverse serious illnesses and even help rebuild damaged organs. To divert scarce funds away from these promising avenues for research and treatment toward the avenue that is most morally controversial as well as most medically speculative would be a sad victory of politics over science."

Former House Majority Leader, Tom DeLay, remarked, "The best that can be said about embryonic stem cell research is that it is scientific exploration into the potential benefits of killing human beings."

Above his pay grade

One would expect that when someone as powerful as the President of the United States issues an order about the destruction of human embryos, he would at least understand the basics of what he is actually doing

the basics of what he is actually doing.

During the recent political campaign, then-Presidential candidate Obama claimed that knowing when life begins was "above my pay grade." There is no way he didn't know life begins at fertilization-but publicly admitting it would be problematic in justifying his extreme anti-life political agenda. How could he support experimenting on human embryos if he admits they are tiny human beings instead of "balls of cells"?

When announcing he was reversing the Bush policy on ESCR, Obama stated his executive order was "about ensuring that scientific data is never distorted or concealed to serve a political agenda- and that we make scientific decisions based on facts, not ideology." Yet he and the MSM distort and conceal data on a regular basis to serve their political agendas.

Clinton distorts, Gupta conceals

Even Former President Clinton-appearing on the Larry King Live show two days after Obama's executive order-either does not understand basic biology or he, too, "distorted or concealed" scientific data "to serve a political agenda." Filling in for King, Dr. Sanjay Gupta, CNN's chief medical correspondent (a neurosurgeon who Obama wanted as his Surgeon General) began the conversation by describing Clinton "as someone who studied this [embryonic stem cell research]."

One would assume if Clinton *had* studied ESCR he certainly would know that embryos come into being as a *result* of fertilization. Instead he demonstrates he has no idea what an embryo is-or, he wants the general public to think it is something it is not. Clinton says Obama "has apparently decided to leave to the relevant professional committees the definition of which frozen embryos are basically going to be discarded, because *they're not going to be fertilized.*" Read that again. Clinton is saying that embryos have not been fertilized. Maybe it was just a slip of the tongue.

But later on in the interview he says it again: "I believe the American people believe it's a pro-life decision to use an embryo that's frozen and *never going to be fertilized* for embryonic stem cell research." That's twice. Then he does it again: "any of the embryos that are used clearly have been placed *beyond the pale of being fertilized* before their use." Unbelievably, he does it two more times: "There are a large number of *embryos that we know are never going to be fertilized*" and then, "they're not going to fool with any embryos where there's any possibility, even if it's somewhat remote, that *they could be fertilized and become human beings.*"

Let's get it right: **science has long recognized that not only are embryos already fertilized, they are human beings!** To deny that is to deny scientific facts.

What is shocking is that Dr. Gupta did nothing to correct Clinton's glaring nonsense. As a physician, he should be ashamed of himself for allowing Clinton to distort scientific

a physician, he should be ashamed of himself for allowing Clinton to distort scientific data to serve a political agenda. But then, again, Gupta is an Obama supporter so I guess we shouldn't be surprised that he chose to conceal the truth.

Is stem cell research moral?

In order to know if stem cell research is moral, we must know which type of stem cell research is in question.

The 2008 encyclical, *Dignitas Personae*, explains the immorality of ESCR: "The obtaining of stem cells from a living human embryo . . . invariably causes the death of the embryo and is consequently gravely illicit: 'research, in such cases, irrespective of efficacious therapeutic results, is not truly at the service of humanity.'" [51]

Dignitas Personae confirms that non-embryonic stem cell research is moral: "The research initiatives involving the use of adult stem cells, since they do not present ethical problems, should be encouraged and supported." [53]

As taxpayers, we should not be forced to pay for unethical/immoral research.

Learn more at: <http://www.stemcellresearch.org/>

[Commentary: Bainbridge: Continued Diligence Needed](#)



SHARE

(From *Life Matters* -The Newsletter of the Respect Life Office of the Diocese of Rockford March 2009)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

Continued Diligence Needed

With the new administration in Washington, D.C., most of you are aware of the increased threats to innocent human life. In January of this year, parishes across the United States participated in the Freedom of Choice Act (FOCA) Post Card Campaign where the faithful sent a clear message to Congress asking them to "Please oppose FOCA or any similar measure, and retain laws against federal funding and promotion of abortion."

While we must maintain continued diligence about the threats to human life in our nation's capitol-and we must-we must also be very aware of similar threats right here in Illinois.

Regular readers of *Life Matters* may remember the April 2008 edition in which I explained the threat of a bill, then in committee in the Illinois State Legislature, HB5615-the so-called Reproductive Justice and Access Act (RJAA). This proposed legislation contained many of the same measures as FOCA.

Ilga.gov provides 2009 synopsis of RJAA

As with FOCA, RJAA¹ provides that the "State or any municipality, political subdivision, or other governmental unit or agency shall not":

1. *deny or interfere with an individual's right to use or refuse contraception*; [including so-called "emergency contraception" which-by preventing implantation-may act as an early abortion]
2. *deny or interfere with a pregnant woman's right to bear a child*; [morally acceptable provision of the bill]
3. *deny or interfere with a pregnant woman's right to terminate a pregnancy*; (i) *prior to the viability of the fetus* or (ii) *when the termination of pregnancy is necessary to protect the life or health of the pregnant woman*; [While this section appears to have an exception after viability, the "health"² exception is specified, so just as with *Roe v Wade* and *Doe v Bolton*, procured abortion would remain legal for any or no reason at any time during pregnancy; in addition, RJAA would prohibit any parental involvement, mandatory waiting, or woman's right to know provisions.]
4. *require any woman to terminate pregnancy without her consent* [morally acceptable provision of the bill]

RJAA also "Provides that the State shall ensure that individuals eligible for State medicaid assistance, or other State medical assistance, receive financial assistance for reproductive healthcare at least to the same extent as other comparable services." This, of course, means that taxpayers will be forced to pay for abortions.

The bill would also eliminate the existing Illinois Health Care Right of Conscience Act which allows health care professionals to "refuse, recommend, perform or assist in the performance of an abortion."

In addition to abortion on demand, RJAA also "Provides that all Illinois public schools shall offer medically accurate, age appropriate, comprehensive sexual health education." Unfortunately, most people have no idea what "medically accurate, age appropriate, comprehensive sexual health education" really means-they have no idea children are taught that there are no rights or wrongs with any sexual activity as long as it is consensual.

"Comprehensive sexual health education"

Planned Parenthood (PP) and its fellow "comprehensive sexual health education" advocates, totally reject the proper and healthy truth about human sexuality. Instead, their programs violate the innocence of children, tweens, and teens by reducing sexual activity to mere recreation.

While they give lip service to "abstinence," PP and its ilk are on record as vigorously opposing all "abstinence-only" programs. They do not view chastity or self-mastery as something teens are capable of achieving. Abstinence is presented as just one choice for teens and pre-teens.

When referencing abstinence, PP's teen website offers this: "Abstinence is right for different people at different times for different reasons. Only you can ultimately decide what is right for you and your body. Trust the messages that your mind and body give you. If something doesn't feel right, you can always exercise your right to abstain from it - whether it's sex, alcohol, other drugs, or French fries." There you have it! According to PP, the decision to or not to have sex is just like choosing to or not to have French Fries!

Their over-riding message is that tweens and teens can "make responsible decisions about their sexual relationships." Of course, "responsible decisions" in PP terms is anything but responsible. PP believes that teens and pre-teens are "responsible" if they engage in sexual activity of *any* kind as long as condoms and chemical "contraceptives" are in abundance and that abortion is readily available as a backup when the contraceptives fail.

Remember, this is the group that wants the State of Illinois to give them full access to

Remember, this is the group that wants the State of Illinois to give them full access to our children and grandchildren from kindergarten through grade twelve. And, if RJAA is introduced and passed, this is exactly what will happen.

Planned Parenthood forces not giving up

While the bill did not pass out of Committee last year, Pam Sutherland, the president and CEO of Illinois Planned Parenthood Council, declared: "We're in this for the long haul. If it doesn't go this spring [2008], I guarantee we will go at this until we secure support."

Just as Sutherland declared last spring, PP is stepping up its efforts in the battle for the passage of RJAA. In June 2008 Planned Parenthood of Illinois (PPAI) began advertising for a "Reproductive Justice Outreach Team" that would "play an important role in building public support" for RJAA. "Team" members are being sought to "recruit thousands of Illinois residents" to "identify and engage support" for the Reproductive Justice and Access Act "through a petition drive."

In attempt to attract college students as "Team" members, PPAI tells them they can "Win prizes based on recruitment successes."

Recently, PPAI held what they termed "Community Forums" [in various places in Illinois] designed for participants "to learn more about the legislation [RJAA]" and how they "can help make a difference."

In addition, PPAI has organized a "lobby day" on March 10th in Springfield for its supporters to encourage legislators to support RJAA. Some of the groups (who have come out in support of the bill) expected to join PP in Springfield include but are not limited to: American Association of University Women, ACLU of Illinois, Chicago Foundation for Women, Citizen Action/Illinois, Illinois Caucus for Adolescent Health, Illinois Coalition Against Sexual Assault, Illinois Maternal & Child Health Coalition, Illinois NOW, Mujeres Latinas en Acción, National Council of Jewish Women, Religious Coalition for Reproductive Choice, and The Hope Clinic for Women [abortion mill].

We must do our part

If RJAA is introduced again in the Illinois Legislature, we must educate and/or remind our elected representatives that he or she should vote "no" on a bill that is not what's best for women and children.

As I did last April, I encourage you (if you have not already done so) to sign up for your parish respect life e-mail tree.³ By doing so, when calls are needed on this or any proposed legislation, you will know and can contact your representatives as suggested.

We must keep up the pressure on our elected representatives so that they will work to

protect pre-born human life and the innocence of our children and grandchildren. We cannot sit idly by while a small group of legislators attempt to make Illinois one of the most pro-abortion states, rob children of their innocence, and deprive health care professionals of their right of conscience.

¹<http://www.ilga.gov/legislation/BillStatus.asp?DocNum=5615&GAID=9&DocTypeID=HB&LegId=37013&SessionID=51>

²The definition of "health" in regard to abortion was set by the Supreme Court of the United States in *Doe v Bolton* on January 22, 1973. In that ruling, the Court held that "health" included "all factors- physical, emotional, psychological, familial, and the woman's age-relevant to the wellbeing of the patient. All these factors may relate to health.

³If you are not a member of your parish respect life committee's e-mail tree, we encourage you to contact your Parish Respect Life Coordinator (PRLC) and sign up. By doing so, you will be quickly informed when there is a need to make your voice heard in Illinois or in Washington, D.C.

[Commentary: Bainbridge: Is Common Ground Possible?](#)



 SHARE

(From *The Observer* - The Official Newspaper of the Catholic Diocese of Rockford - June 5, 2009)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

Is Common Ground Possible?

In speaking to a Planned Parenthood Action Fund event in 2007, Barack Obama was emphatic when he said, "There will always be people, many of goodwill, who do not share my view on the issue of choice [abortion]. On this fundamental issue, I will not yield and Planned Parenthood will not yield. But that doesn't mean that we can't find common ground." He also said those Americans who disagree with him and Planned Parenthood on abortion "will stand in the way of any attempt to find common ground."

He had just stated he "will not yield" and yet he blames abortion opponents for standing in the way of finding common ground. In reality, pro-lifers have strongly held values that they simply will not compromise. Like him, they will not yield.

In reporting on President Obama's recent commencement address at Notre Dame, the White House website announced that Obama again spoke "about finding respect and common ground even if all Americans will never agree completely on an issue."

Abortion is not a political issue where two opposing sides can come together and achieve compromise. Abortion is a moral issue-described in *Gaudium et Spes* as an "unspeakable crime." We cannot simply negotiate on that truth.

For the first time, I actually agree with Barry Lynn (executive director of Americans for Separation of Church and State) when he writes, "The final rule of engagement is a recognition that some 'core values' are simply not negotiable. Our own core values should certainly not be negotiable, so why should we expect others' to be? Like it or not, this puts a natural cap on 'common ground.'"

Ignoring the reality that pro-lifers are not going to abandon their core values, the purveyors of pseudo common ground on abortion want pro-lifers to compromise their principals and support legislation such as "The Prevention First Act." The main goal of this bill is to increase funding for contraception and comprehensive sex education which are part of the problem, not the solution. Support for this bill comes from abortion advocates including President Obama who was an original co-sponsor.

The Pregnant Women Support Act (PWSA), on the other hand, would provide "resources and support for pregnant and parenting women and their families." While pro-life leaders view this as an authentic common ground initiative-and it should be-it has very little, if any, support from abortion apologists.

President Obama claims he wants to find common ground with pro-lifers. To date, however, even though the bill has strong support from Democrats for Life, Obama has offered no support for (and actually opposes certain provisions of) PWSA. The bill does nothing to limit a woman's so-called "right" to choose abortion-it merely makes it easier for her to choose life for her baby by providing her with practical assistance. Yet, Obama does not support it. Here is a perfect opportunity for common ground and he "stands in the way."

Just as those who oppose abortion will not abandon their core values, neither will those who support abortion. Abortion advocates will continue to oppose *any* legislation (woman's right to know, parental notification/consent, sex selection, mandatory waiting period, abstinence only education, etc.) that would reduce the number of abortions. They will not support our efforts to offer real help to women, but they expect us to support their failed programs.

While it is possible some agreement may be possible with a given group of citizens or politicians who are not strongly pro-choice or pro-life, the leaders of the respective advocacy groups cannot agree. They have two very different worldviews that simply will not allow compromise.

We definitely need to treat all people with respect, regardless of their views on abortion. We also must be willing to engage in civil dialogue. But, to think that we will successfully find authentic common ground with those who see nothing wrong with killing the most vulnerable among us, is at best, unlikely.

[Commentary: Bainbridge: Academic Freedom and Hypocritical Dissenters](#)



(From *The Observer* - Official Newspaper of the Catholic Diocese of Rockford
May 1, 2009)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

Academic Freedom and Hypocritical Dissenters

In March we learned that Fr. John Jenkins, President of the University of Notre Dame, had invited the most pro-abortion President in the history of the United States to give the commencement address and receive an honorary doctorate of laws degree on May 17th. Since that announcement, more than 330,000 Catholics have signed an online petition in opposition to Fr. Jenkins' invitation to President Obama.

So far, 42 bishops have issued strong statements of disapproval of Fr. Jenkins' decision. Our own Bishop Doran (as well as others) reminded Fr. Jenkins that his decision "flies in the face of the expressed directive of the United States Conference of Catholic Bishops in the year 2004, that Catholic institutions not so honor those who profess opposition to the Church's doctrine on abortion and embryonic stem cell research."

Shortly after the Notre Dame controversy began, we learned that Xavier University in New Orleans invited pro-abortion political strategist, Donna Brazile, to speak at its graduation ceremony and to receive an honorary degree on May 9th. Next came the announcement that Chris Matthews, a pro-abortion media personality, will be delivering the commencement address and receiving an honorary doctorate in communications from St. Joseph University in Philadelphia on May 16th.

On April 22nd Georgetown University Law Center gave the Legal Momentum Hero Award to pro-abortion, "Catholic" Vice President Biden-just one more example of a Catholic university that has lost its way.

There are some dissenting Catholics, however, who support these decisions and are critical of those of us who believe that Catholic institutions should not honor individuals who openly oppose the Church's moral teachings. These dissenters typically pull the "academic freedom" card insisting that universities must be open to all ideas and views. But this is a total ruse.

One need look no further than to the rude protests by faculty and students at

One need look no further than to the huge protests by faculty and students at Georgetown in 2003 during and after Cardinal Francis Arinze's commencement address at the University. The Cardinal spoke very briefly, but clearly, about the "anti-life mentality" seen in "contraception, abortion, infanticide and euthanasia." He even mentioned "fornication," "adultery," and "homosexuality."

A Prince of the Church spoke the truth at a Catholic institution of higher learning, but it did not set well with the hypocritical dissenters. Some actually walked out. So much for academic freedom.

In May of 2004 then-Secretary of State Condoleezza Rice had been invited to give the commencement address and receive an honorary degree from (Catholic) Boston College. Many faculty and students believed her views on international affairs were "in conflict with Roman Catholic values." Interestingly, there was no mention of her views on abortion.

A petition circulated on campus recognized the "gift of an honorary degree extends beyond the limits or invocation of free speech and into the realm of acclamation and endorsement by Boston College." This is exactly what has been said about Notre Dame giving an honorary degree to Obama, but the dissenters either don't get it or they just don't care about the killing of the unborn.

The liberal *National Catholic Reporter* sided with Rice's detractors saying Rice "could not be regarded apart from the policies she has advocated, policies that have been condemned as immoral by Catholic leaders and the social teachings of the Catholic church." Not surprisingly, the *Reporter* has been very critical of those saying the same things about Obama and his pro-abortion policies. Apparently abortion is no big deal to the *Reporter*.

When Pope Benedict XVI addressed the "Community of Catholic Education" at the Catholic University of America on April 17, 2008, he reaffirmed the "great value of academic freedom." However, he also made it very clear that "any appeal to the principle of academic freedom in order to justify positions that contradict the faith and the teaching of the Church would obstruct or even betray the university's identity and mission . . ."

There is no doubt Catholic institutions of higher learning are betraying their mission when they give a platform and/or honor individuals who advocate for abortion.

And there is no doubt that the hypocritical dissenters refuse to see the truth.

HLI Board of Directors



 SHARE

Patricia Pitkus Bainbridge, MA, Chairman

Richard J. Clair, Esq.

William F. Colliton, Jr., M.D.

Rev. Thomas J. Euteneuer, STL

Rev. Barnabas Laubach, OSB, STM

Lisa Jenkins Cahill, M.D.

Stuart W. Nolan Jr., Esq.

Francis X. Dennehy, M.D.

[Commentary: Bainbridge: Who's Out of Touch with Reality?](#)



(From *The Observer* - Official Newspaper of the Catholic Diocese of Rockford
April 3, 2009)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

Who's Out of Touch with Reality?

During Pope Benedict XVI's recent flight to Cameroon, Philippe Visseyrias, a journalist from France, reiterated the belief held by many that the Church's position [against the use of condoms] is "unrealistic and ineffective."

The Pope's response to Visseyrias set off a firestorm of verbal assaults. Bert Koenders, the Dutch Development Cooperation Minister, said the Pope's remarks were "completely out of touch." Daniel Cohen-Bendit (European parliament member) declared what the Pope said was "close to premeditated murder."

Bonnie Erbe of National Public Radio, claimed one of the Holy Father's remarks was "one of the most horrifically ignorant statements made by a world leader." CNN's Jack Cafferty stated, "It's time for the Catholic Church to enter the 21st century . . ." Roland Martin (also of CNN) asserted the "Church and its leader" exhibit an "ignorance of reality."

These comments-as bad as they are-don't come close to the vitriol spewed by others.

What could the Holy Father possibly have said to provoke such contempt? Here it is:

I would say the opposite. It is my belief that the most effective presence on the front in the battle against HIV/AIDS is precisely the Catholic Church and her institutions. I think of the Community of Sant' Egidio, which does so much, visibly and invisibly to fight AIDS, of the Camillians, of all the nuns that are at the service of the sick.

I would say that this problem of AIDS cannot be overcome with advertising slogans. If the soul is lacking, if Africans do not help one another, the scourge cannot be resolved by distributing condoms; quite the contrary, we risk worsening the problem. The solution can only come through a twofold commitment: firstly, the humanization of sexuality, in other words a spiritual and human renewal bringing a new way of behaving towards one another; and secondly, true friendship, above all with those who are suffering, a readiness-even through personal sacrifice-to be present with those who suffer. And these are the factors that help and bring visible progress.

Therefore, I would say that our double effort is to renew the human person internally, to give spiritual and human strength to a way of behaving that is just towards our own body and the other person's body; and this capacity of suffering with those who suffer, to remain present in trying situations.

"I believe that this is the first response [to AIDS] and that this is what the Church does, and thus, she offers a great and important contribution. And we are grateful to those that do this."

The Holy Father spoke the truth. The fact that he didn't advocate for condom distribution programs, however, outraged the condom pushers who continue to ignore the facts.

Edward Green, PhD, Senior Research Scientist for AIDS Prevention at Harvard University is a self-described "liberal on social issues" who spent 25 years promoting condoms for pregnancy prevention in Africa. In a recent interview Green said "it's difficult to admit, but the Pope is indeed right . . . the best evidence we have shows that condoms do not work as an intervention intended to reduce HIV infection rates, in Africa."

Norman Hearst, MD MPH, Professor of Family Medicine and Epidemiology at University of California, San Francisco agrees with Green: "No generalized HIV epidemic has ever been rolled back by a prevention strategy based primarily on condoms. Instead, the few successes . . . were achieved not through condoms but by getting people to change their sexual behavior." This is precisely what the Pope contends.

Green also validated the Holy Father's assertion that by distributing condoms, we "risk worsening the problem." Green reports that there is "an association between greater condom use and *higher* infection rates" due, in part, to what he calls "risk compensation." Men using condoms think they are more "protected" than they really are so they often engage in risky sexual behavior that puts them at increased peril for HIV/AIDS.

These assertions have been confirmed by empirical evidence.

Those expressing disdain toward the Holy Father and the Church are the ones out of touch with reality.

[Commentary: Bainbridge: The Best-Laid Plans Often Go Awry](#)



 SHARE

(From *The Observer* - Official Newspaper of the Catholic Diocese of Rockford
March 6, 2009)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

The Best-Laid Plans Often Go Awry

The plans were in place. Speaker of the House, Nancy Pelosi, would be leading a Congressional delegation to Italy. While in Rome she would meet with Pope Benedict XVI. Photographers would take the sought-after photo of her with the Holy Father. The photo would be released to the media outlets and she would be vindicated-those Bishops who dared challenge her pro-abortion/pro-contraception views would be set straight. They, as well as Catholics around the world, would see the Pope smiling as he shook her hand. The message sent by a simple photograph would be that her pro-abortion views are of no significance to the Head of the Catholic Church.

Or so Nancy Pelosi thought.

She had already let the media know she was 'meeting' with the Holy Father. There was much speculation about the meeting. *The Hill* reported that Jon O'Brien, president of "Catholics" for Choice, "sees Wednesday's visit between the Speaker and Pope Benedict as a chance to highlight that you can be pro-choice and Catholic." The exact message Pelosi planned on sending.

But something happened-or more precisely, did not happen.

Photographers and reporters were not allowed at the meeting between Pelosi and the Pope. Normally, in those cases where the press is denied access to such meetings, the Vatican releases its own photos. Not this time. Just as Pope John Paul II's meeting with pro-abortion politician, Geraldine Ferraro in 1985, no photo was released.

Most likely stunned by the lack of media and photographic coverage, Pelosi probably felt momentary panic. She couldn't believe this truly was a "private" meeting with the Holy Father. Yes, she asked for a private meeting, but that's not what she *really* wanted.

What was paramount on her mind was that imagined photo. The Vatican, however, being astutely aware of the power of photos was not about to let the woman described by the Associated Press as "one of the most prominent abortion rights politicians in America"

use it to further her own dissenting agenda.

Before Pelosi could implement her Plan B-issuing her own press release on her meeting with the Holy Father-the Vatican issued its own statement:

Following the General Audience the Holy Father briefly greeted Mrs. Nancy Pelosi, speaker of the United States House of Representatives, together with her entourage.

His Holiness took the opportunity to speak of the requirements of the natural moral law and the Church's consistent teaching on the dignity of human life from conception to natural death which enjoin all Catholics, and especially legislators, jurists and those responsible for the common good of society, to work in cooperation with all men and women of good will in creating a just system of laws capable of protecting human life at all stages of its development.

Contrast the Holy See's declaration with the one released by Pelosi:

It is with great joy that my husband, Paul, and I met with His Holiness Pope Benedict XVI today.

In our conversation, I had the opportunity to praise the church's leadership in fighting poverty, hunger and global warming, as well as the Holy Father's dedication to religious freedom and his upcoming trip and message to Israel.

I was proud to show His Holiness a photograph of my family's papal visit in the 1950s, as well as a recent picture of our children and grandchildren."

Did Pelosi not hear what the Pope said to her? Or did she just choose to ignore the truth as she has so many times in the past? The Holy Father's message was obvious. Mike Soraghan of *The Hill* understood; he writes, "Pope Benedict XVI made clear to House Speaker Nancy Pelosi Wednesday that she cannot advocate for abortion rights and still be a good Catholic."

Headlines from Reuters ("Pope tells Pelosi: Catholics cannot back abortion") and even the *Los Angeles Times* ("Pope tells US Speaker Nancy Pelosi that Catholic politicians must reject abortion, protect life") demonstrate how even the mainstream media understood.

Pelosi prefers to ignore the truth. She has other plans. She wants voters to believe *her* version of Catholicism-the one that wrongly claims it's acceptable for her and other Catholic politicians to be pro-choice for abortion.

At least this time, her plans went terribly awry.

[Commentary: Bainbridge: It's Just A Matter of Time](#)



 SHARE

(From *The Observer* - Official Newspaper of the Catholic Diocese of Rockford
February 6, 2009)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

It's Just a Matter of Time

Numerous warnings about Barack Obama's extreme pro-abortion views were issued during the presidential campaign. Sadly, many Catholics ignored or rejected the substance of those warnings.

Those of us who had personally met with the then-Senator's staff and studied official records and public statements made by Mr. Obama and his wife *knew* what an Obama administration would mean for unborn children. Minutes after Mr. Obama took the oath of office, the official White House website reminded visitors that President Obama "has been a consistent champion of reproductive choice and will make preserving women's rights under *Roe v. Wade* a priority in his Administration."

Two days later, as more than 200,000 pro-lifers were marching in Washington, D.C., Mr. Obama reiterated his pro-abortion stance in an official press release saying, "On the 36th anniversary of *Roe v. Wade* . . . I remain committed to protecting a woman's right to choose [abortion]."

What a striking contrast to the proclamation issued by President Bush seven days earlier making January 18th National Sanctity of Human Life Day. In that proclamation, Bush declared, "The most basic duty of government is to protect the life of the innocent. My Administration has been committed to building a culture of life by vigorously promoting adoption and parental notification laws, opposing Federal funding for abortions overseas, encouraging teen abstinence, and funding crisis pregnancy programs."

It didn't take long for President Obama to begin implementing his pro-abortion agenda. On January 23rd he (like President Clinton) issued a "presidential memorandum" to the Secretary of State reversing the Mexico City Policy which had prohibited funding to foreign organizations that promote or commit abortions.

Unlike President Clinton, however, who gathered pro-abortion leaders and the mainstream media together to announce his executive order, President Obama waited until very late on Friday afternoon to issue his quietly. Just as he attempted to downplay his rabid pro-abortion agenda during the campaign, he waited to issue the executive

order-sans the mainstream media-knowing that in D.C., Friday night is the time to issue news releases if you don't want anyone to notice.

Major media attention or not, the results are the same. Instead of providing necessary medical care and instruction in methods of Natural Family Planning, U.S. taxpayers once again will be forced to pay millions of dollars for abortions and contraceptives in other countries. More unborn children will be killed and more women will be scarred-some physically and many emotionally and spiritually.

Mr. Obama has stated he wants to "reduce the need for abortion." If he really meant that, he would limit, not expand, abortion "services." He would push for parental involvement laws, support Pregnancy Care Centers (PCCs), fund abstinence-only education, and oppose Federal funding for abortions-all of which have demonstrated a decrease in abortion numbers. Instead, he opposes all restrictions on abortion, opposes PCCs, favors defunding abstinence-only education, and favors taxpayer funding for abortions.

Abortion will never be reduced by increasing its scope. As Austin Ruse, director of the Catholic Family and Human Rights Institute recently commented, "One of the abortion questions that is almost unanimous in America is that we do not want federal funds being spent on abortions. By striking down the Mexico City policy, President Obama gives lie to the claim that he wants fewer abortions."

Both Archbishop Elio Sgreccia, former President, and Archbishop Rino Fisichella, the current President of the Pontifical Academy for Life reacted to the reversal of the Mexico City Policy. Archbishop Sgreccia said, "This deals a harsh blow not only to us Catholics but to all the people across the world that fight against the slaughter of innocents that is carried out with abortion." Archbishop Fisichella said the reversal is "the arrogance of someone who believes they are right, in signing a decree which will open the door to abortion and thus to the destruction of human life."

The door has been opened and it's just a matter of time before the hinges are blown off with other anticipated pro-abortion actions by the Obama Administration.

[Commentary: Bainbridge: Historic, But ...](#)



(From *The Observer* - Official Newspaper of the Catholic Diocese of Rockford
December 5, 2008)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

Historic, but...

There is no doubt that Barack Obama's election to the presidency of the United States was an historic event. As Cardinal George recently remarked, "Symbolically, this is a moment that touches more than our history when a country that once enshrined race slavery in its very constitutional order should come to elect an African-American to the presidency. In this, I truly believe, we must all rejoice."

While I certainly can-and do-as Cardinal George said, rejoice in the *symbolic* moment of the election of an African-American to the nation's highest office, I am unable to rejoice that this particular man will be our 44th president.

If a pro-life African-American like Michael Steele (former Lieutenant Governor of Maryland) or J.C. Watts (former U.S. Representative from Oklahoma), had been elected president, I definitely would be rejoicing. But, I simply cannot be joyful that Barack Obama-who should understand better than most, the plight of the voiceless- has promised to strip tiny human beings of even the minimal protection now offered by some federal and state legislation. If Obama keeps his campaign promise, the preborn at all stages of development will have absolutely no legal protection.

Dr. Alveda King, niece of Dr. Martin Luther King, Jr., commented that "The election of an African-American president sends a powerful and historic message that what was previously unthinkable can become reality. The battle for equal rights has reached a major milestone, but Dr. Martin Luther King, Jr.'s dream of full equality remains just a dream as long as unborn children continue to be treated no better than property. President-elect Obama has promised actions that will only increase the number of abortions."

In the final presidential debate, while referencing "common ground" in the abortion debate, Obama mentioned "providing options for adoption and helping single mothers if they want to choose to keep the baby." However, he has *not* co-sponsored nor offered any support for the Pregnant Women Support Act (H.R. 3192 and S. 2407 which *would* provide practical information and help to women facing untimely pregnancies. The bill-introduced by Sen. Robert Casey, D-Pa. in the Senate and Rep. Lincoln Davis (D-TN) in

introduced by Sen. Robert Casey, D-PA, in the Senate and Rep. Lincoln Davis (D-TN) in the House-has support from Democrats for Life, but not from President-elect Obama.

The United States Conference of Catholic Bishops believes the bill "is truly a common-ground initiative to reduce the number of abortions in the United States . . . Everyone can agree that no woman should choose abortion under financial duress or because she is threatened by domestic violence during her pregnancy." Why then is Barack Obama not on board supporting this bill?

Perhaps his response to a specific question on a candidate questionnaire from the abortion advocacy group, RHrealitycheck.org, gives the answer. When asked, "Does Senator Obama support continuing federal funding for crisis pregnancy centers," the Obama campaign responded with one word, "no." Let's see, he says we should help single mothers who choose to keep their babies and yet he opposes continuing the miniscule federal funding for the very groups who actually provide practical help and support for both single and married women who are facing untimely pregnancies.

As I discussed in last month's column, Obama's promise to sign the Freedom of Choice Act (FOCA)-a bill he co-sponsored in the Senate which would nullify all state and federal laws that interfere with access to abortion-speaks volumes about his lack of concern for the preborn. His opposition to volunteer pregnancy care centers and his lack of support for the Pregnant Women Support Act demonstrate his unwavering support for Planned Parenthood and other abortion committing or advocacy groups.

Alveda King sums it up: "Pro-lifers . . . must promise to redouble our efforts to resist anti-life proposals, speak up for the babies, and, above all, pray . . . We must pray with persistence and love that, in God's time, what is now deemed unthinkable will become reality- that all our brothers in sisters, from conception to natural death, will be protected in law and welcomed in society. The elections are over. The pro-life battle begins anew."

[Commentary: Bainbridge: We Will Never Give Up](#)



 SHARE

(From *The Observer* - Official Newspaper of the Catholic Diocese of Rockford
November 7, 2008)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

We Will Never Give Up

Due to necessary-but in this case, frustrating-deadlines, this column is due six days before the election. It is the evening of October 28th and I have no way of knowing what you now know as you read this-who the next president of the United States is.

If I am to believe the polls and the mainstream media, Barack Obama was elected President and the Democrats retained their majority in the House of Representatives and in the Senate. If, however, the pundits were wrong, John McCain has been elected the 44th President and a few pro-life gains were made in the Congress.

Here's what I *do* know. If Obama is our next president, the "change" he chanted ad nauseam about in his speeches will be a proliferation of the culture of death. Think I'm exaggerating? Consider this: in a speech delivered to Planned Parenthood Federation of America on July 17, 2007, Obama firmly stated that he would "not yield" on the "fundamental freedom" of abortion on demand. He also admitted he believes "reproductive care [including abortion] is essential care, basic care . . . at the center, the heart of the [health care] plan that I propose."

When asked what he would do "to ensure access to abortion," Obama responded, "the first thing I'd do as president is sign the Freedom of Choice Act [FOCA]." The USCCB Office of Pro-Life Activities sums up the bill that Obama says would be his first priority:

FOCA states that every woman has a "fundamental right" to have an abortion, and no government (federal, state, or local) may "deny" or "interfere with" this right. Moreover, no government may "discriminate" against the exercise of this right when regulating or providing "benefits, facilities, services, or information" to the public. In other words, abortion may not be treated differently from live birth-if a public program supports motherhood it must equally support abortion. FOCA endangers a wide range of laws enacted by the people and their elected representatives over 35 years-laws upheld under Roe and cases applying it. These include laws on informed consent, parental involvement, physician licensure, clinic safety, and taxpayer funding. FOCA's far-reaching rule on abortion is more radical than anything wrought by Roe.

Obama's public record clearly demonstrates he favors abortion on demand; opposes a ban on the gruesome partial birth abortion procedure; opposes providing basic medical care for babies born alive after botched abortions; opposes parental involvement in a minor daughter's decision for abortion; favors comprehensive sex education beginning in kindergarten; and favors limiting the work of pro-life pregnancy care centers. He has promised to force taxpayers to pay for abortions and scientific experimentation on human embryos.

Without doubt, Obama was the most extreme pro-abortion candidate to ever run for the presidency. With an Obama presidency, the culture of death "wins." With an Obama presidency, the Supreme Court (SCOTUS) will likely be the most liberal, activist Court in the history of this country.

If John McCain is the next President, he will continue to stand in favor of the ban on partial birth abortion and work to preserve all the laws previously passed that have resulted in the decrease of the number of procured abortions. With a McCain administration, we will at least have a chance of more centrist-rather than activist-justices being appointed to SCOTUS. While far from perfect on the life issues (he favors federal funding of embryonic stem cell research and has exceptions for abortion), McCain will do significantly more in promoting a culture of life.

Regardless of who was elected, our duties and responsibilities as faithful Catholics do not change. We might have to employ different strategies and may have to step up our efforts, but we will continue to follow the directives in the USCCB *Pastoral Plan for Pro-Life Activities*: we will continue to pray, to educate, to care for the vulnerable, and to work to change policies that promote the culture of death.

We will never give up until all human life from fertilization to natural death is respected and protected.

[Commentary: Bainbridge: The Ugly Face of Radical Feminism](#)



 SHARE

(From *The Observer* - Official Newspaper of the Catholic Diocese of Rockford
October 3, 2008)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

The Ugly Face of Radical Feminism

Many of us have known for years that radical feminists are duplicitous-claiming to be advocates for all women when in reality the only women they care about are those who embrace the so-called right to abortion. With the vitriol, contempt, and ridicule aimed at Sarah Palin, the public now has proof of their hypocrisy.

Nineteenth century feminists worked hard for equal rights for women, but they were adamantly opposed to abortion. In fact, the anti-abortion laws enacted in the late 1800s can be traced back to the activism of these early feminists.

In the early 20th century, Margaret Sanger (the founder of Planned Parenthood) sowed the seeds of a new, radical feminism that continues to permeate society today.

Sanger insisted "No woman can call herself free who cannot choose the time to be a mother or not as she sees fit. This should be woman's first demand."

Although phrased differently, the radical feminists of today maintain the same belief system, insisting that women can only be free if they have unfettered access to abortion. It is no longer about justice for all women, but rather it's about the stronger, more powerful females having the so-called right to kill the weakest females through procured abortion. Their basic tenet is that a woman can never achieve true freedom without the right to abortion on demand.

Author Cathy Young-who admits she disagrees with Palin on a number of issues, including abortion-sees the hypocrisy in the radical feminist movement when she writes, "You'd think that, whether or not they agree with her politics, feminists would at least applaud Mrs. Palin as a living example of one of their core principles: a woman's right to have a career and a family. Yet some feminists unabashedly suggest that her decision to seek the vice presidency makes her a bad and selfish mother. Others argue that she is bad for working mothers because she's just too good at having it all."

What Ms. Young fails to acknowledge, however, is that the "feminists" abandoned their core principles a long time ago. They have morphed into radicalism

core principles a long time ago. They have morphed into radicalism.

Carol Fowler, chairman of the South Carolina Democrat party, recently commented that Palin's "primary qualification [for the vice presidency] seems to be that she hasn't had an abortion."

Unsavory radical feminist and playwright Eve Ensler (of "The V-Monologues" notoriety) writes that she has spent her life trying to "help empower women" and insists the "everything Sarah Palin believes in and practices is antithetical to Feminism."

Wow! Everything Palin believes in and practices is antithetical to feminism? Let's see, Palin is married to a supportive husband who helps raise their five children; she chose life for her youngest who has Down Syndrome; she and her husband are supporting their 17-year-old daughter who is pregnant; and she has a successful career outside the home. She believes in equal pay for equal work and she believes in hard work. She believes in the standard definition of feminism that embraces the "social, political, and economic equality of the sexes."

These beliefs and actions certainly seem to be representative of feminism. The problem is Palin also belongs to Feminists for Life and Ensler and her ilk reject the idea that a woman could be both pro-life and a feminist. A number of these radicals have publicly declared that Palin "is not a feminist."

One has gone so far as to deny that Palin is even a woman. Wendy Doniger, professor at the University of Chicago's Divinity School writes that Palin's "greatest hypocrisy is in her pretense that she is a woman."

A mother of five with a successful career may not call herself a woman because she recognizes that women deserve better than abortion. A woman who works for equality of the sexes may not call herself a feminist because she recognizes that women deserve better than abortion. A successful woman who wants what is best for women and children may not call herself a feminist because she is out of step with abortion apologists.

This is the face of radical feminism and it's ugly!

[Commentary: Bainbridge: Maybe It Is Too Much To Expect](#)



 SHARE

(From *The Observer* - Official Newspaper of the Catholic Diocese of Rockford
September 6, 2008)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

Maybe it is Too Much to Expect

Pro-abortion Speaker of the House, Nancy Pelosi (D-Calif) continues to cause scandal by publicly rejecting Catholic moral teaching in regards to abortion and contraception. Now, her rejection of basic biology has been exposed as has her selective lack of understanding of the holdings of *Roe v. Wade* and *Doe v. Bolton*.

On the August 24, 2008 edition of "Meet the Press," Pelosi was interviewed by Tom Brokaw. Commenting about Barack Obama's inability to answer the question of when life begins, Brokaw said to Pelosi, "Help me out here, Madame Speaker. When does life begin?" What would you tell him?

Pelosi answered: "I would say that as an ardent, practicing Catholic, this is an issue that I have studied for a long time. And what I know is, over the centuries, the doctors of the church have not been able to make that definition . . . We don't know." Later on she insisted, "I don't think anybody can tell you when life begins, human life begins."

One has to wonder just what she studied for such "a long time." It certainly wasn't basic biology or Church documents. It has been known for over a hundred and fifty years that life begins at fertilization/conception. A brief perusal of standard human embryology textbooks finds "fertilization marks the beginning of the life of the new individual human being."

In testimony before a Senate Judiciary Committee Hearing on cloning, Dr. Micheline Mathews-Roth (associate professor of medicine at Harvard Medical School) stated the obvious, "An important fact of embryology . . . is that each member of the human species indeed starts his or her existence as one cell, the zygote . . ."

There is no question. The intellectually honest *know* that human life begins at fertilization. Pelosi knows. She just denies.

Of course, if Pelosi admitted this scientific fact, she would have to work harder to justify her support for embryonic stem cell research and abortion. Then again, she is very good at reiecting the teachings of the Church. so it wouldn't be a stretch to think she would

reject sound scientific facts if it helped to further her agenda.

During the "Meet the Press" interview, Pelosi attempted to diminish the reality of abortion on demand by citing-albeit ineptly-the holdings of *Roe* as she commented:

Roe v. Wade talks about very clear definitions of when the child [sic]-first trimester, certain considerations; second trimester; not so third trimester. There's [sic] very clear distinctions. This isn't about abortion on demand, it's about a careful, careful consideration of all factors . . . And we want abortions to be safe, rare, and reduce the number of abortions.

Pelosi knows all too well that it *is* all about abortion on demand. She knows that *Roe v. Wade* was only half of the 1973 Supreme Court rulings on abortion. She knows that while *Roe* allows the state to "regulate or prohibit abortion in the third trimester except where necessary to preserve the woman's life or *health*," *Doe v. Bolton*'s definition of *health* includes "all factors - physical, emotional, psychological, familial, and the woman's age-relevant to the well being of the patient."

Hence, a woman can claim just about any "factor" to procure a third trimester abortion. That's "abortion on demand" and there is no doubt Pelosi is very aware of that reality-she just doesn't want to admit it. Doing so might tarnish her long sought-after grandmotherly image.

Pelosi has a history of ignoring facts. She claims that no one can know when human life begins-something most 5th graders know. She claims we don't have abortion on demand when, in fact, we do. She claims she wants to reduce the number of abortions but has done everything possible to make certain that never happens (she has a 100% pro-abortion voting record).

Her continual denial and twisting of the facts is unacceptable for the Speaker of the U.S. House of Representatives.

Then again, maybe it is too much to expect intellectual honesty from elected officials who advocate the killing of the most vulnerable among us.

Facts of Life: Chapter 10: Jewish Faith Teachings on Abortion: The Role of Pro-Abortion 'Jews' in the American Holocaust.



 SHARE

The Role of Pro-Abortion 'Jews' in the American Holocaust.

"Judaism regards all life — including fetal life — as inviolate. Abortion is not a private matter between a woman and her physician. It infringes upon the most fundamental right of a third party — that of the unborn child."

— Statement of the Union of Orthodox Jewish Congregations of America, issued at its 78th National Convention in 1976.

In The Beginning. In the late 1960s, pro-life activists observed that the abortion 'rights' movement was primarily motivated and led by people who called themselves Jews. About half of all abortionists and abortion clinic owners identified themselves as Jewish, which was far out of proportion with the Jewish population, which made up less than five percent of the United States population.

Dr. Kenneth Mitzner, a California aerospace engineer who founded the pro-life League Against Neo-Hitlerism, wrote in 1973 that "It is tragic but demonstrably true that most of the leaders of the pro-abortion movement are of Jewish extraction."

Dr. Mitzner, who is himself Jewish, said in 1987 that;

Jews must decide whether we condemn Hitler and his followers because mass murder is intrinsically evil or whether our quarrel is just with their choice of us as victims. If our concern is only with the killing of Jews, we have no claim on the sympathies of the rest of humanity. Some Jews ask the world to weep with us for the Jewish victims of Nazism, and at the same time they promote the murder of innocent babies by abortion. Such Jews are the most contemptible of hypocrites.

Rabbi Daniel Lapin noted that

I believe that Bernard Nathanson's conversion to Catholicism was spurred not by theological deficiencies in Judaism ... but by a deep, compelling desire to distance himself from a faith whose secular wing has embraced abortion with fervor. The Jewish community is disproportionately represented by the pro-abortion movement. This taking up the cudgels for abortion is not by any means an expression of Judaism. It is a rejection of God and a rejection of the religious core of Judaism.[24]

Many self-described 'Jews' continue to lead the abortion movement and, most pitiable of all, 'rabbis,' properly cloaked in all of the correct trappings, proclaim that abortion is not only a necessity, it is a Good Thing for America.

These 'rabbis' realize that they are simply front men, and so simply parrot the pro-abortion line, apparently without thought. One good example of a profoundly myopic

abortion line, apparently without thought. One good example of a profoundly myopic statement was recently provided by Rabbi Ernst J. Conrad, writing for the 'Religious' Coalition for Abortion Rights (now RCRC); "It would not occur to American Jews to suggest that the centuries-old attitude of our faith toward the question of abortion should become the required guide for all other Americans whose teachings on this matter may differ." [25]

A more profoundly stupid statement could scarcely be imagined. While Conrad spews this nonsense, the group he represents *does* insist that its view on abortion be forced on all other Americans (the view that life begins at birth), and it *does* insist that all Americans fund abortions for poor women, regardless of their personal beliefs.

Euthanasia. Orthodox Judaism is the only branch of Judaism that has remained faithful to the teachings of the *Torah*. Leaders of the Union of Orthodox Rabbis (Agudath Harabonim) vigorously oppose abortion, homosexuality, and the religious pluralism that drags everyone down to a lowest common denominator.

Rabbi Hersh Ginsberg of Brooklyn, Executive Director of the Union, has said that

We as Jews must necessarily be apprehensive and concerned when we review the early Twentieth Century in Germany, especially during the post World War I Weimar Republic, when so-called 'progressive thinkers' actively promoted the euthanasia ideology, including the concept that quality of life called for eliminating so-called useless people — the very old and infirm, those seriously handicapped, the mentally retarded, etc. — much as is now advocated in the United States. [26]

The divergence between true Judaism and dissenting sects has become so extreme that many Orthodox rabbis hold that Reform and Conservative Judaism are "not Judaism at all, but another religion." Rabbi Ginsberg has asked, "We call upon all Jews to discontinue to pray any time in a Conservative or Reform temple and instead pray in an Orthodox synagogue." [27]

'Jews' Perpetrating Another Holocaust. The American pro-abortion movement has always been led by those who claim to be Jewish. Just a few examples of the extraordinary range of activities by pro-abortionists who identify themselves as Jews are listed in Figure 10-2.

Figure 10-2

Complicity of Apostate 'Jews' in the American Abortion Holocaust

- All four original organizers of the most influential group of abortion pushers in the United States — the National Association for the Repeal of Abortion Laws (NARAL) — were of Jewish birth, including now pro-life Dr. Bernard Nathanson.

- Jews make up the largest single bloc of abortionists of any faith, and are vastly over-represented in the abortion industry. Jews comprise only about 2.2 percent of the total United States population, but a staggering 26.4 percent of all abortionists self-identify themselves as Jews.[28]
- Dr. Christopher Tietze worked for the Population Institute and International Planned Parenthood Federation (IPPF), and did more to promote the worldwide slaughter of innocent preborn children than any other person except for Alan Guttmacher.
- Dr. Alan Guttmacher was president of the Planned Parenthood Federation of America (PPFA) for more than a decade, founded Planned Parenthood Physicians, and did more than any other doctor to promote abortion in the United States. He also advocated mandatory abortion and sterilization for certain groups in the United States.
- Dr. Etienne-Emile Baulieu, inventor of the RU-486 abortion pill, was born in 1926 to a physician named Leon Blum. He changed his name in 1942 to escape the Nazi's Zyklon-B gas, manufactured by the same company he works for today — Roussel-Uclaf!
- Stanford professor Paul Ehrlich is the 'father' of the overpopulation myth. His 'work,' The Population Bomb, was the 'spark' that ignited the anti-natalist movement, even though his assumptions and research have been thoroughly debunked and discredited by scholars and leading demographers (this book predicted widespread famine in North America by 1990, with more than 40 million people dying of starvation. Instead, diet books crowd store shelves). The book, sloppily written in just two weeks, was simply the spark that the disorganized anti-population people were waiting for, and it was eagerly seized upon and used for propaganda. Like Guttmacher, Ehrlich advocated forced abortions and sterilizations in the United States.
- Lawrence Lader, king of the abortion propagandists, has written several books crammed with fabrications and outright lies that have helped advance abortion all around the world. Examples of these books are Abortion and Abortion II. Lader was quoted 11 times in Roe v. Wade, because he had a message that the Justices wanted to hear (in the same decision, testimony from the world's leading fetologist, Dr. A.W. Liley, was totally ignored because it decisively undercut the Court's decision). Lader also hints (screams?) at his attitude towards population control in another book entitled Breeding Ourselves to Death. Lader also founded Abortion Rights Mobilization (ARM), which sued the Internal Revenue Service in court in a failed attempt to get the tax-exempt status of the Catholic Church revoked for opposing abortion too effectively. He

also was one of the leading proponents of the abortion pill RU-486.

- Henry Morgentaler of Canada opened illegal abortion clinics in the city of Toronto and performed thousands of illegal abortions with the complicity of the city police. The court cases arising from his activism led directly to the overturning of protective abortion laws in Canada and abortion on demand.
- California and New York state legislators led the drive for legalized abortion in the United States. Legislators who constantly emphasized their Jewishness led the pro-abortion movement in both states; those leaders included state senators Anthony Bielensohn in California and Albert Blumenthal in New York.
- Pro-abortion 'Jews' dominate such anti-life groups as the American Civil Liberties Union and People for the American Way.
- Of the 41 Jewish-born members of the U.S. Senate over the last 20 years, 32 (or 80 percent) have been stridently pro-abortion. Of the ten Jewish legislators in the U.S. Senate in 1977 and 1998, only one, pro-abortion Sen. Arlen Specter (R-Pa.) voted for the Partial Birth Abortion Ban Act.[29]
- Numerous liberal Jewish groups openly support and advocate abortion, including the American Jewish Committee, the American Jewish Congress, the National Council of Jewish Women, Hadassah Women, the Federation of Reconstructionist Congregations, the Jewish Labor Committee, the Union of American Hebrew Congregations, B'nai B'rith Women, Na'amat USA, the National Council of Jewish Women, the National Federation of Temple Sisterhood, the New Jewish Agenda, North American Temple Youth, the United Synagogues of America, and the Women's League for Conservative Judaism. Many of these groups were founded for the express purpose of pushing abortion.
- Betty Friedan and Gloria Steinem were both born Jewish. So was France's health minister Simone Weil, who established abortion on demand in that country despite surviving Auschwitz. At a Paris news conference, she said "We are out to destroy the family. The best way to do that is to begin by attacking its weakest member, the unborn child."
- The officially suppressed Lichter-Rothman studies revealed the following fascinating information about the 'movers and shakers' of the media (both researchers, by the way, are Jewish):

Leaders of the motion picture industry: 95% pro-abortion, 62% Jewish;

Leaders of the television industry: 97% pro-abortion, 59% Jewish;

Leaders of the television industry: 97 % pro-abortion, 59 % Jewish,
Leaders of the news media industry: 90% pro-abortion, 23% Jewish.

Jewish actor Ben Stein has said that "The Jewishness of the [media] business is so enormous so that if there was a letter from rabbis saying abortion is murder, that would be extremely influential. ... Why is a woman's right to kill so popular? Why has it become the entrenched political position on the left, and to a large part, in the center and also on the right of center? I think it has to do with the essence of being a woman in modern-day America. ... Women see the right to choose, as they call it, as a means of liberating them from the constraints of their sex."[29]

- Jewish groups are in the forefront as desperate pro-abortion groups spend tens of millions of dollars in a nationwide advertising campaign to keep abortion legal. For example, the American Jewish Congress ran a ridiculous \$30,000 full-page ad in the February 28, 1989 New York Times entitled "Abortion and the Sacredness of Life." This statement, renamed "An open letter to those who would ban abortion," and run in the March 13-19 issue of Roll Call, includes the amazing lead-in question, "Did you know that abortion can be a religious requirement? Not just permitted, but required?" The statement goes on to make the point that it is far better to kill a baby than to endanger or even mildly depress the mother.

Naturally, the press gives pro-abortion 'Jews' great play, and excuses them from actions that it would vigorously condemn pro-lifers for. Imagine what the press would do to a pro-life activist who attacked and seriously injured a Jewish abortionist with a baseball bat! Yet, when Jewish abortionist Barnett Slepian beat a pro-life activist in the head with a baseball bat and seriously injured him, the press and abortophiles whined that pro-lifers were anti-Semitic for picketing his home!

Abortuary owner Marilyn Buckham told the *Buffalo News* "I think it's [picketing] religious persecution [against Jews]. These 'good Christians' don't respect anyone else's religion."[30]

At Slepian's trial, Amherst Town Justice Sherwood Bestry said to him "The Court feels you have suffered a great deal on account of this." Following this "trial," the Amherst Town Board immediately banned the picketing of homes by pro-lifers. Violators of this ordinance face a \$500 fine and six months in jail.[30]

The Essential Point. The essential point regarding virtually all pro-abortion 'Jews' is precisely this; they are no more Jewish than members of 'Catholics' for a Free Choice are Catholic. They do not practice their faith. They are atheists in fact, if not in name.

They use the Jewish faith only as a handy shield against criticism. It is true that some of them may appear at Temple occasionally, but these people, who have been aptly described as "the most contemptible of hypocrites," are no more Jewish than Teddy Kennedy or Frances Kissling are Catholic. And just as Kennedy and Kissling use

their alleged Catholicism as a propaganda tool, 'Jewish' abortophiles use their Jewishness to contest the undeniable fact that the protection of preborn life is part of the Judeo-Christian ethic, and part of Mosaic law as understood by both Christians and Jews.

Just as real *Christians* are pro-life, so also are real *Jews*!

Pro-lifers must not be afraid of exposing and opposing pro-abortionists, regardless of their nationality, race, or religious affiliation.

[Go to Next Topic: Pro-Lifers = Nazis?](#)

[Return to Jewish Faith Teachings on Abortion Table of Contents](#)

Footnotes for "The Role of Pro-Abortion 'Jews' in the American Holocaust"

[24] Rabbi Daniel Lapin of the group Toward Tradition, quoted in "News Notes." *The Wanderer*, September 17, 1998, page 3.

[25] "Abortion and the Holocaust: Twisting the Language." 'Religious' Coalition for Abortion Rights, 100 Maryland Avenue NE, Washington, DC 20002, telephone: (202) 543-7032. 1987, 24 pages, \$1.50. This booklet is stylishly written and laid out on only the best paper. It features five short essays by apostate 'Jews' and phony 'Christians' that are masterpieces of Doublethink and propaganda. This booklet is mandatory reading for any pro-lifer who wants insight into just how clever pro-abort propaganda can be.

[26] "Rabbis Urge Constitutional Amendment Against Euthanasia." Union of Orthodox Rabbis of the United States and Canada press release dated December 15, 1994.

[27] Laurie Goodstein. "Orthodox Rabbis Condemn Modern Jewish Movements." *The Washington Post*, April 1, 1997, page A3.

[28] Life Dynamics, Inc. "Project Choice: The Abortion Provider — A Self Analysis." February 1993, page 2. Life Dynamics conducted an anonymous survey of 285 abortionists in 1992, and found the following religions professed by the abortionists: Jewish (26.38%); Methodist (11.42%); Catholic (10.63%); Episcopalian (5.51%); Presbyterian (3.54%); Baptist (3.15%); Other Protestant (6.30%); Non-Specified Protestant (8.66%); Other (8.27%); and Non/Atheist (16.14%). For the total population of Jews in the United States, see United States Department of Commerce, Bureau of the Census. *Statistical Abstract of the United States: The National Data Book* (121st Edition, 2001) [Washington, D.C.: United States Government Printing Office. Table 65, "Religious Bodies — Selected Data." The entire *Statistical Abstract* for the current year is available on the United States Census Bureau Web site at <http://www.census.gov/compendia/statab>.

[29] "Jewish Leaders Meet to Take Active Pro-Life Stand." *The Pro-Life Infonet* at <http://www.prolife.org/wcf>, November 14, 1998.

[30] Paul Likoudis. "Buffalo Abortionist Attacks Pro-Lifers with Baseball Bat." *The Wanderer*, December 15, 1988, page 1.

Facts of Life: Chapter 10: Jewish Faith Teachings on Abortion: Pro-Lifers = Nazis?



SHARE

Pro-Lifers = Nazis?

The Charges. Pro-abortion 'Jews' are by no means above using the psychological tactic of transference to smear their opposition. This means that they attribute their own worst characteristics to pro-lifers in order to muddy the waters and divert attention from their own murderous activities. This tactic generally includes the use of the 'victim' status as a shield against criticism.

For example, Judith Antonelli wrote in the *Boston Jewish Advocate* that "The anti-Semitic nature of the anti-abortion movement in general ... is not at all difficult to prove." When asked for such proof, Antonelli naturally refused to answer.

Antonelli's statement is curiously hypocritical, in light of the fact that pro-abortion bigotry against Catholics in the United States originated with two prominent Jews, Larry Lader and Bernard Nathanson.

In his book *Aborting America*, Dr. Nathanson describes part of a 1969 conversation he had with fellow abortophile Larry Lader, in which Lader theorized that;

Historically, every revolution has to have its villain ... Now, in our case, it makes little sense to lead a campaign only against unjust laws, even though that's what we really are doing. We have to narrow the focus, identify those unjust laws with a person or a group of people ... There's always been one group of people in this country associated with reactionary politics, behind-the-scenes manipulations, socially backward ideas. You know who I mean, Bernie ... *the Catholic hierarchy*. That's a small enough group to come down on, and anonymous enough so that no names ever have to be mentioned ...[31]

Other even more extreme anti-Catholic statements made by Lader and other early members of the National Abortion and Reproductive Rights Action League (NARRAL) are shown in Figure 10-3.

Figure 10-3

Anti-Catholic Quotes by Leaders of the National Association for the Repeal of Abortion Laws at the 1972 NARAL National Strategy Meeting

Lawrence Lader, Chairman, NARAL Executive Committee

- (1) Stated Billy Graham and the Pope running our country. ...
- (2) Catholics trying to overthrow the most humanitarian legislation of our time. ...
- (3) [Catholic] Priests went into assembly and terrorized [Texas] legislators. ...
- (4) Stressed that he [Lader] uses every opportunity - Television appearances, radio interviews, newspapers to criticize the way the Catholic Church uses its tax free monies, etc.

Hon. Lorraine Beebe, former State Senator, Michigan

- (1) Stressed financial strength of the Catholic Church.
- (2) We have been nice, pleasant too long. We can be restrained no longer — Right to Lifers have a total lack of respect for human life. "We can no longer move restrainedly, sit on our apathy and hope Rome will burn."
- (3) Catholics waged a smear campaign against me when they learned I had had a therapeutic abortion. They made threatening calls, threw eggs at my house. Had signs - 'A vote for Beebe is a vote against the Pope.'
- (4) The catholics will stop at no ends to reach their goals.

Lawrence Lader - I share Mrs. Beebe's attitude, "I don't care if we have a Belfast and Dublin here in the U.S. we must have a direct conflict with the Catholic Church."

Reverend Robert T. Cobb - Associate Executive Director, N.Y. Council of Churches.

Rev. Cobb made a very dramatic entrance — ripping off his collar and asking "who are you afraid of — when you thought I was a Catholic Priest you looked stunned. You should not be afraid of a church that condemns but does not forgive.

"Protestants have been bought by the Roman Catholic Church..."

He proceeded to knock ecumenism and state[d] that if the Churches go to Rome he will go walking on his hands.

William Baird, Director, Parent's Aid Society

(1) Single Greatest Threat to Women - Roman Catholic Church

(2) In attacking Catholic Church - concentrate on separation of church and state.

Summary -

Their [NARAL] attack will be concentrated - even to court cases - against the Catholic Church and trying to make people believe that Pope is trying to run the country, and that the Catholic Church is trying to take over Protestant Churches.

[Secretary's final comment]: "At this point we had to leave - It was after 5 ... I was getting a bit nervous - the anti-catholic, anti-Right to Life feeling in that room was close to violent."

Reference: These summaries are exact quotes transcribed by a secretary for the minutes of the May 12, 1972 meeting of the executive board of the National Association for the Repeal of Abortion Laws, later the National Abortion and Reproductive Rights Action League (NARRAL). All quotes below are copied verbatim from the Minutes.

Naturally, gentile pro-abortion politicians are always eager to accuse pro-lifers of anti-Semitism to raise funds for their campaigns.

One particularly repulsive example was provided by disgraced Senator Bob Packwood ("Senator Death") of Oregon, who targeted pro-Israel supporters all over the country in a 1986 fundraising letter that reads as follows (it turned out that Packwood, who prides himself on his role in engineering advances *for* women, had a twenty-year record of making advances *on* women).

Note how Packwood very subtly and skillfully switches from denouncing neo-Nazi groups to railing against pro-lifers, while in the process tying the two together;

... somewhere, some kid who has never known a Jew, and doesn't understand the Holocaust, sits in the dark and listens to this [neo-Nazi] filth. And to that kid, their message may make sense. Kids like that don't get messages just from the Aryan Nations or other radical groups. They also hear from those who use these groups's tactics ... For example, because I support the right of a woman to make a choice about whether or not she wants to have an abortion, some extreme right-wing groups have labeled me 'Senator Death' and targeted me for political destruction ... in their literature they describe me — and all pro-choice people — as having 'the blood of millions of innocent human lives on your hands.' And it troubles me that the same kid who listens to the message of the Aryan Nations will listen to this message as well ... They all show a totalitarian inability to hear both sides of an issue. They are "intolerant" and "intolerable." [32]

The Rebuttal. Syndicated columnist Don Feder, himself a practicing Jew, effectively rebuts the spurious charge of pro-life anti-Semitism; "The Hitlerite scourge destroyed one-third of my people. If Operation Rescue can persuade those Jewish women who are mesmerized by the siren song of radical autonomy to keep their babies, it will have made an invaluable contribution to Jewish survival." [33]

The summary of the situation is this: The victims of the original Holocaust are now perpetrating a second Holocaust while alleging that those who oppose the second Holocaust are the same as those who perpetrated the first one.

Is that clear to everyone?

Despite all of this confusing crossfire, Jewish and Christian pro-life activists are continually inspired by the teachings of rabbis like Yehuda Levin of Brooklyn, who has been personally involved in Operation Rescue and constantly points out the true Jewish teaching regarding abortion: That whoever kills a "man within a man" shall be punished (Genesis IX, 6). Rabbi Levin constantly exhorts pro-lifers all over the country to become involved, and can be reached for consultation or speaking engagements at 2986 Bedford Avenue, Brooklyn, New York, 11210, telephone: (718) 258-8675, or at the Jewish Anti-Abortion League, Post Office Box 262, Gravesend Station, Brooklyn, New York 11223, telephone: (718) 336-0053.

The New/Old Holocaust Analogy. At no time do 'Jewish' abortophiles become more artificially indignant than when pro-lifers explain and publicize the many parallels between the original Nazi Holocaust and the one occurring in the United States right now. The intensity of their reaction to such analogies is almost comically vitriolic.

Abortophile Regina Barshak squawked loudly when pro-lifers drew the Old/New Holocaust analogy, in an article entitled "A Jewish Cry of Protest" (note that the title was not a "woman's cry of protest" or an "American Cry of Protest" but a "*Jewish* Cry of Protest");

For the purposes of this political campaign, they [pro-lifers] help themselves at the expense of cheapening the memory of those millions of murdered men, women and children, — as well as at the expense of the personal distress caused by an apparently disrespectful use of events ... It must be noted that while millions of men, women and children relentlessly dragged themselves to their death under the boots of their tormentors for nearly a decade, neither the voices of the prestigious leaders of the Vatican — nor the voices of "Value of Life" persons — were heard on behalf of these tortured lives. Now this world drama is exploited in the form of a callous and cheap and convenient cliché for the self-serving purposes of a political controversy.[34]

Not only is Barshak's knowledge of history abysmal, but her transparent anti-Catholic bigotry clearly shows through. Prominent Jewish leaders have acknowledged the actions of the Vatican and of various Fundamentalist churches in saving the lives of tens of thousands of Jews during World War II.

During the War, Pope Pius XII authorized the issuing of more than 10,000 Vatican ration tickets, identity cards, and other papal documents to refugees at great risk to both himself and the Vatican. The Vatican's Crusade of Charity directly assisted more than 695,000 victims of the war, including a large percentage of Jews. The Pope saved the lives of hundreds of Jews by paying to the Nazis a ransom of one hundred pounds of gold, obtained by melting down religious vessels. And the Pope and his officials established 180 places of refuge within the tiny confines of the Vatican, which sheltered more than five thousand Jews during the Nazi occupation of Rome.[35]

Upon the close of the war, the Chief Rabbi of Rome, who had been sheltered for months in the Vatican, converted to Catholicism.[35]

But these historical facts mean nothing to common bigots like Barshak, who will slavishly ignore all evidence in their almost pathological desire to condemn the Catholic Church, which remains the single greatest obstacle to free and easy abortion on demand

uemaru.

Sex guru Sol Gordon has angrily denounced the Old/New Holocaust analogy in even more direct terms;

In our view, individuals who exhibit the least human dignity are those who compare the Holocaust, the mass murder of 6 million Jews, to abortion. There exists no comparison more immoral or depraved. It is both illogical and outrageous to suggest that the calculated murder of millions of children and adults can be equated with an individual woman's decision to terminate her pregnancy ...[36]

Notice how pro-aborts like to have it both ways; when pro-lifers enter the political arena, abortophiles snivel that they are trying to impose a "profoundly religious" viewpoint on everyone — and then, when pro-lifers try to become involved in church activities, the abortion issue suddenly becomes a "political campaign," as Barshak asserts.

Pro-lifers should not be misled by the agonized bleating of 'Jews' who are aggressively promoting abortion. For these people, preserving their precious abortion 'right' is infinitely more important than honoring the memory of the victims of the original Holocaust.

A detailed examination of the many parallels between the original and current Holocausts is contained in Chapter 5, "The Holocaust Analogy to Abortion." This Chapter also features more examples of abortophile objections to the analogy and rebuts each of them.

[Go to Next Topic: Why are the Victims Now the Perpetrators?](#)

[Return to Jewish Faith Teachings on Abortion Table of Contents](#)

Footnotes for "Pro-Lifers = Nazis?"

[31] Bernard M. Nathanson, M.D. *The Abortion Papers: Inside the Abortion Mentality* [Madison, Wisconsin: Idea Books, 1985].

[32] Quoted in "Dear Bob, You *Should* Stand Alone." *National Review*, April 25, 1986, page 63.

[33] Syndicated columnist Don Feder. "Abortionists Attempt to Smear Pro-Life Movement With False Anti-Semitic Charges." *American Family Association Journal*, September 1989. Page 16.

[34] Regina Barshak. "A Jewish Cry of Protest." Letter in *The Boston Globe*, March 18, 1972. Also distributed by the National Abortion Rights Action League (NARAL) for propaganda purposes on page 44 of their looseleaf booklet entitled "Organizing for Action." Prepared by Vicki Z. Kaplan for the National Abortion Rights Action League, 250 West 57th Street, New York, N.Y. 10019. 51 pages, no date.

[35] Professor Oscar Halceki. *Eugenio Pacelli: Pope of Peace*. 1951, Farrar, Straus and Young, Inc. Pages 192 to 197. Also see Alden Hatch and Seamus Walshe. *Crown of Glorv: The Life of Pope Pius XII* [New York: Hawthorne Books. 1957]. pages 168 and 169.

[36] 'Sex guru' Sol Gordon. *Personal Issues in Human Sexuality* [Boston: Allyn and Bacon, 1986], page 65.

Facts of Life: Chapter 10: Jewish Faith Teachings on Abortion: Why are the Victims Now the Perpetrators?



 SHARE

Why Are the Victims Now the Perpetrators?

Why Indeed? The current situation is deeply troubling, in light of the fact that two-thirds of the victims of Hitler's gas chambers were Jewish. Why are the victims of one Holocaust perpetrating another? Has the world — and particularly the victims — not learned the lessons of World War II?

The 'Hardening' Theory. Some Jewish pro-life activists, including Rabbi Mordechai Blank, speculate that pro-abortion 'Jews' are simply hardened to the horrors of persecution and feel justified in persecuting others.

For example, the chief proponent of abortion in the Israeli Knesset (Parliament) was feminist Chaike Crossman, who suffered in Auschwitz during World War II.[37] Another outstanding example is Henry Morgentaler of Canada, who was also interned at Auschwitz.[38] This prolific abortionist was the driving force behind the legalization of abortion in Canada. He ignored any abortion law that did not suit him, and set up illegal clinics that were actually protected by local police. Morgentaler gave us a revealing glimpse into his murderous personality when he said that "It took me years to get rid of this image [of myself helpless in the concentration camps]. And to do that, it was absolutely necessary to oppose authority — whatever the authority may be." [39]

Perhaps Morgentaler is 'taking out' his frustrations and his pain on preborn babies.

The Assimilation Theory. However, a more likely explanation is that Jewish culture has simply been assimilated into the Humanistic melting-pot of the West to a large degree, and perhaps the extended suffering experienced by the Jews has equipped them with a 'battle-ready' philosophy that can be more easily adapted to social activism than the mentality of those other groups whose struggles for the right to exist are few and far between.

In our great melting pot, the 'lowest common denominator' — i.e., the easiest rules to follow — are readily adopted by those who do not vigilantly guard and treasure their heritage.

Pro-abortion 'Jews,' along with pro-abortion 'Catholics,' Methodists, Lutherans and Episcopalians, have simply lost sight of their roots and have cloaked themselves in the mantle of Humanism.

And, since Humanism does not recognize the existence of an eternal soul, abortion comes naturally to all of those who are hoodwinked into forgetting their roots.

Rabbi Clifford Librach of the liberal Temple Sinai of Sharon acknowledges a third reason why Jews don't more vigorously speak out against abortion. It is exactly the same reason Catholics and other Christians don't speak out against it: A lack of courage.

Rabbi Librach says that

The short answer to why don't rabbis talk about this more is one hyphenated word: Self-preservation. An American conservative rabbi would carry on about abortion at his peril. ... I'm not sure that American Jews don't know [about abortion]. I think they don't *want* to know. ... I think the American Jewish community, the vast number of American Jews are prepared to say, 'Well, we just don't want anybody telling us or anybody else what they should do, because we're afraid that we're a beleaguered, victimized minority that's quite vulnerable.' [40]

[Go to Next Topic: Further Reading on Jewish Faith Teachings on Abortion](#)

[Return to Jewish Faith Teachings on Abortion Table of Contents](#)

Footnotes for “Why are the Victims Now the Perpetrators?”

[37] Father Paul Marx. *Confessions of a Pro-Life Missionary* [Gaithersburg, Maryland: Human Life International, 1988]. This is an excellent account of Father Marx's travels all over the world since the founding of HLI in 1972. It is a firsthand account of his battle against U.S. 'contraceptive imperialism,' International Planned Parenthood, and abortion in dozens of countries. Order from Human Life International, 4 Family Life, Front Royal, Virginia 22630, telephone: (800) 549-LIFE.

[38] *Life and Family News*, June 1987, page 2. Published by the Life and Family Center, Box 7244, Collegeville, Minnesota 56321.

[39] Canadian abortionist Henry Morgentaler, quoted in Louis DiRocco. "Morgentaler *l'obstine* (the stubborn), according to Sylvie Halpern." *Vitality*, August 1992, page 7.

[40] "Jewish Leaders Meet to Take Active Pro-Life Stand." *The Pro-Life Infonet* at <http://www.prolife.org/wcf>, November 14, 1998.

[Facts of Life: Chapter 10: Jewish Faith Teachings on Abortion: Further Reading on Jewish Faith Teachings on Abortion](#)



 SHARE

[Further Reading on Jewish Faith Teachings on Abortion](#)

Bernard M. Nathanson, M.D. *The Abortion Papers: Inside the Abortion Mentality* [Madison, Wisconsin: Idea Books, 1985]. Reviewed by Nancy Koster on page 6 of the November 24, 1983 issue of *National Right to Life News*. A former prolific abortionist exposes the anti-Catholic bigotry of the pro-abortion movement, discusses the role of the blatantly biased media in obtaining abortion on demand, and explores what the science of fetology has revealed about the preborn child. This enjoyable book is written in George Will's wry and acerbic style. Dr. Nathanson is one of the co-founders of the National Abortion Rights Action League (NARAL). Chapter 3, "Catholics," pages 177 to 209, describes in detail how NARAL used blatant anti-Catholic bigotry to push liberalized abortion laws and undermine the teachings of the Church. Other examples of NARAL skulduggery abound in this book. For example, NARAL asserted to the state of Massachusetts that pro-life groups have no right to endorse pro-life candidates, even if the groups are not tax-exempt. In the ensuing lawsuit, *Federal Election Commission v. Massachusetts Citizens for Life, Inc.*, the right to distribute such literature was upheld. This is typical of the harassment lawsuits brought by NARAL and others when any pro-life efforts are in progress. Pro-aborts almost never spend money themselves, but get a government entity to go after pro-life activists. Also see Chapter 1, "Abortion and the Media," pages 7 to 109, and Chapter 2, "Fetology for Pro-Life," pages 111 to 175. Chapter 2 consists of a detailed and interesting history of fetology in the United States.

Gershom Scholem. "The Holiness of Sin." *Commentary*, January 1971, pages 41 to 70. A landmark document that explains how the nihilism of the Sabbatian and Frankist movements, which held that the violation of the *Torah* was in actuality its true fulfillment, were outgrowths of the belief of the Messiahship of Sabbatai Zevi (before his apostasy), and that this nihilism in turn led to the Reform movement of the 19th Century. Very heavy reading, but traces the roots of how the Jewish faith has splintered just as the Christian faith has. This article is accompanied by *Commentary* editor Norman Podhoretz' article drawing an analogy to modern political movements and how they are led and influenced by apostate or cultural Jews.

Those wishing to aid the cause of life in Israel may write to the only organized pro-life group in the country: "Efrath-Hazchut Lichyot," Post Office Box 15004, Jerusalem, Israel, Telephone: 02-817963. This group is modeled after pro-life organizations in the United States, but with a Jewish flavor.

The Jewish Anti-Abortion League. C/O Rabbi Yehuda Levin, Post Office Box 262, Gravesend Station, Brooklyn, New York 11223, telephone: (718) 336-0053.

"Holocaust: New and Old." A 14-page booklet containing the complete interview by National Catholic Register editor Patrick Riley with Elasah Drogin of the group Remnant of Israel. The subject of the interview was the parallel between the Nazi Holocaust and

of Israel. The subject of the interview was the parallel between the Nazi Holocaust and the one now happening in the United States, and the willing complicity of cultural Jews in the slaughter. This booklet is available from Catholics United for Life, New Hope, Kentucky 40052.

[Return to *Jewish Faith Teachings on Abortion* Table of Contents](#)

Facts of Life: Chapter 11: Scripture on Abortion



 SHARE

Only God Has the Power to Open and Shut the Womb

What the Anti-Lifers Say

Implicit Condemnation

Only God Has the Power to Open and Shut the Womb

Ensoulement = Life?

The Bible *Does* Explicitly Condemn Other Anti-Life Activities

Ensoulement = Life?

What *E/se* Isn't in the Bible?

Conclusion

Summary of Scripture References Regarding Abortion

(1) Human Life Begins in the Womb and Was Formed by God.

(2) Only God has the Power to Open and Shut the Womb.

(3) God Knows Us Even Before We Are Conceived.

(4) Children Are a Gift from God.

(5) Children Must Not Be Sacrificed for Any Reason.

(6) The Slaying of the Innocent is a Heinous Crime.

(7) Abortion Exceptions Are Never Allowable.

(8) Punishment for Causing a Spontaneous Abortion (Miscarriage).

(9) Christians Will Be Judged on Their Response to Evil .

(10) Christians Must Protect the Fatherless

(10) Christians must protect the fatherless.

(11) The Anti-Life Mentality is an Abomination.

[Further Reading on Scripture on Abortion](#)

Facts of Life: Chapter 11: Scripture on Abortion: Only God has the Power to Open and Close the Womb



 SHARE

"Can a woman forget her nursing child, and have no compassion on the son of her womb? Even these may forget, but I will not forget you."
— Isaiah 53:6.

What the Anti-Lifers Say.

'Religious' anti-lifers, especially those from front groups like the 'Religious' Coalition for Reproductive Choice (RCRC) and 'Catholics' for a Free Choice (CFFC) often claim that there is no mention of abortion in the Bible, so it is not forbidden or disapproved of by God.

For example, former CFFC board member and ex-priest Daniel C. Maguire alleges that "There has been no systematic thinking in Jewish-Christian tradition on abortion. There is nothing in the Bible on it." [1]

These pro-abortionists also claim that "anti-choice fanatics" simply take various Scripture passages out of context to support their own narrow views (for some examples, see Joyce Arthur's comments in Figure 11-1).

Besides, say the 'Christian' pro-abortionists, "We have a tolerant and loving God who would never condemn any of His living creations to Hell. He would much rather we realize our full human potential, which can be badly crippled by the arrival of an unwanted pregnancy."

Implicit Condemnation.

The statement that abortion is not explicitly mentioned in the Bible is *technically* correct. However, this does not automatically mean that the Bible *approves* of abortion.

The modern horror of suctioning millions of preborn babies from their mother's wombs for money would have been wholly foreign and unimaginable to the minds of people in Biblical times, so an explicit condemnation of abortion would not have even occurred to the authors of the various books of the Bible.

There are many sins that the Bible condemns implicitly, or indirectly. For instance, the Commandment "thou shalt not kill" certainly applies to sins such as serial killing, terrorism and the indiscriminate bombing of civilians during warfare, though these are not specifically mentioned in the Bible.

How, then, may we know that the Bible *indirectly* condemns abortion?

We may do so through the following simple logical process.

(a) The Bible condemns the killing of the innocent, i.e., the sinless (see Figure 11-1).

(b) A preborn child is obviously innocent of any crime or actual sin, because he or she cannot possess the *intent* of doing evil. Pro-abortionists sometimes justify

abortion by casting the preborn child in the role of an "aggressor." This is illogical, because aggression requires conscious intent.

(c) The Bible teaches that human life, *created and nurtured by God*, is present in the womb of the woman from the very beginning. Psalm 139:13,15 praises God in these words: "For thou didst form my inward parts, thou didst knit me together in my mother's womb. ... my frame was not hidden from thee, when I was being made in secret, intricately wrought in the depths of the earth."

Furthermore, God personally named and honored seven men before they were even born. Only *persons* merit names. These seven are Ishmael (Genesis 16:11); Isaac (Genesis 17:19); Josiah (1 Kings 13:2); Solomon (1 Chronicles 22:9); Jeremiah (Jeremiah 1:5); John the Baptist (Luke 1:13); and Jesus Himself (Matthew 1:21).

God is not inconsistent. He has loved us all with an infinite love for all eternity — long *before* we were even conceived. He has said to us "I have loved thee with an everlasting love" [Jeremiah 31:3]. If He values men He named, He values *all* of his created preborn human beings.

(d) The conclusion is inevitable. If the Bible condemns the killing of the innocent (paragraph a, above), if preborn children are innocent (b, above), and if human life is present from fertilization (c, above), then the Bible also condemns the killing of preborn children.

No other conclusion is possible — at least, if one is being honest with himself.

Only God Has the Power to Open and Shut the Womb.

Religious persons on both sides of the abortion issue agree that God gives life, and that God gives the person a soul.

Martin Luther said that "Even if all the world were to combine forces, they could not bring about conception of a single child in any woman's womb nor cause it to be born; that is wholly the work of God alone." [2]

There are more than a dozen Biblical references to God opening and shutting the womb (see Figure 11-1).

Now, if we all agree that God gives life and confers the soul, by what right may we interfere with His will? God does not act randomly or without reason, despite what the pro-abortionists say. [3] He creates every child for a purpose. Psalm 127 specifically refers to children as a "gift of the Lord" and as a "reward." We do not have the right to disrupt or destroy His plans. Abortion is a supremely arrogant act because it imposes our will over God's, and because it throws God's gifts back into His face.

Is this not the definition of *all* sin — stubbornly refusing to do God's will for our lives?

The pro-abortionist's futile attempts to drape a religious veneer over the mass slaughter of the unborn can sometimes be simultaneously revolting and comical. For instance, participants at a 1997 National Abortion Federation (NAF) conference said the

instance, participants at a 1997 National Abortion Federation (NAF) conference said the following prayer;

Greetings, little one.
Little sister, little brother,
Great wise ancestor.
You want to come to our house,
Maybe you think we would make
good parents for you —
Well, the food is short now —
The winter was too long,
and the summer too hot.
We have too many mouths to feed.
My husband works too hard already.
We cannot open our home to you now.
Try again later, little one,
or find a better place.
Go in peace now, go in peace.[4]

[Go to Next Topic: Ensoulment = Life?](#)

[Return to *Scripture on Abortion* Table of Contents](#)

Endnotes for “Only God Has the Power to Open and Shut the Womb”

[1] Daniel C. Maguire, quoted in Janice Hughes. "The Catholic Constituency: What Church Leaders Don't Tell Congress." *Conscience*, May/June 1988, pages 2 and 10.

[2] Martin Luther. *Luther's Works* [St. Louis: Concordia Publishing], Volume VII, page 21.

[3] As one example, an undated pamphlet by 'Catholics' for a Free Choice entitled "Did You Know that Most Catholics Believe in Reproductive Freedom?" claims that "We believe that women should not be the victims of random fertility" [This sounds as if pregnancy bears no relation whatever to sexual activity]. ... "The Catholic hierarchy is trapped in an outdated authoritarianism which denies full equality to women and regards sex as evil." Marjorie Reiley Maguire has said that "The voice of the officers of the Catholic Church on reproductive matters speaks to me of a materialistic God ... whose greatest joy comes from playing cruel reproductive tricks on women and watching them squirm" [Marjorie Maguire, quoted in Phyllis Zagano. "The Limits of Choice." *National Catholic Register*, October 12, 1986].

[4] Prayer used at a National Abortion Federation (NAF) conference. "No Caption Necessary." *Life Activist News* [Life Dynamics, Inc.], Spring 1997, page 9.

Facts of Life: Chapter 11: Scripture on Abortion: Ensoulment = Life?



 SHARE

The Bible Does Explicitly Condemn Other Anti-Life Activities.

Does anyone *really* believe that, if Scripture specifically and vigorously prohibited abortion, that so-called 'religious' pro-abortionists would give up their advocacy of it?

The 'Scripture and abortion' debate is exactly the same as the fetal pain, fetal personhood, and viability arguments — a deliberate pro-abortion diversion. If pro-lifers could prove that Scripture banned abortion, no pro-abortionist would turn against it.

After all, Scripture repeatedly and forcefully condemns other sexual sins such as homosexual activity, divorce, fornication and adultery,[5] yet pro-abortionists tolerate and even embrace these. What would make abortion any different?

Ensoulment = Life?

Many pro-abortionists (including former President Bill Clinton) have made the silly assertion that life does not begin until the baby gets its soul — and, in their opinion, this 'ensoulment' invariably occurs at birth.

We should ask people who advance this vacuous argument a few pointed questions.

To begin with, there is no way to detect the presence of a "soul" through any scientific method. How, then, do they *know* that the soul enters the body at birth? What if someone asserts that the soul only enters the body when the person reaches the age of reason — say, at seven years old? Does that render a six-year old 'unalive?'

We should also inform Clinton and his disreputable friends that the question of 'ensoulment' is a purely religious one — and for 'ol Bill to impose his idea of when life begins on the nation through his executive actions and judicial appointments is a gross violation of the separation of church and state!

But then, we have to remember that historically, only *ultraliberal* 'religious' people are allowed to participate in the political process, while conservatives are strictly banned from the public square.

Finally, the presence of a soul has never indicated life in a creature. Only the most radical and extreme animal-rights activists will assert that a fly or a pig has a soul. Even though animals certainly do not possess souls they are obviously alive.

What Clinton and his buddies are doing here is falling back to yet another trench in the moral warfare over abortion: They cannot deny that the preborn are alive and human, and so they are deliberately pegging their abortion stand on a question that science literally will never be able to answer. This is a classic use of the tactic of 'mystagoguery:' An attempt to render a question so complicated or unreachable that it can never be answered.

Of course, it really doesn't matter to Clinton and like thinkers *when* ensoulment

occurs. If, through some scientific breakthrough, a person could prove that the preborn received their souls at the instant of fertilization, are there any pro-lifers out there naive enough to expect that people who think this way would immediately give up their abortion 'right?'

No way! They would just find some other justification.

Keep in mind that those persons who use the Bible to justify abortion invariably know nothing about Scripture; they undermine the Church by pretending to be 'Good Christians,' and are usually atheistic, if not in word, then in practice. Examples are the 'Religious' Coalition for Reproductive Choice (the people who hold signs proclaiming that they are "PRAYERFULLY PRO-CHOICE" while cursing at pro-lifers), and 'Catholics' for a Free Choice.

These hypocrites should be exposed for what they are; people who serve Satan, not Jesus.

Figure 11-1 lists just a few of the Scripture passages that pertain directly or indirectly to abortion. It also contains a few pro-abortion statements that allege that the Bible does not condemn abortion, and refutes these statements.

What Else Isn't in the Bible?

In order to be balanced and fair, we must ask the pro-abortionists a simple and clarifying question: If they insist upon talking about the Bible, where does it *justify* abortion?

There is no phrase in the Bible remotely *approaching* the phrases "freedom of choice," "woman's body, woman's choice," "plan your family," "use your conscience," or any of the other popular pro-abortion slogans.

There is, however, the phrase "*choose life*, therefore, that you and your descendants may live" [Deuteronomy 30:19].

[Go to Next Topic: Conclusion](#)

[Return to Scripture on Abortion Table of Contents](#)

Endnotes for Ensoulment = Life?

[5] Homosexual activity: See Deuteronomy 23:17; 1 Kings 14:24, 15:12, 22:46; and 2 Kings 23:7. Divorce: See Matthew 5:31-32, 19:3-9; Luke 16:18; and 1 Corinthians 7:10-15. Fornication: See 2 Chronicles 21:11; Isaiah 23:17; Ezekiel 16:26,29; Matthew 5:32, 19:9; John 8:41; Acts 15:20,29, 21:25; Romans 1:29; 1 Corinthians 5:1, 6:13,18, 7:2, 10:8; 2 Corinthians 12:21; Galatians 5:19; Ephesians 5:3; Colossians 3:5; 1 Thessalonians 4:3; Jude 1:7; and Revelation 2:14,20-21, 9:21, 14:8, 17:2,4, 18:3,9, and 19:2. Adultery: See Exodus 20:14; Leviticus 18:20, 19:20, 20:10-12; Deuteronomy 5:18, 22:13-29, 27:20, 27:23; Proverbs 6:26, 6:29, 6:32; Matthew 5:27,28,32, 15:19, 19:9,18; Mark 7:21, 10:11-12,19; Luke 16:18, 18:20; John 8:4-11, Romans 7:3, 13:9, 1 Corinthians 6:9; Galatians 5:19; Ephesians 5:5; and Hebrews 13:4.

[Facts of Life: Chapter 11: Scripture on Abortion: Conclusion](#)



Conclusion.

It is true that the Bible does not use the word "abortion" in the way we use it and mean it in the modern day. However, if we examine Scripture *in toto*, we can only conclude that it repeatedly addresses the great value of human life, that human life is created in the image and likeness of God (even the preborn John the Baptist recognized the preborn Jesus as God), and that God loves each of us with an infinite love — a love so great that He even sent His only Son to redeem us.

In light of this, there is no way a person who is honestly seeking the truth can conclude that the Bible supports prenatal killing in any way. Anyone who believes that it does is simply deceiving himself: "There is a way that seems right to a man, but its end is the way of death" [Proverbs 14:12].

[Go to Next Topic: Summary of Scripture References Regarding Abortion](#)

[Return to Scripture on Abortion Table of Contents](#)

Facts of Life: Chapter 11: Scripture on Abortion: Summary of Scripture References Regarding Abortion



 SHARE

Figure 11-1

Summary of Scripture References Regarding Abortion
(all references from the Revised Standard Version)

Categories of Reference

- (1) Human Life Begins in the Womb and Was Formed by God.
- (2) Only God has the Power to Open and Shut the Womb.
- (3) God Knows Us Even Before We Are Conceived.
- (4) Children Are a Gift from God.
- (5) Children Must Not Be Sacrificed for Any Reason.
- (6) The Slaying of the Innocent is a Heinous Crime.
- (7) Abortion Exceptions Are Never Allowable.
- (8) Punishment for Causing a Spontaneous Abortion (Miscarriage).
- (9) Christians Will Be Judged on Their Response to Evil.
- (10) Christians Must Protect the Fatherless.
- (11) The Anti-Life Mentality is an Abomination.

(1) Human Life Begins in the Womb and Was Formed by God.

- **Genesis 16:11**: "And the angel of the Lord said to her [Hagar], "Behold, you are with child, and shall bear a son; you shall call his name Ishmael; because the Lord has given heed to your affliction."
- **Genesis 25:21**: "And Isaac prayed to the Lord for his wife, because she was barren; and the Lord granted his prayer, and Rebekah his wife conceived [Jacob and Esau]."
- **Job 10:8-12**: "Thy hands fashioned and made me; and now Thou dost turn about and destroy me. Remember that Thou hast made me of clay; and wilt Thou

about and destroy me. Remember that thou hast made me of clay, and wilt thou turn me to dust again? Didst Thou not pour me out like milk and curdle me like cheese? Thou didst clothe me with skin and flesh, and knit me together with bones and sinews."

- **Job 31:15**: "Did not He who made me in the womb make him? And did not one fashion us in the womb?"

- **Psalm 22:9-10**: "Yet Thou art He Who took me from the womb; Thou didst keep me safe upon my mother's breasts. Upon Thee was I cast from my birth, and since my mother bore me Thou hast been my God."

- **Psalm 51:5**: "Behold, I was brought forth in iniquity, and in sin did my mother conceive me."

- **Psalm 94:9**: "He who planted the ear, does He not hear? He who formed the eye, does He not see?"

- **Psalm 139:13-16**: "For Thou didst form my inward parts, Thou didst knit me together in my mother's womb. I praise Thee, for Thou art fearful and wonderful. Wonderful are Thy works! Thou knowest me right well; my frame was not hidden from Thee, when I was being made in secret, intricately wrought in the depths of the earth. Thy eyes beheld my unformed substance; in Thy book were written, every one of them, the days that were formed for me, when as yet there was none of them."

[NOTE: Pro-abortion writer Joyce Arthur says that "All this passage states is that God is directly involved in the creation of a fetus and knows its future. This is useless for the anti-choice position, since God creates all living things, including trees and bugs. Plus, just because God is supposedly omniscient doesn't give fetuses any special status — it simply means God already knows whether they will live or die. It is dishonest to conclude from this verse that a fetus is a human being deserving of more protection than women. The passage is poetic prose that anti-choicers have twisted and trivialized by giving it a literal, objective meaning where there is none." [6]

Arthur, of course, is "proof-texting" here, treating this as a "stand-alone" verse instead of looking at the whole Bible (this from a feminist who insists that we always look at the "context." Like all pro-abortionists, she tries to dehumanize the preborn child by comparing it to "trees and bugs." She also blithely ignores the fact that human beings are created in God's image [Genesis 1:27,5:1; 1 Corinthians 11:7; James 3:9], and that Jesus Christ Himself was once a fetus. He was not a tree. He was not a bug. He was a living preborn human being. In Arthur's view, then, He would have been eligible to be aborted. Finally, no pro-lifer has ever used this verse to state that "... a fetus is a human being deserving of more protection than women." This is a paranoid pro-abortion fantasy, designed to make pro-lifers look extreme. Remember that pro-aborts must allege evil on

the part of pro-lifers to make themselves look good by comparison].

- **Ecclesiastes 11:5**: "As you do not know how the spirit comes to the bones in the womb of a woman with child, so you do not know the work of God Who makes everything."
- **Isaiah 7:14**: "Therefore the Lord Himself will give you a sign. Behold, a young woman shall conceive and bear a son, and shall call His name Imman'u-el."
- **Isaiah 44:2,24**: "Thus says the LORD who made you, who formed you from the womb and will help you: Fear not, O Jacob my servant, Jeshu'run whom I have chosen. ... Thus says the LORD, your Redeemer, Who formed you from the womb: "I am the LORD, who made all things, who stretched out the heavens alone, who spread out the earth — Who was with Me?"
- **Isaiah 46:3**: "Hearken to me, O house of Jacob, all the remnant of the house of Israel, who have been borne by Me from your birth, carried from the womb ..."
- **Isaiah 49:1**: "Listen to me, O coastlands, and hearken, you peoples from afar. The LORD called me from the womb, from the body of my mother He named my name."
- **Isaiah 64:8**: "Yet, O LORD, Thou art our Father; we are the clay, and Thou art our Potter; we are all the work of Thy hand."
- **Jeremiah 1:5**: "Before I formed you in the womb I knew you, and before you were born I consecrated you; I appointed you a prophet to the nations" [NOTE: Pro-abortionists will sometimes allege that this statement by God applies *only* to the prophet Jeremiah, and that only *he* was giving him this mission. For example, Joyce Arthur says that "This passage is specific to one, very special person — Jeremiah the prophet, whom God has called to provide miraculous powers and authority to the world. Since we are not all destined to be divine prophets, this verse cannot be construed as applying to any fetus except the unborn Jeremiah. Again, anti-choicers are being dishonest by pulling this verse totally out of its context." [6]

Arthur's extreme literalist interpretation implies that God would give a mission *only* to Jeremiah, which is obvious nonsense. God is not inconsistent; He has a mission for *every one* of us.

Arthur betrays her profound ignorance of the Bible in several ways. First, she calls Jeremiah a "divine prophet." Only God is divine. Secondly, she coyly pretends that Jeremiah was the only prophet, when there were *many* prophets (see, for instance, Matthew 23:37 and 26:56; Mark 1:2; Luke 1:70; Acts 3:18; Hebrews 1:1; James 5:10; 1 Peter 1:10; and many, many others in both the New

and Old Testaments. Does Arthur mean to imply that these prophets might have been licitly aborted because God did not specifically recognize them as such before they were born? Finally, Arthur has no idea of what being a Christian means. We are *all* called upon to be prophets of the Good News of Jesus Christ. If we are not prophets, we are not Christians! See for example, the words of Our Lord in Matthew 28:19-20: "Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all that I have commanded you; and lo, I am with you always, to the close of the age"].

- **Matthew 1:18**: "Now the birth of Jesus Christ took place in this way. When His mother Mary had been betrothed to Joseph, before they came together she was found to be with Child of the Holy Spirit; ..."

- **Luke 1:13**: "But the angel said to him, "Do not be afraid, Zechari'ah, for your prayer is heard, and your wife Elizabeth will bear you a son, and you shall call his name John."

- **Luke 1:35-36**: "And the angel said to her, "The Holy Spirit will come upon you, and the power of the Most High will overshadow you; therefore the child to be born will be called holy, the Son of God. And behold, your kinswoman Elizabeth in her old age has also conceived a son; and this is the sixth month with her who was called barren"."

- **Luke 1:39-44**: "In those days Mary arose and went with haste into the hill country, to a city of Judah, and she entered the house of Zechari'ah and greeted Elizabeth. And when Elizabeth heard the greeting of Mary, the babe leaped in her womb; and Elizabeth was filled with the Holy Spirit and she exclaimed with a loud cry, "Blessed are you among women, and blessed is the fruit of your womb! And why is this granted me, that the mother of my Lord should come to me? For behold, when the voice of your greeting came to my ears, the babe in my womb leaped for joy."

[NOTE: Pro-abortion writer Joyce Arthur objects to pro-lifers saying that these verses prove that there is human life in the womb. She says that "This passage simply records a fetus kicking in the womb. We can only wonder in befuddlement why anti-choicers think this would help them. Besides, John the Baptist is yet another divine fetal prophet ordained by God. Since very few of us are chosen by God before birth to herald the arrival of the Messiah on earth, we cannot claim that this passage venerates all fetuses." [6]

This is a truly vacuous argument. To begin with, Arthur sets up yet another straw man, since no pro-lifer claims that all fetuses have to be "venerated." In truth, we only claim that they should all be protected. This is all part of the silly pro-abortion propaganda that alleges that pro-lifers think that preborn children are more important than women. Secondly, Arthur is apparently claiming that only "divine fetal prophets" should be protected from abortion. and all others are fair

game. One simply question will betray the profound silliness of this argument: "Why?"]

- **Wisdom 7:1**: "I also am mortal, like all men, a descendant of the first- formed child of earth; and in the womb of a mother I was molded into flesh..."

[Go to Next Topic: \(2\) Only God Has the Power to Open and Shut the Womb](#)

[Return to *Scripture on Abortion* Table of Contents](#)

Endnotes for "Summary of Scripture References"

[6] Joyce Arthur. "The Bible is Pro-Choice: Anti-Choicers Don't Have a Biblical Leg to Stand On." *Humanist in Canada*, Autumn, 1989.

Facts of Life: Chapter 11: Scripture on Abortion: (2) Only God has the Power to Open and Shut the Womb



(2) Only God has the Power to Open and Shut the Womb.

- **Genesis 29:31**: "When the LORD saw that Leah was hated, he opened her womb; but Rachel was barren."
- **Genesis 30:22**: "Then God remembered Rachel, and God hearkened to her and opened her womb."
- **Genesis 49:25**: "... by the God of your father who will help you, by God Almighty who will bless you with blessings of heaven above, blessings of the deep that couches beneath, blessings of the breasts and of the womb."
- **1 Samuel 1:5-6**: "... and, although he loved Hannah, he would give Hannah only one portion, because the LORD had closed her womb. And her rival used to provoke her sorely, to irritate her, because the LORD had closed her womb."
- **Job 31:15**: "Did not He Who made me in the womb make him? And did not one fashion us in the womb?"
- **Psalms 139:13-16**: "For Thou didst form my inward parts, Thou didst knit me together in my mother's womb. I praise Thee, for Thou art fearful and wonderful. Wonderful are Thy works! Thou knowest me right well; my frame was not hidden from Thee, when I was being made in secret, intricately wrought in the depths of the earth. Thy eyes beheld my unformed substance; in Thy book were written, every one of them, the days that were formed for me, when as yet there was none of them."
- **Isaiah 66:9**: "'Shall I bring to the birth and not cause to bring forth?' says the LORD; 'shall I, who cause to bring forth, shut the womb?' says your God."
- **Luke 1:15**: "... for he [John the Baptist] will be great before the Lord, and he shall drink no wine nor strong drink, and he will be filled with the Holy Spirit, even from his mother's womb."

(3) God Knows Us Even Before We Are Conceived.

- God personally named and honored seven men before they were even born. Only *persons* merit names. These seven are Ishmael (Genesis 16:11); Isaac

(Genesis 17:19); Josiah (1 Kings 13:2); Solomon (1 Chronicles 22:9); Jeremiah (Jeremiah 1:5); John the Baptist (Luke 1:13); and Jesus Himself (Matthew 1:21).

- **Judges 13:3-7**: "And the angel of the LORD appeared to the woman and said to her, "Behold, you are barren and have no children; but you shall conceive and bear a son. Therefore beware, and drink no wine or strong drink, and eat nothing unclean, for lo, you shall conceive and bear a son. No razor shall come upon his head, for the boy shall be a Nazirite to God from birth; and he shall begin to deliver Israel from the hand of the Philistines." Then the woman came and told her husband, "A man of God came to me, and his countenance was like the countenance of the angel of God, very terrible; I did not ask him whence he was, and he did not tell me his name; ..."

- **Matthew 25:34**: "Then the King will say to those at His right hand, 'Come, O blessed of my Father, inherit the kingdom prepared for you from the foundation of the world; ...'"

- **Ephesians 1:3-4**: "Blessed be the God and Father of our Lord Jesus Christ, Who has blessed us in Christ with every spiritual blessing in the heavenly places, even as he chose us in Him before the foundation of the world, that we should be holy and blameless before Him."

- **Revelation 13:7-8**: "Also it [the dragon] was allowed to make war on the saints and to conquer them. And authority was given it over every tribe and people and tongue and nation, and all who dwell on earth will worship it, every one whose name has not been written before the foundation of the world in the book of life of the Lamb that was slain."

- **Revelation 17:8**: "The beast that you saw was, and is not, and is to ascend from the bottomless pit and go to perdition; and the dwellers on earth whose names have not been written in the book of life from the foundation of the world, will marvel to behold the beast, because it was and is not and is to come."

(4) **Children Are a Gift from God.**

- **Genesis 30:1-2**: "When Rachel saw that she bore Jacob no children, she envied her sister; and she said to Jacob, "Give me children, or I shall die!" Jacob's anger was kindled against Rachel, and he said, "Am I in the place of God, who has withheld from you the fruit of the womb?""

- **Psalms 127:3-5**: "Lo, sons are a heritage from the LORD, the fruit of the womb a reward. Like arrows in the hand of a warrior are the sons of one's youth. Happy is the man who has his quiver full of them! He shall not be put to shame when he speaks with his enemies in the gate."

(5) **Children Must Not Be Sacrificed for Any Reason.**

- **Exodus 1:15-21**: "Then the king of Egypt said to the Hebrew midwives, one of whom was named Shiph'rah and the other Pu'ah, "When you serve as midwife to the Hebrew women, and see them upon the birthstool, if it is a son, you shall kill him; but if it is a daughter, she shall live." But the midwives feared God, and did not do as the king of Egypt commanded them, but let the male children live. So the king of Egypt called the midwives, and said to them, "Why have you done this, and let the male children live?" The midwives said to Pharaoh, "Because the Hebrew women are not like the Egyptian women; for they are vigorous and are delivered before the midwife comes to them." So God dealt well with the midwives; and the people multiplied and grew very strong. And because the midwives feared God he gave them families."
- **Leviticus 18:21**: "You shall not give any of your children to devote them by fire to Molech, and so profane the name of your God: I am the LORD."
- **Deuteronomy 12:31**: "You shall not do so to the LORD your God; for every abominable thing which the LORD hates they have done for their gods; for they even burn their sons and their daughters in the fire to their gods."
- **2 Kings 16:3**: "... but he [Ahaz] walked in the way of the kings of Israel. He even burned his son as an offering, according to the abominable practices of the nations whom the LORD drove out before the people of Israel."
- **2 Kings 17:17-18**: "And they burned their sons and their daughters as offerings, and used divination and sorcery, and sold themselves to do evil in the sight of the LORD, provoking him to anger. Therefore the LORD was very angry with Israel, and removed them out of his sight; none was left but the tribe of Judah only."
- **2 Kings 21:6**: "And he burned his son as an offering, and practiced soothsaying and augury, and dealt with mediums and with wizards. He did much evil in the sight of the LORD, provoking him to anger."
- **Jeremiah 32:34-35**: They set up their abominations in the house which is called by my name, to defile it. They built the high places of Ba'al in the valley of the son of Hinnom, to offer up their sons and daughters to Molech, though I did not command them, nor did it enter into my mind, that they should do this abomination, to cause Judah to sin."
- **Ezekiel 16:20-21**: "And you took your sons and your daughters, whom you had borne to me, and these you sacrificed to them to be devoured. Were your harlotries so small a matter that you slaughtered my children and delivered them

up as an offering by fire to them?"

(6) The Slaying of the Innocent is a Heinous Crime.

- **Deuteronomy 27:25**: "'Cursed be he who takes a bribe to slay an innocent person.' And all the people shall say, 'Amen.'"
- **Deuteronomy 30:19**: "I call heaven and earth to witness against you this day, that I have set before you life and death, blessing and curse; therefore choose life, that you and your descendants may live."
- **Psalms 106:37-38**: "They sacrificed their sons and their daughters to the demons; they poured out innocent blood, the blood of their sons and daughters, whom they sacrificed to the idols of Canaan; and the land was polluted with blood."
- **Proverbs 6:16-19**: "There are six things which the LORD hates, seven which are an abomination to Him: haughty eyes, a lying tongue, and hands that shed innocent blood, a heart that devises wicked plans, feet that make haste to run to evil, a false witness who breathes out lies, and a man who sows discord among brothers."
- **Isaiah 48:15**: "Can a woman forget her sucking child, that she should have no compassion on the son of her womb? Even these may forget, yet I will not forget you."
- **Jeremiah 7:6-7**: "... if you do not oppress the alien, the fatherless or the widow, or shed innocent blood in this place, and if you do not go after other gods to your own hurt, then I will let you dwell in this place, in the land that I gave of old to your fathers for ever."
- **Jeremiah 22:16-17**: "He judged the cause of the poor and needy; then it was well. Is not this to know me? says the LORD. But you have eyes and heart only for your dishonest gain, for shedding innocent blood, and for practicing oppression and violence."
- **Amos 1:13**: "Thus says the LORD: "For three transgressions of the Ammonites, and for four, I will not revoke the punishment; because they have ripped up women with child in Gilead, that they might enlarge their border."
- **Matthew 18:10,14**: "See that you do not despise one of these little ones; for I tell you that in heaven their angels always behold the face of My Father Who is in Heaven. ... So it is not the will of My Father Who is in Heaven that one of these little ones should perish "

little ones should perish.

- **Luke 17:2**: "It would be better for him if a millstone were hung round his neck and he were cast into the sea, than that he should cause one of these little ones to sin."

(7) Abortion Exceptions Are Never Allowable.

- **Genesis 19:36-37**: "Thus both the daughters of Lot were with child by their father. The first-born bore a son, and called his name Moab; he is the father of the Moabites to this day" [incest].
- **Leviticus 19:14**: "You shall not curse the deaf or put a stumbling block before the blind, but you shall fear your God: I am the LORD" [eugenics].
- **Isaiah 45:9-12**: "Woe to him who strives with his Maker, an earthen vessel with the potter! Does the clay say to him who fashions it, 'What are you making'? or 'Your work has no handles'? Woe to him who says to a father, 'What are you begetting?' or to a woman, 'With what are you in travail?'" Thus says the LORD, the Holy One of Israel, and his Maker: 'Will you question Me about My children, or command Me concerning the work of My hands? I made the earth, and created man upon it; it was My hands that stretched out the heavens, and I commanded all their host'" [eugenics].
- **John 9:1-3**: "As He passed by, He saw a man blind from his birth. And His disciples asked Him, "Rabbi, who sinned, this man or his parents, that he was born blind?" Jesus answered, "It was not that this man sinned, or his parents, but that the works of God might be made manifest in him" [eugenics].

(8) Punishment for Causing a Spontaneous Abortion (Miscarriage).

- **Exodus 21:22**: "When men strive together, and hurt a woman with child, so that there is a miscarriage, and yet no harm follows, the one who hurt her shall be fined, according as the woman's husband shall lay upon him; and he shall pay as the judges determine" [NOTE: pro-abortionists sometimes use this passage to shore up their argument that preborn children are not fully persons, because there is a mere fine levied for their deaths. These same pro-abortionists will then deny that a woman's husband should have any authority over her, as the passage also states. We must ask them if they accept the entire passage, or just the part that suits them].

[Go to Next Topic: \(9\) Christians Will Be Judged on Their Response to Evil](#)

[Return to *Scripture on Abortion* Table of Contents](#)

Facts of Life: Chapter 11: Scripture on Abortion: (9) Christians Will Be Judged on Their Response to Evil



 SHARE

(9) Christians Will Be Judged on Their Response to Evil.

- **Genesis 9:5-6**: "Whoever sheds the blood of man, by man shall his blood be shed; for God made man in his own image."
- **Jeremiah 7:5-8**: "For if you truly amend your ways and your doings, if you truly execute justice one with another, if you do not oppress the alien, the fatherless or the widow, or shed innocent blood in this place, and if you do not go after other gods to your own hurt, then I will let you dwell in this place, in the land that I gave of old to your fathers for ever. Behold, you trust in deceptive words to no avail."
- **Matthew 25:34-40**: "Then the King will say to those at His right hand, 'Come, O blessed of my Father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry and you gave Me food, I was thirsty and you gave Me drink, I was a stranger and you welcomed Me, I was naked and you clothed Me, I was sick and you visited Me, I was in prison and you came to Me.' Then the righteous will answer Him, 'Lord, when did we see Thee hungry and feed Thee, or thirsty and give Thee drink? And when did we see Thee a stranger and welcome Thee, or naked and clothe Thee? And when did we see Thee sick or in prison and visit Thee?' And the King will answer them, 'Truly, I say to you, as you did it to one of the least of these My brethren, you did it to Me.'"
- **Romans 12:1-2**: "I appeal to you therefore, brethren, by the mercies of God, to present your bodies as a living sacrifice, holy and acceptable to God, which is your spiritual worship. Do not be conformed to this world but be transformed by the renewal of your mind, that you may prove what is the will of God, what is good and acceptable and perfect."
- **Galatians 6:9-10**: "And let us not grow weary in well-doing, for in due season we shall reap, if we do not lose heart. So then, as we have opportunity, let us do good to all men, and especially to those who are of the household of faith."
- **Ephesians 2:2-3**: "And you he made alive, when you were dead through the trespasses and sins in which you once walked, following the course of this world, following the prince of the power of the air, the spirit that is now at work in the sons of disobedience. Among these we all once lived in the passions of our flesh, following the desires of body and mind, and so we were by nature children of wrath, like the rest of mankind."
- **James 2:14-26**: "What does it profit, my brethren, if a man says he has faith

but has not works? Can his faith save him? If a brother or sister is ill-clad and in lack of daily food, and one of you says to them, "Go in peace, be warmed and filled," without giving them the things needed for the body, what does it profit?"

(10) Christians Must Protect the Fatherless.

- **Proverbs 24:11-12**: "Rescue those who are being taken away to death; hold back those who are stumbling to the slaughter. If you say, "Behold, we did not know this," does not he who weighs the heart perceive it? Does not he who keeps watch over your soul know it, and will he not requite man according to his work?" [NOTE: This Scripture verse applies not just to rescue missions; every person who cares enough to steadily work in a Crisis Pregnancy Center, sidewalk counseling, education, or any other pro-life activity is fulfilling this command].
- **Isaiah 1:17,23**: "Learn to do good; seek justice, correct oppression; defend the fatherless, plead for the widow. ... Your princes are rebels and companions of thieves. Every one loves a bribe and runs after gifts. They do not defend the fatherless, and the widow's cause does not come to them."
- **Isaiah 10:1-2**: "Woe to those who decree iniquitous decrees, and the writers who keep writing oppression, to turn aside the needy from justice and to rob the poor of my people of their right, that widows may be their spoil, and that they may make the fatherless their prey!"
- **Zechariah 7:9-10**: "Thus says the LORD of hosts, Render true judgments, show kindness and mercy each to his brother, do not oppress the widow, the fatherless, the sojourner, or the poor; and let none of you devise evil against his brother in your heart."
- **James 1:27**: "Religion that is pure and undefiled before God and the Father is this: To visit orphans and widows in their affliction, and to keep oneself unstained from the world."

(11) The Anti-Life Mentality is an Abomination.

- **Proverbs 8:36**: "... but he who misses me injures himself; all who hate me [Wisdom] love death."
- **Proverbs 12:26,28**: "A righteous man turns away from evil, but the way of the wicked leads them astray ... In the path of righteousness is life, but the way of error leads to death."
- **Proverbs 14:12**: "There is a way which seems right to a man, but its end is the

Proverbs 14:12: "There is a way which seems right to a man, but its end is the way to death."

- **Psalm 14:1**: "The fool says in his heart, "There is no God." They are corrupt, they do abominable deeds, there is none that does good."
- **Isaiah 5:20-21**: "Woe to those who call evil good and good evil, who put darkness for light and light for darkness, who put bitter for sweet and sweet for bitter! Woe to those who are wise in their own eyes, and shrewd in their own sight!"
- **Isaiah 14:12-14**: "How you are fallen from heaven, O Day Star, son of Dawn! How you are cut down to the ground, you who laid the nations low! You [Satan] said in your heart, 'I will ascend to heaven; above the stars of God I will set my throne on high; I will sit on the mount of assembly in the far north; I will ascend above the heights of the clouds, I will make myself like the Most High.'"
- **Matthew 13:37-40**: "He answered, "He who sows the good seed is the Son of man; the field is the world, and the good seed means the sons of the kingdom; the weeds are the sons of the evil one, and the enemy who sowed them is the devil; the harvest is the close of the age, and the reapers are angels. Just as the weeds are gathered and burned with fire, so will it be at the close of the age."
- **John 8:42-44**: "If God were your Father, you would love me, for I proceeded and came forth from God; I came not of my own accord, but He sent Me. Why do you not understand what I say? It is because you cannot bear to hear My word. You are of your father the devil, and your will is to do your father's desires. He was a murderer from the beginning, and has nothing to do with the truth, because there is no truth in him. When he lies, he speaks according to his own nature, for he is a liar and the father of lies."
- **Acts 13:10**: "... You son of the devil, you enemy of all righteousness, full of all deceit and villainy, will you not stop making crooked the straight paths of the Lord?"
- **Romans 1:21-32**: "For although they knew God, they did not honor Him as God or give thanks to Him, but they became futile in their thinking and their senseless minds were darkened. Claiming to be wise, they became fools, and exchanged the glory of the immortal God for images resembling mortal man or birds or animals or reptiles. Therefore God gave them up in the lusts of their hearts to impurity, to the dishonoring of their bodies among themselves, because they exchanged the truth about God for a lie and worshiped and served the creature rather than the Creator, who is blessed for ever! Amen. For this reason God gave them up to dishonorable passions. Their women exchanged natural relations for unnatural, and the men likewise gave up natural relations with women and were consumed with passion for one another, men committing shameless acts with

men and receiving in their own persons the due penalty for their error. And since they did not see fit to acknowledge God, God gave them up to a base mind and to improper conduct. They were filled with all manner of wickedness, evil, covetousness, malice. Full of envy, murder, strife, deceit, malignity, they are gossips, slanderers, haters of God, insolent, haughty, boastful, inventors of evil, disobedient to parents, foolish, faithless, heartless, ruthless. Though they know God's decree that those who do such things deserve to die, they not only do them but approve those who practice them."

- **2 Corinthians 11:15**: "Therefore it is no great thing if his [Satan's] ministers also be transformed as the ministers of righteousness; whose end shall be according to their works."

- **1 John 3:7-10**: "Little children, let no one deceive you. He who does right is righteous, as he is righteous. He who commits sin is of the devil; for the devil has sinned from the beginning. The reason the Son of God appeared was to destroy the works of the devil. No one born of God commits sin; for God's nature abides in him, and he cannot sin because he is born of God. By this it may be seen who are the children of God, and who are the children of the devil: whoever does not do right is not of God, nor he who does not love his brother."

- **Revelation 12:7-9**: "Now war arose in heaven, Michael and his angels fighting against the dragon; and the dragon and his angels fought, but they were defeated and there was no longer any place for them in heaven. And the great dragon was thrown down, that ancient serpent, who is called the Devil and Satan, the deceiver of the whole world — he was thrown down to the earth, and his angels were thrown down with him."

[Go to Next Topic: Further Reading on Scripture on Abortion](#)

[Return to Scripture on Abortion Table of Contents](#)

Facts of Life: Chapter 11: Scripture on Abortion: Further Reading on Scripture on Abortion



 SHARE

Further Reading on *Scripture on Abortion*

The Bible quotes in Figure 11-1, and many others, are included in an attractive brochure entitled "What Does God Say About Abortion?" This brochure, especially suitable for distribution to Christians contemplating getting involved in pro-life activities, is available from Focus on the Family, Pomona, California 91799.

American Vision. *The Biblical Worldview* [Atlanta: American Vision]. This monthly magazine supports the belief that Scripture should be applied to every area of life. The magazine applies Biblical principles to family, church, education, business, law, medicine, science, art, music, economics, journalism, and civil government. The magazine has timely articles in a news format on all of these issues and is well worth the subscription price.

Pastor John O. Anderson with Doug Brendel. *Cry of the Innocents: Abortion and the Race Towards Judgment* [South Plainfield, New Jersey: Bridge Publishing, 1984]. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174. Telephone: (703) 586-4898. Scriptural background on sin in America and the parallels between our society and the Israel of Hosea's time make this book frightening and motivating reading. The killing of God's most innocent creations is a heinous sin that cries out to God for vengeance. Using the story of the prophet Hosea as a model, the author warns that God will withhold his vengeance upon this nation if we, as individuals and a people, stop our twin sins of sexual immorality and the shedding of innocent blood; but, if we persist, the wrath of God is inevitable — and it will also be directed towards those who stood by and did nothing. If your pastor is sitting on the fence or thinking of getting involved, this is the book that he should read. Pastor Anderson also has a "Cry of the Innocents" videotape, and he is available for presentations. Write to John O. Anderson, Post Office Box 152, Klamath Falls, Oregon 97601.

John Ankerberg and John Weldon. *When Does Life Begin?: And 39 Other Tough Questions About Abortion* [Brentwood, Tennessee: Wolgemuth & Hyatt Publishers, 1989]. This book is one of the best primers the pro-life movement has, because it contains everything that a new activist needs to know. It has four logically laid-out sections: (1) the basic question on when human life begins; (2) answering pro-abort slogans; (3) a Biblical and theological analysis of abortion, and (4) what Christians and churches can do to stop the American Holocaust.

Biblical Reflections on Modern Medicine. This 12-page monthly magazine consists of detailed comments and essays on recent developments in the field of medicine from a Scriptural standpoint, with an emphasis on those procedures that threaten human life: Infanticide, abortion, and euthanasia. The subscription rate is \$14.00 annually. Write to

Covenant Distributors, Box 4009, Martinez, Georgia 30917-4009.

The Biblical Worldview [Atlanta: American Vision]. This monthly magazine supports the belief that Scripture should be applied to every area of life. The magazine applies Biblical principles to family, church, education, business, law, medicine, science, art, music, economics, journalism, and civil government. The magazine has timely articles in a news format on all of these issues and is well worth the subscription price.

T.J. Bosgra. *Abortion, the Bible and the Church* [Honolulu: Hawaii Right to Life Educational Foundation]. Although somewhat out of date by this time, this book is still timely in that it discusses what the Bible says about abortion and lists the actual quotes from statements made by 150 major churches on the subject of abortion.

John Jefferson Davis. *Abortion and the Christian: What Every Believer Should Know* [Phillipsburg, New Jersey: Presbyterian and Reformed Publishing Company, 1984]. This book answers the basic questions of abortion for the Christian: When does life begin, what does Scripture say about prenatal killing, if abortion is ever justified, the dangers of abortion, and what the Christian can do about the current situation.

Paul B. Fowler. *Abortion: Toward an Evangelical Consensus* [Portland, Oregon: Multnomah Press, 1987]. Reviewed by John Jefferson Davis on page 5 of the May 14, 1987 *National Right to Life News*. The author traces the roots and social forces that decimated the Christian consensus against abortion before *Roe v. Wade*, and argues against the statement that the unborn are only 'potential persons.' The best part of the book is a comprehensive examination of what Scripture says about life, death, and the unborn. Mr. Fowler also challenges all Christians to do what they can to end the abortion holocaust.

George A. Kelly (editor). *Human Sexuality in Our Time: What the Church Teaches* [Thaxton, Virginia: Life Issues Bookshelf, Sun Life, 1978]. Proceedings of the Spring 1978 conference by St. John's University's Institute for Advanced Studies in Catholic Doctrine. Topics include Catholics and the Pill; the Bible and human sexuality; the morality and sanctity of sex; and what the Church teaches about sex.

John Warwick Montgomery. *Slaughter of the Innocents: Abortion, Birth Control, and Divorce in Light of Science, Law, and Theology* [Westchester, Illinois: Crossway Books, 1981]. How to decide whether or not to use artificial birth control methods. Marriage, divorce, and abortion from a Christian perspective. The historical Christian perspective of the unborn child.

Henry M. Morris, President, Institute for Creation Research. *The Biblical Basis for Modern Science*. 1986, 516 pages, \$24.95. Order from the Conservative Book Club, 15 Oakland Avenue, Harrison, New York 10528. The most comprehensive guide to support for Scriptural references to any scientifically-based phenomenon. Topics include evidence for creation theory, clarification of apparent Scriptural inconsistencies, the stories of Bible-believing scientific pioneers, an explanation of miracles, and problems with the theory of evolution and the "big bang" theory. This book is essential for any Christian who wants to defend Scripture against skeptical Humanists.

J. Robert Nelson. *Human Life: A Biblical Perspective for Bioethics* [Philadelphia: Fortress Press, 1984]. Reviewed by James Manney on pages 9 and 15 of the October 24, 1985 *National Right to Life News*. The primary purpose of this book is to compare the various existing attitudes towards the creation and nature of life: The materialist, the philosopher, and the religious believers. It also features a detailed contrast between philosophies and resulting actions of bioethicists who are believers and those who are not.

Pope John Paul II. *Theology of the Body*. A series of four books designed to explain in detail the total Catholic Church teaching towards the sanctity of sex, marriage, and procreation. Order individually or as a set from Keep the Faith, 810 Belmont Avenue, Post Office Box 8261, North Haledon, New Jersey 07508, telephone: (201) 423-5395.

1. *Original Unity of Man and Woman*. A catechesis on the Book of Genesis and the foundations of the indissolubility of marriage.
2. *Blessed Are the Pure of Heart*. A catechesis on the Sermon on the Mount and the writings of St. Paul. A discussion on the sins relating to adultery.
3. *The Theology of Marriage and Celibacy*. A catechesis on marriage and celibacy in light of the resurrection of the body. Based on Matthew 22:24-33, which describes the 'renunciation' of marriage for the Kingdom of Heaven.
4. *Reflections on Humanae Vitae*. The basis of the encyclical in light of the redemption of the body and the sacredness of marriage in the Catholic tradition.

Paul J. Quay. *The Christian Meaning of Human Sexuality* [Harrison, New York: Ignatius Press]. Using Scripture and the writings of distinguished (conservative) theologians, Quay explains the understanding of human sexuality that divine revelation offers us. This book is written for Christian adults who want to know what kinds of sexual behavior are right and wrong and who want to gain true insight into why such behavior is right or wrong.

[Return to Scripture on Abortion Table of Contents](#)

Facts of Life: Chapter 12: The Miracle of Fetal Development



To What Point of Fetal Development is Abortion Legal?

What the Pro-Abortionists Think

To What Point of Fetal Development is Abortion Legal?

The True Impact of *Roe v. Wade*

Look in Your *Yellow Pages*

"Collision Course"

Lowering the Limits of Viability

Milestones of Fetal Development

Time Framework

Scientific and Biological Proof

The New and Misleading Medical Terminology

Life Does Not Begin at Conception — Any More

"Embryo," "Fetus" and "Contents of the Uterus"

"Pre-Embryo"

How the New Definitions Work to Kill Preborn Babies

The Bottom Line

The Abortionist's Attitude Towards Third-Trimester Abortions

Introduction

The Reality

The "Dreaded Complication"

Neofeminist Support

The Massachusetts Experience

Stubblefield Strikes Out

What Does It Matter?

What is the Solution?

[A Clear Danger to the Abortionists](#)

Introduction

Keep 'Em Ignorant

Censorship NOW

Pro-Abortion Vandalism

Pro-Abortion Technological Regression

[Information Please](#)

Introduction

The Blastocyst

The Individual at Eight Weeks

[Further Reading on *The Miracle of Fetal Development*](#)

Facts of Life: Chapter 12: The Miracle of Fetal Development: To What Point of Fetal Development is Abortion Legal?



 SHARE

What the Pro-Abortionists Think.

"Explain that you are equally repulsed by the [pro-life] photos, that you are human and love children and babies as much as anyone else. ... The pictures they [the audience] have seen must be discredited. They have been magnified so much as to remove the facts from scientific perspective. Really, in early stages, the fetus is smaller than a fingernail, can fit into a walnut shell, and is much like menstrual flow to the naked eye. We would be repulsed by a magnified picture of an eyeball in formaldehyde also."

— NARAL Pro-Choice America [formerly NARRAL].[1]

To What Point of Fetal Development is Abortion Legal?

"It is not enough merely to tell them [pregnant women] that in procuring an abortion in the early months they are taking a human life; they must be shown that at this [six week] period the child is already well along in its development."

— Abortionist Frederick Taussig.[2]

The True Impact of *Roe v. Wade*. The United States Supreme Court, in its loathsome 1973 *Roe v. Wade* and *Doe v. Bolton* decisions, stated that abortion is legal throughout all nine months of pregnancy. One of the greatest triumphs of the pro-abortion movement is that it has convinced the United States public that abortion is *illegal* beyond the first trimester.

In summary, *Roe* states that, for the stage *beyond* viability, the State, in promoting its interest in the "potentiality" of human life, may, if it chooses, regulate, and even proscribe, abortion except where it is necessary, in appropriate medical judgement, for the preservation of the life and health of the mother. In *Doe v. Bolton*, the companion decision to *Roe*, the Court expanded this definition so that the abortionist has legal discretion to kill children for virtually any reason whatever throughout the entire nine months of pregnancy. *Doe v. Bolton* says that "... the medical judgement may be exercised in the light of all factors — physical, emotional, psychological, familial, and the woman's age — relevant to the well-being of the patient. All these factors may relate to health. This allows the attending physician the

factors may relate to health. This allows the attending physician the room he needs ..."

Study this language very carefully. It says that the State may allegedly prohibit abortion *except when the doctor determines that the mother's health requires otherwise*. However, *Doe v. Bolton* expanded the definition of maternal 'health' to mean virtually anything. This means that a woman may have an abortion, even in the third trimester, if she can convince the abortionist that it is in her own best interest. Obviously, this is no problem at all; the late-term abortions are the most lucrative.

Look in Your Yellow Pages. The most effective rebuttal of the pro-abortion allegation that abortion is illegal after the first trimester is as close at hand as your local *Yellow Pages*.

Almost every phone book in the United States includes advertising by an abortion mill that does abortions to 22, 24, or 28 weeks. Larger cities will have the clinics locally, and surrounding rural areas will almost always have these clinics advertising in their *Yellow Pages*.

"Collision Course." Associate Supreme Court Justice Sandra Day O'Connor has stated that *Roe v. Wade* is "... on a collision course with itself."

Roe defined viability as when the baby is "... potentially able to live outside the mother's womb, albeit with artificial help." The court then established an arbitrary viability limit of *30 weeks*. The Justices were already outdated in their thinking; Figure 12-1 and Figure 12-2 show that fetal viability was fifty percent at only 28.5 weeks as far back as 1970.

Figure 12-2

The Median Age of Fetal Viability in the United States
(50 Percent Survival Rate)

<u>1950</u> : 33.7 weeks	<u>1980</u> : 27.1 weeks
<u>1955</u> : 31.8 weeks	<u>1985</u> : 26.1 weeks
<u>1960</u> : 30.4 weeks	<u>1990</u> : 25.5 weeks
<u>1965</u> : 29.5 weeks	<u>1995</u> : 25.0 weeks
<u>1970</u> : 28.5 weeks	<u>2000</u> : 24.5 weeks
<u>1975</u> : 27.7 weeks	<u>2005</u> : 24.2 weeks

Reference: B. Ferrera, R. Hoekstra, E. Graziano, G. Knox, R. Couser, and J. Fangman. "Changing Outcome of Extremely Premature Infants (<26 WEEKS GESTATION AND <750 GRAMS:&NBSP;&NBSP;SURVIVAL AND FOLLOW-UP AT A TERTIARY CENTER." *American Journal of Obstetrics and Gynecology*, 1989;161: pages 1,114 to 1,118. This article is analyzed in the January 1990 issue of the *Bernadell Technical Bulletin*, page 5. 1995, 2000 and 2005 figures are extrapolated using the TableCurve statistical analysis software.

The Supreme Court's decision in *Planned Parenthood v. Danforth* defined viability as "... that state of fetal development when the life of the unborn child may be continued indefinitely outside of the womb by natural or life-support systems."

This latter definition does not address the question of frozen human embryos, which are certainly capable of being sustained indefinitely by cryogenic life-support systems. By the Supreme Court's own medico-legal definition, a preborn baby is viable until about three weeks of age, then non-viable until about 24 weeks, and viable thereafter.

Does this make any sense?

Lowering the Limits of Viability.

"The last time I saw her, she was just eight cells in a test tube.

She was beautiful then, and she's beautiful now."

— *In-vitro* fertilization (IVF) pioneer Dr. Robert Edwards, describing

Louise Brown, the world's first 'test-tube' baby.[3]

In 1950, a baby born at thirty week's gestation had only a slim chance to live [see Figure 12-1]. The birth and survival of a "kilogram kid" (a premature baby born at 2.2 pounds) was big news indeed. Now, however, the limits have been drastically lowered; it is estimated that more than *one hundred* children have been born in this country weighing *less than one pound*, and most of them are living perfectly healthy and normal lives.

The smallest surviving healthy baby born weighed 380 grams, or about 13.4 ounces. Her mother suffered from life-threatening high blood pressure and a blood clotting disorder, and the infant was delivered 15 weeks early by emergency Cæsarian section. The child survived and was discharged after 4 months in the hospital nursery. At 20 months, she was evaluated and was found to have minor eye and ear disorders. She had normal scores for intelligence and psychomotor development. The total cost of her delivery and care was estimated to be \$202,109.

[4]

Figure 12-1 shows the mean gestational age at which babies have survived birth over the last forty years. The figures shown represent that point at which an "average" baby for that gestational age may be born and have a fifty percent chance of survival.

Figure 12-3 lists the names of about *one percent* of the babies who have survived extremely early birth, and together with Figure 12-1, clearly demonstrates that the threshold of fetal viability is decreasing in a steady near-linear pattern.

Figure 12-3

Some Healthy Babies Who Have Survived Extremely Early Birth

Baby's Name	Baby's Birthday	Weeks Gestation	Baby's Weight (ounces)	Source of Information
Kelly Thorman	March 1971	21	21	St. Vincent Hospital, Toledo
Suzanne South	August 1971	21	23	Bethesda Hospital, Cincinnati
Marcus Richardson	January 1972	20	27	University Hospital, Cincinnati
Tracy LaBranch	March 1972	22	19	<i>Battle Creek Enquirer</i>
Tascha Hudson	March 1974	23	20	Brooke Army Hospital
Alicia Ponce	April 1974	24	23	<i>Associated Press</i>
Simmonne Jayette	April 1978	23	21	Montreal Jewish Gen. Hospital
Mimi Faulkner	November 1978	23	17	San Diego, <i>Boston Herald</i>
Chaya Snyder	October 1979	26	15	Albert Einstein Hospital, NYC

Russell Williams	November 1979	26	15	Long Beach Memorial Hospital
Ernestine Hodges	February 1983	22	17	San Diego, <i>Washington Post</i>
Faith Materowski	April 1983	23	19	Hackensack Medical Center
Melissa Murray	June 1983	22	18	Victoria, Texas, <i>Houston Post</i>
Jamie Baire	October 1983	24	16	Garfield Hospital, Monterey
Melissa Cameron	December 1983	20	16	Sault St. Marie Hospital
Kanya King	June 1985	21	18	<i>Medical World News</i>
Darlene Monroe	May 1986	27	13	<i>Medical Post</i> , Canada
Brandon Spense	July 1986	22	12	<i>Cincinnati Enquirer</i>
Christy Adams	October 1988	24	15	Lady of Lourdes Hospital, Camden
Katy Masner	July 1991	22	11	<i>Kansas City Star</i> , 11/5/1991
Tysiah Howard	August 1997	21	12	<i>Chicago Tribune</i> , 11/21/1997
Madison Savoia	July 2000	27	12	Associated Press, 11/8/2000
Michael Despain	October 2001	20	12.5	Oak Lawn, Illinois [A]
Baby Amelia	February 2002	27	10.0	Florence, Italy [B]
Amillia Taylor	October 2006	21	9.9	Miami [C]

References.

[A] "Born at 12 1/2 Ounces, Baby Now Home." *Jewish World Review*, March 18, 2002.

[B] Francesco DiEmilio "0.07 Ounces Newborn Healthy at 2 1/2 Months." *The*

[B] Frances D. Emilio. 9.97-Ounce Newborn Healthy at 5-1/2 Months. The Seattle Times, May 27, 2002.

[C] "World's Tiniest Baby Heads Home at Last." *The Australian*, February 21, 2007.

Other surviving early-birth babies are described in Dr. and Mrs. J.C. Willke. *Abortion Questions and Answers* [Cincinnati: Hayes Publishing Company, 1985], and in other newspaper articles and news bulletins as noted above.

It is most ironic that many of the hospitals cited in Figure 12-3, which pride themselves on their state-of-the-art neonatal units, also commit abortions. In fact, many hospitals spend hundreds of thousands of dollars fighting to save the lives of very premature babies, while at the same time aborting babies of the same or larger size in another wing.

However, under current medical technology, we are definitely approaching the lower limit of viability. Below a certain age, the baby's lungs just are not capable of sustaining life, even with the most advanced artificial assistance; the baby at 24 weeks has skin so fragile that a mere touch can lacerate it.

Certain scientists have sustained very young preborns (12-16 weeks) in artificial wombs consisting of nutrient-rich solution under very high pressure, but the babies have only lived for a short time. The panacea of the artificial womb, if it is theoretically possible, is a long way in the future indeed.

[Go to Next Topic: Milestones of Fetal Development](#)

[Return to *The Miracle of Fetal Development* Table of Contents](#)

Endnotes for "To What Point of Fetal Development is Abortion Legal?"

[1] Looseleaf booklet entitled "Organizing for Action." Prepared by Vicki Z. Kaplan for the National Abortion and Reproductive Rights Action League, 250 West 57th Street, New York, N.Y. 10019. 51 pages, no date.

[2] Abortionist Frederick Taussig, *The Prevention and Treatment of Abortion*, 1910. Quoted in William May's review of William B. Imber's book *Abortion and the Private Practice* on page 13 of the November 6, 1986 *National Right to Life News*.

[3] Dr. Robert Edwards describing Louise Brown, the world's first 'test-tube' baby, quoted in Donald D. DeMarco, Ph.D. "Trapped By Choice! Biotechnology and the Repudiation of

"Pro-Choice" Ideology." *ALL News*, May 1990, pages 28 to 30.

[4] H.G. Ginsberg, M.D., Jay P. Goldsmith, M.D., and Charles M. Stedman, M.D.
"Survival of a 380-Gram Infant." *New England Journal of Medicine*, June 14, 1990,
Volume 322, No. 24:1,753.

Facts of Life: Chapter 12: The Miracle of Fetal Development: Milestones of Fetal Development



SHARE

Milestones of Fetal Development.

"People who say that the heart starts beating 18 days after conception are crazy. At 10 weeks, the embryo still only weighs one ounce, so how could it have a fully formed heart?"

— Canadian abortionist Henry Morgentaler.[5]

Time Framework. There are two ways in which people discuss the time period related to milestones in fetal development: Gestational and fertilization age.

Fertilization age is a framework of time based upon the point of view of the unborn child, and begins at the instant of conception. The gestational (or menstrual) age timeline begins two weeks earlier at the last menstrual period, and is figured from the point of view of the mother. The framework most often used in discussions about the development of the unborn child is gestational age.

These terms can be somewhat confusing since they are based upon different starting points. Benchmarks of both are compared below.

Figure 12-4
Landmarks in Fetal and Gestational Age

Event	Fetal (Fertilization) Age in Weeks	Gestational (Menstrual) Age in Weeks
Ovulation/fertilization	0	2
Implantation	1	3
First missed menstrual period	2	4
Preborn baby's heart begins to beat	3	5
Preborn baby's brain waves begin	6	8
All of preborn baby's body systems present	8	10

present		
Birth	38	40
<i>Reference: Richard D. Glasow, Ph.D. "Clearing Up Confusion." National Right to Life News, July 30, 1991, page 11.</i>		

Scientific and Biological Proof. As abortionist Morgentaler's quote demonstrates, abortionists, who can (and *do*) know better since they have been through medical school, routinely lie about fetal development in an attempt to keep women and the public ignorant and thereby lessen the natural loathing people have for the taking of innocent life.

After all, when you make your money slaughtering the most innocent of children, what does it matter that you lie occasionally?

At the age of 24 days after conception, the unborn child already meets even the prevailing legal definition of life. Figure 12-5 shows major milestones of normal fetal development. Figure 12-6 shows the average heights and weights for preborn babies at each week of development.

Figure 12-5

Milestones in Fetal Development

Fertilization: The father's sperm penetrates the mother's egg. Genetic instructions from each of the two individuals combine to form a unique individual, barely visible to the human eye. *Taber's Cyclopedic Medical Dictionary* describes what happens next: "Following fertilization, cells multiply (cleavage) which results in formation of a morula, which in turn develops into a blastocyst consisting of a trophoblast and inner cell mass. Two cavities (amniotic cavity and yolk sac) arise within the inner cell mass. These are separated by the embryonic disk which gives rise to the three germ layers (ectoderm, mesoderm, and endoderm), these developing into the embryo proper. The blastocyst wall of trophoblast gives rise to auxiliary structures. The zygote enters the uterus and implantation occurs." [6]

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

5-9 Days: The blastocyst implants in the uterus. Of the 45 total generations of cell replication that will take place by mature adulthood, eight have already taken place. The blastocyst now consists of about 256 cells.

14 Days: The mother's menstrual period is suppressed by chemical signals emitted by her own child. The preborn child's first completed brain cells appear.

20 Days: Heart is in the advanced stages of formation. Eyes begin to form. Brain, spinal column, and nervous system virtually complete. Folding of the ectocyst disc occurs.

24 Days: THE PREBORN BABY'S HEART BEGINS TO BEAT.

28 Days: The baby's muscles are developing. His arm and leg buds are visible, and his first neocortical cells appear. The neocortex is the seat of complex thinking and reasoning, and it is present in no other mammal. The preborn child has grown in size by a factor of 10,000. He or she is now 6 to 7 millimeters long (about 1/4 inch). Blood flows in the baby's veins, separate from mother's blood.

35 Days: The baby's pituitary gland forming, and his mouth, ears, and nose are taking shape.

42 Days: The baby's heart energy output is an incredible 20 percent that of an adult's. The cartilage skeleton is completely formed and ossification begins. The umbilical cord has developed. The baby's brain coordinates voluntary movement of muscles and the involuntary movement of organs. Reflex responses are present. The baby's mother misses her second menstrual period.

43 Days: THE PREBORN BABY'S BRAIN WAVES CAN BE RECORDED.

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

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

8 Weeks: The preborn baby is well-proportioned, about 1½ inches long and 1/30 of an ounce in weight. All organs are present, complete, and functioning (except his lungs). His heart beats sturdily. His stomach produces digestive juices, his liver makes blood cells, and his kidneys are functioning. His taste buds are forming and his unique fingerprints are being engraved. His eyelids and the palpebrae

forming and his unique fingerprints are being engraved. His eyelids and the palms of his hands are sensitive to touch. A tapping stimulus on the amniotic sac will result in the baby moving his arms. Of the 45 total generations of cell replication that will take place by mature adulthood, fully two-thirds (30) have already taken place. The preborn child now consists of about one billion cells. It also contains more equivalent genetic information than every word communicated by every human being who has ever lived since the beginning of the human race.

9 Weeks: The preborn child will bend fingers around an object placed in his palm. His fingernails are forming. He sucks his thumbs.

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

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

12 Weeks: Vigorous activity shows the baby's distinct personality; their sleep patterns differ; some babies hiccup constantly, others may cry. Baby can kick, turn over, curl and fan toes, make a fist, move thumbs, open mouth and press lips tightly together. Baby practices breathing.

13 Weeks: The preborn child's facial expressions resemble those of his parents. His movements are vigorous and graceful. His vocal chords are present, and, in rare cases when air enters the uterus temporarily, the baby has been heard crying. His or her external sex organs are present, and the sex of the baby can be determined. His auditory sense is now present.

4 Months: The preborn baby can grasp with hands, swim, and turn somersaults. His mother may first feel his movements at this time. His eyelashes are now present. Rapid eye movements (REM), indicative of dreaming, can now be recorded. A very bright light shined on the mother's abdomen will cause the baby to slowly move his arms to cover his eyes. Very loud music will cause the baby to cover his ears. Connections between the neocortex and the muscles they control are beginning to appear.

5 Months: The preborn baby has formed his own unique sleeping habits by now, and a loud sound such as a slammed door may startle him. He

responds to sounds that are of frequencies that exceed adult's range in both directions. He may be soothed to sleep by gentle music.

6 Months: Most babies are viable at this point (24 weeks - about 60 percent of full gestation). Fine hair grows on head and eyebrows. Eyelashes appear. The baby's weight is about 640 grams (22 ounces), and height is about 23 centimeters (nine inches).

7 Months: The baby's weight increases to over one kilogram (2.2 pounds). The baby's eyeteeth are now present. His eyes open and close and explore surroundings. Hands can support baby's entire weight at this time. Baby recognizes his or her mother's voice. Of the 45 total generations of cell replication that will take place by mature adulthood, 38 have already taken place. The baby now has about 300 billion cells.

8 Months: The baby's weight increases to over two kilograms (4.4 pounds), and his quarters become cramped. If born now, the baby has more than a ninety percent chance of surviving and being entirely healthy.

9 Months: In the final six weeks of gestation, the baby gains about an ounce of weight per day. Hormones released by the child trigger labor. The lightest baby ever born to survive healthily weighed in at 10 ounces. The heaviest baby ever born weighed in at 26 pounds and went on to become a heavyweight boxing champion of the world (Primo Carnera). Of the 45 total generations of cell replication that will take place by mature adulthood, 41 have already taken place. The baby now has about two trillion (2,000,000,000,000) cells. The remaining four generations of cell replication will occupy all of the person's childhood and young adulthood. This means, that, in developmental terms, we spend 90 percent of our lives *in utero*.

Figure 12-6

Average Fetal Weight and Length by Gestational Age

Week of Gestation	Fetal Weight (Grams)	Fetal Weight (Lbs-Oz)	Fetal Length (Inches)
8	1	0 - 1/25	1½
9	2	0 - 1/12	2-0

10	4	0 - 1/6	2½
11	7	0 - 1/3	3-0
12	14	0 - 1½	3½
13	25	0 - 1	4¼
14	45	0 - 2	5-0
15	70	0 - 3	5¾
16	100	0 - 4	6½
17	140	0 - 5	7¼
18	190	0 - 7	8-0
19	240	0 - 8	9-0
20	300	0 - 11	10-0
21	360	0 - 13	10½
22	430	0 - 15	11-0
23	500	1 - 2	11½
24	600	1 - 5	12-0
25	700	1 - 9	12½
26	800	1 - 12	13-0
27	900	2 - 0	13½
28	1,000	2 - 3	14-0
29	1,175	2 - 9	14½
30	1,350	3 - 0	15-0
31	1,500	3 - 5	15½
32	1,675	3 - 11	16-0
33	1,825	4 - 0	16½
34	2,000	4 - 6	17-0
35	2,160	4 - 12	17½
36	2,340	5 - 3	18-0

37	2,500	5 - 8	18½
38	2,775	6 - 2	19-0
39	3,000	6 - 10	19½
40	3,250	7 - 3	20-0
41	3,500	7 - 11	20½
42	4,000	8 - 13	21-0
43	4,500	9 - 15	21½
<u>Conversion Factors</u> 1 pound = 453.6 grams 1 ounce = 28.35 grams 1 meter = 39.37 inches 1 inch = 2.54 centimeters			
<u>Reference:</u> Enfamil disc entitled "Fetal Dimensions."			

Of all the stages of development that the preborn child progresses through, the one that seems to define life for most people is the time when the heart begins to beat.

As early as 1961, researchers, during a therapeutic hysterectomy, obtained a 7½ week preborn baby measuring 23 millimeters (about one inch) from crown to rump. This baby survived independent of the mother for twenty minutes. During this time, the researchers used electrocardiographs to directly measure its strong and regular heartbeat, proving beyond a shadow of a doubt that a preborn baby does have a heartbeat by, *at the latest*, seven and one-half weeks.[7]

This means that the vast majority of all surgical abortions are committed after the heart of the preborn child begins to beat.

[Go to Next Topic: The New and Misleading Medical Terminology](#)

[Return to *The Miracle of Fetal Development* Table of Contents](#)

Endnotes for "Milestones of Fetal Development"

[5] Canadian abortionist Henry Morgentaler, quoted in Lynda Hurst. "Pro-Abortionist: Decision is Woman's, Abortion Doctor Says." *The Toronto Star*, November 29, 1973, page E1.

[6] See *Taber's Cyclopedic Medical Dictionary*. New York: Eliot Books, 1983.

[7] Reuben Straus, M.D., Ralph H. Walker, M.D., and Morris Cohen, Ph.D. "Direct

Electrocardiographic Recording of a Twenty-Three Millimeter Human Embryo." *The American Journal of Cardiology*, September 1961, pages 443 to 449

Facts of Life: Chapter 12: The Miracle of Fetal Development: The New and Misleading Medical Terminology



SHARE

The New and Misleading Medical Terminology

Life Does Not Begin at Conception — Any More. For many years, pro-lifers have taken for granted the medical fact that life begins at conception. Until the mid-1960s, the medical profession accepted this fact as well.

Defenders of preborn human life have always defined the term "conception" as the union of the sperm and the egg. In 1933, Alan Guttmacher, a future President of the Planned Parenthood Federation of America (PPFA), said that

We of today know that man is born of sexual union; that he starts life as an embryo within the body of the female; and that the embryo is formed from the fusion of two single cells, the ovum and the sperm. This all seems so simple and evident to us that it is difficult to picture a time when it was not part of the common knowledge.[8]

Even as late as 1963, the United States Department of Health, Education and Welfare (HEW) defined "abortion" as "all the measures which impair the viability of the zygote at any time between the instant of fertilization and the completion of labor." [9]

Until the mid-1960s, scientists universally acknowledged that conception happened at the moment of fertilization of the ovum by the spermatozoa, somewhere in the Fallopian tube. But pro-abortionists and population controllers already had their sights set on a shift from contraceptive to abortifacient methods of birth prevention, and abortifacient research was already ongoing in Japan and several European countries.

In order to make abortifacients acceptable to women, and to circumvent laws designed to prohibit abortion, the pro-abortionists realized that they had to blur the line between contraceptive and abortifacient action.

They could do this only by changing the definition of "conception" from *fertilization* [union of spermatozoa and ovum] to *implantation*. Under the *new* definition of "conception," if a device or drug — such as an IUD or Depo-Provera — prevents implantation, then no abortion takes place. Under the *new* definition, abortion would only occur if a chemical or device killed a preborn child who had already implanted in the endometrium (lining) of the uterus.

The pro-abortionists' continuing agitation for a change in terminology finally bore fruit in 1965, when the American College of Obstetrics and Gynecology (ACOG) published its first *Terminology Bulletin*, which stated that "Conception is the implantation of a fertilized ovum." This semantic subterfuge resulted in the *Bulletin* inventing two misleading terms for early abortion: "Post-conceptive contraception" and "post-conceptive fertility control." [10]

The deception by the medical establishment regarding the definition of "conception" coincided exactly with its devaluation of the preborn child. Neither change in attitude nor terminology was based upon some revolutionary discovery in medical technology or knowledge. The changes were made purely to further the anti-life goals of the medical

knowledge. The changes were made purely to further the anti-life goals of the medical profession and the pro-abortionists.

Dr. J. Richard Sosnowski, head of the Southern Association of Obstetricians and Gynecologists, a member group of ACOG, clearly highlighted this strategy in his 1984 presidential address;

I do not deem it excellent to play semantic gymnastics in a profession ... It is equally troublesome to me that, with no scientific evidence to validate the change, the definition of conception as the successful spermatic penetration of an ovum was redefined as the implantation of a fertilized ovum. It appears to me that the only reason for this was the dilemma produced by the possibility that the intrauterine contraceptive device might function as an abortifacient.[11]

"Embryo," "Fetus" and "Contents of the Uterus." Traditionally, medicine has called the preborn child, from fertilization until about eight weeks, an "embryo," and thereafter, until birth, a "fetus." The embryo or fetus, when taken together with the placenta and umbilical cord, is referred to as the "contents of the uterus."

Until the mid-1960s, "embryo" and "fetus" were purely medical terms, which most physicians used interchangeably with "unborn child." However, since about 1965, the medical profession and pro-abortionists have studiously used only the terms "embryo," "fetus," and "contents of the uterus," not in the interest of scientific accuracy, but in order to dehumanize the preborn child.

"Pre-Embryo." The term "pre-embryo" simply did not exist until the mid-1980s. In 1986, the Ethics Committee of the American Fertility Society (AFS) chose "pre-embryo" to cover the 14-day period beginning at fertilization. Their rationale was that, at about 14 days, the preborn child develops a "primitive streak," the precursor to a completed spinal column.[12]

The term "pre-embryo" has absolutely no grounding in medical science. It is nothing more than an attempt to downgrade very early preborn children to an inferior class. Pro-abortionists see this as necessary for several reasons: (1) They may experiment upon "pre-embryos" with impunity; (2) they may dispose of "pre-embryos" after unsuccessful attempts at *in-vitro* fertilization (IVF) or other types of assisted reproduction; (3) they may kill "pre-embryos" with abortifacients such as intrauterine devices (IUDs), oral contraceptives, Depo-Provera, Norplant, and so-called "emergency contraceptives;" and (4) they can use "pre-embryo" as another rationalization to further protect and promote abortion.

Figure 12-7 shows how pro-abortionists have forcibly 'evolved' medical terminology for the sole purpose of confusing and misleading people.

Figure 12-7

Old and New Medical Terminology Regarding Early Human Life

Old and New Medical Terminology Regarding Early Human Life		
Medical		

Medical Term	Old Definition	New Definition
Fertilization	When the sperm unites with the egg	When the sperm unites with the egg
Conception	When the sperm unites with the egg	Implantation (7-10 days after fertilization)
Embryo	The human being from the first cell division until 35 to 40 days after implantation	The human being after implantation until 35 to 40 days after fertilization
'Pre-embryo'	Nonexistent term	The tissue (non-human being) after fertilization but prior to implantation

How the New Definitions Work to Kill Preborn Babies. The new (post-1965) definitions have implications far beyond that of the field of abortifacients. The new terms represent "non-inclusive" language that excludes preborn children before implantation. The new definitions will become more and more important, especially if the public and pro-life activists accept them without dispute.

Under the new terminology, few people will object to *in-vitro* fertilization (IVF), where fertilization takes place in a laboratory dish. The least perfect blastocysts (very early developing human beings) are simply discarded. If these are mere "pre-embryos," who will care?

What's more, nobody will care if "pre-embryos" are experimented on. And there will be no outcry when, eventually, all "pre-embryos" are systematically screened for all known birth defects, and only the most perfect will be allowed to continue developing. Strong agitation for universal genetic screening shortly after true conception will be one of the inevitable outgrowths of the Human Genome Project, which seeks to map every human chromosome and list every possible defect that can befall human beings.

The Bottom Line. As the battle over abortion shifts from retail surgical baby-killing to wholesale *chemical* baby-killing, pro-lifers must use precise and unchanging language and terms on the ever-changing battlefield. The babies cannot afford sloppy or imprecise language, because confusion and uncertainty always work to the advantage of the pro-abortionists.

Traditionally, pro-life activists have proclaimed that "Life begins at conception."

In the Brave New World of silent abortions and rubbery definitions, this statement, although it is true, is not specific enough to counter the shifting terminology of the anti-lifers.

The vast majority of preborn children who die at the hands of abortionists are not killed by vacuum machines or curettes, but by injections and pills.

In order to fight for all preborn children, pro-lifers must declare what has always been true, but which is now particularly relevant: "Life begins at *fertilization!*"

[Go to Next Topic: The Abortionist's Attitude Towards Third-Trimester Abortions](#)

[Return to *The Miracle of Fetal Development* Table of Contents](#)

Endnotes for “The New and Misleading Medical Terminology”

[8] Alan F. Guttmacher. *Life in the Making: The Story of Human Procreation*. New York: Viking Press, 1933. Page 3.

[9] Public Health Service leaflet No. 1066, United States Department of Health, Education and Welfare, 1963, page 27.

[10] American College of Obstetrics and Gynecology (ACOG). *Terminology Bulletin*, "Terms Used in Reference to the Fetus." Chicago: ACOG, September 1965.

[11] J. Richard Sosnowski, M.D. "The Pursuit of Excellence: Have We Apprehended and Comprehended It?" *American Journal of Obstetrics and Gynecology*, September 15, 1984, page 117.

[12] Bernard Nathanson, M.D. "Of Pre-Embryos and Bourbon Kings." *ALL About Issues*, August-September 1991, pages 19 to 21.

Facts of Life: Chapter 12: The Miracle of Fetal Development: The Abortionist's Attitude Towards Third-Trimester Abortions



SHARE

The Abortionist's Attitude Towards Third-Trimester Abortions

"A fetus is *nothing!* You won't get me to say I'm sorry for the fetus. Abortion is much more important than the life of a child that doesn't exist."
— Abortionist Howard I. Diamond.[13]

Introduction. It is very interesting indeed that many pro-abortionists who say that life begins at quickening also support third-trimester abortions. Pro-aborts will say that these late abortions account for 'only' one percent of all abortions, and they will be correct.

However, one percent of 1.3 million is 13,000 third-trimester babies being dismembered or dumped in stainless-steel buckets every year — or about sixty *per business day*. Since pro-aborts are compelled by their curious philosophies to defend *all* abortions — even those in the third trimester — this propensity can be used to uncover their extremism in public.

When dealing with third-trimester abortions, the anti-life mentality is uncompromising and absolutist for two very good reasons;

- The anti-lifer strives to be free of God and actually is striving (whether consciously or unconsciously) to transform himself into a 'little God.' To admit that *any* anti-life practice is inhumane or unethical would be to admit fault and culpability. This and other strange characteristics of the anti-life mentality are described in detail in Session 4 of Human Life International's *Pro-Life Basic Training Program*, which is on another compact disc.
- The anti-lifers are acutely aware of the principle of "reverse incrementalism;" that is, they are compelled to defend these most reprehensible abortions, because if they 'lose' abortion for the third trimester and for sex selection, for example, they will surely 'lose' abortion in other categories as well (perhaps this phenomenon could be called the 'slippery ski-lift').

The Reality. Many or most pro-abortionists will deny that third-trimester abortions even exist. However, Census Bureau statistics, which themselves are based upon Alan Guttmacher Institute figures, show that about one percent of all abortions are performed in the third trimester.[14]

In light of the fact that fifty percent of all babies are viable with medical help at the beginning of the third trimester, we see that a minimum of *seven thousand viable babies are put to death in this country each year* (the current age of fetal viability is shown in Figure 12-1).

Although there are very few abortuaries that kill preborn babies past the 24th week, these few mills commit the vast majority of such grisly procedures. Some abortuaries

these few firms commit the vast majority of such grisly procedures. Some abortionists advertise for abortion well into the third trimester in the *Yellow Pages*. Atlanta's Midtown Hospital, which does abortions to 26 weeks and beyond, is a typical example.

A lot of attention was focused on the notorious Wichita third-trimester killer, George Tiller, during Operation Rescue's 1991 "Summer of Mercy." It is significant that 6,000 pro-aborts held a counter-rally in Wichita during OR's missions. Their ardent support for third-trimester abortions was displayed by a plane towing a banner that read "WE LOVE YOU, DR. TILLER!"[15]

The "Dreaded Complication." Occasionally third-trimester abortions result in what doctors commonly call "the dreaded complication:" A live, crying, viable baby.

Abortionist Enrique Gerbi of Detroit Memorial hospital performed an abortion in October 1984 which resulted in the live birth of a 29-week girl. He shrugged and said that "It happens all the time. This is not the first time, and it won't be the last. It happens all the time."[16]

Dr. David A. Grimes, veteran Planned Parenthood abortionist, estimates that from 500 to 3,000 babies survive prostaglandin and hysterotomy abortions *every year*. [17]

The prevalence of such incidents has given rise to particularly grisly abortion procedures whose purpose is to insure a dead baby. These include the dilation and extraction (D+X), where all of the baby is delivered except for the head. The abortionists then punctures the baby's skull and sucks its brains out.

A "botched abortion" can lead to a curious breed of litigation: The "wrongful life" lawsuit. "Wrongful life" suits are filed on behalf of a child alleging that he should have been aborted. In contrast, "wrongful birth" suits are filed by parents that claim that their child should have been aborted.[18] Such litigation has literally inverted the traditional legal theory of "wrongful death" to create the "anti-tort" of "wrongful life."

Whatever the terminology, the very existence of the terms "wrongful life" and "wrongful birth" indicates just how far down the slippery slope our legal system has already plunged.

Neofeminist Support. Judith Hole and Ellen Levine's book *Rebirth of Feminism* neatly summarizes the radical Neofeminist's attitude towards third-trimester abortions;

... any woman who wishes to terminate a late pregnancy undoubtedly has a very good reason and should have the right to do so. In addition, they argue that the concepts of "quickening" and "viability" are based on religious doctrine and ancient myths about when "life" begins. Any woman who believes in them will not seek an abortion beyond the time dictated by her beliefs. All women, however, should not be required to follow one doctrine.[19]

Note carefully that pro-abortionists use this logic to justify *all* abortions, even those committed for convenience, for any reason or for no reason at all. Such a statement could even be used to justify infanticide. The original logic used by the Neofeminists has simply been extended to cover the disposal of viable babies.

The Massachusetts Experience. In 1989, anti-life Massachusetts legislators pushed a so-called "Prochoice Amendment" to their state's Constitution. In order to

make this Amendment more palatable to many of their colleagues, sponsors asserted that third-trimester abortions would only be allowed to save the life of the mother.

Incredibly, Neofeminists strongly condemned this exception on the grounds that *third-trimester abortions should be available for convenience reasons* (i.e., economics, to avoid embarrassment, etc.).

Some of the statements by the local radical press in opposition to this Amendment outlined this extreme position. Marlene Fried baldly summed up the basic Neofeminist position in the simplest possible terms as she claimed that "The most basic aspect of abortion rights [is] a woman's right to decide, at any point in pregnancy, for any reason." [20] And the Revolutionary Communist Party of the United States insisted that "There are many different reasons why women get abortions. And they are all valid." [21]

The most revealing opposition to the "Prochoice Amendment" was generated by the Reproductive Rights Network of Boston. This organization stated that;

The Reproductive Rights Network of Boston believes that it [the 'Prochoice' Amendment to the Massachusetts Constitution] dangerously narrows reproductive rights, and undermines the very movement we're trying to build, by limiting abortion rights to the first 24 weeks of pregnancy. ... This represents an alarming compromise of the basic feminist principle that abortion is fundamentally a woman's choice. ... Restrictions in late abortion also uphold a disturbing concept that has gotten play in the media and the legislature: that there are morally reprehensible abortions. ... Our priority now must be to expand the notion of reproductive rights and to strengthen our message. This is certainly not the time to voluntarily shrink our own demands. [22]

Stubblefield Strikes Out. In 1985, prominent abortion supporter Dr. Philip Stubblefield, past president of the National Abortion Federation (NAF), suggested lowering the upper limit on abortions to 22 weeks. He was certainly not at all concerned about the agony inflicted upon viable babies; he simply wanted to take one small step towards cleaning up the abortionist's filthy public image.

However, Stubblefield was shouted down when he formally presented his proposal to other leading pro-aborts. Abortion lawyer Janet Benshoof of the American Civil Liberties Union (ACLU) demanded that there be *no* upper gestational age limit, stating as fact that abortion on demand "... is a precondition for all other legal and constitutional guarantees of women's equality." [23]

Despite his questionable motivations for banning third-trimester abortions, Stubblefield appears to be unique among hard-core abortionists. Dr. Frank Chernak summarized the callous opinion of other late-term abortionists toward third-trimester killing in the *New England Journal of Medicine*; "Prenatal death does not constitute a harm, nor does the prenatal termination of the fetus' life through induced abortion constitute an injury." [24]

What Does It Matter? Pro-life activists should know by now that the status of the unborn as living, as human, as persons, or as developed babies is completely irrelevant to pro-abortionists. All that matters to them is that they be allowed to continue to commit genocide in peace.

The most powerful weapon the pro-aborts have in their arsenal is confusion. When confronted with any information on the unborn at all, they will squirt verbal ink like

cuttlefish and will do *anything* to confuse rather than clarify the issues.

The following pro-abortion quotes demonstrate that viability is not important to those who kill the babies — only the ability to divert attention is.

Writer Nancy Rhoden says that "The compromise forged in *Roe v. Wade* was, and can remain, an acceptable one. But it can do so only if the Court recognizes, when it becomes necessary, the limited ethical relevance of fetal viability." [25]

Janet Benshoof of the American Civil Liberties Union wrote that

The increasing tendency to view the fetus as an independent patient or person occurs at the cost of reducing the woman to the status of little more than a maternal environment ... We need to refocus the right to abortion as one not defined by the fetus or by technological advances, but rather one that is tied to women's constitutional right to privacy, autonomy and bodily integrity. [26]

Some pro-abortion diversionary arguments are so silly they should be made into a gag poster. As expected, the most illogical and anti-scientific ravings originate with self-identified Humanists — yes, the same people who pride themselves on their allegedly "rational" outlook. For example, Sherry Matulis, during her 1991 "Humanist Heroine Award" speech, snarled

And although a rose is a rose is a rose, you will never hear anti-choice proponents raise their voices against spontaneous abortion. You will never see them picket or march on Washington or take any other action to try to stop or even lessen this spontaneous "holocaust." And you will certainly never hear them decry their God with his big abortion mill in the sky for this wanton destruction of "innocent life" — this "mass murder" of up to 80 percent of *all* those fertilized eggs they refer to as "unborn children." Because to discuss it — to really examine its implications — is to put the lie to all their mystical twaddle. [27]

What is the Solution? Pro-abortionists have successfully clouded the central issue in the argument over the moral and legal status of preborn babies — the discussion over their personhood and viability. Therefore, a mechanical or philosophical resolution of the abortion question is now literally impossible, since pro-abortionists can simply redefine or define out of existence the various qualities of the preborn. Fundamental words that used to have concrete meaning — among them "life," "humanity," and "personhood" — have no fixed reference point in the featureless moral landscape of the social engineers, and drift wherever the currents of convenience take them.

The loss of this foundation has led to a plethora of well-intentioned but physically impossible suggestions for "solutions" to the abortion problem. These recommendations do not address the status of the unborn, and so will never suffice to put even the smallest dent into the abortion Holocaust.

Some people, including Dr. Bernard Nathanson, have suggested that the abortion question will be resolved by allowing unwanted embryos or early fetuses to be removed from the woman's body and grown in artificial uteri. However, the state cannot force the

removal of bone marrow or blood from a person, even to save another's life; it is unrealistic to expect that it will do so in the case of early preborn babies. Additionally, the pro-abortionists will fight this development tooth and nail with their most powerful weapon to date: the "right to privacy," as Janet Benshoof has implied.[26]

[Go to Next Topic: A Clear Danger to the Abortionists](#)

[Return to *The Miracle of Fetal Development* Table of Contents](#)

Endnotes for "Abortionists Attitude towards Third-Trimester Abortions"

- [13] Abortionist Howard I. Diamond of Beth Israel Medical Center. Quoted in Norma Rosen. "Between Guilt and Gratification: Abortion Doctors Reveal Their Feelings." *New York Times Magazine*, April 17, 1977, page 78.
- [14] See Chapter 19, "United States Abortion Statistics," for calculations and references.
- [15] Steve Otto. "Choice Supporters Rally, Assail Operation Rescue." *People's Daily World*, August 31, 1991, page 7.
- [16] Leslie Bond. "Another Abortion Survivor at Detroit Memorial Hospital." *National Right to Life News*, July 31, 1986, page 7.
- [17] David A. Grimes. "Second-Trimester Abortions in the United States." Alan Guttmacher Institute, *Family Planning Perspectives*, November/December 1984.
- [18] Lisa Andrusko. "A Fact of Life: Is Abortion Legal Only in the First Three Months of Pregnancy?" *National Right to Life News*, January 23, 1986, page 1.
- [19] Judith Hole and Ellen Levine. *Rebirth of Feminism* [New York: Quadrangle Books, 1971], page 288.
- [20] Marlene Fried. "Pro-Choice Agendas After Webster." *Against the Current*, November/December 1989, page 20.
- [21] "Women Are Not Incubators!: The Assault on Abortion Rights." Revolutionary Communist Party of the United States, *Revolutionary Worker*, November 6, 1989. Also distributed as a special reprint booklet, page 6.
- [22] Reproductive Rights Network of Boston. "R2N2 Opposes Coalition's Amendment." *Sojourner: The Women's Forum*, April 1990, page 8.
- [23] Richard D. Glasow, Ph.D. "Public Revulsion to Late Abortions Worries Pro-Abortionists." *National Right to Life News*, November 21, 1985, pages 5 and 9.
- [24] Frank Chernak, et al., "When is Termination of Pregnancy During the Third Trimester Morally Justified?" *New England Journal of Medicine*. Volume 310, No. 8, page 502.
- [25] "Late Abortion and Technological Advances in Fetal Viability." Nancy K. Rhoden. "Some Legal Considerations." *Family Planning Perspectives*, July/August 1985, pages 160 and 161.
- [26] "Late Abortion and Technological Advances in Fetal Viability." Janet Benshoof. "Reasserting Women's Rights." *Family Planning Perspectives*, July/August 1985, pages 162 and 163.
- [27] Sherry Matulis. "Why Abortion Must Remain the Law of the Land." *The Humanist*, July/August 1992, pages 35 to 37 and 49. Extracted from her 1991 "Humanist Heroine

July/August 1992, pages 36 to 37 and 40. Extracted from her 1991 "Humanist Heroine Award" speech.

Facts of Life: Chapter 12: The Miracle of Fetal Development: A Clear Danger to the Abortionists



 SHARE

A Clear Danger to the Abortionists

"You must learn to turn your eyes away."
— Albert Speer, the architect of Adolf Hitler's
Jewish Extermination Program.[28]

Introduction. The greatest weapon in the pro-life arsenal is not the photographs of mangled aborted late-term preborn babies — although these are still very powerful and useful.

The greatest persuader that the pro-life movement has is beautiful full-color photos of preborns peacefully floating in their mother's wombs. Some of these are shown above.

The abortionists know this. While they snivel about "shocking anti-choice propoganda featuring aborted fetuses," they also fanatically oppose the public display of any representation of *living* preborns. There is a very good reason for this apparent hypocrisy: The abortionists so fear the public seeing the truth about fetal development that they will go to almost any lengths to obscure or censor the truth.

The remainder of this section outlines just a few of the more blatant attempts by pro-abortionists to keep the truth about fetal development from the public.

Keep 'Em Ignorant. Debate is perhaps the only forum where pro-lifers and pro-aborts may meet on a "level playing field" and actually *talk* about the issues related to abortion. However, even in this setting, pro-abortionists try to censor the material that pro-lifers use.

This is evident upon examining anti-life debating manuals.

For example, a debating manual issued by the National Abortion and Reproductive Rights Action League (NARRAL) entitled "Organizing for Action" states on page 29 that

Another set of questions involves the opposition. Has your audience seen anti-abortion propoganda? Are you debating a Right-to-Lifer? Is the opposition bringing slides or pictures? Try to insist that they not be allowed to ... Find out if your opposition is bringing audio-visuals. Try to insist that you will only speak if they do not.[1]

This is a common theme in pro-abort publications. Perhaps the best example of this type of cowardice is contained in mega-abortionist Warren Hern's book *Abortion Practice*;

Television interviews, in particular, should focus on the public issue involved (right to confidential and professional medical care, freedom of choice, and so forth) and not on the specific details of the abortion procedures.

In Colorado, the pro-choice community has decided after some period of disagreement and discussion to refuse all invitations to debate ... we respond to all requests from schools for educational presentations concerning abortion. If the sponsors want both sides presented, however, the presentations must be made on different occasions. We insist that visual aid materials not be presented by either side.[29]

Censorship NOW. In 1989, Human Life of Washington (the state's National Right to Life affiliate) placed a series of ads on Washington Transit Authority busses. These ads consisted of a photograph of a 17-week old unborn baby swimming in its mother's womb with the caption "ENJOY LIFE. GOOD THINGS COME IN SMALL PACKAGES." The objective of the ads was not to stop abortions, but to warn the public about the effects of alcohol and substance abuse and diet on fetal development.

The Reproductive Rights Task Force of the Seattle Chapter of the National Organization for Women (NOW) immediately initiated a telephone harassment campaign directed against Washington Transit, claiming that the photos and ads were, in NOW's lofty opinion, "too graphic." [30] The Washington Transit Authority quickly broke its contract with Human Life and obediently pulled the ads.

A NOW spokeswoman explained that "NOW works to promote and protect the human rights of women. It is in keeping with the work that we do that we protest advertising the intent of which is harmful to the health and well-being of women, and which deprives women of their full rights as human beings." [31]

When asked how the advertising was "harmful to the health and well-being of women," and how it "deprived women of their full rights as human beings," the NOW people refused to answer.

In other words, NOW does not even want the public to know basic facts about human reproduction, because the sight of a healthy unborn baby might make some women change their minds about abortion!

Pro-Abortion Vandalism. Delaware Right to Life rented six billboards from Reagan National Advertising in October 1990. The billboards featured a photograph of a beautiful unborn baby with an inoffensive pro-life message. Within two days, all six billboards were torn apart and the pictures of the unborn babies were vandalized. Obscenities and the slogan "THIS IS A PRO-CHOICE NEIGHBORHOOD" were spraypainted on the wreckage. [32]

In response to this aggressive censorship, Lou Jacquet of the newspaper *Dialog* wrote that

The pro-abortion movement has to destroy pro-life billboards to keep people from learning the ugly facts about what abortion involves ... One of the recurring problems facing those who favor legalized abortion is the growing body of knowledge providing beyond a doubt how vital human life already is well before actual birth occurs ... It's not the kind of information pro-abortion activists can afford to acknowledge. So they've taken to a simple solution — tearing down and spraying over billboards. Aren't these the same folks who call pro-life activists who picket abortion clinics 'uncivilized'? [32]

This vandalism is certainly not an isolated incident. More than 100 pro-life billboards

have been destroyed or heavily damaged all over the country since 1985 by skulking pro-abortionists — exactly the same people who complain so loudly about clinic burnings.

Pro-Abortion Technological Regression. At the October 1989 annual conference of the National Abortion and Reproductive Rights Action League, pollster Harrison Hickman stated that "Probably nothing has been as damaging to our cause as technological advances that show pictures of the fetus." [33]

Perhaps the worst thing ever to happen to abortionists and their toadies is the development of ultrasonography, which shows preborn children moving, sucking their thumbs, and just generally living in their mother's wombs. The abortionists fully recognize that they must keep women from seeing their preborn children, or they may lose their "sale," so they aggressively work to keep women ignorant.

Sally Faith Dorfman, director of Family Planning, Development, and Research at Albert Einstein Medical College in New York, instructed her peers in how to keep women uninformed;

A compassionate and sensitive sonographer should remember to turn the screen away from the plane of view [of the patient]. Staff too may find themselves increasingly disturbed by the repeated visual impact of an aspect of their work that they need to partially deny in order to continue to function optimally and to concentrate on the needs of the women who come to them for help. [34]

The new and promising field of fetal surgery is also very worrisome to pro-abortionists, who recognize that there is a paradox in performing surgical procedures on an entity that isn't supposed to exist. Judith Pasternak of the American Civil Liberties Union's Reproductive Freedom Project is only one of the many pro-abortionists desperately trying to downplay the significance of *in-utero* fetal surgery;

But these [fetal surgery] techniques and this success are new indeed, so dazzlingly new as to blind us, perhaps, to the fact that the moral premise of abortion remains unchanged. The "issue of abortion" remains the issue of the right of the woman to choose whether or not to carry something in her own body. No technological advances can rob her of her right to choose whether or not to keep it there. [35]

These examples show that the pro-abortion cause actively resists the discovery of new scientific evidence. This is analogous to the Flat-Earth Society ridiculing information showing that our planet is actually roughly spherical in shape.

[Go to Next Topic: Information, Please](#)

Endnotes for “A Clear Danger to the Abortionists”

- [28] Albert Speer, the architect for Adolf Hitler's Jewish Extermination Program. Quoted in ""Civility" and the Right to Life." Free Speech Advocates newsletter of May 1989.
- [29] Warren Hern, M.D. *Abortion Practice* [New York: J.B. Lippincott Company, 1984], page 323.
- [30] "Pro-Life Ad Pulled From Seattle Buses." Portland, Oregon *Catholic Sentinel*. November 3, 1989, page 22.
- [31] See *Living World*, Volume 5, Number 2, page 28.
- [32] "Billboards Carry Pro-Life Message." *Voices for the Unborn* (Feasterville, Pennsylvania), October 1990, page 10.
- [33] Human Life of Washington State. *Human Life News*, January/February 1990, page 1.
- [34] Transcript excerpts from a talk entitled "Abortion Update" (Talk no. 1065), given by Dr. Sally Faith Dorfman, director of Family Planning, Development, and Research at Albert Einstein Medical College in New York, at the American Public Health Conference, November 18, 1985, in Washington, D.C. Recorded by Robert G. Marshall, director of research, Castello Institute. An editorial in the February 15-28, 1986 *Obstetrics and Gynecology News* reported on this talk: "Sonography in connection with induced abortion may have psychological hazards. Seeing a blown-up, moving image of the embryo she is carrying can be distressing to a woman who is about to undergo an abortion, Dr. Sally Faith Dorfman noted. She stressed that the screen should be turned away from the patient. Staff members may also be affected by sonographic images and may need opportunities for venting their feelings and reconfirming their priorities, Dr. Dorfman said."
- [35] Judith Pasternak, Reproductive Freedom Project, ACLU Foundation, New York City, quoted in "Worth Quoting" on page 19 of the February 3, 1983 *National Right to Life News*.

Facts of Life: Chapter 12: The Miracle of Fetal Development: Information, Please



SHARE

Information Please

"Chronically, antiabortionists represent abortion as involving an elephantine fetus about to walk and talk, when, in truth, the typical abortion has more in common with a menstrual period."

— Anne Nicol Gaylor, *Abortion is a Blessing*. [36]

Introduction. The amount of information stored in any single cell of the human body is prodigious. In fact, if a person attempts to describe this data in terms of 'megabytes' or 'gigabytes' he is usually met by an uncomprehending stare, even from those who understand the dimensions of such measurements.

Therefore, it is very revealing to compare the amount of information in a human cell to that found in a standard that virtually everyone is familiar with: The *Encyclopedia Britannica*.

Anyone fortunate enough to own the current set of the *Encyclopedia* has at his fingertips about 30,500 pages and 27.5 million words of information in 33 bound volumes. This is an amount of information equivalent to about 300 megabytes.

If a person set about reading this set of books at a standard speed of 300 words per minute for a regular 40-hour week, it would take eight months to complete the task.

The following paragraphs compare the amount of information found in the human cell and the developing fetus to that in the *Encyclopedia Britannica* and other measures of the written word.

The Blastocyst. According to medical and genetic textbooks, the DNA (deoxyribonucleic acid) in a single new blastocyst (at the 1-cell stage) carries as much data as 50 sets of the 33-volume *Encyclopedia Britannica*. [37]

These fifty sets of encyclopedia are equivalent to 1,373,625,000 words which, if typewritten in a single line, would stretch for 14,453 miles, more than halfway around the world.

For those with an affinity for computers, this is equivalent to about 15,000 megabytes [15 gigabytes] of data. This information would fill 41,700 5¼ inch (360 kilobyte) floppy disks, or would make a stack of such disks 280 feet high, about as tall as a thirty-story skyscraper.

If a person read this mountain of information at 300 words a minute for a standard 40-hour week, he would begin on college graduation day and not finish until retirement at age 58 — a total of 37 years!

And all of this data is packed into a one-celled organism barely visible to the unaided human eye.

After conception in the Fallopian tubes, the new human being travels slowly down the tube towards the uterus. Its development has already begun. In fact, by the time the blastocyst has implanted in the uterus, it has undergone eight cell divisions of the 45

required to achieve full adulthood at age 18.

The blastocyst, which now consists of about 256 cells, contains as much information as the main library in a large American city. This library would contain more than 3 million volumes with a total of about 350 billion words.

If these books were stacked on top of each other, they would make a pile fifty miles high. If this information were typewritten in a single line, the line would extend 3.7 million miles, or from here to the Moon and back eight times.

For computer freaks, this is equivalent to 3,840,000 megabytes of information, or 3.84 terabytes.

The Individual at Eight Weeks. By the time the unborn child is eight weeks old, he weighs 1/30 of an ounce, and is comprised of about one billion cells. He has already undergone 35 of the 45 required cell divisions to achieve adulthood.

The amount of information contained in this baby's body is almost incomprehensible. It is equivalent to 1.4 billion billion words, or a typewritten line 15,467 billion miles long, enough to reach *four light years* to Proximus Centauri, the star closest to our Sun. It is equal to 15 million terabytes, or 15 million million megabytes.

How large is this amount of information?

It is equal to every word spoken by every one of the more than 100 billion human beings who have walked this earth since Adam and Eve; PLUS every written word in every copy of every book, newspaper, magazine, periodical, newsletter, love letter, and communication of every description that has *ever* existed on this earth.

And yet this unspeakably miraculous body is torn apart 150,000 times a day, all over the world, and is flushed into sewers all over the planet as garbage by abortionists and mothers who could not care less about God or the many extraordinary miracles He creates.

[Go to Next Topic: Further Reading on *The Miracle of Fetal Development*](#)

[Return to *The Miracle of Fetal Development* Table of Contents](#)

Endnotes for “Information Please”

[36] Anne Nicol Gaylor. *Abortion is a Blessing* [New York: Psychological Dimensions, Inc., 1975], page 42.

[37] Dennis J. Horan. *Villanova Law Review*, February 1977. The total amount of information communicated since Adam and Eve were created has been contained in about 12 billion hardback and softback volumes averaging 180 pages and 55,000 words apiece; about 500 billion separate copies of newspapers, magazines, periodicals and newsletters of every description, each averaging 45 pages and 25,000 words; and about 100 billion people having spoken an average of 7,500 words per day for an average 45-year lifespan. This is a total of 12,331,910,000,000,000 words of communication transmitted in every form since human life began on Earth.

[Facts of Life: Chapter 12: The Miracle of Fetal Development: Further Reading on The Miracle of Fetal Development](#)



Further Reading on The Miracle of Fetal Development

Larry Christenson. *The Wonderful Way That Babies Are Made*. Hardback, \$8.95. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174. Telephone: (703) 586-4898. A good book for parent-guided sex education that treats the subject in the context of God's plan for us. The book includes beautiful illustrations and a short section on adoption. There are varying sizes of print and simplicity of language, so that small children and older ones may be taught out of the same book.

Marjorie A. England, M.D. *Color Atlas of Life Before Birth: Normal Fetal Development* [Chicago: Year Book Publishers, 1983]. This 224-page coffee-table book is lavishly illustrated with color photographs and explains in detail the development of every organ of the unborn child through all stages of development. A bit pricey, but an invaluable tool for debate and for learning about just who it is we are fighting for. This book would make an outstanding pro-life gift to an individual or to a library or school.

Fetal Models. Large pro-life groups, or those persons who do a lot of presentations on fetal development, may be interested in a high-quality set of eight fetal development models. These high-quality models are mounted on stands and include the uterus, placenta, and life-sized baby from four weeks to seven months. The baby models can be lifted out of the uterus. The prices may vary, but are generally about \$550.00. Information can be obtained from Life Cycle Books, Post Office Box 792, Lewiston, New York 14092-0792. Telephone: (416) 690-5860.

Susan Schaeffer Macauley. *Something Beautiful from God*. Paperback, \$7.95. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. A parent's read-aloud book that explains the miracle of life before birth. Includes beautiful photographs of babies in the womb, and treats the subjects of sex and babies in a reverent manner.

Bernard M. Nathanson, M.D. *The Abortion Papers: Inside the Abortion Mentality* [Madison, Wisconsin: Idea Books, 1985]. A former prolific abortionist exposes the anti-Catholic bigotry of the pro-abortion movement, discusses the role of the blatantly biased media in obtaining abortion on demand, and explores what the science of fetology has revealed about the unborn child. This enjoyable book is written in George Will's wry and acerbic style. Read especially Chapter 2, "Fetology for Pro-Life," pages 111 to 175. This chapter consists of a detailed and interesting history of fetology in the United States.

Bernard Nathanson, M.D. *The Silent Scream*. \$3.95. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174. Telephone: (703) 586-4898. This is the book form of the film that provoked an international pro-abort scream of protest and a futile effort to discredit it. The book, like the film, describes a suction abortion from the baby's point of view. The book also includes pro-abortion rebuttals to the film *The Silent Scream* and

view. The book also includes pro-abortion rebuttals to the film *The Silent Scream* and the answers to those rebuttals.

Lennart Nilsson, M.D. *A Child is Born: The Drama of Life Before Birth* [New York: Dell Publishing Company, 1977]. This book is the sidewalk counselor's favorite. It includes riveting and beautiful color photos of the unborn child, which can be used in a most effective manner to quickly disprove the clinic escort's lies about fetal development.

Joan Lowery Nixon. *Before You Were Born* [Huntington, Indiana: Our Sunday Visitor, 1980]. This is an excellent pro-life book that is basic enough to read to small children.

Stephen Parker. *Life Before Birth: The Story of the First Nine Months* [Cambridge University Press, 1979]. Reviewed by John Hamlon on pages 170 and 171 of the Summer 1979 issue of the *International Review of Natural Family Planning*. Displays from the British Museum of Natural History are drawn to illustrate life before birth and prove beyond doubt that life begins at fertilization. This is an excellent book for parent-guided sex education, in that it includes line drawings of the human reproductive systems. An effective tool for educating people as to the humanity and beauty of the preborn. Children will especially love this book.

Pro-Life Action League. "The Pocket-Pac Pro-Life Presentation." This invaluable aid to sidewalk counselors consists of eight 3¼ inch by 4½ inch glossy color photographs of unborn children. The live babies are at 6, 8, 12, and 18 weeks, and the photographs show four victims of suction, D+E, saline, and hysterotomy abortions. These \$5 sets are available from the Pro-Life Action League, Suite 210, 6160 North Cicero Avenue, Chicago, Illinois 60646. Price includes postage and handling.

Scientists for Life (Edward C. Freiling, Ph.D., editor). *The Position of Modern Science on the Beginning of Human Life*. \$1.25. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174. Telephone: (703) 586-4898. This book proves conclusively, using references from famous scientists, that human life begins at fertilization. This book cuts through the pro-abort's desperate attempts to obscure the issue and shows that science *does indeed know when life begins!* All of the book's material is based on fact, not opinion; logic, not emotion. comes with a study guide in question and answer format to assist teachers and discussion leaders.

Margaret Sheffield. *Where Do Babies Come From?* and *Before You Were Born* [New York: Alfred A. Knopf, 1982 and 1984]. Each book is 32 pages and \$10.95. Two more very good books for children as young as six years old.

Carol Van Klompenburg and Elizabeth Siitari, M.D. *Loving Your Preborn Baby* [Pella, Iowa: Harold Shaw Publishers, 1990]. Reviewed on page 54 of the Winter 1991 issue of *ALL About Issues*. Chapters on baby's development, meditations for expecting mothers, and how to choose a good name for baby.

Thomas Verny, M.D., with John Kelly. *The Secret Life of the Unborn Child* [Don Mills, Ontario: Collins Publishers, 1981]. The author has written perhaps the first work on "prenatal psychology," demonstrating that the unborn child feels and *experiences* the outside world through the filter of the mother, and that he responds according to his own

outside world through the filter of the mother, and that he responds according to his own unique personality. This interesting book also shows how the character of the unborn child is formed by his experiences.

Dr. and Mrs. J.C. Willke. *Abortion: Questions and Answers* [Cincinnati: Hayes Publishing Company, 1985]. Also available in state and local Right to Life offices. Has extensive basic information on fetal development.

[Return to *The Miracle of Fetal Development* Table of Contents](#)

[Commentary: Bainbridge: Once Again There Was Silence...](#)



SHARE

(From The Observer - Official Newspaper of the Catholic Diocese of Rockford
August 1, 2008)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

Once Again there was Silence...

It is well-documented that the majority of the mainstream media (MSM) favors abortion rights. There is no doubt that abortion apologists are typically treated more favorably by the MSM than those who are opposed to abortion.

This should come as no surprise as surveys repeatedly demonstrate that most journalists are abortion apologists and are liberal or progressive in their views on other moral concerns. The MSM also aligns itself with those who dissent from the authentic, authoritative, enduring and unchangeable teaching of the Church.

While I have come to expect this ideology from the secular media, I am becoming increasingly concerned about another media outlet-Catholic News Service (CNS)- that, by its own mission statement, *should* be unabashedly pro-life and *should* favor those holding to the moral truths of the Catholic Church.

CNS is a division of the United States Conference of Catholic Bishops (USCCB) and claims its mission "is the mission of the Church itself-to spread the Gospel through contemporary means of communication." They rightly state that their readers "need to know that there are saints in the making in the Church today and they need to know that there are sinners too." They insist they "must be Catholic" in their reporting.

But what do they mean, they "must be Catholic"? To describe oneself or others as being Catholic means acceptance-even if total understanding is lacking -of the doctrines of the Church as determined by the Magisterium. The Church asks for humble obedience to her authentic teaching regarding faith and morals. There is an expectation that Catholics uphold and defend the moral teachings of the Church.

Based on their own statem

ents, is it unreasonable to expect CNS to report the difference between what a person has publicly expressed and how that reflects the moral teachings of the Church?

I have opined previously about the puff pieces CNS has done on pro-abortion politicians with no acknowledgement that these politicians held positions in direct opposition to

with no acknowledgement that these politicians hold positions in direct opposition to Church teaching. Now it seems they may have a bias against Catholics who actually *are* public about their opposition to abortion.

One needs to look no further than the CNS coverage of the untimely deaths of Tim Russert and Tony Snow. Both of these well-known Catholic journalists died within a month of each other. One was a liberal who never publicly defended the right to life of the preborn and once said, "No one has a monopoly on what is right and what is wrong." The other was a conservative who wrote and spoke of the evil of abortion. One worked for two pro-abortion politicians and one worked for two pro-life U.S. Presidents.

Which man was "worthy" of nine CNS stories with 3,689 words and which one had only two CNS items with a mere 849 words? Which man had more than 20 references to his Catholic faith and which one was not even identified as being Catholic? Which one merited an admiring news release from the chairman of the U.S. Bishops' communications committee and which one received none?

It was Tim Russert-who never publicly defended the Church's moral teachings on abortion and other life issues- who received the accolades. Tony Snow-who publicly stood up for the Church's moral teachings-was hardly a blip on CNS radar.

I'm not disputing that Tim Russert had good qualities. My issue is that he -as a high profile Catholic -was silent on our core concerns and that CNS saw no contradiction in that.

CNS, by its own admission, is Catholic. Why then was there no attempt to spread the Gospel of Life when reporting on Tony Snow's death? It would have been so natural and so right to mention how he was never afraid to speak out about the evil of abortion. And yet, once again, there was silence.

What message does this send to the faithful? Hadley Arkes sums it up well, ". . . Leo Strauss once observed, when a wise man preserves his silence on a matter that others regard as important, he leads us to understand that it is not, in the end, all that important."

Website Issues Tracking Document



SHARE

Category	Issue detail	date reported	Date fixed/WW	Confirmed by HLI	Urgent?
Server	<p>Chris working with Jeremy on recovering statistics from old site and other issues - cPanel</p> <p>CF - It appears that all stats from old site are available on new site. It also looks like file permissions problems have been repaired. I would like to verify this with someone at WW who is a Linux expert.</p> <p>Chris asking for consultation on FTP backups</p>	6/16	6/23	Chris	YES
Server	<p>Comment from WW: Contacted Chris to set up a time to consult with Jeremy, our Linux technician. The consultation is billable. Should not take more than a couple of hours however - and well worth it to make sure the site is getting backed up.</p> <p>HLI: We hired a local Linux expert and, after about 8 hours, we think we have all of the permissions issues fixed.</p>	6/15		Chris	
Donations	Populate field which tells us where donor clicked from/Source	6/15	6/23		NOT DONE - THE BUTTONS THAT WE PLACE, IF CLICKED ON, DO NOT GIVE SOURCE.
Donations	Add time/date stamp to donations	6/13	6/23	ok-sp	
	<p>Authorize.net not working/make sure these are distinguishable from donations</p> <p>Comment from WW: I did a test checkout and</p>				

Store	<p>Comment from www. I did a test checkout and it charged my card (Authorize # 2493071295 - be sure your processing dept does not send me the breast cancer pamphlet). I think what is happening here is that people are using the request for quote for international orders to bypass payment. We will amend so it only shows that for international addresses.</p>	6/15	7/8	ok-sp	YES
Store	<p>Several issues - PLCDlibrary image won't display on featured/home page, getting more back end control - see email</p>	6/13	6/27		<p>The PLCD Image is there!!! I can't believe it! Will check on the other things - sp</p>
Store	<p>Fix heading - link OLG image and masthead to main site, fix menus, replace search, donate, and slow connection fields</p>	6/5		<p>NO T FIX ED YET</p>	<p>The donate and other thigns are there, but as is now the case with the whole site, the masthead and OLG image DO NOT LINK TO main page in IE 7.</p>
CMS	<p>Can't insert images through IBrowser in Safari. It says, "Please wait while loading." But it never finishes loading. -Tony</p> <p>Comment from WW: Have you tried Firefox on the Mac? Although we've striven to achieve as much compatibility as possible, this browser is not one of our main supported ones. We can troubleshoot but it would be billable.</p> <p>St. Michael Page - moved to new site, html has gotten weird so we are still pointing to old.hli.org/stmichael for now</p>	6/17			<p>Tony is fine with this solution. ok-sp</p>

CMS	Comment from WW: This is fixed, you can now point all your links to http://hli.org/st_michael_prayer.html (the new site was not configured to accomodate server side includes which is how the menu was functioning. Just turned that on.)	6/16	6/27	VERY COOL - sp
CMS	IE 8 - Site displays all wrong Comment from WW: Please test.	6/15	6/23	ok-sp
CMS	Donate button on top of all pages does not appear as link, although link works - should change cursor when it rolls over Comment from WW: Please test.	6/15	6/23	ok-sp
CM S/ Sems 4L	Changes to menu and documents not holding Comment from WW: was this part of the semsforlife issue? YES - HAVEN'T HAD A CHANCE TO RE-DO THE CHANGES WE WERE TRYING - WILL CHECK BACK.	6/17		ok-sp
Store	Where is "Save User Info" information stored? We could be in security violation.	7/8		
CMS	Move missing S/L's over - sent list to Andy and Jase	6/23		
Server	semsforlife.org is not configured correctly, still pointing to the dev site	6/23	6/27	ok-sp
CMS	Site not viewable on blackberry or cell - scripts Comment from WW: Steve, we can investigate this but since it's not one of our supported browsers, it would be additional billable time. Do you want us to just try put in an hour and see what we find? A simple solution may be to detect blackberry and just disable javascript dropdowns and fader for that... But not sure till we research. I LIKE THE LATTER SOLUTION - I DON'T NEED THOSE IMAGES ON MY BLACKBERRY.- SP	6/23		
CMS	Links disappear along with images in slow connection view Comment: We are trying to work on a javascript workaround that replaces images with alt/title text.			

I fixed this, but it has

Research	Link to Pro-Life Talking Points from Research page is wrong - yet the menu points to the correct article.	6/28/09	happened 3 times, will call WW next time before fixing
CMS - forms	Radial button selections from users do not show up in back end, so we can't tell if people are choosing certain options.	7/8/09	
CMS - donate button	donors who access donation page via donate button on bottom of page (basically, the buttons what HLI staff have inserted, as opposed to top button, which WW created) are not trackable. Make it so that all "Donate Now" clicks indicate the source page.	7/8	
Google	Were supposed to get set up with Google Analytics and SEO Silver package. Have not heard about these.	7/8	

Facts of Life: Chapter 15: Assisted Reproduction



The Precursor: Artificial Insemination

What the Anti-Lifers Think

The Precursor: Artificial Insemination

In-Vitro Fertilization (IVF)

The IVF Procedure

Baby Louise

IVF Procedure Efficiency

IVF and Pregnancy Reduction

The Psychological Impacts

Unnatural Selection

Creating Life in Order to Destroy It

Medicine Serving Desires

Other Reproductive Technologies

Other Reproductive Technologies

Embryo Transfer

Gamete Intra-Fallopian Transfer (GIFT)

Low Tube Ovum Transfer (LTOT)

NaProTECHNOLOGY

Infertile Couples Should Look into Microsurgery

The Ethical and Moral Implications of Reproductive Technologies

Introduction

Teachings of the Catholic Church

How to Determine Whether a Procedure Is Licit

Shouldn't Pro-Lifers Favor *Any* Procedure that Generates New Human Life?

Is There a *Right to a Child*?

Future Assisted Reproductive Technologies

Perverse Fantasies

Where Are We Being Led?

Watch Out for Leo the Housecat!

A Straight and Predictable Path

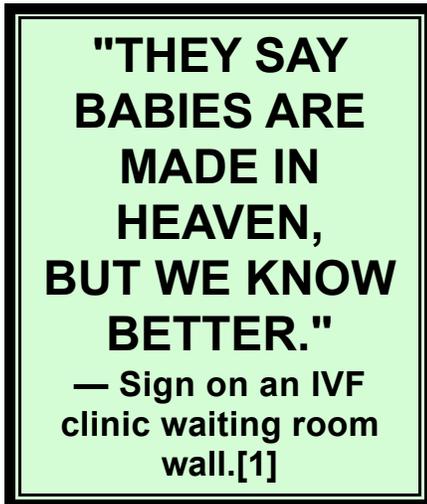
Fantasies Without Limit

Further Reading on Assisted Reproduction

Facts of Life: Chapter 15: Assisted Reproduction: The Precursor: Artificial Insemination



What the Anti-Lifers Think.



The Precursor: Artificial Insemination.

"I can foresee the day when a human baby is born to a chimpanzee. That might happen within 20 years."

— IVF scientist in 1985.[2]

Artificial insemination (AI) is the most basic assisted reproductive technique. The sperm donor typically masturbates to collect semen, which is then introduced into the woman's vagina by a catheter.

AI is usually classified as AI-H (artificial insemination-husband, or "homologous" insemination) or AI-D (artificial insemination-donor or "heterologous" insemination).

The first artificial insemination by donor (AID) procedure was performed in 1884. A rich but infertile Philadelphia couple reasoned that there was some way to 'bypass' infertility and asked the assistance of medical school professor Dr. William Pancoast. The good doctor in turn asked the handsomest student in his class to contribute a sperm sample and injected it into the wife while she was under general anesthesia. She was not advised of the details of the procedure, but her husband was.[3]

In AI, a sperm donor can masturbate three or four times a week for \$20 a shot, and does not care whether he has fathered dozens or even hundreds of sons and daughters. AID, or artificial insemination by donor, constitutes what might be called "technological adultery."

[Go to Next Topic: In-Vitro Fertilization](#)

[Return to *Assisted Reproduction* Table of Contents](#)

Endnotes for “The Precursor: Artificial Insemination”

[1] As described in Michael Gold. "The Baby Makers." *Science Magazine*, April 1985, pages 26 to 38.

[2] IVF scientist, quoted in "Creating Monsters." TFP [Tradition, Family, Property] *Newsletter*, 4.11 (1985), page 10.

[3] Robert Francoeur. *Utopian Motherhood: New Trends in Human Reproduction* [London: George Allen & Unwin, 1971], pages 11 to 13.

Facts of Life: Chapter 15: Assisted Reproduction: In-Vitro Fertilization



In-Vitro Fertilization (IVF).

Senator Brian Harradine: "How often has *in-vitro* fertilization been undertaken on non-human higher primates?"

Professor William Short: "It has not been undertaken on gorillas because gorillas are an endangered species."

Senator Brian Harradine: "So you are able to do it on humans?"

Professor William Short: "We are not an endangered species."

— From the transcript of the Australian Senate's Select Committee hearings on the 1985 Human Embryo Experimentation Bill, reported by *The Tablet*, November 22, 1986.

The IVF Procedure. *In-vitro* (literally, "in glass") fertilization (IVF) is the beginning of a new human being *outside* the mother's body. The main difference between AI and IVF is that, in AI, only the biological father's gametes are isolated from his body. In IVF, both the father's and the mother's gametes are isolated.

The first step in an IVF procedure is to obtain a healthy egg from the woman. A doctor does this during a laparoscopy, under general anesthesia. He inserts a laparoscope (a camera with a miniature flashlight on its head) into an incision near the woman's navel. He locates a ripe egg that is about to be released from the follicle and extracts it with an aspirating tube. Doctors using more advanced techniques use ultrasound and make a "band-aid" incision under local anesthesia.

A technician places the retrieved egg in a Petri dish filled with a nutrient solution and exposes it for half a day to a few drops of sperm. If the egg is fertilized, he monitors it for proper growth. At the third or fourth day, (approximately the 8- or 16-cell stage), the doctor inserts the embryo into the woman's uterus with a catheter or tube which he passes through the cervix.[4]

Baby Louise. On July 25, 1978, Louise Brown, the first baby conceived in a Petri dish, was born. Since then, tens of thousands of such babies have been born, about one-third of them in the United States. Other leading IVF centers are in England, France, Germany, Austria, Belgium and Australia.[5]

Doctors Robert Edwards and Patrick Steptoe, who produced Louise Brown, discarded 99.5 percent of the ova fertilized in their lab over a period of 12 years. This means they had failed in their first 200 attempts at transferring the embryo to the uterus. [6]

Steptoe's very lucrative abortion practice wholly financed his IVF research.[7] He required the parents to agree to abort Louise if there was the slightest hint of an abnormality in her, so that the reputation of his new "science" would be protected.

It would be interesting to know how Louise would react to knowing the doctors would have disposed of her if she had been less than perfect — or what she would think about the 200 embryos before her that had a chance at life but were discarded as mere garbage.

This eugenics attitude has been passed down to latter-day IVF clinics. For example, Noel Keane, director of the largest surrogate motherhood service in the world (New York's Infertility Center), has his applicants for surrogate motherhood sign contracts stating that their children will be genetically tested and aborted if defective.[8]

We certainly can't have the reputation of the 'service' tarnished now, can we?

Nobel Prize laureate James Watson has stretched this 'logic' to its natural conclusion. He asserts that doctors who participate in IVF should be present at the birth of all of their babies so that they may "... terminate the baby's life should it come out grossly abnormal." [9]

The first child conceived through IVF, then frozen, thawed, implanted and born is Zoe Leyland of Melbourne, Australia, who was born on March 28, 1984. Her mother was "superovulated" and produced 11 eggs which were then fertilized. Ten of these were deliberately destroyed through selective abortion or died naturally.[10]

Zoe was very lucky indeed to survive.

IVF Procedure Efficiency. The chances of a single transplanted embryo surviving the entire IVF process are quite slim. So, the donor woman routinely receives fertility drugs to make her produce several eggs during ovulation (a process known as "superovulation"). Doctors fertilize these multiple eggs with sperm, then transfer them to the receiving woman's uterus.

Despite using multiple eggs, the average probability of pregnancy per *in-vitro* cycle is only about 25 percent.[11]

Pro-life activists object to IVF mainly because it requires the intentional killing of many human embryos. For example, only four percent of 14,585 human embryos survived to birth, according to a 1984 European study, and a 1987 study in the United States' largest IVF center in Norfolk, Virginia, concluded that only five percent of 4,500 embryos survived to birth.[12]

Embryos that appear to be defective in any way are simply discarded as biological waste. If a woman becomes pregnant with multiple embryos, an abortionist often commits a "pregnancy reduction," a fancy name for selective abortion. The unwanted children are killed with a shot of potassium chloride to the heart and they are simply reabsorbed by the mother's body.

Naturally, other researchers hate to see all of these perfectly good embryos go to waste, so they extract them alive and experiment upon them.

IVF and Pregnancy Reduction. The Centers for Disease Control (CDCs) released its first annual consumer report, which examined the success rates of 281 fertility clinics, in December 1997. It followed up this report with a second, released in December of 2001.

These reports showed that;

- In 1995, nearly 60,000 assisted reproduction procedures produced 11,315 live births, for a success rate of about 19 percent. By 1999, this success rate had risen

to just over 25 percent (25.2%), with 16,588 live births resulting.

- Because of the relatively low percentage of successes, nearly half of all clients (45.6%) try some form of assisted reproduction more than once, and 6.5% try five or more times.
- In 1995, 37% of the successes were multiple births, compared with 2% of births generally. By 1999, this percentage had risen slightly, to an overall 39% (41% for women younger than 35, and 14.4% for women 41 and 42 years old).
- The highest success rate (32.2%) was achieved among women under 35 years old using their own (non-donor) fresh (nonfrozen) eggs. This rate declined to 9.7 percent for women 41 and 42 years old, and declined to about zero at age 46.[13] Success rates rest primarily on three variables: Whether or not the eggs are frozen, the quality of donor eggs and the age of the mother.
- By 1999, the estimated cost of a single uncomplicated *in-vitro* fertilization procedure using fresh, non-donor gametes was about \$10,000.

According to epidemiologist John L. Kiely of the National Center for Health Statistics, due to the increased use of fertility drugs, multiple births (and prematurity) are on the increase. From 1972 to 1989, the incidents of triplets rose 156%, quadruplets 356%, and quintuplets and greater numbers of babies 182%.[14]

One of the many ugly ethical problems that fertility drugs and IVF have created is an alleged "need" for "pregnancy reduction" abortions. Doctors tell a woman that she is carrying too many preborn babies, and an abortionist selectively kills one or more of them.

Mark Evans, a specialist in maternal and fetal medicine at Hutzel Hospital in Detroit, invented the "pregnancy reduction" abortion. He says he does 100 of the procedures a year, and believes that about 800 to 1000 are done annually in the United States. Mothers of quadruplets opt for "pregnancy reduction" 90% of the time, and 70% of the mothers of preborn triplets "reduce" their pregnancies.[15]

Two doctors described the "pregnancy reduction" procedure in the *New England Journal of Medicine*;

Using ultra-sound to locate each fetus, the doctors would insert a needle into the chest cavity of the most accessible fetus and place the needle tip directly into the heart of the baby. Potassium chloride was then injected into the heart and the heart was viewed on the ultrasound screen until it stopped beating. Even at 9 weeks, 3 of the 12 fetuses selected for elimination presented problems. The heart continued to beat and the procedure had to be repeated.[16]

Other doctors described how they killed two of five babies in a slightly different procedure;

At ten weeks gestation, a reduction in the number of embryos was performed at the Clamart Clinic in Paris. Guided by real-time ultrasonography and under abdominal local anesthesia (lidocaine 1 percent), ten milliliters of amniotic fluid from each of the two sacs was aspirated [drawn out] through a ten centimeter long, 21-gauge needle. The tip of the needle was then directed into the thoracic [chest] cavity of the fetus and a mixture of 1 milliliter of dolosal and 3 milliliters of xylocaine was injected. The needle was left in place for up to ten minutes until cessation of cardiac activity was seen. If the initial injection was unsuccessful, it was repeated after ten minutes.[17]

The U.S. Congress' Committee on Small Business found that many unregulated IVF enterprises deliberately implant too many embryos just to increase their chances of success:

IVF success rates are so discouraging that there are some centers trying to do better in terms of creating babies by using multiple [embryo] implants. It shows at the forty-one [leading] centers there were an average of three embryos used. Some centers use more than that. When they do, they sometimes create multiple pregnancies, three, four, five or six babies. Then they use fetal reduction, which is killing some fetuses to preserve the health of the mother and to help the other fetuses survive. That is a serious procedure. But because of the lack of pressure to standardize, routinize and assure quality in the centers out there, we have this kind of dubious activity going on out there.[18]

The usual scenario is that a doctor claims a woman is carrying so many babies that her life or theirs may be endangered.

IVF doctors are often wrong. One told a woman her five babies would all die, but she chose to carry them all to term. They were all born healthy and the entire family appeared in a 1991 *People* Magazine cover story.

As always, abortionists lean on the "hard case" argument. Some women seem to think *twins* are too many kids, and abortionists agree with them. So the "mother's health" argument, in general, does not hold up when twins can be "reduced" to one child with a sort of abominable reverse "Sophie's choice." In other words, the mother is not choosing which of two children will *live*, but which will *die*. Actually, people can "justify" *all* abortions with the same flimsy arguments used to rationalize "pregnancy reduction." After all, most abortions are just the "reduction" of one preborn baby to none.

In fact, abortionists commit most "pregnancy reductions" to kill one of a set of twins. Even in such apparently simple cases, "pregnancy reduction" is an abysmal failure at delivering its intended result. A recent article in a medical journal admitted,

The first six twin pregnancies to undergo selective termination at Mount Sinai Hospital "worked out very badly," with the unintended miscarriage of four unaffected fetuses as well as the six targeted for abortion. These first attempts involved the use of exsanguination [draining all of the blood from the preborn babies] or injection of saline or an air embolism [to cause heart attacks], Dr. Berkowitz said.[19]

As with all immoral acts, "doctors" and "mothers" need Newspeak to insulate themselves from the reality of what they are doing. The term "pregnancy reduction" is an example. Others take self-deceptive language even further: Dr. Seymour Romney suggests we call the "roulette killing" of some of the babies in a multiple pregnancy "enhanced survival of multifetal pregnancies," or ESMP for short.[20]

[Go to Next Topic: The Psychological Impacts](#)

[Return to Assisted Reproduction Table of Contents](#)

Endnotes for "In-Vitro Fertilization"

- [4] Albert S. Moraczewski, O.P. "*In Vitro* Fertilization and Christian Marriage." Also Eugene Diamond, M.D. "A Call for Moratorium on *In Vitro* Fertilization." Both articles are in the November 1979 issue of *Linacre Quarterly*.
- [5] *Parade Magazine*, July 2, 1989, page 19.
- [6] Eugene Diamond, M.D. "A Call for Moratorium on *In Vitro* Fertilization." *Linacre Quarterly*, November 1979.
- [7] *Time Magazine*, July 31, 1978.
- [8] Claudia Wallis. "A Surrogate's Story." *Time Magazine*, September 10, 1984, page 51.
- [9] James Watson. "Child From the Laboratory." *Prism* (American Medical Association), May 1973, Volume 1, Number 2, page 13.
- [10] Claudia Wallis. "The New Origins of Life." *Time Magazine*, September 10, 1984, page 40. Also Jo Wiles. "The Gift of Life." *Star World*, April 24, 1986, pages 24 to 26.
- [11] "Success of Fertility Clinics Rated in Consumer Report." *The Miami Herald*, December 19, 1997; Tabitha M. Powledge. "Science and the Citizen: Looking at ART." *Scientific American*, April 2002.
- [12] United States Congress, Committee on Small Business. *Consumer Protection Issues Involved in In Vitro Fertilization Clinics* [Washington, D.C.: U.S. Government Printing Office, 1988], pages 26 and 27.
- [13] "Success of Fertility Clinics Rated in Consumer Report." *The Miami Herald*, December 19, 1997; Tabitha M. Powledge. "Science and the Citizen: Looking at ART." *Scientific American*, April 2002.
- [14] "Multiple Births." *USA Today*, July 15, 1992.
- [15] Kim Painter. "Risks and Costs Increase with Number of Fetuses." *USA Today*, November 10, 1997, page A1.
- [16] "Selective Abortion, AKA Pregnancy Reduction." *New England Journal of Medicine*, April 21, 1988.

[17] Ross Fiedman, et al. "Reduction of the Number of Embryos in a Multiple Pregnancy"

[17] Rene Frydman *et al.* Reduction of the number of Embryos in a Multiple Pregnancy: From Quintuplet to Triplet." *Fertility and Sterility*, August 1987, pages 326 and 327.

[18] United States Congress, Committee on Small Business. *Consumer Protection Issues Involved in In Vitro Fertilization Clinics* [Washington, D.C.: U.S. Government Printing Office, 1988], pages 26 and 27.

[19] "Selective Abortion in Multiple Gestation." *Obstetrics and Gynecology News*, August 1-14, 1989.

[20] Debra Evans. *Without Moral Limits: Women, Reproduction, and the New Medical Technology* [Westchester, Illinois: Crossway Books, 1989], page 116.

Facts of Life: Chapter 15: Assisted Reproduction: The Psychological Impacts



 SHARE

The Psychological Impacts. It would seem reasonable that the babies who are lucky enough to avoid the random 'death needle' may suffer extensively from 'survivor syndrome' when they grow up if they find out about their narrow escape. This syndrome is typically found in children whose parents chose to abort siblings. How much stronger will the 'survivor syndrome' be in children who escape death by mere millimeters, children who, just by chance, are still alive, because they happened to be in the 'right' position when the killing took place? What sorrow will they feel when they realize that their twin died to preserve their own life?

And what of the mother? The vast majority of women who undergo embryo transfer or IVF have been infertile for an extended period of time and spend thousands of dollars for their assisted reproduction procedures. They obviously want a baby in the worst possible way.

So, after a mother experiences the intense joy of realizing that she is finally pregnant, she is then told that she has too many babies. She has to lie on her back for at least twenty minutes while a needle pierces her abdomen and womb and injects poison into one or more of her baby's hearts. Some of her children will die because of the off-chance that their existence may compromise the health of her other children.

What does this experience do to these poor mothers?

Unnatural Selection. *In-vitro* fertilization may also contribute to increased abortions because it interferes with natural selection via two mechanisms. The eggs 'harvested' after stimulated ovulation may not be those that would have been released during the natural course of a woman's cycle. Even more importantly, the sperm that just happen to be mixed with the egg(s) in a dish are almost certainly not those that would have had to survive their rigorous and hazardous journey through the female reproductive tract. Many scientists believe that as many as 40 percent of all sperm are damaged or abnormal, and that almost all of these are screened out by the difficult trip through the uterus and Fallopian tubes.[21]

This is one of the reasons that most IVF clinics insist upon prenatal diagnosis and abortion if the resulting baby is defective in any way. In fact, the parents of the first IVF baby, Baby Louise, signed a contract that *required* abortion if prenatal testing revealed their preborn to be handicapped.

This type of contract is logical. After all, defective 'products' would be bad for IVF publicity — and business.

Creating Life in Order to Destroy It. The United Nations World Health Organization (UNWHO) has funded extensive IVF research since 1972 — but not to help childless women become pregnant!

The International Population Union Conference on the Scientific Study of Population, held in London on 1969, was funded by the governments of the United Kingdom, Denmark, Finland, West Germany, Norway, Sweden, and the United States. Its real, unobstructed vision for IVF was neatly summed up in the opening speech of the

Conference; "I here are grounds for hoping that the use of IVF embryos for research will lead to the discovery of efficient new methods of population control. This is the real justification for the promotion and funding of IVF by governments and organizations involved in population planning." [22]

The research proposed and funded at this Conference (and all those held ever since) has been delving into the possibility of finding a pill that would destroy the *corpus luteum* whether or not fertilization had taken place (the *corpus luteum* secretes progesterone, which maintains an embryo and prepares the uterine lining to accept it). For this purpose, a very large and continuous supply of human embryos is required, and most of these are supplied by government-funded IVF programs so that they can be destroyed in tests of abortifacient drugs. In other words, human life is being created *for the express purpose of destroying it*.

Not even women who obtain abortions intend this result!

So much for the "tragic but necessary" theory!

Medicine Serving Desires. *In-vitro* fertilization is another instance of medicine serving people's wants instead of their needs or illnesses. As a 'service' fulfilling needs, IVF has inevitably become an outright business venture for many doctors with questionable ethics — just as abortion has become, and just as euthanasia just as inevitably *will* become, according to none other than Jack Kevorkian.

Therefore, it was also unavoidable that unscrupulous operators should exploit women in exactly the same manner that abortionists do. Physicians and investigators have reported that many doctors prescribe fertility drugs without even taking a woman's history, recommend painful and expensive tests, and generally 'take' an infertile couple for all they money they can. [23]

Assisted reproduction is a business, and a very profitable one at that. Add to this the fact that a number of prominent physicians in the field are also abortionists, and the science and practice of assisted reproduction has inevitably wound up being called the "Wild West of Medicine," cluttered with scandals and illegal activity of every kind — just like in the abortion business.

Abortionists and pro-abortionists poison and destroy everything they touch — especially if there is plenty of money to be made and the morals are questionable in the first place.

For example, during the early 1990s, the Center for Reproductive Health at the University of California at Irvine was the subject of an exposé that revealed exactly the same kind of pernicious lawbreaking and disregard for the lives of women and children that we find in the abortion business. The investigation uncovered the following wrongdoing;

- physicians pillaged some women for their eggs and embryos, implanted them into other women and turned others over to zoologists for experimentation;
- staff stole fertility drugs and sold them on the black market;
- many women's records were lost;
- there were cover-ups, fired whistle-blowers and fraudulent insurance claims; and
- two of three doctors who ran the business fled to Mexico and South America when the investigation began.

Does all of this sound familiar? It should! Pro-lifers have been hearing stories just

Does all of this sound familiar? It should! Politicians have been hearing stories just like this about abortion mills for years.

[Go to Next Topic: Other Reproductive Technologies](#)

[Return to *Assisted Reproduction* Table of Contents](#)

Endnotes for “The Psychological Impacts”

[21] Donald DeMarco, Ph.D. *In My Mother's Womb: The Catholic Church's Defense of Natural Life* [Manassas, Virginia: Trinity Communications, 1987].

[22] Gary Potter. "Intra Urbem Extraque." *The Wanderer*, May 18, 1989, page 3.

[23] Robert W. Rebar *et al.* "Are We Exploiting the Infertile Couple?" *Fertility and Sterility*, November 1987, page 735. Also see Sevgi O. Aral and Willard Gates. "The Increasing Concern With Infertility: Why Now?" *Journal of the American Medical Association*, November 4, 1983, page 2,330.

Facts of Life: Chapter 15: Assisted Reproduction: Other Reproductive Technologies



SHARE

Other Reproductive Technologies.

"Sooner or later one human society or another will launch out on this adventure, whether the rest of mankind approves or not. If this happens, and a superior race emerges with greater intelligence and longer life, how will these people look upon those who are lagging behind? One thing is certain: They, not we, will be the heirs to the future, and they will assume control."

— A. Rosenfeld.[24]

Embryo Transfer. The standard embryo transfer procedure involves impregnating a volunteer (or paid) woman by artificial insemination with sperm from an infertile wife's husband. Five days after conception, the embryo is flushed out ("lavaged") and transferred to the infertile woman's uterus. The embryo may also be the result of IVF.

In artificial insemination, the precursor to IVF, only the male gamete is isolated from the body. In the IVF procedure, both male and female gametes are isolated.

Embryo transfer takes this process one step farther: An embryo that is conceived (usually by AID) is removed and transferred to another woman.

As reproductive technology "progresses," motherhood and fatherhood are divided into successively smaller "pieces." One or more men may donate sperm, one woman the egg, another the womb, and maybe a third the actual raising of the child. In embryo transfer procedures, a child has at least two mothers and one father, and may have up to three mothers and two fathers: A genetic mother, a gestational mother, an adoptive mother, a genetic father and an adoptive father.

This kind of technology certainly lends new meaning to the term "extended family," as shown below. To paraphrase Hillary Clinton — At the rate we're going, it won't be long before it takes a village to *conceive* a child, let alone raise her.

Figure 15-1

The Artificially Extended Families of Children Born With the Assistance of Reproductive Technologies

With This Procedure:	A Child Has:
DS (donor	2 fathers and 1 mother

DO (donor sperm)	2 fathers and 1 mother
DO (donor ovum)	2 mothers and 1 father
DE (donor embryo)	2 fathers and 2 mothers
SET (surrogate embryo transfer)	1 father and 2 mothers; or 2 fathers and 2 mothers; or 2 fathers and 3 mothers
Parthenogenesis	1 mother and no father.

"Surrogate motherhood" usually involves the artificial insemination of a woman with a husband's sperm if his wife is infertile or does not want to carry a pregnancy to term for a variety of reasons. In some cases, the surrogate is implanted with the couple's embryo after IVF. The surrogate receives anywhere from \$10,000 to \$30,000 for carrying the child, and she relinquishes him to the contracting couple immediately after birth. This practice is sometimes called "Rent-a-Womb" or "mercenary motherhood."

Some refer to surrogate motherhood as "reproductive prostitution." In street prostitution, the woman sells or rents her body or body parts, the relationship to the "customer" is entirely impersonal, she must do what she is told, her value or usefulness comes solely from her function, she is to leave when she is told, and if there is a pimp, he gets a share of the money.

In surrogacy, the only morally relevant differences are that intercourse is assisted by technology and that the woman intends to become pregnant. The surrogate is picked on the basis of desirable qualities — appearance, health, and fertility — is paid to provide her body for a period of time, and then she is to disappear.

Interestingly, most contracts between the surrogate and the husband and wife insist the surrogate abort the child if genetic tests show abnormalities unacceptable to the husband and wife — in direct conflict with the surrogate woman's alleged "right to choose."^[25] Proponents of "surrogate motherhood" deny any infringement of rights, of course, because they say that the baby in question is mere property under contract.

In response to a question about whether "surrogate motherhood" is morally licit, the Vatican's Congregation for the Doctrine of the Faith replied in its document *Donum Vitae*,

No, for the same reasons which lead one to reject artificial fertilization: For it is contrary to the unity of marriage and to the dignity of the procreation of the human person. Surrogate motherhood represents an objective failure to meet the obligations of maternal love, of conjugal fidelity and of responsible motherhood: it offends the dignity and the

love, or conjugal unity and responsible parenthood, threatens the dignity and the right of the child to be conceived, carried in the womb, brought into the world and brought up by his own parents; it sets up, to the detriment of families, a division between the physical, psychological and moral elements which constitute those families.[26]

Gamete Intra-Fallopian Transfer (GIFT). IVF mixes human sperm and eggs in a glass dish, and the embryo(s) are then implanted into the uterus. By contrast, a GIFT procedure fertilizes a woman's egg inside her body.

Doctors incise the Fallopian tube at a point past any blockage and, using a laparoscope, remove the woman's ripe egg from the follicle and place it and the man's sperm inside the tube. The sperm was previously collected by a method such as use of a perforated condom. If conception does occur, the pregnancy will proceed in the usual way — the embryo will travel down the tube and implant in the uterus.

Until this time, the Catholic Church and most Bible-believing Protestant churches have not voiced objections to GIFT, because it does not involve sins such as masturbation to obtain the sperm, or the discarding of "excess" embryos. As long as GIFT does not involve masturbation or gametes from persons other than the husband or wife, Catholics, after rightly forming their consciences, may choose either to use it or reject it.[27]

GIFT has a 20 to 30 percent success rate, compared to IVF's 5 to 15 percent overall success rate, and a single GIFT procedure costs about the same as one IVF cycle — \$3,000 to \$4,000.

Low Tube Ovum Transfer (LTOT). Low tube ovum transfer (LTOT), acceptable to the Catholic Church and many other faiths, relocates the woman's egg past the damaged portion of her Fallopian tube so that *in vivo* (in the body) fertilization takes place after normal intercourse.[28] Another procedure acceptable to almost all faiths is sperm intra-fallopian transfer (SIFT).[29]

There are many other assisted reproductive procedures that are basically variations and enhancements of AI, IVF and ovum and embryo transfer.[30]

NaProTECHNOLOGY. Dr. Thomas Hilgers, director of the Pope Paul VI Institute for the Study of Human Reproduction in Omaha, has developed an entirely new medical method for dealing with the problems of repetitive miscarriage and infertility. NaProTECHNOLOGY (Natural Procreative Technology) uses fertility *care*, not fertility *control*, as its approach.

The couple uses the Creighton Model of natural family planning to monitor hormonal events during the menstrual cycle. This gives the physician the information needed to cooperate with, not overpower or mutilate, the woman's reproductive system to attempt to solve infertility problems.

For more information, visit the NaProTECHNOLOGY Web site at <http://www.naprotechnology.com/>.

Infertile Couples Should Look into Microsurgery.

Many couples who are considering resorting to IVF and other procedures should first look into the rapidly-growing field of alternative procedures that can actually restore fertility in many or even most cases.

According to the executive director of Resolve, the national infertility counseling organization, various micro-surgery techniques can restore fertility to about 70 percent of all infertile women.[31] Dr. Joseph Ballina, Director of the Laser Research Institute of New Orleans, has reported an 80 percent success rate in repairing blocked or cut Fallopian tubes. After surgery, 80 percent of these women later become pregnant.[32]

The repair of damaged Fallopian tubes is an example of using medicine to repair an injury or pathological condition, after which natural conception and pregnancy can take place. By contrast, IVF and certain other assisted reproductive procedures *replace* natural intercourse.

[Go to Next Topic: The Ethical and Moral Implications of Reproductive Technologies](#)

[Return to Assisted Reproduction Table of Contents](#)

Endnotes for “Other Reproductive Technologies”

[24] A. Rosenfeld. *The Second Genesis: The Coming Control of Life* [Englewood Cliffs, New Jersey: Prentice-Hall, 1969], page 145.

[25] Donald DeMarco. *In My Mother's Womb: The Catholic Church's Defense of Natural Life* [Manassas, Virginia: Trinity Communications, 1987], page 181.

[26] Congregation for the Doctrine of the Faith. *Donum Vitae* ("Instruction on Respect for Human Life in its Origin and the Dignity of Procreation: Replies to Certain Questions of the Day"), February 2, 1987, II,A,3.

[27] July 31, 1996 letter from Father Germain Kopaczynski, OFMConv., Director of Education, the National Catholic Bioethics Center.

[28] David Q. Liptak. "Catholic Hospital Begins "In Vivo" Ovum Transfers." *The Catholic Standard and Times*, September 22, 1983, page 14. Also David Q. Liptak. "New "Infertility Bypass (LTOT)" Assessed." *Catholic Transcript*, January 6, 1984.

[29] Orville N. Griese. "Promising Approaches to Human Infertility." *International Review of Natural Family Planning*, Fall 1986, pages 243 to 255.

SIFT involves collection of sperm after the husband uses a perforated condom during normal intercourse. The surgeon makes a small incision in the wife's abdomen and locates the Fallopian tubes with a tiny camera, then uses a syringe to deposit the sperm there.

[30] These procedures include Fallopian tube sperm perfusion (FSP), intrauterine insemination (IUI), pronuclear stage tubal transfer (PROST), sub-zonal insemination (SUZI), transvaginal intratubal embryo transfer (TIET), transvaginal-transmyometrial embryo transfer (TTET), transvaginal tubal embryo stage transfer (TV-TEST), tubal embryo stage transfer (TEST), tubo-ovarian transplantation (TOT), vaginal intratubal insemination (VITI), *zona pellucida* drilling and cutting and zygote intra-fallopian transfer (ZIFT).

[31] Claudia Wallis. "The New Origins of Life." *Time Magazine*, September 10, 1984, page 40.

[32] "In Vitro Lab Approved." *National Right to Life News*, January 1980, page 23.

PRESS RELEASE: 6.17.09 Pro-life Leader Slams Proposed State-Sponsored Sexualization of Latin American Children



 SHARE

FOR IMMEDIATE RELEASE

CONTACT: Stephen Phelan 540-622-5270

sphelan at hli dot org

June 17, 2009

Pro-life Leader Slams Proposed State-Sponsored Sexualization of Latin American Children

FRONT ROYAL, VA - Fr. Thomas J. Euteneuer, president of Human Life International, today castigated members of the United Nations Economic and Social Council (ECOSOC) following reports of the organization's declaration earlier this month calling for "comprehensive sexuality education starting in early childhood."

As reported by *LifeSiteNews*, the ECOSOC's meeting in Jamaica yielded a resolution declaring that: "Scientific evidence demonstrates that comprehensive sexuality education, including HIV/STI prevention methods - such as the correct and consistent use of male and female condoms...neither accelerates sexual debut, nor increases the frequency of sexual relations."

"This is absolute nonsense! We know from almost every study on the topic that this is the exact opposite of the truth," said Fr. Euteneuer. "Condom promotion has not stopped HIV in the developing world. And propagandizing young children about a value-neutral approach to sex, and telling them that they'll be safe if they use condoms is *exactly* how you get them to start practicing sex before marriage."

"This outrage is perpetrated by pagans forcing their hedonistic values on the families of the only Catholic continent in the world. It is a violation of sovereignty of nations and of the rights of parents to teach their kids on these delicate matters," said Fr. Euteneuer.

Fr. Euteneuer pointed out that the 1995 Vatican document, *The Truth and Meaning of Human Sexuality*, condemns this form of sex education and manipulation.

"The innocence of children is too precious of a gift to throw away in deference to government and its coercive modern amorality," said Fr. Euteneuer.

"Parents, teachers, and all people of good will, let's tell them to get their grubby hands off our kids!"

###

Human Life International: Creating effective opposition to the culture of death around the world.

Founded in 1981, HLI is the world's largest pro-life organization and has affiliates in over 87 countries on six continents.

[Link to Life Site News story](#)

[Link to UN's ECOSOC PowerPoint document](#)

Facts of Life: Chapter 15: Assisted Reproduction: The Ethical and Moral Implications of Reproductive Technologies



 SHARE

The Ethical and Moral Implications of Reproductive Technologies.

"The very probability that we may be faced with a human person in the full sense constitutes, in my opinion, an absolute veto against any type of [*in-vitro*] experimentation."

— Dissenter Bernard Häring.[33]

Introduction. It seems that bioethicists, technocrats, "family planners" and "sex educators" no longer glorify the way human reproduction *should* be (sex resulting in babies). Instead, they extol sex *not* resulting in babies (by means of contraception, abortifacients, sterilization and abortion) and babies resulting without sex (by means of artificial insemination, embryo transfer and IVF).

Among reproductive scientists, there has been a fundamental shift in philosophy from assisting the begetting of children in a loving family environment to manufacturing a product — and the "manufacturers" can dispose of the "product" if it does not meet their rigid specifications.

Teachings of the Catholic Church. *The Catechism of the Catholic Church* [¶2376-2377] describes the major moral problems of most of the assisted reproductive technologies in use today — corruptions of both the unitive and procreative functions of marriage between husband and wife:

Techniques that entail the dissociation of husband and wife, by the intrusion of a person other than the couple (donation of sperm or ovum, surrogate uterus) are gravely immoral. These techniques (heterologous artificial insemination and fertilization) infringe the child's right to be born of a father and mother known to him and bound to each other by marriage. They betray the spouses' "right to become a father and a mother only through each other."

Techniques involving only the married couple (homologous artificial insemination and fertilization) are perhaps less reprehensible, yet remain morally unacceptable. They dissociate the sexual act from the procreative act. The act which brings the child into existence is no longer an act by which two persons give themselves to one another ...

Animals *reproduce* to perpetuate their species; humans *pro-create* and *co-create* (with God) to populate Heaven. *Donum Vitae* tells us that "Marriage possesses specific goods and values in its union and in procreation which cannot be likened to those existing in lower forms of life. Such values and meanings are of the personal order and determine from the moral point of view the meaning and limits of artificial interventions on procreation and on the origin of human life."

How to Determine Whether a Procedure Is Licit. There are currently more than 100 different assisted reproductive techniques available to couples who are suffering from infertility. Couples may be unsure whether the procedure(s) they are considering are morally acceptable.

According to the Vatican Instruction *Donum Vitae*, the liceity of assisted reproductive procedures revolves around their relationship to natural intercourse: "If the technical means facilitates the conjugal act or helps it to reach its natural objectives, it can be morally acceptable. If, on the other hand, the procedure were to replace the conjugal act, it is morally illicit" [II, B, 6]. In general, moral methods of assisted reproduction *assist* nature, while immoral methods *replace* the conjugal act that should be the source of new life.

Donum Vitae states that an assisted reproductive procedure must meet these five specific criteria in order to maintain the procreative and unitive aspects of the marital act, as well as to avoid other grave sins:

(1) All assisted reproductive procedures should be performed upon married couples only. "Respect for the unity of marriage and for conjugal fidelity demands that the child be conceived in marriage; the bond existing between husband and wife accords the spouses, in an objective and inalienable manner, the exclusive right to become father and mother solely through each other" [II, A, 2].

(2) The wife must contribute the egg and the husband must contribute the sperm. No other person must be involved, as this constitutes "technological adultery." "Recourse to the gametes of a third person, in order to have sperm or ovum available, constitutes a violation of the reciprocal commitment of the spouses and a grave lack in regard to the essential property of marriage which is its unity" [II, A, 2].

(3) Masturbation must not be required. "Masturbation, through which the sperm is normally obtained, is another sign of this dissociation: Even when it is done for the purpose of procreation, the act remains deprived of its unitive meaning ..." [II, B, 6]. See also the *Catechism of the Catholic Church* [¶2352]. Note that sperm collection can licitly be accomplished through "home collection," which consists of the use of a perforated condom during natural intercourse.

(4) Fertilization must take place *inside* the woman's body. "The origin of the human being thus follows from a procreation that is "linked to the union, not only biological but also spiritual, of the parents, made one by the bond of marriage." Fertilization achieved outside the bodies of the couple remains by this very fact deprived of the meanings and the values which are expressed in the language of the body and in the union of human persons" [II, B, 4, c].

(5) "Spare" embryos must not be discarded, frozen, or experimented upon, and procedures such as "selective abortion" (pregnancy reduction) must not be used. " those embryos which are not transferred into the body of the mother and are

... those embryos which are not transferred into the body of the mother and are called "spare" are exposed to an absurd fate, with no possibility of their being offered safe means of survival which can be licitly pursued" [1, 5].

Shouldn't Pro-Lifers Favor Any Procedure that Generates New Human Life?

Pro-abortionists and others who do not understand the pro-life ideology (or *pretend* not to understand it) often take the label "pro-life" at face value. They believe pro-lifers advocate generating as many people as possible, by any available means. So, these people say, it follows that pro-lifers should favor any method of producing babies for infertile couples, no matter how outlandish.

This viewpoint grossly oversimplifies the pro-life position and completely disregards the inherent dignity of human life.

Pro-lifers have several objections to certain assisted reproductive procedures:

(1) Some procedures, such as IVF and heterologous artificial insemination, involve external acts that are clearly sinful. These include the destruction or disposal of embryos that are imperfect or "spare," which is morally the same as abortion; the act of masturbation, which is intrinsically disordered; and "technological adultery," the introduction of the gametes of a person outside the marriage. All of these acts seriously degrade the unitive aspect of marriage.

(2) Many reproductive scientists see a baby not as the supreme gift of God, but as a commodity to be produced. A sign in one IVF center's waiting room boasts, "They say babies are made in heaven, but we know better." [34] This attitude has led to widespread acceptance of practices such as the production of embryos for the sole purpose of experimentation. The overall effect is the same as that of widespread abortion and contraception: A loss of respect for the precious gifts of fertility and life.

(3) Not only do these procedures degrade the sacredness of God's gift of children, but they weaken the sacramental aspect of the marriage bond. Many procedures commonly used today bypass God's will for us (even if it includes infertility). In this fundamental sense, some assisted reproductive procedures, which thwart God's plan for our *infertility*, are identical to abortion, which thwarts God's plan for our *fertility*.

These points may seem obscure to those with a utilitarian worldview. However, a sure sign of evil is that more and greater evil follows it. We have already seen an incredible number of evils linked to certain assisted reproductive techniques. These include the creation of embryos purely for experimentation and subsequent disposal; selective and eugenic abortion on a wide scale; unethical practices by doctors, including impregnation of women with their own sperm; and proposals to clone human beings and to create chimeras and other bizarre creatures, as described in Chapter 24, "Eugenics."

[Go to Next Topic: Is There a *Right* to a Child?](#)

[Return to *Assisted Reproduction* Table of Contents](#)

Endnotes for “The Ethical and Moral Implications of Reproductive Technologies.”

[33] Bernard Häring. *Ethics of Manipulation* [New York: Seabury Press, 1975], pages 198 and 199. Keep in mind that Häring is a longtime dissenter from Church teachings, but his quote shows that even many dissenters recognize the immorality of IVF.

[34] As described in Michael Gold. "The Baby Makers." *Science Magazine*, April 1985, pages 26 to 38.

Facts of Life: Chapter 15: Assisted Reproduction: Future Assisted Reproductive Technologies



 SHARE

Future Assisted Reproductive Technologies.

In the year 4545
ain't gonna need no husband, won't need your wife,
you'll pick your son, pick your daughter too,
from the bottom of a long black tube ...
— Song entitled "In the Year 2525."

Perverse Fantasies. Many scientists, drunk with the euphoria of treading where no human has dared go before, are plunging headlong into lines of research that would have been unthinkable a few years ago. In addition to arcane knowledge, they have also acquired a dangerous elitist attitude. As one leading researcher arrogantly boasted, "[Scientists] have the right to exercise their professional activities to the limit as lay attitudes struggle to catch up with what scientists can do." [36]

In other words, ethics and morals, along with judgment, have been sacrificed in order to advance the mad dash for knowledge. This philosophy has destroyed all limits, so that now the only rule is:

**IF IT CAN BE DONE, IT *MUST* BE
DONE,
AND DAMN THE CONSEQUENCES!**

For example, if researchers continue along current lines of inquiry, it will soon be possible for a woman to conceive and bear her own (younger) identical twin sister; it will be possible to allow human embryos to gestate in apes of various species (or even in bovines) in order to bypass the legal barriers now springing up against surrogate motherhood; and it may well soon be possible to fulfill the long-standing homosexual fantasy of male pregnancy.

Where Are We Being Led? The noted French biologist Dr. Jean Rostand wrote in all seriousness a few years ago that "Here and now *Homo Sapiens* is in the process of becoming *Homo Biologicus*, a strange biped that will combine the properties of self-reproduction without males, like the green fly; of fertilizing his female at long distance, like the nautiloid mollusk; of changing sex, like the xiphores; of growing from cuttings, like the earthworm; of replacing his missing parts, like the newt; of developing outside his mother's body, like the kangaroo; and of hibernating, like the hedgehog." [37]

These are not the mad pipe dreams of some isolated quack. Many leading scientists have advocated the creation of chimeras — part-human and part-animal or plant creatures whose usefulness for various purposes would be enhanced by their new

plant creatures whose usefulness for various purposes would be enhanced by their new 'qualities.'

Dr. Robert C. Gesteland, an associate professor of biological sciences at Northwestern University in Illinois, has suggested (1) crossing man with plants, so all we'd need for food would be water and sunlight; (2) developing a servant class of supersmart apes; and (3) best of all, breeding a race of humans only four inches tall, which would lessen pollution and conserve natural resources.

Watch Out for Leo the Housecat! It's funny how educated people often don't think about the practical aspects of their hopes and dreams. Presumably, if Gesteland's dreams came true, (1) we could pass up a McDonald's and simply graze at the side of the road, (2) we would create and enslave another species, and (3) we would shrink ourselves to the point where pigeons would become our predators and housecats would be comparatively as large as elephants.

Dr. George Haldane (the late British geneticist) predicted that we might breed a race of legless humanoid mutants with prehensile tails or feet for space travel. Other scientists would like to see women laying eggs that could be hatched or *eaten* (i.e., use our own young as a food source); human beings with gills to facilitate underwater travel; and people with two sets of arms and hands, one for heavy work, the other for lighter tasks.[38]

We are already most of the way down Gerald Leach's "Ladder of Unnaturalness." Herds of prime cattle embryos are flown across the Atlantic Ocean in the wombs of female rabbits. Lesbians are now making men superfluous with sperm banks. The exploitation of women as 'wombs-for-hire' is the first step towards parthenogenesis and actual extracorporeal gestation.

A Straight and Predictable Path. Assisted reproductive technology is following a fairly straightforward and predictable path.

A century ago scientists invented artificial insemination, which isolated the male gamete from the body. Then came IVF, which isolated both the male and female gametes. Next was embryo transfer, which removes the developing human being from the body entirely for a short time.

It is easy to project this line of technology to its logical conclusion: Extracorporeal gestation (EG), where technicians conceive a child in a dish (or generate him by parthenogenesis, without sperm) and gestate him entirely outside the mother in an artificial uterus.

This is not science-fiction fantasy: Intensive research into EG has been ongoing since 1975. Late-term aborted babies have already been kept alive for days in pressurized vessels: The Italian embryologist Daniele Petrucci has kept a female embryo alive for 59 days in an artificial uterus.[39]

Researchers Dr. Jerry Hall and Dr. Yan-Ling Fen of the Institute for Reproductive Medicine and Genetics in Los Angeles have already achieved parthenogenesis. They have taken mouse eggs and have induced them to duplicate their own set of chromosomes in order to create the number needed to begin cell division. These unfertilized mouse eggs developed into "parthenotes," or pseudo-embryos with a full complement of mouse chromosomes. The researchers transferred 60 of these "parthenotes" into the reproductive tracts of mouse "foster mothers." On the 13th day of gestation, they found that twelve of them had survived and were developmentally normal.

normal.

The next step was parthenogenesis of monkey embryos, achieved by Advanced Cell Technology (ACT) of Worcester, Massachusetts in early 2002. Jose Cibelli, the leader of the research team that accomplished this feat, said that he was "100% certain" that this process would work for human eggs. The study team manipulated the early monkey embryos into producing brain cells, heart cells and other tissues.[40]

Parthenogenesis is achieved by "tricking" the egg chromosomes into dividing by submerging them in a chemical cocktail, an "artificial sperm," that sends the proper signals to the mouse egg. If this were done to a human egg (and this is already technically possible), the baby that would eventually result would always be female and genetically identical to her mother.[41]

Many scientists and doctors, including Dr. Bernard Nathanson, believe an artificial womb will soon be perfected.[42] According to bioethicist Joseph Fletcher, "The womb is a dark and dangerous place, a hazardous environment. We should want our potential children to be where they can be watched and protected as much as possible." [43] Isaac Asimov revealed the anti-life thinking behind this technology when he wrote, "if a woman could extrude the fertilized ovum for development outside the body, she would then be no more the victim of pregnancy than a man is." [44]

A growing number of prominent pro-abortion scientists have already proposed the ultimate scenario that will be achieved by this line of research. In their ideal society, pregnancy will be abolished and everyone will be surgically sterilized by age 18. Before the sterilization process, however, girls will be superovulated and their eggs "harvested." Boys will masturbate to produce sperm samples. Scientists will carefully gene-map the sperm and eggs (enabled by the recently completed Human Genome Project), and will discard any samples that are subnormal in any way. When there is a projected need for a scientist 20 years down the road, technicians will be conceive and grow one in an artificial uterus. When there is a projected need for a negotiator, they will be grow one. When talented prostitutes are required, scientists will grow them too.[45]

When reading about these predictions, we must remember that they are not the imaginings of some crackpot conspiracy theorist — they have been outlined in black and white by scientists, gender feminists and thinkers in the forefront of the pro-abortion and assisted reproductive movements.

Theirs are serious proposals, not just grist for science fiction pulp novels. If it were possible to implement these scenarios today, Fletcher, Asimov, and many others who think that pregnancy is "victimization" would do so without hesitation. This colossal arrogance allows the 'biocrats' to think that they can go God one better. They think that they can improve upon His design by bettering the "hazardous environment" that He created and by 'weeding out' defective children.

But our God is a jealous God, and whenever man tries to equal Him, there is always a backlash. That's simply the way He designed the universe. You just don't mess with Mother Nature unless you want a bloody nose — *or far worse*.

When will we *ever* learn this lesson?

[Go to Next Topic: Fantasies Without Limit](#)

Endnotes for “Future Assisted Reproductive Technologies”

- [36] Paul Ramsey, Ph.D. "On *In-Vitro* Fertilization." *Human Life Review*, Winter 1979, pages 17 to 30.
- [37] R.G. Edwards and D.J. Sharpe. "Social Values and Research in Human Embryology." *Nature* 231:87-91(1971).
- [38] Paul Ramsey, Ph.D. "On *In-Vitro* Fertilization." *Human Life Review*, Winter 1979, pages 17 to 30.
- [39] Donald DeMarco, Ph.D. *In My Mother's Womb: The Catholic Church's Defense of Natural Life* [Manassas, Virginia: Trinity Communications, 1987].
- [40] Advanced Cell Technology Web site at <http://www.advancedcell.com/>.
- [41] Press release entitled "Highlights from the 57th Annual Meeting of the American Society for Reproductive Medicine: Parthenogenetically Derived Stem Cells From Nerve Cells," downloaded from the Web site of the American Society for Reproductive Medicine at <http://www.asrm.org> on March 19, 2002.
- [42] Tom Paskal. "Tampering with the Machinery of God." *Weekend Magazine*, September 18, 1971, page 7. Also see Bernard Nathanson, M.D. *Aborting America* [Garden City, New Jersey: Doubleday Press, 1979], page 282.
- [43] Joseph Fletcher. *The Ethics of Genetic Control* [Garden City, New Jersey: Doubleday Press, 1979], page 103.
- [44] Isaac Asimov. "On Designing a Woman." *Viva Magazine*, November 1973, page 8.
- [45] Edward Grossman. "The Obsolescent Mother: A Scenario." *Atlantic Magazine*, May 1971, page 49; Shulasmith Firestone. *The Dialectic of Sex: The Case for Feminist Revolution* [New York: William Morrow, 1972], page 238. See also the proposed public law titled "Reversible Fertility Immunization" in Edgar R. Chasteen. *The Case for Compulsory Birth Control* [Englewood Cliffs, New Jersey: Prentice-Hall, 1971], back cover. Chasteen's proposed law reads
- "As of January 1, 1975, it shall be unlawful for any American family to give birth to more than two children. Any family already having two or more natural children on that date shall not be allowed to give birth to another. Toward this end, it is hereby lawfully determined that *all* Americans above the age of 10 years will, at least one year prior to the aforementioned date, present himself/herself for reversible immunization against fertility at a local county health department or physician's office. An official "Certificate of Immunization" shall be issued to and in the name of each citizen so treated. Said certification shall be signed by the authorized medical practitioner who administers the immunization, and shall be entered into the official records of the county in which immunization occurred. After marriage, any citizen may present himself/herself at a local county health department or physician's office and obtain a fertility restorer. At the birth of the second child, immunity against fertility shall be readministered to both parents. If

the first birth shall be multiple, no other births shall be permitted to that mother, and both parents shall thereupon be re-immunized."

Facts of Life: Chapter 15: Assisted Reproduction: Is There a Right to a Child?



Is There a Right to a Child?

"The goal to be a father, to be a mother, is a human right. An absolute human right."

— Italian infertility specialist Severino Antinori.[35]

Of all people, pro-life activists can empathize with the yearning for a child that an infertile couple experiences. Crisis pregnancy center workers and sidewalk counselors, especially, are struck by the irony of abortionists killing thousands of perfectly healthy children every day — while thousands of couples undergo the stress and pain of a complicated and expensive series of tests and procedures so they can have what others are contemptuously disposing of as "biological waste."

People who know infertile couples wish that they could somehow miraculously present them with the infant they long for.

This kind response is commendable, but unfortunately it defines children as a "right" and intrinsically and unconsciously reduces their status from a supreme "gift of the Lord" (Psalm 127:3) to an acquisition or a possession.

Donum Vitae explains,

A true and proper right to a child would be contrary to the child's dignity and nature. The child is not an object to which one has a right, nor can he be considered as an object of ownership: rather, a child is a gift, "the supreme gift" and the most gratuitous gift of marriage, and is a living testimony of the mutual giving of his parents. For this reason, the child has the right, as already mentioned, to be the fruit of the specific act of the conjugal love of his parents; and he also has the right to be respected as a person from the moment of his conception [11,8].

Our Lord gives every one of us crosses to bear. Some of these involve losses close to us and are much more difficult to carry than others — such as the death of a child, the inability to conceive or the inability to find a spouse.

The thinking that there is a "right" to a child is a derivation of the mentality that is confused about the nature of true freedom. *True* freedom is doing what you *should* do, not what you *want* to do. Those who pursue their wants without regard for the moral law are *enslaved* to those wants and will trample any person or law that gets in their way.

We can respond to the severe trial of childlessness or an inability to find a spouse in one of two ways. We can struggle against them with all of our energy and strength, and, whether we conquer them or not, find ourselves afflicted with a strange emptiness of soul. Or we can use licit technology to a moderate extent in an attempt to bypass our infertility, while acknowledging God's mastery over our lives, knowing that our ultimate happiness is His concern.

Donum Vitae offers hope to infertile couples:

Spouses who find themselves in this sad situation are called to find in it an opportunity for sharing in a particular way in the Lord's Cross, the source of spiritual fruitfulness. Sterile couples must not forget that even when procreation is not possible, conjugal life does not for this reason lose its value. Physical sterility in fact can be for spouses the occasion for other important services to the life of the human person, for example, adoption, various forms of educational work, and assistance to other families and to poor or handicapped children [11,8].

[Go to Next Topic: Future Assisted Reproductive Technologies](#)

[Return to Assisted Reproduction Table of Contents](#)

Endnotes for “Is There a *Right* to a Child?”

[35] Italian infertility specialist Severino Antinori, quoted in the *Lexington Herald-Leader*, January 26, 2001 and the SPUC News Digest for 30 January 2001.

[Commentary: Bainbridge: Defiance and the Beginning of the Culture Wars](#)



 SHARE

(From *The Observer* - Official Newspaper of the Catholic Diocese of Rockford
July 4, 2008)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

Defiance and the Beginning of the Culture Wars

It was 1968 and I had finished my first year of teaching at Michigan State. In addition to good memories, I also remember the anti-war protests, the shocking assassinations of Robert Kennedy and Martin Luther King, the starving children in Biafra, the "Women's Liberation Movement's" protest of the Miss America pageant, the signing of the Civil Rights Act, the violent protests at Columbia University, the sit-ins at universities around the country, and the riots at the Democrat Convention in Chicago.

During that time period, it seemed like "everyone" I knew was reading Paul Tillich, Ayn Rand, Rachel Carson, and Joseph Fletcher. Although I disagreed with his advocacy of abortion, I became a devotee of Fletcher and his *Situation Ethics*. Moral relativism-and less frequently nihilism-became the philosophy of the day. An emphasis on "the end justifies the means" and the rejection of absolute truth were the themes de jour. As long as people "loved" one another and were "fair," any behavior was acceptable. The problem was that these two concepts were totally subjective. What was "love" and what did "unfair" mean?

My life at that time was centered on academia and its social milieu. Although my parents had taught me right from wrong, I was not a Christian so I had no spiritual grounding on which to evaluate the "new" morality. I quickly became caught up in many of the trappings of the "new way of thinking." Times had changed and what I had been taught by my parents, teachers, and society in general was now very old-fashioned, or so I thought.

Many in the culture were "questioning authority," "embracing free love," and rejecting traditional Judeo-Christian morality. The June 7, 1993 issue of *Time* ran an article on the 25th anniversary of 1968 which recognized these changes when it reported that "probably the only thing we can all agree on is that '68 marks the beginning of the 'culture wars,' which have divided America ever since."

Promoting its 2

007 documentary, the History Channel described 1968 as "one of the most turbulent, and pivotal, twelve month periods in American history . . . a flashpoint for many of the social, political, and cultural transformations for which the overall decade of the 1960s is

social, political, and cultural transformations for which the Great Society of the 1960s is known."

What the History Channel promo and the *Time* article did not mention-and what I had no knowledge of at the time-was the watershed event that took place in the Catholic Church on July 25, 1968 when the encyclical, *Humanae Vitae*, was released. This short, loving encyclical, written by Pope Paul VI, re-affirmed the Church's teaching against contraception and yet some Catholic clergy, religious, and laity refused to accept its truth. Just as in society in general, there was open defiance of this long anticipated teaching. Dissenters actually walked out of Mass when Cardinal O'Boyle of Washington, D.C. read a pastoral letter in support of the encyclical.

While dissenting moral theologians were denying the authority of the encyclical, *Humanae Vitae* was very clear in stating, "No member of the faithful could possibly deny that the Church is competent in her Magisterium to interpret the natural moral law." Even today there are many who wrongly believe *Humanae Vitae* was "in error." Trusting their own personal authority over the authority of the Magisterium, they wrongly focus on the primacy of individual, albeit poorly formed, conscience.

Paul VI did not ignore, nor did he misunderstand the pressures married couples were feeling about limiting the size of their families. He explained, however, that "God has wisely ordered laws of nature and the incidence of fertility in such a way that successive births are already naturally spaced through the inherent operation of these laws" [what we now know as the modern methods of Natural Family Planning].

For anyone who is confused or has rejected the Church's infallible teaching on contraception, I suggest you take the time to read *Humanae Vitae* and the *Catechism* #2366-2372. Reading *Veritatis Splendor* (Splendor of Truth) will also be helpful.

If truth is honestly sought, it will be found.

Facts of Life: Chapter 15: Assisted Reproduction: Fantasies Without Limit



 SHARE

Fantasies Without Limit.

"The man-molders of the new age will be armed with the powers of an omniscient state and an irresistible scientific technique: We shall get at last a race of conditioners who really can cut out all posterity in whatever shape they please."
— C.S. Lewis, *The Abolition of Man*.^[46]

Although still a minority, a growing number of reproductive scientists and other opinion-molders are setting forth visions of what they might "accomplish" using today's technology as a base. These visions are amusing because of their science-fiction quality, and frightening because they are *desired* by influential people.

These notions may seem far-fetched and improbable, and therefore harmless. However, it is important for pro-life activists to know the ultimate goals of the anti-life movements. Showing these goals to others can be a "wake-up call" that helps motivate them to fight all the anti-life proposals that could eventually lead to the Brave New World.

Time Magazine begins by summarily dispensing with the family:

It is reasonable to ask whether there will be a family at all. Given the propensity for divorce, the growing number of adults who choose to remain single, the declining popularity of having children and the evaporation of the time families spend together, another way may eventually evolve. It may be quicker and more efficient to dispense with family-based reproduction. Society could then produce its future generations in institutions that might resemble state-sponsored baby hatcheries ...^[47]

The most efficient (and aesthetic) manner in which eugenicists could "cull" unwanted human beings from the population is through the testing of fertilized human eggs and the elimination of all but the very best.

At this point in time, the most efficient negative eugenics practice consists of subjecting the preborn baby to CVS (chorionic villi sampling), amniocentesis, or some other genetic test past 15 weeks, and aborting those who are considered unfit. This is a messy, emotional and expensive project that could be vastly streamlined from the viewpoint of the eugenicists.

The Human Genome Project is a multibillion dollar effort funded primarily by the Federal government. Its objective is to identify and 'map' all of the more than 10,000 human genes, and then study them and make recommendations as to what should be done with its findings.

This huge undertaking is already bearing fruit that eugenicists see as beautiful. But we may find out that the fruit is deadly poisonous to human beings.

Jerry E. Bishop and Michael Waldholz give us a progress report on the Genome

Project and comment on some of the possible uses of its findings to date;

"The list of common diseases that have roots in this kind of genetic soil is growing almost daily. As of this writing [in 1990], it includes colon and breast cancer, Alzheimer's disease, multiple sclerosis, diabetes, schizophrenia, depression, at least one form of alcoholism, and even some types of criminal behavior ... [S]ome contend that almost every disorder compromising a full and healthy four score and ten years of life can be traced in one way or another to a genetic vulnerability.

It is highly likely that within a decade tests for a variety of aberrant genes will be cheap and easy enough to permit testing of large numbers of people. *Initially*, only those persons who are at risk of inheriting a defective gene might be tested. For example, anyone who had a parent die prematurely of a heart attack might be tested — indeed, might *want* to be tested — to see if he or she had inherited one of the several defective genes that can render one susceptible to coronary heart disease.

As the list of known defective genes grows, there will be mounting pressure for mass screening of the population, *at least of the newborn population*, to pinpoint anyone predisposed to future illnesses. There is ample precedent for such mass genetic screening of newborn infants ..."

Of course, society might decide to use such tests in other ways. There are circumstances where the interests of society in knowing an individual's genetic susceptibility would be paramount. It would seem too risky for an airline to permit a person with a genetic tendency for alcoholism, or for a premature heart attack, for that matter, to take command of a wide-body jet with its 350 passengers — or for a trucking company to permit such a person to roam the highways in a fifty-ton truck. A corporate board of directors might be considered irresponsible to stockholders should it elect a president and a chief executive who might be genetically predisposed to manic-depression or Alzheimer's disease. A police force could hardly wish hiring and arming a young man or woman who was genetically predisposed to schizophrenia. Almost certainly voters, or at least the press, will demand to know the genetic profile of presidential candidates, while opposition senators may well inquire into the genetic predispositions of presidential nominees to the cabinet and the Supreme Court.

Right now our society runs on the premise that everyone has a biologically equal chance to be anything he or she wants. But what will happen when, in fact, the scientists find strong evidence that everyone's fate is greatly affected by the inheritance of a group of very specific and identifiable genes?

Indeed, by late 1989, a handful of social ethicists were beginning to discuss among themselves their fear that the gene discoveries would lead to the creation of a new social stratum called the biological underclass. People identified as having certain genetic weaknesses, they argued, might be discriminated against by employers, they might have difficulty getting health and life insurance. Businesses, for instance, might be less willing to hire people predisposed to illnesses that could drive up the employer's health insurance costs. Employers might want to begin screening prospective workers to detect their genetic susceptibilities. The ethicists sprinkled their talk with such new dark-sounding terms as 'genetic discrimination,' 'genetically unemployable,' and 'genetic labeling.'

The scientists then turn their attention from the implications of the Human Genome Project for the born to those that will inevitably one day heavily impact the *preborn*;

Indeed, among geneticists involved in Huntington's disease, there is a quiet, but intense debate over the ethics of aborting any fetus whose disease won't erupt until later in life. Perhaps by then there will be a cure, or at least treatments to mute the disease's symptoms, some say. Others argue, however, that abortion for even the slightest of risks is justified.

"I've had several conversations with people who say, 'Well, with prenatal tests we can wipe out the gene in a generation or two merely by *not allowing any fetus at risk to be born*,'" says Hayden.

"Preimplantation diagnosis of genetic disease provides an alternative to the therapeutic abortion offered to couples at risk of producing children with severe inherited disorders," Holding and Monk asserted. "Preimplantation diagnosis could allow identification of normal and mutant embryos and the replacement in the mother of only those embryos shown to be free of the defect."

The experiment introduces an entirely new dimension into the concept of prenatal genetic diagnosis, that of making a genetic diagnosis *before* pregnancy, thereby circumventing the question of abortion.

Such 'preimplantation diagnosis' holds staggering implications for the use of the gene discoveries that are destined to come out of the mapping of the human genome. As prenatal genetic diagnosis becomes simpler and easier, the temptation will arise to use it for less severe genetic aberrations. It appears highly likely that young couples, possibly those in the next generation, will be able to make choices about the genetic traits of their children that would astonish today's generation. As the genetic secrets of stature are uncovered, for example, couples would be able, if they desired, to select the height of their children within certain limits. As the gene mapping proceeds, other traits affecting intelligence, athletic or musical ability, even personality could become matters of parental *choice*."^[48]

The implications of this project are vividly clear. It will be theoretically impossible to wipe out a defective gene *unless coercion is employed on a massive scale* because, without the use of force, there will always be those parents who value human life as a gift from God. If such people are allowed to "spawn defective children," defective genes will *never* be eradicated.

Bishop and Waldholz go on to describe how, in the future, only the rich will be able to select their offsprings' traits by an extensive program of genetic testing. Thus, the rich would progressively become more and more advantaged over the poor in areas such as intelligence, beauty, and physical prowess. And, of course, since only the rich could afford "genetic choice," taxpayers would be forced to fund it for the poor — just as with abortion.

Pro-abortionists, of course, support the Genome Project because, as they like to say, "genetic engineering will greatly reduce the need for abortion."

Many other "bioethicists" have let their imaginations run rampant with the possibilities posed by assisted reproductive techniques, eugenics and bio-engineering, all of which have absolutely no moral limits whatever.

Joseph Fletcher combines a frontal assault on pro-life values with his strange

dreams;

The attack [by pro-lifers on IVF] includes a condemnation of sacrifice even of a zygote as a form of abortion, abortion being held to be (as such) immoral. This means that embryology, fetology, and all forms of laboratory reproduction are immoral — that physicians and scientists are murderers.

I respect the ethics of scientists, which is primarily a love for and search for the facts, but some scientists seem to have an almost blind faith that somehow the facts will be used to good purposes, not misused for evil.

If the greatest good of the greatest number (i.e., the social good) were served by it, it would be justifiable not only to specialize the capacities of people by cloning or by constructive genetic engineering, but also to bio-engineer or bio-design para-humans or "modified men" — as chimeras (part animal) or cyborg-androids (part prostheses). I would vote for cloning top-grade soldiers and scientists, or for supplying them through other genetic means, if they were needed to offset an elitist or tyrannical power plot by other cloners — a truly science-fiction situation, but imaginable. I suspect I would favor making and using man-machine hybrids rather than genetically designed people for dull, unrewarding or dangerous roles needed nonetheless for the community's welfare — perhaps the testing of suspected pollution areas or the investigation of threatening volcanos or snow-slides.

People who appeal to *Brave New World* and *Nineteen Eighty-Four* and *Fahrenheit 451* forget this, that the tyranny is set up first and then genetic controls are employed.

Coital reproduction, is, therefore, less human than laboratory reproduction — more fun, to be sure, but with our separation of baby making from lovemaking, both become more human because they are matters of choice, and not chance. This is, of course, essentially the case for planned parenthood. I cannot see how either humanity or morality are served by genetic roulette.

To be men we must be in control. That is the first and the last ethical word. For when there is no choice, there is no possibility of ethical action. Whatever we are *compelled* to do is a-moral.

Rights are nothing but a formal recognition by society of certain human needs, and as needs change with changing conditions, so rights should change too. The right to conceive and bear children has to stop short of knowingly making crippled children — and genetics gives us that knowledge ... It is human need that validates rights, not the other way around.[49]

Fletcher is not alone in his fantasies. British geneticist George Haldane predicted we might breed a race of legless humanoid mutants with prehensile tails or feet for space travel. Other scientists would like to see women laying eggs that could be hatched or even *eaten* (i.e., we would cannibalize our own pre-hatched children); human beings with gills for underwater travel; and people with two sets of arms and hands — one for heavy work, and the other for lighter tasks.[50]

These typify the horrible visions being dreamed up for humanity by powerful people with no moral limits. These nightmares are the logical destination of a society that has fully succumbed to situational ethics: Where the limits are set by technology and not by morality, by man and not by God.

This is the future for all mankind if Fletcher's "planned parenthood" movement

This is the future for all mankind if Fletcher's planned parenthood movement triumphs.

[Go to Next Topic: Further Reading on Assisted Reproduction](#)

[Return to Assisted Reproduction Table of Contents](#)

Endnotes for "Fantasies Without Limit"

[46] C.S. Lewis. *The Abolition of Man* [New York: Macmillan Publishers, 1965], page 63.

[47] *Time* Magazine Fall 1992 Special Issue titled "Beyond the Year 2000: What to Expect in the New Millennium."

[48] Jerry E. Bishop and Michael Waldholz. *Genome* [New York: Simon and Schuster, 1990], pages 17 to 20, 278 and 308. Some quotes are by Michael Hayden of Vancouver, British Columbia, and by Cathy Holding and Marilyn Monk of the Medical Research Council's Mammalian Development Unit at University College, London.

[49] Joseph Fletcher. "Ethical Aspects of Genetic Controls." *New England Journal of Medicine* (285:776-783, 1971).

[50] Paul Ramsey, Ph.D. "On *In Vitro* Fertilization." *Human Life Review*, Winter 1979, pages 17 to 30.

[Commentary: Bainbridge: "Catholic" Website Shamelessly Promotes Pro-Abortion Candidate](#)



(From The Observer - Official Newspaper of the Catholic Diocese of Rockford
June 6, 2008)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

"Catholic" Website Shamelessly Promotes Pro-Abortion Candidate

Just as in previous years leading up to an election, it's not difficult to find a "Catholic" website dedicated to the promotion of a certain pro-abortion political candidate. The newest one claims, "We are real, honest-to-goodness, practicing Catholics who embrace and call attention to Catholic Social Teaching, which the U.S. Conference of Catholic Bishops [USCCB] describes as 'wisdom about building a just society and living lives of holiness amidst the challenges of modern society.'" I guess they have to make this claim or no one would realize they are, indeed, Catholic.

Quoting sections of the USCCB statement, [Forming Consciences for Faithful Citizenship](#), they attempt to justify voting for a pro-abortion candidate. They reference #35 of the USCCB statement which says, "There may be times when a Catholic who rejects a candidate's unacceptable position may decide to vote for that candidate for other morally grave reasons. Voting in this way would be permissible only for truly grave moral reasons, not to advance narrow interests or partisan preferences or to ignore a fundamental moral evil."

There are no "truly grave moral reasons" for supporting their particular pro-abortion candidate. In fact, there are "truly grave moral reasons" *not* to support the candidate. Yet they ignore the "fundamental moral evils" supported by the candidate and are doing their best to convince other Catholics that they not only *can*, but *should* vote for the person who is vigorously promoting the culture of death.

On the candidate's official website, he calls abortion "a divisive issue" and unequivocally promises to "make preserving women's rights under Roe v Wade a priority." The "Catholic" website claims this view on "abortion is in conflict with the "vision of the Church." Wow! What a lovely way to gloss over what the Church teaches is "an unspeakable crime" and "a moral evil."

In addition, they claim their candidate is the one "whose views are most compatible with the Catholic outlook." Previously, instead of referencing the unchangeable moral teachings of the Church, they mention the "vision" of the Church and now they talk

teachings of the Church, they mention the "vision" of the Church and how they talk about the "Catholic outlook." Perhaps they don't understand the important distinction between a "view" and Magisterial teaching. The Church does not just *view* abortion as a "divisive issue," but acknowledges the fundamental truth that abortion is "gravely contrary to the moral law."

The website also leads visitors to think that Archbishop Charles Chaput supports their flawed reasoning by quoting from his January 2008 column where he answered the question of whether a Catholic in good conscience could vote for a pro-choice candidate. On the website, the excerpt from the Archbishop's column ended with: "Catholics can vote for pro-choice candidates if they vote for them despite-not because of-their pro-choice views." Visitors to the site might think that the Archbishop was saying something that he was not.

Archbishop Chaput offered a kind, but clarifying response in a May 20, 2008 column:

What's interesting about this quotation-which is accurate but incomplete-is the wording that was left out. The very next sentences in the article of mine they selected, which [the website] neglected to quote, run as follows:

But [Catholics who support pro-choice candidates] also need a compelling proportionate reason to justify it. What is a "proportionate" reason when it comes to the abortion issue? It's the kind of reason we will be able to explain, with a clean heart, to the victims of abortion when we meet them face to face in the next life-which we most certainly will. If we're confident that these victims will accept our motives as something more than an alibi, then we can proceed.

Shortly after the Archbishop's May column was published, the website added the previously missing sentences, although they apparently still want visitors to believe his statements somehow support their mistaken conclusions. They evidently ignored the important points he made (in his gentle, non-confrontational manner) about their reasoning.

It would seem they think they know more than the good Archbishop-another mistake in judgment on their part.

Facts of Life: Chapter 15: Assisted Reproduction: Further Reading on Assisted Reproduction



SHARE

Further Reading: Assisted Reproduction

Bruce L. Anderson. *The Price of a Perfect Baby: What Christians Should Know About the Genetic Revolution, Test-Tube Babies, Surrogate Motherhood, and Selective Genetics*. Originally entitled *Let Us Make Man* [Minneapolis: Bethany House Publishers, 1984]. This book deals with the Christian attitude toward the reproductive revolution, and discusses new questions: Should man create and destroy life in the laboratory? Does surrogate motherhood constitute a violation of God's laws? What impacts do these new technologies have on the family? Is the practice of making babies without pregnancy acceptable?

Apropos, Volume 5. A.S. Fraser, Editor, Burnbrae, Staffin Road, Portree, Isle of Skye, Scotland, IV51 9HP, United Kingdom. Subscription price is \$12.50 by regular mail, \$25.00 by airmail. This is a magazine devoted to developments in the European Catholic Church. Lately, the European Church has become deeply embroiled in the continuing controversy over fertility science, including various forms of *in-vitro* fertilization.

Lesley and John Brown with Sue Freeman. *Our Miracle Called Louise: A Parents' Story* [Reddington Press, 1979]. Reviewed by Sharon Efrein Donehey on page 8 of the February 8, 1982 issue of *National Right to Life News*. A rather simplistic and unenlightening look at the events surrounding the world's first 'test-tube' baby.

Colleen D. Clements. *Medical Genetics Casebook: A Clinical Introduction to Medical Ethics Systems Theory* [Clifton, New Jersey: Humana Press, 1982]. The author examines 130 actual case studies from a medical genetics program and attempts to apply systems theory to come up with a general decisionmaking process that allows hospital and other bioethicists to make decisions in difficult cases. The cases cover the gamut, including selective abortions and amniocentesis.

Gena Corea. *The Mother Machine: Reproductive Technologies from Artificial Insemination to Artificial Wombs* [New York: Harper & Row, 1985]. Reviewed by Leslie Bond in the November 6, 1986 *National Right to Life News*. This book discusses the various drawbacks to reproductive technologies, including *in-vitro* fertilization and embryo transfer. However, the author warns in her introduction that she is extremely anti-male, and this sexist attitude mars her presentation rather badly, because all problems are portrayed as the fault of men. Strangely, she emphasizes the hazards of getting pregnant artificially, but totally ignores any and all of the dangers associated with getting *unpregnant* artificially (i.e., abortion).

Donald DeMarco, Ph.D. *Biotechnology and the Assault on Parenthood* [San Francisco: Ignatius Press, 1991]. Reviewed on page 45 of the August-September 1991 issue of *ALL About Issues*. The author examines the various types of assisted-reproduction

technologies, including *in-vitro* fertilization, gamete intra-fallopian transfer (GIFT), and self-insemination ("marriage for one"). This book is heavy on the ethical and spiritual aspects of advanced reproductive technologies, and provides a very good foundation for discussion of these areas.

Donald DeMarco, Ph.D. *In My Mother's Womb: The Church's Defense of Natural Life* [San Francisco: Ignatius Press, 1993]. An eloquent defense of the Catholic Church's defense of human life. An examination of abortion's languages and perspective, the unborn, contraception and bio-engineering. Also covered are the Church's perspective on new technologies, including *in-vitro* fertilization, surrogate motherhood, fetal experimentation, and genetic engineering. See especially Chapter 1, "Abortion and Church Teaching," pages 7 to 25, "Abortion and Bio-Engineering," pages 82 to 88, and "*In-vitro* Fertilization," pages 143 to 159.

Sherman Elias, M.D., and George J. Annas, J.D. *Reproductive Genetics & the Law* [Chicago: Year Book Medical Publishers, 1987]. The medical and legal backgrounds of some of the hottest topics in artificial reproductive technologies today: Newborn genetic screening, genetic counseling, prenatal diagnosis, treatment (and nontreatment) of handicapped newborns, "noncoital reproduction," frozen embryos, and gene and fetal therapy.

Debra Evans. *Without Moral Limits: Women, Reproduction, and the New Medical Technology* [Westchester, Illinois: Crossway Books, 1989]. See especially Chapter 5, "Egg Harvesting and Embryo Experimentation: Lab-Oriented Concepts," pages 68 to 81, and Chapter 6, "Infertility Diagnosis and Treatment: To Catch a Falling Star," pages 84 to 97; Chapter 7, "*In-Vitro* Fertilization and Embryo Transfer: Sex in a Dish?," pages 100 to 117; and Chapter 8, "Embryo Transplants: The By-Products of Manufactured Conception," pages 120 to 137.

Greenhaven Press. *Biomedical Ethics: Opposing Viewpoints*. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1987, 216 pages. Each section includes several essays by leading authorities on both sides of each issue. The questions asked are: "Is Genetic Engineering Ethical?;" "Are Organ Transplants Ethical?;" "Should Limits Be Placed On Reproductive Technology?;" "Should Animals Be Used in Scientific Research?;" and "What Ethical Standards Should Guide the Health Care System?" Authors include Tibor R. Macan, Malcolm Muggeridge, and the Ethics Committee of the American Fertility Society. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Greenhaven Press. *Science and Religion: Opposing Viewpoints*. Volume I. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1988, 233 pages. Each section includes several essays by leading authorities on both sides of each issue: "Great Historical Debates on Science and Religion;" "Are Science and Religion Compatible?;" "How Did the Universe Originate?;" "How Did Life Originate?;" and "Should Ethical Values Limit Scientific Research?" Authors include Clarence Darrow, William Jennings Bryan, The Roman Curia, Bertrand Russell, and the National Academy of Sciences. A catalog is available from the above

address and can be obtained by calling 1-(800) 231-5163.

Ted Howard and Jeremy Rifkin. *Who Should Play God?* Dell Publishing Company, 272 pages. Reviewed by Doug Badger on page 22 of the March 1980 *National Right to Life News*. An excellent primer for pro-lifers that holds that the test-tube baby is just the beginning of a cascade of biotechnological horrors that may soon engulf and destroy whatever is left of medical ethics.

D. Gareth Jones. *Brave New People: Ethical Issues at the Commencement of Life* [Grand Rapids, Michigan: Eerdmans Publishing Company, 1985]. This book was so 'controversial' (which means that Leftist censors didn't like it), that it was withdrawn from the market after its original release in 1984. The author addresses complicated issues that apply to the beginning of human life: *In-vitro* fertilization, artificial insemination, cloning, and genetic tinkering.

Carol Levine (Editor). *Taking Sides: Clashing Views on Controversial Bio-Ethical Issues* [Guilford, Connecticut, Dushkin Publishing Group, 1984]. Leading thinkers on both sides of bioethical issues express their opinions in scholarly essays on subjects including abortion, *in-vitro* fertilization, surrogate motherhood, involuntary sterilization of the retarded, informed consent, active euthanasia, withholding treatment from handicapped newborns, suicide, the insanity defense, animal experimentation, prisoners volunteering for research, justifiable deception in research, organ harvesting from the dead, and genetic engineering. A good primer on the bioethical issues.

J. Robert Nelson. *Human Life: A Biblical Perspective for Bioethics* [Philadelphia: Fortress Press, 1984]. Reviewed by James Manney on pages 9 and 15 of the October 24, 1985 *National Right to Life News*. The author contrasts the philosophies and resulting actions of bioethicists who are believers and those who are not.

Paul Ramsey, Ph.D. "Shall We "Reproduce?"" Part I: The Medical Ethics of *In-Vitro* Fertilization. Part II: Rejoinders and Future Forecast." *Journal of the American Medical Association*, June 5, 1972, pages 1,346 to 1,350, and June 12, 1972, pages 1,480 to 1,485. Available as Reprint #613 from the Institute of Society, Ethics and the Life Sciences, Hastings-on-Hudson, New York 10706 (The Hastings Center).

Sean O'Reilly, M.D. *Bioethics and the Limits of Science* [Front Royal, Virginia: Christendom College Press, 1980]. Reviewed by Robert E. Joyce, Ph.D. in the Fall 1980 issue of the *International Review of Natural Family Planning*, pages 274 to 276. Recommended for college students working in a Christian context. This book covers the definition of life and person, how technology has complicated the debate, the norms of bioethics, the definition of death, and a description of false and true humanist ethics and the foundation of Christian ethics and the authority of the Church.

Peter Singer and Deane Wells. *Making Babies: The New Science and Ethics of Conception* [New York: Charles Scribner and Sons, 1985]. Reviewed by William May in the October 24, 1985 issue of *National Right to Life News*. This is an enthusiastically pro-*in-vitro* treatise by two people who laugh at the idea that the preborn are human. Anyone who opposes IVF technology for any reason is automatically labeled "irrational,"

"undemocratic," and "obscurantist" (you can always quickly identify a typical intolerant and judgmental pro-abortion, because they invariably whine and call people who disagree with them nasty and fancy names). In fact, the authors state that IVF is what sets us apart from animals — not free will, but the ability to manipulate technology. They also state baldly that anyone who thinks humans are superior to animals in any way is guilty of the heinous sin of "speciesism!" This book is a classic example of the mentality that asserts "if it *can* be done, it *must* be done." Shows how so-called 'bioethicists' lend a veneer of respectability to biological atrocities.

United States Government. *Artificial Insemination: Practice in the United States, Summary of a 1987 Survey*. Covers the extent of AI in the United States, the patterns of donor and recipient screening for genetic and infectious diseases, and the economic and other obstacles to performing AI. Serial Number 052-003101129-8, 1988, 120 pages, \$5.00. Order by mail from Superintendent of Documents, United States Government Printing Office, Washington, DC 20402, or by telephone from (202) 783-3238.

United States Government. *Infertility: Medical and Social Choices Summary*. Illustrates a range of options for Congressional action in nine principle areas of public policy related to infertility, collecting data on reproductive issues, infertility services, transfer of human eggs and sperm, and embryos, surrogate motherhood, and reproductive research. Serial Number 052-003-01100-0, 1988, 38 pages, \$2.00. Order by mail from Superintendent of Documents, United States Government Printing Office, Washington, DC 20402, or by telephone from (202) 783-3238.

United States Government. *Mapping Our Genes, The Genome Projects: How Big, How Fast?* Focuses on how to assess the rationales for conducting human genome projects, how to fund them, how to coordinate scientific and technical programs, and international impacts and repercussions. Serial Number 052-003-01106-9, 1988, 224 pages, \$10.00. Order by mail from Superintendent of Documents, United States Government Printing Office, Washington, DC 20402, or by telephone from (202) 783-3238.

United States Government, Committee on Government Operations. *Medical and Social Choices for Infertile Couples and the Federal Role in Prevention and Treatment*. Washington, DC: United States Government Printing Office, 1989.

Robert M. Veatch. *A Theory of Medical Ethics* [New York: Basic Books, 1981]. Reviewed by Joseph M. Boyle, Jr., on page 19 of the January 6, 1983 issue of *National Right to Life News*. The author attempts to construct a parallel pro-life framework of medical ethics that can be applied in all or most of the many new areas of bioethics that are being explored today.

[Return to Assisted Reproduction Table of Contents](#)

Facts of Life: Chapter 16: Cloning



SHARE

NOTE

This is the electronic version of Eamonn Keane's book *The Brave New World of Therapeutic Cloning* (Second Edition).

To order the printed version of this book, click the following link:

<http://www.hli.org/catalog/?osCsid=b8d84c761802762849ffa0c2e99e8d10>

Acknowledgements

I wish to express my gratitude to my wife Pat, and to David and Peta York, for their support in the writing and editing of this essay. I also thank Simon Morris and Jane Instance for the many ways they helped in the production and proofreading of the final draft. Finally, my thanks to Fr. Tom Euteneuer, Fred Dodrill and Helen Garrity, EdD at Human Life International for their support in getting this second edition of the essay ready for publication in the United States.

Table of Contents

[Preface](#)

[Introduction](#)

[Therapeutic Cloning](#)

Therapeutic Cloning

The Status of the Human Embryo

[The Human Embryo as a Subject of Inalienable Human Rights--Part I](#)

[The Human Embryo as a Subject of Inalienable Human Rights--Part II](#)

[Legislative Proposals Regarding Cloning and Embryo Experimentation](#)

Legislative Proposals Regarding Cloning and Embryo Experimentation

Stem Cell Research

[New Billion Dollar Industry](#)

[The New Eugenics and the Nazification of Medical Science](#)

The New Eugenics and the Nazification of Medical Science

[British Regulations on Therapeutic Cloning](#)

[Other Links in the Chain of Death--Part I](#)

[Other Links in the Chain of Death--Part II](#)

[Democracy and Moral Truth](#)

Conclusion

[Commentary: Bainbridge: What's Wrong With This Picture?](#)



 SHARE

(From *Life Matters* - The Newsletter of the Respect Life Office of the Diocese of Rockford
June 2008)

By Patricia Pitkus Bainbridge, M.A.
Director, Respect Life Office

What's Wrong with this Picture?

Jim Bob and Michelle Duggar are happily expecting their 18th child in January 2009. With that announcement, the family (pictured above in front of their home) has once again become the object of worldwide media coverage and blogosphere discussion.



The fascination, of course, is with the size of the Duggar family. Back in 2005, the *Dallas Morning News* ran a story on the family (which then consisted of only 16 children) observing, "in an era when the ideal family is widely viewed as two children-one girl, one boy-the Duggars are an anomaly . . ."

The U. S. Census Bureau reported in 2003 that family groups with four or more children continue to decline from 17% in 1970 to 5% in 2003. In addition, the Census Bureau reported in 2004 that "During the past decade, the [fertility] rate has fluctuated between 2.0 and 2.1 births per woman, close to the rate required for natural replacement of the population (about 2.1 births per woman)."

Unwarranted criticism and attacks

Based on this information, there is no doubt the Duggar family size is atypical. But "atypical" should in no way generate criticism of Jim Bob and Michelle's openness to life

atypical should in no way generate criticism of Jim Bob and Michelle's openness to me and, yet, that is exactly what has and continues to happen.

With the exception of Mark Morford, a popular columnist who writes for the *San Francisco Chronicle* and sfgate.com, the mainstream media has generally shied away from judgmental comments about the Duggars. In his October 2005 column-entitled "God does not want 16 kids"-Morford referred to Michelle and Jim Bob's decision to have a large family as "weird pathological protofamily breeding-happy gluttony." Then he asked, "Why does this sort of bizarre hyperbreeding only seem to afflict antiseptic megareligious families from the Midwest?"

Following these vitriolic comments, Morford lamented that these "kidbots will never be allowed near a decent pair of designer jeans or a tolerable haircut from a recent decade, and assuming that they will all be tragically encoded with the values of the homophobic asexual Christian right-where are the forces that shall help neutralize their effect on culture? Where is the counterbalance to offset the damage?"

There you have it. This "tolerant," progressive so-called "pro-choice" writer does not believe the Duggars (or other large families) should have the freedom to choose how many children they have. He has no tolerance for people who have what he believes are too many children and he has no tolerance for those of us who believe abortion is wrong or for those of us who believe in God. And, he apparently thinks designer jeans and a good hair cut are more important than love and responsibility.

Morford comments "mild" compared to blogosphere

Just as the case in 2007 when Michelle gave birth to her 17th child, the blogosphere is abuzz about her 18th baby in utero. While there certainly have been positive comments about the Duggars, the majority are negative. Many are down right malicious and venomous-terribly cruel to say the least. Many are so sexually explicit that I would not even consider citing them in this publication.

The majority of the negative comments contain over the top stereotypical remarks not based on factual information. I found the comments from the pro-abortion radical feminists to be the most interesting and ironic. Their mantra has always included "a woman has the right to choose," "all children should be wanted," and "women have the right to choose if and when to have a child."

Yet, the feminist blogs are chock-full of condemnations of Michelle Duggar's *choice* to have 18 children. One feminist who dared to challenge the criticism was told, "What the Duggars are doing amounts to emotional abuse of the mother, not reproductive freedom." Unbelievable.

I have seen the Duggar family a number of times on The Learning Channel and they appear to be a happy, well-adjusted, responsible Baptist family. Michelle was named Arkansas mother of the year for 2004.

They live in a 7,000 square foot house with nine bathrooms on 20 acres in Tontitown, Arkansas. They are debt free and the children are home-schooled.

So, what's wrong with the picture?

Nothing. In fact, what the picture demonstrates is that it is possible and, in some cases, desirable to successfully raise 17 (and soon to be 18) children.

What *is* wrong is the outrageous condemnation of large families expressed by so many people today. Sadly, even among some of our Catholic brothers and sisters, it is not unusual to hear negative comments about families that have more than the socially accepted 2 child family.

Secular society and, unfortunately, some religious institutions continue to insist that responsible parenthood includes contraception, sterilization and abortion. In 1958, Pope Pius XII commented that "one of the most harmful aberrations that has appeared in modern society with its pagan tendencies is the opinion of those who are eager to classify fruitfulness in marriage as a 'social malady,' and who maintain that any nation that finds itself thus afflicted must exert every effort and use every means to cure the disease." It's still true today.

Responsible parenthood

The Church has never taught that married couples should have a certain number of children, but it does teach about responsible parenthood. While married couples are called to be open to life, they may for just reasons limit the size of their families by the practice of Natural Family Planning (NFP). They may not, however, resort to contraceptive means "even if such use is inspired by reasons which may appear honest and serious." [*Humanae Vitae* #16]

The United States Conference of Catholic Bishops (USCCB) summarizes the teaching of the Church when it explains that the "Church encourages people to be 'responsible' stewards over their fertility":

In this view of "responsible parenthood" married couples carefully weigh their responsibilities to God, each other, the children they already have, and the world in which they live when making decisions about the number and spacing of children.

Responsible parenthood is lived out within the structures which God has established in

Responsible parenthood is lived out within the structures which God has established in human nature. The nature of sexual intercourse, which is both life-giving (pro-creative) and love-giving (unitive), reflects a Divine plan. That is why the Church teaches that couples must not actively intervene to separate their fertility from their bodily union. To do so is to show disrespect for an important gift of the Creator."

Even though not of the Catholic faith, the Duggars by all accounts appear to be exercising responsible parenthood. The negative comments about them and about those Catholics with large families are unacceptable.

As Pope Pius XII said, "Wherever you find large families in great numbers, they point to: the physical and moral health of a Christian people; a living faith in God and trust in His Providence; the fruitful and joyful holiness of Catholic marriage."

While not all married couples will be called to have large families, we need to repent of any negative responses we may have about large families and recognize that children are precious gifts. We must also remember that faithful Catholic families come in all sizes.



Preface

The regulations recently approved by the British Parliament regarding therapeutic cloning and embryo experimentation represent another attack on the meaning of marriage and on the right to life of innocent human beings. Those who defended the new regulations did so predominantly on utilitarian grounds. In particular, they argued that therapeutic cloning and destructive embryo experimentation is justifiable insofar as it may facilitate developments in medical science, such as new treatments for degenerative diseases.

While progress in the treatment of disease is desirable in itself, nevertheless the survival of a humane society demands that good science and good ethics march hand in hand. Therapeutic cloning is unethical. It undermines the meaning of marriage and is predicated on a commodified view of human life insofar as the human embryo is brought into existence in a laboratory in order to be bartered, frozen, used for research purposes and destroyed. Consequently, being opposed to therapeutic cloning is not equivalent to being "anti-science."

At briefing sessions prior to Parliament's vote on the new regulations regarding therapeutic cloning, I heard eminent scientists state that the use of human embryos is wholly unnecessary in achieving cures for degenerative diseases such as Parkinson's and Alzheimer's. Neil Scolding, professor of clinical neuroscience at Frenchay Hospital, Bristol, stated that it is an "exaggeration" and "simply not accurate to say that embryonic stem cells have an immediate therapy potential."

Dr. Philip Jones, a scientist working at Oxford University on stem cell research for the past decade, told members of the House of Lords that adult stem cells offered far greater potential for cures than embryonic stem cells as they come from the patient's own body and "there would be no problem with immune rejection." Coupled with this, shortly before the House of Lords voted to permit therapeutic cloning, the *Times* published an account of a patented discovery by a British-based researcher, Dr. Ilham Abuljadayel, claiming to have developed a process that creates endless supplies of stem cells from adult stem cells simply by using a donor's blood.

In every generation we are tempted by the seductive and tantalizing prospect of universal happiness as a trump over every other value or principle. But human dignity must always be defended against the abuse of scientific techniques. In this context, and in regard to therapeutic cloning, it is worth noting the statement by the deputy chairman of the Reichstag's ethics committee, Hubert Hueppe, who in December 2000 said that it was cannibalistic to "breed a human being, only to kill it, disembowel it and impregnate something with it." This language may be more strident than we are accustomed to, but the ethical issues that are raised should not be lightly dismissed. It should alert us to the fact that there is nothing "therapeutic" in a procedure that brings a human embryo into existence in order to intentionally destroy it.

Since 1990, when Britain legalized destructive experimentation on human embryos on the basis that it would lead to the discovery of thousands of miracle cures, between 300,000 and half a million human embryos have been destroyed or experimented upon. There have been no cures, but our willingness to walk this road has paved the way for

There have been no cures, but our willingness to walk this road has paved the way for more and more demands that compromise the respect due to vulnerable and helpless human life. Speaking of this ethical dilemma, Dr. John Wyatt, professor of neonatal pediatrics at the Royal Free Hospital said:

I, and many of my fellow health professionals, have a profound disquiet about the introduction of therapeutic cloning. Many of us are actively involved in research to find novel therapies for life threatening, disabling conditions. However, the creation and manipulation of living human embryos for the sole purpose of generating therapeutic tissue seems incompatible with respect for vulnerable human life. The redefinition of human embryos as mere biological material, as "totipotent stem cells" in order to allay public concerns, smacks of semantic trickery rather than responsible debate.

Fifty-three years ago, in the immediate aftermath of the Holocaust and the pre-war slide into eugenics, a spirit of determined idealism existed that helped fashion the United Nations Declaration of Human Rights. World leaders were deeply affected by the colossal loss of life among civilians and the military. But, above all, it was the stench of the concentration camp ovens and the skeleton-like survivors that conditioned post-war thinking. The 1920s and 1930s had been a period of studied indifference to the decisions of the German medical and political establishments to promote abortion, euthanasia, the deployment of eugenic techniques and, finally, experiments on human beings. The creation of an Aryan master race became an obsessive objective that targeted mentally and physically handicapped people, then gypsies, then homosexuals, then Jews and other non-Aryan races.

This was the background against which the United Nations formulated its Declaration. It is not surprising that chief among the human rights enumerated was the very right to life itself. The war's appalling crimes against the person forced the Declaration drafters to spell it out. Article Three states, *"Everyone has the right to life, liberty and security of person."* The drafters were well aware of pre-war leaders' failure to recognize and protect the internationalist view of human rights, despite the reality that human rights abuses know no customs posts or frontiers. They knew, too, that to avoid the pagan empires of Nazism and Fascism, and the attendant evils of anti-Semitism and xenophobia in the future, the world would need to learn to be its brother's keeper. That is why the United Nations was formed and why it saw the defense of human rights as its central mission.

The paramount human right is the right to life itself for all innocent human beings from conception to natural death. Countries such as Britain, the United States and Australia consider themselves faithful adherents to human rights policies and supporters of the UN Declaration. Judged against the pledge to defend the right to life, however, such claims look rather meaningless. It is quite bizarre that many who pride themselves on their belief in human rights do not see the defense of embryonic and unborn human life as a supreme human rights question which it undoubtedly is. It is far easier to condemn the human rights abuses in far-away countries (which, of course, must be done) than to confront the transgression of human rights in one's own backyard. Since abortion was legalized in Britain, we have lost more than five million lives, with one in every five pregnancies ending in abortion. These figures belie any claim that we are achieving our post-war ideals or honoring the right to life.

We have regressed to a world where might makes right. The strong simply trample the weak, and we think nothing of it. Indeed, those who fight for the right to life are

side-lined as "single issue" people, even though the treatment of the weak is at the heart of who we are. The drafters of the United Nations Declaration knew this only too well. We have forgotten.

In this essay, *The Brave New World of Therapeutic Cloning*, Eamonn Keane rightly frames his discussion of embryo destruction and therapeutic cloning within the context of the violation of inalienable human rights. He cites reputable scientific sources who testify that the life of a human being begins at conception; on this basis he argues that the human embryo is a subject of inalienable human rights, foremost among which is the right to life. Coupled with this, he demonstrates that the barbaric situation that now exists regarding violations of the right to life in Britain and elsewhere is the inevitable outcome of the rejection of the moral values underpinning the stability and meaning of marriage.

Most significantly, Keane argues convincingly that the clash between the Culture of Death and the Culture of Life is at its deepest level a clash between two anthropologies — one secular and based on atheistic presuppositions, the other predicated on the existence of God whose creative love and wisdom grounds human dignity and thus constitutes the only sure foundation for the defense of human rights.

This essay by Eamonn Keane deserves to be widely circulated and I hope all who read it will become more committed to defending the fundamental human rights of each and every human being from conception to natural death.

David Alton

Member of the House of Lords

Professor of Citizenship, John Moores University, Liverpool.

[Go to Next Topic: Introduction](#)

[Return to *Cloning* Table of Contents](#)



 SHARE

Introduction

The first edition of this essay was published in Australia during March 2001 in response to new regulations adopted by the British Parliament that allows scientists to clone human embryos for experimental purposes necessitating their destruction. These new regulations adopted by the British Parliament has sparked a chain reaction in other countries where various legislative initiatives are being introduced seeking either to legalize or outlaw cloning and embryo experimentation. In view of these legislative initiatives, and in order to extend the discussion of the social and eugenic implications of therapeutic cloning, I have undertaken to write this second edition of the essay that will be published in the United States. While there are some changes in the structure of the essay, the material it contains remains very much the same as that which appeared in the first edition.

By voting to allow therapeutic cloning and to broaden the grounds on which destructive embryo experimentation may be undertaken, Britain has violated resolutions passed by the European Parliament that reject the distinction between "therapeutic" and "reproductive cloning." In March 1997 and again in September 2000, the European Parliament voted to ban human cloning. The new British regulations are also in violation of Article 18.2 of the Council of Europe's Convention on Biomedicine and Ethics that states unequivocally that the creation of human embryos solely for research purposes is prohibited. The new British regulations are in violation of the European Parliament's declaration of January 15, 1998 that bans cloning and prohibits the use of European public funds for embryo-destroying research.

The Blair Labour Government supported the new regulations even though it allowed a free vote in the House of Commons. It introduced the new regulations by way of a statutory order titled *Human Fertilization and Embryology (Research Purposes) Regulations 2000*. By opting for a statutory order rather than primary legislation, the Blair Government was able to limit parliamentary debate on the new regulations as well as render them unamendable. Opponents of the new regulations have pointed out that Mr. Blair was willing to set aside more time for parliamentary debate on a Bill to ban hunting with dogs than he was for the new regulations involving human cloning and embryo destruction.[1]

In the weeks before the House of Lords was due to vote on the new regulations, the Anglican archbishops of Canterbury and York and the Catholic archbishops of Westminster and Glasgow, as well as Baptist, Evangelical, Jewish, Muslim and Sikh leaders, called on the British Parliament to postpone the move on therapeutic cloning in order to facilitate more public debate on the ethical and social ramifications of what was involved. The religious leaders sought a meeting with Prime Minister Blair but his appointment schedule would not permit him to accede to their request. Following Mr. Blair's refusal to meet with them, the religious leaders sent a letter to all members of the House of Lords in which they said: "These complex questions deserve to be examined in far greater detail than a brief parliamentary debate on an unamendable order would permit."

Since changes in British law influences attitudes to law and public policy in other

Since changes in British law influences attitudes to law and public policy in other Commonwealth and English-speaking countries, it is important then that what has happened in Britain in regard to therapeutic cloning not be adopted as a model to be followed by the United States and Australia. Since law has an educative function in society, this essay will endeavor to demonstrate that what Britain has now enshrined in law in regard to therapeutic cloning and embryo destruction is a regressive step with grave implications for how we regard the inviolability of innocent human life.

[Go to Next Topic: Therapeutic Cloning](#)

[Return to *Cloning* Table of Contents](#)

Endnotes for "Introduction"

[1] *London Times* January 22, 2001.

[Commentary: Bainbridge: The Notion of Scandal Raises Its Ugly Head Again](#)



 SHARE

(From *The Observer* - Official Newspaper of the Catholic Diocese of Rockford
May 2, 2008)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

The Notion of Scandal Raises its Ugly Head Again

Watching the television coverage of Pope Benedict XVI's arrival to the United States and his official welcome at the White House, I was dismayed to see Nancy Pelosi (D-Calif.), the pro-abortion speaker of the House of Representatives, positioned at the front of the line to meet the Holy Father. I was dismayed because Pelosi has made her repudiation of the authority of the Church very public. And, yet, there she was, grasping the Holy Father's right hand between her hands while kissing the Papal ring.

As the highest-ranking Catholic in the U. S. Government, Pelosi continues to defiantly reject the Church's authentic, permanent moral teaching on contraception, embryonic stem cell research, abortion, assisted suicide/euthanasia, homosexual marriage, condom distribution, and the truth and meaning of human sexuality. Yet, there she was, engaging in a gesture of utmost respect toward the head of the Universal Church-the same Church that holds to the unchangeable truths she so publicly disdains.

The next morning at her weekly press conference, Pelosi was asked about "taking" communion and Pelosi responded, "Oh, I take [sic] communion regularly. Every -all the time. Yes. At St. Patrick's Cathedral on Sunday in New York and here today at the stadium. Yes."

In a follow-up question, a reporter asked, "So you don't agree with the idea that you should not take communion if you do not share the church's belief?" Having already stated that she "takes"[sic] communion "all the time," Pelosi did not answer the specific question.

Before becoming Pope, Cardinal Ratzinger wrote: "Regarding the grave sin of abortion or euthanasia, when a person's formal cooperation becomes manifest (understood, in the case of a Catholic politician, as his consistently campaigning and voting for permissive abortion and euthanasia laws), his Pastor should meet with him, instructing him about the Church's teaching, informing him that he is not to present himself for Holy Communion until he brings to an end the objective situation of sin, and warning him that he will otherwise be denied the Eucharist."

Knowing what Cardinal Ratzinger had written, Pelosi ignored the admonition and presented herself for Communion at the Mass at Nationals Park although she did not receive from the Holy Father.

Why should I or anyone be concerned about whether or not Pelosi and other pro-abortion Catholics present themselves for Holy Communion? It's importance because when high profile individuals are very public about their rejection of Church teaching, it causes scandal. The *Catechism* (#2284-2287) defines "scandal" as "an attitude or behavior which leads another to do evil." It "can be provoked by laws or institutions, by fashion or opinion" and "[a]nyone who uses the power at his disposal in such a way that it leads others to do wrong becomes guilty of scandal and responsible for the evil that he has directly or indirectly encouraged."

Well-known pro-abortion public officials presenting themselves for the reception of Holy Communion are causing scandal. Their actions send the message to the poorly catechized that is acceptable to reject the Church's moral teachings when, in fact, it is not. If the issue is not addressed properly, the message is that the Church's moral teaching is irrelevant. It becomes a matter of picking and choosing what teaching they will or will not accept.

Addressing the U.S. Bishops in the evening following the Mass at Nationals Park, the Pope dealt with this when he said:

The result [of "America's brand of secularism"] is a growing separation of faith from life: living "as if God did not exist". This is aggravated by an individualistic and eclectic approach to faith and religion: far from a Catholic approach to "thinking with the Church", each person believes he or she has a right to pick and choose, maintaining external social bonds but without an integral, interior conversion to the law of Christ. Consequently, rather than being transformed and renewed in mind, Christians are easily tempted to conform themselves to the spirit of this age (cf. Rom 12:3). We have seen this emerge in an acute way in the scandal given by Catholics who promote an alleged right to abortion.

It's time for the scandal to stop.



Therapeutic Cloning

Human cloning involves the production of a genetic copy of another human being. There are two ways in which clones could be created. The first involves the "splitting" of an embryo's cells very early in its development thus creating one or more clones. The second technique, generally called "cloning" but referred to technically as "cell nuclear replacement" or "somatic cell nuclear transfer," involves the removal of the nucleus from an unfertilized female egg and its replacement by the nucleus of a cell taken from a donor who would then be the genetic twin of the new clone. However, the clone thus produced would not be totally genetically identical to the donor of the cell whose nucleus was used to replace the nucleus in the female egg (oocyte). While the nuclear genes of the cell donor and the clone would be identical, their mitochondrial DNA would be different because the enucleated egg would have retained extra-nucleic material such as the mitochondria. As far as medical science is concerned, however, the advantage cell nuclear replacement has over embryo splitting is that it can produce a clone of an adult organism and it has the potential to produce many more clones.[2]

The distinction made above between cloning understood as the creation of genetically identical duplicates of human beings and the creation of clones through cell nuclear replacement has important implications. For example, on December 5, 2000, the Australian Federal Parliament passed an amendment to the *Gene Technology Bill 2000* to prohibit the cloning of human beings and to prohibit placing human cells into animal eggs or the placing of human and animal cells into a human uterus. The amendment prohibited the "cloning of a whole human being" from "one original" who would be "a duplicate" or "genetically identical" to the original. The first problem with this amendment to the *Gene Technology Bill* is that it does not define what it means by a "full human being." Does it exclude some stages of human development such as the embryonic or fetal stage? The second problem is that it leaves open the possibility of cloning using cell nuclear replacement since it only refers to the creation of clones that are completely genetically identical duplicates of the original.

Two other terms commonly used in the cloning debate are "therapeutic cloning" and "reproductive cloning." First, therapeutic cloning means that a clone (embryo) is created for the purpose of providing human embryonic stem cells (ES cells). These are undifferentiated cells which are precursors to a number of differentiated cell types from which it is possible in theory to produce bio-medical products for use in the treatment of diseases such as Alzheimer's, Parkinson's and muscular dystrophy. While the two most widely used sources of stem cells at present are IVF embryos and aborted fetal tissue, there are however other sources such as adult bone marrow, human fat and umbilical cords saved at birth. The harvesting of human ES cells requires the destruction of the embryo, irrespective of whether it is produced through IVF or by cloning.

Secondly, reproductive cloning means that an embryo is cloned with a view to implanting it in a woman's uterus and allowing it to develop fully as a baby. Regarding the two terms — "therapeutic" and "reproductive" — it is important to note that they are used

merely to distinguish between the ends for which an embryo is cloned.

The Status of the Human Embryo

In order to evaluate the moral character of therapeutic cloning, two questions that must be resolved are:

- is it ever morally licit to clone a human being?
- is it ever morally licit to intentionally destroy a human embryo?

For the rest of this essay, I will deal almost exclusively with the second question posed above regarding the willful destruction of human embryos. The question of the morality of IVF and cloning will be addressed towards the end of the essay.

The debate over the ethical nature of therapeutic clones overlaps with the question of the morality of procured abortion insofar as the question of the moral status of the human embryo is central. To resolve this question, it is necessary to first discern when the life of an individual human being begins. The Greeks and Romans of classical times debated this question, and it continues to be debated by philosophers, theologians and scientists today. However, with the advance of scientific understanding, it has become clear that from the moment of the fusion of the human gametes (male sperm and female egg), what we have is the initial stage of a continuous human life. The scientific knowledge regarding this newly conceived zygote permits us to be sure that it is "a new human being, different and distinct from the parents," it "has a human body with all the genetic information present in its chromosomes," and as such "there is imprinted a genetic process of 'human' development." [3] This new human life, which comes into existence with the formation of the one-cell zygote, has an inbuilt capacity to initiate, sustain, control and direct its own development.

Those who argue that embryo manipulation and destruction is morally licit often assert that what is produced by the fusion of the human sperm and egg is not really a human embryo or human being. However, the following quotations taken from the works of recognized experts in the field of biological and embryological science do not support these assertions:

- "The chromosomes of the oocyte and sperm are ... respectively enclosed within *female* and *male pronuclei*. These pronuclei fuse with each other to produce the single, diploid, 2N nucleus of the fertilized *zygote*. This moment of zygote formation may be taken as the beginning or zero time point of embryonic development." [4]
- "The development of a human being begins with fertilization, a process by which two highly specialized cells, the *spermatozoon* from the male and the oocyte from the female, unite to give rise to a new organism, the *zygote*." [5]
- "Embryo: the developing organism from the time of fertilization until significant

differentiation has occurred, when the organism becomes known as a fetus."[6]

- "Development of the embryo begins at Stage 1 when a sperm fertilizes an oocyte and together they form a zygote."[7]
- "Embryo: An organism in the earliest stage of development; in a man, from the time of conception to the end of the second month in the uterus."[8]
- "Fertilization is a sequence of events that begins with the contact of a *sperm* (spermatozoon) with a *secondary oocyte* (ovum) and ends with the fusion of their pronuclei (the haploid nuclei of the sperm and ovum) and the mingling of their chromosomes to form a new cell. This fertilized ovum, known as a *zygote*, is a large diploid cell that is the beginning, or *primordium, of a human being*."[9]
- "The development of a human begins with fertilization, a process by which the *spermatozoon* from the male and the oocyte from the female unite to give rise to a new organism, the *zygote*."[10]
- "The question came up of what is an embryo, when does an embryo exist, when does it occur. I think, as you know, that in development, life is a continuum. ... But I think one of the useful definitions that has come out, especially from Germany, has been the stage at which these two nuclei [from sperm and egg] come together and the membranes between the two break down."[11]
- "Almost all higher animals start their lives from a single cell, the fertilized ovum (zygote)... The time of fertilization represents the starting point in the life history, or ontogeny, of the individual."[12]
- "Zygote. This cell, formed by the union of an ovum and a sperm (Gr. *zygotes*, yoked together), represents the *beginning of a human being*. The common expression 'fertilized ovum' refers to the zygote."[13]

From the biological facts given above regarding the beginning of human life, it is clear that from the time an ovum is fertilized, the life of a new human being has begun even though it will take time for its various capacities to develop and evolve. If it is objected that the embryo does not look like a human being, then we can reply by repeating the statement of the *Ramsey Colloquium* in 1995 which said:

The embryo is a being; that is to say, it is an integral whole with actual existence. The being is human; it will not articulate itself into some other kind of animal. Any being that is human is a human being. If it is objected that, at five days or fifteen days, the embryo does not look like a human being, it must be pointed out that this is precisely what a human being looks like — and what each of us looked like — at five or fifteen days of development.[14]

[Return to Cloning Table of Contents](#)

Endnotes for "Therapeutic Cloning"

[2] This distinction between the two methods of cloning is explained in a University of New South Wales Department of Embryology paper titled *Embryology Legal Issues UK*. It can be obtained on the following website: <http://anatomy.med.unsw.edu.au/CBL/Embryo/law/uk.htm>.

[3] Castrese Di Ciaccia and Vitaliano Mattioli. *When Your Life Began: A Man or a Woman Was Conceived* [Rome: International Medical Association, 1994], page 7.

[4] William J. Larsen. *Human Embryology*. Second edition [New York: Churchill Livingstone, 1997], page 17.

[5] Jan Langman. *Medical Embryology*. Third edition [Baltimore: Williams and Wilkins, 1975], page 3.

[6] *Cloning Human Beings. Report and Recommendations of the National Bioethics Advisory Commission (USA)* [Rockville, Maryland: United States Government Printing Office, 1997], Appendix 2.

[7] Marjorie A. England. *Life Before Birth*. Second Edition [London: Mosby-Wolfe, 1996], page 31.

[8] Ida G. Dox, et al. *The Harper Collins Illustrated Medical Dictionary* [New York: Harper Perennial, 1993], page 146.

[9] Keith L. Moore. *Essentials of Human Embryology* [Toronto: B.C. Decker, Inc, 1988], page 2.

[10] T.W. Sadler. *Langman's Medical Embryology*. 7th Edition [Baltimore: Williams & Wilkins, 1995], page 3.

[11] Jonathan Van Blerkom of the University of Colorado, expert witness on human embryology, before the NIH Human Embryo Research Panel (USA), Panel Transcript, February 2, 1994, page 63.

[12] Bruce M. Carlson. *Patten's Foundations of Embryology* (6th edition) [New York: McGraw-Hill, 1996], page 3.

[13] Keith L. Moore and T.V.N. Persaud. *Before We Are Born: Essentials of Embryology and Birth Defects* (4th edition) [Philadelphia: W.B. Saunders Company, 1993], page 1. This reference and the nine preceding it appear in the Pro-Life section of the US Catholic Bishops' Conference website whose address is: <http://www.nccbuscc.org/prolife/issues/bioethic/fact298.htm>

[14] "The Inhuman Use of Human Beings: A Statement on Embryo Research by the Ramsey Colloquium." *First Things*, January 1995.



The Human Embryo as a Subject of Inalienable Human Rights--Part I

On the basis of the biological data, we know that from the moment the human embryo comes into existence, we are dealing with a new human being who has the capacity to grow and develop like all other human beings. Hence, since the embryo is a new human being, justice demands that it be recognized as the subject of inalienable human rights.

One of the most important and influential documents that was produced during the twentieth century was the Universal Declaration on Human Rights (UDHR). The UDHR was adopted in 1948 largely in response to the atrocities carried out by Nazi Germany. Not least amongst these atrocities were the crimes of Nazi doctors who at Nuremberg were found guilty of crimes against humanity for the way in which they had treated human beings as guinea pigs in carrying out their medical experiments.

The first clause of the preamble to the UDHR begins by stating, "recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world." The second clause of the preamble, touching on what at the time would have been the experience of many, spoke of a certain "contempt for human rights" which had "resulted in barbarous acts which have outraged the conscience of mankind." The third clause of the preamble stated that in order to dissuade man having recourse to rebellion as a last resort against "tyranny and oppression," it is "essential" that "human rights be protected by the rule of law."

The UDHR stated that "everyone has the right to life, liberty and security of person," and that "no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment" (Articles 3 and 5). The Final Article of the Declaration stated, "nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth therein" (Art. 30).

A point to note about the UDHR is that it did not create the notion of inalienable human rights nor did it claim that such rights are the product of relativist perceptions. Rather, it speaks of "the equal and inalienable rights of all members of the human family" which exist in consequence of the "inherent dignity" of all human beings. In other words, these inalienable human rights are derived from the fact of one's "being human" and they cannot be negated by governments or by any vested interests as Article 30 of the UDHR stated. Thus, since all human beings are obliged to desist from actions which violate the inalienable rights of others, then it follows that there are certain actions which the UDHR refers to as "barbarous acts" that are always and everywhere wrong. Consequently, the UDHR is predicated on the assumption that there exists an objective moral law whose norms are immutable and universally binding. This moral law is often referred to as the natural moral law.

In referring to the natural moral law, Aristotle (384-322 BC) said: "There is in nature a

common principle of the just and unjust that all people in some way divine [discern], even if they have no association or commerce with each other." [15]

Cicero (106-43 BC) pointed out that if positive law (laws made by society to govern its people) contradicts the natural law, this would mean the destruction of the foundations upon which civilized society rests. [16] He saw the natural moral law as the work of a Creator God and with profound insight he said:

True law is right reason in agreement with nature; it is of universal application, unchanging and everlasting; it summons to duty by its commands, and averts from wrongdoing by its prohibitions...It is a sin to try to alter this law, nor is it allowable to attempt to repeal any part of it, and it is impossible to abolish it entirely. We cannot be freed from its obligations by senate or people...There will not be different laws at Rome and at Athens, or different laws now and in the future, but one eternal and unchangeable law will be valid for all nations and all times, and there will be one master and ruler, that is, God, over us all, for he is the author of this law, its promulgator and its enforcing judge. Whoever is disobedient is fleeing from himself and denying his human nature. [17]

Echoing the best insights of the ancients, St. Thomas Aquinas stated that the natural moral law "is nothing other than the light of understanding placed in us by God; through it we know what we must do and what we must avoid. God has given us this light or law at creation." [18]

In a perceptive analysis of moral relativism, C.S. Lewis, in his book *The Abolition of Man*, marshaled evidence from ancient Egyptian, Jewish, Babylonian, Hindu, Chinese, Greek, Roman and other sources, all of which pointed to the existence of the natural moral law as the foundation of morality. Lewis argued that the necessary consequence of the spread of relativist morality would be "the destruction of the society which accepts it." [19] Lewis also pointed out that the Natural Law — which he termed *Tao* and to which others have referred to as Practical Reason — is not simply "one among a series of possible systems of value," but rather "is the sole source of all value judgements." [20] He stated that an "open mind" on this question is "idiocy" and insisted that "the human mind has no more power of inventing a new value than of imagining a new primary color, or, indeed, of creating a new sun and a new sky for it to move in." [21]

Let us now return to the UDHR and Nazi war crimes. During the Nuremberg war crimes trials, Nazi doctors who often killed or maimed concentration camp inmates in medical experiments argued in their defense that they had not acted criminally insofar as the laws of the Third Reich had authorized what they had done. However, in finding these doctors guilty of crimes against humanity, one Nuremberg court decision stated: "The accused may not justify his conduct by appealing to an existing law if this law offended against certain self-evident principles of the natural law." [22]

The judgement of the war crimes tribunal at Nuremberg included a ten-point statement regarding the limits of medical experimentation with human subjects that has come to be known as the Nuremberg Code. According to an article published in the *British Medical Journal* in 1996, the Nuremberg Code "established a new standard of ethical medical behavior for the post World War II human rights era." [23]

In regard to medical experiments on human beings, Article 1 of the Nuremberg Code states, "the voluntary consent of the human subject is absolutely essential." Article 4 states that the experiment should be conducted so "as to avoid all unnecessary physical and mental suffering and injury." Article 7 states that "proper preparations should be made

and mental suffering and injury." Article 7 states that "proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability or death." Finally, Article 10 of the Code states that during the course of the experiment, the experimental scientist "must be prepared to terminate the experiment at any stage, if he has probable cause to believe ... that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject." [24]

The Nuremberg Code influenced the World Medical Association *Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subjects*. This declaration was first adopted in 1964 at Helsinki and has been amended several times since then the most recent been at the 52nd World Medical Association Assembly in Edinburgh in October 2000. Article 5 of the Helsinki Declaration says: "In medical research on human subjects, considerations related to the well-being of the human subject should take precedence over the interests of science and society." Article 8 says: "Medical research is subject to ethical standards that promote respect for all human beings and protect their health and rights. Some research populations are vulnerable and need special protection ... Special attention is also required for those who cannot give or refuse consent for themselves." Finally, Article 10 says: "It is the duty of the physician in medical research to protect the life, health, privacy and dignity of the human subject."

A characteristic note in the great crimes of the twentieth century was that their perpetrators invented euphemistic terms to cloak the real nature of the "barbarous acts" they were engaged in. Thus, in Stalinist Russia, those who were brutalized for criticizing the policies of the Communist party were branded as "enemies of the people." The Nazis referred to the systematic attempt to exterminate the Jews as "The Final Solution." In Communist Vietnam, those intellectuals and religious leaders who after the fall of Saigon were incarcerated for long periods in solitary confinement were said to be undergoing "re-education." In America, the murder of unborn children came to be referred to by pro-abortionists as "the right to choose." Today, those who support killing the aged and infirm refer to it as "death with dignity."

Returning now to the question of therapeutic cloning and the inalienable rights of the human being. The use of the term "Therapeutic" in relation to a procedure that involves the production and destruction of a human being is euphemistic in that it serves to deflect public attention away from the intrinsic nature of the "barbaric act" itself and towards its end as if to say that ends justify means.

As we have already seen, the biological data indicates that from the very beginning of its existence the embryo is an individual human being and as such has to be the subject of inalienable human rights the first of which is the right to life. Secondly, since the embryo is an existing and innocent human being, no one has the right to intentionally violate its right to physical integrity. Thirdly, as someone who is the bearer of inherent dignity and inalienable human rights, the human embryo should never be treated merely as an object of use no matter how noble the purpose of this use may be. Fourthly, the human embryo must always be recognized as a member of the human family; not to recognize it as such is to dehumanize it.

Scientists who engage in embryo destroying research sometimes try to mitigate public concern about the nature of their work by using the term "pre-embryo" to refer to embryonic human life in the first two weeks of its existence. However, the National Bioethics Advisory Commission in that country has never accepted by the U.S. Congress or this term. Experts in embryology also reject the term as a misnomer. In a textbook titled *Human Embryology & Teratology* we read that the term "pre-embryo" belongs in the

...and human embryology or teratology, we read that the term "pre-embryo" belongs in the category of "discarded and replaced terms" because it is "ill-defined and inaccurate." [25] This same text goes on to speak of individual human life as "a continuous process" whereby fertilization "is a critical landmark" because under normal circumstances it is from this point that "the embryo now exists as a genetic unity." [26]

On the basis of its having been produced in an abnormal way, some supporters of therapeutic cloning say that an embryo produced through somatic cell nuclear transfer is not really an embryo at all. If this were true, then one wonders why anyone would be concerned about reproductive cloning since if the cloned embryo was not at the time of implantation a real human embryo then what was implanted could never turn out to be a lovely bouncing baby. According to University of Colorado embryologist, Jonathan Van Blerkom, the claim that a cloned embryo is not really an embryo is nothing more than an arbitrary and "self-serving" assertion by those who want to justify destructive embryonic experimentation. [27]

Supporters of embryo experimentation sometimes argue that it is justified on the grounds that it is not always possible to trace the origin of an individual human being back to the earliest stages of embryonic development since *monozygotic twinning* can occur up to 14 days into the life of an individual embryo. In response to such a claim, Professors Angelo Serra (geneticist) and Roberto Colombo (bioethicist) say: "Each monozygotic twin has his organism identity. Twins' individuality pertains to their *entire* life cycle, which — in the case of one of them — includes the embryo's early development before the process of twinning occurred." [28]

Some seek to justify abortion and destructive experimentation on human embryos by arguing that while the fetus or embryo may be an individual human being it is not however a human person. In 1973, for example, the U.S. Supreme Court decision in *Roe v. Wade* — which effectively institutionalized abortion on demand in the United States — stated, "the word 'person' as used in the 14th Amendment, does not include the unborn." If the U.S. Supreme Court were ever to rule that the unborn child was indeed "a human person," it would be left with no choice but to ban all abortions.

[Go to Next Topic: The Human Embryo as a Subject of Inalienable Human Right—Part II](#)

[Return to Cloning Table of Contents](#)

Endnotes for "The Human Embryo as a Subject of Inalienable Human Rights—Part I"

[15] Aristotle. *On Rhetoric*. Book 1, Chapter 13.

[16] Cicero, *De Legibus* (in *De Republica, De Legibus*, with English translation by Clinton Keys) [London: Heinemann, 1961], page 211.

[17] *Ibid*, page 345.

[18] St. Thomas Aquinas. *Collationes in Decem Praeceptis*, I.

- [19] C.S. Lewis. *The Abolition of Man* [Glasgow: Collins Fount Paperbacks, 1990], page 21.
- [20] *Ibid.*
- [21] *Ibid*, pages 30 and 31.
- [22] Cited by Professor Charles E. Rice in *50 Questions On The Natural Law* [San Francisco: Ignatius Press, 1995], page 24.
- [23] *British Medical Journal*, Number 7070, Volume 313, December 7, 1996.
- [24] Reprinted from *Trials of War Criminals before the Nuremberg Military Tribunals under Control of Council Law*, Number 10, Volume 2, pages 181 to 182 [Washington, D.C.: United States Government Printing Office, 1949].
- [25] Ronan O'Rahilly and Fabiola Muller. *Human Embryology & Teratology* (2nd edition) [New York: Wiley-Liss, 1996], page 12.
- [26] *Ibid*, pages 8 and 29.
- [27] Jonathan Van Blerkom. *American Medical News*, February 23, 1998, page 32.
- [28] A. Serra and R. Colombo. The Identity and Status of the Human Embryo: Proceedings of the Third Assembly of the Pontifical Academy for Life [Vatican City, February 14-16, 1997], Liberia Editrice Vaticana, page 138.

Facts of Life: Chapter 16: Cloning: The Human Embryo as a Subject of Inalienable Human Rights--Part II



SHARE

The Human Embryo as a Subject of Inalienable Human Rights—Part II

The theory that being a "human being" is not necessarily identical with being a "human person" can be termed the "evolutionistic" or "marker" theory in that it posits that personal status may only be acquired when certain markers along the continuum of human development are reached such as *implantation*, the *formation of the central nervous system*, or the *formation of the cerebral cortex*. Others argue that a human being does not become a human person until he or she is in possession of certain intellectual capacities. The common sense answer to these theories is to ask: "How could a human individual not be a human person?"[29] If granting personal status to the embryo is contingent on where a marker is placed along the continuum of human life after fertilization, then what is there to stop vested and powerful interests in society shifting this marker to whatever point along the continuum that will enable them to legally extinguish the right to life of any particular group of people they deem unfit to live? Indeed, philosopher Michael Tooley has stated, "new-born humans are neither persons nor even quasi-persons."[30]

Peter Singer and Gregory Pence, both of whom are well-known defenders of therapeutic cloning and abortion, argue that while human embryos and fetuses may be human beings they are not however human persons. Singer even justifies infanticide in certain circumstances on the grounds that infants are not human persons either. Singer is an Australian philosopher who was the first President of the International Association of Bioethics and who is currently the Ira W. DeCamp Professor of Bioethics at Princeton University's Center for Human Values. Pence is a professor of philosophy in the Schools of Medicine and Arts/Humanities at the University of Alabama, Birmingham.

In 1998, Pence authored a book titled *Who's Afraid of Human Cloning?* In which he defended all forms of human cloning. In reference to the status of the human embryo, Pence says: "I believe that embryos are not persons because they fail to meet *the cognitive criterion of personhood*." According to this criterion, says Pence, "to be a person is to be able to think, to remember one's life, to be capable of cognition." He adds that "what separates a normal, adult person from say, a rat, is certain capacities — for reasoning, reflective self-awareness, communication, agency (motivated action), and consciousness of the external world." [31] "For these reasons," he adds, "I do not believe human embryos are persons; and so I do not believe that they should be treated as such. I believe they become persons by degrees over a continuum, such that it makes sense to think that an eight-month-old fetus is almost a person but an eight cell-embryo is not." [32] Finally, to bring his ideas full circle, Pence goes on to say: "The basic idea here is quite simple: consciousness is the foundation of value ... the cognitive criterion has a nice symmetry for both ends of life. It explains why several years of irreversible persistent vegetative state is the real death of a person." [33]

Pence is a disciple of Joseph Fletcher — "Call me Joe Fletcher's clone" — he says. [34] Pence's notion of personal *criterion* as the basis for defining the moral status of human beings at various stages of consciousness is borrowed from Fletcher who he says was the first person to champion it in modern medical ethics. [35] Fletcher was an

Episcopalian priest who died in 1991 at the age of 86. He is regarded as the father of *Situation Ethics*; he renounced his belief in God in 1960 but remained a priest because he found the Episcopalian Church useful for advancing his ideas. He was pro-abortion and pro-euthanasia — being an advocate of "mercy-killing" and a member of the board of directors of the Euthanasia Council (now called "Concern for Dying"). His writings had a certain futuristic aspect to them in that he spoke approvingly of fetal experimentation and the possibility of manufacturing human beings. Fletcher's wife of 60 years, Forrest Hatfield, worked closely with Margaret Sanger (1883-1966) who was the founder and first president of the International Planned Parenthood Federation that is the biggest promoter of abortion worldwide.

Peter Singer also finds inspiration for his work in the writings of Joseph Fletcher. He draws on Fletcher's *personal criterion* (which he refers to as "indicators of humanhood") to establish a demarcation line between those human beings who are granted the status of personhood and those who are not. He lists Fletcher's indicators of personhood as "self-awareness, self-control, a sense of the future, a sense of the past, the capacity to relate to others, concern for others, communication, and curiosity." [36] Interestingly, like Pence, Singer makes no mention of the fact that Fletcher also included an IQ of greater than 40 as one of his indicators of personhood.

Like Fletcher, Singer asserts that personhood is not something inherent to every human being but is contingent on the development of self-consciousness — "I propose to use 'person' in the sense of a rational and self-conscious being," he says. [37] On this basis, he distinguishes between two types of members of *Homo Sapiens* — those who are 'persons' and those who are not. He says that an essential qualification for the status of personhood is that a being "be capable of anticipating the future, of having wants and desires for the future." [38]

In regard to the assertion made by philosophers such as Peter Singer and Michael Tooley that unborn babies and infants are not persons because they lack certain exercisable cognitive abilities, Professor William May says that this is "fallacious" because "it fails to distinguish between a *radical* capacity or ability and a *developed* capacity or ability." Explaining the significance of this distinction, Professor May says:

A radical capacity can also be called an active, as distinct from a merely *passive*, potentiality. An unborn baby or a newborn child, precisely by its membership in the human species, has the *radical capacity or active potentiality* to discriminate between true and false propositions, to make choices, and to communicate rationally. But in order for the child — unborn or newborn — to *exercise* this capacity or set of capacities, his radical capacity or active potentiality for engaging in these activities — predictable kinds of behavior for members of the human species — must be allowed to develop. But it could never develop if it was not there to begin with ... A human embryo has this *active* potentiality or *radical* capacity to develop *from within its own resources* all it needs to exercise the property or set of properties characteristic of adult members of the species. One can say that the human embryo is a human person *with potential*; he or she is *not* merely a *potential person*. Those, like Tooley and Singer, who require that an entity have *exercisable* cognitive abilities, recognize that the unborn have the *potentiality* to engage in cognitive activities. But they regard this as a merely *passive* potentiality and fail to recognize the crucially significant difference between an *active* potentiality and a merely *passive* one. [39]

Singer subscribes to utilitarian ethics that holds that actions are morally good if they increase the sum total of pleasure and happiness and reduce suffering. According to Singer's ethical system, selective killing of infants should be permissible or even desirable.

In regard to the question of killing, Singer says: "When we consider how serious it is to take a life, we should look, not at the race, sex or species to which that being belongs, but at the characteristics of the individual being killed, for example, its own desires about continuing to live, or the kind of life it is capable of living." [40] Consistent with his belief that "there could be a person who is not a member of our species," and that "there could also be members of our species who are not persons," [41] Singer asserts that in order "to avoid speciesism we must allow that all beings who are similar in all relevant respects have a similar right to life — and mere membership in our own biological species cannot be a morally relevant criterion for this right." [42] After stating that "there will surely be some nonhuman animals whose lives, by any standard, are more valuable than the lives of some humans," Singer goes on to say: "A chimpanzee, dog, or pig, for instance, will have a higher degree of self-awareness and a greater capacity for meaningful relations with others than a severely retarded infant or someone in a state of advanced senility. So if we base the right to life on these characteristics, we must grant these animals a right to life as good as, or better than, such retarded or senile humans." [43]

In regard to abortion, Singer argues that "an abortion late in pregnancy for the most trivial reasons is hard to condemn unless we also condemn the slaughter of far more developed forms of life for the taste of their flesh." [44] After saying that the fetus is not a person and hence its life "is of no greater value than the life of a nonhuman animal at a similar level of rationality, self-consciousness, awareness, capacity to feel etc," Singer goes on to add that "it must be admitted that these arguments apply to a newborn baby as much as to a fetus." [45] Consistent with this position, Singer asserts that "the grounds for not killing persons do not apply to newborn infants" since "newborn babies cannot see themselves as beings who might or might not have a future." [46]

Applying his utilitarian calculus and "non-speciesist" reasoning to the question of infanticide, Singer says that just as fetuses are sometimes aborted because they are discovered to be carrying some disability or other and are thus treated as replaceable insofar as the mother intends to have another child after the abortion, so also "when the death of a disabled infant will lead to the birth of another infant with better prospects of a happy life, the total amount of happiness will be greater if the disabled infant is killed." [47] He adds that his position in this regard "does not imply that it would be better that no people born with severe disabilities should survive, it implies only that the parents of such infants should be able to make this decision." Hence, drawing his discussion of infanticide to a conclusion, Singer says: "So the issue of ending life for disabled newborn infants is not without complications ... Nevertheless, the main point is clear: killing a disabled infant is not morally equivalent to killing a person. Very often it is not wrong at all." [48]

In his attempt to justify infanticide, Singer says that the "present absolute protection of the lives of infants is a distinctively Christian attitude rather than a universal ethical value." He says "infanticide has been practiced in societies ranging geographically from Tahiti to Greenland and varying in culture from the nomadic Australian aborigines to the sophisticated urban communities of ancient Greece or mandarin China." [49] He holds that these cultures "were on good ground" insofar as they "practiced infanticide." [50] Singer even gives a Malthusian twist to his discussion of infanticide. He says "in the case of infanticide, it is our culture that has something to learn from others, especially now that

...managers, it is our culture that has something to learn from others, especially from those we, like them, are in a situation where we must limit family size." [51] Obviously, Singer hasn't yet caught up with the now widely acknowledged fact that the only demographic problem in Western countries is declining fertility rates and aging populations.

At times, Singer packages his more controversial propositions in soothing terms. For example, in reference to infanticide he says: "We should certainly put very strict conditions on permissible infanticide; but these restrictions might owe more to the effects of infanticide on others than on the intrinsic wrongness of killing an infant." [52] However, one columnist, George F. Will, caught the barbaric "logic" of Singer's ethical system well when in a 1999 *Newsweek* article he said:

Actually, the logic of his position is that until a baby is capable of self-awareness, there is no controlling reason not to kill it to serve any preference of the parents ... During the Senate debate on partial-birth abortion — in which procedure all of a baby except the top of the skull is delivered from the birth canal, then the skull is collapsed — two pro-choice senators were asked: Suppose the baby slips all the way out before the doctor can kill it. Then does it have a right to life? Both senators said no, it was still the mother's choice. To what the senators said, Singer says briskly: 'They're right.' [53]

The arguments of philosophers like Singer and Pence who grant personal status to human beings only after they meet certain physical or cognitive requirements are totally unreasonable and unjust. The qualities they demand, such as rationality and self-awareness, all admit of differences in degree. In the case of Singer's defense of infanticide for example, who is to decide what constitutes a meaningful life and the point at which parents should be able to request that their child be put to death? No matter how great a margin of error Singer would grant, the decision is still arbitrary, as different observers would assign different weights to different criteria.

Indeed, Singer himself admits the arbitrary nature of his position. He says that it is "difficult to say at what age children begin to see themselves as distinct entities existing over time." He adds that "even when we talk with two and three-year-old children, it is usually very difficult to elicit any coherent conception of death, or of the possibility that someone — let alone the child herself — might cease to exist." [54] Nevertheless, Singer still insists that a "line" can be drawn on one side of which the child dies while on the other he lives. He says: "Of course, where rights are at risk, we should err on the side of safety. There is some plausibility in the view that, for legal purposes, since birth provides the only sharp, clear, and easily understood line, the law of homicide should continue to apply immediately after birth." However, he follows up this statement by saying: "Since this is an argument at the level of public policy and the law, it is quite compatible with the view that, on purely ethical grounds, the killing of a newborn infant is not comparable to the killing of an older child or adult." [55] Then, to make provision for those parents who may request that their disabled child be murdered, Singer says: "It is, however, worth considering another possibility: that there should be at least some circumstances in which a full legal right to life comes into force not at birth, but only a short time after birth — perhaps a month." [56]

[Go to Next Topic: Legislative Proposals In Regard to Cloning and Embryo Experimentation](#)

Endnotes for “The Human Embryo as a Subject of Inalienable Human Rights—Part II”

[29] Sacred Congregation For The Doctrine of the Faith. *Donum Vitae* ["Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation"], I, 1.

[30] Professor William Brennan. *Dehumanizing The Vulnerable: When Word Games Take Lives* [Chicago: Loyola University Press, 1995], page 7.

[31] Gregory E. Pence. *Who's Afraid of Human Cloning* [Maryland: Rowman & Littlefield Publishers, 1998], page 88.

[32] *Ibid*, page 89.

[33] *Ibid*, page 88.

[34] *Ibid*, page 175

[35] *Ibid*, page 88.

[36] Peter Singer. *Writings on an Ethical Life* [London: Fourth Estate, 2000], page 128.

[37] *Ibid*,

[38] *Ibid*, page 323

[39] Professor William E. May. *Catholic Bioethics and the Gift of Human Life* [Indiana: Our Sunday Visitor, 2000], pages 159 and 160.

[40] *Ibid*, page xv.

[41] *Ibid*, page 128.

[42] *Ibid*, page 44.

[43] *Ibid*, pages 44 and 45.

[44] *Ibid*, page 177.

[45] *Ibid*.

[46] *Ibid*, page 161 and 162.

[47] *Ibid*, page 189 to 91.

[48] *Ibid*, page 193.

[49] *Ibid*, page 163.

[50] *Ibid*, page 229.

[51] *Ibid*, page 209.

[52] *Ibid*, page 164.

[53] *Newsweek Magazine*, September 13, 1999, pages 80 to 82.

[54] Peter Singer. *Writings on an Ethical Life* [London: Fourth Estate, 2000], page 162.

[55] *Ibid*.

[56] *Ibid*, pages 162 and 163.

[Commentary: Bainbridge: The Battle Rages](#)



(From *The Observer* - Official Newspaper of the Catholic Diocese of Rockford
April 4, 2008)

By Patricia Pitkus Bainbridge
Director, Respect Life Office

The Battle Rages

When the Centers for Disease Control and Prevention (CDC) recently released its study on sexually transmitted diseases (STDs) in teenage girls, media outlets across the country led with the heading, "1 in 4 Teenage Girls Has a Sexually Transmitted Disease." Most journalists wrote as if something new had been discovered and reactions included adjectives such as "alarming," "shocking," "disheartening," and "disturbing."

While the findings are, indeed, serious and disturbing, there is really nothing new in the study. Even the data was old. The CDC admitted the study was based on "an analysis of [a] 2003-2004" survey, but that the data "likely reflect current prevalence rates." Based on that data, the CDC "estimates that one in four . . . young women between the ages of 14 and 19 in the United States-or 3.2 million teenage girls-is infected with at least one of the most common sexually transmitted diseases . . ."

In 1996, the Alan Guttmacher Institute -the research arm of Planned Parenthood Federation of America (PPFA)-reported that in the U.S. "1 in 4 sexually active teens become infected with an STD every year." In 2002, Meg Meeker, M.D., in her book, *Epidemic: How Teen Sex is Killing Our Kids*, wrote, "Nearly one out of every four sexually active teens is living with a sexually transmitted disease. . ."

In 2004, the CDC-in its *Sexually Transmitted Disease Surveillance*-reported that "35% of 14-19 year olds were infected with human papillomavirus."

Based on these and numerous other reports, it appears the knowledge about 1 out of 4 teenage girls having an STD has been public information for at least 12 years.

Why, then, all the attention given to this latest study from the CDC?

All we have to do is look at the battle being waged between politicians and organizations advocating "comprehensive sex education" and those advocating for "abstinence-before-marriage" curricula.

There is no doubt that those who champion comprehensive sex education will use the CDC findings to erroneously blame abstinence education for the CDC findings. They will then push for more funding for their failed approach. As expected, Cecile Richards, president of PPFA, immediately responded by saying the findings "emphasize the need for real comprehensive sex education."

Within days after the CDC report was released, 76 pro-abortion, anti-abstinence Representatives signed a letter to the chairman of the House Appropriations Committee asking for the elimination of funding for abstinence-only education. In the letter, abstinence programs were blamed for putting "our teens at greater risk" for STDs. They actually believe that 1 out of 4 girls has an STD because they were exposed to abstinence-only education. Unbelievable!

Ignoring the fact that 75% of public schools do *not* teach abstinence-only and that for every dollar spent on discouraging teen sexual activity, \$12 is spent on comprehensive sex education, it is obvious they are casting blame at the wrong programs.

In the past, Rep. Henry Waxman (D-CA) did his best to discredit abstinence programs. His now-infamous 2004 "Waxman Report" (denouncing abstinence-only curricula) has been widely used by anti-abstinence organizations and has been favorably reported on by the media. Although inaccurate and misleading, Waxman's report continues to be used by advocates of comprehensive sex education in an attempt to eliminate abstinence education.

In 2006, Rep. Mark Souder (R-IN) released a "thorough, well-researched de-bunking" of the Waxman Report entitled "Abstinence and Its Critics." Souder's report was unambiguous when stating, "Despite its shallow research and reliance on misleading or erroneous statements, the Waxman Report has been trumpeted as the definitive indictment of abstinence curricula."

Souder's report clearly demonstrated that abstinence programs *are* working and rightly claimed that "the value of abstinence for young people cannot be overestimated, and it is the duty of Congress to support programs that serve the interest of America's youth." Sadly, those who reject traditional morality will continue their attempts to rob America's youth of the knowledge about human sexuality that would truly keep them free of STDs.

Will we stand by and do nothing or will we stand up for the truth?



 SHARE

Legislative Proposals In Regard to Cloning and Embryo Experimentation

In regard to cloning and embryo experimentation, two pieces of competing legislation were introduced to the U.S. House of Representatives in 2001. The first bill, introduced by David Weldon (Republican) and Bart Stupak (Democrat), sought to make it a crime for anyone to produce a human cloned embryo for any purpose. Hence, the Weldon bill sought to outlaw both reproductive and therapeutic cloning. The second bill, introduced by James C. Greenwood (Republican), would have outlawed the cloning of human embryos only if there was intent to develop them into babies.[57] Hence, the Greenwood bill would have outlawed reproductive cloning but allowed therapeutic cloning.

The Bush administration in the U.S. expressed its support for the more restrictive Weldon-type legislation. On June 20, 2001, the Deputy Secretary of Health, Claude Allen, told a congressional hearing that President Bush and U.S. Health and Human Services Secretary Tommy Thompson "oppose any and all attempts to clone a human being." Having said this, he added: "We oppose the use of human somatic cell nuclear transfer cloning techniques either to assist human reproduction or to develop cell or tissue-based therapies."

As this essay goes to the printers, news has come to hand that the U.S. House of Representatives has voted in favor of the Weldon bill by a bipartisan majority of 103 (265 to 162). The bill approved by the House of Representatives makes all forms of human cloning a crime punishable by up to ten years in prison and it outlaws the sale of treatments developed from therapeutic cloning. To become law, the bill must now pass the Democrat-led Senate. President Bush praised the House of Representatives vote. "The moral issues posed by human cloning are profound and have implications for future generations," he said. In saying that the bipartisan House vote was "a strong ethical statement," President Bush added that the advancement of science must be done "in a way that honors and respects life." [*The New York Times*, August 1, 2001].

In France, the Cabinet of Prime Minister Lionel Jospin has adopted a draft law that would ban the cloning of human embryos for medical research. French President Jacques Chirac also opposes cloning and embryo experimentation and he has urged the French Parliament to adopt the proposed legislation before new elections in spring 2002.

In Italy, a cross-factional coalition of 56 parliamentarians has introduced a draft law to protect human embryos. The legislation seeks to change Article 1 of Italy's civil code so as to make the juridical status of the human being operative from the moment of conception rather than from the time of birth as it is at present.

In Germany, destructive experimentation on human embryos is prohibited under a 1990 law. However, in recent times, Chancellor Gerhard Schroder has not only indicated that he wants to leave the door open for human cloning, but he has also argued that destructive embryo experimentation should be permitted. Many Germans see as reminiscent of Nazi eugenic experiments which sought to create a master race, in Schroder's proposal. In rejecting Chancellor Schroder's proposal, Germany's President,

Johannes Rau, said that eugenic practices "are linked to bad memories in Germany." [58]

In regards to Australia, we saw earlier that a December 2000 amendment to the Gene Technology Bill has left the way open for therapeutic cloning in the absence of any forthcoming prohibitive legislation. At a June 8, 2001 meeting of Australian Federal and State leaders, a consensus was reached to ban reproductive cloning but there was disagreement as to whether or not the cloning of embryos for research purposes should be prohibited. The New South Wales Premier, Mr. Bob Carr, said his government would move ahead with independent legislation to allow destructive experimentation on human embryos. The Federal Health Minister, Dr. Michael Wooldridge, in voicing his approval for destructive research on embryos said: "On the embryonic stem-cell research, when you explain to people the incredible benefits of this, and people have a chance to work through the ethical issues around it, I think a majority of people would say there's a great public benefit here." [59] The Prime Minister, Mr. Howard, has suggested that research may be permitted on IVF embryos due to be destroyed. [60]

Stem Cell Research

In the debates in the British Parliament leading up to its adoption of the new regulations which legalized therapeutic cloning, the main argument put forward by those supporting the regulations was that the most practical way to obtain suitable stem cells was to allow scientists to extract them from cloned embryos or from embryos left over after IVF treatments. However, those who opposed the regulations, pointed out that in order to acquire stem cells for experimental purposes, recourse should be had to sources other than cloned embryos or those left over after IVF treatments.

As the examples below will indicate, prior to the vote in the House of Commons which approved therapeutic cloning, reliable information was already at hand about sources of stem cells other than embryos:

- "Early results suggest that ductal tissue taken from human cadavers can be grown in culture to form functioning [pancreatic] islet cells. Such a source of tissue... could prove better than relying on fetal tissue, and may even lead eventually to autologous pancreatic transplants." [61]
- "Researchers have found that bone marrow stem cells from children and adults can become brain cells and liver cell precursors, plus all three kinds of muscle — heart, skeletal and smooth... Besides skirting the ethical dilemmas surrounding research on embryonic and fetal stem cells, adult cells ... might have another advantage: They may be easier to manage." [62]
- "The adult central nervous system, long thought not to contain cells capable of dividing, in fact harbors stem cells. Such cells may help treat Alzheimer's and Parkinson's disease. In addition, ...hematopoietic stem cells from bone marrow may one day provide transplants to replace blood and immune cells." [63]
- "Studies suggest that stem cells in different adult tissues may be more similar than previously thought and perhaps have a developmental repertoire close to that of embryonic stem cells' and 'demonstrates that an adult neural stem cell has a very broad developmental capacity and may potentially be used to generate a variety of cell types for transplantation in different diseases." [64]

Since the legalization of therapeutic cloning in Britain, more evidence has come to hand which confirms that there are indeed viable sources of stem cells other than human embryos. One article published in the April 2001 edition of *Tissue Engineering* stated: "There have been promising advances in redirecting adult stem cells to become something Mother Nature never intended — blood into nerve for example." The article went on to tell of how researchers from the University of California at Los Angeles and the University of Pittsburgh had discovered that human fat can be a rich source of very flexible stem cells. It said: "Recently, scientists working with fat sucked out of patients during liposuction were able to isolate stems cells that, in a laboratory dish, gave rise to cells that make muscle, bone, and cartilage and also to cells that made more of themselves." [65] Liposuction is a cosmetic surgery procedure used to remove unwanted fat.

The Coriell Institute for Medical Research in New Jersey has opened an umbilical cord blood bank from which it will be possible to access highly flexible stem cells. According to a report in the May 28, 2001 edition of *The Scientist*, "Cord blood research holds vast potential for therapeutic interventions. One day, it could even be possible to coax stem cells into taking on characteristics of other tissues by selected treatments and culture condition." The report went on to say: "One day the new cord blood bank will hold thousands of units of this rich resource, serving the state's 8 million residents. Cord blood offers a valuable alternative to bone marrow transplantation for treating leukemia, and ongoing research suggests that it holds treatment potential for many serious diseases, such as cancer."

The May 4, 2001 edition of *Cell* contained an article reporting the findings of a team of scientists led by Dr. Neil Theise of New York University and Dr. Diane Krause of Yale who have discovered that adult bone marrow contains stems cells that are as flexible as embryonic stem cells. The report stated, "that these adult bone marrow cells have tremendous differentiating capacity as they can also differentiate into epithelial cells of the liver, lung, GI tract, and skin." The report added, "this finding may contribute to clinical treatment of genetic disease or tissue repair." [66]

A very divisive question in many countries right now revolves around the moral nature of stem cell research. The question is easily resolved by asking in what manner are the stem cells in question obtained. If they are obtained in a way that does not violate fundamental moral principles — such as the inviolability of innocent human life — then stem cell research should be supported and approved. Such would be the case, for example, when stems cells are acquired from donated adult tissue or from umbilical cords left over after the birth of a child. On the other hand, if the research in question is dependent on the use of stem cells obtained through unethical means such as embryo destruction, then it should not be supported and should be outlawed.

In view of what has been said above, it is clear that if the Bush administration in the U.S. is to maintain a consistent pro-life ethic in its public policy, then it must refuse to authorize public funding of stem cell research that is dependent on embryo destruction. Also, it should put its weight behind legislative initiatives aimed at outlawing stem cell research based on embryo destruction.

In regard to stem cell research, two congressmen in the U.S. have introduced legislation representing each side of the ethical divide. In June 2001, Jim McDermott (Democrat) submitted a bill that would permit federal funding for embryonic stem cell research whereby the stem cells would be acquired through the destruction of "donated surplus embryos produced for *in-vitro* fertilization procedures." [67] The opposing piece of

legislation has been introduced by Chris Smith (Republican). His bill, titled *Responsible Stem Cell Research Act of 2001*, seeks to appropriate federal funds for the support of "ethical stem cell research" using "qualifying human stem cells" defined in the bill as those obtained from "human placentas, umbilical cord blood, or adult tissues or organs or tissues of unborn human offspring who died of natural causes such as spontaneous abortion." [68] The category "qualifying stem cells" referred to in Smith's bill does not include embryonic stem cells derived either from the destruction of "surplus" IVF embryos or from embryos produced by cloning.

The intrinsically unjust nature of harvesting stem cells from human embryos is comparable in many ways to the barbarous situation in China whereby doctors have been plundering body parts from executed prisoners. On June 28, 2001, a *London Times* report told of a Chinese doctor seeking political asylum in the U.S. who said he had participated in removing organs from executed prisoners "including one who was still fighting for life." Dr. Wang, who applied for political asylum after coming to the U.S. on a tourist trip using a false passport, said that his conscience had been tortured "ever since he was involved in ripping organs from half-dead men." Other reports tell of how such organs are being sold to wealthy Asian transplant patients. [69]

[Go to Next Topic: New Billion-Dollar Industry](#)

[Return to Cloning Table of Contents](#)

Endnotes for "Legislative Proposals In Regard to Cloning and Embryo Experimentation"

[57] *The Washington Post*, June 21, 2001.

[58] *The New York Times*, August 1, 2001.

[59] *The Australian*, June 4, 2001.

[60] *The Australian*, July 5, 2001.

[61] A. Berger. "Transplanted Pancreatic Stem Cells Can Reverse Diabetes in Mice." *British Medical Journal*, March 18, 2000, page 736.

[62] G. Vogel. "Can Old Cells Learn New Tricks?" *Science*, February 25, 2000, pages 1,418 and 1,419.

[63] P. Hines, B. Purnell and J. Marx, "Stem Cells Branch Out." *Science*, February, 25, 2000, page 1,417.

[64] D.L. Clarke, C.B. Johansson, J. Frisen *et. al.* "Generalised Potential of Adult Neural Stem Cells." *Science* 2000, 288, 1,600-1,663. I have extracted this reference and the ones prior to it from the *Briefing Paper On Therapeutic Cloning* (Catholic Bishops' Conference of England and Wales, December 5, 2000).

[65] P.A. Zuk *et. al.* "Multilineage Cells from Human Adipose Tissue: Implications for Cell-Based Therapies." *Tissue Engineering*, 7:211-218, April 2001.

[66] *Cell*, May 4, 2001: 105(3), pages 369 to 377.

[67] The *Amnesty International Report* for 2000 revealed that torture and other barbarous violations of human rights are still going on in China. The way in which prisoners are executed depends on which of their organs the Communist officials intend to harvest. In



 SHARE

New Billion-Dollar Industry

In 1984, Dr. Alan Trounson, who at the time was the scientific director of the Monash University and Queen Victoria/Epworth Hospital IVF team, urged support for a project that would involve attempting to impregnate male transsexuals (men who allegedly have changed their gender) by saying: "If society accepts changing a person from male to female or female to male, why doesn't it accept they should take on the functions socially or biologically of that sex." [70] Two years later, after acknowledging the enormity of "the technical" and "ethical" difficulties" such a procedure would involve, Dr. Trounson nevertheless added that the impregnation of a male transsexual "could be done by getting an embryo to implant on the bowel." [71]

At around the same time as Dr. Trounson was making the statements quoted above and working to extend the frontiers of IVF technology, the then head of the department of immunology at the Australian National University's John Curtin School of Medical Research, Professor Bede Morris, was warning that in the absence of effective legal restrictions being placed on developing reproductive technologies, we would eventually reach the stage where embryos would be cloned and placed in suspended animation for the purpose of their being used later for the production of spare human parts. Such "self-cannibalism," said Professor Morris, "will be the ultimate aspect of self-indulgence." [72]

University of Chicago ethicist, Professor Leon Kaas, was quoted in an article in the April 14, 2001 edition of the *Economist* as having said that those who are opposed to new technologies such as therapeutic cloning are fighting "against an enormous amount of money, against the general liberal prejudice that it is wrong to stop people doing something and, in many cases, against everybody's quite rational fear of death." [73] The same article stated that politicians of all stripes are "nervous about restraining their genetics industry" and it added that Republicans opposed to cloning and embryo destruction would clash with "big business" which it said was the party's bedrock. Finally, the article pointed out that alongside the burgeoning fertility treatment industry in the United States, Americans are also "queuing up to freeze the DNA of their dead loved ones (including pets and racehorses, the latter for \$895 plus \$100 a year for storage."

On 18 August 2000, shortly after the Blair Labour government in Britain announced its intention to introduce regulations allowing therapeutic cloning, CNN news reported that the director of Milan's Pharmaceutical Institute, Mario Negri, greeted the news by saying that "human cloning is a magnificent medical and scientific opportunity." Perhaps, it would have been more pertinent for Mr. Negri to refer to human cloning as a "magnificent" business opportunity! Powerful commercial interests have now become involved in the biotechnology industry. It is projected that if attempts to produce spare human body parts and other medical treatments via stem cell research are successful, the profits that will accrue to businesses involved in the biotechnology industry will be massive — running into the tens of billions of dollars annually.

In itself, the biotechnology industry has much to contribute to human flourishing. For example, transgenic foods could enhance humanity's ability to feed itself once their safety characteristics have been guaranteed, while animal cloning could contribute to the preservation of species in danger of extinction

preservation of species in danger of extinction.

The ethical questions that arise in regard to the biotechnology industry come into play with particular force when the question arises of attempting to replicate in experimentation on human beings what has proved successful in the world of plants and animals. In particular, respect for the inviolability of innocent human life, and the right to bodily integrity of every human being, must never be compromised in medical experiments using procedures permissible in dealing with plants and animals.[74] In view of what has been said here, references in the remainder of this essay to the "biotechnology industry" will relate almost exclusively to that part of it that deals with the production and sale of bio-medical products.

In August 2000, Dr. Joerg-Ditrich Hoppe, chairman of the Federal Chamber of German Doctors, stated that the legalization of therapeutic cloning would mean, "this was the first time in history that humans themselves will be used to supply raw materials." [75] We noted earlier that in Italy draft legislation has been prepared which aims at establishing the juridical status of the human being from the point of conception onwards. The document that introduced this legislation to the Italian Parliament states "the lawmaker has the moral duty to introduce the one conceived in the field of law as a subject, not a thing." Speaking in favor of the legislation, the distinguished philosopher and new Minister for European Policies in the Italian Government, Rocco Buttiglione, stated, "the purpose of this proposal is to block multinationals and scientific research in the use of embryos." "By recognizing the juridical personality of the fetus," Buttiglione added, "we hope to establish clearly that the embryo's right to life cannot be questioned by multinationals' interest in genetic manipulation." [76]

Coupled with a burgeoning market for human ES cells, there is also a growing trade in sperm, human eggs and tissue from aborted foetuses. This trend towards the harvesting of human gametes and human ES cells with a view to their being traded internationally is likely to intensify given the relative success of biotechnology stocks in recent years. For the year 2000, biotechnology stocks performed better than their dotcom counterparts on the major world stock exchanges. Over the year, the *Intersuisse* biotechnology index rose by 30 percent, the *All Ordinaries* index rose by only 2 per cent, while the Nasdaq fell by 35 percent.

In countries where human cloning and embryo destroying research is prohibited by law, researchers seek to circumvent legal restrictions by entering into joint venture projects with researchers in states or countries where the law is less prohibitive. For example, Dr. Alan Trounson, deputy director of the Monash Institute of Reproduction and Development, is reported as having "no qualms" about experimentation involving the destruction of "excess" embryos donated by women in a Singapore IVF program. Trounson, a leading advocate for therapeutic cloning, collaborates with researchers at Singapore's National University because under the current law of the State of Victoria in Australia it is not permissible to extract stem cells from human embryos. However, by being able to work with human ES cells harvested in Singapore, Trounson and his team have been able to become leaders in the field — in April 2000 they achieved a world-first by turning human ES cells into nerve cells.[77]

In regard to "excess" embryos produced by IVF centres in Victoria, Trounson expressed regret that under the current law in that State they could not be used in research. He said: "In Victoria we have to throw them out ... in the sink, or the rubbish." [78] I don't know why Trounson imports his human ES cells from Singapore since he could acquire them just as easily from regions of Australia that do allow destructive embryo experimentation including New South Wales, Queensland, Tasmania, the

embryo experimentation including New South Wales, Queensland, Tasmania, the Australian Capital Territory and the Northern Territory. Perhaps the reason is that embryos are "cheaper" in Singapore! In August 2000, Trounson's team of researchers announced that their work had received a financial boost when a consortium of Australian and Singaporean investors agreed to pump upwards of \$17 million into a collaborative research program involving Monash and associated laboratories in Israel and Singapore.[79]

One important Australian biotechnology company involved in stem cell research is Stem Cell Sciences (Australia). The October 8, 2000 edition of Britain's *Sunday Times* reported that researchers at Stem Cell Sciences had "successfully produced an embryonic pig-human hybrid" when "human DNA was inserted into pig cells which became tiny embryos." Stem Cell Sciences performed the experiment in conjunction with scientists from the Massachusetts biotechnology company Biotransplant in the United States. The scientists "took a cell from a human foetus, extracted the nucleus and then inserted it into a pig's egg cell" leaving it to grow "to the 32-cell stage which took a week." The researchers expressed the view that the embryos could have developed further if they had been implanted in a pig's or a human mother's womb. This research only came to light after the company filed a patent application with the European Patent Office. The *Sunday Times* report said that such embryos "would be ideal for research into therapeutic cloning" and added that "they would be much more human than pig because about 97% of DNA is in the nucleus, which was human."

Other biotechnology companies involved in stem cell research in Australia is Geron Corporation (U.S) and Adelaide's BresaGen that plans to import human ES cells from the United States.[80] In a June 2001 submission on behalf of the biotechnology industry to a hearing by a U.S. House of Representatives subcommittee on bills seeking to restrict human cloning, the President of Geron Corporation, Thomas Okarma, expressed opposition to a ban on therapeutic cloning.[81] Okarma's stance in this regard is not surprising given that the Geron Corporation holds patents on applicable human embryo and cloning techniques.[82]

Tony Blair's staunch support for the legalization of therapeutic cloning in the U.K. was conditioned by the potential financial benefits he hopes Britain can reap from being a leading player in the burgeoning biotechnology industry. In a speech he delivered at the European Bioscience Conference on November 17, 2000, Mr. Blair stated that the biotechnology industry in Europe alone "is expected to be worth over US\$100 billion by 2005." Coupled with this, Mr. Blair stated that the U.S biotechnology industry was currently 8 times the size of Europe's.

During his speech to the European Bioscience Conference, Mr. Blair stated that Britain was "well placed" to keep its "lead in Europe." He attributed Britain's competitive advantage to its "sophisticated capital markets and venture capital industry," as well as to the "large number of skilled scientists" and managers in its "pharmaceuticals sector." After pointing out "three-quarters of the biotechnology drugs in late stage clinical trials in Europe are produced by British companies," Mr. Blair went on to warn that the "German biotechnology sector is growing fast." However, Mr. Blair expressed confidence that Britain could meet this challenge from Germany when he said: "I want to make it clear: we don't intend to let our leadership fall behind and are prepared to back that commitment with investment."

Apart from his concern that Britain be well placed to cash-in on the opportunities opening up in the biotechnology industry, Mr. Blair seems to have a rather illogical understanding of the links between ethics, science and public policy. In regard to the more controversial aspects of research in the area of biotechnology, Mr. Blair, in his speech to

controversial aspects of research in the area of biotechnology, Mr. Blair, in his speech to the European Bioscience Conference, stated:

The science of biotechnology is likely to be, to the first half of the 21st Century, what the computer was to the second half of the 20th Century ... and, as always, there are those who say that aspects of that scientific enquiry are innately undesirable and should stop. The response should be to go back to first principles and say; let science discover the facts; let us then make our judgement. But do not put our judgement ahead of the facts...Let us get the facts and then judge their moral consequences. There is a danger, almost without noticing or desiring it, that we become anti-science. The distinction I believe is this: our conviction about what is natural or right should not inhibit the role of science in discovering the truth; rather it should inform our judgement about the implications and consequences of the truth science uncovers.

Mr. Blair's "shoot first and ask questions later" approach to the relationship between ethical principles and the application of the scientific method is absurd. It means in effect that scientists should be unencumbered by objective moral principles or positive law when they engage in scientific research. If scientific research were allowed to proceed in such an amoral atmosphere, then the Nazi doctors who at Nuremberg were found guilty of crimes against humanity should have been acquitted. In other words, should scientists be free to kill innocent human beings in order to acquire "the scientific facts?"

If science is to serve the progress of human culture, its method of enquiry must respect the inalienable rights of the human being. This means that scientific enquiry cannot be viewed as an engagement with no frontiers. To serve the progress of human culture it must remain subject to the norms of the natural moral law. Should scientists violate this "first principle" of ethical research, then not only do they dehumanize their subjects if these be human beings, but they also dehumanize themselves in the process. Thus, Mr. Blair's advocacy of what amounts to 'science without a conscience' is in reality a prescription for the corruption of science.

With the legalization of therapeutic cloning, it is possible that Blair's Government has given British firms a decisive edge in the race to capture a large slice of the market for biotechnology products. After hearing of Britain's decision to legalize therapeutic cloning, Germany's Chancellor, Gerhard Schroder, expressed concern that Germany might fall behind and "be forced to import what is banned here." [83] In consequence of this, he went on to urge that destructive experimentation on human embryos be permitted if it produces new drugs and creates jobs. Rejecting Schroder's utilitarian position, however, Germany's President, Johannes Rau, stated, "where human dignity is affected, economic arguments do not count." [84]

In America, advocates of embryonic stem cell research have been calling for government funding lest Britain acquire a disproportionate slice of the market for stem cell related products. Speaking in favor of such federal funding, Arlene Klotzko, writing in the May 28, 2001 edition of *Scientist* said: "And if all goes as the opponents hope — and federal funding for embryonic stem cell research is stopped in its tracks — science's most unlikely cheerleaders may well be responsible for ceding leadership of this major area of research to Great Britain." [85]

In the absence of prohibitive legislation in the United States, biotechnology companies are determined to push ahead with research on cloning and embryonic stem cell research. In July 2001, it was reported that a team of fertility researchers working at

the Jones Institute for Reproductive Medicine in Norfolk, Virginia, had created human embryos using IVF for the purpose of destroying them to obtain stem cells. The experiments were legal since they did not involve the use of federal funds. The report, published in the July 2001 edition of the journal *Fertility and Sterility*, says that the scientists involved in the research solicited eggs and sperm from paid donors that they used to create embryos from which they successfully harvested the stem cells.

The July 12, 2001 edition of *The Washington Post* reported that scientists at a biotechnology company name Advanced Cell Technology (ACT) in Worcester, Massachusetts, had begun a series of experiments aimed at creating cloned human embryos from which it is intended to harvest embryonic stem cells. The *Post* revealed that ACT intended to produce the embryos by somatic cell nuclear transfer and that an ethics advisory board it had established debated whether there needs to be a new term developed for the embryo thus created. The article added that some members of the ethics advisory board believe that since none of the embryos will be allowed develop into a fetus, it would then "be useful to call the cells something less inflammatory than an embryo." After saying that "We're not trying to evade anything here," the chairman of the ethics advisory board, Ronald M. Green, went on to add: "But think about it. There was a time when a 'mother' was the genetic mother, the gestational mother, and the birth mother. But now technology like surrogate motherhood is separating out things that used to go together. The same is true for what we've been calling the 'embryo.'"[86] Last year, ACT admitted that it had created a viable human/bovine embryo by implanting the nucleus of a human cell into the egg of a cow.[87]

Apart from the large profits that may accrue to biotechnology companies from the development of stem-cell-based therapies, another reason why they are so interested in human cloning is that they can see a lucrative market opening up in the production of live-born children for infertile couples. The same companies also stand to profit from human cloning if it can be used to allow homosexual and lesbian couples to have children. Indeed, this is one of the reasons Gregory Pence advances as to why cloning should be legalized. He says, "allowing couples to have children by NST [Nuclear Somatic Transfer] should be part of each person's general procreative liberty." He adds, "origination by NST allows gay men and lesbians to participate in human reproduction, a good thing." [88] Another reason why the biotechnology companies are so interested in cloning is that it will enable them to produce large numbers of identical embryos which they will then be able to use as "guinea pigs" for controlled experiments such as the effects of toxic drugs on human development.

Philosophers and bioethicists, such as Peter Singer and Gregory Pence, who combine utilitarian ethics with the assertion that human personhood is not inherent to every human being, furnish the theoretical support the biotechnology companies require to cloak the barbarous nature of their involvement in the creation and destruction of human embryos.

A fundamental cause of radical differences in ethical perceptions is that different ethical systems have a different starting point — which is to say, they differ in fundamental assumptions. The starting assumptions in any chain of reasoning determine its character and its conclusions. In this regard, all ethical systems rely on a particular anthropology that dictates its line of development.

In his encyclical *Evangelium Vitae* (Gospel of Life), Pope John Paul II said: "By living 'as if God does not exist,' man not only loses sight of the mystery of God, but also of the mystery of the world and the mystery of his own being" (n. 22) He added that "the eclipse of the sense of God and of man inevitably leads to a *practical materialism*, which breeds

individualism, utilitarianism and hedonism" (n. 23). In all of this, said Pope John Paul, "we see the permanent validity of the words of the Apostle: 'And since they did not see fit to acknowledge God, God gave them up to a base mind and to improper conduct' (Romans 1:28)" (*ibid*).

The ethics of Peter Singer and Gregory Pence are based on the assumption that there is no intrinsic difference between human beings and animals such as baboons, pigs, rats and dogs. "By conceiving non-human animals as radically different in kind from human animals," says Pence, "we create an artificial barrier in ethics between what can be done to humans and what can be done to other animals." [89] He speculates that by "making genetic transfers of human genes" to mammals such as monkeys we might improve "such mammals to the point where they could communicate better and tell us whether they were thinking." [90] This, says Pence, "might make life much more difficult for the typical human speciesist who believes that humans are categorically different, and more morally valuable than, baboons." [91]

In publicly declaring his atheism, Peter Singer says: "I don't believe in the existence of God, so I also reject the idea that each human being is a creature of God. It's as simple as that." [92] In line with this, he accuses "the Judeo-Christian tradition" of having "an unjustifiable bias in favor of human beings *qua* human beings." [93] He says "the fact that animals are not members of our species is, in itself, no more morally relevant than the fact that a human being is not a member of my race or not a member of my sex." [94]

Singer says, "we should reject the doctrine that places the lives of members of our species above the lives of members of other species," and adds that "some members of other species are persons: some members of our own species are not." [95] Following this proposition through to its logical conclusion, Singer asserts "no objective assessment can support the view that it is always worse to kill members of our species who are not persons than members of other species who are." [96] Given Singer's starting points, it is not surprising to find that in a March 31, 2001 article in the *Sydney Morning Herald* titled "Animal-Sex Philosopher Brings Out The Beast In The Americans," Singer is quoted as having recently stated that sex with animals "is not an offence to our status and dignity as human beings." The article was reporting on a favorable review Singer had written of a book titled *Dearest Pet* by Midas Dekker that condoned bestiality. The article said that Singer speculates that the reason why most people have a revulsion to bestiality "stems from the Judeo-Christian view of a gulf separating humans from animals."

Singer's ethical system is incapable of upholding human dignity and basic human decency because it is severed from objective truth and is based upon an erroneous anthropology. His conclusion about the moral nature of bestiality serves well to illustrate the truth of the statement commonly attributed to Dostoevsky: "If God does not exist, everything is permitted." [97]

[Go To Next Topic: The New Eugenics and the Nazification of Medical Science](#)

[Return to Cloning Table of Contents](#)

Endnotes for "New Billion-Dollar Industry"

-
- [70] Dr. Alan Trounson, *Melbourne Sun*, August 6, 1984. The term IVF (in vitro fertilisation) refers to a medical procedure that brings a male sperm and female egg into contact in a petri dish so that fertilisation occurs outside a woman's body.
- [71] Dr. Alan Trounson, *The Weekend Australian*, May 17-18, 1986.
- [72] Professor Bede Morris, University of Adelaide Foundation Lecture, July 20, 1984.
- [73] Leon Kaas, cited in "America's Next Ethical War." *The Economist* April 14, 2001.
- [74] This principle was expounded with great precision and prophetic insight by Blessed Pope John XXIII in his great encyclical on social justice titled *Mater et Magistra* (cf. nn. 193-194).
- [75] CNN.com.health, August 17, 2000.
- [76] Zenit News Service, June 21, 2001.
- [77] *Sydney Morning Herald*, August 28, 2000.
- [78] Dr. Alan Trounson, *Sydney Morning Herald*, September 18, 1999.
- [79] *Sydney Morning Herald*, August 28, 2000.
- [80] *Sydney Morning Herald*, August 28, 2000.
- [81] "U.S. Lawmakers Debate Limits On Human Cloning." CNN.com/Health, June 21, 2001.
- [82] Norfolk Genetic Information Network (October 28, 2000): <http://members.tripod.com/~ngin/36.htm>.
- [83] Chancellor Gerhard Schroder, *Electronic Telegraph*, December 27, 2001.
- [84] *Sydney Morning Herald*, May 31, 2001. Reprint of a *New York Times* Article.
- [85] Arlene Judith Klozko. "Cynical Science and Stem Cells." *The Scientist*, May 28, 2001.
- [86] "Firm Aims to Clone Embryos for Stem Cells" (Washington Post.com, July 12, 2001).
- [87] Norfolk Genetic Information Network (October 28, 2000): <http://members.tripod.com/~ngin/36.htm>.
- [88] Gregory E. Pence. *Who's Afraid of Human Cloning* [Maryland: Rowman & Littlefield Publishers, 1998], pages 114-116.
- [89] *Ibid*, page 170.
- [90] *Ibid*.
- [91] *Ibid*.
- [92] Peter Singer. *Writings on an Ethical Life* [London: Fourth Estate, 2000], page 320.
- [93] *Ibid*.
- [94] *Ibid*, page 326.
- [95] Peter Singer. *Practical Ethics* (Second Edition) [Cambridge University Press, 1993], page 117.
- [96] *Ibid*.
- [97] While this sentence is commonly attributed to Dostoevsky, it does not, to my knowledge, appear in any of his novels that have been translated into English. More likely, it should be regarded as an accurate summation of the belief held by Ivan Karamazov in the early chapters of *The Brothers Karamazov* where he pretends to conclude that there is no God. While he does not speak the sentence quoted above, he does however assert in several places that without God "everything is lawful." Equally significant, in another place he says: "If there is no immortality, there is no virtue."

Facts of Life: Chapter 16: Cloning: The New Eugenics and the Nazification of Medical Science



SHARE

The New Eugenics and the Nazification of Medical Science

In the Summer 1999 edition of *The National Interest*, Francis Fukuyama, author of *The End of History*, stated that "biotechnology will be able to accomplish what the radical ideologies of the past, with their unbelievably crude techniques, were unable to accomplish: to bring about a new type of human being." Fukuyama added that within the next couple of generations "we will have definitively finished human History because we will have abolished human beings as such" in consequence of which "a new posthuman history will begin."

In his book *Remaking Eden: How Genetic Engineering and Cloning Will Transform the American Family*, molecular biologist Lee Silver of Princeton University enthuses about a future in which genetic manipulation will allow us to enhance the health, appearance, personality and cognitive capacity of our children. In 1999, IVF pioneer Robert Edwards of Cambridge University stated: 'soon it will be a sin of parents to have a child that carries the heavy burden of genetic disease. We are entering a world where we have to consider the quality of our children.' [98]

In speaking of the possibility of "Improving Humanity," Gregory Pence in his book *Who's Afraid of Human Cloning?*, says that if as a result of experiments with animals, science eventually makes cloning by way of nuclear somatic transfer very safe, "humans will then have more power to create children who will be free of some common genetic diseases, who may be smarter (more memory, better jokes, more creative), stronger, live longer, more playful, and live happier." [99] In considering the question of whether or not it would be appropriate for parents to have their children through processes similar to those used for breeding in the animal world, Pence says: "Would it be so terrible to allow parents to at least aim for a certain type, in the same way that great breeders ... try to match a breed of dog to the needs of a family." [100]

As the above references indicate, there are now powerful influences at work which see in new reproductive and genetic technologies an opportunity for the human race to take control of its future by embracing eugenic practices. Eugenicists assert that certain groups of people are of a superior quality and that the human race can be improved by breeding selectively from them.

The so-called *science of eugenics* is a synthesis of the two pseudo-sciences of Malthusianism and Social Darwinism. The founder of the study of eugenics or *good birth* as he called it was Francis Galton (1822-1911) who was a cousin of Charles Darwin. His aim in founding the eugenics movement was to give the "more suitable races or strains of blood a better chance of prevailing speedily over the less suitable." Galton believed that the process of "natural selection" needed to be bolstered by using the biomedical sciences to prevent those with poor genetic patrimony from procreating.

During the early part of the twentieth century, eugenic ideas began to win adherents amongst sections of the political and intellectual elites. The State of Indiana in the U.S was the first place in the world to pass legislation based on eugenic principles. In 1907, it passed a compulsory sterilization law aimed at "confirmed criminals, idiots, rapists and imbeciles." Not long afterwards, thirty other states followed suit. The First International

imbeciles. Not long afterwards, thirty other states followed suit. The first international Congress of Eugenics was held at the University of London in 1912. Serving as one of its vice-presidents was Winston Churchill, who was accompanied by Charles Eliot (President Emeritus of Harvard) and David Starr Jordan (President of Stanford University). The goal of the Congress was the "prevention of the propagation of the unfit." [101]

Eugenic themes figured prominently in the writings of Margaret Sanger. She published articles such as: "Some Moral Aspects of Eugenics" (June 1920), "The Eugenic Conscience" (February 1921), "The Purpose of Eugenics" (December 1924), "Birth Control and Positive Eugenics" (July 1925), "Birth Control: The True Eugenics" (August 1928). Another influential eugenicist in the U.S. was William Vogt who for a time (1958-1968) was the national director of the Planned Parenthood Federation of America (PPFA). He believed that eugenic practices could bring about a qualitative improvement in human nature and to this end he called for the adoption of a new code of medical ethics unrelated to the Judeo-Christian moral framework.

There were close links established between the eugenics societies in America, Britain and Germany in the 1920s. During the 1930s, there was extensive co-operation between American birth control advocates and eugenicists in Nazi Germany. A special issue of Margaret Sanger's *Birth Control Review* in 1933 published an article by Dr. Ernst Rudin who was one of Hitler's leading eugenicists. In this article, Rudin discussed the need for effective propaganda in the dissemination of eugenicist ideas. In the same issue, an American, Paul Popenoe, praised the Germans for their pioneering work in eugenics and expressed the view that the Americans introduce a eugenics program by sterilizing up to ten million people. [102] The concentration camps brought the eugenicist philosophy to its natural conclusion. Here, Galton's ideas became "the morality of the gas chamber" as Sir Peter Medawar pointed out. [103] Hans Harmsen, who with Sanger was a co-founder of IPPF and its daughter organization in Germany, *Profamilia*, developed a demographic theory based on hereditary biology that became the foundation for the racial and eugenic policy of Nazi Germany.

In Harmsen's theory, population policy had to concern itself not just with quantitative questions but with qualitative ones as well. His ideas "led to demands for a eugenically oriented *differentiated* welfare policy" based on "cost-utility calculations and according to a criteria of productive capacity." This, it was argued, called for a situation where "productively capable sections of the population were to be promoted" and "economies were to be made in the care and preservation of people designated inferior" that were to be excluded from procreation by institutionalization and sterilization. [104]

From 1935 onwards, Hitler began to implement his eugenics policy. In September 1939, he issued a secret order that all persons carrying incurable diseases were to be killed. Between 1939 and 1941, between 70,000 and 80,000 Germans carrying physical and mental handicaps were deemed to be an insupportable burden on the resources of the Nazi state as a result of which they were surreptitiously granted a "mercy death." Such an outcome was inevitable, given that in *Mein Kampf*, Hitler had signaled his belief that medical science should render all those visibly sick or carrying an inherited disease unfit for procreation. Thus did the Nazi death machine move from a preoccupation with building a master race to enforced sterilizations, and beyond this to mercy deaths for the physically and mentally handicapped. By the time this stage had been reached, Auschwitz was just a matter of time.

It is interesting to note that many of Peter Singer's more notorious proposals are directed at severely disabled children since this was also the group the Nazis first targeted for euthanasia. Singer rejects any suggestion that his ethical system would have set

for euthanasia. Singer rejects any suggestion that his ethical system would have sat comfortably with the Nazi tyrants. In arguing that his pro-euthanasia position is different in essence to its Nazi counterpart, Singer says: "The Nazi 'euthanasia' program was not 'euthanasia' at all. It did not seek to provide a good death for human beings who were leading a miserable life. It was aimed at improving the quality of the *Volk* and eliminating the burden of caring for 'social ballast' and feeding 'useless' mouths." [105] This explanation is inadequate. It ignores the fact that in 1939 a note from Adolf Hitler to chancellery officials extended "the authority of physicians" so that "a mercy death may be granted to patients who according to human judgment are incurably ill." [106]

Coming back now to destructive embryo experimentation. In his encyclical *Evangelium Vitae*, Pope John Paul II, after first stating that "one must uphold as licit procedures carried out on the human embryo which respect the life and integrity of the embryo and do not involve disproportionate risks for it, but rather are directed to its healing, the improvement of its condition of health, or its individual survival," went on nonetheless to add that "the use of human embryos or fetuses as an object of experimentation constitutes a crime against their dignity as human beings who have a right to the same respect owed to a child once born, just as to every person" (n. 63). Applying this principle to therapeutic cloning, it is clear that those scientists who carry out destructive experimentations on human embryos are guilty of crimes against humanity. Indeed, there are many parallels between the attitudes and behavior of the scientists who destroy human embryos and the Nazi doctors who at Nuremberg were convicted of crimes against humanity.

Firstly, in practical terms the Nazi doctors regarded the prisoners they experimented with as sub-human. This was particularly true in regard to the Jews, where from the early 1920s at least, the absurd notion was propagated that Jews were sub-human. In 1923, Adolf Hitler stated that "Jews are undoubtedly a race, but not human." Also, a German Supreme Court decision in 1936 stated: "The Reichsgericht itself refused to recognize Jews ... as persons in the legal sense." [107] In 1943, in response to this dehumanizing Nazi propaganda, the Catholic Archbishop of Toulouse in France, Jules-Gerard Saliege, issued a pastoral letter condemning persecution of the Jews in which after referring to them as "brothers" he added: "Jews are men and women ... members of the human race."

Secondly, authorized by the laws of the Third Reich, the Nazi doctors subjected concentration camp inmates to invasive surgical and medical procedures that violated their right to have their physical integrity respected. Thirdly, the Nazi doctors treated the prisoners not as subjects but as objects, i.e. not as ends in themselves but rather as means to an end. Finally, in many instances, the Nazi doctors brought about the death of many of the prisoners.

Now, what do we find when we examine the behavior of those scientists involved in IVF and therapeutic cloning who intentionally destroy human embryos?***

Firstly, many of these scientists will assert that the human embryo is not a human being and they will argue that what they are doing should not be regarded as criminal since it has the sanction of law. Secondly, since from the one-cell zygotic stage of embryonic development the biologically and genetically constituted body of an individual member of the human race is present, then those who subject it to invasive surgical procedures in order to harvest its stem cells have violated its right to physical integrity. Thirdly, in the therapeutic cloning process, the scientists treat the human embryo as a means to an end and hence they dehumanize it. Finally, the therapeutic cloning scientists conspire to bring about the death of the embryos they work with. Hence, those scientists who willfully destroy human embryos are guilty of crimes against humanity just as the Nazi doctors

destroy human embryos are guilty of crimes against humanity just as the Nazi doctors were. The only objective difference is that the time, place and technology have changed.

[Go to Next Topic: The British Regulations on Therapeutic Cloning](#)

[Return to *Cloning* Table of Contents](#)

Endnotes for "The New Eugenics and the Nazification of Medical Science"

- [98] Robert Edwards, cited in "How Do You Make Babies Artificially?" BBC Online, July 16, 1999.
- [99] Gregory E. Pence. *Who's Afraid of Human Cloning* [Maryland: Rowman & Littlefield Publishers, 1998], page 167.
- [100] *Ibid*, page 168.
- [101] Professor Jacqueline Kasun. *The War Against Population: The Economics and Ideology of World Population Control* (Revised and Updated edition) [San Francisco: Ignatius Press, 1999], page 215.
- [102] *Planned Parenthood: Banned Parenthood* [Gaithersburg, Maryland: Human Life International, 1988], page 6.
- [103] Peter and Jean Medawar. *Aristotle to Zoos: A Philosophical Dictionary of Biology* [Oxford University Press, 1985], page 87.
- [104] Sabine Schleiermacher. "Racial Hygiene and Deliberate Parenthood: Two Sides of Demographer Hans Harmsen's Population Policy." Translated by Della Couling and Renate D. Klien. *Issues in Reproductive and Genetic Engineering*, Volume 3, Number 3, 1990, pages 201 to 210 (cited in *Population Research Institute Review*, March/April 1994).
- [105] Peter Singer. *Writings on an Ethical Life* [London: Fourth Estate, 2000], page 202.
- [106] John E. Gardella, M.D. *The Cost-Effectiveness of Killing: An Overview of Nazi Euthanasia* (Medical Sentinel 4, Number 4, July/August 1999, pages 132 to 135).
- [107] I have taken these references regarding Nazi attitudes to the Jews from Professor William Brennan. *Dehumanizing The Vulnerable: When Word Games Take Lives* [Chicago: Loyola University Press, 1995], pages 6 and 7.

Facts of Life: Chapter 16: Cloning: The British Regulations on Therapeutic Cloning



 SHARE

The British Regulations on Therapeutic Cloning

The new regulations on therapeutic cloning approved by the House of Commons on December 19, 2000 were carried by a majority of 192 (366 to 174), while they passed the House of Lords on 22 January 2001 by a majority of 120 (212 to 92). With the introduction of the new regulations, Britain became the first place in the world to legalize human cloning.

Before proceeding to look at some background material that was important in the lead-up to the British Parliament's move to lift restrictions on therapeutic cloning, there are two points I would first like to clarify. First, as I have indicated in an earlier section, there is nothing morally wrong with stem cell research provided the stem cells are not acquired in an immoral way. Secondly, embryos brought into existence through IVF or cloning have not for that matter any less dignity or value than embryos conceived naturally.

Bearing the above clarifications in mind, let us now turn to the situation in Britain. The new regulations on therapeutic cloning and embryo experimentation approved by the House of Commons in December 2000 were presented by the Blair Labour Government as its legislative response to a Report of the Chief Medical Officer's (CMO) Expert Group on Therapeutic Cloning subtitled "Stem Cells Medical Progress with Responsibility." Referred to generally to as "The Donaldson Report" after the chairman of the committee that produced it — Professor Liam Donaldson (CMO) — this Report argued that experimentation on human embryonic stem cells harvested from excess IVF embryos or from embryos cloned by cell nuclear replacement had the potential to produce great medical and therapeutic benefits. In view of such potential benefits, the Report concluded that research across a range of sources of stems cells was warranted including embryos created by IVF and cloning.

Taking the recommendations of the Donaldson Report at the letter, the first item in the Blair Government proposal for amending Britain's laws in regard to embryo experimentation and cloning stated: "Research using human embryos (whether created by in vitro fertilization or cell nuclear replacement) to increase understanding about human disease and disorders and their cell based treatments should be permitted, subject to the controls in the Human Fertilization and Embryology Act 1990."

As the last statement quoted above indicates, the new British regulations on cloning and embryo experimentation need to be interpreted in reference to the Human Fertilization and Embryology (HFE) Act 1990. This act came about largely as a response to the findings of the 1984 Warnock Committee Report, which was commissioned by the British Government following the birth of the first IVF baby in 1978. In particular, the Warnock Report looked at some of the legal, social and ethical implications of new methods of assisted conception including IVF and concluded that they should be regulated and that embryo experimentation should be permissible for certain purposes.

In tune with the Warnock Report, the 1990 HFE Act made provision for the regulation and monitoring of infertility treatment centers and it set guidelines for experimentation on human embryos. In particular, it encompassed IVF, donor insemination, storage of eggs and sperm, as well as the creation and use of human embryos. The HFE Act sought to

and sperm, as well as the creation and use of human embryos. The HFE Act sought to regulate the IVF industry and related activities through a system of licensing. To this end, the Human Fertilization and Embryology Authority (HFEA) was established. The HFE Act lay down that for research on human embryos to go ahead, it would have to be judged necessary or desirable by the HFEA for any of the following purposes:

- to promote advances in the treatment of infertility;
- to increase knowledge about the causes of congenital disease or about the causes of miscarriages; or
- to develop more effective techniques of contraception or methods for detecting the presence of gene or chromosome abnormalities in embryos before implantation.

The HFE Act made provision for the above limitations to be relaxed should new data come to light about the creation and development of human embryos or should it become possible to acquire new knowledge about disease and its treatment.

From what has been said above, we see that destructive experimentation on human embryos for specific purposes was legal in Britain under the 1990 HFE Act and it was because of this that the Donaldson Report was able to conclude that the new regulations it was proposing did not raise any new moral issues beyond those that had already been debated in the lead up to the passing of the HFE Act. In regard to cloning, the 1990 HFE Act, following a recommendation in the 1984 Warnock Report, contained a provision prohibiting reproductive cloning. In its turn, the Donaldson Report recommended that the ban on reproductive cloning be maintained while therapeutic cloning is permitted. Donaldson's recommendations were accepted and ultimately approved by the House of Commons on December 19, 2000.

It is worth noting that the Donaldson Report expressed great confidence in the ability of HFEA to supervise therapeutic cloning in Britain so as to ensure compliance with the regulations regarding it. According to Ruth Deech, HFEA's chairman, the organization "ensures that all UK treatment clinics offering in vitro fertilization (IVF) or donor insemination (DI), or storing eggs, sperm or embryos, conform to high medical and professional standards and are inspected regularly." According to information on its own website, HEFA decides what the going rate of "payment" will be to sperm and egg donors and in 1999 it "granted a licensed center a Special Direction for the bulk import of sperm." Coupled with this, HFEA is responsible for policing human embryo research in the UK.

HFEA's policing record is not very impressive however. Within five years of the introduction of the 1990 HFE Act, HFEA "was forced to admit that they had lost all track of thousands of parents of frozen embryos and there have been many reports of inefficiency and neglect since then." [108] The November 12, 2000 edition of Britain's *Sunday Times* carried a report telling of "at least 100 women" who "have been mistakenly implanted with another couple's embryos because of incompetence by infertility clinics." This report also revealed "HFEA denied that there were widespread problems in infertility clinics and said any errors were a tiny fraction of the total number of IVF treatments."

The January 28, 2001 edition of the *Sunday Times* reported that leading IVF clinics in Britain have been referring wealthy childless couples to American "rent-a-womb" agencies that hire out surrogate mothers. The report says "surrogate mothers in California now simply sign forms in hospital immediately after giving birth to allow the buyers automatically to be recognized as parents without formally having to adopt the baby." The *Times* report stated that this "transatlantic trade" allows British IVF clinics to sidestep British restrictions on surrogacy. After stating that Britain's longest established IVF clinic,

Bourn Hall Clinic in Cambridge, had referred a number of clients across the Atlantic, the *Times* report added "British couples pay around £50,000 [\$AUS140,000] for a total package which includes the cost of creating IVF embryos using their sperm and eggs, counseling and legal fees." Finally, the *Times* report revealed that the purchasing couples "select a surrogate mother from a catalogue" and the prices charged by the American women depend "on whether they use their own or a donor egg."

In the matter referred to above regarding the involvement of British IVF clinics in the transatlantic surrogacy business, it appears as though HFEA has again failed badly to regulate the IVF industry. It is wishful thinking to believe that it will be any more effective in regulating the therapeutic cloning and embryo experimentation business.

Turning now to the House of Commons debate on the new regulations regarding therapeutic cloning and embryo destruction. A noticeable feature of this debate was that those who favored the new regulations focused almost exclusively on utilitarian considerations such as the benefits that might accrue to sufferers of degenerative diseases from allowing therapeutic cloning to go ahead.

The most influential backer of the new therapeutic cloning regulations was undoubtedly Tony Blair. Before the new regulations were voted on in the House Commons, Mr. Blair sent out letters to voters informing them that the regulations being introduced by the Government would reinforce existing British laws against reproductive cloning. This was a real misnomer since reproductive cloning was already prohibited under the 1990 HFE Act as we have already noted. Apart from this, one wonders how it is possible to rationalize to the conclusion that it is a more righteous thing to bring an embryo into existence in order to have it destroyed in medical experiments than it is to bring it into existence in order to let it freely follow its life's course to natural death.

Leading the debate in the House of Commons was Ms. Yvette Cooper MP, Minister for Public Health. She said that while she supported the proposed changes she "would not support a utilitarian approach" which she added was the reason why she "strongly" supported "the constraints that are set out in the 1990 Act, which says that research can be done only up to 14 days, only where embryos are essential to the research and only where there is a proper license." By thus citing regulations contained in the 1990 HFE Act to underscore what she believed to be the reasonableness of the new regulations she was presenting regarding embryo destruction, Ms. Cooper stated that they represented a "sensible extension" of the existing law. In all of this, Ms. Cooper was implying that the regulations governing embryo experimentation as set down under the 1990 HFE Act were themselves based on something other than utilitarian considerations. This is not true!

The 14-day limit on embryo experimentation was first recommended in the Warnock Report. In recommending that embryo manipulation and destruction be permitted up to 14 days after fertilization, the Warnock Report admitted that the setting of this marker was arbitrary and could be changed if necessary. Indeed, it would have been illogical for Warnock not to have regarded this 14-day marker as anything other than arbitrary, since along the continuum of human life that begins at fertilization, there is no moment which is less necessary than another with each stage dependent on the stage that precedes it. The only real point of discontinuity after fertilization is death. Hence, the human embryo does not become human somewhere along the continuum of its existence; rather in every successive phase of its development it is the same human being as came into existence at fertilization.

When we strip away the high sounding rhetoric in which Warnock's recommendation regarding the 14-day limitation for embryo destruction was packaged, what becomes clear

is that it was based on utilitarian considerations. That this is so is evident in the Report where it says: "The human embryo is entitled to a measure of respect beyond that accorded to an embryo of other species. Such respect is not absolute and may be weighed against the benefits arising from the proposed research."

Both the 1990 HFE Act and the new regulations regarding embryo destruction approved by the British Parliament are organic developments of the Warnock Report's recommendations regarding embryo experimentation. As such, the HFE Act and the new regulations on cloning and embryo destruction both manifest the same underlying arbitrariness and utilitarianism that was a characteristic mark of the Warnock Report. Consequently, given that Health Minister Cooper admits that the new cloning and embryo destruction regulations are a "sensible extension" of existing law (i.e. HFE Act 1990), then her claim that her support for the new regulations is not based on utilitarian considerations is vacuous. The fundamental reason why Health Minister Cooper led the charge to have the new regulations adopted is — to quote her own words — that "there are immense potential benefits from allowing this research to go ahead" which could hold "the key to healing within the human body." [109]

However, as the House of Commons vote indicated, there were many MPs who could recognize the flimsy nature of the case that was presented in favor of the new regulations. Ann Winterton MP, in pointing out that utilitarian concerns could not provide an adequate justification for the new regulations, said it was a "cruel hoax" to imply that voting against the regulations was tantamount to depriving the sick and suffering of access to a cure. Other critics of the new regulations opposed it on the grounds that due consideration had not been given to the fact that stem cells can now be obtained from sources other than human embryos.

The debate in the House of Lords followed much the same pattern as the debate in the House of Commons. Those who supported the new regulations cited mostly utilitarian considerations for doing so. Those who opposed the regulations did so for a variety of reasons ranging from moral objections to concern over the haste with which the Government had pushed them forward.

[Go to Next Topic: Other Links in the Chain of Death--Part I](#)

[Return to Cloning Table of Contents](#)

Endnotes for "The British Regulations on Therapeutic Cloning"

[108] RTL Briefing Paper, UK, November 15, 2000; cf. <http://www.righttolife.org.uk/rtl.clonebrief.html>.

[109] For the full transcript of the House of Commons debate including Ms Cooper's contribution, see *Hansard House of Commons* for December 19, 2000.



Other Links in the Chain of Death--Part I

During the House of Commons debate on therapeutic cloning, the point was made that the provision of wider scope for embryo manipulation and destruction was a logical development of existing British law. In other words, British laws on IVF and abortion have by now created a situation where the British legal system affords little if any protection to prenatal human beings once their parents or the technicians who helped bring them into existence decide for personal reasons or in the interests of science that their lives should now be terminated.

At the other end of life's spectrum, British law is also in trouble with respect to its ability to protect seriously ill and incapacitated patients from having their lives snuffed out by medical personnel. Until 1993, it was illegal for any doctor in Britain to intentionally kill a patient. It was also unlawful for a doctor to intentionally hasten a patient's death by withholding medical treatment or basic care. However, in 1993, the Law Lords ruled in the Tony Bland case that it could be lawful for doctors to intentionally kill patients deemed to be in a persistent vegetative state by withdrawing tube-delivered food and fluids.

Those who campaign for the legalization of euthanasia frequently assert that the lives of severely handicapped or incurable ill people possess only "negative value." There is no such thing as a human life of negative value. Human beings have value from the mere fact that they exist. To ascribe "negative value" or "non-value" to human beings is to dehumanize them. This dehumanizing attitude, whereby certain categories of human beings are deemed to be of less value than others, was a factor in all the great crimes of the twentieth century. For example, Lenin and Stalin progressed from referring to the Kulaks as "parasites" to asserting that they "are not human beings." Once this notion was sufficiently embedded in the minds of the power elites, the mass deportations and the Gulags became inevitable.[110]

The latest eclipse of reason to afflict the British government was its recent decision to allow over-the-counter sales of the so-called "morning-after" pill otherwise known as Levonelle. The pill is an abortifacient and the British Department of Health has promoted it for 10 years in the hope that it would reduce teenage pregnancies and the demand for surgical abortion. However, despite annual prescriptions for the pill having approached almost a million in recent years, the number of registered surgical abortions in Britain reached its highest level ever in 1998. As well as the increased rates of chemical abortion and promiscuity that are likely to follow increased availability of Levonelle, another great concern is that it poses a serious threat to the health of those teenage girls who will use it without medical supervision.

What we are witnessing in Britain and in other Western countries is a severe breakdown of the natural linkages that bind marriage, sexual intimacy, procreation and respect for the sanctity of human life together. In this regard, there is a causal relationship between abortion, IVF and therapeutic cloning. Authorization to destroy embryos presupposes legal abortion. Legalization of IVF presupposes authorization of embryo destruction that as we have just seen presupposes legal abortion. Health Minister Cooper brought aspects of these causal links into public view in the House of Commons debate

brought aspects of these causal links into public view in the House of Commons debate on therapeutic cloning when she said:

As long as IVF continues, hundreds of thousands of spare embryos will be created. Most are destroyed. If Parliament votes against these regulations, hon. Members will deny couples the choice to donate their spare embryos to stem cell research for spinal injury or stroke. Those embryos will be destroyed instead.

The next link in the culture of death chain that has been transposed in the British Parliament's debate over therapeutic cloning is contraception. We have already noted that under Britain's 1990 HFE Act, it is permissible to engage in embryo destruction in order "to develop more effective techniques of contraception." Hence, in canvassing support for the new regulations governing therapeutic cloning and embryo destruction during the House of Commons debate, Health Minister Cooper stated: "If embryo research for contraception is acceptable, surely such research for muscular dystrophy is too."

Rather than canvassing support for more embryo destruction on the grounds that it was already legal to do so for the purpose of finding more efficient contraceptives, Ms. Cooper would have been better advised to have invited the House of Commons to consider whether or not contraceptive acts themselves might be intrinsically evil and a factor contributing to the unraveling of Britain's social fabric.

There is a popular but false perception that opposition to contraception has always been restricted to Catholics. Outside the Christian tradition, Mahatma Gandhi was strongly opposed to contraception. Margaret Sanger, who wanted Gandhi to lend support to her efforts to spread contraception in India, was granted an interview with him in January 1936. He informed her that as far as he was concerned the only moral way of regulating birth was through the use of natural family planning.[111] In an earlier letter to the Secretary of the Bombay Birth Control League dated 20 March 1924, Gandhi expressed his opposition to the spread of contraception by saying:

The introduction of contraceptives under the name of science and the imprimatur of known leaders of society has...made the task of reformers who work for purity of social life well-nigh impossible...I am totally opposed to artificial means of controlling the birthrate and it is not possible for me to congratulate you or your co-workers on having brought into being a league whose activities, if successful, can only do great moral injury to the people.[112]

Within Christianity itself, there is a strong tradition going back to the very beginning of opposition to contraception as intrinsically evil. In 1968, when Pope Paul VI issued his famous encyclical *Humanae Vitae* which condemned contraception, direct sterilization and procured abortion as intrinsically evil, the Ecumenical Patriarch Athenagoras, who at the time had primacy of the Orthodox Church, spoke out publicly in support of Pope Paul VI and confirmed that the teaching of *Humanae Vitae* was the only possible Christian response to the question of the moral nature of contraceptive acts.[113]

In his 1989 book *The Bible and Birth Control*, Charles D. Provan, in writing from a Protestant perspective, pointed out that the founders of the Reformation and many of their later followers were strongly opposed to contraception. For example, Provan reveals how Martin Luther regarded birth control as sodomy and how Calvin declared it to be "the murder of future persons." [114] Provan documents how the Calvinist Synod of Dort "stated that contraception was the same as abortion" [115] and how John Wesley had said

that contraception "was unnatural and would destroy the souls of those who practiced it." [116]

In 1993, the distinguished German physician and former president of the Lutheran Baden-Württemberg Synod (the largest in Germany), Dr. Siegfried Ernst, M.D., published a booklet dealing with the evil of contraception in which he said:

The radical isolation of sexual pleasure from the objective purpose of human sexuality — total union in the creation of new human life — has made many persons almost incapable of love and marriage. It has led to an increasing collapse of marriage and the family, extending even to the killing of unborn children as onerous 'parasites.' It has amounted to a conscious attack on the most intimate relationship of Europeans with one another and with Jesus Christ. [117]

In 1873, the U.S. Congress, which was for the most part Protestant, passed the Comstock Laws which prohibited the sale and distribution of contraceptive devices in federal territories. These laws remained in force until 1930 the year in which the consensus that had existed amongst the major Christian denominations regarding the evil of contraception was finally broken.

Until 1930, the Church of England had been opposed to contraception, a practice that it condemned at its Lambeth Conference in 1908. This condemnation was repeated at the 1920 Lambeth Conference that in Resolution 20 stated: "We utter an emphatic warning against the use of unnatural means for the avoidance of conception." However, at the 1930 Lambeth Conference, the Anglican Church gave way on the contraception question. In doing so, however, Resolution 15 of the Conference that approved the use of contraception also acknowledged that the Anglican Church had always taught "that the use of preventive methods is in all cases unlawful for a Christian."

The shift in policy by the Church of England in 1930 was followed a year later by a committee of the Federal Council of Churches in the United States which endorsed "the careful and restrained use of contraceptives by married people." An editorial in the March 22, 1931 edition of the *Washington Post* responded to this change of policy by the Federal Council of Churches by saying: "Carried to its logical conclusion, the committee's report, if carried into effect, would sound the death knell of marriage as a holy institution by establishing degrading practices which would encourage indiscriminate immorality. The suggestion that the use of legalized contraceptives would be 'careful and restrained' is preposterous."

Thirty-five years after it adopted its compromise position on contraception, the Church of England faltered in its opposition to abortion also. In 1965, during the initial stages of the parliamentary process that resulted in the 1967 Abortion Act in Britain, the Church of England's Board for Social Responsibility (BSR) issued a report titled *Abortion: An Ethical Discussion*. Rejecting what it termed the "absolutist position" of the Catholic Church in regard to the right to life of the unborn child, this BSR Report referred to the fetus as "potential human life" only and asserted that at times the interests of the mother and her family could override its right to life. [118] Among the conditions that the BSR Report said could justify abortion, were the adverse effects on the mother and her family of continuing with a pregnancy as well as the "risk" of giving birth to "a defective or deformed child." [119] In effect, this Church of England document endorsed abortion for social, psychological, medical and eugenic reasons. While reports by the BSR do not represent official policy of the Church of England, they do however carry great weight. The

represent official policy of the Church of England, they do however carry great weight. The position on abortion set out in the 1965 BSR report has never been repudiated by a General Synod of the Church of England.

One of the reasons why contraceptive acts are evil is that they express an objective refusal to recognize God the Creator as the final arbiter of the coming into existence of a new human being. The first article of the Nicene Creed affirms that God is the Creator "of all that is, seen and unseen," and it goes on to speak of the Holy Spirit as "the Lord, the giver of life." [120] The ultimate implication of belief in this truth is that God is the final arbiter of the coming into existence of a new human being. Blessed Pope John XXIII, stated this truth clearly when he said: "All must regard the life of man as sacred, since from its inception, it requires the action of God the Creator." [121]

Speaking of contraception as an objective refusal to recognize God as Creator, Dr. Siegfried Ernst, M.D. said:

The essence of contraception is the exclusion of the creative quality of human sexuality in favor of the mere production of pleasure and ecstasy. No psychological theories and excuses, however ingenious, can conceal the fact that the exclusion of creation from the closest and most intimate human relationship — total physical and spiritual union in the creation of new human life — means the exclusion of the Creator himself." [122]

Pope John Paul II also drew attention to this evil aspect of contraceptive acts when he said:

When, therefore, through contraception, married couples remove from the exercise of their conjugal sexuality its potential procreative capacity, they claim a power which belongs solely to God; the power to decide in the final analysis the coming into existence of a human person. They assume the qualification not of being co-operators in God's creative power, but the ultimate depositories of the source of human life. In this perspective, contraception is to be judged so profoundly unlawful as never to be, for any reason justified. To say or think the contrary is equal to maintaining that in human life situations may arise in which it is lawful not to recognize God as God." [123]

Drawing out the inevitable consequence of this hostile attitude to God the Creator which the contraceptive act embodies, Professor Charles E. Rice said: "If, through contraception, man makes himself the arbiter of when life begins, he will predictably make himself the arbiter, through abortion, suicide and euthanasia of when it ends." [124]

In his encyclical *Evangelium Vitae*, Pope John Paul II stated that the pro-abortion culture is especially strong wherever the contraceptive way of life is widespread. While acknowledging the difference in nature and moral gravity between contraception and abortion, John Paul II nevertheless stated, "contraception and abortion are often closely connected, as fruits of the same tree." Speaking of a "hedonistic mentality" which is "unwilling to accept responsibility in matters of sexuality" and "which regards procreation as an obstacle to personal fulfillment," the Pope added: "The life which could result from a sexual encounter thus becomes an enemy to be avoided at all costs, and abortion becomes the only possible decisive response to failed contraception." [125]

The connection between contraception and abortion is evident in the fact that both IUDs and contraceptive pills are known to have abortifacient capacities. Writing in the *Medical Journal of Australia* in 1987, Professor Alan Trounson and Professor Karl Wood

(pioneers of IVF) called for greater freedom to carry out destructive experiments on human embryos on the grounds that the community already accepted the use of "intrauterine devices that kill early embryos." [126] The fact that the Pill can act as an abortifacient was well documented by John Wilks in his 1996 book *A Consumers Guide to the Pill and Other Drugs*. The Pill acts as a contraceptive when it suppresses ovulation or when it prevents the sperm reaching the egg by altering female secretions. However, if these modes of operation fail, the Pill can still act to prevent implantation of the fertilized egg in which case it induces an abortion. [127]

Apart from these direct links between abortion and contraception outlined above, attitudes also need to be taken into account when analyzing contraceptive behavior. Speaking of this, Dr. Siegfried Ernst, M.D. said:

The anti-baby pill has made it possible to separate, fundamentally and radically, the production of pleasure from the act of procreation. It thus automatically started the 'sexual revolution.' ... Having become 'safe', sexual acts have multiplied as a result of contemporary propaganda touting 'the right to a happy sexual life.' 'Accidents' have increased proportionately despite — or has been in consequence of? — the anti-baby pill. And those 'unwanted children' must logically, be removed by abortion." [128]

The link between the contraceptive mentality and abortion was well illustrated in the U.S. Supreme Court decision in *Planned Parenthood v. Casey* that confirmed *Roe v. Wade*. This decision 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.

[Go to Next Topic: Other Links in the Chain of Death--Part II](#)

[Return to Cloning Table of Contents](#)

Endnotes for "Other Links in the Chain of Death--Part I"

[110] Professor William Brennan. *Dehumanizing The Vulnerable: When Word Games Take Lives* [Chicago: Loyola University Press, 1995], page 6.

[111] *Works of Mahatma Gandhi*, Volume IV, pages 45 to 48, cited in Father A.S. Antonisamy. *Wisdom for All Times: Pope Paul VI and Mahatma Gandhi On Birth Regulation*. [Searsolin, Philippines, 1977], page 16.

[112] Mahatma Gandhi, cited in Father A.S. Antonisamy. *Wisdom for All Times: Pope Paul VI and Mahatma Gandhi On Birth Regulation* [Searsolin, Philippines, 1977], page 38.

[113] Ecumenical Patriarch Athenagoras, see reference in essay by Professor Elizabeth Anscombe published in Professor Janet E. Smith. *Why Humanae Vitae Was Right: A*

Reader [San Francisco: Ignatius Press, 1993], page 132.

[114] Charles D. Provan. *The Bible and Birth Control*. Pennsylvania: Zimmer Printing, 1989], pages 14 and 26.

[115] *Ibid*, page 70

[116] *Ibid*, page 91.

[117] Siegfried Ernst, M.D. *Is Humanae Vitae Outdated?* [Gaithersburg, Maryland: Human Life International, 1993], pages 18 and 19.

[118] Church of England Board for Social Responsibility. *The Church of England Assembly (1965): Abortion — An Ethical Discussion* [Oxford, 1965], n. 61.

[119] *Ibid*, pages 36 to 45 and 61.

[120] Nicene Creed.

[121] Pope John XXIII, *Mater et Magistra*, n. 194.

[122] Siegfried Ernst, M.D. *Is Humanae Vitae Outdated?* [Gaithersburg, Maryland: Human Life International, 1993], page 11.

[123] Pope John Paul II, September 17, 1984.

[124] Professor Charles E. Rice. "Abortion, Euthanasia, and the Need To Build A New Culture of Life." *Notre Dame Journal of Law, Ethics & Public Policy*, Volume 12, Issue Number 2, 1998.

[125] Pope John Paul II. Encyclical *Evangelium Vitae* ["The Gospel of Life"], n. 13.

[126] Dr. Alan Trounson and Professor Carl Wood. *The Medical Journal of Australia*, Volume 146, 1987.

[127] John Wilks, B. Pharm. M.P.S. *A Consumer's Guide to the Pill and Other Drugs* [Melbourne, Australia: TGB Books, 1996]. In Chapter 1 of this book, which has a Foreword by Tim Usherwood who is Professor of General Practice at the University of Sydney, Wilks presents the scientific data pointing to the abortifacient nature of the Pill.

[128] Siegfried Ernst, M.D. *Is Humanae Vitae Outdated?* [Gaithersburg, Maryland: Human Life International, 1993], pages 25 and 26.



 SHARE

Other Links in the Chain of Death--Part II

Marriage is not an institution that can be subjected to arbitrary manipulation by individuals or society. The moral laws regarding it are the same for all people in all places at all times. These moral principles arise directly from the Wisdom of God the Creator and they simultaneously express and protect the dignity of the spouses.

The purposes of marriage are two-fold: the binding together of husband and wife in an indissoluble bond of love together with the procreation and education of children. These two purposes of marriage are frequently referred to as its unitive and procreative meanings and they are inscribed in the nature of the marital act (intercourse) itself.

On entering marriage, a man and a woman enter into a covenant whereby they consent to give themselves to each other as an irrevocable gift in the totality of their entire person that includes the fullness of their masculinity and femininity. This marital consent, which constitutes the basis of the marital covenant, is given its fullest expression when the husband and wife unite as "one flesh" in sexual union (cf. Genesis 2:24). Inextricably bound up with this "one flesh" union of the married couple, is the gift of their combined fertility: "Be fruitful, multiply" (Genesis 1:28). Thus, in marriage God unites a husband and wife in such a way that by forming "one flesh" they can transmit life and thus participate in a unique way with the work of the Creator.

For a married couple to deliberately exclude from the marital act its procreative capacity is to render their union less than complete — they offer less than their whole person. Therefore, when a couple contraceptive, they violate the truth of the marital act which is intended to be a sign of their marital covenant. Consequently, contraceptive acts represent a falsification of the marital act as it renders it no longer an authentic sign of that total self-giving of the spouses one to the other which is at the heart of the marital covenant. Hence, in attacking the procreative meaning of the conjugal act, contraception also attacks its unitive meaning.

Contraception treats the fertility of a married couple as though it is a negative value that must be suppressed. As such, contraceptive acts are contrary to reason and it does not require a huge leap in human consciousness to progress from the notion of human fertility as a negative value to regarding certain human beings who fail to attain certain functional capacities as also being of "negative value." The contraceptive mentality establishes the acquisition of pleasure as the ultimate value in the moral evaluation of all forms of sexual behavior. Hence, it is no accident that the spread of the contraceptive mentality has been accompanied by an increase in pre-marital and extra-marital sex, as well as by an increase in homosexual activity.

In contradistinction to contraception, IVF is evil because it violates the truth of the procreative act by separating it from the unitive dimension of the marital act. For this same reason, cloning of a human being is also morally evil. Also, every human being has the right to be brought into existence through a marital act of its parents. As opposed to this, in IVF and cloning, a human being is brought into existence as a result of the technical manipulation of human gametes and human cells that takes place outside the "one flesh" union of the married couple. In this setting, the man and woman are mere providers of the human "material" needed to bring a human being into existence and as

providers of the human material needed to bring a human being into existence and as such are treated as objects. Again, it is easy to perceive that if the process through which a human being is brought into existence is by way of technical manipulation, then it will easily follow that the "product" of that process will itself be regarded as suitable "material" for further technological manipulations.

In regard to the Church of England, their positions on IVF and other forms of assisted conception follow logically from its position on contraception. A 1985 Report by its BSR titled *Personal Origins*, argued that it would be illogical not to allow artificial insemination by husband (AIH) since the Anglican Church allows contraception that separates procreation from marital intercourse. It said: "Approval of AIH would seem to follow naturally from the Church of England's stance on contraception." [129] The BSR Report stated that the same argument applied to IVF for married couples even though it acknowledged moral questions do arise because of embryo research and wastage associated with the process. [130] However, in July 1985, the General Synod of the Church of England carried a motion commending "the report *Personal Origins* to the dioceses and to the wider Church for study, debate and response on the question raised in the area of human fertilization and embryology for Christian attitudes and practice." In 1997, the General Synod of the Church of England was not able to explicitly affirm the immorality of assisted conception for a married couple using third party donated eggs or sperm. Instead, it adopted a motion which could go no further than "affirm marriage as the ideal context for the procreation and rearing of children" while simultaneously expressing its "belief that treatment should normally be given to women only during years when, under normal circumstances, they might conceive."

In the introduction to this essay, I noted how the Anglican Archbishops of Canterbury and York had urged the British parliament to postpone its move to adopt new regulations regarding therapeutic cloning and embryo experimentation. This fact alone should not be construed as a sign that the Church of England is opposed to such moves.

Shortly before the House of Commons voted on the new regulations, a briefing paper prepared by Rev. Dr. John Polkinghorne for the Church of England's BSR argued that allowing scientists to create embryos to be used for research into new treatments for disease "may be thought to be as morally acceptable" as experiments on embryos to discover treatments for infertility which was already permissible in the U.K. Rev. Polkinghorne argued against the "absolute" view that the early embryo was a human being.

In his speech to the House of Lords during the debate on the new regulations for cloning and embryo experimentation, the Chairman of the Church of England's BSR — Right Reverend Richard Harries, Bishop of Oxford — spent some time elaborating his understanding of how he believed the Catholic Church's teaching on the "absolute" respect due to the human embryo had developed. Citing various Church Fathers and St. Thomas Aquinas, Bishop Harries erroneously asserted that the Catholic Church's teaching "that human life must be respected and protected absolutely from the moment of conception" dates back only to the 19th century when he says "that position became firmed up." [131]

The Fathers of the Church, and St. Thomas Aquinas, held to different theories about when individual human life began. This was only to be expected, since like us today, their insights into the building blocks of life were conditioned by the biological data that was then available. However, the Fathers of the Church, together with St. Thomas Aquinas, held that the fruit of conception merited "absolute" respect that meant that it was never morally licit to deliberately destroy the human embryo. This ancient norm of the Christian moral tradition found precise formulation in the Catholic Church's *Declaration on*

moral tradition found precise formulation in the Catholic Church's *Declaration on Procured Abortion* where it said:

The tradition of the Church has always held that human life must be protected and favored from the beginning, just as at the various stages of its development. Opposing the morals of the Greco-Roman world, the Church of the first centuries insisted on the difference that exists on this point between those morals and Christian morals. In the *Didache* it is clearly said: 'You shall not kill by abortion the fruit of the womb and you shall not murder the infant already born.'^[132] Athenagoras emphasizes that Christians consider as murderers those women who take medicines to procure an abortion; he condemns the killers of children, including those still living in their mother's womb, 'where they are already the object of the care of divine Providence.'^[133] Tertullian did not always perhaps use the same language; he nevertheless clearly affirms the essential principle: 'To prevent birth is anticipated murder; it makes little difference whether one destroys a life already born or does away with it in its nascent stage. The one who will be a man is already one.'^[134] In the course of history, the Fathers of the Church, her Pastors and her Doctors have taught the same doctrine — the various opinions on the infusion of the spiritual soul did not introduce any doubt about the illicitness of abortion ... This condemnation was in fact unanimous.^[135]

The teaching of the Catholic Church given above, which expresses the authentic Christian tradition, was reaffirmed by Pope John Paul II in *Evangelium Vitae* when he said: "The Church has always taught and continues to teach that the result of human procreation, from the first moment of its existence, must be guaranteed that unconditional respect which is morally due to the human being in his or her totality and unity as body and spirit' (n. 60). Having said this, the Holy Father added: "The human being is to be respected and treated as a person from the moment of conception; and therefore from that same moment his rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life" (*ibid.*)

In purporting to outline "Christian tradition" from the earliest centuries in regard to what rights if any were ascribed to the early embryo, Bishop Harries asserted that its "developing reality" gave rise to "different rights according to whether it is in the early or later stages of development."^[136] Hence, he argued that in "Western tradition" there is a "developmental view of the human person" which means that "the early embryo does not have an absolute status."^[137] On the basis of these assertions, Bishop Harries went on to develop a utilitarian argument in which he claimed it could be morally licit under certain circumstances to intentionally destroy human embryos. He said:

Although the early embryo does not have an absolute status according to this understanding of the Western tradition, it has nevertheless a special status. Research on it to produce stem cells could only be justified morally if this was the only way of obtaining the desired knowledge and if the knowledge was of such benefit that it outweighed that special status. ... The evidence so far presented — the research that has been printed and the weight of scientific evidence — suggests that research on stem cells derived from embryos is essential."

Bishop Harries' error was that he equated changing canonical and penitential sanctions against abortion during the course of the Church's history with "different rights"

over the life of the embryo. The truth is, however, that irrespective of what the prevailing sanctions invoked against abortion were, the Church from the very beginning recognized only one "right" in regard to the fruit of conception (early embryo), i.e. that it was always gravely evil to directly try to impede its right to continued existence.

[Go to Next Topic: Democracy and Moral Truth](#)

[Return to Cloning Table of Contents](#)

Endnotes for "Other Links in the Chain of Death--Part II"

[129] Church of England Board for Social Responsibility. *Personal Origins: The Report of a Working Party on Human Fertilisation and Embryology* [London, 1985], paragraph 117.

[130] *Ibid*, paragraph 118.

[131] For the full text of Bishop Harries' speech to the House of Lords, see *Hansard*, January 22, 2001.

[132] "Didache Apostolorum," edition Funk, *Patres Apostolici*, Volume 2. "The Epistle of Barnabas," IX, 5 uses the same expressions (cf. Funk, l.c., 91-93).

[133] Athenagoras, "A plea on behalf of Christians," 35 (cf. PG. 6, 970: S.C. 3, pages 166 and 167). One may also consult the "Epistle to Diogenes" (V, 6 Funk, o.c., I 399: S.C. 33), where it says of Christians: "They procreate children, but they do not reject the foetus."

[134] Tertullian, "Apologeticum" (IX. 8 PL. 1, 371-372: Corpage Christ. 1, page 103, 1, 31-36).

[135] Sacred Congregation For The Doctrine Of The Faith. *Declaration on Procured Abortion*, nn. 6 and 7.

[136] Bishop Harries, House of Lords. *Hansard*, January 22, 2001.

[137] *Ibid*.



Democracy and Moral Truth

The immunity from prosecution afforded those who perpetrate violence against unborn human beings in Western countries calls into question the nature of democracy as it is currently practiced. In this regard, comments made by Professor Liam Donaldson in an interview in the *London Guardian* on August 20, 2000 are particularly revealing. When asked by Euan Ferguson if the possible attainment of life-saving therapies justified the killing of embryos, Donaldson responded by saying: "I suppose the straight forward answer to that is that it's already been resolved through proper democratic process."

Most adults in the English-speaking world are probably familiar with the expression that democracy is the "government of the people, by the people, and for the people." Abraham Lincoln first spoke these words in 1863 in his famous Gettysburg Address. Observing the course of the American Civil War that was then raging, Lincoln was fearful lest the democratic form of rule disappear from the political landscape of North America. One of the factors that brought the fledgling democracy of the United States to such a parlous state was the institutionalization of the intrinsically unjust practice of slavery. In 1857, a US Supreme Court decision stated, "A Negro of the African race was regarded ... as an article of property." In 1858, a Virginia Supreme Court decision stated, "In the eyes of the law ... the slave is not a person." [138] Hence, we can say that the American Civil War was in part fought over the question of whether or not positive law can ever override natural law so as to violate the inalienable rights of some particular group of human beings.

In October 2000, the Acton Lecture, which is an annual event sponsored by The Centre for Independent Studies in Sydney, was delivered at the Australian Stock Exchange by Mr. George Weigel who authored the highly acclaimed biography of Pope John Paul II titled *Witness To Hope* (1999). Weigel, who is a Senior Fellow at the Ethics and Public Policy Center, Washington, D.C., titled his lecture "The Moral Foundations of Freedom: Lessons from the Religious Encounter With Democracy."

In his lecture, Weigel posited that a view of democracy that understands it primarily in terms of "certain electoral, legislative, executive and judicial procedures" is inadequate. To build a healthy democracy, he said, we must first understand the democratic vision as "a way of public life characterized by equality before the law, participatory decision-making, civility, justice and a commitment to both individual liberty and the common good." To embrace such an integral understanding of democracy, Weigel continued, we must first acknowledge that "there is an irreducible moral dimension to the democratic project."

In noting that democracies must "hold themselves accountable to transcendent moral norms of judgment" if they are to make possible true freedom and human flourishing, Weigel went on in the course of his lecture to recall how Pope John Paul II reminded his audience during one of his trips to the U.S. that freedom must be ordered to "the fullness of human life, to the preservation of human dignity, and to the safe-guarding of human rights." Quoting Pope John Paul II, Weigel pointed out that "authentic democracy" is possible only "in a State ruled by law" based on "a correct conception of the human person" — something which rests on the recognition of universal and absolute moral

person — something which rests on the recognition of universal and absolute moral norms which cannot be determined by plebiscite or derived from "agnosticism and skeptical relativism."

Continuing to outline the thought of Pope John Paul II on this vital question of the relationship between moral truth and democracy, Weigel stated that by recognizing that everyone is "equally responsible before the demands" of universal moral norms we thereby provide "the sturdiest foundation on which to defend the bedrock democratic principle of political and legal equality in a world in which human beings are palpably unequal in many respects." In regard to every innocent human being's right to life, Weigel referred to John Paul II's teaching in *Evangelium Vitae* (Gospel of Life) where the Pope pointed out that democracies risked self-destruction by lending legislative sanction to attacks on the inviolability of innocent human life at any point along its continuum from fertilization to natural death.

Britain has made many great contributions to the advancement of human culture. We can think of the great literature, science and technology it has produced. We recall the contribution of Britain to the spread of democratic ideals, to the development of just and merciful systems of justice, and its comparatively early recognition of the dignity and rights of women and workers. However, Britain has also been responsible for many injustices such as its long involvement in the slave trade and its wanton violation of the rights of indigenous peoples such as the Tasmanian Aboriginals.

Closer to home, the British Parliament of the mid-19th century helped bring upon Ireland the so-called Great Famine which was the most catastrophic event in Irish history. During this period (1845-51), while British ships departed Irish ports weighed down with food, millions of Irish either starved to death or fled the country in rickety vessels which since then have come to be referred to as "the coffin ships" because a third of those who boarded them never reached their destination having died at sea largely from hunger and disease.

Distinguished legal minds now hold that the Irish Famine is a classic case of genocide. In reference to this, Charles E. Rice, Professor of Law at Notre Dame Law School in the US said:

The Irish Famine provided a model for the many and varied episodes of genocide which followed over the succeeding 150 years. And we are not done with the pattern of genocide yet. If the people of the world are to reverse that pattern, an important first step will be for the world community to condemn the engineered oppression of the Irish people by the British government during the Famine. The British policies with respect to the famine reached a height, or depth, of deliberate indifference to innocent life, which is utterly reprehensible and not exceeded in any subsequent genocide.[139]

Professor Rice stated that under present-day conventions, genocide includes actions taken against an identifiable group of human beings which involves "killing members of the group" or "causing serious bodily or mental harm to members of the group" or "deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part."

While we must not remain prisoners of our history — the best way to commemorate past crimes against humanity is for oneself to live justly in the present moment, and apart from the general principle that an existing generation may have a duty to make just restitution for the crimes of its forbears insofar as these have left scars that are as yet

unhealed — nevertheless, it is essential that the true nature of what happened in Ireland during the period 1845-51 be honestly confronted in order that the same mistake does not occur again as was pointed out by Professor Rice in the quotation above. To this end, the British Prime Minister, Mr. Tony Blair, did a good thing when after 150 years of official denials; he issued a statement in 1997 admitting the irresponsibility and injustice perpetrated by the British Parliament against Ireland during the Famine. He said that while at the time Britain was "the richest and most powerful nation of the world," it so happened that "those who governed in London at the time failed their people through standing by while a crop failure turned into a massive human tragedy."

Politicians who support measures directed at the destruction of innocent human life are objectively guilty of crimes against humanity. In this regard, I wonder if it will take another 150 years before a serving British Prime Minister will publicly express regret for the action of a predecessor who on December 19, 2000 conspired with other members of the House of Commons to expand the range of opportunities available for putting innocent human beings to death.

On 27 January 2001, Britain held its first ever Holocaust Memorial Day to mark the liberation of Auschwitz. On that day, Tony Blair, in addressing a gathering in London said: "If we do not remember history we will repeat it. Let not any life sacrificed by the Holocaust be in vain. Let each death stay in our minds and those of our children as a monument to our capacity for evil." [140] The point made here by Mr. Blair brings us back to the question of the link between democracy and moral truth. No one, not even a British Prime Minister, has the authority to exempt anyone from the obligation they have before God and reason of rendering absolute obedience to the objective and universally binding norms of the natural moral law. Let us pray, that the day is not far off, when Mr. Blair and his fellow parliamentarians throughout the world, will realize that whenever they lend their support to legislation sanctioning the suppression of innocent human life at any stage of its development, they thereby follow in the footsteps of the Nazi tyrants who through their evil actions dragged the world into an abyss of death and destruction.

[Go to Next Topic: Conclusion](#)

[Return to *Cloning* Table of Contents](#)

Endnotes for "Democracy and Moral Truth"

[138] Professor William Brennan. *Dehumanizing The Vulnerable: When Word Games Take Lives* [Chicago: Loyola University Press, 1995], pages 6 and 7.

[139] Charles E. Rice, letter to Owen Rodgers of the Irish Famine/Genocide Committee,

March 29, 1996. This letter is available at <http://www.webcom/famine/cerice.html>.
[140] *The Times*, January 28, 2001.



SHARE

Conclusion

Western societies now appear as though they are imprisoned within a culture of death. Some of the indicators of this are: soaring divorce rates, high rate of contraceptive use, homosexual and lesbian marriages, IVF for lesbian couples, high abortion rates, destructive embryo experimentation, falling birth rates and declining labor forces, aging populations and a weakening of intergenerational solidarity, euthanasia, rising teenage pregnancies and suicides, spread of venereal diseases, AIDS, sperm and embryo banks, international trading in fetal tissue and female eggs, condom dispensing machines in schools, vulgarity in public discourse, pornography and the imposition of population control policies on the poor in developing countries.

The list of woes given above, by no means exhaustive, points to a hardening of hearts in Western countries. We are losing the ability to revere and care for each other. The conflict that has erupted over therapeutic cloning is but one flash-point in a war now being waged across Western civilization between two conflicting anthropologies: one secular and atheistic where at best the human being is regarded as an educated ape, the other predicated on an understanding of the human being as someone created in the image and likeness of an all loving and wise Creator God.

The first view, the secular or atheistic one, understands the human person as a being who is merely the product of random evolutionary forces as a result of which there are no givens in human nature and hence no absolute and universal binding moral norms. Consequently, there is no objective basis for defending the inalienable rights of human beings, no absolutely trustworthy signposts for steering democracy in the direction of true freedom and human flourishing. There is only a perpetual clash of individual wills resulting in the survival of the fittest. In this secular paradise, redemption is sought through the pursuit of personal autonomy the understanding of which is sundered from any notion of the absolute and transcendent. With the individual ego thus deified, the acquisition of money, pleasure and technical efficiency become all consuming preoccupations.

In the secular paradise, the rejection of God and his moral law leads inexorably to the annihilation of man: "Without a Creator the creature vanishes." [141] The consequences of this eclipse of conscience is all too evident in the great crimes of the last century extending from Hitler's Third Reich to Stalin's Russia and from Pol Pot's Cambodia to Margaret Sanger's International Planned Parenthood. Perhaps this tragedy can best be expressed by applying to it the words of Yeats' famous poem where it says:

Things fall apart; the center cannot hold;
Mere anarchy is loosed upon the world,
The blood-dimmed tide is loosed, and everywhere
The ceremony of innocence is drowned;
The best lack all conviction, while the worst
Are full of passionate intensity. [142]

The humane and just alternative to this secular nightmare is a culture shaped by faith in an all wise and loving God who in creating and redeeming us has clothed us in

in an all-wise and loving God who in creating and redeeming us has clothed us in unsurpassed dignity. As the bearer of a created nature that bespeaks the wisdom and love of the Creator, the human person is thus the subject of inalienable human rights. In consequence of his being at once both a social being and one who is the subject of inalienable rights, it follows that the human person must be subject to objective and universal moral norms — the non-observance of which constitutes an obstacle to human solidarity. Hence, it follows that the ultimate basis of justice and human solidarity is the fact that all human beings "have the same Creator and all are ordered to his glory." [143]

Upon the outcome of this clash between the two anthropologies outlined above hangs the future of civilization. As the Jews were about to enter the Promised Land, Moses said to them: "I set before you life or death, blessing or curse. Choose life, then, so that you and your descendants may live, in the love of Yahweh your God, obeying his voice, clinging to him, for in this your life consists." (Deuteronomy 30: 19-20). To choose life we must accept the full truth about marriage and its relationship to human procreation, we must not let our hearts become "hardened" against this truth: "What God has united, man must not divide" (Matthew 19:6). We can choose life or death, but not both!

[Return to *Cloning* Table of Contents](#)

Endnotes for "Conclusion"

[141] Vatican II. *Gaudium et Spes*. n. 36.

[142] W.B. Yeats, *The Second Coming*.

[143] *Catechism of the Catholic Church*, n. 344.

[Facts of Life: Chapter 17: Sex Education and School-Based Clinics](#)

 [SHARE](#)

[The Three Kinds of Sex Education](#)

[Some Examples of the Material Used in Comprehensive Sexuality Education](#)

[School-Based Clinics \(SBCs\)](#)

School-Based Clinics (SBCs)

How School-Based Clinics Make Referrals for Abortions

[The Five-Step Strategy for Installing SBCs Over Student and Parental Objections](#)

[SBCs Do Not Prevent Teen Pregnancy and Abortions](#)

SBCs Do Not Prevent Teen Pregnancy and Abortions

What Parents Can Do About Comprehensive Sex Education Programs and School-

Based Clinics

[The Benefits of Homeschooling](#)

[Further Reading on *The Threat Posed by Secular Sex Education*](#)

[Books for Christian Sex Educators](#)

Books for Christian Sex Educators

Sex Education: Anthologies

Facts of Life: Chapter 17: Sex Education and School-Based Clinics: The Three Kinds of Sex Education



 SHARE

The Three Kinds of Sex Education.

Introduction. Most parents, whether religious or not, believe that everyone needs education in sexuality, even people who remain celibate all their lives. Christians believe that God would not have given us the marvelous gifts of sexuality and reproduction if He had not wanted us to know about them and use them wisely for His greater glory.

Committed Christians and secularists agree on very little beyond this basic point.

The *content* of the sex-related information that schools present is the main point of disagreement between Christian parents and secular school authorities.

The Three Types of Sex Education. There are basically only three types of sex education, regardless of the titles applied to them.

(1) Chastity Education. This kind gives children the moral and practical instruction they need to resist the pressures and temptations of the world and the inclinations of our fallen nature and helps them understand God's precious gift of human sexuality. To be effective, this kind of instruction cannot stand alone. It must be part of a *lifestyle* taught by people who live moral lives, and who present it as a part of an integrated program on Christian living throughout all 12 years of grade and high school. The Vatican's 1995 document *The Truth and Meaning of Human Sexuality: Guidelines for Education Within the Family* [¶3] explains, "... sexuality is not something purely biological, rather it concerns the intimate nucleus of the person."

We do not need detailed instruction in the functioning of the reproductive system to live our lives any more than we need detailed knowledge of the gastrointestinal system in order to digest our food.

Chastity education requires the most preparation of any kind of sexuality instruction. This is because it is the most difficult to teach, it is countercultural and works against man's fallen nature and, in order to be most effective, it must be carefully tailored to the needs and personality of each child. For these reasons, the parents of each child are the most appropriate chastity educators.

The Truth and Meaning of Human Sexuality provides four general guidelines for education in chastity. Parents who want to teach and form their children in chastity should carefully study the following paragraphs from this document:

(1) Each child is a unique and unrepeatable person and must receive individualized formation [¶65-67].

(2) The moral dimension of sexuality must always be part of the parent's explanations [¶68-69].

(3) Formation in chastity and timely information regarding sexuality must be provided in the broadest context of education for love [¶70-74].

(4) Parents should provide this information with great delicacy, but clearly and at the appropriate time [¶75-76].

Some may allege that education in chastity is "oppressive." These people have the situation backwards. Which is more "oppressive:" To control one's sexual drive, or be controlled by it? *The Truth and Meaning of Human Sexuality* describes the crippling nature of addiction to endless illicit sex:

If the person is not master of self — through the virtues and, in a concrete way, through chastity — he or she lacks that self-possession which makes self-giving possible. Chastity is the spiritual power which *frees* love from selfishness and aggression ... Chastity is the joyous affirmation of someone who knows how to live self-giving, free from any form of self-centered slavery ... either man governs his passions and finds peace, or he lets himself be dominated by them and becomes unhappy [¶16-18].

The document continues,

in the light of the Redemption and how adolescents and young people are formed, the virtue of chastity is found within temperance — a cardinal virtue elevated and enriched by grace in baptism. So chastity is not to be understood as a repressive attitude. On the contrary, chastity should be understood rather as the purity and temporary stewardship of a precious and rich gift of love, in view of the self-giving realized in each person's specific vocation. Chastity is thus that "spiritual energy capable of defending love from the perils of selfishness and aggressiveness, and able to advance it towards its full realization" [¶4].

Finally, *The Truth and Meaning of Human Sexuality* says that the three primary goals of chastity education should be:

(a) to maintain in the family a positive atmosphere of love, virtue and respect for the gifts of God, in particular the gift of life;

(b) to help children understand the value of sexuality and chastity in stages, sustaining their growth through enlightening word, example and prayer; and

(c) to help them understand and discover their own vocation to marriage or to consecrated virginity for the sake of the Kingdom of Heaven in harmony with and respecting their attitudes and inclinations and the gifts of the Holy Spirit [¶22].

(2) Biological Sex Education. This kind, sometimes called an "organ recital," limits itself to information on the functioning of the reproductive system. Such programs are billed as "value-free" or "reality-based" because their backers say it is literally impossible to attach values to purely biological instruction. Sadly, the *reverse* is true: It is impossible to present such teaching without *implied* values, in any setting, whether at home or in school.

The primary drawback of such instruction is that it neglects the spiritual aspect of human beings and treats them as purely physical beings. Additionally, it is virtually impossible to avoid violating the latency period and innocence of young children with *any* type of sex education.

(3) Comprehensive Sex Education. This type of sex education teaches children not only about the biological facets of sex, but also about birth control, abortion, masturbation, homosexual behavior and other evils. This type of sex education, too, is supposedly "value-free," but this is, of course, impossible. When an authority figure such as a teacher tells children that no sex act is immoral, and that we should not judge others who have "different sexual lifestyles" than ourselves, this, *by definition*, teaches a completely amoral set of values.

The Planned Parenthood Federation of America (PPFA), the United States' leading proponent of comprehensive sex education, defines sex education as a course of instruction that includes at least four of the following six topics:[1]

- (1) Biological facts about human reproduction;
- (2) Information on sexual development;
- (3) Information on preventing sexual abuse;
- (4) Comprehensive birth control information;
- (5) Information on abortion and how to obtain abortions; and
- (6) Information on contraceptives and how to obtain them.

By Planned Parenthood's definition, comprehensive sex education *must* at least contain information on contraceptives and abortifacients and how to obtain them. Strictly biological sex education would contain only points (1) and (2), above.

Note that Planned Parenthood's definition of comprehensive sex education does not mention interpersonal relationships or chastity skills at all — not surprising in a program that assumes teenagers are animals having "needs" they cannot control and therefore must satisfy.[2]

We must ask ourselves a very basic question regarding the true character and objectives of sex education. After all, how long should it realistically take to instruct a child in all six of the elements described above? Perhaps a day or two at most. Why, then, do the sex educators insist that it takes ten or twelve years to teach sex education?

The answer is plain: "Sex education" is not really education about sex. It is an intensive program of *systematic behavioral modification*. Our children are taught to *think in a new way*. They are taught to disregard religion and family members when making moral decisions; that homosexuality is a "perfectly acceptable lifestyle;" that abortion is just another way of ending a pregnancy; that the only 'bad' thing about premarital sex is "unwanted pregnancy;" and that the highest intrinsic goods are tolerance and nonjudgmentalism.

In short, today's classroom "sex education" is nothing more or less than a gentle but very persistent brainwashing campaign designed to make our children think and act in a Humanistic manner.

Gandhi Speaks. Mahatma Gandhi, India's "Great Soul," often spoke on sexual morality, and frequently emphasized the importance of sex education. He defined the fundamental difference between comprehensive sex education and chastity education as follows:

Sexual science is of two kinds, that which is used for controlling or overcoming the sexual passion, and that which is used to stimulate and feed it. Instruction in the former is as necessary a part of a child's education, as the latter is harmful and dangerous, and fit, therefore, only to be shunned.

The sex education that I stand for must have for its object the conquest and sublimation of the sex passion. Such education should automatically serve to bring home to children the essential distinction between man and brute, to make them realize that it is man's special privilege and pride to be gifted with the faculties of head and heart both, that he is a thinking no less than feeling animal, and to renounce the sovereignty of reason over the blind instincts is, therefore, to renounce a man's estate. In man, reason quickens and guides the feeling; in brutes, the soul lies ever dormant.[3]

[Go to Next Topic: Some Examples of the Material Used in Comprehensive Sexuality Education.](#)

[Return to Sex Education and School-Based Clinics Table of Contents](#)

Endnotes for “The Three Kinds of Sex Education”

[1] "American Teens Speak: Sex, Myths, TV and Birth Control." Poll conducted for PPFA by Louis Harris and Associates, September-October 1986.

[2] Among the hundreds of organizations that support or promote comprehensive sex education and school-based clinics are the following.

- Alan Guttmacher Institute (AGI)
- the American Academy of Pediatrics (AAP)
- American Association of Marriage Counselors (AAMC)
- American Association of Sex Educators
- Counselors and Therapists (AASECT)
- American Civil Liberties Union (ACLU)
- American College of Obstetricians and Gynecologists (ACOG)
- American Eugenics Society
- American Humanist Association (AHA)
- American Medical Association (AMA)
- American Public Health Association (APHA)
- Association for Voluntary Surgical Contraception (AVSC)
- 'Catholics' for a Free Choice (CFFC)
- Center for Population Options (CPO)
- Children's Defense Fund (CDF)
- Concern for Dying
- Council of Churches of Christ in the United States
- Dignity
- Euthanasia Educational Council

- Euthanasia Society of America
- Ford Foundation
- Kinsey Institute for Research on Sex, Gender and Reproduction
- Metropolitan Community Churches
- NARAL Pro-Choice America
- National Education Association (NEA)
- National Family Planning and Reproductive Health Association (NFPRHA)
- National Organization for Women (NOW)
- National Support Center for School-Based Clinics
- Negative Population Growth (NPG)
- North American Man/Boy Love Association (NAMBLA)
- Pathfinder Fund
- Parent-Teacher Association (PTA)
- Planned Parenthood Federation of America (PPFA)
- Playboy Foundation
- Population Council (PC)
- Population Crisis Committee (PCC)
- 'Religious' Coalition for Reproductive Choice (RCRC, formerly RCAR)
- Robert Wood Johnson Foundation
- Rockefeller Foundation
- Sexuality Information and Education Council of the United States (SIECUS)
- Unitarian Universalist Association
- United Nations International Children's Emergency Fund (UNICEF)
- United Methodist Church
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United States Agency for International Development (USAID)
- World Health Organization
- World League for Sexual Reform
- Young Women's 'Christian' Association (YMCA)
- Zero Population Growth (ZPG)

[3] Fr. A.S. Antonisamy. *Wisdom for All Times: Mahatma Gandhi and Pope Paul VI on Birth Regulation*. Family Life Service Centre, Archbishop's House, Pondicherry 605001 India, June 1978.

Facts of Life: Chapter 17: Sex Education and School-Based Clinics: Some Examples of the Material Used in Comprehensive Sexuality Education



Some Examples of the Material Used in Comprehensive Sexuality Education.

Introduction. Most school-aged children in the United States spend more than one-third of their waking hours in the public school system. So, the schools inevitably exert a profound influence upon their morals and attitudes.

These children are exposed to an indirect erosion of Christian values through systematic censorship and deliberate omission of Christian viewpoints. Situation ethics — the absolute antithesis to the teachings of Christ — defines student behavior. School systems have officially banned the Bible and school prayer. Despite repeated Supreme Court rulings to the contrary, public school systems systematically suppress Bible clubs and other Christian groups. To avoid controversy, history texts omit entirely the roles of God, religion and the family in the formation and development of the country.

Purging Religion from Textbooks. Researchers funded by the National Institute of Education examined 60 standard social studies textbooks used by the majority of children in grades one through 12 in U.S. public schools. The central conclusion of the study was dramatic: Religion, traditional family values and conservative positions on every known moral issue have been expunged *completely* from the curricula of all public school students. Not *one word* of the more than 1.5 million total words in the 60 volumes mentioned *any* religious activity in contemporary American life. The only role models given were Democrats, minorities or women. Not one word mentioned the influence on society of a prominent preacher or clergyman, such as Billy Graham, Bishop Fulton Sheen or Norman Vincent Peale. The words "marriage," "wedding," "husband," and "wife" did not appear *once* in any of the 60 textbooks.[4]

Such censorship *indirectly* erodes Christian values, but one area of instruction is organized so that it *directly* attacks Christian values. This area is sex education.

Whereas Christianity emphasizes virginity before marriage and faithfulness to God and spouse afterward, public schools have diligently banned God, and tell kids that contraception, sterilization, abortion, premarital sex, adultery, sodomy, masturbation and even *sex with animals* are value-free and therefore involve *human rights* that no one can tamper with — *especially* parents.

Examples of Sex Education Curricula. The following paragraphs describe the contents of some of the most common sex education books and curricula used by public schools in the United States today. *All of these texts* emphasize the "rights" to birth control, abortion, free sex, adultery and homosexual behavior; all are objectionable throughout. The quotes below typify their entire contents.

(1) *Guide for Young Adults.* Dr. Patricia Shiller, founder of the American Association of Sex Educators, Counselors, and Therapists (AASECT), says Gary F. Kelly's *Learning about Sex: The Contemporary Guide for Young Adults* is "A must for all young people." It includes the following statements:

...include the following statements:

Sado-masochism [inflicting pain for sexual purposes] may be very acceptable and safe for sexual partners who know each other's needs and have established agreements for what they want from each other ... Some people are now saying that partnerships — married or unmarried — should not be exclusive. They believe that while a primary relationship is maintained with one person, the freedom for both partners to love and share sex with others should also be present. ... A fair percentage of people probably have some sort of sexual contact with an animal during their lifetime, particularly boys who live on farms. There are no indications that such animal contacts are harmful, except for the obvious dangers of poor hygiene, injury by the animal, or guilt on the part of the human.[5]

(2) *Changing Bodies. Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships* is probably the most popular sex education text in the United States and has been in continuous use in thousands of high schools since it appeared in 1980. It includes the statement, "Bisexuality is an openness to loving, sexual relationships with both sexes — *our true nature* ... Gay men, too, have many ways of making love. One may caress the other's penis with his hand or his mouth. Or one may put his penis in the other's anus."[6]

(3) *Boys and Girls and Sex*. Wardell Pomeroy's companion books *Boys and Sex* and *Girls and Sex* are so extreme that they are the number one target of Christian parents who oppose immoral school sex education.

These books assert,

Premarital intercourse does have its definite values as a training ground for marriage or some other committed relationship. ... to make everyday comparisons again, it's like taking a car out for a test run before you buy it. ... I have known cases of farm boys who have had a loving sexual relationship with an animal and who felt good about their behavior until they got to college, where they learned for the first time that what they had done was 'abnormal.' Then they were upset ... Any of the farm animals may become a sexual object — ponies, calves, sheep, pigs, even chickens or ducks. Dogs are also commonly used, but cats rarely.[7]

(4) *Enhancing Skills*. The extremely popular (and misleadingly-named) program *Enhancing Skills to Prevent Pregnancy* tells teachers how to break down their student's inhibitions with the formidable weapon of peer pressure:

Some teachers are able to combine humor with demonstration by bringing cucumbers or zucchini to class and showing how to apply and remove condoms. Open the packages and unroll condoms for students to inspect. Pass them around. If you are using cucumbers, have one student hold the cucumber while the other student puts the condom on the cucumber. Expect students to laugh at first and be embarrassed! This is healthy ... [8]

One Washington State parent testified about the coercive nature of many sex education programs. These programs use peer pressure to forcibly destroy the natural modesty of young people:

There is one teacher in Bellevue who has all the boys say 'vagina;' he calls them individually, and they all have to say it out loud in class. The boys say 'vagina' and the girls say 'penis.' One girl told me that she was so embarrassed that she could hardly bring out the word 'penis' because all these boys were sitting in the class. It just embarrassed her so. So he made her get up in front of the class and very loudly say it ten times.[9]

Homosexual Recruitment. Most Christian parents would be shocked and outraged to learn that most sex education curricula in U.S. public schools today teach children not only about contraception and abortion, but about a wide range of homosexual acts as well.

Many public school sex-education "experts" blandly promise parents that they may take part in teaching their children about sex. However, most parents who have tried to get their hands on a copy of the sex ed materials find it is almost impossible to do so. Even when parents *do* get a look at the material presented to their children, they do not realize the teacher's editions are usually far more explicit.

This is not surprising, because these materials tell the users to keep parents out of the teaching process entirely.

For example, homosexual activist Cooper Thompson, a key figure in the "Homophobia Task Force," prepared a \$161,000 federally-funded program titled "Mutual Caring/Mutual Sharing." Thompson knew parents would strongly object to his program, so its instructions state, "It is unrealistic and even undesirable to include parents in this program." [10]

The main goal of the program, according to the literature, is "to foster an acceptance of the various sexual preferences and orientations of their peers, and an acceptance of their own preference or orientation." [10]

Another homosexual sex-ed propaganda program warns teachers not to let parents know what they are teaching their children in class: "Caution: Participants should not be given extra copies of the form to show to their parents or friends. Many of the materials of this program shown to people outside the context of the program itself, can evoke misunderstanding and difficulties." [11]

This program, which more than 1,000 public high schools use, features color slides of sodomy and X-rated pornographic audiotapes of a wide variety of sexual perverts talking about the many rewards of their bizarre "orientations."

The purpose of this program is "To make clear that sexual relationships with the same sex during youth are normal." [11]

One of several textbooks that push the homosexual agenda under the guise of "AIDS education" is *One Teenager in Ten*. It peddles the now-discredited line that 10 percent of all people are prone to compulsive sodomy.

One Teenager in Ten is filled with fabricated "case histories" that are nothing more than a pornographic come-on to the homosexual deathstyle. The book's purpose is to lure any child who has the slightest inclination toward or curiosity about perversions (and even many who do not) into homosexual activity. [9]

One of the many "case studies" involves a 13-year old girl, "Amy," who describes various perversions inflicted upon her after she was seduced by a 23-year old lesbian. She gushes that "I became a lesbian and a woman that weekend!"

Another phony "case study" centers on "Rick," who, at the age of 15, was sodomized by a drifter: "He came back with a tube of KY [lubricant] stuck in his towel ... I felt like a bride on her honeymoon ... I was in love" [9]

since either homosexuality or love was involved. [1]

The fact that such activities are felonies is not mentioned.

There is no mention of the depression or the loneliness, not a word about the dozens of diseases and addictions that infect homosexuals, the shortened lifespans, nothing at all about the overtly exploitative nature of homosexual 'love.'

In all secular sex-ed books, the homosexual 'community' experience is presented as consisting of nothing but sweetness, light, flowers and KY lubricant.

Expanding the Program. Parents who demand to see the textbooks and teaching aids for a particular sex education program may be presented with material that appears to be perfectly innocuous.

However, teachers are by no means constrained to teach only what is outlined in their study guides. The messages *actually transmitted* by adults to children are the most important influence — *not* what is contained in the study materials. As mentioned before, the material in the teacher's edition is usually far more explicit than in the student's edition.

Sol Gordon, whose teachings have been defined as pornographic by the courts, describes how sex-ed teachers may flatly lie to get around any limitations merely by feigning ignorance of the rules: "Young people are not paying any attention to us because we have these dumb messages ... and the dumbest one is "just say no!" ... Don't you [teachers] dare try to implement anything I say unless you have job security and tenure ... If a supervisor says to you, "But you're not supposed to do this stuff," always say, "Oh, I didn't know.""[12]

In practical effect, sex educators can say anything they want to in class. Many conservative organizations have reported that Gordon's type of instruction in deception and outright lying is *common* in comprehensive sex education programs.

And, when one thinks about it, this is perfectly logical. What is the purpose of secular sex education other than to prepare teenagers for premarital sex?

Other Gateways. Christian parents should by no means assume that secular sex ed programs are the only tools available for the corruption of their children. The evil intentions of the 'sexperts' are only matched by their almost limitless imaginations.

Planned Parenthood Federation of America (PPFA) workers, of course, have the most active imaginations of all. They have spawned literally hundreds of programs designed to 'desensitize' children to sexual acts. Translated, this means that the first step to getting kids in bed with each other is to get them used to the idea.

One entirely typical program of this nature was Vermont Planned Parenthood's "Safety Dance," where kids were instructed to use nametags and placards to arrange the sequence of events associated with putting on a condom. Another 'skit' had kids arrange some 25 "sexual activities" in order of HIV-infection potential.

The instruction manual for the "Safety Dance" suggested that the event be made part of a homework assignment for kids, so they would be faced with a coercive choice: Participate in the brainwashing or receive a failing grade for the day.

The "Safety Dance" is just one of the ways that Planned Parenthood deliberately and systematically undermines parental and familial values. But, like termites, PP does its most dangerous work out of sight — not in high-profile displays and competitions, but in day-to-day classroom instruction.

For example, in its widely-used "Sensitivity Training" program, Planned Parenthood breaks down home training by having mixed groups of students discuss "Virginity. Oral-

breaks down home training by having mixed groups of students discuss "virginity, Oral Genital Sex, Intercourse, Masturbation, Sterility, Group Sex, Homosexuality, Extra-Marital Relations, Abortion, and Nudity — with acquaintances, with family, with the opposite sex, with the same sex, and with close friends." Those members of the group who refuse to change their attitudes "are considered non-conformists or deviants." In some schools, failure to participate in these classes results in the student being suspended from school. [13]

And in its "Positive Imaging" program, Planned Parenthood tries to establish guided fantasy imagery in students' minds. In one scenario, they are told to have fantasies involving "... sexual feelings about people of the same or opposite sex, parents, brothers and sisters, old people, animals, nature, inanimate objects, and almost anything you can imagine." [14]

There can be no possible purpose for these and similar exercises other than to break down the inhibitions of students and get them to take the first road to an uninhibited and omnisexual lifestyle — by getting them to *imagine* and *talk about* every kind of perverted sex act in the sex educator's books.

Are Catholic Schools Safe? Many concerned parents have been lulled into believing that children enrolled in Catholic schools are safe from the baleful influence of the sex educators.

Unfortunately, nothing could be further from the truth.

The National Conference of Catholic Bishops (NCCB, now the USCCB) has produced a series of deeply flawed documents on sex education, to include the 1968 *Human Life in Our Day*, which sanctions "responsible dissent" from *Humanae Vitae*; the 1972 *To Teach as Jesus Did*, which blatantly usurped the fundamental rights of parents; and the November 1990 *Human Sexuality: A Catholic Perspective for Education and Lifelong Learning*, which was seriously confused as to the nature of human sexuality. [15]

These documents are partly to blame for the confusion surrounding sex education in Catholic schools today, and for the fact that attitudes among public school students and Catholic school students regarding sexual morality scarcely differ from each other.

Most of the sex education programs used in Catholic schools today are deeply flawed, and their sole effect is to damage the morals and faith of young people. These programs include

- William C. Brown's *New Creation* series, which seriously violates the latency phase of development with explicit instruction in Grades 1 through 4, bases its material on secular humanist rather than Catholic sources and is the subject of more complaints by parents than any other curriculum. It recommends that teachers use Planned Parenthood materials for further information and research into specific topics.
- Benziger's *Family Life Program*, used in the Washington, Miami and Atlanta dioceses, reflects many of the flaws in the NCCB's document *Human Sexuality*. It attempts to redefine the family, contains virtually no mention of sin, includes graphic photographs, treats differences between men and women as purely physical and refers students to "New Age" and radical feminist resources.
- *In God's Image: Male and Female* is promoted as "A Catholic Vision of Human

Sexuality." Sadly, this "vision" is distorted and misleading. The twenty videos and accompanying worksheets omit and misrepresent the most critical Church teachings on sexuality, describe acts that severely damage the innocence of the seventh and eighth graders for which it is designed (such as masturbation), incorporates "New Age" philosophy and manipulates children psychologically.[16]

The conclusion that can be drawn from the sex education situation is crystal clear. If parents do not take the time to carefully review the sex education material that their children are exposed to (whether in public or Catholic schools), and aggressively shield them from it if necessary, they will certainly experience deep and unceasing heartbreak later in life. Their children will fornicate, become pregnant, abort, 'shack up,' suffer from venereal diseases and severe guilt, will give up the Faith, and will be far more likely to divorce and be unhappy later in life.

[Go to Next Topic: School-Based Clinics \(SBCs\)](#)

[Return to Sex Education and School-Based Clinics Table of Contents](#)

Endnotes for "Some Examples of the Material Used in Comprehensive Sexuality Education"

- [4] Paul C. Vitz. "Scholars Say Textbooks Censor Out Religion." *National Federation for Decency Journal*, March 1986, page 6.
- [5] Gary F. Kelly. *Learning about Sex: The Contemporary Guide for Young Adults* New York: Barron's, 1968], pages 61 and 136.
- [6] *Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships* [New York: Random House, 1980], pages 117 and 122.
- [7] Wardell Pomeroy, Ph.D. *Boys and Sex* [New York: Delacorte Press, 1981], pages 117, 171 and 172.
- [8] R.P. Barth. *Enhancing Skills to Prevent Pregnancy* [Berkeley: Network Publications], page 95.
- [9] Gene Antonio. "America's XXX-Rated Sex Education Curricula." *New Dimensions Magazine*, September 1990, pages 72 to 77.
- [10] S.G. Philliber and M.L. Tatum. "The Impact of Sex Education on Students, Parents, and Faculty: A Report from Falls Church." November 1979, page 11.
- [11] "Public School Sex Education: A Report." Published as an insert in the October 1990 issue of the American Family Association *Journal*. Also available for \$2.00 from the American Family Association, Post Office Drawer 2440, Tupelo, Mississippi 38803.

[12] Margo Szews. "The Pied Piper of Sex and Sleaze: Dr. Sol Gordon and Friends Tell Kids to "Just Say Yes!"" *ALL about Issues*, June-July 1989, pages 40 to 42.

[13] Eleanor S. Morrison and Miln Underhill Price. *Values in Sexuality* [New York: Hart Publishing, 1974], page 100.

[14] "What Is Sexual Fantasy?" *What's Happening?* [Atlanta: Emory University, Grady Memorial Family Planning Program, 1976], page 4.

[15] The NCCB document *Human Sexuality* reflects in many ways the attitudes of the known dissenters on the committee. The document blesses graphic public school sex education programs; misunderstands the transcendental character of the mystery of human sexuality; confuses what it means to be male and female; treats Christ as a fallen "sexual person" (not Divine); fails to note that human sexuality is fallen and wounded; fails to account for the effects of Original Sin; seems to condone homosexuality; attempts to redefine the family; does not mention purity anywhere; and denies the "latency period" ("years of innocence") in its quest to portray humans as sexual from birth [July 21, 1992 analysis of *Human Sexuality* by Catholics United by the Faith].

[16] Detailed information on sex education programs being used in Catholic schools can be obtained from Human Life International, 4 Family Life, Front Royal, VA 22630, telephone: (540) 635-7884, FAX (540) 636-7363. An excellent newsletter that deals with sex education is *Mother's Watch*, PO Box 2780, Montgomery Village, MD 202886-2780. Subscription price is \$20 per year.

Facts of Life: Chapter 17: Sex Education and School-Based Clinics: SBCs Do Not Prevent Teen Pregnancy and Abortions



 SHARE

SBCs Do Not Prevent Teen Pregnancy and Abortions.

A Program Doomed to Failure. A growing body of evidence amassed by both sides of the SBC debate shows that these clinics *never* cut down on the teen pregnancy rate, and only *occasionally* cut down on the teen birthrate — but *only* if the 'excess' births are prevented by abortion.

Comprehensive sex education and the mere availability of contraception in schools leads to increased sexual activity among teenagers. Since contraceptives and abortifacients often fail when teenagers are using them, the teen pregnancy rate invariably soars. Therefore, the only way to cut teen births is through the widespread availability of abortion.

Experienced researchers have compared reducing the teen pregnancy rate by making contraceptives and abortifacients freely available to chasing the pot of gold at the end of the rainbow — or, perhaps more appropriately, to trying to put out a fire with a bucket of gasoline.

The *Report of the House Select Committee on Children, Youth and Families* concluded that reducing the teen pregnancy rate by providing contraceptives is not only *morally* impossible, it is *statistically* impossible: "The contraceptive failure rate for teens who always use contraceptives is about 10% (Zelnik and Kantner, 1976 and 1979). Therefore, hypothetically, if sexual activity among teens reached 100% and the constant use of contraceptives 100%, we would still have a pregnancy rate of about 10%." [42]

As described below, a girl who begins using the Pill at the age of 15 and uses it for six full years (till the age of 21) will have a 50 percent chance of becoming pregnant. If, instead of using the Pill, her boyfriend(s) faithfully use condoms, this probability increases to 60 percent. If she uses a diaphragm, it is 65 percent. And if she uses any other method, she is virtually assured of becoming pregnant within just six years.

As Edouard Cardinal Gagnon, president of the Pontifical Council for the Family, asserted in his address to the Bishops of the United States on March 10, 1989, "Planned Parenthood programs of sex education in no way resolve the problem of teen-age pregnancies but rather increase it by encouraging promiscuity." [43]

A Concise Summary of SBC Ineffectiveness. There is one unavoidable reason why school-based clinics will *never* achieve their stated mission. Professor Kingsley Davis of the fanatically pro-abortion group Zero Population Growth (ZPG), summed up this prime deficiency in the SBC mentality when he said that

The current belief that illegitimacy will be reduced if teenage girls are given an effective contraceptive is an extension of the same reasoning that created the problem in the first place. It reflects an unwillingness to face problems of social control and social discipline, while trusting some technological device to extricate society from its difficulties. The irony is that the illegitimacy rise occurred precisely while contraceptive use was becoming *more*, rather than *less*, widespread and respectable. [44]

Professor Davis is correct in his reasoning. The illegitimacy rate for births among teenage girls hovered around five to seven percent for decades, until about 1960. Between 1960 and 1970, it doubled as the birth control pill helped usher in the 'Sexual Revolution.' After 1970, the teenage illegitimacy rate literally exploded as comprehensive sex education programs and school-based clinics were introduced. Currently, the illegitimacy rate among teenage girls is about *forty percent*.^[45]

This is not just an ethical or religious concern: It is a profoundly *practical* one. It is common knowledge that children born into one-parent families are more likely to be abused and abusive, are much more likely to be undereducated and underemployed, are much more likely to have illegitimate children themselves, and are much more prone to criminal activity.

Therefore, it is obviously in society's very best interests for educators to scrap the unworkable SBC program and start again from scratch by teaching basic morality in the schools, or leaving such teaching to parents and churches where it belongs.

The birth control pill failed to curb teenage pregnancy.

Compulsory comprehensive sex education programs failed to curb teenage pregnancy.

And, finally, the school-based clinics are failing to curb teenage pregnancy.

When will we ever learn that we must return to our original values as the only possible solution to this moral rot?

The Experts Speak. The push to establish thousands of SBCs in high schools necessarily involves the efforts of tens of thousands of people in every discipline. Therefore, it is inevitable that the propaganda mask used to hide SBC ineffectiveness will occasionally slip a little and yield a glimpse of the truth.

Scores of SBC experts *and* proponents have acknowledged the program's abysmal failure at achieving its stated goals.

Douglas Kirby, Director of the Center for Population Options (CPO), the most vigorous promoter of SBCs, said that

we find basically that there are *no measurable* — I want to underline that word and put it in boldface — there is *no measurable impact* upon the use of birth control nor upon pregnancy rates or birthrates. This is all based upon the survey data ... School-based clinics have no measurable impact on teen pregnancy rates ... In the absence of knowledge of whether or not young women are getting abortions, we really can't say whether or not the school clinic program is preventing pregnancy. And since abortions are usually underreported in personal interviews, pregnancy rates are difficult to measure.^[46]

Researcher Lynn Landma reported in *Family Planning Perspectives* that "More teenagers are using contraceptives and using them more consistently than ever before, yet the number and rate of adolescent pregnancies continue to rise."^[47]

Finally, after a thorough literature review, Stan Weed and Sam Olson concluded that "instead of the expected reductions in overall teenage pregnancy rates, greater teenage involvement in family-planning programs appears to be associated with higher, rather than lower, teenage pregnancy rates."^[48]

A Phony SBC Success Story. Since SBCs are by their very natures doomed to failure, any life activities one expects to be created with a cloud of suspicion and fabricated

failure, pro-life activists can expect to be greeted with a cloud of evasions and fabricated statistics from those who attempt to justify continuation of the SBC program.

For example, an incredible success rate for a Baltimore SBC was claimed in the July 1986 issue of the Alan Guttmacher Institute's *Family Planning Perspectives*.

According to the report, the pregnancy rates among inner-city girls at an SBC-equipped school dropped 30.1 percent, while the pregnancy rate at three other schools in the city *increased* an incredible 57.6 percent during the same 28-month test period. The results of this study were uncritically swallowed by *Time* magazine, *The New York Times*, and dozens of other publications, and the Baltimore clinic became a prime propaganda tool for the pro-SBC forces.

However, when asked to reveal their study methodology and supporting statistics, the researchers adamantly refused. Anne Gribben, a member of the Congress' Select Committee on Children, Youth, and Families, on September 5, 1986, summed up objections to these evasions when she said that "Because reports of this study fail to include some very pertinent information, they leave us with as many questions as when we started."

When some of the study methodology used by the researchers was finally revealed, the degree of dishonesty that was evident in the manipulation of the data was shocking even to SBC proponents. For example, one Planned Parenthood official who examined the Baltimore SBC effectiveness rate followed up with interviews of only a carefully-selected (not random) ten percent of those teenagers who had had contact with her three-year program, and did not count dropouts![49] She also arbitrarily *excluded* the 12th graders — the oldest and most sexually active group — from her numbers on sexual activity, but *included* them when calculating the rate of pregnancy among the sexually active, thereby automatically skewing her study results in her own favor.[50]

It is obvious that any study whose methodology is kept top-secret by its proponents, and whose numbers are manipulated so dishonestly, represents nothing more than a pretty package of lies and should be dismissed out of hand. Any 'researchers' who refuse to reveal their methodology are almost certainly guilty of 'cooking the numbers.' The country's premier 'sexologist,' Alfred Kinsey, also refused to allow researchers to examine his methods and data — but, despite this fatal shortcoming, much of our sex education theory is based upon Kinsey's 'work!'

[Go to Next Topic: What Parents Can Do About Comprehensive Sex Education Programs and School-Based Clinics](#)

[Return to Sex Education and School-Based Clinics Table of Contents](#)

Endnotes for “SBCs Do Not Prevent Teen Pregnancy and Abortions”

[42] *Report of the House Select Committee on Children, Youth and Families*. "Teen

Pregnancy: What Is Being Done? A State-by-State Look" [Washington, D.C.: United States Government Printing Office, December 1985], pages 378 and 385.

[43] Quoted in *The Oregonian* [Portland], March 11, 1989, page 7.

[44] Professor Kingsley Davis. "The American Family, Relation to Demographic Change." *Research Reports*, United States Commission on Population Growth and the American Future. Volume I, *Demographic and Social Aspects of Population Growth*, edited by Robert Parke, Jr., and Charles F. Westoff [Washington, D.C.: United States Government Printing Office, 1972], page 253.

[45] Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States*. 1990 (110th Edition). Washington, D.C.: United States Government Printing Office. Table 13, "Total Population, By Age and Sex: 1960 to 1988." Table 90, "Births to Unmarried Women, By Race of Child and Age of Mother: 1970 to 1987."

[46] Douglas Kirby, speech given at the 16th annual meeting of the National Family Planning and Reproductive Health Association (NFPRHA), Washington, D.C., March 2, 1988. Quoted in Richard D. Glasow, Ph.D. "SBC Advocate Admits Clinics Fail to Reduce Number of Teen Pregnancies." *NRL News*, March 10, 1988, pages 4 and 5.

[47] Lynn C. Landma. "Anniversaries." The Alan Guttmacher Institute's *Family Planning Perspectives*. October 1980, page 2.

[48] Stan Weed and Sam Olson. "Effects of Family Planning Programs for Teenagers on Adolescent Birth and Pregnancy Rates." *Family Perspective*, Volume 20, Number 3, page 153.

[49] Laurie S. Zabin, *et.al.* "Evaluation of a School and Clinic Based Primary Pregnancy Prevention Program for Inner City Junior and Senior High School Males and Females" [Baltimore: The Johns Hopkins University School of Medicine, 1986]. Also see Laurie S. Zabin, *et.al.* "Evaluation of a Pregnancy Prevention Program for Urban Teenagers." *Family Planning Perspectives*, May/June 1986, pages 119 to 126.

[50] Jacqueline R. Kasun. "The Baltimore School Birth Control Study: A Comment." In Robert G. Marshall. *School Birth Control: New Promise or Old Problem?* [Stafford, Virginia: American Life League, 1986].

Facts of Life: Chapter 17: Sex Education and School-Based Clinics: School-Based Clinics (SBCs)



SHARE

School-Based Clinics (SBCs).

The General Concept. School-based clinics are merely an extension of graphic sex education curricula. When the sex educators saw that their school-based programs were being exposed as completely ineffective, as shown later in this Chapter, they took the easy way out. Instead of admitting defeat and changing direction (perhaps returning to morality and chastity), they merely transformed the concept of sex education from class-taught theory into *a concrete and tangible form* by installing school-based clinics.

A school-based clinic is simply a health office, which may or may not be manned by a nurse and occasionally a physician, set up in a junior or high school under the guise of providing a wide range of health services. As the following paragraphs show, the most controversial aspect of the clinics (provision of abortion advice and contraceptives) is considered by SBC proponents to be the primary reason why these clinics are proposed in the first place.

In April of 1985, the Support Center for School-Based Clinics issued a report with the jawbreaker name of "School-Based Clinics: An Emerging Approach to Improving Adolescent Health and Addressing Teenage Pregnancy." This report stated that "*by definition*, all of the [school-based] clinics are involved in family planning."

The First SBCs. The first SBC was sponsored by the University of Texas Health Sciences Center, and was opened in Dallas in 1970. The next clinic was opened three years later in St. Paul, Minnesota's Mechanics Arts High School, by the Maternal and Infant Care Program of the St. Paul Ramsey Hospital.

As of 2000, there were about 1,000 SBCs operating in the country's 15,500 school districts. The overwhelming majority of these clinics have been set up in minority-dominated schools. The clinic pushers would ultimately like to see more than 5,000 of them in operation. Faye Wattleton, former President of the Planned Parenthood Federation of America (PPFA), says that "we must establish many more school-based health clinics that provide contraceptives as part of general health care." [29]

How School-Based Clinics Make Referrals for Abortions.

The Ineffectiveness of Contraceptives and Abortifacients for Teenagers. It must be made very clear right from the start that the primary objective of school-based clinics is not stopping teenage sex. To SBC proponents, it is irrelevant as to whether or not our nation's teenagers are having premarital sex.

The only thing that matters is that the pregnancy, birth, and venereal disease rates are reduced. As Dr. David Perkins says, "Stopping teenage sex is *not* our objective. Stopping teen pregnancy *is*." [30] And Faye Wattleton, former President of the Planned Parenthood Federation of America (PPFA), stated that

Too many of us are focused upon stopping teenage sexual activity rather than stopping teenage pregnancy ... Sexuality education must be a fundamental part of the school

curricula from kindergarten through twelfth grade in every school district in the country ... Easier access to contraception must be another priority — access without any barriers. We must establish many more school-based health clinics that provide contraceptives as part of general health care.[31]

SBC backers tell us that the only practical way to reduce teen pregnancy rates is by making sure that all teens have access to contraceptives. However, it is universally recognized among reproductive technologists that contraception fails frequently, *especially* among teenagers. Abortion statistician Christopher Tietze stated baldly that teenagers who use contraception are inevitably going to have several 'failures' during their reproductive lives: "The safest regimen of control for the unmarried and for married child-spacers is the use of traditional methods [of contraception] backed up by abortion; but if this regimen is commenced early in the child-bearing years, it is likely to involve several abortions in the course of her reproductive career for each woman who chooses it." [32]

This concept can be illustrated by examining the failure rates for the most common birth control devices distributed at school-based clinics: Condoms and oral contraceptives.

The teenage user failure rates are 14 percent per year for condoms and 12 percent per year for oral contraceptives.[33] The teenage failure rates for other common methods of contraception are even worse: 31.6 percent per year for the diaphragm and 34.5 percent per year for spermicides.[34]

Consider the above statistics for just a moment. The birth control pill is the *most* effective contraceptive weapon commonly deployed against teenager fertility. A girl on the Pill will have a one in eight chance of becoming pregnant *each year* (not to mention the times that she will conceive and abort without even knowing it). And a girl who begins using the Pill at the age of 15 and uses it for six full years (till the age of 21) will have a *50 percent chance of becoming pregnant*. If, instead of using the Pill, her boyfriend(s) faithfully use condoms, this probability increases to 60 percent. If she uses a diaphragm or spermicides, it is 90 percent.

The Ultimate Aim: To Increase Teen Abortions. The situation can be summarized as follows. SBC proponents think that abstinence instruction is 'unrealistic' because they believe that teenagers are simply a type of emotional animal that has no control over its urges. This attitude, of course, gives the green light to unlimited teenage sexual activity. As shown in the above quotes, SBC advocates believe that the first step in stopping teenage *pregnancies* is the widespread distribution of contraceptives and abortifacients.

Enter the school-based clinic.

However, the SBC pushers *also* know that teenagers using contraceptives and abortifacients experience a huge number of 'failures.'

Therefore, it is *mandatory* that SBCs also be empowered to refer for abortions, although of course this aspect is hidden from the public as much as possible.

Since the actual ultimate aim of the clinics is to cut the teen *birthrate* by facilitating abortion, SBC proponents have to be ingenious and ruthless in their methods in order to deceive and bypass parents and other concerned groups, because most parents simply will not stand for the idea of *public schools* giving their daughters contraceptives or referring them for abortions.

So the SBC pushers accept a variety of limitations on SBC activities regarding abortion, knowing full well that there is no restriction that cannot easily be bypassed.

If a teenage girl gets a positive pregnancy test at a school clinic, all the clinic

workers have to do is refer her to an organization that is not bound by such regulations — usually a Planned Parenthood clinic or a county health organization. The Center for Population Options (CPO), the major force behind SBCs), in its publication titled *School-Based Clinics 1988 Update*, stated that 89 percent of reporting SBCs provided "pregnancy detection," and a full 98 percent of them performed "pregnancy assessment and referral to community health systems," which is a euphemism for saying that they refer for abortions.

How School-Based Clinics Deceive Parents. Once the SBC is in place, its personnel, who are well-trained in standard unethical pro-abortion procedures, use underhanded tactics to insure that teenagers are given access to abortion and birth control devices, regardless of parental intent or wishes.

For example, once a parent has given permission for *any* health clinic service (say, a sports physical), the child may then obtain *any other* service (such as birth control pills), *without* parental knowledge or consent.

Virtually no parents are aware of the existence of this sneaky *carte blanche*.

The Center for Population Options encourages school-based clinics to distribute parental consent forms that are composed in such a manner that any forms *not* returned to the clinic are automatically interpreted as parental notification and consent. In other words, clinic personnel may simply give a teenage girl who wants birth control pills one of these consent forms and advise her *not* to give it to her parents — and then they tell her that this 'covers' her for permission to use any clinic service whatever.

One Montana SBC worker said that her clinic advised teenage girls to "bring a note from their parents — *any* note," and it would not be "investigated" or even read by clinic staff. The girls quickly caught on and forged their own notes.[35]

[Go to Next Topic: The Five-Step Strategy for Installing SBCs Over Student and Parental Objections](#)

[Return to Sex Education and School-Based Clinics Table of Contents](#)

Endnotes for “School-Based Clinics (SBCs)”

[29] *The Humanist*, July/August 1986, page 7.

[30] Dr. David Perkins, at the 1987 University of Maine conference titled "A Strategy for Preventing Teenage Pregnancy."

[31] Faye Wattleton, former President of Planned Parenthood Federation of America (PPFA). *The Humanist*, July/August 1986 page 7.

[32] C. Tietze, J. Bongaarts, and B. Schearer. "Mortality Associated with the Control of Fertility." *Family Planning Perspectives*, January-February 1976, pages 6 to 14.

[33] Robert A. Hatcher, *et.al.* *Contraceptive Technology, 1986-1987* (13th Revised Edition) [New York: Irvington Publishers, 1986], page 139.

[34] W. R. Grady, *et.al.* "Contraceptive Failure in the United States: Estimates." *Family Planning Perspectives*, September/October 1986, page 204.

[35] Mary Meehan and Elizabeth Moore. "Forced Abortion Suggested at Clinic Owner's Conference." *NRL News*, June 2, 1980, pages 1 and 13.

Facts of Life: Chapter 17: Sex Education and School-Based Clinics: The Five-Step Strategy for Installing SBCs Over Student and Parental Objections



The Five-Step Strategy for Installing SBCs Over Student and Parental Objections.

The Overall Strategy. School-based clinic advocates have been fighting to have SBCs introduced into public schools for about 25 years now. As time has passed and their successes have mounted, they have refined their general strategy until it is now literally an art form. The step-by-step process for installing SBCs has been perfected and follows the five-step plan described below almost without exception.

The details of this 'plan of attack' is extracted directly from 'how-to' instruction manuals issued by the Sexuality Information and Education Council of the United States (SIECUS). Any parent's group that is serious about fighting school-based clinics or comprehensive sex education should contact SIECUS and obtain its latest strategy manuals. Only when parents know how the opposition thinks, and what its strategies are, will their resistance to sex ed and SBCs be fruitful.

A few of the ploys used to 'sugar-coat' the clinics in order to enhance public acceptance are:

- Hiding the birth control aspect of the clinics among a plethora of other stated purposes, such as the prevention of malnutrition, dropouts, poverty and drug use;
- Selling the 'birth control' aspect by playing on public fears and emphasizing AIDS and pregnancy prevention;
- Emphasizing that abortion referrals will not be done by the clinics. This restriction is circumvented easily by referring girls to agencies that do not themselves do abortions, but which immediately give a second referral to an abortion mill; and
- Heavily propagandizing students for an extended period of time before proposing the clinic by using 'saturation' sex education classes and other gatherings with literature and speakers that emphasize personal autonomy and freedom. In this manner, students become conditioned into desiring the services rendered by the clinic. This is a very important step, since studies have shown that students, before they are brainwashed, *do not want SBCs in their schools*. Surveys have repeatedly shown that seven out of eight teenagers do not want a contraceptive-dispensing clinic in their school. Sixty percent do not want clinics that dispense contraceptives located anywhere *near* their schools. Three out of four teenagers believe that teenagers should wait until they are adults before engaging in sexual intercourse, and 79 percent of teens believe that most teens start having sex too soon.[36]

Step 1: Lay the Foundation. Laying the foundation for implementing a school-based clinic (or sex education curriculum) involves three basic simultaneous tasks: (1) Create the impression that there is a need, (2) make connections, and (3) attack the opposition.

To begin with, get one or more major public officials concerned about the high teen pregnancy rate by using doctored statistics. Preferably, this person or persons will be school district superintendents or the mayor of the city and city council members

school district superintendents or the mayor of the city and city council members.

Secondly, make contacts with *only* pro-clinic groups while ignoring conservative and pro-family groups. A SIECUS publication titled *Winning the Battle for Sex Education* advises networking specifically with the National Abortion and Reproductive Rights Action League (NARRAL), the National Organization for Women (NOW), Planned Parenthood Federation of America (PPFA), the Young Women's 'Christian' Association (YWCA) and the League of Women Voters (LWV). The same book says that

The key word for successful public relations for a sex education program is *anticipation*: Preparing in advance. Initial contacts should in any case be made at the latest several weeks before you have agreed to "go public" with information/details about the program. Public relations is in certain respects the art of knowing when you want publicity and when you don't.[37]

Finally, begin a series of *confidential* meetings with high-ranking personnel from friendly media outlets. Supply them with derogatory material about people who might be concerned about the program and who might voice any objections. The SIECUS "how-to" publication titled *Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education* shows how to paint any opposition as "fanatics" by ruthlessly stereotyping them and baldly lying about their objectives and beliefs. This tactic is known as "poisoning the well;"

Regardless of their official platform, their goal is often to curtail freedom of expression and academic freedom as well as the right to one's privacy, the right to sexual information, and right to a healthy, sexual life ... They mistakenly believe that telling young people about sexuality causes them to have sexual intercourse, become promiscuous, and get pregnant.[38]

SIECUS targets specific pro-life groups in this publication, including the American Family Association (AFA), American Life League (ALL), Concerned Women for America (CWA), Eagle Forum, Focus on the Family, and the National Association for Abstinence Education (NAAE).

The same publication shows how to attack abstinence-based sex ed programs like *Sex Respect*, regardless of their effectiveness. Instances of coercing schools to drop the *Sex Respect* course in favor of explicit sex ed are labeled "success stories" in the book, showing that SIECUS does *not* believe in plurality, and that, in the organization's mind, its solution is the *only* right one.

Expert Richard Weatherley summarized the general strategy used to neutralize opposition to SBCs:

The most common strategy adopted to avoid opposition was to maintain a low profile — generally by keeping programs out of sight, by avoiding potentially controversial preventive services, by staying clear of abortion services, by relying on word of mouth for recruitment and by giving names to programs that obscured their functions (Cyesis, Teen Awareness, Access, Services to Young Parents, Healthworks, and Continuing Education to Young Families are some examples). ... Program advocates and service providers are more or less obligated to exaggerate the potential benefits of services in order to secure political and material support. One popular ploy revealed an incredible array of problems

that allegedly would be solved by the provision of services for pregnant teenagers and adolescent parents. In claims reminiscent of the 19th Century, it was argued that teenage pregnancy services would combat child abuse, infant mortality, mental retardation, birth defects, drug abuse and welfare dependency.[39]

Step 2: Create a Committee. Get the "concerned citizens" to appoint a "Blue Ribbon Committee" to study the problem. Pack this committee with church, political and school leaders who have the *appearance* of being open-minded, but who are in fact sympathetic to Planned Parenthood/SIECUS-type goals. Insure that one (and *only* one) committee member is a Catholic priest, prominent Evangelical pastor, or other such representative of the conservative view, but make certain that this person is not really informed about the life issues. The presence of this one person will deflect criticism that the Committee is 'loaded,' and will give the appearance of fairness. As SIECUS says, "In Memphis, Tennessee, a Catholic priest who was a member of the [sex education planning] committee effectively neutralized the opposition's charge that religious values were being ignored." [38]

The SIECUS publication titled *Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education* advises that

In many communities, opponents are invited to serve on the planning committee for new programs. Although it may seem easier to have only proponents on this committee, it is one way to defuse the opposition at an early stage. According to sexuality educator Mary Lee Tatum, "Listen to them and let them participate on committees; then make committee statements using facts and data, *underscoring the majority opinion*". [38]

In other words, put one or two of the "opposition" on the 12- to 14-member board for appearance's sake, and then act as if they and their viewpoints do not exist by emphasizing *only* the pre-ordained "majority opinion."

Step 3: Prohibit Public Participation. Insure that the Committee makes the proper recommendations (i.e., in favor of school-based clinics or sex education). These recommendations are usually copied almost verbatim from previous Committee releases that have been issued in other areas. Insure if possible that *NO PUBLIC MEETINGS ARE ALLOWED!* Public recommendations may only be submitted by letter, which are ignored if they attack the proposed SBC or sex ed program. Always claim that *at least* 80 percent of all mail favors the proposed SBC or sex ed curriculum (it is much easier to lie about mail that only you see than it is to lie about public statements that everyone sees). When dealing with unfavorable comments, SIECUS recommends simply ignoring the opposition entirely: "In fact, if possible, the [responding] statement can ignore the charges entirely and consist of a positive statement about the program and its real or potential accomplishments." [38]

Parental involvement in the decision-making process is encouraged *only* if the parents are 'enlightened.' This exalted term applies *only* to those parents who share the views of the sex educators and SBC pushers. Of course, in their opinion, the vast majority of parents are by no means 'enlightened.' This exalted title is only bestowed upon parents who do not care whether or not their teenagers fornicate, contracept, sodomize, and abort (just so long as it is *sterile* fornication, contraception, sodomy, and abortion).

Step 4: Install the Clinic. If intense opposition surfaces against the birth control and abortion referral features of the SBC, install the SBC anyway, but without these features. A simple charter amendment can be made when the original uproar has died down and people have forgotten about the SBC. It is much easier to add birth control and abortion referral *after* the clinic has been established than it is to include these features in the original plan.

Joy Dryfoos of the Center for Population Options stated that clinics "can avoid local controversy by starting with primary health care and then adding family planning services." [40] Kathleen Arnold-Sheeran, founder of the National Association of School-Based Clinics, most clearly outlined this step in the SBC strategy, and showed also that SBC proponents believe that every clinic *must* include contraceptive services: "Be willing to make compromises. Better something than nothing. Do not compromise on being in school. In Kansas City, they met with religious leaders and agreed to leave out birth control. Eight months later, birth-control services were added. Get your foot in the door. Be trusted. Total health care means birth control." [41]

Step 5: Entrench Your Gains. Using prepackaged media kits, trumpet the fraudulent 'fact' that the teenage birthrate is down, and conceal the fact that pregnancies and abortions have gone up. Use this "success" story to spread the clinics or the sex ed program to other high schools in the area.

Just in case opposition surfaces at some future date, entrench sex education by blending it with instruction in other courses. SIECUS advises "They [strategists] agree with many experienced sex educators that various facets of sexuality can — and should be — incorporated into biology, physiology, English, history, and other courses in a natural context." [37]

Conclusion. The above five-step strategy should make it very clear to everyone that SBC proponents simply cannot be trusted. The objective of SBCs is to make contraceptives and abortion available to all teenagers, regardless of their religious or cultural beliefs. The ultimate goal, of course, is to further weaken ties between parents and children exactly at that point when teenagers need more guidance from their parents, *not* interference from tax-funded anti-family bureaucrats.

Any mother or father whose child attends public school, and who does not vigorously oppose SBCs, will inevitably reap the fruits of their inaction: Pregnant daughters faced with the awful decision to either abort or face diminished prospects in job-hunting, education, and marriage; and guilty sons whose irresponsibility ruins the lives of others and sets the stage for a lifetime of selfishness.

[Go to Next Topic: SBCs Do Not Prevent Teen Pregnancy and Abortions](#)

[Return to Sex Education and School-Based Clinics Table of Contents](#)

Endnotes for “The Five-Step Strategy for Installing SBCs Over Student and Parental Objections”

[36] *American Teens Speak: Sex, Myths, TV, and Birth Control*, subtitled "The Planned Parenthood Poll," page 71, conducted for the Planned Parenthood Federation of America, fieldwork performed September/October 1986, by Louis Harris and Associates, Inc., 1986.

[37] Irving R. Dickman. *Winning the Battle for Sex Education* [New York: Sexuality Information and Education Council of the United States, 1982].

[38] Debra W. Haffner and Diane de Mauro. *Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education*. SIECUS, March 1991.

[39] Richard Weatherley, *et.al.* "Comprehensive Programs for Pregnant Teenagers and Teenage Parents: How Successful Have They Been?" *Family Planning Perspectives*, March/April 1986, page 76.

[40] Joy Dryfoos. "School-Based Health Clinics: A New Approach to Preventing Adolescent Pregnancy?" *Family Planning Perspectives*, March-April 1985, pages 70 to 75.

[41] Michael Schwartz. "Sex as Apple Pie." *National Review*, June 10, 1988, pages 39, 40 and 57.

Facts of Life: Chapter 17: Sex Education and School-Based Clinics: What Parents Can Do About Comprehensive Sex Education Programs and SBCs



What Parents Can Do About Comprehensive Sex Education Programs and SBCs.

"How Could this Happen to My Child?" The vast majority of parents do not even know whether or not their children are receiving sex education in their school. Those who *do* know are usually entirely ignorant of the contents of the programs their children are being exposed to. Most parents unquestioningly trust the 'sexperts' with their children's health and moral development.

This haze of indifference lasts only until their daughter turns up pregnant. Or damaged by a so-called 'safe and legal' abortion. Or when their son contracts a venereal disease that threatens his health.

Or when their child tests positive for HIV.

Then they begin to care very much.

Only *then* do they ask "How could this happen to *my* child?"

The brutal truth of the matter is evident: Parents who do not very carefully inform themselves about the sex education that their children are receiving are, by default, allowing their children to assume the values of others. They are allowing their children to venture into a sexual minefield without the necessary guidance of moral standards. These parents simply do not care about their children as much as they say they do.

They are abandoning their children to a system that they simply are not equipped to cope with.

The Results of Promiscuity. The way we conduct ourselves sexually is an indication of how we live the rest of our lives. This is particularly true of teenagers, who are in the process of constructing the moral framework that they will use to guide the way they think and act throughout the rest of their lives.

Drs. Donald Orr and Gary Ingersoll of Indiana University Medical School studied thousands of unmarried teenage girls who had experienced premarital sexual activity and thousands who had not. They found that teenage girls who have premarital sex are five times as likely to be suspended from school for a serious offense, ten times more likely to have used illegal drugs, and six times as likely to have attempted suicide. *Boys* who have premarital sex are six times as likely to abuse alcohol and five times as likely to use marijuana.[51]

Significantly, girls who have sex before marriage experience severely diminished self-esteem, while boys who do so actually experience an *increase* in self-esteem. The implications of this comparison are obvious. Dr. Ingersoll states that "Girls with low self-esteem may be using sex as a way to build esteem, but then it only makes them feel worse about themselves. Early experience is still regarded as more deviant for girls." [51]

Those teenagers who have sex before marriage, use illegal drugs, and commit other illegal and/or immoral acts are tortured by their guilt, which builds until it is unbearable. There are only two ways out of this agonizing situation: Repentance (which becomes more and more difficult as the various addictions takes hold) or rationalization and a continuation of an immoral lifestyle.

It is far better to avoid this situation by beginning one's independent life with a firmly

... is far better to avoid the creation of a new independent moral authority than a family established set of morals — but nothing makes this more difficult than permissive sex education.

Take Action! The sex educators, media pundits and other liberals tend to chuckle condescendingly at Christian parents who worry about the morality of their children. Planned Parenthood and similar organizations often portray concerned parents as control-oriented, paranoid religious fanatics who see a conspiracy around every corner.

Although the 'sexperts' do not themselves operate in a conspiracy *per se*, they think in a similar manner and utilize similar tactics when attempting to achieve their goals.

The only defense against the well-organized sex educators and reformers is to maintain constant and fruitful *communication* with your children. It is also essential to know where they are and what they are being taught in school, and who their companions are both in and out of school. Finally, parents must be their children's *friends* — the first people children will consult when they have questions or problems.

If the gaining of this knowledge requires parents to conduct a little overt surveillance in class or to make themselves a royal pain in the neck to the local 'sexperts,' then so be it. Parents should not be apologetic about monitoring their children and guiding their development. Despite what the Humanist experts say, the upbringing of children is a parent's God-given duty — *not theirs!*

Parents should band together to accomplish their objectives. They should demand to know the details of sex education curricula, and they should study these materials diligently. If the materials are offensive, or if they are stonewalled by the bureaucracy, parents should pull their kids out of the class with no apologies!

If the situation is *really* bad, parents might make the ultimate statement of disgust with the school system by pulling their children out of school completely and educating them at home. Unfortunately, this may be the only option for truly conscientious parents, because the secular sex educators are tireless and have access to our children for six to eight hours a day for nine months of the year. No parent can realistically monitor the situation at all times, because comprehensive sex education is being integrated into every facet of high school education. As the Sex Information and Education Council of the United States (SIECUS) advises, "They [strategists] agree with many experienced sex educators that various facets of sexuality can — and should be — incorporated into biology, physiology, English, history, and other courses in a natural context." [52]

If parents cannot be absolutely certain that their children are not being exposed to immoral sex education, it is their *duty* to remove their children from school. The Catholic Church recognizes the paramount importance of chastity education and the irreparable damage to the soul that can be caused by even a fleeting exposure to pornographic or comprehensive sex education programs. For this reason, the Church holds that *parents* are the only appropriate teachers of sex education.

Vatican II recognized that "the role of parents in education is of such importance that it is almost impossible to find an adequate substitute ... The family is therefore the principal school of the social virtues which are necessary to every society." [53]

Familiaris Consortio and *The Truth and Meaning of Human Sexuality* lay out very clearly the standards that are expected of every Christian parent regarding sex education:

Sex education, which is a basic right and duty of parents, must always be carried out under their attentive guidance, whether at home or in educational centers chosen and controlled by them. In this regard, the Church reaffirms the law of subsidiarity, which the

controlled by them. In this regard, the Church reaffirms the law of subsidiarity, which the school is bound to observe when it cooperates in sex education, by entering into the same spirit that animates the parents.[54]

Organizations that Help Promote Chastity. It is not enough for concerned parents to simply be against secular sex education programs. Firm guidance must be available in order to answer the inevitable inquiries that come up and to guide teenagers. Parents must be armed with facts and with the most up-to-date pro-chastity materials in order to be able to handle the delicate and critical question of teen sexuality. Even if children are exposed to comprehensive sex education at a public or Catholic school, it may be possible to stem *part* of the resulting extensive moral and psychological damage by instructing them in the practice of the cardinal virtues at home.

It must be stressed that instruction in chastity must be part of an overall program of teaching and living the cardinal virtues, or else it will be useless. The virtues interlock and support one another; if one or more are neglected, the practice of the others will suffer as well.

The cardinal virtues are *prudence* ("the virtue that disposes practical reason to discern our true good in every circumstance and to choose the right means of achieving it"); *justice* ("the moral virtue that consists in the constant and firm will to give their due to God and neighbor"); *fortitude* ("the moral virtue that ensures firmness in difficulties and constancy in the pursuit of the good"); and *temperance* ("the moral virtue that moderates the attraction of pleasures and provides balance in the use of created goods").[55]

Chapter 25 lists the major pro-chastity organizations in the United States and Canada. These groups can provide information, guidance, and materials that are useful in educating other parents and children on chastity and Christian sex education.

[Go to Next Topic: The Benefits of Homeschooling](#)

[Return to Sex Education and School-Based Clinics Table of Contents](#)

Endnotes for "What Parents Can Do About Comprehensive Sex Education Programs and SBCs"

[51] Marilyn Elias. "Early Teen Sex May Indicate Drugs, Drinking." *USA Today*, February 6, 1991, page D1.

[52] Irving R. Dickman. *Winning the Battle for Sex Education* [New York: Sexuality Information and Education Council of the United States, 1982].

[53] Vatican Council II. *Gravissimum Educationis*, "Declaration on Christian Education," October 28, 1965, ¶3

October 28, 1988, ¶¶.

[54] Apostolic Exhortation *Familiaris Consortio* ("The Role of the Christian Family in the Modern World"), December 15, 1981, ¶37. The Pontifical Council for the Family. *The Truth and Meaning of Human Sexuality: Guidelines for Education within the Family*. November 21, 1995, ¶43.

[55] *Catechism of the Catholic Church*, ¶1805-1809, "The Cardinal Virtues."

Facts of Life: Chapter 17: Sex Education and School-Based Clinics: The Benefits of Homeschooling



The Benefits of Homeschooling.

Our Academically and Morally Illiterate Children. This Chapter describes some of the sex education curricula used in American high schools today, and describes how school-based clinics undercut the relationship between parents and children and help destroy the morals of teenagers.

However, the problems with public schools extend much further than difficulties with teaching morality.

Among developed nations, the United States consistently ranks very high in terms of education expenditures per pupil. Our country spends the second largest percentage of its gross national product on education out of all the countries in the world — 7.5 percent, as compared to Japan's 5.5 percent and West Germany's 4.5 percent.[56]

Yet many of our children are virtually illiterate when they leave high school. They can hardly read, and they have difficulty performing simple mathematically-oriented chores such as balancing a checkbook. Incredibly, in the mid-1980s, one-third of our high school graduates could not even locate the United States on a world globe![57]

This is a terrible tragedy, not only for the individual child and the nation as a whole, but to the hundreds of thousands of genuinely talented and caring teachers who simply cannot overcome the 'system' so that they can do their jobs properly.

What is Being Taught? All children attending public school will sooner or later be exposed to the following ideas, either by the school itself, by organizations that work with the school or by peer groups.

- Homosexuality is a perfectly acceptable alternative lifestyle;
- Abortion is a matter to be decided not by the church or by the state, but solely by a woman and her physician;
- Communism is merely another economic system;
- The Christian religion has absolutely no place in education, although "New Age" and various Eastern and African practices abound;
- There are absolutely no concrete ethical or moral rules, and that all problems must be considered on a case-by-case basis (the insidious ethical relativism or "situational ethics");
- There is really no good or evil, and that the concept of "sin" is outmoded; and
- Above all else, the highest of all virtues are nonjudgmentalism and tolerance.

The public school environment will most likely include most or all of the following;

- 'Lifeboat exercises,' where children are forced to conclude that some life is worth living, and some life is not;
- Secret psychological counseling that ruthlessly undermines parental authority;
- Totally immoral comprehensive sex education classes, where chastity is either ignored or ridiculed as 'outmoded and quaint,' and where all manner of birth control devices will be demonstrated in lurid detail.

devices will be demonstrated in more detail,

- 'Death education,' where children may be forced to write suicide notes, visit mortuaries, lie in coffins, and write essays on topics such as "End of the World — Coming Soon or Not?;" "Infanticide — Right or Wrong?;" and "Active Euthanasia for Deformed Infants — Right or Wrong?"
- A school environment saturated with gangs, weapons, and drugs; and
- An overall nihilistic atmosphere that tells the child that life is really not worth living, except for the moment.

Inventing the Beast. All of the above aberrations are to be expected in an environment where 'good' and 'evil' are abstract terms that have no real application to real life.

In 1968 and 1969, the first formal "value-free" curriculum was formulated by the Western Behavioral Sciences Institute in La Jolla, California. This effort, which was funded by the R.J. Reynolds Tobacco Company, took the historic step of replacing the standard upon which personal decision-making was based. The original standard was human *reason*; the new standard is human *feelings*.

The fundamental underlying concept of this new "value-free" curriculum is moral relativism, or "situational ethics," which asserts that the only rule that is absolute is that there are really no rules that are absolute — not even laws against murder. Situational ethicists argue that every rule has exceptions, and that people must be free to judge whether or not society's rules apply to them.

So far, so good. Almost every man-made rule *does indeed* have its exceptions. And, of course, people must occasionally judge whether or not these rules apply to them in particular situations.

But such decisions are properly made only in the context of the most extreme or very unusual situations, which occur when one must commit one evil in order to prevent or ameliorate a greater evil. Examples would be to trespass on private property in order to save lives, to destroy property in order to save property of much greater value, or even to kill someone in order to save a number of other people, such as in a hostage situation.

Above all, one must never forget that man's laws are frequently flawed and sometimes even immoral, and in all cases must give way to God's law. There are certain acts (such as adultery, abortion, contraception, euthanasia, and homosexual behavior) which are *intrinsically evil* and can never be made good. There are no extenuating circumstances for such acts, even if they are committed to avoid what people may think is an even greater evil.

Shifting the Focus. The principle of situational ethics — which an ordinary person with a properly-formed conscience might need to employ once or twice in an entire lifetime — has been extended to everyday living. The situational ethicists have also shifted the focus of the beneficiary of such acts from society in general to the individual in particular.

In other words, if a person can derive more personal benefit from a possession than someone else, then nobody can really tell him that it is wrong to steal the object in question. If a person feels that the United States is embarking upon a mission of capitalist imperialism in some far-flung land, he can feel perfectly justified in cheating on his income tax return. If he believes that clearcutting a forest will degrade the environment, he may feel that destruction of logging equipment ('ecotage') is the answer. If an unborn child interferes with a relationship in even the most trivial manner, it immediately becomes expendable.

The situational ethicists usually contradict themselves by producing a laundry list of

The educational curricula usually contradict themselves by producing a laundry list of exceptions to their exceptions to the rules. In short, all rules may be broken except the rules that *they* say cannot be broken, such as laws and ordinances against racism, sexism, and homophobia.

Doin' Bad and Feelin' Good. Therefore, it is obvious that we are brought right back to the only possible conclusion: That "situational ethics" courses are simply another fancy tool used by Humanists to control and indoctrinate our children.

Our kids do not object to this covert manipulation, because one objective of Humanistic teaching is to make them feel *good* about themselves. And, of course, good little students who are kept psychologically numbed and sated with sex, drugs, freedom (license), and everything else they could possibly want are not likely to rebel against the Humanistic system. Even as kids spout meaningless drivel about personal freedom and independence, they are becoming imbedded in the Humanist system as surely as a fly caught in a spiderweb will soon become part of the spider.

The effects of this brainwashing became evident as the result of a study performed with 100 seventh-graders from six countries in 1989. These students were subjected to a rigorous mathematics test and were then asked how they thought they performed against seventh-graders from the other five countries.

The Korean children performed exceptionally well on the mathematics test, followed by the Spanish, British, Irish, and Canadian children in that order. Students from the United States finished dead last, and Canadian students finished second to last.[58]

However, when the children were asked if they considered themselves to be good at mathematics, the Koreans came in last (23 percent answering yes) and the Americans first (68 percent answering yes).

This meant that the children from the United States had an inverted sense of reality regarding their own performance.

In other words, children from the United States are failing abysmally in academics while they are being indoctrinated into not *caring* that they are failing. All that matters is that they feel good about themselves.

The Decisive Christian Response — Homeschooling! Many Christian parents are tired of constantly monitoring their child's school system in order to insure that permanent damage is not done by a score of dangers ranging from head lice to suicidal and violence-prone students.

Any Christian parent who knows the nature of the public schools and many "Catholic schools" and the tactics of the social engineers also realizes that it is *theoretically impossible* to protect their children against all of the baleful influences that they will encounter there. In other words, no parent has the capability of monitoring their children to the point where they will not be falsely indoctrinated. The public schools have each of our children under their control for more than 10,000 hours, and there are dozens of ways to indoctrinate them.

Our schools have been transformed literally into obstacles to moral living that our children must endure and survive.

that our children must endure and survive.

Therefore, more and more Christian parents are pulling their children out of the militantly atheistic American public school system and are educating them properly — *themselves!*

Even though it is still only in its infancy, the home-schooling movement is already having a massive impact on society. In 1990, only about 300,000 children were home-schooled in the United States; in 2005, the number was 3 million, an annual growth rate of 20 percent. [59] When these children take their place as parents and leaders in this society, their influence will be tremendous.

The Advantages of Homeschooling. There are many reasons for this seemingly radical action. A homeschooled child does not learn about 'safe sex.' He does not learn that homosexuality is a 'perfectly acceptable alternative lifestyle,' or that abortion is simply a private decision between a woman and her doctor. He is not exposed to secret psychological counseling, 'lifeboat exercises,' Planned Parenthood, or value- and God-free education. Additionally, he is allowed to proceed at his own learning pace, rather than being held back in order to accommodate slower students. On the other hand, if the child is slow in some areas, he is not warehoused in a 'slow' section and forgotten, and is not exposed to ridicule and embarrassment. He is also not exposed to pervasive peer pressure to violate his Christian value system through sex, drugs, and violence.

Numerous studies and interviews by a wide variety of organizations (some of them quite liberal) reveal that homeschooled children score higher on achievement tests, are superior in their breadth and depth of knowledge, and are more adaptable and sociable than publicly-schooled children.

The paramount advantage of homeschooling, of course, is that children will receive the proper training in Christian values.

But What about Socialization? There are several reasons parents give for not homeschooling their children. They think that they do not have the time or money. They are wary of taking such a 'radical' step. But most of all, they are concerned about their children being socialized.

Any parent who is considering this point should ask themselves the following question: "What *kind* of socialization do I want for my children?"

Most kids who attend public schools are perfectly normal, if not particularly moral. However, socialization in the public schools inevitably includes exposure to classmates who are violent, openly promiscuous, and abusers of alcohol and drugs. Children are exposed to pornographic sex education, immodesty, bad language, repulsive rock lyrics, and trashy video games on a regular basis, all of which have a bad influence on them. They also absorb values that may conflict strongly with those of their parents: That the way one dresses is critical, that success in sports is more rewarding than success in academics, that virgins are *not* 'cool,' and that the 'system' was made to be beaten by whatever means are available.

At home, their socialization is with their brothers and sisters, and with parents who care about them enough to teach them individually. If interaction with other children is a concern, parents who are considering homeschooling

with other children is a concern, parents who are considering homeschooling should contact one of the national homeschooling support groups listed in Chapter 25 and ask for the address of the appropriate state homeschooling group. The state group can answer the concerns of parents, and can get them in contact with other homeschooling families in their area. If parents want to expend a little extra effort on behalf of their children, they can insure that their kids spend most of their play time with other homeschooled children who share their values.

Homeschooling Resources. Many faiths, from Roman Catholic to Episcopalian to Mennonite, have outstanding homeschooling curricula that have been proven by the test of time. The organizations listed in Chapter 25 can get parents in touch with the people who organize and distribute these programs, and can also answer any questions that they might have.

The Rutherford Institute. Some states are very supportive of home schooling, and require only a year-end test for each child to insure that he is keeping up. In other states, parents who dare to try to homeschool their own children often run into a plethora of legal troubles and harassment from local school districts.

The legal status of home schooling in each state can be obtained from

The Rutherford Institute
Legal Department
Post Office Box 7482
Charlottesville, Virginia 22906-7482
Telephone: (804) 978-3888
E-mail: tristaff@rutherford.org
Web site address: <http://www.rutherford.org>

Request the *Home Education Reporter* for the appropriate state. Each *Reporter* is ten dollars.

Home School Legal Defense Association. The Home School Legal Defense Association (HSLDA) issues a quarterly newsletter titled *The Home School Court Report*. This organization requires annual dues of \$100, but provides relatively inexpensive legal aid if trouble should arise from homeschooling activities. The HSLDA charges anywhere from \$100 to respond to threats from a local official to \$5,000 for trial appearances and preparation, including those at the appellate court level. For information, contact

Home School Legal Defense Association
Post Office Box 3000
Purcellville, Virginia 20134
Telephone: (540) 338-5600
Web site address: <http://www.hslda.org>

[Go to Next Topic: Further Reading on The Threat Posed by Secular Sex Education](#)

[Return to Sex Education and School-Based Clinics Table of Contents](#)

Endnotes for “The Benefits of Homeschooling”

[56] John McLaughlin. "Bennett the Bold." *National Review*, November 1, 1985, page 23.

[57] *Ibid.*

[58] Charles Krauthammer. "Education: Doing Bad and Feeling Good." *Time Magazine*, February 5, 1990.

[59] March 29, 1999 telephone conversation with Scott Somerville, President of the Home School Legal Defense Association (HSLDA); 1997 study by Dr. Brian Ray of the National Home Education Research Institute; a March 1997 *Wall Street Journal*/NBC News poll found that 6 percent of all parents "Home-schooled, keeping [their] child out of school and teaching the child at home."

[Facts of Life: Chapter 17: Sex Education and School-Based Clinics: Further Reading on the Threat Posed By Secular Sex Education](#)



Further Reading on The Threat Posed By Secular Sex Education.

American Family Association. "Public School Sex Education: A Report." Published in the October 1990 issue of the *AFA Journal*. Also available for \$2.00 from the American Family Association, Post Office Drawer 2440, Tupelo, Mississippi 38803. This is an excellent encapsulation of the incredible nonsense being drilled into our children by sex educators posing as teachers. If this is not a powerful incentive to home school, nothing else will be.

Melvin Anchell, M.D. *Sex and Insanity* [Halcyon House: Portland, Oregon, 1983]. Reviewed by Murray Norris, Ph.D., J.D., on page 27 of the November 1983 issue of *ALL About Issues*. A Freudian psychiatrist presents logical arguments against pornography, comprehensive sex education, moral relativism, and other peculiarities of our sex-crazed society.

Claire Chambers. *The SIECUS Circle: A Humanist Revolution* [Belmont, Massachusetts: Western Islands Press, 1977]. The philosophy and comprehensive goals of the Humanist revolution. Includes detailed information on 35 Humanist organizations.

Irving R. Dickman. *Winning the Battle for Sex Education* [New York: Sexuality Information and Education Council of the United States, 1982]. This short "how-to" book, written by one of the skills for the pro-abortion, pro-SBC, pro-homosexual, and pro-anything that trashes the family SIECUS, shows school boards and operatives how to blunt, ignore, or confuse parental opposition to permissive sex education programs. This book would be extremely valuable to those parents who want to effectively work against permissive sex education programs in the schools, because it gives them an idea of how the school sex-ed pushers will react. Includes a lengthy section entitled "20 Questions Parents Ask About Sex Education."

Thomas E. Elkins, M.D. "On the Need for More Careful Consideration by Gynecologists of Sex Education Programs in Public Schools." 1989: 22 page booklet available for \$2 from American Life League, Post Office Box 1350, Stafford, Virginia 22554, telephone: (703) 659-4171.

Family Foundations. This bimonthly newsletter is published by the Couple to Couple League (CCL). Main topics are the technical and 'how-to' aspects of natural family planning (NFP) and information on teen sex clinics, chastity, and Planned Barrenhood. Subscriptions are available for a \$15 donation. Write to Couple to Couple League, PO Box 111184, Cincinnati, Ohio, 45211.

P.H. Gebhard and A.B. Johnson. *The Kinsey Data: Marginal Tabulation of the 1938-1963 Interviews Conducted By the Institute for Sex Research* [New York: Saunders Publishing, 1979].

Sol Gordon. *Raising a Child Conservatively in a Sexually Permissive World* [New York: Simon and Schuster, 1983]. Read this subtle book (with the misleading title) by Planned Parenthood's "masturbation guru" for insight as to how sly the sex pushers can really be. This is what your children are being exposed to in their schools right now.

Stephen M. Krason and Robert J. D'Agostino. *Parental Rights: The Contemporary Assault on Traditional Liberties* [Front Royal, Virginia: Christendom College Press, 1988]. This book covers the legal and moral dimensions of parental rights from the philosophical, legal, and psychological points of view. Subjects covered in this collection of focused articles include parental rights in all aspects of public and home schooling, including sex education and the life issues. Noted authors include Kenneth Whitehead, James Likoudis, Charles E. Rice, and Thomas J. Marzen.

Katherine B. Oettinger. *Not My Daughter!: Facing Up to Adolescent Pregnancy* [Englewood Cliffs, New Jersey: Prentice-Hall, 1979]. Much useful and interesting information can be extracted from this book on the troubles and options a pregnant teen faces. The author presents abortion as just another option, however, and the fact that the book is recommended by Planned Parenthood and other population-control groups should tell the pro-life reader what perspective to take when reading this book.

Judith A. Reisman and Edward W. Eichel. *Kinsey, Sex and Fraud: The Indoctrination of a People* [Lafayette, Louisiana: Huntington House, 1990]. An excellent and detailed examination of the background of the Alfred Kinsey sexual studies that "showed" that children are sexual from birth and that ten percent of the population is exclusively homosexual. This book examines in detail the flaws in Kinsey's studies, and looks at the machinations of modern-day 'sexologists' who build their work on his studies. Reisman also details the impacts that Kinsey-style sex education has had on our country.

Linda Roggow and Carolyn Owens. *Handbook for Pregnant Teenagers* [Zonder-Van Press, 1984]. Reviewed by Debra Braun in the October 24, 1985 *ALL News*. Finally, a pro-life book for pregnant teenage girls! This book should be in every CPC and every library. It explains the three *real* options in such a case — adoption, marriage, and single parenthood. It goes into some detail on how to approach family members and how to deal with and analyze their reactions. The last chapter encourages the pregnant girl to trust in God and have courage. The book also includes a resource list and guide to national crisis pregnancy centers. Good for calming down teens and parents and guiding them in thinking about their situation in a rational manner.

Robert H. Ruff. *Aborting Planned Parenthood* [Houston: New Vision Press]. Reviewed by Judie Brown on page 53 of the November-December 1988 issue of *ALL About Issues*. This book is a summary of more than 50,000 medical and other records salvaged from a dumpster behind a Planned Parenthood clinic in Texas. The author covers, by the numbers, the numerous sex education myths that Planned Parenthood foists off on teenagers, and documents why they are false.

Father H. Vernon Sattler. *Sex Education in the Catholic Family*. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This short book

Bookman, Sam Eric, Ph.D., Virginia E.H.U., telephone (703) 528-1800. This short book shows that it is impossible to teach about sexuality unless we first properly define it. It is not exclusively recreation, procreation, or romance. Helps define "love" and introduces parents to the basic principles of Catholic sex education.

[Go to Next Topic: Books for Christian Sex Educators](#)

[Return to *Sex Education and School-Based Clinics* Table of Contents](#)

[Facts of Life: Chapter 17: Sex Education and School-Based Clinics: Books for Christian Sex Educators](#)



 SHARE

Books for Christian Sex Educators.

There is a vast body of Christian literature dealing with sex education from a Godly standpoint. With all of this excellent material available, there is really no excuse for allowing the secular sex educators to destroy your child's values.

Just a few of the better-known books on Christian sexuality are listed below.

As described in this Chapter, the best available guide for Catholic parents is the Vatican's *The Truth and Meaning of Human Sexuality: Guidelines for Education Within the Family*.

Larry Christenson. *The Wonderful Way That Babies Are Made*. Hardback, \$8.95. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174. Telephone: (703) 586-4898. A good book for parent-guided sex education that treats the subject in the context of God's plan for us. The book includes beautiful illustrations and a short section on adoption. There are varying sizes of print and simplicity of language, so that small children and older ones may be taught out of the same book.

Raymond Dennehy (editor). *Christian Married Love*. Five excellent and incisive essays on the meaning of *Humanae Vitae* for Christian families, by Malcolm Muggeridge, Cardinal Hans Urs von Balthasar, Louis Bouyer, Jean Guitton, and Father Joseph Lestapis.

Father Robert J. Fox. *Charity, Morality, Sex and Young People* [Huntington, Indiana: Our Sunday Visitor, 1975]. A textbook on the religious aspects of teen life with questions and answers at the end of each chapter. This book would be excellent for teens and parents to work on as a project together for the purpose of mutual understanding.

Father Robert J. Fox. *Teenagers and Purity; Teenagers and Going Steady; Teenagers Looking Toward Marriage* [St. Paul Editions]. The author shows how parents can work with their teenagers to foster respect for the opposite gender, how to develop a feeling of value towards chastity, and how to prepare for a marriage that will stand the test of time.

George A. Kelly (editor). *Human Sexuality in Our Time: What the Church Teaches*, 1978. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. Proceedings of the Spring 1978 conference by St. John's University's Institute for Advanced Studies in Catholic Doctrine. Topics include Catholics and the Pill; the Bible and human sexuality; the morality and sanctity of sex; and what the Church teaches on sex.

Susan Schaeffer Macauley. *Something Beautiful from God*. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. A parent's read-aloud book that explains the miracle of life before birth. Includes beautiful photographs of babies in the womb, and treats the subjects of sex and babies in a reverent manner.

Connie Marshner. *Decent Exposure* [Harrison, New York: Ignatius Press]. This book emphasizes chastity, self-esteem and family values in an examination of how parents and teenagers can safely guide themselves through the difficult period of adolescence.

Sean O'Reilly, M.D. *In the Image of God: A Guide to Sex Education for Parents*. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. A Catholic sex-education program for parents who want to teach their children about the human physical, psychological, and intellectual development. The material is presented in a series of nine lectures or seminars, with three lessons each on the pre-latency, latency, and post-latency periods. For individual use or for parent's use.

Stephen Parker. *Life Before Birth: The Story of the First Nine Months* [Cambridge University Press, 1979]. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. Reviewed by John Hamlon on pages 170 and 171 of the Summer 1979 issue of the *International Review of Natural Family Planning*. Displays from the British Museum of Natural History are drawn to illustrate life before birth and prove beyond doubt that life begins at fertilization. This is an excellent book for parent-guided sex education, in that it includes line drawings of the human reproductive systems. An effective tool for educating people as to the humanity and beauty of the preborn. Children especially will love this book.

Pope John Paul II. *The Theology of the Body*. This is a series of four books designed to explain the total Catholic Church teaching on the sanctity of sex, marriage, and procreation. Order from Keep the Faith, 810 Belmont Avenue, Post Office Box 8261, North Haledon, New Jersey 07508, telephone: (201) 423-5395.

(a) *Original Unity of Man and Woman*. A catechesis on the Book of Genesis. The foundations of the indissolubility of marriage. Paperback, \$4.00.

(b) *Blessed Are the Pure of Heart*. A catechesis on the Sermon on the Mount and the Writings of St. Paul. A discussion on the sins relating to adultery. Paperback, \$6.00.

(c) *The Theology of Marriage & Celibacy*. A catechesis on marriage and celibacy in light of the resurrection of the body. Based on Matthew 22:24-33, which describes the 'renunciation' of marriage in favor of the Kingdom of Heaven. paperback, \$9.00.

(d) *Reflections on Humanae Vitae*. The basis of the encyclical in light of the redemption of the body and the sacredness of marriage in the Catholic tradition. Paperback, \$3.75.

Roman Catholic Church, Bishops of Ireland. *Love is for Life*. 122 pages, sewn softcover, \$3.95. Order from Ignatius Press, 15 Oakland Avenue, Harrison, New York 10528. A very readable and interesting summary of the Church's teachings on love and sexuality. Very useful as a reference work or backup for Catholic sex education programs.

Father Paul M. Quav. *The Christian Meaning of Human Sexuality* [Harrison, New York:

Ignatius Press]. This book shows us how divine revelation has given us guidance in human sexuality. It is for Christian adults who would like to know what kinds of sexual behavior are right and wrong and for those who seek to follow God's word.

Father H. Vernon Sattler. *Sex Education in the Catholic Family*. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This short book shows that it is impossible to teach about sexuality unless we first properly define it. It is not exclusively recreation, procreation, or romance. Helps define "love" and introduces parents to the basic principles of Catholic sex education.

Margaret Sheffield. *Where Do Babies Come From?* and *Before You Were Born* [New York: Alfred A. Knopf, 1982 and 1984]. Each book is 32 pages and \$10.95. Two more very good books for children as young as six years old.

Sex Education: Anthologies.

Greenhaven Press. *Sexual Values: Opposing Viewpoints*. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1983, 155 pages. Each section includes several essays by leading authorities on both sides of each issue. The questions asked are: "Is Nonmarital Sex Acceptable?;" "Does Sex Education Belong in Schools?;" "Is Homosexuality Acceptable?;" "Is Pornography Harmful?;" and "Should Prostitution Be a Crime?" Authors include Jeremiah A. Denton, Jr., Susan Brownmiller, Gail Sheehy, and Phyllis Schlafly. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Greenhaven Press. *Teenage Sexuality: Opposing Viewpoints*. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1988, 215 pages. Each section includes several essays by leading authorities on both sides of each issue. The questions asked are: "What Affects Teenagers' Attitudes Towards Sex?;" "What Kind of Sex Education Is Appropriate for Teenagers?;" "Are School-Based Health Clinics Beneficial?;" "How Can the Teenage Pregnancy Problem Be Solved?;" and "Should Teenagers Make Their Own Sexual Decisions?" Authors include Charles Krauthammer, Allan C. Carlson, and Sol Gordon. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

[Return to Sex Education and School-Based Clinics Table of Contents](#)



Human Life International 2008 Annual Report

Mission Statement

The mission of HLI is to create effective opposition to the culture of death around the world. With 99 satellite offices in 87 countries, Human Life International is the largest international, pro-life, pro-family, pro-woman organization in the world.

Mission Accomplishments for 2008

Mission Statistics: HLI Staff

Mission Type	Number of Events	Number of People Directly Impacted
Talks, Conferences, or Special Meetings	321	64,290
Pro-life Masses and homilies	62	6,365
Radio Interviews	153	
TV Interviews	19	
Print Media	42	
Press Conferences	3	110
Internet Coverage	143	
Pro-Life Training Sessions	4	36
Seminary Visits	15	
Letters of Intervention	47	
Total persons directly impacted		70,801

Mission Statistics: Regional Coordinators

Mission Type	Number of Events	Number of People Directly Impacted
Talks, Conferences, or Special Meetings	503	154,562
Radio Interviews	156	
TV Interviews	60	

TV Interviews	30	
Print Media / Internet	55	
Seminary Visits	20	2,436
Letters of Intervention	47	
Total persons directly impacted		156,998

Mission Reports: Click on the County Link and Read about Human Life International's Mission Activity During 2008

September	Brazil	Mozambique	
August	Togo/Benin/Chad		
July	Philippines		
June	Philippines/Nepal		
April	India	Guatemala	Cameroon/Equatorial Guinea
March	Brunei	Rome	
February	Korea	Belize	Haiti
January	Jamacia	Rwanda/Burundi	Malawi
November	Thailand/Malaysia		
October	India	Burkina Faso/Mali	

HLI Board of Directors

- Patricia Pitkus Bainbridge, MA, Chairman
- Richard J. Clair, Esq.
- William F. Colliton, Jr., M.D.
- Rev. Thomas J. Euteneuer, STL
- Rev. Barnabas Laubach, OSB, STM
- Lisa Jenkins Cahill, M.D.
- Stuart W. Nolan Jr., Esq.
- Francis X. Dennehy, M.D.

HLI Financial Information for Fiscal Year 2008

Revenue

Contributions	\$4,020,593	
Program Services Revenue	8,665	
Other Revenue	79,048	
Total Revenue		\$4,108,306

Expenses

Program Services	\$2,588,321	
Management & General	109,666	
Fundraising	631,664	
Total Expenses		\$3,329,651

Net Assets

Excess for Fiscal Year 2008	\$778,655	
Net Assets Beginning of Year	3,696,170	
Other Changes to Net Assets	(157,953)	
Net Assets End of Fiscal Year 2008		\$4,316,872

For more detailed financial information on Fiscal Year 2008, download the  [2008 Form 990.pdf](#) 10.06 mb.



Spirit & Life®

"The words I spoke to you are spirit and life." (Jn 6:63)

Human Life International e-Newsletter

Volume 04, Number 22 | Friday, June 19, 2009



<http://www.hli.org/>

Priests for the Kingdom

As the Jubilee Year for Priests begins, allow me to offer a brief reflection on the beauty and dignity of the priesthood. I write as one who has lived in this state of life for more than twenty years and who has regular contact with many good priests from around the world. Pope Benedict's call to dedicate a year to deepening our appreciation for the priesthood is an invitation to reflect deeply on the mystery of priestly grace being lived in our midst. We have all been blessed, literally or figuratively, by the ministry of priests, and we all must thank God for this great gift to our Church and our world.

Some realism about the priestly vocation has to both enlighten our view of priests and dampen our expectations of them. Catholic priests are not worldly leaders, they are not perfect and they are not God. Rather, they are God's chosen servants given the duty of blessing, teaching and leading souls to heaven, and for that reason they have a fierce reckoning to go through on the Day of Judgment. On the final day, the High Priest Himself will weigh His black-robed servants in the scales against the souls that were sent them for care, and the scales will not lie.

The failure of a priest is sad and hurtful, but that just proves that the priest is immersed in the woundedness of the human condition and given to the people for their welfare. He always bears the scars of battle and sometimes fails. He always has to apologize more than the average man for his failures because they have a greater impact on people, and if his public profile is higher than most, his humiliation is often much greater because his faults and failings are usually seen in living color by thousands. That is the tremendous risk of being a priest, but he knows about it ahead of time and he takes it for the sake of the souls he is called to serve. The priest has to throw away everything to serve God's people, including his comfort, his ambitions and his ego.

Even though priests don't ask it enough, every priest needs the prayers of his people to support him against the wiles of the world, the flesh and the devil. More than anything, however, he needs prayers to strengthen and confirm him in the grace that he has been given to be that shining light of faith to the world. The grace from these prayers always returns to the one who prays because everyone who prays for priests is served better by them. Prayers for the priesthood in general add more soldiers to the ranks of the clergy and keep some of the failing ones from leaving. Prayers for individual priests and their souls are enormously helpful to a priest's integrity and his generosity of service. We must never underestimate the power of prayer for God's servants. They are always fruitful for the Kingdom of God.

People can sometimes be very generous to priests in a material way, and I can say from a personal standpoint that such generosity is always appreciated by us. However, priests really don't need material gifts or homes offered to us as substitutes for the sacrifices we make for the Kingdom. The Church takes care of us in these aspects of life. What we need is spiritual support for our spiritual work and every once in a while a healthy reminder from the laity that our vocation is not of this world. The

SL Links

- [About the Author](#)
- [SL Archives](#)
- [Donate](#)

SL Action Items

- [The Holy Father Proclaims a Year for Priests](#)

heartily reminder from the laity that our vocation is not of this world. The prayers of the faithful have gone a long way to sustaining priests in their commitment to the salvation of souls just as the prayers of priests bring so many of the laity the strength they need to overcome the difficulties of life and be fortified for our ongoing spiritual combat.

Just as every soldier deserves good leadership in war because his life will depend on it, so God's people deserve good priests who are spiritual warriors fighting for their souls, because if these are lost, everything else is, indeed, lost.

Sincerely,

Rev. Thomas J. Euteneuer

Rev. Thomas J. Euteneuer,
President, Human Life International



[Subscribe/Unsubscribe](#)

Copyright 2009 - Human Life International
Permission granted for unlimited use. Credit required.

Human Life International
4 Family Life Lane -- Front Royal, VA 22630 U.S.A.
Phone: (540) 635-7884 Fax: (540) 622-6247
E-mail: hli@hli.org Website: <http://www.hli.org/>

Facts of Life: Chapter 18: The International Abortion Situation: The Malthus Manifesto



SHARE

What the Anti-Lifers Think.

"We must cut out the cancer of population growth. Coercion? Perhaps, but coercion in a good cause [population control] ... We must be relentless in pushing for population control."

— Paul Ehrlich, *The Population Bomb*, 1968. [1]

The population controllers allege that the world is critically overburdened with people *right now*, and that this crush of humanity is destroying the environment and detracting from *everybody's* quality of life.

Therefore, they say that it is absolutely essential that we slow or halt population growth by making contraception and abortion available to all of the world's women.

Since about 1965, the population controllers have also been hinting that, if we do not put the brakes on our runaway population, the use of massive and widespread coercion will be necessary in order to save the planet.

Introduction.

Family
Planning
has a
theme
Two
children
as each
couple's
dream;
Three
years after
marriage,
one —
Before 33
childbearin
g's done.
Let a
small
family be
your goal
Just

Just
choose a
method of
birth
control
Methods
are safe
and
simple too
A happy
future
waits for
you.
— Poem
from a
Taiwanese
population

control
pamphlet
entitled
"Paste
Your
Umbrella
Before the
Rain,"
funded
by the
United
Nations
International
Children's
Emergency
Fund
(UNICEF).
[2]

The Malthus Manifesto. There exists, at this very moment, a tremendous battle of minds over the vexing problem of world population vs. world food supply. This struggle, largely unnoticed by the public, has been going on ever since the British economist, the Rev. Thomas Malthus, published his landmark work *Essay on the Principle of Population* in 1798.

The heart of Malthus' philosophy, and the cornerstone of the population controller's credo, was contained in his book;

The power of population is indefinitely greater than the power of the earth to produce subsistence for man. Population, when unchecked, increases in a geometrical ratio. Subsistence increases only in an arithmetical ratio ... By that law of our nature which makes food necessary to the life of man, the effects of these two unequal power must be kept equal. This implies a strong and constantly operating check on population from the difficulty of subsistence.

The title of the second edition of Malthus' book, published in 1826, betrayed his strong bias towards a "quality of life" principle: *An Essay on the Principle of Population: Or a View of its Past and Present Effects on Human Happiness; With an Inquiry into Our Prospects Respecting the Future Removal or Mitigation of the Evil Which it Occasions ...*

Taking it Beyond the Limit ... Anti-lifers betray their racist and eugenicist roots most plainly when they express their fear of the population increase in developing countries. They believe that the currently poor nations with large populations will eventually attain massive economic power and will present unwanted competition for the United States.

This fear was explicitly outlined in *National Security Study Memo 200 [NSSM 200]*, or the "Kissinger Report". The anti-lifers try to scare everyone with false statistics about population growth, and demand massive funding for population control programs in developing countries that destroy indigenous cultures and trample human rights on an enormous scale, as in Vietnam, India, Peru and the People's Republic of China.

The "New Malthusians" seem to delight in painting pictures of mass horrors that will inevitably befall society if various nations do not get serious about controlling their populations *right now*. Their predictions are almost always wrong and frequently comical.

In an interview with R.C. Martens, a self-described "Authority Upon the World Food Situation," Margaret Sanger's January 1920 *Birth Control Review* began by claiming that

Within the next few months millions of human beings, mostly Europeans, will starve to death. Food to meet the needs of the Earth's population is lacking and cannot be produced in time to avoid the great crash — the crash which will, as its chief incident, cost uncounted millions of lives, and bring in the train of that disaster no one knows what governmental and social changes.

In 1970, Paul Ehrlich, the dean of the population frightmeisters, warned in his book *The Population Bomb* that 65 million Americans would die of hunger by 1985. He also said in 1968 that "The battle to feed humanity is already lost ... we will not be able to prevent large-scale famines in the next decade." By the next decade, of course, weight reduction clinics were everywhere, and diet books consistently made best-seller lists. Ehrlich often linked overpopulation to resource scarcity, but he was not better at prognosticating about minerals than he was about population. In 1980, he bet economist Julian Simon a thousand dollars that the prices of five strategic metals — tungsten, copper, nickel, chrome, and tin — would rise. All five fell, and Ehrlich paid up.[3]

In the 1970s, the mass media, ever ready to hitch a ride on a politically correct cause, warned us that, by 1990, huge artificial islands would be constructed in the middle of the ocean to handle the earth's exploding population; that the world's oil supplies would be completely depleted by 2000; and that the prime motivator of all wars by the year 1990 would be attacks on other nation's cached food stores.[4]

Ronald L. Taylor, author of *Butterflies in My Stomach*, predicted that, due to the increasing severity of the food shortage, the following would be a typical menu by the year 1990;[5]

Slug Soup
Wasp Grubs Fried in the
Comb Termites Bantu
Moths Sauteed in Butter
New Carrots with Wireworm Sauce
Fricasseed Chicken with Chrysalides
Cauliflower Garnished with Caterpillars
Slag Beetle Larvae on
Toast Chocolate Chirpies

We can glean some idea of what the population controllers consider an ideal society by the predictions they make.

In 1980, they predicted that, by 1995, worldwide compulsory birth control would be instituted. By 2000, the Planned Parenthood (!) movement would triumph over all other systems of thought, and that conception control would be removed from personal choice. Males would be sterilized at age 14 after depositing a semen sample in the frozen gamete bank. Conception would require approval of a state or federal committee, which would first investigate the genetic health of the two proposed genetic parents and would license conception only if the parents are of superior "stock." By the year 2000, artificial insemination would be widely used to produce genetically superior offspring — Margaret Sanger's dream of a "race of thoroughbreds" would finally become a reality.[6]

Population controllers have also predicted that, if world population growth continues at a rate of 2 percent annually, there will be standing room only by 2610, with only one square foot of land per person.[7] Physicist Stephen Hawking has said that the world population doubles every 40 years. He also said that "By the year 2600 the world population will be standing shoulder to shoulder and electricity consumption will make the Earth glow red hot."

In other words, the world population under this absurd scenario would be 1,589 *trillion*, or 238,000 times the world population in 2007.

The Planned Parenthood Federation of America (PPFA) committed perhaps the ultimate in alarmist propaganda when it distributed an undated one-foot square of paper in the early 1980s that proclaimed in its borders that "If present birth rates continue, there will be one human being standing on every square foot of land on earth. Here's a square foot. Try it. Stand on it. Then take a stand for Planned Parenthood!"

Zero Population Growth (ZPG) leaders took advantage of the media drumbeat and loudly insisted that the United States create a "Bureau of Population Control." [8]

Some of the population controllers extrapolated current trends far past the point where they are physically possible in order to frighten people who were not familiar with

statistical theory or demographics. Unfortunately, the vast majority of the population is unschooled in these disciplines, and so accept the bogus math of the population controllers without question.

A 1972 article by David Lytle, which was heavily circulated by Planned Parenthood-World Population, was chillingly and verbosely entitled "The Human Race Has Thirty-Five Years Left: After That, People Will Start Eating Plankton. Or People."

Even *this* was not the most ridiculous prediction made by the population controllers. Ansley Coale won the prize for the most ludicrous projection when he said that we are experiencing " ... a growth process which, within 65 centuries and in the absence of environmental limits, could generate a solid sphere of live bodies expanding with a radial velocity that, neglecting relativity, would equal the velocity of light." [9]

A little fiddling with numbers reveals that this would be equivalent to 23,891 *trillion trillion trillion trillion* (23,891 followed by *sixty* zeroes) people, or more than the number of atoms in the known universe!

Such statistical extrapolations obviously have no bearing on reality whatever and are entirely useless for any purpose other than scaring people.

Despite the fact that world population growth is leveling off, some anti-life population control groups continue to beat their alarmist drums and use apocalyptic language. The Population Institute claimed that "In 1997, world population growth turned a little slower. The difference, however, is comparable to a tidal wave surging toward one of our coastal cities. Whether the tidal wave is 80 feet or 100 feet high, the impact will be similar."

[Go to Next Topic: Fifty Billion? ...](#)

[Return to The International Abortion Situation Table of Contents](#)

Endnotes for "The Malthus Manifesto"

[1] Paul Ehrlich. The Population Bomb [New York: Ballantine, 1968], pages 11, 24, 135 to 139, 149, 151, and 180 to 181.

[2] Poem from a population control pamphlet entitled "Paste Your Umbrella Before the Rain." Prepared by the Chinese Center for International Training in Family Planning of Taiwan. Funded by the United Nations International Children's Emergency Fund (UNICEF). See "UNICEF and Population Control," United States Coalition for Life Newsletter dated January 1973. This pamphlet was distributed to every Taiwanese boy and girl graduating from secondary, high, and vocational schools.

[3] The predictions of Judith Wurtman, G. Harry Stein, Robert Francoeur, John Catchings, Frederick Davies, Robert Truax and Jerrold S. Maxmen, as described in David Wallechinsky and Amy and Irving Wallace. The Book of Predictions [New York: William Morrow and Company, 1980].

[4] Ibid.

[5] Ibid.

[6] Ibid.

[7] Murray Bookchin. "The Population Myth." Kick It Over, Spring 1992, pages 8 to 12.
Reverend John A. O'Brien. Pastoral Life, July-August 1966. Stephen Hawking, during a January 14, 2001 public lecture on "Science in the Future" in Mumbai, India, quoted in "British Physicist Predicts Design of Improved Human Race." Cable News Network Web site at <http://www.CNN.com>, January 14, 2001.

[8] David Wallechinsky and Amy and Irving Wallace. The Book of Predictions [New York: William Morrow and Company, 1980].

[9] Ansley Coale. "Increases in Expectation of Life and Population Growth." In Louis Henry and Wilhelm Winkler (editors), Proceedings of the International Population Conference (Vienna, Austria), page 36.

Facts of Life: Chapter 18: The International Abortion Situation: Fifty Billion?



 SHARE

Fifty Billion? ... Intellectuals interested in the population 'problem' have gravitated towards two poles. A minority insists that it is indeed possible for the world population to continue to grow almost without restraint, because we could feed as many as 50 billion people comfortably if we could just remove all of the existing barriers to food production and distribution.

This is an unrealistic viewpoint. If the population continued to grow at the current rate, it would indeed exceed the food supply, even if production and distribution operated under ideal conditions. At the rate the world population is currently growing (about 1.12 percent per year), we would reach this 50 billion limit by about the year 2188. What would we do then? How would we possibly overcome the momentum of such massive population growth? In such a scenario, any measures taken to limit population growth would be much more severe than they would be today. And, of course, the human suffering caused by any large-scale population-limiting or -reducing disaster such as war, famine or epidemic would be much worse than under current conditions.

However, such a course of events is extremely unlikely. The mid-2007 population of the world was about 6.68 billion, and the growth rate was only about 1.12 percent per year. During the period 1966-1970, the annual growth rate was at a high of 2.02%. This means that the world population growth rate has slowed steadily at the rate of about 0.022 percent per year since 1970. The United Nations believes that this long-term trend will continue, and that the world population will stop growing in about the year 2040.

Several factors assure that this deceleration will continue. First, the spread of medical technology in developing countries has greatly decreased infant mortality rates, so agrarian families no longer feel they need numerous children. Secondly, the availability of abortion and sterilization has been steadily spreading all over the world, and will continue to do so for a number of years. Third, increased wealth in developing nations has naturally caused the birth rate to decline and the marriage age to rise. Fourth, the global trend toward longer life spans seems to be slowing.

The below figure summarizes many of the factors which decrease the fertility of the population in developing countries. Some of these factors overlap others, and demographers may have different names for some of them. There are no factors which are currently increasing fertility measurably in the world. Not even government financial incentives are working.

Figure 18-1

Thirteen Factors Which Decrease Fertility

(1) **Urbanization.** When a family lives in rural areas, each additional child can work by pulling weeds, watching animals, and doing other chores, and can earn more than it costs the family to raise the child. When the family moves to urban areas, children cannot work at early ages and do not make the family more prosperous as they would in the countryside.

(2) **Lower Child Mortality.** There is no guaranteed old age income, such as Social Security, in most countries. This means that most elderly people must be supported by their children. The daughter usually goes to live with her husband's family, so the only chance for an elderly person to have income is to have a living son in his or her old age. To make sure one son survives, parents have two or three. As child mortality has declined, it has become less necessary to have several sons.

(3) **Education of Women.** Women who pursue advanced education have their first child at an older age, and because of competing priorities, have fewer children after beginning child bearing. In many countries, more girls than boys pursue higher education. Men with higher education frequently marry women with

lesser education, but more educated women tend not to marry less educated men so that a relatively high percentage of educated women never marry, reducing the number of potential mothers.

(4) Job Opportunities for Women

Outside the Home. Employment outside the home usually is associated with smaller families. Women employed outside the home tend to have responsibilities, opportunities, and distractions which decrease factors that might otherwise lead them to have more children.

(5) Increased Consumerism. Almost everyone is exposed to television and other aspects of modern life. People see the advantages that money can buy. If they live in urban areas, they know that having a baby is likely to cost them money. Many opt for the material rewards that more money brings instead of the non-material and emotional rewards of parenthood.

(6) Anti-Population Programs. Many developing countries act to reduce births because of a fear of runaway population growth or pressure from United Nations agencies such as the Fund for Population Activities (UNFPA) or the World Bank, well-funded non-governmental organizations such as the International Planned Parenthood Federation (IPPF), and the

Parenthood Federation (IPPF), and the leaders in population control — Canada, the United States, Germany, Denmark, France, Australia and Japan. These entities have spent billions of dollars to control the populations of developing countries, while neglecting basic health care needs. Many doctors complain that their hospitals and clinics lack the most basic and inexpensive items necessary to arrest disease, such as bandages, needles, antiseptics and antibiotics, while stocking vast varieties and amounts of contraceptives. This lopsided emphasis on population control is felt in many other areas. In Haiti, for instance, 88% of women have access to a full range of contraceptives, while only 22% have access to clean drinking water.[10]

(7) **Higher Expectations.** A knowledge of how the wealthy (especially Americans and Europeans) live, and an expectation that their living standard can become more similar to the wealthy. The average home in the world is substantially less than 100 square meters (1,000 square feet) in size. With the rise in expectations caused by improving conditions and the hope for improvement, people develop an intolerance for the inconvenience that large families have previously caused in such small homes.

(8) **Direct and Indirect Attacks on the**

Family Structure. Each time a government legalizes an anti-life practice, it attacks one of the links that holds families together. All of these practices also reduce fertility: Contraception, sterilization, abortion, euthanasia and homosexuality. As the importance of the extended family is reduced, there are fewer family members available to assist the mothers of young children. This is also an inducement for having smaller families. Other influences are delay in first marriage, a greater acceptance of and increase in the number of divorces, and an increase in sexually transmitted diseases. Additionally, national economic development tends to lead to a greater mobility of individuals and families, which isolates young married couples and in turn makes it more difficult for them to have and raise children. Finally, in 'developed' nations there tends to be a greater emphasis on the individual and the autonomy of the individual at the expense of emphasis on the family and the rights of the family.

(9) **Tax Structures.** Financial changes penalizing marriage (such as the "marriage tax" in the United States), and the enactment of *de facto* taxes on children. Large families are penalized by heavier taxes or loss of other financial assistance such as in certain Asian countries. Some governments enact such legislation specifically to reduce family size

specifically to reduce family size.

(10) **Coercion**. The United States and the UNFPA have developed and funded forced sterilization and abortion programs, and dozens of countries, including the People's Republic of China, Peru, India and Vietnam have practiced it.

(11) **Improved 'Family Planning' Technology**. It has been said that man's greatest ingenuity is displayed in times of war — against other men or against his own fertility. We are constantly searching for more efficient ways to thwart God's will in our lives. Researchers are driving a general shift from methods of contraception, with their high failure rates, to abortifacients such as the "morning-after pill" (MAP) and the abortion pill RU-486, which are much more effective. Eventually, 'family planners' would like to see women simply take one abortifacient pill each month.

(12) **Media Propaganda Campaigns**. The governments of many developing countries use every available media outlet to promote population control, until the message literally saturates all communication channels, both electronic and physical. See Figure 18-11 for an example of a media propaganda saturation campaign aimed at encouraging smaller families among the

populace of a developing nation. This propaganda is meant to encourage other public attitude-related factors limiting family size, including (1) peer group pressure; (2) changes in public attitude toward contraception; (3) changes in public attitude towards children, who are perceived as an economic detriment; (4) changes in attitude towards abortifacients, which are always presented as "contraceptives;" and, most importantly, (5) the separation of sex from procreation in the minds of the people.

(13) **The Weakening Influence of Religion.** Anti-life groups like 'Catholics' for a Free Choice (CFFC) present themselves as faithful Catholics but actively work to undermine Catholic Church teachings on abortion and contraception, to confuse the faithful, and to neutralize the influence of the Vatican. Every religion that teaches the sinfulness of abortion and contraception has such dissenting organizations.

Reference: The works of Robert L. Sassone, in particular the Fifth Edition of his excellent *Handbook on Population* (published by American Life League in 1994).

Finally, experience shows that the native populations of countries that have embraced the anti-life mentality simply stop growing. Only immigration is increasing the populations of most European countries. If all or most countries accept sterilization and abortion, there will be very few places that immigrants can come *from*, and the total world population will begin to fall.

In light of these trends, it is logical to assume that the long-term, steady drop in the world population growth rate will continue.

This assumption is confirmed by the United Nations, whose "median variant" model on population growth predicts that the world population will be about 9.2 billion in the year 2050, and will level out at about 12 billion. The UN's "low variant" model, which is usually the correct one, predicts that the world's population will level out at about 7.87 billion people in about the year 2040. [11]

[Go to Next Topic: Or One Billion?](#)

[Return to *The International Abortion Situation* Table of Contents](#)

Endnotes for "Fifty Billion? ..."

[10] "UNFPA Announces Delivery of Contraceptives to Fleeing Kosovars." CAFHRI's "Friday FAX," April 16, 1999 [Volume 2, Number 24].

[11] The United Nations Population Division, Department of Economic and Social Affairs, has been constantly revising downward its projections for the 2050 world population. The UNPD's projections for world population in the year 2050 have been; 1992 — 10.0 billion; 1994 — 9.8 billion; 1996 — 9.4 billion; and 1998 — 8.9 billion.

Facts of Life: Chapter 18: The International Abortion Situation: Or One Billion?



... **or One Billion?** Another viewpoint of those interested in population questions is much more practical.

It is also terrifying.

The primary goal of those who hold this view is limiting population at any cost. They include members of the Rockefeller Foundation, the International Planned Parenthood Federation (IPPF), all of the branches of the United Nations (the World Bank, International Children's Emergency Fund (UNICEF), Fund for Population Activities (UNFPA), etc.), Zero Population Growth (ZPG), and literally hundreds of other pro-abortion, pro-euthanasia, population-control, animal-rights, and environmental organizations. This extensive, vastly wealthy, and very influential cartel is so bold in its work, and so convinced it is correct in its moral reasoning, that it does not even bother to conceal or package its activities in a more attractive format any more.

Some people believe that Man has no particular status on this earth, and that he is just another animal who must take into consideration all the *other* animals when making any decisions regarding his own welfare.

This all sounds logical from a Humanistic point of view, but when people start seeing themselves as morally equivalent to or even inferior to animals, a certain depressive world outlook must inevitably result. After all, if we are not the supreme creation of God, then we are a cancer. If we do not occupy a privileged place on this earth, we occupy the lowest rung of existence because of our unparalleled ability to destroy other species. If we want to escape responsibility in sexual and other matters, we may soothe our consciences by accepting blame for "destroying" our planet — a psychological ploy that lets us take no concrete action other than being politically correct in our speech.

We find this attitude in many statements of animal rights activists such as Ingrid Newkirk, who raved "We [humans] have grown like a cancer. We're the biggest blight on the face of the earth."^[12] Although not an activist by any means, even U.S. Supreme Court Justice Oliver Wendell Holmes remarked, "I see no reason for attributing to man a significance different in kind from that which belongs to a baboon or a grain of sand."^[13] In his pulp scare book *The Population Bomb*, Paul Ehrlich asserted, "We must cut out the cancer of population growth."^[14] The U.S. Department of State was even more direct, calling mankind "the cancer of the planet."^[15]

Many other environmentalists see Man not as the supreme creation of God, but as a festering and malignant disease that must be limited and controlled at all costs.

Abortionist Warren Hern has said that

The rate of population growth is exponential and uncontrolled. ... The human species is a rapacious, predatory organism displaying all the characteristics of a malignant tumor. ... One of the main characteristics of a cancerous

growth is that it resists regulation. Growth is not controlled. ... The ideas that provide the philosophical underpinnings of human destructiveness are found most vividly in the Judeo-Christian ethic, which purports to sanctify man's mastery over nature. This tradition has suppressed and scorned the significant biological fact that man is an animal like many of his other fellow creatures, holding instead that he is God's gift to creation — the flower of the universe. [16]

So the fundamental question remains: Where is the middle ground between a planetwide sewer and the dreaded Uterus Police (*a la* the People's Republic of China)?

The Unjust Concentration of Wealth. The problem we are dealing with here is not overpopulation, it is poverty and hunger. The primary cause of poverty and hunger in the world is not a shortage of resources; it is a *misallocation* of resources. In every nation of the world, free or enslaved, a very small percentage of the population concentrates in its hands a very large portion of the wealth. If this wealth were distributed more evenly among the peoples of the earth, poverty and hunger would be greatly lessened, and the perception that there is an overpopulation problem would decrease substantially.

This may sound too overtly Socialistic to some, but the encyclical *Evangelium Vitae* recognizes that governments must "... make efforts to ensure greater opportunities and a fairer distribution of wealth so that everyone can share equitably in the goods of creation" [¶91].

Few can deny the injustice of the following economic statistics;

- Bill Gates was worth \$100 *billion* at the peak of his wealth, meaning that he had more assets than America's poorest 150 million people *combined*. For years, he was making so much money so fast that, if he were walking down the street and saw a \$10,000 bill lying on the sidewalk, it would not be worth his time to bend over and pick it up! The three richest people in the world own assets that exceed the combined gross domestic products of the world's poorest 48 countries. The world's 45 richest people have more combined wealth than the People's Republic of China, with its 1.2 billion inhabitants and a gross domestic product of \$700 billion. The world's 225 richest people now have a combined wealth of more than \$1.2 trillion, equal to the annual income of the poorest *half* of the world — three billion people! There are almost 500 billionaires in the world today.
- Among the 4.4 billion people who live in developing countries, 60% have no access to basic sanitation, one-third are without safe drinking water, one-fifth live beyond the reach of modern health services, one-fifth are undernourished, and one-fifth of all children do not get as much as a fifth-grade education.
- Let us now look at some relevant expenditures in the nations that fund most of the world's population control projects. Japanese businessmen spend \$35 billion on job-related entertainment each year. Every year,

Americans and Europeans spend;

- \$100 billion on illegal drugs;
- \$75 billion on cigarettes;
- \$40 billion on cosmetics and perfume;
- \$17 billion on pet food; and
- \$17 billion on ice cream.[17]

We Westerners pamper ourselves in every imaginable way while letting the poor of the world simply starve. Risk reduction specialists estimate that it would cost \$87 to save a life in The Gambia through widespread diphtheria immunizations; \$440 to save each life throughout Africa with a large-scale malaria prevention program; and \$850 to save each life with measles immunizations in Cote d'Ivoire.

By contrast, we spend an estimated \$125,000 to save each American life with breakaway highway sign supports; \$150,000 to save each life through breast and lung cancer screening; \$110.7 *million* to save each life with the asbestos ban; \$4.190 *billion* with the ban on hazardous wastes in landfills; and \$5.7 *trillion* to save each life with the government-enforced hazardous waste listing for wood preserving chemicals.[18]

The Environmental Agitators.

"[Environmental groups] are missing the boat because picking up the garbage is not the issue, having sewage treatment plants is not the issue — those are really details of the bigger issue. It's like trying to talk about a pimple when you really have cancer."

— Jean-Michel Cousteau.[19]

Introduction. The influential extreme wings of the animal rights and environmentalist movements allege that diversity of species is essential to human survival. They then claim that human activities are systematically exterminated a huge number of species. Therefore, they say, we must strenuously work to save other species in order to save ourselves — and the best way to do this is through population control.

In his 1979 book *The Sinking Ark*, Norman Myers estimated that an average of more than 100 species become extinct *every day* due to man's activities, and that 1,000,000 species would be lost by the dawning of the Millennium.

In reality, only *seven* species on the endangered species list actually became extinct during the time period 1973-1997.[20]

Anti-lifers also present conflicting claims about human impact on the environment to shore up their assertions. For example, *Newsweek* Magazine editorialized in 1975 that "The central fact is that the earth's climate seems to be cooling down. Meteorologists are almost unanimous in the view that the trend will reduce agricultural productivity." By 1992, the magazine

reversed its position and claimed that "The atmosphere may be reaching the limit of its capacity to absorb emitted carbon dioxide without falling into a disastrous greenhouse effect." [21] All of this posturing is brought about by statistically insignificant and naturally-occurring changes in the earth's atmospheric temperature.

Some environmentalist declarations go beyond shocking to just plain stupid. Helen Caldicott, the founder of Physicians for Social Responsibility (PSR), said that "Every time you turn on an electric light, you are making another brainless baby." [22]

Who, we may presume, grow up to be environmentalist spokespersons.

Since the mid-1960s, much environmentalist and animal-rights hysteria has urged people to have fewer children, as shown below, and we are beginning to reap the demographic whirlwind.

Perhaps the most extreme statement of this nihilistic philosophy was made by what has to be the world's ultimate anti-life group — The Voluntary Human Extinction Movement, or VHEMT, pronounced "vehement" for short.

Anti-people crusader Les U. Knight, Portland, Oregon substitute teacher and founder of VHEMT, says in his newsletter *These Exit Times*, that

The hopeful alternative to the extinction of millions of species of plants and animals is the voluntary extinction of one species: *Homo sapiens* — us. ... When every human makes the moral choice to live long and die out, Earth will be allowed to return to its former glory. Each time another one of us decides not to add another one of us to the burgeoning billions already squatting on this ravaged planet, another ray of hope shines through the gloom. ... No matter what you're doing to improve life on planet Earth, I think you'll find that phasing out the human race will increase your chance of success. [23]

Knight seems not to notice that people will have a hard time 'improving life on planet Earth' if there are no people left to do the work!

The Pro-Abortion Expression of the Worldview. One strange characteristic of the extreme animal rights/environmental worldview is that such activists are uniformly pro-abortion. They turn pale at the thought of inflicting any discomfort or damage upon animals or even upon inanimate objects, but they shrug indifferently when confronted with the specter of a late-term preborn baby writhing in agony as it is torn limb from limb by the steel instruments of the abortionist.

Molly Yard, former president of the National Organization for Women, neatly tied abortion and radical environmentalism together when she said that "The abortion question is not just about women's rights, but about life on the planet — environmental catastrophe awaits the world if the population continues to grow at its present rate." [24]

Many environmental and animal-rights organizations (including the Environmental Policy Institute, Friends of the Earth (FOE), the Izaak Walton League, the National Audubon Society, the National Wildlife Federation, the

Natural Resources Defense Council, the Sierra Club, Trout Unlimited, and the Union of Concerned Scientists) have gone on record as favoring repeal of the Mexico City Policy and restoration of Federal funding to the United Nations Fund for Population Activities (UNFPA), the chief architect of China's one-child population control policy.[25] This program includes mass forced sterilization and abortion, as described in Chapter 4, "China's Forced Abortion Program."

These environmental groups claim that they only favor "family planning" and "population control." However, their leadership is fully aware of the fact that the Mexico City Policy and the cutoff of funds to the UNFPA *only* affected those "population control" programs that funded coerced abortions.

[Go to Next Topic: The Anti-Natalist Bigots Speak](#)

[Return to *The International Abortion Situation* Table of Contents](#)

Endnotes for "...or One Billion?"

[11] The United Nations Population Division, Department of Economic and Social Affairs, has been constantly revising downward its projections for the 2050 world population. The UNPD's projections for world population in the year 2050 have been; 1992 — 10.0 billion; 1994 — 9.8 billion; 1996 — 9.4 billion; and 1998 — 8.9 billion. For dozens of current predicted population indicators for every nation on Earth with a population of more than 100,000, see the United Nation's Population Information Web site.

[12] Ingrid Newkirk, Director of People for the Ethical Treatment of Animals (PETA). Quoted by Charles Oliver. "Liberation Zoology." Reason Magazine, June 1990, pages 22 to 27

[13] United States Supreme Court Associate Justice Oliver Wendell Holmes, quoted in Richard Hertz. Chance and Symbol [Chicago: University of Chicago Press, 1948], page 107.

[14] Paul Ehrlich. The Population Bomb. New York: Ballantine, 1968.

[15] "U.S. Presents Views on Population Growth and Economic Development." The Department of State Bulletin, January 31, 1966, page 176.

[16] February 1990 address of abortionist Warren Hern of Boulder, Colorado, to the University of Colorado-Boulder, quoted in William Norman Grigg. "Soviet-Style "Choice"." New American, April 15, 1996, pages 17 to 19.

[17] "What on Earth?: A Weekly Look at Trends, People and Events Around the World." The Washington Post, January 2, 1999. Also: United Nations Human Development Report 1998. Also: Donna Murphy Weston, AP Business Writer. "Forbes: Billionaires Club Rooms " June 21 1999

[18] Joseph L. Bast, Peter J. Hill, and Richard C. Rue. *Eco-Sanity: A Common-Sense Guide to Environmentalism* (Lanham, Maryland: Madison Books, 1994), page 162.

[19] Jean-Michel Cousteau, quoted in Richard L. Hill. "Explorer Finds No. 1 Threat in a Word: Overpopulation." *The Oregonian*, October 8, 1992, page B1.

[10] Ronald Bailey. "Is the World Really Coming to an End?" *Readers Digest*, December 1997, pages 53 to 60.

[21] See *Newsweek Magazine*, April 28, 1975 and June 1, 1992. As described in Brent Bozell, "Environmental Inaccuracy: Who Cares?" *Conservative Chronicle*, June 17, 1992, page 18.

[22] Helen Caldicott, quoted by syndicated columnist Theodore Roszak. "Environmentalists' Wild Alarms Risk Their Cause." *The Oregonian*, June 14, 1992, pages D7 and D10.

[23] Les U. Knight of VHEMT, quoted in Joel Dippold. "Live Well and Die." *The Portland [Oregon] Alliance*, March 1991, page 5. See also "That's Outrageous!, A Compilation: The Dodo Solution." *Reader's Digest*, April 1992, page 147.

[24] Molly Yard, former president of the National Organization for Women (NOW), quoted in *Proletarian Revolution*, Fall 1989.

[25] These organizations are identified as "Organization[s] Working to Solve Population Problems" on pages 246 and 247 of Paul R. and Anne H. Ehrlich's 1990 book *The Population Explosion*.

Facts of Life: Chapter 18: The International Abortion Situation: The Anti-Natalist Bigots Speak



The Anti-Natalist Bigots Speak.

"Birth control is the one sin for which the penalty is national death, race death; a sin for which there is no atonement."

— Teddy Roosevelt.[26]

Paranoia Personified. The population guru's books are masterpieces of hysteria. Even their titles hint (scream?) at the philosophy of the authors — *Men or Insects?* by Alfred Fabre-Luce; *Breeding Ourselves to Death* by Larry Lader; *Standing Room Only* by Karl Sax; *Population on the Loose* by Elmer Pendell; *The Case for Compulsory Birth Control* by Edgar R. Chasteen; and, of course, Paul Ehrlich's shoddy 'work,' *The Population Bomb*.

The outlandish solutions and proposals put forth by these popcon devotees border on the ridiculous; they are certainly nothing that a free society would accept, much less a Christian society.

The Common Anti-Catholic Thread. These 'works' prominently feature a single common thread: A total and irrational hate of the Catholic Church (the anti-life term for this attitude is "bigotry").

In *Population on the Loose*, Elmer Pendell denounces the "Cardinal's breeding program," allegedly promulgated to gain political control in the United States. He also asserts that "The Catholic hierarchy favors war as a method of keeping population and resources in balance," states as a fact that "One characteristic of Catholic countries is gnawing hunger," and, like Margaret Sanger, fantasizes that

The Catholics are promulgating a breeding program to gain political control in the United States. In the poorer countries, they favor war as a method of keeping population and resources in balance. In these poor countries, the denser population is denser because the dumber Catholics and dumber others are having so many dumb children — so the major influence of the Catholic's campaign against birth control is that they trade away their smart Catholics and get dumb ones.

To demonstrate how bigoted Pendell is, just try substituting the word "Jew" or "Black" for the word "Catholic" in the above quote and see how anti-Semitic or racist it sounds!

The pro-abortionists are certainly not above slandering the Catholic Church in pursuit of their goals. Reformed abortionist Dr. Bernard Nathanson gives us a rare 'insider's' look at the anti-Catholic bigots as he describes part of a 1969 conversation he had with fellow abortophile Larry Lader, in his book *Aborting America*;

Historically, every revolution has to have its villain. ... Now, in our case, it makes little sense to lead a campaign only against unjust laws, even though that's what we really are doing. We have to narrow the focus, identify those unjust laws with a person or a group of

people. ... I here's always been one group of people in this country associated with reactionary politics, behind-the-scenes manipulations, socially backward ideas. You know who I mean, Bernie. ... *the Catholic hierarchy*. That's a small enough group to come down on, and anonymous enough so that no names ever have to be mentioned ...

The only bigotry that is still socially acceptable is anti-Catholicism, and nobody demonstrates this principle more vividly than modern population controllers.

Of all the modern population controllers, none is more zealous than Stephen D. Mumford. His on-line screed *The Life and Death of NSSM 200: How the Destruction of Political Will Doomed a U.S. Population Policy* is a masterpiece of anti-Catholic hysteria, which is so intense it even obscures the anti-natalist arguments he is trying so hard to make.

Some excerpts from Mumford's book are shown at the end of this document, since they are too lengthy to place in the body of this text. Although this excerpt is long, it is worth reading in order to gain a sense of how much the population controllers irrationally hate those who do not concur with their agenda — in particular, the Catholic Church.

Biophobia and Self-Hate.

"We [humans] have grown like a cancer. We're the biggest blight on the face of the earth."

— Ingrid Newkirk, President, People for the Ethical Treatment of Animals (PETA).[27]

When we turn away from God, we lose the hope that He offers us. If we fail to recognize the soul within us, we become just another animal, undeserving of any special respect or consideration.

Man's value or lack of value then depends solely upon his perceived impact upon Gaia, the "Goddess Earth."

This hopeless worldview is reflected in the statements of antinatalist activists in every field.

Edgar Chasteen asserted in his ominously-named book *The Case for Compulsory Birth Control* that "Soon the world may well be engulfed by indescribable horrors as these nations of the starving are crushed under the weight of their teeming populations."

Figure 18-2 shows Chasteen's suggested law mandating sterilization and birth control.

Figure 18-2

Edgar Chasteen's Proposed Compulsory Family
Planning Measures

PUBLIC LAW NUMBER —: REVERSIBLE FERTILITY IMMUNIZATION

As of January 1, 1975, it shall be unlawful for any American family to give birth to more than two children. Any family already having two or more natural children on that date shall not be allowed to give birth to another. Toward this end, it is hereby lawfully determined that *all* Americans above the age of 10 years will, at least one year prior to the aforementioned date, present himself/herself for reversible immunization against fertility at a local county health department or physician's office. An official "Certificate of Immunization" shall be issued to and in the name of each citizen so treated. Said certification shall be signed by the authorized medical practitioner who administers the immunization, and shall be entered into the official records of the county in which immunization occurred. After marriage, any citizen may present himself/herself at a local county health department or physician's office and obtain a fertility restorer. At the birth of the second child, immunity against fertility shall be readministered to both parents. If the first birth shall be multiple, no other births shall be permitted to that mother, and both parents shall thereupon be re-immunized.

Reference: Edgar R. Chasteen. *The Case for Compulsory Birth Control*. Englewood Cliffs, New Jersey: Prentice-Hall, 1971.

This 'biophobia,' or fear of human life, is generally an infection suffered by those who approve of or use artificial contraception, abortion, and euthanasia. It is also vividly portrayed in many of their articles and books. Figure 18-3 lists some of the quotes that reflect this twisted worldview.

Figure 18-3

Predictions and Promises of Coercion by the Population Controllers

- (1) "Parenthood is not an inherent right but a privilege granted by society which may legitimately limit that privilege.
- (2) Every American family has a right to two children and no more.
- (3) The U.S. Congress must act to limit parenthood to two children and adopt a crash program of birth control (this includes abortion) that will be sufficient to accomplish this objective without using criminal sanctions."

— Excerpt from a resolution adopted by the National Board of Zero

Population Growth (ZPG) in September 1969, quoted in Randy

Engel. "A Pro-Life Report on Population Growth and the American Future." 1972, page 45.

"Planning to prevent over-population of the earth must include the practice of euthanasia, either negative or positive ... Therefore, *since we must restrict the rate of population increase*, we should also be giving careful consideration to the quality as well as the quantity of people generated ... We doubtless will not get support from all religious groups and it would be best not to *force* these and other disagreeing groups to conform *unless non-conformity would affect society or significant segments of it too adversely*."

— Robert H. Williams, M.D. "Numbers, Types and Duration of Human Lives." *Northwest Medicine*, July 1970, pages 493 to 496.

"We must cut out the cancer of population growth. Coercion? Perhaps, but coercion in a good cause [population control]. ... We must be relentless in pushing for population control. ... Many of my colleagues feel that some sort of compulsory birth regulation would be necessary to achieve such control. One plan often mentioned involves the addition of temporary sterilants to the water supplies or staple food. Doses of antidote would be carefully rationed by the government to produce the desired population size. ... A Federal Department of Population and Environment (DPE) should be set up with power to take whatever steps are necessary to establish a reasonable population size in the United States and to put an end to the steady deterioration of our environment. The

steady deterioration of our environment. The DPE would be given ample funds to support research in the areas of population control and environmental quality. In the first area it would promote intensive investigation of new techniques of birth control, possibly leading to the development of mass sterilizing agents such as were discussed above."

— Paul Ehrlich. *The Population Bomb* [New York: Ballantine, 1968],
pages 135, 138, 180 and 181.

"Every babe's birth diminishes me ... [obstetricians should discourage fertility] in order to diminish the amount of adult stupidity, which itself is a form of social pollution, and a most dangerous one. ... *Some form of community coercion — gentle or severe, explicit or cryptic — will have to be employed.*"

— Garrett Hardin. "Everybody's Guilty: The Ecological Dilemma."

California Medicine, November 1970, pages 42 and 45 to 46.

"It has been concluded that mandatory population control laws, even those requiring compulsory abortion, could be sustained under our existing Constitution if the population crisis became sufficiently compelling to endanger the society. A few consider the situation already serious enough to justify some forms of compulsion. ... A massive campaign must be launched to restore a quality environment in North America and to de-develop the United States."

States.

— Paul Ehrlich, *Population, Resources, Environment* (1970). Quoted in Brent Bozell. "Environmental Inaccuracy: Who Cares?" *Conservative Chronicle*, June 17, 1992, page 18.

"As a first step in this direction [of achieving zero population growth], it would be necessary for the family planning movement to enlarge its objectives ... from enabling couples to achieve the number of children desired to inducing them to have a number of children consistent with a zero-rate of population growth."

— Philip Hauser. "Non-Family Planning Methods of Population Control."

From the proceedings of the International Conference of Family Planning, Dacca, 1969. Described in Nancy B. Spannaus, Molly Hammett Kronberg, and Linda Everett (Editors). *How to Stop the Resurgence of Nazi Euthanasia Today*. Transcripts of the International Club of Life Conference, Munich, West Germany, June 11-12, 1988.

Executive Intelligence Review Special Report, September 1988. EIR, Post Office Box 17390, Washington, D.C. 20041-0390.

"A large family can no longer in itself be viewed as a social contribution. If the parents of three children decide to have a fourth, it should

be with the full awareness that they are choosing to indulge their personal desires at the expense of the welfare of their society."

— Lincoln H. Day and Alice Taylor Day. *Too Many Americans* [Boston:

Houghton-Mifflin, 1964], pages 133 to 135 and 233.

"Our society is turning toward more and more needless consumption. It is a vicious circle that I compare to cancer. ... Should we eliminate suffering, diseases? The idea is beautiful, but perhaps not a benefit for the long term. We should not allow our dread of diseases to endanger the future of our species. This is a terrible thing to say. In order to stabilize world population we must eliminate 350,000 people a day. It is a horrible thing to say, but it is just as bad not to say it."

— Jacques Cousteau, in a November 1991 United Nations Educational, Scientific and Cultural Organization (UNESCO) *Courier* interview.

"I promise to have no more than two children, *or no more than my nation suggests.*"

— The third of Ted Turner's "Ten Voluntary Initiatives." [28]

As quoted in Figure 18-3, Paul Ehrlich states that we *must* have abortion on demand, mandatory comprehensive sex education from the earliest possible moment, and "responsibility prizes" for those in childless marriages. We must also pour a "mass sterilizing agent" in all water reservoirs, we must penalize heavily all "irresponsible" married couples with more than one child, and on and on and on ...

These frightening people see man as cancer, plague, and pestilence; how different from the inspiring vision of man set forth by God

[Go to Next Topic: The Situation in the United States](#)

[Return to *The International Abortion Situation* Table of Contents](#)

Endnotes for “The Anti-Natalist Bigots Speak”

[26] Theodore (Teddy) Roosevelt, quoted in Eugene E. Russell. Webster's New World Dictionary of Quotable Definitions (2nd Edition) [New York: Prentice-Hall, 1988].

[27] Ingrid Newkirk, Director of People for the Ethical Treatment of Animals (PETA). Quoted by Charles Oliver. "Liberation Zoology." Reason Magazine, June 1990, pages 22 to 27

[28] Charles Trueheart. "Ted Turner Updates Moses: Cable Mogul Delivers Ten Commandments." The Washington Post, October 31, 1989, pages C1 and C6. Ted Turner's "Ten Voluntary Initiatives" are as follows:

(1) I promise to have love and respect for the planet Earth and living things thereon, especially my fellow species — humankind.

(2) I promise to treat all persons everywhere with dignity, respect, and friendliness.

(3) I promise to have no more than two children, or no more than my nation suggests.

(4) I promise to use my best efforts to save what is left of our natural world in its untouched state and to restore damaged or destroyed areas where practical.

(5) I pledge to use as little nonrenewable resources as possible.

(6) I pledge to use as little toxic chemicals, pesticides, and other poisons as possible and to work for their reduction by others.

(7) I promise to contribute to those less fortunate than myself, to help them become self-sufficient and enjoy the benefits of a decent life, including clean air and water, adequate food and health care, housing, education, and individual rights.

(8) I reject the use of force, in particular military force, and back United Nations arbitration of international disputes

arbitration of international disputes.

(9) I support the total elimination of all nuclear, chemical, and biological weapons of mass destruction.

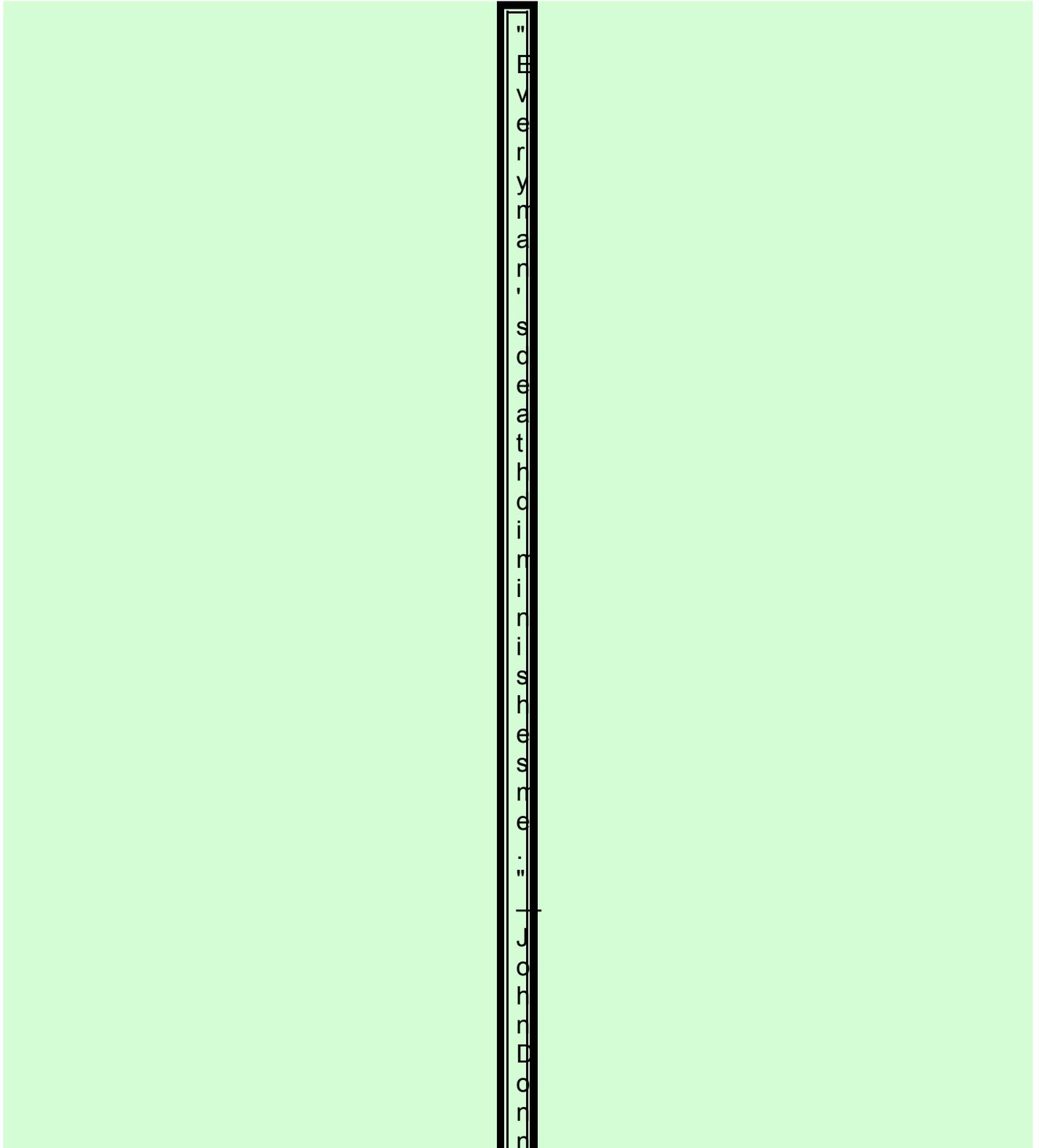
(10) I support the United Nations and its efforts to collectively improve the conditions of the planet.

Facts of Life: Chapter 18: The International Abortion Situation: The Situation in the United States



 SHARE

The Situation in the United States.



6
1
6
3
1
·
[
2
9
]
|
·
E
v
e
r
y
o
n
e
s
t
i
m
a
t
e
s
i
n
t
h
e
i
n
t
e
r
n
e
t
s
e
c
u
r
i
t
y
:
C
a

Tools for Depopulation. Nobody in their right mind seriously argues that the United States is overpopulated. Instead, population controllers have cleverly shifted the emphasis to how much of the world's resources we selfishly consume, and how overcrowded and hungry *other* nations are.

While we were distracted by horrible scenes from blighted areas of the world, the popcon fanatics emplaced and deployed the tools for government-enforced population control in *our* country. In 1967, Congress allocated its first \$50 million for domestic population control and family planning programs. The Family Planning Services and Population Research Act of 1970 allocated \$382 million for domestic population control.

The Rockefeller Commission on Population Growth and the American Future, packed almost entirely with pro-abortion and anti-natalist activists, made its stance official in 1972 by stating baldly that "We have concluded that no substantial benefits would result from continued growth of the nation's population." And, of course, the United States Supreme Court presented us with abortion on demand in 1973.

Some of the Commission's recommendations on the life issues are listed below;

- **Population Education:** In view of the important role that education can play in developing an understanding of the causes and consequences of population growth and distribution, the Commission recommends enactment of a Population Education Act to assist school programs in establishing well-planned population education programs so that present and future generations will be better prepared to meet the challenges arising from population change.

To implement such a program, the Commission recommends that federal funds be appropriated for teacher training, for curriculum development and materials preparation, for research and evaluation, for the support of model programs, and for assisting state departments of education to develop

competence and leadership in population education.

- **Equal Rights for Women:** The Commission recommends that the Congress and the states approve the proposed Equal Rights Amendment and that federal, state, and local governments undertake positive programs to ensure freedom from discrimination based on sex.

- **Contraception and the Law:** The Commission recommends that (1) states eliminate existing legal inhibitions and restrictions on access to contraceptive information, procedures, and supplies; and (2) states develop statutes affirming the desirability that all persons have ready and practicable access to contraceptive information, procedures, and supplies.

- **Contraception and Minors:** The Commission recommends that states adopt affirmative legislation which will permit minors to receive contraceptive and prophylactic information and services in appropriate settings sensitive to their needs and concerns.

To implement this policy, the Commission urges that organizations, such as the Council on State Governments, the American Law Institute, and the American Bar Association, formulate appropriate model statutes.

- **Voluntary Sterilization:** In order to permit freedom of choice, the Commission recommends that all administrative restrictions on access to voluntary contraceptive sterilization be eliminated so that the decision be made solely by physicians and patient.

- **Abortion:** With the admonition that abortion not be considered a primary means of fertility control, the Commission recommends that present state laws restricting abortion be liberalized along the lines of the New York statute, such abortion to be performed on request by duly licensed physicians under conditions of medical safety.

In carrying out this policy, the Commission recommends:

- That federal, state, and local governments make funds available to support abortion services in states with liberalized statutes.

- That abortion be specifically included in comprehensive health insurance benefits, both public and private.

- **Methods of Fertility Control:** The Commission recommends that this nation give the highest priority to research in reproductive biology and to the search for improved methods by which individuals can control their own fertility.

- **Fertility-Related Health Services:** The Commission recommends a national policy and voluntary program to reduce unwanted fertility, to improve the outcome of pregnancy, and to improve the health of children.

In order to carry out such a program, public and private health financing

In order to carry out such a program, public and private health financing mechanisms should begin paying the full cost of all health services related to fertility, including contraceptive, prenatal, delivery, and postpartum services; pediatric care for the first year of life; voluntary sterilization; safe termination of unwanted pregnancy; and medical treatment of infertility.

- **Services for Teenagers:** Toward the goal of reducing unwanted pregnancies and childbearing among the young, the Commission recommends that birth control information and services be made available to teenagers in appropriate facilities sensitive to their needs and concerns.

The Commission recommends the development and implementation of an adequately financed program to develop appropriate family planning materials, to conduct training courses for teachers and school administrators, and to assist states and local communities in integrating information about family planning into school courses such as hygiene and sex education."

Stamps for Eunuchs. Even the United States Postal Service has gotten into the act. On March 17, 1972 (St. Patrick's Day), it unveiled its new eight-cent "Family Planning" stamp at the winter meeting of the Planned Parenthood-World Population Board of Directors in New York City. The Postal Service announced that "The new stamp will serve as a reminder for all members of our society of the current world environmental situation and the need for planning to have a better America and a better world." [31] The following day, this stamp adorned a proliferation of first-day covers, some of which were shown previously in this Chapter.

This stamp showed a perfectly groomed, White, "gender-balanced" two-child family joyously embarking on the wide, smooth road to the Brave New World, as shown below.

Crude But Effective. This type of anti-natalist propaganda has been extremely effective in the United States, as shown in the demographic bar charts in Chapter 20, "The Demographic Impacts of Abortion." Our country has not attained a replacement birthrate in more than three decades. Women have been constantly bombarded with the message "STOP HAVING BABIES!!"

For more information about how the scourge of abortion has decimated the United States and world populations, see elsewhere in this Chapter.

Abortion is now an act of honor, performed and endured gladly for the greater good of the planet. Catholic, Protestant and Jewish women have been deceived into giving up their faith and have been given an excuse to turn to artificial contraception. So-called 'Christians' everywhere have come to believe that abortion and artificial birth control are the least of several evils. Child-killing has been turned from a mortal sin into a moral and sacred duty.

The Propagandists Agitate. Propagandists are in the forefront of any anti-life social revolution, regardless of whether it is a drive for euthanasia, homosexuality, abortion — or population control.

A propaganda campaign consists of two parts: Presenting one view and censoring opposing opinions.

Antinatalist strategists are already preparing our children for indoctrination in various coercive population control measures.

They are also struggling to insure that our children are not exposed to any kind of influence that would encourage them to have children when they grow up and marry.

One such example of censorship was provided by the National Association for Optional Parenthood (NAOP), which launched its "Pronatalism in Textbooks Project" in the late 1970s.

The following is excerpted from a letter that NAOP mailed to its members.

Thank you for your interest in the Pronatalism in Textbooks Project and for volunteering your assistance. With your help and that of others we will be able to further the principle goal of this project; the elimination of pronatalist content in textbooks and children's books.

At this point, we need people to examine textbooks and evaluate them for pronatalist content ...

Pronatalism refers to social and economic systems and attitudes that exalt the role of parent and assume or encourage parenthood for all ... Pronatalism can lead to sexist stereotyping; limited roles, especially for women; overpopulation; inadequate or abusive parenting; feelings of inadequacy or ostracism for couples who, by choice or fate, have no children and are a "two-person family."

Pronatalism is sometimes so subtle that we often are unaware of its existence. The following criteria will be helpful in identifying pronatalism in textbooks;

1. Definition of family to exclude couples without children. ...
2. Large families favored over one-child or no child families. ...
3. Failure to discuss family planning when appropriate. ...
4. Theories of "maternal instinct" or maternity as central to women's lives. ...
5. Bias against abortion. ...[32]

NAOP's Advisory Council is an autograph seeker's lineup of celebrities: It numbers among its many members Lee Salk, Alvin Toffler, Geraldo Rivera, Paul Ehrlich, and Shirley MacLaine.

NAOP even whined about Holiday Inn's "Kids Eat Free" program, claiming that "The symbolic message in policies of this kind may be interpreted as "approval" for parenthood, there being no comparable benefits for those without children." [33]

[Go to Next Topic: The Plague of 'Contraceptive Imperialism'](#)

[Return to *The International Abortion Situation* Table of Contents](#)

Endnotes for "The Situation in the United States"

[29] John Donne, quoted in Joseph R. Stanton, M.D. "From Feticide to Infanticide." The Human Life Review, Summer 1982, page 44.

[30] Garrett Hardin. "Everybody's Guilty: The Ecological Dilemma." California Medicine, November 1970, pages 42 and 45 to 46.

[31] "Family Planning Gets "Stamp of Approval" From U.S. Postal Service." Pittsburgh Planned Parenthood newsletter, February-March 1972, page 4.

[32] Undated form letter and attachment entitled "Criteria for Identifying Pronatalism in Books" to volunteers from the National Alliance for Optional Parenthood, 2010 Massachusetts Avenue NW, Washington, DC 20036, signed by Gail McKirdy, "Resource Director."

[33] "Pronatalism: A "Hidden Persuader" Limits Personal Rights." (3rd edition). 4-page brochure distributed by the National Association for Optional Parenthood, publication number A-4, 1979.

Facts of Life: Chapter 18: The International Abortion Situation: The Plague of 'Contraceptive Imperialism'



SHARE

The Plague of 'Contraceptive Imperialism.'

"It is the *moral obligation* of the developed nations to provide ... birth control techniques to the developing portions of the globe."
— *Humanist Manifesto II*, Article 15.

"Third World aid without birth control is like trying to pour water uphill."
— Columnist Hobart Rowen. *The Washington Post*, September 15, 1988

Introduction. Population controllers assert that, in order for a nation to advance economically or socially, it must control its population. They say that this objective is paramount, and therefore any means necessary may be used to implement it, even if such means include widespread coercion.

The truth of the matter is quite different from what the population controllers say — they are not nearly as altruistic as they would have us believe. They *really* believe that, if developing nations do not control *their* populations, then the commercial interests of the *United States* will be at risk.

Dr. Charles Ravenholt, Director of the Population Office, candidly explained that

Population control is needed to maintain the normal operation of United States commercial interests around the world. Without our trying to help those countries with their economic and social development, the world could rebel against the strong United States commercial presence. The self interest thing is a compelling element. If the population explosion proceeds unchecked, it will cause such terrible economic conditions abroad that revolutions will ensue. And revolutions are scarcely ever beneficial to the interests of the United States.[34]

This condescending attitude is at the heart of the West's "contraceptive imperialism." We have been scared into believing in the phenomenon of "differential fertility:" i.e., if we don't do something *fast*, we Americans will be inundated with all of those "colored" people from poor, backward nations (like Mexico and India). And, even worse, these "colored" people might even revolt against U.S. commercial control of their economies and might even become [gasp!] *financially independent!*

Obviously, contraceptive imperialism is, *by its very nature*, racist.

More than two decades ago, feminist writer Lynn Phillips recognized the strong link between 'population aid' and external coercion and control, and the connection obviously made her distinctly uneasy;

[Birth control] is an international strategy in application throughout the world; in Vietnam population control of uncontrollables takes the form of outright genocide, but in Latin America, India, here, and in American colonies, birth control is the favored method ... If there is any truth to the idea of a genocide campaign against black and other minority women, our sisterly concern for [illegal] abortion victims begins to look like a blind.[35]

Misdirected Billions. The Senegalese novelist Himidou Kane coined the expression "colonization of the mind."

He said that there are basically two ways to control a people. The most traditional method of control is through brute force. The primary drawback of this method is that, when a nation uses force to subdue others, it must continually restrain the people from resisting.

A more permanent solution is to get the people to accept new attitudes through a systematic program of propaganda. Once the saturation campaign has succeeded, the populace controls themselves. The best part is that they will think that they arrive at important decisions on their own — when, in reality, they are being manipulated in subtle but powerful and effective ways.

Of course, "colonization of the mind" must necessarily destroy the *identity* of the defeated people and make them more like their conquerors. In other words, the indigenous population eagerly participates in its own mass absorption into another culture.

[Go to Next Topic: Authentic Economic Development](#)

[Return to *The International Abortion Situation* Table of Contents](#)

Endnotes for “The Plague of ‘Contraceptive Imperialism’”

[34] Dr. Charles Ravenholt, Director, Population Office. Quoted in "Population Control of Third World Planned: Sterilization Storm in U.S. Dublin, Ireland Evening Press, May 12, 1979, page 9.

[35] Lynn Phillips. Everywoman. January 22, 1971, pages 17 and 18. Reprinted from the December 14, 1970 *Liberated Guardian*.

Facts of Life: Chapter 18: The International Abortion Situation: Authentic Economic Development



 SHARE

Authentic Economic Development. The 1995 encyclical *Evangelium Vitae* ["The Gospel of Life"] delineates the guidelines that governments must follow when striving to care for their people. The right to life and the rights of families are paramount, and the distribution of wealth should be equitable.

They [Western nations] too are haunted by the current demographic growth, and fear that the most prolific and poorest peoples represent a threat for the well-being and peace of their own countries. Consequently, rather than wishing to face and solve these serious problems with respect for the dignity of individuals and families and for every person's inviolable right to life, they prefer to promote and impose by whatever means a massive program of birth control. Even the economic help which they would be ready to give is unjustly made conditional on the acceptance of an anti-birth policy.

Today an important part of policies which favor life is the issue of population growth. Certainly public authorities have a responsibility to "intervene to orient the demography of the population." But such interventions must always take into account and respect the primary and inalienable responsibility of married couples and families, and cannot employ methods which fail to respect the person and fundamental human rights, beginning with the right to life of every innocent human being. It is therefore morally unacceptable to encourage, let alone impose, the use of methods such as contraception, sterilization and abortion in order to regulate births. The ways of solving the population problem are quite different. Governments and the various international agencies must above all strive to create economic, social, public health and cultural conditions which will enable married couples to make their choices about procreation in full freedom and with genuine responsibility. They must then make efforts to ensure greater opportunities and a fairer distribution of wealth so that everyone can share equitably in the goods of creation. Solutions must be sought on the global level by establishing a true economy of communion and sharing of goods, in both the national and international order. This is the only way to respect the dignity of persons and families, as well as the authentic cultural patrimony of peoples [¶16, 91].

Figure 18-4 shows how much the United States *alone* has spent on controlling the populations of developing nations since 1964.

Having spent all of these billions of dollars, the USA has achieved only two results: (1) The people want to be more like the stereotypical greedy, overconsumptive "Ugly American;" and (2) many millions of large poor families have been transformed into *small* poor families.

If all of this money had instead been poured into authentic economic development, the people would have smaller families, as described in Figure 18-1 (which is what the population controllers want anyway) but the people

to 1 (which is what the population controllers want anyway), but the people also would be healthier and would enjoy a much higher standard of living.

What could have been done with \$20.1 billion if it had been allocated towards *true* economic development?

In the developing nations of Africa and Asia, we could have accomplished *all* of the following;

- Built water treatment facilities for 25,000 towns and villages with an average population of 1,000 each, providing all of their people with the most basic requirement for good health: Clean drinking water [cost: About \$2.7 billion]; *and*
- Brought electricity to these 25,000 villages, thereby increasing production towards self-sufficiency and freeing three million children to go to school [\$3.2 billion]; *and*
- Built 100,000 miles of paved or improved roads and bridges connecting 10,000 remote villages to the national road system, allowing them to ship their goods to market and have access to the outside world. This would in turn greatly increase the standard of living of the villages [\$3.0 billion]; *and*
- Built and staffed enough modern schools to properly educate the three million children from these villages, who would otherwise receive little or no education and would therefore fall into lives of poverty and despair [\$5.0 billion]; *and*
- Built 25,000 basic health care clinics in these remote villages which could care for the health of the people, fully staff them, and cut maternal and infant mortality in those villages in half [\$4.0 billion]; *and*
- Built grain storage facilities for these 25,000 villages, so their rice and other harvests were not partly or mostly consumed by insects and rodents [\$2.1 billion].^[36]

These measures would have dramatically improved the standard of living of *ten million* of the poorest people of the developing world. This would have been authentic economic development, as described in *Evangelium Vitae*.

Figure 18-4

United States Population
Control Expenditures, 1965-2007

(in constant 2007 dollars) [A]

Year	United States Contributions to USAID	United States Contributions to UNFPA [B]	Inflation Update Factor [C]	United States Population Control Expenditures in 2007 Dollars [D]
1965	3,500,000	—	6.524	22,833,334
1966	3,500,000	—	6.343	22,199,074
1967	3,500,000	—	6.153	21,534,431
1968	34,800,000	—	5.905	205,500,002
1969	45,400,000	—	5.599	254,215,261
1970	74,600,000	—	5.296	395,110,829
1971	95,900,000	—	5.074	486,603,709
1972	123,300,000	—	4.916	606,175,843
1973	125,600,000	—	4.628	581,324,330

197	112,400,000	—	4.168	468,523,331
197	110,000,000	—	3.820	420,167,290
197	135,500,000	—	3.612	489,371,710
197	144,300,000	—	3.391	489,334,163
197	166,500,000	—	3.152	524,781,447
197	191,400,000	—	2.831	541,772,733
198	195,000,000	—	2.494	486,316,752
198	208,400,000	—	2.261	471,135,318
198	237,800,000	—	2.130	506,403,114
198	243,100,000	—	2.063	501,576,812
198	264,200,000	—	1.978	522,551,497
198	317,700,000	—	1.910	606,759,764
198	295,500,000	—	1.875	554,062,506

198 7	286,600, 000	—	1.809	518,453,3 50
198 8	248,100, 000	—	1.737	430,976,7 58
198 9	257,600, 000	—	1.657	426,909,6 82
199 0	287,100, 000	—	1.572	451,408,1 91
199 1	352,300, 000	—	1.509	531,553,9 70
199 2	325,600, 000	—	1.465	476,912,3 35
199 3	447,800, 000	14,500,0 00	1.422	657,457,7 92
199 4	480,200, 000	40,000,0 00	1.387	721,329,9 67
199 5	541,600, 000	35,000,0 00	1.348	777,501,9 76
199 6	432,000, 000	22,800,0 00	1.310	595,674,9 58
199 7	385,000, 000	25,000,0 00	1.280	524,953,2 76
199 8	385,000, 000	20,000,0 00	1.261	510,598,1 65
199 9	385,000, 000	0	1.233	474,894,9 63
200	372,500	21,500,0	1,193	470,191,6

2000	412,000,000	21,000,000	1.100	473,000,000
2001	425,000,000	21,500,000	1.161	518,394,073
2002	446,500,000	0	1.142	510,037,526
2003	446,500,000	0	1.117	498,672,559
2004	429,500,000	0	1.088	467,243,255
2005	437,300,000	0	1.052	460,139,021
2006	435,600,000	34,000,000	1.019	478,684,529
2007	435,600,000	34,000,000	1.000	469,600,005
TOTAL	\$20,149,841,246			

Calculations and References.

[A] The figures for annual United States bilateral population control expenditures for USAID and voluntary contributions to UNFPA were downloaded from the Web site of Population Action International (PAI) on February 13, 2007. Other population control funding by the United States is not included in this Figure.

[B] During the years 1968 to 1992 inclusive, the U.S. contribution to UNFPA was channeled through USAID, and is separated out in this Figure.

[C] Table entitled "Consumer Price Index, 1913-," downloaded from the Web site of the Federal Reserve Bank of Minneapolis on February 13, 2007.

[D] The 2006 and 2007 figures are estimates that depend upon the final disposition of the United States voluntary contribution to UNFPA. In 2002 and 2003, the U.S. contribution to UNFPA was

zeroed out under the Kemp-Kasten Amendment.

Instead, doctors and nurses in the Philippines, Ghana, Indonesia, Mexico, and a hundred other developing nations complain that their clinic shelves are stuffed with IUDs, pills, condoms and Norplant, but have no bandages, vitamins, disinfectants, anesthetics or other basic medical supplies. School-aged children know everything about IUDs and condoms and so-called "safe sex," but know nothing of science or mathematics.

What is the Message Here? The message the population controllers are sending to the people of developing nations is crystal clear. Instead of caring for the people and giving them what they truly need in order to live lives free of suffering and disease, the population control cartel is giving them what the *population controllers* want. The message is this: "We don't care if you suffer or die — all we want is *less* of you!"

[Go to Next Topic: United States Agencies and Their Deadly Work](#)

[Return to *The International Abortion Situation* Table of Contents](#)

Endnotes for “Authentic Economic Development”

[36] Construction and labor costs are based on the averages of three large developing countries: India, Nigeria and the Philippines. The author is a registered professional engineer and has spent considerable time in these and other developing nations.

Facts of Life: Chapter 18: The International Abortion Situation: United States Agencies and Their Deadly Work



 SHARE

United States Agencies and Their Deadly Work. In particular, United States official and quasi-official bureaucracies, in the form of Planned Parenthood, the United States Agency for International Development (USAID), and many others, believe that the American way of life is inherently superior to any other way of life, even as they mouth platitudes about "inclusiveness" and "diversity."

Perhaps the most important antinatalist conference took place on June 19th and 20th, 1974 at the Hotel Americana in New York City. It was sponsored by the Planned Parenthood Federation of America (PPFA), and was entitled "The International Convocation on the World Population Crisis."

It is interesting to note that many of the distinguished population controllers that were present at this conference were also members of activist eugenics groups and were uniformly pro-abortion and pro-euthanasia (see Chapter 24, "Eugenics," for a listing of these eugenics organizations). A partial list of "Convocation Sponsors" is listed in the same Chapter, and is very revealing.

This conference listed more than 100 anti-life groups as "Sponsoring Organizations," and the roll call read like a Who's Who of pro-abortion groups.

Try to imagine the colossal wealth and influence that can be marshalled by these people, who currently have an aggregate personal net worth of more than *five billion dollars*, and the anti-life organizations, whose aggregate annual budget exceeds a total of *ten billion dollars!* The sponsors included 15 United States Senators, Congressmen, Governors and Ambassadors. Try to imagine how their belief in abortion and population control affects this country's legislation.

We can get an idea of the incredible combined magnitude of the activities of these organizations by examining the programs funded by just *one* of them over a period of just *one* year.

In 1987, the United Nations Children's Emergency Fund (UNICEF), in partnership with the United Nations Fund for Population Activities (UNFPA), spent \$720,684 to purchase abortifacient contraceptives in Jamaica; contributed \$700,000 to a World Bank project that established 18 sterilization facilities in Kenya; contributed \$1,800,000 to another United Nations World Bank project in Malawi for the development of sterilization services; financed for \$795,569 an UNFPA and United Nations World Health Organization (UNWHO) project that expanded mobile sterilization units in Nepal; funded for \$37,116 a UNFPA project in Rwanda that supplied abortifacients; funded for \$21,657 another UNFPA project in conjunction with the International Planned Parenthood Federation (IPPF) in Tanzania that provided a wide range of abortifacients; funded a stockpile of contraceptives in Zimbabwe; and sponsored the formation of committees in 15 African nations to expand contraception, abortion and sterilization. and attack indigenous family values.[37]

The Fatal Flaw. Mahatma Gandhi, whose country has been a population control battleground since the turn of the Twentieth Century, struck at the heart of the matter when he pointed out to Margaret Sanger that

If it is contended that birth control is necessary for the nation because of over population, I dispute the proposition. It has never been proved. In my opinion, by a proper land system, better agriculture, and a supplementary industry, this country is capable of supporting twice as many people as there are in it today.

I am totally opposed to artificial means of controlling the birthrate, and it is not possible for me to congratulate you or your co-workers on having brought into being a league whose activities, if successful, can only do great moral injury to the people. I wish I could convince you and your co-workers to disband the league and devote your energy to a better purpose. You will pardon for giving my opinion in a decisive manner.[38]

When asked about the possibility of the United States government getting into population control, President Dwight D. Eisenhower replied that "I cannot imagine anything more emphatically a subject that is not a proper political or governmental activity or function or responsibility." [39] Eisenhower, of course, changed his mind later, under immense pressure from the population control industry.

Differential fertility certainly *will* lead to a vastly different world socioeconomic picture before very long. Moslems, among others, recognize very clearly that there is more than one way to conquer the world. As Atifa Dawat, an Iranian delegate to the July 1985 conference entitled "Forum '85," in Nairobi, Kenya, stated, "The more children we have, the better. When there are enough Moslems in the world, then we will have world victory." [40]

The United States would like to exert control by the opposite means; by convincing Third World women to *stop* having babies.

The Process of Emasculation. The story is the same on every continent and in every country that has been subverted by the West's "contraceptive imperialism." The process of corrupting and destroying the morals, traditions, and religious beliefs of "less developed" countries invariably follows the seven-step sequence outlined in Figure 18-5.

Figure 18-5

The Seven-Step Strategy for Implementing
Population Control in Developing Countries

(1) First of all, the population controllers target the national legislature. It must be persuaded — or forced, through the use of international pressure or financial disincentives — to accept the equation that SMALL FAMILIES = PROGRESS. They say that this is the only way to achieve equality with the West, the ultimate goal of all politically correct nationalistic striving.

(2) Once the legislature approves contraception for "family planning purposes," the population controllers literally flood the nation with pills, IUDs, abortifacients such as the injectable Depo-Provera, and, most deadly of all, the 'family planning' experts, who maintain a hawklike vigilance to insure that nothing goes awry.

(3) The State, which is now footing the bill for its own eventual destruction, now launches a massive propaganda campaign. Its purpose is to convince the people to abandon their 'backward' and 'unsophisticated' lifestyles and embrace the idea that unlimited sex is desirable. The population controllers (especially pro-abortion non-governmental organizations) begin to agitate for abortion on demand, since the number "unwanted pregnancies" skyrockets due to contraceptive failures. Figure 18-11 shows some of the details of a typical antinatalist campaign launched in a developing nation.

developing nation.

(4) Since the ultimate objective of the "popcon" experts is zero (or even negative) population growth, sterilization is next. The government offers incentives (or disincentives) for male and female neutering, and sets up camps to facilitate extensive sterilization programs. Women are often involuntarily sterilized as they are having their second child.

(5) Since contraception very frequently fails, the government legalizes abortion as a necessary backup, but naturally only for the "hard cases." The population planners are careful to leave plenty of meaningless restrictions on abortion.

(6) These restrictions on abortion are eliminated, one by one, for "humanitarian" reasons. Once step (5) has been taken, this is a remarkably easy process.

(7) Once respect for unborn life has been sufficiently eroded, the government, now fully in the anti-life camp and aided by anti-life NGOs, begins the movement to legalize euthanasia — but only for the "hard cases," of course.

Figure 18-6

Fertility Reduction in the World's 30 Most Populous Countries, 1965-2007

2007 Population Rank	Country	July 1, 2007 Population	Fertility Rates (Children Per Completed Family) — 1965 2007		Change in Percent, 1965-2007	2007 Population Growth Rate
1	China	1,325,937,000	5.72	1.48	-74%	0.39%
2	India	1,171,656,000	5.82	2.56	-56%	1.27%
3	USA	305,971,000	3.31	1.80	-46%	0.80%
4	Indonesia	231,618,000	5.62	1.93	-66%	0.96%
5	Brazil	191,930,000	6.15	2.00	-67%	1.06%
6	Pakistan	165,153,000	6.60	3.27	-50%	1.71%
7	Bangladesh	158,940,000	6.85	2.58	-62%	1.43%

8	Nigeria	149,232,000	6.90	5.07	-27%	2.11%
9	Russian Fed.	141,436,000	2.55	1.09	-57%	-0.71%
10	Japan	127,317,000	2.02	1.02	-50%	-0.18%
11	Mexico	106,712,000	6.75	1.96	-71%	0.92%
12	Philippines	88,351,000	6.85	2.98	-56%	1.72%
13	Viet Nam	87,462,000	7.25	1.89	-74%	1.11%
14	Ethiopia	83,938,000	6.86	5.04	-27%	2.36%
15	Germany	82,210,000	2.49	1.11	-55%	-0.22%
16	Egypt	75,807,000	7.07	2.64	-63%	1.56%
17	Turkey	74,944,000	6.19	1.89	-69%	1.05%
18	Iran	71,415,000	7.00	1.79	-74%	1.12%
19	Thailand	63,753,000	6.39	1.60	-75%	0.47%
20	Congo, D.R.	63,623,000	6.20	6.45	+4%	3.08%
21	France	61,504,000	2.00	1.00	-42%	0.33%

		00	85	64	%	
22	United Kingdom	60,636,000	2.81	1.57	-44%	0.26%
23	Italy	58,602,000	2.50	1.13	-55%	-0.03%
24	Myanmar	48,761,000	6.10	1.82	-70%	0.65%
25	South Africa	48,365,000	6.30	2.39	-62%	0.35%
26	South Korea	48,041,000	5.63	0.96	-82%	0.14%
27	Colombia	46,177,000	6.76	1.97	-71%	1.07%
28	Ukraine	45,829,000	2.20	0.97	-56%	-0.95%
29	Spain	44,044,000	2.89	1.16	-60%	0.59%
30	Tanzania	40,834,000	6.80	4.91	-28%	2.31%
TOTALS/ AVERAGES		5,270,198,000	5.49	2.16	-61%	0.88%

Reference: United Nations Population Information Network. Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2006 Revision* and *World Urbanization Prospects: The 2006 Revision*, all found at <http://esa.un.org/unpp>.

Population control programs in developing countries have been devastatingly effective. Figure 18-6 shows the impacts of depopulation

programs on the world's thirty most populous countries. All but four of these countries have suffered a steep (one-third or more) drop in fertility since 1965, and the average weighted drop in fertility of these countries, which account for 79% of the world's population, is 61%. The People's Republic of China (PRC), the world's most populous country, has suffered a 74% decline in its fertility rate since 1965, from 5.7 children per family to 1.5 children per family, largely as a result of its coercive population program. The world's second most populous nation, India, has had a 56% decline in its fertility from 1965 to 2007, from 5.8 children per family to 2.6 children per family.

It is interesting to note that Europe is literally dying; *every one* of its 47 countries has a below-replacement birth rate. In other words, if a fence was built around the continent of Europe, allowing no immigration or emigration, the continent would be completely unpopulated within twenty generations.

The annual world population growth rate has plunged from 2.02 percent per year for the period 1966-1970 to 1.12 percent per year for the period 2005-2010 — a 45 percent decrease.

The population controllers keep very careful track of the trends shown in Figure 18-8 and Figure 18-9, and have proclaimed that their work has just begun.

Even when the population of the planet levels off and begins to decline, they will *always* find more to do.

[Go to Next Topic: How Many People Die of Hunger Each Year?](#)

[Return to *The International Abortion Situation* Table of Contents](#)

Endnotes for “United States Agencies and Their Deadly Work”

[37] United Nations Population Fund. Inventory of Population Projects in Developing Countries Around the World, 1987-1988 (15th Edition). May 1989. Also described in The Wanderer, January 25, 1990, page 2.

[38] Mahatma Gandhi, in a letter to N.S. Phadke, Esq., The Honourable Secretary, The Bombay Birth Control League, dated March 20, 1924. Quoted in Father A.S. Antonisamy. Wisdom for All Times: Mahatma Gandhi and Pope Paul VI on Birth Regulation. Family Life Service Centre, Archbishop's House, Pondicherry 605001 India. June 1978. Quotes are taken from D.G. Tendulkar (Editor). The Collected Works of Mahatma Gandhi, Volumes 2 and 4. Published by the Ministry of Information and Broadcasting, Government of India.

[39] President Eisenhower's Friday press conference of November 27, 1959, on American foreign aid for population control. Quoted in TRB. "Population Control." The New Republic April 18, 1981, page 4. Also see Allan C. Carlson. "Must Our Children Be Our Enemy?" The Human Life Review, Spring 1984, pages 16 to 28.

[40] Janie Hampton. "Women at U.N. Conference Stage Heated Fight Over Abortion "

[40] Jamie Hampton. Women at U.N. Conference Stage Fought Over Abortion.
The Oregonian, July 21, 1985.

Facts of Life: Chapter 18: The International Abortion Situation: How Many People Die of Hunger Each Year?



SHARE

How Many People Die of Hunger Each Year? Overpopulationists commonly allege that hunger kills 60,000 people every day worldwide. Virtually every population control group from AID to ZPG repeat this figure *ad nauseam* and it has become almost a mantra for them.

Of course, neo-Malthusians use this huge figure to imply that the world's population has already outrun the food supply, and that the only solution is not to increase food production, but to cut population.

Boasting of their altruism, the population controllers say that their only motivation is to prevent the suffering of innocents. For example, Lester Brown of the Worldwatch Institute says that

While world population is increasing by 90 million a year, [and] food production is not keeping pace. ... Seldom has the world faced an unfolding emergency whose dimensions are as clear as the growing imbalance between food and people. ... achieving a humane balance between food and people now depends more on family planners than on farmers. [41]

However, according to the United Nations World Bank's November 1993 *World Food Outlook*,

World food production has more than kept pace with population growth and rates of growth of food production show few signs of slowing. During the 1980s, world cereals production increased by 2.1% per annum while population grew by 1.7%. ... prospects are very good that the 20-year period from 1990-2010 will see further gains. ... The World Bank's index of food commodity prices fell by 78% from 1950-1992 in constant 1990 prices. ... both land and water are abundant according to most estimates. ... Only 11% of the world's land surface is currently used for agricultural crops, and by one commonly accepted estimate, the world's land and water use for agriculture could more than double. ... the proportion of the developing countries' population suffering from chronic undernutrition has declined ... from 36% during the late 1960s to 20% during the late 1980s.[42]

Also according to the World Bank, there are about 50 million total deaths in the world each year, 39 million of which occur in developing countries.

Figure 18-10 shows that deaths due to hunger rank *twelfth* among all causes of fatalities in those countries.

Figure 18-10

Leading Causes of Death in Developing Countries

Causes of Death	Average Annual Deaths
(1) Cardiovascular diseases	9.0 million
(2) Respiratory infections, including tuberculosis	8.3 million
(3) Malignant neoplasms	3.7 million
(4) Injuries	3.4 million
(5) Childhood diarrhea	3.0 million
(6) Maternal deaths and perinatal causes	2.8 million
(7) Digestive diseases	1.4 million
(8) Measles, tetanus, diabetes, pertussis, and meningitis	2.4 million
(9) Malaria and other tropical diseases	1.2 million
(10) Neuropsychiatric causes	0.6 million
(11) Congenital abnormalities	0.6 million
(12) <u>Nutritional and endocrine deficiencies</u>	0.6 million

(13) Genitourinary causes	0.5 million
(14) STDs, including HIV/AIDS	0.4 million
(15) All other causes of death	1.1 million
Total Average Annual Deaths in Developing Countries	39.0 million
<i>Reference: World Bank. Development Report 1993, "Investing in Health," pages 224 and 225.</i>	

A total of 0.6 million (600,000) deaths per year equals 1,644 deaths from malnutrition each day. This means that the "60,000 per day" figure is an exaggeration of 3,650 percent!

This is still an appallingly high figure. However, it lends credence to the belief that deaths caused from hunger could be more easily eliminated because the maldistribution (not shortage) of food is the root cause of most deaths from malnutrition.

The View from the Left. The contraception-abortion-euthanasia field of study and action is almost incomprehensively vast in scope, but the Right and Left find very little to agree upon.

However, one area where they find themselves in accord is their opinion of the West's brand of "contraceptive imperialism."

The general reasoning of the Left is that the United States wants to hold down the population in only developing countries because, as Socialist writer K. Agnes White puts it, "Poverty and starvation are the perfect breeding ground for Communism." [43]

This may be a small part of why the population controllers are so fervent. But the primary reasons, as shown above, are economics [a desire to control the world's natural resources] and racism [a desire to overcome the perceived threat of "differential fertility"].

In an article she wrote for the Portland [Oregon] *Alliance*, White goes on to make a disturbingly accurate analysis of the *real* reason behind our meddling in the affairs of other countries;

The willful distribution of such dangerous forms of birth control [i.e., IUDs banned in the United States for health reasons] in Third World women and the restriction of their use in industrialized countries makes it clear that population control is a racist as well as sexist policy. Along with the fear that the poor and hungry will rebel is the fear that the poor and hungry — by and large people of Color — will out-breed Whites. [44]

Case Study: South Africa South Africa is an obvious example of racist

Depo-Provera, Norplant. South Africa is an excellent example of racist population policies. The South African government, coached by United States experts, has implemented a strong 'family planning' program, but the "experts" blundered badly, because only Whites are following the program!

In other words, the target population (Blacks) were smart enough to see the deception, but Whites were not. In the last two decades, the White birthrate has fallen from 2.8 children per family to less than replacement at about 1.95 children per family in South Africa. Meanwhile, the Blacks and 'Coloreds' (mixed race) population has about five children per family and believe, like the Moslems, that "Our children are our weapons."

'Health' workers administer the ubiquitous injectable abortifacient Depo-Provera to girls as young as 14 years of age in South Africa, and some girls' boarding schools inject *every* girl with the drug before they go on holiday. This is a classic example of how little the population planners think of the rights and intelligence of children — and of their parents.

Depo-Provera and Norplant: It's Good Enough For Them. Depo-Provera (named Depo-Clinivir in Germany) was banned until very recently in the United States and Israel because of its extremely dangerous side effects. This drug, which was considered much too dangerous for lily-White American women to use until it was tested and refined, was peddled forcefully in more than 80 developing countries, including Indonesia, Kenya, and Mexico.

The Upjohn Company applied to the United States Food and Drug Administration for approval of Depo-Provera in 1976. The FDA turned down the application because Depo-Provera had been found to cause breast cancer in animals, and that some users will suffer "possibly even permanent infertility." The country's leading pharmacologists sanction the use of Depo-Provera "only if the possibility of permanent infertility is acceptable to the patient."

Statistics by Upjohn and the National Cancer Institute show that women who have been injected with Depo-Provera develop cervical cancer (which usually metastasizes) at rates of up to 9.1 times that of the control groups.

Women who are unknowingly pregnant and are injected with Depo-Provera have borne children with congenital heart defects, abnormal development of the sexual organs and the possibility of genital cancer later in life. These effects are similar to those experienced by the daughters of women who had taken diethylstilbestrol (DES).[45]

On November 7, 1995, the British Broadcasting Corporation (BBC) televised its most controversial "Horizon" television show ever. It was entitled "The Human Laboratory," and it exposed the rampant abuses perpetrated on the poorest of women in the slums of the world.

The abortifacient Norplant was tested on women in the slums of Dhaka in Bangladesh and in Cite Soleil in Haiti, the most poverty-stricken slum in the West. The field researchers promised them a "better life" with Norplant.

Once the abortifacient had been inserted into the women's arms, they were strictly forbidden to talk to "outsiders" [i.e., non-family planners] about their experiences, which included total blindness, severe bleeding, fainting, severe headaches, and extreme debilitating fatigue. Even when the women were desperate to have the Norplant capsules removed, the researchers refused, because such removals were recorded and might reflect unfavorably

...because each removal was forced and might reflect unfavorably on the acceptance rate for the drug.

One woman pleaded with the trial clinic doctors for six months to have it taken out. She said that "My health broke down completely. I was reduced to skin and bone." When interviewers asked her if she would use Norplant again, she replied "That thing! Even if fourteen generations of my ancestors asked me, I shall refuse!"

The 1993 report on the trials concluded that "Norplant is a highly effective, safe and acceptable method among Bangladeshi women." It stated that less than three percent of women reported significant medical problems, and there was absolutely no mention of eyesight disorders or women being refused removal.

In reality,

- Women were not told that this was a trial of an experimental drug. There was absolutely no informed consent.
- Women were routinely refused when they asked to have it removed.
- When literally hundreds of women reported severe side effects, they were ignored, ridiculed, abused and turned away.

Undercover investigator Catherine Maternowska summarized her feelings about the Norplant testing on poor women: "I think it's a sham, it's disgusting, it appalled me that this kind of research was going on. When someone's looking for help, looking for a solution to their poverty and what they find is something that just makes their poverty worse, it's a huge, huge sadness."

Farida Akhter, another investigator, said that "If you look at the trial, it looks like as if these woman are no better than a guinea pig, and a guinea pig perhaps is more expensive in the West, that's why our woman are cheaper here, so they're easily available, they can be easily controlled and their bodies can be easily tested."

The relationships between the organizations running this horror reveal their overt racism.

The Norplant trials were financed with United States Agency for International Development (USAID) funds and overseen by Family Health International (FHI). FHI was founded by Dr. Elton Kessel, who for years has tested the sterilizing agent quinacrine on poor women around the world, despite the drug never having been tested or approved by any legitimate health authority. The quinacrine trials were in turn funded by the Leland Fikes Foundation, which also funds the anti-immigrant group Federation for American Immigration Reform (FAIR).

Bangladeshi gynecologist Josas Koninoor typified the grossly callous attitude of the population controllers when he said that

95% of our clients belong to the very poor class. They are responsible for giving birth four or five times. Since they cannot remember to take birth control pills every day, long-acting contraceptives are much better for them. ... In order to have a good thing there is always a price to pay. If two or three women die — what's the problem? The population will be reduced. [46]

Case Study: Nigeria. In developing countries with large populations, the Population Council, the International Planned Parenthood Federation, and the United States Agency for International Development (USAID, a part of the Department of State) use effective CIA-like tactics to infiltrate government ministries and the press and entertainment industry, recruit "focus groups" of local people upon which to test their theories, and undermine indigenous values and traditions.

According to Information Project for Africa (IPFA) researcher Elizabeth Sobo, the objective of such intensive programs "... is to literally saturate the media with birth-control themes, and at the same time to make it appear that these ideas represent nothing more than a spontaneous change in local customs."

These programs feature not just localized spots, but massive nationwide and even continent-wide media and propaganda saturation campaigns

As an example, a written contract between the United States Agency for International Development (USAID) and the Nigerian government outlines the various points of the country's proposed family planning program as follows;

Figure 18-11

Elements of the USAID Population Control Program for Nigeria

- "At least 3,000 television, radio, film and fold media programs and spots, and newspaper and magazine inserts in at least five languages;
- A music project [to develop] popular songs containing family planning themes [that are] composed and recorded by popular local musicians;
- Integrating family planning messages into existing popular radio and television [entertainment] series;
- Recorded testimonials from traditional and

religious leaders;

- Television and radio specials and serials;
- Workshops [and] observation study tours for selected media practitioners;
- Motivational and technical video programs for broadcast, and for transfer onto 16 mm film to be shown through mobile vans;
- Special broadcasts on population issues to enlighten decision-makers;
- Symposia and meetings for traditional and religious leaders [and for] opinion leaders;
- Audience research [and] community analysis;
- A series of workshops in at least 15 states for a minimum of 200 urban secondary and post-secondary school teachers;
- [And] a national population quiz show eliciting competition from at least 300 secondary schools throughout Nigeria."

Reference: John Cavanaugh-O'Keefe. "Working Against Overseas Population Control." *National Catholic Register*, November 18, 1990, page 12.

Although the problem is serious and the prognosis grim, some people are beginning to wake up to the existence of the massive programs of covert genocide being practiced in Africa. The Information Project for Africa (IPFA) in particular fights United States contraceptive imperialism, and anyone interested in population control programs in Africa and what to do about them should contact this group at the following address.

Information Project for Africa (IPFA)
Post Office Box 43345
Washington, DC 20010

Domestic Racists. One has only to be familiar with the philosophies and quotations of Margaret Sanger and current abortionists such as Edward Allred to realize that the above statement on the racism of population control by K. Agnes White is absolutely correct.

As Allred stated in an October 12, 1980 San Diego *Union* interview;

I would do free abortions in Mexico to stem the new influx of Hispanic immigrants. Their lack of respect for democracy and social order is frightening. ... When a sullen black woman of 17 or 18 can decide to have a baby and get welfare and food stamps and become a burden to all of us, it's time to stop. In parts of South Los Angeles, having babies for welfare is the only industry the people have.

It is laughable that the far Left will not condemn such blatant racism.

Why will they not condemn it?

Because "reproductive rights" are much higher on their priority list than mere racism.

So, of course, they ignore such atrocities happening right here in the USA. For example, in 1976, the U.S. Government's General Accounting Office charged that the Indian Health Service had sterilized more than 3,000 Native American women in a four-year period by using elements of coercion — including using consent forms that did not fully inform women of the hazards, or which carried a thinly-veiled threat that they would lose their jobs unless they consented to the surgery.

Of course, any pro-life activist knows that we have been fighting against this insidious form of "contraceptive imperialism" for decades, so it is most amusing to note that most Socialist groups actually blame Right-wing fanatics (that's us, gang) for these abuses.

[Go to Next Topic: The Unbreakable Link Between Abortion and Birth Control](#)

[Return to *The International Abortion Situation* Table of Contents](#)

Endnotes for "How Many People Die of Hunger Each Year?"

[43] Lester Brown of the Worldwatch Institute, in a January 1994 Worldwatch Institute report entitled "World is Nearing Limit to Provide Food: Report." *The Citizen*, Johannesburg, South Africa, January 17, 1994, page 16. Also see the London Sunday Telegraph, February 18, 1996.

[42] The World Bank. *The World Food Outlook*, November 1993.

[43] K. Agnes White "When is a Decision a Choice?" *The Portland [Oregon] Alliance*

[43] R. Agnes White. "Which is a Decision & Choice." The Portland [Oregon] Alliance. April 1989, page 10.

[44] Ibid.

[45] Stephen Minkin. "Nine Thai Women Had Cancer ... None of Them Took Depo-Provera: Therefore, Depo-Provera is Safe. This is Science?" Mother Jones, November 1981, pages 34 to 39. [46] Bangladeshi gynecologist Josas Koninoor, M.D., quoted in "Norplant, The Five Year Needle." Issues in Reproductive Engineering, Vol. 3, No. 3, pages 221-228.

Facts of Life: Chapter 18: The International Abortion Situation: The Unbreakable Link Between Abortion and Population Control



 SHARE

The Unbreakable Link Between Abortion and Population Control.

"The right to abortion, an inalienable right of all women, is an integral part of population control."

— Lawrence Lader, co-founder of the National Association for the Repeal of Abortion Laws (now NARAL Pro-Choice America).[47]

Introduction. Pro-abortionists often tell us that contraception frequently fails, and that abortion is required as a backup if "women are to control their own lives."

Indeed, as described in Chapter 21, "Contraception," there are more than *two million* contraceptive failures in the United States every year, half of which end in abortions.

Larry Lader, the king of the abortion propagandists, recognized the "value" of abortion in controlling the population in our own country even before *Roe v. Wade*; "Above all, the abortion revolution should intensify the trend towards population control. In 1972, about 600 thousand legal abortions were performed nationwide — a figure that accounted in large measure for the decline in births below the replacement level of 2.110." [48]

Extending the Principle. The population controllers have flooded scores of developing countries with tons of IUDs, birth control pills, and condoms. They also recognize that tens of millions of contraceptive failures will occur in these countries.

It is therefore absolutely inevitable that they will vigorously implement abortion programs in these countries as "backstops" for their ineffective contraception programs. As the United Nations Fund for Population Activities (UNFPA) acknowledges, "It has been clear for a long time that family planning campaigns [without abortion] are largely ineffectual in producing a lower rate of population growth." [49]

Population statistician Emily C. Moore confirmed the UNFPA view when she said that

The population explosion compels us to take every means necessary to curb our growth rate. Since contraception alone seems insufficient to reduce fertility to the point of no-growth, and since population experts tell us that eliminating unwanted fertility [is necessary], we should permit all voluntary means of birth control (including abortion) so as to avert the necessity for coercive measures. [50]

Notice that Moore strongly implies that, if she and her fellow population controllers do not get their way (i.e., unlimited free abortion and contraception), then they will try coercion, regardless of whether it is in the United States or in

then they will try coercion, regardless of whether it is in the United States or in developing countries.

Going One Step Further. Just as contraception leads inevitably to abortion, whether it be on a national or an international scale, abortion inevitably leads to euthanasia.

Dr. Robert H. Williams asserted more than twenty years ago that

Planning to prevent over-population of the earth must include the practice of euthanasia, either negative or positive. ... Therefore, since we *must* restrict the rate of population increase, we should also be giving careful consideration to the quality as well as the quantity of people generated. ... We doubtless will not get support from all religious groups and it would be best not to *force* these and other disagreeing groups to conform *unless non-conformity would affect society or significant segments of it too adversely*.^[51]

Note Williams' thinly-veiled threat of coercion against "disagreeing groups" in the future if their "non-conformity" would "adversely affect society."

Williams and his cohorts, of course, would reserve judgment of such groups to themselves and would implement the coercion — if they have the power — at any time they felt was appropriate. Notice also that the above rationale is *precisely* that which is used by the government of the People's Republic of China in justifying its forced abortion program, which is described in Chapter 4, "China's Forced Abortion Program."

Catholic Teaching on Population Issues.

The population issue is most complex, and necessarily involves threads of many other life issues, to include contraception, surgical and chemical abortion, euthanasia, and eugenics. The teachings of the Catholic Church on population are compatible and consistent with Her perpetual concern with basic social justice.

The 1987 encyclical *Sollicitudo Rei Socialis* ["On the Social Teaching of the Church"], demonstrates the Church's understanding of the emerging tactics employed by the Culture of Death;

On the other hand, it is very alarming to see governments in many countries launching systematic campaigns against birth, contrary not only to the cultural and religious identity of the countries themselves but also contrary to the nature of true development. It often happens that these campaigns are the result of pressure and financing coming from abroad, and in some cases they are made a condition for the granting of financial and economic aid and assistance. In any event, there is an absolute lack of respect for the freedom of choice of the parties involved, men and women often subjected to intolerable pressures, including economic ones, in order to force them to submit to this new form of oppression. It is the poorest populations which suffer such mistreatment, and this sometimes leads to a tendency towards a

form of racism, or the promotion of certain equally racist forms of eugenics. This fact too, which deserves the most forceful condemnation, is a sign of an erroneous and perverse idea of true human development [¶25].

As noted previously, the encyclical *Evangelium Vitae* ["The Gospel of Life"] shows how governments must respect the right to life and the rights of families when striving to care for their people, and how the distribution of resources should be as equitable as possible.

The Status of Abortion Legislation Worldwide.

Overview. As of July 1, 2007, the population of the world was 6,679,198,000 people in a land area of 133,397,188 square kilometers, for an average population density of 50 persons per square kilometer.

According to the United Nations Population Information Network (POPIN), the world's average total fertility rate (TFR, or number of children per woman) is at 2.30, and will sink below the replacement level of 2.10 by the year 2010.

The world's population is increasing by about 1.12 percent and by about 65,800,000 people annually as of July 1, 2007. The world's population will level out at about 7.75 billion people in the year 2040 and then will begin to decline.

The table below summarizes major world population statistics.

Major World Population Indicators as of July 1, 2007	
Population	6,679,198,000
Total fertility rate (TFR)	2.30
Annual population growth rate	1.12%
Annual population growth	65,800,000
Population density	50 persons/sq. km.
Median age	28.7 years
Reference: United Nations Population Information Network (POPIN)	

As of July 1, 2007, there were 194 countries, sovereignties, and dependencies with populations greater than 100,000.

Slightly under forty percent of these countries (72) protect their preborn citizens completely or allow only strictly-monitored exceptions such as "life of the mother," rape, incest and eugenics. However, these countries have only about 26 percent of the world's population.

122 of the world's nations offer little or no legal protection to their preborn citizens. Their laws allow either abortion on demand or the physical and mental "health of the mother" exceptions, which, in practice, means abortion on demand. All of the developed countries of the world force their taxpayers to pay for all abortions for the mother's "physical and mental health," which, of course, means all abortions. The sole exception is the USA, which leaves funding decisions up to the 50 states.[52]

The countries that offer little or no protection to preborn babies are home to about 74 percent of the world's people and two of these countries (India and the People's Republic of China) have 37 percent of the world's population.

There are currently about 53 million surgical abortions being committed in the world each year. This appalling number has steadily increased since 1960, when there were about 16 million surgical abortions worldwide.[53]

This means that, during the period 1960-2007, inclusive, surgical abortionists have killed about 1.6 billion babies — a number equal to one-fourth of the world's entire population.

Figure 18-12 shows the number of surgical abortions that have been performed worldwide during the time period 1960 to 2006.

Figure 18-12			
Annual Number of Legal Surgical Abortions Performed in the World, 1960-2006			
Year	Surgical Abortions	Year	Surgical Abortions
1960	15,791,000	1984	33,502,000
1961	16,261,000	1985	34,602,000
1962	16,744,000	1986	35,686,000
1963	17,239,000	1987	36,801,000

1964	17,746,000	1988	37,947,000
1965	18,266,000	1989	39,127,000
1966	18,862,000	1990	40,340,000
1967	19,476,000	1991	41,344,000
1968	20,106,000	1992	42,370,000
1969	20,755,000	1993	43,419,000
1970	21,423,000	1994	44,490,000
1971	22,098,000	1995	45,585,000
1972	22,792,000	1996	46,218,000
1973	23,505,000	1997	46,859,000
1974	24,238,000	1998	47,510,000
1975	24,992,000	1999	48,169,000
1976	25,825,000	2000	48,837,000
1977	26,683,000	2001	49,491,000
1978	27,567,000	2002	50,152,000
1979	28,477,000	2003	50,823,000
1980	29,416,000	2004	51,502,000
1981	30,392,000	2005	52,191,000
1982	31,397,000	2006	52,889,000
1983	32,434,000		
			—————
Surgical Abortions 1960-2006:			1 572 000 000

Surgical Abortions, 1960-2000.

1,072,000,000

Note: For complete calculations and references for this figure, see the spreadsheet located at FACTS/IMAGES/18/CALCS/F-18-12.WK3 on the compact disc, "Pro-Life CD Library," available for purchase from HLI.

Abortion laws often have no bearing on what is actually happening in a country. In at least a third of the countries of the world, strict pro-life laws are largely or completely ignored. For example, South Korea only allows abortions for rape, incest, eugenics, and the physical health of the mother, but has the highest legal abortion rate in the world, 1.5 million abortions per year for a population of 48 million, which is more than six times higher than the rate in the United States. [5]

[Go To Next Topic: The Status of Abortion Legislation in North America](#)

[Return to *The International Abortion Situation* Table of Contents](#)

Endnotes for "The Unbreakable Link Between Abortion and Population Control"

[47] Lawrence Lader, co-founder of the National Abortion Rights Action League (NARAL). Quoted in Samuel L. Blumenfeld. *The Retreat From Motherhood*. New Rochelle, New York: Arlington House. 1975, page 37.

[48] Larry Lader. "The Abortion Revolution." *The Humanist*, May/June 1973, page 4.

[49] James L. Buckley. "Sound Doctrine Revisited." *Human Life Review*, Summer 1985, page 85. [50] Emily C. Moore, Ph.D. "The Major Issues and the Argumentation in the Abortion Debate." Pages 33 to 43. In a looseleaf booklet entitled "Organizing for Action." Prepared by Vicki Z. Kaplan for the National Abortion Rights Action League, 250 West 57th Street, New York, N.Y. 10019. 51 pages, no date.

[51] Robert H. Williams, M.D. "Numbers, Types and Duration of Human Lives." *Northwest Medicine*, July 1970, pages 493 to 496.

[52] Stanley K. Henshaw. "Induced Abortion: A World Review, 1990." *Family Planning Perspectives*, March-April 1990, pages 76 to 89. The number of surgical abortions is assumed to have grown linearly by year from 1960 and then leveled off at 55 million annually in 1990.

[53] For complete calculations and references, see the spreadsheet located at FACTS/IMAGES/18/CALCS/F-18-12.WK3 on the compact disc, "Pro-Life CD Library," available for purchase from HLI.

[Facts of Life: Chapter 18: The International Abortion Situation: The Status of Abortion Legislation in North America](#)



 SHARE

The Status of Abortion Legislation in North America. As of July 1, 2007, the USA and Canada had a total population of 338,844,000 people in a land area of 18,387,481 square kilometers, for an average density of 18 people per square kilometer, about one-third of the world average.

The average weighted total fertility rates (TFRs) of the USA and Canada have decreased from 3.60 in 1965 to 1.72 in 2007, a 52 percent decrease. The impact of population growth deceleration in North America has been softened by two factors: (1) the "baby boom echo," and (2) the high childbearing rates of immigrant families.

Neither the USA nor Canada give any protection to their preborn citizens. In fact, Canada has absolutely no restrictions on abortion whatsoever in its law; the only other countries in the world where preborn babies have no protection at all are the People's Republic of China (PRC) and South Africa. Of course, the situation is the same in the United States, despite the Supreme Court decision allowing the banning of the gruesome partial-birth abortion procedure.

The Status of Abortion Legislation in Central America. As of July 1, 2007, the eight nations of Central America have a total population of 147,944,000 people in a land area of 2,433,773 square kilometers, for an average density of 61 people per square kilometer, slightly above the world average.

The average total fertility rates (TFRs) of the Central American nations have plunged from 6.77 children per woman in 1965 to 3.01 in 2007, a total decline of 56 percent. The highest 2007 TFR for Central America is Guatemala's 3.90 children per woman, and the lowest is Panama's 2.31.

Mexico suffered a tremendous 71% reduction in TFR during the time period 1965-2007, plunging to below replacement at 1.96, the greatest TFR reduction of any nation in Central America.

El Salvador, Guatemala, Honduras and Nicaragua all have laws that fully protect preborn children or allow for only a "life of the mother" exception, although many illegal abortions occur.

The Status of Abortion Legislation in the Caribbean. As of July 1, 2007, the 25 nations of the Caribbean have a total population of 41,225,000 people in a land area of 227,300 square kilometers, for an average density of 181 people per square kilometer, about three and a half times the world average.

The average total fertility rates (TFRs) of the Caribbean nations have declined from 5.49 children per woman in 1965 to 2.15 in 2007, a total decline of 61 percent. The highest 2007 TFR for the Caribbean is Haiti's 3.30 children per woman, followed by the Dominican Republic at 2.56. Every one of the other twelve Caribbean nations with a population of

more than 100,000 was under replacement as of July 1, 2007, with the lowest TFR belonging to Barbados at 1.25 children per woman, the lowest in the Americas.

Cuba suffered a 74% reduction in TFR during the period 1965-2007, highest in the region and tied for seventh in the world.

Of all of the Caribbean nations, only the Dominican Republic and Haiti have laws that fully protect preborn children. Four nations — Barbados, Cuba, Puerto Rico, and St. Vincent and the Grenadines — have abortion on demand.



The Status of Abortion Legislation in South America. As of July 1, 2007, the 14 nations of continental South America have a total population of 383,787,000 people in a land area of 17,522,287 square kilometers, for an average density of 22 people per square kilometer, less than half of the world average.

The average total fertility rates (TFRs) of the nations of South America have dropped from 5.77 children per woman in 1965 to 2.07 in 2007, a total decline of 64 percent to just under replacement. The highest 2007 TFR for South America is Bolivia's 3.25 children per woman. Chile has the lowest TFR at 1.69. The greatest drop in TFR among South America's nations over the time period 1965-2007 was Colombia's 71 percent.

The most populous countries in South America are Brazil with 191,930,000 people (fifth in the world), with Colombia and Argentina a distant second and third at 46 million and 39 million respectively.

Reflecting its strong Catholic heritage, South America is relatively friendly towards preborn children. The only countries with abortion on demand laws are the small nations French Guiana, Guyana and the Netherlands Antilles. Chile, Colombia, Paraguay, Suriname and Venezuela all have laws that fully protect preborn children or allow for only a "life of the mother" exception — although massive numbers of illegal abortions occur, often supported by international population control organizations.

However, this situation is changing, for several reasons. Anti-population groups have targeted the South American countries with the highest TFR for special attention. Subversive groups such as 'Catholics' for a Free Choice (CFFC) hold huge conferences and peddle vast quantities of propaganda undermining Church teachings on abortion, contraception and sterilization. And numerous Protestant sects, which generally hold permissive or "neutral" positions on divorce, fornication, adultery, contraception and abortion, are growing rapidly in predominantly Catholic countries.



The Status of Abortion Legislation in Europe. As of July 1, 2007, the 47 nations of Europe have a total population of 727,597,000 people in a land area of 11,344,828 square kilometers, for an average density of 64 people per square kilometer, a little more than the world average

The direct cause of abortion is the separation of sex from procreation. Nowhere is this more obvious than in Europe, which has been in the grip of the anti-life mentality since just after World War I.

The demographic effects of anti-life policies are becoming obvious. The average total fertility rates (TFRs) of the nations of Europe have dropped disastrously from 2.58 children per woman in 1965 to an incredible 1.20 in 2007, a total decline of 53 percent from an already-low figure. The highest 2007 TFR for Europe is Albania's 1.81 children per woman, followed by Ireland's 1.71.

Every one of Europe's 47 nations are currently under replacement fertility levels. Nine European nations have remained continuously below replacement level since 1965. The greatest decrease in TFR during the time period 1965-2007 is Tunisia's 77 percent, fifth highest decline in the world; not one European nation has *increased* its TFR from 1965 to 2007.

Thirty-four of the fifty lowest TFRs in the world belong to European countries. Four nations — Belarus, Ukraine, Poland and Bosnia and Herzegovina — have sunk below one child per family.

There are currently 29 countries in the world whose population is actually declining. 25 of these are in Europe!

The most populous countries in Europe are the Russian Federation with 141,436,000 people (ninth in the world, but rapidly declining), Germany with 82 million, and France, Italy and the United Kingdom, all with about 60 million.

The only European country with laws that fully protect preborn children or allow for only a "life of the mother" exception is tiny Malta, home to just 0.05 percent of Europe's population. Ireland's traditional protection of preborn children is eroding rapidly, with thousands of Irish women and girls travelling legally into England for abortions each year.

Almost all of the other European nations have actual or practical abortion on demand. These nations represent 94 percent of the total population of Europe.

The nations of Europe are already feeling the profound demographic effects of their longtime anti-life policies. These include:

- Significant imbalances in population segments, leading to increased aging of the work force and the population. This, in turn, results in fewer workers supporting more retired people (creating great pressure on social security systems and retirement plans) and greatly increased health care costs, leading to a strong push for euthanasia.
- A great increase in the number of divorces (from 125,000 in 1960 to about 750,000 in 2004); illegitimacy (4.5 percent of all births in 1960 to about 25 percent in 2004); unemployment (from five million in 1977 to more than 15 million in 2004); and a huge increase in abortions, from about 250,000 in 1960 to more than a million today among the EC12 countries alone.[55]

- An influx of up to 50 million Muslims by 2025, mainly from North Africa. Because they are a very religious people, Muslims tend to integrate poorly with secular European society, a situation causing great tension and conflict that will only worsen in the future.[56] This state of affairs is a direct result of falling Europe birthrates; the last year "native" Europeans replaced themselves was 1973, and since then, there has been a shortfall of tens of millions of births required to replace the population.[57]

- The economic future of Europe is in grave doubt. The dreaded "Demographic Cross" feared by racists and advocates of the principle of "differential fertility" is finally coming to pass.

In the year 1950, Europe was still relatively young, and comprised more than a fifth of the world's population. Meanwhile, Africa was home to less than ten percent of the world's people. But while Africans continued to have large families, Europeans began to abort, sterilize and contracept themselves out of existence. The continents "crossed over" in about 1995, with each possessing about one out of every eight of the world's people. By 2050, their sizes will have reversed: Africa will have more than one out of every five people, and Europe will have only one out of fourteen. Even more importantly, the average African will be barely 30 years old, while the average European will 53 years old!

To whom will the future belong — a young, vigorous, large population, or an old, small, hopeless one?

The answer to that question will be obvious to anyone with a background in social science.

The table below shows the basic figures from the United Nations Population Information Network (POPIN).

The "Demographic Cross" Between Africa and Europe						
Area	<u>Percent of World Population</u>			<u>Average Age (years)</u>		
	1950	2000	2050	1950	2000	2050
Europe	21.7 %	12.0 %	7.2%	29.7	37.6	53.3

Africa	8.9%	13.4 %	21.7 %	19.0	18.4	30.5
World	—	—	—	23.9	26.8	43.1
Reference: United Nations Population Information Network. Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, <i>World Population Prospects: The 2004 Revision</i> and <i>World Urbanization Prospects: The 2003 Revision</i> , all found at http://esa.un.org/unpp . The low variant is used because it is historically the most accurate for population projections.						

Some European countries are trying to reverse their plunging birthrates, but with little success. History shows us that once the people of a nation are conditioned to believe they should live for themselves and that children are a burden, it is virtually impossible to persuade them otherwise. The only answer is for pro-life activists to convert the hearts and minds of the people, one by one. This will take as long to do as the population controllers took to destroy the European's love of children.

For example, European population alarmists have been exaggerating the high cost of raising kids for decades as a ploy to get people to have fewer children. When the baleful demographic effects of too few babies become evident, the governments try to retool the thinking of the people, but with little effect.

This is why the *La France a besoin des enfants!* [France needs babies!] campaign failed.[58] And this is why, when the German State of Brandenburg offered to pay its citizens US \$650 to have a child, there was not even the slightest blip in the birth rate. No wonder Wolfgang Jahmer, director of a social welfare program in Schwerin, Germany, said that "We have some fears that the tree of life may be falling." [59]

The Status of Abortion Legislation in the Middle East. As of July 1, 2007, the sixteen nations and autonomous regions of the Middle East have a total population of 274,581,000 people in a land area of 5,991,345 square kilometers, for an average density of 46 people per square kilometer, a little more than half of the world's average.

The average total fertility rates (TFRs) of the nations of the Middle East have dropped from 6.77 children per woman in 1965 to 2.69 in 2007, a total decline of 60 percent.

The highest 2007 TFR in the Middle East is Yemen's 5.40 children per woman. Five Middle Eastern nations are below replacement fertility: Iran at 1.79, Lebanon at 1.96, Bahrain and Kuwait at 2.01, and Turkey at 2.06.

The largest drop in TFRs among Middle Eastern nations during the period 1965-2007 were Iran at 74%, Kuwait at 73%, and Bahrain at 72%.

The most populous countries in the Middle East are Turkey with 77,308,000 people and Iran with 73,422,000 people.

The only Middle Eastern countries that have abortion on demand laws are Turkey and Israel, while Saudi Arabia and Jordan have exceptions.

The Status of Abortion Legislation in Africa. As of July 1, 2007, the 56 nations of Africa have a total population of 972,761,000 people in a land area of 29,803,673 square kilometers, for an average density of 33 people per square kilometer, about half of the world's average.

The average total fertility rates (TFRs) of the nations of Africa have dropped from 6.87 children per woman in 1965 to 4.42 in 2007, a total decline of 36 percent, the lowest of any continent.

This means Africa has by far the highest TFR of any region of the world, more than double that of Asia. This is why Africa is becoming the number one target of the 'developed' countries' population control efforts.

The highest 2007 TFR in the world is Niger's 6.94 children per woman. The only African nations below replacement fertility are Tunisia at 1.68 and Mauritius at 1.61 children per completed family.

One African nation — The Democratic Republic of the Congo — actually *increased* its TFR from 6.20 to 6.45 during the period 1965-2007.

The largest drop in TFR among African nations during the period 1965-2007 was Tunisia at 77 percent, the fifth most severe decline in the world.

The most populous countries in Africa are Nigeria with 149,232,000 people (eighth in the world), followed by Ethiopia with 84 million and Egypt with 76 million.

The only African countries that have abortion on demand laws are Cape Verde, Tunisia, South Africa and Zambia. In many nations such as Guinea-Bissau, the law states that abortion is only allowed to save the life of the mother. However, the law is not enforced and abortion is largely tolerated. The same law exists in Mozambique, but 'official interpretation' allows abortion on all grounds.

The South African Situation. The strong-arm tactics of the African National Congress/South African Communist Party (ANC/SACP) were blatant even by pro-abortion standards when the South African parliament passed its Termination of Pregnancy Bill in 1996, giving South Africa the dubious distinction of having the worst abortion law on earth.

Every South African poll showed that every social and political group overwhelmingly opposed abortion on demand, by an average margin of two to

one. In fact, the highest degree of opposition was among rank-and-file ANC supporters, at 77 percent.[60] Yet Nelson Mandela's party, while calling itself "democratic," simply ignored the wishes of its own constituency.

South Africa's Freedom of Choice Bill specifies a fine of 100,000 Rand (\$22,000 US) and 10 years' imprisonment on the first offense for anyone obstructing abortion in any way. This includes doctors who refuse to refer for abortions. This means conscientious Catholic (and other) doctors face a brutal three-way choice: take part in procuring abortions (an excommunicable offense), give up practicing medicine, or go to jail for a decade.

South African pro-abortionists have promised to use the new laws to prosecute every pro-life doctor in the land, and have vowed to demand long jail terms for any pro-lifers who take part in any kind of civil disobedience or even picketing in front of abortion mills.[61]

The Status of Abortion Legislation in Asia. As of July 1, 2007, the 50 nations of Asia have a total population of 4,032,000,000 people in a land area of 31,041,967 square kilometers, for an average density of 130 people per square kilometer, about three times the world average. Asia has about 60 percent of the world's population, living on land with an average population density equal to that of Ohio, Pennsylvania or Florida.[62]

The average total fertility rates (TFRs) of the nations of Asia have dropped from 5.65 children per woman in 1965 to 2.09 in 2007, a total decline of 63 percent. This steep decline is the highest of any continent in the world.

The highest 2007 TFR for Asia is Timor-Leste's 6.28 children per woman, followed by Yemen's 5.25. Macau has the lowest TFR in the world at 0.66 children per family (or, in other words, two children for each *three* families), followed closely by the second lowest TFR in the world (Hong Kong's 0.72) and the fourth lowest (South Korea's 0.96).

The four largest drops in TFR in the world during the time period 1965-2007 belonged to Asian countries: Macao at -87%; Hong Kong at -86%, South Korea at -83%, and Singapore at -80%.

The most populous countries in Asia are the People's Republic of China with 1,325,937,000 people (leading the world), followed by India with 1,171,656,000 (second in the world) and Indonesia with 231,618,000 (fourth in the world behind the USA).

Slightly less than half of Asia's nations (18) either provide full protection for their preborn citizens or have narrow exceptions. Sadly, these countries are home to only about one-fifth of the total population of Asia.

The Status of Abortion Legislation in Oceania. As of July 1, 2007, the 14 nations of Oceania have a total population of 34,300,000 people in a land

17 nations of Oceania have a total population of 34,000,000 people in a land area of 8,423,218 square kilometers, for an average density of just four people per square kilometer, by far the lowest population density of any continent in the world.

The average total fertility rates (TFRs) of the nations of Oceania have dropped from 3.98 children per woman in 1965 to 2.05 in 2007, a total decline of 48 percent.

The highest 2007 TFR in Oceania is the nation of Micronesia's 3.46 children per woman. Australia has the lowest TFR at 1.54, and New Zealand is close behind at 1.74.

The largest drop in TFR during the time period 1965-2007 was New Caledonia's 65 percent.

The most populous countries in Oceania are Australia with 20,747,000 people, followed by Papua New Guinea with 6,360,000 and New Zealand with 4,174,000.

Five of Oceania's nations protect their preborn citizens with laws banning abortion except for narrow exceptions. Four countries and protectorates (Australia, Fiji, Guam and New Zealand) have actual or practical abortion on demand

[Go To Next Topic: Important Web Sites](#)

[Return to *The International Abortion Situation* Table of Contents](#)

Endnotes for "The Status of Abortion Legislation in North America"

[55] R. Clarke. "Population Imbalances: The Consequences." Forum [Council of Europe], 1986, pages 5 to 7.

[56] Calculations and extrapolations based on figures from the Institut National d'Etudes Demographiques (INED). "Short Fall in Births Europe." Population, July/September 1983.

[57] Ibid.

[58] French national ad campaign. Daniela Deane. "Birth Rates Down Across Europe." USA Today, October 15, 1997.

[59] Stephen Kinzer, New York Times News Service. "German State Pays Bounty for Babies." The Oregonian, November 25, 1994, page A13.

[60] Brian Stuart. "Row Brews over Bill for Abortion on Demand." The Citizen [Johannesburg], April 7, 1996, pages 1 and 2.

[61] Personal communications with Claude Newbury, M.D., former President of Pro-Life South Africa. Dr. Newbury was forced to leave South Africa for London after this law was passed in order to avoid being sentenced to prison for a long term for refusing to perform

passed in order to avoid being sentenced to prison for a long term for refusing to perform abortions.

[62] United States Department of Commerce, Bureau of the Census. Statistical Abstract of the United States: The National Data Book. 1999 (119th Edition) [Washington, D.C.: United States Government Printing Office, 1999], table 35, "State Population Projections: 2000 to 2025."

[63] French Social Affairs Minister Jacques Solideau, quoted in "In Defense of Population Growth." The New Scientist, September 8, 1984.

Facts of Life: Chapter 18: The International Abortion Situation: Important Web Sites



 SHARE

Important Web Sites.

(1) The United Nations Population Information Network is the best available source for information on population for every nation in the world. It contains more than thirty demographic indicators for each country for every five-year period from 1950 to 2050 for three variants — low, medium and high (the low variant has always been the most accurate predictor for projected population figures). The available demographic indicators include;

- Total population
- Male population
- Female population
- Population sex ratio (males per 100 females)
- Percentage of the population aged 0-4, 5-14, 15-24, 60 or over, 65 or over, and 80 or over
- Percentage of women aged 15-49
- Median age in years
- Population density per square kilometer
- Population change per year
- Births per year, both sexes combined
- Deaths per year, both sexes combined
- Population growth rate
- Crude birth rate
- Crude death rate
- Total fertility rate
- Net reproduction rate (per woman)
- Infant mortality rate
- Life expectancy at birth, both sexes combined
- Life expectancy at birth, males
- Life expectancy at birth, females

(2) Harvard University's Annual Review of Population Law contains the most comprehensive information on the abortion laws of every nation in the world, to include the complete texts of such laws.

(3) The Center for Reproductive Rights has a wall chart and summary of the world's abortion laws at <http://reproductiverights.org/en/resources/publications>

(4) William Robert Johnston maintains the most comprehensive database of abortion statistics on the Web <http://www.johnstonsarchive.net/policy/abortion/>

[Go To Next Topic: Further Reading on *Overpopulation*](#)

[Return to *The International Abortion Situation* Table of Contents](#)

[Facts of Life: Chapter 18: The International Abortion Situation: Further Reading on Overpopulation](#)



 SHARE

Further Reading: Overpopulation.

"Omoro said that three groups of people lived in every village. First were those you would see — walking around, eating, sleeping, and working. Second were the ancestors, whom Grandma Yaisa had now joined.

"And the third people — who are they?" asked Kunta.

"The third people," said Omoro, "are those waiting to be born."

— Alex Hailey, *Roots*.

Howard M. Bahr, Bruce A. Chadwick, and Darwin L. Thomas (editors). *Population, Resources, and the Future: Non-Malthusian Perspectives* [Provo, Utah: Brigham Young University Press]. A general examination of the myths associated with overpopulation and big families. This book also examines some of the Draconian population control policies of the past, present, and those seriously proposed for the future.

Samuel L. Blumenfeld. *The Retreat From Motherhood* [New Rochelle, New York: Arlington House, 1975]. This interesting book by a pro-abortion former editor and sociologist attempts to pin down the roots of Neofeminism — and does a pretty good, if rather disjointed job. Although he is definitely anti-life, Blumenfeld has strung together a large quantity of evidence that shows the influence of the population controllers and media in the mass turning away from childbearing to abortion and contraception. Blumenfeld feels that there is really no hope for us, and that we will eventually exterminate ourselves (but he neglects the role of religion, as well).

Neil W. Chamberlain. *Beyond Malthus: Population and Power* [New York: Basic Books, 1970]. A treatise on the effects of population on government structures, businesses, and international relations. This book is more than two decades old, but its principles remain valid.

Allen Chase. *The Legacy of Malthus: The Social Costs of the New Scientific Racism* [Chicago: University of Illinois Press]. A very detailed and quite readable summary of the implications of the new population control/eugenics cartel, which the author shows is nothing more than a resurrection of the mid-1920s and Hitlerian attitude that some human life is worth more than other human life.

H.S.D. Cole, Christopher Freeman, Marie Jahoda, and K.L.R. Pavitt (editors). *Models of Doom: A Critique of the Limits to Growth* [New York: Universe Books, 1973]. A series of papers by leading demographers showing that the MIT models regarding population growth are unduly pessimistic because it has ignored several vital variables and has overemphasized others. Very technical and meant for those with a heavy scientific background.

Kingsley Davis, Mikhail S. Bernstam, and Rita Ricardo-Campanell (editors). "Below-

Angelo Davis, William C. Bennett, and Rita Richards Campbell (editors). "Below Replacement Fertility in Industrial Societies: Causes, Consequences, and Policies." Population and Development Review, Supplement to Volume 12, 1986, 363 pages. The Center for Policy Studies of the Population Council, One Dag Hammarskjold Plaza, New York, New York 10017. This book is a proceedings summary of the seminar held at the Hoover Institution, Stanford University, in November of 1985. A number of population experts discuss, among other issues, the alarming shortage of births in Europe and the United States, low fertility in an evolutionary perspective, population models, the changing values of society and their impacts upon decreased fertility, demographic impacts of below-replacement birthrates, impacts on economics, immigration, and Social Security.

Christopher Derrick. Too Many People?: A Problem in Values [Harrison, New York: Ignatius Press]. Derrick examines the entire question of whether or not there is really a "population problem," then suggests that we pay more attention to the value judgments that make many of us think that people can ever be thought of as a "problem."

Carl Djerassi. The Politics of Contraception [New York: W.W. Norton & Co., 1980]. Reviewed by Andrew Hacker in the Summer 1980 issue of the International Review of Natural Family Planning, pages 179 to 181. This is a fascinating book purely because it gives us insight into the mind of Dr. Carl Djerassi, one of the original developers of the birth control pill. By reading this book, one can examine the very roots and beginnings of the anti-life, anti-natalist philosophy.

Greenhaven Press. The Environmental Crisis: Opposing Viewpoints. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1986, 263 pages. Each section includes several essays by leading authorities on both sides of each issue. The questions asked are: "Is There an Environmental Crisis?;" "Should Corporations Be Held Responsible for Environmental Disasters?;" "Have Pollution Regulations Improved the Environment?;" "Is Nuclear Power an Acceptable Risk?;" "How Dangerous Are Toxic Wastes?;" and "How Harmful is Acid Rain?" Authors include Ralph Nader, Ben J. Wattenberg, and John S. Herrington. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Rael Jean and Erich Isaac. The Coercive Utopians: Social Deception By America's Power Players [Chicago: Regnery Gateway, 1983]. This book exposes the real agenda and identities of what the authors call the "social elite:" The rich population controllers, banks, media moguls, and other institutions who appeal to American values but who are working to destroy them at the same time. The Isaacs describe who the elite are; where their money comes from; and what their true goals are. Addresses the environmentalists, the media, the Neoliberal think tanks, and the counterfeit peacemakers, among others.

Jacqueline R. Kasun, Ph.D. Population and Environment: Debunking the Myths [Front Royal, Virginia: Population Research Institute, 1991]. This booklet clearly outlines the history and major fallacies of the population control movement and describes some of the connections between environmental groups and the population control cartel. A good introductory presentation for those who want to become familiar with "the enemy."

Jacqueline R. Kasun, Ph.D. Population Control of the Family [Front Royal, Virginia: Population Research Institute 1988]. The author shows how the population controllers are

Population Research Institute, 1983]. The author shows how the population controllers are not only targeting families in other nations, but in ours as well. She demonstrates the myths of overpopulation, the false statistics used to attack the family, and the secular humanist war on the family.

Jacqueline R. Kasun, Ph.D. *The War Against Population: The Economics and Ideology of Population Control* [Harrison, New York: Ignatius Press, 1987]. One of the most popular myths of our time is the Malthusian notion that the world's population is exploding, so that disaster is inevitable (even imminent). Therefore, the population control fanatics state as fact that governments and individuals have the duty to control procreation, no matter what means are necessary. The population controllers use billions of our tax dollars to advance U.S. "contraceptive imperialism" all over the world. This book examines and effectively debunks the basic assumptions of the international population control network.

Thomas R. Malthus. *An Essay On Population* [New York: Dutton, 1941]. This is the book that began the original population panic. Malthus' general theory was that population increases exponentially while resources increase arithmetically, a situation which cannot continue indefinitely. This theory has since been proven simplistic and incomplete, but it still serves as the linchpin theory for the population controllers.

Father Paul Marx. *Confessions of a Pro-Life Missionary* [Front Royal, Virginia: Human Life International, 1988]. This is an excellent account of Father Marx' travels all over the world since the founding of HLI in 1981. It is a firsthand account of his battle against U.S. 'contraceptive imperialism,' International Planned Parenthood, and abortion in dozens of countries. Order from Human Life International, 4 Family Life, Front Royal, Virginia 22630, telephone: (800) 549-LIFE.

James A. Michener. *The Quality of Life* [New York: J.P. Lippincott Company, 1970]. The early 1970s saw an explosion of interest in the population "problem," and many famous people spoke up to denounce mankind as an undesirable element 'infesting' the earth. The author James Michener takes a crack at "quality of life" here by attempting to tell us how we can best respond to various problems caused by racial strife, education, crimes and drugs. But we all know where his emphasis really is: His last chapter on the problems is entitled "The Population Cancer."

Emily Campbell Moore-Cavar. *International Inventory of Information on Induced Abortion* [International Institute for the Study of Human Reproduction, Columbia University, 1974].

Steven W. Mosher. *Broken Earth: The Rural Chinese* [New York: The Free Press, 1983]. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. Mr. Mosher, a Chinese-American scholar who was denied his Ph.D. because he revealed details of China's forced-abortion policy, outlines various Chinese government policies and their impacts on the common Chinese worker and rural dweller. Chapter 9 of his book, "Birth Control: A Grim Game of Numbers," deals with China's forced-abortion and one-child policy, which leads also to female infanticide when the first baby is a girl.

Stephen D. Mumford. *American Democracy & The Vatican: Population Growth and National Security* [Amherst, New York: The Humanist Press, 1984]. This book is praised by Larry Lader and Paul Ehrlich which clues us in to its contents. Sure enough it is a

by Larry Eades and Paul Emmitt, which does do in to its contents. Care enough, it is a rather unrestrained screed, filled with great quotes demonstrating the bigotry and the totalitarian and intolerant nature of the Humanists and population controllers. Mumford's thesis is that the Vatican and the Catholic Church are attempting to destroy democracy and even the world by encouraging uncontrolled breeding. All of the old tired slogans are trotted out: The Vatican runs the United States, dissident priests are quoted as authoritative sources, and Catholics are portrayed as mindless, drooling androids. The end of this Chapter contains excerpts from Mumford's book *The Life and Death of NSSM 200: How the Destruction of Political Will Doomed a U.S. Population Policy*. The complete on-line text of this book is at <http://www.population-security.org/index.html>.

Population Communication Services, Center for Communication Programs, The Johns Hopkins University, 527 St. Paul Place, Baltimore, Maryland 21202. Population Communication Services Annual Report. Issued by Fiscal Year. Interesting information on anti-population campaigns in every population continent, including media campaigns for vasectomy, workshops, needs assessments, technical assistance, popular "pop" songs, and "Dial-a Friend" as just a very few examples.

Population Research Institute Review. This bimonthly newsletter covers the international population control activities of various U.S.-funded purveyors of "contraceptive imperialism," or the control of other nations by forcing our 'family planning' philosophies down their throats. The biggest offenders include the United States Agency for International Development (USAID), the United Nations Fund for Population Activities (UNFPA), and, of course, the International Planned Parenthood Federation (IPPF). Subscribe for \$20 annually by writing to The Population Research Institute, Post Office Box 2024, Baltimore, Maryland 21298- 9559, telephone (301) 670-1864. FAX number is (301) 869-7363.

Nafis Sadik (editor). *Population: The UNFPA Experience* [New York: New York University Press, 1984]. This book is divided into two parts: UNFPA activities and population outlooks in the six continents, and the so-called "multifaceted programme;" family planning; information, population education, and communication; and the programming outlook.

Professor Julian L. Simon. *The Ultimate Resource* [Princeton, New Jersey: Princeton University Press, 1982]. Order from American Life League, Post Office Box 1350, Stafford, Virginia 22554. Reviewed by Jacqueline R. Kasun, Ph.D., on page 7 of the January 11, 1982 issue of *National Right to Life News* and by Robert L. Sassone, Ph.D., on page 19 of the February 1983 issue of *ALL About Issues*. The author thoroughly debunks the antinatalist propaganda that tells the public that the world is overpopulated. Sections include: The current resource situation, population growth and its impacts upon future resource distribution, and the story behind all of the numbers.

United Nations Department of International Economic and Social Affairs. *World Population Policies*. 3 volumes. Volume I: Afghanistan to France. Volume II: Gabon to Norway. Volume III: Oman to Zimbabwe. Each volume lists each developing country's current perceptions regarding five characteristics of its own population: "Size/age structure/growth;" "mortality/morbidity;" "fertility/nuptiality/family;" "international migration;" and "spatial distribution/urbanization " General information on each country's population control

spatial distribution/organization. General information on each country's population control policies and measures, policy framework, and institutional framework are also provided. Order from the United Nations Department of International Economic and Social Affairs, 220 East 42nd Street, New York, New York 10017.

United Nations Fund for Population Activities (UNFPA). Annual Report. Detailed information on the UNFPA's activities, to include current programs, the organization's opinions regarding current general world population trends, and future plans (generally over the next five years). Population control programs are described by sectors, regions and countries. Special headquarters activities and global projects are also described. Order from the United Nations Fund for Population Activities, 220 East 42nd Street, New York, New York 10017.

United Nations Fund for Population Activities (UNFPA). Guide to Sources of International Population Assistance. Issued every three years, with aperiodic supplements, in English, Spanish, and French. 700 pages. A very interesting guide to detailed information on more than 300 multilateral agencies, regional agencies, bilateral agencies, non-governmental organizations (NGOs), university centers, research institutions, and training organizations that are involved in the international population control effort. Order from the United Nations Fund for Population Activities, 220 East 42nd Street, New York, New York 10017.

United Nations Fund for Population Activities (UNFPA). Inventory of Population Projects in Developing Countries Around the World. Issued annually in English and French. 932 pages. Includes information on multilateral organization assistance, bilateral agency assistance, regional organization assistance, and non-governmental organization and other assistance in more than one hundred developing countries throughout the world. Each citation includes basic demographic data, the government's view regarding population control measures, mortality, morbidity, international migration, fertility, nuptiality, and family information. Each citation also has a detailed list of information on each population control program going on in the country. For instance, the 1989/1990 Annual listed information on 114 projects in the People's Republic of China alone. Order from the United Nations Fund for Population Activities, 220 East 42nd Street, New York, New York 10017.

Ben J. Wattenberg. *The Birth Dearth* [New York: Pharos Books, 1987]. Reviewed by Rupert J. Ederer in the April 1988 Fidelity Magazine. This is a very interesting book. The author is a secularist with an extensive professional background in demographics. He is concerned that, one of these days, we Westerners will be inundated with "babies of color" from the less-developed nations because of their high birth rate. Therefore, he implies, we in the developed nations should get to work and produce as many babies as possible to fend off losing our Western identity. Alternatively, of course, we could flood the rest of the world with abortion and contraception techniques, so that their birthrates could be as racially suicidal as ours. This important book exposes the racist roots of the antinatalist movement and its obsession with differential fertility. Of course, the author cannot eschew abortion, artificial contraception, and sex education, which obviously brought about the problem in the first place! Some of the book is useful to Christians, such as the effects of the "one-child" on only children, and the social and economic effects of the "greying" of America.

James A. Weber. *Grow or Die!* [New Rochelle, New York: Arlington House, 1977]. This startlingly-titled book examines and debunks the standard Zero Population Growth (ZPG) propaganda, showing it to be based solely on selfishness, and describes the impacts of declining population on societies and economies.

[Return to *The International Abortion Situation* Table of Contents](#)

Facts of Life: Chapter 19: United States Abortion Statistics



The Unparalleled Value of Documented Statistics

Introduction

Use Word Pictures in Discussions

The Number of Surgical Abortions that Have Been Committed in the United States

Surgical Abortions

Chemical Abortions

Surgical Abortions Among Minority Women in the United States

White vs. Minority Abortions

Relative Availability of Abortion Mills

Abortion Death Rates Among White and Minority Women

Statistics on Abortions Committed for the "Hard Cases"

Statistics on Abortions Committed for the "Hard Cases"

Introduction

The Reality

Why Women Have Abortions

Useful Websites on Abortion and Population Statistics

Facts of Life: Chapter 19: United States Abortion Statistics: The Unparalleled Value of Documented Statistics



 SHARE

The Unparalleled Value of Documented Statistics.

Introduction. Anyone who fights the Culture of Death realizes how heavily anti-lifers rely upon emotional appeals to support their arguments.

This is particularly true of pro-abortionists, who strongly dislike using hard facts and statistics, because they do not support the pro-abortion position. Instead, they write and talk endlessly about (usually) fictional stories of anonymous women "brutalized" by illegal abortions, or about the "hard cases" for abortion — rape, incest and severe fetal deformities. They ignore facts and statistics and instead lean on emotional appeals and feelings to make their points.

While acknowledging the tragic nature of such situations, pro-lifers can deflate pro-abortion arguments with statistics that show how rare they truly are.

When you use documented statistics during written or oral attempts to persuade, you elevate yourself above the emotional level and appeal directly to logic and reason. No pro-abortionist can refute documented statistics — especially when they originate with *pro-abortion* sources, which eliminates accusations of "anti-choice bias."

You can use statistics in many areas of activism other than formal debate:

- When a new pro-lifer asks about the "hard cases," you can show that they comprise about one-half of one percent of all abortions.
- When a clinic escort tries to justify her actions by alleging that "5,000 to 10,000" women died from illegal abortions every year in the United States before *Roe v. Wade*, you can prove to her that this is a wild exaggeration.
- When a school-based clinic advocate says we should give condoms to students because of high teen pregnancy rates, you can show that this is likely to lead to *more* teen pregnancies and abortions due to the high user failure rate of condoms, especially among teenagers.
- When a population control supporter claims that 60,000 people die of hunger each day and uses this figure to call for universal contraception for the women of developing countries, you can prove that this figure is overstated by a factor of more than 30. When he insists that the population of the world is doubling every 37 years, you can show that the population will *never again* double.

You can use statistics proactively as well as reactively, to show that more than half of the mothers who get abortions in the United States had contraceptive failures; that the abortion rate for minority women is two-and-half times higher than that of White women, thereby revealing the inherent racism of abortion; and that people use abortion primarily to cover up premarital sex, because more than 80 percent of all mothers who abort in the United States are unmarried.

Use Word Pictures in Discussions. The old saying that a picture is worth a thousand words is as true as ever. You can modify this adage by painting 'word pictures' to illustrate your points during discussions or debates. A debater makes a tremendous impact on listeners by using his imagination to relate the abortion issue to everyday images that people are familiar with.

In other words, we frame the issue in terms that people understand and will therefore remember.

This is an extremely effective tactic, especially when the pro-lifer's sources are unimpeachable, or when his sources are *pro-abortion* people or groups.

The following examples describe some "word pictures" relating to abortion.

- **The Vietnam Memorial.** You might get your audience thinking by asking how many of them have visited the National Vietnam Memorial in Washington, D.C. You can describe the Memorial as a shiny black wall that stretches 492 feet and lists the names of the 58,022 known Americans killed in that war.

You can then go on to say that, if such a wall listed the names of the 50.2 million babies legally killed by surgical abortions in the United States it would be *80 miles long!*

And a wall that commemorated the *2.4 billion* preborn babies wiped out by surgical abortions worldwide since 1960 would stretch 3,855 miles — from coast to coast, from Los Angeles to New York City, with a thousand miles to spare.[1]

- **Cemeteries for Preborn Babies.** Pro-life activists have occasionally set up temporary displays of thousands of crosses representing the number of preborn babies killed by abortions in the United States every day. These crosses make a riveting display of the brutal reality of abortion.

If standard 10 foot by 15 foot burial plots were allocated to each preborn child killed by surgical abortion in the United States, the resulting cemetery would cover 268 square miles. If there were a cemetery for all of the 2.4 billion preborn babies killed by surgical abortions in the world since 1960, it would cover more than 12,900 square miles — larger than the states of Connecticut, Delaware, Hawaii, Maryland, Massachusetts, New Hampshire, New Jersey, Rhode Island or Vermont.

But, because of "freedom of choice," all of these billions of children will never see the light of day.

- **Holding Hands** . If these 50.2 million babies had been born and had grown up, then got together to hold hands, the resulting line would stretch around the world at the Equator more than twice — *more than 56,000 miles!*

- **A Much Larger "Quilt Project."** One publicity stunt that American 'gay rights' activists are fond of is the "Quilt Project," where decorated 3 foot by 6 foot rectangles of cloth are laid side by side to commemorate those people who have died of AIDS. The purposes of this project are to generate sympathy and show

the magnitude of the AIDS 'epidemic.' The largest such display to date has covered an area equivalent to a football field. If 50.2 million of these quilts were laid down together, one for each surgically aborted preborn baby, it would cover an area of 32 square miles! This quilt would easily blanket the center of any large American city. Mention landmarks bounding this area in the appropriate city in order to strengthen your point.

- **The "Marching Aborted."** Bigoted anti-population alarmists sometimes refer to "the marching Chinese," by which they mean that the population of the People's Republic of China (PRC) is increasing so fast (15 million per year) that the Chinese could march two abreast past a single point and never have the same person pass twice. Pro-lifers can adapt this concept to describe the magnitude of our world's "marching aborted." There are about 55 million surgical abortions committed all over the world annually. If these children marched past one point continuously, they would be *eight* abreast.

- **Crashing School Buses.** Any community would mourn for weeks if a school bus full of 50 of its children crashed, killing all inside. By contrast, every hour the abortion clinics in this country are operating, (say 60 hours per week), 50 babies are killed every six minutes! A pro-life debater could also tailor this image to a local abortuary — for example, one which killed 2,500 babies every year would be equivalent to a 50-child school bus crashing every week.

- **The Dead States.** Surgical abortionists have killed a number of children equal to the combined populations of eighteen states: Arizona, Arkansas, Colorado, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah and Wyoming.[2] Figure 19-1 is a map of the United States with all of these states blacked out, and is a real attention-getter. This gives an audience some idea of the colossal magnitude of the abortion disaster.

If you think that this is not particularly impressive since these states are the most sparsely-populated in the United States, consider this: Surgical abortion has killed enough preborn children to populate the greater Los Angeles-Long Beach-Santa Ana area, the greater New York City-Northern New Jersey-Long Island area, the greater Chicago-Naperville-Joliet area, *and* the greater Washington, D.C.-Arlington-Alexandria area, whose combined populations are about 47 million.[3]

[Go to Next Topic: The Number of Surgical Abortions that have been Committed in the United States](#)

[Return to United States Abortion Statistics Table of Contents](#)

Endnotes for “The Unparalleled Value of Documented Statistics”

[1] About 40 million legal and illegal surgical abortions were committed worldwide in 1960, and about 55 million legal and illegal surgical abortions were committed in 1990 [Alan Guttmacher Institute and Emily Campbell Moore-Cavar. *International Inventory of Information on Induced Abortion*. International Institute for the Study of Human Reproduction, Columbia University, 1974. Table 6.1, "Legally Induced Abortions: National Registered Incidence from 21 Countries"]. If we linearly interpolate the number of abortions between 1960 and 1990, we arrive at a figure of $(1990-1960+1) \times ((55 \text{ million} - 40 \text{ million}) / 2) = 1.472$ billion surgical abortions during this period. If we assume that 55 million legal and illegal surgical abortions have been committed annually worldwide since 1990, we arrive at a number of $(2007-1990) \times 55 \text{ million} = .935$ billion surgical abortions since 1990. The total is 2.407 billion legal and illegal surgical abortions since 1960, inclusive.

[2] United States Department of Commerce, Bureau of the Census. *Statistical Abstract of the United States: The National Data Book*. 2006 [126th Edition]. Washington, D.C.: United States Government Printing Office, 2006. Table 19, "State Resident Populations — Projections: 2005 to 2030."

[3] United States Department of Commerce, Bureau of the Census. *Statistical Abstract of the United States: The National Data Book* 2006 [126th Edition]. Washington, D.C.: United States Government Printing Office, 2006. Table 26, "Large Metropolitan Statistical Areas — Population: 1990 to 2004."

Year	Committed	Committed
1973	12,000	1.6%
1974	23,500	2.6%
1975	35,000	3.4%
1976	47,000	4.0%
1977	58,660	4.5%
1978	66,136	4.7%
1979	72,112	4.8%
1980	77,880	5.0%
1981	79,997	5.1%
1982	82,916	5.3%
1983	85,242	5.4%
1984	88,824	5.6%
1985	91,065	5.7%
1986	98,638	6.3%
1987	104,411	6.7%
1988	111,189	7.0%
1989	122,191	7.8%
1990	129,155	8.0%
1991	132,314	8.5%
1992	130,844	8.6%
1993	134,277	9.0%

1994	133,289	9.4%
1995	139,899	10.3%
1996	153,367	11.3%
1997	165,174	12.4%
1998	167,928	12.7%
1999	182,792	13.9%
2000	197,020	15.0%
2001	213,000	16.3%
2002	227,385	17.5%
2003	245,092	18.8%
2004	255,015	19.7%
2005	265,000	20.5%
2006	275,000	21.9%
2007	285,000	22.6%
	—————	
	4,688,362	

Figure 19-3 shows the total number of abortions committed in each state and the District of Columbia since legalization. Interestingly, states that pay for abortions for poor women (shown in capital letters in Figure 19-3) have abortion rates more than 40 percent higher than other states. And, in states where Medicaid pays for abortions, women covered by Medicaid abort 3.9 times more frequently than women who are not covered.[7] These figure prove that women abort much more often when abortion is free and easily available.

The surgical abortion rate drops quickly when a state stops funding abortions. For example, during the last year that Michigan funded abortions (1988), there were 63,410, ending 30.6 percent of all pregnancies in the state. The number of abortions committed in Michigan has dropped each year to an estimated 51,200 in 1996 (a decrease of 19

percent), ending about 24.5 percent of all pregnancies.

Chemical Abortions. Pro-lifers believe a preborn child is equally precious during every stage of its journey from fertilization to birth, and that a deliberate killing at the eight-cell stage is just as tragic as one in the late third trimester. After all, regardless of his or her level of development, a preborn child is still a precious creation of God.

Despite the efforts of abortionists to hide the truth, pro-lifers have sometimes displayed the tragic aftermath of surgical abortions for all the world to see. Sadly, few people will ever see the tiny remains of babies aborted by chemicals. This means their deaths at the hands of women who use abortifacients, including oral contraceptives (OCs), intrauterine devices (IUDs), Norplant and Depo-Provera, are largely ignored.

This is unfortunate, because the number of preborn children killed by abortifacients dwarfs those killed by the surgical abortion holocaust.

All abortifacient methods occasionally allow a woman to ovulate, so they work by preventing implantation. This is why all abortifacients have a method (perfect use) effectiveness rate of less than 100 percent, as we saw previously in Chapter 2.

Currently, about 63 million women use abortifacient methods of birth control in the United States. If we assume a standard of 13 cycles of use per calendar year, and a low rate of ovulation/fertilization of 12 percent (two percent of which account for "contraceptive failures," or pregnancies proceeding past implantation), a total of 82 million chemical abortions are committed in the United States each year, and there have been about 2.2 billion chemical abortions during the period 1965-2007, inclusive.[8]

Figure 19-2

Annual Number of
Legal Surgical
and Medical Abortions
Performed
in the United States,
1967-2007

Year	Legal Abortions	Percent of Pregnancies Aborted
19	57,200	—

67		
19 68	114,30 0	—
19 69	171,50 0	—
19 70	228,70 0	—
19 71	574,10 0	—
19 72	693,40 0	—
19 73	744,60 0	16.2%
19 74	898,60 0	18.0%
19 75	1,034, 200	19.9%
19 76	1,179, 300	20.9%
19 77	1,316, 700	22.2%
19 78	1,409, 600	22.6%
19 79	1,497, 700	22.8%
19 80	1,553, 900	23.1%

19	1,577,300	23.1%
19	1,573,900	23.1%
19	1,575,000	23.3%
19	1,577,200	22.9%
19	1,588,600	22.9%
19	1,574,000	22.7%
19	1,559,100	22.4%
19	1,590,800	22.2%
19	1,567,000	21.6%
19	1,609,000	21.9%
19	1,556,500	21.5%
19	1,528,900	21.6%
19	1,495,000	21.5%

19 94	1,423, 000	21.0%
19 95	1,359, 400	20.6%
19 96	1,360, 200	20.6%
19 97	1,335, 000	20.3%
19 98	1,319, 000	20.1%
19 99	1,314, 800	19.7%
20 00	1,313, 000	19.7%
20 01	1,303, 000	19.7%
20 02	1,293, 000	19.5%
20 03	1,287, 000	19.2%
20 04	1,280, 000	19.0%
20 05	1,274, 200	18.8%
20 06	1,267, 800	18.7%
20	1,261,	18.5%

07	400
	—
	50,237,500

References: Lawrence B. Finer and Stanley K. Henshaw. "Estimates of U.S. Abortion Incidence, 2001-2003." Downloaded from the Web site of the Guttmacher Institute at <http://www.guttmacher.org/pubs/2006/08/03/ab-incidence.PDF> on January 14, 2008. See Table 1, "Number of Reported Abortions, Abortion Rate and Abortion Ratio, United States, 1973-2003," on page 5. 2004-2007 figures linearly extrapolated using the trends shown in the previous five years.

Figure 19-3

Legal Surgical Abortion Statistics by State, 1967-2007

State	Total Legal Abortions, 1967-2007	Average Annual Abortions, 1980-2007	Percent of Pregnancies Aborted, 1967-2007
Alabama	541,161	16,984	23.48%
ALASKA	77,058	2,249	19.02%

ARIZONA	604,966	19,498	25.00%
Arkansas	212,402	6,150	15.45%
CALIFORNIA	9,583,894	265,743	36.95%
Colorado	718,104	19,638	28.69%
CONNECTICUT	627,141	19,109	33.94%
Delaware	158,392	4,572	31.86%
DISTRICT OF COLUMBIA	806,400	20,737	56.15%
Florida	2,680,950	83,387	31.85%
Georgia	1,322,523	36,648	26.89%
HAWAII	313,930	8,990	36.24%
IDAHO	63,247	1,948	11.72%
ILLINOIS	2,305,625	67,218	27.27%
Indiana	489,753	15,079	16.72%
Iowa	250,490	7,406	18.18%
Kansas	442,996	11,308	24.18%
Kentucky	331,526	9,547	16.88%
Louisiana	510,039	16,080	18.38%
Maine	127,608	3,881	22.51%

MARYLAND	1,101,813	30,776	32.87%
MASSACHUSETTS	1,368,926	40,435	33.96%
Michigan	1,878,494	55,271	30.83%
MINNESOTA	552,423	16,205	21.25%
Mississippi	159,447	5,220	12.69%
Missouri	510,276	15,397	19.88%
MONTANA	102,933	3,202	21.79%
Nebraska	185,129	5,504	20.05%
Nevada	375,145	12,330	38.08%
New Hampshire	138,329	4,359	24.99%
NEW JERSEY	1,947,158	60,701	41.55%
NEW MEXICO	224,274	6,028	21.13%
NEW YORK	6,587,712	175,117	36.33%
North Carolina	1,220,915	34,275	17.41%
North Dakota	63,977	1,969	27.31%
Ohio	1,692,585	49,082	25.72%
Oklahoma	328,113	9,963	19.21%
OREGON	561,892	15,098	27.71%

Pennsylvania	1,704,043	48,139	25.80%
Rhode Island	203,797	6,410	33.76%
South Carolina	377,894	11,641	19.89%
South Dakota	41,771	1,116	9.79%
Tennessee	699,473	20,079	23.24%
Texas	3,052,222	94,522	24.74%
Utah	129,288	4,060	10.30%
VERMONT	98,870	2,938	30.63%
Virginia	1,045,979	31,775	28.32%
WASHINGTON	1,056,840	28,956	32.23%
West Virginia	92,554	2,993	12.66%
Wisconsin	549,349	16,208	20.32%
Wyoming	20,013	561	9.47%
PERCENTAGE OF PREGNANCIES ABORTED, 1980-2007			
All States — 31.25%			
States Funding Abortions (ALL CAPS, ABOVE) — 36.25%			
States Not Funding Abortions — 25.61%			

[Go to Next Topic: Surgical Abortions Among Minority Women in the United States](#)

[Return to *United States Abortion Statistics* Table of Contents](#)

Endnotes for "The Number of Surgical Abortions that Have Been Committed in the United States"

[4] Years in which individual states liberalized their abortion laws before *Roe v. Wade* in 1973: Colorado, California and North Carolina (1967); Georgia and Maryland (1968); Arkansas, Delaware, Kansas, New Mexico and Oregon (1969); and Alaska, Hawaii, New York and Washington (1970).

[5] For complete calculations and references for this figure, see the spreadsheet located at FACTS/IMAGES/19/CALCS/F-19-01.WK3 on the compact disc, Pro-Life CD Library, available for purchase from HLI.

[6] Figures for 1973-1976 and 2007 are estimated by straight-line extrapolation. Confirmed figures for 1977 to 2005 are from PPFA's *Annual Reports*.

[7] Stanley K. Henshaw and Kathryn Kost. "Abortion Patients in 1994-1995: Characteristics and Contraceptive Use." *Family Planning Perspectives*, July/August 1996, pages 140 to 147 and 158.

[8] U.S. Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States* (1965 to 1999 editions). Washington, D.C.: U.S. Government Printing Office. Tables on contraceptive usage by category. For calculations on the number of "silent abortions" caused by abortifacients in the United States, see the spreadsheet located at FACTS/IMAGES/19/CALCS/F-19-09.WK3 on the compact disc, Pro-Life CD Library, available for purchase from HLI.

Facts of Life: Chapter 19: United States Abortion Statistics: Surgical Abortions Among Minority Women in the United States



SHARE

Surgical Abortions Among Minority Women in the United States.

White vs. Minority Abortions. We can express the number of abortions committed on White and minority women's babies in several ways: by absolute numbers, by percentages and by comparative rates.

About 23.3 million White women and 26.9 million minority women have surgically aborted their children since the first states legalized prenatal child-killing (see Figure 19-5). Because about 97 million minority people currently live in the United States, this means that more than one-fifth percent of the country's minority population has been wiped out by surgical abortion.[9]

During the time period 1980 to 2007, the average annual number of abortions among White women was 664,000 (46 percent of all abortions), and the average annual number among minority women was 776,000 (54 percent of all abortions).

During the time period 1980-2007, White women of childbearing age had an abortion rate of 15.1 per thousand, and Black women of childbearing age had an abortion rate of 52.6 per thousand. This means that the abortion rate among Black women is three and a half times greater than the abortion rate among White women.

The total percentage of each race wiped out by legal surgical and medical abortions since 1967 is shown below.[10]

Percentage of Races Wiped Out by Legal Surgical and Medical Abortion Since 1967		
Race of Women	2007 Population (millions)	Percent Wiped Out by Abortion
Total Population	300.9	14.3%
White	203.6	10.3%
Hispanic	42.8	16.9%

Black	38.9	28.1%
Asian and Pacific Islander	12.6	16.0%
Native American and Alaskan Native	3.0	16.0%
Total Minority	97.3	21.7%

Relative Availability of Abortion Mills. Because of the long-term disparities between the abortion rates of White and minority women, pro-life activists maintain that abortionists target minority women. An examination of the number of abortionists in cities with high and low minority populations verifies this allegation.

Human Life International researchers used U.S. Census Bureau and Alan Guttmacher Institute statistics to analyze the 134 U.S. cities with 1992 populations greater than 100,000 with regard to minority populations and number of abortion mills. They found that the eleven U.S. cities with more than 70 percent minority populations (averaging 78.3 percent minorities) had an average of 52.74 abortuaries per million people, whereas the eleven U.S. cities with less than 10 percent minorities populations (averaging 5.7 percent minorities) had only 15.75 abortion mills per million people.

This means high-minority cities have *more than three times* the number of abortion mills per million citizens than low-minority cities.

We could reasonably argue that this tremendous discrepancy represents nothing less than a systematic pattern of genocide against minorities by abortionists and their supporters. Pro-abortionists may argue that cause and effect are being confused here; but, as we saw above, a pregnant minority woman is 98 percent more likely to abort than a pregnant White woman. If pure supply and demand principles were at work here, many years of steady availability of legal abortion would have led to a stable situation in which the number of abortionists would be roughly proportional to the demand — in other words, there would be about 50-60 percent more abortionists in minority neighborhoods than in White ones.

Instead, there are 3.35 times as many.

In an ambiguous situation in which one may confuse cause and effect, one usually finds the "leading" trend by identifying the one that differs the most from the mean or initial conditions. Obviously, in this case, the huge surplus of abortionists in minority areas is the primary factor causing a large disparity in abortion rates between minority and White women.

Abortion Death Rates Among White and Minority Women. Abortionists not only target minority women's preborn children, they kill the mothers themselves at a tremendous rate by providing grossly substandard "care" to them.

Human Life International has documented the deaths of more than three hundred women who were all victims of so-called "safe and legal" abortion. The races of 268 of these women could be positively identified. These included 133 Blacks, 41 Latinas, five Asians, two Native American and 87 Whites. This means that *68 percent* of the identifiable legal abortion deaths have occurred among minority women[11].

By comparison, as noted above, minority women obtain 53 percent of all abortions. This means that the death rate among minority women who abort is *nearly twice as high* as that of White women who abort.[12] Planned Parenthood confirms this figure by admitting that the risks of abortion for Black women *are more than three times as high as for White women*. Planned Parenthood says that the death rates for second-trimester abortions for Black and White women respectively are 24.8 and 6.8 deaths per 100,000 abortions.[13]

The death rate among poor minority women may be even higher than this estimate, because they often justifiably feel "disenfranchised by the system" and do not trust attorneys or anything to do with litigation — and therefore do not press their claims.

Nobody seems to care about this continuing slaughter of minority women, least of all those who hypocritically call themselves "pro-choice." In fact, pro-abortionists puff up with contrived anger and rage whenever anyone suggests that they might be racist or might be committing or supporting genocide. For example, Helen I. Howe, a spokesperson for the 'Religious' Coalition for Abortion Rights (RCAR, now RCRC), alleged that "RCAR views it as an insult to black women to make the generalized claim that abortions performed on black women are genocide." [14]

What is the truth in this matter?

One mother, Mattie Byrd, mourned her dead daughter Belinda in a letter to a friend as she said that

I cry every day when I think of how horrible her death was. She was slashed by them and then she bled to death ... Where is [the abortionist] now? Has he been stopped? Has anything happened to him because of what he did to my Belinda? ... People tell me nothing has happened, that nothing ever happens to White abortionists who leave young Black women dead.[15]

Stephen Pine of the Inglewood Women's Hospital was the busy abortionist who killed Belinda Byrd. She was his 74th abortion of the day!

Pine perforated Byrd's uterus and she died three days later. As a partial result of this botched abortion, the Inglewood Women's Hospital had its license revoked by the State of California and closed down. However, money is a great motivator, and it opened only two weeks later with a different name: The West Coast Women's Medical Group. It was subsequently bought by mega-abortionist Edward Allred (whose facilities have also had several maternal abortion deaths), and still functions to this day.

[Go to Next Topic: Statistics on Abortions Committed for the "Hard Cases"](#)

Endnotes for “Surgical Abortions Among Minority Women in the United States.”

[10] U.S. Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States, 2006*. Washington, D.C.: U.S. Government Printing Office, 2006. First, we go to Table 15, "Resident Population by Race, Hispanic Origin Status and Age — Projections: 2005 and 2010" to find the total population of the United States for January 1, 2007. This is linearly interpolated between the 2005 and 2010 figures. Then, we go to Table 14, "Resident Population by Race, Hispanic Origin, and Age: 2000 and 2004" for the racial breakout by percentage for 2004. These percentages are then applied to the 2007 population.

[11] For the complete list of and documentation on women killed by "safe and legal" abortion, purchase "Pro-Life CD Library" from HLI.

[12] $(0.68/0.53)/(0.32/0.47) = 1.88$.

[13] John Benditt. "Special Report: Second-Trimester Abortions in the United States." *Family Planning Perspectives*, November/December 1979, page 359.

[14] "Abortion and the Holocaust: Twisting the Language." 'Religious' Coalition for Abortion Rights. 1987.

[15] Undated letter from Mrs. Mattie Byrd (mother of Belinda Byrd, who died on January 27, 1987), quoted in Feminists for Life of America *amicus* brief in the *Webster vs. Reproductive Health Services* case, No. 88-605.

Facts of Life: Chapter 19: United States Abortion Statistics: Statistics on Abortions Committed for the "Hard Cases"



 SHARE

Statistics on Abortions Committed for the "Hard Cases."

Introduction. As of January 2008, 112 of the world's countries had actual or practical abortion on demand. In every one of these countries, *without exception*, the anti-lifers first legalized abortion for one or more of the classic "hard cases" — life of the mother, rape and incest, and fetal deformities (negative eugenics).

In Western countries, pro-abortionists continue to use the "hard cases" as powerful propaganda tools to defend legalized abortion. Every time pro-life activists try to enact the slightest restriction on rampant and unregulated abortion, the pro-abortionists rely on two psychological ploys: (1) women being sent back to the "back alleys," and (2) women suffering from the "hard cases" being denied abortions.

This propaganda has persuaded the public that the "hard cases" are extremely common. A 1990 national Wirthlin poll found that the average person believes that an incredible 21 percent of abortions in the United States are committed for rape and incest. [16]



The Reality. Figure 19-5 is a summary and analysis of U.S. abortion statistics for the time period 1980 to 2007. We chose this period because the absolute numbers of legal abortions in the United States rose significantly each year from 1967 to 1979, and finally stabilized in 1980.

This table is the most valuable weapon in the pro-life activist's statistical arsenal. There is no way to attack its veracity, because all of its statistics come from *pro-abortion* sources and all of its assumptions err in favor of the pro-abortionists.

Figure 19-5 highlights several crucial points:

- The "hard cases" of the mother's life, rape and incest, and fetal deformities (negative eugenics) account for only about *0.69 percent* of all abortions in the United States each year. This means that *99.31 percent* of all abortions are committed "to save the mother's lifestyle" (actual reasons the aborting mothers give are in the next section, and they confirm these numbers).
- Abortion is nothing more nor less than a convenient cover-up for premarital sex, because more than 80 percent of all mothers getting abortions are unmarried. More than half of all women who abort have no other children.
- The widespread availability of contraception does *not*, as sex educators and school-based clinic advocates assert, lead to decreased abortions, because 56.1 percent of all women who abort were using contraception when they conceived.

- Millions of women use abortion as birth control in the United States. Nearly half of women who abort were not using any kind of contraception when they became pregnant; more than half of all women who abort have had abortions before; and one in nine of women who abort have had at least *three* abortions before.

Figure 19-5

Summary and Analysis of United States Abortion Statistics

AVERAGE ANNUAL ABORTIONS, 1980 to 2007	1,439,914 (100%)
MARITAL STATUS OF ABORTING WOMEN (average, 1980-2007)	
Unmarried	1,188,011 (82.0%)
Married	258,515 (18.0%)
PERCENT OF PREGNANCIES ABORTED (average, 1980-2007)	
Total	26.8%
Married	8.4%
Unmarried	51.1%
RACE OF ABORTING WOMEN (average, 1980-2007)	
White	664,019 (46.1%)
Black	438,216 (30.4%)
Hispanic	250,803 (17.4%)
Asian/Pacific Islander	70,699 (4.9%)
Native American	16,178 (1.1%)
Total Minority Abortions Annually	775,895 (53.9%)
ABORTIONS PER 1,000 WOMEN 15-44 (average, 1980-2007)	
White	15.1
Black	52.6
Hispanic	35.9
Asian/Pacific Islander	28.9
Native American	—
Black/White Ratio	3.47
BABIES ABORTED BY RACE (total, 1967 to 2007)	
Total Abortions	50,237,500
White Babies Aborted	22,344,162

White Babies Aborted	23,344,103
Black Babies Aborted	15,246,010
Hispanic Babies Aborted	8,659,268
Asian/Pacific Islander Babies Aborted	2,416,050
Native American Babies Aborted	572,010
Total Minority Babies Aborted	26,893,338
AGE OF ABORTING WOMEN (average, 1980-2007)	
Under 15	13,389 (0.9%)
15 to 17	130,691 (9.1%)
18 to 19	195,493 (13.6%)
20 to 24	480,969 (33.4%)
25 to 29	313,256 (21.8%)
30 to 34	182,438 (12.7%)
35 to 39	94,461 (6.6%)
40 and over	29,217 (2.0%)
PRIOR BIRTHS (average, 1980-2007)	
None	681,387 (47.3%)
One	351,394 (24.4%)
Two	251,131 (17.4%)
Three	97,623 (6.8%)
Four or more	58,379 (4.1%)
PRIOR SURGICAL ABORTIONS (2007 figures)	
None	412,029 (38.0%)
One	444,880 (33.3%)
Two	249,880 (17.6%)
Three or more	161,011 (11.1%)
Total repeaters	855,771 (62.0%)
CONTRACEPTIVE USE BY ABORTING WOMEN (average, 1980-2007)	
No contraceptive use (abortion as birth control)	630,424 (43.9%)
Failed contraception	809,490 (56.1%)
AGE OF ABORTED BABIES (average, 1980-2007)	
Less than 9 weeks	733,377 (50.9%)
9 or 10 weeks	383,879 (26.7%)
11 or 12 weeks	180,566 (12.5%)
13 to 15 weeks	82,060 (5.7%)
16 to 20 weeks	51,074 (3.5%)
21 or more weeks	8,958 (0.6%)
THE "HARD CASES" (average, 1980-2007)	
Mother's life or health	5,184 (0.36%)
For rape and incest	1,296 (0.09%)
For fetal birth defects (eugenics)	3,456 (0.24%)
Total "Hard Cases"	9,935 (0.69%)

Non-therapeutic ("lifestyle") abortions

1,429,979 (99.31%)

The numbers in Figure 19-5 are almost exactly confirmed by a survey of more than 120,000 aborting women performed by the states of Louisiana, Nebraska and Utah during the years 1996 to 2004. The combined studies showed the following reasons that women obtained abortions;

State Surveys on Why Women Obtain Abortions		
Reasons Given	Abortions	Percent
All Abortions	122,083	100.00 %
Rape and Incest	273	0.22%
Mother's Life or Physical Health	513	0.42%
Birth Defects (eugenics)	250	0.20%
Total Hard Cases	1,036	0.84%
Total Lifestyle Abortions	121,047	99.16%

Why Women Have Abortions.

Numbers can only go so far in helping others understand women's motives for having abortions. There is nothing as persuasive as actually surveying women in abortion centers and asking them why they think they must have abortions.

The Alan Guttmacher Institute (AGI) did exactly this in 1987 in the United States. The AGI surveyed 1,900 women in 38 states who were waiting for abortions, and asked them to fill out a form that detailed their motives for aborting. The AGI replicated this

study in 2004, surveying 1,209 women in eleven large abortion mills around the country.

The results of these surveys are shown in Figure 19-6 and Figure 19-7. They are fascinating and we can draw many conclusions from them. For example:

- According to the women themselves, the "hard cases" of mother's health, rape and incest, and fetal deformity (eugenics) account for only seven percent of all abortions. Pro-lifers should remember that abortionists and health professionals have found that pregnancies that threaten mothers' physical health or lives are very rare indeed (see Chapter 3, "Exceptions for Abortion," for details). Also, careful study of statistics reveals that very few women become pregnant from rape or incest (see Chapter 3). Finally, we must remember that many women who abort for eugenic reasons may believe their preborn child is severely handicapped based on various prenatal tests, but the odds reveal that most of these babies are perfectly healthy.
- Most women who have abortions, regardless of their ages, say "a baby would change my life." This seemingly innocuous statement shows just how drastically the Culture of Death has infected the thinking of the Western world. Most people now see a baby as a curse and a burden instead of a precious gift. The AGI poll shows that husbands, boyfriends and parents have this attitude, too.
- The percentages of some excuses, such as "I can't afford a baby right now" and "I'm not ready for the responsibility" do not change with age as much as we might have thought. These excuses give us insight into the mentality of women who have abortions, and can increase the effectiveness of sidewalk counselors, crisis pregnancy center or Birthright workers, and others who have contact with mothers contemplating abortion.

In 1998, the AGI published the results of studies showing that "lifestyle" reasons also predominate among aborting women all over the world. Its summary of surveys performed in 26 countries outside the United States showed that the primary reasons for aborting given by the 62,658 women interviewed were:

- "I want no (more) children" (30.9%);
- "I want to postpone childbearing" (21.1%);
- "Having a child will disrupt my education or job" (19.9%)
- "My mental health is at risk" (9.8%);
- "I can't afford a baby now" (6.6%);
- "I have a problem with my relationship or my partner does not want this pregnancy" (4.4%);
- "There is a risk to fetal health" (negative eugenics) (3.1%);
- "I am too young; my parent(s) or other(s) object to my pregnancy" (1.5%);
- "My physical health is at risk" (1.1%); and
- Other reasons (1.6%).[17]

Since rape and incest are included under "other reasons," we may conclude that a maximum of 5.8 percent of all abortions performed in other countries are done for the "hard cases," and a minimum of 94.2 percent are performed essentially to "save the mother's lifestyle."

Figure 19-6

Most Important Reasons Women Give for Having Abortions, 1987 and 2004

	1987 Survey	2004 Survey
"I'm not ready for another child/timing is wrong."	25%	27%
"I can't afford a baby right now."	23%	21%
"I have completed my childbearing/my children are grown."	19%	8%
"Don't want to be a single mother/relationship problems."	8%	13%
"I don't feel mature enough to raise a child/I'm too young."	7%	11%
"A baby would interfere with my education or career."	4%	10%
"My husband or boyfriend wants me to abort."	<0.5%	1%
"My parents want me to abort."	<0.5%	< 0.5%
"I don't want others to know I had sex or got pregnant."	<0.5%	1%
Other reasons	6%	1%
"I am a victim of rape or incest."	<0.5%	1%
"I have a problem with my physical health."	4%	3%
"My fetus has a possible health problem."	3%	3%

References: **1987 Survey:** Aida Torres and Jacqueline Darroch Forrest. "Why Do Women Have Abortions?" *Family Planning Perspectives* (Alan Guttmacher Institute), July/August 1988, pages 169 to 176, Table 1. **2004 Survey:** Lawrence B. Finer, Lori F. Frohwirth, Lindsay A. Dauphinee, Susheela Singh and Ann M. Moore. "Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives." *Perspectives in Sexual and Reproductive Health* (Alan Guttmacher Institute), September 2005 (Volume 37, Number 3), pages 110 to 118. Table 3, "Percentage Distribution of Women Having an Abortion, by Their Most Important Reason for Having the Abortion, 2004 and 1987." NOTE: "< 0.5%" MEANS "LESS THAN HALF

Figure 19-7

Reasons Women Give for Having Abortions, by Age Group

Reason Given by Women	Percent Responding by Age					
	14-17	18-19	20-24	25-29	30-34	Total
"A baby would change my life."	92%	82%	75%	72%	69%	76%
"I can't afford a baby right now."	73%	73%	70%	64%	58%	68%
"I have problems with my relationship."	37%	46%	56%	55%	50%	51%
"I'm not ready for the responsibility."	33%	40%	35%	25%	18%	31%
"I don't want others to know I was pregnant or having premarital sex."	42%	41%	35%	21%	22%	31%
"I'm not mature enough for a baby."	81%	57%	28%	7%	4%	30%
"I have all the children I want."	8%	12%	23%	31%	51%	26%

"My husband/boyfriend wants me to abort."	23%	29%	25%	18%	20%	23%
"My fetus has a possible health problem."	9%	13%	12%	14%	17%	13%
"My health isn't good enough."	3%	4%	7%	8%	15%	7%
"My parents want me to abort."	28%	12%	4%	3%	2%	7%
"I am a victim of rape or incest."	1%	1%	1%	1%	1%	0%
Other reasons	2%	5%	8%	5%	8%	6%

Reference: Aida Torres and Jacqueline Darroch Forrest. "Why Do Women Have Abortions?" *Family Planning Perspectives*, July/August 1988, pages 169 to 176, Table 1.

[Go to Next Topic: Useful Websites on Abortion and Population Statistics](#)

[Return to *United States Abortion Statistics* Table of Contents](#)

Endnotes for "Statistics on Abortions Committed for the 'Hard Cases'"

[16] Results of a 1990 Wirthlin poll described in "The Week." *National Review*, December 3, 1990, page 12.

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

Facts of Life: Chapter 19: United States Abortion Statistics: Useful Websites on Abortion and Population Statistics



Useful Websites on Abortion and Population Statistics.

- William Robert Johnston's Web site on the number of abortions in many nations around the world is the most comprehensive of its kind. It is located at: <http://www.johnstonsarchive.net/policy/>
- The United Nations Population Information Network (POPIN) has 41 different demographic indicators for every country and every region in the world. It is a gold mine of information, stretching over a century of time from 1950 to the present (historical) and from the present to the year 2050 (projected). We recommend that you use the low variant for all future population projections because it has historically been the most accurate. POPIN is located at: <http://esa.un.org/unpp/>
- The United States Census Bureau operates a Web site that allows you to produce population pyramids for every country on Earth. It is located at: <http://www.census.gov/ipc/www/idb/>
- The Center for Reproductive Rights (formerly the Center for Reproductive Law and Policy) keeps track of the status of abortion laws worldwide: <http://reproductiverights.org/en/resources/publications> ; Pregnant Pause also tracks abortion laws worldwide: <http://pregnantpause.org/lex/world02.htm>
- The Alan Guttmacher Institute, which is the research arm of the Planned Parenthood Federation of America (PPFA), keeps the best general library on abortion statistics in the world today. Its abortion statistics page is located at: <http://www.guttmacher.org/sections/abortion.php>

[Return to *United States Abortion Statistics* Table of Contents](#)



The Terrible Loss of Humanity to Abortion

- What the Anti-Lifers Think
- The Terrible Loss of Humanity to Abortion
 - The Road Off Traveled ...
 - Who Have We Lost to Abortion?

Comparative Losses in United States Wars

- Comparative Losses in United States Wars
- The Typical Pro-Abortion Rebuttal
- The Direct Demographic Impacts of Legalized Abortion
 - Overview
 - Impacts on Support Ratios
 - Impacts on Programs
 - Impacts on the Armed Forces
 - Impacts on the Ethnic Mix
 - Impacts on Religion
 - Impacts on Businesses and Schools
 - Impacts on Tax Revenues
 - Impacts on the Unjust Concentration of Wealth
 - Authentic Economic Development
 - Impacts Upon Gender Balance

Trying to Reverse the Trend

- A Hopeless Task
- Example: France
- Example: Germany
- Example: Singapore
- Two Children for Replacement?
- The Effects of Abortion and Contraception on America's Population Profile
 - Introduction
 - Reading Population Distribution Graphs
 - Characteristic Population Distributions
 - Historical United States Population Distributions
- The Inevitable Death of the Pro-Abortion Movement

Further Reading on The Demographic Impacts of Abortion

Further Reading on the Demographic Impacts of Abortion



Human Life International Privacy Policy

Human Life International respects the privacy of all of our donors, supporters and friends. We have strict controls over the entry, accuracy, and access to personally identifiable information. The HLI data servers are secure to ensure that outside parties do not gain unauthorized access and all financial transactions are performed utilizing the most current security technology.

In short, we take very seriously the trust that you place in us when you become a member of the HLI family.

As a general practice, HLI will not share, rent, or sell your email address. As a member of the pro-life movement, we interface with a variety of other organizations that promote the defense of human life. At times, these pro-life organizations engage in mission programs or have products available that we believe you will be interesting in hearing about. Therefore, after thoroughly reviewing the marketing letter, we do on occasion allow organizations to mail to the HLI list of supports. Please know that we take great care to not only review the message but also limit the frequency of these mailings. Additionally, all agreements are for a one time use only. If you would prefer not to receive these important pro-life communications just complete the form below and we will respect your request.

Thank you for supporting HLI and the pro-life missionaries around the world.

Facts of Life: Chapter 20: The Demographic Impacts of Abortion: The Terrible Loss of Humanity to Abortion



What the Anti-Lifers Think.

Pro-abortion groups and individuals constantly hone their public relations images by alleging that we should keep abortion "legal, safe and rare."

In the real world, they fight tooth and nail for the first objective, but could not care less if abortion is safe *or* rare. Many pro-abortionists have said that abortion is really no big deal, and that all we are doing is getting rid of unwanted children who would just be abused anyway. They also says that "safe and legal" abortion is a great benefit to the United States, because it cuts down on overpopulation, culls out the unwanted human beings who would just wind up on the welfare rolls anyway (thereby saving us billions of tax dollars per year), and demonstrates that American society is "progressive" and "caring."

The Terrible Losses of Humanity to Abortion.

"A feminist is an evolutionary anachronism, a Darwinian blind alley. In biological terms, there is nothing that identifies a maladaptive pattern so quickly as a below-replacement level of reproduction; an immediate consequence of feminism is what appears to be an irreversible decline in the birth-rate. Nations pursue feminist policies at their peril."

— Katarina Runské.[2]

The Road Oft Traveled ... We didn't listen to Plutarch thousands of years ago, and abortion, contraception, and infanticide decimated Greece. His ancient culture was gradually replaced in large part by immigrants from Christian nations.

The United States has now been afflicted with abortion on demand for four decades, and we have slaughtered an entire generation of children equal to the population of the greater Los Angeles area, the greater New York City area, the greater Chicago area, *and* the greater Washington, D.C. area, whose combined populations are about 46.7 million.[3]

Fifteen percent of our nation's population has simply disappeared into the ever-so-efficient latter-day concentration and extermination camps we know as abortion mills.

The social effects of this slaughter are profound, manifold, and sometimes quite subtle. These impacts are just now beginning to be felt in the businesses, schools and nurseries of the United States, and population demographics experts are becoming concerned about the inevitable chronic imbalances in our social security system and various retirement programs.

Who Have We Lost to Abortion? Strangely, the most profound societal effects of the abortion slaughter are those that are most often ignored: The resulting direct loss in human resources and capabilities.

We have killed a vast number of children equivalent to the combined populations of nineteen states: Arizona, Arkansas, Colorado, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South

Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Wisconsin and Wyoming.[4]

What types of people would have been alive if not for abortion?

Assuming that the class of those exterminated would resemble in basic character the surviving population, this country has so far lost to a woman's "right to choose" all of those persons listed in Figure 20-1.

Figure 20-1

What Human Talent and Skills Has America Lost to Abortion?

- Two United States presidents and two vice-presidents
- Seven Supreme Court Justices, including one Chief Justice
- 31 Nobel Prize laureates
- 66 State governors
- 89 U.S. senators and 514 U.S. congressmen
- 146 United States ambassadors
- 328 Olympic medalists, including 123 gold medalists
- 5,317 Professional athletes
- 7,089 Federal, district, and local court judges
- 8,689 State legislators
- 11,626 Chiropractors
- 15,029 Barbers

- 15,312 Psychologists
- 17,155 Pilots and flight engineers
- 21,267 Photographers
- 23,252 Dentists
- 25,237 Authors and writers
- 30,341 Librarians
- 33,176 Artists
- 33,318 Architects
- 34,452 Firefighters
- 35,161 Pharmacists
- 41,258 Taxi drivers and chauffeurs
- 45,086 Mechanical engineers
- 45,227 Civil engineers
- 49,764 Information technology (IT) managers
- 49,906 Electrical and electronic engineers
- 50,473 Therapists
- 59,547 Machinists
- 61,647 Priests, ministers, rabbis and imams, including;
 - Two Cardinals
 - 63 Archbishops and bishops
 - 16 Abbots
 - 5,998 Religious and diocesan priests
 - 2,250 Permanent deacons
 - 722 Religious brothers
 - 9,198 Religious sisters
- 72,307 Vocational nurses

- 82,373 Computer programmers
- 85,776 Postal workers
- 95,984 Police officers and sheriff's deputies
- 104,633 Hairdressers and cosmetologists
- 109,737 Designers
- 115,408 Security guards
- 116,967 Farmers and ranchers
- 117,676 Physicians and surgeons
- 117,960 Software engineers
- 120,795 Electricians
- 135,257 Auto mechanics
- 136,249 Attorneys
- 183,745 Counselors and social workers
- 188,424 Child care workers
- 195,087 Receptionists
- 195,938 Maids and housekeepers
- 211,392 Construction workers
- 229,256 Chief executive officers (CEOs)
- 232,375 Accountants
- 254,776 Carpenters
- 273,207 Waiters and waitresses
- 294,049 Janitors
- 305,533 Chefs and cooks
- 342,537 Registered nurses (RNs)
- 435,969 Cashiers
- 483,323 Truck drivers
- 496,084 Secretaries and administrative

assistants

- 962,110 Teachers (K-12)
- 1,669,160 Salesmen

and:

- Two National Organization for Women (NOW) presidents
- Two National Abortion and Reproductive Rights Action League (NARRAL) presidents
- 425 full-time paid pro-abortion activists and lobbyists
- 213 part-time and full-time American Civil Liberties Union (ACLU) lawyers
- 227 abortionists
- 5,700 clinic escorts
- 170,000 members of NARRAL, NOW, ACLU, American Atheists, and other pro-abortion groups
- 1,700,000 single-issue pro-abortion voters; and, of course,
- 25,120,000 unborn women who will never have the opportunity to exercise their "right to choose" (or any *other* right, for that matter).

Figure 20-1, of course, refers only to the *current* generation of preborn babies who would have been born if not for legalized abortion. The impact of abortion is magnified greatly when we realize that we are also losing forever the capabilities and talents of the tens of millions of children of these 50.2 million never-to-be citizens.

Perhaps humorist Sam Levinson said it best in his book *Everything But Money*; I believe that each newborn child arrives on earth with a message to deliver to mankind.

Clenched in his little fist is some particle of yet unrevealed truth, some missing clue, which may solve the enigma of man's destiny. He has a limited amount of time to fulfill his mission and he will never get a second chance — nor will we. He may be our last hope. He must be treated as top-sacred.

Pro-abortionists do not treat the preborn baby as top-*anything*; to them, if he is not wanted, he is mere biological garbage, to be disposed of in the In-Sink-Erator or in the municipal landfill.

The direct loss of life caused by abortion exceeds that of all of America's wars put together, not only in preborn baby deaths and injuries to women, but in lost wages, consumed services and goods, and taxes, totalling 169.6 *trillion* dollars (\$169,600,000,000,000), as shown in Figure 20-2.

As the familiar song "Blowing in the Wind" so plaintively asks, "When will we ever learn?"

Figure 20-2

The Economic Impact of Abortion on the United States

Category of Consumption of Services or Goods	Total Per Person (2008 dollars)
Food and tobacco	\$ 380,849
Clothing, accessories, and jewelry	138,811
Personal care	32,124
Housing and household operation	636,285
Medical care	522,589
Personal business	190,752
Transportation	305,072
Recreation	218,857

Other items	162,616
Total Lifetime Consumption of Goods and Services Lost Per Abortion	\$2,587,954
Taxes Lost Per Abortion	Total Per Person (2008 dollars)
Federal income taxes	\$ 481,332
State and local taxes	307,895
Total Lifetime Taxes Lost Per Abortion	\$ 789,227
Total Consumed Goods and Services and Taxes Lost Per Abortion	\$3,377,000
Total Cost to the United States for all Surgical Abortions so Far;	
Consumption of goods and services	\$130,000,000,000,000
Loss of taxes	39,650,000,000,000
Total Losses Due to 50.2 Million Abortions	\$169,650,000,000,000

[Go to Next Topic: Comparative Losses in United States Wars](#)

[Return to *The Demographic Impacts of Abortion* Table of Contents](#)

Endnotes for “The Terrible Losses of Humanity to Abortion”

[1] Plutarch remarking on the decline of Greek civilization. *Pulibus* (Volume 37), page 221. Also quoted in Colonel Robert de Marcellos. "Fertility and National Power." *The Human Life Review*, Winter 1981, pages 34 to 51.

[2] Katarina Runské. "Empty Hearts and Empty Homes." *Feminism v. Mankind* [Wicken, Milton Keynes, Great Britain: Family Publications, 1990], page 23.

[3] United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States*, 2008 Edition [Washington, DC: United States Government Printing Office, 2008 (127th Edition)]. Table 20, "Large Metropolitan Statistical Areas — Populations 1990 to 2006." The actual 2007 populations of these cities was as follows: The greater Los Angeles-Long Beach-Santa Ana area (12,966,000); the greater New York City-Northern New Jersey-Long Island area (18,824,000); the greater Chicago-Naperville-Joliet area (9,565,000), and the greater Washington, D.C.-Arlington-Alexandria area (5,328,000). The entire 2008 *Statistical Abstract* is available on the United States Census Bureau Web site.

[4] 2007 populations of these states are: Arizona (6,379,000); Arkansas (2,846,000); Colorado (4,843,000); Idaho (1,503,000); Iowa (2,998,000); Kansas (2,780,000); Minnesota (5,207,000); Missouri (5,888,000); Montana (955,000); Nebraska (1,778,000); Nevada (2,580,000); New Mexico (1,984,000); North Dakota (637,000); Oklahoma (3,615,000); Oregon (3,763,000); South Dakota (789,000); Utah (2,610,000); Wisconsin (5,586,000); and Wyoming (521,000). Total population: 50,883,000. Reference: United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States* [Washington, DC: United States Government Printing Office, 2008 (127th Edition)]. Table 12, "Resident Population — States: 1980 to 2006." 2007 figures are obtained by linear extrapolation from 2005 to 2006. The entire 2007 is available on the United States Census Bureau Web site at <http://www.census.gov/compendia/statab>.

Facts of Life: Chapter 20: The Demographic Impacts of Abortion: Comparative Losses in United States Wars



SHARE

Comparative Losses in United States Wars. The United States has lost about 1.2 million soldiers in all of its wars since the Declaration of Independence was signed in 1776. Yet, in a much shorter time, we have killed 42 times as many preborn babies. This means that abortion kills American people at *231 times the rate that war does!* [6] Additionally, abortion has cost the United States about 86 times as much as all American wars have.

Figure 20-3 summarizes the costs of United States Wars and abortion in terms of fatalities, injuries, and monetary losses.

Figure 20-3

The Costs of United States Wars and the "War on the Unborn"

War or Conflict	Lives Lost	Wounded	Approximate Costs in 2008 Dollars
Revolutionary War	25,324	75,000	\$ 162,000,000
War of 1812	2,260	36,000	120,150,000
Spanish-American	18,500	99,000	364,500,000
Mexican War	13,283	18,000	110,700,000
Civil War	498,332	282,000	4,455,000,000
World War I	116,708	204,000	44,145,000,000
World War II	407,316	671,000	486,000,000,000
Korean Conflict	54,246	103,000	67,500,000,000
Vietnam Conflict	58,021	304,000	189,810,000,000
Various conflicts,			

1980 to 2005	2,071	3,915	229,500,000,000
Middle Eastern/ Afghan conflicts (to 12/31/2007)	3,980	26,500	945,000,000,000
Costs of All American Wars	1,200,041	1,822,415	\$1,967,167,350,000
Costs of the War on the Unborn	50,237,500	2,511,000[A]	\$169,650,000,000,000 [B]

[A] Under "deaths" and "wounded," we assume that a *very* conservative five percent of all women obtaining abortions experience some serious psychological or physical trauma. The numbers for deaths and injuries in the "War on the Unborn" do not include the hundreds of pregnant women murdered and beaten by their husbands and boyfriends because they refused to abort, or the hundreds of women who have been killed by so-called "safe and legal" abortion. For information on these deaths, see the Abortion Violence section of this compact disc.

[B] The total economic cost of abortion is from Figure 20-2.

The Typical Pro-Abortion Rebuttal. The inevitable and very predictable pro-abortion response to this devastating loss of positive human potential is that there will be a corresponding loss of *negative* human potential, i.e., murderers, rapists, drug pushers, and (perhaps most importantly) "misogynist, homophobic, Bible-beating fanatics."

A number of leading scientists have actually proposed mandatory genetic screening and abortion of preborn babies who might at some future time exhibit 'socially undesirable tendencies.'

For example, Dr. David A. Hamburg of the psychiatry department of the Stanford University Medical School has approved of the UNESCO (United Nations Educational, Scientific and Cultural Organization) theory that abortion might be a way to prevent a future Genghis Khan or Hitler from being born.[7]

The implementation of such an abortion program would require the mandatory genetic testing of all unborn babies via amniocentesis or chorionic villi sampling (CVS), and the mandatory abortion of those babies whose genes were deemed "unsatisfactory" by the eugenicists. This figure would vary from 20 to 50 percent of all pregnancies.

Other pro-abortionists, like Canada's Henry Morgentaler, have claimed that abortion *in general* reduces violent crime by up to 50 percent (see Chapter 24, "Eugenics," for a detailed rebuttal to this claim).

The pro-life answer to this logically and ethically repugnant nonsense is that *nobody* (including the world's leading geneticists) has even *begun* to develop — much less *perfect* — any method for accurately divining *which* babies will be 'good' and which babies will be 'bad' when they grow up. This is true even in the most oppressive

situations like the deep ghetto.

Even if we *did* have a reliable method for determining which babies would be a detriment to society (and there *are* scientists working on the prerequisite to this problem right now with the Human Genome Project), we would have *no right whatever* to execute the child that we found had a predisposition to evil. This would be morally equal to killing all of the *born* children of ghetto mothers, since crime in such areas is much higher than in the surrounding suburbs.

Abortion is the ultimate in unconstitutional prior restraint.

The Direct Demographic Impacts of Legalized Abortion.

Overview. Of course, the direct loss of human manpower and talent is not the only effect that abortion wreaks upon a society. A country suffers many other inevitable consequences of slaughtering one-third of its children, as described in the following paragraphs.

Impacts on Support Ratios. As fewer and fewer children are born, there will be less working people to support the elderly through the nearly-bankrupt Social Security system. The number of workers (historical and projected) paying into the Social Security fund for each retiree in the United States are shown in Figure 20-4. It is obvious from looking at this Figure that legalized abortion in the United States is having a great impact on the worker:retiree ratio, and thus on the Social Security system.

Figure 20-4		
The Worker: Retiree Ratio in the United States With and Without Legalized Abortion, 1980 to 2030		
	Worker: Retiree Ratios	
Year	Without Abortion	With Abortion
1980	5.0	5.0
1985	4.8	4.8
1990	4.7	4.7

1995	4.7	4.6
2000	5.1	4.7
2005	5.4	4.8
2010	5.3	4.6
2015	4.8	4.1
2020	4.3	3.5
2025	3.8	3.1
2030	3.5	2.8
<p>Reference: The Worker:Retiree ratio is defined as the ratio between the number of people in a population between the ages of 20 and 64 and the number of people in the same population who are aged 65 years or over.</p>		

Our current total tax burden will have to increase to more than 40 percent of every worker's salary in order to pay for Social Security and other benefits promised to workers retiring by the year 2010.[8] In fact, Social Security and other Federal retirement benefits will consume *over half* of the Federal budget by 2025.[9]

If the stresses on the Social Security system are extreme now, imagine how much greater they will be in only twenty years! The growing worker-retiree imbalance is *already* lending impetus to a general push for euthanasia. All national magazines that cater to the elderly (including *Modern Maturity Magazine*) relentlessly extol the virtues of an 'easy and good death.'

There will be other major impacts caused by the "greying" of 'developed' countries, including the United States;

- In the United States, the elderly will eventually be obliged to work much longer. Mandatory retirement age will go up to at least 75 for many developed nations as life spans continue to increase, health care improves, and the length of each person's productive life lengthens. This will be a necessary policy as the worker:retiree ratio continues to shrink and fewer young people enter the work force.
- Economic growth will no longer be generated from putting people to work (more resource production) or from more resource consumption, since the number of workers will remain static or will even decline. Economic growth will only result from a sharp increase in the efficiency of knowledge work and knowledge workers. This could also lead to a wider gap between the technology "haves" and "have nots," not only on an international level, but within individual countries as well. Disadvantaged nations and people will be left further and further behind.

nations and people will be left further and further behind.

- In 1960, people under twenty years of age comprised 38.5 percent of the American population, and adults over 50 were only 22.2 percent of the population. By 2020, older adults will outnumber youth by 35.2 percent to 26.5 percent. By 2050, one out of five Americans will be 65 or older. Yet Medicare is close to being bankrupt, and experts believe Social Security will start running deficits by 2013 and go bankrupt by 2029, just when it is needed the most.
- The fact that women live longer than men has implications as well. Currently, among those aged 85 or older, women outnumber men 5 to 2 in the United States. Thus, elderly men are nearly twice as likely to be married and living with their spouse and elderly women are nearly three times as likely to be widowed as male seniors. About half of all seniors live in just nine states — California, Florida, New York, Pennsylvania, Texas, Ohio, Illinois, Michigan and New Jersey.[10]

As bad as the Social Security and aging situation is in the United States, it is even worse in other countries that have had lower birth rates for a number of years;

- In France, the situation is already far advanced: There were only 1.9 workers per retiree in 2001.[11]
- In Germany, payroll taxes will rise from the 1990 figure of 18.5% to more than 41% by 2030 if retirement benefit programs remain unchanged. This is because Germany's workers supported retirees at a 2.5 to 1 ratio in 1990, a ratio that will decline to 1.4 to 1 by 2030. To aggravate the situation, the number of new job seekers is now decreasing by 3.6% per year in Germany and 2.0% in Britain.[12]
- Spain ties Singapore with the world's lowest birth rate, at just 1.1 children per completed family — only half of what is required for replacement. The situation is so critical that Spanish government officials have begun speaking out on radio and television, urging women to "set aside their ambitions and reproduce for the sake of the nation." Naturally, Spanish women see this attitude as sexist and are not cooperating in the slightest. As one self-described "typical" 33-year-old woman said, "My biological clock may be ticking, but there is no rush. We are not like our mothers. Having babies is not our only role in life. It's not even a duty. They try to make you feel unpatriotic. They say the nation has a problem; we can't support the social security system when there are no children. As if it's my responsibility to have children just to support the nation."

She will think differently, when she retires in 30 or 35 years and her nation's pension plan is bankrupt.

Spain already has more people aged 65 and above than aged 15 and below. By 2050, government officials estimate that the worker:retiree ratio will be less than one to one. In order to avoid a collapse of its economy, Spain must welcome at least 1.5 million immigrants each year by the year 2020, ten times the current rate.[13]

- Japan is in the most untenable situation of all. Its government says that the nation's worker-retiree ratio will be *reversed* from 2.8 to 1 in 1999 (56 percent employed, 20 percent retired) to 0.4 to 1 in 2040 (20 percent employed, 56 percent retired) unless something is done immediately.[14]

As far back as 1990, Japan's Ministry of Labor, in a survey of 268 of Japan's largest companies, found that they could only recruit about 20 percent of the new workers they would have liked to. By 2025, it is expected that Japan will have a median age of over 49. More than a fifth of Japan's people will be over 70 years of age, and nearly one person in six will be 75 or older. In fact, persons 75 and older will outnumber children under 15 years of age.[15]

A study completed in April 2002 showed that the number of children under 15 in Japan has fallen for 21 straight years and now accounts for only 14.3 percent of the population, the lowest on record. Health Minister Chikara Sakaguchi, noting that the Japanese population will probably start shrinking as early as 2007, said "If we go on this way, the Japanese race will become extinct." [16]

Perhaps the saddest effect of this refusal to bear children is that many elderly Japanese will spend their last decades completely and utterly alone, with no children to care for them. Tomy, the inventor of the Transformers, is now making talking dolls and is selling them in great quantities to Japanese women over sixty. The doll tells its owner how much it loves her, and automatically welcomes her home each day. Eventually, many of these poor lonely women sincerely come to believe that these dolls are the biological granddaughters and grandsons they never actually had.[17]

Impacts on Programs. As more and more tax money goes to support retirees, 'peripheral' programs or those with less than immediate urgency (such as space exploration and energy research) will find their budgets tightened to the strangling point.

This is obviously already happening.

The National Aeronautics and Space Administration (NASA) and all government agencies doing research into alternative energy sources such as solar and wind, have felt the deep bite of budget cutbacks.

As the United States budget deficit grows even larger, there will be insistent demands from every quarter to cut *everything* in the budget (except, of course, Social Security).

Meanwhile, any effort by pro-family forces to try to "up" the birth rate (including increased tax exemptions for children) is instantly attacked by gender feminists bleating that it is some kind of "far-Right plot." For example, Betty Friedan suspects "a secret agenda on the right to get women back into the home," and Princeton University sociologist Suzanne Keller alleges that "I suspect all these proposals are geared toward stopping women from leading independent lives." [18]

Impacts on the Armed Forces. Western European countries such as Switzerland, Italy, and West Germany are already finding it impossible to fill the ranks of their

volunteer armed forces due to the fact that abortion has eliminated much of their younger generations.[19]

Before pacifists shout "good thing!," they should remember two points; (1) the draft will return as a result of a declining pool of volunteers (so they had better plan their escapes to Canada), and (2) smaller armies will mean that countries will have to rely more on a massive retaliatory capability in the form of larger nuclear weapons stockpiles.[20]

The various countries of the former Soviet Union are already in the throes of a manpower shortage for their armed forces.

[Go to Next Topic: Impacts on the Ethnic Mix](#)

[Return to *The Demographic Impacts of Abortion* Table of Contents](#)

Endnotes for "Comparative Losses in United States Wars"

[6] $(50,237,500/(2,008-1,966))/(1,200,041/(2,008-1,776)) = 231.2$.

[7] "Abortion Held Way to Avoid Tyrants." *Los Angeles Times*, May 20, 1970, part I, page 9.

[8] Peter J. Ferrara. "Rebuilding Social Security: Part I: The Crisis Continues." *Heritage Foundation Background*, Number 345, April 25, 1984, page 6.

[9] Louis S. Richman. "The Coming World Labor Shortage." *Fortune Magazine*, April 9, 1990, pages 70 to 77.

[10] Charles Oliver. "More and More Senior Citizens." *Investor's Business Daily*, January 30, 1996.

[11] Marlise Simons, *New York Times* News Service. "France Grows Older But No Wiser." *The Oregonian*, August 30, 1992, page A10.

[12] Louis S. Richman. "The Coming World Labor Shortage." *Fortune Magazine*, April 9, 1990, pages 70 to 77.

[13] James Heer. "Spain's Baby Bust." *National Post* Online, July 17, 2001.

[14] "Population Drop Causing Concern in Japan." Catholic World Internet News Briefs for January 26, 1999.

[15] Louis S. Richman. "The Coming World Labor Shortage." *Fortune Magazine*, April 9, 1990, pages 70 to 77.

[16] "Japanese Threatened with Extinction, Minister Says." *Netscape News*, May 21, 2002.

[17] Duncan Bartlett. "Japan's Toys for the Elderly" *BBC News*, April 30, 2006.

[18] Stewart Powell. "Measuring the Impact of the "Baby Bust" on U.S. Future." *U.S. News and World Report*. December 16, 1985. pages 66 and 67.

... and ... Report, December 19, 1980, pages 30 and 31.

[19] Colonel Robert de Marcellus. "Fertility and National Power." *Human Life Review*, Winter 1981, pages 34 to 51.

[20] *Ibid.*

Facts of Life: Chapter 20: The Demographic Impacts of Abortion: Impacts on the Ethnic Mix



SHARE

Impacts on the Ethnic Mix. As minority races have numerous children, they gradually replace the White race, which is beginning to die out. Figure 20-5 and Figure 20-6 show that the United States will be a nonwhite nation in less than a century as Hispanics, who tend to be pro-life and take their Catholic Faith seriously, resist the ascendent anti-life mentality in this country and continue to have many more children than any other ethnic group.

Figure 20-5

Historical and Projected Racial Composition of the United States Population, 1980 to 2050 (tabular format)

		Ethnic Group Percentages				
Year	Population	White	Black	Hispanic	American Indian, Eskimo, Aleut	Asian, Pacific Islander
1980	226,546,000	79.9%	11.5%	6.4%	0.6%	1.6%
1990	248,791,000	75.7%	11.8%	9.0%	0.7%	2.8%
2000	275,130,000	71.5%	12.2%	11.8%	0.8%	3.7%
2010	299,862,000	67.3%	12.5%	14.6%	0.8%	4.8%

20 20	324,927,0 00	63.8 %	12.8 %	17.0%	0.8%	5.7%
20 30	351,070,0 00	60.1 %	13.0 %	19.4%	0.8%	6.7%
20 40	377,350,0 00	56.3 %	13.1 %	21.9%	0.8%	7.8%
20 50	403,687,0 00	52.8 %	13.2 %	24.3%	0.8%	8.9%

Reference: United States Department of Commerce, Bureau of the Census. *Statistical Abstract of the United States: The National Data Book* (121st Edition, 2001) [Washington, D.C.: United States Government Printing Office. Table 15, "Resident Population by Hispanic Origin Status, 1980 to 2000, and Projections, 2005 to 2050." The entire 2001 *Statistical Abstract* is available online at <http://www.census.gov>. See also Margaret L. Usdansky. "California's Mix Offers a Look at the Future." *USA Today*, December 4, 1992, page 8A, and Steven A. Holmes. "Census Sees a Profound Ethnic Shift in U.S." *New York Times*, March 14, 1996.

The percentage of the Black race will continue to slowly increase in the United States, but at a much slower rate than it would without its extraordinarily high abortion rate. This loss of relative representation will result in direct impacts upon young Black people.

For example, the United States Bureau of Labor Statistics estimates that the percentage of jobs requiring a college degree will continue to rise steeply, from 30% to 40% or even more by the year 2010. With Black abortion rates and high school dropout rates (partly caused by 'victimization' programs that cause social enervation) at 40%, few Blacks will be getting into the work force at the higher levels. Additionally, 60% of all Black children live in single-parent households, the most likely to be in poverty. College scholarships can only go far, and 90% of poor kids will never attend school past the twelfth grade.[21]

This shows that groups of people within a country that are addicted to the abortion 'right' will suffer more intensely than those that are not so addicted, a principle that holds true on the national level as well.

European countries that have been victims of permissive abortion for even longer periods than the United States are feeling ethnic impacts right now. France, for example, is now a Muslim country, because there are more Muslims in the country than any other religion!

As *The Wall Street Journal* observes;

Fewer Europeans are practicing Catholics than ever and the size of nominally Christian

families in Europe has been shrinking for decades. By contrast, many Muslim immigrants are enthusiastic practitioners of their faith and often have more children than the European average. The Muslim population in Europe has doubled in the last decade, according to United Nations estimates. There are now more Muslims in Italy than Jews or Protestants. The first mosque in Rome opened in 1995 and perhaps 100 have opened on the Italian peninsula since 1989. Islam is now the number two religion in France; Muslims edged out Protestants several years ago. There may be as many as five million practicing French Muslims today, a number roughly equivalent to the number of practicing French Catholics ...[22]

Muslims, who are generally very pro-life, know that they can conquer the world, if not with the sword, then with patience and with children. As Atifa Dawat, an Iranian delegate to the July 1985 conference entitled "Forum '85," in Nairobi, Kenya, stated, "The more children we have, the better. When there are enough Moslems in the world, then we will have world victory." [23]

If 'Christians' continue to selfishly abort their children while Muslims continue to have large families, then Islam truly *deserves* its "world victory."

In the new unified Germany, rioting has broken out in response to the incoming flood of foreign workers (*gastarbeitern*, or "guest workers") who are needed in order to make up for the fifteen million young Germans who have been aborted over the past thirty years. As expected, the world media has painted this as a "right-wing backlash," with a "small minority of Nazis" causing nationwide disruption. Common sense reveals the truth: Germany is caught in an impossible situation. It must become an ethnic melting-pot with great speed in order to survive, and almost *all* Germans, regardless of age, resent the influx of foreigners, which has caused their taxes to more than double since 1980.

As long ago as 1982, German academics and activists already recognized the problem and drew up "The Heidelberg Manifesto," which states in part;

It is with grave concern that we observe the infiltration of the German nation by millionfold waves of foreigners and their families, the infiltration of our language, our culture, and our national characteristics by foreign influences. ... the integration of large masses of non-German foreigners and the preservation of our nation thus cannot be achieved simultaneously; it will lead to the well-known ethnic catastrophes of multicultural societies. ... For the Federal Republic of Germany, which is one of the most heavily populated countries of the world, the return of the foreigners to their native lands will provide ecological as well as social relief.[24]

Germany's culture is extremely top-heavy with elderly people, and visiting American pro-lifers have noted the common sight of *dogs* being dressed up in expensive clothes and even being wheeled about in baby carriages![25]

The *Institut National d'Etudes Demographique* (INED) has noted that Europe had a shortfall in births amounting to 6.6 million over the decade 1973-1982. This shortfall has reached 1.5 million per year and, although the trend is decelerating because people simply would have a hard time having *fewer* babies than they are having now, each year that it continues at this rate causes severe demographic damage.[26]

The former Soviet Union (and now its component nations) currently hold the dubious title of 'world abortion champion,' recording even more "kills" than mainland China, which has a population four times larger. The Soviet Union suffered an incredible 12.8 million abortions in 1965 out of a total population of 233 million — *ten times* the current rate in the United States! Since 1980, three-fourths of all Soviet women's pregnancies have ended in abortion.[27]

This Soviet addiction to abortion is the direct cause of many bizarre and sometimes devastating demographic changes. For example, in 1987 the Soviet authorities announced a program to forcibly reduce the birthrate among the mostly Moslem people of the Republic of Tadzhikstan, because their families, averaging six children, had created "a demographic situation which is growing complicated." [28]

This quaint and vastly understated phrase means that Soviet women have been aborting the 'native' population out of existence for decades, and the Soviets must now force other populations to bring down their birthrates as well, or they will simply be overwhelmed by their so-called 'minorities.'

The Soviets are taking the easy way out — instead of trying to limit their *own* abortion rate, they are compelling other ethnic groups to emulate the sordid practice of aborting three-fourths of their preborn children.

Some Soviet authorities have finally recognized the gravity of the situation, and are speaking out. According to E.A. Shevardnadze, former president of the Georgia Soviet Socialist Republic,

Has anyone the moral right to ignore the fact that so many women are striving to rid themselves of the future generation? In the past year, there were 100,000 abortions in this Republic, twice as many as in 1960. And this is only officially registered abortions. Mostly the basis of not wanting children is frivolousness and egoism. And certain doctors not only do not prevent this, but engage in a crude violation of the law, carrying out the dubious practice at home.[29]

Impacts on Religion. Even religion is feeling the demographic pinch caused by free-and-easy abortion, sterilization and contraception;

- **Religion in General.** Inevitably, those churches that embrace anti-life and anti-family acts such as pornography, masturbation, sodomy, euthanasia, contraception, sterilization and abortion are going to die out. This is only logical. By contrast, although many of their members do not agree with their teachings or practice them, pro-life and pro-family churches are going to grow rapidly, especially when compared to the anti-life churches.

Figure 20-7 compares the memberships in 1970, 1980, 1990 and 2000 for the nine largest pro-life churches and the five largest pro-abortion churches. The pro-life Catholic, Evangelical, and Mormon churches have exploding memberships, while the so-called 'mainline' pro-abortion churches are obviously in deep trouble. In summary, the nine largest pro-life churches in the United States have gained from 30 percent to a whopping 748 percent in membership over the time period 1970 to 2000, while the pro-abortion churches have lost anywhere from 18 percent to 43 percent of their membership during the same

time span.

• **Catholics.** It is a sad truth that Catholic women abort as frequently as the general population in the United States. This means that 11.0 million Catholics have been killed by abortionists since 1967.

We also hear a lot about the "priest shortage" in the United States. Abortion *directly* contributes to this problem by killing future clergymen. Two cardinals, 63 archbishops and bishops, 16 abbots, 5,998 priests, 9,198 religious sisters, 2,250 permanent deacons, and 722 religious brothers have been killed by abortion since 1967. This means that, every week, ten future priests, sisters, deacons and brothers are thrown into dumpsters behind abortuaries around the nation. Meanwhile, Call to Action and its fellow dissenting organizations approve of this slaughter under the pretense of "freedom of choice."

• **Jews.** As of January 2002, there were 6.15 million Jews in the United States, the largest population of Jews in the world.[30] Israel was second with 4.5 million Jews. The worldwide population of Jews was 13 million, which means that they have not yet recovered their pre-Holocaust population of 18 million.

And now, it looks as if they never will, largely thanks to abortion. In the United States, the percentage of Jews was 4 percent of the population in 1945 and is now only 2.2 percent due to an extremely low birthrate and pervasive intermarriage. More than half of the Jews who married during the 1980s married non-Jews, and only about one-fourth of these couples raise their children to be Jewish.[31] If this trend continues, Judaism may well be extinct in the United States by the dawn of the 22nd Century.

For further information on the absorption of Jewish culture in American society, and for a discussion on the huge impact of abortion on Judaism, see Chapter 10, "Jewish Faith Teachings on Abortion."

Figure 20-7

Membership Changes for Pro-Life and Pro-Abortion Churches in the United States, 1970-2000

<u>Denomination</u>	<u>Members in 1970</u>	<u>Members in 1980</u>	<u>Members in 1990</u>	<u>Members in 2000</u>	<u>Percent Changes in Membership, 1970-2000</u>
---------------------	------------------------	------------------------	------------------------	------------------------	---

Pro-Life Churches

African Methodist Episcopal Church	1,702,381	2,050,000	3,371,000	3,568,370	+110%
African Methodist Episcopal Zion Church	940,000	1,134,176	1,205,065	1,260,682	+ 34%
Assemblies of God	1,072,187	1,389,505	1,403,168	1,389,620	+ 30%
Church of Jesus Christ of Latter-Day Saints	1,391,077	3,323,230	5,300,962	7,288,868	+424%
Church of God in Christ	2,073,146	2,811,000	4,267,000	5,201,459	+151%
Evangelical Lutheran Church of America	2,402,447	4,099,966	5,240,739	5,164,104	+115%
Pentecostal Assemblies of the World	201,897	358,793	600,000	1,711,726	+748%
Roman Catholic Church	45,253,568	47,794,800	53,480,231	60,292,400	+ 33%
Southern Baptist Convention	11,628,032	13,600,126	15,038,409	15,912,325	+ 37%
Other Pro-Life Churches	25,230,856	27,653,194	25,716,773	18,288,720	- 28%
Total Membership of Pro-Life Churches	91,895,590	104,214,791	115,623,347	120,078,274	+ 31%

Pro-Abortion Churches

Disciples of Christ	1,424,479	1,177,984	1,039,692	815,772	- 43%
Episcopal Church	3,285,826	2,786,004	2,446,050	2,335,852	- 29%

Presbyterian Church USA	3,087,213	2,423,601	2,788,009	2,520,180	- 18%
United Church of Christ	1,960,608	1,736,244	1,599,212	1,375,993	- 30%
United Methodist Church	10,671,774	9,584,711	8,785,135	8,285,812	- 22%
Other Pro-Abortion Churches	3,891,763	5,345,738	2,321,279	2,229,078	- 43%
Total Membership of Pro-Abortion Churches	24,321,663	23,054,282	18,979,377	17,562,688	- 28%

[Go to Next Topic: Impacts on Businesses and Schools](#)

[Return to *The Demographic Impacts of Abortion* Table of Contents](#)

Endnotes for "Impacts on the Ethnic Mix"

[21] Louis S. Richman. "The Coming World Labor Shortage." *Fortune* Magazine, April 9, 1990, pages 70 to 77.

[22] *Wall Street Journal* editorial, September 25, 2000. See also "News Notes." *The Wanderer*, October 5, 2000, page 3.

[23] Janie Hampton. "Women at United Nations Conference Stage Heated Fight Over Abortion." *The Oregonian*, July 21, 1985.

[24] "The Heidelberg Manifesto," 1982, quoted in Thomas J. Espenslade. "Population Replacement and Immigrant Adaptation: New Issues Facing the West." Alan Guttmacher Institute's *Family Planning Perspectives*, May/June 1987, pages 115 to 118.

[25] The author observed this phenomenon as early as 1986 during one of his visits to Europe.

[26] The *Institut National d'Etudes Demographiques* (INED). "Short Fall in Births in Europe." From *Population*, the bi-quarterly review of the INED, July/September 1983. The ten European countries represented are Austria, Belgium, France, Netherlands, West Germany, Switzerland, Italy, Spain, Portugal, and Denmark.

[27] Father Paul Marx. *Confessions of a Pro-Life Missionary* [Gaithersburg, Maryland: Human Life International, 1988]. This is an excellent account of Father Marx' travels all

Human Life International, 1988]. This is an excellent account of Father Marx' travels all over the world since he founded Human Life International in 1981. It is a firsthand account of his battle against U.S. 'contraceptive imperialism,' International Planned Parenthood, and abortion in dozens of countries. Human Life International is the most complete source of information on the status of artificial birth control, abortion, and euthanasia in the world today. HLI's annual dues of \$25 includes 17 issues of the HLI newsletter, and an additional \$15 will purchase ten special reports, published about monthly. Contact Human Life International, 4 Family Life, Front Royal, Virginia 22630, telephone: (540) 670-7884 or 1-(800) 549-LIFE.

[28] "Soviets Pledge to Curb Birth Rate Among Non-Russian Minorities." *ALL News*, February 16, 1987, page 7.

[29] *Seattle Times*, Wednesday, January 4, 1984, page A5.

[30] United States Department of Commerce, Bureau of the Census. *Statistical Abstract of the United States: The National Data Book* (124th Edition, 2004) [Washington, D.C.: United States Government Printing Office. Table 69, "Christian Church Adherents, 2000, and Jewish Population, 2002 — States." The current *Statistical Abstract* is available online at <http://www.census.gov>.

[31] These figures come from a report entitled "State of the Jewish World" issued at the January 1996 annual convention of the World Jewish Congress in Jerusalem. As described in "Jewish Populations Decline." *The Washington Post*, January 27, 1996.

Facts of Life: Chapter 20: The Demographic Impacts of Abortion: Impacts on Businesses and Schools



 SHARE

Impacts On Businesses and Schools. Businesses in Western nations have been feeling the growing impacts of America's permissive abortion laws for some time now. As household income rises, the number of children generally drops. This means that a smaller and smaller clientele will be accumulating and concentrating a greater share of our nation's wealth as time goes on. This 'poverty gap' is the phenomenon condemned by the very same people who support abortion on demand.

In general, this trend will result in a smaller, more competitive, and more lucrative market for luxury goods and a larger and less competitive market for staple goods such as food, larger family cars, and moderately-priced clothing. Figure 20-2 shows that the average person consumes nearly \$2.5 million in goods and services in their lifetime. The 50.2 million legal surgical abortions suffered by the United States since 1967 represent a total loss of 130 trillion dollars in unconsumed goods and services, or about one-third of the total current and future market.

Schools are beginning to feel the pinch as well. Children born after 1972 are literally 'abortion survivors.' One-third of their classmates have been 'culled' by pro-abortion 'parents' and have wound up in landfills or ovens specifically designed to incinerate their sad little bodies.

Every community has at least one boarded-up grade school. Many high schools are closing or consolidating as the 'birth dearth' reaches them. And now, as surviving 17- and 18-year olds become college freshmen, our institutions of higher learning are bracing for smaller classes.

In the Spring of 1990, Boston College Vice President Leo Sullivan revealed that Northeastern University had to cancel all pay raises and eliminate some jobs because the college was 700 students short of filling its freshman class. He also said that Boston College applications had dropped from 15,000 to 12,000 in five years, and that the quality of students was also declining because there simply were not as many 'top-notch' applicants.[32]

Impacts on Tax Revenues. One of the most persuasive arguments offered by pro-abortionists in support of Medicaid funding of abortion is the hideous Hegelian assertion that an abortion costs less in terms of public support than bringing up a child to the age of 18 on welfare.

In support of this position, they grossly exaggerate the costs incurred by a welfare child. Typical of such lies is the June 29, 1977 testimony against the Hyde Amendment offered by Sen. Charles H. Percy (R.-Ill.), who said that "If we can avoid a \$100,000 cost for a \$200 [abortion] investment — and make a humanitarian investment at the same time — what sense does it make to say, 'We cannot afford \$200 for this expenditure [for an abortion]?'"

Of course, we might use the identical logic to point out that it would take about the same amount of money (\$200) to take an equally 'unwanted' homeless person off the street and then euthanize and cremate him. Think of the decrease in welfare payments and crime that society would benefit from if all of the half-million 'hard-core' homeless were simply eliminated!

This is another example of anti-life eugenics thinking.

Aside from the extreme callousness of such a position, the pro-aborts ignore the fact that less than *five percent* of all children born into a welfare families will remain on welfare until the age of 18. In fact, the average period of welfare dependency for a child is just two years.[33]

If the matter of public funding is examined in terms of the long run, abortion is a very bad deal for society indeed, as shown in Figure 20-8. In fact, for every dollar gained by aborting a child, the State *loses* \$37.47. And this does not even address the incredible value of lost human potential that each aborted preborn child represents, or the economic boost his or her spending over a lifetime will provide to the economy (see Figure 20-1 for a list of the talented individuals the United States has lost to legalized abortion).

Figure 20-8

State's Decision: Pay for an Abortion or a Delivery?

A. Value of Abortion, Child Support and Taxes Paid by the Child

Cost of all kinds of public assistance for a child, including prenatal care, delivery and postnatal care, and two years of all types of public assistance for the child:	\$ 20,900
Cost of Medicaid abortion:	\$400
Federal, state and local taxes paid by the child during 30 years in the work force (see Figure 20-2);	\$789,000
B. <u>If Baby is Aborted</u>	
State comes out ahead (\$20,900 - \$400) =	\$20,500

C. If Baby is Delivered

State comes out ahead (\$789,000 - \$20,900) =

\$768,
100

D. The Bottom Line (The Benefit/Cost Ratio)

By paying for abortions, for every dollar it spends,
the State loses (\$768,100/\$20,500) =

\$37.
47

Reference: Bureau of the Census, United States Department of Commerce. National Data Book and Guide to Sources, *Statistical Abstract of the United States*. 1999 (119th Edition). Table 613, "Cash and Noncash Benefits for Persons With Limited Income: 1995 and 1996." It is difficult to calculate the total Federal, state and local aid spent on a poor child over two years, but a reasonable estimate can be made by examining the breakout of aid given in Table 613 of the 1999 *Statistical Abstract*. The amounts of aid *per person* in the year 1996 for the following categories are added up: "Medical Care" ('Medicaid' and 'Maternal and Child Health Services'); "Cash Aid" ('Aid for Families with Dependent Children'); "Food Benefits" ('Women, Infants and Children'); and "Services" ('Child Care for AFDC Recipients and Ex-Recipients,' assumed to be \$1,000 annually). This comes to a total of \$7,329 per person for 1996. If this figure is updated at three percent annually, it comes to \$10,450, or \$20,900 for two years. This number includes prenatal care, the cost of delivery, and postnatal care.

This lack of foresight and preoccupation with quick and easy solutions is entirely typical of pro-abortion 'thinking,' and should be expected in any debate or discussion. Because they are naturally shallow thinkers, concerned only with their own comfort, pro-abortionists invariably 'examine' a problem only from the most superficial level. They apparently cannot be bothered to perform even the most simple calculations to analyze an issue and discern the truth.

Impacts on the Unjust Concentration of Wealth. The old adage "Children are expensive; only the poor can afford to have them," has been true for many years. A writer for Margaret Sanger's *Birth Control Review* said in 1930 that "In fact, in our own society, where standards of living vary immensely, it is usually more difficult for parents with an income of, say, five thousand dollars a year, to rear a family of average size, than it is for those with an income of half as much." [34]

These days, we see a twofold expression of this phenomenon in the world:

(1) the richer nations can afford to have more children, but do not. Therefore, the poorer, more populated nations are becoming dominant and are absorbing them, as we are now witnessing in Europe; and

(2) in the developed nations, we see that the billionaires have the fewest children of all. As income decreases, the number of children increases. Every pro-life sidewalk counselor has seen lavishly-clothed women driving BMWs, Mercedes or Jaguars tool up to the abortion mill and say "Well, I just can't *afford* to have a child right now."

The problem we are dealing with in the world is not overpopulation (a problem to be 'solved' with massive abortion, sterilization and contraception), it is poverty and hunger. The primary cause of poverty and hunger in the world is not a shortage of resources; it is a *misallocation* of resources. In every nation of the world, free or enslaved, a very small percentage of the population concentrates in its hands a very large portion of the wealth. If this wealth were distributed more evenly among the peoples of the earth, poverty and hunger would be greatly lessened, and the perception that there is an overpopulation problem would decrease substantially.

This may sound too overtly Socialistic to some, but the 1995 encyclical *Evangelium Vitae* ["The Gospel of Life"] recognizes that governments must "... make efforts to ensure greater opportunities and a fairer distribution of wealth so that everyone can share equitably in the goods of creation" [¶91].

Few can deny the injustice of the following economic statistics;

- Bill Gates was worth \$100 *billion* at the peak of his wealth, meaning that he had more assets than America's poorest 150 million people *combined*. The three richest people in the world own assets that exceed the combined gross domestic products of the world's poorest 48 countries. The world's 45 richest people have more combined wealth than the People's Republic of China, with its 1.2 billion inhabitants and a gross domestic product of \$700 billion. The world's 225 richest people now have a combined wealth of more than \$1.2 trillion, equal to the annual income of the poorest *half* of the world — three billion people! There are almost 500 billionaires in the world today. Meanwhile, the comparative wealth of the richest fifth of the world's people and the poorest fifth has increased from 30:1 in 1906 to 85:1 in 2002. The rich are getting much richer while the poor are not any better off than they were a century ago. As the old saying goes, "Them that has, gits."
- Among the 4.4 billion people who live in developing countries, 60% have no access to basic sanitation, one-third are without safe drinking water, one-fifth live beyond the reach of modern health services, one-fifth are undernourished, and one-fifth of all children do not get as much as a fifth-grade education. If the billionaires of the world donated just *one fourth* of their wealth to authentic economic development for the world's poor, all of these problems would be solved. In fact, according to the United Nation's 1997 *Human Development Report*, it would cost about \$80 billion to provide access to basic social services and income transfers to the poverty-stricken. The world's seven richest men could wipe out global poverty. because their

combined wealth is more than enough to provide the basic needs of the poorest quarter of the world's people. Dr. Richard Jolly, the chief author of the report, said that "It is an ethical scandal that we do not provide the basics of education and health for everyone in a world with a \$25 trillion economy."

- Let us now look at some relevant expenditures in the nations that fund most of the world's population control projects.

Japanese businessmen spend \$35 billion on job-related entertainment each year. Every year, Americans and Europeans spend;

- \$140 billion on alcoholic drinks;
- \$100 billion on illegal drugs;
- \$75 billion on cigarettes;
- \$40 billion on cosmetics and perfume;
- \$17 billion on pet food; and
- \$17 billion on ice cream.[35]

We Westerners pamper ourselves in every imaginable way while letting the poor of the world simply starve. Risk reduction specialists estimate that it would cost \$87 to save a life in The Gambia through widespread diphtheria immunizations; \$440 to save each life throughout Africa with a large-scale malaria prevention program; and \$850 to save each life with measles immunizations in Côte d'Ivoire.

By contrast, we spend an estimated \$125,000 to save each American life with breakaway highway sign supports; \$150,000 to save each life through breast and lung cancer screening; \$110.7 *million* to save each life with the asbestos ban; \$4.190 *billion* with the ban on hazardous wastes in landfills; and \$5.7 *trillion* to save each life with the government-enforced hazardous waste listing for wood preserving chemicals.[36]

Meanwhile, the super-rich sit on top of their mountains of money and possessions and think of little more than accumulating yet greater riches. Sure, they may occasionally drop a few tens of millions of dollars on the United Nations or into population control programs, but they can afford this as easily as you or I buy a gallon of milk or a loaf of bread.

[Go to Next Topic: Authentic Economic Development](#)

[Return to The Demographic Impacts of Abortion Table of Contents](#)

Endnotes for "Impacts on Businesses and Schools"

[32] "The College Pool Dwindles: New England Schools Resorting to Unfamiliar Measures to Attract Incoming Freshmen." *The Boston Globe*, June 16, 1990.

[33] Greg J. Duncan. *Years of Poverty, Years of Plenty* [Detroit: University of Michigan Press, 1984], pages 77 and 90.

[34] Herbert Aptekar. "Do Parents Desire Children?" *Birth Control Review*, Volume XIV, Number 8 (August 1930), page 235.

[35] "What on Earth?: A Weekly Look at Trends, People and Events Around the World." *The Washington Post*, January 2, 1999. Also: *United Nations Human Development Report 1998*. Also: Donna Murphy Weston, AP Business Writer. "Forbes: Billionaires Club Booms." June 21, 1999.

[36] Joseph L. Bast, Peter J. Hill, and Richard C. Rue. *Eco-Sanity: A Common-Sense Guide to Environmentalism* [Lanham, Maryland: Madison Books, 1994], page 162.

Facts of Life: Chapter 20: The Demographic Impacts of Abortion: Authentic Economic Development



 SHARE

Authentic Economic Development. The encyclical *Evangelium Vitae* delineates the guidelines that governments must follow when striving to care for their people. The right to life and the rights of families are paramount, and the distribution of wealth should be equitable;

They [Western nations] too are haunted by the current demographic growth, and fear that the most prolific and poorest peoples represent a threat for the well-being and peace of their own countries. Consequently, rather than wishing to face and solve these serious problems with respect for the dignity of individuals and families and for every person's inviolable right to life, they prefer to promote and impose by whatever means a massive program of birth control. Even the economic help which they would be ready to give is unjustly made conditional on the acceptance of an anti-birth policy.

Today an important part of policies which favor life is the issue of population growth. Certainly public authorities have a responsibility to "intervene to orient the demography of the population." But such interventions must always take into account and respect the primary and inalienable responsibility of married couples and families, and cannot employ methods which fail to respect the person and fundamental human rights, beginning with the right to life of every innocent human being. It is therefore morally unacceptable to encourage, let alone impose, the use of methods such as contraception, sterilization and abortion in order to regulate births. The ways of solving the population problem are quite different. Governments and the various international agencies must above all strive to create economic, social, public health and cultural conditions which will enable married couples to make their choices about procreation in full freedom and with genuine responsibility. They must then make efforts to ensure greater opportunities and a fairer distribution of wealth so that everyone can share equitably in the goods of creation. Solutions must be sought on the global level by establishing a true economy of communion and sharing of goods, in both the national and international order. This is the only way to respect the dignity of persons and families, as well as the authentic cultural patrimony of peoples [¶16, 91].

Instead, as Chapter 18 shows, the United States has spent about \$20 billion since 1965 holding down the populations of other nations.

Having spent all of these billions of dollars, the USA has achieved only two results: (1) The people want to be more like the stereotypical greedy, overconsumptive "Ugly American;" and (2) many millions of large poor families have been transformed into *small* poor families.

If all of this money had instead been poured into authentic economic development, the people would have smaller families, as described in Chapter 18 (which is what the population controllers want anyway), but the people also would be healthier and would enjoy a much higher standard of living.

What could have been done with \$20 billion if it had been allocated towards *true* economic development?

Economic development:

In the developing nations of Africa and Asia, we could have accomplished *all* of the following;

- Built water treatment facilities for 25,000 towns and villages with an average population of 1,000 each, providing all of their people with the most basic requirement for good health: Clean drinking water [cost: About\$2.7 billion]; *and*
- Brought electricity to these 25,000 villages, thereby increasing production towards self-sufficiency and freeing three million children to go to school [\$3.2 billion]; *and*
- Built 100,000 miles of paved or improved roads and bridges connecting 10,000 remote villages to the national road system, allowing them to ship their goods to market and have access to the outside world. This would in turn greatly increase the standard of living of the villages [\$3.0 billion]; *and*
- Built and staffed enough modern schools to properly educate the three million children from these villages, who would otherwise receive little or no education and would therefore fall into lives of poverty and despair [\$5.0 billion]; *and*
- Built 25,000 basic health care clinics in these remote villages which could care for the health of the people, fully staff them, and cut maternal and infant mortality in those villages in half [\$4.0 billion]; *and*
- Built grain storage facilities for these 25,000 villages, so their rice and other harvests were not partly or mostly consumed by insects and rodents [\$2.1 billion].
[37]

Instead, doctors and nurses in the Philippines, Ghana, Indonesia, Mexico, and scores of other developing nations complain that their clinic shelves are stuffed with IUDs, pills, condoms and Norplant, but have no bandages, vitamins, disinfectants, anesthetics or other basic medical supplies. School-aged children know everything about IUDs and condoms and so-called "safe sex," but know nothing of science or mathematics.

As previously shown, the entire \$20 billion of the above basic improvements for 15 million of the poorest people in the world could be covered by what Americans and Europeans spend on *ice cream* every year!

The message the population controllers are sending to the people of developing nations is crystal clear. Instead of caring for the people and giving them what they truly need in order to live lives free of suffering and disease, the population control cartel is giving them what the *population controllers* want. The message is this: "We don't *care* if you suffer or die — all we want is *less* of you!"

Impacts Upon Gender Balance. In the People's Republic of China (the PRC), the birth of boys is often hailed as "a big happiness," and the appearance of a girl is cause for a muted celebration of "a small happiness." In light of the PRC's coercive abortion

program (described in Chapter 4), and the lesser value of girls in Chinese society, sex-selection abortions and female infanticide (femicide) are extremely common. The March 3, 1983 *People's Daily* admitted that "The butchering, drowning, and leaving to die of female infants has become a grave social problem."

The history of China's newborn male-to-female sex ratio is shown in Figure 20-9. Until about 1990, amniocentesis, sonography, and other means of detecting fetal sex before birth were almost unknown outside the largest Chinese cities, so it is obvious that the vast majority of these 'disappearing' girls were killed at birth, when their parents discovered their sex.

The Chinese sex ratio is becoming more and more unbalanced as ultrasonography to identify female preborn children becomes more widespread outside the cities. Therefore, female sex-selection abortions are replacing female infanticide.

Nevertheless, as Figure 20-9 shows, *at least* 13 million girls are missing in China because they were either killed before birth by abortion or murdered after birth through female infanticide — their only crime being that they were female: A capital offense in the eyes of many pro-abortionists.

Figure 20-9

Number of Girls Aborted or Murdered at Birth
in China Because They Were Female, 1976-2005 [38]

Age Group	Boys in Age Group	Actual Girls in Age Group	Natural Girls in Age Group	Shortfall of Girls
1-4	43,792,000	38,383,000	41,313,000	2,930,000
5-9	50,053,000	43,845,000	47,220,000	3,375,000
10-14	54,290,000	48,818,000	51,217,000	2,399,000
15-19	64,833,000	61,163,000	58,065,000	3,670,000
20-24	52,482,000	49,381,000	49,511,000	130,000

	00	0		
25-29	48,416,000	46,067,000	45,675,000	392,000
	313,566,000	286,274,000	294,544,000	12,896,000

The implications of this gender imbalance are numerous and profound;

- China's population will start declining in about 2040, according to the United Nations. Fast-track city dwellers — the very people that China hopes will power its economic engine — are having almost no children at all. In Beijing and Shanghai the population would be shrinking were it not for an influx of migrants from the countryside. More than a fourth of all young urban couples will not have any children at all, and most refuse to follow Chinese tradition and take care of their elderly parents.[39]
- Kang Ling of the Secretariat of the All-China Women's Federation estimated that, by 2010, there will be 40 million males of marriageable age who will be unable to find wives as a partial result of this mass femicide.[40] Other experts say that there are this many young men who cannot find wives *right now*. Zhu Zhixin, the Commissioner of the National Bureau of Statistics in China, said that the increased use of ultrasound machines to identify female fetuses and abort them had helped skew China's sex ratio to the point that men outnumber women by approximately 41 million in China, which had a population of 1.26 billion in 2001.[41]
- Beijing's *China News Service* has announced that 93 percent of unmarried adults in the Beijing area are men. Single men outnumber single women by a million in the 29 to 49 age group in Beijing alone. Men's prospects for marriage, of course, are even bleaker in the rural areas, where female infanticide is most prevalent.
- The gender imbalance already has contributed to the common practice of kidnapping rural women and selling them as brides to farmers. The Chinese Communist Party has revealed that, in 1990 *alone*, authorities discovered more than 19,000 cases of women sold against their will, and more than 60,000 people implicated in this trafficking were arrested. In the year 2000, 110,000 women were freed during a crackdown on human trafficking, but millions more will never be found. If the gender ratio imbalance continues to worsen, it could also further fuel the rapid spread of prostitution in the nation's cities.[42]

China is not the only nation that devalues its women with the full support of the gender feminists and population controllers.

India's 2001 census showed a dramatic drop in the number of girls being born.

Currently, there are 1,000 boys under the age of seven in India for every 927 girls, a gender ratio of 1.08. Just ten years previously, the 1991 Indian census had shown a gender ratio of 1,000 boys for every 945 girls, or 1.06, and the 1981 census showed the ratio at a near-normal 1,000 boys to 962 girls, or 1.04.

In two of India's most prosperous agrarian provinces, Haryana and Punjab, the gender imbalance is even more pronounced. In Punjab, the 2001 census reported 1,000 male children under the age of seven to every 793 girls, a gender ratio of 1.26, up from the 1991 figures of 1,000 to 875, or 1.14.

Controversial author Salman Rushdie graphically portrays the fate of many baby girls who make it to birth, but not far beyond; "The defining image of the week, for me, is of a small child's burned and blackened arm, its tiny fingers curled into a fist, protruding from the remains of a human bonfire in Ahmadabad, Gujarat, in India. The murder of children is something of an Indian specialty. The routine daily killings of unwanted girl babies ..."[43]

Even though India passed a 1994 law banning prenatal sex determination, and even though signs advertising "ultrasound facility available" have been removed, the gender imbalance continues to worsen, because even the most illiterate women are very much familiar with the technology. Recently, because static facilities are being monitored, medics equipped with portable ultrasound machines have started to travel around the Indian countryside, advertising their services.[44]

There are no laws or limitations restricting sex-selection abortions in the Land of the Free and the Home of the Brave, however. Even if Indian women travel halfway around the world to the United States, they are still urged to abort their preborn baby girls.

There are several large companies in the United States that directly target Indian-Americans with a very specific message. In recent issues of *India Abroad*, a weekly newspaper for Indian expatriates in the United States and Canada, an advertisement with a banner headline asked "Desire a Son?" Another ad declared "Choosing the sex of your baby: New scientific reality." Yet another asked "Pregnant? Wanna know the gender of your baby right now?"

At least a few Indian-Americans are objecting to the wholesale killing of preborn Indian baby girls in the United States. Dr. Shamita Das Gupta says "[It] makes me scared when something like this happens with impunity, where people are saying, 'We are offering a service the community will practice anyway.' These practitioners are taking advantage of a practice that is totally misogynist, and unless the good-thinking people of our community stand up and let their voices be heard, such practices will continue happening." [45]

[Go to Next Topic: Trying to Reverse the Trend](#)

[Return to The Demographic Impacts of Abortion Table of Contents](#)

Endnotes for “Authentic Economic Development”

[37] Construction and labor costs are based on the averages of three large developing countries: India, Nigeria and the Philippines. The author is a registered professional engineer and has frequently visited these and other developing nations.

[38] The population distribution for China is from the Web site of the United States Census Bureau's International Data Base (IDB) at <http://www.census.gov/cgi-bin/ipc/idbsum.pl?cty=CH>. The historical Chinese birth ratio is about 1.06 females for every male. The sex ratio information is from the following sources:

- (1) Michael Weisskopf. "China's Birth Control Policy Drives Some to Kill Baby Girls." *The Washington Post*, January 8, 1985, page A1;
- (2) Chinese Academy of Social Sciences statistics, as described in the January 7, 1999 Chinese government newspaper *Shanghai Express*;
- (3) "China Admits Big Fall in Ratio of Baby Girls to Boys." *Inside China Today*, March 28, 2001; and
- (4) "China Again Records Fewer Female Births." *Omaha World-Herald*, March 29, 2001.

Example calculation: For the time period 2001-2005 (age group 1-4), the number of female children who would have been born under a *natural* gender ratio of 1.06 (i.e., without sex selection) would have been $(43,792,000)/1.06 = 41,313,000$. This means that, during this time period, $[41,313,000 - 38,383,000] = 2,930,300$ female children were either aborted or killed at birth because of their sex.

[39] "Trafficking in Women Is Linked to One-Child Policy." Zenit News Agency, March 8, 2001.

[40] "China Again Records Fewer Female Births." *Omaha World-Herald*, March 29, 2001. See also Michael Weisskopf. "China's Birth Control Policy Drives Some to Kill Baby Girls." *The Washington Post*, January 8, 1985, page A1; and "China's Population Policy is Proving to Be Effective." *Beijing Review* (English Edition), November 6-12, 1989, pages 42 to 44.

[41] Hannah Beech. "China's Baby Bust." TIMEasia.com, August 29, 2001; "China Again Records Fewer Female Births." *Omaha World-Herald*, March 29, 2001; and "Trafficking in Women Is Linked to One-Child Policy." Zenit News Agency, March 8, 2001.

[42] *Ibid.*

[43] Salman Rushdie. "Slaughter in the Name of God." *Washington Post*, March 8, 2002, page A33.

[44] "India's Female Freefall." *CNN.com*, June 19, 2001.

[45] Susan Sachs. "Clinics' Pitch to Indian Emigres: It's a Boy." *The New York Times*, August 15, 2001.

Facts of Life: Chapter 20: The Demographic Impacts of Abortion: Trying to Reverse The Trend



 SHARE

Trying to Reverse the Trend.

"On the one side are the protester-arsonists, many if not most of them Muslim, whom the Interior Minister called *racaille* (rabble) — young, restless, violent, vibrant, angry, jobless, envious and fecund. And on the other side is an aged and exhausted civilization, the hollowed-out core of European Christendom, static, aging, contented, coddled, passive and literally without faith. Who would you think will win in the end?" — Charles Krauthammer, speaking of the November 2005 Paris riots. "What the Uprising Generation Wants." *Time Magazine*, November 21, 2005, page 162.

A Hopeless Task. After half a century of overpopulation propaganda, people in the 'developed' world have learned their lessons very well;

- children are a lot of work and a burden.
- children are very expensive to raise.
- children interfere with self-fulfillment.
- children are bad for the environment.

Now that we have learned our lessons so well, the inevitable result is becoming clear: A population crash and impending economic disaster in the West. So the governments of rich nations the world over are reversing their stance on population and are urging their citizens to have more children.

But none of the pro-natalist campaigns have worked.

Why not?

Because once the people of a nation get used to lavishing time and resources on themselves and become accustomed to avoiding discomfort and sacrifice, the fate of the country is sealed. It will inevitably be absorbed by other cultures over time, as Plutarch noted so long ago and as demographers are observing right now.[46]

Every 'developed' nation is now struggling with the "depopulation bomb," and they are discovering that it is impossible to free the minds of the people from the propaganda that has become almost an organic and genetic part of their thinking.

The following paragraphs describe just a few examples of 'developed' nations unsuccessfully trying to reverse their plunging birth rates.

Example: France. France has been struggling for many years to increase its birth rate, as described by a writer for the *Birth Control Review* in 1930;

French clear headedness and Gallic logic are as subject to the demoralizing influence of fear as the cerebral processes of other and perhaps less enlightened people. Frightened people behave hysterically. All the organized efforts that have hitherto been made in

furtherance of an increase of population through births have been fruitless. The official publication of the *Alliance Nationale* despairingly proclaims such to be the fact. On occasion, Frenchwomen have willingly died for their country. The comprehensible wish to live an individual life is too powerful to permit Frenchwomen to listen to the plea, to live a long, but more burdensome life for its interest. It is one of the inescapable paradoxes of group life that man will die for the group but will not, for long periods, live for it."[47]

In the mid-1990s, France made its latest attempt to increase its birth rate with its *La France a besoin des enfants!* [France needs babies!] crusade.[48] The campaign has had no discernible effect; France's total fertility rate has continued to slide, from 2.5 children per "completed family" in 1965 to just 1.6 in 2003, well below replacement. [49] As in other nations, immigrants are having children at well above the replacement rate, while the "native" French have barely half the children they need to stay in existence as a cultural entity.

Example: Germany. For decades, population alarmists have been trumpeting the prohibitive cost of raising a child as a ploy to get people to have less children. In Germany, the figure bandied about is equivalent to more than half a million dollars.

It is laughable, then, when (for example) the German State of Brandenburg offers to pay people \$650 to have a child, and all they remember is that it costs more than \$500,000 to raise that child.

In Brandenburg, births fell from 38,000 in 1984 to 12,000 in 1993. In the four other former East German states, births fell by at least half during the same period of time. Never has such a decline ever been experienced in any country except during times of war, famine or pandemic.

Wolfgang Jahmer, a social welfare program director in Schwerin, Germany, succinctly summarized his country's concerns when he said that "We have some fears that the tree of life may be falling." [50]

Example: Singapore. The leaders of this small city-state of four million people have recently become alarmed by its plunging birth-rate, which has dropped from 3.0 children per completed family to 1.0, one of the world's lowest.[51]

In the Fall of 2000, Prime Minister Goh Chok Tong announced that "We need more babies!" A government office, the Working Committee on Marriage and Procreation, has developed monetary and workplace incentives that attempt to persuade Singaporeans that it is economically and financially advantageous to have a child. The "Baby Bonus Scheme" offers cash to couples who have second and third children, extends maternity leave, gives flexible working hours to make child rearing easier, and offers special deals on apartment rentals to young couples.

The nation's news media supports the program, singing the joys not only of parenthood, but also of sex. One headline in *The Straits Times* trumpeted "Let's Get on the Love Wagon," giving tips on the best way of making use of the back seat of a car, complete with directions to "some of the darkest, most secluded and most romantic spots for Romeos and Juliets." The article suggested covering the windows of the car with newspapers for privacy.[52]

The only hitch in the program is this: Singaporeans may be having more sex, but

they are still using birth control just as much. As so, as in other nations, the birth rate has not shown as much as an upward blip.

Two Children for Replacement?

In order for a country's population to remain stable, its married couples must produce a certain number of children. This number varies somewhat from nation to nation, and depends on such variables as fertility rates, infant mortality, and marriage customs.

The most important factor in achieving a population replacement rate is the replacement of *women* of childbearing age (15 to 44). If every person born lived to a fixed age (say 75), if nobody died before this time, if everyone were married and fertile, a replacement rate would be achieved if every woman would have exactly one daughter.

However, of 100 infant girls, in an "average" nation, three will die before the beginning of the childbearing years at 15, seven will remain unmarried, and eight will be unable to have children due to natural or environmentally-induced infertility.[53]

Therefore, every hundred married women will have to produce 118 daughters on the average — assuming that all married women are fertile in their childbearing years.

And what about boys? In most countries, about 106 boys are born per 100 girls. Due to the higher mortality rate of young boys, the population is about balanced between men and women by the age of 21. This means that every 100 married women must also produce 116 boys, on the average, to maintain replacement rates.[54]

Therefore, every 100 married couples will need to produce 118 daughters and 116 sons for replacement rate, or a total of 2.36 children per family. Remember that this figure assumes that every married couple is fertile, and is therefore an *average* figure for all of the married couples in a country.

The Effects of Abortion and Contraception on America's Population Profile.

Introduction. The most obvious effect of free-and-easy abortion is its impact upon the age distribution of a nation's population, as shown below. It is quite obvious that those countries that have most enthusiastically embraced abortion are now literally dying.

Characteristic Population Distributions. Almost every developing country in history has experienced very high birth rates and a correspondingly high death rate. This produces a pyramid-shaped population distribution as shown above. Generally, such a country will have a stable population, with many young people and a relatively small aging population.

As the country develops, it will benefit from improved medical technology. More babies will survive their first year of life, and life spans in general will increase rapidly. This means that the population will increase dramatically — and the slopes of the demographic pyramid will become steeper

demographic pyramid will become steeper.

In a dying country, people will have longer life spans but will practically cease having babies. The country will age rapidly, and more and more retired people will depend upon fewer and fewer younger workers for their support.

Historical United States Population Distributions. The United States was basically a developing country in 1900. Our population distribution was typically pyramidal in shape.

We have now been afflicted by an abortion culture for four decades. Our nation has now stabilized our population in the younger age groups, but Census Bureau statistics show that this trend will shortly be reversed. The current (2007) population distribution is expanded into more detail above.

Figure 20-10

Historical and Projected Age Distribution
of the United States Population, 1960 to 2050

	Age Group Population in Percent							
Age Group	1960	1970	1980	1990	1999	2010	2020	2050
0 to 4	11.3%	8.4%	7.2%	7.5%	6.9%	6.7%	6.8%	6.7%
5 to 9	10.4%	9.7%	7.4%	7.3%	7.3%	6.5%	6.6%	6.5%
10 to 14	9.4%	10.2%	8.1%	6.9%	7.2%	6.6%	6.5%	6.6%
15 to 19	7.4%	9.4%	9.3%	7.2%	7.2%	7.2%	6.5%	6.6%
20 to 24	6.2%	8.4%	9.4%	7.7%	6.6%	7.1%	6.5%	6.5%
25 to 29	6.1%	6.7%	8.6%	8.6%	6.7%	6.6%	6.6%	6.2%
30 to 34	6.6%	5.7%	7.8%	8.8%	7.2%	6.3%	6.6%	6.3%
35 to 39	6.9%	5.4%	6.2%	8.0%	8.3%	6.3%	6.4%	6.2%
40 to 44	6.5%	5.8%	5.2%	7.1%	8.2%	6.8%	6.1%	6.1%

45 to 49	6.0%	5.9%	4.9%	5.5%	7.1%	7.4%	5.9%	5.7%
50 to 54	5.3%	5.4%	5.2%	4.5%	6.0%	7.3%	6.1%	5.5%
55 to 59	4.7%	4.9%	5.1%	4.2%	4.7%	6.4%	6.6%	5.6%
60 to 64	4.0%	4.2%	4.5%	4.3%	3.9%	5.4%	6.4%	5.3%
65 to 74	6.1%	6.1%	6.9%	7.3%	6.7%	7.1%	9.7%	8.9%
Over 75	3.1%	3.7%	4.4%	5.2%	6.0%	6.2%	6.9%	11.4 %
Totals	100. 0%	100. 0%	100. 0%	100. 0%	100. 0%	100.0 %	100.0 %	100.0 %
Median Age	29.4	27.9	30.0	32.8	35.5	37.4	38.1	38.8

References: For the years 1960 and 1970: Bureau of the Census, United States Department of Commerce. National Data Book and Guide to Sources, *Statistical Abstract of the United States*. 1990 (110th Edition), Table 13, "Total Population, By Age and Sex: 1960 to 1988." For the years 1880 to 2050: United States Department of Commerce, Bureau of the Census. *Statistical Abstract of the United States: The National Data Book* (121st Edition, 2001) [Washington, D.C.: United States Government Printing Office. Table 12, "Resident Population by Age and Sex: 1980 to 1999," and Table 13, "Resident Population Projections by Sex and Age: 2005 to 2050." The entire 2007 *Statistical Abstract* is available online at <http://www.census.gov>.

Even though the United States has reached zero population growth (i.e., below-replacement level fertility), our total population is still growing. This is because of immigration and the lengthening of our life spans.

Notice that the post-World War II 'baby boom' and its smaller echo (the 'boomlet') have caused bulges in the population distribution. Notice also that we are now at the point where we are becoming an aging culture. If not for abortion, the United States would have a nearly 'ideal' population distribution, with an approximately equal number of citizens in each age group. However, we have tragically lost nearly fifteen percent of our population to abortion. This large group of citizens that were never born is represented by the unshaded portion of the last population pyramid shown above.

This Figure shows that the United States is now becoming an aging culture, due entirely to our contraception-abortion-sterilization mindset. The only reason that our country's population is increasing is that we are accepting more immigrants than any other country in the world. However, even immigration will not avert the eventual slow decline in population that signifies a dying country like Italy or West Germany.

It is also important to note that Black women are aborting at more than twice the rate of White women in this country. This means that, within a century, Blacks will represent less than half of the population percentage that they would have without abortion. The ramifications of this drastic drop in representation are obvious.

abortion. The ramifications of this drastic drop in representation are obvious.

For more information on the racist nature and effects of abortion, see Chapter 6.

The Inevitable Death of the Pro-Abortion Movement.

As far as most pro-lifers are concerned, there is only one redeeming characteristic of the anti-life movement: It is obsessed with death — its *own* death!

The pro-abortion movement is virtually sterile. Pro-aborts are slaughtering their own descendants for the sake of current convenience. In other words, the anti-life movement inevitably carries the (lack of) seeds of its own slow and agonizing destruction. It is literally aborting, contracepting, and sterilizing and euthanizing itself out of existence!

The only reason that the pro-aborts still have so much power in this country is that they have billions of dollars to spend on the social issues of their choice — money that pro-lifers use to raise their children and contribute to their churches. Additionally, the anti-lifers have a stranglehold on the public school system, which teaches a pervasive anti-life mentality, as described in Chapter 5 of Human Life International's *Pro-Life Basic Training Program*.

Because of the inevitable brute power of simple demographics, there will eventually be very few pro-aborts left. Meanwhile, pro-life families will continue to have many children, and will eventually dominate all aspects of society through sheer force of numbers.

There is evidence that this pattern is already being established in the United States. For example, the national legal abortion ratio peaked several years ago and is now declining slowly. Also, attitude tracking polls (those whose questions remain the same year after year) show that the American public is slowly moving toward the pro-life position at the rate of about one percentage point per year.

This trend is also reflected in voting. For example, Washington State became the first state whose citizens voted in abortion. Referendum #20 passed by a margin of 57% to 43% in 1970.

Twenty years later, in the wake of the United States Supreme Court's *Webster* decision, pro-aborts proposed Initiative #120, which was essentially identical in content to its predecessor. This referendum passed by a scant 50.1% to 49.9%.

Why did the pro-abortion margin shrink so drastically in two decades? Because, according to exit poll studies, the 'new generation' of pro-life children were beginning to vote, and their counterparts (children of pro-abortion parents) simply were outnumbered.

This is a trend that promises to accelerate in the future.

[Go to Next Topic: Further Reading on *The Demographic Impacts of Abortion*](#)

[Return to *The Demographic Impacts of Abortion* Table of Contents](#)

Endnotes for “Trying to Reverse the Trend”

[46] "Measuring Impact of the "Baby Bust" on U.S. Future." *U.S. News & World Report*, December 16, 1985, page 66.

[47] Jesse Quitman. "A Birth Control Meeting in Paris." *Birth Control Review*, Volume XIV, Number 8 (August 1930), page 235.

[48] French national ad campaign. Daniela Deane. "Birth Rates Down Across Europe." *USA Today*, October 15, 1997.

[49] See Chapter 18, "The International Abortion Situation," for data on the total fertility rates of all the nations of the world.

[50] Stephen Kinzer, *New York Times* News Service. "German State Pays Bounty for Babies." *The Oregonian*, November 25, 1994, page A13.

[51] See Chapter 18, "The International Abortion Situation," for data on the total fertility rates of all the nations of the world.

[52] "Singapore Offers Perks for Births." *Omaha World-Herald*, April 25, 2001.

[53] Virginia Gager. "How Many Children is Enough?" *Life and Family News*, June 1987, page 5.

[54] *Ibid.*

[55] United States Department of Commerce, Bureau of the Census. *Statistical Abstract of the United States: The National Data Book* (110th Edition, 1990) [Washington, D.C.: United States Government Printing Office. Table 1, "Population and Area: 1790 to 1980." *Statistical Abstract 2001* (121st Edition). Table 12, "Resident Population by Age and Sex: 1980 to 1999," and Table 13, "Resident Population Projections by Sex and Age: 2005 to 2050." The entire 2007 *Statistical Abstract* is available online at <http://www.census.gov>.

[56] For complete calculations and references on this population pyramid, see the spreadsheet located at **FACTS/IMAGES/20/CALCS/F-20-13.WK3** on the compact disc, "Pro-Life CD Library," available for purchase from Human Life International.

[Facts of Life: Chapter 20: The Demographic Impacts of Abortion: Further Reading on The Demographic Impacts of Abortion](#)



 SHARE

Further Reading: Demographic Effects of Abortion.

Sidney and Daniel Callahan (editors). *Abortion: Understanding Differences* [New York: Plenum Press, 1984]. This book consists of a series of essays on various aspects of the abortion issue and a short rebuttal to each chapter written by a person on the opposite side of the issue. Authors include Kristin Luker, Mary Meehan, and Daniel and Sidney Callahan. Most of the chapters deal with issues that are seldom addressed in the abortion debate: Abortion and culture, abortion and its impacts on family and community, the role of children, and the importance of values.

Neil W. Chamberlain. *Beyond Malthus: Population and Power* [New York: Basic Books, 1970]. A treatise on the effects of population on government structures, businesses, and international relations. This book is not current, but its principles remain valid.

Professor Julian L. Simon. *The Ultimate Resource* [Princeton University Press, 1982]. Reviewed by Jacqueline R. Kasun, Ph.D., on page 7 of the January 11, 1982 issue of *National Right to Life News* and by Robert L. Sassone, Ph.D., on page 19 of the February 1983 issue of *ALL About Issues*. The author thoroughly debunks the antinatalist propaganda that tells the public that the world is overpopulated. Sections include the current resource situation, population growth and its impacts upon future resource distribution, and the story behind all of the numbers.

United States Department of Commerce, Bureau of the Census. *Historical Statistics of the United States: Colonial Times to 1970* [Washington, D.C.: United States Government Printing Office]. Two volumes, 1,230 pages. House Document Number 93-78. Detailed information on 26 major categories of United States demography, as follows: Population; vital statistics and health and medical care; migration; labor; prices and price indexes; national income and wealth; consumer income and expenditures; social statistics; land, water and climate; agriculture; forestry and fisheries; minerals; construction and housing; manufacturing; transportation; communication; energy; distribution and services; international transactions and foreign commerce; business enterprise; productivity and technological development; financial markets and institutions; government; and colonial and pre-Federal statistics.

Ben J. Wattenberg. *The Birth Dearth* [New York: Pharos Books, 1987]. Reviewed by Rupert J. Ederer in the April 1988 *Fidelity Magazine*. This is a very interesting book. The author is a secularist with an extensive professional background in demographics. He is concerned that, one of these days, we Westerners will be inundated with "babies of color" from the less-developed nations because of their high birth rate. Therefore, he implies, we in the developed nations should get to work and produce as many babies as possible to fend off losing our Western identity. Alternatively, of course, we could flood the rest of the world with abortion and contraception techniques, so that their birthrates could be as racially suicidal as ours. This important book exposes the racist roots of the

antinatalist movement and its obsession with differential fertility. Of course, the author cannot eschew abortion, artificial contraception, and sex education, which obviously brought about the problem in the first place! Some of the book is useful to Christians, such as the effects of the "one-child" on only children, and the social and economic effects of the "greying" of America.

[Return to *The Demographic Impacts of Abortion* Table of Contents](#)

Facts of Life: Chapter 21: Contraception



The Definition of "Contraception"

- Method Effectiveness Rates and User Effectiveness Rates
- The Ultimate Bill of Goods
- Overview of the Terminology
- The Method Effectiveness Rate
- The User (Actual) Effectiveness Rate
- [Contraceptive Effectiveness Rates](#)
- [Contraceptives for Teenagers?](#)
- Tragic Scenario

Costs of the Various Methods of Birth Control

- The Gigantic Profitability of the "Family Planning" Industry

Condoms and Venereal Diseases

- Overview
- A Complicated Question
- An Engineering Analysis of an SEM Image
- [The Primary Danger](#)
- [Condom Effectiveness Against Venereal Diseases](#)
- Teens and Condoms
- Of Parachutes and Prophylactics
- Other Methods of Barrier Contraception

Female Surgical Sterilization

- Introduction
- Methods of Female Sexual Sterilization
- Problems Associated with Female Sterilization
- Sterilization: Ideal Weapon for Eugenicists
- Male Surgical Sterilization
- The Methods
- Problems Associated with Vasectomy
- Reversibility of Vasectomy
- Chemical Sterilization

The Teaching of the Catholic Church on Sexual Sterilization

- Introduction
- The Authentic Teachings of the Catholic Church
- The Principle of the "Double Effect" and Sexual Sterilization

The Historical Teaching of the Christian Church on Contraception

- From the Beginning
- The Fatal Mistake
- The Religious and Secular Prophets Speak

The Teaching of the Catholic Church on Contraception

- Introduction
- Ridiculing the Church
- When Infiltration Fails, There's Always Bribery
- Sad — But True
- On Using Our Consciences

The Popes Speak

Future Contraceptive Technology

Introduction

Future "Hopes"

Male Contraceptives

The Connections Between Contraception and Abortion

Introduction

(1) The Sequential Connection Between Contraception and Abortion

Setting the Stage

More Contraception —> More Abortion ... *Always*

A Natural Phenomenon?

The Only Possible Conclusion

(2) The Chemical Connection Between Contraception and Abortion

The "Advantages" of Abortifacients

The Psychology of Chemical Abortion

(3) The Legal Connection Between Contraception and Abortion

(4) The Attitude Connection Between Contraception and Abortion

General Principles

Pro-Lifers and Birth Control

Conclusion

Further Reading: Contraception

Facts of Life: Chapter 21: Contraception: The Definition of Contraception



 SHARE

The Definition of "Contraception."

The classical definition of the word "contraception" comes from the Latin (*contra* = opposed to, and *concepto* = conceive).[1] This definition was generally accepted by the medical profession until the beginning of large-scale development of many different abortifacients in the late 1960s.

At about that time, pro-abortion and population control groups intentionally began to blur the line between contraceptives, which prevent the union of sperm and egg, and abortifacients — which end the life of the early developing human being *after* the sperm and egg have been united.

One example is given by the Colorado affiliate of the National Abortion and Reproductive Rights Action League (NARRAL, now NARAL Pro-Choice America), which issued an undated pamphlet named "Choice." It claimed that "Do you believe that you have the right to choose your method of birth control with advice from your doctor? ... If you answered YES to [this] question, you are pro-choice."

Another good example is provided by Planned Parenthood lawyer Frank Susman, who claimed that

For better or for worse, there no longer exists any bright line between the fundamental right [to contraception] that was established in *Griswold* and the fundamental right of abortion that was established in *Roe*. These two rights, because of advances in medicine and science, overlap. They coalesce and merge and they are not distinct. The most common forms of contraception today — IUDs, low-dose birth control pills, which are the safest type of birth control pills available — act as abortifacients.[2]

The pro-abortionists committed this semantic subterfuge for three reasons:

1. to anticipate the shift in abortions from surgical butchery to silent chemical killings, which are much more acceptable to the public;
2. to protect the availability of abortifacients should surgical abortion be outlawed; and
3. to promote the use of abortifacients, which, as a class, have a higher effectiveness rate than do contraceptives.

As a result, all medical dictionaries now simply lump contraceptives and abortifacients together into a single category. For example, Miller and Keane's *Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health* (3rd Edition, 1983) defines "contraception" as "prevention of conception or impregnation" and lists among various methods of "contraception" oral contraceptive pills and intrauterine devices, which are both actually abortifacients. This kind of semantic sloppiness always works to the advantage of the pro-abortionists.

The only true contraceptives are surgical sterilization and the barrier methods, which include the male and female condom, diaphragm, vaginal sponge, cervical cap and spermicidal foams, gels, creams, and suppositories.

Method Effectiveness Rates and User Effectiveness Rates.

The Ultimate Bill of Goods. Women all over the world have been hoodwinked into thinking that modern contraceptive drugs and devices are virtually foolproof. This myth is perpetrated by Planned Parenthood, the Sexuality Information and Educational Council of the United States (SIECUS), tax-funded health clinics at every level, abortion mills, school-based clinics and sex educators, by the mass media, and by lazy doctors who shove condoms and birth control pills at women, telling them that they are the easiest way to go.

An example of such propaganda is a statement by Faye Wattleton, former President of the Planned Parenthood Federation of America, who said that "The success of the national family planning program is stunning ... because of increased and more consistent use of contraception, the pregnancy rate among sexually-active teenagers has been declining." [3]

So it is a profound shock to about *two million* women every year when they become pregnant *despite* contraceptive use. Women who become pregnant while using contraceptives tend to equate the preborn child with a "contraceptive failure," and the general impulse (in no way discouraged by the pill pushers) is to rectify the failure by taking advantage of that great social eraser — abortion.

This is why the pro-abortion movement wants to get every woman on contraception — for its own self-perpetuation.

The contraception-abortion cycle is as predictable as it is inevitable. As Malcolm Potts, former Medical Director of the International Planned Parenthood Federation (IPPF), once said,

As has been pointed out, those who use contraceptives are more likely than those who do not to resort to induced abortion ... There is evidence that abortion rates, as well as the use of contraceptives, are increasing in many developing countries ... the epidemiological evidence that has been surveyed in this and preceding chapters points to the fact that induced abortion services are most needed by those adopting any form of fertility regulation ... No developed country has brought down its birth rate without a considerable recourse to abortion and it appears unlikely that developing countries can ever hope to see any decline in their fertility without a massive resort to induced abortion — legal or illegal.[4]

Overview of the Terminology. When referring to the effectiveness or failure rates of contraceptives and abortifacients, terms are usually expressed in percentages per year.

For example, if 100 women use a certain contraceptive method for one year and 18 of them become pregnant, the effectiveness rate of the contraceptive method is 0.82 or 82 percent for one year, and the failure rate is 0.18 or 18 percent for one year.

The Pearl Index is also often used to quantify contraceptive failures. It is a measure of the number of pregnancies per 100 woman-years of exposure. Therefore, the Pearl index for the above-mentioned contraceptive would be 18.

The Method Effectiveness Rate. The "method effectiveness rate" is the rate at which a contraceptive or abortifacient method prevents or ends pregnancy if used *exactly* as directed (i.e., perfectly, with absolutely no user error). The "method *failure* rate" is the rate at which a contraceptive or abortifacient method *fails* to prevent or end pregnancy. These two rates always add up to 100 percent. For example, if the method effectiveness rate of a certain brand of condom is 88 percent, the method *failure* rate would be 12 percent.

The User (Actual) Effectiveness Rate. The "user effectiveness rate" — also known as the "actual effectiveness rate" — accounts for both method failure and user errors and is therefore the "real-world" measurement of how effective a contraceptive or abortifacient method really is. The actual effectiveness rate is *always equal to or lower* than the method effectiveness rate and accounts for such user errors as improper usage and forgetfulness.

Dr. Christopher Tietze defines the user effectiveness rate as the method's "Performance under real life conditions, including any accidental pregnancies during regular or irregular use of the method under study by *excluding* pregnancies following discontinuation of contraception or adoption

of another method."[5]

Some methods, such as sterilization and the IUD, preclude user error, and so their method and actual effectiveness rates are identical. Other methods, such as 'traditional' rhythm and withdrawal, are fundamentally inefficient and flawed methods of contraception. Even if the user follows directions perfectly, the methods are still relatively ineffective. Therefore, the differences between their method and actual effectiveness rates cannot be accurately measured, and are assumed to be equal.

[Go to Next Topic: Contraceptive Effectiveness Rates](#)

[Return to *Contraception* Table of Contents](#)

Endnotes for “The Definition of Contraception”

[1] Charlton T. Lewis, Ph.D. *A Latin Dictionary* [Oxford: Clarendon Press, 1989].

[2] Planned Parenthood lawyer Frank Susman, arguing during the Supreme Court's 1989 *Webster v. Reproductive Health Services* case. "Excerpts of Arguments Before Supreme Court on Missouri Abortion Law." *Washington Post*, April 27, 1989, page A16.

[3] Faye Wattleton, former President of the Planned Parenthood Federation of America, before the Senate Appropriations Subcommittee on Labor, Health, and Human Services, and Education, March 16, 1981, transcript page 2.

[4] Malcolm Potts, Peter Diggory, and John Peel. *Abortion*[Cambridge: Cambridge University Press, 1977], pages 491, 496, 498 and 526.

[5] Christopher Tietze and Stanley Lewit. "Statistical Evaluation of Contraceptive Methods." *Clinical Obstetrics and Gynecology*, 17:121-138 (1974).

Facts of Life: Chapter 21: Contraception: Contraceptive Effectiveness Rates - OLD



SHARE

Contraceptive Effectiveness Rates. One of the reasons that abortion rates are so high in countries where contraceptives are common is that people have come to believe "family planning" propaganda alleging that contraceptive methods are reliable.

As Figure 21-1 shows the user effectiveness rate for the various types of nonsurgical (temporary) contraception range from a high of 85 percent for the male condom to a dismal 68 percent for women with previous children using the cervical cap and contraceptive sponge. These rates sound impressive until one considers that if a woman uses a contraceptive method with a 15 percent failure rate, she has a 56 percent chance of an unintended pregnancy in five years and an 80 percent chance of a pregnancy in 10 years (see Figure 21-2).[6]

Figure 21-1

First-Year Pregnancy Rates for Women Using Various Methods of Birth Regulation[A]

Method Used	Method Failure Rate	User Failure Rate
-------------	---------------------	-------------------

Contraceptives		
No Method Used	85 %	85 %
Spermicides Only[B]	18 %	29 %
Withdrawal	4%	27 %
Cervical Cap with Spermicide		
Women with Previous Children	26 %	32 %
Women with No Previous Children	9%	16 %
Contraceptive Sponge		
Women with Previous Children	20 %	32 %
Women with No Previous Children	9%	16 %
Diaphragm with Spermicide	6%	16 %
Male Condom	2%	15 %
Female Condom ("Reality")[C]	5%	21 %
Female Sexual Sterilization	0.5 %	0. 5

Sterilization	%	5%
Male Sexual Sterilization	0.1%	0.15%
Abortifacients		
Combined Pill and Minipill	0.3%	8%
Evra Patch	0.3%	8%
NuvaRing	0.3%	8%
Intrauterine Devices (IUDs)		
ParaGard (Copper T)	0.6%	0.8%
Mirena (LNG-IUS)	0.1%	0.1%
Depo-Provera Injectable	0.3%	3%
Lunelle Implantable	0.1%	3%
RU-486 Abortion Pill[D]		
Natural Family Planning (NFP)[E]		

Calendar Rhythm	9%	
Billings Ovulation Method (BOM)	3%	
Sympto-Thermal Method (STM)	2%	
Post-Ovulation	1%	

References

[A] Robert A. Hatcher, *et. al. Contraceptive Technology* (18th Revised Edition) [New York: Ardent Media, Inc., 2004]. Table 31-1, "Percentage of Women Experiencing an Unintended Pregnancy During the First Year of Typical Use and the First Year of Perfect Use of Contraception and the Percentage Continuing Use at the End of the First Year. United States," page 792.

[B] Spermicides include foams, creams, gels, vaginal suppositories, and vaginal films.

[C] The female condom "Reality" is known as "Femy" in Spain and "Femidom" in the rest of the world.

[D] Annual rates are not applicable since RU-486 effectiveness is measured on a per-use basis. For further information on the RU-486 abortion pill, see Chapter 2, "Abortifacients."

[E] Eight major studies on the effectiveness of typical methods of natural family planning in the 1990s show an average user failure rate of 2.8%. These studies were carried out in a wide variety of cultures in Moslem, Hindu, Chinese and Christian cultures. The user failure rates by country were: United Kingdom 2.7%, Indonesia 2.5%, India 2.0%, Germany 2.3%, Liberia 4.3%, Europe 2.4%, China 4.4%, and Belgium 1.7% [Bob Ryder and Hubert Campbell. "Natural Family Planning in the 1990s." *The Lancet*, July 22, 1995, page 233. Also see R.E.J. Ryder. "Natural Family Planning: Effective Birth Control Supported by the Catholic Church." *British Medical Journal*,

Figure 21-2

Probability of Pregnancy Over
Time for Fertile
Women Who Use Various
Methods of Birth
Regulation, Ranked by User
Effectiveness

Method	Probability of Pregnancy in;					
	1 Y e a r	2 Y e a r s	3 Y e a r s	4 Y e a r s	5 Y e a r s	1 0 Y e a r s
Male Steriliza tion	0 . 1 5 %	0 . 3 %	0 . 4 5 %	0 . 6 %	0 . 7 5 %	1 . 5 %
Female Steriliza tion	0 . 5 %	1 . 0 %	1 . 5 %	2 . 0 %	2 . 5 %	5 . 0 %
ParaGa	0	1	2	3	3	7

rd IUD	. 8 %	. 6 %	. 4 %	. 2 %	. 9 %	. 7 %
Lunelle	3 %	6 %	1 4 %	1 7 %	1 9 %	3 5 %
Depo- Provera	3 %	6 %	1 4 %	1 7 %	1 9 %	3 5 %
NFP (STM)	2 %	4 %	6 %	8 %	1 0 %	1 8 %
Pill/ Minipill	8 %	1 5 %	2 2 %	2 8 %	3 4 %	5 7 %
Evra Patch	8 %	1 5 %	2 2 %	2 8 %	3 4 %	5 7 %
Nuva Ring	8 %	1 5 %	2 2 %	2 8 %	3 4 %	5 7 %
Calend ar Rhythm	9 %	1 7 %	2 5 %	3 1 %	3 8 %	6 1 %
Male Condo m	1 5 %	2 8 %	3 9 %	4 8 %	5 6 %	8 0 %
Cervica l	1 6	2 9	4 1	5 0	5 8	8 3

Cap [A]	%	%	%	%	%	%
Sponge [A]	1 6 %	2 9 %	4 1 %	5 0 %	5 8 %	8 3 %
Diaphragm	1 6 %	2 9 %	4 1 %	5 0 %	5 8 %	8 3 %
Female Condom [B]	2 1 %	3 8 %	5 1 %	6 1 %	6 9 %	9 1 %
Withdrawal	2 7 %	4 7 %	6 1 %	7 2 %	7 9 %	9 6 %
Spermicides [C]	2 9 %	5 0 %	6 4 %	7 5 %	8 2 %	9 7 %
No Method Used	8 5 %	9 8 %	1 0 %	1 0 %	1 0 %	1 0 %

References

[A] For women who have never given birth.

[B] The female condom "Reality" is known as "Femy" in Spain and "Femidom" in the rest of the world.

[C] Spermicides include foams, creams, gels, vaginal suppositories, and vaginal films.

Note: Accumulated failure rates are calculated with the formula $1-(1-f)^n$, where f equals the failure rate and n equals the number of years.

Figure 21-3 shows the number of women in

Figure 21-3 shows the number of women in the United States currently using various forms of contraceptive and abortifacient birth control.

Figure 21-3

Statistics on Birth Control Methods Used by Women of Childbearing Age in the United States

	Age of Women						
	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	Totals and Averages
Population	9,834,000	9,840,000	9,249,000	10,272,000	10,853,000	11,512,000	61,651,000
Sterile[A]	0.7%	3.4%	14.4%	27.7%	42.5%	56.7%	25.5%
Fertile/Not Sexually Active	56.2%	17.9%	8.9%	7.6%	9.1%	10.8%	18.1%
Method							

Users							
Injectable (Depo-Provera)	4.4 %	6.1 %	4.4 %	2.9 %	1.5 %	1.1 %	3.3 %
Implantable (Lunelle)	0.4 %	0.9 %	1.7 %	0.9 %	0.5 %	0.2 %	0.8 %
Intrauterine Device (IUD)	0.1 %	1.1 %	2.5 %	2.2 %	1.0 %	0.8 %	1.3 %
"Pill"	16.7 %	31.9 %	25.6 %	21.8 %	13.2 %	7.6 %	18.9 %
Condom	8.5 %	14.0 %	14.0 %	11.8 %	11.1 %	8.0 %	11.1 %
Diaphragm	0.0 %	0.1 %	0.3 %	0.1 %	0.0 %	0.4 %	0.2 %
Natural family planning (NFP)	0.0 %	0.8 %	0.7 %	1.1 %	1.4 %	1.6 %	0.9 %
Withdrawal	0.8 %	3.1 %	5.3 %	2.6 %	2.4 %	1.0 %	2.5 %
Other Methods	0.6 %	0.2 %	0.4 %	0.4 %	0.5 %	1.1 %	0.6 %
Total Contraceptive Users	31.5 %	58.2 %	54.9 %	43.8 %	31.6 %	21.8 %	39.6 %

Fertile Contracep tion Nonusers							
Pregn ant/ Postpartu m	3.5 %	9.5 %	8.4 %	6.9 %	3.8 %	0.8 %	5.3 %
Seeki ng Pregnancy	1.2 %	2.8 %	5.5 %	7.0 %	5.1 %	3.3 %	4.2 %
Sexua lly Active	6.9 %	8.4 %	8.0 %	7.0 %	7.7 %	6.7 %	7.4 %
To tal Contracept ive Nonusers	11. 6%	20. 7%	21. 9%	20. 9%	16. 6%	10. 8%	16. 9%

Reference: Bureau of the Census, United States Department of Commerce. National Data Book and Guide to Sources, *Statistical Abstract of the United States 2007* (126th Edition) [Washington, D.C.: United States Government Printing Office, 2006]. Table 95, "Current Contraceptive Use by Women, 15 to 44 Years of Age: 1995 and 2002."

[A] Includes those women who are surgically sterilized, those who are sterile from illness, accident or congenital conditions, and those whose husbands or long-term sexual 'partners' are sterile.

"Family planning" experts have always recognized that the high failure rate of contraceptives would lead to more abortions. In

contraceptives would lead to more abortions. In fact, they *demand* that abortion be made available as a "backup" to widespread contraception.[7]

Abortion statistician Christopher Tietze stated baldly that women who use contraception are inevitably going to have several "failures" during their reproductive lives: "The safest regimen of control for the unmarried and for married child-spacers is the use of traditional methods [of contraception] backed up by abortion; but if this regimen is commenced early in the child-bearing years, it is likely to involve several abortions in the course of her reproductive career for each woman who chooses it."

The method and user effectiveness rates for the various types of contraceptives and abortifacients are shown in Figure 21-1.

[Go to Next Topic: Contraceptives for Teenagers?](#)

[Return to *Contraception* Table of Contents](#)

Endnotes for "Contraceptive Effectiveness Rates"

[6] Accumulated failure rates can be calculated with the formula $1-(1-f)^n$, where f equals the failure rate and n equals the number of years.

[7] For example, the organization "American Atheists" claims that "... it is easy to see why abortion must remain a legal "safety net" for women for whom contraception has failed or who have become pregnant against their will" [July 1986 fundraising letter written by Jon G. Murray, with a cover letter by Bill Baird]. Larry Lader says that "I was convinced that abortion must be completely legalized as a backup, emergency measure to contraception" [Larry Lader. *Abortion II, Making the Revolution*. Boston: Beacon Press, 1973, page 39. Finally, Irene Figa-Talamanca says that "Abortion and contraception are not alternatives but complementary" [In Jane E. Hodgson (Editor). *Abortion and Sterilization: Medical and Social Aspects* [New York: Grune & Stratton, 1981], pages 181 to 208.

Facts of Life: Chapter 21: Contraception: Contraceptives for Teenagers?



 SHARE

Contraceptives for Teenagers? Experienced researchers have compared reducing the teen pregnancy rate by making contraceptives freely available to chasing the pot of gold at the end of the rainbow.

The *Report of the House Select Committee on Children, Youth and Families* concluded that reducing the teen pregnancy rate in this manner is not only *morally* impossible, it is *statistically* impossible; "The contraceptive failure rate for teens who always use contraceptives is about 10% (Zelnik and Kantner, 1976 and 1979). Therefore, hypothetically, if sexual activity among teens reached 100% and the constant use of contraceptives 100%, we would still have a pregnancy rate of about 10%." [8]

Contraceptive failure is the primary reason we have a million pregnancies among teenaged girls every year. Contraceptives are designed to function in the body of a woman whose cycles have been stable for a number of years; they are extremely ineffective in a girl whose cycles have just begun and are still erratic or irregular.

This is true not only in the United States, but in many other nations as well. For example, the United Nations and Western nations flooded Russia with contraceptives in the early 1990s, yet teenaged abortions doubled in just four years.[9]

Abortion statistician Christopher Tietze says that the abortion rate in a country with *moderately effective* contraception programs will be 1,000 per 1,000 women, with a much higher rate among teenagers. In other words, one abortion per woman is the *best* we can expect.[10]?

And so, the endless cycle of premarital sex, preborn life and preborn death continues. Planned Parenthood and all the other 'sexperts' tell our daughters that it is all right to fornicate, as long as they use contraceptives provided by the same people. And when these contraceptives fail, as they commonly do, the girls are pressured to abort by the same experts. After all, who is less equipped to raise a child than a teenaged girl who is still in high school?

And then the 'sexperts' wonder why more contraceptives lead to more abortions.

This is the linchpin of the practical pro-life argument against teenagers having premarital sex and being put on contraception. Teenagers tend to think that they are virtually invulnerable, and this attitude translates into the idea that "It can't happen to me " Unfortunately it does — teenagers suffer nearly a million unplanned pregnancies

more. Unfortunately, it does — teenagers suffer nearly a million unplanned pregnancies each year, and many of these teens were using contraception!

Tragic Scenarios. These numbers are not surprising, in view of the typical scenario involving a sexually active teenaged girl. This 'typical' girl (or boy, for that matter) is influenced by four major factors;

1. peer pressure;
2. the totally amoral instruction given by all agencies in the school system and supported by local governmental entities;
3. easy access to contraceptives (usually paid for by taxpayers); and
4. a legal policy of total privacy and enforced parental noninvolvement.

The girl visits her handy school-based clinic or local Planned Parenthood office and is handed a packet of pills — her ticket to free sex with anyone she pleases. She is usually about 15 years old. What the counselors don't tell her is that the Pill is not totally effective when administered to a young girl whose body is still in the midst of sexual maturation.

In other words, *a girl on the pill has nearly a two out of three chance of getting pregnant between the time she gets on the Pill at age 15 and a couple of years past her college graduation* (see Figure 21-2).

This statistic is even backed up by the pro-abortionists. Planned Parenthood biostatistician Dr. Christopher Tietze said that "Within 10 years, 20 to 50 percent of pill users and a substantial majority of users of other methods may be expected to experience at least one repeat abortion." [11]

Note that Tietze is speaking about *repeat* (second or later) abortions here.

As shown in Figure 21-2, Alan Guttmacher Institute studies conclude that a fourteen-year-old girl faithfully using the oral contraceptive pill has a 28% chance of getting pregnant at least once before she finishes high school. She has a 49% chance of getting pregnant at least once before she finishes college. She also has a 30% chance of getting pregnant two or more times.

If her 'partner(s)' use condoms, the likelihood of unwanted pregnancy while she is in school rises to 53%. [12]

These are the young women that sidewalk counselors see in droves, trooping into the abortion mills with bemused expressions on their faces and saying "It's all right

because my birth control failed!"

Figure 21-4 combines the information given in Figure 21-1 and Figure 21-3 to arrive at the total number of contraceptive failures in the United States each year. Nearly a million women aged 15 to 24 experience contraceptive failures every year, and more than a million women aged 25 to 44 have such failures. This amounts to a total of well over *two million* unintended pregnancies by contraception users every year in the United States.?

Figure 21-4

Number of Annual Contraceptive Failures in the United States

Method	Total Annual Failures for Women in Age Group;		
	15 to 24	25 to 44	All Women
The "Pill"	4,781,000 X 8% = 382,500	6,871,000 X 8% = 549,700	932,200
Diaphragm	9,000 X 16% = 1,400	114,000 X 16% = 18,200	19,600
Condom	2,213,000 X 15% = 332,000	4,630,000 X 15% = 694,500	1,026,500
Withdrawal	384,000 X 27% = 103,700	1,157,000 X 27% = 312,400	416,100
Depo-Provera	1,033,000 X 3% = 31,000	1,001,000 X 3% = 30,000	61,000
Lunelle	128,000 X 3% = 3,800	365,000 X 3% = 11,000	14,800
IUD	118,000 X 0.8% = 900	683,000 X 0.8% = 5,500	6,400
Total	855,300	1,621,300	2,476,600

Notes.

Pregnancy rates are from Figure 21-1.

Numbers of women using each method are from Figure 21-3.

This is in line with Alan Guttmacher Institute figures that show that half of all

abortion patients in 1987 were practicing contraception during the month in which they conceived, and a substantial proportion of those who were not doing so had stopped using a method only a few months before becoming pregnant.[13]

The majority of abortion patients who had stopped using a method prior to becoming pregnant said they had most recently used the pill.[14]?

This holds true for other countries as well; according to surveys, 72% of women getting abortions in Great Britain were using contraception when they got pregnant.[15]?

[Go to Next Topic: Costs of the Various Methods of Birth Control](#)

[Return to *Contraception* Table of Contents](#)

Endnotes for “Contraceptives for Teenagers?”

[8] *Report of the House Select Committee on Children, Youth and Families*. "Teen Pregnancy: What is Being Done? A State-By-State Look." Washington, D.C. U.S. Government Printing Office, December 1985, pages 378 and 385.

[9] "Headlines." *British Medical Journal*, 1995; 311:1320.

[10] Christopher Tietze and J. Bongaarts. "Fertility Rates and Abortion Rates, Simulation Family Limitations." *Studies in Family Planning*, 6:114-122, 1975.

[11] C. Tietze, J. Bongaarts, and B. Schearer. "Mortality Associated with the Control of Fertility." *Family Planning Perspectives*, January-February 1976, pages 6 to 14.

[12] Alan Guttmacher Institute. *Family Planning Perspectives*, September/October 1986, Table 5, and January/February, 1984, pages 6 to 13.

[13] "The Characteristics of, and Prior Contraceptive Use of U.S. Abortion Patients." Alan Guttmacher Institute, *Family Planning Perspectives*, July/August 1988, page 158. As described in "Pro-Abortion Forces Concede Contraceptive Failure." *Life in Oregon* (newsletter of Oregon Right to Life), May 1989, page 6.

[14] *Ibid.*

[15] Sarah Maber. "Abortion & You." *Company Magazine* [a Great Britain "teen" magazine], December 1997, pages 129-132.

Facts of Life: Chapter 21: Contraception: Costs of the Various Methods of Birth Control



SHARE

Costs of the Various Methods of Birth Control.

Figure 21-5 shows the initial costs, annual costs, and total costs over five years for the various types of contraceptive and abortifacient methods, with a comparison to the cost of natural family planning (NFP). All costs shown are in July 2007 U.S. dollars.

Figure 21-5

Costs of Contraceptive and Abortifacient Methods
and Natural Family Planning (NFP) in a Managed Care Setting
(all costs are in July 2007 U.S. dollars)

Method	Initial Cost	Annual Cost	Total Five-Year Cost
<u>Contraceptive Methods</u>			
Cervical cap with spermicide	\$ 125	\$ 90	\$ 575
Male condom with spermicide	—	181	905[A]
Female condom with spermicide	—	331	1,655[A]
Diaphragm with spermicide	102	90	552[A]
Contraceptive sponge	—	136	680[A]
Female sexual sterilization	2,690	—	—
Male sexual sterilization	825	—	—
<u>Abortifacient Methods</u>			
Depo-Provera	—	296	1,480
Intrauterine device (IUD)	425	—	500[B]
Implant (five-year)	760	—	870[C]
Oral contraceptive	—	440	2,200[A]
<u>Natural Family Planning (NFP)</u>	85	11	140[D]

Notes and References

[A] Annual cost of spermicide alone is \$90.

[B] Includes \$75 removal cost.

[C] Includes \$110 removal cost.

[D] Initial cost includes books, instructor fees, thermometer and charts for the sympto-thermal method. Annual cost includes charts (\$1) and one basal thermometer (\$10).

Robert A. Hatcher, *et. al. Contraceptive Technology* (18th Revised Edition). New York: Ardent Media, Inc., 2004. Table 9-7, "Unit Costs for Contraceptive Methods and Associated Services," page 245. According to this table in *Contraceptive Technology*, 83 annual acts of intercourse are assumed. All costs are updated 9% from 2004 to 2007 using the simplified Consumer Price Index (CPI) of the Federal Reserve Bank of Minneapolis, which can be found at: <http://minneapolisfed.org/research/data/us/calc/hist1913.cfm>.

The Gigantic Profitability of the "Family Planning" Industry.

Pro-lifers sometimes resentfully discuss how much money individual abortionists like multi-millionaire Edward Allred rake in each year. We also often speak of the "abortion industry," which makes nearly a billion dollars a year butchering preborn babies.

What we often do not realize is that peddling pills and rubber goods is vastly more profitable (and socially acceptable) than doing abortions, and that the "family planning" industry not only includes, but positively *dwarfs*, the abortion industry.

The "family planning" industry actively *generates* profit for itself. First, sex educators tell teenagers that abstinence is best, but then tell them that it is "impractical," and, that if they are going to have sex, to use birth control. Then, when the birth control fails, as it so often does, the same people who sold the girls the birth control in the first place offer them abortions. Then, of course, there are the pharmaceutical giants, who make untold hundreds of millions of dollars annually by curing the venereal diseases caused by the sex encouraged by the sex educators in the first place!

So the "family planning" industry actually *creates the opportunity* to achieve greater profits in several layers for itself.

In the year 2007, the "family planning" industry generated income of about \$10.3 billion in the United States alone, as shown below.?

Figure 21-6

2007 Profits Made by the "Family Planning" Industry in the United States

Activity	2007 Income Generated
Surgical Abortions	\$ 795,000,000
Medical (RU-486) Abortions	51,000,000
Male and Female Sterilizations	2,290,000,000
Contraceptives and Abortifacients	7,146,000,000
Total 2007 Income	\$10,282,900,000

Notes. Abortion clinics and family planning centers generally make their money through six services:

(a) surgical abortion, (b) medical abortion, (c) male and female sterilization, (d) distribution of contraceptives and abortifacients, (e) treatment of sexually transmitted diseases, and (f) educational program. The income generated by only the first four are quantifiable.

(a) **Surgical Abortion.** In 2001, the average cost of an abortion at ten weeks' gestation was \$468 (this would be \$543 in 2007 dollars) [Stanley K. Henshaw and Lawrence B. Finer. "Abortion Incidence and Services in the United States 2001." *Perspectives on Sexual and Reproductive Health* [Alan Guttmacher Institute], January/February 2003 [Volume 35, Number 1], pages 6 to 15]. A review of various Internet sites run by abortion clinics show that the average cost of a late-term abortion is currently about \$1,500. There will be about 1,245,000 surgical abortions performed in the United States in 2007 [see Chapter 19, "United States Abortion Statistics."]. About ten percent of abortions take place in the second or third trimester. This means that the total income derived from surgical abortions in 2007 will be about $(1,245,000 \times 0.9 \times \$543) + (1,245,000 \times 0.1 \times \$1,500) = \$795,000,000$.

(b) **Medical Abortion.** In 2001, the average cost of a mifepristone medical abortion at a nonmedical facility was \$490 (this would be \$569 in 2005 dollars) [Stanley K. Henshaw and Lawrence B. Finer. "Abortion Incidence and Services in the United States 2001." *Perspectives on Sexual and Reproductive Health* [Alan Guttmacher Institute], January/February 2003 [Volume 35, Number 1], pages 6 to 15]. There are now about 90,000 medical abortions performed in the USA each year [personal communication from Danco Laboratories dated May 23, 2007]. This is a total annual income of about \$51,000,000.

(c) **Male and Female Sterilization.** There are about 700,000 tubal ligations performed per year in the United States [Planned Parenthood Federation of America, "All About Tubal Sterilization," July 1998, on the Web site of Vasclip at <http://www.vasclip.com/Webpage.asp?MID=699119>]. There are about 500,000 vasectomies performed per year in the United States [Male Contraception Information Project Web site at http://www.newmalecontraception.org/why_new.htm]. The 2007 costs of these procedures average \$2,685 for female sterilization and \$820 for male sterilization [Robert A. Hatcher, *et. al. Contraceptive Technology* (18th Revised Edition). New York: Ardent Media, Inc., 2004. Table 9-7, "Unit Costs for Contraceptive Methods and Associated Services," page 245. This means that the total income for family planning agencies annually for sterilizations is $(700,000 \times \$2,685) + (500,000 \times \$820) = \$2,290,500,000$.

(d) **Abortifacients and Contraceptives.** Selling abortifacients and contraceptives to women is an amazingly lucrative business, especially since, when they fail, the same organizations usually offer or refer for abortions, which make even more money. The number of American women who use each method and the annual costs of the methods are shown previously in this Chapter. This Figure assumes an average of 83 annual acts of intercourse.

Birth control pill —	$11,650,000 \times \$440 = 5,126,000,000$
Male condom —	$6,840,000 \times \$181 = 1,238,000,000$
Injectable (Depo-Provera) —	$2,035,000 \times \$296 = 602,000,000$
Implantable (Lunelle) —	$495,000 \times \$174 = 86,000,000$
Intrauterine device (IUD) —	$800,000 \times \$100 = 80,000,000$
Diaphragm —	$125,000 \times \$110 = \underline{14,000,000}$
Total Income —	$\$7,146,000,000$

All costs are updated using the simplified Consumer Price Index (CPI) of the Federal Reserve Bank of Minneapolis, which can be found at <http://minneapolisfed.org/research/data/us/calc/hist1913.cfm>.

[Go to Next Topic: Condoms and Venereal Diseases](#)

[Return to *Contraception* Table of Contents](#)

Facts of Life: Chapter 21: Contraception: Condoms and Venereal Diseases



 SHARE

Condoms and Venereal Diseases.

"Because of Love, there are many things I will not do, but I am ready to die for it."?

--- St. Maria Goretti, who died resisting a rapist.??

"I'll do a lot for love, But I'm not ready to die for it."?

— Various women in popular condom ads.

Overview. It is common knowledge among health professionals that sexually-transmitted diseases (STDs), some of them incurable and/or fatal, have found fertile ground to multiply in our sex-crazed American society.

The response of our government at every level, and the reaction of various social service agencies to this explosion of STDs, was as predictable as it was pitiful: They took the inherently Humanistic position that Americans (not just teenagers) are mere animals. Since they can't be trusted to control their sexual urges, we might as well make it as safe for them as possible to fornicate with whomever they please.

The government's weapons of choice were not chastity and monogamy, but 'education' and condoms. Even Bill Clinton's Surgeon General, Joycelyn Elders, sported a "rubber tree" on her desk.

And so, with intriguing names like "Arouse," "Embrace," "Excita," and "Pleaser," condoms crowd pharmacy shelves and restroom walls, leering at potential users and proclaiming the merits of "family planning" and "safe sex" on their vividly-colored packages.

Unfortunately, members of the public uncritically accept the government — and the condom manufacturers — at their word. And nobody (except a few pro-lifers, who are universally ignored) seems to be asking the most vital question of all.

If condoms are so great at preventing pregnancy and AIDS transmission, why does our nation continue to experience a rapidly-escalating rate of teen pregnancy and an exploding AIDS epidemic as more and more millions of condoms are distributed each year?

Due to the highly charged aspects of the issues related to contraception (i.e., school-based clinics, the teen pregnancy "epidemic," and the spread of AIDS), there is much conflicting information on the effectiveness of the most commonly-used nonpermanent contraceptive method in the world — the condom — at preventing

pregnancy, AIDS, and venereal diseases.

Two types of male condoms are commonly available today. These are the latex condom and the animal membrane (skin) condoms. Experts generally agree that skin condoms are not effective at preventing AIDS and venereal diseases. There is disagreement over the efficacy of latex condoms at preventing AIDS and VDs.

A Complicated Question. Much debate exists over whether latex condoms provide protection against the HIV virus. The Centers for Disease Control (CDCs) assert that *unbroken* and *properly used* latex condoms can block the AIDS virus.[16] The basis for this claim is a series of studies that show that latex condoms are 99 percent or more effective at stopping the AIDS virus.?

Two serious flaws are inherent in each of these studies:

1. An extremely small sample size was used in each study (only one to 10 condoms of each brand); and
2. *In-vivo* conditions of actual intercourse were not simulated.

The inherent, naturally occurring flaws in natural rubber (latex) are up to 5 microns (0.0002) inches in size. The average sperm cell is about 50 microns in diameter, and the average AIDS virus is about 0.1 micron in size.[17] This means that, in terms of size, an AIDS virus can pass through a latex flaw as easily as a house cat can walk through an open double garage door. Pro-abortionists and others loudly deny this fact, but offer no evidence whatsoever to back up their claims.

However, before concluding that latex condoms do not protect against the AIDS virus, two factors that must be taken into account:

1. The effects of surface tension are extremely powerful at the molecular level. It is very doubtful that an AIDS virus in a water-based suspension of any type would be able to pass through a hole even 100 times its own diameter in the absence of motion, friction, pressure and corrosion stresses.
2. Latex condoms are "double-dipped," meaning that all or most of the voids left from the first layer will be filled by the second. Repeated SEM (scanning electron microscope) photos of stretched condoms show no apparent voids, even at a magnification of 2,000X.[18]

An Engineering Analysis of an SEM Image. Point (2) above is repeatedly used by condom advocates to argue that latex condoms are extremely effective at blocking the HIV virus. Indeed, when a latex condom is stretched and viewed under the extreme magnification possible with a scanning electron microscope, no pores seem to be present.

When an SEM image of stretched latex shows no pores, we must remember that stretching applies only one type of stress on a material: Uniform lateral stress. It is not possible to get an accurate "picture" of pores in a condom under an SEM because it is physically impossible to simultaneously simulate for an SEM picture the other *four* types of stress that are applied to a condom during intercourse:

1. pressure stress (perpendicular to the axis of the lateral stress);
2. shear stress (high twisting or angular stresses at critical points);
3. friction stress (abrasion occurring during lateral movement between two surfaces in contact); and
4. corrosion stress caused by a mixture of body fluids and lubricants, whose effect is greatly enhanced by the repeated and simultaneous application of mechanical stresses.

To say that a latex condom is safe because it shows no pores when only one out of five types of stress is applied to it is like saying that a new type of car is safe for highway use because it can be driven in a straight line at 25 MPH on a smooth and level road without falling apart.

The fact that latex condoms do indeed contain pores was highlighted by a major 1992 Food and Drug Administration (FDA) study, the first to simulate actual conditions of sexual intercourse. This study showed detectable leakage of HIV-sized particles in one-third of the condoms tested.[19]

Again, those who debate the merits and demerits of condoms should remember that the head of a human sperm cell is approximately 50 microns (0.002 inches) in diameter, and the head of an HIV virus is about 0.1 microns in diameter.[20] This means that a sperm cell, which is effectively blocked by an *unbroken* latex condom, is about 100 million times more massive than an HIV virus.

This contrast in size is proportional to a five-ton bull elephant standing next to a small housefly.

[Go to Next Topic: The Primary Danger](#)

Endnotes for “Condoms and Venereal Diseases”

[16] Luran Neergaard. "CDC: Condoms Can Block AIDS." *The Philadelphia Enquirer*, August 6, 1993, page E10.

[17] C.M. Roland, Ph.D., Editor, *Rubber Chemistry and Technology* and Head of the Polymer Properties Section, Naval Research Laboratory. Letter entitled "Do You Want to Stake Your Life on a Condom?" *Washington Times*, April 22, 1992.

[18] "From the Surgeon General, US Public Health Service." *Journal of the American Medical Association*, June 9, 1993, page 2,840.

[19] Ronald F. Carey, William A. Herman, Stephen M. Retta, Jean E. Rinaldi, Bruce A. Herman, and T. Whit Athey. "Effectiveness of Latex Condoms As a Barrier to Human Immunodeficiency Virus-Sized Particles under Conditions of Simulated Use." *Sexually Transmitted Diseases*, July-August 1992, pages 230 to 233.

[20] C.M. Roland, Ph.D., Editor, *Rubber Chemistry and Technology* and Head of the Polymer Properties Section, Naval Research Laboratory. Letter entitled "Do You Want to Stake Your Life on a Condom?" *Washington Times*, April 22, 1992.



SHARE

The Primary Danger. Although latex condoms appear to be permeable to the AIDS virus, the greatest danger of infection lies in the propensity of condoms to burst, tear and slip off.

Even if only a few AIDS viruses *can* pass through a porous condom, the risk of infection would still be extremely small; but in those cases where condoms fail catastrophically, massive exposure to the HIV virus is inevitable. In cases of failure during intercourse with an HIV-infected person, there is the distinct possibility of a protracted and painful death.

The frequency of condom breakage depends upon many factors, including the type of lubricant used and the brand of condom. *Contraceptive Technology* tallied the results of fifteen recent studies involving a total of 25,184 condoms used during heterosexual intercourse and found that 5.36 percent of all of the condoms broke and 3.67 percent of them partially or completely slipped off, for a total of 9.13 percent.[21]

Figure 21-7 shows the results of these studies.?

Figure 21-7 A Summary of Major Studies on Condom Breakage and Slippage Rates					
Study	Total Condoms Used	Breakage Rate (percent)	Slippage Rate (percent)	Total Breaks	Total Slips
Study # 1: Nevada[A]	353	0.0%	4.5%	0	16
Study # 2: United States[B]	4,632	0.4%	0.6%	19	28
Study # 3: Sydney, Australia[C]	605	0.5%	—	3	—
Study # 4: United States[D]	147	0.7%	7.4%	1	11
Study # 5: Atlanta, Georgia[E]	478	3.7%	13.7%	18	65
Study # 6: Atlanta, Georgia[F]	405	2.4%	13.1%	10	53

Study # 7: California[G]	3,717	3.0%	2.9%	112	108
Study # 8: North Carolina[H]	1,072	3.3%	5.4%	35	58
Study # 9: North Carolina[I]	4,589	11.1%	—	507	—
Study #10: North Carolina[J]	1,947	5.3%	3.5%	103	68
Study #11: California[K]	2,059	4.3%	2.2%	89	45
Study #12: North Carolina[L]	752	4.1%	—	31	—
Study #13: Denmark[M]	385	5.0%	—	19	—
Study #14: New Zealand[N]	3,685	5.3%	5.1%	195	188
Study #15: North Carolina[O]	358	6.7%	—	24	—
Totals and Averages	25,184	4.64%	3.40%	1,168	640

Summary of Studies

Average breakage rate of all condoms: $1,168/25,184 = 4.64\%$

Average slippage rate of all condoms: $640/18,853 = 3.40\%$

Total failure rate of all condoms: 8.04%

Reference: All of these studies are listed in Robert A. Hatcher, *et. al. Contraceptive Technology* (17th Revised Edition) [New York: Ardent Media, Inc., 1998]. Table 16-3, "Prospective Studies of Condom Breakage and Slippage," pages 330 to 332. The Table refers to the following studies, as listed above. All studies or parts of studies refer to vaginal intercourse only.

[A] Study of Nevada Brothel Prostitutes. A.E. Albert, D.L. Warner, R.A Hatcher, J. Trussell, and C. Bennett. "Condom Use Among Female Commercial Sex Workers in Nevada's Legal Brothels." *American Journal of Public Health*, 1995;85:1,514-1,520.

[B] Study of Monogamous American Couples. M.J. Rosenberg and M.S Waugh. "Latex Condom Breakage and Slippage in a Controlled Clinical Trial." *Contraception*, 1997;56:17.21 (events of breakage and slippage were unambiguously not double counted).

[C] Study of Sydney Female Prostitutes. J. Richters, B. Donovan, J. Gerofi and L. Watson. "Low Condom Breakage Rate in Commercial Sex" [letter]. *Lancet* 1988;2:1,487-1,488. Correction by John Gerofi in personal communication to Philip Kestelman, July 1989.

[D] U.S. Clinical Research Participants. M.A. Leeper and M. Conrardy. "Preliminary Evaluation of REALITY, a Condom for Women to Wear." *Advances in Contraception*

Evaluation of REALITY, a Condom for women to wear." *Advances in Contraception* 1989;5:229-235.

[E] Study of Atlanta Family Planning Recruits. J. Trussel, D.L. Warner and R.A. Hatcher. "Condom Performance During Vaginal Intercourse: Comparison of Trojan-Enz and Tactylon Condoms." *Contraception* 1992;45:11-19.

[F] Study of Atlanta Family Planning Recruits. J. Trussel, D.L. Warner and R.A. Hatcher. "Condom Slippage and Breakage Rates." *Family Planning Perspectives* 1992;24:20-23 (events of breakage and slippage were unambiguously not double counted; slippage rate recalculated from original article and reflects condoms that fell off or slipped down during intercourse or withdrawal).

[G] Study of Southern California Monogamous Couples. A. Nelson, G.S. Bernstein, R. Frezieres, T. Walsh, V. Clark and A. Coulson. "A Study of the Efficacy, Acceptability and Safety of a Non-Latex (Polyurethane) Male Condom; Revised Final Report (N01-HD-1-3109). Bethesda, Maryland: National Institute of Child Health and Human Development, September 15, 1997 (events of breakage and slippage were unambiguously not double counted).

[H] Study of North Carolina Monogamous Couples (events of breakage and slippage were unambiguously not double counted; among new condoms used with either no additional lubricant or water-based lubricant, rates recalculated from the original article) .

[I] Study of North Carolina Monogamous Couples (breakage rates ranged from 3.5% for a new lot to 18.6% for an 81-month old lot).

[J] Study of North Carolina Monogamous Couples (events of breakage and slippage were unambiguously not double counted).

[K] Study of Southern California Monogamous Couples. A. Nelson, R. Frezieres, T. Walsh, V. Clark and A. Coulson. "A Controlled Randomized Evaluation of a Commercially Available Polyurethane and Latex Condom (Avanti Versus Ramses Sensitol): Final Report (N01- HD-1-3109). Bethesda, Maryland: National Institute of Child Health and Human Development, November 6, 1996 (events of breakage and slippage were unambiguously not double counted).

[L] Study of North Carolina Couples Recruited by Mail.

[M] Study of Denmark Female Prostitutes and Male and Female Hospital Staff.

[N] Study of New Zealand Male and Female Family Planning Clinic Clients (events of breakage and slippage were unambiguously not double counted).

[O] Study of North Carolina Local Recruits.

The condom's user effectiveness rate is 85 percent (see Figure 21-1). The chances of pregnancy for a woman whose sexual partner(s) faithfully use condoms for 83 average annual instances of intercourse are shown in Figure 21-8.

Keep in mind that these are the *lowest* rates that can generally be expected, since they assume 100% condom usage all the time

they became 100% condom usage all the time.

Figure 21-8

Probability of Pregnancy Over Time for Women
Whose 'Partners' Always Use Condoms

Time Span	Probability of Pregnancy
1 year	15 percent
2 years	28 percent
3 years	39 percent
4 years	48 percent
5 years	56 percent
10 years	80 percent

-
Note: Accumulated failure rates are calculated with the formula $1-(1-f)^{**n}$, where f equals the failure rate and n equals the number of years.

According to Census Bureau sources, about 6.84 million couples use condoms regularly for birth control (see Figure 21-4). 15 percent of this number means that 1.03 million unwanted pregnancies occur every year due to condoms breaking — a number equivalent to half of the unintended pregnancies in the United States annually!

This experience is mirrored in many other developed nations such as England, where a major study of 4,666 women seeking abortions at a large abortion mill during the period 1989-1993 found that;

- 1,967 (42.3%) used no method of birth control at all (abortion as birth control);
- 1,609 (34.4%) experienced condom failure;
- 720 (15.4%) used combined or progestogen only birth control pills; and
- 370 (7.9%) experienced failures of other methods.[22]

Figure 21-9 includes many quotes from leading experts who have shown in studies that condoms are dismal failures at preventing pregnancies.

Few studies have actually used live couples to test HIV transmission rates. A University of Miami Medical School study showed that three out of 10 women whose HIV-infected husbands faithfully used condoms contracted AIDS-Related Complex (ARC) in an 18-month period.[23]

This translates into an infection rate of 21 percent per year, 38 percent in two years, 51 percent in three years, 70 percent in five years, and 91 percent in 10 years. One article in *The Lancet* concluded that "The possible consequences of condom failure when one partner is HIV infected are serious enough and the likelihood of failure sufficiently high that condom use by risk groups should not be described as 'safe sex.'... Condoms have a substantial failure rate: 13-15% of women whose male partners use condoms as the sole method of contraception become pregnant within one year." [24]

Figure 21-10 consists of quotes from leading experts who believe that condoms are ineffective at preventing AIDS and other venereal diseases.

Figure 21-9

The Experts Speak on the Ineffectiveness of the Condom at Preventing Pregnancy

"After reviewing the extensive literature on contraception, some variation in results is found. Reported failure rates for condom use vary from about 2 to 35 unplanned pregnancies per year, but a conservative consensus reveals a rate in the range of 8 failures per 100 users each year in the general population. Simple mathematics would conclude that after five years, the number pregnant with this method would be five times the yearly rate. Thus, after five years of condom use, there would be about forty pregnancies in this group of 100 real people ..."

— Stephen Genuis, M.D. "What About the Condom?" *Risky Sex* (2nd Edition) [Edmonton, Alberta: KEG Publishing, 1991].

"I think these results certainly tell us right off that one condom is *not* the same as the next. Koop and AIDS groups and others promoting condoms have been very careless about that point. ... The Lifestyles Conture, Trojan Ribbed Natural, Trojan Ribbed and Contracept Plus all showed evidence of virus leakage. One in 10 condoms tested leaked in each brand, except for the Contracept Plus, which leaked [HIV] virus 10 of the 25 times it was tested."

— Dr. Cecil Fox, quoted in Allan Parachini. "Condom Study Finding Wide Differences Among Brands." *Los Angeles Times*, June 29, 1988.

"Of 100 women whose partner uses a condom for one year, 3 to 36 will become

"Of 100 women whose partner uses a condom for one year, 5 to 30 will become pregnant."

— United States Department of Health, Education and Welfare.

"Contraception: Comparing the Options."

"In the Oxford/Family Planning Association contraceptive study, 4% of highly motivated couples relying on condoms experienced an unplanned pregnancy within one year, while more generally representative data from the National Survey of Family Growth in the United States show that between 6% and 22% of couples relying on condoms experienced an unplanned pregnancy within a year, the rate depending on the woman's age and whether the couples wished to delay pregnancy or to prevent it. Much of the health education material about HIV infection has failed to stress the limitations of the condom."

— M.P. Vessy and L. Villard Mackintosh. "Condoms and AIDS Prevention." *The Lancet*, March 7, 1987, page 568.

"Use of a barrier method backed up by abortion in case of failure confers over a woman's reproductive life complete protection against unplanned childbearing with a minimal risk of mortality. For some women, however, such a course is morally unacceptable, since it involves a high likelihood of having at least one abortion."

— K. Ory, *et.al. Making Choices: Evaluating the Health Risks and Benefits of Birth Control Methods* [Alan Guttmacher Institute, 1983], page 60.

"Only about 1% of women who rely on condoms as their main birth control method always use them effectively, a new survey finds ..."

— Marilyn Elias. "Correct Use of Condoms is Rare." *USA Today*, December 13, 1991.

"Dr. Richard Gordon, International AIDS Conference presenter and University of Manitoba professor, concluded after live studies that red dye testing demonstrated that seminal fluid leaks out of even properly-fitted condoms both prior to and after orgasm."

— Beverly Sottile-Malona. "Condoms and AIDS." *America*, November 2, 1991.

One test showed that 14.6 percent of condoms used in a clinical trial either broke or slipped off the penis during intercourse or withdrawal. A survey at a Manchester, England family planning clinic revealed that 52% of the respondents had experienced condom breakage or slippage *during the past three months alone*.

— Alan Guttmacher Institute. *Family Planning Perspectives*, January/February 1992, pages 20 to 23. Also see R.J.E. Kirkman, J. Morris, and A.M.C. Webb. "User Experience: Mates v. Nuforms." *British Journal of Family Planning*, 1990;15:107-111.

A Federally-funded UCLA study of the effectiveness of 29 major condom brands showed that reliability ranged from a high of 98.9% to an incredible low of 21.3%.

— "Condom Reliability" *Los Angeles Times*, June 29, 1988

Figure 21-10

The Experts Speak on the Ineffectiveness of the Condom at Preventing AIDS and Other Venereal Diseases

"I think these results certainly tell us right off that one condom is not the same as the next. Koop and AIDS groups and others promoting condoms have been very careless about that point ... The Lifestyles Conture, Trojan Ribbed Natural, Trojan Ribbed and Contracept Plus all showed evidence of virus leakage. One in 10 condoms tested leaked in each brand, except for the Contracept Plus, which leaked [HIV] virus 10 of the 25 times it was tested."

— Dr. Cecil Fox, quoted in Allan Parachini. "Condom Study Finding Wide Differences Among Brands." *Los Angeles Times*, June 29, 1988.

"The possible consequences of condom failure when one partner is HIV infected are serious enough and the likelihood of failure sufficiently high that condom use by risk groups should not be described as 'safe sex'... Condoms have a substantial failure rate: 13-15% of women whose male partners use condoms as the sole method of contraception become pregnant within one year."

— Jeffrey A. Kelly and Janet S. St. Lawrence. "Cautions About Condoms in Prevention of AIDS." *The Lancet* (Journal of the British Medical Association). February 7, 1987, page 323.

"Professionals and the public alike have been misled into believing that sex with a condom is safe ... considering the 10% pregnancy rate with the use of condoms, this creates a dangerous false sense of security. We consider it irresponsible to suggest to anyone that condoms are entirely safe ... advising persons that it is safe to have sex with condoms is false, provides an erroneous sense of security, and can kill partners."

— *Journal of Sex and Marital Therapy*, Fall 1986, page 164.

"As has been discussed, condoms do not offer protection for diseases that are transmitted by skin to skin contact such as human papilloma virus and herpes simplex virus, frequently found throughout the genital area in infected individuals. No degree of condom education will curb the transmission of these organisms."

— Stephen Genuis, M.D. "What About the Condom?" *Risky Sex* (2nd Edition). Edmonton, Alberta: KEG Publishing, 1991.

"The officials note that condoms have been widely rejected as a method of birth control because they frequently fail, and say the devices may be no better — in fact, may be worse — at curtailing AIDS. They warn that sexually active men and women should not assume that they are protected simply because they use prophylactics ... The safe-sex message just isn't true. You're still playing a kind of Russian roulette.

Instead of having six bullets in the chamber, you have one."

— Bruce Voeller, M.D., researcher with the Mariposa Research Foundation, quoted in Lindsey Gruson. "Condoms: Experts Fear False Sense of Security." *The New York Times*, August 18, 1987.

"Condoms failed to prevent HIV transmission in three of 18 couples, suggesting that the rate of condom failure with HIV may be as high as 17%."

— James J. Goedert, M.D. "What is Safe Sex?" *New England Journal of Medicine*, October 21, 1987, page 1,340.

"The condom was useless as a prophylactic against gonorrhea and even under ideal conditions against syphilis."

— Nicholas J. Fiumara, M.D., Massachusetts Department of Public Health. "Effectiveness of Condoms in Preventing V.D." *New England Journal of Medicine*, October 21, 1971, page 972.

[Go to Next Topic: Condom Effectiveness Against Venereal Diseases](#)

[Return to Contraception Table of Contents](#)

Endnotes for “The Primary Danger”

[21] In another major study, the nation's most trusted consumer's advocacy group, the Consumer's Union (CU), interviewed 3,300 of its readers in order to determine the effectiveness of condoms at preventing conception and disease. CU also mechanically tested 16,000 condoms of 37 different varieties and brands. It published the results of its studies in the March 1989 issue of *Consumer Reports*. About one-fourth of the Consumer Union's readers reported at least one instance of condom breakage in a one-year period, and about one in eight experienced two or more incidents of breakage in one year. Using these and other data, CU estimated that an average of one condom in 165 broke during heterosexual intercourse, and about one in 105 broke during anal intercourse. This failure rate was much lower than that produced by most other studies. The results of this study were not included in this Chapter because CU relied heavily on self-reporting, which is inherently unreliable ["Can You Rely on Condoms?" *Consumer Reports*, March 1989, pages 135 to 141].

[22] Judy Murty and Sue Firth of the Marie Stopes Centre. "Use of Contraception By Women Seeking Termination of Pregnancy." *The British Journal of Family Planning*, April 27, 1996, pages 6 to 9.

[23] "Evaluation of Heterosexual Partners, Children and Household Contacts of Adults With AIDS." *Journal of the American Medical Association (JAMA)*, February 6, 1987.

[24] Jeffrey A. Kelly and Janet S. St. Lawrence. "Cautions about Condoms in Prevention of AIDS." *The Lancet* (Journal of the British Medical Association). February 7, 1987, page 323.

[PRESS RELEASE: 7.06.09 HLI Announces Online Publication of Pro-life Talking Points](#)



 SHARE

FOR IMMEDIATE RELEASE

CONTACT: Stephen Phelan 540-622-5270

July 6, 2009

SPhelan@hli.org

HLI Announces Online Publication of [Pro-life Talking Points](#)

FRONT ROYAL, VA - Human Life International (HLI), the world's largest pro-life organization, announces the online publication of its [Pro-life Talking Points \(PLTP\)](#) series. Designed to be easily downloaded, printed and shared, each of these one-page, two-sided documents lays out the pro-life arguments on specific issues from "When Does Human Life Begin?" to "Abortion Violence: Setting the Record Straight."

"I speak to pro-lifers around the world and people always ask me how they can persuasively argue for the pro-life cause on specific issues that they care about," said Fr. Thomas J. Euteneuer, president of HLI. "The [PLTP](#) series has, in plain language, the answers that people are looking for, in a format that is easy to print, forward and share with others."

Each [PLTP](#) document focuses on a specific issue at the heart of the debate over life issues. While other [PLTP](#) documents will follow, the first ten are:

"Pro- Abortion Violence: Setting the Record Straight"

"Why Women Abort"

"The Abuse of Population Control"

"The Negative Effects of the Pill"

Obama v. Life I: Before the Election

"Does Welfare Reduce Abortion?"

"Condoms: Little Known Scientific Facts"

"Is a Baby Human From the Beginning?"

"Men and Abortion"

"Does Abortion Save Women's Lives?"

"All pro-lifers need to do three things when debating life issues," said Fr. Euteneuer. "First, *pray* because only God can change hearts. Second, *be convinced that the facts are on our side*. The anti-life movement is very good at using slogans and emotion because they know that they can't base their arguments on facts. Finally, *know and use the facts*. To that end, the [Pro-Life Talking Points](#) series will assist every pro-lifer in the mission of defending babies and souls."

To access the *PLTP* series please visit www.hli.org and click on the [Pro-life Talking Points](#) image on the right column.

###

Human Life International: Creating effective opposition to the culture of death around the world.

Founded in 1981, HLI is the world's largest pro-life organization and has affiliates in 87 countries on six continents.

PRESS RELEASE: 7.07.09 HLI Congratulates Retiring Prelate; Reiterates Call for Clarification from Vatican



 SHARE

FOR IMMEDIATE RELEASE

CONTACT: Stephen Phelan 540-622-5270

July 7, 2009

SPhelan@hli.org

HLI Congratulates Retiring Prelate; Reiterates Call for Clarification from Vatican

FRONT ROYAL, VA - Father Thomas J. Euteneuer, President of Human Life International (HLI), today lauded Archbishop Jose Cardoso Sobrinho of Olinda and Recife, Brazil as a "pro-life hero." Archbishop Cardoso's retirement was approved by Pope Benedict XVI on July 1, 2009.

"Archbishop Cardoso is to be congratulated for his stalwart charity and courage under very trying circumstances," said Fr. Euteneuer. "His heroic stand for life, taken near the end of his official service to the Church, is a fitting capstone to a career replete with Christ-like love and self-sacrifice."

Critics from the media, the political arena, and even from within the Catholic Church attacked Archbishop Cardoso for his declaration of excommunication of those who performed an abortion on a nine-year-old girl who had been raped by her stepfather. In particular, an editorial by Archbishop Salvatore Fisichella in *L'Osservatore Romano* was seen as especially damaging both to Archbishop Cardoso and to the pro-life movement, due to its factual and doctrinal errors.

"The facts of the case are known, and Archbishop Cardoso did exactly what he should have done as a loving shepherd of the souls in his charge," said Fr. Euteneuer. "We don't expect accuracy or fairness from politicians and the media, but for this hero to endure the unjust persecution of his brother bishop is unconscionable."

Pointing out that the eminent theologian and demographer Fr. Michael Schooyans has called on the Vatican to correct Fisichella's unjust criticism of the Brazilian prelate, Fr. Euteneuer reiterated the gravity of that is at stake in this matter.

Fr. Euteneuer said, "The heroic Archbishop Cardoso is at the center of a huge battle for the purity of our teaching and discipline on life issues." Reiterating the call of Fr. Schooyans that the Vatican clarify the unjust criticism of Archbishop Fisichella and assure the faithful that there has been no change in a teaching that can never change

assure the faithful that there has been no change in a teaching that can never change, Fr. Euteneuer added, "Pro-lifers deserve a clarification that abortion is never permitted under any circumstances, and a statement of support that their efforts are not in vain!"

###

Human Life International: Creating effective opposition to the culture of death around the world.

Founded in 1981, HLI is the world's largest pro-life organization and has affiliates in 87 countries on six continents.

Facts of Life: Chapter 21: Contraception: Condom Effectiveness Against Venereal Diseases



 SHARE

Condom Effectiveness Against Venereal Diseases. Most health authorities agree that condoms (when used perfectly and when they do not break, leak or slip) effectively block such venereal diseases as gonorrhea and syphilis. However, condom misuse or breakage can cause massive exposure to these diseases, just as with the HIV virus.

What's more, even perfect use of unbroken condoms will not protect against VD's that are spread by skin-to-skin contact, such as human papillomavirus (HPV) and herpes simplex virus (HSV), which frequently infect the entire genital area. Finally, many VD's, such as gonorrhea and herpes, are transmitted by oral sex, which is usually practiced with multiple sexual partners.[25]

These problems partly account for a resurgence in certain VD's. Genital chlamydial infection is the most common bacterial VD in the United States, and is the leading cause of preventable infertility and ectopic pregnancies. Half a million new cases of chlamydia (the most common venereal disease) are reported each year.[26]

Genital warts (condyloma acuminata) are caused by human papillomavirus (HPV), the most common viral VD in the United States, accounting for three million new cases each year. HPV is present in an estimated 50 percent of all sexually active young women, and, as with other VD's, is associated with multiple sexual partners and with earlier intercourse.

There are about 400,000 new cases of gonorrhea in the United States each year, many of which are caused by strains resistant to treatment, and up to one-fourth of all infected men have no symptoms. Gonorrhea can also infect other mucous membranes, including the mouth. The disease can have extremely serious consequences if left untreated, including sterility, pelvic abscesses and severe health problems for infants born to infected mothers.[27]

Hepatitis B is a particularly dangerous problem in some developing countries. It can lead to chronic hepatitis, cirrhosis, cancers, hepatic (liver) failure and death. There is no cure for Hepatitis B, and up to 20 percent of the general population in many developing countries show signs of infection.

Herpes genitalis is caused by the herpes simplex virus (HSV) and infects about 30 million people in the United States today, most of whom show no symptoms. Those who do show symptoms may have painful ulcers in the genital or mouth area.

Pelvic inflammatory disease (PID) is a result of infection with other VD's and viruses/bacteria such as gonorrhea and E. Coli. PID afflicts one million American women each year, 20 percent of whom require hospitalization. PID also inflames the Fallopian tubes and is a leading cause of ectopic pregnancy.

Syphilis, one of the deadliest VD's, recently reached its highest level in 40 years, with 134,000 people in the United States newly infected in 1990.[28] Untreated syphilis can lead to rashes, lesions, paralysis, aneurisms, blindness and death.

Health professionals often assert that there are "epidemics" of teen pregnancy, AIDS, alcoholism, drug use, and of course, violence against abortion mills. Most of these allegations are exaggerated and are not supported with proper statistical analysis.

But declarations of an epidemic of VD's are certainly not exaggerated. With more than 100 million people infected with one or more of 20 VD's in the United States alone, it is unrealistic to expect that a paper-thin, nearly weightless sheath of polyurethane or latex will slow down the epidemic.

The only way to completely eradicate all VD's is to follow God's plan for our sexual lives: Abstinence before marriage and fidelity after.

Of course, the sex educators and condom sellers tell us that this is not a "realistic" solution. They are wrong. Because abstinence/fidelity is the only solution that will work, it is the only realistic solution as well. Perhaps if the health professionals struggle unsuccessfully for another decade or two trying to contain the VD epidemic with impractical means, they too will reach the same conclusion.

Teens and Condoms. In 1997, The New York Times front-paged a study alleging that passing out condoms in school does not increase teenage sex, which flies in the face of common sense.[29]

If drugs were passed out, would teenage drug use increase?

If the schools passed out free beer, would beer consumption by teenagers increase?

Of course they would! Anyone who says otherwise just is not in touch with reality.

Saying that passing out condoms does not increase sexual behavior is kind of like saying that passing out free cars and keys does not increase driving behavior.

In any case, the study leader was Sally Guttmacher, daughter of Alan Guttmacher, who did more to spread abortion and contraception around the world than anyone else in history. The study was funded by the Robert Wood Johnson Foundation, which pours millions of dollars into organizations that promote condoms.

The Times seems to be completely blind to preordained conclusions brought on by a massive conflict of interest — but only if such conflicts exist on the anti-life side of various issues.

Would the Times accept such a study (much less put it on the front page) if it was conducted by a well-known pro-life priest and funded by the Vatican? Of course not! The Times would dismiss the study without even reading it.

But not if it has the 'right' conclusions ...

In light of their dismal record, the only thing more illogical than adults using condoms is adults providing condoms to teenagers — especially in the public schools.

An article in the Alan Guttmacher Institute's Family Planning Perspectives quotes an annual condom failure rate of 18.4 percent among teenaged girls under 18 years old. This means that more than half of the users will be pregnant within three years.

The authors also say that "These rates are understated because of the substantial underreporting of abortion among single women; if abortion reporting was complete, failure rates would be 1.4 times as high as they appear high." [30]

These figures have been borne out in studies of those public schools that have distributed condoms to their students.

One writer describes the dismal results of one of the first free-condom programs to be instituted at a high school in the United States;

In the three years since this [Adams City, Colorado] high school became one of the first to hand out condoms, the birth rate has soared to 31% above the national average of 58.1 births per 1,000 students [annually].

Last year, 76 of Adams City students became teen mothers; this year, more than 100 births are expected. That's left people at this school, recognized throughout Colorado for its cutting-edge educational and social programs, searching for explanations.[31]

Of Parachutes and Prophylactics. If parachutes had the abysmal safety record that condoms do, skydiving would have been outlawed long ago. Add to this the fact that a thousand people die of AIDS and other sexually-transmitted diseases to every person who dies in a parachuting accident, and it is obvious that we have a major case of nationwide myopia. It is also obvious that most people would choose death by parachute failure than a lingering, hideous wasting away at the 'hands' of the HIV/AIDS virus.

Think about it! Would you take the chance?

In fact, Good Housekeeping Magazine will not even accept condom advertisements, because they are not reliable enough for its "Seal of Approval." [32]

Apparently, when it comes to birth control, anything goes. What is apparently important is not whether or not you are safe, but whether or not you think you are safe.

Other Methods of Barrier Contraception.

The male condom is the most commonly used barrier contraceptive in the world. Four other types of barrier contraceptives are also in general use: The diaphragm, the contraceptive sponge, the cervical cap and the female condom.[33]

A diaphragm is a dome-shaped rubberized cup with a metal spring rim. After the user applies a spermicidal cream or jelly to the diaphragm, she positions it so that the rim spans the distance between the posterior fornix and the pubic bone, thus covering the cervix. The diaphragm comes in a series of sizes and several types, including flat spring, wide seal rim, coil spring and arcing spring. The user failure rate of the diaphragm is 16 percent (see Figure 21-1).

The first vaginal contraceptive sponge was approved by the Food and Drug Administration (FDA) for use in the United States in 1983. It is a small, pillow-shaped polyurethane sponge containing spermicide. The dimple on one side of the sponge fits over the cervix. The sponge comes in one size, and is available over the counter in pharmacies. It works for up to 24 hours. The user failure rate of the sponge ranges

from 16 percent to 32 percent.

The first cervical cap, the Prentif, was approved by the FDA for use in the United States in 1988. The cervical cap is made of soft rubber and roughly resembles a large rubber thimble. It fits around the base of the cervix, and is inserted by the user after being partly filled with spermicide. It works for up to 48 hours, and, like the contraceptive sponge, must not be left in too long because of the risk of deadly toxic shock syndrome (TSS). The user failure rate of the cervical cap ranges from 16 percent to 32 percent.

The first female condom, which goes by the brand name "Reality," was approved by the FDA for sale in the United States in 1993. It consists of a loose polyurethane sheath containing two flexible rings. One of these rings serves as an internal anchor, and the other remains outside the vagina after insertion. The user failure rate of the female condom is 21 percent.

Much ongoing research is being done on new methods of barrier contraception, most of which will probably be variations on the methods listed above. Under study at this time are disposable diaphragms, a silicone rubber cap named FemCap, spermicide-releasing polymer caps, new spermicides and germicides to combat STDs.

[Go to Next Topic: Female Surgical Sterilization](#)

[Return to Contraception Table of Contents](#)

Endnotes for "Condom Effectiveness Against Venereal Diseases"

[25] Robert A. Hatcher, et. al. *Contraceptive Technology* (17th Revised Edition). New York: Ardent Media, Inc., 1998. See the Index to find discussions of the various sexually transmitted diseases.

[26] United States Department of Commerce, Bureau of the Census. *Reference Data Book and Guide to Sources, Statistical Abstract of the United States 1999* (119th Edition) [Washington, D.C.: United States Government Printing Office]. Table 226, "Specified Reportable Diseases — Cases Reported: 1980 to 1997."

[27] Ibid.

[28] Ibid.

[29] Lynda Richardson. "Condoms in School Said Not to Affect Teen-Age Sex Rate." *The New York Times*, September 30, 1997, pages A1 and A14.

[30] W.R. Grady, M.D. Hayward, and J. Yagi. "Contraceptive Failure in the United States: Estimates From the 1982 National Survey of Family Growth." *Alan Guttmacher Institute's Family Planning Perspectives*, September/October 1986, page 204.

[31] Jana Mazanee. "Birth Rate Soars At Colorado School." *USA Today*, May 19, 1992, page 3A.

[32] Letter entitled "Sound Medical Advice" by William V. Fitzsimmons, M.D. *Fidelity*

[32] Letter entitled "Sound Medical Advice," by William V. Fitzsimmons, M.D., *Family Magazine*, April 1987, pages 11 and 12.

[33] Robert A. Hatcher, et. al. *Contraceptive Technology* (17th Revised Edition). New York: Ardent Media, Inc., 1998, Chapter 16, "Male Condoms," and Chapter 18, "Vaginal Barriers."

Facts of Life: Chapter 21: Contraception: Female Surgical Sterilization



 SHARE

Female Surgical Sterilization.

"Sterilization is still the number-one method of birth control for women over twenty-five in this country. Its racist nature has long been exposed; women on Medicaid are encouraged to get free sterilization procedures. In sharp contrast to dwindling abortion rights, 90 percent of all sterilizations in the U.S. are federally funded."

— Proletarian Revolution, Fall 1989, page 27.

Introduction. Through all of recorded history, the paramount goal of the medical profession has been to repair the body and restore organ systems to their normal levels of healthy function — with a single exception.

The only "medical procedures" intended to destroy or inhibit healthy organs are those aimed at the male and female reproductive systems.

The most obvious example is abortion, the most commonly done "medical procedure" in the world today.

The second most common medical procedure in the world is male and female sexual sterilization.

This is the strange state of reproductive medicine in the West today. We never hear of the natural function of any other organ or system being deliberately sabotaged. There is probably no medical procedure available for destroying someone's sight, hearing, or ability to walk, yet many people do not give any thought to the fact that more than a million men and women willingly — eagerly — allow themselves be neutered in the United States country every year.

The average person could easily recognize the illogic and even the sin in a person having his legs severed so that he would never be able to walk or move again without assistance. But most people see another kind of amputation — the intentional destruction of their own fertility — as a positive good.

Since 1970, more than 35 million sterilizations have been performed in the United States alone. Currently, about 700,000 female sterilizations and 500,000 male sterilizations are performed every year in the United States.[34]

Methods of Female Sexual Sterilization. Female sexual sterilization mechanically blocks the Fallopian tubes to prevent the sperm and ovum from uniting.

The most common female sterilization method is laparotomy. In this method, the woman's Fallopian tubes are sealed with electrocoagulation, in which an electric current burns the tubes and causes them to clot to prevent bleeding. In other, non-electric methods, a clip or band compresses and divides the tubes.[35]

In a minilaparotomy (or "minilap"), the Fallopian tubes are pulled through a small incision of one to two inches length and are sealed. Complications are slightly less than

for laparoscopy, but the hospital stay may be longer.[36]

The death rate for female sterilization is about three per 100,000 for tubal ligation laparotomies and about 5 to 25 per 100,000 for other types of sterilization.[37]

Half of all women who are sterilized have it done postpartum — that is, immediately after having their last baby. After a Cesarean birth, the sterilization can be done through the same incision through which the baby was delivered.

Less than 50 percent of female sterilizations can be reversed, and even if the reversal is successful, the risks of subsequent problems, such as tubal pregnancies are greatly increased because reconnecting the tubes is a delicate and often difficult procedure.

Another method of sterilization is the hysterectomy, which is the removal of one or more of the female reproductive organs. Sometimes, hysterectomies must be performed in order to excise various diseases, including cancer. However, according to pro-abortion Vicky Hufnagel, M.D., medical director of the Institute for Reproductive Health, about 65 percent of the 670,000 hysterectomies performed every year in this country are done for birth control reasons.

Hysterectomies are often portrayed as completely routine and without consequences, especially by population control pushers. However, Hufnagel says that the female reproductive organs are not just for reproduction; they are an essential part of any woman's body and interact with brain chemistry and other hormones.

It is now unacceptable to refer to the sterilization of poor black women as "Mississippi appendectomies." However, hysterectomies are now referred to as "Catholic birth control" by bigots, and are frequently aggressively pushed on women with several children as they lie on the delivery table, showing a total lack of regard for the mother's feelings.

Problems Associated with Female Sterilization. Immediate ("on-the-table") injuries associated with female sterilization include anesthesia-related complications, bowel burns from electrocoagulation, uterine, intestinal and bladder perforation and tears and transections of the Fallopian tube.

Ectopic pregnancies comprise four to 73 percent of all pregnancies resulting after sterilization, depending upon the method used. Other problems include changes in hormonal feedback, changes in menstrual patterns and psychological problems.[38]

Other major complications due to female sterilization are quite common. In two studies involving a total of 541 sterilized women, researchers found that 94 (17%) required complete hysterectomies and 101 (19%) required dilation and curettage procedures for excessive bleeding as a direct result of the sterilizations.[39]

Dr. Gregory L. Smith of the Walter Reed Army Institute of Research has shown that the female sterilization mortality rate is 2.29 per 100,000 for tubal ligation laparotomies and 4.72 per 100,000 for other types of sterilization.[40]

Approximately 700,000 female sterilizations take place in the United States annually. If an average rate of 3.5 deaths per 100,000 operations is assumed, this means that about 25 women die each year from surgical sterilization.

Sterilization: An Ideal Weapon for Eugenicists. Surgical sterilization is an ideal tool for eugenicists, racists and population controllers because its effects are permanent, it cannot be tampered with, and its effectiveness rate is so high.

In the mid-1920s, American eugenicists found that the simplest and most effective way of preventing the "less desirable classes" from reproducing was widespread forcible surgical sterilization. In the United States, from 1907 to 1941, more than 36,000 persons were forcibly sterilized, mostly in California, Virginia and Indiana, usually for "feble-mindedness" or for having been born into large welfare families.[41]

Famous New York urologist William Robinson was certainly not unique in his view that "It is the acme of stupidity to talk in such cases of individual liberty, of the rights of the individual. Such [unfit] individuals have no rights. They have no right in the first instance to be born, but, having been born, they have no right to propagate their kind." [42]

The first American law mandating the sterilization of 'undesirables' was passed immediately after World War I. The operations were performed in "mental health facilities" on "unwed mothers, prostitutes, petty criminals and children with disciplinary problems." [43]

Indiana was the first State to pass a compulsory sterilization law. It did so in 1907, and was followed quickly by Connecticut and California in 1909; Iowa in 1911; North Dakota, Kansas, Wisconsin, and Michigan in 1913; Nebraska in 1915; New Hampshire, Oregon, and South Dakota in 1917; North and South Carolina and Alabama in 1919; Delaware and Montana in 1923; and another 11 states by 1956, for a total of 28.

These laws were modeled on the Model Eugenic Sterilization Law, promulgated by Harry H. Laughlin, director of the Eugenics Record Office (ERO). This legislation called for the sterilization of criminals, mental patients, the retarded, the blind, deaf, diseased, and alcoholics, and for dependents upon society — the homeless, orphans, and tramps. [44]

Before Nazi Germany's Sterilization Act was passed, California was the world's primary eugenics experimentation laboratory, with more than 15,000 involuntary sterilizations performed on psychiatric inmates. [44]

In the United States, from 1907 to 1941, more than 36,000 persons in all were forcibly sterilized, mostly in California, Virginia, and Indiana, primarily for "feble-mindedness" or for having been born into large welfare families. [45]

In 1927, Supreme Court Justice Oliver Wendell Holmes delivered the Court's *Buck v. Bell* decision, which upheld the widespread enforced eugenic sterilization of poor Black women in several states. In his opinion, Holmes wrote that "We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices ... Three generations of imbeciles are enough." [46]

Justice Holmes had once remarked that "I see no reason for attributing to man a significance different in kind from that which belongs to a baboon or a grain of sand." [47]

In 1975, a United States Federal court found that, under these laws, 100,000 to 150,000 women were sterilized annually without their knowledge or consent under these federal programs. From 1924 right up until the early 1970s, more than 7,500 poor men

and women were forcibly sterilized in the State of Virginia alone every year.[48]

Vestiges of this racist American eugenics program still linger to this day. The Federal government continues to fund 90 percent of the cost of sterilization of poor women under Medicaid and other family planning programs, but will not pay for infertility treatments.[49]

Population controllers also continue to use sterilization on a massive scale to curb population growth. Many sterilizations in developing countries are performed without women's consent or knowledge when they give birth. Tens of thousands of mentally handicapped people have been forcibly sterilized in the People's Republic of China (PRC). The government of Indira Gandhi was brought down partly in popular reaction to India's forced sterilization camps.

Other countries that have suffered forced sterilization programs include Honduras, Brazil, Peru, the Dominican Republic, Mexico, Nigeria, Tibet, Vietnam, Bangladesh and Indonesia. In India, people protesting forced sterilization programs were slaughtered by the score.[50]

Male Surgical Sterilization.

The Methods. Vasectomy blocks the vas deferens (ductus deferens), the small vessel that transports sperm, at a point between the testes, where the sperm are made, and where it joins with the duct that transports fluid from the seminal vesicle.

Methods of vasectomy include clamping the vas, fulguration (burning it with electrical sparks) of the mucosal surface with interposition of fascia, and cutting a segment out of it and then tying, clipping or bending back each end.[51]

Pregnancies after vasectomy are usually due to the wrong structure being cut or blocked, congenital duplication of the vas unnoticed during the vasectomy, or spontaneous regrowth of the vas.

The effectiveness rate of vasectomy is 99.8 percent, or one pregnancy in 500 years. Pregnancies after vasectomy are usually associated with intercourse before the male reproductive tract is cleared of sperm.

Problems Associated with Vasectomy. A comprehensive study of 11,205 sterilized men in 156 United States medical centers found a significant relationship between vasectomy and the development of urolithiasis (urinary tract stones), immunological changes such as the production of anti-sperm antibodies and tumors of the testes.[52]

About five percent of all vasectomized men can expect hematoma (blood clots), infection, granuloma (a tumor-like mass or nodule caused by chronic inflammation) and epididymitis (inflammation of the epididymis).[53]

Reversibility of Vasectomy. The reversibility of vasectomy depends upon several factors, primarily the original method of vasectomy used. Clipping of the vas has the

factors, primarily the original method of vasectomy used. Clipping of the vas has the highest rate of successful reversal, followed by cutting, and then by fulguration.

The rate of vasectomy reversal and subsequent pregnancy rates also depends upon the interval between the vasectomy and the attempted restoration, the level of fertility of the wife and the method of vasovasectomy (vasectomy reversal) used. In large samples, pregnancy is achieved in about 50 percent of all reversals.

Success rates of epididymovasostomy (the surgical reconnection of the epididymis to the ductus deferens) are in the five to ten percent range, probably because of the immaturity of sperm in the head of the epididymis.[54]

Methods of vasovasectomy include splinted and nonsplinted end-to-end anastomoses (surgical construction of a connection) and side-to-side anastomoses with elliptical incisions.

Reversible vasectomy devices include plugs, intravasal valves, clips applied to the external surface of the vas, chemicals and intravasal threads.

Chemical Sterilization.

At least 20 different methods of chemical (non-surgical) female sterilization have been intensively investigated since about 1975. Among the most-studied compounds are chloroquine, an antimalarial and lupus erythematosus suppressant; methyl cyanoacrylate (MCA); and quinacrine hydrochloride, which is an antimalarial and antiprotozoal compound used to treat giardiasis and tapeworm infections.[55]

As described previously, surgical sterilization has led to enormous abuses by population controllers in developing countries. The great danger inherent in chemical sterilization is that it may be used on a massive scale to sterilize women in developing nations without their knowledge or consent. In fact, the danger of coercion involved in chemical sterilization is much greater than that with surgical sterilization because the methods used are much cheaper and are easy to employ.

Elton Kessel, founder of Family Health International (FHI), and Stephen D. Mumford of the Center for Research on Population and Security, for example, claim to have tested quinacrine on 100,000 women in 15 developing countries.[56] The effects of quinacrine have not been studied in a laboratory, and the drug has not been approved by any health regulatory body. Kessel and Mumford essentially travel around the world with quinacrine in a suitcase and without supervision, using third-world women as guinea pigs.

Quinacrine is inserted into the fundus of the uterus where it causes inflammation and scarring in the Fallopian tube, in theory blocking the tube with scar tissue and preventing the sperm from reaching the egg.

Studies have shown, however, that this may cause a tenfold increase in the risk of uterine cancer and a large increase in ectopic pregnancies (when the Fallopian tube is scarred closed to the point where a sperm can be passed but not a blastocyst, which is thousands of times larger).[57] Needless to say, a woman suffering from an ectopic pregnancy in a remote village is almost certain to die before her problem is diagnosed

properly.

[Go to Next Topic: The Teaching of the Catholic Church on Sexual Sterilization](#)

[Return to Contraception Table of Contents](#)

Endnotes for “Female Surgical Sterilization”

[34] Robert A. Hatcher, et. al. *Contraceptive Technology* (17th Revised Edition). New York: Ardent Media, Inc., 1998, Chapter 22, "Female and Male Sterilization," page 545. There are about 700,000 tubal ligations performed per year in the United States [Planned Parenthood Federation of America, "All About Tubal Sterilization," July 1998, on the Web site of Vasclip at <http://www.vasclip.com/Webpage.asp?MID=699119>]. There are about 500,000 vasectomies performed per year in the United States [Male Contraception Information Project Web site at http://www.newmalecontraception.org/why_new.htm].

[35] American College of Obstetrics and Gynecology, Committee on Patient Education. "Patient Education Pamphlets." P-011, "Voluntary Sterilization for Men and Women" (June 1983), P-035, "Sterilization by Laparoscopy (June 1983), and P-052, "Postpartum Sterilization" (June 1984).

[36] *Ibid.*

[37] Robert A. Hatcher, et. al. *Contraceptive Technology* (17th Revised Edition). New York: Ardent Media, Inc., 1998, Chapter 22, "Female and Male Sterilization."

[38] Robert A. Hatcher, et. al. *Contraceptive Technology* (16th Revised Edition). New York: Irvington Publishers, Inc., 1994, page 382.

[39] E.M. Boyd. "Post Tubal Syndrome." Royal College of General Practitioners, June 1987. M.I. Muldoon. "Gynaecological Illnesses After Sterilization." *British Medical Journal*, January 1970, pages 84 to 95. F. DeStefana et al, "Long Term Risk of Menstrual Disturbance After Tubal Sterilization." *American Journal of Obstetrics and Gynecology*, 152(1985)835-841. M. Vessey et al, "Tubal Sterilization: Findings of a Large Prospective Study." *British Journal of Obstetrics and Gynecology*, 90(1983)203-209.

[40] As described in "From the Mail." *The Wanderer*, December 22, 1988, page 11.

[41] Gregory E. Pence, M.D. *Classic Cases in Medical Ethics: Accounts of the Cases That Have Shaped Medical Ethics, with Philosophical, Legal, and Historical Backgrounds* [New York: McGraw-Hill Publishers, 1990]. Chapter 14, "Preventing Undesirable Teenage Pregnancies," pages 286 to 302.

[42] *Ibid.*

[43] Stephen J. Gould. *The Mismeasure of Man* [New York: W.W. Norton, 1981], page 335. Also see the *Washington Post* of February 23, 1980, "Over 7,500 Sterilized in Virginia." *The Oregonian*, January 29, 1990, page A12. Also see Gerald N. Grob, *Mental*

Illness and American Society, 1875-1940.

[44] Allen Chase. *The Legacy of Malthus: The Social Costs of the New Scientific Racism* [Chicago: University of Illinois Press], pages 69, 103, 316, 349, and 635; Peter Roger Breggin, M.D. "The Psychiatric Holocaust." *Penthouse Magazine*, January 1979, page 11. Described in Spannaus, op.cit.

[45] Ibid.

[46] United States Supreme Court decision *Buck v. Bell*, 274 US 200 (1927), at 207. For the full text of this decision, [click here](#).

[47] *Relf v. Weinberger*, 372 F.Supp.1196(D.D.C1974), remanded for modification, sub nom *Relf v. Matthews*, 403 F.Supp.1235 (D.D.C.1975). Also see the "Women's Guide to Reproductive Rights." American Civil Liberties Union's Reproductive Freedom Project, 1981. Page 23.

[48] Gregory E. Pence, M.D. *Classic Cases in Medical Ethics: Accounts of the Cases That Have Shaped Medical Ethics, with Philosophical, Legal, and Historical Backgrounds* [New York: McGraw-Hill Publishers, 1990]. Chapter 14, "Preventing Undesirable Teenage Pregnancies," pages 286 to 302.

[49] Robert A. Hatcher, et. al. *Contraceptive Technology* (17th Revised Edition). New York: Ardent Media, Inc., 1998, Chapter 22, "Female and Male Sterilization."

[50] L.C. Landman. "Birth Control in India: The Carrot and the Rod?" *Alan Guttmacher Institute's Family Planning Perspectives*, May-June 1977, pages 101 to 110; "Uncle Sam Goes to Mexico," *ALL About Issues*, November-December 1987, page 12; "India Seeks Progress Through Mutilation and Murder," *ALL About Issues*, September 1985, page 43; "Vietnam Preparing a 'Chinese Solution'," *ALL About Issues*, July 1985, page 40; "Dreadful Manipulation Suggested By Dominican Republic Figures," *ALL About Issues*, April 1985, page 36; "Forced Sterilization at AID-Funded Clinic," *HLI Reports*, January 1988, page 4; "Forced Sterilization Protestors Killed," *NRL News*, December 1976, page 3; and "Catholic Bishops Critical Of Sterilization Requirement," *PRI Review*, July/August 1991, page 10.

[51] Robert A. Hatcher, et. al. *Contraceptive Technology* (17th Revised Edition). New York: Ardent Media, Inc., 1998, Chapter 22, "Female and Male Sterilization."

[52] N.R. Rose and P.L. Lucas. "Immunological Consequences of Vasectomy II: Two-Year Summary in a Prospective Study." In I.H. Lepow and R. Crozier (editors), *Vasectomy: Immunological and Pathophysiologic Effects in Animals and Man*. New York: Academic Press, 1979, pages 533 to 539.

[53] Robert A. Hatcher, et. al. *Contraceptive Technology* (17th Revised Edition). New York: Ardent Media, Inc., 1998, Chapter 22, "Female and Male Sterilization."

[54] H. Chandra, S.C. Nigam, S. Zutshi, and B. Malaviya. "Chemical Occlusion of Rhesus Monkey Oviducts with Chloroquine," *Contraception*, September 1978, pages 233 to 238; "The Use of Methyl Cyanoacrylate (MCA) for Female Sterilization," *Contraception*, March 1985, pages 243 to 252; and A. Benoit, J. Melancon, and M.A. Gagnon, "Chemically Induced Tubal Occlusion in the Human Female Using Intrauterine Instillation of Quinacrine." *Contraception*, July 1975, pages 95 to 101.

[55] Stephen D. Mumford and Elton Kessel, "Quinacrine Sterilization in the United States?" *Fertility and Sterility*, letter, March 1996, pages 679 to 681.

[56] "The Human Laboratory." British Broadcasting Corporation's Horizon Television Show, aired in Great Britain on November 7, 1995.

[57] Pope Paul VI, *Humanae Vitae*, July 25, 1968, ¶15, and Pope Pius XII, "Allocution to Midwives," ¶27, October 29, 1951.

Facts of Life: Chapter 21: Contraception: The Teaching of the Catholic Church on Sexual Sterilization



 SHARE

The Teaching of the Catholic Church on Sexual Sterilization.

Introduction. Sexual sterilization is sometimes referred to as "Catholic birth control" or "permanent contraception." These terms, and the misguided assertions of a number of well-known dissenters, have led to confusion regarding the Catholic Church's teaching on sterilization.

For the simple reason that it closes off the marital act to the transmission of human life, sterilization is condemned on the same grounds as other methods of contraception.

The Authentic Teachings of the Catholic Church. In his address to the Congress of Urology on October 8, 1953, Pope Pius XII outlined the specific conditions under which sterilization (or any amputation, for that matter) may be performed:

Three things condition the moral permission of a surgical operation requiring an anatomical or functional mutilation:

1. that the preservation or functioning of a particular organ provokes a serious damage or constitutes a threat to the complete organism [this is the "principle of totality"];
2. that this damage cannot be avoided, or at least notably diminished, except by the amputation in question and that its efficacy is well assured; and
3. that it can be reasonably foreseen that the negative effect, namely, the mutilation and its consequences, will be compensated by the positive effect: exclusion of a damage to the whole organism, mitigation of the pain, etc.

[As far as sterilization is concerned], the conditions which would justify disposing of a part in favor of the whole in virtue of the principle of totality are lacking. It is not therefore morally permissible to operate on healthy oviducts if the life or [physical] health of the mother is not threatened by their continued existence.

Pope Paul VI's 1968 encyclical *Humanae Vitae* [¶14] held sterilization and abortion to be equally condemned: "... the direct interruption of the generative process already begun, and, above all, directly willed and procured abortion, even if for therapeutic reasons, are to be absolutely excluded as licit means of regulating birth. Equally to be excluded, as the teaching authority of the Church has frequently declared, is direct sterilization, whether perpetual or temporary, whether of the man or of the woman."

In response to a query on sterilization by the United States Conference of Catholic Bishops (USCCB), the Congregation for the Doctrine of the Faith's statement of March 13, 1975 replied:

Any sterilization which of itself, that is, of its own nature and condition, has the sole immediate effect of rendering the generative faculty incapable of procreation, is to be considered direct sterilization, as the term is understood in the declarations of the pontifical magisterium, especially of Pius XII. Therefore, notwithstanding any subjectively right intention of those whose actions are prompted by the care or prevention of physical or mental illness which is foreseen or feared as a result of pregnancy, such sterilization remains absolutely forbidden by the doctrine of the church.

The Catholic Church also recognizes that sterilization is not only evil when done to individual persons, but that it is a vital part of the "conspiracy against life" waged by a "culture of death" when used for population control. *Evangelium Vitae* [¶91] states that "It is therefore morally unacceptable to encourage, let alone impose, the use of methods such as contraception, sterilization and abortion in order to regulate births. The ways of solving the population problem are quite different."

The Catholic Church has consistently condemned sexual sterilization for any reason whatever except to save the life of the man or woman. In such cases, the principle of the "double effect" may apply, as described in the next section.

In addition to the documents quoted above, some of the Church's other pronouncements against sexual sterilization are listed below.

- "Encyclical on Christian Marriage" (*Casti Connubii*), Pope Pius XI, December 31, 1930, paragraphs 68 to 71.
- Decree of the Sacred Congregation of the Holy Office (Topic: Sterilization for eugenics), March 18, 1931.
- Pronouncement to the Cardinals in Response to Recent Nazi Legislation in Germany, Pope Pius XI, December 23, 1933.
- Decree of the Congregation for the Holy Office, February 24, 1940.
- Address to the Congress of the Italian Association of Midwives, paragraphs 24 to 26, October 29, 1951.
- Address to the Symposium on Medical Genetics, Pope Pius XII, September 7, 1953.
- Address to the Seventh Congress on Hematology, Pope Pius XII, September 12, 1958.
- Pastoral Letter of the Indian Bishops, January 15, 1977.
- Among documents of the Bishops of the United States that have condemned all sterilization procedures for both men and women are;
 - United States Catholic Conference Administrative Board, Statement on Sterilization Procedures in Catholic Hospitals, November 22, 1977.

--United States Catholic Conference of Bishops: Statement on Tubal Ligation, July 9, 1980.

The Principle of the "Double Effect" and Sexual Sterilization. As described in Chapter 9, "Catholic Church Teachings on Abortion," the Catholic Church allows abortion for no reason whatever, not even to save the life of the mother.

However, a fine distinction must be made in the extremely rare case where a pregnant mother's life is directly and immediately threatened by a condition such as an ectopic pregnancy, carcinoma of the uterine cervix, or cancer of the ovary or uterus.

In such cases, under the principle of the "double effect," attending physicians may attempt to save the life of the mother by correcting the condition. They must also do everything in their power, however, to save both the mother and the child. If the physicians decide that, in the case of an ectopic pregnancy, the mother's life can only be saved by the removal of the Fallopian tube (and with it, the unborn baby), or by removal of some other tissue essential for the preborn baby's life, the baby will, of course, die. But this would not be categorized as an abortion; it would be categorized as a tubectomy. The critical difference between deliberate killing (abortion) and unintentional natural death is that the intention is not to kill the child but to save the mother.

This principle of the "double effect" also applies to sterilization. If a woman must have a hysterectomy to remove a dangerously cancerous uterus, this will result in her sterilization. Because the intent was not to sterilize, the operation is not sinful. But if the primary purpose is merely to sterilize, then the act is intrinsically evil and is always a mortal sin.[58]

Some dissenters may claim that all sterilizations can be justified by the principle of the "double effect," since, as they say, all "unwanted" pregnancies threaten the mother's life in some way. This is obviously an abuse of the principle and is an illicit statement.

[Go to Next Topic: The Historical Teaching of the Christian Church on Contraception](#)

[Return to Contraception Table of Contents](#)

Endnotes for "The Teaching of the Catholic Church on Sexual Sterilization"

[58] Mother Teresa of Calcutta, quoted in "Grapevine," Life Advocate [publication of Advocates for Life Ministries, Portland, Oregon], March 1994, page 4.

Facts of Life: Chapter 21: Contraception: The Historical Teaching of the Christian Church on Contraception



 SHARE

The Historical Teaching of the Christian Church on Contraception.

"Contraception cannot be an expression of total self-giving, because in contraception, something is done to oneself to destroy the power to conceive a child. That same selfishness that wants to prevent the child by contraception will grow until it wants to kill the child already conceived. We must fight selfishness with a true, generous and sacrificing love."

— Mother Teresa of Calcutta.[59]

From the Beginning. From the time of its founding, the Christian Church has universally condemned contraception. Athenagoras, St. Ambrose, St. Augustine, Barnabas, St. Basil the Great, Caesarius, Clement of Alexandria, Ephraem the Syrian, Epiphanius, St. Jerome, St. John Chrysostom, Hippolytus, Lactantius, Minucius Felix, Origen of Alexandria, Tertullian, and the assembled Bishops at the First Council of Nicaea were some of the Early Church Fathers who wrote and spoke against contraception.[60]

As the various Protestant denominations formed, their founders and leaders also condemned contraception in the most forceful terms imaginable. John Calvin called the sin of contraception "condemned" and "doubly monstrous" and saw abortion as "a crime incapable of expiation." John Wesley said contraception is "very displeasing to God, and the evidence of vile affections." Martin Luther called those who used contraceptives "logs," "stock" and "swine." [61]

Virtually every leader of every Protestant denomination condemned contraception explicitly in sermons and writings. These included

- Anglicans Henry Alford, William Dodd, Joseph Hall, Richard Kidder, John Mayer, Simon Patrick, Arthur W. Pink, Thomas Scott, Jeremy Taylor, W. H. Griffith Thomas, James Usher, and Christopher Wordsworth;
- Calvinists Jacob Alting, Robert S. Candlish, Franciscus Junius, Cotton Mather, Teunis Oldenburger, David Paraeus, Franklin P. Ramsay, Andre Rivet, and Sebastian Schmidt;
- Evangelicals Keith Leroy Brooks and Thomas H. Leale;
- Huguenot Jean Mercier;
- Lutherans Johann Albrecht Bengel, Johannes Brunneman, Abraham Calovius, Conrad Dannhauer, Franz Delitzsch, John H.C. Fritz, Johann Gerhard, Johann Karl, Friedrich Keil, Paul Kretzmann, Theodore F.K. Laetsch, Herbert Carl Leupold, Walter Arthur Maier, Wolfgang Musculus, Johannes Olearius, Lukas Osiander, and J. Heinrich Richter;

- Methodists Adam Clarke and Richard Watson;
- Nonconformists Henry Ainsworth, Daniel Defoe, John Gill, Matthew Henry, George Hughes, William Jenkyn and Matthew Poole;
- Presbyterians John Brown, George Bush, Robert Dabney, Alfred Edersheim, and Melancton W. Jacobus; and
- Puritans Richard Stock and John Trapp.[62]

The Fatal Mistake. Until 1930 all Christian churches were unanimous in their opposition to artificial means of birth prevention.

The first crack in the dam was Resolution 15 of the Anglican Bishop's Lambeth Conference of August 15, 1930, passed by a vote of 193 to 67. Figure 21-11 shows the pertinent part of this Resolution. For purposes of contrast, the statement of the Lambeth Conference ten years earlier, which condemned contraception unequivocally, is also shown.

Those who examine this statement carefully will clearly recognize the familiar semantic tools of the pro-abortion movement. Notice that Resolution 15 sounds smooth, firm, and compassionate. Notice also that it places no real limits on the Christian, but instead leaves any action at all up to him and his conscience.

Notice also that the allowable 'methods' are not defined by Resolution 15. Notice also that the term 'Christian principles' is not defined. Using the same logic expressed by this Resolution, abortion — and even infanticide — could easily be justified if the "conscientious" individual thought that the child would be a burden or an inconvenience in any way.

This is a profound and rapid change from the statements promulgated by the Lambeth Conference as recently as 1908 and 1917, which labeled artificial contraception as "demoralizing to character and hostile to national welfare."

Pro-life Anglicans clearly recognized the danger to their church long ago. C.K. Millard vividly illustrates the primary anti-life tactic of infiltration and subversion as he warned against pro-contraception agitators;

Although many Malthusians are rationalists, they are well aware that without some religious sanction their policy could never emerge from the dim underworld of unmentioned and unrespected things and could never be advocated openly in the light of day. To this end birth control is camouflaged by pseudo-poetic and pseudo-religious phraseology, and the Anglican Church is asked to alter her teaching. Birth controllers realize that it is useless to ask this of the Catholic Church but as regards the Church of England, which makes no claim to infallibility, the case is different, and discussion is possible.[63]

Figure 21-11

The Anglican Bishop's Contrasting 1920 and 1930 Statements on Contraception Statement of the 1920 Lambeth Conference

-- "We utter an emphatic warning against the use of unnatural means for the avoidance of conception, together with the grave dangers — physical, moral, and religious — thereby incurred, and against the evils with which the extension of such use threatens the race. In opposition to the teaching which in the name of science and religion encourages married people in the deliberate cultivation of sexual union as an end in itself, we steadfastly uphold what must always be regarded as the governing consideration of Christian marriage. One is the primary purpose for which marriage exists — namely, the continuation of the race through the gift and heritage of children; the other is the paramount importance in married life of deliberate and thoughtful self-control."[64]

Resolution 15 of the 1930 Lambeth Conference

-- "Where there is a clearly felt moral obligation to limit or avoid parenthood, the method must be decided on Christian principles. The primary and obvious method is complete abstinence from intercourse (as far as may be necessary) in a life of discipleship and self-control lived in the power of the Holy Spirit. Nevertheless, in those cases where there is such a clearly felt moral obligation to limit or avoid parenthood, and where there is a morally sound reason for avoiding complete abstinence, the Conference agrees that other methods may be used, provided that this is done in the light of the same Christian principles. The Conference records its strong condemnation of the use of any methods of conception-control for motives of selfishness, luxury, or mere convenience."

Just as pro-abortionists used the "hard cases" to impose abortion on demand — and just as they are now being used to lobby for euthanasia on demand — they were used to pave the way for easy access to contraception.

In December 1936, during a hearing on the constitutionality of the Comstock Act before the Federal Court of Appeals, testimony by Dr. Frederick C. Holden urged that contraceptives be made available for the following "hard cases:" When the mother had tuberculosis, heart or kidney disease, epilepsy, mental retardation; if the children were "improperly spaced;" or when the family could not properly provide for the children.[65]

The United States Federal Council of Churches (now the National Council of

The United States Federal Council of Churches (now the National Council of Churches) had been waiting eagerly for a particular church to take the lead in "modernizing" Christendom's stand on birth prevention. In March of 1931, the FCC endorsed "the careful and restrained use of contraceptives by married people," while at the same time conceding that "serious evils, such as extramarital sex relations, may be increased by general knowledge of contraceptives."

The reaction of many to the statements by the Anglican Church and the Federal Council of Churches was immediate and forceful. In the early 1930s, priests and ministers from the Catholic Church and other denominations were not afraid of being labeled "judgmental," "backward," "bigoted," "narrow-minded," or "out of touch with mainstream American society." The churches had not yet given up their right — and their duty — to be forceful voices in the public square, and they were not yet intimidated into a timid silence by atheist and anti-life groups.

These churches predicted that easy access to artificial birth control would lead to abortion and the destruction of the family. It is fascinating to read these decades-old statements by major Christian churches and the secular press, and to realize how precisely current events have fulfilled their prophecies. The writers, all experienced students of human nature, understood the 'slippery slope' concept, and also clearly recognized that we had taken the irrevocable first fatal step. The pro-contraception stand by the Federal Council of Churches was condemned by virtually all major churches, as shown in Figure 21-12.



Figure 21-12

Statements by the Churches and the Secular
Press Condemning Artificial Contraception Following
the Anglican's Lambeth Conference of 1930
The Lutheran Church

* "Birth Control, as popularly understood today and involving the use of contraceptives, is one of the most repugnant of modern aberrations, representing a 20th century renewal of pagan bankruptcy."

— Dr. Walter A. Maier, Concordia Lutheran Theological
Seminary, St. Louis, Missouri.

The Methodist Church

* "The whole disgusting [birth control] movement rests on the assumption of man's sameness with the brutes. ... Its [the Federal Council of Churches] deliverance on the

...announcements that the Federal Council of Churches, representative of the matter of birth control has no authorization from any churches representing it, and what it has said I regard as most unfortunate, not to use any stronger words. It certainly does not represent the Methodist Church, and I doubt if it represents any other Protestant Church in what it has said on this subject."

— Bishop Warren Chandler, Methodist Episcopal Church South,
April 13, 1931.

The Presbyterian Church

* "Its [Federal Council of Churches] recent pronouncement on birth control should be enough reason, if there were no other, to withdraw from support of that body, which declares that it speaks for the Presbyterian and other Protestant churches in ex cathedra pronouncements."

— The Presbyterian, April 2, 1931.

The Catholic Church

* "In order that she [the Catholic Church] may preserve the chastity of the nuptial union from being defiled by this foul stain, she raises her voice in token of her divine ambassadorship and through our mouth proclaims anew: any use whatsoever of matrimony exercised in such a way that the act is deliberately frustrated in its natural power to generate life is an offense against the law of God and of nature, and those who indulge in such are branded with the guilt of a grave sin."

— Pope Pius XI, Casti Connubii, December 31, 1930, Section 4,
Paragraph 4.

* "Since a week ago last Saturday we can no longer expect them to defend the law of God. These sects will work out the very logic of their ways and in fifty or one hundred years there will be only the Church and paganism. We will be left to fight the battle alone — and we will."

— Father Fulton J. Sheen of the Catholic University of America.

"Comments and Comments On the Report of The Federal Council of Churches of Christ in America." The American Birth Control League's Birth Control Review, Volume XV, Number 4 (April 1931), page 143.

* "Liberal Protestantism is really (so it seems to us and we speak with all respect for the noble solicitude it displays for human welfare, its passion for the building up of a better order of society) a new religion, but it is no longer Protestantism — it is pagan humanitarianism, it is the creed of social service built on shifting and unstable experiments, but not on the demonstrated facts of materialistic science."

— Editorial from The Commonweal of March 29, 1931. "Comments

...and Comments on the Report of The Federal Council of Churches

and Comments on the Report of The Federal Council of Churches of Christ in America." The American Birth Control League's Birth Control Review, Volume XV, Number 4 (April 1931), page 142.

The Secular Press

* "Carried to its logical conclusion, the committee's report, if carried into effect, would sound the death-knell of marriage as a holy institution by establishing degrading practices which would encourage indiscriminate immorality. The suggestion that the use of legalized contraceptives would be "careful and restrained" is preposterous."

— The Washington Post, March 22, 1931.

[Go to Next Topic: The Teaching of the Catholic Church on Contraception](#)

[Return to Contraception Table of Contents](#)

Endnotes for “The Historical Teaching of the Christian Church on Contraception”

[59] St. Ambrose, Bishop of Milan (c. 339-397), Hexameron, 5.18.58; Athenagoras of Athens, letter to Marcus Aurelius in 177, Legatio pro Christianis ("Supplication for the Christians"), page 35; St. Augustine, Bishop of Hippo (354-430), De Nuptius et Concupiscus ("On Marriage and Concupiscence"), 1.17; Barnabas (c. 70-138), Epistle, Volume II, page 19; St. Basil the Great, First Canonical Letter, Canon 2 (A.D. 374); Caesarius, Bishop of Arles (470-543), Sermons, 1.12; Clement of Alexandria, "The Father of Theologians" (c. 150-220), Christ the Educator, Volume II, page 10. Also see Octavius, c.30, nn. 2-3; Ephraem the Syrian, De Timore Dei, page 10; St. Jerome, Letter to Eustochium, 22.13 (A.D. 396); St. John Chrysostom, Homilies on Romans 24 (A.D. 391); Letter of Barnabas 19 (A.D. 74); Hippolytus, Refutation of All Heresies (A.D. 228); Lactantius, Divine Institutes 6:20 (A.D. 307); Minucius Felix, Octavius, 30 (A.D. 226); Origen of Alexandria (185-254), Against Heresies, page 9; Tertullian, Apology, 9:8 (A.D. 197), and The Soul, 25,27 (A.D. 210). The original quotes are given in "The Fathers Know Best: Contraception." This Rock, January 1996, pages 40 to 42.

[60] The original quotes are provided in Charles Provan. The Bible and Birth Control [Monongahela, Pennsylvania: Zimmer Press, 1989].

[61] Anglican C.K. Millard, The Modern Churchman (1919), as quoted in Patrick F. Fagan. "A Culture of Inverted Sexuality." The Catholic World Report, November 1998,

page 61.

[62] The original quotes are provided in Charles Provan. *The Bible and Birth Control* [Monongahela, Pennsylvania: Zimmer Press, 1989].

[63] Anglican C.K. Millard, *The Modern Churchman* (1919), as quoted in Patrick F. Fagan. "A Culture of Inverted Sexuality." *The Catholic World Report*, November 1998, page 61.

[64] Mahatma Gandhi, quoted in Father A.S. Antonisamy. *Wisdom for All Times: Mahatma Gandhi and Pope Paul VI on Birth Regulation*. Family Life Service Centre, Archbishop's House, Pondicherry 605001 India. June 1978. Quotes are taken from D.G. Tendulkar (Editor). *The Collected Works of Mahatma Gandhi*, Volumes 2 and 4. Published by the Ministry of Information and Broadcasting, Government of India.

[65] Morris L. Ernst and Alexander Lindsay. *The Censor Marches On* [New York: Doubleday, Doran, and Company, Inc., 1940], pages 162 and 163.

Commentary: Barreiro: Presentation of von Galen Award to Archbishop Cardoso



 SHARE

Address for the granting of the von Galen award to H.E. Mons. Dom José Cardoso Sobrinho, Archbishop of Olinda and Recife, on April 16, 2009. Archbishop Cardoso had been under great fire from politicians, the media, and even some Catholics for his courageous defense of Church teaching. The archbishop had declared the excommunication (which was automatic, per canon law) of the doctors performing an abortion on a nine-year-old girl who had been raped by her stepfather.

Msgr. Ignacio Barreiro-Carámbula, S.T.D., J.D.

Your Excellency,

It is my honour to grant to you, on behalf of Fr. Thomas J. Euteneuer the President Human Life International, the Cardinal von Galen award in recognition of your heroic discharge of your Episcopal duties. You have acted like a faithful descendant of the apostles proclaiming the absolute truth of the sacredness of life. You have given courageous witness that the gift of life that we have received from Almighty God is totally nonnegotiable, and that the life of the innocent must always and everywhere to be protected. You have preached and acted on this truth, in season and out of season, following the instruction that Saint Paul gives to Saint Timothy, his disciple and first bishop of Ephesus of convincing, rebuking and exhorting the faithful. This award also honours your close collaborators like Mons. Edvaldo Bezerra da Silva, Vicar General; Fr. Cícero Ferreira de Paulo, Chancellor; Fr. Moisés Ferreira de Lima, Rector of the Archdiocesan Seminary; Dr. Márcio Miranda, Attorney for the Archdiocese, Fr. Edson Rodrigues, Parish priest of Alagoinha-PE - Diocese of Pesqueira, and all the members of your Archdiocese who, in these difficult times, have given you their constant support. As a token of appreciation I would like to give to them silver medals of the Holy Father.

This award was instituted by Human Life International in remembrance of Blessed Cardinal August von Galen. He was the heroic bishop of Münster in Germany who under the National Socialist persecution denounced the glaring injustices of the Nazi regime. In his first pastoral letter in the Lent of 1934, von Galen denounced the neo-pagan ideology of Nazism. He gave a scientific refutation of the main ideologue of Nazism, Alfred Rosenberg, showing the historical errors and falsifications of his work the *Myth of the Twentieth Century*. He underlined how Nazism places itself the above and beyond morality and aims even to destroy the most basic foundation of Christianity. Well-known are the homilies of summer 1941, in which he energetically protested against the confiscation of monasteries and convents, the euthanasia program and against the illegal conduct of Gestapo and public authorities. In a homily of August 3rd he raised his voice with a prophetic strength against euthanasia. He strongly censured the killing of so-called unproductive persons like others call them even today: "lives that are not worth living". As a recognition of his strong defense of the rights of Catholics during the

Hitlerian regime, Pius XII, during the Consistory of February 18th, 1946, appointed him Cardinal of S. Bernardo alle Terme, the same cardinalial title that St. Pius X had. His criticism of Nazism makes concessions to neither socialism nor liberalism. It is solidly anchored in the permanent teachings of the Church. The heroic witness of von Galen is a valuable inspiration for the Catholics of our day who are committed to establish the Reign of Jesus Christ, without making any concession to the errors of our times.

This award has been granted to other prelates that have distinguished themselves in the defense of life and of the moral teachings of the Catholic Church, like Cardinal Alfonso Lopez Trujillo, the former president of the Pontifical Council of the Family; Cardinal Christian Tumi, the Archbishop of Douala in Cameroon; and recently to Archbishop Antonio Arrgui from Guayaquil and president of the Episcopal Conference of Ecuador.

First, Fr. Edson Rodrigues, Parish priest of Alagoinha and all of you should be commended for the compassionate and dedicated pastoral care shown to this poor little girl that suffered the abortion. You showed in an active and dedicated way your concern for her. You used all the means at your disposal to avoid the abortion and as a consequence to save three lives. We show our compassion for this girl and for many others that are at risk of rape making sure that the perpetrator of this horrible crime against her is punished with all the necessary severity and then brought to due repentance.

Second, the girl was pregnant with twins, so the doctors aborted *two babies*. Despite her young age, she was not in any serious danger according to all the medical information that we have, nor were the two babies in any danger. Even if she would have been in danger, the abortion would have been immoral because the direct killing of the innocent never is allowed. The intentional causation of an abortion is always immoral and as a consequence it does not admit any exceptions. The use and abuse of false compassion in extraordinary cases, which is augmented by a well coordinated media that is in favor of abortion, serves to create an opportunity to legalize abortion. The first ones that deserve compassion are the victims of crime not the perpetrators.

We totally agree with you on the disclosure of the therapeutic penalty of excommunication. The excommunication is incurred automatically by the persons responsible of this serious misdeed, because it is a *latae sententiae* excommunication. You just made it public with the scope first and foremost of leading the persons that were ready to incur this crime into repentance, second, as a timely warning to many Catholics that might be tempted to commit this crime. Your announcement a day before the commission of this crime was clearly a last ditch effort to prevent these abortions. The silence of the Church would have been a serious omission, and worse it could have been interpreted as a tacit assent especially after all that you did to avoid these abortions. Also it should be considered that fifty million abortions are being performed every year around the world, and in Brazil alone one million innocent lives are ended in this terrible way, so all possible means that are moral and legal have to be used to protect the innocents that are at risk. If any doctor is tempted to perform an abortion due

to the particular difficulties of a case, he should obey the very strong and reiterated pronouncements of the Magisterium of the Church denouncing the intrinsic evil of abortion. If he is a Catholic acting in good faith, he should understand and accept that the teachings of the Church are very clear and never and under any circumstances is abortion permitted.

You should be praised, Your Excellency, because your action provides a luminous example for your brother bishops to follow and a sign of hope for the pro-life movement world wide. You provide a bright example because regrettably the bishops that have the courage to speak strongly and plainly in the defence of life and family are not very numerous. You provide a sign of hope because it is part and parcel of being a Catholic that we expect to be lead by strong bishops in our militancy in the defence of life and family.

I pray that Our Lady of Mount Carmel, the patroness of your order, would constantly intercede for you, in such a way that you would receive superabundant graces to continue your pastoral ministry in defence of life and family.

Thank you very much.

Facts of Life: Chapter 21: Contraception: The Teaching of the Catholic Church on Contraception



 SHARE

The Teaching of the Catholic Church on Contraception.

"Similarly excluded is every action which, either in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means, to render procreation impossible."

— *Humanae Vitae*, ¶14.

Introduction. The teaching of the Catholic Church on abortion and contraception could not be clearer. Only a person who willfully blinds himself or herself to the facts could make the ridiculous claim that there is "room for a diversity of opinion" within the Catholic Church on abortion and artificial contraception.

The Church is the guardian of our interpretation of the Natural Law. Since the Natural Law was given to us by God, the Church does not have the authority to change its fundamental moral principles. The Church, of course, does clarify certain matters in the light of new knowledge, but the fundamental precepts of the natural law in Church teaching remain unchanged.

The self-proclaimed "Catholic" dissenters who are waiting for a change will be waiting for a very long time indeed.

Ridiculing the Church. The primary remaining opposition to artificial contraception is the Roman Catholic Church. Therefore, the anti-life people attack this institution ruthlessly and relentlessly.

The most common tactic used by anti-lifers is simply to *ridicule*. Mocking and jeering the Church takes no thought, no brains, and no courage; all that is required is a mean spirit.

Therefore, it is the ideal tactic for the anti-lifers.

Pro-aborts commonly insist that pro-life Catholics who oppose contraception are merely "ignorant" or "uninformed." It is fun to quiz these people on just how much *they* know about the issue of the Church's view on contraception in front of an audience. More than 90 percent of them cannot even name the 1968 encyclical condemning it — or the Pope who reigned at the time! Additionally, the same pro-abortionists who claim that pro-lifers are "stupid" know next to nothing about the method and user effectiveness rates, mechanisms of action, or side effects of contraceptives.

When Infiltration Fails, There's Always Bribery. Undoubtedly the most effective tactic used by anti-lifers against the Catholic Church on various issues is infiltration and subversion, which the ancient Chinese strategist Sun Tzu described as "... the art of destroying your enemy without a fight — by subverting anything of value in your enemy's country." [68]

The primary organization that overtly works to undermine Church teaching on artificial contraception and abortion is 'Catholics' for a Free Choice (CFFC).

The anti-lifers in groups like CFFC and Call to Action burrow away at the structure of the Catholic Church, but have no intention of leaving it. They need its structure, power, and resources. If they *did* leave, their platform would disappear, the press would forget them, and they would eventually vanish screaming into the void as a forgotten, shrill fringe group. They are simply parasites, greedily feeding on their host while actively sucking away its vitality. [69]

If infiltration and subversion do not work, pro-abortionists are certainly not above direct coercion or bribery.

Edouard Cardinal Gagnon, then-President of the Pontifical Council on the Family, revealed at a June 27, 1989 lecture in Washington, D.C., that the Vatican was offered "millions of dollars" in bribes to change Church teachings on artificial contraception when the Vatican took up the issue in the late 1960s. The Church would receive this "gift" if She would not formally proclaim Her teaching in the encyclical *Humanae Vitae*. Interestingly, the bribe was offered by retired U.S. General William Draper, who at the time directed the International Planned Parenthood Federation (IPPF). [70]

Sad — But True. A favorite anti-life tactic is to parade results of various polls and surveys showing that about 80 percent of Catholic couples use contraception, or that a large percentage of all priests or theology professors support or condone its use. Therefore, they argue, it must be all right for Catholics to use contraception.

Sadly, it is true that most Catholic married people in the United States use contraception. The most comprehensive study on the birth control habits of U.S. Catholics was the 1988 National Survey of Family Growth (NSFG), which showed that, of all married Catholic women,

- percent use oral contraceptives;
- 24 percent rely on male or female sterilization;
- 8 percent use barrier methods, IUDs, or other methods;
- 24 percent use no form of fertility control because they are either infertile or

- are trying to get pregnant; and
- Only 4 percent of married Catholic women of childbearing age use natural family planning (NFP).[71]

After reviewing the results of the above surveys, the proper question we might ask is: *So what?*

The above statistics are really not surprising. After all, the Church is made up of people, and people as a group tend to uncritically imitate their society's characteristics. It is true that the Catholic Church in the United States is in schism. On one side, there are faithful Catholics who continue to attend Mass, practice natural family planning, and try their best to follow the teachings of the Church, even if they often fail.

This is the *true* Catholic Church: The Roman Catholic Church.

On the other side is the much larger American Catholic church, whose members only observe those rules that they find easy to comply with, and ignore all the rest. These people attend Mass when it is convenient, use artificial contraception and kill their preborn children at will, and generally ignore what Rome has to say. These people are Catholic in name only, not in spirit. They look upon public opinion as the yardstick against which to measure their own behavior, and are therefore doomed to failure in their spiritual lives.

Once again, the opinion of the majority is *not* the valid guide for morals. For all Christians, the will of God is the guide. Contraception is quite obviously a direct interference with God's plan. When a couple uses contraception, they are interfering directly with God's design for their reproduction.

Catholics have a further guide: The teaching of the Pope. Catholics must follow the word of God in Scripture and the word of God as interpreted by the Pope under the teaching authority of the Church. It does not matter what dissident priests or Catholic lay people say; Catholics of *good* (not just convenient) conscience must follow God and the Pope — even if they are in the minority.

On Using Our Consciences. Those who dissent from Church teachings in sexual matters are the most likely to claim they are only following their own consciences. But they leave out a vital part of the equation: It is only licit to follow one's conscience when that conscience is *properly formed* and the conclusions reached *are in accord with the teachings of the Church*.

Father John Courtney Murray, S.J., principal author of the Second Vatican Council's *Declaration on Religious Freedom*, described how this dangerous attitude can lead to the moral anarchy of subjectivism:

The *Declaration* [on Religious Freedom] does not base the right to the free exercise of religion on 'freedom of conscience.' Nowhere does this phrase occur. And the *Declaration* nowhere lends its authority to the theory for which the phrase frequently stands, namely, that I have the right to do what my conscience tells me to do, simply because my conscience tells me to do it. This is a perilous theory. Its particular peril is subjectivism — the notion that, in the end, it is my conscience, and not the objective truth, which determines what is right and wrong, true or false.[72]

The Popes Speak. The Pope does not live in a vacuum, as many dissenters and anti-Catholic bigots would like us to believe. He is, more than anyone else in the world, completely aware of the currents of dissent and apostasy in the Catholic Church today because he is surrounded by the finest body of practical and moral theologians in the world and because he continuously receives accurate and complete information on developments all over the globe.

Perhaps no questions divide theologians more than contraception and abortion. Because the Vatican has issued more than 100 official denunciations of these practices during the 20th Century alone, this should not be the case.

Of all of the many clear statements against contraception, perhaps the most definitive is that of Pope Pius XI in his great encyclical *Casti Connubii* [VII]:

But no reason, however grave, may be put forward by which anything intrinsically against nature may become conformable to nature and morally good. Since, therefore, the conjugal act is destined primarily by nature for the begetting of children, those who in exercising it, deliberately frustrating its natural power and purpose, sin against nature and commit a deed which is disgraceful and intrinsically vicious ... In order that she [the Catholic Church] may preserve the chastity of the nuptial union from being defiled by this foul stain, she raises her voice in token of her divine ambassadorship and through our mouth proclaims anew: Any use *whatsoever* of matrimony exercised in such a way that the act is deliberately frustrated in its natural power to generate life is an offense against the law of God and of nature, and those who indulge in such are branded with the guilt of a grave sin.

Figure 21-13 shows several other pronouncements by Popes that decisively and unambiguously condemn contraception.



Figure 21-13

Statements by Recent Popes Condemning Contraception

"Our Predecessor, Pius XI, of happy memory, in his Encyclical *Casti Connubii* of December 31, 1930, once again *solemnly proclaimed* the fundamental law of the conjugal act and conjugal relations: That every attempt of either husband or wife in the performance of the conjugal act or in the development of its natural consequences which aims at depriving it of its inherent force and hinders the procreation of a new life is immoral; *and that no 'indication' or need can convert an act which is intrinsically immoral into a moral and lawful one* ... This precept is in force today, as it was in the past, and so it will be in the future also, and always, because it is not a simple human whim, but the expression of a natural and divine law."
— Pope Pius XII, *AAS* XLIII (1951), page 843 [emphasis in the original].

"We must solemnly proclaim that human life is transmitted by means of the family, and the family is based upon a marriage which is one and indissoluble and raised, so far as Christians are concerned, to the dignity of a sacrament. The transmission of human life is the result of a personal and conscientious act, and, as such, is subject to the all-holy, inviolable and immutable laws of God, which a man ignores and disobeys to his cost. ... Human life is sacred — all men must recognize that fact. From the very inception, it reveals the creating hand of God. Those who violate His laws not only offend the divine Majesty but degrade themselves and humanity."
— Pope John XXIII, Encyclical *Mater et Magistra* ["On Truth, Unity and Peace"], ¶193, May 15, 1961.

"On my part I owe it to my Apostolic Office to reaffirm as clearly and as strongly as possible what the Church of Christ teaches in this respect, and to reiterate vigorously her condemnation of artificial contraception and abortion."
— Pope John Paul II, in his homily during the Mass for Peace celebrated at Quezon Memorial Circle, Manila, the Philippines, February 19, 1981, "Blessed Are the Peacemakers!"

"The innate language that expresses the total reciprocal self-giving of husband and wife is overlaid, through contraception, by an objectively

husband and wife is overlaid, through contraception, by an objectively different language, namely, that of not giving oneself totally to the other. This leads not only to a positive refusal to be open to life but also to a falsification of the inner truth of conjugal love."

— Pope John Paul II. Apostolic Exhortation *Familiaris Consortio* ["On the Role of the Christian Family in the Modern World"], December 15, 1981 [¶32].

"The vocation of marriage requires great sacrifice and generosity on the part of both husband and wife. And the fullest sign of this mutual self-giving is expressed when the couple willingly accept children and bring them up in the knowledge and love of God. ... That is why anti-life actions such as contraception and abortion are wrong and are unworthy of good husbands and wives."

— Pope John Paul II, in his homily at the Vatican, August 17, 1985, "The Married Life Calls for a Constant and Generous Effort to Deepen the Conjugal Communion."

"The authentic love of God within the matrimonial communion is manifested necessarily in a positive attitude towards life, and becomes fruitful in procreation, as Pope Paul VI taught: "Every conjugal act should be open to the transmission of life" [*Humanae Vitae*, ¶11). Contraception is a falsification of conjugal love, because it converts the gift of sharing in the creative action of God to a mere convergence of petty selfishness."

— Pope John Paul II, in his homily at El Alto Airport in La Paz, Bolivia, May 10, 1988, "Defend Human Life and Dignity, Your Nation and Your Culture."

"Unfortunately, today it can be said that attitudes and initiatives exist which are against the acceptance of life which first lead to the moral disorder of contraception and then to the abominable crime of abortion. Such an anti-life mentality, whatever its intentions and concerns, is in itself and of itself inhuman and wrong."

— Pope John Paul II, in his address to pro-life leaders at the Rome Congress of the Pontifical Council for the Family, November 15, 1991, "Respect for Human Life Within a Genuine Human Ecology."

"... there is a growing awareness of the serious harm caused to marital

relationships by recourse to artificial contraception, which, because it inevitably thwarts the total self-giving implied in the conjugal act, at one and the same time destroys its procreative meaning and weakens its unitive significance."

— Pope John Paul II, during his *ad limina apostolorum* address to the Bishops of the United States (Region 8 - Minnesota, North Dakota and South Dakota), "Promote Deeper Awareness of the Responsibility of Lay People," June 6, 1998.

The teaching of the Catholic Church on contraception has not changed — and will *never* change. On November 12, 1988, Pope John Paul II addressed the final session of a three-day meeting of 300 Catholic moral theologians at the Pontifical Lateran University to celebrate the 20th anniversary of *Humanae Vitae*. There, he summarized the Church's teaching against birth control in a single sentence: "No personal or social circumstances have ever or can ever justify such an [contraceptive] act."

During this talk, the Pope also firmly stated that the ban on contraception "cannot be questioned by the Catholic theologian," much to the consternation of dissenting theologians in the Western world.[73]

[Go to Next Topic: Future Contraceptive Technology](#)

[Return to *Contraception* Table of Contents](#)

Endnotes for “The Teaching of the Catholic Church on Contraception”

[68] Master Chinese strategist Sun Tzu, c. 500 B.C. *The Art of War* [New York: Oxford University Press, 1973].

[69] Human Life International has published two books on these organizations: *Catholics for a Free Choice Exposed* and *Call to Action or Call to Apostasy?* They are available from Human Life International, 4 Family Life, Front Royal, Virginia 22630, toll-free orders at 1-(800) 549-LIFE. The complete and updated text of these books is also available in electronic format on this

compact disc.

[70] William Bole. "Cardinal Says Vatican Was Offered Bribe On Birth Control." *The Wanderer*, July 13, 1989, page 8. This is certainly not the only attempt by the population controllers to bribe the Catholic Church. John Paul James, a former Population Officer for the United States Agency for International Development (USAID), stated that his organization "... had given a \$5 million grant to Father Roger Vekemans (a Belgian Jesuit priest) to persuade the Catholic Church in Latin America not to oppose family planning initiatives" [Stephen Mumford's on-line book *The Life and Death of NSSM 200: How the Destruction of Political Will Doomed a U.S. Population Policy*, downloaded from <http://www.iti.com/iti/kzpg/>. The USAID officer's comment is included in the Web version of the document.

[71] Alan Guttmacher Institute Survey described in Catholic News Service. "Most Catholic Women Ignore Church-Accepted Form of Birth Control." The Portland, Oregon *Catholic Sentinel*, January 24, 1992, page 7.

[72] Father John Courtney Murray, S.J., quoted in Russell Shaw.

"Answers." *National Catholic Register*, September 13, 1992, page 4.

[73] "Pope Warns Theologians not to Question Ban on Contraception." *The Wanderer*, November 24, 1988, page 1.

Facts of Life: Chapter 21: Contraception: Future Contraceptive Technology



Future Contraceptive Technology.

"Birth control must lead ultimately to a cleaner race."
— Margaret Sanger.[74]

Introduction. Nowhere is the mentality of "if we *can* do it, we *must* do it" more evident than in the field of "reproductive technology."

We have "progressed" from natural conception and family planning to abortion pills, injectable abortifacients such as Depo-Provera, the mixing of human sperm and eggs in glass dishes, and disposable embryos.

However, this technology pales in comparison to the bizarre practices being forecast for the next twenty years.

Sadly, it seems that man's greatest ingenuity is displayed in war — war against each other and war against our own fertility.

Future "Hopes." Many of the future 'contraceptives' described below are true abortifacients, and researchers and manufacturers are very proud of this fact. What could be more effective at stopping births than surgical or chemical abortion?

The moral aspects of fertility control are now simply been disregarded as 'irrelevant' — the only thing that counts now is *effectiveness*.

- **Cervical Cap** (semi-permanent) — A one-inch sphere of rubbery plastic held in place by cervical mucus, equipped with a one-way valve that allows menstrual flow but blocks the passage of sperm.
- **Diaphragm** (collagen sponge) — Literally a spermicide-treated sponge that absorbs and attacks the sperm.
- **"Herbal Remedies"** — Various true abortifacients may be on the black market soon, based upon those used by women in developing countries for centuries. There are more than twenty known abortifacient "herbal remedies," all accompanied by side effects of varying scope and severity. Some of these are so-called "emmenagogues," or menstruation-assisting plants.
- **Hormone Injections** — Depo-Provera, hailed by Planned Parenthood types as a 'panacea' for birth control in undeveloped countries, is or has been banned in the United States, Israel, Egypt, and other developed nations because of the severe side effects it causes, including cervical cancer.

Another "promising" line of research is focused on Inhibin F, which inhibits the production of follicle stimulating hormone (FSH), which is produced by the pituitary gland, and without which the woman's eggs do not mature and are not released by the ovary.

- **Inhaler** — Based upon the natural hormone LRH, this once-a-day nasal inhaler not only inhibits ovulation, but menstruation as well. Possible severe side effects have not yet been investigated.
- **Intravaginal Ring** — This is a plastic ring inserted into the vagina, which releases progestogen (artificial progesterone) to prevent pregnancy.
- **Vaginal Suppositories** — These are also based upon prostaglandins, causing uterine contractions which would end pregnancies to nine weeks. In other words, this would be a so-called "quick and easy home abortion kit."
- **Morning-After Pill** — The current morning-after pills (euphemistically called "postcoital contraceptives" by the Planned Parenthood people) are true abortifacients which prevent or inhibit implantation. Future morning-after pills may use a variant of prostaglandin, F2 Alpha, which would cause uterine contractions similar to those experienced during labor. These pills would cause abortions to nine weeks, just like the RU-486 pill. Another future morning-after pill may be based upon LHRBI, which blocks the binding of luteinizing hormone (LH), which is essential for the growth of a fertilized egg. In other words, LHRBI kills the woman's eggs.
- **Silastic Implant** — Siliconized elastic rods containing progestogen, implanted under the woman's skin (tested on poor women in Brazil and Chile, of course), slowly release the hormone into the bloodstream, interfering with ovulation, changing the cervical mucus, and preventing implantation. Effective for up to a decade after implantation, its side effects include weight gain, skin irritation, ovarian cysts, and irregular menstrual bleeding. Norplant is an abortifacient of this type, and is described in more detail in Chapter 2, "Abortifacients."
- **Testicle Warmer** — Sperm must be stored at temperatures lower than normal body heat in order to remain viable, hence the man's testicles hang away from his body. The Japanese are testing the contraceptive value of prolonged hot baths and a heating device for the scrotum has been invented, giving a new meaning to the popular phrase, "I'm hot for you, honey."
- **Ultrasound** — Some people seriously think that ultrasound could be directed at the man's testicles shortly before intercourse, thus killing most of his sperm. How such a cumbersome procedure would interrupt foreplay has not yet been addressed by researchers.
- **Vaccines** — Since the population control cartel views pregnancy as a 'venereal disease,' why not develop an injection to control it, just like many

other diseases? An 'anti-baby shot' would most likely take the form of an antibody found in infertile women that would bind with the outer covering of the woman's egg, making it impossible for sperm to penetrate and fertilize it.

Another vaccine would immunize against the hormone HCG, which is required for pregnancy preparation. Another injection would be based upon a variant of LDH, an enzyme that causes the woman's body to treat sperm like invading viruses.

A contraceptive vaccine for men would neutralize the hormone FSH, making the sperm count too low to sustain fertility.[75]

The British medical journal *Lancet* reported in 1990 that only one of 157 fertile couples became pregnant over one year period when the man was injected weekly with testosterone enanthate (TE), an anabolic steroid that signals the testes to stop sperm production.[76]

Male Contraceptives. In this context, a "male contraceptive" means a chemical compound that renders men temporarily sterile.

Currently no compound is commercially available as a male contraceptive, but about 50 compounds, devices, and methods are being investigated in depth. These include benzoquinone, busserelin, various chlorinated antifertility agents, copper, danazol, Depo-Provera, ethanol, glycerol, infrared radiation, the intravas device (IVD), levonorgestrel, microwaves, mifepristone, oxytocin and ultrasonography.

Research into a male contraceptive has been ongoing since about 1975 but has not progressed significantly for three reasons;

1. Researchers know men would be reluctant to use a contraceptive and women would be reluctant to *trust* them to use it.
2. It is far easier to "target" a single egg released every month or to cause an early chemical abortion than it is to suppress the production of hundreds of millions of spermatozoa every day.
3. Some researchers think the investigation of a male contraceptive is redundant because so many female contraceptives and abortifacients already exist.

One of the most effective male anti-fertility agents is gossypol, a toxic phenolic pigment in cottonseed, being researched mainly in the People's Republic of China and India. Gossypol works by deactivating the enzyme responsible for producing sperm. Nofertil, a product of the Brazilian pharmaceutical corporation

Hebron S.A., contains gossypol and is projected to be the first "male contraceptive" on the world market.[77]

Trials of testosterone compounds are also being conducted in the United States. These involve an injection of testosterone enanthate weekly or testosterone bucyclate quarterly, or progestagen, which inhibits gonadotropin secretion and subsequently suppresses spermatogenesis. Weekly male testosterone injections stopped sperm production (azoospermia) in two-thirds of men and dramatically dropped it (oligospermia) in the other third who were experimented on.[78]

In a 1990 trial, the failure rate among azoospermic men was 0.8 percent, and about 2 percent for all of the men tested. About 10 percent of men had to drop out because they experienced severe acne, increased aggressiveness, and blood lipid abnormalities. Experts also speculated as to whether the increased rate of aggressiveness caused a much higher rate of divorce than usual during the trials. [79]

Danazol, currently used to suppress uterine inflammation, has been shown to suppress the production of the hormones luteinizing hormone (LH) and follicle-stimulating hormone (FSH) in men, decreasing sperm production (and the sex drive as well, forcing men to dose up on testosterone as well). Large or continued doses of Danazol can cause liver damage.[80]

The Connections Between Contraception and Abortion.

"I suggest to you that, for the individual, the role of abortion will be, as it has been, the second line of defense against harmful pregnancy and the unwanted child. These are contraceptive failures. The societal role will require that we see family planning in a true light: No matter how thin you slice it, ladies and gentlemen, *family planning is a euphemism*. We don't intend or desire to prevent conception for conception's sake; we want to prevent conception because of what follows conception. Family planning is the prevention of births, and as birth is the end of a sequence which begins with the sexual urge, then family planning is anti-conception, anti-nidation, and the termination of the conceptus if implanted. This is the societal role of abortion in the future."

— Professor Irvin Cushner of the Johns Hopkins School of Medicine.[81]

Introduction. Contraception, by its very definition, seeks to prevent life. Although its morality is rarely ever discussed any more, even among Christians, it remains one of the major life issues of our time — perhaps even more preeminent than abortion.

The use of artificial contraception has been called "copulation without population" and "the formula by which one plus one equals zero."

Euthanasia has never been possible without the widespread acceptance of abortion, and abortion has never been possible without a public acceptance of artificial contraception.

Until 1930, every mainline Protestant church opposed both contraception and abortion. After the Anglicans accepted contraception in their Resolution 15, resistance to all kinds of anti-life practices crumpled quickly, to include abortion, divorce, euthanasia, and pornography.

Before any of the churches accepted abortion, they accepted artificial contraception. Today, the only churches that actively oppose abortion are those that have maintained the Christian tradition against birth control.

Therefore, it can be said that the advent of contraception was the very first step down the bioethical 'slippery slope' for this nation and for the world.

The pro-life movement is currently divided into two schools of thought on the link between contraception and abortion.

The first group either sees no connection, or takes a "no official position" stance on contraception in order to avoid controversy or to focus their efforts on abortion. These organizations and individuals include the National Right to Life Committee (NRLC), the Christian Coalition, Concerned Women for America (CWA), Dr. James Dobson's Focus on the Family, the 700 Club and D. James Kennedy.

But more and more pro-life groups and individuals have seen the many connections and realize that, as long as contraception is widely available and the underlying anti-life mentality reigns, abortion will never be defeated. These groups include Human Life International (HLI), Priests for Life, American Life League (ALL) and Protestants Against Birth Control (PABC).

Regardless of what pro-life activists think about the links between abortion and contraception, they should consider the following facts and reflect on their truthfulness — and their relevance to their own lives.

[Go to Next Topic: \(1\) The Sequential Connection Between Contraception and Abortion](#)

[Return to *Contraception* Table of Contents](#)

Endnotes for “Future Contraceptive Technology”

[74] Margaret Sanger. *Woman, Morality, and Birth Control* [New York: New York Publishing Company, 1922], page 12.

[75] David Wallechinsky and Amy and Irving Wallace. *The Book of Predictions*[New York: William Morrow and Company, 1980].

[76] Judy Berlfein. "Birth-Control Technology Creeps Along." *The Oregonian*, November 15, 1990, page B1.

[77] Reuters wire service, August 28, 1996.

[78] "Men's Contraception Injection Match Pill's Effectiveness." *Australian Associated Press*, August 1, 1995.

[79] Dorothy Bonn. "What Prospects for Hormonal Contraceptives for Men?" *The Lancet*, February 3, 1996, page 316.

[80] David Wallechinsky and Amy and Irving Wallace. *The Book of Predictions*[New York: William Morrow and Company, 1980].

[81] Professor Irvin Cushner, Johns Hopkins School of Medicine, at the Symposium on Implementation of Therapeutic Abortion, International Hotel, Los Angeles, January 22 to 24, 1971. Quoted in the *Marriage and Family Newsletter*, July 1971, page 3.

Facts of Life: Chapter 21: Contraception: (1) The Sequential Connection Between Contraception and Abortion



 SHARE

(1) The Sequential Connection Between Contraception and Abortion.

Setting the Stage. In Western nations, pro-abortion groups work for school-based birth control clinics and comprehensive sex education programs that include training in contraceptive use. Alan Guttmacher revealed one of the primary purposes of value-free sex education when he admitted that "The only avenue the International Planned Parenthood Federation and its allies could travel to win the battle for abortion on demand is through sex education." [82]

In developing nations, population control groups spend hundreds of millions of dollars annually in attempts to saturate indigenous cultures with every available contraceptive and abortifacient. Malcolm Potts, former Medical Director of the International Planned Parenthood Federation (IPPF), said in 1979 that "As people turn to contraception, there will be a rise, not a fall, in the abortion rate." [83]

Dr. Judith Bury of Canada's Brook Advisory Centre confirmed Potts' view when she said that "There is overwhelming evidence that, contrary to what you might expect, the provision of contraception leads to an *increase* in the abortion rate." [84] Canadian sex educator David Robinson went even further and stated that "Today abortion is the most widely used birth control method in the world." [85]

Indeed, some gender feminists see *no distinction whatever* between artificial contraception and abortion. Kristin Luker, in her revealingly-entitled book *Taking Chances: Abortion and the Decision Not to Conceive*, says that "We would argue that since abortion has become a primary method of fertility control, it should be offered and subsidized in exactly the same way that *other* contraceptive services are." [86]

Pro-abortionists, population controllers, "family planners" and sex educators all over the world assert that as contraceptive and abortifacient use increases "unwanted pregnancies" and both illegal and legal abortions will decrease.

At first glance, this position seems logical. After all, authentic contraception is designed to stop conceptions and, if more conceptions are prevented, fewer abortions will occur.

This theory does not work in the *real* world because the large-scale use of contraceptives and abortifacients leads to a tremendously increased rate of sexual activity, which, combined with method failures, leads to a huge increase in the number of "unplanned pregnancies."

More Contraception ? More Abortion *Always* Pro-abortionists say

MORE CONTRACEPTION = MORE ABORTION ... ALWAYS. Pro-abortionists say increased contraceptive use reduces the number of abortions, knowing that this "logic" will appeal to the large segment of the public that uncritically accepts their assertions.

It would seem to be counterintuitive that a wider use of artificial contraception would lead to a great increase in the number of abortions, since the stated purpose of contraception is to *prevent* 'unwanted' conceptions that lead to abortion.

However, there are two methods by which a greater general public use of contraceptives will lead to *more*, not *less* abortions;

(1) a greater use of contraceptives will lead to greater promiscuity and carelessness, because people will rely on abortion as a handy 'backup;' and

(2) As shown in Figure 21-4, there are more than *two million* contraceptive failures in the United States annually. Abortion statistician Christopher Tietze has said that the lifetime abortion rate in a country with *moderately effective* contraception programs (such as the United States) will be 1,000 per 1,000 women. This means that the *best* we can expect in any nation with freely available contraception is that the average woman will have at least one abortion during her lifetime.[87]

Since the 1930s, pro-abortion leaders have admitted that an increase in contraceptive availability inevitably leads to an increase in promiscuity and therefore abortions, as shown in Figure 21-14.

The thinking behind this phenomenon at the individual level is quite straightforward. Once a couple starts using contraception, they make lifestyle changes and commitments that do not allow room for children. When contraception fails and they become pregnant, their "life plan" wins out over their preborn children. Additionally, they have been conditioned to see their preborn child not as a gift from God, but as a "contraceptive failure" or a "mistake." Since the contraceptive method has failed them, they feel cheated and therefore "entitled" to an abortion as a form of compensation.

Figure 21-14

Examples of Leading Pro-Abortionists Admitting
that Contraception Leads to Abortion

"Within recent years I have been rather impressed with the attitude of mind of the woman who has practiced contraception and who has failed to attain her object [of avoiding pregnancy]. Such a woman instinctively seems to feel that she has the right to demand the termination of an unwanted pregnancy. The criminal aspect of the matter does not appear to enter her mind in the least."

— Beckworth Whitehouse. "A Paper on the Indications for the Induction of Abortion." *British Medical Journal*, August 20, 1932, pages 337 to 340.

"At the risk of being repetitious, I would remind the group that we have found the highest frequency of induced abortion in the group which, in general, most frequently uses contraceptives. I don't think it is entirely carelessness. As I pointed out before, you don't do *anything* — putting on your clothes, or going to bed, or drinking, or eating — with absolute regularity. And I think it is just too much to hope that we can ever have any contraceptive practice, outside of temporary sterilization, which is going to prevent this occasional slip that accounts for a high proportion of undesired pregnancies and abortions, especially among those of the upper socioeconomic levels."

— Alfred Kinsey, America's most famous "sexologist," quoted in Mary Calderone, M.D. [Editor]. *Abortion in the United States* [New York: Paul B. Hoeber, Inc., 1956], page 157.

"A high correlation between abortion experience and contraceptive experience can be expected in populations to which both contraception and abortion are available. ... women who have practiced contraception are more likely to have had abortions than those who have not practiced contraception, and women who have had abortions are more likely to have been contraceptors than women without a history of abortion."

— Christopher Tietze, one of the world's most experienced abortion statisticians. "Abortion and Contraception." In *Abortion: Readings and Research* [Toronto: Butterworth & Co., 1981], pages 54 to 60.

"The safest regimen of control for the unmarried and for married child-spacers is the use of traditional methods [of contraception] backed up by abortion: but if this regimen is commenced early in the child-bearing years

abortion, but if this regimen is commenced early in the child-bearing years, it is likely to involve several abortions in the course of her reproductive career for each woman who chooses it."

— Christopher Tietze, J. Bongaarts, and B. Schearer. "Mortality Associated With the Control of Fertility." Alan Guttmacher Institute's *Family Planning Perspectives*, January-February 1976, pages 6 to 14.

"For years I thought the pill would not lead to promiscuity, but I've changed my mind. I think it probably has."

— Dr. Robert Kirstner of Harvard Medical School, co-inventor of the oral contraceptive pill, quoted in "In Brief: Harvard, Mass." *ALL About Issues*, June 1981, page 5.

"[Young people] indulge in too much sexual activity ... I personally feel the pill has rather spoiled young people. It's made them more permissive."

— Dr. Min-Chueh Chang, co-inventor of the oral contraceptive pill, quoted in Charles E. Rice. "Nature's Intolerance of Abuse." *ALL About Issues*, August 1981, page 6.

If the population controllers and pro-abortionists *know* that contraception leads to more abortion, why do they lie and say exactly the opposite?

Because they *know* that contraception is unreliable, and because they *know* that the only secular "family planning" program that will definitely cut population growth must include both contraception *and* abortion, either voluntary or coerced. Population statistician Emily C. Moore reflected the consensus when she said that "Since contraception alone seems insufficient to reduce fertility to the point of no-growth, and since population experts tell us that eliminating unwanted fertility [is necessary], we should permit all voluntary means of birth control (including abortion) so as to avert the necessity for coercive measures." [88]

Dr. Alan Guttmacher of the International Planned Parenthood Federation has said that "Each country will have to decide its own form of coercion and determine when and how it should be employed. At present, the means available are compulsory sterilization and compulsory abortion. Perhaps someday a way of enforcing compulsory birth control will be feasible." [89]

Note that in the 1950s and 1960s, the leading experts of the pro-abortion movement admitted that the widespread availability of contraception inevitably

leads to abortion. This proves that their push for easy access to contraception was a cover for abortion agitation in North America and Europe in the past and in developing countries all over the world today.

A Natural Phenomenon? The above quotes prove that pro-abortionists and population controllers fully recognize that the wide availability of contraception *must* lead to vastly increased abortion rates, mainly because of the unreliability of contraceptives.

But we must not think for one moment that the pro-abortionists would stop pushing for abortion if a perfect contraceptive method could be found, or if the world's population began to decline. Population controllers and pro-abortionists see abortion as much more than a useful "surgical procedure" — they see it as an absolute and immutable *right*, a paramount privilege that supersedes all other rights, including the right to life and the right to free speech and dissent. Perhaps this ideology is only a cover to distract attention from the billions of dollars the abortion industry makes each year.

Article 15 of *Humanist Manifesto II* states that "It is the *moral obligation* of the developed nations to provide ... birth control techniques to the developing portions of the globe." Lawrence Lader, co-founder of the National Abortion and Reproductive Rights Action League (NARRAL, now NARAL Pro-Choice America), said that "The right to abortion, an *inalienable right* of all women, is an integral part of population control." [90]

Beneath the anti-lifer's veneer of compassion and understanding lies a total commitment to separation of all people from God and His plan for our lives. This is because the anti-lifers know, better than most Christians, that the eternal battle between the "culture of life" and the "culture of death" can only have one winner. Secular humanism, "New Age" theology and radical environmentalism are at the core of the anti-life mentality, which will never rest until contraception and abortion are freely available to every human being on the planet — so everyone can have sex with everyone else, regardless of whether they are married or unmarried.

Molly Yard, former president of the National Organization for Women (NOW), neatly tied abortion and radical environmentalism together when she said that "The abortion question is not just about women's rights, but about life on the planet — environmental catastrophe awaits the world if the population continues to grow at its present rate." [91] Many radical "animal rights" activists and environmentalists, including Ingrid Newkirk, founder of People for the Ethical Treatment of Animals (PETA), actually see humanity not as the greatest creation of God, but as the polar opposite. Newkirk has said that "We [humans] have grown like a cancer. We're the biggest blight on the face of the earth." [92]

The Only Possible Conclusion. The attitudes described above show beyond the shadow of a doubt that pro-abortionists consider abortion an absolute and fundamental human right. The wide availability of contraception has only "softened up" more than 100 countries for legalized abortion by greatly increasing the demand for illegal abortion. This, of course, is a custom-made situation for pro-abortionists, who then wildly exaggerate the public health problems caused by "women dying at the hands of back-alley butchers" and demand the legalization of abortion.

(2) The Chemical Connection Between Contraception and Abortion.

The "Advantages" of Abortifacients. The primary mission of the vast "family planning" field is the search for more and more abortifacients. Even now, fewer and fewer women are using true contraceptives and surgical abortion, and more are using abortifacient chemicals.

The ultimate goal of the "family planners" is to see all women using chemical abortifacients in tandem with anti-VD vaccines.

Why are abortifacients preferable to contraceptives from a "family planning" point of view?

(1) Abortifacients are much more effective at *ending* pregnancies than contraceptives are at *preventing* them. The best user ('real world') effectiveness rates of the oral contraceptive pill, the IUD, Lunelle and Depo-Provera average about 96 percent, and the best user effectiveness rates for the male and female condoms, cervical cap, diaphragm and sponge average only about 80 percent (see Figure 21-1 for individual method effectiveness rates).

(2) Abortifacients put more control into the hands of the medical profession and mean more money for the international pharmaceutical cartel. In developed countries all abortifacients must be prescribed or inserted by health professionals (in developing countries, physicians exert less control over the distribution of abortifacients). By contrast, all contraceptives are controlled by the user in all countries. Total use of abortifacients will ensure that physicians — and, in some cases, the State — will be able to strictly monitor and, if "necessary," control the fertility of the people. This is now happening in the People's Republic of China and has happened on a smaller scale in more than 20 other countries. This point in particular concerns feminists, who would like to see as much reproductive control as possible transferred to the user.

(3) From the user's point of view, abortifacients are more convenient, and there is no fiddling around with jams, jellies and rubber contraptions that interrupt foreplay.

(4) Most important of all, the widespread use of abortifacients dulls individual and national consciences even more than does the use of contraceptives. If a woman is conscious of the abortifacient nature of the method she is using and is still willing to kill the preborn child in his or her first week of life, she will not hesitate to kill the child in its first trimester of intrauterine life. A nation that has grown accustomed to the dreadful convenience of chemical abortion will resist any controls whatsoever on surgical abortion.

The only serious roadblock to the accelerated changeover to abortifacients is that they do not protect against venereal diseases. For this reason, researchers have placed a very high priority on finding "vaccines" and treatments for these diseases as well.

The Psychology of Chemical Abortion. There exists an ongoing intensive pro-abortion campaign designed to confuse the distinction between abortion and contraception. The elements of this campaign are the redefinition of the word "conception," lawsuits designed to group abortifacients and contraceptives into one classification, insistence that all nonsurgical means of birth prevention are "contraceptive" in nature and a linking of surgical abortion and "contraception" as one "super-right" in the public mind.

Since the frontier of tomorrow's abortion battle will be chemicals, every pro-life activist must become intimately familiar with the various abortifacients and their exact modes of action. And if the pro-lifer learns that he or she is using any type of abortifacient, a clear choice results: Stop using the abortifacient, or quit the pro-life movement, because to fight against surgical abortion while committing chemical abortion is the worst kind of hypocrisy.

[Go to Next Topic: \(3\) The Legal Connection Between Contraception and Abortion](#)

[Return to Contraception Table of Contents](#)

Endnotes for “(1) The Sequential Connection Between Contraception and Abortion”.

[82] Alan Guttmacher quote of May 3, 1973, *Humanity Magazine*, August/September 1979, page 11.

[83] Malcolm Potts. "Fertility Rights." *The Guardian*, April 25, 1979.

[84] Judith Bury, M.D., Brook Advisory Centre. "Sex Education for Bureaucrats." *The Scotsman*, June 29, 1981. Also quoted in Rudolf Ehmann, M.D., "Consequences of Contraception and Abortifacient Birth Control," Human Life International pamphlet.

[85] David Robertson, *et al.* *Sex Education: A Teacher's Guide*. The Canadian Ministry of National Health and Welfare, Volume 4, pages 24 and 25.

[86] Kristin Luker. *Taking Chances: Abortion and the Decision Not to Conceive*, 1975. Page 144.

[87] Christopher Tietze and J. Bongaarts. "Fertility Rates and Abortion Rates, Simulation Family Limitations." *Studies in Family Planning*, 6:114-122, 1975.

[88] Emily C. Moore, Ph.D. "The Major Issues and the Argumentation in the Abortion Debate," pages 33 to 43. In a looseleaf booklet entitled "Organizing for Action." Prepared by Vicki Z. Kaplan for the National Abortion Rights Action League, 250 West 57th Street, New York, N.Y. 10019, no date.

[89] Alan F. Guttmacher, quoted in *Medical World News*, June 6, 1969.

[90] Samuel L. Blumenfeld. *The Retreat From Motherhood*. New Rochelle, New York: Arlington House, 1975, page 37.

[91] Molly Yard, quoted in the article "Women are Not Incubators!" *Proletarian Revolution*, Fall 1989, pages 7 to 8.

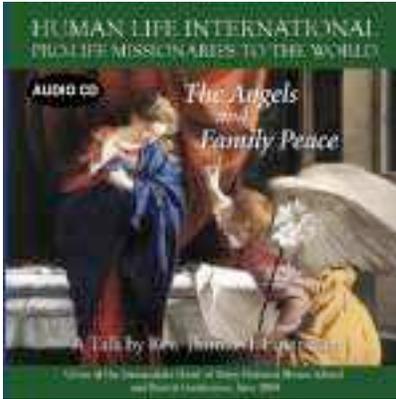
[92] Ingrid Newkirk, quoted in Charles Oliver. "Liberation Zoology," *Reason Magazine*, June 1990, pages 22 to 27.

Fr. Thomas Euteneuer: The Angels and Family Peace



Fr. Euteneuer explains the role of angels and how to develop a deeper friendship with them. Drawing on the Fathers of the Church, he explains that the angels are:

- Servants of the Church, helping humans present



- their prayers to God;
- Messengers of God, like Gabriel was at the time of the Annunciation; and
- Spiritual warriors.

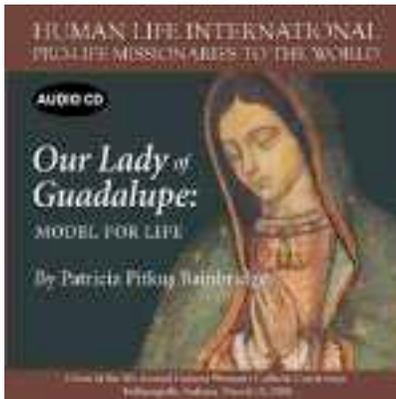
Finally, Fr. Euteneuer reveals his seven principles for friendship with the Holy Angels, in which he explains that angels are powerful friends and supporters in a person's spiritual journey.

Click below to listen:

[Patricia Bainbridge: Our Lady of Guadalupe: Model for Life](#)



 SHARE



Patricia Pitkus Bainbridge tells a true story of faith - the apparition of Our Lady of Guadalupe. At a time when human sacrifice was rampant in Mexico because of the influence of the pagan Aztec Indians, Our Lady of Guadalupe appeared to Juan Diego in Mexico City to help evangelize the Mexican people. Mrs. Bainbridge explains the amazing symbolism contained in the miraculous image of Our Lady of Guadalupe. She then explains that just as Our Lady used Juan Diego to change the hearts and minds of the Mexican people to embrace a culture of life, so we can change the hearts and minds of peoples today.

Click below to listen:

Test photo essay



 SHARE

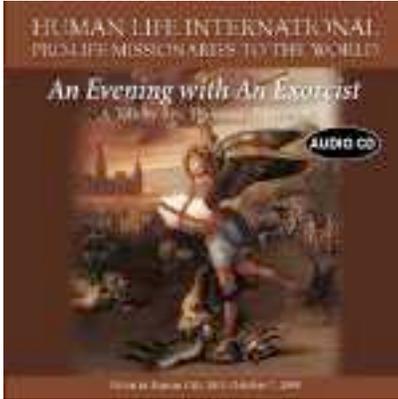
This should do it.

HLI Test on PhotoPeach

Fr. Thomas Euteneuer: An Evening with An Exorcist



 SHARE



In *An Evening with an Exorcist*, Fr. Thomas Euteneuer explains the anatomy of an exorcism. As a practicing exorcist, he discusses how a person may become possessed and what goes on during an exorcism.

He also explains the connection between abortion and demonic possession, from the abortion demon's invitation into the US with the Supreme Court's passing of *Roe v. Wade* in 1973 to the ritualized sacrifice of unborn children that goes on in Planned Parenthood "clinics" today.

Exorcism is "Christ's victory over the devil" and "the vocation of the Church Militant." Listen as Rev. Euteneuer strengthens your faith and encourages you to join in the spiritual battle against the culture of death in order to "exorcise this demon from our country."

Click below to listen:

Order Recordings

First Name (*)

Last Name (*)

Street Address 1 (*)

Street Address 2

City/Town (*)

State (*)

Postal Code (*)

Email (*)

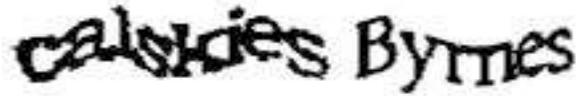
Name of Recording (*)

Other Comments

Put me on HLI's contact list! yes

We need to make sure you are a human. Please solve the challenge below, and click the I'm a Human button to get a confirmation code. To make this process easier in the future, we recommend you enable Javascript.

Please enter the words in the field provided

The image shows two words, 'calories' and 'Bytmes', rendered in a highly stylized, handwritten font. The letters are thick and irregular, with some overlapping and a slightly blurred, ink-like appearance. The words are positioned horizontally and are the central focus of the challenge.

Type the two words:

[Try another challenge](#) [Get an audio challenge](#) [Help](#)

Submit

Facts of Life: Chapter 21: Contraception: (3) The Legal Connection Between Contraception and Abortion



SHARE

(3) The Legal Connection Between Contraception and Abortion.

Frank Susman, the lawyer who represented the pro-abortion side in the United States Supreme Court's 1989 *Webster v. Reproductive Health Services* case, stated in his opening argument that the "rights" of abortion and contraception now actually merge:

For better or for worse, there no longer exists any bright line between the fundamental right that was established in *Griswold* and the fundamental right of abortion that was established in *Roe*. These two rights, because of advances in medicine and science, now overlap. They coalesce and merge and they are not distinct. The most common forms of contraception today — IUDs, low-dose oral contraceptive pills, which are the safest type of oral contraceptive pills available — act as abortifacients.[93]

The principle used to justify all anti-life practices in the United States is the "right to privacy," which appears nowhere, in any form, in the Constitution of the United States. The United States Supreme Court first stumbled upon this mythical "right" in its 1965 *Griswold v. Connecticut* decision, which legalized contraception for married couples nationwide. Three years later, the Court extended this "right" to unmarried people. And, of course, five years after *that*, it quickly applied the "right to privacy" to abortion in its *Roe v. Wade* decision.

The "right to privacy" is now being invoked all over the world in both passive and active euthanasia cases. In the United States alone, more than 250 court decisions, including those involving euthanasia, have been based upon *Roe v. Wade* since 1973 (see Chapter 23 for details on how the principles outlined in *Roe* are now being used to legalize euthanasia).

Every American values personal privacy. Everyone wants the government to interfere with their private lives as infrequently as possible. So the "right to privacy" is used as a cover to justify practices that the public will not accept until it has been exposed to them for years. We can see this principle at work in the seamless progression from contraception to abortion to euthanasia. And the "right to privacy" is also used to justify sodomy, adultery, infanticide and all kinds of pornography.

The public has "evolved" to accept acts that were once universally believed as immoral and loathsome. Anti-lifers now label any opposition to abortion, sodomy, euthanasia, pornography and other evils "anti-choice," "anti-freedom,"

and "anti-American."

Pro-lifers and other pro-family activists must not feel guilty in the least when opposing abortion, euthanasia, sodomy, pornography and other hideous sins advocated by organized anti-lifers. After all, anti-lifers simply use the "right to privacy" as a cloak to abuse — and *kill* — other human beings.

If the anti-lifers have their way, the "right to privacy" will continue to expand until it destroys any chance human beings have of living together without seeing each other as objects to be exploited for personal pleasure and gain.

(4) The Attitude Connection Between Contraception and Abortion.

"Getting human sexuality 'right' is one of the great challenges of our time. Meeting this challenge is very much part of the work of the pro-life movement. The mysterious links between sexuality, life and death, are part of our psychology and our experience of life. The anti-life mentality began, not with abortion, but by separating sexuality from the transmission of life in contraception and sterilization. As the Holy Father points out in *Evangelium Vitae* [¶13], "Despite their differences of nature and moral gravity, contraception and abortion are often closely connected."

"I invite everyone here to think seriously about the roots of the anti-life mentality. I urge you never to fall for the shallow argument that providing widespread contraception will reduce the number of abortions."

— From the address by Cardinal Alfonso Lopez Trujillo, President of the Pontifical Council for the Family, given March 23, 1996 in Westminster Central Hall, London. "*Evangelium Vitae* and the Pro-Life Movement."

General Principles. As shown previously, countless intimate legal, medical and practical connections exist between contraception and abortion.

But all of these links pale in comparison to the most important connection of all: The fact that the very same belief system and psychology that accepts contraception also readily accepts abortion.

Most people (including most Christians) use contraception for one or more of several reasons: They can't afford a baby, they have problems with their relationships, they want to avoid single parenthood, they aren't ready for the responsibility, they have all the children they want and they are concerned about how a child (or another child) would change their lives.

These are *exactly the same reasons* women use to justify having abortions [see Chapter 19, "United States Abortion Statistics," for details on why women have abortions].[94] Underlying them all is the fundamental denial of God's plan

for children in our lives. People today want to "plan" their families. But who can better plan a family than God?

Why does a couple contracept? Because they don't want a child. Why don't they want a child? Because they have made Important Plans for Their Lives. And when contraception fails, the resulting "unplanned" child is seen as an intruder, one who will spoil the couple's carefully laid plans.

And when a couple has denied God's plan for their lives once through contraception, it is so much easier to do it again through abortion. As Mother Teresa of Calcutta observed,

In destroying the power of giving life, through contraception, a husband or wife is doing something to self. This turns the attention to self and so it destroys the gifts of love in him or her. In loving, the husband and wife must turn the attention to each other as happens in natural family planning, and not to self, as happens in contraception. Once that living love is destroyed by contraception, abortion follows very easily.[95]

Pro-Lifers and Birth Control. Many pro-life activists will certainly be offended by the classification of artificial contraception as "anti-life," because they have completely separated contraception from abortion in their minds. As far as they are concerned, abortion and artificial contraception are two entirely separate issues.

Many pro-life activists use artificial contraception. In fact, it is safe to say that many pro-life women use 'birth control' methods that are actually abortifacient in their methods of operation. These men and women may not want to hear that they may be committing one or more 'silent' abortions themselves every year, but it would not be intellectually or ethically honest to obscure or omit the truth in this matter. It is ironic in the extreme that a 'pro-life' woman who uses an intrauterine device or the Pill for a decade will commit ten to twenty 'silent' abortions, while a pro-abortion woman using the same methods may only commit only one or two additional abortions through surgical means.

Conclusion.

Evangelium Vitae [¶13] points out that "contraception and abortion are often closely connected, as fruits of the same tree."

This tree is the same tree that brought about the downfall of our first parents, Adam and Eve. It is the tree of taking it upon ourselves to decide what is right and what is wrong, and it is rooted in the rejection of God's will.

As such, all of its fruits — whether they be contraception, abortion, euthanasia, homosexual activity, masturbation, or pornography — are poisonous to the soul. Everyone who genuinely seeks God's will for his or her life must avoid them like the spiritual plagues they are.

[Go to Next Topic: Further Reading on *Contraception*](#)

[Return to *Contraception* Table of Contents](#)

Endnotes for “(3) The Legal Connection Between Contraception and Abortion”

[93] "Excerpts of Arguments Before Supreme Court on Missouri Abortion Law." *Washington Post*, April 27, 1989, page A16.

[94] Aida Torres and Jacqueline Darroch Forrest. "Why Do Women Have Abortions?" *Family Planning Perspectives*, July/August 1988, pages 169 to 176.

[95] Mother Teresa of Calcutta. "Whatever You Did Unto One of the Least, You Did Unto Me." Address given at the National Prayer Breakfast in Washington, D.C., Thursday, February 3, 1994.

[Facts of Life: Chapter 21: Contraception: Further Reading on Contraception](#)



 SHARE

Further Reading: Contraception.

Nona Aguilar. *No-Pill, No-Risk Birth Control* [New York: Rawson, Wade Publishers, 1980]. Reviewed by Edward F. Keefe in the Spring 1980 issue of the *International Review of Natural Family Planning*, pages 81 to 84, and by Rose Fuller on pages 177 to 179 of the Summer 1986 issue of the same publication. This book extols the virtues of natural family planning while explaining the "shocks" to the system of sterilization and the various methods of artificial contraception. A good 'theory' book.

Benedict M. Ashley, O.P. *Theologies of the Body: Humanist and Christian*. The Pope John XXIII Medical-Moral Research and Education Center, 186 Forbes Road, Braintree, Massachusetts 02184. 1985, 727 pages. A very in-depth examination of the history and implications of the attitudes towards the human body by Christians and humanists.

Gary Atkinson, Ph.D., and Father Albert Moraczewski, Ph.D. *A Moral Evaluation of Contraception and Sterilization: A Dialogical Study* [St. Louis, Missouri: Pope John XXIII Medical-Moral Research and Education Center (now the National Catholic Bioethics Center), 1979]. Reviewed by Donald DeMarco, Ph.D. in the Summer 1980 issue of the *International Review of Natural Family Planning*, pages 166 and 167. This small volume presents the central arguments of the controversies over contraception and sterilization.

Claudia Carlen, IHM. *The Papal Encyclicals*. McGrath Publishing Company. Five volumes, 2,260 pages. The complete text of every encyclical issued by each pope from Benedict XIV in 1740 to Pius IX in 1878 (in Volume I, 460 pages); Leo XIII, 1878 to 1903 (Volume II, 520 pages); Pius X in 1903 to Pius XI in 1939 (Volume III, 570 pages); Pius XII, 1939 to 1958 (Volume IV, 380 pages); John XXIII in 1958 to John Paul II in 1981 (Volume V, 330 pages). All of these encyclicals are also available in electronic format at various Web sites, including that of the Eternal Word Television Network (EWTN) at <http://www.ewtn.com/>. Additionally, all of the encyclicals ever written by all of the popes are available on this compact disc — click here for a listing.

Claudia Carlen, IHM. *Papal Pronouncements: A Guide, 1740-1978*. The Pieran Press, Box 1808, Ann Arbor, Michigan. 1990. 2 volumes, 957 pages. *Volume I: Benedict XIV to Paul VI* (entries 1:1 to 16:930). *Volume II: Paul VI to John Paul I* (entries 16:931 to 17:30).

John R. Cavanaugh, M.D. *The Popes, the Pill, and the People: A Documentary Study* [Milwaukee: The Bruce Publishing Company, 1965]. This interesting book, written and published before *Humanae Vitae* was issued, describes the impacts of the Pill on society and on women's bodies long before the debate was obscured by the power of the press and the drug companies. The author also describes the impacts of the pill on menstrual regulation and its effects upon nursing mothers. Most importantly, he talks about the neverchanging position of the Church on artificial contraception.

Couple to Couple League International. 12-page pamphlet entitled "What Does the Catholic Church Really Teach About Birth Control?" Order from the Couple to Couple League International, Post Office Box 111184, Cincinnati, Ohio 45201.

Donald DeMarco, Ph.D. *In My Mother's Womb: The Church's Defense of Natural Life*. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. An eloquent defense of the Catholic Church's defense of human life. An examination of abortion's languages and perspective, the unborn, contraception and bio-engineering. Also covered are the Church's perspective on new technologies, including *in-vitro* fertilization, surrogate motherhood, fetal experimentation, and genetic engineering. See especially Chapter 1, "Abortion and Church Teaching," pages 7 to 25.

Eugene F. Diamond, M.D. *This Curette for Hire*. Published by the ACTA Foundation, 4848 North Clark Street, Chicago, Illinois 60640. 1977, 141 pages. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. The author discusses the deterioration of medical ethics and the critical role of the doctor in all anti-life activities: Abortion, fetal experimentation, sterilization, euthanasia, infanticide, sex therapy, abortifacients, and more.

Carl Dierassi. *The Politics of Contraception* [New York: W.W. Norton & Co..

1980]. Reviewed by Andrew Hacker in the Summer 1980 issue of the *International Review of Natural Family Planning*, pages 179 to 181. This is a fascinating book purely because it gives us insight into the mind of Dr. Carl Djerassi, one of the original inventors of the birth control pill. By reading this book, one can examine the very roots and beginnings of the anti-life, anti-natalist philosophy.

Siegfried Ernst, M.D. "Is *Humanae Vitae* Outdated?" A superb encapsulation of the Catholic Church's logic supporting its teachings against artificial contraception, and a detailed rebuttal of "modern" theologians, by Siegfried Ernst, M.D. (a Lutheran). Order for \$1.00 from Human Life International, 4 Family Life, Front Royal, Virginia 22630, or call 1-(800) 549-LIFE.

J.C. Espinoza, M.D. *Birth Control: Why Are They Lying to Women?* Paperback, \$5.00. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898, or from Our Lady's Book Service, Nazareth Homestead, R.D. 1, Box 258, Constable, New York 12926, telephone: 1-800-263-8160. Reviewed by Eugene F. Diamond, M.D., on page 32 of the February 1983 *ALL About Issues*. The eugenicists, the birth-control profitmakers, and the Neomalthusians have concocted an effective and pervasive propaganda campaign against population. This propaganda is filled with lies, half-truths, and distortions. Dr. Espinoza's book exposes the health hazards of artificial contraception and shows that safe and effective natural family planning is really the only way to go — from a practical standpoint. Also available in Spanish as *El Control De La Natalidad: Porque Les Mienten A Las Mujeres?*

Father John Ford, Germain Grisez, Joseph Boyle, John Finnis, and William E. May. *The Teaching of Humanae Vitae: A Defense*. Order from: Ignatius Press, 15 Oakland Avenue, Harrison, New York 10528, telephone: 1-800-528-0559. Five of the most respected theologians in the world explain why *Humanae Vitae* is the inevitable product of Catholic moral principles. The encyclical is shown to be valid and universal to all Christians, and is also shown to fulfill the requirements of infallibility under Vatican II's *Lumen Gentium*.

Greenhaven Press. *Human Sexuality: Opposing Viewpoints*. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1989, 440 pages. This series consists of a basic volume followed by annual updates by the same name. The main arguments for and against each idea

annual updates by the same name. The main arguments for and against each issue are written by the leading activists in each field. Topics covered include contraceptives (the birth control pill and condoms are emphasized), AIDS, homosexuality, and abortion. This topic is covered by a series of books, beginning with a basic set of essays entitled *Sources* (priced at \$39.95) and continuing with an additional and updated annual series of essays. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Greenhaven Press. *Science and Technology: Opposing Viewpoints*. Volume I. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1989, 440 pages. Each section includes several essays by leading authorities on both sides of each issue: Creationism in the schools, current artificial birth technologies, genetic engineering, organ transplants, animal experimentation, and the Strategic Defense Initiative are just a few of the topics whose main pro- and con arguments are thoroughly covered in this excellent 440-page volume. This topic is covered by a series of books, beginning with a basic set of essays entitled *Sources* (priced at \$39.95) and continuing with an additional and updated annual series of essays. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Roy O. Greep, Marjorie A. Koblinsky, and Frederick S. Jaffe. *Reproduction and Human Welfare: A Review of the Reproductive Sciences and Contraceptive Development* [Massachusetts Institute of Technology Press, 1976]. The Ford Foundation sponsored three pro-abortion authors in the writing of this lengthy (620 page) book, which covers a lot of ground: The uses and limits of contraceptive technology, the reproductive system, new contraceptive technologies, research and training of contraceptive providers, the financing of contraceptives, and a description of the moral and political climate in the United States. Appendixes include country and population control agency funding data.

Monsignor Orville N. Grieser. *Catholic Identity in Health Care: Principles and Practice*. The National Catholic Bioethics Center (NCBC, formerly the Pope John XXIII Center), 186 Forbes Road, Braintree, Massachusetts 02184, 1987. The author examines in detail every one of the incredible range of ethical and moral questions that more and more Catholic hospitals are going to be *forced* to address by our more and more pro-abortion government. Topics covered include sterilization; emergency infant baptisms; natural family planning; the use of the

sterilization, emergency infant baptisms, natural family planning, the use of the birth control pill; the various types of artificial insemination; surrogate motherhood; abortion; passive and active euthanasia; informed consent; gender identity problems and transsexualism; the "double effect;" fetal experimentation and organ transplantation; and the right of a spouse to be informed of his or her partner's AIDS infection. This book is the only known source that collects in one place all of the most important Catholic teaching on all of the above ethical and moral issues.

George A. Kelly (editor). *Human Sexuality in Our Time: What the Church Teaches*. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. Proceedings of the Spring 1978 conference by St. John's University's Institute for Advanced Studies in Catholic Doctrine. Topics include Catholics and the Pill; the Bible and human sexuality; the morality and sanctity of sex; and what the Church teaches on sex.

John F. Kippley. "Birth Control and Christian Discipleship," 1985, 36 pages. Order from the Couple to Couple League International, Post Office Box 111184, Cincinnati, Ohio 45211-1184, or from Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This superb booklet outlines the history of artificial contraception, its effects upon the body, the family and society in general, and the history of traditional Scriptural and Christian opposition to it (both Protestant and Catholic), until the collapse of the Church's resistance in the period 1930 to 1970.

John F. Kippley. *Sex and the Marriage Covenant: A Basis for Morality*, 1991. Order from the Couple to Couple League International, Post Office Box 111184, Cincinnati, Ohio 45211. A very detailed workbook-like approach to human sexuality and its relationship to marriage. The author shows how intercourse outside of marriage and the use of artificial contraception can never be licit and refutes many of the arguments set forth by the "revisionists" who would like to dilute Catholic teaching on sexual ethics.

Anthony Kosnik, William Carroll, Agnes Cunningham, Ronald Modras, and James Schulte (members of the Catholic Theological Society of America). *Human Sexuality: New Directions in American Catholic Thought* [Paulist Press, 1977]. Reviewed by Frances Day in an article entitled "Septenary Sex" in the Winter 1977 issue of the *International Review of Natural Family Planning*, pages 268 to 270. The title of this book is correct in that the

Family Planning, pages 508 to 519. The title of this book is correct in that the authors generally follow current 'Catholic' American thinking on contraception and other evils. This type of thinking is the very first step taken by the Anglicans in 1930, and inevitably leads to abortion and euthanasia.

James W. Knight and Joan C. Callahan. *Preventing Birth: Contemporary Methods and Related Moral Controversies* [Salt Lake City: University of Utah Press, 1989]. This book pretty thoroughly covers the history, politics, and types of birth control, some information on human reproductive anatomy and how the birth control methods work, techniques of abortion and types and modes of action of various abortifacients, and a short section on the various issues related to abortion. This is a book that takes the widest possible view of the abortion debate, sweeping in almost every tangential issue, and is recommended for those who would like to pursue the connections between abortion and artificial contraception further.

Father Ronald Lawler, Joseph Boyle, Jr., and William E. May. *Catholic Sexual Ethics: A Summary, Explanation, and Defense*. 1985, 274 pages. Paperback, \$7.95. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. Reviewed by Father Robert Barry, Ph.D. on pages 346 to 348 of the Winter 1985 issue of the *International Review of Natural Family Planning*. A very clearly written summary of Catholic Church teaching on sexual morality. Topics include the Bible and sex; formation of conscience; chastity, virginity, and Christian marriage; and Church teaching on sex.

Carol Levine (Editor). *Taking Sides: Clashing Views on Controversial Bio-Ethical Issues* [Guilford, Connecticut: Dushkin Publishing Group, Inc., 1984]. Leading thinkers on both sides of bioethical issues express their opinions in scholarly essays on subjects including abortion, *in-vitro* fertilization, surrogate motherhood, involuntary sterilization of the retarded, informed consent, active euthanasia, withholding treatment from handicapped newborns, suicide, the insanity defense, animal experimentation, prisoners volunteering for research, justifiable deception in research, organ harvesting from the dead, and genetic engineering. A good primer on the bioethical issues.

Father Ermenegildo Lio, OFM. *Humanae Vitae e Infallibilita: Il Concilio, Paolo VI e Giovanni Paolo II* ("*Humanae Vitae* and Infallibility: The Council, Paul VI, and John Paul II") [Vatican City: Libreria Editrice Vaticana, 1986]. The detailed

review (six full pages) of this book by Father Brian W. Harrison in the November 1987 *Fidelity* Magazine covers the author's essential points and will be very useful to the reader who does not want to plow through the nearly 1,000 pages of the book. The general view among the more respected Catholic theologians is that *Humanae Vitae* is non-infallible, although belonging to the "authentic" ordinary magisterium of the Catholic Church. The book lays out in detail the reasoning behind the view that the encyclical is, indeed, infallible, and therefore a necessary article of faith for salvation.

National Conference of Catholic Bishops and the United States Catholic Conference (now the United States Conference of Catholic Bishops (USCCB)). *Pastoral Letters of the United States Catholic Bishops*. Five volumes, 2,630 pages. *Volume I: 1792-1940*. Publication Number 880, 480 pages. Covers the Age of John Carroll (1792-1828), the Provincial Councils (1829-1849), the Plenary Councils (1852-1884), and between the World Wars (1919-1940). Some of the pastoral letters include the 1932 Resolution on Indecent Literature and the 1939 Statement on Peace and War. *Volume II: 1941-1961*. Publication Number 885, 270 pages. Includes statements on a good peace, war and peace, secularism, compulsory military service, the Christian family, the child, persecution behind the Iron Curtain, censorship, the secular press, and bigotry. *Volume III: 1962-1974*. Publication Number 870, 500 pages. Includes statements on the government and birth control, clerical celibacy, abortion, human life, birth control laws, population and the American future, and the Human Life Amendment. *Volume IV: 1975-1983*. Publication Number 875, 605 pages. Statements include the Pastoral Plan for Pro-Life Activities and resolutions on abortion and human sexuality. *Volume V: 1983-1988*. Publication Number 200-4, 775 pages. Statements include the Updated Pastoral Plan for Pro-Life Activities and resolutions on abortion and school-based clinics. All volumes may be ordered from the Office of Publishing Services, United States Catholic Conference, 1312 Massachusetts Avenue NW, Washington, DC 20005

Pope John Paul II. *Theology of the Body*. A series of four books designed to explain in detail the total Catholic Church position towards the sanctity of sex, marriage, and procreation. Order individually or as a set from Keep the Faith, 810 Belmont Avenue, Post Office Box 8261, North Haledon, New Jersey 07508, telephone: (201) 423-5395. (1) *Original Unity of Man and Woman*. A catechesis on the Book of Genesis and the foundations of the indissolubility of marriage. Paperback, \$4.00. (2) *Blessed Are the Pure of Heart*. A catechesis on

the Sermon on the Mount and the writings of St. Paul. A discussion on the sins relating to adultery. Paperback, \$6.00. (3) *The Theology of Marriage and Celibacy*. A catechesis on marriage and celibacy in light of the resurrection of the body. Based on Matthew 22:24-33, which describes the 'renunciation' of marriage for the Kingdom of Heaven. Paperback, \$9.00. (4) *Reflections on Humanae Vitae*. The basis of the encyclical in light of the redemption of the body and the sacredness of marriage in the Catholic tradition. Paperback, \$3.75.

Pope Paul VI. *Humanae Vitae* ["Human Life: On the Regulation of Birth"]. Pope Paul's historic Encyclical Letter dated July 25, 1968. This letter may be obtained in booklet form from the United States Catholic Conference Publishing Service, 3211 Fourth Street, N.E., Washington, D.C. 20017-1194, telephone: 1-800-541-3090, or from any Archdiocesan office. Also available for \$0.25 from Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This and other encyclicals that are landmarks in Catholic social teaching are available from the Daughters of St. Paul, 50 St. Paul Avenue, Boston, Massachusetts 02130, telephone: (617) 522-8911.

The *Physicians Desk Reference (PDR)*, updated annually, contains a comprehensive inventory of virtually all drugs currently available in the United States, including birth control pills. The *PDR* includes photographs of the pills and detailed information on their chemical contents.

Charles D. Provan. *The Bible and Birth Control*. 1989, Paperback, 97 pages, \$5.95. Reviewed by Robert L. Sassone on page 46 of the March 1990 *ALL About Issues*. Order from Zimmer Press, 410 West Main Street, Monongahela, Pennsylvania 15063, or call (412) 258-7775, or order from American Life League, Post Office Box 1350, Stafford, Virginia 22554. The Christian case against birth control, written by a Protestant especially for Protestants.

H.J. Roberts, M.D. *Is Vasectomy Safe?* [West Palm Beach, Florida: Sunshine Academic Press, 1979]. Reviewed by Charles Norris, M.D., in the Winter 1979 issue of the *International Review of Natural Family Planning*, pages 356 and 357. Even though mass vasectomy is a modern process, like abortion, it has hidden dangers.

Paul J. Quay. *The Christian Meaning of Human Sexuality*. \$7.95, 115 pages. Order from Ignatius Press, 15 Oakland Avenue, Harrison, New York 10528,

telephone: 1-800-528-0559. Using Scripture and the writings of distinguished (conservative) theologians, Quay explains the understanding of human sexuality that divine revelation offers us. This book is written for Christian adults who want to know what kinds of sexual behavior are right and wrong and who want to gain true insight into why such behavior is right or wrong.

John Rock. *The Time Has Come*. Avon Books, 959 Eighth Avenue, New York, New York 10019. 1963, 186 pages, 75 cents originally. This book is profoundly interesting from a historical point of view because the author, one of the original developers of the birth control pill, tells us why we Americans (and Catholics in particular) should accept the birth control pill. The book, written five years before the encyclical *Humanae Vitae* was released, was published when birth control was being debated as hotly as abortion is being debated now. It is also fascinating because it gives precisely the same reasoning as pro-abortionists do now. The author inadvertently gives us a classic treatise on the intimate connections between abortion and birth control.

Roman Catholic Church, Bishops of Ireland. *Love is for Life*. 122 pages, sewn softcover, \$3.95. Order from Ignatius Press, 15 Oakland Avenue, Harrison, New York 10528. A very readable and interesting summary of the Church's teachings on love and sexuality. Very useful as a reference work or backup for Catholic sex education programs.

Roman Catholic Church, Vatican Pontifical Council for the Family. *Marriage and Family: Doctrine and Life*. 180 pages, \$7.95. Order from: Ignatius Press, 15 Oakland Avenue, Harrison, New York 10528, telephone: 1-800-528-0559. Proceedings of the third annual conference applying Catholic teaching to the problems of marriage and family life. Subjects covered include the road to salvation as a couple, the family's mission and place in God's plan, and the real difference between artificial contraception and natural family planning.

J.N. Santamaria, M.D. and John J. Billings, M.D. *Human Love and Human Life: Papers on Humanae Vitae and the Ovulation Method of Natural Family Planning from the International Conference, University of Melbourne, 1978*[Melbourne, Australia: Polding Press, 1979]. Reviewed by Carman Fallace in the Fall 1980 issue of the *International Review of Natural Family Planning*, pages 271 to 274. Proceedings of the largest-ever conference on natural family planning, which covered nine full days.

Janet Smith. *Humanae Vitae — A Generation Later* [Washington, D.C.: Catholic University of America Press, 1992]. Reviewed by Father Charles Mangan on page 5 of the August 2, 1992 *National Catholic Register*. The author provides detailed background information on the concept and promulgation of the encyclical, the dissent, the current Pope's views, and the 'players' on both sides in the Papal Commission for the Study of Problems of the Family, Population and Birth Rate. She also addresses the several primary Natural Law arguments on the immorality of contraception.

Dietrich von Hildebrand. *Humanae Vitae: A Sign of Contradiction*. An orthodox essay on birth control and the development of the Catholic conscience. Paperback, 89 pages, \$1.50. Order from: Catholic Treasures, 626 Montana Street, Monrovia, California 91016, telephone: (818) 359-4893.

[Return to *Contraception* Table of Contents](#)

Facts of Life: Chapter 22: Natural Family Planning



How the Female Human Reproductive System Works Before and During Conception

- Introduction
- The Breasts
- The Cervix
- The Ovaries
- The Fallopian Tubes
- The Uterus

The Reproductive System at Work

- Introduction
- The Beginning and End of Fertility
- The 'Monthly' Cycle
- The Hormonal Cycle

Fertilization Age and Gestational Age

The Different Methods of NFP and How They Work

- Overview
- The "Calendar Rhythm" or Ogino-Knaus Method
- The Basal Body Temperature (BBT) Method of NFP
- The Ovulation Method of NFP
- Sympto-Thermal Method (STM)
- Refinements of Natural Family Planning

The Effectiveness of NFP at Preventing and Achieving Pregnancy

The Advantages of NFP

How NFP Promotes Closeness Between Married Couples

- Contrasting Divorce Rates
- How NFP Helps
- Setting the Example for Teens

Advantages Breastfeeding Has for Both Mother and Infant

Learning and Practicing NFP

- Motivation is Everything
- The Three Primary Concerns

Physical Complications Associated with NFP

Why the Catholic Church Permits the Use of NFP

- Until Recently ...
- The Catholic Logic

If NFP Has so Many Advantages, Why Don't More Couples Use It?

- Introduction
- Ignorance
- Laziness
- The Profit Motive

NFP Can be Used for Contraceptive Motives

How to Get Additional Information on NFP

Further Reading on *Natural Family Planning*

Facts of Life: Chapter 22: Natural Family Planning: How the Female Human Reproductive System Works Before and During Contraception



"The promotion and teaching of the natural methods is, then, a truly pastoral concern, one that involves cooperation on the part of priests and religious, specialists, and married couples, all working in cooperation with the bishop of the local Church and receiving support and assistance from him. ... In this way the Church is better able to present to the world the values of the natural methods, and reduce the strong emphasis on contraception, sterilization and abortion that we often encounter in the world. At the heart of this work in natural family planning must be a Christian view of the human person and the conviction that married couples can really attain, through God's grace and commitment to the natural methods, a deeper and stronger conjugal unity."

— Pope John Paul II, in his address to the Family Congresses on June 8, 1984.

How the Female Human Reproductive System Works Before and During Conception.

Introduction. One of the greatest practical advantages of natural family planning is that it lets a woman and her husband learn how her reproductive system works instead of requiring her simply to dominate it with powerful chemicals, which are often accompanied by one or more undesirable side effects. More intimate knowledge of the reproductive system enhances self-reliance, assists in achieving and confirming pregnancy, and allows earlier detection of a wide range of health problems when they occur. It also helps a husband understand his wife's psychology, since a woman's moods are at least partially a function of the hormonal changes that take place during her menstrual cycle.

Five components of the woman's reproductive system are of particular interest to people practicing natural family planning — the breasts, the cervix, the ovaries, the Fallopian tubes, and the uterus.

The following paragraphs describe these vital organs.

The Breasts. In most women, breastfeeding on demand helps to suppress ovulation for an interval of three months (if the baby is fed supplements) to as long as 1½ years (in the case of "ecological" or total breastfeeding). This Chapter contains more information on breastfeeding.

The Cervix. The cervix rises and opens during the fertile time, and closes

and descends during the infertile period. These are valuable signs during the practice of natural family planning, because they can confirm other signs (temperature and mucus) and can shorten the period of abstinence.

The Ovaries. The ovaries are a classic example of natural redundancy at work. Although men produce sperm continuously, each newborn girl possesses all of the eggs she will ever need at birth, stored safely in her ovaries.

Each of these 300,000 to 400,000 eggs are contained in protective packages called follicles, which begin to ripen when the girl reaches puberty. All through the fertile years, normally at intervals, once each cycle, a follicle (or rarely, follicles) will ripen and burst, ejecting its egg. This process is commonly called ovulation, and usually occurs in alternating ovaries.

The average age of first menstruation/ovulation (menarche) was about 17 to 18 years a century ago. Today, the average age of first menstruation/ovulation for girls who have had sufficient diet and health care is about 13 years of age, although it can happen several years earlier or later in some cases. The typical decline in fertility currently begins at about age 40, culminating in cessation of ovulation at menopause at an average age of about 50, although there is great variation among individual women.

The Fallopian Tubes. The Fallopian tubes serve as a conduit for the ejected egg as it travels from the ovary to the uterus. These tubes are about five inches long, are about twice the diameter of a human hair, and are extremely delicate. This is why many problems related to infertility stem from blocked or damaged Fallopian tubes. Many infertility treatments, including *in vitro* fertilization (IVF), fertilization *in vitro* with embryo transfer (FIVET), and gamete intra-fallopian transfer (GIFT) are designed to bypass Fallopian tube blockages.

Chapter 15, "Assisted Reproduction," discusses both licit and illicit assisted reproduction techniques.

Conception of a new human being (the fertilization of the egg by a spermatozoon) normally takes place in the Fallopian tube.

The Uterus. The uterus is a powerful muscle designed to be the residence for the preborn child from implantation until natural (or unnatural) ejection.

In its non-pregnant state, the uterus is about the size and shape of a small pear. The endometrium is the uterine lining constructed each cycle to sustain new human life. It is maintained by the follicle's progesterone. The newly conceived human being implants in this lining and receives its nourishment here.

The endometrium sheds through menstruation 9 to 17 days after ovulation if no fertilization takes place.[1]

The Reproductive System at Work.

Introduction. A brief bio-historical description is usually the easiest way to understand human reproduction. This section describes the female reproductive system at work from the onset of menstruation to post-menopause.

The Beginning and End of Fertility. When a girl reaches sexual maturity, she has her first menstrual cycle, sometimes referred to as the "menarche." This repeating process can begin as early as age 10, and usually occurs by age 15. The menstrual cycle normally continues until anywhere from age 40 to age 60, but ovulation and menstruation tend to be more intermittent near the end of menstruation (pre-menopause), as fertility gradually declines.

When menstruation ceases entirely for a fixed period (usually six to 12 months), fertility has ended. However, beginning in about 1990, scientists have been experimenting with assisted pregnancy even after the menstrual cycle has ended naturally.

The 'Monthly' Cycle. On the average, women have a complete cycle every 28 days. This may range from as little as two weeks to more than two months for any individual woman, especially near the beginning or end of fertility. Some women are extremely regular, and others have very irregular cycles. When a woman takes oral contraceptives (the birth prevention pill), their hormones overpower her natural cycle and cause it to settle into a regular but unnatural 28-day "pseudo-cycle."

Each woman has a relatively regular luteal phase. This is the length of time between ovulation and the following menstruation, and may vary from 10 to 16 days between women. Understanding the luteal phase is one of the keys to using natural family planning.

Sickness, stress and heavy physical activity may cause irregularities in cycle length. Breastfeeding usually causes natural temporary infertility in women, a condition known as amenorrhea.

The cycle begins on the first day of menstruation. Fertility is very low for the first few days of the cycle. The fertile phase follows this period of infertility and, regardless of the length of a woman's cycle, usually lasts five to seven days.

Post-ovulation infertility begins one or two days after ovulation. This phase, lasting about 16 days until the first day of menstruation, is extremely infertile, much more so than the menstruation phase.

Some women experience pre-menstrual syndrome (PMS) before

menstruation begins. This group of physical, mental and behavioral symptoms may include swelling and tender breasts, headaches, clumsiness, irritability, fatigue, bloating, depression and mood swings.

Other women may experience painful cramping or dysmenorrhea. This is caused by contractions of the uterus during menstruation, which are in turn signalled by the secretion of prostaglandins.

The Hormonal Cycle. As a woman experiences various physical symptoms (changes in mucus, temperature, and cervical position and firmness), her body is undergoing a complex and continuous adjustment of a series of hormones that regulate the cycle of fertility.

At the start of the cycle, soon after menstruation begins, the pituitary gland, near the base of the brain, secretes follicle-stimulating hormone (FSH). This hormone stimulates the growth and development of an ovarian follicle and its ovum. The follicle begins to secrete increasing amounts of the hormone estrogen. The most important role of estrogen during the preovulatory phase of the cycle is to stimulate the cervix to produce the mucus which is so critical to human fertility.

FSH reaches peak levels about a day before ovulation. The pituitary gland then secretes luteinizing hormone (LH), which stimulates the follicle into releasing its egg at ovulation.

Upon being ejected, the egg faces a lifespan of only 15 to 24 hours unless it is fertilized. However, the follicle is far from finished with its task. It even takes on a new name: The *corpus luteum*, or "yellow body." It performs several critical functions related to reproduction.

After ovulation, the *corpus luteum* secretes the hormone progesterone for about 10 days to two weeks. This hormone performs five functions. It maintains the lining of the uterus, prevents another ovulation from taking place, and triggers the three indicators used in the sympto-thermal method of natural family planning: (1) the basal (base) body temperature rises from 3/10 to 5/10 of a degree; (2) mucus in the cervix thickens or disappears; and (3) the cervix lowers and closes.

After ovulation, the estrogen level falls sharply, then stabilizes until menstruation.

After 10 to 14 days, the *corpus luteum* stops secreting progesterone. This means the uterine lining is no longer being maintained; it breaks down and sloughs off during menstruation.

The time between ovulation and the beginning of menstruation is called the luteal phase, and usually lasts about 16 days.

[Go to Next Topic: Fertilization and Gestational Age](#)

[Return to *Natural Family Planning* Table of Contents](#)

Endnotes for “How the Female Human Reproductive System Works Before and During Conception”

[1] Letter from Thomas W. Hilgers, M.D., Pope Paul VI Institute, dated May 28, 1996. Most of the material in this section is from John and Sheila Kippley's book *The Art of Natural Family Planning*, which is the best available resource for explaining the human reproductive system and its functions in a way that an average person can understand. The book provides the information in a context of respect for God's gift of reproduction. In particular, the material in Chapter 9, "Basic Fertility Data," is very useful for those who wish to understand human reproduction. You can order this book from Human Life International, 4 Family Life, Front Royal, VA 22630, or from the Couple to Couple League, PO Box 111184, Cincinnati, Ohio 45211-1184, telephone: (513) 471-2000.

Facts of Life: Chapter 22: Natural Family Planning: Fertilization Age and Gestational Age



SHARE

Fertilization Age and Gestational Age.

The time period relating to milestones in fetal development is described in terms of either fertilization age or gestational age.

Fertilization age is a framework of time based upon the preborn child's viewpoint, and begins at the instant of conception. The gestational age timeline begins two weeks earlier, at the beginning of the last menstrual period, and is figured from the mother's viewpoint. Gestational age is most often used in discussions about the development of the preborn child.

In other words, common (gestational) convention holds that the 40 weeks of gestation begin on the first day of the last menstrual period, or two weeks before actual fertilization, assuming that ovulation occurred around cycle day 14, which is often an inaccurate assumption. A more accurate way of determining gestational age is based on the post-ovulation rise in waking temperatures: The first day of elevated temperatures minus 7 days plus nine months equals the estimated day of childbirth. Under this system a full-term baby is usually born 38 weeks after fertilization.

These terms are based upon different starting points, and can therefore can be somewhat confusing. Figure 22-1 compares benchmarks of both.

Figure 22-1
Landmarks in Fetal and Gestational Age

Event	Fetal (Fertilization) Age in Weeks	Gestational (Menstrual) Age in Weeks
Ovulation/fertilization	0	2
Implantation	1	3

First missed menstrual period	2	4
Preborn baby's heart begins to beat	3	5
Preborn baby's brain waves begin	6	8
All of preborn baby's body systems present	8	10
Birth	38	40

The Different Methods of NFP and How They Work.

Overview. There are four basic types of natural family planning:

- (1) the "rhythm" or calendar method, also known as the Ogino-Knaus method;
- (2) the Basal Body Temperature (BBT) method;
- (3) the ovulation method; and
- (4) the Sympto-Thermal Method (STM).[2]

Each of these methods, when used to avoid or postpone pregnancy, take into account sperm viability in the female reproductive tract, which averages three days (with a range of from two to seven days) and the fertile period of the ovum, which is about 24 hours. This means the fertile period may be a maximum of seven days before ovulation to two days after, and is more typically four days before ovulation to one day after.

The following descriptions of these four methods are merely summaries of the similarities and contrasts between them. Anyone who desires more detailed information on any of the methods should consult the NFP teaching groups listed in Chapter 25.

The "Calendar Rhythm" or Ogino-Knaus Method. During the 1920s, Drs. Kyusaku Ogino of Japan and Hermann Knaus of Germany performed independent research into the menstrual cycles of a number of women, and found the following patterns;

- (1) Conception is seldom possible from 20 to 24 days before the next menstruation;
- (2) Conception is possible from 12 to 19 days before the next menstruation; and
- (3) Conception is impossible during the 11 days before the next menstruation.

The original research of Drs. Ogino and Knaus laid the foundation for the development of modern natural family planning methods that are currently more effective than most contraceptives.

The primary advantage of the calendar method is that it is relatively easy to learn and use. A woman simply keeps a menstrual calendar for several cycles, noting when menstruation begins and ends. She then determines the longest and shortest cycles, and applies the "minus 10, minus 20" rule, which means she uses the shortest cycle to find the first fertile day by subtracting 20 days from its length, and uses the longest cycle to find the last fertile day by subtracting 10 days from its length.

For example, if the longest cycle has been 30 days, and the shortest cycle 25 days, the first fertile day will be Day 5, and the last fertile day will be Day 20.

The disadvantages of the "rhythm" method are obvious. Since it does not reflect the actual nature of the current cycle, but only an average of previous cycles, long periods of abstinence and a relatively high failure rate can be expected, especially if cycles are irregular. The "rhythm" method can be very difficult to use after childbirth and miscarriage, and when menopause is approaching, because cycle lengths can be very irregular during these times.

Despite all of these difficulties, users of the "rhythm" method experience a user effectiveness rate of 91% during the first year, which is far better than most mechanical methods of contraception.[3] The success rate is even better when the method is combined with temperature observations.

The Basal Body Temperature (BBT) Method of NFP. The basal body temperature is the temperature of your body at rest, when it is unaffected by activity, food or drink. A woman who takes her temperature with a basal thermometer at about the same time each morning will find there is a definite monthly pattern to her temperatures. She will often also find that her BBT dips before ovulation and rises thereafter until menstruation. The BBT is generally used only to determine the beginning of postovulation infertility.

The Ovulation Method of NFP. This method of NFP is sometimes called the cervical mucus charting method. There are several variations of the ovulation method, including the Billings Ovulation Method (BOM) and Dr. Thomas Hilgers' Creighton Model.

The ovulation method is based upon the regular pattern of changes in the cervical mucus during the menstrual cycle. The quantity and quality of this mucus in terms of slipperiness, stretchiness, wetness and tackiness will change from day to day as a woman approaches ovulation. Ovulation usually occurs within one

day before or after the last day of the most slippery or fertile mucus, i.e., the "Peak Day." Generally, users of the ovulation method start noting the fertile period starting with the appearance of any external mucus after menstruation has ceased. They regard the time of postovulation infertility as starting on the fourth day after the Peak Day.

Sympto-Thermal Method (STM). The sympto-thermal method combines observations of basal body temperature and cervical mucus, and, as an optional cross-check, adds an examination of the cervical *os* (mouth of the cervix) as well. During fertile times, the *os* opens, the cervix rises, and its tip becomes softer. Some women also experience regular episodes of *mittelschmerz*, or pain associated with ovulation. During infertile times, the *os* closes, the cervix descends, and the tip becomes firmer.

The end of pre-ovulation infertility is determined in several different ways. As a general rule, couples may resume intercourse on the fourth day following the "Peak Day" of mucus and the third day of upward thermal shift. As with other methods of natural family planning, the period of abstinence may be relatively long for the first few cycles of practice, after childbirth or miscarriage, or after switching from an abortifacient method involving hormones. The average experienced couple using the sympto-thermal method has about 9 or 10 days of abstinence each cycle. Every time that a fertile type of mucus appears before ovulation, they must abstain for three days. Once ovulation occurs, the couple are sterile until menstruation and usually sterile during the first two days of menstruation.

Refinements of Natural Family Planning. Today there are a number of devices available to help couples estimate the day of ovulation. The most practical and effective of these is the Japanese "L-Sophia."

Several other approaches to improving the effectiveness of NFP are under study. One device would measure hormone levels in urine and would therefore be a true ovulation predictor or detector. Another would accurately measure the water level in cervical mucus. Others would detect preovulatory rises of estrogen in saliva and cervical mucus. In addition, changes in breast milk and in the electrical resistance of cervical mucus are under investigation.

One conclusion is certain: Thirty years of contraceptive and abortifacient research have shown that there is no way to subdue our fertility without paying a steep price, both on the individual and societal level. The only way to be in harmony with our fertility is to let it take its natural place in our lives as a friend to cooperate with, not as an enemy to be defeated, subdued or snuffed out.

[Go to Next Topic: The Effectiveness of NFP at Preventing and Achieving Pregnancy](#)

[Return to *Natural Family Planning* Table of Contents](#)

Endnotes for “Fertilization Age and Gestational Age”

[2] Since the early 1980s, there has been discussion regarding the best term that could be applied to the methods used by couples who want to place their reproductive lives in the hands of God. Many pro-lifers object to the term "natural family planning," saying that it smacks of utilitarian Planned Parenthood-type thinking. They prefer instead "natural fertility awareness" (NFA) or "natural fertility regulation" (NFR). NFA refers to the teaching of signs and symptoms of fertility to mature teens in preparation for marriage, and is thus different from NFP. NFR is a term that is certainly appropriate for people who have been using the methods for some time and are therefore knowledgeable enough to avoid the confusion brought on by the use of several different terms for the natural methods.

However, the term "natural family planning" (NFP) has two distinct advantages. First, it appeals strongly to couples using contraception and considering changing to the natural methods, but who still possess lingering traces of the "contraceptive mentality." Pro-lifers should always try to wean their friends and acquaintances away from abortifacients and contraceptives. Secondly, the term "NFP" is used by many teachers in developing countries to draw a sharp contrast between natural methods of fertility regulation and contraceptive/abortifacient methods. These teachers find that their students, who often have little education, are confused by other terms.

For these reasons, the term "natural family planning" (NFP) is used throughout this chapter. This in no way implies that other terms are less appropriate.

[3] Robert A. Hatcher, *et. al.* *Contraceptive Technology* (17th Revised Edition) [New York: Ardent Media, Inc., 1998]. Table 31-1, "Percentage of Women Experiencing an Unintended Pregnancy During the First Year of Typical Use and the First Year of Perfect Use of Contraception and the Percentage

Continuing Use at the End of the First Year: United States," page 800.

Facts of Life: Chapter 22: Natural Family Planning: The Effectiveness of NFP at Preventing and Achieving Pregnancy.



 SHARE

The Effectiveness of NFP at Preventing and Achieving Pregnancy.

The only 100 percent effective "birth control" methods are abstinence and complete castration (or hysterectomy). Even surgical sterilization occasionally fails to prevent pregnancy, and abortion sometimes fails to prevent births.

Natural family planning, if learned and used properly, is much more effective than any method of mechanical contraception, including the male and female condoms, cervical cap, cervical sponge, and diaphragm. Chapter 21, "Contraception," shows that barrier methods of contraception have method failure rates of from 15 to 32 percent in the first year of use. The method failure rates for abortifacient methods range from 0.1 percent to 8 percent in the first year of use, and their user failure rates can be as high as 8 to 12 percent.

According to *Contraceptive Technology*, the ovulation method of NFP has a three percent method failure rate; the sympto-thermal method has a two percent method failure rate; and the post-ovulation method (intercourse only in the post-ovulation phase) has a one percent method failure rate.[4]

The eight major studies on the effectiveness of typical methods of natural family planning in the 1990s show an average user failure rate of 2.8%. These studies were carried out in a wide variety of cultures in Moslem, Hindu, Chinese and Christian cultures. The user failure rates by country were: United Kingdom 2.7%, Indonesia 2.5%, India 2.0%, Germany 2.3%, Liberia 4.3%, Europe 2.4%, China 4.4%, and Belgium 1.7%.[5]

As with any method of contraception, user motivation and care figure heavily into how effective a method will really be. The percentages above are *method* failure rates, which apply only if users employ the method perfectly. When imperfect use is factored in, there are more pregnancies with NFP, as with any unnatural method of birth control.

The key to any method of NFP is identifying the fertile time. This is possible for all women, but it can be more difficult at times, such as when approaching menopause, during the post-breastfeeding transition period, after childbirth or miscarriage, after abandoning a hormone-based abortifacient method, or during periods of extended illness.

One important point should be kept in mind: According to the World Health Organization (WHO), sexual "risk taking" during fertile days probably accounts for many more pregnancies than the inability to correctly use the natural methods or interpret charts.[6] In other words, if a husband and wife don't "take a chance" on the first or second day of fertility, all of the NFP methods are much more

On the first or second day of fertility, all of the NFP methods are much more effective.

Since couples who learn NFP are willing to accept a period of abstinence each month as an expression of responsibility and love, they generally have more self-discipline than couples using contraceptive or abortifacient methods. Therefore, it is reasonable to say the rate of *user* errors will be lower with NFP than with other methods of fertility regulation.

In addition to being effective at avoiding pregnancy, NFP can do one thing that no method of contraception can do: It can help *achieve* pregnancy. In fact, many fertility counselors advise couples who are having trouble conceiving to begin charting their cycles.

The effectiveness of NFP at helping a couple achieve pregnancy depends, of course, primarily upon their individual situation. If the man or woman is physically infertile, no amount of charting will help them to conceive. However, NFP can maximize the probability of conception if there is any possibility of doing so. In addition, learning and using NFP can improve the psychological state of mind of the couple trying to conceive by showing them how the woman's body works and giving them a sense of working with it in a natural way for the purpose of achieving pregnancy.

The Advantages of NFP.

The natural methods of fertility regulation offer many advantages over the man-made methods, as listed in Figure 22-2.

Figure 22-2

The Advantages of Natural Family Planning Over Contraception

- (1) NFP does not interfere with the natural reproductive system and process designed by God.
- (2) NFP is morally acceptable to *all* religions and cultures.
- (3) NFP avoids the use of mechanical devices or powerful hormones which may have harmful effects (see Chapter 2, "Abortifacients," and Chapter 21,

"Contraception" for information on the harm caused by contraceptives and abortifacients).

(4) NFP is among the most effective methods of nonpermanent fertility regulation known when learned and used properly — up to 99 percent, as described in Chapter 21, "Contraception."

(5) NFP is virtually free of charge, whereas contraceptive and abortifacient methods cost anywhere from \$530 to \$2,680 annually (see Chapter 21, "Contraception," for the costs of contraceptives and abortifacients). This point is particularly crucial in areas of developing countries where health care is rudimentary and expensive.

(6) NFP strengthens marriage and family, as described in this Chapter. It allows husband and wife to have the dignity of actual stewardship of the gift of fertility according to their unique circumstances. It fosters sexual self-control, which is central and essential to human freedom, true love and maturity. It also sets a good example of chastity in married life for teenaged children.

(7) NFP is aesthetic. Of all of the methods of fertility regulation, only NFP allows the couple to make love as God and nature intended. It is amusing that "lovemaking manuals" try to work condoms, diaphragms, and various messy jams and jellies into the act of making love — "getting rigged to make love," as one noted gynecologist calls it. It is an enduring contradiction that many of the same people who pride themselves on the "natural" aspects of their lives don't hesitate to pollute their bodies with drugs and devices, and cannot let the most intimate aspect of their existence be *truly* natural and human.

(8) Finally, NFP, unlike all contraceptive and abortifacient methods, lets women and men learn about their bodies and work *with* them, rather than remaining ignorant and subduing them with chemicals. And NFP allows husbands to more intimately understand the psychology of their wives by understanding the nature of their menstrual cycles.

Reference: Adapted from "The Advantages of Natural Family Planning," brochure by Father Paul Marx, O.S.B., Ph.D.

How NFP Promotes Closeness Between Married Couples.

Contrasting Divorce Rates. Recent comprehensive studies have concluded that nearly *one-half* of all marriages now taking place in the United States will end in divorce, annulment or separation.[7]

Contrast this abysmal failure rate with that of married couples who use natural family planning: The divorce/separation rate among these couples is *less than one in thirty*. [8] NFP can't take credit for all of this huge discrepancy, of course, but it undoubtedly contributes greatly to marital fidelity and endurance by fostering an atmosphere of knowledge, communication and intimacy between husband and wife. It also manifests a couple's willingness to forego immediate self-gratification for each other, to say nothing of giving a good example of self-control and chastity to their children. The most important feature of NFP is not the method itself, but its *spiritual* aspect. Nothing is more certain than the fact that contraception, abortion, and sterilization do *not* make couples happy, and the contrasting divorce rates between contraceptors and NFP users provide stark proof of this fact.

There have been very few statistical studies on how NFP has helped or hindered marriages, but one survey conducted nearly 30 years ago showed that 74 percent of husbands and 75 percent of wives thought NFP helped their marriages. Only nine percent of husbands and eight percent of wives thought it hindered their marriages (17 percent of both husbands and wives had no opinion).[9]

How NFP Helps. How, exactly, does NFP strengthen marriage?

It increases the husband's respect for his wife's fertility and deepens his understanding of her psychology. It lets husband and wife share the responsibility for their fertility equally, thus living up to the ideal of "conscious parenthood," which is the conceiving and bearing of children by choice and by will, truly the fruit of unselfish love. Finally, the wife appreciates being able to avoid the harmful effects of contraceptives and abortifacients.

When one considers how endearing and unifying it is for a husband or wife to abstain despite their desires, out of consideration for each other or family, abstinence becomes a unifying act of love. In contrast, in a chemically or surgically sterile marriage, abstinence by either husband or wife is considered a burden and becomes a disunifying event.

Finally, studies have shown that a regular period of abstinence helps strengthen marriages by obliging couples to show their affection in other ways for a while every month, thereby improving vital communications skills.

Of course, a person infected with the anti-life mentality thinks this last point is moot, because he basically believes that both animals and humans are simply slaves of their hormones and have no self-control. Two such persons are abortionists Selig Newbardt and Harold Schulman, who assert "the rhythm method is demanding because it requires a couple to surrender their love life in exchange for a sex life." [10]

This statement, of course, implies that "love" and "sex" are mutually exclusive. This false notion is a primary source of much of the misery afflicting society today.

Setting the Example for Teens. A husband and wife who use natural family planning set a fine example for teenagers. Father Paul Marx, founder of Human Life International, likes to say, "contracepting parents beget fornicating teenagers." This is nothing more than common sense. Teenagers are not stupid. You cannot live in the same house with someone and keep even your most intimate secrets from them for 18 years. Teens see what is going on in the family and they can easily deduce their parents' attitudes toward sexuality from their actions. Parents who intelligently practice NFP are conscious of their true sexual nature and not only become excellent moral examples to their children, but are the best possible sex educators for them as well.

Teenagers rightly reject the hypocritical attitude, "Do as I say, not as I do." If teens are aware that their mother and father use contraceptives, the parent's admonitions to avoid premarital sex are not going to carry much weight with their children. However, if parents demonstrate love and affection for each other through respect of fertility and each other's circumstances by the periodic abstinence in NFP, this message will shine bright and clear, in a manner that is unmistakable to their teenagers. It will also help parents — and their children — strengthen and nurture their Faith, for obvious reasons.

[Go to Next Topic: Advantages Breastfeeding Has for Both Mother and Infant](#)

Endnotes for “The Effectiveness of NFP at Preventing and Achieving Pregnancy”

[4] Robert A. Hatcher, *et. al. Contraceptive Technology* (17th Revised Edition) [New York: Ardent Media, Inc., 1998]. Table 31-1, "Percentage of Women Experiencing an Unintended Pregnancy During the First Year of Typical Use and the First Year of Perfect Use of Contraception and the Percentage Continuing Use at the End of the First Year: United States," page 800, and Chapter 15, "Fertility Awareness Methods."

[5] Bob Ryder and Hubert Campbell. "Natural Family Planning in the 1990s." *The Lancet*, July 22, 1995, page 233. Also see R.E.J. Ryder. "'Natural Family Planning:' Effective Birth Control Supported by the Catholic Church." *British Medical Journal*, 1993;307:723-726.

[6] Robert A. Hatcher, *et. al. Contraceptive Technology* (17th Revised Edition) [New York: Ardent Media, Inc., 1998]. Table 31-1, "Percentage of Women Experiencing an Unintended Pregnancy During the First Year of Typical Use and the First Year of Perfect Use of Contraception and the Percentage Continuing Use at the End of the First Year: United States," page 800, and Chapter 15, "Fertility Awareness Methods."

[7] United States Department of Commerce, Bureau of the Census. *Statistical Abstract of the United States, 2007* [Washington, D.C.: U.S. Government Printing Office, 2007]. Table 76, "Live Births, Deaths, Marriages and Divorces: 1950 to 2004."

[8] Personal communications with 14 major national NFP groups and leaders. Average number is shown (the range is from 0.6 percent to 6 percent). The lowest figure quoted is 0.6 percent, from Nona Aguilar's book *The New No-Pill No-Risk Birth Control* (New York: Rawson Associates), 1986, page 188.

[9] John Marshall and Beverley Howe. "Psychologic Aspects of the Basal Body Temperature Method of Regulating Births." *Fertility and Sterility*, January 1970, pages 14 to 19.

[10] Selig Newbardt and Harold Schulman. *Techniques of Abortion* (Second Edition) [Boston: Little, Brown and Company, 1977], page 123.

Facts of Life: Chapter 22: Natural Family Planning: Advantages Breastfeeding Has for Both Mother and Infant



 SHARE

Advantages Breastfeeding Has for Both Mother and Infant.

Another important part of the NFP philosophy is "ecological" or total breastfeeding, which is making use of what God has given us for obvious purposes. Traditionally, "educated" women tended to think that only backward, ignorant peasant women breast-fed their children. However, a dramatic breastfeeding revolution has taken place in the United States and in other Western nations, where three times as many babies are being breastfed now as in 1970. [11] Many women now allow their children to gradually wean themselves at the age of two or three instead of arbitrarily weaning earlier.

There are many advantages to breastfeeding;

- Breastfeeding provides babies with the best possible food. Human breast milk contains at least 300 compounds, including 15 elements, eight proteins, 18 amino acids, six forms of nitrogen, six carbohydrates, at least 15 vitamins, and antibodies to protect the baby from various infections. Breast milk even evolves its composition from colostrum to transitional milk and then to "mature" milk over a baby's first 15 days of postnatal life in order to keep pace with the infant's development.[12] This is the primary reason why recent corporate attempts to induce women in developing countries to feed their infants with formula instead of breast milk are so scandalous.
- Breastfeeding provides bonding by allowing extensive skin contact, which helps children thrive physically and emotionally.
- Breastfeeding helps the uterus to contract after childbirth.
- Breastfeeding appears to help reduce the risk of breast cancer.
- The unique "suck and swallow" reflex of breastfeeding reduces tooth decay and encourages optimum jaw, mouth and speech development.
- The high level of calcium contained in human breast milk helps an infant's bones develop quickly and strongly.
- From a natural family planning standpoint, breastfeeding helps suppress ovulation from a period of three months (if the mother feeds the baby supplements) to as long as 1½ years (in the case of ecological breastfeeding).

For these and other reasons, the American Academy of Pediatrics now urges mothers to breastfeed exclusively for six months, and then to gradually introduce iron-enriched foods over the next six months. The AAP recommends continuing to nurse as long as both mother and baby enjoy it. Pope John Paul II has

to nurse as long as both mother and baby enjoy it. Pope John Paul II has endorsed the World Health Organization recommendation that mothers nurse for at least two years.

For further information on breastfeeding, contact one of the organizations oriented towards natural family planning listed in Chapter 25.

Learning and Practicing NFP.

Motivation is Everything. As with all worthy efforts, the key to learning and practicing natural family planning is motivation. If a husband and wife truly want to make the Gospel of Life part of *their* lives, they will take the time to learn NFP. With NFP, attitude is everything — the more the couple truly want their relationship with each other and with God to grow in maturity and grace, the easier the methods will be to learn. The secret is to make NFP an integral part of one's life, like a weekly "date" enjoyed by husband and wife or frequent Mass attendance.

Adopting the philosophy of natural stewardship of fertility soon becomes so much a part of one's life that the very *concept* of contraception becomes unnatural and unthinkable.

The Three Primary Concerns. The three primary concerns of couples inquiring about NFP are the result of a pervasive propaganda campaign by medical professionals, pro-abortionists, population controllers and others. These fears are that NFP is ineffective; that too much abstinence is required; and that it is too difficult to learn.

All of these misconceptions can be dispelled by proper instruction.

Chapter 21, "Contraception," shows that NFP is more effective than all contraceptive methods and as effective as most abortifacient methods. The maximum amount of abstinence required each month is about nine days using the most advanced methods of NFP. The only remaining concern voiced by most couples is the difficulty of learning a method of NFP.

The simplest method of NFP is calendar rhythm. Couples need to determine the length of the longest and shortest menstrual cycles over the past 12 months. NFP instructors can quickly teach this method to country women in developing nations, even if they cannot read, because the concepts are very easy to explain.

The most complex and reliable method of natural family planning is the sympto-thermal method. Depending upon the instructor, this method will take up to 12 hours of careful study at first, and will require careful charting thereafter. In addition, if the woman's cycles are in any way atypical, some coaching or consulting with an experienced NFP practitioner will probably be required.

Simply assessing how difficult it is to learn NFP is only a small part of a proper analysis. NFP's great advantages over contraceptives and abortifacients (particularly the intangible benefits) must be carefully weighed.

Physical Complications Associated with NFP.

The most commonly used methods of "birth control" are, to put it bluntly, killers. Condoms sometimes break or slip and thus allow the transmission of AIDS and deadly venereal diseases. The intra-uterine device (IUD) has killed scores of women, not to mention the fact that all IUDs are abortifacient. The birth prevention pill has killed more than 20,000 women through cardiovascular and other complications over the last 30 years in the United States alone, and has been classified "unavoidably unsafe" by the courts.[13]

Death is only one of the very long list of severe side effects that even feminists recognize as an inescapable result of the widespread use of unnatural means of birth control: Stroke, severe bleeding, sterility, repeated miscarriages, blindness, perforations, infections, etc.

Even one of the original inventors of the birth prevention pill, Dr. Carl Djerassi, admits that we have gone as far as we can go with contraceptive methods. He said that what the world needs is a "jet-age rhythm method" that can be used to avoid all the ill effects of his and other "birth control" methods.[14]

Natural family planning is not only free of side effects, but it lets women know and "read" their bodies so well that they may be able to detect certain diseases and injuries to their reproductive systems earlier than they would have been able to otherwise. The ability to track symptoms and anomalies can save lives in cases of various cancers of the female reproductive tract.

Finally, NFP can do one thing that no method of "birth control" can ever do: Help a couple *get pregnant*. In fact, many infertility centers begin their investigations of a couple by teaching them the basics of natural family planning (primarily temperature taking) and having them observe the woman's cycles for several months in order to time intercourse for periods of maximum fertility.

Why the Catholic Church Permits the Use of NFP.

Until Recently ... Contraception is unacceptable to the authentic tradition of virtually every religious denomination. Today, however, only the Catholic Church and a number of small Protestant and Jewish denominations teach that the only morally acceptable method of birth regulation is natural family planning.

For 1 900 years all Christian denominations stood united in their

For 1,700 years, all Christian communities stood united in their condemnation of contraception. Only since 1930 have the "mainline" churches allowed unnatural means of fertility regulation.

We must ask ourselves a fundamental question: Which is truly the fruit of the Holy Spirit — the teaching that has endured for nearly 20 centuries or the contraceptive mentality that is only a few decades old?

Common sense should reveal the answer to any person who is being honest with himself.

The Catholic Logic. The Catholic Church has always allowed the use of infertile periods to space children for authentically *serious* reasons. Pope Paul VI said in *Humanae Vitae* [¶10,16]:

In relation to physical, economic, psychological and social conditions, responsible parenthood is exercised, either by the deliberate and generous decision to raise a numerous family, or by the decision, made for grave motives and with due respect for the moral law, to avoid for the time being, or even for an indeterminate period, a new birth ... If, then, there are serious motives to space out births, which derive from the physical or psychological conditions of husband and wife, or from external conditions, the Church teaches that it is then licit to take into account the natural rhythms immanent in the generative functions, for the use of marriage in the infecund periods only, and in this way to regulate birth without offending the moral principles which have been recalled earlier.

Some may equate these conditions to those that anti-lifers commonly use to justify contraception, sterilization and even abortion. But the truthful answer to the question of what constitutes a truly *serious* impediment to having more children is rooted in honesty and a properly formed conscience. Pro-abortionists, since they lack the virtue of self-sacrifice, interpret any and all reasons as "serious." True followers of Christ can be more honest in their assessments of their own personal situations in light of the natural moral law and Church teaching.

The Catholic Church does not simply make up rules in order to control people, as critics often allege. *The Church uses as its guide the natural moral law instituted by God Himself*, and therefore can never change the teachings rooted in it. Nowhere is the natural moral law more reliable or needed than in matters involving human sexuality. The Church recognizes that contraception is one of the starting points for a true "anti-life mentality" which, once accepted, knows no bounds.

In *Familiaris Consortio* [¶32], Pope John Paul II explained that the fundamental difference between contraception and NFP lies in the worldview of

the people involved:

... theological reflection is able to perceive and is called to study further *the difference, both anthropological and moral*, between contraception and recourse to the rhythm of the cycle: It is a difference which is much wider and deeper than is usually thought, one which involves in the final analysis two irreconcilable concepts of the human person and of human sexuality. The choice of the natural rhythms involves accepting the cycle of the person, that is the woman, and thereby accepting dialogue, reciprocal respect, shared responsibility and self-control. To accept the cycle and to enter into dialogue means to recognize both the spiritual and corporal character of conjugal communion and to live a personal love with its requirement of fidelity. In this context, the couple comes to experience how conjugal communion is enriched with those values of tenderness and affection which constitute the inner soul of human sexuality, in its physical dimension also. In this way, sexuality is respected and promoted in its truly and fully human dimension, and is never "used" as an "object" that, by breaking the personal unity of soul and body, strikes at God's creation itself at the level of the deepest interaction of nature and person.

Humanae Vitae [¶16] explains that the difference between the practice of contraception and natural family planning lies in the fact that NFP cooperates with the human reproductive system as God designed it, whereas contraception conflicts with it:

The Church is coherent with herself when she considers recourse to the infecund periods to be licit, while at the same time condemning, as being always illicit, the use of means directly contrary to fecundation, even if such use is inspired by reasons which may appear honest and serious. In reality, there are essential differences between the two cases; in the former, the married couple make legitimate use of a natural disposition; in the latter, they impede the development of natural processes. It is true that, in the one and the other case, the married couple are concordant in the positive will of avoiding children for plausible reasons, seeking the certainty that offspring will not arrive; but it is also true that only in the former case are they able to renounce the use of marriage in the fecund periods when, for just motives, procreation is not desirable, while making use of it during infecund periods to manifest their affection and to safeguard their mutual fidelity. By so doing, they give proof of a truly and integrally honest love.

In summary, then, when a couple contracepts, they say to God "we will try to frustrate Your will [through contraception] if it is to create a child and will take

action to negate it [through abortion] if You *do* create a child." When a couple uses NFP, they instead say "we will allow every instance of our marital act to be open to Your will, regardless of whether the probability of conception is likely or remote, and will respect Your awesome gift of fertility in exactly the form You gave it to us."

If NFP Has so Many Advantages, Why Don't More Couples Use It?

Introduction. Despite constant Church teaching that natural family planning is the only moral means of fertility regulation, studies show that only about four percent of married Catholic couples of childbearing age in the United States use NFP.[15]

If natural family planning boasts all of the advantages referred to in Figure 22-2, why don't more couples use it?

There are five basic reasons: Ignorance, laziness, money, fear of abstinence, and a failure to understand the nature of true marital love.

Ignorance. NFP does not fit into the anti-life philosophy. It runs counter to the "free sex" philosophy adopted by most people. Pro-abortion groups prefer to contemptuously and dishonestly dismiss this highly scientific method as "rhythm," even though they know better. This pervasive propaganda frightens many men and women into believing that natural family planning is backward and ineffective.

It's a different story for the doctors. Despite their many years of education, most are appallingly ignorant about NFP. A doctor who knows little or nothing about NFP is unlikely to promote it, but will instead prescribe the drugs that are so readily presented to him by the representatives of the major pharmaceutical corporations. Additionally, many doctors believe that women are too unmotivated or unintelligent to learn NFP. Finally, there is great profit to be made in the development, manufacture and distribution of contraceptives and abortifacients; no such profit motive exists with NFP.

The clergy must share the blame for the ignorance of the faithful regarding NFP. For many years, and in many countries, "This divided position of the clergy [on contraception] has contributed, more than any other factor, to the confusion of the layman — after all, who is the layman to follow except the pastor? In espousing such a position, that the layman must be guided exclusively by his conscience, such clergymen have done more harm to the layman than they imagine, and inestimable disservice to the Church itself." [16]

This point is especially telling in Western countries. How many U.S. or European Catholics have ever heard contraception condemned, even in the

European Catholics have ever heard contraception condemned, even in the vaguest terms, from the pulpit? How many bishops have made pronouncements against it? The primary reason that so many Catholic men and women use contraceptives and abortifacients is that *their bishops and priests have never told them not to*. Often, priests do not preach against anti-life practices because of their faulty seminary education in sexual morality, which is frequently delivered by dissenters from Church teaching.

Laziness. NFP takes some time and effort to learn. In this age of instant gratification, the equation "FAST + EASY = GOOD" is an almost inviolable law. If a method of birth regulation requires any effort, most people summarily disqualify it. Most Western women would rather take a long-term gamble on their health than put a short-term effort into learning about their own bodies. And, sadly, most men couldn't care less which method of contraception their wives use, as long as they themselves aren't inconvenienced and have access to sex at all times.

As Erma Clardy Craven has said, "Women are being seen as wombs to be deactivated rather than human beings with lives to be fulfilled." [17]

The Profit Motive. The contraceptive makers and most gynecologists would have the public believe "quick 'n easy" contraception is the only way to go. The manufacturers say this because they are making huge amounts of money off women who willingly and ignorantly drug their reproductive systems — and the profits from the sale of these drugs amount to more than \$5 billion per year! This sum does not include the profits reaped by individual doctors and population control organizations such as International Planned Parenthood Federation (IPPF).

Curiously, NFP practitioners will probably agree with a writer for the Feminist Womens Health Centers, a chain of abortion mills, as she summarizes the *real* reasons why NFP is not more widespread:

Fertility Awareness poses a big threat to the hormonal contraceptive industry. If women are given the choice of the Pill or implants with their side effects, lack of STD protection, expense, and reliance on doctors; or Fertility Awareness, with or without barrier methods, which seems the more logical choice? Both have the same effectiveness (98.5 - 99.2 percent). Fertility Awareness costs nothing to use, has no side effects, and puts reproductive responsibility firmly in the hands of the user. [18]

Time is money for busy health professionals. When they are faced with a choice between an easy 20 bucks for a five-minute birth prevention pill

more common way to cause a wife's immediate oral-contraception prescription or referring a couple to an NFP teacher, the lure of quick money usually wins out.

[Go to Next Topic: NFP Can be Used for Contraceptive Motives](#)

[Return to *Natural Family Planning* Table of Contents](#)

Advantages Breastfeeding Has for Both Mother and Infant

[11] United States Department of Commerce, Bureau of the Census. *Statistical Abstract of the United States, 2000* [Washington, D.C.: U.S. Government Printing Office, 2000]. Table 106, "Single Babies Born in 1990-93 Who Were Ever Breastfed, Duration, and Mean Duration of Breastfeeding in Weeks by Selected Characteristics: 1995."

[12] K. Diem and C. Lentner (editors). *Geigy Scientific Tables* (Seventh Edition) [Ardsley, New York: Geigy Pharmaceuticals, 1975], pages 687 to 689.

[13] Warren Hern. *Abortion Practice* [Philadelphia: J.B. Lippincott Company, 1990]. According to Hern, about 750 *additional* women annually die of coronary thrombosis, strokes and other complications directly related to use of oral contraceptives.

[14] Carl Djerassi. *The Pill, Pygmy Chimps, and Degas' Horse* [New York City: Basic Books, 1992], page 263.

[15] National Survey of Family Growth (NSFG) described in Catholic News Service. "Most Catholic Women Ignore Church-Accepted Form of Birth Control." The Portland, Oregon *Catholic Sentinel*, January 24, 1992, page 7.

[16] Vincent J.A. Rosales, M.D. "The Catholic Choice of Rhythm." *Unitas* [Manila], December 1976, pages 474 to 501.

[17] Erma Clardy Craven, quoted in *ALL About Issues*, July/August 1980, page 5.

[18] Suzanne Cooper Doyle. "Fertility Awareness: Reclaiming Reproductive Control." *WomenWise* (publication of the New Hampshire Federation of Feminist Womens Health Centers), Summer 1991, pages 6 to 8.

Facts of Life: Chapter 22: Natural Family Planning: NFP Can be Used for Contraceptive Motives



 SHARE

NFP *Can* be Used for Contraceptive Motives.

Most Catholic married couples in developed countries have only one or two children. This is not because they use NFP effectively, but because they use contraceptives and abortifacients at about the same rates as all other groups. Some Catholics will use NFP for a few years and then, when they have had all the children they want, will switch to the Pill or even get sterilized.

As St. Augustine wrote in his treatise *On the Morals of the Manichaeans*,

Sometimes this lustful cruelty or cruel lust goes so far as to seek to procure a baneful sterility, and if this fails, the foetus conceived in the womb is in one way or another smothered or evacuated, in the desire to destroy the offspring before it has life, or if it already lives in the womb, to kill it before it is born. If both man and woman are party to such practices, they are not spouses at all; and if from the first they have carried on thus they have come together not for honest wedlock, but for impure gratification; if both are not party to these deeds, I make bold to say that either the one makes herself a mistress of the husband, or the other simply the paramour of the wife.[19]

More than half a century ago, Mahatma Gandhi illustrated the greatest problem of the "contraceptive mentality" in marriage when he said that

It is dinned into one's ears that the gratification of the sex urge is a solemn obligation like the obligation of discharging debts ... This sex urge has been isolated from the desire for progeny and it is said by the protagonists of the use of contraceptives that conception is an accident to be prevented except when the parties desire to have children ... Marriage loses its sanctity when its purpose and highest use is conceived to be the satisfaction of the animal passion without contemplating the natural result of such satisfaction.[20]

It is certainly possible to use natural family planning exclusively throughout the reproductive years in a selfish manner, without sufficiently serious reason to avoid pregnancy. After all, what gift of God cannot be misused? Any method of birth regulation (including NFP) is evil if the intent is to deny God's will for our reproductive lives. A couple who uses NFP to avoid having children that they could properly care for may either be ignorant of the evil of doing so, or may have essentially selfish motivations.

How to Get Additional Information on NFP.

Overview. In the United States, several national organizations promote the various methods of natural family planning, as described in the following paragraphs.

In addition, the National Conference of Catholic Bishops' *Directory of Diocesan Natural Family Planning Coordinators* lists more than 400 NFP contacts for all 50 states and 63 countries. This volume, updated each year, is available from the Bishops Committee for Pro-Life Activities, NCCB, 3211 Fourth Street N.E., Washington, D.C. 20017-1194, telephone: (202) 541-3070/3240. The NCCB also publishes *Forum*, a diocesan NFP activity report.

Anyone interested in learning about or teaching natural family planning can contact any national or local group.

Couple to Couple League International (CCLI). The Couple to Couple League teaches the most up-to-date methods in natural family planning. CCLI also distributes information on the hazards of unnatural "birth control," chastity, raising children, and related medical news. The group has an extensive catalog of books and pamphlets.

Three of CCLI's best pamphlets summarize the advantages of NFP and are suitable for distribution in schools, churches or meetings of any kind: "NFP — Safe, Healthy and Effective;" the more detailed "The Case for Natural Family Planning;" and "Does Breastfeeding Really Space Babies?"

CCLI is always looking for NFP instructors and publicists, and can reliably refer couples to competent NFP teachers. Anyone interested in attacking abortion and the anti-life mentality at their roots should volunteer to teach NFP.

CCLI's newsletter, published six times yearly, is available for an \$18 annual donation. It provides detailed information from scientists on the latest NFP findings. For a list and order form, write to or call the Couple to Couple League, Post Office Box 111184, Cincinnati, Ohio 45211-1184, telephone: (513) 471-2000.

CCLI also publishes *Family Foundations*, a bimonthly newsletter that covers the technical and "how-to" aspects of natural family planning and information on teen sex clinics, chastity, and Planned Parenthood. Interested persons can

...for a \$15 donation...

subscribe for a \$15 donation.

The Couple to Couple League has a Web site at <http://www.ccli.org>.

Pope Paul VI Institute. The Pope Paul VI Institute for the Study of Human Reproduction was founded in 1985 by Thomas Hilgers, M.D., in response to the challenges set forth in the encyclical *Humanae Vitae*.

The Institute provides natural family planning services, teacher education programs and research, primarily in the Creighton Model NFP Medical Systems, a standardized modification of the Ovulation Method. The Pope Paul VI Institute has also developed NaProTechnology (Natural Procreative Technologies), a science which devotes its medical, surgical and allied health energies to cooperating with the natural procreative mechanism and function.

The Institute also offers a free quarterly magazine, *The Love and Life Newsmagazine*, which provides education on NFP developments and the reconnection of love and life.

The Pope Paul VI Institute may be contacted at 6901 Mercy Road, Omaha, Nebraska 68106-2604, telephone: (402) 390-6600; FAX: (402) 390-9851.

The Pope Paul VI Institute has a Web site at <http://www.popepaulvi.com>.

The Billings Ovulation Method (BOM). The Billings Center dedicates itself to teaching the Billings Ovulation Method of Natural Family Planning, which is in use all over the world and is particularly suited to teaching to women or couples who may be illiterate or undereducated. The BOM depends upon the fact that the occurrence of fertility in a woman is always accompanied by the secretion of a particular type of mucus from the glands of the cervix of the uterus. The mucus symptom develops ahead of ovulation and gives warning of the approach of ovulation.

The Billings Family Life Centre is located at 27 Alexandra Parade, Fitzroy North, Victoria, 3068 Australia, telephone: (03) 9481 1722, FAX: +613 9482 4208. The Billings Ovulation Method has a Web site at <http://www.billings-centre.ab.ca>.

[Go to Next Topic: Further Reading on Natural Family Planning](#)

Endnotes for “NFP *Can* be Used for Contraceptive Motives”

[19] St. Augustine, "On the Morals of the Manichaeans" (*De Moribus Manichaeorum*). Chapter 18, paragraph 65, as quoted in Pius XI, Encyclical *Casti Connubii*, December 31, 1930, VII ("Vices Opposed to Christian Marriage").

[20] Mahatma Gandhi, *Harijan*, March 28, 1936. Louis Fischer (editor). *The Essential Gandhi: His Life, Works, and Ideas* [New York: Vintage Books, 1962], page 241.

[Facts of Life: Chapter 22: Natural Family Planning: Further Reading on Natural Family Planning](#)

 SHARE

Further Reading: Natural Family Planning.

Nona Aguilar. *No-Pill, No-Risk Birth Control* [New York: Rawson, Wade Publishers, 1980]. Reviewed by Edward F. Keefe in the Spring 1980 issue of the *International Review of Natural Family Planning*, pages 81 to 84, and by Rose Fuller on pages 177 to 179 of the Summer 1986 issue of the same publication. This book extols the virtues of natural family planning while explaining the "shocks" to the system of sterilization and the various methods of artificial contraception. A good 'theory' book.

Howard M. Bahr, Bruce A. Chadwick, and Darwin L. Thomas (editors). *Population, Resources, and the Future: Non-Malthusian Perspectives* [Provo, Utah: Brigham Young University Press]. A general examination of the myths associated with overpopulation and big families. This book also examines some of the Draconian population control policies of the past, present, and those seriously proposed for the future.

Evelyn Billings, M.D., and Ann Westmore. *The Billings Method: Controlling Fertility Without Drugs or Devices* [Richmond, Victoria, Australia: Anne O'Donovan Press, 1980]. Reprinted by Random House, New York, in 1981. Reviewed and discussed in detail by Edward F. Keefe, M.D., in the Summer/Fall 1981 issue of the *International Review of Natural Family Planning*, pages 170 to 185.

John J. Billings, M.D. *The Ovulation Method: Natural Family Planning* (Fourth American Edition) [Collegeville, Minnesota: Liturgical Press, 1978] Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174. Telephone: (703) 586-4898. A set of instructions, charts, and stamps for those who would like to learn the Billings Ovulation Method of natural family planning. Reviewed and discussed by Edward F. Keefe on pages 171 to 180 of the Summer 1979 issue of the *International Review of Natural Family Planning*. A very detailed critique of the Billings Ovulation Method compared to the Sympto-Thermal Method.

Father James Tunstead Burtchaell and eight married people. *Marriage Among Christians: A Curious Tradition* [Notre Dame, Indiana: Ave Maria Press, 1977]. Reviewed by Mary R. Joyce in the Fall 1978 issue of the *International Review of Natural Family Planning*, pages 274 and 275. Essays on the essential nature of

Natural Family Planning, pages 274 and 275. Essays on the essential nature of commitment in Christian marriage.

Child and Family. This quarterly magazine is produced by the National Commission on Human Life, Reproduction, and Rhythm and is available for \$12.00 from 244 South Wesley, Oak Park, Illinois.

Larry and Nordis Christenson. *The Christian Couple* [Minneapolis: Bethany Fellowship, 1977]. Reviewed by John G. Quesnell in the Winter 1977 issue of the *International Review of Natural Family Planning*, pages 387 and 388. The authors of this book meet the difficult questions and problems of marriage, including artificial contraception, head-on.

Ciba Foundation Symposium 45 (new series). *Breast Feeding and the Mother*. New York: Elsevier North-Holland, 1977. \$12.25 paper, \$21.75 cloth. Reviewed by Edward F. Keefe, M.D. in the Winter 1978 issue of the *International Review of Natural Family Planning*, pages 357 to 360. A highly technical collection of symposium papers on breastfeeding that is strongly recommended for natural family planning teachers.

Couple to Couple League International. "A Physician's Reference to Natural Family Planning." This pamphlet explains the reproductive system in greater detail, including the hypothalamic-pituitary relationship, threshold levels of pre-ovulatory estrogen, and the relationship between the ovaries. This professionally-done pamphlet is available for 25 cents from the Couple to Couple League International, Post Office Box 11084, Cincinnati, Ohio 45211. Telephone: (513) 661-7612.

Couple to Couple League International. 12-page pamphlet for 25 cents entitled "What Does the Catholic Church Really Teach About Birth Control?" Order from the Couple to Couple League International, Post Office Box 111184, Cincinnati, Ohio 45201.

J.C. Espinoza, M.D. *Birth Control: Why Are They Lying to Women?* Paperback, \$5.00. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898, or from Our Lady's Book Service, Nazareth Homestead, R.D. 1, Box 258, Constable, New York 12926, telephone: 1-800-263-8160. Reviewed by Eugene F. Diamond, M.D., on page 32 of the February 1983 *ALL About Issues*. The eugenicists, the birth-control profitmakers, and the Neomalthusians have concocted an effective and pervasive propaganda campaign against population. This propaganda is filled with lies, half-truths, and

campaign against population. This propaganda is filled with lies, half truths, and distortions. Dr. Espinoza's book exposes the health hazards of artificial contraception and shows that safe and effective natural family planning is really the only way to go — from a practical standpoint. Also available in Spanish as *El Control De La Natalidad: Porque Les Mienten A Las Mujeres?*

Family Foundations. This bimonthly newsletter is published by the Couple to Couple League International (CCLI). Main topics are the technical and 'how-to' aspects of natural family planning (NFP) and information on teen sex clinics, chastity, and Planned Parenthood. Subscriptions are available for a \$15 donation. Write to Couple to Couple League International, PO Box 111184, Cincinnati, Ohio, 45211.

Thomas W. Hilgers, M.D. *Reproductive Anatomy and Physiology for the Natural Family Planning Practitioner*. Creighton University Natural Family Planning Education and Research Center, 601 North 30th Street, Omaha, Nebraska 68131. 1981, 107 pages, \$19.95. Reviewed by John J. McCarthy, Jr., M.D., in the Fall 1983 issue of the *International Review of Natural Family Planning*, pages 272 and 273. This work fills a void for NFP instructors who have questions about human physiology and why the human reproductive system works the way it does.

International Review. Formerly the *International Review of Natural Family Planning*, this journal is similar in format and size to *The Human Life Review*. It contains essays on natural family planning and other pro-life issues, including euthanasia, infanticide, and United States 'contraceptive imperialism.' Some of the finest conservative minds of the past and present have contributed to this journal, including Mother Teresa of Calcutta and many United States Senators and Congressmen.

Derrick B. and E.F. Patrice Jelliffe. *Human Milk in the Modern World: Psychosocial, Nutritional, and Economic Significance* [New York: Oxford University Press, 1978]. Reviewed by Edward F. Keefe in the Winter 1980 issue of the *International Review of Natural Family Planning*, pages 360 to 363. An encouraging masterwork on the art of breastfeeding. This book should be in the library of every natural family planning teacher.

J.S. Jordan and A. Singer (editors). *The Cervix* [Philadelphia: W.B. Saunders Company, 1977]. Reviewed by Edward F. Keefe on page 296 of the Summer 1979 issue of the *International Review of Natural Family Planning*. This massive volume contains everything that a natural family planning teacher needs to know

Volume contains everything that a natural family planning teacher needs to know (and much, much more) about one of the three indicators of the Sympto-Thermal Method — the condition of the cervix. This book may be used to answer any question on the cervix and may also be used to assist in self-diagnosis of various cervical diseases.

John F. Kippley. "Birth Control and Christian Discipleship." 1985, paperback, 36 pages, \$2.00 from the Couple to Couple League International, Post Office Box 111184, Cincinnati, Ohio 45211-1184, or from Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This superb booklet outlines the history of artificial contraception, its effects upon the body, the family and society in general, and the history of traditional Scriptural and Christian opposition to it (both Protestant and Catholic), until the collapse of the Church's resistance in the period 1930 to 1970.

John and Sheila Kippley. *The Art of Natural Family Planning*. Order from Couple to Couple League International, Post Office Box 111084, Cincinnati, Ohio 45211, or from Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. Fourth Edition: Paperback, \$19.95. The most comprehensive available 'nuts and bolts' guide to charting cycles, theology of NFP, and breast feeding. This book has it all, and is suitable even for physician-run NFP classes. CCL's starter packet includes the book, basal thermometer, a 20-page practical applications booklet for self-instruction, a set of 14 monthly cycle observation charts, and a year's subscription to the CCL newsletter.

Father Ronald Lawler, Joseph Boyle, Jr., and William E. May. *Catholic Sexual Ethics: A Summary, Explanation, and Defense*. 1985, 274 pages. Paperback, \$7.95. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. Reviewed by Father Robert Barry, Ph.D. on pages 346 to 348 of the Winter 1985 issue of the *International Review of Natural Family Planning*. A very clearly written summary of Catholic Church teaching on sexual morality. Topics include the Bible and sex; formation of conscience; chastity, virginity, and Christian marriage; and Church teaching on sex.

John J. McCarthy, Jr. *The Ovulation Method*. Human Life and Natural Family Planning Foundation, 1978. 55 pages, \$1.50. Reviewed and discussed by Edward F. Keefe on pages 180 to 183 of the Summer 1979 issue of the *International Review of Natural Family Planning*. A relatively uncertain and tentative introduction to the Ovulation Method of natural family planning.

Margaret Nofziger. *A Cooperative Method of Natural Birth*

Control [Summertown, Tennessee: Tiebock Publishing Company, 1979]. A lavishly-illustrated beginner's guide to the general concepts of natural family planning.

Pope John Paul II. *Theology of the Body*. Daughters of St. Paul publishers. This set of four volumes is a serial catechesis which outlines in painstaking detail the basis of Catholic thought on the life-related subjects. Generally for those who want to really dig deep into the Church's answer to the contraception/abortion mentality.

Volume 1: *Original Unity of Man and Woman*. 184 pages, \$4.00.

Volume 2: *Blessed Are the Pure in Heart*. 305 pages, \$6.00.

Volume 3: *Theology of Marriage and Celibacy*. 374 pages, \$9.00.

Volume 4: *Reflections on Humanae Vitae*. 96 pages, \$3.75.

Paul J. Quay. *The Christian Meaning of Human Sexuality*. \$7.95, 115 pages. Order from Ignatius Press, 15 Oakland Avenue, Harrison, New York 10528, telephone: 1-800-528-0559. Using Scripture and the writings of distinguished (conservative) theologians, Quay explains the understanding of human sexuality that divine revelation offers us. This book is written for Christian adults who want to know what kinds of sexual behavior are right and wrong and who want to gain true insight into why such behavior is right or wrong.

Roman Catholic Church, Apostolic Letters and Encyclicals. The Daughters of St. Paul publish numerous useful Catholic documents in pamphlet form, including the Canadian Bishops' "Statement on the Formation of Conscience," and the Vatican's "Instruction on Bioethics." Write to: Daughters of St. Paul, 50 St. Paul's Avenue, Jamaica Plain, Boston, Massachusetts, 02130. The Daughters of St. Paul have available the following apostolic letters and encyclicals, among others;

- *Humanae Vitae* ("Of Human Life"), July 25, 1968, Pope Paul VI.
- "Educational Guidance in Human Love and Charter of the Rights of the Family" (Outlines for Catholic Sex Education), 62 pages.
- *Salvifici Doloris* ["On the Christian Meaning of Human Suffering"], 58 pages.

Roman Catholic Church, Vatican Pontifical Council for the Family. *Marriage and Family: Doctrine and Life*. 180 pages. \$7.95. Order from: Ignatius Press. 15

and Family: Doctrine and Life. 180 pages, \$7.95. Order from: Ignatius Press, 15 Oakland Avenue, Harrison, New York 10528, telephone: 1-800-528-0559. Proceedings of the third annual conference applying Catholic teaching to the problems of marriage and family life. Subjects covered include the road to salvation as a couple, the family's mission and place in God's plan, and the real difference between artificial contraception and natural family planning.

J.N. Santamaria, M.D. and John J. Billings, M.D. *Human Love and Human Life: Papers on Humanae Vitae and the Ovulation Method of Natural Family Planning from the International Conference, University of Melbourne, 1978* [Melbourne, Australia: Polding Press, 1979]. Reviewed by Carman Fallace in the Fall 1980 issue of the *International Review of Natural Family Planning*, pages 271 to 274. Proceedings of the largest-ever conference on natural family planning, which covered nine full days.

Mary Shivanandan. *Natural Sex* [New York: Rawson, Wade Publishers, 1979]. Reviewed by Lester B. Anderman on pages 183 to 185 of the Summer 1979 issue of the *International Review of Natural Family Planning*. A rather muddled review of natural family planning that includes many inaccuracies. The theory and nontechnical basics of natural family planning are covered in this book, but not in enough detail to allow a couple to begin charting cycles.

Ingrid Trobisch and Elisabeth Roetzer. *An Experience of Love: Understanding Natural Family Planning* [Old Tappan, New Jersey: Fleming H. Revell Publishers, 1981]. A lot of information of cycle charting, given in a question and answer format.

Vatican Pontifical Council for the Family. *Marriage and Family: Doctrine and Life*. 180 pages, \$7.95. Order from: Ignatius Press, 15 Oakland Avenue, Harrison, New York 10528, telephone: 1-800-528-0559. Proceedings of the third annual conference applying Catholic teaching to the problems of marriage and family life. Subjects covered include the road to salvation as a couple, the family's mission and place in God's plan, and the *real* difference between artificial contraception and natural family planning.

Rudolf F. Vollman, M.D. *The Menstrual Cycle* [Philadelphia: W.B. Saunders Company, 1977]. Reviewed by Stephen P. Boyers and John R. Marshall in the Winter 1977 issue of the *International Review of Natural Family Planning*, pages 288 and 289. A compendium of information compiled from 21,645 menstrual

566 and 567. A compendium of information compiled from 51,645 menstrual cycles of 691 women.

Mercedes Arzu Wilson. *The Ovulation Method of Birth Regulation: The Latest Advances for Achieving or Postponing Pregnancy — Naturally* [New York: Van Nostrand Reinhold, 1980]. Reviewed and discussed in detail by Edward F. Keefe, M.D., in the Summer/Fall 1981 issue of the *International Review of Natural Family Planning*, pages 170 to 185.

Father Anthony Zimmerman, Francois Guy, M.D., and Father Dionigi Tettamanzi (editors). *Natural Family Planning: Nature's Way, God's Way*. Human Life Center, St. John's University, Collegeville, Minnesota 56321. Paperback, \$4.00. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174. Telephone: (703) 586-4898. The body of this book consists of 53 short articles on NFP that show (1) that it works, (2) how it works, and (3) why it works. The book also includes the texts of the 16 ecclesiastical documents most pertinent to NFP, including *Humanae Vitae*. An excellent text for answering questions on the technical and moral aspects of natural family planning.

[Return to *Natural Family Planning* Table of Contents](#)

Facts of Life: Chapter 23: Euthanasia: The Definition and Types of Euthanasia



SHARE

The Definition and Types of Euthanasia.

"A society will be judged on how it treats those in the dawn of life, those in the twilight of life, and those in the shadow of life."
— Senator Hubert Humphrey.

The Definition of "Euthanasia." In general, the term "euthanasia" means any action committed or omitted for the purpose of causing or hastening the death of a human being after birth, allegedly for the purpose of ending the person's suffering.

The Vatican's *Declaration on Euthanasia* [¶II] states: "By euthanasia is understood an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated."

In other words, euthanasia is a form of killing, regardless of the motives of the person committing the act.

Euthanasia and Related Terms. The critical differences between direct and indirect euthanasia and natural death must be defined precisely before any intelligent discussion on the various "shades" of euthanasia may proceed.

The pro-euthanasia lobby has accomplished many of its goals by using scare tactics involving dramatic anecdotes of people in severe, unrelieved pain, who are being "kept alive by machines" with numerous tubes and devices surrounding them and interfering with their peace and dignity. Pro-euthanasia groups have also confused lawmakers and the public by intentionally blurring the lines between direct and indirect euthanasia and a natural death. Pro-abortionists use precisely the same tactic when they lump contraceptives, abortifacients and abortion together.

Anti-euthanasia activists must be intimately familiar with the terms relating to euthanasia, or they will be confused and ineffective in their efforts to save lives.

- *Euthanasia* literally means "good death." It is a very vague term, but useful in the sense that it covers all of the illicit measures taken to end or shorten human life after birth, including infanticide.
- *Active (positive, direct)* euthanasia is action *taken* for the purpose of causing or hastening death. These measures may include a lethal injection or an overdose committed by a physician.

overdose committed by a physician.

- *Passive (negative, indirect)* euthanasia is action *withheld* for the purpose of causing or hastening death. These measures include the withholding or withdrawal of *non-heroic* measures, including food, hydration (water), and oxygenation. Examples of this type of euthanasia are the many infanticides committed each year in the United States by withholding food and water from handicapped newborn babies who would otherwise have lived. Another example of passive euthanasia is the withholding of food and water from a person in a so-called "persistent vegetative state," or from someone whose health is not improving rapidly enough in the opinions of the attending health care workers. Note that the term "indirect," when applied to a euthanasia case, has a different meaning than when applied to "double effect" cases of abortion and sterilization (see below for a discussion of the "double effect" as applied to euthanasia and a natural death).
- *Voluntary euthanasia* is committed with the willing and *autonomous* cooperation of the subject. This means that the subject is free from direct or indirect pressure from others. *Involuntary euthanasia* is committed without the knowledge and/or consent of the subject. Permission may be granted by a court or by family members, or at the discretion of the attending health care professional or caretaker.
- Assisted suicide is the act of providing means (drugs, a gun, a rope, a plastic bag with an elastic opening, a rusty Volkswagen van, or whatever else is needed) in order to help a person take his or her own life. *Physician-assisted suicide* simply means that a doctor provides the means for a person to end their life. Specifically, this means that the physician provides a prescription or other means for a person to commit suicide; the patient, not the doctor, actually performs the lethal act. Euthanasiasts sometimes refer to this as *physician aid-in-dying*.
- *Suicide* is the act of deliberately ending one's life. Euthanasiasts often speak approvingly of rational suicide, which means that a person has carefully contemplated his actions, as opposed to a person who acts impulsively, under duress, or under severe psychological or emotional stress.
- *Natural death* means allowing a person to die in comfort and peace by withholding excessive or heroic treatment that would only cause pain and lengthen the person's lifespan by a modest or insignificant amount. Note that if medical professionals withheld the same treatment from a person in the same circumstances whose lifespan would be *significantly* lengthened by it, they would be instead committing passive euthanasia. Food, water and oxygen must be provided during the person's progression to natural death, because they are the right of every human being. Letting a person die a natural death is not passive euthanasia. As Bishop Gene Gracida has defined

natural death is *not* passive euthanasia. AS BISHOP KENNETH GRACIA has defined it, "if the removal of a life-sustaining procedure is intended to avoid an unreasonable burden of the procedure, so that a quicker death is only an unintended side-effect of the decision, it is not a case of euthanasia." [1]

- *Persistent vegetative state (PVS)* is "A form of eyes-open permanent unconsciousness in which the patient has periods of wakefulness and physiological sleep/wake cycles, but at no time is the patient aware of him- or herself or the environment" [American Academy of Neurology definition of January 1989].
- *Coma* is an abnormal deep stupor occurring in illness in which the patient cannot be aroused by external stimuli, as opposed to a patient in a persistent vegetative state.
- *Palliative care* is treatment given to alleviate pain and other discomfort that accompany a terminal illness without treating the illness itself, because such treatment is considered to be futile and not in the best interests of the patient.

The "Right to Die." Quite simply, there is no "right" to die, according to either the laws of God or the laws of man.

Pro-euthanasia activists cleverly fabricated the "right to die" in order to appeal to people who have become used to unthinkingly accepting new and dangerous "rights." The "rights" formulated under the umbrella "right to privacy" include contraception, abortion, direct and indirect infanticide, various homosexual activities, pornography and euthanasia. Courts have used the so-called "right to privacy" repeatedly to legitimize behavior that many people find abhorrent or immoral — quite simply because there is no possible *legitimate* justification for them.

Fundamentally, the "right to die" is *not* a right — *it is the forfeiture of all possible rights*, and, as in the Netherlands and the People's Republic of China, will inevitably become for many people the *duty* to die. As former Colorado Governor Richard Lamm has asserted, "... we have a duty to die. It's like leaves falling off a tree forming the humus for the other plants to grow out. We've got a *duty to die* and get out of the way with all of our machines and artificial hearts and everything else like that and let the other society, our kids, build a reasonable life." [2]

Other euthanasiasts have gone so far as to allege that living a long and healthy life is actually an *immoral act!* John Hardwaig, Professor of Medical Ethics and Social Philosophy at East Tennessee State University, has claimed that "There may be a fairly common responsibility to end one's life in the absence of any terminal illness. ... There can be a duty to die even when one would prefer to

live. To have reached the age of, say, 75 or 80 years without being ready to die is itself a moral failing, the sign of a life out of touch with life's basic realities ..." [3]

"Death with Dignity." All people, whether they support or oppose euthanasia, desire a dignified death for themselves and for their loved ones.

But conflict arises over the definition of "dignity."

Pro-euthanasia activists perceive a loss of *physical* or *intellectual* dignity when a person becomes incontinent, incoherent and confused, suffers intractable pain, or feels that he has lost control of his destiny.

Anti-euthanasia activists perceive a loss of *spiritual* dignity when a person loses his focus on God and instead desires only a release from an existence that he or others may find pointless and wasteful.

The terminally ill person's state of mind highlights the difference in viewpoints.

When a person's fear of death is exceeded only by his fear of pain or loss of control, he is in a state of continuous mortal terror and may see death as only a blessed release from his current situation. He may indeed fear what happens after death, but primarily focuses only on his present circumstances. Such a person necessarily defines his degree of dignity by purely physical or emotional criteria.

However, when a person overcomes his fear of both death and pain, and accepts and transcends them with a deep peace at the end of his life, he realizes that purely physical measures of "dignity" are inappropriate *because they are incomplete*. True compassion demands that all of us love and support one another regardless of our functional capacity or appearance, and prepare the dying for their ultimate meeting with God. This is the *true* definition of living with dignity, even when in the last stages of dying.

"Mercy Killing." "Mercy killing" is an act of *direct* euthanasia usually committed for the alleged purpose of ending the suffering of an unproductive or terminally ill person. In reality, healthy people usually commit "mercy killings" in order to relieve themselves of the inconvenience and expense of caring for those who have (or will) become an emotional or financial burden on them. "Mercy killing" usually takes place without the express request of the victim, and is carried out in the belief that it is the most compassionate course of action.

Over the past few decades, society has defined two classes of born human beings who are not suffering, but who are nonetheless candidates for "mercy killings" — handicapped newborns who could otherwise live long lives, and people in an extended comatose state. *Pro*-euthanasia groups are now attempting to extend this lethal "privilege" to terminal patients and nursing home residents, regardless of their emotional state or level of pain. It is inevitable that the number

of people eligible for "mercy killings" will expand rapidly and uncontrollably, just as it did in Nazi Germany, and just as it is doing in the Netherlands today.

"Mercy killing" of both infants and adults is a logical extension of the practice of elective abortion committed to eliminate handicapped preborn babies. If *healthy* preborn babies can be killed up until the moment of birth because the mother perceives her health or well-being is threatened, then why can they not be killed shortly *after* birth, especially if they have a serious chromosomal defect such as Down's Syndrome? (see the Baby Doe of Bloomington case summary later in this Chapter and the book review of *The Long Dying of Baby Andrew* at the end of this Chapter for two examples of passive infanticide).

Down's Syndrome children are among the happiest and most contented human beings in existence, often living well into adulthood and giving great joy to others — yet they are frequently murdered *in utero*, not because *they* will suffer, but because their *parents* think they will.

If a person accepts death on God's terms, it is a mercy. However, if others force it on us, or if we strive for it due to the dictates of our misguided consciences, it is a dreadful burden, seemingly acceptable only because it appears to be less terrible than the pain.

"Persistent Vegetative State" (PVS). People sometimes use "brain death" and "persistent vegetative state" (PVS) as synonyms, but the terms actually differ greatly in meaning.

Many people refer to a person who lapses into an extended coma as one who is suffering from a "persistent vegetative state." This is an inaccurate and demeaning term. To begin with, more than half of all patients in "PVS" eventually regain consciousness, as described below.

Perhaps even more important, pro-life activists should avoid the term "persistent vegetative state" because it is dehumanizing. People are never "vegetables" at any time from fertilization to natural death, and so others should not refer to them as such. We must recognize that all human beings must be afforded dignity and care as basic rights, regardless of the seriousness of their condition.

A more dignified term would be simply "comatose."

Finally, the term "persistent vegetative state" is a very imprecise catch-all term, and its meaning can vary substantially depending upon the outlook *and the intent* of the person using the term. Because it is so open to abuse, the term should be avoided altogether.

"Brain Death." During his address to the 18th International Congress of the Transplantation Society on August 29, 2000, Pope John Paul II defined the exact

moment of death in a human being:

Acknowledgement of the unique dignity of the human person has a further underlying consequence: vital organs which occur singly in the body can be removed only after death, that is from the body of someone who is certainly dead. This requirement is self-evident, since to act otherwise would mean intentionally to cause the death of the donor in disposing of his organs. ... When can a person be considered dead with complete certainty? In this regard, it is helpful to recall that the death of the person is a single event, consisting in the total disintegration of that unitary and integrated whole that is the personal self. ... Specifically, this consists in establishing, according to clearly determined parameters commonly held by the international scientific community, the complete and irreversible cessation of all brain activity (in the cerebrum, cerebellum and brain stem). This is then considered the sign that the individual organism has lost its integrative capacity.

This exacting definition leaves little doubt that a person suffering "brain death" has little or no hope of recovery.[4]

A very important point to remember is that temporary and permanent comas are not in themselves terminal conditions. A person may indeed be unresponsive, but never loses his humanity. He therefore retains the inalienable rights to food, water, ventilation and competent medical care.

[Go to Next Topic: Advance Directives](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for “The Definition and Types of Euthanasia”

[1] Bishop Rene H. Gracida, Corpus Christi, Texas. "A Dissent from the "Interim Pastoral Statement on Artificial Nutrition and Hydration" Issued by the Texas Conference of Catholic Health Facilities and Some of the Bishops of Texas." *Diocesan Press*. May 25. 1990. paragraph 2.

[2] Former Colorado Governor Richard D. Lamm, in a March 27, 1984 address to the Colorado Health Lawyers Association, quoted in the *Star Tribune*, March 29, 1984, page 13A, and *The New York Times*, March 29, 1984.

[3] John Hardwaig, Professor of Medical Ethics and Social Philosophy at East Tennessee State University. "Is There a Duty to Die?" *Hastings Center Report*, March/April 1997.

[4] Blakiston's *Pocket Medical Dictionary* defines "brain death" as "Cessation of neurologic functioning by the criteria of deep unconsciousness without response to painful stimuli, absence of spontaneous breathing, fixed pupils, spontaneous marked hypothermia, absent reflexes except rarely tendon reflexes, and an isoelectric electroencephalogram showing no electrical activity over 2 microvolts at maximum gain even with stimulation by sound, pain, or pressure, recorded for 30 minutes or longer at 24-hour intervals. Excluded are patients under profound central nervous system depressants or hypothermia."

Facts of Life: Chapter 23: Euthanasia: Table of Contents



The Definition and Types of Euthanasia

- The Definition of "Euthanasia"
- Euthanasia and Related Terms
- The "Right to Die"
- "Death with Dignity"
- "Mercy Killing"
- "Persistent Vegetative State" (PVS)
- "Brain Death"

Advance Directives

- Overview
- The "Living Will"
- Durable Powers of Attorney (DPAs)
- The Pro-Life DPA

Extraordinary or Disproportionate Measures

- Introduction
- Teachings of the Catholic Church on Extraordinary Treatment
- Food and Water as Extraordinary Treatment
- Shades of Meaning
- Pain-Killers that Cause Unconsciousness Can Be Used to Alleviate Severe Pain

The Bible and Euthanasia

Catholic Theology and Euthanasia

- Who Owns Us?
- Dissenters Again

Hospice Care as an Alternative to Euthanasia

- The First Time Around: Euthanasia in Nazi Germany
- The Paramount Lesson
- The Dark Beginnings
- The First Euthanasia Society

Parallels With Nazi Germany

The Second Time Around: The History of Euthanasia in the Netherlands

- Two Predictors and Two Deaths
- A Mere Matter of Economics
- Dutch Doctors Have a License to Kill
- How it is Now: The New Abortionists
- "Living Wills" Mean Nothing
- Patients are Pressured
- No Prosecution for Mass Killings
- Current Status of the Dutch Euthanasia Program

What on Earth Happened?

- The Magnitude of the Killing
- The Future of Euthanasia in Holland

The Third Time Around: The History of Euthanasia in the United States

- The Courts: Engines for Social Change
- Description of the Euthanasia Cases

[Case #7: Helen Corbett \(1986\)](#)

[Case #15: Nancy Cruzan \(1988\)](#)

[Summary of the Progression](#)

[The Fractured History of the Hemlock Society](#)

The End and the Beginning

The Deaths of Ann's Parents

Ann's Turn

The Hemlock Society's Assisted Suicide

Revisiting the Crime?

Hemlock's Fishy Survey

[Jack "The Dripper" Makes the Scene](#)

Hemlock's Point Man Arrives

Janet Adkins: The First of Many

Kevorkian's Deadly Ideology

[The Worldwide Pro-Euthanasia Movement](#)

Take a Wide View

[Goals and Strategies of the Pro-Euthanasia Movement](#)

The Four-Step Strategy

The Ultimate Goal

[The First Step: Activism \(Prepare the Public\)](#)

Introduction

NBC's "The Right to Die"

NBC's "Mercy or Murder"

ABC's "When the Time Comes"

Stars As Killers

The "Living Will"

The Second Step: Legalization

Voluntary Euthanasia

Dehumanizing the Victims

[The Third Step: Institutionalization](#)

Unwilling Organ Farms

Supporting Quotes

The Fourth Step: Trivialize and Mandate

Euthanasia: How It Will Be

A Matter of Mere Economics ...

Reaction of the Americans

The Gender Feminists Join In

"It Can't Happen Here ..."

Conclusion

[Infanticide: The Abortion-Euthanasia Connection](#)

Introduction

Abortion As Legal Foundation

Getting Down to the Deadly Basics

But That Isn't All ...

Infanticide As the Bridge Between Abortion and Euthanasia

Infanticide = Euthanasia

[The Edelin Case](#)

The Waddill Infanticide
Laufe: "Abortion = Dead Baby"
The Mechanism of Death: Quality of Life Criteria
The Feds Evaluate Life
The 'Doctors' Speak - Again
Why Do Doctors Need "Quality" Criteria?

[Deadly Math At Work](#)

Other Examples
Joseph Fletcher's Criteria for Humanity

The Next Step
The Pitiful Case of "Baby Doe"

[The Ratchet Clicks Again](#)

The Push for Even More Medical Horrors
'Little Monsters'

We Have Traveled This Road Before
The Slippery Definition of "Death"
The Future of Infanticide Lies in the East

Human Suffering *Does* Have a Purpose

[Why Euthanasia is Wrong - From a Secular Viewpoint](#)

The Ultimate Questions

Reason #1: Euthanasia is Forever

Reason #2: Euthanasia Sets a Bad Example

[Reason #3: The Euthanasia Mentality is Myopic and Lazy](#)

Reason #4: Euthanasia is Despair Personified

Reason #5: Euthanasia is Entropic

[What Can You Do to Fight Euthanasia?](#)

Fight Evil with the POPE

The First Step: *Pray*

The Second Step: *Organize*

Learn the Pro-Euthanasia Slogans

[Anti-Euthanasia Groups That Can Help You](#)

[The Third Step: *Plan*](#)

The Mission Planning Statement

Really Learn About Euthanasia!

The Final Step: *Expose* The Euthanasiasts

Concluding Note: Maintain the Right Attitude

[Further Reading: Euthanasia and Infanticide--Part I](#)

[Further Reading: Euthanasia and Infanticide--Part II](#)



Advance Directives.

"Evil committed for a good cause remains evil."

"Even when it succeeds?"

"*Above all* when it succeeds."

— Victor Hugo, *History of a Crime* (1877).[5]

Overview. An advance directive is simply a legal form or document that allows a person to specify the medical treatment he wants and does not want in case he becomes incapable of making his desires known.

There are three general classes of advance directives: The "Living Will;" the Durable Power of Attorney for Health Care (DPAHC or DPA); and the Pro-Life DPA.

The "Living Will." Most versions of the "Living Will" have been written and promoted by organizations that are stridently pro-euthanasia. Just glancing at a list of the names of the primary promoters of the "Living Will" should sound alarm bells for those dedicated to protecting human life;

- the American Civil Liberties Union (ACLU);
- Americans Against Human Suffering (AAHS);
- Concern [Compassion] for Dying (formerly the Euthanasia Educational Council, which split from the Society for the Right to Die in 1979);
- the Hemlock Society (which has renamed itself "End-of-Life Choices"); and
- the Society for the Right to Die, which shed its non-progressive title "Euthanasia Society of America" in 1975.

Notice that none of these organizations currently uses the term "euthanasia" in their titles (they prefer the euphemisms "right to die," "death with dignity," and "mercy killing"). All of these groups operate primarily in California, Arizona, and Florida, all states with large elderly and retired populations.

Spokesmen for some of these groups have said that the "Living Will" is a publicly acceptable way to introduce the agenda of legalized active euthanasia, suicide and assisted suicide, as described later in this Chapter.

The primary objectives of the "Living Will" are cost containment and the

conditioning of the public to accept the withdrawal of life-saving medical treatment. As described below, the "Living Will" is a woefully inadequate mechanism for safeguarding the rights of patients who have lost the ability to make decisions regarding their own medical care.

"Living Will" legislation goes by many names. It may be called "Death With Dignity," "Directive to Physicians," "Rights of the Terminally Ill" or "Patient's Rights" legislation. All of these titles emphasize understanding and compassion. Since California became the first state to give legal force to "Living Wills" in 1977, all but three states (Massachusetts, Michigan and New York) have passed such laws.

Pro-euthanasia groups define the "Living Will" as a document by which a person can assert in writing a desire not to be kept alive by life-sustaining medical equipment and procedures when his or her condition has been diagnosed as terminal, or under certain other conditions.

Most "Living Wills" signed in the United States today are form-type wills, but, as with any legal document, they can be custom-tailored to meet any actual or perceived need or wish, including;

- requesting or refusing feeding tubes, antibiotics, dialysis, respirators, cardiopulmonary resuscitation (CPR) and other specified treatments;
- requesting pain medication;
- stating the desired place of death, including at home;
- designating a proxy to make health care decisions when the individual is incapable of doing so; and
- requesting designation as an organ donor.

Many people believe the "Living Will" is necessary in order to clarify a patient's legitimate right to refuse *extraordinary* medical treatment. However, the "Living Will" is completely unnecessary because this is a right that all patients *already* possess. Public support for pro-"Living Will" legislation is partly due to the scare tactics of pro-euthanasia groups that highlight the activities of a very small minority of doctors who resist even morally appropriate requests for the withdrawal of treatment.

"Living Wills" are generally unnecessary under present law because there is nothing to prevent doctors from withholding or withdrawing life-sustaining medical treatment when all reasonable hope for recovery is gone. Patients *already* have the right to give their doctors and family instructions on how they want to be treated in the event of a terminal illness or grave injury.

particularly when they are in no condition to decide for themselves.

The primary danger of the "Living Will" is that a person usually signs it long before he knows if or when he will be incapacitated — or what the circumstances of that incapacitation will be. This means that a person cannot specify the desired details of his treatment for future medical conditions. Therefore, anyone who values the sanctity of human life should not sign a "Living Will," which could become an order for assisted suicide in the future. Much better alternatives to the "Living Will" are described later in this section.

Presumably, one can change or revoke a "Living Will" at any time by making a verbal or written statement to a physician, nurse or other health care worker. However, this can be difficult or impossible for at least four reasons;

1. Changes to or revocation of a "Living Will" depend upon an individual's condition. If he should experience a change of heart after he is incapable of communicating, he has no recourse.
2. If the presiding health care professional believes the patient's wishes are the result of trauma or some other cause, he might disregard them.
3. If a person would like to change or revoke his "Living Will," he may find that it is very difficult to locate all original and duplicated copies of the document.
4. The wording of the original "Living Will" may remain the same, but the *law* governing its application may change. For example, Florida "Living Wills" now presume that patients *refuse* food and water unless otherwise specified — a fundamental change from the law's original meaning.

Figure 23-1 shows some of the problems associated with a typical "Living Will." The [*bracketed and italicized sections*] highly the extreme vagueness of the so-called "Model Living Will" that is being proposed for general usage in every state by pro-euthanasia groups.

Figure 23-1

Problems with Vagueness in a Typical "Living Will"

"If I should have an incurable or irreversible condition [*does this include asthma, diabetes, cerebral palsy, heart conditions, or AIDS that may worsen considerably in the future — or even be cured?*] that will cause my death within a relatively short time, [*this could be hours or weeks or even months*] and if I am no longer able to make decisions [*what if the person is affected by medication or allergies? What if he is temporarily disoriented or depressed? Stoned? Or senile?*] regarding any medical treatment, I direct my attending physician [*family doctor? Friend? Attorney-in-fact? What about a doctor in a strange city who knows nothing about you?*] to withhold or withdraw treatment [*what about respirators or chemotherapy? How about insulin, nitroglycerin, blood pressure medicine, oxygen, antibiotics, even food and water?*] that only prolongs the dying process and is not necessary to my comfort or to alleviate pain [*if you are transitorily comatose or drugged, what degree of pain is being specified here?*]."

Reference: "Living Wills." Pamphlet by Mary C. Senander, Human Life Alliance of Minnesota, Inc., Post Office Box 293, Minneapolis, Minnesota 55440, 1986.

If a person signs a "Living Will," it is probably legally binding under prevailing conditions in the American judicial system. It would therefore be difficult or impossible for a family doctor to make the decisions that would be in the patient's best interests.

This set of conditions makes it virtually impossible for the signer of a "Living Will" to define precisely the treatment that he wants — or does *not* want. In other words, a "Living Will" does not *increase* freedom to choose the specifics of one's health care — it *restricts* this freedom.

No "Living Will" can be made medically and legally secure in every way *even at the time of its signing*. Additionally, there is no way of knowing how the definitions and rules will change as the pro-euthanasia groups continuously lobby for more expansive meanings of such crucial terms as "terminally ill" and "extraordinary treatment."

As an example, the wording of the most common "form" "Living Will," which has been signed by millions, says that; "If I am permanently unconscious or there is no reasonable expectation of my recovery from a seriously

or there is no reasonable expectation of my recovery from a seriously incapacitating or lethal illness or condition, I do not wish to be kept alive by artificial means."

In 1985, "artificial means" meant truly extraordinary or "heroic" medical or surgical procedures. However, some states currently define respirators, codes, medication, kidney dialysis, and even *food and water* as "artificial!" In other words, a person might sign a "Living Will" in a state where food and water are a part of standard medical treatment, then travel to a state where they are "extraordinary treatment," and then become incapacitated. Or, the courts or legislature in his home state may quietly redefine food and water as "extraordinary treatment" (which has already happened in Florida), and he will not be aware of the fact.

What happens to him *then*?

Terms with definitions that are constantly shifting or are difficult to define are at the heart of the "Living Will's" problems. Anyone who signs a "Living Will" has placed decisions regarding his medical care not in the hands of medical professionals, but in the hands of people whose overriding concern is the cutting of medical expenses.

Figure 23-2 lists the ten primary logical objections to current "Living Wills."

Figure 23-2

Summary: The Ten Basic Logical Objections to the "Living Will"

(1) The "Living Will" is unnecessary because everyone *already has* the right to make informed consent decisions about their own medical treatment.

(2) The "Living Will" is unnecessary because doctors are *already free* to withhold or withdraw useless procedures that provide no comfort or profit to terminal patients.

(3) The "Living Will" is unworkable because it is *theoretically impossible* to make well-informed and logical decisions regarding health care before illness or accidents happen. Nobody even knows precisely how they will react if they are incapacitated.

(4) "Living Will" language *appears* to be precise, but in reality it is extremely vague, and can be interpreted in an almost unlimited number of ways, many contrary to the actual intent of the signer

(5) The "Living Will" is counterproductive because doctors are currently protected from malpractice suits to a certain degree when dealing with terminal cases. However, the addition of a relatively random legal element such as the "Living Will" greatly increases the possibility of malpractice claims by surviving relatives due to the extremely vague language of the "Living Will." Physicians are in the midst of an acute malpractice crisis. A doctor may take the safest course of action for himself and withhold treatment that would preserve the life of the patient in cases where there is some question brought on by the vagueness of the "Living Will" language. In other words — *Dead patients don't sue!*

(6) The "Living Will" is counterproductive because it may restrict physicians and relatives from making health care decisions that are truly in the best interests of the incapacitated signer.

(7) The definitions contained in a "Living Will" are constantly changing. For example, the term "heroic treatment" is even now evolving to include food and water. Therefore, a person signing a "Living Will" now may have unintentionally signed his own death warrant by starvation and thirst if he does not carefully keep up with legislation in the area of health care decisions. And it is a safe bet to say that 99 percent of "Living Will" signers *do not* keep up with current legal developments.

(8) Legally binding fill-in-the-blank "Living Wills" do not make age distinctions. A person who might refuse a certain life-sustaining measure if he were dying of brain cancer at age 85 might not want to refuse the same treatment if he were the victim of a car accident at age 25. The form-type "Living Wills" make no distinctions in this matter.

(9) The "Living Will" is dangerous because it does not completely define the complex term "competency." Therefore, a person who decides to contradict one or more of the specifications in his own "Living Will" might be refused because health professionals rule him technically "incompetent."

(10) The "Living Will" is dangerous because there is a heavy push for

cost containment and socialized or nationalized health care. The widespread use of "Living Wills" will insure that the balance tips towards *undertreating* patients, which has killed a thousand times as many people as *overtreating* them.

If "Living Wills" become as popular with patients as they have been with legislatures, their existence will vastly complicate hospital decisionmaking. How would a doctor treat a patient who has *not* signed a "Living Will?" Would he expend every effort possible to save the patient? Or no effort at all, in the belief that the person wanted no treatment whatever? If a significant percentage of the population had signed "Living Wills," would it be assumed that every possible effort should be expended to save all emergency room patients? How can the physician be certain that an unconscious person has or has not signed a "Living Will," especially since most people don't carry copies on their persons?

Perhaps uppermost in the physician's mind is the fact that failure to comply with a legally binding "Living Will" would make him liable for damages. What would he do if he was confronted with an emergency situation where the status of the patient's "Living Will" were unknown? Would he proceed with treatment that might be against the patient's wishes? What would he do if the "Living Will" specified some action or lack of action that conflicted with his religious beliefs, or with hospital regulations? What if a custom-tailored "Living Will" featured particularly bizarre or dangerous specifications based on personal beliefs?

The personal beliefs of doctors, of course, carry little weight in the legal system. This will inevitably lead to physicians being forced to choose between their consciences and their jobs and security. Doctors will be forced to choose death over life.

In fact, some states now require that a doctor not only try, but actually *find* another physician willing to kill the patient, under pain of severe penalties — in some cases, even jail terms (see the euthanasia case studies described below).

Durable Powers of Attorney (DPAs). A Durable Power of Attorney for Health Care (DPA) simply transfers the responsibility for making medical decisions from the patient to another person. A DPA allows someone who shares his values regarding the sanctity of life to become his "attorney in fact." The designated person need not be an attorney or health care worker; he or she may

be a spouse, relative, priest, rabbi or minister, or fellow churchgoer.

A person who selects another to be the executor of a DPA should be sure that the executor shares his values regarding the sanctity of human life; that he has thoroughly discussed his wishes with the executor regarding medical care should he become incapacitated (these instructions should be detailed enough so that the person executing the DPA can infer decisions regarding medical treatments that are not specifically discussed); and that the executor will be available and capable of making proper decisions under stress.

A DPA is very much preferable to a "Living Will," because the latter is a static document that simply cannot cover all contingencies and may be interpreted incorrectly by someone who does not share the ill person's values regarding the dignity of human life.

The Pro-Life DPA. Some pro-life groups have drawn up model Durable Powers of Attorney that serve as pro-life alternatives to the "Living Will."

These Pro-Life DPAs do several things;

- They exactly define euthanasia and explicitly prohibit it;
- They define food and water as basic treatment, and allow a person to specify those medical treatments that he would want withheld or withdrawn under certain circumstances;
- They specify that attending health care workers must do what they can to preserve the person's life "without discrimination based on age or physical or mental disability or the 'quality' of life," and prohibit "any action or omission that is intended to cause or hasten death."

The Pro-Life DPA is a realistic and protective alternative for a person who rejects the utilitarianism of the "Living Will" and who does not want to place the burden of life-or-death decisions on a loved one or friend.

There are currently three types of Pro-Life DPA;

1. A Patient Self-Protection Document (PSPD) may be obtained from the Human Life Alliance (HLA), 3570 Lexington Avenue North, Suite 205, St. Paul, Minnesota 55126, telephone: (651) 484-1040.
2. A Protective Medical Decisions Document (PMDD) may be obtained from the International Anti-Euthanasia Task Force (IAETF), Post Office Box 760, Steubenville, Ohio 43952, telephone: (740) 282-3810.
3. A Will to Live may be obtained from the Will to Live Project, Suite 500, 419 Seventh Street NW, Washington, D.C. 20004, telephone: (202) 626-8800.

Keep in mind that any competent attorney can draw up a custom-tailored Pro-Life DPA if requested to do so. He may want to order a copy of one of the above documents as a starting point.

[Go to Next Topic: Extraordinary or Disproportionate Measures](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for “Advance Directives”

[5] Victor Hugo, *History of a Crime* (1877). Quoted in *ALL About Issues*, June-July 1990, page 38.

Facts of Life: Chapter 23: Euthanasia: Extraordinary or Disproportionate Measures



 SHARE

Extraordinary or Disproportionate Measures.

"It is significant that the arguments advanced for euthanasia are exactly parallel to those advanced for abortion. It is argued that the fetus is human only potentially; that it is not a free or rational person; that it is kept alive only through the life-support given it by others. In exactly the same way, it is said that the incapacitated or senile person is only "a piece of human wreckage" (this is an exact quotation from a recent plea for euthanasia); that he is "only a vegetable;" that he is being kept alive only by the kindness of relatives and the life-support systems of medicine. It is, in fact, impossible to construct a definition of abortion in such a way as to justify abortion but to forbid euthanasia."

— Joint Pastoral Letter of the Bishops of Ireland. "Human Life Is Sacred." [6]

Introduction. Pro-euthanasia groups have made much progress by lodging in the public mind the specter of power-hungry doctors "playing God" and squeezing every last agonized second of life out of pain-wracked, pitiful bodies. This has allowed them to completely subvert the meaning of the term "extraordinary means."

"Extraordinary means" have been defined as " ... all medicines, treatments, and operations which cannot be obtained or used without excessive expense, pain, or other inconvenience for the patient or for others or which, if used, would not offer reasonable hope of benefit to the patient." [7] Such standard definitions are by their very nature imprecise. The terms "proportionate" and "disproportionate" means can be used to clarify them.

The Vatican's *Declaration on Euthanasia* [¶IV] clarifies these terms by calling for a balance between the various human and financial costs and benefits of using a particular treatment: "In any case, it will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources."

Teachings of the Catholic Church on Extraordinary Treatment.

Contrary to what pro-euthanasia propagandists often allege, the Catholic Church has never taught that every life must be extended to the last minute by all means possible. The Church teaches that God determines the time of death of every

possible. The Church teaches that God determines the time of death of every human being, and that it is just as impermissible to try to extend one's life *beyond* that time as it is to attempt to end it *before* that time.

The Bishops of Ireland have said that:

A very real problem arises when artificial measures of resuscitation and life-support become death-delaying rather than properly life-supporting. There is clearly no moral obligation to keep a body breathing and biologically alive after irreversible brain death has occurred. It is not euthanasia to decline the use of such means or even to discontinue them when it is clear that they are only death-delaying.[8]

The *Declaration on Euthanasia* lays out very specific guidelines for providing or not providing extraordinary means of life support:

In order to facilitate the application of these general principles, the following clarifications can be added:

- If there are no other sufficient remedies, it is permitted, with the patient's consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk. By accepting them, the patient can even show generosity in the service of humanity.
- It is also permitted, with the patient's consent, to interrupt these means, where the results fall short of expectations. But for such a decision to be made, account will have to be taken of the reasonable wishes of the patient and the patient's family, as also of the advice of the doctors who are specially competent in the matter. The latter may in particular judge that the investment in instruments and personnel is disproportionate to the results foreseen; they may also judge that the techniques applied impose on the patient strain or suffering out of proportion with the benefits which he or she may gain from such techniques.
- It is also permissible to make do with the normal means that medicine can offer. Therefore one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community.
- When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only

secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases [including the provision of nutrition and hydration] is not interrupted. In such circumstances the doctor has no reason to reproach himself with failing to help the person in danger.[9]

Food and Water as Extraordinary Treatment. How many people, when they are sitting down to eat a bowl of cereal or a hamburger and soft drink, consider themselves to be preparing to undergo medical treatment?

As the late John Cardinal O'Connor once remarked, "When I visited the starving people in Ethiopia, I could hardly have imagined that providing them with food and water, even though artificially brought in from the Western world at tremendous expense, would be considered 'medical treatment.'"[10]

Nobody without a pro-death agenda thinks that food and water is medicine. Yet this is exactly how pro-euthanasia activists want us to think: That food and water are a kind of "medical treatment" for the ill and elderly. They are doing this by trying to reclassify the fundamental right to nutrition and hydration as "extraordinary medical treatment." They have already accomplished this goal in Florida, a state with a large population of elderly persons.

Food, water and oxygen are not "treatment" — they are fundamental and necessary elements of medical care and they are *basic human rights*. Just as a basic right (to life) was discarded for an artificially manufactured "right" (to privacy) to impose abortion, now another genuine basic right (to food and water) is being jettisoned in order to impose another phony "right" (to die).

The *Catechism of the Catholic Church* [¶2277] states:

Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable. Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.

The late Bishop James T. McHugh of Camden, New Jersey got right to the point when he said:

Food and water does not cure the PVS patient; it maintains life. It does not cause suffering for the patient nor is it considered exceptional or experimental medical technology. If the nutrition is discontinued then the patient will die because a new cause of death has been introduced, that is, from a deliberately intended

deprivation of nourishment, or in common language, from starvation.[11]

Shades of Meaning. No person should be deprived of food and water as long as they can do him good. However, if their provision causes significant pain or discomfort in the very last stages of life — when inevitable death is truly imminent — then it may be permissible to withdraw them to avoid pain and suffering.

Therefore, if a stomach tube is causing a person pain, and the person is near death, nutrition would not be doing him any good, and it would be permissible to remove the stomach tube.

In all cases of withdrawal of nutrition and hydration, three conditions must be met:

1. The withdrawal must not be *intended* to cause or hasten the death of the patient;
2. The current form of feeding causes significant pain or is contraindicated; and
3. The person is so close to death that further nutrition will do him no good, and he will die naturally before the resultant hunger and thirst cause significant pain.

The United States Conference of Catholic Bishops (USCCB) recognized the danger posed by the pro-euthanasia mentality in such cases when it stated,

The harsh reality is that some who propose withdrawal of nutrition and hydration from certain patients do directly *intend* to bring about a patient's death, and would even prefer a change in the law to allow for what they see as more "quick and painless" means to cause death. In other words, nutrition and hydration (whether orally administered or medically assisted) are sometimes withdrawn not because a patient is dying, but precisely because a patient is *not* dying (or not dying quickly) and someone believes it would be better if he or she did, generally because the patient is perceived as having an unacceptably low "quality of life" or as imposing burdens on others.[12]

In the United States, there have been many highly-publicized euthanasia cases where people who could have lived a long time if given food and water were deliberately starved to death. These cases include Karen Ann Quinlan, Clarence Herbert, Claire Conroy, Paul Brophy, Elizabeth Bouvia, Hector Rodas, Nancy Ellen Jobs, Marcia Gray, Nancy Cruzan and most of the cases of infanticide that take place in neonatal intensive care units each year (see below for a more detailed description of these and other euthanasia cases).

Unfortunately, pro-euthanasia activists, just like abortionists, will stretch any exception to the limit. As described in Chapter 3, "Exceptions for Abortion," many abortionists have said that *all* pregnancies "threaten the life of the mother." Some people see tube feeding as extremely expensive and "financially burdensome," but it is usually not much more expensive than mouth feeding, and can often be cheaper. The problem here, of course, is not the cost of feeding the person; it is the withdrawal of *commitment* to the patient and the total cost of *caring* for the person if he should continue to live.

Pain-Killers that Cause Unconsciousness Can Be Used to Alleviate Severe Pain.

"This is a precious possession which we cannot afford to tarnish, but society always is attempting to make the physician into a killer — to kill the defective child at birth, to leave the sleeping pills beside the bed of the cancer patient. ... It is the duty of society to protect the physicians from such requests."
— Margaret Mead.[13]

People commonly ask three questions regarding the use of pain-killing drugs near the end of life:

1. May they be used if they *unintentionally* shorten the life of the person?
2. May they be used if they induce semi-consciousness?
3. May they be used if they induce unconsciousness?

In general, it is permissible to use pain-killers that dull severe pain, even if they shorten the life of the patient. This is an application of the principle of the "double effect," which states that it is sinful to shorten the life of a person *deliberately*, but if the primary purpose of a drug is to relieve severe pain, and the shortening of life is merely an anticipated side effect, giving the drug is permissible.

The *intent* of the treatment is the key to this principle.

That the shortening of life must be *insignificant* in such a case is a very important point; this is not a loophole that allows the administration of lethal overdoses of pain-killers to those who could otherwise live for years.

The *Catechism of the Catholic Church* [¶2279] teaches,

Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of pain-killers to alleviate the sufferings of the

dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. Palliative care is a special form of disinterested charity. As such it should be encouraged.

The Vatican's *Declaration on Euthanasia* further clarifies this point:

In answer to a group of doctors who had put the question: "Is the suppression of pain and consciousness by the use of narcotics ... permitted by religion and morality to the doctor and the patient (even at the approach of death and if one foresees that the use of narcotics will shorten life)?" the Pope [Pius XII] said: "If no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties: Yes." In this case, of course, death is in no way intended or sought, even if the risk of it is reasonably taken; the intention is simply to relieve pain effectively, using for this purpose pain-killers available to medicine.[14]

The *Declaration on Euthanasia* states that pain-killing medications may be used even if they induce semi-consciousness:

Nevertheless it would be imprudent to impose a heroic way of acting as a general rule. On the contrary, human and Christian prudence suggest for the majority of sick people the use of medicines capable of alleviating or suppressing pain, even though these may cause as a secondary effect semi-consciousness and reduced lucidity. As for those who are not in a state to express themselves, one can reasonably presume that they wish to take these pain-killers, and have them administered according to the doctor's advice.[14]

Physicians may generally use pain-killers, even if they cause a shortening of life or semi-consciousness. In certain cases it can be prudent to use them if they cause complete unconsciousness, if the person has had the opportunity to properly prepare his soul for his meeting with God.

Once again, the *Declaration on Euthanasia* clarifies this point:

However, pain-killers that cause unconsciousness need special consideration. For a person not only has to be able to satisfy his or her moral duties and family obligations; he or she also has to prepare himself or herself with full consciousness for meeting Christ. Thus Pius XII warns: "It is not right to deprive the dying person of consciousness without a serious reason.[14]

[Go to Next Topic: The Bible and Euthanasia](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for Extraordinary or Disproportionate Measures

- [6] Joint Pastoral Letter of the Bishops of Ireland. "Human Life Is Sacred." May 1, 1975. Printed in the English edition of *L'Osservatore Romano*, May 22, 1975, and reprinted in its entirety in the Daughters of St. Paul's *Yes to Life*, pages 146 to 165.
- [7] J.E. Schowalter, J.B. Ferholt, and N.M. Mann. "The Adolescent Patient's Decision to Die." *Pediatrics*, January 1973, pages 101 and 102.
- [8] Joint Pastoral Letter of the Bishops of Ireland. "Human Life Is Sacred." May 1, 1975. Printed in the English edition of *L'Osservatore Romano*, May 22, 1975, and reprinted in its entirety in the Daughters of St. Paul's *Yes to Life*, pages 146 to 165.
- [9] Sacred Congregation for the Doctrine of the Faith. *Declaration on Euthanasia*, May 5, 1980. Part IV, "Due Proportion in the Use of Remedies."
- [10] John Cardinal O'Connor, quoted in the 1989 Oregon Right to Life convention program entitled "Euthanasia: Is Killing Compassionate?"
- [11] Bishop James T. McHugh. Pastoral Letter "Death and Dying Issues," March 11, 1991.
- [12] United States Conference of Catholic Bishops (formerly the National Conference of Catholic Bishops), Committee for Pro-Life Activities. "Nutrition and Hydration: Moral and Pastoral Reflections," April 1992.
- [13] Margaret Mead, quoted in Maurice Levine. *Psychiatry and Ethics* [New York: George Braziller Publishers], 1972, page 325.
- [14] Sacred Congregation for the Doctrine of the Faith. *Declaration on Euthanasia*, May 5, 1980. Section III, "The Meaning of Suffering for Christians

and the Use of Pain-Killers." Originally from Pius XII. Address of February 24, 1957. *Acta Apostolica Sedis* 49 (1957), page 147.

SHARE



Human Life International

PRO-LIFE MISSIONARIES TO THE WORLD

Ligayia Holds Seminar on Ship!

1 of 3

NEXT ▶



NEXT ▶

This is a caption. If it were a long caption, it would wrap to the next line, like this. We should keep enough space for lots of lines of text wrap.

photo2



SHARE





 SHARE

[link to essay](#)

Fr. Thomas Euteneuer: The Infertile Soul: Contraception's Influence On Faith & Society



 SHARE

Contraception is a topic that is often overlooked or neglected in the pro-life movement. What we sometimes forget or don't realize is that abortion is not the revolution; it's the fruit of the revolution. The revolution is contraception. In this talk, you'll hear about the connection between birth control and abortion and the 4 stages of development through which birth control morphs into abortion.

Click below to listen:

[Dr. Marie Meaney: Embracing the Cross of Infertility](#)



Click below to listen:

Transcript of "Embracing the Cross of Infertility":  [Embracing the Cross of Infertility](#)
182 kb

Helpful links for dealing with infertility:

[The Pope Paul VI Institute for the Study of Human Reproduction](#) in Omaha, Nebraska was founded by Dr. Thomas Hilgers and his wife Sue in 1985. It is a multi-faceted organization which dedicates its programs of research, education, ethics, and service to building strong marriages and healthy families. As the Institute pursues the development of a morally and professionally acceptable reproductive health service, it is committed to the development of a culture of life based on responsible parenthood, responsible fertility regulation, and ethical means for the treatment of infertility and related reproductive disorders.

The Pope Paul VI Institute promotes the Creighton Model Fertility Care System (CrMS), an advanced natural family planning system which links gynecologic and procreative healthcare and health maintenance. Their fertility care system is called [NaProTECHNOLOGY](#) (Natural Procreative Technology), a new women's health science that monitors and maintains a woman's reproductive and gynecological health. It provides medical and surgical treatments that cooperate completely with the reproductive system.

[The American Academy of Fertility Care Professionals \(AAFCP\)](#) is another resource to find pro-life fertility care help. They address all sides of infertility including the [emotional aspect](#).

The [Billings Ovulation Method](#) is a method of natural family planning based on the observation of the woman's cervical mucus and was developed by Drs. John and Evelyn Billings. It is less complicated than the Creighton Model Fertility Care System and therefore a good way to start monitoring one's fertility.

[One More Soul](#) is a global supplier of educational resources fostering God's plan for love, marriage, and procreation.

Fr. Paul Marx: The World Sex Mess Confirms Catholic Teaching



In this audio recording by Fr. Paul Marx, O.S.B., founder of Human Life International, you learn how the crisis of declining populations of so many countries is directly linked to the world's rejection of traditional Catholic teachings on abortion and birth control. Here are just a few astonishing facts Fr. Marx explains:

- Of the 45 countries in Europe, only two are reproducing beyond replacement level: the predominantly Catholic Malta and the predominantly Muslim Albania.
- Even Catholic Poland is not producing enough children and allows exceptions for abortion.
- In Mexico, the old will soon outnumber the young and there will not be enough people working to support those who do not work.

Fr. Marx died on March 20, 2010 in Collegeville, MN. Known as "The Father of the International Pro-Life Movement", he was ordained in 1947 and has a doctorate in Family Sociology. His missionary work for life has brought him to all 50 states and 91 countries. He was twice branded "Public Enemy #1" by Planned Parenthood and was been called the "Apostle of Life" by the late Pope John Paul II.

Click below to listen:



SHARE

The Bible and Euthanasia.

"Once any human being becomes worthless or expendable, all are reduced from an absolute to a relative value and no two human beings would be of equal worth, thus demolishing the very foundation of moral order.... By devaluing life - the life of the unborn, the elderly, the comatose patient, the handicapped - we are, quite literally, digging our own graves."

— Lord Immanuel Jakobovits, former Chief Rabbi of the United Kingdom, a fugitive from Nazi Germany.[15]

There can be no doubt that euthanasia is contrary to the will of God. Scripture is replete with references to how God created us; how He has a purpose for each of us; how He reserves the right to call us home; how He cares for us; and how suffering in this life purifies us and prepares us to spend eternity with Him in Heaven.

Figure 23-3 lists just a few of the relevant Scripture passages that are relevant to the euthanasia debate.

Figure 23-3

Scripture Verses Relating to Euthanasia (Revised Standard Version of the *Holy Bible*)

God is the author of life; He created us.

- **God created man in his own image, in the image of God he created him; male and female he created them" [Genesis 1:27].**

- **"Worthy art thou, our Lord and God, to receive glory and honor and power, for thou didst create all things, and by thy will they existed and were created" [Revelation 4:11].**
- **"Then the LORD said to him [Moses], "Who has made man's mouth? Who makes him dumb, or deaf, or seeing, or blind? Is it not I, the LORD?" [Exodus 4:11-12].**

We belong to *God*, not to ourselves.

- **"Do you not know that your body is a temple of the Holy Spirit within you, which you have from God? You are not your own; you were bought with a price. So glorify God in your body" [1 Corinthians 6:19-20].**
- **"None of us lives to himself, and none of us dies to himself. If we live, we live to the Lord, and if we die, we die to the Lord; so then, whether we live or whether we die, we are the Lord's" [Romans 14:7-8].**

Only *God* has the authority to end life.

- **"See now that I, even I, am he, and there is no god beside me; I kill and I make alive; I wound and I heal; and there is none that can deliver out of my hand" [Deuteronomy 36:39].**
- **"No man has power to retain the spirit, or authority over the day of death; there is no discharge from war, nor will wickedness deliver those who are given to it" [Ecclesiastes 8:8].**

God has a purpose and a plan for *every* person's life.

- **"Now the word of the LORD came to me saying, "Before I formed you in the womb I knew you, and before you were born I consecrated you; I appointed you a prophet to the**

nations" [Jeremiah 1:4-5. NOTE: Some euthanasiasts claim that this only applies to Jeremiah, and that God only gave *hima* mission. This is obviously illogical; God would not have a mission *only* for those He names in the Bible. God does not discriminate in this way].

God Himself has gone before us and has suffered more than any of us.

- **"As many were astonished at Him — His appearance was so marred, beyond human semblance, and His form beyond that of the sons of men ..." [Isaiah 52;14].**
- **"He was despised and rejected by men; a Man of sorrows, and acquainted with grief; and as One from whom men hide their faces He was despised, and we esteemed Him not. Surely He has borne our griefs and carried our sorrows; yet we esteemed Him stricken, smitten by God, and afflicted. But He was wounded for our transgressions, He was bruised for our iniquities; upon Him was the chastisement that made us whole, and with His stripes we are healed. All we like sheep have gone astray; we have turned every one to His own way; and the LORD has laid on Him the iniquity of us all. He was oppressed, and He was afflicted, yet He opened not His mouth; like a lamb that is led to the slaughter, and like a sheep that before its shearers is dumb, so He opened not His mouth. ... Yet it was the will of the LORD to bruise Him; He has put Him to grief; when He makes Himself an offering for sin, He shall see His offspring, He shall prolong His days; the will of the LORD shall prosper in His hand" [Isaiah 53:3-7,10].**

When life is difficult, we must trust in God.

- **"God is our refuge and strength, a very present help in trouble ... and call upon Me in the day of trouble; I will deliver you, and you shall glorify Me" [Psalm 46:1;50:15].**

- **"Blessed is the man who trusts in the LORD, whose trust is the LORD. He is like a tree planted by water, that sends out its roots by the stream, and does not fear when heat comes, for its leaves remain green, and is not anxious in the year of drought, for it does not cease to bear fruit" [Jeremiah 17:7-8].**
- **"Consider Him Who endured from sinners such hostility against Himself, so that you may not grow weary or fainthearted. In your struggle against sin you have not yet resisted to the point of shedding your blood. And have you forgotten the exhortation which addresses you as sons? — "My son, do not regard lightly the discipline of the Lord, nor lose courage when you are punished by Him. For the Lord disciplines him whom He loves, and chastises every son whom He receives." It is for discipline that you have to endure. God is treating you as sons; for what son is there whom his father does not discipline? If you are left without discipline, in which all have participated, then you are illegitimate children and not sons" [Hebrews 12:3-8].**
- **"But I trust in thee, O LORD, I say, "Thou art my God"" [Psalm 31:14].**
- **See the entire Book of Job for the story of a man who truly trusted in God.**

Our suffering prepares and perfects us for the Kingdom of Heaven.

- **"In this you rejoice, though now for a little while you may have to suffer various trials, so that the genuineness of your faith, more precious than gold which though perishable is tested by fire, may redound to praise and glory and honor at the revelation of Jesus Christ. Without having seen Him you love Him; though you do not now see Him you believe in Him and rejoice with unutterable and exalted joy. As the outcome of your faith you obtain the salvation of your souls" [1 Peter 1:6-9].**
- **"Therefore, since we are justified by faith, we have peace with God through our Lord Jesus Christ. Through Him we have**

obtained access to this grace in which we stand, and we rejoice in our hope of sharing the glory of God. More than that, we rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit which has been given to us ... it is the Spirit Himself bearing witness with our spirit that we are children of God, and if children, then heirs, heirs of God and fellow heirs with Christ, provided we suffer with Him in order that we may also be glorified with Him. I consider that the sufferings of this present time are not worth comparing with the glory that is to be revealed to us" [Romans 5:1-5;8:16-18].

- "So the sisters sent to him, saying, "Lord, he whom You love [Lazarus] is ill." But when Jesus heard it He said, "This illness is not unto death; it is for the glory of God, so that the Son of God may be glorified by means of it"" [John 11:3-4].
- "... strengthening the souls of the disciples, exhorting them to continue in the faith, and saying that through many tribulations we must enter the kingdom of God" [Acts 14:22].
- "Humble yourselves therefore under the mighty hand of God, that in due time He may exalt you. Cast all your anxieties on Him, for He cares about you. Be sober, be watchful. Your adversary the devil prowls around like a roaring lion, seeking someone to devour. Resist him, firm in your faith, knowing that the same experience of suffering is required of your brotherhood throughout the world. And after you have suffered a little while, the God of all grace, who has called you to His eternal glory in Christ, will Himself restore, establish, and strengthen you" [1 Peter 5:6-10].
- "For I know that my Redeemer lives, and at last He will stand upon the earth; and after my skin has been thus destroyed, then from my flesh I shall see God, whom I shall see on my side, and my eyes shall behold, and not another. My heart faints within me!" [Job 19:25-27].

God has promised to provide what we need because He loves us.

- **"Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our affliction, so that we may be able to comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God. For as we share abundantly in Christ's sufferings, so through Christ we share abundantly in comfort too" [2 Corinthians 1:3-5].**
- **"No temptation has overtaken you that is not common to man. God is faithful, and He will not let you be tempted beyond your strength, but with the temptation will also provide the way of escape, that you may be able to endure it" [1 Corinthians 10:13].**
- **"As an example of suffering and patience, brethren, take the prophets who spoke in the name of the Lord. Behold, we call those happy who were steadfast. You have heard of the steadfastness of Job, and you have seen the purpose of the Lord, how the Lord is compassionate and merciful" [James 5:10-11].**
- **"So we do not lose heart. Though our outer nature is wasting away, our inner nature is being renewed every day. For this slight momentary affliction is preparing for us an eternal weight of glory beyond all comparison, because we look not to the things that are seen but to the things that are unseen; for the things that are seen are transient, but the things that are unseen are eternal" [2 Corinthians 4:16-18].**
- **"But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." I will all the more gladly boast of my weaknesses, that the power of Christ may rest upon me. For the sake of Christ, then, I am content with weaknesses, insults, hardships, persecutions, and calamities; for when I am weak, then I am strong" [2 Corinthians 12:9-10].**

- **"Even to your old age I am He, and to gray hairs I will carry you. I have made, and I will bear; I will carry and will save" [Isaiah 46:4].**
- **"And do not fear those who kill the body but cannot kill the soul; rather fear him who can destroy both soul and body in hell. Are not two sparrows sold for a penny? And not one of them will fall to the ground without your Father's will. But even the hairs of your head are all numbered. Fear not, therefore; you are of more value than many sparrows. So every one who acknowledges me before men, I also will acknowledge before my Father who is in heaven; but whoever denies me before men, I also will deny before my Father who is in heaven" {Matthew 10:28-33}.**
- **"We know that in everything God works for good with those who love him, who are called according to his purpose. For those whom he foreknew he also predestined to be conformed to the image of his Son, in order that he might be the first-born among many brethren" [Romans 8:28-29].**

Go to Next Topic: Catholic Theology and Euthanasia

[Return to *Euthanasia* Table of Contents](#)

Endnotes for "The Bible and Euthanasia"

[15] Rabbi Jakobovits (Lord Immanuel Jakobovits, former Chief Rabbi of the United Kingdom), himself a refugee from Nazi Germany, quoted in Don Feder, *The Dartmouth Review*, November 20, 1991, pages 10 and 11.

Feuer, *The Dartmouth Review*, NOVEMBER 20, 1991, pages 10 and 11.

Facts of Life: Chapter 23: Euthanasia: Catholic Theology and Euthanasia



Catholic Theology and Euthanasia.

"I would say to everybody, do not let the priests and popes and medics tell you what to do."

— Illegal drug guru Timothy Leary, speaking in support of assisted suicide and "designer deaths." [16]

Who Owns Us? The question of *Who owns us* is at the very heart of the euthanasia debate. Do we own and control our own bodies? If so, then we can do anything we want with them. If not — if our bodies and our souls were brought into existence and nurtured by Someone Else — then, of course, our lives belong to *Him*, and we cannot dispose of them as we wish.

Just as God created us for missions that only He knows, He reserves for Himself the right to call us home. We are His finest creations, the only creations made in His image, and we have no right to destroy ourselves. The Fifth Commandment does not refer only to acts committed against others — it prohibits the abuse and destruction of our own bodies and souls.

The *Catechism of the Catholic Church* teaches, "Everyone is responsible for his life before God who has given it to him. It is God Who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for His honor and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of" [¶2280].

Dissenters Again. One of the most powerful weapons used by the pro-abortion media cartel in the United States is the exploitation of self-described 'Catholics' who publicly repudiate and undermine the pro-life teachings of the Catholic Church. They have used this strategy in the past to disarm or discredit the most powerful potential foes of abortion, and it is working just as well for the euthanasia pushers.

Predictably, just as happened with artificial contraception and abortion, much-publicized dissenters have "boldly and courageously" stepped forth to combat the "hierarchical church's rigidity in matters of personal choice." These include Father Kevin O'Rourke of the Center for Health Care Ethics, who filed a friend of the court brief urging the starvation death of Nancy Cruzan.

Mary E. Hunt of the "New Age" group Women's Alliance for Theology, Ethics and Ritual (WATER) says that "We need to internalize the obligation to do justice to society as well as to individuals. This will take some getting used to

do justice to society as well as to individuals. This will take some getting used to in the United States, although countries like Sweden, the Netherlands, and others are far more developed in this way, as evidenced by their medical care and policies about the termination of life. We have much to learn from them." [17] Other "dissenters" include the Catholic Health Association, which regularly advocates the withdrawal of even food and water in its ironically-named magazine *Health Progress*. [18]

From the very beginning, all true Christians have looked upon both suicide and murder as grave sins. In his great work *The City of God*, St. Augustine wrote,

Christians have no authority to commit suicide in any circumstance. It is significant that in the sacred canonical books there can nowhere be found any injunction or permission to commit suicide either to ensure immortality or to avoid or escape any evil. In fact, we must understand it to be forbidden by the law "You shall not kill" (Exodus 20:13), particularly as there is no addition of "your neighbor" as in the prohibition of false witness, "You shall not bear false witness against your neighbor" (Exodus 20:16). [19]

Pope Pius XII declared,

Therefore, medical law can never permit either the physician or the patient to practice direct euthanasia, and the physician can never practice it either on himself or on others. This is equally true for the direct suppression of the fetus and for medical actions which go counter to the law of God clearly manifested. In all this, medical law has no authority and the doctor is not obliged to obey it. On the contrary, he is obliged not to take it into consideration; all formal assistance is forbidden him, while material assistance falls under the general norms of *cooperatio materialis*. [20]

The clearest and most definitive statement on euthanasia recently issued by the Catholic Church is the 1980 *Declaration on Euthanasia*, which says,

No one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care; nor can he or she consent to it, either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an action. For it is a question of the violation of the divine law, an offense against the dignity of the human person, a crime against life, and an attack on humanity ... It is necessary to state firmly once more that nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable

disease, or a person who is dying.[21]

Additionally, in their joint pastoral letter "Human Life is Sacred," the bishops of Ireland show that the Church recognizes that euthanasia is *intrinsically evil*, which means that no mitigating or extenuating circumstances can ever justify it;

What must always be remembered is that certain actions are good or evil in themselves already, apart from the motive or intention for which they are done. Deliberately to take one's own life is suicide and is gravely wrong in all circumstances. To cooperate with another in taking his own life is to share in the guilt of suicide. Deliberately to terminate the innocent life of another is murder, no matter how merciful the motives, no matter how seemingly desirable the result.[22]

Suicide, whether committed alone or in the presence of others, constitutes a grave loss of faith in God. It is the ultimate statement of despair — a loss of belief in the goodness of the world and of the self. The *Catechism* [¶2281, 2325] eloquently explains that

Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbor because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God. ... Suicide is seriously contrary to justice, hope, and charity. It is forbidden by the fifth commandment.

Finally, *Evangelium Vitae* [¶66] summarizes the reasons that suicide and "assisted suicide" are intrinsically evil:

Suicide is always as morally objectionable as murder. The Church's tradition has always rejected it as a gravely evil choice. Even though a certain psychological, cultural and social conditioning may induce a person to carry out an action which so radically contradicts the innate inclination to life, thus lessening or removing subjective responsibility, suicide, when viewed objectively, is a gravely immoral act. ... In its deepest reality, suicide represents a rejection of God's absolute sovereignty over life and death ... To concur with the intention of another person to commit suicide and to help in carrying it out through so-called "assisted suicide" means to cooperate in, and at times to be the actual perpetrator of, an injustice which can never be excused, even if it is requested.

The idea of voluntarily undergoing suffering is entirely alien to the anti-life mind. Once God has been eliminated from the equation of life, we feel no obligations to Him and have no patience for the burdens He may lay on us from time to time.

There are times in our lives when we *must* suffer, and times when we *must* surrender control to others. Christians realize that their sufferings are only a pale shadow of what Christ Himself endured for our redemption.

To reject the life that God gave us is, in a larger sense, to reject Christ Himself.

In summary, God has a plan for all of us, which was formulated long before we were conceived and proceeds to a point far beyond our time on this earth. Just as abortion thwarts His will for our lives at their beginnings, euthanasia obstructs His will for our lives at their ends.

[Go to Next Topic: Hospice Care as an Alternative to Euthanasia](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for “Catholic Theology and Euthanasia”

[16] Illegal drug guru Timothy Leary, speaking in support of assisted suicide and "designer dying." Quoted in Laura Mansnerus, *New York Times* News Service. "Dying Timothy Leary Will Go His Way." *The Oregonian*, December 3, 1995, page A19.

[17] Mary E. Hunt (former member of the 'Catholics' for a Free Choice Board of Directors). "Ethics on Ice: Soul-Chilling Dilemmas in New Reproductive Technology." *Conscience* (newsletter of 'Catholics' for a Free Choice), September/October 1989 [Volume X, Number 5], pages 1 to 6, 23 and 24.

[18] As described in Mary Meehan. "Fierce Debate Rages Over the 'Right to Die'." *National Catholic Register*, March 12, 1989, pages 1 and 9.

[19] St. Augustine. *The City of God*. Translated by Henry Bettenson. Penguin

[19] St. Augustine. *The City of God*. Translated by Henry Duttonson. Penguin Books, Book I, Chapter 20, pages 31 and 42.

[20] Pope Pius XII, in his September 11, 1956 radio message to the International Congress of Catholic Physicians. Reprinted in *Papal Teachings: Matrimony* [Boston: St. Paul Editions], 1963.

[21] Sacred Congregation for the Doctrine of the Faith. *Declaration on Euthanasia*, May 5, 1980.

[22] Joint Pastoral Letter of the Bishops of Ireland. "Human Life Is Sacred." May 1, 1975. Printed in the English edition of *L'Osservatore Romano*, May 22, 1975, and reprinted in its entirety in the Daughters of St. Paul's *Yes to Life*, pages 146 to 165.

Facts of Life: Chapter 23: Euthanasia: Hospice Care as an Alternative to Euthanasia



 SHARE

Hospice Care as an Alternative to Euthanasia.

"If history be any guide, the genie of doctor as legally sanctioned killer, once out of the bottle, will be impossible to limit or control."

— Joseph R. Stanton, MD, in testimony before the State House, Boston, Massachusetts, May 18, 1997.

Professional hospice care can be given either at home or in special facilities for the dying. Its purpose is to ease the psychological pain of loneliness and the physical pain of dying that many people suffer near the end of their lives.

Hospice care experts agree that the greatest fear of the dying is not physical pain, but the fear of being abandoned — not only by loved ones, but by society in general. The Catholic bishops of Ireland have pointed out that "Those with experience of nursing the terminally ill and the old know that what they fear is not death so much as being abandoned and left alone. They fear being unloved and unwanted even more than they fear pain. Everything is bearable, even death loses terror, in the presence of those who love us." [24]

Hospice care can be the alternative to the perceived "need" for euthanasia in most cases. At home or in a hospice center, trained professionals, in cooperation with family members, can best attend to the physical and emotional needs of the dying person. In this way, both family and society can join forces to ensure that the death of terminally ill people is truly dignified.

The Canadian Conference of Catholic Bishops (CCCB) has said that

As Catholics we strongly recommend that the current debate pay particular attention to the experience of the palliative care units and hospices which have done such extraordinary work in defending the dignity of men and women facing death. Palliation is a form of care that recognizes that cure or long-term control is not possible; is concerned with quality rather than quantity of life; and cloaks troublesome and distressing symptoms with treatment whose primary or sole aim is the highest possible measure of patient care. [25]

When a society cares for its dying and handicapped citizens with tenderness and compassion, everyone benefits. The 1981 *Document of the Holy See for the International Year of Disabled Persons* recognized that "the respect, the dedication, the time and means required for the care of handicapped persons,

even of those whose mental faculties are gravely affected, is the price that a society should generously pay in order to remain truly human." This document taught that, if a society begins to treat its handicapped members as animals to be put to sleep rather than human beings to be treated with respect, it is ultimately the society that suffers the most.

The same can be said of the dying.

One of the greatest dangers facing the terminally ill today is that the hospice movement is being infected by the pro-euthanasia mindset. As one example of this trend, the American Hospice Association entered an *amicus* brief in the Nancy Cruzan case favoring her starvation. As another, a study carried out on Britain's general practitioners found that they had committed nearly 30,000 illegal assisted suicides — thousands of them at hospices across the country.[26]

Anyone considering hospice care should carefully evaluate available programs before choosing one, because there are great differences between individual caregivers. This is particularly important when considering home hospice care, because the dying person is cared for by a single individual. In such cases, the caregiver's attitude toward the sanctity of human life is particularly important.

The First Time Around: Euthanasia in Nazi Germany.

"The Hippocratic Oath ... is an honorable historical document, which, however, does not altogether fit present times. If it is to be applied today, the wording has to be exchanged very extensively, and in these reformulations a series of new oaths have been drawn up which have only a vague relationship to the ancient Hippocratic Oath. ... a [theory of] medicine based on the principle of *nil nocere* [do no harm] is a very impoverished medicine, and we are unfortunately not in a position to carry on medicine on that simple principle today."

— Dr. Georg August Wetzl, who was responsible for the Nazi "cold experiments." [27]

The Paramount Lesson. There is one lesson that we *must* learn from the German euthanasia/eugenic horror. It is pivotal. It is absolutely basic. It is that



**ALL EUTHANASIA BEGINS WITH AN
"INFINITELY SMALL, WEDGED-IN
LEVER."**

Dr. Leo Alexander, instructor in psychiatry at Tufts College Medical College, served as a consultant to the Secretary of War and was on the staff of the Chief Counsel for War Crimes at Nuremberg. He originated this term when he said that

Whatever proportions these crimes finally assumed, it became evident to all who investigated that they had started from small beginnings. The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the acceptance of the attitude, *basic in the euthanasia movement*, that there is such a thing as life not worthy to be lived.

This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually, the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted, and, finally, all non-Germans. But it is important to realize that the infinitely small wedged-in lever from which this entire trend of mind received its emphasis was the attitude toward the nonrehabilitable sick.[28]

The remainder of this section traces the progress of the Nazi euthanasia program. Although the sequence of events in Holland and the United States is not precisely the same as that of Nazi Germany, it is obvious from these events that we have already traveled far down the road to "euthanasia on command."

The Dark Beginnings. Lawmakers and judges *always* seem to position themselves at the forefront of any major movement for social change. However, the euthanasia movements are different. *Doctors*, not politicians, have always been in the vanguard of the push for the direct killing of human beings.

One of the first modern-day references to utilitarian or 'economic' euthanasia in Western literature can be found in the 1877 work *Lebenswunder* of the German biologist and philosopher Ernst Heinrich Haeckel; "What a tremendous sum of pain and grief ... what losses of property, private and public, could be spared, if only people would decide at last to release the absolutely incurable from their unspeakable ills with a dose of morphine."

In 1895, Dr. Adolf Jost published his book *Das Recht Auf den Tod* ["The

Right to Die"]. He outlined for the first time the "slippery slope" theory as applied to euthanasia, a strategy still copied by euthanasiasts today; "Of course, at first, strict limitations must be respected. For example, the right to die of lunatics will only come into consideration later, because consent of the patient is of course lacking, and this circumstance could easily, at least at the beginning of reform, be a disadvantage."

The First Euthanasia Society. Dr. Killick Millard founded the first euthanasia society in the world, the Voluntary Euthanasia Legalization Society of London, in October of 1935. He was also the first modern-day doctor to push for involuntary euthanasia of the incurably ill.

Charles E. Nixdorff, treasurer of the Society, restated Dr. Jost's "slippery slope" theory when he wrote in the January 27, 1939 *New York Times* that the Society's proposals were limited only to voluntary euthanasia — *at first*. However, when the public mood inevitably became more "liberal" about such affairs, the Society would then move to establish the means for the widespread killing of what the Society referred to as "useless persons."

After the Nuremberg War Crimes Trials, various authors referred to the "Eichmann Effect," where a person "... is willing to commit atrocities he would not normally commit when he sees himself as merely an instrument of some higher authority." [29]

This effect occurs when physicians deceive themselves into thinking that they are merely doing the will of society by eliminating those who are a "burden" to it.

[Go to Next Topic: Parallels with Nazi Germany](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for "Hospice Care as an Alternative to Euthanasia"

[24] Joint Pastoral Letter of the Bishops of Ireland. "Human Life Is Sacred." May 1, 1975. Printed in the English edition of *L'Osservatore Romano*, May 22, 1975, and reprinted in its entirety in the Daughters of St. Paul's *Yes to Life*, pages 146 to 165.

[25] Canadian Bishops Conference position paper "To Live and Die in a Compassionate Community," October 26, 1994.

[26] Cahal Milmo. "Doctors 'Helped 27,000 Patients to Die'." *PA News*, Sunday, November 15, 1998.

[27] Dr. Georg August Wetz, who was responsible for the Nazi "cold experiments." Quoted in *The United States v. Brandt, et al.* The Medical Cases, American Military Tribunal, Nuremberg. Wille in direct examination of Wetz, May 7, 1947, pages 7,131-7,134. Also quoted in Herbert Ratner, M.D. "The Slide Toward "Mercy-Killing."" Child and Family Reprint Booklet Series, 1987, page v.

[28] Leo Alexander, M.D. "Medical Science Under Dictatorship." *The New England Journal of Medicine*, July 14, 1949, pages 39 to 47. This superbly-written summary of the medical horrors inflicted by Nazi 'doctors' on their victims is available as Reprint #605 from the Institute of Society, Ethics and the Life Sciences (The Hastings Institute), Hastings-on-Hudson, New York, 10706. Also quoted by Nat Hentoff in "The 'Small Beginnings' of Death." *Human Life Review*, Spring 1988.

[29] W.L. Gardiner. *Psychology: A Story of a Search*[Philadelphia: Brooks/Cole Publishers], 1970, page 41.

Fr. Thomas Euteneuer: The Fight for Life Around the World



In *The Fight for Life Around the World*, Fr. Thomas Euteneuer highlights the struggle against the culture of death around the world using worldwide statistics on the state of abortion laws, the staggering quantity of abortions, and plummeting fertility rates. He also explains the three things the culture of death always uses to promote its message, which he labels the "Unholy Trinity."

In *Evangelium vitae*, Pope John Paul II described what he called a "conspiracy against life." Indeed, pro-lifers around the world are immersed in an intense struggle for hearts, minds, and souls. Along with the defeats have come many successes. Hear how HLI's pro-life missionaries are carrying out its mission to create effective opposition to the culture of death around the world and be inspired to join them in building up a culture of life.

This talk was recorded in Lombard, IL on January 31, 2009.

Click below to listen:



SHARE

Parallels With Nazi Germany. Figure 23-4 shows how closely the American medical profession is following the lead of the Nazi "doctors."

The primary lesson we must learn from these progressions is that a certain utilitarian attitude towards human life will inevitably lead to a definite progression in euthanasia that is all but set in concrete. Thus, it is no surprise that many of the Nazi and American quotes shown in Figure 23-4 are almost identical.

It is not necessary to make vague statements or insupportable comparisons between the German and Dutch 'experiences' of euthanasia and the one that we are currently undergoing in the United States.

All pro-euthanasia activists are genuinely outraged at the comparison between their activities and those of the Nazi eugenicists. Just like pro-abortionists, they will do everything they possibly can to distract attention from their activities to tangential topics.

But the facts speak eloquently for themselves.

Figure 23-4 merely lists the dates and progression of the euthanasia movement in both the United States and Nazi Germany and allows the reader to judge for himself.

Figure 23-4 Similarities Between the Actions of Nazi and American Euthanasiasts	
The German Nazi Euthanasiasts	The American Euthanasiasts
1895: Before the assembled <i>Reichstag</i> , the German <i>Reichschancellor</i> says that "If it is now pointed out that the Jew is human, I then reject that totally."	1972: "It is a wild contention that <i>newborn babies</i> are persons." — Dr. Michael Tooley.
1904: "What good does it do to humanity to maintain artificially and rear the thousands of cripples, deaf-mutes and idiots? Is it not better and	1973: American Nobel Prize laureate James Watson says that "Most birth defects are not discovered until birth. If a child

more rational to cut off from the first this unavoidable misery which their poor lives will bring themselves and their families?"

— Nazi 'ethicist' Dr. Ernst Haeckel.

were not declared alive until three days after birth, the doctor could allow the child to die if the parents so chose and save a lot of misery and suffering. I believe this view is the only rational, compassionate attitude to have."

1920: Alfred Hoche and Judge Karl Binding write *Die Freigabe der Vernichtung Lebensunwerten Leben* ("The Permission to Destroy Life Unworthy of Life"), which recommended the active euthanasia of "absolutely worthless human beings," including the retarded, the deformed, and the feebleminded and senile. The book referred to eugenic murder as "a healing work," and "an allowable, useful act." Frederick Wertham, author of *A Sign for Cain*, wrote that "This little book influenced, or at least crystallized, the thinking of a whole generation."

1931: Margaret Sanger, in her book *Pivot of Civilization*, writes that "[Philanthropists] encourage the healthier and more normal sections of the world to shoulder the burden of the 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 world, it tends to render them to a menacing degree dominant."

1931: Physicians and psychiatrists begin to discuss means of mass sterilization and/or killing of mental patients while meeting at professional conventions in Germany.

1926: In the October issue of her *Birth Control Review*, Margaret Sanger claims that "There is only one reply to a request for a higher birthrate among the intelligent, and that is to ask the government to first take the burden of the insane and feeble-minded from off your back. [Mandatory] sterilization for these is the answer."

1933: 'Lifeboat exercises' are introduced to propagandize school children into accepting the killing of the "useless." For example, Problem 95 of Alfred Dörner's mathematics text *Mathematik in Dienst der Nationalpolitischen Erziehung* asks, "The construction of an insane asylum requires six million Reichsmarks (RM). How many new housing units at 15,000 RM each could have been built for this sum?"

1965: 'Lifeboat exercises' are introduced into public schools for the purpose of propagandizing school children into accepting the killing of the "useless." For example, one question from a Shippensport, Pennsylvania text asks, "A new country is being formed because the problem of overpopulation has completely destroyed your former country. Select any eight persons out of the list of 26 below. The remaining 18 will die of starvation. Give reasons for your selections."

1933: Selective forced abortions and the mass sterilization of those with "serious hereditary diseases" begins in Germany.

1907: Indiana becomes the first of 28 states to pass a mandatory sterilization law aimed at those considered "unfit." As late as 1965, the selective forced abortions and mass sterilization programs aimed at Puerto Rican and Native American women are still being carried out.

1935: "The enormous costs imposed on our society by congenital defects is calculated to be 1.2 billion Reichsmarks annually."
— Dr. Gerhard Wagner.

1907: The National Academy of Sciences bemoans that fact that "Institutional care for Down Syndrome alone represents an expense of \$250-350 million per year."

1935: Hitler convenes high-level conferences to discuss the possibility of establishing programs for liquidating the "incurably ill."

1967: Euthanasia societies begin to hold high-level conferences for the purpose of discussing the liquidation of

	"human vegetables" and the "incurably ill elderly."
1935: On May 10, the first large-scale murders of helpless people by the Nazi regime occur when twelve mental patients are euthanized at Hadamar, Germany.	1987: The first large-scale murders of helpless people by American euthanasiasts occur when eight elderly persons are starved to death at a nursing home in Galveston, Texas.
1936: On April 2, the German Supreme Court issued a ruling that held that "Jews living in Germany are not 'persons' in the legal sense."	1973: Joseph Fletcher, the "Father of Situation Ethics," says that "The vegetable patient is dead, a nonperson."
1938: Leipzig. Baby boy Knauer is born blind and missing part of one arm and one leg. He is the ideal test case for Germany's euthanasia/eugenics program. Hitler's personal physician, Karl Brandt, murdered the child. The eugenicists carefully observed the reaction of the judicial system and the press to this murder. It was positive.	1982: In Bloomington, Indiana, Baby Doe is born with an esophageal defect and spina bifida. He is the ideal test case for America's euthanasia/eugenics program. The baby was allowed to die of thirst and starvation. The eugenicists carefully observed the reactions of the judicial system and the press to this murder. It was positive.
1941: Goebbel's propaganda film <i>Ich Klage An</i> ("I Accuse") is released. This "docudrama" portrayed a woman suffering from multiple sclerosis who is 'mercifully' euthanized by her loving husband to the accompaniment of soft, soothing piano music.	1987: ABC releases its propaganda film "When the Time Comes." This "docudrama" portrayed a woman suffering from cancer who is 'mercifully' euthanized by her loving husband to the accompaniment of soft, soothing piano music.

Reference: Most of these events and quotes are described in William Brennan. *The Abortion Holocaust: Today's Final Solution*. Order from Landmark Press, Post Office Box 13547, 1461 Dunn Road, St. Louis, Missouri 63138, or Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. 1983, 237 pages, \$6.95.

It is significant that anti-Semitism flourished simultaneously in both the early American and Nazi euthanasia movements. In the mid-1930s, the pathologically anti-Semitic American Madison Grant argued that "sentimental beliefs" [such as Christianity] short-circuited the practice of infanticide, which he saw as a natural weeding-out process necessary to the "preservation of the [human] species." [30]

Charles Davenport, another prominent American eugenicist, asserted that "Our ancestors drove Baptists from Massachusetts Bay into Rhode Island, but we have no place to drive the Jews to. Also, they burned the witches, but it seems to be against the mores to burn any considerable part of our population." [30]

Meanwhile, leaders of the Nazi eugenics/euthanasia movement held that Jews and others not of Aryan quality "... had to be treated like tuberculosis bacilli, with which a healthy body may become infested. This was not cruel, if one remembers that even innocent creatures of nature, such as hares and deer, have to be killed, so that no harm is caused by them." [31]

The Nazis were deeply interested in euthanasia for eugenics and for economics.

So are many Americans.

For example, State Representative Walter W. Sackett Jr., M.D., proposed a euthanasia bill for consideration by the 1972 session of the Florida legislature. This bill was a concrete expression of Sackett's concern that the State of Florida was spending far too much money on the ill, especially Down's Syndrome children. As he stated, "Five billion dollars could be saved in the next half-century if the State's mongoloids were permitted merely to succumb to pneumonia — a disease to which they are highly susceptible."

Another primary concern of the Nazis was euthanasia for the purpose of expanding *Lebensraum* — "living space." Many American doctors also share this concern. For example, Dr. Robert H. Williams of the University of Washington Medical School says that "Planning to prevent overpopulation of the earth must include euthanasia, either negative or positive." [32]

And Edgar R. Chasteen, in his ominously-named book *The Case for Compulsory Birth Control*, stated darkly that "Soon the world may well be engulfed by indescribable horrors as these nations of the starving are crushed under the weight of their teeming populations." [33]

under the weight of their teeming populations. [33]

The Nazis did not want the bodies of their victims to go to waste, so they salvaged their organs for the purposes of medical research. Nazi doctor Julius Hallervorden said to the concentration camp guards: "If you are going to kill all these people, at least take the brains out so that the material may be utilized." [34]

Some American doctors are following the lead of their Nazi colleagues and are now proposing a "dissent form" approach to organ donation. These laws allow doctors to ransack any or all of the organs of those people who have *not* indicated a contrary wish in "Living Wills" or other legally-binding documents.

The implications of this type of approach for medical experimentation are obvious. What euthanasia 'doctor' could resist the opportunity to remove organs from a victim scheduled to die at a particular time? San Diego University Professor Ron Westover has asked "If subjects are needed to render accurate knowledge about the workings of the human mechanism, there is an endless supply. Take the extreme elderly, the senile, use the criminally insane, rapists and murderers. They are largely useless and doomed anyway." [35]

In 1988, Nevada became the first State to adopt this "dissent form" approach to organ donations. As described below, this is also the situation in Holland.

Nazi and American euthanasiasts inevitably share even the same language. By the end of World War II, a quarter of a million people had been exterminated under the euphemisms *Den Recht Auf den Tod* ("the right to die"), *Todhilfe* ("aid in dying"), and *Gnadentod* ("mercy killing" or "good [dignified] death") — the *exact words* used by the Hemlock Society and other pro-euthanasia groups today. [36]

For an example of the Nazis using this kind of language, see the short directive signed by Adolf Hitler on September 1, 1939, authorizing his physicians to broaden the pool of those eligible for a "mercy death." The complete text of the order reads as follows;



"ADOLF HITLER
Berlin, 1 September 1939

Reichsleiter Bouhler and Dr. med. Brandt are instructed to broaden the powers of physicians designated by name, who will decide whether those who have — as far as can be humanly determined — incurable illnesses can, after the

most careful evaluation, be granted a mercy death.

/signed/
Adolf Hitler"



Go to Next Topic: The Second Time Around: The History of Euthanasia in the Netherlands.

[Return to Euthanasia Table of Contents](#)

Endnotes for “Parallels with Nazi Germany”

[30] Allen Chase. *The Legacy of Malthus: The Social Costs of the New Scientific Racism* [Chicago: University of Illinois Press], pages 69, 103, 349, and 635.

[31] As described in Father James Tunstead Burtchaell. "The Holocaust and Abortion." Supplement to the newsletter of the Catholic League for Religious and Civil Rights, volume 9, no. 11.

[32] Robert H. Williams, M.D., Professor of Endocrinology at the University of Washington School of Medicine. "Numbers, Types and Duration of Human Lives." *Northwest Medicine*, July 1970, page 493.

[33] Edgar R. Chasteen. *The Case for Compulsory Birth Control* [Englewood Cliffs, New Jersey: Prentice-Hall], 1971. Chasteen's suggested law mandating sterilization and birth control is shown on the back cover of the book. It reads as follows:

"As of January 1, 1975, it shall be unlawful for any American family to give birth to more than two children. Any family already having two or more natural children on that date shall not be allowed to give birth to another. Toward this end, it is hereby lawfully determined

that *all* Americans above the age of 10 years will, at least one year prior to the aforementioned date, present himself/herself for reversible immunization against fertility at a local county health department or physician's office. An official "Certificate of Immunization" shall be issued to and in the name of each citizen so treated. Said certification shall be signed by the authorized medical practitioner who administers the immunization, and shall be entered into the official records of the county in which immunization occurred. After marriage, any citizen may present himself/herself at a local county health department or physician's office and obtain a fertility restorer. At the birth of the second child, immunity against fertility shall be readministered to both parents. If the first birth shall be multiple, no other births shall be permitted to that mother, and both parents shall thereupon be re-immunized."

[34] Nazi doctor Julius Hallervorden, during Nuremberg trials, quoted in William Brennan. *The Abortion Holocaust: Today's Final Solution* [St. Louis: Landmark Press], 1983.

[35] San Diego University Professor Ron Westover in a letter to the *Los Angeles Times*. Described in the July 1985 *American Spectator*.

[36] Robert J. Lifton. *The Nazi Doctors* [New York: Basic Books], 1986.

Facts of Life: Chapter 23: Euthanasia: The Second Time Around: The History of Euthanasia in the Netherlands



 SHARE

The Second Time Around: The History of Euthanasia in the Netherlands.

"The ease with which destruction of life is advocated for those considered either socially useless or socially disturbing instead of educational or ameliorative measures may be the first danger sign of loss of creative liberty in thinking, which is the hallmark of a democratic society."

— Leo Alexander, M.D.[37]

Two Predictors and Two Deaths. History has given us two predictors of the future progress of euthanasia in the United States. It has also benchmarked the progress of the movement in our country with the tragic deaths of two women.

The first predictor is that we can say in general that the overall strategy of the euthanasia movement in the United States almost exactly parallels that of the pro-abortion movement, but trails it by about twenty years. These parallels are illustrated in figures contained later in this Chapter.

The second predictor is provided by Holland. We can look to the example the Dutch are setting for us. We are now proceeding along the very same road in the very same manner that the Dutch did — but we are trailing them by about twenty years.

Two women, who both died in 1990 — Janet Adkins and Nancy Cruzan — have firmly defined for us the current status of euthanasia in the United States. After these shocking deaths, many people outside the pro-euthanasia movement wondered where we were headed.

The euthanasiasts know, but they aren't telling.

It is instructive to examine the situation in a country where euthanasia is a fact of life in order to ask ourselves the question: *Do we really want this for our country?*

For the answer, we need look no further than Holland, whose permissive euthanasia laws have come under increasing scrutiny since the early 1990s.

A Mere Matter of Economics. As abortion and population control spread across the world, anti-lifers are becoming bolder and bolder in their drive to eliminate any people they consider "useless " or who stand in the way of their

eliminate any people they consider "useless," or who stand in the way of their self-fulfillment.

Pro-lifers must realize that euthanasia follows abortion just as abortion follows contraception. When people start killing other people and then justify their actions, it can never stop, because the killers can seamlessly apply their justification for killing preborn children to those who are already born.

So, every pro-life activist must be intimately familiar with the various aspects of the euthanasia issue. Students of the anti-life mentality will find it most useful to examine the situation in a country that has fully embraced euthanasia, in order to become familiar with the goals of pro-euthanasia groups based in other nations.

The remainder of this section provides details on the Dutch euthanasia program. When reading it, remember that pro-euthanasia groups and leaders have repeatedly recommended the "Dutch model" of euthanasia not only for the United States, but for the entire world.

Dutch Doctors Have a License to Kill. Being elderly and ill in Holland is a frightening experience, because the elderly know that they are officially "expendable." They are expendable because the primary motivation for Dutch health 'care' is *not* *carper se*, but cost containment.

This is the most inhuman and inhumane legacy of the menace called 'socialized medicine.'

Consider the predicament of a 60-year old Dutch person who simply cannot avoid seeking medical care in a hospital. He or she is acutely aware of the following facts.

Every Dutch doctor receives formal "how-to" euthanasia training in medical school, and the Royal Dutch Society of Pharmacology (KNMP) issues a "how-to" euthanasia book to every doctor. This book contains recipes for undetectable poisons that doctors can place in food or inject in such a way that they are almost impossible to detect during an autopsy.[38] The Dutch Euthanasia Society published Dr. Pieter Admiraal's "how-to" euthanasia manual in 1977. Euthanasia groups present this manual to every newly graduating doctor in Holland, and have also translated it into English and shipped it to the United States.

Every doctor knows the exact cost of each treatment for every common illness or injury beforehand, because they are written up on charts for easy reference and analysis for each individual case.[39] Hospital administrators instruct their general practitioners to use these charts and then give *involuntary* lethal injections to those elderly patients whose care is deemed "too expensive." [40]

Eighty percent of Dutch doctors have killed people deliberately through *direct, active* (not passive) euthanasia.[41] A 1991 government survey found that only one in 10 Dutch doctors would *refuse* a request for euthanasia.[42]

As in the United States, the *real* motivation behind most Dutch euthanasia cases is not to relieve the patient's pain but to enhance the convenience of doctors and families. Dutch pain management techniques are understandably very primitive, since it is easier to simply kill people than it is to analyze their cases and help them. Dr. Pieter Michels, director of a Dutch hospital for terminal patients, said only nine of 3,000 dying people passing through his hospital had asked for euthanasia over 20 years, and most of these requests came because of pressure from their families. One doctor admitted to killing a number of people because the sight of their suffering upset *him!*[43]

As leading Dutch euthanasia practitioner Dr. Pieter Admiraal asserted at the 8th biennial conference of the World Federation of Right to Die Societies, "Every patient has the right to judge his suffering as unbearable and the right to ask his physician for euthanasia. ... Pain is very seldom a reason for euthanasia." [44]

As with abortionists, the physicians have to harden themselves to the thought of killing human beings. Dr. Cornelius van der Meer said of his euthanasias that "You have to conquer something in yourself to do it. It's not a natural act." [45]

Dutch doctor-killers are advised to not drive alone to the "procedures," and are urged to seek counseling before and after their killings from psychologists who specialize in treating doctors who regularly commit euthanasia.[45]

How it is Now: The New Abortionists. Dutch doctor Herbert Cohen has described in detail how he kills his patients. It is interesting to note his attention to aesthetic detail, and it is also significant that he is only one of many Dutch doctors who still make house visits — not to heal, but to kill.

Cohen appears on the front doorstep of the "chosen" with a beautiful bouquet of flowers. He chats amiably with the family to put them at ease. Then he approaches his victim, whom he first injects with a sleeping agent and then with the fatal paralyzing agent curare. Cohen is punctual: "If the appointment is for 8 o'clock, I'm there at 7:55, the patient is asleep by 8 and dead by 8:10." Then he calls the police and tells them that a euthanasia has taken place, and a medical examiner comes to the house.[46]

Although he has followed this procedure dozens of times, he was never prosecuted because he adhered to the pre-2001 notification requirements

prescribed by Dutch law.

"Living Wills" Mean Nothing. Patient statements about a desire to live or receive certain treatments, in documents similar in nature to U.S. "Living Wills" and Durable Powers of Attorney (DPAs) mean absolutely nothing in the Netherlands.

Physicians often perform *involuntary* euthanasia on patients who have chronic diabetes, rheumatism, multiple sclerosis, AIDS or bronchitis, and upon older accident victims, regardless of the prognosis.[47]

Many Dutch citizens, in self-defense, now carry a "Declaration of a Will to Live" (issued by the Dutch Patient's Association, a disability rights group, and the aptly-named Sanctuary Society, or *Schuilplaats*), which states that they *do not* want to be euthanized without their knowledge. These documents are also called Life Passports, or "Don't Kill Me" cards. These cards, which are being distributed by pro-life groups throughout Holland, carry the words: "I request that no medical treatment be withheld on the grounds that the future quality of my life will be diminished, because I believe that this is not something that human beings can judge. I request that under no circumstances a life-ending treatment be administered because I am of the opinion that people do not have the right to end life." [48]

Predictably, these declarations carry very little weight with the same doctors who introduced — and then ignored — the so-called "Living Wills" in Holland.

Dutch cardiologist Richard Fenigsen notes that "the burden of justifying his existence is now placed upon the patient." [49] And Dutch Attorney General T.M. Schalken said that "Elderly people begin to consider themselves a burden to the society, and feel under an obligation to start conversations on euthanasia, or even to request it." [50]

Patients are Pressured. If a person 60 years of age or older cannot avoid entering a Dutch hospital, doctors and nurses will repeatedly suggest euthanasia to him, even if he has not asked for it, and even if he is suffering from only a minor illness.[51]

All of this leads to a chronic fear among elderly Dutch people that they will be put to death if they encounter health professionals in any context. A comprehensive 1987 poll showed that 68 percent of all elderly Dutch citizens feared that they would be killed without their consent *or even their knowledge*. And 93 percent of those living in the few remaining Dutch nursing homes are "strongly opposed" to euthanasia — and for good reason! [52]

To be fair, this phenomenon is certainly not restricted to the nation of Holland. The sick elderly deeply distrust the medical establishment in every country that has come under the regime of socialized medicine. In England, Richard Lamerton, Medical Director of the Hospice of the Marches, Hereford and Cheltenham, says that "Every time euthanasia was discussed on television I had old people in my general practice refusing admission to hospital for fear of being 'put down.' And the fear that I was gently poisoning them stopped some of my dying patients from taking their pain drugs." [53]

The number of nursing homes in the Netherlands has decreased more than 80 percent in the last 20 years, and the life expectancy of the few elderly people who remain in such homes is becoming shorter all the time.

In some cases, it can be measured in hours. [54]

A survey showed that most elderly people in Dutch nursing homes will only drink water from faucets and will touch no other liquid because they believe that their orange juice or milk may be spiked with deadly poison. [55]

Doctors and others commit involuntary euthanasia on even non-terminally ill patients in Dutch nursing homes or those who require intensive home care, including those with multiple sclerosis and even blindness [56]. In fact, the Dutch Medical Disciplinary Board has reprimanded pro-life doctors for *refusing* to kill their patients [57]. This is in keeping with the coercive nature of the anti-life mentality, and is to be expected.

Even young children are not safe from the "new abortionists." On October 9, 1987, Dr. P.A. Voute told the daily newspaper *Het Parool* that he had given a poison pill to a 14-year-old boy. He also asserted that, since 1980, he had given poison pills to many teenagers who have suffered from cancer, even when the disease was non-terminal [58].

Each year, health care workers commit hundreds or even thousands of infanticides in the Netherlands with impunity. The Amsterdam Court of Appeals dropped charges against Dr. Henk Prins, who directly killed three-day-old Baby Rianne, who suffered from hydrocephaly, spina bifida and leg deformities. This act directly violated the Netherlands' loose laws that state that the patient must lucidly and repeatedly ask for death [59].

[Go to Next Topic: Patients are Pressured](#)

Endnotes for “The Second Time Around: The History of Euthanasia in the Netherlands”

[37] Leo Alexander, M.D. "Medical Science Under Dictatorship." *The New England Journal of Medicine*, July 14, 1949, pages 39 to 47. This superbly-written summary of the medical horrors inflicted by Nazi 'doctors' on their victims is available as Reprint #605 from the Institute of Society, Ethics and the Life Sciences (The Hastings Institute), Hastings-on-Hudson, New York, 10706.

[38] "The Member's Aid Service of the Dutch Association for Voluntary Euthanasia." *Euthanasia Review*, Fall 1986, page 153; "Choosing When to End Life." *Albuquerque Journal*, October 16, 1988, page F1.

[39] "Restructuring Health Care." *The Lancet*, January 28, 1989, page 209.

[40] "Involuntary Euthanasia in Holland." *Wall Street Journal*, September 29, 1987, page 3.

[41] "Do Not Go Slowly Into That Dark Night: Mercy Killings in Holland." *The American Journal of Medicine*, January 1984, page 140.

[42] John Henley, Associated Press. "Dutch Euthanasia Rule Stirs Ethical Conflicts." *The Oregonian*, February 11, 1993, page A9.

[43] "Voluntary Euthanasia Common, Accepted in Netherlands." *The Washington Post*, April 6, 1987, page 3.

[44] Dutch physician Pieter Admiraal at the 8th biennial conference of the World Federation of Right to Die Societies, held in Maastricht, Holland, on June 7-10, 1990. Quoted in Rita L. Marker, "I Only Kill My Friends." *30 Days*, September-October 1990, page 34.

[45] "Voluntary Euthanasia Common, Accepted in Netherlands." *The Washington Post*, April 6, 1987, page 3.

[46] Roddy Ray. "Euthanasia: Netherlands Tolerates It." *The Oregonian*, November 21, 1991, page A3.

[47] "Involuntary Euthanasia in Holland." *Wall Street Journal*, September 29, 1987, page 3; "Do Not Go Slowly Into That Dark Night: Mercy Killings in Holland." *The American Journal of Medicine*, January 1984, page 140.

[48] "Dutch Carry Cards That Say: 'Don't Kill Me, Doctor.'" Steven

- [46] Dutch Carry Cards That Say. DON'T KILL ME, DOCTOR. STEVEN Ertelt's *Pro-Life Infonet* at <http://www.prolife.org/wcf>, October 21, 1998.
- [49] Richard Fenigsen, M.D., Ph.D. "A Negative Verdict on Euthanasia." *Medical Economics*, March 7, 1988.
- [50] "Suicide on Prescription." *Sunday Observer*, London, England, April 30, 1989, page 22.
- [51] Richard Fenigsen, M.D., Ph.D., at a November 2, 1990 conference at Seattle University. Quoted in "Holland Euthanasia Experience Described." *Human Life News* (Washington State), November/December 1990, page 6.
- [52] As described in an address by Pieter Admiraal to the Voluntary Euthanasia Society in London, England, April 14, 1985.
- [53] Richard Lamerton, Medical Director of the Hospice of the Marches, Hereford and Cheltenham, England. "Euthanasia Threat to Old People." *Friends of Humanity Backgrounder* [England], December 1987, page 4.
- [54] Richard Fenigsen, M.D., Ph.D. "A Negative Verdict on Euthanasia." *Medical Economics*, March 7, 1988.
- [55] "Dutch in Agonizing Debate Over Voluntary Euthanasia." *The Pittsburgh Press*, July 31, 1989, page 1.
- [56] "Euthanasia in Holland." *Human Life International Reports*, December 1987, page 1.
- [57] B. Levin, B. "Under Patient's Orders — To Kill." *London Times*, December 11, 1989, page 12.
- [58] Richard John Neuhaus. "The Return of Eugenics." *Commentary*, April 1988, pages 15 to 26.
- [59] The World. "Dutch Court Drops Charge of Murder in Baby's Death." *The Oregonian*, November 8, 1995, page A4.



SHARE

Patients are Pressured. If a person 60 years of age or older cannot avoid entering a Dutch hospital, doctors and nurses will repeatedly suggest euthanasia to him, even if he has not asked for it, and even if he is suffering from only a minor illness.[51]

All of this leads to a chronic fear among elderly Dutch people that they will be put to death if they encounter health professionals in any context. A comprehensive 1987 poll showed that 68 percent of all elderly Dutch citizens feared that they would be killed without their consent *or even their knowledge*. And 93 percent of those living in the few remaining Dutch nursing homes are "strongly opposed" to euthanasia — and for good reason![52]

To be fair, this phenomenon is certainly not restricted to the nation of Holland. The sick elderly deeply distrust the medical establishment in every country that has come under the regime of socialized medicine. In England, Richard Lamerton, Medical Director of the Hospice of the Marches, Hereford and Cheltenham, says that "Every time euthanasia was discussed on television I had old people in my general practice refusing admission to hospital for fear of being 'put down.' And the fear that I was gently poisoning them stopped some of my dying patients from taking their pain drugs."[53]

The number of nursing homes in the Netherlands has decreased more than 80 percent in the last 20 years, and the life expectancy of the few elderly people who remain in such homes is becoming shorter all the time.

In some cases, it can be measured in hours.[54]

A survey showed that most elderly people in Dutch nursing homes will only drink water from faucets and will touch no other liquid because they believe that their orange juice or milk may be spiked with deadly poison.[55]

Doctors and others commit involuntary euthanasia on even non-terminally ill patients in Dutch nursing homes or those who require intensive home care, including those with multiple sclerosis and even blindness[56]. In fact, the Dutch Medical Disciplinary Board has reprimanded pro-life doctors for *refusing* to kill their patients[57]. This is in keeping with the coercive nature of the anti-life mentality and is to be expected

Even young children are not safe from the "new abortionists." On October 9, 1987, Dr. P.A. Voute told the daily newspaper *Het Parool* that he had given a poison pill to a 14-year-old boy. He also asserted that, since 1980, he had given poison pills to many teenagers who have suffered from cancer, even when the disease was non-terminal[58].

Each year, health care workers commit hundreds or even thousands of infanticides in the Netherlands with impunity. The Amsterdam Court of Appeals dropped charges against Dr. Henk Prins, who directly killed three-day-old Baby Rianne, who suffered from hydrocephaly, spina bifida and leg deformities. This act directly violated the Netherlands' loose laws that state that the patient must lucidly and repeatedly ask for death[59].

No Prosecution for Mass Killings. It is a central strategy of all of the anti-life movements to simply ignore laws that its members do not like, and to completely disregard moral rules that they consider "inconvenient." After all, when one commits the ultimate crime (killing) and gets away scot-free, what other laws can possibly be of consequence?

Pro-abortionists in the United States actively helped about 200,000 women receive illegal abortions annually before *Roe v. Wade* (for more details, see Chapter 7, "Maternal Deaths Due to Abortion." Infanticide of handicapped newborns is practiced widely and routinely in our neonatal intensive care units without fear of prosecution, despite the fact that such killing is blatantly illegal.

And Jack ("The Dripper") Kevorkian assisted in 120 illegal suicides before he was finally stopped after televising one of them.

The logic behind this strategy is solid. If a law is ignored widely enough — even a law against *killing* — it becomes a joke, people get used to the idea, and everyone can break the law with impunity. As Alan Guttmacher, former Medical Director of the Planned Parenthood Federation of America claims, "A law which good citizens contrive to fracture, and usually without penalty, is a bad law." [60]

In Holland, health care workers practiced "medicide" on a wide scale, despite the fact that it was technically illegal.

A Leeuwarden doctor, Gertruida Postma, set the precedent in April 1973,

when she was tried for killing her 78-year old mother who was lodged in a nursing home. The court found her guilty of murder, but sentenced her to exactly *one week* in jail (suspended).

The presiding judge stated that the Court accepted euthanasia under certain conditions; (1) The disease had to be incurable, (2) the suffering unbearable; (3) the patient terminal; and (4) the killing requested by the patient. There was no appeal to a higher court, so this decision set a firm precedent. The virulently pro-euthanasia press hailed the Court's decision as "wise, compassionate, and merciful."

Pro-euthanasia activists founded the Dutch Voluntary Euthanasia Society just a few days after this trial. It grew explosively. In 1978, 20 of the 150 members of Parliament attended its annual meeting. By 1980, a large Parliamentary majority favored the legalization of euthanasia.

When a society allows killing for only the "hard cases," however, it *always* expands to encompass convenience cases as well. The following examples show how meaningless even the most carefully written laws with "exceptions" are, because anti-lifers all over the world simply ignore laws that do not suit them.

- A doctor embarked on a crusade to "clean out" DeTerp Nursing Home and killed 20 residents without their consent or knowledge. Prosecutors charged him with five murders. Despite the fact that he pleaded guilty, a Dutch court cleared him of all counts — then presented him with an award of \$150,000 for "having his name maligned!"[61]
- Four nurses at an Amsterdam hospital admitted killing dozens of unconscious patients by injecting them with fatal doses of insulin without their consent or knowledge. The hospital's employee council wholeheartedly supported the "nurses" and excused the murders because of "humane considerations." The district courts agreed with this reasoning and lodged no charges against the nurses. During a revolting media propaganda piece, the children of some of the victims hugged the nurses and thanked them. The children of other victims objected to the killings — and were completely ignored[62].
- Several doctors directly killed 21 men and women at a nursing home in the

Hague in Spring 1985. One doctor admitted killing six of the patients without asking their consent, but investigators did not even charge him with a crime. He said he based his actions on vague statements of patients such as "I don't want to become a vegetable," made as long as four years earlier[62]. This is a fine example of how pro-euthanasia people will seize upon any crumb of "evidence" to kill people — even upon undocumented statements that may never have been made.

- On November 4, 1983, Dr. Pieter Admiraal killed a young woman suffering from multiple sclerosis by the same method used by Dr. Jack Kevorkian to kill his first victim, Janet Adkins; the first injection was a powerful sedative, and the second was a killing poison. He was tried and acquitted of all charges. The Dutch Euthanasia Society had published his "how-to" euthanasia manual in 1977. This manual is presented to every graduating doctor in Holland, and has also been translated into English and shipped to the United States.
- In total violation of Dutch law, Dr. Frits Schmidt killed a woman who wanted to die merely because she had facial scars. He was not prosecuted or charged with any crime[63].

These examples give vivid support to this warning by Dutch doctor I. Van der Sluis (an atheist): "Life is not a quality; death is not a right, and it is not realistic to expect that euthanasia will remain voluntary. Euthanasia doctors will kill you with your consent if they can get it; and without your consent if they cannot. Euthanasia is not a right. It is the *abolition* of all rights." [64]

German pro-euthanasia activist Dr. Julius Hackethal confirmed Dr. Van der Sluis' fears that not only are flagrant abuses inevitable under the current legal system in the Netherlands, they are happening *right now* on a wide scale: "I know — based on my 40 years of experience in five hospitals — 12 years I spent in university hospitals — that killing by applying death shots to a hopelessly ill patient against his will or at least without his definite wish, happens much more often than is made public." [65]

All of these examples prove what pro-life activists have been saying all along: Pro-euthanasia activists will continue to ignore even the loosest laws. Despite utter contempt of the 1993 law by Dutch euthanasia doctors, not one

has *ever* gone to jail.

After 1993, the Dutch euthanasia guidelines were firm, clear — and utterly toothless. But in late 2000, even these loose restrictions were cast aside.

Current Status of the Dutch Euthanasia Program. On November 28, 2000, the Netherlands became the second nation in the world to fully legalize euthanasia, following the example of Nazi Germany. The lower house voted 104 to 40 to formalize the loose euthanasia guidelines that had been in place in the country since 1993. The upper house approved the bill by a wide margin, allowing the law to come into force in early 2001. On April 10, 2001, the Dutch Senate voted 46-28 to legalize euthanasia.[66]

As the law now stands, anyone aged 16 and over can independently request euthanasia, and children from 12 to 15 years old may request it with parental consent.

The law requires that patients be in a state of "unremitting, unbearable suffering." However, the law does *not* require that this suffering be physical. In other words, a depressed person who is physically healthy may be euthanized. Additionally, the law does not require that a person be suffering from a terminal illness in order to request euthanasia.

Health Minister Els Borst drafted the euthanasia bill. He said, without the slightest awareness of the irony of his statement, that "This [law] will create security for doctors and patients alike." Faye Girsh, president of the Hemlock Society, said, "We have admired what the people of Holland have been doing for the last 20 years." [67]

[Go to Next Topic: What on Earth Happened?](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for "Patients are Pressured"

- [51] Richard Fenigsen, M.D., Ph.D., at a November 2, 1990 conference at Seattle University. Quoted in "Holland Euthanasia Experience Described." *Human Life News* (Washington State), November/December 1990, page 6.
- [52] As described in an address by Pieter Admiraal to the Voluntary Euthanasia Society in London, England, April 14, 1985.
- [53] Richard Lamerton, Medical Director of the Hospice of the Marches, Hereford and Cheltenham, England. "Euthanasia Threat to Old People." *Friends of Humanity Backgrounder* [England], December 1987, page 4.
- [54] Richard Fenigsen, M.D., Ph.D. "A Negative Verdict on Euthanasia." *Medical Economics*, March 7, 1988.
- [55] "Dutch in Agonizing Debate Over Voluntary Euthanasia." *The Pittsburgh Press*, July 31, 1989, page 1.
- [56] "Euthanasia in Holland." *Human Life International Reports*, December 1987, page 1.
- [57] B. Levin, B. "Under Patient's Orders — To Kill." *London Times*, December 11, 1989, page 12.
- [58] Richard John Neuhaus. "The Return of Eugenics." *Commentary*, April 1988, pages 15 to 26.
- [59] The World. "Dutch Court Drops Charge of Murder in Baby's Death." *The Oregonian*, November 8, 1995, page A4.
- [60] Alan Guttmacher, M.D. *Pregnancy, Birth, and Family Planning* [New York: Viking Press], 1973, page 143.
- [61] "Where Euthanasia is a Way of Death." *Medical Economics*, November 23, 1987, page 23.
- [62] "Suicide on Prescription." *Sunday Observer*, London, England, April 30, 1989, page 22.
- [63] Mark O'Keefe. "For Doctors in Netherlands, Death is Part of the Job." *The Oregonian*, January 9, 1995, page A4.
- [64] "Suicide on Prescription." *Sunday Observer*, London, England, April 30, 1989, page 22.
- [65] From the transcript of a speech by Dr. Julius Hackethal titled "Medical Help

[65] From the transcript of a speech by Dr. Julius Hackethal titled "Medical Help By Suicide — As a Method of Voluntary Euthanasia," presented at the Second National Voluntary Euthanasia Conference of the Hemlock Society, February 9, 1985, in Los Angeles, California.

[66] "Dutch Formally Legalize Euthanasia." *LifeSite Daily News* at <http://www.lifesite.net/>, April 10, 2001.

[67] Anthony Deutsch. "Dutch Parliament Approves Historic Right-to-Die Law." *USA Today*, November 29, 2000, page 12A.



SHARE

What on Earth Happened? Many people were deeply impressed by the example set by the Dutch medical profession during the early stages of World War II.

In 1941, Artur Seyss-Inquart, the Reich Commissar for the Netherlands, ordered Dutch physicians to participate in the Nazi selection and extermination projects. The Dutch doctors unanimously refused. Seyss-Inquart then threatened to pull their medical licenses, and the doctors mailed them to him, continuing their practices in secret. Seyss-Inquart finally seized a hundred of the doctors and shipped them off to concentration camps, but the remainder still unanimously refused to cooperate in the Nazi genocide.

Things have turned completely around in the last fifty years. Today it is the *German* physicians who are strongly rejecting euthanasia while their Dutch colleagues wholeheartedly embrace it.

Why are Dutch doctors so enthusiastically killing their most helpless patients just a few decades after defending them with their very lives?

The answer lies in the power of propaganda and is a testimony to the extraordinary influence of the media in a modern society.

The media have subjected Dutch citizens to an intense pro-euthanasia propaganda barrage since the mid-1970s. Dutch doctors at first resisted and spoke out against the media, but the press simply destroyed the reputations of prominent anti-euthanasia physicians. Eventually, the resistance of anti-euthanasia doctors was officially punished and suppressed.

This media bombardment has influenced the Dutch public most profoundly. 76 percent of the Dutch public support voluntary euthanasia, which is supposedly the ultimate in "freedom of choice" — but, paradoxically, 77 percent also support *involuntary* active euthanasia, which is the *denial* of freedom of choice. And fully 90 percent of university economics students support the *compulsory* (forced) euthanasia of entire classes of people deemed to be a "burden to society" for the purpose of "streamlining the economy." [68]

Dr. Julius Hackethal revealed the root cause of the Dutch ethical disintegration at the Hemlock Society's Second National Voluntary Euthanasia

Conference. He showed that the Dutch doctors have abandoned all pretense of restraint and are now a completely independent elite corps with literally unlimited power, unregulated by the courts, the legislative system or even a moral code:

Sorry my English is not good enough. I am impotent, English-impotent. ... I studied that [Hippocratic] oath exactly. The conclusion of my Hippocratic Oath study is: "A more bad physician's oath doesn't exist!" *One* sentence of the patient-hostile Hippocratic Oath is: "I will never give anyone a deadly poison, not even at their request, nor will I give them any advice as to a deadly poison." But *it* doesn't apply for the last 50 years. Today I judge such an oath to be an act of unmedical patient-hostility, an act of inhumanity [emphasis in the original].[69]

The Magnitude of the Killing. On September 10, 1991, the Dutch government released a report on the country's euthanasia situation. The two-volume work, titled *Medische Beslissingen Rond Het Levenseinde* (also known as the *Rommelink Report*), reported that 92 percent of all reported cases of Dutch euthanasia violate the already-permissive "limits" set by Dutch courts. Dutch doctors only commit 200 acts of euthanasia within legal "limits" annually, and the Commission found that *at least* 2,400 illegal mercy killings and assisted suicides happen each year. The Commission estimated that doctors commit a total of about 9,100 legal and illegal mercy killings and assisted suicides (both reported and unreported) in Holland each year, which is equivalent to 7 percent of all deaths in the country.

The report added the more than 1,000 annual victims of *involuntary* euthanasia to the total number of mercy killings, and found that more than 23,000 patients had their lives "significantly shortened" by overdoses of pain-killers each year. Of these, 3,700 overdoses were given with the *specific* goal of shortening or ending life.

A 1997 survey by the Dutch government concluded that "Virtually every guideline has failed to protect patients or has been modified or violated." Among the report's findings;

- 60% of physicians ignore the requirement to report euthanasia and assisted

50% of physicians ignore the requirement to report euthanasia and assisted suicide cases;

- more than 50% of physicians report that they feel free to suggest euthanasia to patients who have not freely asked for it;
- the proportion of deaths attributed to physician-assistance increased by 21% from 1990 to 1995; and
- nearly half of all doctor-assisted deaths in 1995 were not voluntary.[70]

A study published in the February 16, 1999 *Journal of Medical Ethics*, based upon these statistics, showed that many cases of euthanasia in the Netherlands are not following the regulations laid down in the aftermath of legalization. The survey of 405 Dutch doctors showed that many are ignoring even the trivial safeguards established by the Royal Dutch Medical Association. "The reality is that a clear majority of cases of euthanasia, both with and without request, go unreported and unchecked. Dutch claims of effective regulation ring hollow," said Dr. Henk Jochemsen and John Keown, authors of the study.

The study's authors said almost two-thirds of cases of euthanasia and assisted suicide in 1995 were not reported. The surveyed doctors said that 74 percent of patients told them that suffering with no hope of improvement was the reason for requesting euthanasia. Fifty-six percent of patients wanted to prevent loss of dignity and 47 percent wanted to die to prevent further suffering.[71]

Figure 23-5 shows a numerical summary of deaths in Holland for the years 1990 and 1995. These numbers are gleaned from the 1991 *Remmelink Report* and its 1996 update.

Figure 23-5

Statistical Summary of Euthanasia in Holland, 1990 and 1995

Criteria	1990	1995
Total number of deaths that year	128,824 (100.0%)	135,675 (100.0%)
Assisted deaths	2,726 (2.09%)	4,564 (3.34%)

A. Lethal drugs given to cause death (total)	5,756 (2.9%)	4,564 (3.4%)
1. Of which assisted suicide	386 (0.3%)	407 (0.3%)
2. At the patient's request	2,319 (1.8%)	3,207 (2.4%)
3. Without the patient's request	1,031 (0.8%)	950 (0.7%)
B. Intensifying pain-treatment (total)	24,219 (18.8%)	26,050 (19.2%)
1. Death not intended	19,324 (15.0%)	22,115 (16.3%)
2. Partly intended to hasten death	4,895 (3.8%)	3,935 (2.9%)
3. At patient's explicit request	4,122 (3.2%)	4,477 (3.3%)
4. Without the patient's request	20,097 (15.6%)	21,573 (15.9%)
C. Non-treatment decisions (total)	23,060 (17.9%)	27,406 (20.2%)
1. Death not intended	11,852 (9.2%)	9,361 (6.9%)
2. Explicit intention to hasten death	11,208 (8.7%)	18,045 (13.3%)
3. At patient's explicit request	3,994 (3.1%)	5,155 (3.8%)
4. Without patient's explicit request	19,066 (14.8%)	22,251 (16.4%)
D. Total decisions around end of life (A+B+C)	51,015 (39.5%)	58,020 (42.8%)
1. Decisions intended to hasten death (A+B2+C2)	19,839 (15.4%)	26,544 (19.6%)
2. Decisions at patient's request (A1+A2+B3+C3)	10,821 (8.4%)	13,246 (9.8%)
3. Decisions without patient's request (A3+B4+C4)	40,194 (31.2%)	44,774 (33.0%)

Reference: G. van der Wal and P.J. van der Maas, *Euthanasie en andere medische beslissingen rond het levenseinde*, SDU, Den Haag 1996 and P. J. van der Maas, J. J. M. Van Delden, and I.

Four out of every five Dutch general practitioners have committed active euthanasia at some point in their careers. More than one-fourth (28 percent) actively kill at least two of their patients each year, and one of seven (14 percent) actively kill at least five of their patients annually.[72] According to the Royal Dutch Academy of Sciences, at least eight Dutch hospitals are committing widespread involuntary euthanasia.[73]

Jack Kevorkian's dream of "obitoriums" staffed by professional "obitiatrists" is a stark reality in the Netherlands.

In June 1984, the Board of the 30,000-member Royal Dutch Society of Medicine (KNMG, the Dutch equivalent of the American Medical Association) approved a "Position on Euthanasia" paper that supported legalizing both voluntary *and* involuntary active euthanasia.

Three years later, the Committee on Medical Ethics of the European Community unanimously rejected the Dutch medical society's radical proposals on euthanasia: "We hope that this strong reaction will induce our Dutch colleagues to reconsider their move and return to the happy communion of utmost respect for human life." [74]

Dutch serial killer-"physicians" completely ignored this "strong reaction." By 1990, Dutch anesthesiologists flatly refused to take part in surgery on Down's Syndrome children. Hospitals starve at least 300 handicapped newborns to death each year, and cardiologists refuse to treat any person over the age of 75.

As always, when evil is accepted, it expands effortlessly and resists any attempts to put even the most trivial limits on it. Abortion has expanded to this point, and euthanasia is expanding to its limit in Holland. For example, a three-month old Dutch boy born in 1990 with spina bifida and hydrocephalus fell ill for a few days, and his parents and doctor decided to euthanize him. One of his nurses opposed this decision, and she and her husband went to the parents and offered to adopt him, but he was killed by lethal injection anyway. The only punishment the courts meted out for this cold-blooded murder was visited on the nurse who tried to rescue the baby, because, by involving her husband, "she violated professional confidentiality." [75]

In another case, a 27-year old ballerina who developed arthritis in her toes was euthanized at her own request because she said her life was no longer worth

living if she couldn't dance.[76]

The two major Dutch medical journals routinely defend involuntary euthanasia. Preborns and even newborns with Down's Syndrome, duodenal atresia, cerebral hemorrhage, and other major diseases and birth defects are killed outright in the name of cost containment. A 1991 report by the Royal Dutch Society of Medicine studied 2,816 amniocenteses, resulting in 75 abortions, 57 of which were for handicapped preborns. The study said that "These analyses cost approximately \$1.5 million. This is the same order of magnitude as the cost for taking care of one patient with Down's Syndrome in a medical institution for 60 years ... In the light of a cost-benefit analysis, the conclusion is obvious." [77]

In July of 1992, the Dutch Pediatric Association announced its formal guidelines for killing handicapped newborns. Dr. Zier Versluys, chairman of the Association's Working Group on Neonatal Ethics, said that "Both for the parents and the children, an early death is better than life." He also stated that euthanasia is an integral part of good medical practice regarding newborn babies. Attending doctors would judge if a baby's "quality of life" is such that the baby should be killed outright.[78]

On February 9, 1993, after 15 years of pro-euthanasia agitation and lawbreaking, the Parliament finally caved in. It could no longer endure the divergence between national morals and the law, and legalized what was "happening anyway." Apparently unaware of the ghastly irony of its actions, the Parliament codified the Royal Dutch Medical Association's euthanasia guidelines as an appendix to the Disposal of the Dead Act. Naturally, the Parliament naively tried its best to craft a law that would allow euthanasia only under the most extreme of circumstances.

The Future of Euthanasia in Holland. The Dutch Health Council (*Gezondheidsraad*) is the official medical society advising the Dutch government. This body has proposed a "Model Aid in Dying Law" that would allow any child six and older to make a death request. According to this "Model" law, if the child's parents objected to the decision, the child could present himself to a special aid-in-dying board for a final, binding decision. According to the "Model" law, "Minors have the right to request aid-in-dying whether or not their parents agree." [79]

Note that the child would not have to be terminally ill, or in fact, ill at all — a teenage boy who is depressed over losing his girlfriend or being cut from the soccer team would no longer have to drown or shoot himself; he could be executed "safely and legally" in a Dutch euthanasia clinic under this proposal. A

seven-year-old girl who was being teased by her classmates at school could be "put to sleep" as well — and the first her parents would learn about the situation would be when they received a bill from the "obitorium" for "services rendered."

[Go to Next Topic:](#) [The Third Time Around: The History of Euthanasia in the United States](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for “What on Earth Happened?”

[67] Anthony Deutsch. "Dutch Parliament Approves Historic Right-to-Die Law." *USA Today*, November 29, 2000, page 12A.

[68] "Suicide on Prescription." *Sunday Observer*, London, England, April 30, 1989, page 22.

[69] From the transcript of a speech by Dr. Julius Hackethal titled "Medical Help By Suicide — As a Method of Voluntary Euthanasia," presented at the Second National Voluntary Euthanasia Conference of the Hemlock Society, February 9, 1985, in Los Angeles, California.

[70] Herbert Hendin *et al.* "Physician-Assisted Suicide and Euthanasia in the Netherlands." *Journal of the American Medical Association [JAMA]*, June 4, 1997, pages 1720 to 1722.

[71] "Study Says Euthanasia Not Controlled in Netherlands." Catholic World News Service *Daily News Briefs*, February 16, 1999.

[72] I. van der Sluis, M.D. "The Practice of Euthanasia in the Netherlands." *Living World* (publication of International Life Services, Inc.). Volume 5, Number 2, pages 18 to 21.

[73] "Is the Physician Allowed to Kill?" (*Mag de Dokter Doden?*), *Querido Edition*, Amsterdam, 1986. ISBN: 90-214-5958-2.

[74] "Euthanasia in Holland." *Human Life International Reports*, December

1987, page 1.

[75] Richard Fenigsen, M.D., Ph.D. "Physician-Assisted Death in the Netherlands." *Issues in Law & Medicine*, 283 (1995).

[76] "Physician Says Dutch Doctors Often Kill Without Patient's Consent." *American Family Association Journal*, June 1996.

[77] Tucker Carlson. "When a Life is Worth Living." *London Times*, November 29, 1996, page 18.

[78] Abner Katzman. "Dutch Debate Mercy Killing of Babies." *Contra Costa Times*, July 30, 1992, page 3B.

[79] Richard Fenigsen, M.D., Ph.D. "A Negative Verdict on Euthanasia." *Medical Economics*, March 7, 1988.

Facts of Life: Chapter 23: Euthanasia: The Third Time Around: The History of Euthanasia in the United States



The Third Time Around: The History of Euthanasia in the United States.

"Everyone has a right for suicide, because a person has a right to determine what will or will not be done to his body."

— Jack Kevorkian.[80]

The Courts: Engines for Social Change. The history of euthanasia in the United States can be traced through the courts — just as with contraception and abortion.

The Supreme Court of the United States has decisively rejected its role as the interpreter of the Constitution and has transformed itself into the greatest engine for social change our country has ever seen.

The people will not accept the far-Left agenda, because it flies in the face of common sense and decency. And the state legislatures are still close enough to the people, in general, to reflect this viewpoint. Even Congress, populated by reelection-minded political animals, wouldn't dream of enacting most of the anti-life wish list, including ersatz homosexual "marriage," unlimited access to child pornography, and outright infanticide.

The Court started the euthanasia steamroller with its 1965 *Griswold v. Connecticut* decision, in which it discovered a mythical "privacy right" that had somehow escaped the notice of the entire system of government for two centuries. This decision held that married couples should have unrestricted access to contraceptives.

We must recognize that the 'right' to privacy is critical to anti-life thinking. Anti-lifers find themselves compelled to kill preborn babies and bothersome newborns and adults, engage in homosexual acts, and perform other unspeakable acts. Such activities cannot be justified by any stretch of the imagination, so they must be hidden.

The Supreme Court drastically extended the privacy 'right' in its 1973 *Roe v. Wade* decision legalizing abortion. And now, anti-lifers are using the 'right to

privacy' to agitate for euthanasia on demand.

Since 1973, many courts have dealt with the active and passive euthanasia question, and the overall pattern is an ominous shift towards the elimination of those whose lives are judged to be "devoid of meaning."

Description of the Euthanasia Cases. The following court cases describe with crystal clarity the "slippery slope" from infanticide to passive euthanasia to active euthanasia. Since 1975, the controls over euthanasia have inevitably become looser and looser, just as they did for abortion and for contraception. The final result will be, as pro-euthanasia organizations desire, the "right" to kill oneself at any time, for any reason, or the "right" to demand that a licensed "obitriatrist" do the job for you.

In other words, euthanasia on demand.

Next will come the elimination of those who are deemed to be a burden to individuals or society. And, ultimately, we will begin eliminating 'useless eaters' unless we can stop this death machine in its tracks.

The first three decisions described below are probably acceptable *in their own right* to most anti-euthanasia activists. The persons described could have only been kept alive by truly extraordinary measures.

However, these three cases still fit into the overall pattern of eventually classifying even food and water as "extraordinary measures."

The cases described in this chapter are listed below.

Important Euthanasia-Related Court Decisions in the United States

Case # 1: Karen Ann Quinlan (1976)

Case # 2: Joseph Saikewicz (1977)

Case # 3: Brother Joseph Fox (1981)

Case # 4: Baby Doe of Bloomington (1982)

- Case # 5: Clarence Herbert (1983)
- Case # 6: Claire Conroy (1985)
- Case # 7: Helen Corbett (1986)
- Case # 8: Paul Brophy (1986)
- Case # 9: Elizabeth Bouvia (1986)
- Case #10: Hector Rodas (1987)
- Case #11: Nancy Ellen Jobes (1987)
- Case #12: Marcia Gray (1987)
- Case #13: Ione Bayer (1987)
- Case #14: Mary O'Connor (1988)
- Case #15: Nancy Cruzan (1988)
- Case #16: Carrie Coons (1989)
- Case #17: Ninth Circuit Court of Appeals(1991)
- Case #18: Terri Schiavo (2005)

For a more detailed general chronology of the euthanasia movement, with an emphasis on events in the United States, go to Figure 23-6.

Case #1: Karen Ann Quinlan (1976). Karen Ann Quinlan, 21, stopped breathing for unknown reasons and suffered irreversible brain damage. She lapsed into a deep coma, but continued to show minimal brain activity. For this reason, she could not legally be declared dead, and so was kept alive on a respirator. Miss Quinlan's father petitioned the Supreme Court of New Jersey to allow her doctors to disconnect her from her life support systems.

The New Jersey Supreme Court ordered that Quinlan be removed from the respirator, if her doctors and the hospital agreed. She lived for nine years after being disconnected. The appended opinion expanded the "right to privacy" found in the *Griswold* decision to include the right of patients to refuse even lifesaving treatment that is not extraordinary. Essentially, the Court ruled that a patient no longer able to communicate may now exercise this "right" through a family member or duly authorized guardian through a doctrine known as "substituted judgment." [81]

Case #2: Joseph Saikewicz (1977). Joseph Saikewicz had been severely retarded since birth and was confined to a mental institution. He had developed incurable leukemia, and his doctors were willing to prolong his life with standard chemotherapy. However, his guardian asked that he not be treated.

The Supreme Court of Massachusetts held that the guardian's decision was valid.

The Supreme Court of Massachusetts held that the pain and fear that Saikewicz would suffer far outweighed any benefit of treatment to him. The ruling revolved upon on what he would have said if he could have spoken in his own behalf. The Court extended the *Quinlan* decision by stating that persons who have never been able to make judgments for themselves have the 'right to die.'

Later decisions in the Massachusetts court held that families and physicians could make such judgments without even going to court.

Case #3: Brother Joseph Fox (1981). An 83-year old monk, Brother Joseph Fox, lapsed into a permanent coma during surgery. His superior stated that he would not want his life extended by 'extraordinary measures,' and said that, in accordance with Catholic doctrine, his respirator could be removed.

The New York Court of Appeals found that Brother Fox's refusal of treatment (expressed while he was still conscious) was legally binding, and ordered the hospital to disconnect the respirator and let him die.

Case #4: Baby Doe of Bloomington (1982). This pitiful case really crossed the line between what most pro-life activists find to be justifiable and unjustifiable regarding euthanasia.

It centered on a tiny baby boy born with Down's syndrome and a breathing defect that hampered his swallowing as well. The defect could have been corrected easily with surgery, and literally hundreds of couples begged to adopt him.

However, the Supreme Court of Indiana ruled that his parent's *right to privacy* was more important than this *born* baby's *right to live!* The baby died in agony just days before the appeal reached the U.S. Supreme Court. This heartless judgement caused so much consternation that Congress passed legislation in 1984 prohibiting the withholding of "medically indicated" treatment from any disabled newborn.

However, a later New York judgement (the *Baby Jane Doe* case) ruled that parents of an infant with spina bifida and other non-life-threatening disabilities could choose to "treat" their little baby "passively" with adequate food, antibiotics and dressings. In other words, all the parents are legally obligated to do is keep the child comfortable and hope that he or she dies.[82]

To show how imperfect and illogical man-made laws can be, in Maryland, a veterinarian was fined \$3,000 by the Board of Veterinary Examiners for starving a dog to death and suspended his license for sixty days — in the same month

Baby Doe was starved to death![83]

Case #5: Clarence Herbert (1983). 55-year old Clarence Herbert suffered a heart attack during surgery and lapsed into a coma. His family asked doctors to remove his respirator, which they did, but they then discontinued intravenous feeding. A week later, he died. Nurses called the District Attorney's office, and doctors Neil Barber and Robert Nejdil were charged with murder.

The doctors were convicted, but the California Court of Appeals reversed the ruling on the grounds that withholding life support and food was a passive omission, not an aggressive action designed to murder.

This same rationale is used to justify thousand cases of euthanasia every year in Holland.

Case #6: Claire Conroy (1985). Claire Conroy, at 84 years old, was conscious but confused, and could only be fed intravenously. She could not swallow or communicate, and physicians expected her to die within one year. Her nephew sought to have her feeding tube removed. However, Conroy died while the court deliberated the case.

This New Jersey Supreme Court decision set broad limits upon withholding care when the patient clearly would have refused treatment *and* when evidence exists to prove this point; when the cost of care outweighs the benefits; or when no evidence shows that the patient would have refused treatment, but the burdens of care outweigh the benefits, *and* the patient would suffer "inhumane" pain.

The significance of this case is profound: The New Jersey Supreme Court ruled that food and water are in the same category as artificial respirators and other medical treatment and may be classified and withdrawn as "extraordinary measures." [84]

In the Nancy Jobes case, the same court vastly expanded the pool of patients who could be denied basic care (described below).

Go to Next Topic: Case #7: Helen Corbett (1986)

[Return to Euthanasia Table of Contents](#)

Endnotes for “The Third Time Around: The History of Euthanasia in the United States”

[80] Jack Kevorkian, quoted in "House Committee Votes to Force Doctors to Kill Unborn Children in Latest Version of Child Murder Bill." *American Information Newsletter*, March 1991, page 4.

[81] Debra Braun. "Karen Ann Quinlan Dies of Pneumonia at 31." *National Right to Life News*, June 20, 1985, page 15.

[82] The following articles on the Baby Doe case may be found in *National Right to Life News*: (1) Burke Balch. "Caplan's Criticisms of [Baby Doe] Regs Way Off Mark." April 11, 1985, page 3. (2) David H. Andrusko. "Breathing Room." April 11, 1985, page 2. Article on the "Baby Doe" regulations: The 1984 Child Abuse Prevention and Treatment Act. (3) Debra Braun. "Three Years After Infant Doe." April 11, 1985, page 6. (4) James Bopp, Jr. "Health and Human Services Appeals Verdict in Original "Baby Doe" Regs Case to Supreme Court." May 2, 1985, page 11.

[83] As described by United States Senator Jeremiah Denton, in a speech on Senate Resolution 101. *Congressional Record*, 97th Congress, 2nd Session, Volume 128, Number 66, May 26, 1982, pages S6143 to S6145.

[84] Leslie Bond. "Cases Test Boundaries of *Conroy* Decision." *National Right to Life News*, November 21, 1985, pages 5 and 9.

Facts of Life: Chapter 23: Euthanasia: Case #7: Helen Corbett (1986)



 SHARE

Case #7: Helen Corbett (1986). Helen Corbett was a 75-year old terminally ill and incompetent patient being sustained on a feeding tube.

The Florida Court of Appeals decided that "a penumbral right to privacy" allowed the patient or a third party acting for her to refuse artificially administered food and water, even with a State law in place prohibiting such withdrawal.[85]

Case #8: Paul Brophy (1986). A blood vessel burst in 45-year-old Paul Brophy's brain, damaging it extensively and plunging him into what physicians described as a permanent coma. His family wanted to have his life support disconnected, but the hospital refused to cooperate. The family filed suit.

The Supreme Court of Massachusetts ruled that Brophy, were he conscious, would want the feeding tube and life support systems disconnected. The court also ruled that he could not be kept alive without his consent, and that the hospital and doctors could not be forced to cooperate in his killing. Brophy was moved out of the hospital, his life support was disconnected, and he died.

Paul Brophy was the first person in the United States to die as a direct result of court-ordered starvation.[86]

Case #9: Elizabeth Bouvia (1986). Elizabeth Bouvia, a 28-year old quadriplegic with cerebral palsy, bedridden and in unrelieved pain, expressed a desire to die. The hospital staff had earlier begun to feed her intravenously against her wishes. She asked a court to order that the tube be removed. The court refused and Bouvia appealed.

The resultant frightening decision by the California Court of Appeals took a long step toward legalizing and abetting suicide. This was the first court decision that upheld a "right" to refuse basic care.

The majority opinion argued that the medical profession and the State should be "... permitting and in fact assisting the patient to die with ease and dignity."

The Court ruled that a patient need not be in a coma or near death to decline treatment. The 'right to privacy' may decide whether or not his or her 'quality of

life' is sufficient to go on living. The court decided that motives play a nonessential part in such a decision, and ruled that Bouvia's feeding tube could be removed.[87]

Case #10: Hector Rodas (1987). 34-year old Hector Rodas suffered a drug-induced stroke and became a quadriplegic. He was competent (mentally alert), but unable to swallow or talk. He was not terminally ill, and was being fed with a nasogastric feeding tube.

The Colorado District Court held that the patient has " ... the right to accept or withdraw feeding and hydration treatment." The public hospital caring for Rodas was ordered to withdraw his feeding, despite protests by hospital personnel that they felt they would be participating in a suicide. The Court further ordered the hospital to provide Rodas nursing care until he died of starvation after 15 days.

This is the first case where a Court was petitioned to allow a lethal injection. The American Civil Liberties Union (ACLU) had requested a lethal injection for the dying Rodas, but later withdrew its petition.

This case is also disturbing because the consciences and the beliefs of the health care workers were utterly disregarded.[88]

Case #11: Nancy Ellen Jobes (1987). Nancy Ellen Jobes was 32 years old and severely brain damaged. She could follow people with her eyes and respond to commands and various stimuli. A feeding tube sustained her, but she was not terminally ill.

The New Jersey Supreme Court ordered Jobes' nursing home staff to stop her feeding, and she starved to death in 19 days.

This case vastly expanded the pool of patients whose food and water could be withdrawn, *even if the patient had never expressed a desire for such action*. In other words, third parties who could "best understand the patient's personal values and beliefs" could substitute their judgment for the patient's.

The Court also ruled that, from that point onward, no hearing was necessary for health care facilities to gain permission to stop the feeding of a patient or patients [89]

patients.[97]

This means that, in New Jersey at least, a family that is awaiting an inheritance or just cannot be bothered to care for an aged or infirm relative any more may starve the patient to death, even if the patient had expressed no such wish.

This is the definition of involuntary euthanasia.

Case #12: Marcia Gray (1987). Forty-nine-year-old Marcia Gray had been comatose since January 1986. She and her family had expressed a wish that extraordinary measures not be taken to extend her life. Rhode Island District Court Judge Francis Boyle ruled that the state-run General Hospital must remove her feeding tube or transfer her to an institution that would. The hospital then contacted 274 nursing homes and hospitals in the New England area, but none were willing to accept the patient for the sole purpose of having her die of dehydration.[90]

At this point, Rhode Island Governor Edward DiPrete stepped in and ordered the hospital to disconnect her feeding tube. This order was not appealable. On October 17, 1988, Judge Boyle ruled that Marcia Gray could be starved and dehydrated to death. On November 16, she was transferred to South County Hospital. Dr. Robert L. Conrad of the hospital was so eager to starve Gray that he removed her feeding tube in the ambulance on the trip to South County!

Marcia Gray took 15 long, agonizing days to die, during which time she lost 50 pounds. Physicians sedated her heavily in order to suppress her severe seizures.

This case and the subsequent actions by the State are foreboding harbingers of things to come. If hospitals adhere to any kind of creed that respects human life, they will be overridden by the State. Additionally, if General Hospital had not been able to find another institution willing to murder Gray, the hospital's personnel would have been forced to kill her over their moral and religious objections — or face long jail terms for contempt of court.

The Director of the Rhode Island State Department of Mental Health and Hospitals, Thomas D. Romeo, said in an October 28, 1988 *Providence*

Journal interview that this series of State actions would reawaken the old image of state hospitals as the dumping ground for patients, a "boneyard" where they are sent to die.

John Breguet, general counsel for the Rhode Island Department of Mental Health, Retardation, and Hospitals, voiced the fears of many when he said, "Once we establish as a societal philosophy that society has a right to terminate *some* life that society thinks is not worth living, it is not that far to go to the profoundly retarded, those with severe mental problems, or those with serious physical handicaps." [90]

Of profound significance was the fact that Judge Boyle relied heavily on the 1973 abortion decision *Roe v. Wade* to affirm the principle "that a person has the right ... to control fundamental decisions involving his or her own body." Thus, the direct link between abortion and euthanasia is, at last, directly and irrevocably drawn for all to see.

Any pro-life activist who encounters a person disclaiming any connection between abortion and euthanasia should describe this court case to them.

Case #13: Ione Bayer (1987). Ione Bayer was a 62-year old woman in a persistent coma induced by a heart attack.

A North Dakota County Court ruled that even food placed in a person's mouth is "artificial and intrusive," and a family could order such feeding stopped without Court intervention, and without confirmation from the patient.

The Court ordered Bayer's doctor to stop feeding her, but the doctor refused. In fact, no other doctor would agree to starve her to death.

Ione Bayer's family therefore took her home and starved her to death. It took her a week to die. [91]

Case #14: Mary O'Connor (1988). 77-year old Mary O'Connor was conscious and able to respond to questions most of the time. She was fed by an intravenous line. Doctors sought to have a nasogastric tube inserted in order to provide adequate nutrition, but Mrs. O'Connor's two daughters sued to block this action and to have the IV removed.

The New York Court of Appeals ruled that there was not enough "clear and

convincing" evidence that Mrs. O'Connor wanted to die, in spite of her statements to the effect of "I don't want to be a burden" and "I don't want to lose my dignity before I pass away."

The Court held that a patient must have a "firm and settled commitment" to ending treatment before becoming incompetent, and ruled that vague statements like those mentioned above did not provide proof enough that a patient wanted to be unhooked from life support mechanisms.[92]

[Go to Next Topic: Case #15: Nancy Cruzan \(1988\)](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for "Case #7: Helen Corbett (1986)"

[85] Leslie Bond. "Florida Appeals Court Authorizes Withdrawal of Food and Water." *National Right to Life News*, May 15, 1986, pages 1 and 9.

[86] The following articles on the Paul Brophy case may be found in the *National Right to Life News*. (1) Front Line Updates. "Wife Wants to Starve Comatose Husband." May 30, 1985, page 4. (2) David B. Wilson. "Life Leaves Few Simple Questions." December 5, 1985, page 11. Paul Brophy and the uncertainty of euthanasia. (3) Leslie Bond. "Judge Refuses to Halt Feeding of Man in Comatose Condition." November 7, 1985, pages 1 and 11. (4) Leslie Bond. "Paul Brophy: Attorney to Approach Supreme Court." October 9, 1986, page 4. (5) David H. Andrusko. "Brophy Dies Eight Days After Nourishment Withdrawn." November 6, 1986, page 1 and 15. (6) "The Full Dissent of Justice Francis O'Connor of the Massachusetts Supreme Judicial Court in the Case of Paul Brophy." November 6, 1986, page 8. (7) David H. Andrusko. "The Bottom of the Slope." November 6, 1986, pages 2 and 9. (8) Nat Hentoff. "Come Sweet Death." October 15, 1987, pages 6 and 9. Paul Brophy and the process of dehydration.

[87] The following articles on the Elizabeth Bouvia case may be found in *National Right to Life News*. (1) David H. Andrusko. "Court Opens Gates to Assisted Suicide in *Bouvia* Decision." May 1, 1986, pages 1 and 17. (2) Paul K. Longmore. "Urging the Handicapped to Die." June 12, 1986, page 6.

[88] The following articles on the Hector Rodas case may be found in the *National Right to Life News*. (1) David H. Andrusko. "Man Starves Self to Death With Court Approval." February 19, 1987, pages 1 and 9. (2) David H. Andrusko. "ACLU Filed Lawsuit on Behalf of Colorado Quadriplegic Seeking Assisted Suicide." April 30, 1987, pages 8 and 14.

[89] The following articles on the Nancy Ellen Jobses case may be found in the *National Right to Life News*. (1) Leslie Bond. "Cases Test Boundaries of *Conroy* Decision." November 21, 1985, pages 5 and 9. Hilda Peter and Nancy Ellen Jobses. (2) "Family Returns to Court to Force Nursing Home to Starve Woman." April 10, 1986, page 8. (3) Leslie Bond. "New Jersey Court Authorizes Dehydration Death of Patient." May 1, 1986. Back cover. (4) Leslie Bond. "Jobses Decision to be Appealed by Nursing Home and by Public Advocate." May 29, 1986, pages 1 and 5. (5) Leslie Bond. "New Jersey High Court Asked to Extend 'Right to Die.'" November 20, 1986, pages 5 and 10. Nancy Ellen Jobses, Kathleen Farrell, and Hilda Peter. (6) David H. Andrusko. "Catholic Health Association, New Jersey Bishops Clash Over Providing Food and Water." March 19, 1987, pages 1 and 8. (7) David H. Andrusko. "New Jersey Catholic Conference Files Brief Opposing Withdrawal of Food and Water in Jobses Case." March 19, 1987, page 5. (8) Leslie Bond. "Nancy Jobses' Nursing Staff to Receive Florence Nightingale Life Award." May 28, 1987, page 14. (9) David H. Andrusko. "New Jersey High Court Hands Down Trio of Pro-Euthanasia Decisions." July 2, 1987, pages 1 and 7. Nancy Ellen Jobses and Hilda Peter. (10) Thomas J. Marzen. "Death and Due Process in New Jersey." July 30, 1987, pages 1 and 8.

[90] The following articles on the Marcia Gray case may be found in the *National Right to Life News*: (1) David H. Andrusko. "Rhode Island Bishop Statement Endorses Withholding of Food and Water." February 11, 1988, back cover. (2) Leslie Bond. "Rhode Island Case Marks First Establishment of Federal Constitutional 'Right' to Starve Incompetent Patients." November 17.

1988, pages 7 and 11. (3) Leslie Bond. "Marcia Gray Dies After Feeding Tube Withdrawn; Breguet Assails Notion of 'Life Not Worth Living.'" December 15, 1988, pages 3 and 10. (4) Nat Hentoff. "Marcia Gray: Legalizing Death By Starvation." February 1, 1989, pages 4 and 5.

[91] The following articles on the Ione Bayer case may be found in the *National Right to Life News*. (1) David H. Andrusko. "No Resolution in Sight Over Fight to Feed Ione Bayer." February 11, 1988, pages 7 and 9. (2) "Ione Bayer Dies." April 21, 1988, page 13.

[92] The following articles on the Mary O'Connor case may be found in the *National Right to Life News*. (1) Leslie Bond. "Conscious Patient May Be Starved to Death At Daughter's Request, NY Court Rules." September 12, 1988, page 9. (2) Leslie Bond. "Anti-Euthanasia Forces Victorious in New York: Mary O'Connor Will Receive Food and Water." November 17, 1988, page 15. (3) Nat Hentoff. "A Tragedy Averted." April 6, 1989, pages 1 and 7.

Facts of Life: Chapter 23: Euthanasia: Case #15: Nancy Cruzan (1988)



 SHARE

Case #15: Nancy Cruzan (1988). On January 11, 1983, 25-year old Nancy Cruzan was driving alone on an icy road, lost control of her vehicle, and was seriously injured in the resulting accident. She never regained consciousness and became one of the approximately ten thousand Americans living in a persistently comatose state.

Contrary to persistent media lies, she was *not* in a "persistent vegetative state;" her medical status was that of a "severely handicapped" person. She required no life support machinery other than a feeding tube implanted in her stomach in early 1983. She was not terminally ill.

However, she was now an inconvenience to many people; the health care system, the state, and in particular her parents, Joe and Joyce Cruzan. But she was the opportunity of a lifetime for pro-euthanasiasts.

Cruzan could not be killed without being dehumanized first, a task expertly performed by Dr. Fred Plum, Chief of Neurology at the Cornell New York Hospital.

During testimony, he called her a mere "collection of organs" and an "artifact of technological medicine." [93]

In an interview with *Village Voice* columnist Nat Hentoff, Dr. Ronald Cranford labeled her the "moral equivalent of a biopsy from Nat Hentoff's arm," and said her "legal personhood" should be removed so she could be disposed of or experimented upon without the bother of having to go to court. [93] It seems that anti-lifers now refer to preborn babies as "pre-human" and comatose people as "post-human."

Nancy's parents petitioned a lower court to order the Missouri Rehabilitation Center at Mount Vernon to starve their daughter. The court granted the petition, but the Missouri Supreme Court overturned the lower court decision, ruling that a decision to withhold or refuse treatment must be an "informed" one, and, most importantly, that the State's interest in human life does not depend on the *quality* of that life.

On appeal, the *Cruzan v. Director of Missouri Department of Health* case

became the first to directly address the question of euthanasia at the United States Supreme Court level.

The Supreme Court narrowly averted making this case euthanasia's *Roe v. Wade* by denying that the so-called "right to die" is unfettered and absolute. The justices ruled that the States may require "clear and convincing" evidence that comatose persons actually wished to die before they lost their ability to decide their own fates.[94]

The Court essentially held that the states do not have to yield to family member's demands when a patient's wishes cannot be concretely determined.

The ruling, however, indicated that there is a Constitutional right to refuse tube feeding and other life-sustaining measures when patients make their wishes clearly known before they become incompetent.

So a determined Joe and Joyce Cruzan headed back to the Missouri courts, and rounded up a string of Nancy's co-workers who were willing to testify that she would never want to live "like a vegetable." Nobody bothered to explain how her co-workers could all remember such a statement so clearly after eight years — or why, at the young age of 25, she would say such a thing.

During this phase, Nancy enjoyed no representation of any kind in the state court; no-one testified for her, because all those who wanted her to live were ruled non-parties by the judge. The outcome of the one-sided hearing was a foregone conclusion.

So the Court sentenced Nancy to death by starvation. Her feeding tube was disconnected on December 14, 1990 at the Missouri Rehabilitation Center in Mount Vernon, Missouri.

In a chilling portent of the future, the first rescue mission mounted to save a *born* person from death occurred on Tuesday, December 18, 1990. Police arrested 19 rescuers as they tried to reach Nancy's hospital room and charged them with criminal trespass and unlawful assembly, the same charges they encountered at abortion mills.

Scores of armed police officers patrolled the halls of the Missouri Rehabilitation Center until Nancy Cruzan finally died of starvation and thirst after 12 days, on the day after Christmas 1990.

Doron Webster of the New York chapter of the Society for the Right to Die

...
stated ominously, "We feel that Nancy Cruzan has made legal history." [95]
She certainly has.

Case #16: Carrie Coons (1989). Carrie Coons was an 86-year old woman in a "persistently vegetative state." She was not terminally ill. She was being sustained only by a gastronomy tube in April of 1989, when this case was heard.

The New York State District Court had originally approved the removal of Mrs. Coon's gastronomy tube, but delayed the actual order for two weeks so that a facility could be found that would be willing to starve her to death.

During this grace period, Mrs. Coon's roommate and several nurses "weaned" her off the gastronomy tube and began feeding her by mouth. She recovered completely.

After the order to withdraw treatment had been rescinded, the Court asked Dr. Michael Wolff, one of Mrs. Coon's physicians and a nationally recognized expert in geriatric medicine, how doctors could accurately foretell how long a person would remain in (or even *if* they would remain in) a "persistent vegetative state."

Dr. Wolff replied that "I don't think there is any mechanism to establish that with absolute certainty." [96]

Case #17: Ninth Circuit Court of Appeals. On November 5, 1991, Washington state voters rejected the first referendum in U.S. history that would have legalized "physician-assisted suicide" by a 54-46 margin.

Pro-euthanasia activists, however, rely heavily on public opinion polls when they favor their positions, and *always* ignore them and rely upon the court system instead when the polls are against them.

Litigation began in 1994 when the pro-euthanasia group Compassion for Dying (CFD), four doctors and three terminally ill people filed suit in federal court challenging the 140-year-old state law against promoting or assisting in another person's suicide. U.S. District Court Judge Barbara Rothstein ruled in May 1994 that the plaintiffs had a constitutional right to help in committing suicide, thus becoming the first Federal judge ever to find this right in the

Constitution. The State appealed her ruling to the Ninth Circuit Court of Appeals, which in March 1995 voted 2-1 to overturn Rothstein's ruling. The full Court of 11 judges then reconsidered the case at CFD's request.

Compassion for Dying v. State of Washington was the first euthanasia case any federal court of appeals had ever decided, and the Ninth Circuit exploited this opportunity to strip-mine the Constitution to unearth a new fundamental "right."

On March 6, 1996, the Ninth Circuit decided 8-3 that the Washington state law banning "assisted suicide" violated the Due Process Clause of the U.S. Constitution. The Court used Rothstein's language as it drew a direct parallel between abortion and euthanasia: "Like the decision of whether or not to have an abortion, the decision how and when to die is one of "the most intimate and personal choices a person may make in a lifetime," a choice that is "central to personal dignity and autonomy"." In its decision, the Ninth Circuit extensively quoted the Supreme Court's *Planned Parenthood v. Casey* decision, which established abortion as a fundamental right separate from the "right to privacy."

Roe v. Wade, quoted a dozen times in the decision, held that states may limit abortion if they have a "compelling interest" in preventing it.

By stark contrast, in *Compassion for Dying*, the Court stated that a state interest in preventing suicide *can never exist*:

No matter how much weight could legitimately be afforded the state's interest in preventing suicide, that weight, when combined with the weight given all of the other state interests, was insufficient to outweigh the terminally ill individual's interest in deciding whether to end his or her agony and suffering by hastening the time of his or her death with medication prescribed by his or her physician.

Many legal scholars agreed that cutting the states out of the picture entirely was a more breathtaking exercise of "raw judicial power" than even *Roe v. Wade*.

Case #18: Terri Schiavo. Just like Nancy Cruzan, Theresa Marie "Terri" Schiavo was not terminally ill and was not in what some people call a "persistent vegetative state." She could respond to those talking to her and would certainly

have lived many more years if she had not become a nuisance and an impediment to her husband Michael.

Terri was born on December 3, 1963. On February 25, 1990, she collapsed in her home and experienced respiratory and cardiac arrest. She was institutionalized and diagnosed as in a PVS.

Meanwhile, her husband Michael got on with his life. He moved in with another woman and had a child with her. In 1998, he petitioned the Pinellas County [Florida] Circuit Court to remove her feeding tube. Terri's parents, Robert and Mary Schindler, who were caring for her, opposed this motion, but the court determined that Terri would not want to go on living in such a condition, based upon testimony given from the husband who wanted her to die.

Thus began a legal and political battle that dragged on for seven years and exposed the seamy underside of the pro-euthanasia movement. The Supreme Court of the United States overturned laws signed by the Governor of Florida and the President of the United States that were designed to prevent the removal of Terri's feeding tube. The Schindlers testified that Terri smiled, laughed, cried, moved, and tried to speak. They also said that Terri puckered up her lips and looked at them when they kissed her.

Michael Schiavo finally got his wish. His wife Terri died of starvation and thirst at a Pinellas Park hospice on March 31, 2005, at the age of 41. Michael married his long-term girlfriend shortly after Terri's death. He also became a campaigner for euthanasia.

[Go to Next Topic: Summary of the Progression](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for “Case #15: Nancy Cruzan (1988)”

[93] "19 Protestors Halted." *The Oregonian*. Wednesday, December 19, page A17. Additionally, the following articles on the Nancy Cruzan case may be found in the *National Right to Life News*. (1) Leslie Bond. "State of Missouri Actively Fights Efforts to Starve Nancy Cruzan." December 17, 1987, pages 1 and 11. (2) David H. Andrusko. "Missouri Supreme Court to Hear Appeal of Death-By-Starvation Sentence for Nancy Cruzan." August 25, 1988, page 6. (3) Samuel Lee and David H. Andrusko. "Missouri Supreme Court Refuses to Authorize Starvation Death of Nancy Cruzan." December 5, 1988, pages 1 and 7. (4) "Excerpts From the Nancy Cruzan Decision." December 5, 1988, page 8. (5) Tom Marzen. "Nancy Cruzan Case Raises Critical Issues." August 10, 1989, pages 1 and 10. (6) Nat Hentoff. "Hippocrates and Nancy Cruzan." September 7, 1989, page 5. (7) David H. Andrusko. "Nancy Cruzan Should Not Be Starved, Justice Department Says." November 2, 1989, page 7. (8) Nat Hentoff. "The Ominous Implications of the *Cruzan* Case." March 28, 1990, page 11. (9) David H. Andrusko. "Supreme Court Offers Protection to Incompetent Patients in Landmark *Cruzan* Case." June 25, 1990, pages 1 and 12. (10) David H. Andrusko. "Missouri Attorney General Asks Circuit Court for Permission to Withdraw from New *Cruzan* Hearing." October 2, 1990, page 6. (11) David H. Andrusko. "Judge Allows Attorney General to Withdraw From *Cruzan* Case." October 31, 1990, pages 9 and 10. (12) David H. Andrusko. "Pro-Death Leader Outlines Legislative Strategy." October 31, 1990, page 11. Also see David Brockbauer. "Pagan Ethics: The Nancy Cruzan Case." *Fidelity Magazine*, February 1990, pages 11 to 14; and Jerry Nachtigal. "Nancy Cruzan Dies Peacefully." *The Oregonian*, December 27, 1990, pages 1 and 12.

[94] David Brockbauer. "Pagan Ethics: The Nancy Cruzan Case." *Fidelity Magazine*, February 1990, pages 11 to 14.

[95] Jerry Nachtigal. "Nancy Cruzan Dies Peacefully." *The Oregonian*, December 27, 1990, pages 1 and 12.

[96] The following articles on the Carrie Coons case may be found in the *National Right to Life News*. (1) Leslie Bond. "Starvation Order Hastily Rescinded As Carrie Coons Awakens From So-Called "Irreversible" PVS."

April 27, 1989, pages 5 and 7. (2) Nat Hentoff. "Not 'Hopeless Case' After All."
May 11, 1989, page 4. Also see *Newsweek* Magazine, April 24, 1989, page 69.



Summary of the Progression. As the above court cases show, the "right to privacy," found nowhere in the U.S. Constitution, has led first to the total legalization of contraception (*Griswold v. Connecticut*), the total legalization of abortion (*Roe v. Wade*), the legalization of infanticide (*Baby Doe*), the legalization of involuntary passive euthanasia (*Cruzan* and *Brophy*), and the legalization of *voluntary* active euthanasia (*Compassion for Dying*).

The progression down the slippery slope could not possibly be clearer.

All Western nations now have the highest proportions of elderly people in their histories. They all have the lowest birthrates, too, which means fewer and fewer workers will be supporting more and more of the retired elderly (for specific statistics on the chronic aging of all Western countries, see Chapter 18, "The International Abortion Situation.")

Thus, pressure will inevitably mount to "cut costs" and "conserve scarce health care resources" by withdrawing care from the handicapped, the severely ill and the elderly. Health rationing has already made inroads into North America and Europe; under some of these plans, people above a certain age are disqualified from receiving certain medical treatment.

Many medical professionals support such rationing. Bruce Bartlow, M.D., Director of San Francisco's St. Luke's Hospital Critical Care Units, has said that "As director of intensive care in a community hospital, I squander millions of dollars on patients too elderly or ill ever to return to meaningful function ... We must face the un-American fact that not all individuals' remaining lives have equal value. Value should be assessed ... on how their survival enriches or drains their family and community." [97]

The Disability Rag keeps a careful watch on this deadly trend;

Most students of the economy, and of the medical economy in particular, agree that the need to contain medical costs is absolute and urgent. The questions that divide us involve how it should be done. The first step is to admit to the cruel necessity of rationing health care. The second is to set limits on health care according to principles of equity and justice. How do we decide who gets to receive a scarce health resource? ... One obvious consideration is age. ... The worsening death rates for older patients are hard to explain, but may be the result of underuse of such life-saving therapies as clot-busting drugs. ... Charles Hennekens, M.D. agreed with the study author's conclusions that life-saving therapies are too often withheld from older patients simply because of their age." [98]

Some disability rights advocates have complained that it is not the *people* who decide their fate, it is the medical profession. But there *is* an equitable division of labor, say groups like Not Dead Yet: "*They* do all the deciding, *we* do all the dying."

There is only one step remaining for the euthanasiasts: The legalization of *involuntary* active euthanasia.

As described elsewhere in this Chapter, this is the final stated goal of the euthanasia movement, which will never stop agitating until it finally achieves all of its objectives.

Figure 23-6 clearly shows the progression of the euthanasia movement all over the world.

Figure 23-6

A Brief Chronology of the World Euthanasia Movement

1906: The first euthanasia bill is drafted in Ohio, but does not pass the legislature.

1935: Dr. Killick Millard organizes the first euthanasia society in the world, the Voluntary Euthanasia Legalization Society of London.

1938: The National Society for the Legalization of Euthanasia is organized in New York. It changes its name to the Euthanasia Society of America in the same year.

1939: The Euthanasia Society of America proposes legislation which it explained was limited to "voluntary" euthanasia, even though "The Society hoped eventually to legalize the putting to death of non-volunteers beyond the help of medical science." [99] The ESA's President at that time was Dr. Foster Kennedy, Professor of Neurology at Cornell Medical College. He spoke before the Society of Medical Jurisprudence at the Academy of Medicine, urging the "

jurisprudence at the Academy of Medicine, urging the ...
legalizing of euthanasia primarily in cases of born defectives
who are doomed to remain defective, rather than for normal
persons who have become miserable through incurable
illness." [100]

1952: The Euthanasia Society of America unsuccessfully
petitioned the United Nations to amend the Universal
Declaration of Human Rights to include the "right of
incurable sufferers to euthanasia."

1957: Pope Pius XII states the Catholic doctrine
distinguishing ordinary from extraordinary means for
sustaining life (see the text of this Chapter for this statement).

1965: The Supreme Court of the United States issues
its *Griswold v. Connecticut* decision, finding for the first time
a "right to privacy" regarding the use of contraceptives. This
"right" is soon expanded to include abortion, homosexual acts
and euthanasia.

In the United States, children with spina bifida and
Down's Syndrome and who were otherwise healthy are
slowly and quietly starved to death. There are also numerous
cases of the involuntary euthanasia of sick adults who can still
"think, see, speak and hear." [101]

1967: The Euthanasia Society of America establishes the tax-
exempt Euthanasia Educational Fund (EEF), later renamed
the Euthanasia Educational Council (EEC). Also in this year,
the ESA introduced a modal "Living Will" to the public as a
tool to promote discussion on euthanasia.

Dr. Walter W. Sackett introduces an unsuccessful "right
to die" bill in Florida's legislature. The bill was a concrete
expression of Sackett's concern that the State of Florida was
spending far too much money on the ill, especially Down's
Syndrome children. He stated that "Five billion dollars could
be saved in the next half-century if the State's mongoloids
were permitted merely to succumb to pneumonia — a disease
to which they are highly susceptible."

to which they are highly susceptible.

1969: An unsuccessful voluntary euthanasia bill is introduced in the Idaho legislation.

Elisabeth Kubler-Ross publishes *On Death and Dying*, which greatly advances public discussion of euthanasia and suicide.

1970: Washington State becomes the only state to legalize abortion on demand by a direct vote of the people. What is significant about this event is that one of the leaders of the ballot initiative was Ralph Mero, a Unitarian minister and Executive Director of Compassion in Dying, the nation's first organization formed to promote assisted suicide. Mero is a self-professed activist for "epivalothanasia," or imposed death. Twenty years later, in 1990, Mero headed the Hemlock Society's Washington branch, and led the unsuccessful initiative effort to legalize "aid-in-dying" in his state.

The Euthanasia Society of America begins vigorously pushing the "Living Will" all over the country.

1973: The *Humanist Manifesto II* is released. The seventh article reads "To enhance freedom and dignity the individual must experience a full range of civil liberties in all societies. ... It also includes a recognition of an individual's right to die with dignity, euthanasia, and the right to suicide."

The Supreme Court of the United States issues its *Roe v. Wade* decision. This decision will subsequently be used by many lower courts to justify euthanasia and infanticide. For the full text of *Roe v. Wade*, [click here](#).

For the first time, the number of suicides in the United States exceeds 30,000 (see Figure 23-16).

In the Netherlands, Dr. Gertruida Postma gives her dying mother a lethal injection, is found guilty of murder, and receives a sentence of *one week* in jail. The intense public debate causes the founding of the *Stichting Vrijwillige Euthanasie*, or Netherlands Foundation for Voluntary Euthanasia (NVVE), and the *Nederlandse Verniging voor Vrijwillige Euthanasie*, or Netherlands Organization for Voluntary Euthanasia (NIVVE).

Voluntary Euthanasia (N.V.V.E).

Dr. Pieter Admiraal writes the "how-to" euthanasia manual *Justifiable Euthanasia* and sends it to 21,000 Dutch physicians and pharmacists.

1974: The first hospice American hospice opens in New Haven, Connecticut.

The Australian euthanasia movement is launched.

1975: The Euthanasia Society of America changes its name to the more politically correct and less threatening Society for the Right to Die (SRD).

1976: The Danish euthanasia movement is launched.

The Japanese euthanasia movement is launched by Dr. Tenrei Ota, an outspoken pro-abortion activist and developer of the Ota Ring intra-uterine device (IUD).

The New Jersey Supreme Court allows Karen Ann Quinlan's parents to disconnect the respirator that keeps her alive. The Court specifically cites the "right to privacy" found in the Supreme Court's *Griswold v. Connecticut* decision to include the right of patients to refuse even lifesaving treatment that is not extraordinary.

1977: California passes the Natural Death Act, becoming the first state to give legal force to the "Living Will;" The Dutch Euthanasia Society publishes Dr. Pieter Admiraal's "how-to" euthanasia manual *Justifiable Euthanasia* in 1977.

1978: The Euthanasia Educational Council changes its name to Concern for Dying (CFD), and severs formal ties with the Society for the Right to Die.

Derek Humphry publishes *Jean's Way* in England, describing how he helped his terminally ill wife to die. With media attitudes toward euthanasia being as favorable as they were, the book was soon made into a television movie and a stage play entitled *Is This the Day?*, the last words Jean Humphry allegedly spoke before she killed herself.

1979: The award-winning Broadway play "Whose Life Is It Anyway?" promotes assisted suicide. It is later made into a popular movie.

Artist Jo Roman, who is dying of cancer, commits suicide at a heavily publicized gathering of friends. This suicide is later broadcast on public television and is reported by *The New York Times*.

The Colombian euthanasia movement is launched.

1980: The Congregation for the Doctrine of the Faith issues the *Declaration on Euthanasia*, which gives clear guidelines on Catholic theology and permissible actions by health care professionals regarding end-of-life issues.

Derek Humphry founds the Hemlock Society in California. A year later, it publishes the how-to suicide guide, *Let Me Die Before I Wake*.

The World Federation of Right to Die Societies is formed in Oxford, England, consisting of 27 groups from 18 nations.

The French, German and Canadian euthanasia movements are launched.

1982: The World Federation of Right to Die Societies meet in Nice, France, and agree on the following goals, to be implemented globally: (1) Legalization of "Living Wills;" (2) Legalize assisted suicide worldwide; (3) Legalize lethal injections and lethal prescriptions; (4) Open suicide clinics, to be called "deliverance centers;" and (5) To pass laws and initiatives worldwide allowing death by "self-determination," where everyone, including teenagers (without parental consent), can choose the time, place and means of their own deaths, regardless of whether they are ill or not.

The Swiss euthanasia movement is launched.

1983: Oklahoma Children's Memorial Hospital doctors evaluate 69 babies born with myelomeningocele (spina bifida). They pronounce 33 unworthy of further effort and unfit to live. In 24 cases, the parents agree, and so all 24

babies are starved to death.[102]

Elizabeth Bouvia, a quadriplegic suffering from cerebral palsy, sues a California hospital to let her die of self-starvation while receiving comfort care. She loses, and files an appeal. See the text of the Chapter for a description of this case.

1984: 22 states have adopted "Living Will" legislation.

The Board of the 30,000-member Royal Dutch Society of Medicine approves a "Position on Euthanasia" paper that supports legalizing both voluntary *and* involuntary active euthanasia.

The Spanish euthanasia movement is launched.

1985: In the Clair Conroy case, the New Jersey Supreme Court rules that food and water are in the same category as artificial respirators and other medical treatment, and may be classified and withdrawn as "extraordinary measures."

Several Dutch doctors "clean out" a nursing home in the Hague, directly killing 21 men and women. Although they admitted killing the patients *without asking their consent*, investigators did not even charge them with a crime.

Karen Ann Quinlan dies, nine years after being disconnected from a respirator. See the Chapter text for a description of the Quinlan case.

Backers of Montana State House of Representatives Bill 137 attempt to legalize euthanasia, but fail. The Bill relied on anti-religious bigotry, and stated that "At present, a terminally ill Montana citizen who decides he wants to die immediately rather than protractively is denied that right purely on religious grounds. This Act is offered to correct this flagrant abuse of the First Amendment to the [United States] Constitution ... "[103]

Television journalist Betty Rollin publishes *Last Wish*, her account of helping her mother to die. ABC later makes the book into a made-for-television movie of the same name.

1986: The American Medical Association (AMA) holds a conference entitled "A New Ethic for the New Medicine." At this conference, the AMA's Council on Ethical and Judicial

Affairs issued a policy stating that "Even if death is not imminent, but a patient's coma is beyond doubt irreversible, ... it is not unethical to discontinue all means of life-prolonging medical treatment. Life-prolonging medical treatment includes medication and artificially or technologically supplied respiration, nutrition and hydration."

The Hemlock Society forms a lobbying group called Americans Against Human Suffering (AAHS), whose purpose is to seek passage of state and federal "aid-in-dying" legislation.

Elizabeth Bouvia is granted the right to refuse force feeding by an appeals court. But she declines to take advantage of the permission and lives on for more than ten years. See the Chapter text for a description of this case.

The Italian euthanasia movement is launched.

1987: The American Association of Retired Persons (AARP) jumps on the pro-euthanasia bandwagon. An AARP spokesman testified before a Montana legislative committee on February 2, saying that the AARP worked hard to get the Montana Living Will Act enacted. He said that "I can assure you that the full intent of we [sic] who drafted the bill (was to) include food (and) water ... within the realm of items that could be withdrawn under provisions of the Living Will." The Hemlock Society of Illinois congratulated AARP for printing an article promoting Hemlock, the Society for the Right to Die, and Concern for Dying (CFD) in its June-July 1988 issue of *Modern Maturity*.

In the Nancy Ellen Jobses case, the New Jersey Supreme Court vastly expands the pool of patients whose food and water could be withdrawn, *even if the patient had never expressed a desire for such action*, and establishes the doctrine of substituted judgment. In other words, family members may refuse medical care for a patient even in the absence of clear indication of his or her wishes.

The Committee on Medical Ethics of the European Community unanimously rejects the Dutch medical society's radical proposals on euthanasia.

For the first time, the number of suicides in the United States exceeds 30,000 (Figure 23-16)

States exceeds 50,000 (Figure 25-10).

1988: Americans Against Human Suffering unsuccessfully campaigns to place an "aid-in-dying" initiative on the California ballot. This measure would have amended California's existing "Living Will" law in order to allow physicians to directly kill terminally ill patients on request. Derek Humphry called the effort "a valuable dress rehearsal."

The *Journal of the American Medical Association (JAMA)* prints an unsigned article entitled *It's Over, Debbie*, describing a resident doctor giving a lethal injection to a woman dying of ovarian cancer. A public prosecutor makes an unsuccessful effort to identify the physician who wrote the article.

The Unitarian Universalist Association of Congregations passes a national resolution favoring euthanasia for the terminally ill, becoming the first religious body to publicly support euthanasia.

1990: Jack Kevorkian assists in the death of Portland, Oregon resident Janet Adkins, a middle-aged woman in the very early stages of Alzheimer's disease. Kevorkian goes on to assist a total of more than 120 suicides before he is finally jailed.

Showing how far the euthanasia mentality has spread, a University of Iowa law class drafts a model Aid-in-Dying Act which would legalize assisted suicide for anyone over the age of *six* who requests it. The Act states that "Minors have the right to request aid-in-dying whether or not their parents agree." Children under the age of six would be killed only at the request of a parent.

The Supreme Court of the United States decides the *Cruzan* case, its first euthanasia-related ruling. The decision recognizes that competent adults have the right to refuse medical treatment, and that a state may impose procedural safeguards to protect its interests.

Congress passes the Patient Self-Determination Act (PSDA), also known as the Federal Living Will Bill, requiring hospitals that receive Federal funds to tell patients that they have a right to demand or refuse treatment, and to offer them the opportunity to sign an advance directive. Some

the opportunity to sign an advance directive or some commentators referred to the PSDA as a "deficit cutting bill."

1991: The Society for the Right to Die (SRD) and Compassion for Dying (CFD) merge to form Choice in Dying (CID). This is its fourth name change since 1938, including the original names Euthanasia Society of America and Euthanasia Educational Council.

Washington State's Hemlock Society-backed Initiative 119, the first state voter referendum on the issue of euthanasia and physician-assisted suicide, fails by a 54-46 margin.

The Dutch government releases a report on the country's euthanasia situation entitled *Medische Beslissingen Rond Het Levenseinde* (also known as the *Rommelink Report*), which found that 92 percent of all *reported* cases of Dutch euthanasia violate the already-permissive "limits" set by Dutch courts.

Derek Humphry publishes *Final Exit*, a how-to book on "self-deliverance." It easily makes the *New York Times* best-seller list. Humphry boasts that it "tells you how, where and when to kill yourself or someone else. It breaks the last taboo."

1992: For the first time, health care becomes a major national political issue as presidential candidates debate the questions of rising costs and the possible need for some form of rationing.

California voters defeat AAHS's Proposition 161 by a margin of 54 to 46 percent. This Proposition would have legalized physician-assisted suicide.

1993: Christine Busalacchi of Missouri is starved to death. She was brain-damaged but not terminally ill. She had been taking all of her meals by mouth, but her father insisted that she be put on a tube feeder in July of 1991. Then he sued to have her taken off the tube feeding, and she starved to death.

The Dutch Parliament codifies the Royal Dutch Medical Association's euthanasia guidelines as an appendix to the Disposal of the Dead Act, essentially legalizing euthanasia.

President Clinton and Hillary Rodham Clinton publicly support advance directives and sign "Living Wills."

1994: U.S. District Court Judge Barbara Rothstein overturns Washington State's anti-suicide law in the litigation *Compassion v. Washington*, finding that the plaintiffs have a constitutional right to help in committing suicide, thus becoming the first Federal judge ever to find this right in the Constitution.

Oregon voters approve Measure 16, the "Death With Dignity" ballot measure permitting physician-assisted suicide, by a 51-49 margin. U.S. District Court Judge Hogan then issues a temporary restraining order and an injunction against Measure 16.

1995: Pope John Paul authors the Encyclical *Evangelium Vitae*["The Gospel of Life"], which strongly and in detail reaffirms the Catholic Church's teachings against euthanasia.

Washington State's *Compassion v. Washington* ruling is overturned by the Ninth Circuit Court of Appeals, reinstating the state's anti-suicide law.

1996: In April, the Second Circuit Court of Appeals unanimously overturns two New York State laws prohibiting assisted suicide on the basis that, in the case of the terminally ill, the state has no rational interest in preventing assisted suicide.

The Ninth Circuit Court of Appeals decides 8-3 that the Washington state law banning assisted suicide violates the Due Process Clause of the U.S. Constitution. The Court quoted *Roe v. Wade* a dozen times as it drew a direct parallel between abortion and euthanasia: "Like the decision of whether or not to have an abortion, the decision how and when to die is one of "the most intimate and personal choices a person may make in a lifetime," a choice that is "central to personal dignity and autonomy"." The ruling is stayed pending appeal.

The disability-rights group Not Dead Yet! is formed shortly after Jack Kevorkian is acquitted in the assisted

suicides of two women with non-terminal disabilities.

Australia's Northern Territory passes a voluntary euthanasia law, but nine months later the Federal Parliament overrules it. The only requirement of the law is that a psychiatrist evaluate the potential victim to see "that the patient is not suffering from a treatable clinical depression in respect of the illness." A third medical practitioner (not even required to be a doctor) need only confirm the diagnosis of the patient's physician that they will die as a result of the illness. [104]

1997: The United States Supreme Court reverses the decision of the Ninth Circuit Court of Appeals in *Washington v. Glucksberg*, upholding as constitutional state statutes which bar assisted suicide. However, the Court gave states leeway to enact laws that prohibit or allow doctors to help patients end their lives.

In April, President Clinton signs the Assisted Suicide Funding Restriction Act (ASFRA), ensuring that Federal taxes are not used to pay for or promote assisted suicide. However, the Act permits funding of imposed death by starvation and dehydration.

During the time period 1995 to Spring 1997, a massive push by pro-euthanasia groups results in nearly 50 bills that would legalize assisted suicide and/or euthanasia being introduced into more than twenty state legislatures. Although all were rejected, activists on both sides of the issue recognized that this is all part of the pro-euthanasia strategy to "soften up" the legislatures and get people used to the idea of euthanasia.

Both Oregon Houses vote to return Measure 16, the Oregon Death with Dignity Act (ODDA) to the voters for repeal. Pro-euthanasia forces bitterly complain that this is an attempt to "defeat the will of the people, blithely ignoring the fact that the people's will had been expressed in ballot measures several times restricting abortion and homosexual rights, and in each case had been overturned by the courts at the request of anti-life groups. On November 4, Oregonians vote by a margin of 60-40 percent *against* Measure 51, which would have repealed the Oregon Death with Dignity Act. The

would have repealed the Oregon Death with Dignity Act. The law officially takes effect on October 27, 1997.

Since Oregon's Death with Dignity Act (ODDA) went into effect, 292 people have killed themselves in the state. Remember, however, that the entire process is shrouded in secrecy (as all anti-life practices inevitably are), and so the true number is undoubtedly much higher;

Pe
opl
e
Kil
led
Un
der
Or
eg
on'
s
De
ath
wit
h
Di
gni
ty
Ac
t
(O
D
D
A)

Y
e
a
r

P
e
o
p
l

e
K
i
l
l
e
d

1
9
9
8

1
7

1
9
9
9

2
8

2
0
0
0

2
7

2
0
0
1

2
1

2
0
0
2

3
8

2
0
0
3

4
2

2
0
0
4

3
7

2	3
0	8
0	
5	

2	4
0	5
0	
6	

Re
fer
en
ce:
"
Su
m
ma
ry
of
Or
eg
on'
s
De
ath
wit
h
Di
gni
ty
Ac
t -
20
06.
"
Fig
ure
1,
"N

number of DWDADA Prescription Recipients and Deaths, by Year, Oregon, 1998-2006.
"Downloaded from the W

eb
site
of
the
Or
eg
on
De
ath
wit
h
Di
gni
ty
Ac
ton
Jul
y
2,
20
07.

Britain's Parliament rejects by a 234-89 margin the seventh attempt in 60 years to change the law on assisted suicide.

1998: Jack Kevorkian's home state, Michigan, passes a law making assisted suicide a crime. The law takes effect on September 1, but Kevorkian ignores it and picks up his pace, helping 120 people to die by November.

Oregon Health Services Commission decides that payment for physician-assisted suicide can come from state funds under the Oregon Health Plan so that the poor will not be discriminated against. Naturally, Oregon's health rationing plan does not fund certain lifesaving procedures for the ill and elderly, to include attendant services for the disabled, advanced antidepressant medication, and even some painkillers. In the first full year of its implementation, 16 people die by making use of the Oregon Death With Dignity Act.

Measure B on the Michigan ballot to legalize physician

Measure B on the Michigan ballot to legalize physician-assisted suicide is defeated by a wide margin of 70 to 30 percent.

A study of general practitioners in Great Britain finds that they had helped about 27,000 patients to die by giving them a lethal dose of drugs or withholding treatment. The survey also discovers that one out of seven British GPs had helped an average of five people die.[105]

1999: Jack Kevorkian is sentenced to 10 to 25 years imprisonment for the second degree murder of Thomas Youk after showing a video of his death by injection on national television

28 people die by physician-assisted suicide in the second full year of the Oregon law.

2000: Maine holds a Citizens' Ballot Initiative to approve physician-assisted suicide, and it is narrowly defeated by a 51-49 percent margin.

27 people die by physician-assisted suicide in the third full year of the Oregon law. Significantly, the Oregon Health Department's annual report on physician-assisted suicide showed that a large majority of those who died in 2000 (63%) said that they wanted to die in order to avoid becoming a burden on their families.

2001: The lower house of the Dutch Parliament votes 104 to 40 to formalize the loose euthanasia guidelines that had been in place in the country since 1993. The upper house approved the bill by a wide margin, allowing the law to come into force in early 2001. As the law stands, anyone aged 16 and over can independently request euthanasia, and children from 12 to 15 years old may request it with parental consent.

13 percent of the American population is 65 years old or older, compared to only five percent in 1935. The average life span of Americans has increased from 62 years to 76 years over the same period.

2005: Terry Schiavo who responded to others and would

2006: Terry Schiavo, who responded to others and would have lived indefinitely, is starved to death in Florida.

2007: Jack Kevorkian gets out of prison after serving only eight years of his 10- to 25-year term. He promises not to assist at any more suicides, but also says that he is going to be an activist for euthanasia.

The number of people killed under Oregon's Death with Dignity Act approaches 300.

Reference: Some of the items above came from Derek Humphry's "A Twentieth Century Chronology of Assisted Suicide and Physician-Assisted Suicide, 1906-2000," from the Web site of ERGO (the Euthanasia Research and Guidance Organization) at <http://www.finalexit.org/more-chronology.html>. Also see the 16-page Human Life Alliance of Minnesota advertising supplement entitled "Euthanasia: Imposed Death." These 11-1/2 X 13-1/2 inserts summarize all of the basic issues surrounding euthanasia, and are excellent for distributing in newspapers or as leaflets. You can order them by contacting Heritage House at 1-(800) 858-3040.

[Go to Next Topic: The Fractured History of the Hemlock Society .](#)

[Return to Euthanasia Table of Contents](#)

Endnotes for "Summary of the Progression"

[97] Bruce Bartlow, M.D., director of San Francisco's St. Luke's Hospital Critical Care Units, quoted in Kathi Wolfe. "Death — Take a Holiday." *The Disability*

- Rag*, [Louisville, Kentucky], January/February 1995, pages 22 and 23.
- [98] Alice Mailhot. "Any Choice You Want, As Long As It's Death." *The Disability Rag*, [Louisville, Kentucky], January/February 1995, page 8.
- [99] *New York Times*, January 27, 1939, page 21.
- [100] *New York Times*, February 14, 1939.
- [101] B.D. Colen. "Doctors Decide on Life Support End." *The Washington Post*, March 10, 1974. Discussion of an incident where physicians at the Maryland Institute for Emergency Medicine turned off the respirator of a man without his consent or the consent of his family. Also see "Doctors Ponder Ethics of Letting Mongoloid Die." *The Washington Post*, October 15, 1971.
- [102] Debra Braun. "Oklahoma Hospital Allegedly Withholds Life-Saving Treatment from Handicapped Babies." *National Right to Life News*, May 16, 1985, page 1.
- [103] Montana State House of Representatives Bill 137, discussed in Father Paul Marx' *And Now ... Euthanasia* [Gaithersburg, Maryland: Human Life International, 1985]. Second Revised Edition, page 31.
- [104] "Australia's Northern Territory Euthanasia Law Passed." *The Lancet*, March 2, 1996, page 609 (Volume 347).
- [105] Cahal Milmo. "Doctors 'Helped 27,000 Patients to Die'." *PA News*, Sunday, November 15, 1998.

Facts of Life: Chapter 23: Euthanasia: The Fractured History of the Hemlock Society



 SHARE

The Fractured History of the Hemlock Society.

"A judicial determination should be made when it is necessary to hasten the death of an individual, whether it be a demented parent, a suffering, severely disabled spouse or a child."

— Hemlock Society Executive Director Faye Girsh.[106]

The End and the Beginning. Derek Humphry, a British journalist, was in a difficult situation in early 1975. His wife Jean was suffering from incurable bone cancer, and he could not bear to see her in such pain. So, after much discussion between them, he handed her a cup of coffee loaded with barbiturates and pain killers. She drank this concoction and died.

Less than a year after Jean died, Humphry married American Ann Wickett. With her help, he wrote the book *Jean's Way*, published in 1978, that described the ordeal he shared with his first wife. With media attitudes toward euthanasia being as favorable as they were, the book was soon made into a television movie and a stage play entitled *Is This the Day?*, the last words Jean Humphry allegedly spoke before she killed herself.

In 1980, Humphry moved to Los Angeles, where he founded the Hemlock Society, aptly named after the cup of poisonous herbs that the Greek philosopher Socrates was forced to drink by his Athenian enemies (perhaps it is significant that Socrates was the victim of *involuntary* euthanasia). Humphry also founded a pro-euthanasia political group named Americans Against Human Suffering (AAHS) to promote the legalization and social acceptance of assisted suicide.

What was his ultimate goal? Like all other leading euthanasiasts, Humphry hates true religion. He boasted that "We are trying to overturn 2,000 years of Christian tradition." [107]

The Deaths of Ann's Parents. In 1986, Ann Wickett Humphry's parents took their own lives, assisted by her and Derek Humphry. The Humphrys

illegally impersonated doctors in order to obtain lethal doses of Vesparex, a powerful barbiturate. They then mixed the crushed tablets into applesauce and ice cream. Ann spoon-fed her mother the deadly ice cream, and Derek watched her father feed himself the applesauce. Both of Ann's parents died minutes later. [108]Technically, Derek Humphry assisted in a suicide while his wife actually committed a homicide.

In direct contradiction to their philosophy that assisted suicide is a paramount personal right, the Humphrys realized that they had done something very wrong and desperately tried to cover up the evidence of their crimes. Ann put the dishes in the dishwasher and buried her handbag (containing the unused Vesparex) in the garbage. The Humphrys also destroyed any other evidence of their participation in the deaths, including all correspondence between themselves and Ann's parents regarding assisted suicide. To top it all off, Ann told the coroner that her sister was their parent's primary caregiver, thereby attempting to implicate her in the deaths![108]

Following her husband's lead, Ann Humphry soon authored a book about her parent's death entitled *Double Exit* (perhaps the title was in deference to Britain's Exit Society, another "right-to-die" group).

Ann's Turn. In September of 1989 Ann Humphry was diagnosed with breast cancer. Derek Humphry, the leader of the "compassionate" Hemlock Society, responded to this situation by labeling her a mental incompetent and then dumping her.

Robert W. Stone, Ann Humphry's son, defended her and revealed some of the inner machinations of the Hemlock Society when he wrote that

Having to respond to Derek Humphry's claims of my mother's 'mental illness' is both humiliating and insulting. Anyone who knew Ann Wickett realizes how courageous and sensible she was, and how

preposterous such claims are. And no one better than Humphry himself. Death for Humphry's Hemlock Society is strictly business, and to him his wife simply became bad business, to be discarded. What he did to my mother disgusts me. To top it off, he had no qualms about printing a eulogy in *The New York Times*, then later openly admitting its purpose was damage control."[109]

Ann then publicly charged Derek with gross hypocrisy. Where was the caring, nurturing attitude so prevalent in Hemlock Society literature? Ann said that "I am an embarrassment to them. I was dumb enough to get cancer."[110]She wrote a short suicide letter to her husband before killing herself;

Dear Derek;

There. You got what you wanted. Ever since I was diagnosed as having cancer, you have done everything conceivable to precipitate my death.

I was not alone in recognizing what you were doing. What you did — desertion and abandonment and subsequent harassment of a dying woman — is so unspeakable there are no words to describe the horror of it.

Yet you know. And others know too. You will have to live with this until you die.

May you never, ever forget.

Ann added a hand-written note to this suicide letter and sent it to her friend, anti-euthanasia campaigner Rita Marker. This note said that "My final words to Derek. He is a killer. I know. Jean [his first wife] actually died of suffocation. I could never say it until now; who would

believe me? Do the best you can." [111]

After writing her despairing thoughts, Ann Humphry rode her horse into a remote Oregon wilderness and killed herself.

The Hemlock Society's Assisted Suicide. Ann Humphry charged that the Society had become a "parasitic organism," taking dues from tens of thousands of members and returning very little (Derek Humphry's salary was at least \$65,000, not counting travel expenses and many other perquisites). Additionally, Humphry retained full control of Hemlock Society finances, and authorized illegal transfers of Society money to non-tax exempt satellite organizations like Americans Against Human Suffering. [112]

Although it does not flatly say so in public, the Hemlock Society has as its ultimate objective the enshrining of euthanasia on demand in the United States in the same manner that abortion on demand is now so honored. Speakers at Hemlock Society conferences and meetings frequently urge members to work towards this goal.

As Derek Humphry has made perfectly clear, the Society intends to use the virtually infallible strategy of gradualism to achieve its ultimate goal. The leader of another pro-euthanasia group, Concern for Dying, describes how gradualism works;

You are right when you say that our people believe rational suicide to be acceptable — our position is that individuals make their own decisions and that those decisions should be honored by others. We also know from experience that if we try to foist our ideas too strongly and too soon on a society not yet ready to consider them, we will damage if not destroy our effectiveness. By moving cautiously and without stridency, we gain a larger audience for our views. [113]

First the euthanasiasts pushed for the Living Will, and then the durable power of attorney. Then it was doctor-assisted suicide, and finally it will be euthanasia on demand.

In aid of its goals, the Hemlock Society and its members actively counsel people to take their own lives. Their purpose in doing so is not

counsel people to take their own lives. Their purpose in doing so is not only to relieve the suffering of individuals; they assume (correctly) that widespread flouting of the law is a powerful propaganda tool. After all, if the law is widely ignored, why retain the law? It's outmoded and antiquated, after all, and society has matured beyond such meaningless restraints.

Does all of this sound familiar?

If it doesn't, it certainly should!

Although the Internal Revenue Service took an interest in Hemlock Society finances for a time, the Society continues its fight for euthanasia on demand on several fronts. It has found that the Pacific Northwest is fertile ground for its ideas.

The Hemlock Society publishes a book entitled *Compassionate Crimes, Broken Taboos*, which is a detailed anthology of mercy killings and assisted suicides.[114] Members of the Society like to joke that libraries have a real problem in getting people to return this book (after all, dead people don't worry much about nickel-a-day fines).

Disturbingly, the Hemlock Society has recently experienced a large influx of new members, notably many AIDS sufferers. If American society continues to follow the utilitarian Hemlock lead, we may soon find a cheap, easy, and efficient way to avoid the expense of caring for all of these stigmatized "AIDS sufferers."

Even more unsettling is the fact that the "Right to Die" movement is spreading all over the world. Derek Humphry was recently elected president of the World Federation of Right to Die Societies, which has half a million members in 17 countries.

Revisiting the Crime? Humphry's life is most peculiar to say the least, but it is at the same time most familiar. Instead of attempting to legalize euthanasia and then killing someone, he reversed the order by killing his first wife and then attempting to legalize euthanasia. He then reinforced this behavior by assisting his second wife in the 1986 killing of her parents.

The role of guilt in such activities is clear. Humphry regularly boasts about how "caring" and "compassionate" he was in killing his first wife. He has never repented of this crime, so he is attempting to force society to approve of his crime — albeit in a belated fashion — by legalizing what he has done.

This drive to assuage guilt instead of repenting is typical among those who adhere to the anti-life mentality. Homosexuals, pornographers, and pro-abortionists band together and attempt to legalize their behavior, as do prostitutes and the users of illegal drugs. The examples of this kind of behavior are countless, and they are all damaging to the fragile fabric of society.

Hemlock's Fishy Survey. Anti-life groups commonly use doctored or entirely phony surveys of public or professional opinion to bolster their viewpoints. They point at the "results" of their survey(s) and say that, since they are in the majority, then everyone else must fall into lockstep behind them. Not surprisingly, they refuse to allow anyone to examine their methodology or the actual survey results, purportedly for unspecified "legal reasons" or "to protect the privacy of their respondents."

In 1988, the Hemlock Society pushed hard to get an initiative ballot on the California election slate that would have legalized assisted suicide. The initiative failed to gather enough signatures, primarily due to the strong opposition of the California Medical Association and the Catholic Church.

The 1988 Hemlock survey of California doctors was apparently performed in support of this initiative ballot. The idea of the survey was to "show" that most doctors killed their patients anyhow, so assisted suicide must be all right.

After allegedly receiving input from hundreds of doctors, the Hemlock Society summarized its responses and then burned them "on advice of legal counsel" so that the numbers could not be crosschecked.[115] There could be no possible reason, legal or

otherwise, for taking this action — other than to cover up.

The Hemlock Society "found" that;

- 79 percent of California doctors had killed a patient that had asked to die. Of these respondents, 84 percent thought that they did the right thing, and 13 percent had killed at least three persons;
- 68 percent of all California doctors favored a relaxation of existing euthanasia laws; and
- 51 percent of all California doctors said that they would practice euthanasia if it were legal.

One of the indicators that this was a bogus survey is the conflict between the first and third results as tallied above. If 79 percent of all California doctors had already killed at least one person when euthanasia was still *illegal*, does it make any sense that only 51 percent would practice euthanasia if it were *legal* — a drop of 28 percent?

[Go to Next Topic: Jack "The Dripper" Makes the Scene.](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for “The Fractured History of the Hemlock Society”

[106] Hemlock Society Executive Director Faye Girsh, December 3, 1997 quote. "Ten Pro-Life Activists Charged." *LifeSite Daily News*, January 26, 1998.

[107] Derek Humphry, quoted in the *San Francisco Chronicle*, August 28, 1992, page A25.

[108] Thomas W. Case. "A Requiem for the Hemlock Society." *Fidelity Magazine*, June 1990, pages 24 to 32.

[109] Robert W. Stone, son of Ann Wickett Humphry, in a letter to *Vanity Fair*,

March 1992.

[110] Thomas W. Case. "A Requiem for the Hemlock Society." *Fidelity Magazine*, June 1990, pages 24 to 32.

[111] Excerpts from Anne Wickett Humphry's suicide note, addressed to her husband Derek Humphry, founder of the Hemlock Society, before she killed herself in 1991. Quoted in "Final Exit." *Arlington Catholic Herald*, November 4, 1993, page 4.

[112] Thomas W. Case. "A Requiem for the Hemlock Society." *Fidelity Magazine*, June 1990, pages 24 to 32.

[113] Mrs. A-J. Rock-Levinson, Executive Director of Concern for Dying, in a 1978 letter replying to a pro-lifer's question. Quoted in Father Paul Marx'*And Now ... Euthanasia* [Gaithersburg, Maryland: Human Life International, 1985], page 23. Second revised edition.

[114] Thomas W. Case. "A Requiem for the Hemlock Society." *Fidelity Magazine*, June 1990, pages 24 to 32.

[115] Leslie Bond. "Hemlock Society Burns Responses to Euthanasia Survey." *National Right to Life News*, March 10, 1988, page 5.

Facts of Life: Chapter 23: Euthanasia: Jack the Dripper Makes the Scene



 SHARE

Jack "The Dripper" Makes the Scene.

"It seems more compassionate and logical to have a certain number of wealthy persons dying of renal disease buy kidneys from a supply greatly expanded by their purchasing power and thus survive while a certain number of dying poor individuals succumb because of the inequality of affordability. ... wealthy donees might prefer to buy very expensive, "high-quality" kidneys from donors in the upper strata of society and leave most or all of the freely donated or very low-priced, "low-quality" organs from "skid row" donors to the poor — thereby actually enhancing quality."

— Jack Kevorkian.[116]

Hemlock's Point Man Arrives. The Hemlock Society has as its ultimate objective the legalization of euthanasia on demand. Under such laws, anyone of any age could enter a euthanasia clinic and, after perfunctory "counseling" (of the same type women currently receive in abortion clinics), "end it all" for a modest fee.

However, Hemlock cannot state this goal publicly because it is too radical for the general public — *at least for now*. The Society *officially* insists that all it wants is perhaps the Living Will here, the withdrawal of nutrition there, and perhaps *at the most* "assisted suicide" for those in the last months of life.

At least one Hemlock member seems to have thrown off the shackles of conventional tactics, has spoken his mind freely, and has acted on his beliefs. He is a retired pathologist, Jack ("The Dripper") Kevorkian.

Kevorkian, who had been in trouble before for such activities as draining blood from dead bodies and pumping it into living patients, has little use for any limits on his activities, no matter what their source. He claimed that death-row prisoners and others should be freely experimented on, and said that

The so-called Nuremberg Code and all its derivatives completely ignores the extraordinary opportunities for terminal experimentation on humans facing imminent and inevitable death. Intense emotionalism engendered by the concentration camp atrocities of World War II has unfairly stigmatized this honorable concept and cloaked it in silence ...[117]

Kevorkian betrayed his hard-core anti-theistic beliefs (and his lack of knowledge of current events) when he railed against the court system; "They are dictating how medicine should be practiced. You know the court is dominated by religion ... 'Life is sanctity, this and that ...' The problem with medicine today is that it's under the Dark-Age mentality of mystical religion, which has permeated medicine to the core since Christianity took over." [117]

Kevorkian fruitlessly attempts to root his activities in the shifting and unchartable sands of situational ethics;

The origin of the ethics, however, must come from the situation as it exists. And the code must fit the situation. And the ethics must change as the situation changes. That's the way to keep control. Not by an inflexible maxim that applies for two thousand years, but an ethical code that will change a decade later. It's ethical conduct within the framework of time and space. Ethical codes should never be set in stone. They can't be, they must change constantly. ... What is morality? It is doing and thinking right. And that changes with time. So in rule ethics vs. situation ethics, I go by situation ethics. You try to solve the situation *at that time*. You can't use some idea two thousand years old! [emphasis in original]. [117]

Kevorkian has published a serious proposal to establish a chain of euthanasia mills — "obitoriums" — where trained staffs of suicide specialists ("obitiatrists") would help people commit medically-assisted suicide, or "medicide" with the use of killing machines he calls "mercitrons." [118] He has said "Let me put together a small [euthanasia] team called the Untouchables. I guarantee, under my supervision, it would be incorruptible." [119]

Sure Jack

Sure, Jack.

Just like the abortionists, right?

To be fair to Kevorkian, his ideas are positively tame when compared to the wild dreams of other pro-euthanasia theorists. One of these is American Council of Life Insurance speaker Ronna Klingenberg, who wrongly but hopefully predicted that by the year 2000 our country would have had many "neomorts" (which are people sustained in comatose conditions for the purpose of organ harvesting) because we will have the right to sell our organs after we die so that we may make money to enjoy our lives more *now*. She also said that soon people will have the right to "choose painless death with ample use of heroin and mind-control techniques" and that travel agencies will offer "adventure deaths." These would involve the person killing himself heroically on an elaborately-staged set of his own choosing. Such scenarios would be planned by "lifestyle engineers." [120]

Gun battle at the OK Corral, anyone?

But let's get back to Jack.

Kevorkian had advertised in the March 18, 1990 *Detroit Free Press*; "Applications are being accepted. Oppressed by a fatal disease, a severe handicap, a crippling deformity? Show him the proper compelling medical evidence that you should die and Dr. Jack Kevorkian will help you kill yourself free of charge."

Interestingly, Kevorkian's business card reads:

Jack Kevorkian, M.D.
Bioethics and Obiatriy
Special death counseling
BY APPOINTMENT ONLY

Kevorkian describes himself as an "obiatriist" ('death doctor'), and has advocated everything from involuntary medical experimentation on death-row inmates to chains of non-profit suicide clinics

MINUTES TO CHAINS OF NON-PROFIT SUICIDE CLINICS.

His motto is "A rational policy of planned death." [121]

His reason for this policy is quite simple: "Allowing someone to starve to death and to die of thirst, the way we do now, is barbaric. Our Supreme Court has validated barbarism. The Nazis did that in concentration camps ... It took her [Nancy Cruzan] a week to die. Try it! You think that just because you're in a coma you don't suffer?" [122]

Kevorkian is right on this point, at least: Death by starvation and thirst is brutal and inhumane. But what we have to remember is that the *euthanasiasts themselves* demanded this option. And now that its brutality is becoming evident, they want to eliminate the suffering *they* caused in the first place — they want lethal injection (direct euthanasia) instead of starvation (indirect euthanasia) to finish off their victims.

A doctor describes the agony suffered by euthanasia victim Paul Brophy;

... various effects from lack of hydration and nutrition, leading ultimately to death — mouth would dry out and become caked or coated with thick material ... lips would become parched and cracked ... tongue would swell and might crack ... eyes would recede back into their orbits and cheeks would become hollow ... lining of the nose might crack and cause the nose to bleed ... skin would hang loose on his body and become dry and scaly ... urine would become highly concentrated, leading to burning of the bladder ... lining of his stomach would dry out and he would experience dry heaves and vomiting ... body temperature would become very high ... brain cells would dry out, causing convulsions ... respiratory tract would dry out into thick secretions that would result in plugging his lungs ... at some point within 5 days to 3 weeks his major organs, including lungs, heart and brain would give out and he would die ... extremely painful and uncomfortable ... cruel and violent. [123]

Janet Adkins: The First of Many. One incident in particular stands out in the push for euthanasia in the United States, because it displays the same canny sense of timing and exploitation of the news media displayed by the early pro-abortion movement. Starring in the role of protagonist was Jack Kevorkian, who

assisted Janet Adkins, a 54-year old Portland, Oregon resident, in her June 1990 suicide.[124]

The carefully choreographed killing of Adkins accomplished two standing pro-euthanasia objectives;

1. to 'show' that laws banning doctor-assisted suicide were 'inhumane' and 'unenforceable' by pushing them to their limit, and
2. to "rekindle the public debate on euthanasia" (what this *really* meant is that the public was losing interest in the euthanasia debate, and Adkin's death would lead to a new round of talk-show appearances and debates by pro-euthanasia activists).

The push for euthanasia was lagging because the public was not widely accepting its message. But then the euthanasiasts tore a page from the pro-abortionists's strategy book and began to emphasize "personal choice" at every opportunity. This was their new approach to the media and the public.

Janet Adkins was diagnosed in June of 1989 as having the very early stages of Alzheimer's Disease. Physicians at the Oregon Health Sciences University said that persons in such a situation live an average of ten years after diagnosis. Adkins appeared to be perfectly healthy and normal, and had even played tennis with her son — and beat him — the week before her assisted suicide.

Adkins was a member of the Hemlock Society. So was her husband.

Adkins met with her minister, Alan Deale, of the First Unitarian Church in Portland, who stated that "We support the freedom of choice. Life only has dignity if it has some quality." Deale admitted that he knew about Adkin's plans and approved of them.[125]

The First Unitarian Church, a "New Age" organization, has aggressively supported Portland abortion clinics and has taken a very strong position in favor of euthanasia.

In other words, Adkins, Kevorkian, and Deale were all made for each other. They were the key actors in what appeared to be a carefully-planned and successful public relations stunt.

And so, in support of this "stunt," Adkins died a singularly lonely and undignified death in the back of Kevorkian's battered and rusted 1968

Volkswagen van.

But she achieved the Hemlock Society's objective of restarting the euthanasia debate yet again, just as Sherrie Finkbine did in the late 1960s for the abortion debate.

The primary lesson to be learned from the Adkins case is quite simple.

In their literature and debates, the Hemlock Society and other euthanasiasts have been claiming all along that they wanted only to relieve the pain of those people who were suffering from incurable diseases in their very last stages.

Remember that Kevorkian, in his *Detroit Free Press* advertisement (shown above), had called for people "Oppressed by a fatal disease, a severe handicap, a crippling deformity," and with "proper compelling medical evidence" to show that they should be assisted in their deaths.

Here we go again.

By the time he was finally jailed, Kevorkian was helping people die who were only mildly depressed, or who simply "wanted to die."

One suspects that "proper compelling medical evidence" is of the same class as women must present today to obtain an abortion.

Janet Adkins certainly did not qualify under *any* of these criteria, yet Hemlock member Kevorkian helped her kill herself anyway. This lays bare the true goals of the Hemlock Society and shows beyond any reasonable doubt that euthanasia limits, once set, are always expanded by the anti-lifers.

The true objective of the euthanasiasts is: To allow people to kill themselves (or *be* killed) at any time whatsoever, based solely upon their own assessment of the elusive "quality of life."

Even this will eventually be expanded to having people killed involuntarily because *others* judge their "quality of life" to be substandard.

Kevorkian's Deadly Ideology. In the late 1960s, pro-abortionists laughed at pro-lifers who were fretting over the gradual liberalization of abortion laws and who were predicting the establishment chains of abortion clinics across the land. Now pro-euthanasiasts are chuckling at the same people who are worried that euthanasia clinics will soon sprout up all over the country.

This is despite the fact that several leading euthanasiasts have advocated and even described such chains.

After he helped fellow Hemlock member Janet Adkins kill herself in 1990, he said that "Religious dogma has become part of the marrow of humanity. We can't get rid of it. There should be absolutely no connection between medicine and religion, but there is, and it's paralyzing ... Religion has fouled up medicine for centuries." [126]

Kevorkian is right, of course; religion *has* "fouled up" *his* brand of medicine ever since it was first practiced — the kind of "medicine" where "doctors" expose newborns, kill preborn babies up to the moment of birth, let people starve to death, and commit murder and assisted suicide.

He has stated that alleviation of pain is just a "minor benefit." Instead, "What I find most satisfying is the prospect of making possible the performance of invaluable experiments." He also said that he wanted to assist in the deaths of 20- and 30-year-olds who were not ill, but who just didn't want to live anymore.

Kevorkian defines terminal as "any disease that curtails life even for a day. Geoffrey Fieger, his lawyer, has written that "Any disease that curtails life-span is terminal." [127] Like Kevorkian, Fieger is an accomplished anti-religious bigot. He has said that "Do you think the Roman soldiers thought he was the Son of God or just some goofball who got nailed to the cross? In 2000 years, we've probably made somebody who is the equivalent of Elvis into God, so I see no reason why not be believe that in 2000 years Elvis will be God." [128]

Also showing his contempt for all things religious, Kevorkian said that

Well, let's take what people think was a dignified death. Christ — was that a dignified death? Do you think it's dignified to hand from wood with nails through your hands and feet ... slowly dying, with people jabbing spears in your side and people jeering? You think that's dignified? Not by a long shot! Had Christ died in my van, with people around Him who loved Him ... that would be far more dignified. In my rusty van ... Is the fecal material in your intestine sacred? ... you bleed when you're cut and when you die you stink — now what's sacred about that? ... What we need is a reverse inquisition. We burn the religious kooks at the

stake. That's what we need. Clean up this society and get down to a secular reality.[129]

Kevorkian received the 1994 "Humanist Hero Award" from the American Humanist Association (AHA). A lengthy excerpt from his acceptance speech gives us valuable insight into the mind of the man the Hemlock Society also considers a hero;

This is probably the first time that this august body [The American Humanist Association] has been addressed by someone under indictment on two counts of first-degree murder.

The Inquisition is still alive and well. The only difference is that today it's much more dangerous and subtle. The inquisitors don't burn you at the stake anymore; they slowly sizzle you. They make sure you pay dearly for what you do. In fact, they kill you often in a subtle way. My situation is a perfect example of it.

This is not self-pity, understand. I don't regret the position I'm in. I'm not a hero, either — by my definition, anyway. To me, anyone who does what should be done is not a hero. And I still feel that I'm only doing what I, as a physician, should do. A license has nothing to do with it; I am a physician and therefore I will act like a physician whenever I can. That doesn't mean that I'm more compassionate than anyone else, but there is one thing I am that many aren't and that's honest.

When we (my lawyers, sisters, medical technologist, and myself) first started this work [physician-assisted suicide], we didn't expect the explosion of publicity that followed. The mainstream media tried to make my work look very negative — they tried to make me look negative — so that they could denigrate the concept we're working on. They said I should not be identified with the concept, yet they strived to do just that. They insulted and denigrated me and then hoped that it would spill over onto the concept. It didn't work, however; according to the polls, people may be split 50-50 on what they think of me, but they are three-to-one in favor of the concept, and that's never changed.

Now isn't it strange that on a controversial subject of this magnitude — one

that cuts across many disciplines — the entire editorial policy of the country is on one side? Even on a contentious issue like abortion, there is editorial support for both sides. And our issue — death with dignity — as far as we're concerned, is simpler than abortion. So why is every mainstream editorial writer and newspaper in the country against us on this? Not one has come out in wholehearted support of us, even though public opinion is on our side.

As I surmise it, they're in a conspiracy, which is not a revelation to many people. But with whom? Well, let's take a look at who's against this: organized religion, organized medicine, and organized big money. That's a lot of power.

Why is organized medicine against this? For a couple of reasons, I think. First, because the so-called profession — which is no longer a profession; it's really a commercial enterprise and has been for a long time — is permeated with religious overtones. The basis of so-called medical ethics is religious ethics. The Hippocratic oath is a religious manifesto. It is not medical. Hippocrates didn't write it; we don't know who did, but we think it's from the Pythagoreans. So if you meet a physician who says "Life is sacred," be careful. We didn't study sanctity in medical school. You are talking to a theologian first, probably a businessperson second, and a physician third. ...

In responding to the religious issues, I ask this: Why not let all the religious underpinnings of medicine apply only to the ethics of religious hospitals and leave the secular hospitals alone? The doctors who work in religious hospitals can refuse to do abortions, they can refuse assisted suicide or euthanasia, they can do anything they want. But they have no right to impose what they call a universal medical ethic on secular institutions.

Besides, what is ethics? Can you define it? My definition is simple: Ethics is saying and doing what is right, at the time. And that changes. Seventy-five years ago, if I told you that for Christmas I was going to have a truck deliver 10 tons of coal to your house, you would have been delighted. If I told you that today, you would be insulted. Doing the right thing changes with time. ...[130]

What is fascinating about Kevorkian's first assisted "kill" of Janet Adkins is the reaction of the Hemlock Society to it. Instead of publicly disavowing Adkin's death, Society members revealed their true objectives by *embracing* it. Janet Good, president of the Michigan chapter of the Hemlock Society, enthused that

"He's [Kevorkian] compassionate, he's courageous; thank God we have a doctor like him. He's done a great service." [131]

After the Adkins debacle, Kevorkian lost his medical license when the Michigan Board of Medicine voted 8-0 to suspend it. However, he vowed to keep helping people kill themselves despite this loss.

He was true to his word. The following year (1991), he assisted in the suicides of two non-terminal patients — Sherry Miller, 43, who was suffering from multiple sclerosis, and Marjorie Wantz, 58, who was afflicted with a pelvic disease. [133]

In addition to these four assisted suicides, Kevorkian also advised a cancer-stricken Los Angeles dentist by phone how to rig a machine that would deliver sodium pentothal and potassium chloride into his veins. Dr. Gary Sloan took 20 minutes to die in July 1990 — 14 minutes longer than Kevorkian said it would. [134] By March of 1993, he had run his tally up to 15 assisted suicides.

After Kevorkian helped Susan Williams kill herself on May 15, 1992, Janet Good announced that "Hemlock has prospered and grown because of him." [135] Commentator Harry Schwartz dared to characterize Kevorkian's work as "saintly," and compared him to Mother Teresa, neglecting to mention that the latter *saved* lives and *truly* helped the destitute die with dignity, while Kevorkian *ended* lives in a rusted Volkswagen van. [136]

During this time period, Kevorkian also enjoyed the vocal support of Abigail Van Buren, or "Dear Abby," one of America's most widely read syndicated advice columnists. Van Buren had served on the advisory board of the Euthanasia Educational Council for a number of years, and received glowing praise from the Society for the Right to Die for her aggressive promotion of "Living Wills." In her column of May 8, 1992, Van Buren urged her readers to write letters in support of Kevorkian. Interestingly, Van Buren's twin sister Ann Landers wrote in her October 3, 1993 column that "it's too bad assisted suicide is against the law."

As Kevorkian's body count mounted, the Hemlock Society became even more enthusiastic and outspoken in his support. John Pridonoff, executive director of Hemlock Society U.S.A., said that "Since October of 1992, the

Hemlock Society U.S.A. and I have indicated support for the goals and objectives of Kevorkian." [137] In 1999, when the legal system finally awoke from its deep and peaceful slumber and began to prosecute Kevorkian, the Hemlock Society said that "No compassionate doctor who helps to end suffering should be subject to prosecution in a civilized country. We must back Dr. Kevorkian's efforts with legal change and support for Hemlock's activities. He courageously broke the law. The law is wrong. This is the time to change it if we all work together." [138]

Before he was finally stopped, Kevorkian assisted in no fewer than 120 well-publicized suicides.

Putting the lie to his claim that he only wanted to "help" terminally ill people, most of Kevorkian's victims were *not* terminal. Of the 69 Kevorkian victims that Oakland County Medical Examiner L.J. Dragovic examined, only 16 were terminally ill and probably would have died within a year or less. 48 had some disease, but would have lived much longer. Five showed no signs of disease at all and were perfectly healthy. [139]

Even as he shuffled off to prison, Kevorkian could take solace in the fact that others were following his lead and helping people die whose only disease was that they were tired of living.

Before Kevorkian apprentice Georges Reding helped her die on December 3, 1997 Martha Wichorek said "I am not stressed, oppressed or depressed. I don't have Alzheimer's and am not terminally ill. I'm 82 years old and I want to die."

Jack Kevorkian has indeed done *all* of us a great service. He has shown us precisely what the Hemlock Society ultimately wants: Euthanasia on demand, the establishing of a chain of euthanasia clinics ("obitoriums"), and a corps(e) of "doctors" willing to kill for a living. The abortionists will finally have company.

If American society chooses to ignore this clear warning, as it has ignored so many other warnings, then it deserves everything — yes, *everything* — it gets.

[Go to Next Topic: The Worldwide Pro-Euthanasia Movement](#)

Endnotes for “Jack the Dripper Makes the Scene”

[116] Jack Kevorkian. "The Last Fearsome Taboo: Medical Aspects of Planned Death." *Medicine and Law* 7 (1988).

[117] Sarah Sullivan. Kevorkian: The Rube Goldberg of Death." *Cornerstone*, Volume 19, Issue 93, pages 14 and 15; Jack Kevorkian. "The Last Fearsome Taboo: Medical Aspects of Planned Death." *Medicine and Law* 7 (1988); Jack Kevorkian, quoted in "Medicide: The Goodness of Planned Death. An Interview With Dr. Jack Kevorkian." *Free Inquiry* ["An International Secular Humanist Magazine"], Fall 1991, pages 14 to 18.

[118] Jack Kevorkian, M.D. "A Fail-Safe Model For Justifiable Medically-Assisted Suicide (Medicide)." *American Journal of Forensic Psychiatry*, February 1992. Also quoted in Associated Press. "Doctor Asks Suicide-Aid Network." *The Oregonian*, January 23, 1992, page A11.

[119] "Janet Adkins' Minister Supports Her Suicide," and "Judge Restricts Kevorkian on Use of Suicide Machine." *The Oregonian*, June 9, 1990, pages D1 and D3.

[120] William Lambdin. *Doublespeak Dictionary* [Los Angeles: Pinnacle Books], 1979, page 174.

[121] "Janet Adkins' Minister Supports Her Suicide," and "Judge Restricts Kevorkian on Use of Suicide Machine." *The Oregonian*, June 9, 1990, pages D1 and D3.

[122] "Medicide: The Goodness of Planned Death. An Interview With Dr. Jack Kevorkian." *Free Inquiry* ["An International Secular Humanist Magazine"], Fall 1991, pages 14 to 18.

[123] *Paul Brophy v. New England Sinai Hospital*, 497 NE2d 626 (Mass. 1986).

[124] The following articles on the Janet Adkins case may be found in the *National Right to Life News*. (1) David H. Andrusko. "A Free Market in Killing." June 25, 1990, pages 2 and 14. (2) Pat Buchanan. "' Dr. Death' and the 'Suicide Machine.'" June 25, 1990, pages 8 and 14. (3) Liz Townsend.

""Dr. Death's" Legacy?" September 4, 1990, page 9. (4) Liz Townsend. ""Dr. Death" Charged With First-Degree Murder." December 13, 1990, page 4. (5) Liz Townsend. "Kevorkian Cleared of Murder Charges." January 8, 1991, page 24. (6) Liz Townsend. "Kevorkian Is Barred From Using Suicide Machine." February 11, 1991, page 11. (7) Liz Townsend. "Kevorkian Says He Built Another Suicide Machine." March 26, 1991, page 5.

[125] "Janet Adkins' Minister Supports Her Suicide," and "Judge Restricts Kevorkian on Use of Suicide Machine." *The Oregonian*, June 9, 1990, pages D1 and D3.

[126] As described in the *National Catholic Register*, June 24, 1990, page 2.

[127] Rita Marker. "From Michigan Van to Oregon Trail." *The Disability Rag*, [Louisville, Kentucky], January/February 1995, page 1.

[128] Geoffrey Fieger, Jack Kevorkian's attorney and failed Democratic candidate for Governor of Michigan in 1998, quoted from an October 1996 issue of the *Detroit Free Press* and in Mona Charen. "Pro-Choice Extremist." *The Life Advocate* [Foundation for Life, Houston], September/October 1998, page 8.

[129] Jack Kevorkian, quoted in "Dr. Kevorkian's Scalpel." *Washington Post*, July 30, 1996, pages E1 and E9; Jack Kevorkian. Associated Press, February 24, 1997, also quoted in "On Record." *American Family Association Journal*, May 1997, page 4.

[130] "A Modern Inquisition: Jack Kevorkian Talks Back." *The Humanist*, November/December 1994. This is the adaptation of the speech given by Kevorkian when he received the 1994 "Humanist Hero Award" from the American Humanist Association (AHA).

[131] Janet Good, quoted in Mary Meehan. "Down the Slope." *National Catholic Register*, June 7, 1992, pages 1 and 6.

[132] Geoffrey Fieger, quoted in an October 1996 issue of the *Detroit Free Press* and in Mona Charen. "Pro-Choice Extremist." *The Life Advocate*[Foundation for Life, Houston], September/October 1998, page 8.

[133] Jeff Holyfield. "Michigan Board Suspends Kevorkian's Medical License." *The Oregonian*, November 21, 1991, page 1.

[134] Associated Press. "Journalist Reveals Long-Distance Suicide." *The Oregonian* February 13 1997 page A13

Oregonian, February 15, 1992, page A15.

[135] Janet Good, quoted in Mary Meehan. "Down the Slope." *National Catholic Register*, June 7, 1992, pages 1 and 6.

[136] Commentator Harry Schwartz. "Suicide Is a Basic Right." *USA Today*, May 20, 1992, page 10A.

[137] As described in Rita Marker. "From Michigan Van to Oregon Trail." *The Disability Rag*, [Louisville, Kentucky], January/February 1995, page 1.

[138] "Dr. Kevorkian Convicted." *Timelines* [Hemlock Society newsletter], Spring 1999, page 1, also at <http://www.hemlock.org>.

[139] Carol Morello. "Kevorkian Sees Trial as Chance to Take Final Stand." *USA Today*, December 11, 1998, page 6A.

[Commentary: Clowes: Brian's July 09 Caribbean Slide Show](#)



Human Life International's Dr. Brian Clowes Spreads the Gospel of Life in the Caribbean.

To view the slideshow in full screen, click the icon in the lower right corner of the screen.

Facts of Life: Chapter 23: Euthanasia: The Worldwide Pro-Euthanasia Movement



SHARE

The Worldwide Pro-Euthanasia Movement.

"No such thing as a constitutional "right to life" exists for anyone, *born or unborn*."
— Harriet Pilpel, lawyer for the Planned Parenthood Federation of America (PPFA), in testimony before the United States Committee on Constitutional Amendments, March 1975.

Take a Wide View. Pro-life activists must not believe that euthanasia is a threat only in their own countries. As the rest of this section shows, the Hemlock Society and other American pro-euthanasia organizations are just a small part of a massive worldwide network of anti-life groups that work together very efficiently towards achieving their extensive list of goals.

Fortunately, pro-lifers also have a worldwide network with which to oppose the killers, and this Chapter lists some of the main groups in this network. Human Life International's branches are a part of this worldwide pro-life network.

A point to clarify: Pro-euthanasia activists always object to being called "pro-euthanasia." Experienced pro-life activists have heard it all before from pro-abortionists who object to being labeled "pro-abortion." Yet what else can you call a person who works vigorously for the availability of euthanasia, declares it to be a fundamental "human right," breaks the law to achieve it, resists any limitations on it, and relentlessly stereotypes and labels his opponents as "fanatics?"

Figure 23-8

Elements of the Worldwide Pro-Euthanasia Movement

- **Worldwide.** The World Federation of Right to Die Societies — the international umbrella group.
- **Australia.** The Voluntary Euthanasia Society (VES), founded in 1974, 5,000 members.
- **Colombia.** *Fundacion Pro-Derecho a Morir Dignamenta* (DMD, Foundation for a Dignified Death), founded in 1979, 3,000 members.

- **Denmark**. *Landsforeningen mit Livstestamente* (My Life's Testament Society), founded in 1976, 14,000 members.

- **France**. (1) *Association pour la Droit de Mourir avec Dignite* (ADMD, Association for the Right to Die with Dignity), founded in 1980, 20,000 members. Secretary General Madame Paula Caucanas-Pisier committed suicide in 1984. She had commented "AIDS will help us, I'm sure." (2) *Association du Mourir Doucement* (Association for Euthanasia), 11,700 members, 65 departmental delegations. (3) *Association pour la Prevention de L'Enfance Handicappee* (APEH, Society for the Prevention of Handicapped Children). One APEH director was French Senator Henri Caillavet, who declared, "If I were to have a retarded child, I would not let it live. I gave it life, and I also have the right to take it away. We must legalize this procedure so that parents are not considered criminals when they demand euthanasia for their abnormal children." Caillavet is also president of the ADMD.

- **Germany**. *Deutsche Gesellschaft fr Humanes Sterben* (DGHS, German Society for a Humane Death), founded in 1980, 10,000 members. Sponsored by the Humanist Union, which has campaigned against any law that would hobble terrorist activity in the former West Germany. DGHS is staffed with pro-terrorist lawyers, including Heinrich Hannover and Heinrich Albertz. More than 1,000 DGHS members have committed suicide. DGHS member Dr. Julius Hackethal, affectionately known as "Dr. Cyanide," killed a 69-year-old patient because her disfigured face allegedly gave her a "poor quality of life." He made a film of her swallowing his poison and showed it at the 1984 Hemlock Society conference.

- **Great Britain**. The Voluntary Euthanasia Society. Member Dr. Glanville Williams, author of *Beneficent Euthanasia*, was also president of the Abortion Law Reform Association (ALRA), a pro-abortion lobbying group.

- **India**. The Society for the Right to Die and the Indian Society for the Right to Die.

- **Italy**. *Club dell' Euthanasia* (CDE, Group for Euthanasia), founded in 1986, 1,600 members.

- **Japan.** Japan Society for Dying with Dignity, 5,200 members. Founded as the Japan Euthanasia Society in 1976 by Dr. Tenrei Ota, who was a primary advocate of "freedom of choice in abortion," and who developed the Ota Ring, an intra-uterine device (IUD).

- **Netherlands.** (1) *Stichting Vrijwillige Euthanasie* (Netherlands Foundation for Voluntary Euthanasia, founded in 1973. (2) *Informatie Centrum Vrijwillige Euthanasie* (ICVE, Information Center for Voluntary Euthanasia), founded in 1975, 6,000 members. (3) *Nederlandse Vereniging voor Vrijwillige Euthanasie* (NVVVE, Netherlands Organization for Voluntary Euthanasia), founded in 1973, 26,000 members. Pieter Admiraal wrote the "how-to" euthanasia manual *Justifiable Euthanasia*, which was sent to 21,000 Dutch physicians and pharmacists.

- **Spain.** *Asociacion Derecho a Morir Dignamente* (DMD, Association for a Dignified Death), founded in 1984.

- **Switzerland.** (1) *Association pour le Droit de Mourir dans la Dignite Exit* (DMD, Association for Death with Dignity), founded in 1982, 1,000 members. (2) *Exit Deutsche Schweiz Vereinigung fr Humanese Sterben* (Group Supporting a Humane Death), founded in 1982, 1,800 members.

- **United States.** (1) Concern [Compassion] for Dying, (formerly the Euthanasia Educational Council). (2) Americans Against Human Suffering (AAHS), founded with start-up money from the Hemlock Society. (3) Society for the Right to Die (formerly the Euthanasia Society of America), President Emeritus Joseph Fletcher. (4) The Hemlock Society (now "End-of-Life Choices," which publishes *The Hemlock Quarterly*. Contributors have included Joseph Fletcher, Pieter Admiraal, Humanist behaviorist B.F. Skinner, Helge Kuhse, and Rev. William Wendt, who sells coffins for use as coffee tables. The Hemlock Society was founded by Derek Humphry in 1980. Humphry "assisted" in the suicide of his first wife, Jean, and left his second wife, Ann Wickett, pressuring her to kill herself, which she did. Hemlock member psychiatrist Allan Pollack has declared that "Everyone has the right to end their life — even a child. If we do not allow children or the

incompetent to commit suicide or have euthanasia administered, we are really practicing age discrimination and illness discrimination." (5) The Human Betterment Foundation (eugenics and euthanasia). (6) Foundation of Thanatology, founded in 1968 in New York City to promote the Humanistic study of dying. (7) The Death Education Research Group (DERG), founded in 1973 at the School of Education of the University of Massachusetts. One of its main purposes is to prepare a high school death education curriculum. Its national periodicals on suicidology include *Death Education*; *The Bulletin of Suicidology*; *Death Studies*; and *Omega — Journal of Death and Dying*. (8) Euthanasia Research and Guidance Organization (ERGO). Maintains the Euthanasia World Directory, one of the most comprehensive World Wide Web sites on euthanasia, an excellent source of information at <http://www.efn.org/~ergo>. (9) Another comprehensive euthanasia Web site is DeathNet at <http://www.islandnet.com/deathnet/>.

- **Other Countries.** More than 20 other countries have small but growing pro-euthanasia organizations, including Austria, Belgium, Canada, New Zealand, Norway, Scotland and South Africa.

Reference: Nancy B. Spannaus, Molly Hammett Kronberg, and Linda Everett (Editors). *How to Stop the Resurgence of Nazi Euthanasia Today*. Transcripts of the International Club of Life Conference, Munich, West Germany, June 11-12, 1988. *Executive Intelligence Review* Special Report, September 1988. EIR, Post Office Box 17390, Washington, D.C. 20041-0390. \$150.00.

[Go to Next Topic: Goals and Strategies of the Pro-Euthanasia Movement](#)

[Return to Euthanasia Table of Contents](#)

Facts of Life: Chapter 23: Euthanasia: Goals and Strategies of the Pro-Euthanasia Movement



SHARE

Goals and Strategies of the Pro-Euthanasia Movement.

"Oh, for more Quality and less Quantity in Generation
Oh, for less Suffering and more Wisdom in Termination."
— Robert H. Williams, M.D. "My Life Prayer." [140]

The Four-Step Strategy. There can only be one possible ultimate outcome of the utilitarian thinking that brought us contraception, sterilization, abortifacients and surgical abortion. Once society compromises the paramount right to life in any way, once it segregates certain classes of human beings and declares them disposable, once it calculates and assesses the "value" of each human life, then the progressive and lethal dehumanization of others by those who hold power will continue unabated until the society either destroys itself or returns to a "sanctity of life" ethic.

The later steps on the road to wholesale killing are always easier, as we have already found with abortion, contraception, and population control. The first step down the slippery slope is difficult and frightening, but, once a society's downward plunge gathers momentum, it will find itself moving so quickly that it will be very difficult to stop or turn back.

The four-step strategy for direct euthanasia was demonstrated vividly after California passed its "Natural Death Act" in 1983. *Within just the first year after its passage*, euthanasiasts made seven amendments to the Act, each of which substantially expanded its original intent. The Hemlock Society supported a proposed bill that would have allowed doctors to give their patients lethal injections — in other words, direct euthanasia.

The four general steps in the pro-euthanasia strategy are as follows;

The Overall Pro-Euthanasia Strategy

Step #1: Activism.

- A. Prepare the public.
- B. Use the media.
- C. Dehumanize the helpless.
- D. Push "Living Wills."

Step #2: Legalization.

- A. Continue to desensitize the public.
- B. Work through the court system.

- C. Ignore current laws.
- D. Voluntary euthanasia.

Step #3: Institutionalize.

- A. Eliminate remaining restrictions.
- B. Entrench at all levels of society.
- C. Prepare the public for the final step.

Step #4: Trivialize and mandate.

- A. Compulsory euthanasia for the "undesirables."
- B. Emphasize the "good effects;" i.e., organ harvesting.

The Ultimate Goal. The members of the pro-euthanasia movement, many of whom were leaders in the pro-abortion movement, know the value of gradualism, or incrementalism: They will attain their ultimate goal by taking their time and achieving their intermediate objectives one by one.

It is crucial for anti-euthanasia activists to recognize that *precisely the same strategy* was used by the pro-abortion movement in the late 1960s and early 1970s as is now being used by pro-euthanasiasts. And the pro-abort's methods were undeniably effective: We now have abortion on demand for any reason in the United States and in most of the world — and even abortion on *command* in some nations, including the People's Republic of China.

Figure 23-9

Comparison of the Chronology and the Strategies of the Pro-Abortion and Pro-Euthanasia Movements

<u>The Pro-Abortion Movement</u>	<u>The Pro-Euthanasia Movement</u>
<p><u>Step 1</u> (activism) <u>Time Frame:</u> 1960 to 1968 <u>Elements:</u> Prepare the public; stress individual rights and the "hard cases;" highlight lurid but fictional stories of women suffering due to the laws; conceal true objectives of the pro-abortion movement (abortion on demand); commission phony public opinion polls "showing" that the vast majority of freedom-loving Americans support "freedom of choice" in abortion.</p>	<p><u>Step 1</u> (activism) <u>Time Frame:</u> 1970 to 1985 <u>Elements:</u> Prepare the public; stress individual rights and the "hard cases;" highlight lurid but fictional stories of people suffering due to the laws; conceal true objectives of the pro-euthanasia movement (assisted suicide on demand); commission phony public opinion polls "showing" that the vast majority of freedom-loving Americans support "freedom of choice" in euthanasia. Establish the slogans of the pro-</p>

Establish the slogans of the pro-abortion movement and train your media spokesmen to push them relentlessly and at every possible opportunity;

- (1) Women have the right to control their own bodies.
- (2) Abortion is a private decision between a woman and her doctor.
- (3) You can't legislate morality.
- (4) There is a diversity of opinion on this issue.
- (5) Don't let religious fanatics foist their narrow morality off on you.

Status: Achieved

euthanasia movement and train your media spokesmen to push them relentlessly and at every possible opportunity;

- (1) People have the right to control their own bodies.
- (2) Suicide is a private decision between a person and his or her doctor.
- (3) You can't legislate morality.
- (4) There is a diversity of opinion on this issue.
- (5) Don't let religious fanatics foist their narrow morality off on you.

Status: Achieved

Step 2 (legalize)

Time Frame: 1969 to 1973

Elements: Desensitize the public.

Since the people don't want it and the legislatures don't want it, use the courts to legalize abortion for the "hard cases;" ignore and break unfavorable anti-abortion laws; use the sympathetic media to the fullest possible extent to produce phony "documentaries" and weepy pro-abortion movies.

Status: Achieved

Step 2 (legalize)

Time Frame: 1975 to date

Elements: Desensitize the public.

Since the people don't want it and the legislatures don't want it, use the courts to legalize euthanasia for the "hard cases;" ignore and break unfavorable anti-euthanasia laws; use the sympathetic media to the fullest possible extent to produce phony "documentaries" and weepy pro-euthanasia movies.

Status: In Progress

Step 3 (institutionalize)

Time Frame: 1973 to 1985

Elements: Progressively eliminate all restrictions until the elite (the leadership of media, the courts, the legislatures, the professional associations and the schools) accept abortion on demand as an accepted "human right." Begin the process of entrenching abortion in insurance plans and laws at every level.

Status: Achieved

Step 3 (institutionalize)

Time Frame: 1985 to date

Elements: Progressively eliminate all restrictions until the elite (the leadership of media, the courts, the legislatures, the professional associations and the schools) accept euthanasia on demand as an accepted "human right." Begin the process of entrenching euthanasia in insurance plans and laws at every level.

Status: In Progress

Step 4 (trialize and mandate)

Step 4 (trialize and mandate)

Step 4 (trivialize and mandate)

Time Frame: 1986 to date

Elements: Convince the courts and legislatures and then the public that abortion is necessary for the public good, and that the opposition is nothing more than a small but vocal minority of intolerant, judgmental Roman Catholics and fundamentalist bigots who want to cram their morality down everyone's throats.

Demand full public funding for abortion, first for the indigent, and then for everyone.

Status: In Progress

Step 4 (trivialize and mandate)

Time Frame: 1995 to date

Elements: Convince the courts and legislatures and then the public that euthanasia is necessary for the public good, and that the opposition is nothing more than a small but vocal minority of intolerant, judgmental Roman Catholics and fundamentalist bigots who want to cram their morality down everyone's throats. Demand full public funding for physician-assisted suicide, first for the indigent and then for everyone.

Status: In Progress

Figure 23-10

Quotes Supporting the Outline of the Four-Step Pro-Euthanasia Strategy Shown in Figure 23-9

Step #1: Activism (prepare the public)

"It will probably be many years before we [physicians] in America can bring ourselves to chloroform an idiotic infant or to permit a slowly dying patient to take an overdose of medicine. What we will first have to train ourselves to do will be to leave by the patient's bed a lethal drug, which he can take some night if he so desires."

— Walter Alvarez, M.D., 1970.

"It is no good the Voluntary Euthanasia Society saying they only want a very small number of suffering people to be killed, when their own officers who were saying it have demonstrated utterly different intentions. Arthur Kostler killing his young wife to spare her the grief of being bereft of him. Nicholas Reed giving to Mark Lyons the address of a lady for him to kill who had only a depression and no other reason to wish to die. The euthanasia societies producing a suicide how-to-do-it booklet whose circulation they obviously could not control and which was used by a desperate teenager in Claridges ..."

— Richard Lamerton, Medical Director of the Hospice of the Marches, Hereford and Cheltenham, England. "Euthanasia Threat to Old People." *Friends of Humanity Backgrounder* [England], Dec. 1987, page 4.

Step #2: Legalize Euthanasia and Then Ignore Current Anti-Euthanasia Laws

"We now "let go" of some babies, notwithstanding the rules against euthanasia. *But we do not announce this to the world.* Such practice allows the actors to hide from themselves the fact that they have changed or departed from the rule while announcing their strict adherence to the absolute rule of sanctity of life in all cases."

— Attorney F. Raymond Marks, euthanasia conference participant, quoted in Victor G. Rosenblum and Michael L. Budde. "Historical and Cultural Considerations of Infanticide." *National Right to Life News*, April 11, 1985, page 11.

"I have yet to hear of a set of guidelines for euthanasia which would not lead to terrible abuses even in the opinion of those physicians who are sometimes willing to practice it. Inevitably, this form of "therapy" would spread to situations in which at present it would be unthinkable."

— Jonathan H. Pincus, M.D., Yale University.

Step #3: Institutionalize and Expand to Euthanasia on Demand

"If we may terminate the lives of cancer victims, why not extend the same "mercy" to those slowly dying from debilitating diseases or cardiovascular disorders? If lack of brain function is accepted as a criterion for legal euthanasia, what degree of senility or comatoseness shall be established as the point at which a person deserves to die? And why should we not include in this "act of mercy" those who are suffering from apparently irreversible mental illness? What of the horribly crippled or bedridden...?"

— Louis Cassels, syndicated UPI columnist, April 17, 1973.

"We realize there will be demented [Alzheimer's and Parkinson's] patients by the tens of thousands. So I'm a little bit afraid. I really think that we may accept that, for purely economic reasons, they can stop life after a period of

three years of complete dementia, for instance. I don't believe we can prevent it."

— Dutch euthanasia leader Dr. Pieter Admiraal, quoted in Michael Fumento. "The Dying Dutchman: Coming Soon to a Nursing Home Near You." *The American Spectator*, October 1991, pages 18 to 22.

"It is ridiculous to give ethical approval to the ending of a subhuman life by abortion while refusing to give approval to the ending of a subhuman life by positive euthanasia. If we are morally obliged to put an end to a pregnancy when an amniocentesis reveals a terribly defective fetus, we are equally obliged to put an end to a patient's hopeless misery when a brain scan reveals that a patient with cancer has advanced brain metastases."

— Joseph Fletcher, M.D., *American Journal of Nursing*, November 1973.

Step #4: Trivialize (compulsory euthanasia for the elderly and "defectives")

"A terrific article that I've read, one of the philosophers of our time, I think, is a guy named Leon Kass — has anybody seen his stuff, he's just terrific! In *The American Scholar* last year he wrote an article called "The Case for Mortality," where, essentially he said we have a duty to die. It's like if leaves fall off a tree forming the humus for the other plants to grow out. We've got a *duty to die* and get out of the way with all of our machines and artificial hearts and everything else like that and let the other society, our kids, build a reasonable life."

— Colorado Governor Richard D. Lamm, March 27, 1984.

"One may anticipate further development of these roles as the problems of birth control and birth selection (abortion) are extended inevitably to death selection and death control, whether by the individual *or by society* ..."

— *California Medicine* editorial, September 19, 1970, page 22.

"Most people would prefer to raise children who do not suffer from gross deformities or from several physical, emotional or intellectual handicaps. If it could be shown that there is no moral objection to infanticide, the happiness of society could be significantly and justifiably increased ... A newborn infant does not possess the concept of a conscious self any more than a newborn kitten possesses such a concept ... *infanticide during a time interval shortly after birth must be morally acceptable.*"

— Michael Tooley, "Abortion and Infanticide." *Philosophy and Public*

Affairs, January 1972.

"Planning to prevent over-population of the earth *must* include the practice of euthanasia, either negative or positive ... Therefore, *since we must restrict the rate of population increase*, we should also be giving careful consideration to the quality as well as the quantity of people generated ... We doubtless will not get support from all religious groups and it would be best not to force these and other disagreeing groups to conform *unless non-conformity would affect society or significant segments of it too adversely*.

"It seems unwise to attempt to bring about major changes permitting positive euthanasia until we have made major progress in changing laws and policies pertaining to negative euthanasia."

— Robert H. Williams, M.D. "Numbers, Types and Duration of Human Lives." *Northwest Medicine*, July 1970, pages 493 to 496.

"There is no more horrific sight than a human being whose age makes him totally dependent upon others. I prophecy that before the end of the century, the Demise Pill will be available, and if civilization continues, it will be obligatory. The overriding policy will be survival of the fittest."

— Dr. John Goundry, Essex County Practitioner. *Pulse Medical Journal*, August 1977. Described in Nancy B. Spannaus, Molly Hammett Kronberg, and Linda Everett (Editors). *How to Stop the Resurgence of Nazi Euthanasia Today*. Transcripts of the International Club of Life Conference, Munich, West Germany, June 11-12, 1988. *Executive Intelligence Review* Special Report, September 1988. EIR, Post Office Box 17390, Washington, D.C. 20041-0390.

The quotes by leading euthanasia advocates in Figure 23-10 support the general strategy of the movement as shown in Figure 23-9.

The four steps of the overall pro-euthanasia strategy are described in detail in the following paragraphs.

[Go to Next Topic: The First Step: Activism \(Prepare the Public\).](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for “Goals and Strategies of the Pro-Euthanasia Movement”

[140] Robert H. Williams, M.D. "Numbers, Types and Duration of Human Lives."
Northwest Medicine, July 1970, pages 493 to 496.

Facts of Life: Chapter 23: Euthanasia: The First Step: Activism (Prepare the Public)



The First Step: Activism (Prepare the Public).

"What I'm talking about is inevitable. The people who are opposing this are gonna lose eventually, just like they lost in birth control and everything else that happened in medicine. It's an obstinate, futile opposition. The future, well, it comes eventually."
— Jack ("The Dripper") Kevorkian.[141]

Introduction. One of the most chilling parallels between the Nazi movement and the American pro-abortion and pro-euthanasia movements is the pervasive propaganda used to lull the populace into a state of dull and uncaring acceptance.

The Nazis used the newly-established German film industry to crank out a succession of sloganistic and shallow movies that attempted to establish that (1) there are people living that are an unfair burden to the rest of us and to society, and (2) that it is *really* in everyone's best interests to remove these people from the picture by killing them — as humanely and as decently as possible, of course.

Naturally, sophisticated Americans would never be taken in by the relatively crude, half-century old Nazi propaganda flicks.

No way.

Instead, we Americans willingly allow ourselves to be lulled by much more subtle and pervasive 'logic' (actually raw emotion thinly disguised as refined "thinking," which is really just a desire to follow perceived public opinion).

A few examples of latter-day euthanasia propaganda films are described below.

NBC's "The Right to Die." NBC initially screened its 1987 film "The Right to Die" for families of the victims of amyotrophic lateral sclerosis (ALS, or 'Lou Gehrig's Disease'). The purpose of this screening was to allow the pro-euthanasia group Concern for Dying to 'educate' the families as to the virtues of euthanasia for those with ALS.

As could be expected, NBC glowingly described the 'balance of viewpoints' in this film. But, just as in the network's atrocious "Cagney and Lacey" episode "The Clinic," the only defender of life in "The Right to Die" was the usual stereotyped Catholic who didn't put up any kind of a coherent or logical defense at all.

The ALS sufferer, Emily, gradually sees the 'wisdom' of accepting death and the 'fact' that she is really just a burden for everyone. Her only 'considerate' and 'courageous' course of action is to die.

An NBC-written "Guide" given to all of the ALS families bemoaned the "fact" that 10,000 comatose patients are being kept alive at prohibitive cost. The "Guide" also contained a question by euthanasia pusher Joseph Fletcher which asked if the respondents agreed that the true issue was not the right to die (which was naturally moot), but the "right to help those who choose to die."

The five pages of the "Guide" contained only two short paragraphs even hinting that there were any objections to of euthanasia at all, and, of course, "even the right to life groups are divided on this issue" (which is a barefaced lie).

In case the status of the film as pro-euthanasia propaganda is not clear, actress

Raquel Welch, in a subsequent interview with the *New York Times*, stated that "I have always been a staunch supporter of individual rights and the freedom of choice."

This is the same genius who once said that "I was asked to come to Chicago because Chicago is one of our 52 states, and the mandate we've now been given on the pro-choice abortion issue is that we have to pick up the pieces. ... in 52 states across the nation, we have to bail water now out of the boat." [142]

NBC's "Mercy or Murder." This film, shown in January of 1987, enthusiastically endorsed Roswell Gilbert's act of blowing his wife's brains out because she was suffering from Alzheimer's Disease and wanted her suffering to end.

The film neglected, of course, to mention that the pain of almost all Alzheimer's patients can be eased or totally eliminated by drugs. The primary message transmitted was that "EUTHANASIA = LOVE."

The actor who played Marcus Welby, M.D. (Robert Young), was cast in the part of the murderer. Writer-director Steven Gethers stated that he intended to present a "balanced" view of the issue and would "present both sides." However, Young told the *New York Times* in a subsequent interview that "I suppose this film may be one small step in the campaign to change law to consider euthanasia as a form of justifiable homicide." [143]

ABC's "When the Time Comes." This two-hour film was shown on May 25, 1987, and featured 34-year old Lyddie Travis, who was dying of cancer. The entire first hour told the story of how she relentlessly pressured her husband into giving her a lethal dose of drugs.

This program was nothing more or less than a two-hour 'how-to' course in mercy killing. Right to Life inquirers were told that, in the opinion of the producers, the show was "balanced" and "very even-handed."

Of *course* it was.

They always *are*, aren't they?

The obvious messages of this show were;

- *Real* love consists of helping a suffering person kill themselves.
- Religious or ethical objections are for idiots and 'backwards thinkers.'
- Cancer patients are "rotting lumps of nothing."
- Not *everyone* is against suicide.
- There are organizations that you can go to help you kill yourself.
- The show listed the names of those "progressive" and "forward-thinking" countries that have legalized euthanasia.
- The program showed how to assist someone in killing themselves without getting caught.
- The virtues of "Love" and "friendship" outweigh any significant moral objections to any act that might be considered.

Stars As Killers. One of the mainline strategies employed by the pro-abortion movement when abortion was illegal — both in the United States and various European countries — consisted of having famous personalities declare that they had had abortions. These "stars" then literally dared the authorities to prosecute them.

The pro-abortionists could not lose when they employed this tactic because, if the

"stars" were prosecuted, they would become martyrs and cause a huge splash of pro-abortion publicity. If the "stars" got off scot-free (as they invariably did), this sent the strong message to the public that it was all right to flout the law.

Today, of course, we have pro-euthanasiasts employing precisely the same tactic. The "stars" are now killing their parents or spouses and daring the law to punish them. Derek Humphry, director of the Hemlock Society, is the best-known example. He assisted in killing his first wife, Jean. Then, he and his second wife assisted in the killing of both of her parents. Humphry and his second wife, Ann, wrote two books about their experience and were not prosecuted. The Hemlock Society publishes a suicide "cookbook," and also conducted a phony "survey" that purported to show that most California physicians had directly killed one or more of their patients.

Another pro-euthanasia "star" is Betty Rollin, who for more than ten years was a highly-visible correspondent for the NBC Nightly News and ABC Nightline. She described how she researched fatal poisons and stood at the bedside of her mother as she overdosed and died. Her book *Last Wish* was, of course, warmly received by the pro-euthanasia propagandists. Naturally, there was not even the slightest hint of any type of prosecution, even though Rollin's book includes a 'how-to' chapter on suicide by poison, and despite the fact that her actions clearly violated the law.[144]

The "Living Will." Many euthanasia activists consider the "Living Will" just the first step on the road to active, *involuntary* euthanasia of those they deem to be useless to society (the "Living Will" was discussed previously). They know that if they can get society to make this first critical step, all of the subsequent steps — no matter how many or how large they are — will be *much* easier.

Subsequent steps are *always* easier. The first step down the slippery slope is the hardest, but, once a society's downward plunge gathers momentum, it will find itself moving so quickly that it is difficult to stop or turn back. This is because people become used to the *idea* of evil. And, if they do not actively oppose it, they feel guilty because they have, in a very real sense, become accomplices by their silence.

As Derek Humphry, the founder of the Hemlock Society, has said, "We have to go stage by stage, with the living will, with the power of attorney, with the withdrawal of this; we have to go stage by stage. Your side would call that the "slippery slope." ... We would say, proceed with caution; learning as we go along how to handle this very sensitive situation."[145]

The headline of a August 16, 1985 *USA Today* article, which was a compendium of interviews with pro-euthanasia activists, said it all: "Living Wills 1st Step, Euthanasia Group Says."

Yet even in the fact of all of this evidence, some pro-euthanasia groups still publicly deny that the "slippery slope" theory is operative with regards to euthanasia. For example, the National Abortion and Reproductive Rights Action League (NARRAL) has claimed that "Abortion and euthanasia are separate issues (though determining the end of the human person is as difficult a question as determining the start); we set speed limits at 60 MPH and do not necessarily move them to 70 MPH (one step does not necessarily lead to another)."[146]

Once a society accepts the "Living Will," it completely changes its yardstick for measuring human worth.

The "sanctity of life" ethic holds that every human being derives his worth from being created in the image and likeness of God — *spiritually*, not physically. Simply put, because everyone has an immortal soul, everyone must be treated equally.

By contrast, the "quality of life" ethic changes the focus from the *spiritual* to the *physical, mental and emotional*. A person's usefulness to society, to his family and even to *himself* is measured by the condition of his body and his mind.

The change from the "sanctity of life" ethic to the "quality of life" ethic is the most profoundly evil step a people can make. Once they make this transformation, they can justify any atrocity by disguising it behind the alluring masks of "compassion" and "realism." We can truthfully say that, once a society has accepted the "Living Will," it is already nine-tenths of the way down the road to involuntary euthanasia.

The Second Step: Legalization.

"We say if you prohibit something, everyone will do it. If you don't you can keep it at a certain level. Euthanasia is the same thing."

— Hans Roell, Vice-President of the Dutch Voluntary Euthanasia Society.[147]

Voluntary Euthanasia. Establishing the "Living Will" in a society is only the first of four major goals in the pro-euthanasia strategy. The second is passive euthanasia.

Passive voluntary euthanasia — the withholding of food, water and oxygen — is only an intermediate step. People who have been denied the necessities of life will die in agony over a period lasting up to two weeks. Pro-euthanasia activists will then point to this process and say, as Jack Kevorkian has, that "allowing someone to starve to death and to die of thirst, the way we do now, is barbaric. Our Supreme Court has validated barbarism. The Nazis did that in concentration camps. ... It took her [Nancy Cruzan] a week to die. Try it! You think that just because you're in a coma you don't suffer?"[148]

The pro-euthanasia lobby will immediately push on to advocating "physician-assisted suicide" or direct euthanasia, where the patient or his "attorney-in-fact" asks that the patient be killed by injection. This type of direct killing was proposed in Washington State's Initiative 119, which voters rejected in November of 1990.

Jack Kevorkian has made this second step a reality. The retired Michigan pathologist has assisted in the suicides of more than one hundred people, and has made it perfectly clear that he wants to set up a chain of euthanasia "clinics" ("obitoriums") across the country. Another of the world's leading pro-euthanasia activists, the German Dr. Julius Hackethal, presented a talk at the Second National Voluntary Euthanasia Conference of the Hemlock Society, in which he stated that the ultimate goal is a worldwide "right to die:" "Your [Hemlock Society] congress will help that the self-evident human rights for a dignified death will become a fixed and steady law all over the world. Such a vested human right would automatically cause that everybody would be able to determine for himself at what time and in which way he wants to die."[149]

One critical point that must be emphasized here concerns the United States Constitution. As we learned with contraception and abortion, when the courts extend a new "fundamental human right" to one group of people, it is unconstitutional under the Equal Protection Clause to deny it to *other* groups of people. This means that, if incurably ill people receive a "right" to euthanasia, it is inevitable that the courts will quickly expand the "right" to include every citizen in the United States. Anti-lifers first justified the

contraception and abortion rights under the hard cases of rape, incest and fetal deformity, and, within five years, expanded them to include any reason whatever and at any time during pregnancy. Right now, they are justifying euthanasia for the "hard cases" of terminally ill and comatose people and those suffering unbearable pain.

The anti-lifers will inevitably expand the "right" to euthanasia, just as they did with abortion, so that anyone of any age will be able to kill themselves with the "aid" of a "Doctor Death" for any reason whatsoever.

Dehumanizing the Victims. As part of the second step of the overall strategy, the euthanasiast prepare the public by convincing everyone that the targets of their program are not really human beings — just as pro-abortionists did twenty years earlier.

A classic example of this dehumanization involved Nancy Cruzan, a woman who was severely injured and incapacitated by a car crash.

As described previously, in order to kill Cruzan, it was necessary to first dehumanize her, a task willingly and expertly taken up by Dr. Fred Plum, Chief of Neurology at the Cornell New York Hospital.

During testimony, he referred to her as a mere "collection of organs" and an "artifact of technological medicine." [150]

In an interview with writer Nat Hentoff, Dr. Ronald Granford observed that she was the "moral equivalent of a biopsy from Nat Hentoff's arm," and asserted that her "legal personhood" should be removed so she could be disposed of or experimented upon without the bother of having to go to court. [150]

It is interesting to note that, just as the preborn are being referred to as "pre-human," those in a coma are now commonly referred to by physicians as "post-human."

It is also fascinating to note that, in a world where everyone except White Catholic males are considered to be handicapped in one way or another, some "New Age" liberal death pushers would like to strip protection away from those human beings who are handicapped more than anyone else. This is obviously necessary to kill the handicapped, because, in our new and more sensitive world, anyone who is defined as debilitated in any way is deserving of respect and protection — not death.

In support of this view, syndicated columnist Ellen Goodman recently wrote that

Indeed, one of the most striking new impressions from the [PVS] conference is how the language of "disability" is being applied to those in a persistent vegetative state. It's being used in courtrooms against families who want to stop treatment of the unconscious and let them die. It's being used by advocates such as James Bopp of the National Legal center for the Medically Dependent and Disabled, who accuse families like Ryan [Amerman]'s and Christine [Busalacchi]'s of "discounting, devaluing life based on disability."

There is something not only deceptive in this, but cruel. To describe a PVS patient as disabled is, as ethicist George Annas put it, "to describe a Minnesota blizzard as precipitation." To use funds intended for those who can benefit on those who cannot is somewhere between perverse and immoral.

There are indeed slippery slopes. But patients in a persistent vegetative state are not people with a reduced quality of life. They are people with *no* quality of life. We have to look squarely at this reality.

To apply the language of disability to permanently unconscious people is not to strengthen but to cheapen that language and that cause. It makes a mockery of our best intentions... [emphasis in the original]. [151]

[Go to Next Topic: The Third Step: Institutionalization](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for “The First Step: Activism (Prepare the Public)”

- [141] Dr. Jack Kevorkian, quoted in Sarah Sullivan. Kevorkian: The Rube Goldberg of Death." *Cornerstone*, Volume 19, Issue 93, pages 14 and 15.
- [142] Raquel Welch, on CNN's "Larry King Live" talk show. Quoted in the *National Review*, March 5, 1990, page 20.
- [143] Robert Young, quoted in David H. Andrusko. "Don't Ask Dr. Welby." *National Right to Life News*, February 5, 1987, pages 2 and 8. Story on NBC's pro-euthanasia propaganda film "Mercy or Murder."
- [144] Joseph Piccione. "You Die Your Way ..." *National Right to Life News*, September 26, 1985, pages 1 and 12.
- [145] Derek Humphry, quoted in Leslie Bond. "Hemlock Society Forms New Organization to Push Assisted Suicide Initiative." *National Right to Life News*, December 18, 1986, pages 1 and 10.
- [146] Looseleaf booklet entitled "Organizing for Action." Prepared by Vicki Z. Kaplan for the National Abortion Rights Action League, 250 West 57th Street, New York, N.Y. 10019. 51 pages, no date.
- [147] Hans Roell, Vice-President of the Dutch Voluntary Euthanasia Society, quoted in Mark O'Keefe. "Dutch Death." *The Oregonian*, January 8, 1995, page A1.
- [148] "Medicide: The Goodness of Planned Death. An Interview with Dr. Jack Kevorkian." *Free Inquiry* ["An International Secular Humanist Magazine"], Fall 1991, pages 14 to 18.
- [149] From the transcript of a speech by Dr. Julius Hackethal entitled "Medical Help By Suicide — As a Method of Voluntary Euthanasia," presented at the Second National Voluntary Euthanasia Conference of the Hemlock Society on February 9th, 1985, in Los Angeles, California.
- [150] David Brockbauer. "Pagan Ethics: The Nancy Cruzan Case." *Fidelity Magazine*, February 1990, pages 11 to 14.
- [151] Ellen Goodman. "Doctors Won't Draw Line in New Medical Dilemma: 14,000 People Trapped in a Persistent Vegetative State." *The Oregonian*, December 11, 1992, page E9.

Facts of Life: Chapter 23: Euthanasia: The Third Step: Institutionalization



 SHARE

The Third Step: Institutionalization.

"We start off with dispatching the terminally ill and the hopelessly comatose, and then perhaps our guidelines might be extended to the severely senile, the very old and decrepit and maybe even young, profoundly retarded children."

— Dr. Mark Siegler, Director, Center of Clinical Ethics,
University of Chicago.[152]

Unwilling Organ Farms. There can no longer be any doubt that the ultimate goal of the euthanasia movement is active *involuntary* euthanasia of those "unfit" people who are either unwilling to die or who are unable to defend themselves.

Many leading pro-euthanasia groups and individuals have admitted this goal. George Crile, M.D., Head of Surgery at the Cleveland Clinic, has declared,

To view the problem of health rationing objectively, what we need is a concept of man as a colonial creature, similar to ants and bees — which, like ourselves, are so highly specialized and so dependent on one another that no one of them can long survive alone. In the hives and homes of these bees and ants, no special care is given to the aged or infirm. Consideration is for the welfare of the colony as a whole.[153]

And Dr. William Gaylin, a professor of psychiatry and law at Columbia University, has stated, "it used to be easy to know what we wanted for our children, and now the best for our children might mean deciding which ones to kill. We've always wanted the best for our grandparents, and now that might mean killing them." [154]

Finally, Dr. John Goundry described the ultimate goal this way: "A death pill will be available and in all likelihood will be obligatory by the end of this century. In the end, I can see the State taking over and insisting on euthanasia." [155]

Just as Nazi and Communist doctors experimented on their victims because they were going to "die anyway," and just as abortionists use the same logic to justify fetal experimentation, a number of pro-euthanasia theorists have called for experimenting upon people who are in a comatose state.

In an article comically entitled "Proposals to Enlist the Dead in Research," Jim Detjen proposes the following 'daffynitions'; [156]

Neomort: A body sustained by artificial life support systems to be used for drug research, development of new surgical techniques, practice for new surgeons and as a storage place for blood and organs.

Neomortoriums: Places for the storage of brain-dead bodies because such storage places would solve the dilemma of storing certain organs outside of the bodies."

One pro-euthanasia "bioethicist." William Gavlin. former President of the Institute of

Society, Ethics, and the Life Sciences (the "Hastings Institute"), would like to see comatose people (he also calls them "neomorts") stockpiled in special repositories (called "bioemporiums") for organ "harvesting" and experimentation:

The idea is based on redefining the concept of death and maintaining banks of bodies with the legal status of the dead but with the qualities we now associate with the living. We would have to accept the concept of "personhood" as separate from "aliveness" for adults, as we now do with fetuses ... Various illnesses could be induced in neomorts, and various treatments tried, thus protecting live patients from being "guinea pigs" in experimental procedures and therapies ... Neomorts would provide a steady supply of blood, since they could be drained regularly. ... Bone marrow, cartilage, and skin could be harvested, and hormones, antitoxins, and antibodies manufactured in neomorts. ... To do this, we would have to accept the concept of "personhood" as separate from "aliveness" for adults, as we do now with fetuses.[157]

Terms like "neomort" are excellent examples of verbal engineering used to promote social engineering, just as happened with abortion and contraception.

Perhaps Dr. Robin Cook was influenced by the horrible nature of Gaylin's views when he wrote his bestselling medical thriller *Coma*.

Supporting Quotes. The very ideas of euthanasia clinics (obitoriums) and organ farms may seem so ludicrous and frightening as to be almost surreal. But, rest assured, the objectives of the euthanasia movement are *not* some bizarre fantasy. They are *concrete* and they are *real!*

Figure 23-10 lists quotes by leading pro-euthanasiasts which clearly outline and prove, beyond all possible doubt, that *compulsory* death for all those they consider "unfit" is their most cherished dream and objective. Each stated goal, as listed in Figure 23-9, is supported by quotes by the euthanasiasts themselves. Once again, we may allow the killers to indict themselves with their own careless rhetoric.

The Fourth Step: Trivialize and Mandate.

"Why confine the right to suicide, assisted or not, to the infirm? ... Limiting the right to assisted suicide to the sick and disabled is, in fact, unjust discrimination."
— Tibor Machan.[158]

Euthanasia: How It Will Be. It is instructive to examine the situation in a country where euthanasia is a fact of life, in order to ask ourselves the question: Do we really want this for *our* country? We need look no further than Holland, whose permissive euthanasia laws have come under increasing scrutiny over the last five years.

A Matter of Mere Economics ... Being elderly and ill in Holland is a frightening experience, because the elderly know that they are officially "expendable."

Such people are expendable because the primary motivation for Dutch health 'are' is *not* care *per se*, but cost containment. They have been examined by 'healers' using a

callous and soulless benefit-cost equation — and they have been found wanting.

For a detailed examination of the euthanasia situation in Holland, see elsewhere in this Chapter.

Reaction of the Americans. The topic of runaway health care costs is becoming more and more prominent in the United States. As may be expected, the more utilitarian (or eugenicist) mindset naturally opts for the easy solution: Instead of increasing efficiency and cutting waste, simply eliminate the patients who are too costly to care for under the current system.

Many euthanasiasts strenuously object when accused of supporting legalized euthanasia for such utilitarian purposes. But the proof supporting this charge is overwhelming: More and more of the leaders of the pro-euthanasia movement are demanding legalized euthanasia specifically for the purpose of cutting costs in health care, as shown in Figure 23-11.

Figure 23-11

Some Demands for Legalized Euthanasia for the Purpose of Reducing Health Care Costs

"... a denial of nutrition may in the long run become the only effective way to make certain that a large number of *biologically tenacious* patients actually die. Given the increasingly large pool of superannuated, chronically ill, physically marginal elderly, it could well become the *nontreatment of choice* ... Our emerging problem is not just that of eliminating useless or wasteful treatment, but of limiting even efficacious treatment, because of its high cost. It may well turn out that what is best for each and every individual is not necessarily a societally affordable health care system."

— 'Bioethicist' Daniel Callahan, Director of the Hastings Center. *The*

Hastings Center Report, October 1983, page 22

[Callahan's 1987

book *Setting Limits* proposed rationing medical treatment after a certain unspecified age].

"We realize there will be demented [Alzheimer's and Parkinson's] patients by the tens of thousands. So I'm a little bit afraid. I really think that we may accept that, for purely economic reasons, they can stop life after a period of three years of complete dementia, for instance. I don't believe we can prevent it."

— Dutch euthanasia leader Dr. Pieter Admiraal, quoted in Michael

Fumento. "The Dying Dutchman: Coming Soon to a Nursing Home

Near You." *The American Spectator*, October 1991, pages 18 to 22.

"To view the problem of health rationing objectively, what we need is a concept of man as a colonial creature, similar to ants and bees — which, like ourselves, are so highly specialized and so dependent on one another that no one of them can long survive alone. In the hives and homes of these bees and ants, no special care is given to the aged or infirm. Consideration is for the welfare of the colony as a whole."

— Dr. George Crile, Jr., Head of Surgery at the Cleveland Clinic,

Cleveland, Ohio, quoted by Cal Thomas of the *Los Angeles Times*

Syndicate, September 1984.

"Most students of the economy, and of the medical

most students of the economy, and of the medical economy in particular, agree that the need to contain medical costs is absolute and urgent. The questions that divide us involve how it should be done. The first step is to admit to the cruel necessity of rationing health care. The second is to set limits on health care according to principles of equity and justice. How do we decide who gets to receive a scarce health resource? ... One obvious consideration is age."

— Willard Gaylin, quoted in Alice Mailhot. "Any Choice You Want, As

Long As It's Death." *The Disability Rag*, [Louisville, Kentucky],

January/February 1995, page 8.

"The cost savings from a nationwide push toward 'Living Wills' is likely to be enormous, since savings would also accrue to Medicaid and the VA [Veterans Administration] and Defense Dept. health program."

— Robert Derzon, head of the Health Care Financing Administration of

the United States Department of Health, Education and Welfare, in a

1977 memorandum to the Secretary of HEW. Quoted in the Human

Life Alliance's undated 16-page advertising supplement entitled

"Euthanasia: Imposed Death," page 8.

"To me it is [morally permissible to withhold treatment from newborns with handicaps]. I don't see any reason to take \$500,000 away from, say, nutrition for other children just to provide life to an organism that has hardly started

yet."

— Harvard University Professor Thomas Snelling, quoted in Steven R.

Valentine. "Briefs Ordered Sealed in "Infant Doe" Appeal Case."

National Right to Life News, November 24, 1982, page 2.

"The NICU [Neonatal Intensive Care Unit] is used right along with liver transplants as examples of how resources are squandered in our society."

— Johnny Cox, 'bioethicist' at the Sacred Heart Medical Center in

Spokane, Washington, quoted in *The Spokesman-Review* and the

Spokane Chronicle, August 15, 1987. Also described in Anti-Life

Report. "Born as a Non-Person?" *ALL About Issues*, November-

December 1987, page 12.

Daniel Callahan and others want a "fixed categorical standard" that would flatly deny certain surgeries past specific patient ages, regardless of prognosis. For example, coronary bypass surgery would be banned after age 60. Naturally, those elderly people who have enough money could still buy any surgical procedure they wanted. This situation would thus become a curious reflection of the gender feminist complaint that, if abortion were to become illegal again, only rich women could afford "safe" ones.

Naturally, withholding care from perfectly healthy older people would add immeasurably to the supply of organs envisioned by some pro-euthanasia agitators.

While Callahan and Gaylin continue with their speculations and dreams, there is growing fear among medical professionals that evils such as those in Holland will quickly become entrenched in U.S health care facilities. Dr. Charles L. Sprung warned in the April 25, 1990 issue of the *Journal of the American Medical Association (JAMA)* that "Widespread practice of active euthanasia in the United States appears not very far away."

Suicide expert and author Dr. Herbert Hendin testified before Congress that

The Netherlands has moved from assisted suicide to euthanasia, from euthanasia for people who are terminally ill to euthanasia for those who are chronically ill, from euthanasia for physical illness to euthanasia for psychological distress, and from voluntary euthanasia to involuntary euthanasia (called "termination of the patient without explicit request"). ... There is no way to stop the slide once a society steps onto the slippery slope by legalizing physician-assisted suicide.[159]

However, others would welcome such 'advances' with open arms. Derek Humphry, founder of the Hemlock Society, said of the euthanasia program in Holland; "It's been tested there ... it appears to be working." [160] Margaret Battin, another Hemlock officer, urged that the United States adopt the Dutch euthanasia program; "Let's use the Netherlands as a role model." [161]

The Dutch euthanasia pushers apparently wouldn't mind seeing their brand of killing exported all over the world. Maurice De Wachter, director of the Institute for Bioethics in Maastricht, ominously said in 1993 that "The Netherlands is what I would like to call a test case for an experiment in medical ethics ... There is a practice growing where doctors feel at ease with helping patients to die, in other words killing them." [162] The *Hemlock Quarterly* reported that "The Netherlands are closest to having achieved their goal of active voluntary euthanasia." [163]

No one can deny that the Dutch model would certainly save *lots* of money in the United States. It is estimated that 20,000 persons are killed in Holland every year — most of them involuntarily (the 3,000 Dutch *voluntary* euthanasias are strictly registered; the remainder are classified as *involuntary*). [164]

Holland has a population of about 16 million, and the United States has a population of about 295 million. If the ratio of euthanasias in the U.S. population were the same as it is in Holland, there would be 370,000 murders by euthanasia every year in the United States — one every *20 seconds* during working days — equivalent to the total population reaching the age of 80 every year!

And so, Hollywood's "B" movie "Logan's Run" has become eerily prophetic.

The Gender Feminists Join In. All of the major anti-life gender feminist groups in the United States, in order to maintain a deadly consistency regarding women's control of their bodies, have announced their support for legalized euthanasia.

Leading the way is the National Organization for Women (NOW), which adopted a resolution in July 1991 entitled "The Right to Choose to Die — A Feminist Issue." This resolution stated "WHEREAS, there is nothing more fundamental to American women than *freedom of choice*, and the U.S. Supreme Court, in *Cruzan*, has now established that there is a right to choose to die ... THEREFORE, BE IT RESOLVED, that the National Organization for Women affirms that the right to make appropriate and legal choices about dying is a feminist issue" [emphasis in the original].

"It Can't Happen Here ..." Pro-euthanasia activists continue to insist that involuntary euthanasia will *never* take place in the United States.

This is part of the psychology of the pro-euthanasia movement; it continues to strive vigorously for precisely that goal that it claims is impossible and undesirable — just as the pro-abortionists did in the mid-1960s. When pressed for answers, of course, euthanasiasts will be able to offer no concrete reasons as to why euthanasia on demand (or command) is unavoidable or impossible in this country.

unavoidable or impossible in this country.

But the purportedly impossibility of doctors killing patients is *already happening* in this country — and sometimes the doctors are even *forced* to kill!

For example, in March 1987, a California superior court ordered cardiologist Dr. Allen Jay to remove 90-year old Anna Hirth's feeding tube. He refused, stating that "[This] was something I could not do, either as a practicing Jew or as a practicing physician — or as an American." [165] The judge immediately threatened to imprison him indefinitely on contempt of court charges.

This was the first known case of attempted judicial coercion for a forced euthanasia. The Court was perfectly willing to jail a doctor indefinitely unless he turned his back on his beliefs, his religion, and the tenets of his profession. The only reason that Dr. Jay got away with his refusal is because there was a public outcry over the judge's coercive tactics — but how long will it be before the public just doesn't care anymore?

Several medical journals have described the mass practice of eliminating or weakening 'biologically tenacious' elderly living in nursing homes by deliberately tampering with their diets, medicines, and environments in subtle ways.

At the other end of life, of course, our medical professionals commit more than 5,000 cases of infanticide of handicapped newborn babies in the United States every year. [166]

Conclusion. The euthanasia movement made its first well-organized attempt to establish the 'right to die' in the late 1960s. However, the drive for legalized suicide stalled, because its proponents moved too quickly and too soon. Experts now recognize that no nation can establish euthanasia as a 'right' before establishing abortion as a 'right.'

The reason is simple: The anti-life forces must gradually erode society's respect for human life. First, the most helpless and invisible of society's 'unwanted' members — preborn children — are dehumanized and rendered expendable. This is followed by the 'bridge' of infanticide, the killing of so-called 'defective' newborns, which is already happening in this country on a large scale.

Finally, the door can be thrown wide for euthanasia on demand and ultimately involuntary euthanasia.

We are standing at this pivotal crossroads in the United States right now.

[Go to Next Topic: Infanticide: The Abortion-Euthanasia Connection](#)

[Return to Euthanasia Table of Contents](#)

Endnotes for “The Third Step: Institutionalization”

[152] Dr. Mark Siegler, Director, Center of Clinical Ethics, University of Chicago, quoted in *Time* Magazine, March 31, 1986.

[153] Dr. George Crile, Jr., Head of Surgery at the Cleveland Clinic, Cleveland, Ohio, quoted by Cal Thomas of the *Los Angeles Times* Syndicate, September 1984.

[154] Dr. William Gavlin, professor of psychiatry and law at Columbia University.

- [154] Dr. William C. Cline, professor of psychology and law at Columbia University, addressing the American Association of University Women (AAUW), June 10, 1984.
- [155] Dr. John Goundry. *The Philadelphia Evening Bulletin*, August 13, 1977.
- [156] Jim Detjen. "Proposals to Enlist the Dead in Research." *Philadelphia Enquirer*, August 12, 1986.
- [157] World Trends and Forecasts. "Recycling Human Bodies to Save Lives." *The Futurist*, April 1976, page 108; "Fetuses in War Testing." *Mother Jones*, June 1977, page 5.
- [158] Tibor Machan. "The Right to Die is Another of Our Freedoms." *The Orange County Register*, November 30, 1998.
- [159] Testimony of Dr. Herbert Hendin, suicide expert and author, in the *Report to the Subcommittee on the Constitution of the Committee on the Judiciary*, United States House of Representatives, September 1996, page 21,
- [160] Derek Humphry on the television show "Face the Nation," September 2, 1985.
- [161] Margaret P. Battin, "The Art of Dying in the United States and Holland," presentation given at the Hemlock Conference in Chicago, Illinois, on May 20, 1989.
- [162] John Henley, Associated Press. "Dutch Euthanasia Rule Stirs Ethical Conflicts." *The Oregonian*, February 11, 1993, page A9.
- [163] Derek Humphry on the television show "Face the Nation," September 2, 1985.
- [164] Ellen Goodman. "Rational Suicides: Urge to Control Death." *The Oregonian*, June 17, 1990, page K3; "Voluntary Euthanasia Common, Accepted in Netherlands." *The Washington Post*, April 6, 1987, page 3.
- [165] Jan Bear. "Euthanasia Expected to Top Right to Life Agenda." *Portland [Oregon] Catholic Sentinel*. November 3, 1989, page 24.
- [166] Joseph R. Stanton, M.D. "From Feticide to Infanticide." *Human Life Review*, Summer 1982 pages 35 to 45.

Joseph Scheidler: What is a Pro-Life Activist?



 SHARE

Mr. Joseph Scheidler reminds us why it is important to speak our about the evil of abortion by handing out literature, writing letters to editors, and responding to the media. What is legal is not always moral, and he tells us, "The law of God will always supersede the law of man." Those of us who know that abortion is wrong and why it is wrong NEED to spread that message to the world!

Mr. Scheidler explains why it is crucial that we PRAY in front of the abortion mills and lovingly reach out to women going inside, and the men going with them, by participating in sidewalk counseling. We need to pull our brothers and sisters in Christ away from the slaughter and tell them that there is another option ... an option for life!

Click below to listen:

Facts of Life: Chapter 23: Euthanasia: Infanticide: The Abortion-Euthanasia Connection



 SHARE

Infanticide: The Abortion-Euthanasia Connection.

"Speaking at a recent conference of the Hemlock Society — an organization whose primary purpose is the legalization of death by choice — Dr. Joseph Fletcher, the 'father of situation ethics,' reminisced about the days when both he and Margaret Sanger joined the Euthanasia Society of America, 'thus linking the two [abortion and euthanasia] causes so to speak — the right to be selective about parenthood and the right to be selective about living.' Fletcher explained, 'We've added death control to birth control as a part of the ethos of life style in our society.'"[167]

Introduction. Is there really any doubt any more? Is there the faintest shadow of uncertainty that abortion is now leading to euthanasia as the day leads to the night?

If there is, there certainly *shouldn't* be!

As Derek Humphry, America's leading euthanasiast, has said, "The doors began to open for me and my ideas once a wonderful thing happened — *Roe v. Wade*." [168]

Our own court system is revealing that we are killing *born* people on *exactly the same premises* that we have been killing *preborn* people for so long. B.D. Cohen, medical writer for *Newsday Magazine*, says that "The decision to withhold or withdraw treatment from extremely sick, premature, and/or deformed newborns is probably being made at least once every day by anguished parents and doctors in one of the nation's more than 500 intensive care nurseries." [169]

There are three critical characteristics that tie abortion and euthanasia together so intimately that they really can never be separated.

These features are;

- (1) The identical utilitarian worldview of the perpetrators;
- (2) The identical tactics used by both the pro-abortion and pro-euthanasia movements, as shown elsewhere in this Chapter; and
- (3) The intimate relationship of the "bridge" issue — infanticide — to both abortion and euthanasia.

This section discusses these characteristics in detail and proves, beyond a shadow of a doubt, that abortion has *already inevitably* led to widespread euthanasia in the form of infanticide in the United States.

Abortion As Legal Foundation. The (in)famous *Roe v. Wade* decision is now being used by our court system to justify not only the killing of *unborn* people under the mythical 'right to privacy,' but *born* people as well!

Take for example United States District Judge Thomas Jackson, who ordered a respirator removed from 71-year-old Martha A. Tune at Walter Reed Army Hospital on February 28, 1985. Judge Jackson wrote that "In the *Roe* case, the court proceeded upon the premise that a competent adult has a paramount right to control the disposition to be made of his or her own body. This [*Roe v. Wade*] abortion decision was instructive for purposes of this case." [170]

purposes of this case. [170]

Mrs. Tune died five hours after her respirator was removed.

Elsewhere, the judge in an abortion clinic trespass case baldly acknowledged that preborns are human beings, but went on to say that their murder is sanctioned and protected by the state.

Judge Bruce Bach of Fairfax, Virginia, spoke of state-approved murder when he rendered his opinion in *The State of Virginia v. Christyanne Collins and Harry F. Hand*, which said that

I will find as a matter of fact that unborn human lives were being terminated in the clinic that morning because that's what the evidence in this particular case is. And I am not a medical doctor. *All of the evidence is that first trimester fetuses are human beings* ... I reject the defense of necessity because we have in our society many instances of, I'll call it, *State-sanctioned killing of human beings*. And while the evidence is that human lives are being terminated, the Virginia statutes clearly allow the termination of human lives in the first trimester ... people at that clinic have a right under our law as it is today to do what they were doing and to do it without interference from people, well-meaning or otherwise ... So I do find them [the defendants] guilty and those are my reasons.[171]

Getting Down to the Deadly Basics. Pro-abortionists have for the most part jettisoned their premise that preborn children are not human beings. Many pro-lifers who have blockaded abortion clinics watch abortion clinic staff simply shrug on the witness stand and say words to the effect of "Yeah, it's a baby. But so what? Abortion is perfectly legal!" And third-trimester abortionist Warren Hern has said that "There must be a right to dispose of an infant survivor of abortion." [172]

This hideous attitude is terrifyingly common among more and more people as our society becomes progressively desensitized to killing. Typical interviews with an abortion mill employee and a city council member help bring this brutal trend into clear focus;

Interviewer: "Oh, so as long as you make money, it doesn't matter?"

Clinic Employee: "As long as it's food in my stomach, no, it doesn't matter. It is legal ... It is legal ... It is legal!"

Interviewer: "So if they legalized killing four-year-old children, you would have no problem?"

Clinic Employee: "No, I would not have a problem ... My conscience is very clear ..." [173]

Brent Epperson, radio WBRG station manager: "You might have misunderstood the question. Once the baby is completely out of the mother, and the cord has not been cut, would the mother have the right and how would you feel about the baby being aborted at that point?"

Junius Haskins, Lynchburg, Virginia City Council member: "I would still have to respect the mother's right! I *did* understand the question." [174]

A sickeningly graphic statement by Dr. Magda Denes illustrates this growing genocidal mindset among pro-abortionists;

I *do* think abortion is murder — of a very special and necessary sort. What else would one call the deliberate stilling of a life? And no physician involved with the procedure ever kids himself about that ... legalistic distinctions among "homicide," "justified homicide," "self-defense," and "murder" appear to me a semantic game. What difference does it make what we call it? Those who do it and those who witness its doing know that abortion is the stilling of a life.

I look inside the bucket in front of me. There is a small naked person in there floating in a bloody liquid — plainly the tragic victim of a drowning accident. But then perhaps this was no accident, because the body is purple with bruises and the face has the agonized tautness of one forced to die too soon. I have seen this face before, on a Russian soldier lying on a frozen snow-covered hill, stiff with death and cold ... [175]

Many other utilitarianists seem to have completely shed all pretense of humanity and humaneness as they compare sick human beings to animals. In some cases, they consider some persons to be *less worthy of life* than animals. Animal rights activist Peter Singer is one of these;

If we compare a severely defective human infant with a nonhuman animal, a dog or a pig, for example, we will often find the nonhuman to have superior capacity, both actual and potential, for rationality, self-consciousness, communication, and anything else that can plausibly be considered morally significant. ... Some nonhuman animals are more like normal humans than are some more seriously damaged members of our own species. ... We cannot justifiably give more protection to the life of a human being than we give to a non-human animal, if the human being clearly ranks lower on any possible scale of relevant characteristics than the animal. ... In the case of infanticide, it is our culture that has something to learn from others, especially now that we, like them, are in a situation where we must limit family size ... in regarding a newborn infant as not having the same right to life as a person, the cultures that practised infanticide were on solid ground. ... Since neither a newborn human infant nor a fish is a person, the wrongness of killing such beings is not as great as the wrongness of killing a person. ... Can doctors who remove the feeding tubes from patients in a persistent vegetative state really believe that there is a huge gulf between this, and giving the same patients an injection that will stop their hearts beating? [176]

Celebrities, usually heavily anti-life in their outlook, are also jumping onto the 'bandwagon of death' as they simply jettison all pretense about the nature of abortion. One of these is Norman Mailer, who is certainly honest in his attitude towards the preborn; "Let me say something that's shocking. I am perfectly willing to grant that life starts at conception. If a woman doesn't want to have a child, then I think it's her right to say no.

But let's not pretend that it isn't a form of killing."[177]

This attitude is desperately dangerous, and voices from the past fairly shout at us with warning! The pro-abortionists have taken the final critical step: They have stopped trying to kid themselves about the humanity of those they are killing. They are admitting that they are killing human beings, and they couldn't care less!

The same blindness and duplicity inherent in the pro-abortion movement is part of the warp and woof of the pro-euthanasia movement as well. Those who advocate death by starvation for newborn babies quail at the thought of capital punishment, while the probability of executing an innocent man or woman is much more remote than the probability of executing a perfectly healthy newborn baby.

In just one such execution of an innocent baby, reporter Mike Taibbi, in part four of his series *Death in the Nursery*, describes a case "... where a premature infant was allowed to die at the urging of a neurosurgeon who mistakenly diagnosed anencephaly (the absence of a brain). An autopsy showed there was a brain ... which had the characteristics of prematurity, but which was perfectly formed."[178]

The same anti-lifers who shrilly condemn Jehovah's Witnesses who refuse medical treatment for their children are curiously silent when a perfectly healthy newborn baby like the one described above dies a hideous and lingering death from starvation and thirst.

Contrast this repulsive attitude towards perfectly innocent newborn babies to that of Dr. Victor G. Rosenblum, who said that

If we really believe in love, and find that a baby will be born having no arms, we would say, "Baby, we are going to love you. We will make arms for you. We have many new skills now for doing this. And, Baby, if these arms don't work, we will *be* your arms. We will take care of you. You can be sure of that. You are one of us, a member of our human family, and we will always love you."[179]

But That Isn't All ... The other similarities between the pro-abortion and pro-euthanasia strategies are not only striking — they are urgent and compelling.

We have already seen the similarities in strategy and tactics used by the pro-abortion and pro-euthanasia movements, and they show that these anti-life movements have proceeded along identical tracks over their entire development. The only difference is that the pro-euthanasia movement trails the pro-abortion movement by about two decades.

One of the most obvious tactics shared by the pro-abortionists and the euthanasiasts is the identical slogans. They worked very well for abortion, so why not dust them off and use them to obtain a "right" to kill *born* human beings?

The pro-abortionists said that they have a right to control their own bodies. So do the pro-euthanasia people.

The pro-aborts claimed that they had a paramount 'right to privacy.' So do the euthanasia pushers.

And the pro-aborts said that there were so many illegal abortions happening that we might as well make the procedure legal. So are the euthanasiasts, including Dr. Frank M. Guttman of Canada, who, at a meeting of the Canadian Pediatric Society in June of 1978, "suggested that legal mercy-killing and infanticide is necessary because it is happening anyway and legalizing it would encourage more respect for the law."[180]

Perhaps these tactical similarities are not too surprising when we realize that virtually all pro-euthanasia leaders have been active in the pro-abortion movement for years, and have found that the same strategies that worked so brilliantly in their push for abortion are

have found that the same strategies that worked so brilliantly in their push for abortion are now working just as well as they lobby vigorously for euthanasia.

Nick Thimmesch noticed that the same people who pushed so hard for abortion are now lobbying for the destruction of *adult* human life when he wrote in *Newsweek Magazine* that "It bothers me that eugenicists in Germany organized the mass destruction of mental patients, and in the United States pro-abortionists now also serve in pro-euthanasia organizations. Sorry, but I see a pattern." [181]

Infanticide As the Bridge Between Abortion and Euthanasia. The United States had already traveled a long way down the slippery slope by 1980. However, at that time there still existed a vast chasm between abortion and euthanasia that needed to be bridged by the euthanasiasts.

By 1990, the anti-life forces had succeeded in spanning the gap with the logical bridge of infanticide.

Infanticide is, of course, literally a form of euthanasia. Its great importance lies in the fact that it is the "bridge" that spans the gap between the killing of the preborn and the killing of adults.

Infanticide is now being practiced in this country on a larger and larger scale. Not many people remember "Baby Doe" and "Baby Jane Doe." These handicapped babies, with the sanction of society, were allowed to die lingering and agonizing deaths of starvation and thirst.

Infanticide = Euthanasia. To begin with, it must be made perfectly clear that infanticide *IS* a form of euthanasia. Infanticide is very important, because it is the "bridge" between abortion and adult euthanasia. Infanticide's proponents argue, rightly so, that there is no real difference between a third-trimester abortion and the killing of an infant soon after birth. In fact, Joseph Fletcher, former President Emeritus of the Society for the Right to Die (formerly the Euthanasia Society of America), and often called "The Father of Situation Ethics," has referred to infanticide as "post-natal abortion." [182]

Infanticide is clearly entrenched as standard and ethical practice in the medical profession. To demonstrate this concept, three of the critical "bridge cases" between late-term abortion and outright infanticide are described in the following paragraphs: The Edelin, Waddill, and Laufe incidents.

[Go to Next Topic: The Edelin Case](#)

[Return to Euthanasia Table of Contents](#)

Endnotes for "Infanticide: The Abortion-Euthanasia Connection"

- [167] Joseph Fletcher, quoted in Rita Marker. "School Based Clinics: A Movement to Create a New Society." *Human Life Center Report*, 1988, page 25.
- [168] Derek Humphry, quoted in Nat Hentoff, "Dr. Kevorkian and *Roe v. Wade*." *Washington Post*, March 16, 1996, page A17.
- [169] Nat Hentoff's series on the 'Baby Doe' infanticide cases in the December 6, 1983 to January 10, 1984 issues of *The Village Voice*. This entire series is reprinted in the Spring 1984 issue of *Human Life Review*, pages 73 to 104.
- [170] As described in Debra Braun. "Murder Charge Dropped Against Abortionist." *National Right to Life News*, March 14, 1985, page 1.
- [171] "Judge in Virginia Trespass Case Acknowledges 'State-Sanctioned Killing.'" *The Advocate* (publication of Advocates for Life Ministries, Portland, Oregon), June 1986, page 3.
- [172] Abortionist Warren Hern of Boulder, Colorado, quoted by the *Denver Post*, February 27, 1977.
- [173] "Abortion Clinic Staff Worker Gives Her Excuses." *Life Advocate* (publication of Advocates for Life Ministries, Portland, Oregon), April 1992, page 21.
- [174] Exchange during a May 1, 1997 interview on Christian radio station WBRG, quoted in Virginia Society for Human Life *Lifesaver*, August 1996.
- [175] Magda Denes. "Performing Abortions." *Commentary*, October 1976, pages 33 to 37. A truly frightening and profoundly sickening article by a doctor who observes and describes in graphic detail a number of saline abortions and their results. She acknowledges that abortion is killing, but a type of "necessary" killing. Also see the "Letters" sections in the December 1976 and February 1977 issues of *Commentary*.
- [176] 'Bioethicist' Peter Singer in his book *Rethinking Life and Death: The Collapse of Our Traditional Ethics* [New York: St. Martin's Griffin Publishers, 1996], pages 201, 204, 206, 215 and 220-221. Quoted in Anna Wierzbicka. "The Language of Life and Death." *Quadrant*, July-August 1995, pages 21 to 25. Following are some excerpts from the book by Helga Kuhse and Peter Singer *Should the Baby Live?: The Problem of Handicapped Newborns* [New York: Oxford University Press, 1985]. "This book contains conclusions which some readers will find disturbing. We think that some infants with severe disabilities should be killed" [preface]. "Only those who have awareness of their own existence are "morally significant," since they are "persons." No one else is a person. Persons have "rationality" and "self-consciousness." Infants lack these characteristics. Killing them, therefore, cannot be equated with killing normal human beings" [page 182]. "Parents may, with good reason, regret that a disabled child was ever born. In that event the effect that the death of the child will have on its parents can be a reason for, rather than against, killing it" [page 183]. "There are some human beings who have lives not worth living. If a human being has a life not worth living, it is sometimes right to kill him. This is especially the case when no one else objects to the human's being killed. Therefore, if killing the haemophiliac infant has no adverse effect on others, it would be all right to kill him" [pages 184 and 186]. "Nevertheless the main point is clear: killing a disabled infant is not morally equivalent to killing a person. Very often it is not wrong at all" [page 191]. "Life only begins in the morally significant sense when there is awareness of one's existence" [pages 189 and 190].
- [177] Norman Mailer on the David Frost Show. Quoted in "Norman Mailer Speaks Out on Sex and AIDS." *American Family Association Journal*, March 1992, page 3.
- [178] As described in Nat Hentoff's series on the 'Baby Doe' infanticide cases in the December 6, 1983 to January 10, 1984 issues of *The Village Voice*. This entire series is

reprinted in the Spring 1984 issue of *Human Life Review*, pages 73 to 104.

[179] Dr. Victor G. Rosenblum, Professor of Law, Northwestern University. Quoted on page 8 of *The Silent Holocaust*, by John Powell, S.J.

[180] Dr. Frank M. Guttman, quoted in "Infanticide." *National Right to Life News*, April 1979, page 5.

[181] Nick Thimmesch. "The Abortion Culture: My Turn." *Newsweek Magazine*, July 9, 1973, page 9.

[182] As described in Melinda Delahoyde. *Fighting for Life: Defending the Newborn's Right to Live* [Ann Arbor, Michigan: Servant Books], 1984, page 11.

[Jim Sedlak: International Planned Parenthood Federation's Deadly Deception](#)



Mr. Jim Sedlak exposes little-known facts about IPPF, an organization that promotes birth control, perverse sex education, and abortion.

Planned Parenthood's approach is rooted in the selfish and Godless humanist agenda. Mr. Sedlak points out Planned Parenthood's goal to promote perverse sex education to children as young as possible, which leads to a greater demand for birth control, which leads to a greater demand for abortion. IPPF is working to push this agenda on countries all over the world, just as it has done in the US.

This talk was given at HLI's 1997 Conference in St. Paul, MN.

Click below to listen:



The Edelin Case. Just months after the *Roe v. Wade* case was handed down by the United States Supreme Court, an abortionist provided the country with a perfect illustration of the connection between abortion and outright infanticide.

On October 3, 1973, Kenneth Edelin of Boston performed an abortion on a 17-year old girl who was 24 weeks pregnant. His saline abortion attempt had failed, so he performed a hysterotomy (Cesarian) abortion the next day.

He detached the placenta (cutting off blood oxygenation to the baby) and held the child inside the mother's uterus for three minutes as he watched the clock. Satisfied that the baby was finally dead, he removed it and disposed of it. A pathologist testified that the baby had been able to take at least one breath before Edelin suffocated it.[183]

Edelin was charged and convicted of manslaughter by a jury, but the verdict was thrown out by an appeals court on a minor technicality. It is significant that every major national pro-abortion group rallied to Edelin's defense, and went so far as to pay for most of his court costs. Additionally, the pro-abortionists bombarded the Massachusetts Supreme Judicial Court with more than a dozen briefs, claiming that if Edelin was convicted, it would "unduly chill" late-term abortion practice.[184]

Longtime Zero Population Growth (ZPG) activist Anne Gaylor, in her incredibly-named book *Abortion is a Blessing*, displayed her transparent anti-Catholic bigotry as she simpered "That gentle Dr. Edelin ever should have found himself a defendant against a charge of manslaughter beggars belief. ... That card-carrying, dues-paying Catholics ever should have been allowed to serve on a jury deciding a charge of abortion-related manslaughter is a travesty of justice." [185]

It did not seem to occur to Gaylor that her statement was equivalent to saying that no Jew should ever sit on a jury judging an American Nazi accused of committing hate crimes.

It is also significant that, once again, the court system overrode the verdict of a jury — the recorded will of the people — in favor of expanding abortion "rights" to include infanticide.

The Waddill Infanticide. Benjamin Waddill, an abortionist and member of the Association of Planned Parenthood Physicians, performed a saline abortion on 19-year old Mary Weaver on March 2, 1977 at California's Westminster Community Hospital in.

Mary Weaver knew that she was at least 28 weeks pregnant, well into the third trimester. Her baby was healthy, she was not a victim of rape or incest or health problems, but she still wanted an abortion so she would not embarrass her father, who was principal of the high school that she had attended.

This is a classic example of third-trimester abortion for pure convenience, a phenomenon that pro-abortionists claim simply does not exist.

After doing the saline infusion, Waddill left the scene. Later, he phoned the hospital and talked to a nurse who informed him that a viable baby had resulted from his abortion. Waddill instructed her "Don't do a Goddamn thing for that baby." He then returned to the hospital's newborn nursery, where the baby had been relocated, and ordered the area cleared of all medical personnel. He then choked Baby Girl Weaver four separate times, by pushing down on her windpipe with his thumb. Dr. Ronald Cerelesen, the attending

by pushing down on her windpipe with his thumb. Dr. Ronald Cornelson, the attending pediatrician, witnessed the entire sequence of events and subsequently brought charges against Waddill. During the trial, the prosecutor presented a taped phone conversation in which Waddill told Cornelson to "not get squirrely and stick to the story as we discussed." He maintained that he had merely put his hand on her throat to check her pulse.[186]

However, the prosecutor also showed that Waddill had explained to several people that he choked the baby girl to death because he feared that lawsuits would be filed against him if the baby survived.

The mother of the baby sued Waddill, claiming that she would never have gone through with the abortion if he had informed her that she might give birth to a live baby.

At Waddill's trial, Judge James K. Turner instructed the jury to ignore the classical definition of death (cessation of all vital signs) and instead adopt a new one — the irreversible cessation of brain function. The jury deadlocked after a week of deliberation, with seven of the twelve jurors voting for acquittal.

Waddill concluded his post-trial statements by saying "I'm especially angry at the Catholic Church over this." [186]

Despite the frustrating conduct and results of the trial, at least some good came out of the Waddill infanticide case. Westminster Community Hospital immediately restricted all abortions to 12 weeks, and the Akron, Ohio city council voted strict limits on abortion, with much of the pro-life testimony based on the Waddill case. These limits were naturally challenged by the American Civil Liberties Union and eventually led to a Supreme Court battle.

Waddill eventually stood trial a second time, and once again the jury arrived at a deadlock. He stated during this second trial that "I do not think that is human life if one must live a damaged vegetative existence. It would have been horribly cruel to the abortus as well as to the family if the abortus had been put on a respirator — it would have been a mockery of medicine. ... Life on a respirator is not life." [186]

We must ask this question: How much "dignity" did Baby Girl Weaver have? Waddill herself decreased her "quality of life" by scalding her tender skin off, and then pronounced her unworthy to live and choked the little baby to death.

It is interesting to note that Waddill issued a "no-code" for his own father in North Carolina in 1971. He is also an ardent supporter of "death with dignity."

Laufe: "Abortion = Dead Baby." Dr. Leonard Laufe of West Penn Hospital in Pittsburgh, Pennsylvania, specializes in late-term abortions. In 1985, a woman falsely claimed that she had been raped and Laufe aborted her 32-week baby. The prostaglandin abortion resulted in the baby being born alive. The little baby began to gasp and kick, and Nurse Monica Bright testified that Laufe ordered that no help be given to the child. In fact, one of the staff doctors ordered nurses to directly murder the child with a fatal injection of morphine. At least three nurses refused to kill the child. The entire episode, including closeups of the baby gasping and kicking, was filmed for "educational purposes."

The original birth records indicated that the little girl weighed more than three pounds and was 18 inches long. In order to cover up his killing, Laufe altered hospital records to read a weight of two and a half pounds and a length of only 11 inches.

Medical student John Kenny testified that Dr. Laufe's attorney promised him that, if he testified in court, he would never be able to get a medical license or practice in any hospital in Pennsylvania.

Laufe claimed that the baby was dead at birth. Despite the film of the entire hideous episode, he was acquitted of all charges. [187]

episode, he was acquitted of all charges. [107]

This episode decisively proved that the purpose of abortion is not just to be rid of a child; the purpose is to *kill* the child.

The Mechanism of Death: Quality of Life Criteria. Before any act of euthanasia, infanticide, or suicide may be committed, the killer (and sometimes the victim) must make some kind of assessment of the value of the life of the person who is being considered for death.

To put it simply, the worth of the person's life is considered to be the sum of his worth to himself and his worth to society. This is the total benefit that the person can produce. On the other side of the equation, the value of the services required to keep him alive are the *costs* of the person's life.

Eugenicists believe that, if the costs of maintaining a life exceed the benefits that the particular life can provide to society, the person should die.

This utilitarian concept can only work in a Godectomized society, because Christians know that every human life is infinitely precious in the eyes of God. The only way a society can arrive at the point where it is coldly applying benefit-cost analyses to individuals — or even *groups* of individuals — is if God is first effectively excluded from the equation.

The Feds Evaluate Life.

After 51 construction workers died in a 1978 power plant accident at Willow Island, West Virginia, the Occupational Safety and Health Administration (OSHA) proposed new safety rules that would cost industry a total of \$27.3 million per year. OSHA estimated that these new guidelines would save 23 lives per year.

These regulations were considered economically feasible, because OSHA valued a human life at \$3.5 million, and the resulting cost-benefit ratio was of the regulations was therefore $(23 \times 3.5)/27.3 = 2.95$ (i.e., every one dollar invested would be projected to return \$2.95 in 'lifesaving' benefits).

President Ronald Reagan's Executive Order 12291, of February 17, 1981, mandated that each Federal government program formulate a cost-benefit ratio before writing new regulations. Although the Executive Order was not directly intended to include an assessment of the value of human life, Federal agencies were nonetheless forced to produce the best number they could in order to perform analyses involving the potential loss or gain of human life.

It is interesting to see what average values various Federal agencies placed on human life for research purposes, as shown below. It is only fair to point out that there has to be *some* value assigned to a human life in order for these agencies to do their work and make decisions that affect us all, hopefully for the better.

Figure 23-12

The Dollar Value of a Human Life According to Various Federal Agencies

Federal Agency	Value of a Human Life
Department of Agriculture	\$1.61 million
Department of Transportation	\$1.83 million
Office of Management and Budget (OMB)	\$2.20 million
Consumer Product Safety Commission (CPSC)	\$2.57 million
Occupational Safety and Health Administration	\$5.14 million
Environmental Protection Agency (EPA)	\$7.02 million
Nuclear Regulatory Commission (NRC)	\$7.32 million

Reference: Christopher Scanlan, Knight-Ridder News Service. "Just What's Human Life Worth? Is That Dollars or Sense?" *The Oregonian*, July 17, 1990, page A2 [all costs are updated a total of 43.72% from 1990 to 2004 using the simplified Consumer Price Index (CPI) of the Federal Reserve Bank of Minneapolis found at <http://minneapolisfed.org/research/data/us/calc/hist1913.cfm>].

The 'Doctors' Speak — Again. It seems that some groups of persons consider themselves exempt from the rules that bind the rest of us mere mortals. In particular, certain physicians assume that they are so intelligent and powerful that they can ignore the lessons of history with impunity.

American doctors are following precisely the same road that the Nazi physicians did, as described previously. The first step the Nazi doctors took was to assign a fixed monetary value to handicapped human life. And now American doctors are doing exactly the same thing.

Two researchers recently estimated that about \$2.6 billion is spent annually in this country on neonatal intensive care. The tiniest preemies average hospital stay of 137

days and a cost of \$158,800 per infant. According to the researchers,

It would be more cost-effective to address the root causes of prematurity — lack of prenatal care, poor nutrition in pregnant women, homelessness, and drug or alcohol addiction than treating premature babies in neonatal intensive care (NICU) units. Once physicians and parents, together, have collaboratively agreed to a strategy for treatment or non-treatment, this ought not to be subject to arbitrary veto by interested third parties, whether pro-life lobbyists or federal bureaucrats.[188]

A little arithmetic shows that the authors are casually condemning 16,400 newborn babies to death every year.

Hopefully, the authors of the above quote did not put themselves to too much worry; their dream is coming true day by day in the Neonatal ICUs in this great country of ours.

Infanticide is certainly nothing new to the United States. In 1963, Johns Hopkins University Medical School doctors delivered a baby suffering from Down's Syndrome and a minor intestinal blockage, which would have been easily correctable by surgery. With the full approval of the parents, the 'physicians' opted for "non-treatment" and let the helpless little baby starve to death over a period of two weeks.[189]

The Nazi euthanasia program began with infanticide as well. This program was called *Aktion T-4*, for the location of its planners, #4 *Tiergartenstrasse* in Berlin. Doctors and midwives were ordered to report any child born with disabilities or deformities, and the Nazi doctors would take the child from the parents and take him or her to an institution where the child would be evaluated and judged by a panel of three doctors, who almost always found the child "unworthy of life." The child would be starved to death or killed by lethal injection, a death certificate would be drawn up listing the cause of death as "pneumonia," and the body would be delivered back to the parents — minus the brain, which was kept for study and experimentation.

Dr. Heinrich Gross, who supervised the murders of hundreds of these children, and who openly boasted of "the greatest collection of brain specimens," is now a respected elderly physician living in Vienna, and is frequently called as an expert witness in trials involving brain disorders.[190]

Dr. Hermann Pfannmuller adopted the "simple and natural" method of cutting back rations a little more (to less than 100 calories per day) until small handicapped children simply starved to death.[191]

Author Fredric Wertham describes Pfannmuller's methodology;

In the children's ward were some 25 half-starved children ranging in age from one to five years. The director of the institution, Dr. Pfannmuller, explained the routine. "We don't do it with poisons or injections, our method is much simpler and more natural." With these words, the fat and smiling doctor lifted an emaciated, whimpering little child from his little bed, holding him like a dead rabbit. He went on to explain that food is not withdrawn all at once, but the rations are gradually decreased. "With this child," he added, "it will take another two or three days." [192]

Why Do Doctors Need "Quality" Criteria? If we are going to efficiently exterminate a large class of people, we must have an impeccably scientific justification for doing so. This process includes assessing the worthiness of individual people to live.

The technique is slightly different when applied to "candidates" for abortion and

"candidates" for euthanasia: For abortion, no particular criteria for "quality of life" is necessary, other than some amorphous and ill-defined feeling of the "mother."

Euthanasia-related "quality of life" calculations are also entirely different from assigning a fixed value to human life as done by Federal agencies, because the government's reason for assigning a value to life is associated with trying to save or *protect* life. Pro-euthanasia "quality of life" criteria are invariably involved in some attempt to *exterminate* life.

For euthanasia, a mathematical formula or other pseudo-scientific means must be applied in order to give the public the idea that some serious thinking is going on behind the outright murder of human beings.

This process makes direct euthanasia palatable to the more unthinking and pliable segments of the public, who *know* that killing people is wrong. The formulas, however, give them an excuse for inaction and helps soothe their consciences.

The most popular means of finding out if life is worth living is to apply a mathematical procedure to the "candidate," such as with the popular "quality of life" formula concocted by Dr. Anthony Shaw, a pediatric surgeon;[193]

Figure 23-13

Dr. Anthony Shaw's "Quality of Life" Formula

$$QL = NE \times (H + S),$$

where;

QL = Quality of life

NE = Natural endowment of the candidate for life

H = Required contributions by home and family

S = Required contributions by society at large.

Note that the formula's parameters are conveniently rubbery and expandable; they can be adjusted at any time to fit any situation.

In its barest form, this formula is nothing more or less than an attempt to give a *civilized and scientific veneer to the execution or killing of anyone at all.*

This particular formula has *already been applied* in real-life (and real-death) situations, one of which is described below:

one of which is described below.

Other, more subjective-appearing criteria for 'quality of life' have been proposed by various 'bioethicists.'

[Go to Next Topic: Deadly Math at Work](#)

[Return to Euthanasia Table of Contents](#)

Endnotes for "The Edelin Case"

- [183] Charles J. Sykes. "Medical Nightmares: German Doctors/American Doctors" [Milwaukee: Catholic League for Religious and Civil Rights], 1987, pages 16 and 17.
- [184] As described in Dr. Bernard Nathanson's address at the New York State legislative building on March 17, 1981.
- [185] Anne Nicol Gaylor. *Abortion is a Blessing* [New York: Psychological Dimensions], 1975, pages 81 and 84.
- [186] Jeffrey Perlman. "Waddill Trial Has Heavy Impact." *Los Angeles Times*, May 15, 1978. Part I, page 3; Dexter Duggan. "California Abortionist Testifies in His Own Defense." *Life Advocate*, May/June 1979, pages 14 to 16; Susan Fraker and Janet Huck. "The Trial of Dr. Waddill." *Newsweek Magazine*, April 3, 1978, page 35; "The Ordeal of a Divided Jury." *Time Magazine*, May 22, 1978, page 24.
- [187] The Laufe abortion/infanticide is described in Francis Schaeffer and C. Everett Koop, M.D. *Whatever Happened to the Human Race?* [Old Tappan, New Jersey: Fleming H. Revell Publishers], 1976, pages 46 and 47. This incident was also described in the November 1, 1974 issue of the *Pittsburgh Press*.
- [188] David K. Stevenson and Ernie W.D. Young. *American Journal of Diseases of Children*. May 1990.
- [189] James M. Gustafson. "Mongolism, Parental Desires, and the Right to Life." *Perspectives in Biology and Medicine*. 16(1973), pages 529 to 577. This case is also described on page 45 of the Spring 1982 *Human Life Review*.
- [190] William Brennan. *Medical Holocausts*. Volume I: *Exterminative Medicine in Nazi Germany and Contemporary America* [Nordland Publishing International, 1980]; Fredric Wertham, M.D. *A Sign for Cain — An Exploration of Human Violence*. Warner Paperback Library, 1969, especially Chapter 9.
- [191] Robert J. Lifton. *The Nazi Doctors* [New York: Basic Books], 1986.
- [192] Fredric Wertham, M.D. *A Sign for Cain — An Exploration of Human Violence*. Warner Paperback Library, 1969, especially Chapter 9 and page 175.
- [193] Dr. Anthony Shaw's infamous "quality of life" mathematical formula is described in Mary Jane Owen, MSW. "Assessing the Value of Life With Handicaps." *National Right to Life News*, April 11, 1985, page 13; David H. Andrusko. "Death By the Numbers." *National Right to Life News* May 16, 1985, page 2; "Gauging a Babv's "Net Worth "" *National Right*

Right to Life News, May 16, 1988, page 2, "Causing a Baby's Not Worth It." *National Right to Life News*, May 30, 1985, page 10. For more information on spina bifida babies and the 'quality of life,' see Leslie Bond. "Federal Court Allows Suit to Continue in Case of Oklahoma Infanticide." *National Right to Life News*, July 16, 1987, page 2 and 9.



SHARE

Deadly Math At Work. Over a period of time, a team of four physicians and a social worker at the Oklahoma Children's Memorial Hospital evaluated 69 babies born with myelomeningocele (spina bifida) with the above formula. Of these, 36 were considered worthy of life and were given aggressive treatment, and 33 were pronounced unworthy of further effort and were deemed unfit to live.[194]

The parents of the unfortunate 33 were consulted regarding this "non-treatment," and 24 concurred. All 24 little babies died after spending an average of 37 days on this hostile earth.

Surely they are in better, more loving arms now than those of the "parents" who willingly signed their death warrants. Those babies who were starved to death were warehoused at a children's "shelter," where they were refused antibiotics and even sedation. This so-called "shelter" has since been shut down by the Justice Department for Medicaid fraud and racketeering.

The Justice Department only acted after the American Civil Liberties Union, the Association for Persons with Severe Handicaps, the American Coalition of Citizens with Disabilities, and the National Legal Center for the Medically Dependent and Disabled threatened legal action.

It is painfully significant that six of eight babies initially condemned to die — those babies who were fortunate enough to have parents who cared — *lived!* (one baby moved out of state and could not be traced). If the same ratio applied to the other babies who were condemned to death, at least 18 of the 24 would have lived.[195]

Other Examples. Sadly, this 'hospital' is not the only "institution of healing" that now practices outright infanticide. McGee Women's Hospital in Pittsburgh is just one of the hospitals that has been allowing handicapped newborn babies to die for at least fifteen years. National Right to Life Counsel James Bopp estimates that about 5,000 handicapped newborns are "treated" to death *every year* in the United States.

Many hospitals, as common practice, allow anencephalic and other severely handicapped newborns to die *without their parent's knowledge or consent* (i.e., enforced mandatory euthanasia). One such pitiful case is described on pages 456 and 457 of The Farm's book *Spiritual Midwifery*.

There is a concerted push in this country for nationalized medicine, whose primary goal is not patient care, but cost containment. Britain's National Health Service, for instance, *routinely* starves to death *all* babies with spina bifida. If the parents of such a child object and check him out of the hospital, they are cut off from *all* medical care.[196]

In other words, the State (with a capital "S") dictates the parameters of medical care, who will be saved and who will not be.

This is the root of the pro-life objection to nationalized medicine. Such programs have as their highest goal not healing but the containment of costs, and the only way that this objective can be met is for the operators to create — and then apply — 'quality of life' formulas.

Joseph Fletcher's Criteria for Humanity. The most extreme example of the "quality of life" mentality has been promulgated by 'bioethicist' Joseph Fletcher.

Fletcher has drawn up a comprehensive list of 'positive' and 'negative' human qualities that define exactly what a person is and is *not*, as shown in Figure 23-14.

Figure 23-14

Joseph Fletcher's Criteria for Humanity

POSITIVE HUMAN CRITERIA

(1) **Minimal Intelligence**: Anyone with an IQ under 40 is questionably human. Anyone with an IQ less than 20 is definitely non-human.

(2) **Self-Awareness**: Newborn babies are not self-aware and therefore not human. This quality develops at about one year of age.

(3) **Self-Control**: If a person lacks self-control, he is on a low level of life comparable to a paramecium.

(4) **A Sense of Time**: Anyone without a good sense of the passage of time is not human.

(5) **A Sense of the Future**. How 'truly human' is any man who cannot realize there is a time yet to come?

(6) **A Sense of the Past**: A focus on 'nowness' truncates the nature of man.

(7) **The Capability to Relate to Others**, particularly in relationships of the sexual-romantic and friendship kind.

(8) **Concern for Others**: Lack of this ambience indicates psychopathology.

(9) **Communication**: Completely isolated individuals are sub-persons.

(10) **Control of Existence**: Ignorance and total helplessness are the antithesis

(10) **Control of Existence**: Ignorance and total helplessness are the antithesis of humanness.

(11) **Curiosity**: Without a certain amount of curiosity, individuals are not persons deserving legal rights and protections.

(12) **Change and Changeability**: If an individual is opposed to change, he denies the creativity of personal beings.

(13) **Balance of Rationality and Feeling**: To be 'truly human,' one cannot be either Apollonian [extremely rational and logical in character] or Dionysian [of frenzied and emotional character].

(14) **Idiosyncrasy**: To be a person is to have an identity, to be recognizable and callable by name.

(15) **Neo-Cortical Function**: Before cerebration [thinking] is in play, the person is non-existent. Such individuals are objects, not subjects.

NEGATIVE HUMAN CRITERIA

- Man is not non-artificial or anti-artificial.
- Man is not essentially parental.
- Man is not essentially sexual.
- Man is not a bundle of rights. All rights are imperfect and may be set aside if human need requires it.
- Man is not a worshipper.

Reference: Joseph Fletcher. "Indicators of Humanhood: A Tentative Profile of Man." *Hastings Center Report*. Volume 2, Number 5, November, 1972.

If implemented, Fletcher's criteria would cause more than 100 large groups of persons to automatically lose their humanity.

These groups include the following, and would comprise approximately one-fifth of the human population;

- all infants under one year of age;

- all identical twins, triplets, quadruplets, etc.;
- all celibate persons;
- the profoundly and moderately retarded;
- habitual drunkards and drug addicts;
- prisoners;
- all comatose persons;
- pro-life activists;
- emotional persons; and
- all religious persons.

Fletcher would casually condemn the 260,000 United States citizens with IQs of less than 25, and the 630,000 with IQs of from 25 to 49.[197]

It seems that every advocate of euthanasia for the handicapped is able-bodied and healthy. Why don't we take a page from the pro-abortionists who say that men have no right to oppose abortion because they can't get pregnant? We could say to these pro-eugenics and pro-euthanasia people "You have no right to advocate euthanasia for the handicapped unless you yourself are handicapped."

If everyone on Fletcher's list were eliminated, we certainly *would* have a more perfect (and more soulless) world.

The Next Step. Now that we have gone on record as approving the indirect euthanasia of newborns by starvation and thirst, the glaringly obvious next step is to condemn such a practice as "inhumane" — but, instead of stopping the deaths, the euthanasiasts will vocally call for *direct* euthanasia to end the suffering that *they themselves* have inflicted.

This is precisely the same tactic used by pro-abortionists who set up illegal abortion networks like "Jane," and then called for abortion legalization because *their own people* were botching too many abortions.

It all began in the early 1970s, when a mongoloid child with a small section of atrophied duodenum (which could easily have been corrected by a 20-minute surgery) was born at Johns Hopkins Hospital. The decision was made not to "treat" this child (including the withholding of food and water), and the baby lingered agonizingly for fifteen long days before dying.

Speaking of this case, 'ethicist' Joseph Fletcher (the same person who outlined the 'criteria for humanity' shown in Figure 23-14) vigorously pushed for *direct* euthanasia and said that

Some form of direct termination would have been far more merciful as far as the infant, nurses, parents, and some of the physicians were concerned. In that case, indirect was morally worse than direct — if, as I and most of us would contend, the good and the right are determined by human well-being. Indirect euthanasia did no good at all in that case, but lots of evil.[198]

With more and more pitiful little "unwanted" babies dying agonizing deaths, the pro-euthanasia ghouls have seized on the public's sympathy and are now pushing harder and harder for direct killing. Dr. Christiaan Barnard, renowned for his transplant of a baboon heart into a child, stated in the March 1986 issue of *Omni Magazine* that "Legalizing euthanasia, with controls, would do more to improve the overall quality of American medical care than any other single act "[199]

medical care than any other single act. [199]

This is the same Christiaan Barnard who stated in his autobiography *One Life* that one of his greatest dreams was to "... take a baboon and cool him down, wash out his blood with water, then fill him up with human blood." Another dream of his was to graft a second head onto a dog.[200]

He rather sounds like a small child who is delighted with a new set of complex biological Tinker Toys.

'Bioethicist' Diana Crane jumped onto the deathwagon when she asserted that "In this type of [Spina Bifida] case, also, specific guidelines for the withdrawal of treatment and even for the termination of life would appear to be highly desirable." [201]

We know who wants direct killing, and we know that they will not rest until actual euthanasia mills are in place and making a tidy profit on human misery — just like the abortion clinics are doing right now.

It is not surprising at all that many of the country's leading pro-abortionists are also in the forefront of the push for killing inconvenient *born* human beings.

The list of those who have gone on public record as supporting *direct* infanticide is fascinating;

- Dr. Alan Guttmacher, former President, Planned Parenthood Federation of America (PPFA);
- Betty Friedan, founder of the National Organization for Women (NOW);
- Larry Lader, co-founder of the, National Abortion and Reproductive Rights Action League (NARRAL);
- Henry Morgentaler, notorious Canadian illegal/legal abortionist and past president of the Humanist Association of Canada;
- Planned Parenthood 'sex guru' Sol Gordon;
- Edd Doerr, spokesman of Americans United for Separation of Church and State; and
- Behaviorist Dr. B.F. Skinner, past vice president of the pro-abortion Association for the Study of Abortion.

The Pitiful Case of "Baby Doe." On April 9, 1982, a little boy with Down's Syndrome was born in Indiana's Bloomington Hospital. Doctors determined that he also had a badly formed and blocked esophagus. However, this presented only a minor danger to the child's life, because a simple surgery could be performed to allow him to swallow again with no trouble. The baby's pediatrician urged immediate surgery, but the parents were advised by their obstetrician not to authorize the surgery.

Attorneys for the baby tried to compel physicians to perform the lifesaving surgery. They also petitioned the Indiana Supreme Court, which refused the lawyer's emergency petition.

On April 12, Judge John G. Baker of the Monroe County Circuit Court held that the parents "... have the *right to choose* a medically recommended course of treatment for their child in the present circumstances."

Obstetrician Walter Owens testified during the trial that "I insisted upon telling the parents that this still would not be a normal child ... that they did have another alternative, which was to do nothing. In which case, the child [would] probably live only a matter of several days ... *some of these children* [born with Down's Syndrome] *are mere blobs.*" [202]

The baby, meanwhile, lay in a corner, his terrible thirst unslaked by even his saliva, which had dried up in his mouth days ago. According to testimony, he cried for five days

which had dried up in his mouth days ago. According to testimony, he cried for five days before he dehydrated to the point where all he could do was lie in his bed and stare at the ceiling (his tears having long since dried up so he could not even blink).

A team of pediatricians finally could stand the horror no longer and went to his side to administer treatment. But, as one of the physicians later wrote, "Baby Doe's shrunken, thin little body with dry cyanotic skin, extremely dehydrated, breathing shallowly and irregularly, lay passively on fresh hospital linens. Death by starvation was near. Too late for fluids. Too late for surgery. Too late for justice." [203]

Baby Doe died in agony after just twelve days on this hostile earth. Although more than 300 couples had pleaded to adopt him, care for him, love him, and pay for his surgery, the Indiana court system found that the parent's *right to privacy* overrode any other consideration — and the ultimate price for this precious privacy was paid for in full by twelve days of excruciating agony, suffered by a tiny, innocent newborn.

This incident was so horrible that many pro-abortion and pro-euthanasia activists insisted that it was unique.

However, as with almost everything else that escapes from their lips, this was an outright lie.

Baby Doe was only the first court-sanctioned case of infanticide. As always in such matters, the second instance was not far behind.

In October 1983, Baby Jane Doe (Keri Lynn) was born in Smithtown, New York. She suffered from spina bifida (nonclosure of the spinal cord), water on the brain, and nerve problems. Without surgery, she would certainly die by the age of two. The 'doctors' and 'parents' opted to let the child starve to death, and their actions were once more upheld by the courts.

But perhaps these poor babies didn't die in vain after all. Their deaths, and the surrounding blazes of publicity, laid bare the hideous machinations of the euthanasiasts for a brief moment in time, and a large number of medical professionals came forward and told their stories.

For example, Mary Arnold, an obstetrical nurse, gave a chilling account of how *involuntary euthanasia* is widespread in the United States today as she recounted that

The doctor would see the baby's head coming out through the birth canal, realize it had Down's Syndrome, and signal us to let it die. The mother's legs would be up so she couldn't see what was going on. We would get a little wave of the doctor's hand — a signal to us not to use suction on the baby. Then they'd say to the mother, "we're just going to give you something to relax you," and the next minute, she'd be unconscious. When she came around, they'd say the baby had died on delivery. [204]

According to experts in the field of euthanasia, between 2,000 and 20,000 such instances of euthanasia happen every year in this country — and a large percentage are being committed against newborn babies. [205]

As a direct result of the original "Baby Doe" case, the Reagan administration attempted to mandate legal protection for handicapped newborns. The American Medical Association and the National Association of Pediatrics fought these regulations tooth and nail in the courts because, as they ironically asserted, any outside interference with medical practice would "endanger the lives and safety of patients."

Thus, infanticide in the United States has become a medically and legally approved principle — and practice. Doctors now kill in the name of healing with complete protection

from the courts.

[Go to Next Topic: The Ratchet Clicks Again](#)

[Return to *Euthanasia* Table of Contents](#)

Endnotes for "Deadly Math at Work"

- [194] Debra Braun. "Oklahoma Hospital Allegedly Withholds Life-Saving Treatment from Handicapped Babies." *National Right to Life News*, May 16, 1985, page 1.
- [195] Richard H. Gross, M.D., Alan Cox, M.D., Ruth Tatyrek, MSW, Michael Pollay, M.D., and William A. Barnes, M.D. "Early Management and Decision Making for the Treatment of Myelomeningocele." *Pediatrics* (Journal of the American Academy of Pediatrics), October 1983.
- [196] C. Everett Koop. "The Family With a Handicapped Newborn." *Human Life Review*, Winter 1981, pages 116 to 123.
- [197] Joseph R. Stanton, M.D. "From Feticide to Infanticide." *Human Life Review*, Summer 1982 pages 35 to 45.
- [198] Joseph Fletcher. *Humanhood: Essays in Biomedical Ethics*. Prometheus Books, 1979, page 142. Quoted in Joseph R. Stanton, M.D. "From Feticide to Infanticide." *The Human Life Review*, Summer 1982, page 40.
- [199] Dr. Christiaan Barnard. *Omni Magazine*, March 1986. Also quoted in Jim McFadden's Introduction to the Spring 1986 issue of *The Human Life Review*, page 6.
- [200] Malcolm Muggeridge. "The Humane Holocaust." *Human Life Review*, Winter 1980, pages 13 to 22.
- [201] Diana Crane. *The Sanctity of Social Life: The Physician's Treatment of Critically Ill Patients*. New York: Russell Sage Foundation. 1975, page 205. Also quoted in Gary Crum. "Nazi Bioethics and a Doctor's Defense." *The Human Life Review*, Summer 1982, page 66.
- [202] Obstetrician Walter Owens. Transcript of April 13, 1982, No. JU-8204-038A (Circuit Court of Monroe County, Indiana).
- [203] Anne Bannon, M.D. "The Case of the Bloomington Baby." *Human Life Review*, Fall 1982, page 68.
- [204] Mary Arnold. "Some Doctors Feel They Have the Right to Kill Defective Children." *Catholic Twin Circle*, August 23, 1983, page 4.
- [205] Joseph R. Stanton, M.D. "From Feticide to Infanticide." *Human Life Review*, Summer 1982 pages 35 to 45.



The Ratchet Clicks Again. So, as we travel the wide and easy road from contraception to abortion to infanticide to euthanasia, we are experiencing once again the bioethical "ratcheting effect." The ratchet only travels in one direction. There may be short delays as the system adjusts itself to the novelty of a new ethical practice, but, overall, the process is irreversible — unless pro-lifers can initiate a major moral counterrevolution.

Once a new and immoral practice has been implemented, it quickly develops an irresistible momentum. It creates a legal, medical, economic, and, above all, psychological infrastructure that immediately anchors itself to the previous strata of medical "advancement," and it quickly becomes immovable. It cannot be uprooted without tearing away a significant portion of what has come before, and its supporters enthusiastically trumpet the shopworn but effective specter of "turning the clock back on medicine."

Eventually, the new practice is immovable and the unthinkable has become the commonplace. The immoral has become moral and accepted. At this point, society is ready (eager)? to embark on the next step of "progress."

And, of course, the more frequently such steps are taken, the easier it is to make larger, more frequent, and less thought-out steps, all in the name of "medical progress."

The Push for Even More Medical Horrors. The abortion-euthanasia connection, embodied in the practice of infanticide, is no paranoid pro-life fantasy.

Leading pro-abortionists in this country are trying their best to convince the public that we should take "just one more harmless little step" in the relentless march down the road to genocide. After all, they say, what is the difference between "letting go" a deformed third-trimester fetus and a defective newborn? The latter, after all, is just "post-natal abortion."

The quotes in Figure 23-15 by those who are enthusiastically pushing infanticide demonstrate vividly the link between abortion and euthanasia, and how easily our society is "progressing" from feticide to infanticide, and finally to adult euthanasia.

This process inevitably takes place in three steps;

1. Dehumanize the handicapped newborn;
2. Extend abortion to newborn babies; and
3. Prepare society to accept the idea of future *involuntary* euthanasia of the *adult* handicapped.

Figure 23-15

Anti-Life Quotes Charting the Three-Step
Road to Infanticide and Euthanasia

Step One: Dehumanize the Handicapped Newborn

"A newborn is merely an organism with a potential for human qualities, no more significant than at second, fourth, or sixth months of pregnancy."

— Dr. Milton Heifitz, Chief of Neurosurgery, Los Angeles Medical Center, testimony before Congress, March 23, 1976.

"Infanticide has a logical continuity with abortion, and even with contraception."

— Edward Pohlman of Planned Parenthood. *The Psychology of Birth Planning*. Schenkman Publishing Company, Cambridge, Massachusetts, 1967, page 221.

"If a child were not declared alive until three days after birth, then all parents could be allowed the choice that only a few are given under the present system. The doctor could allow the child to die if the parents so chose and save a lot of misery and suffering."

— Nobel Prize winner Dr. James D. Watson. *Time Magazine*, May 28, 1973, page 104. Also see "Children From the Laboratory." *Prism*, May 1973, page 13.

"No newborn infant should be declared human until it has passed certain tests regarding its genetic endowment and that if it fails these tests, it forfeits the right to live."

— Nobel Prize winner Dr. Francis Crick. *Pacific News Service*, January 1978.

"The fetus has not been shown to be nearer to the human being than is the unborn ape. Even the full-term infant must undergo many changes before attaining full status of humanity. Only near the end of the first year of age does a child demonstrate intellectual development, speaking ability, and other attributes that differentiate him significantly from other species."

— Dr. Robert H. Williams, Washington State Medical School. "Our Role in the Generation, Modification, and Termination of Life." *Journal of the American Medical Association*, August 11, 1969, pages 914 to 917.

"If we compare a severely defective human infant with a dog or a pig ... we will often find the nonhuman to have superior capacities ... Only the fact that the defective infant is a member of the species *Homo Sapiens* leads it to be treated differently from the dog or pig. But species membership alone is not relevant ... If we can put aside the obsolete and erroneous notion of the

sanctity of all human life, we may start to look at human life as it really is: at the quality of life that each human being has or can attain."

— Peter Singer. "Sanctity of Life or Quality of Life?" *Pediatrics*, July 1983.

"There is little evidence that termination of an infant's life in the first few months following extraction from the womb could be looked upon as murder ... It would seem to be more 'inhumane' to kill an adult chimpanzee than a newborn baby, since the chimpanzee has greater mental awareness. Murder cannot logically apply to a life form with less mental awareness than a primate."

— Winston L. Duke. "The New Biology." *Reason*, August 1972.

"To me it is [morally permissible to withhold treatment from newborns with handicaps]. I don't see any reason to take \$500,000 away from, say, nutrition for other children just to provide life to an organism that has hardly started yet."

— Harvard University Professor Thomas Snelling, quoted in "Quote of the Month." *National Right to Life News*, November 24, 1982, page 2.

"The situation of a newborn baby is very different from that of the same baby, even a few weeks later. At birth the baby is only a *potential human being* and at that point it is surely the humane and sensible thing that the life of any baby with obvious severe defects, whether of body or brain, should be quietly snuffed out by the doctor or midwife. *This should not be a decision referred to the family who are too emotionally involved*; though in borderline cases the doctor's knowledge of the family situation would be one of the factors taken into account."

— Barbara Smoker, President of the National Secular Society, and Vice-Chairman of the British Humanist Association, on January 22, 1973. Quoted in William Brennan. *The Abortion Holocaust, Today's Final Solution*. Landmark Press, 1984, page 113.

Step Two: Extend Abortion to Newborn Babies

"It is reasonable to describe infanticide as post-natal abortion ... Infanticide is actually a very humane thing when you are dealing with misbegotten infants. We might have to encourage it under certain conditionalities of excess population, especially when you're dealing with defective children."

— Joseph Fletcher. "Infanticide and the Ethics of Loving Concern." *Infanticide and the Value of Life*. Prometheus Books, 1978. Quoted by C. Everett Koop, M.D. "The Slide to Auschwitz." *Human Life Review*, Summer 1982, page 36.

"We must evaluate what can really be termed the 'salvage value.' This factor is vital in our decisionmaking. What kind of child will result? ... Will life be

meaningful to any degree? What is meaningful and to whom? The newborn is an organism with a potential for human qualities, qualities which are as yet nonexistent ... Is life at birth more significant than at the second, fourth, or sixth month of pregnancy? It is not. True, it is closer to gaining the attributes of man, but, as yet, it has only the potential for those qualities. If this difference is true for the normal newborn, how much less significant is it for the newborn who doesn't even have this potential?"

— Milton Heifetz, M.D. *The Right to Die*. New York, G.P. Putnam's Sons, 1975, page 51. Quoted by C. Everett Koop, M.D. "The Slide to Auschwitz." *Human Life Review*, Summer 1982, page 36.

"Parents are, after all, legally permitted a choice of abortion if the fetus is shown to be severely malformed [with spina bifida, for example]. It is paradoxical that this same choice should be denied them in the case of a premature baby with similar or worse handicaps."

— 'Bioethicist' Mary Warnock, quoted in Nat Hentoff. "Strange Priesthood of Bioethics." *National Right to Life News*, March 27, 1986, page 15.

"Most people would prefer to raise children who do not suffer from gross deformities or from several physical, emotional or intellectual handicaps. If it could be shown that there is no moral objection to infanticide, the happiness of society could be significantly and justifiably increased ... A newborn infant does not possess the concept of a conscious self any more than a newborn kitten possesses such a concept ... *infanticide during a time interval shortly after birth must be morally acceptable.*"

— Michael Tooley. "Abortion and Infanticide." *Philosophy and Public Affairs*, January 1972.

"We now "let go" of some babies, notwithstanding the rules against euthanasia. *But we do not announce this to the world.* Such practice allows the actors to hide from themselves the fact that they have changed or departed from the rule while announcing their strict adherence to the absolute rule of sanctity of life in all cases."

— Attorney F. Raymond Marks, euthanasia conference participant, quoted in *National Right to Life News*, April 11, 1985, page 11.

"Infanticide is not a great wrong. I do not want to be construed as condemning women who, under certain circumstances, quietly put their infants to death."

— 'Bioethicist' Beverly Wildung Harrison, quoted in David H. Andrusko. "Abortion and Infanticide: Is There a Difference?" *National Right to Life News*, May 2, 1985, page 2.

"American opinion is rapidly moving toward the position where parents who have an abnormal child may be considered socially irresponsible."

have an abnormal child may be considered socially irresponsible.

— Dr. James Sorenson, Professor of Socio-Medical Sciences, Boston University, at a symposium entitled "Prenatal Diagnosis and its Impact on Society." Quoted by C. Everett Koop, M.D. "The Slide to Auschwitz." *Human Life Review*, Summer 1982, page 22.

"No child [should] be admitted into the society of the living who would be certain to suffer any social handicap — for example, any physical or mental defect that would prevent marriage or would make others tolerate his company only from the sense of mercy."

— Millard Everett, *Ideals of Life*. Quoted by C. Everett Koop, M.D. "The Slide to Auschwitz." *Human Life Review*, Summer 1982.

"The NICU [Neonatal Intensive Care Unit] is used right along with liver transplants as examples of how resources are squandered in our society."

— Johnny Cox, an 'ethicist' at the Sacred Heart Medical Center in Spokane, Washington. Quoted in The [Spokane] *Spokesman-Review* and the *Spokane Chronicle*, August 15, 1987. Also described in Anti-Life Report. "Born as a Non-Person?" *ALL About Issues*, November-December 1987, page 12.

"Speaking at a recent conference of the Hemlock Society — an organization whose primary purpose is the legalization of death by choice — Dr. Joseph Fletcher, the 'father of situation ethics,' reminisced about the days when both he and Margaret Sanger joined the Euthanasia Society of America, 'thus linking the two [abortion and euthanasia] causes so to speak — the right to be selective about parenthood and the right to be selective about living.' Fletcher explained, 'We've added death control to birth control as a part of the ethos of life style in our society.'"

— Joseph Fletcher, quoted in Rita Marker. "School Based Clinics: A Movement to Create a New Society." *Human Life Center Report*, 1988, page 25.

"Dr. Bob Hall, chief neonatologist at Children's Mercy Hospital in Kansas City, characterized the practice of permitting deformed or defective newborns to die by withholding treatment and nourishment as a 'commonplace' phenomenon. He estimated that it accounts for around 14 percent of all deaths occurring in special care nurseries throughout the United States."

— Claudia MacLachlan and Roger Signor. "Baby Starvation Illegal Here, Rothman Says." *St. Louis Post-Dispatch*, May 21, 1982, page 6A.

Step Three: Prepare Society for Future Involuntary Euthanasia

"A death pill will be available and in all likelihood will be obligatory by the end of this century. *In the end, I can see the State taking over and insisting on euthanasia.*"

— Dr. John Goundry. The *Philadelphia Evening Bulletin*, August 13, 1977.

"How far should we defend the right of a parent to produce a child that is painfully diseased, condemned to an early death, or mentally retarded? In our society, a parent does not have the right to withhold an education from his children. Does he then have a right to produce a child that is uneducable?"

— J.F. Crow, "Conclusion, Advances in Human Genetics and Their Impact on Society." *Birth Defects*, September 1972, page 16.

"One may anticipate further development of these roles as the problems of birth control and birth selection (abortion) are extended inevitably to death selection and death control, whether by the individual *or by society* ..."

— *California Medicine* editorial, September 1970.

"It used to be easy to know what we wanted for our children, and now the best for our children might mean deciding which ones to kill. We've always wanted the best for our grandparents, *and now that might mean killing them.*"

— Dr. William Gaylin, professor of psychiatry and law at Columbia University, addressing the American Association of University Women, June 10, 1984.

"We start off with dispatching the terminally ill and the hopelessly comatose, and then perhaps our guidelines might be extended to the severely senile, the very old and decrepit and maybe even young, profoundly retarded children."

— Dr. Mark Siegler, Director, Center of Clinical Ethics, University of Chicago. *Time Magazine*, March 31, 1986.

"Eventually, when public opinion is prepared for it, no child shall be admitted into the society of the living who would be certain to suffer any social handicap — for example, any physical or mental defect that would prevent marriage or would make others tolerate his company only from a sense of mercy ... Life in early infancy is very close to nonexistence, and admitting a child into our society is almost like admitting one from potential to actual existence, and viewed in this way, only normal life should be accepted."

— George Will commentary entitled "Death With Dignity." *Cincinnati Post*, May 20, 1974.

On December 4, 1971, Joseph Fletcher, at the Fourth Euthanasia Conference, suggested that in the future defective children should be killed by

the State *over their parent's objections* "for the good of society."

[Go to Next Topic: 'Little Monsters.'](#)

[Return to *Euthanasia* Table of Contents](#)



'Little Monsters.' As always, the pro-death ethic 'progresses' along its carcass-strewn trail one inevitable step at a time. If we don't want to waste the valuable tissue from dead aborted babies and from *live* aborted babies, we certainly don't want to waste the tissue from newborns who are going to die anyhow.

Take, for example, what the American Atheists heartlessly call "little monsters," those babies born with no cerebral cortex.

This rare condition is known as anencephaly, and occurs in about one out of 30,000 births. The baby is born without the main (upper) mass of the brain, but does possess the brain stem, which controls basic body functions. The baby can thus breathe, move, feel pain, and cry. Anencephalic babies do not usually live more than three months. Mortality is about 90 percent at one week, although some live several years. One family in Connecticut has successfully raised two anencephalic children past the age of five.

As these fatally-afflicted babies slowly die, so do all of their organs. By the time they are declared 'brain dead,' these organs are not suitable for transplantation.

California's Loma Linda Hospital sees these little ones as a Heaven-sent opportunity for research and transplantation. This research center was at one point actually keeping these babies alive so that their organs would be fresh for removal when a suitable recipient was found. They would then be killed (painlessly, of course), and the organs would be removed from their sad little bodies.

Perhaps one reason these poor babies are such easy targets for harvesting is their unattractive appearance. Many anencephalic newborns have no skull above the eyebrows or have cranial extrusions of admittedly strange appearance.

Of course, there is one troublesome little detail (nothing really major actually): These anencephalic babies are still alive.

Now what can we do to get around this irritating little obstacle?

Why, we could just redefine "death" and then classify anencephalic newborns as "dead!" And why not? Unborn babies are not alive, so now let's define others the same way!

At the 1990 annual meeting of the National Medical Association in Las Vegas, Dr. Mark Evans seriously proposed that there was a distinct favorable "... possibility of creating a new legal definition to permit physicians to declare anencephalic neonates 'brain absent' and therefore legally dead, so their organs might be harvested for transplantation." [206]

Notice the use of dehumanizing words by Evans: he does not call the babies "newborns;" they are "neonates."

Naturally, the lawyers are getting into this strange and terrible act as well. The first attempt to declassify anencephalic babies out of human existence occurred in February 1986, as California State Senator Milton Marks introduced Senate Bill 2018, which stated simply: "An individual born with the condition of anencephaly is dead."

We Have Traveled This Road Before. The 'different' are always easy targets in a morally sick society: Lepers, the handicapped, the retarded, Blacks, Jews, and now poor babies who are born with an odd or alien appearance through no fault of their own.

Nazi doctor Dr. Julius Hallervorden defended himself at the Nuremberg War Criminal

Trials by stating to the Court; "I heard that they were going to do that and so I went up to them: "Look here now boys, if you are going to kill all these people, at least take the brains out, so that the material could be utilized.""[207]

Essentially identical language was used by the United States National Institutes for Health forty years later in their October 1988 *Draft Report of the Human Fetal Tissue Transplant Panel*; "Inasmuch as it is cadaver tissue [from abortions] we are concerned with, and inasmuch as it would ordinarily be disposed of; and inasmuch as research on this tissue holds the promise of saving countless lives and alleviating the suffering of countless others, we find the use of such tissues acceptable."

Senator Brock Adams [D.-Wa.] has said "We can either use the tissue in what we know to be lifesaving research, or we can bury it. That is the choice." And syndicated columnist James J. Kilpatrick concluded that "Out of the sadness of abortion, which takes one potential life, at least we should salvage the saving of another."[208]

This language is frighteningly reminiscent of that used by Nazi 'doctors' in the concentration camp medical experimentation stations of World War II. Perhaps our latter-day medical professionals and politicians are so wrapped up in the glamorous propaganda of the anti-life movement that they cannot properly see either forward or into the past.

The Slippery Definition of "Death." The depths of the uncharted waters into which we have ventured, ill-prepared, are indicated by the fact that not even the words "life" and "death" have solid meanings anymore.

The term "death" has traditionally and logically meant the total and irreversible cessation of breathing and circulation. Loma Linda Hospital and other medical groups would now like to create a new definition of death purely for their own convenience, whereby human beings who are breathing and have heartbeats may be sustained for the sole purpose of ransacking their organs, yet still be classified as 'dead.'

This new definition, usually called 'brain death,' is the "... irreversible cessation of all functions of the entire brain, including the brain stem," used "when respirators and other treatments render the traditional standard unreliable."

Just as pro-abortionists used the mighty weapon of 'mystagoguery' to confuse people as to when life *begins*, pro-infanticide activists are now muddying the water as to when life *ends*.

Loma Linda Hospital, other health care institutions, and many leading 'bioethicists' can now justify reclassifying anencephalic newborn babies and other infants who are breathing and whose hearts are beating as "dead." Therefore, there is absolutely no reason whatever why comatose *adults* meeting the same description may not also be relegated to the fate of the 'new unliving.'

The possibilities for Newspeak and misleading verbiage in this new field are almost unlimited.

The Future of Infanticide Lies in the East. We in the United States need only to look to India to see the future of infanticide in the United States.

Girls are considered to be a burden in many areas of India for several reasons. They leave the home and their parents, when old, therefore have nobody to care for them. Girls also require a substantial dowry in order to be considered eligible for marriage.

For these reasons, female infanticide has become startlingly widespread in India. Some estimates put the total number of cases of girl-killing as high as 250,000 *per year*. The attitude of families that kill their infant girls is identical to that of pro-aborts in the

United States. As one 26-year old woman told *India Today*, "If I and my husband have the right to have a child, we also have the right to kill it if it happens to be a daughter and we decide we cannot afford it. Outsiders and the Government have no right to poke their noses into this." [209]

Absolutely classic anti-life logic! The babies are usually killed by forcing them to inhale coarse rice grains, after which they suffer painful suffocation. In other cases, husbands plant a poisonous *madar* plant upon learning that their wives are pregnant. By the time the wife delivers, the plant will be ready to kill the baby if it is a girl.

Our country's attitude towards children is almost as cavalier as that shown by alleged 'parents' in India.

How long will it be before *madar* plants are a commonplace sight in our nation's picture-perfect suburbs? How long will it be before letters like this one are commonplace?

Dear Mom,

Gosh, can you believe that it's 2019 already? I'm still writing "2018" on nearly all my letters and checks. I can't believe that the year 2020 is just around the corner.

I know we haven't chatted since Christmas. Anyway, I have some difficult news and I really didn't want to call you on the phone and talk face-to-face.

Ted's been promoted and I should be up for a hefty raise this year if I keep putting in those long, crazy hours. You know how hard I work at that job, and you know what a struggle we still have with all our bills.

Timmy's been "OK" in kindergarten although he still complains about going. But then he wasn't happy in day care either, so what can we do? He's become a real problem, Mom. He's a good kid, but quite honestly he's really an unfair burden on us at this time in our lives. Ted and I have talked this through and finally made a choice. Plenty of other families have made this choice and are much better off for it.

Our pastor is supportive and says hard decisions sometimes are necessary. The family is a "system" and the demands of one member shouldn't be allowed to ruin the whole. He told us to be prayerful, consider ALL the factors and do what is right to make the family work. He says that even though he probably wouldn't do it himself, and that he is personally opposed to it, the decision is really ours. He assured us that God would understand, particularly since the Supreme Court said it was legal. He was even caring enough to refer us to a clinic near here, so at least that part's easy.

I'm not an uncaring mother. I do feel sorry for the little guy. I think he overheard Ted and me talking about "it" the other night. I turned around and saw him standing on the bottom step in his PJs with the little bear you gave him under his arm and his eyes sort of welling up. Mom, the way he looked at me just about broke my heart. But I honestly believe

this is better for Timmy too. It's not fair to force him to live in a family that can't give him the time and attention he deserves. And PLEASE don't give me the same kind of grief Grandma gave you over your abortions. It's the same thing, you know.

We've told him he is just going in for a vaccination. Anyway, they say the termination procedure is totally painless.

I guess it's just as well you haven't seen much of him.

Love to Dad,
Sue

— Written by Garvan Kuskey.

Human Suffering Does Have a Purpose.

"In this you rejoice, though now for a little while you may have to suffer various trials, so that the genuineness of your faith, more precious than gold which though perishable is tested by fire, may redound to praise and glory and honor at the revelation of Jesus Christ."

— 1 Peter 1:6-7.

Modern society places great emphasis on convenience, comfort and the avoidance of any trials and pain. When things go wrong with our jobs, our families or our health, we tend to rage at God or curse our bad luck instead of learning from our experiences and gaining wisdom, strength and insights into life.

Even more fundamentally, we seem to have forgotten that we possess immortal souls made in the image of God — and the possession of a soul, *not* our higher intelligence, is the fundamental difference between ourselves and the lower animals.

Pope Pius XII asked a half-century ago, "Is it not such false pity which claims to justify euthanasia and to remove from man purifying and meritorious suffering, not by a charitable and praiseworthy help but by death, as if one were dealing with an irrational animal without immortality?"[210]

In this passage, Pope Pius highlighted the two great intangible purposes of pain: Purification and gaining merit.

Anyone who has suffered significant pain for a period of time will find, upon proper introspection, that he has been strengthened by the experience. He realizes that pain is not destructive if suffered for a while, but instead makes him realize that he has the strength to overcome obstacles and fears that may have seemed insurmountable before. This is true for everyone, be they Christian, Jew, Muslim, Hindu, agnostic or atheist.

Of course, severe pain suffered for too long can destroy the strongest of people. This is why the Catholic Church teaches that it is not proper to expect heroic virtue from all people, and that pain-killers may be used, even if they lead to semi-lucidity or quicker death in some cases (see elsewhere in this Chapter for elaboration on the use of pain-killers).

The second great purpose of human pain is the gain of merit. The very first sentence of Pope John Paul II's Apostolic Letter *Salvifici Doloris* ("On the Christian Meaning of

Human Suffering") highlights the constant teaching of the Church in this matter: "Declaring the power of salvific suffering, the Apostle Paul says: "In my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that is, the church"."

As the Vatican's *Declaration on Euthanasia* teaches:

According to Christian teaching, however, suffering, especially suffering during the last moments of life, has a special place in God's saving plan; it is in fact a sharing in Christ's passion and a union with the redeeming sacrifice which He offered in obedience to the Father's will. Therefore, one must not be surprised if some Christians prefer to moderate their use of pain-killers, in order to accept voluntarily at least a part of their sufferings and thus associate themselves in a conscious way with the sufferings of Christ crucified (cf. Mt. 27:34).[211]

A certain degree of pain at the end of life allows us to follow Christ all the way to the Cross. In a way, it seems inconsistent for Christians to be willing to suffer various indignities and inconveniences in the name of Christ over a period of decades during their lives, and then shy away from complete participation in the ultimate suffering of Our Lord at the point of death.

This certainly does not mean that we have to linger in agony until the very last moment of life, because pain itself can be a terrible distraction. However, we must be able to strike a proper balance in our last hours between full consciousness of what is happening to us as we tread the road to Calvary and the degree of pain that we can bear.

We put dumb animals to sleep because there is no purpose to their suffering; they writhe in misery, ignorant and bewildered, and there can be no learning, no enrichment, no redeeming quality to their ordeals. They cannot face the end of their lives with courage and steadfastness. Our only possible response to their tribulations is to end their suffering as soon as possible.

We must treat dumb animals *humanely*; but we must treat persons *humanly*.

What animals need in their last days is mercy; what human beings need is bravery and companionship. Neither is possible if the needle stands ready to "put them down," if real or imagined trials become too much for them.

[Go to Next Topic: Why Euthanasia is Wrong — From a Secular Viewpoint](#)

[Return to Euthanasia Table of Contents](#)

Endnotes for "Little Monsters"

[206] This proposal was also published in the October 1-14, 1990 issue of *Obstetrics and Gynecology News*.

[207] As described in William Brennan. *The Abortion Holocaust: Today's Final Solution*. Order from Landmark Press, Post Office Box 13547, 1461 Dunn Road, St. Louis, Missouri 63138, or Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. 1983, 237 pages, \$6.95.

[208] Syndicated columnist James J. Kilpatrick. "Fetal Tissue Issue Will Haunt Bush." *The Oregonian*, April 26, 1992, page B4.

[209] Leslie Bond. "Female Infanticide: An Indian Holocaust." *National Right to Life News*, December 4, 1986, page 3.

[210] Allocution of Pope Pius XII to the Congress of the International Union of Catholic Women's Leagues, Rome, Italy, September 11, 1947.

[211] Sacred Congregation for the Doctrine of the Faith. *Declaration on Euthanasia*, May 5, 1980. Section III, "The Meaning of Suffering for Christians and the Use of Pain-Killers."

Facts of Life: Chapter 23: Euthanasia: Why Euthanasia is Wrong -- From a Secular Viewpoint



SHARE

Why Euthanasia is Wrong — From a Secular Viewpoint.

"You are a member of the first generation of doctors in the history of medicine to turn their backs on the oath of Hippocrates and kill millions of old useless people, unborn children, born malformed children, for the good of mankind — and to do so without a single murmur from the august *New England Journal of Medicine*. And do you know what you're going to end up doing? You, a graduate of Harvard and a reader of the *New York Times* and a member of the Ford Foundation's Program for the Third World? Do you know what is going to happen to you?

"You're going to end up killing Jews."

— Walker Percy, *The Thanatos Syndrome*. [212]

The Ultimate Questions. It is one thing to speak of the sanctity of life and of human life being created in the image and likeness of God — but what does the anti-euthanasia activist say when he is confronted by a pro-euthanasia person who does not believe in God — or who believes in a permissive, feel-good bogus "god" who allows anything the person wants?

Anti-euthanasia activists must be able to speak in terms of the negative consequences that assisted suicide and euthanasia have on society at large (i.e., personal insecurity, escalating violence and fraud), and they must be able to explain these ideas in very specific and relevant terms.

When people speak of the philosophical aspects of euthanasia, they will inevitably return again and again to the central focus of the issue. They will invariably be forced to consider the two ultimate questions regarding euthanasia.

These are;

1. Why is euthanasia right (or wrong)?, and
2. Should we not be able to determine the ultimate disposition of our own bodies?

The remainder of this section discusses the reasons that the act of euthanasia is illogical and *wrong* from a purely secular viewpoint, as listed below.

Why Euthanasia is Wrong — *Dead Wrong*

- (1) Euthanasia is irreversible;
- (2) Euthanasia sets a bad example;
- (3) Euthanasia is myopic and lazy;
- (4) Euthanasia is despair personified; and
- (5) Euthanasia is entropic.

Reason #1: Euthanasia is Forever. It is a curious fact that most pro-euthanasia

activists are opposed to capital punishment, primarily because mistakes can be made when administering the death penalty. In other words, once a person has been executed, not even the most conclusive proof of his innocence can bring him back to life.

Precisely the same reasoning may be used to oppose euthanasia. There are literally scores of medical cases on record where people have been judged to be "irreversibly comatose," and then have awakened to lead perfectly normal lives. In fact, it is safe to say that there are many more people who have awakened from 'irreversible' comas than there are innocent people who have been executed in this country.

The "Right to Die" is *not* a right — *it is the taking away of all possible rights.*

Dead men don't choose.

A few cases where euthanasia was considered but rendered moot when the patient in question recovered are outlined below.

- **Teisa Franklin.** This little 21-month old girl ingested a huge quantity of anti-depressant drugs on February 4, 1988, and lapsed into a deep coma. After a rather cursory examination, doctors at Mercy Hospital pronounced her clinically brain dead and stated that she would be a good candidate for organ donation. However, only 18 hours after slipping into the coma, she began to recover, and, on February 11, only one week after the near-fatal incident, she was released from the hospital.[213] Erin Shanahan, Mercy Hospital's perplexed head pediatric nurse, said that "We never would have guessed it would turn out like this." [213] This case demonstrates *precisely* why the euthanasia of comatose persons is such a dangerous practice.

- **Scott and Jeff Mueller.** These twin boys were born in 1981 sharing a leg and large intestine. They were fully developed from the waist up. The attending physician, Petra Warren, decided that they were not worthy of life and attached a "DO NOT FEED" sign to their bassinet. Several nurses disobeyed this order and fed the babies sugar water, which saved their lives.[214] Scott and Jeff were successfully separated at Chicago's Children's Memorial Hospital the following year. Scott died of heart problems in 1984, but Jeff is thriving and lives a normal lifestyle. Predictably, the parents and the doctor who wanted the twins to die were let off scott-free.

- **Jacqueline Cole.** Mrs. Cole awoke on May 15, 1986, 47 days after lapsing into a deep coma induced by a stroke, when a friend came to pay his last respects. Doctors had said her chances of recovery were "one in a million." Her husband, a Presbyterian minister, had gone to court on May 9 — just six days before — to have her disconnected from her life support systems. Fortunately for her, Baltimore Circuit Judge John Brynes refused his request. The minister said that he had "no regrets" at trying to allow his wife to die.[215]

- **Michelle Odette.** Marie Odette Henderson was 26 weeks pregnant when she was declared brain-dead on June 7, 1986, after suffering a stroke three days earlier. Despite the fact that she was carrying a viable baby, Miss Henderson's parents decided to allow her and her baby to die by disconnecting her from her life support systems. Henderson's fiance, Derrick Poole, decided to fight for his baby's life and obtained a court order barring Marie's disconnection until after the baby was delivered. Dr. Donald Dyson

delivered a healthy baby girl at 33 weeks gestation. Michelle Odette's weight was 4 pounds, 5 ounces. Marie Henderson was then disconnected from her life support systems and died three hours later. However, she lives on in her child.

- **Carrie Coons.** Carrie A. Coons, 86, of Rensselaer, New York, was declared to be in an "absolutely irreversible vegetative state" by her doctors after she suffered a stroke and cerebral hemorrhage in November of 1988. For nearly five months, she neither spoke nor showed any signs of alertness. Her 88-year old sister and various doctors and lawyers petitioned the state Supreme Court to allow the removal of her feeding tube. Her doctor, Michael Wolff, a nationally recognized expert in geriatric medicine, declared that she was in a "hopeless" state with "absolutely no chance of recovery." [216]

Coons was the first New York citizen whose petition to die was granted by the State Supreme Court. However, just two days after the Court granted the petition, she woke up and began to eat and speak. Judge Joseph Harris wadded up the right-to-die writ when he heard that she had recovered. Neurologist Ronald Cranford of Minneapolis, a White House commission advisor on right-to-die issues, stated that "It's a dramatic case. It shows you that you're basically never dealing with certainties here." [216] Once again, this case demonstrates why both direct and passive euthanasia should be banned.

- **Harold Cybulski.** The doctors were all ready. 79-year old grandfather Harold Cybulski of Barry's Bay, Ontario, had been pronounced "brain dead and comatose," and the experts who pronounced him so stood by to disconnect his life support systems just as soon as his family had said their last goodbyes. When his two-year old grandson ran into the room and yelled "Grandpa!," Cybulski woke up, sat up, and picked up the little boy! Six months later, he was leading a completely normal life, to include driving the new car he had been looking forward to buying before he became comatose. Cybulski's doctors could find "no explanation" for his instant recovery. [217]

- **Barbie Blodgett and Her Baby.** On June 30, 1988, near Yakima, Washington, the car that 24-year old Barbie Blodgett was riding in was struck by a drunk driver. Three months pregnant at the time, she slipped into a persistent coma, and experts believed that she would never regain consciousness, because her cerebrum, the large part of the brain which controls consciousness and voluntary functions, was simply not working at all. She was unable to speak or eat and was fed through a stomach tube. [218] Other experts predicted grimly that the baby she was carrying would die and/or would worsen her condition to the point of death.

However, her pro-life family maintained hope and continued to pray. And on December 9, 1988, 8-pound Simon Alan Blodgett was born perfectly healthy. Dr. Thomas Benedetti, director of perinatal medicine at the University of Washington School of Medicine, stated that this was the fourth instance known of a comatose woman giving birth. [218] The day after the baby was born, Barbara Blodgett recognized her son, Simon, and began to regain consciousness. A month later, she could communicate and feed her newborn. A year later, she was still partially paralyzed and had to communicate via a computer keyboard. But she said that she "hoped to walk and talk before Simon does," and seemed ready to achieve the goals she had set for herself. [218]

• **Living Organ Donors.** There have been a number of cases in which surgeons have been preparing to remove the organs from "profoundly comatose" persons, only to have them wake up on the operating table.

Just as a surgeon was preparing to remove his kidneys and eyes, S.W. Winogrand winked. He eventually recovered.

Just as a doctor began to make an incision to remove his liver, Philip Cockerham's foot twitched. In North Carolina, an identical scenario unfolded as doctors prepared to remove a 22-year-old man's organs.

In another case, doctors told the mother of a 14-year-old girl that she was "essentially brain dead," and asked them to donate her organs. Two months later she had recovered and was living a normal life.

Even a man who was declared dead after a traffic accident and spent two days lying in a metal box in a mortuary recovered consciousness, screamed for help, and was rescued.[219]

In every one of these cases — and in hundreds of other cases that are reported or unreported *every year* — doctors condemn to a painful death people that they are "absolutely certain" will never recover.

What percentage of people actually recover from PVS?

Medical researchers have performed a number of extensive studies to determine how many people in so-called "irreversible comas" actually recover.

One study of 84 people with a "firm diagnosis" of PVS showed that 41 percent had regained consciousness within six months, 52 percent by one year, and 58 percent within three years.[220] A second study of 26 children in comas lasting more than 12 weeks found that three-fourths eventually regained consciousness. Another study found that one-third of the 370 patients in a "PVS" for up to one year recovered enough to return to work. [221]

Totalling the numbers from these three studies, we see that 192 of 480 PVS patients — or 40 percent — eventually recovered.

It is obvious that, when predicting the futures of patients who are deemed to be in so-called "persistent vegetative states," *there is no such thing as a "sure thing."* It is also obvious that the main motives of many health professionals are the saving of medical resources and cost control, not the saving or betterment of human life.

It is a curious fact that most pro-euthanasia activists oppose capital punishment, primarily because judges and juries make mistakes during trials that can result in an unjust sentence of death. In other words, once a person has been executed, not even the most conclusive proof of his innocence can bring him back to life. Those who support euthanasia are therefore willing to spend an average of \$875,000 to keep a hardened killer behind bars for the rest of his natural life — and hundreds of thousands more on multiple legal appeals to make absolutely certain that every person executed by the State is truly guilty as charged.[222] They are not willing, however, to spend the same amount to keep an *innocent* comatose or ill person alive in the very real hope that he will recover or at least live for an extended period of time.

We must wonder at the level of outrage pro-euthanasia activists would show if it could be proven that close to two-thirds of those executed were innocent — which is the same percentage of "irreversibly comatose" people who eventually recover.

Pro-life activists may use precisely the same reasoning to oppose euthanasia. As noted below, medical people have judged scores of people "irreversibly comatose" only to

noted below, medical people have judged scores of people irreversibly comatose, only to find that these people awaken and lead normal or nearly normal lives.

Capital punishment is forever.

And so is euthanasia.

So, in order to be consistent, those who oppose capital punishment must also oppose euthanasia.

Reason #2: Euthanasia Sets a Bad Example. Whether we like it or not, one of our most important roles as adults in society is to set the example for younger and less experienced people. After all, what we teach young people will largely determine how they run the world after they inherit it — and what kind of world our *grandchildren* will inherit.

What we teach young people will also determine how they treat *us* when we are elderly and infirm.

The number of teen suicides in the United States has exploded to more than 2,000 per year.[223] We read about suicide pacts and teen murder/suicides almost on a weekly basis. Experts in the demographics of suicide (suicidologists) already call this situation "epidemic."

What kind of an example does Janet Adkins give to teenagers when she kills herself just because her piano playing is beginning to deteriorate? Or because she *may* experience some unknown degree of pain eight to ten years down the road — pain that probably could easily be alleviated?

If our society accepts euthanasia, how will we tell a despondent teenager he has no right to kill himself if the cheerleader he adores spurns him? How about the young girl whose pet dies? Or who loses self-respect through premarital sex? Or the boy who doesn't make the baseball team? Or who flunks out of college?

Teenagers don't respond to a double standard. They don't accept the command, "Do as I say, not as I do." If euthanasia becomes legal and accepted by society, we must expect our "epidemic" of teen suicide to become a "pandemic," with perhaps 10,000 to 20,000 additional cases per year. How will we react to 25,000 cases of teen suicide annually without appearing to be grossly hypocritical?

Some pro-euthanasia activists say that an elderly and sick person choosing to die is totally different from a distraught teenager who wants to "end it all." They say that euthanasia is a brave and rational willingness to "face the inevitable," while teenagers contemplating suicide are *unwilling* to face their problems.

Certainly there is a difference between an elderly person thinking about assisted suicide and a despondent teenaged girl with a bottle of sleeping pills in her hand. But young people contemplating suicide in isolation are not thinking clearly at all, especially if their problems are transitory or relatively easy to solve. Such distinctions are lost on them.

[Go to Next Topic: Reason #3: The Euthanasia Mentality is Myopic and Lazy](#)

Endnotes for “Why Euthanasia is Wrong — From a Secular Viewpoint”

[212] As described in Sarah Sullivan. Kevorkian: The Rube Goldberg of Death." *Cornerstone*, Volume 19, Issue 93, pages 14 and 15.

[213] Leslie Bond. "Girl Eyed as Potential Organ Donor Now Doing Fine." *National Right to Life News*, March 24, 1988, page 11.

[214] Front Line Updates. "Siamese Twin Scott Mueller Dies." *National Right to Life News*, May 2, 1985, page 4.

[215] *People Magazine*, October 1986, pages 43 and 44; *Hippocrates*, March 1997, pages 75 to 81; Leslie Bond. "Woman Awakens From Coma After Court Reject's Husband's Request to Withdraw Treatment." *National Right to Life News*, October 9, 1986, pages 1 and 10.

[216] Leslie Bond. "Starvation Order Hastily Rescinded As Carrie Coons Awakens From So-Called "Irreversible" PVS." *National Right to Life News*, April 27, 1989, pages 5 and 7. Also see Nat Hentoff. "Not 'Hopeless Case' After All." *National Right to Life News*, May 11, 1989, page 4.

[217] Cybulski's case is described in "A Little Child Shall Lead Us." *Presbyterians Pro-Life NEWS*, Summer 1990, page 4.

[218] John Wolcott. "The Barbie Blodgett Story." *Living World* (publication of International Life Services, Inc.). Vol. 5, No. 2, pages 8 to 10. Also see David H. Andrusko. "Comatose Pregnant Woman Gives Birth, Then Comes Out of Coma." *National Right to Life News*, February 16, 1989, pages 1 and 10.

[219] *Kansas City Times*, February 13, 1975; *Minneapolis Star Tribune*, March 22, 1993, page 2B; *Memphis Commercial Appeal*, February 8, 1984; *Orlando Sentinel*, August 29, 1990; *Isanti County [Minnesota] News*, January 7, 1988. All of these cases are also described in the Human Life Alliance's undated 16-page advertising supplement entitled "Euthanasia: Imposed Death," page 6.

[220] As described in the *British Medical Journal*, August 1992, pages 304 and 305.

[221] Keith Andrews. "Managing the Persistent Vegetative State: Early, Skilled Treatment Offers the Best Hope for Optimal Recovery." *British Medical Journal*, August 1992, pages 304 and 305; "Results of Head Injury Study Released." *Minnesota Physician*, January 1989, page 5; Lisa Fitterman. "Neurologist Has Cautionary Tales for Euthanasia Fans." *Vancouver Sun* [Canada], September 8, 1993, page B3.

[222] Sister Helen Prejean. *Dead Man Walking*. New York: Vintage Books, 1994, page 130. The figure given in the book is the 1985 price of \$516,000; it is updated to 2002 figures using the Consumer Price Index (CPI).

[223] United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States, 1990* [Washington, D.C.: United States Government Printing Office]. Table 124, "Suicides, By Sex and Methods Used: 1970 to 1986." For the years 1980-1996: *Statistical Abstract of the United States, 1999*. Table 14, "Resident Population, by Age and Sex: 1980 to 1998," and Table 149, "Suicides, By Race, Age, and Method: 1980 to 1996."

Facts of Life: Chapter 23: Euthanasia: Reason #3: The Euthanasia Mentality is Myopic and Lazy



SHARE

Reason #3: The Euthanasia Mentality is Myopic and Lazy. Pro-euthanasia activists are extremely clever and skillful at manipulating public opinion through emotional appeals such as the "hard cases" and through appeals to self-interest. They use the same tools employed by the pro-contraception activists of the 1920s and 1930s (read any issue of Margaret Sanger's *Birth Control Review* to see how heavily she emphasized the "hard cases"). They are also copying the tactics of the pro-abortion activists whose entire strategy for legalizing abortion was built on an almost exclusive emphasis on the "hard cases" of rape, incest, and life-threatening pregnancies. The euthanasiasts believe everyone should possess the right to do away with themselves, and they also believe society should not be concerned about such self-destructive acts.

This philosophy is not only irresponsible, it is extremely dangerous. Everyone in a society develops, throughout his life, a complex web of relationships. Every person significantly affects many other members of society, often without realizing it.

A society-system is roughly analogous to a human body. Its major cities represent organs; the capital is the brain (in the United States, this 'brain' often appears to be mentally handicapped); the interstate highways are the arteries, and local roads are the capillaries, carrying nutrients to every cell. We, as individuals, might represent blood cells conveying nutrients to every other cell and organ in the body.

In this setting, euthanasia could be considered a type of leukemia, where individual blood cells start destroying themselves randomly and at an ever-increasing rate.

No human body can live with an acute case of leukemia, and no society can endure if its people destroy themselves at a high enough rate.

All of a healthy body's cells work together to promote the common good of the body. Similarly, individuals work together to advance the common good of society. Each of us plays a vital part in this complex *corpus*. Just as our bodies could not survive if individual cells took it upon themselves to randomly 'self-destruct,' our society cannot tolerate the accelerated destruction of its individual members without serious damage.

Reason #4: Euthanasia is Despair Personified. What deeper expression of despair is there than to kill oneself?

Virtually everyone has, at one time or another, experienced despair so deep

that they may even have considered how easy it would be to just "let go" and die. This kind of depression is no joke, and it does no good to simply tell the person to just "Snap out of it!" Quick and easy solutions don't work — only focused attention and caring and love does.

Deep despair can easily lead to one of the more than 30,000 suicides the United States suffers annually (see Figure 23-16).

Figure 23-16

Statistics on United States Suicides, 1970-2004

Year	Total Annual Suicides	Annual Suicides, Ages 15-19	Teenage Suicide Rate (per million)
1970	23,480	1,141	59
1971	24,156	1,206	61
1972	24,852	1,275	63
1973	25,568	1,348	66
1974	26,305	1,425	68
1975	27,063	1,506	71
1976	27,024	1,560	73
1977	26,985	1,617	76
1978	26,946	1,675	79
1979	26,908	1,735	82
1980	26,869	1,797	85
1981	27,367	1,807	88
1982	27,874	1,818	91
1983	28,391	1,828	94

1983	28,571	1,828	97
1984	28,917	1,838	97
1985	29,453	1,849	99
1986	29,767	1,916	102
1987	30,086	1,987	106
1988	30,407	2,059	111
1989	30,232	2,009	111
1990	30,906	1,979	111
1991	30,810	1,899	110
1992	30,484	1,847	108
1993	31,102	1,884	108
1994	31,142	1,948	110
1995	31,284	1,890	104
1996	30,903	1,817	97
1997	30,535	1,802	94
1998	30,906	1,725	90
1999	29,556	1,629	85
2000	39,606	1,551	80
2001	30,342	1,576	80
2002	31,006	1,591	80
2003	31,494	1,588	79
2004	31,647	1,654	82

References: For the years 1970-1979: United States Department of Commerce, Bureau of the Census. Reference Data Book and Guide to Sources, *Statistical Abstract of the United States, 1990* [Washington, D.C.: United States Government Printing

Office]. Table 124, "Suicides, By Sex and Methods Used: 1970 to 1986." For the years 1980-1997: *Statistical Abstract of the United States, 2000*. Table 138, "Suicides By Race, Age, and Method: 1980 to 1997." For the years 1998-2004: United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. *Health, United States, 2006* [Washington, D.C.: United States Government Printing Office, 2006]. Table 46, "Death Rates for Suicide, by Sex, Race, Hispanic Origin, and Age: United States, Selected Years, 1950-2004." This document is available here.

Perhaps the saddest sight in life is a person totally without hope. This is because, as long as there is a means to overcome one's troubles, hope remains. When a person has lost all hope, he has lost all faith that he has any control over his situation.

Our society's emphasis on "choice" and "control" has aggravated this problem terribly. The anti-lifers, the government, and the media tell us that we cannot have control if we cannot have a wide range of choices or avenues of action. So, we have become *conditioned* to think that, if we lose options, we have lost control of our lives. And, if we lose control of our lives, we think that those lives are not worth living. We perceive ourselves as less than "fully human" if we cannot have total control all of the time.

This is nonsense. As long as we are living, we can seek to improve our situation. We can actually generate choices ourselves if we have learned to possess initiative and imagination. What's more, there are always people, churches, groups and agencies available to help, whatever our problems may be.

To kill oneself, of course, is to *really* lose control of the situation.

After all, once again — *dead people don't choose!*

Reason #5: Euthanasia is Entropic. "Entropy" is the measure of the degree of disorder of systems. And all systems — from the smallest to the largest, and from the simplest to the most complex — tend to accumulate entropy, unless positive steps are taken to prevent this process. This immutable principle applies equally to living and nonliving systems.

Every type of human or mechanical system requires effort in order to maintain it in an ordered state. Every type of system, if it is neglected, will begin to decay and disintegrate. There are absolutely no exceptions to this rule (if you

think there are, try to think of one);

- A lawn will sprout weeds unless the gardener remains vigilant. Eventually, if it is not cared for, the lawn will return to its original riotous, biologically diverse and disordered state.
- A pickup truck will rust, detune, and accumulate beer cans unless the driver has pride of ownership. Eventually, if it is not maintained, it will fall apart and will be hauled to a junkyard.
- We read lately about our country's deteriorating infrastructure. Our roads, bridges, and water and sewer systems are falling apart because not enough maintenance money is allocated to them.
- Our bodies, as they age, accumulate aches and pains as organs wear out and begin to malfunction. We must feed our bodies the proper foods, exercise, and refrain from destructive activities like the use of tobacco products, illegal drugs, and excessive alcohol. Eventually, if our bodies are not maintained, they will sicken and die far too soon.
- Our consciences require constant exercise and discipline. If we do not maintain constant vigilance over our attitudes and beliefs, we will become self-centered. We will live only for self-gratification. Eventually, our consciences will sicken and die.
- Relationships require a lot of work if they are to bear fruit. Human beings do not respond well to neglect. A marriage or friendship needs commitment and effort in order to succeed. Millions of marriages have failed from simple neglect.
- A society requires unselfish, hard-working, imaginative and patriotic individuals for its survival. When its individual members become obsessed with themselves and their own selfish pleasures, a society will sicken and eventually be absorbed by other cultures. This principle, a basic lesson of history, holds true even for animal-based clans and troops.
- The principle of increasing entropy applies even to the largest system of all — the universe. As long as prodigious quantities of energy in all its forms is being exchanged, the universe will live on. However, tens of billions of years from now, the universe will experience its 'heat death,' when everything is the same temperature and entropy (disorder) is at a maximum.

Entropy, while a fact of life everywhere, is considered 'bad' in virtually all cases. When highly organized systems (i.e., cars, computers, bodies, minds and societies) increase their degree of entropy drastically, they will rust, break down, or die.

The anti-life mentality is basically entropic by nature. It favors contraception,

pornography, homosexual acts, sterilization, abortion, and euthanasia. This strange mindset strives to destroy the natural and efficient function of the human reproductive system, and ultimately, considers man to be just another animal.

Curiously, while it considers humanity just another species of animal, it fails to recognize that non-instinct driven euthanasia is unknown in the animal world.

Finally, it is a universal axiom that anything manmade that is 'good' is difficult to initiate, maintain, improve or enlarge, while it is difficult to *prevent* what is 'bad' from spontaneously initiating, continuing, or expanding — weeds, cancer, crime and rust are a few examples.

In other words, 'bad' manmade or man-influenced things grow by themselves; 'good' things must be continuously nurtured.

By commutative reasoning, we may infer that whatever is man-influenced and grows by itself is 'bad.' This is particularly true of social issues.

Abortion is a good example of this reasoning. In a period of just five years, it expanded relentlessly, almost effortlessly, from a few exceptions in a few states to a universal 'right' available through all nine months of pregnancy all over the country. By contrast, a 'good' social expansion is the civil rights movement, which required decades of struggle on many fronts, the martyrdom of dozens, and is still not complete.

Another 'good' example of civil rights activism is our own pro-life (anti-abortion) movement, which must struggle relentlessly against the full weight of the media and the state and Federal governments. Every small advance must be vigilantly guarded, or it will be reabsorbed quickly and effortlessly.

We can see that euthanasia is expanding relentlessly and effortlessly, just as abortion did twenty years ago. We began our euthanasia 'program' with a few extreme cases — allowing those in extreme agony, days from dying, to pass away peacefully and passively — and now, we annually have thousands of handicapped newborns dying of neglect and many more thousands of elderly secretly 'put away' by our doctors and nursing homes.

Another good way of telling whether something is "good" or "bad" is by measuring the amount of confusion it causes (confusion being defined in this case as hindrance(s) to communication and/or understanding). If something is deliberately made incomprehensible to average people, it is usually not in their best interest. If a social proposal is confusing and undecipherable, it is usually something that the anti-lifers are trying to "slip by" us. In fact, they know that they *must* make things complicated and incomprehensible in order to make their advances. This tactic might called "mystagoguery," which is the exact opposite of trying to advance understanding.

As always, anyone who sees the euthanasia issue in "black and white" terms is condemned as "simplistic" by the Hemlock Society and other anti-life

organizations. It is in the best interests of these groups to make the issue appear to be as complicated and as vague as possible, because then the vast majority of the public will feel timid and unqualified to comment or even hold an opinion on it.

This mighty weapon of "mystagoguery" worked very well for the pro-abortionists, particularly regarding the issue of "when life begins." Now the anti-lifers are trying to confuse us as to when human life *ends*.

The thicket of conflicting pro-euthanasia laws and judgments, promulgated in a moral and ethical vacuum, are inevitably leading to situations of unparalleled savagery and confusion.

For example, 13-year old Bunny Brown was shot by Daniel Joseph Yates and subsequently lay in a coma in a hospital. Four months after the brutal attack, she was regaining strength and was able to breathe by herself. However, her parents, sick of the emotional stress connected to her injury, obtained a court order that authorized the hospital to starve Bunny to death.

Then Daniel Yates, the would-be killer, reentered the scene. Somehow, he eluded the police and obtained another gun. He entered the hospital and shot Bunny in the head, ending her life for good.

At trial, Yates' lawyers argued that he should not stand trial for murder, since the hospital and Bunny's parents were already killing her by starvation. Strangely, Yates' lawyers had previously argued *against* allowing Bunny to starve to death, because if the girl died by any cause, it would reflect unfavorably upon their client.

A legal writer for the Bremerton [Washington] *Star* recommended that the jury should be instructed that Yates be found guilty only if prosecutors prove that Bunny Brown would have died within three years and a day of the *original* assault had she continued to receive food and water.

What a tangled web we weave! Nowhere is this more true than in the issue of euthanasia.

[Go to Next Topic: What Can You Do to Fight Euthanasia?](#)

Return to *Euthanasia* Table of Contents

Facts of Life: Chapter 23: Euthanasia: What Can You Do to Fight Euthanasia?



 SHARE

What Can *You* Do to Fight Euthanasia?

"I see no reason for attributing to man a significance different in kind from that which belongs to a baboon or a grain of sand."

— United States Supreme Court Associate Justice Oliver Wendell Holmes.[224]

Fight Evil with the POPE. Over the years, experienced pro-life activists have developed a very effective method for fighting the seemingly unstoppable abortion/euthanasia juggernaut.

This general procedure is summarized by the acronym "POPE"
— Pray, Organize, Plan and Expose. The following paragraphs describe these steps in detail.

The First Step: Pray. If you feel called to fight abortion, euthanasia, or any other anti-life evil, you must first of all *pray*.

The battle between the Culture of Life and the Culture of Death is incomprehensibly vast. It covers not only euthanasia, but contraception, abortion, population control, pornography, homosexuality, capital punishment and a dozen other major fields of contention. This struggle is like an iceberg; the part that is visible to us is only a small portion of the conflict. The vast majority takes place in the invisible supernatural sphere.

Eventually, you will have to determine your specific role in fighting euthanasia. Ask God for guidance, and ask Him to make your course of action perfectly clear. Listen to what He has to say with a willing heart and an open mind. If He has a mission for you, He will make it clear to you. But you have to faithfully and patiently listen in order to hear.

You must recognize that you will be facing an implacable enemy representing a direct and immediate threat to human life in the same manner the pro-abortion movement does. This enemy, unwittingly inspired and directed by Satan, naturally uses all of his tools, including lies, deception, and the most vicious of personal attacks.

If you become effective at fighting euthanasia — and you must *set out* to become effective — the euthanasiasts will relentlessly attack you, both directly and indirectly. You must assess your own personal situation, and that of your family, and insure that both can hold up under the additional stress you will inevitably have to endure

inevitably have to endure.

Remember that fighting for life requires real sacrifice. It can be a difficult and even dangerous task at times. You *will* be reviled and mocked; you *will* feel alone and abandoned; and you *will* feel like giving up and quitting the field of battle at times.

But if you endure, Our Lord will reward you richly with something that all human beings long for: Perfect peace and joy, the likes of which you can find no place else on earth! You will be able to confidently proclaim with Saint Paul: "I am filled with comfort. With all our affliction, I am overjoyed" [2 Corinthians 7:4].

Remember the Beatitudes. Our Lord said Blessed are those who are persecuted for righteousness' sake, for theirs is the kingdom of heaven.

Blessed are you when men revile you and persecute you and utter all kinds of evil against you falsely on my account.

Rejoice and be glad, for your reward is great in heaven, for so men persecuted the prophets who were before you [Matthew 5:10-12, RSV].

You will often be "blessed" by the euthanasiasts — and in very colorful terms!

All Catholics must keep in mind that the holy sacrifice of the Mass is the most powerful prayer of all. If you can, try to attend at least one weekday Mass a week, and offer intentions for the conversion of specific local or national pro-euthanasia activists.

The Second Step: Organize. Seasoned campaigner Edmund Burke once said that "When bad men combine, the good must associate [with each other]; else they will fall one by one, an unpitied sacrifice in a contemptible struggle."

A single person who raises his or her voice in opposition to the politically correct tide of death will quickly be crushed under a tidal wave of ridicule and condemnation; but a *dozen* well-organized activists or, better yet, a *hundred* with truth on their side will be an obstacle that even the well-funded and media-supported euthanasiasts will be unable to ignore or silence.

The euthanasia pushers are everywhere, whether or not you see them. They are in the legislatures. They are in your church. And they are in respected groups like the American Association of Retired Persons (AARP) and national hospice groups.

Since the euthanasiasts are everywhere, you absolutely must *organize* as quickly as you possibly can, because lives in your community are in imminent danger.

You cannot do anything by yourself; so immediately start to ask your pro-life (you know who they are) to get involved. Make up a list of names and a

(you know who they are) to get involved. Make up a list of names and a telephone or computer e-mail tree.

Don't worry about sheer numbers; the Lord will raise up exactly enough missionaries to do His work effectively. If you have only three friends who feel as strongly you do, surely they will know others. See if you can get a dozen together. Fifty, of course, would be even better.

It is also essential to have a good spiritual director who will guide your steps and give you the guidance you need in times of stress. You know who he is: The lonely priest who has spoken up fearlessly for truth many times and who is often an object of ridicule and contempt to both the laity and even his brother priests.

He is the one you need.

Once you have gathered together some names and have a spiritual director advising you, begin setting up meetings. Although many people don't like them and think that they are a waste of time, meetings are essential, especially in the beginning of any group's existence. Remember three tactical principles as you get started;

(1) Anonymity. Don't give the pro-euthanasia opposition an easy target to attack. Especially in the case of euthanasia, the anti-lifers are accustomed to getting their way because there is virtually no opposition to their activities. They will be shocked when someone speaks up against them, because they actually believe that nobody has the right to oppose them.

The minute the euthanasiasts learn the name of your group, they will undertake a systematic campaign of slander and ridicule at the local level which is designed to undermine your effectiveness and your credibility.

This is standard operating procedure (SOP) for anti-life groups, and it is a very effective tactic. They are experts at stereotyping. It does not matter that they know nothing about your group beyond your name; suddenly media and Church leaders will hear that you are "uncompassionate," "religious fanatics," "extremist" and "divisive."

To avoid or blunt this kind of crippling attack, keep your group's existence under wraps for as long as you possibly can. It helps to *not* give your group a name in many cases, because lack of a name prevents the euthanasiast's propaganda machinery from fixing upon a tangible target.

(2) Security. Whatever you are doing, keep your mere *existence* and your plans concealed for as long as you possibly can. Operate strictly under a "need to know" principle — only inform the minimum number of people required to plan your activities effectively. This will allow you to avoid attacks by the euthanasiasts and will give you the element of surprise, which can be devastating. Your objective is to achieve a stunning victory on your first try, thus boosting

the *esprit de corps* of your people and shocking the morale of the pro-euthanasia people.

(3) Information. You should begin gathering information on the euthanasiasts as soon as you possibly can. In a group of a dozen or more people, there are generally one or two who enjoy doing research and investigation. Put them to work right away!

The information you should look for includes;

- the euthanasia pusher's viewpoints and attitudes, the way they think, and their psychology. When pro-lifers *understand* their opposition, they can accurately predict what they will do in the future and how they will react to their initiatives.
- the euthanasiast's level of morale.
- concrete and specific information about pro-euthanasia organizations, to include who leads them, how many people they have, what resources they have, where their money come from, what other anti-life groups work with them, and who backs them. This is especially important if you are facing a local affiliate of a national group such as the Hemlock Society.
- the euthanasiast's long-range plans (strategies) and short-term plans (tactics). Some of these are described elsewhere in this Chapter.

When you are gathering and processing your information, remember the four "X"s:

1. **Explore:** Take some time right "up front" to research the most likely sources of relevant information so you will use your time in the most efficient manner. These include the euthanasiast's Web sites and newsletters. If they have a local chapter, have one of your people join it and gather information. This is absolutely the best way to keep an eye on them.
2. **Examine:** Carefully scrutinize the information you gather and rank it according to relevancy and usefulness. Should you take the time to process and use it right away, or should you file it for future use?
3. **Explain:** Compile the information you have gathered from various sources into a single readily understandable and handy document that is clear and pertinent to the situation.
4. **Exchange:** Give your processed information to whatever groups or individuals will find it most useful, both at the local and national levels.

Learn the Pro-Euthanasia Slogans. The most time-consuming part of your preparation will be learning about the pro-euthanasia slogans and how to debunk them. There is nothing more effective, powerful and inspiring than having an informed and eloquent person stand up and debunk the lies of the euthanasiasts on the spot, in front of a crowd of people. However, you cannot do this until you know *exactly* what the euthanasiasts are going to say, and until you study the many weak points in their arguments.

Fortunately, euthanasia pushers are notoriously unoriginal and inflexible thinkers. They repeat the same falsehoods and distortions over and over again, and often become confused, flustered and enraged when confronted with a knowledgeable opponent.

Basically, a slogan is an attractively prepackaged "thought-free" idea. Its allows a person to accept a position or philosophy without critically examining it or thinking about it.

People *use* slogans for two reasons: (1) to conceal their ignorance of the topic, or, more commonly (2) to divert attention away from the topic because they recognize the weakness of their moral and ethical position.

People *accept* slogans for two reasons: (1) because they do not want to think about the evil behavior they are supporting, or (2) because they do not want to be seen as backwards or reactionary by questioning the slogans, even if they do not fully understand them.

It follows that the density of slogans used by a person or movement is inversely proportional to their knowledge of the topic and the strength of the moral position they support. This is why *all* anti-lifers base their arguments almost solely on slogans.

Figure 23-17 lists the most common pro-euthanasia slogans. You will find the rebuttals to most of these slogans elsewhere in this Chapter. Note that they all echo slogans used by the pro-abortion movement. Notice also that, without exception, the slogans avoid the central issue and try to divert attention to some tangential and inconclusive topic. It is *your* job in a debate or discussion to relentlessly drag the focus of attention back to the central issue of euthanasia.

Figure 23-17

The Most Common Pro-Euthanasia Slogans

Slogans that Avoid the Issue by Focusing on Freedom

- "We demand the freedom to choose death with dignity! Freedom of choice!"
- "The right to die is my Constitutional right!"
- "Euthanasia is perfectly legal" [in some places], so you have no right to interfere with it."
- "You can't legislate morality!"
- "Don't foist your morality off on me!"
- "Who will decide — you or the State?"
- "When to die should be a decision between a person, his physician, and his God."

Slogans that Avoid the Issue by Portraying Themselves and Sick People as Victims

- "Legalizing physician-assisted suicide will encourage respect for the law."
- "Banning assisted suicide discriminates against poor women."
- "We are being oppressed by rich, lavishly-funded anti-choice groups."

Slogans that Avoid the Issue by Employing Misleading Metaphysical Arguments

- "We should be able to do whatever we want with *our* bodies."

- "We really don't know when life ends."
- "A person in a persistent vegetative state is post-human."
- "Someone in a persistent vegetative state is not a person."
- "We're not pro-euthanasia — we just want people to have a choice."
- "Most religious people support physician-assisted suicide."
- "Assisted suicide is a [complex, difficult, agonizing] decision."
- "Assisted suicide should be safe, legal and rare/I'm personally opposed to it."

Slogans that Avoid the Issue By Attacking Anti-Euthanasia Activists

- "You religious fanatics do not represent the mainstream"/"We are in the majority."
- "If you're against assisted suicide, don't do it yourself."
- "Assisted suicide saves millions of scarce health care dollars every year."

[Go to Next Topic: Anti-Euthanasia Groups That Can Help You](#)

[Return to Euthanasia Table of Contents](#)

Endnotes for “What Can *You* Do to Fight Euthanasia?”

[224] United States Supreme Court Associate Justice Oliver Wendell Holmes, quoted in Richard Hertz. *Chance and Symbol* [Chicago: University of Chicago Press, 1948], page 107. Originally in *Relf v. Weinberger*, 372 F.Supp.1196 (D.D.C.1974), remanded for modification, *sub nom Relf v. Matthews*, 403 F.Supp.1235 (D.D.C.1975). Also see the "Women's Guide to Reproductive Rights." American Civil Liberties Union's Reproductive Freedom Project, 1981, page 23.

Facts of Life: Chapter 23: Euthanasia: Anti-Euthanasia Groups that Can Help You



Anti-Euthanasia Groups That Can Help You. You do not have to learn all of this information by researching it yourself. There are several nationally-based euthanasia-fighting groups that can give you information and expertise.

No matter how talented, imaginative and experienced a person is, he will almost always accomplish more if he joins forces with other people who share his goals.

If you would like to help fight euthanasia, your first step should be to contact a national anti-euthanasia group to see whether it has a branch in your area. If there is no local group that is *specifically* anti-euthanasia, local generalist-type pro-life organizations may be involved in combatting the killing of the sick and elderly.

The following pro-life organizations oppose euthanasia in the United States and possess resources and experience that any anti-euthanasia activist will find useful.

These include;



American Life League (ALL)
Post Office Box 1350
Stafford, Virginia 22555
Telephone: (540) 659-4171
FAX: (540) 658-2586
Web site: <http://www.all.org/>
Publications: *Celebrate Life!* and *Communique*
Areas of Expertise: Abortion, bioethics, chastity, cloning, euthanasia, and legislation.

American Life League sponsors the American Bioethics Advisory Committee (ABAC), Jim Sedlak's Stop Planned Parenthood (STOPP), Dentists for Life, Rachel's Vineyard and Why Life?



Americans United for Life (AUL)
310 South Peoria Street, Suite 300
Chicago, Illinois 60607-3534
Telephone: (312) 492-7234
Fax: (312) 492-7235
E-mail: info.aul@juno.com
Web site: [http://
www.unitedforlife.org/](http://www.unitedforlife.org/)
Areas of Expertise: Abortion and
litigation

The vision of Americans United for Life is a nation in which abortion and euthanasia are neither desired nor legal. Its mission is to protect every person in America from abortion and euthanasia through law and education. AUL is a nonsectarian, nonpartisan, nonprofit public interest organization that specializes in legislation, litigation and education. Founded in 1971, AUL focuses on initiatives that will change public policy and opinion on sanctity of human life issues in the short term, while laying the groundwork for comprehensive protection of human life over the long term. Americans United for Life serves pro-life legislators, lobbyists, and leaders at the state and national level. AUL benefits the unborn and people of all ages.



Care Net
44180 Riverside Parkway
Lansdowne, Virginia 20164
Telephone: (703) 478-5661
E-mail: info@care-net.org
Web site: <http://www.care-net.org/>
Areas of Expertise: Politics and
crisis pregnancy

Care Net is a politically-oriented organization which founded the crisis pregnancy center (CPC) concept. Its primary goal is to get churches of all faiths involved in the struggle against abortion, infanticide, and euthanasia. Care Net sponsors the fall national Pastor's Protest Against Abortion and the January Sanctity of Life Sunday. The national

headquarters has an excellent reading list of material on abortion, infanticide, euthanasia, and the Christian response to the Culture of Death.



Citizens United Resisting
Euthanasia (CURE)
303 Truman Street
Berkeley Springs, West Virginia
25411
Telephone: (304) 258-LIFE
Web site:[http://mysite.Verizon.Net/
cureltd/index.html/](http://mysite.Verizon.Net/cureltd/index.html/)
Area of Expertise: Euthanasia

Citizens United Resisting Euthanasia is a nationwide network of concerned citizens of diverse professional, political, and religious backgrounds bound together in a common cause: Uncompromising opposition to euthanasia. To this end, we practice compassion, unity, research, and education.



Feminists for Life of America
(FFLA)
Post Office Box 20865
Alexandria, Virginia 22320
Telephone: (703) 836-3354
Web site:[http://
www.feministsforlife.org/](http://www.feministsforlife.org/)
E-mail: info@feministsforlife.org
Areas of Expertise: Abortion,
euthanasia and women

Established in 1972, Feminists for Life is a non-sectarian, grass-roots organization that seeks true equality for all human beings, particularly women. We oppose all forms of violence, including abortion, euthanasia and capital punishment, as they are inconsistent with the core feminist principles of justice, non-violence and non-

discrimination. Our efforts focus on education, outreach and advocacy, as well as facilitating practical resources and support for women in need.



Human Life International (HLI)
4 Family Life
Front Royal, Virginia 22630
Telephone: (540) 670-7884
Web site: <http://www.hli.org/>
Areas of Expertise: Abortion,
euthanasia, family, research and
international

HLI fights *all* aspects of the Culture of Death, from contraception and surgical and chemical abortion to population control and euthanasia all over the world. Planned Parenthood has called HLI its "number one enemy," which means that it is quite effective indeed. HLI has an expert staff of consultants, researchers, and advisors. The annual dues of \$25 includes 12 issues of the HLI newsletter, and an additional \$15 will purchase a year of HLI *Special Reports*, published monthly.



International Task Force on Euthanasia and Assisted Suicide
Post Office Box 760
Steubenville, Ohio 43952
Telephone: (614) 282-3810
Web site: <http://www.iaetf.org/>
Area of Expertise: Euthanasia

This group, formerly named the International Anti-Euthanasia Task Force (IAETF), is an international leader in the ever-increasing debate over assisted suicide and euthanasia. The IAETF concentrates solely on the issues surrounding assisted suicide and euthanasia and addresses these issues from a public policy perspective. The goal of the IAETF is to influence the assisted suicide and euthanasia debate — which will

affect public policy, medical practice and the lives of everyone — so that a patient's right to receive care and compassion will not be replaced by a doctor's right to prescribe poison or administer lethal injections.



Lutherans For Life
1120 South "G" Avenue
Nevada, Iowa 50201-2774
Telephone: 1-(888) 364-LIFE (5433)
or (515) 382-2077
FAX: (515) 382-3020
E-mail: info@lutheransforlife.org
Web site: <http://www.lutheransforlife.org/>
Areas of Expertise: Abortion,
euthanasia and religious

Lutherans For Life believes that the Church is compelled by God's Word to speak and act on behalf of those who are vulnerable and defenseless. The crisis of our times is the repudiation of Biblical truth manifested in the wanton destruction of innocent human life through legalized abortion-on-demand and the growing threat to the lives of others through legalized assisted suicide and euthanasia. Therefore, as Lutherans For Life, we will strive to give witness, from a Biblical perspective, to the Church and society on these and other related issues such as chastity, post abortion healing, and family living.



National Catholic Bioethics Center
(NCBC)
6399 Drexel Road
Philadelphia, Pennsylvania 19151
Telephone: (205) 877-2660
FAX: (205) 877-2688
E-mail: consults@ncbcenter.org
Web site: <http://www.ncbcenter.org/>
Publications: *Ethics and
Medics and The National Catholic
Bioethics Quarterly*

~~Areas of Expertise:~~
Areas of Expertise: Bioethics and
research

The mission of the National Catholic Bioethics Center is to engage in research and reflection, within the Catholic tradition, on moral issues arising in health care and the life sciences, and to make the results of this research available in various educational and publishing activities, workshops and seminars, as well as in consultations with private individuals, bishops, priests, physicians, nurses, hospital administrators, and those who shape law and public policy. The vision of the National Catholic Bioethics Center is to be an effective resource and positive force in the Church and society for promoting and safeguarding respect for the dignity of each human being from conception until natural death by helping those involved in health care to understand how the moral teachings of the Church apply in contemporary situations. The National Catholic Bioethics Center carries out its work for the sake of all people with full openness to the findings of modern science and with complete fidelity to the magisterial teaching of the Catholic Church.



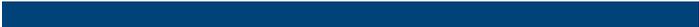
National Council of Catholic Women
(NCCW)
200 Glebe Road, Suite 703
Alexandria, Virginia 22203
Telephone: (703) 224-0990
FAX: (703) 224-0991
E-mail: nccw01@nccw.org
Web site: <http://www.nccw.org/>
Areas of Expertise: Women and
education

The National Council of Catholic Women is a federation of 7,000 Catholic women's organizations representing millions of Catholic women across the country. It was founded in 1920 at the request of the United States Catholic bishops, who had seen the work accomplished by the many separate Catholic women's groups during World War I and urged them to unite their efforts by forming a federation. Today, NCCW is composed of affiliated parish or area women's groups, and diocesan and national organizations, as well as supporting members. The organization acts through these affiliates to support.

educate and empower all Catholic women in spirituality, leadership and service.

Not Dead Yet! (NDY)
Progress CIL
7521 Madison Street
Forest Park, Illinois 60130
Telephone: (708) 209-1500
TTY (708) 209-1826
FAX: (708) 209-1735
Web site: [http://
www.notdeadyet.org/](http://www.notdeadyet.org/)
Area of expertise: Euthanasia

Since 1983, many people with disabilities have opposed the assisted suicide and euthanasia movement, which advocates a deadly double standard for people with severe disabilities (terminal and non-terminal). Our opposition to this ultimate form of discrimination has been ignored by most media and courts; and countless people with disabilities have already died, their "cry for help" misinterpreted. On April 27, 1996, Not Dead Yet! was formed, shortly after Jack Kevorkian was acquitted in the assisted suicides of two women with non-terminal disabilities. For the first time in history, the targets of legalized assisted suicide and euthanasia have come together to oppose the political movement that would sacrifice our lives for their idea of dignity and "the greater good" — and the profits of the health care industry. In a 1997 Supreme Court rally, the outcry of 500 people with disabilities chanting "Not Dead Yet" was heard around the world. Since then, ten other national disability rights groups have joined NDY in opposing legalized assisted suicide and euthanasia, and we helped put Jack Kevorkian behind bars. People already have the right to refuse unwanted treatment, and suicide is not illegal. What we oppose is a public policy that singles out individuals for legalized killing based on their health status. This violates the Americans With Disabilities Act, denies us the equal protection of the law, and health professionals decide who is "eligible." In these days of cost cutting and managed care, we don't trust the health care system, and neither should you. Moreover, assisted suicide proponents have a broader agenda that includes non-voluntary euthanasia.



Physicians for Compassionate Care
Educational Foundation (PCCEF)
Post Office Box 6042
Portland, Oregon 97228-6042
Telephone: (503) 533-8154
FAX: (503) 533-0429
Web site: <http://www.pccef.org/>
Areas of Expertise: Euthanasia,
education and politics

The PCCEF affirms an ethic based on the principle that all human life is inherently valuable and that the physician's roles are to heal illness, alleviate suffering, and provide comfort for the sick and dying. PCCEF promotes compassionate care for severely ill patients without sanctioning or assisting their suicide.



Pope Paul VI Institute for the Study
of Human Reproduction
6901 Mercy Road
Omaha, Nebraska 68106-2604
Telephone: (402) 390-6600
FAX: (402) 390-9851
E-mail: pop paul@mitec.net
Web site: [http://
www.popepaulvi.com/](http://www.popepaulvi.com/)
Areas of Expertise: Bioethics,
euthanasia, education, research and
natural family planning

The Pope Paul VI Institute for the Study of Human Reproduction is a multi-faceted organization which dedicates its programs of research, education, ethics, and service to building strong marriages and healthy families. As the Institute pursues the development of morally and professionally acceptable reproductive health services, it is committed to the development of a culture of life based on responsible parenthood, responsible fertility regulation, and ethical means for the treatment of infertility and related reproductive disorders. Taking its direction from the wisdom of the Roman Catholic tradition, the Pope

disorders. Taking its direction from the wisdom of the Roman Catholic tradition, the Pope Paul VI Institute has been built on the rock of faith, continues to take its strength from that faith, and looks forward to serving God's people into the third millennium by the light of that faith. The Pope Paul VI Institute is the leading education and research center in the United States for natural family planning. Directed by Thomas W. Hilgers, M.D., it has received both national and international recognition for its outstanding achievements in the field of natural fertility regulation and reproductive medicine. The Pope Paul VI Institute is the home of the ongoing research activities which so uniquely support the Creighton Model FertilityCare System and the new reproductive and women's health science, NaProTechnology. It is also the home of the National Center for Women's Health and the National Hormone Laboratory which provides medical support to women with reproductive and gynecologic problems. Dedicated to Pope Paul VI's challenge to "physicians and health care professionals" and to "men of science," it is a living memorial to the challenges placed before us by Pope Paul VI in this encyclical letter *Humanae Vitae* ("Of Human Life").



Presbyterians Pro-Life
3942 Middle Road
Allison Park, Pennsylvania 15101
Telephone: (412) 487-1990
FAX: (412) 487-1994
E-mail: ppl@ppl.org
Web site: <http://www.ppl.org/>
Areas of Expertise: Abortion,
euthanasia and religious

Presbyterians Pro-Life seeks to be a prophetic witness to the Presbyterian Church (USA) by upholding the sacred value of human life and the family. We believe the Scriptures teach that God, who made us in His own image, has forbidden us to shed innocent blood. Therefore, Presbyterians Pro-Life is committed to protecting the right to life of every human being from the moment of conception to the moment of natural death. In decisions about life and death, the sanctity of life of both mother and child must be respected, and every effort to preserve their lives should be made. This leads us to stand against abortion, infanticide, euthanasia, and any other practice which would

devalue human life. Presbyterians Pro-Life is convinced that a return to the Biblical teaching concerning the sacred value of the family is essential to recovering respect for the sacred value of individual human lives. God has ordained the family, the basic social unit of all human institutions, to propagate, protect and nurture human life. Presbyterians Pro-Life is committed to strengthening the bonds of family love and nurture, and to protecting innocent life.



Priests for Life
Post Office Box 141172
Staten Island, New York 10314
Telephone: 1-(888) PFL-3448 or
(718) 980-4400
FAX: (718) 980-6515
E-mail: mail@priestsforlife.org
Web site: [http://
www.priestsforlife.org](http://www.priestsforlife.org)
Areas of Expertise: Abortion and
religious

Priests for Life is an officially approved association of Catholic clergy who give special emphasis to the pro-life teachings of the Church. We offer ongoing assistance to the clergy in addressing the topics of abortion and euthanasia, and training and resources to the entire pro-life movement.



Secretariat for Pro-Life Activities,
United States Conference of
Catholic Bishops (USCCB)
3211 4th Street, N.E.
Washington, DC 20017-1194
Telephone: (202) 541-3070
Web site: [http://www.usccb.org/
prolife/](http://www.usccb.org/prolife/).
Areas of Expertise: Abortion,
euthanasia, education, family and
religion

The USCCB's Secretariat for Pro-Life Activities works to teach respect for all human and to organize for its protection, in the light of The Gospel of Life, especially in behalf of those who are unborn, disabled, elderly and dying. The Secretariat works under the direction and guidance of a Committee of bishops, and conducts ongoing information and education efforts, within the Church and in the public square, to deepen respect for the sanctity of human life. It encourages and enables pastoral efforts to address the particular needs of women with problems related to pregnancy, persons who are disabled, those who are elderly and dying, men and women struggling to accept responsibility for their power to generate human life, and all persons who have been involved in any way in abortion. The Secretariat also coordinates and advises public policy efforts concerning children not yet born, and people who are disabled, elderly and dying.



Sisters of Life (*Soror Vitae*)
198 Hollywood Avenue
Bronx, New York 10465-3350
Telephone: (718) 863-2264
FAX: (718) 792-9645
Web site: [http://
www.sistersoflife.org/](http://www.sistersoflife.org/)
Areas of Expertise: Abortion,
euthanasia and religious

The Sisters of Life is a contemplative/active religious community dedicated to protecting and advancing a sense of the sacredness of all human life, beginning with the infant in the womb and extending to all those vulnerable to the threat of euthanasia.



University Faculty for Life
120 New North Building
Georgetown University

Georgetown University
Washington, DC 20057
Telephone: (202) 687-4192
E-mail:
richard.fehring@marquette.edu
Web site: <http://www.uffl.org>
Publication: *Pro Vita*
Areas of Expertise: Abortion and
education

University Faculty for Life was founded in 1989 to promote research, dialogue and publication among faculty members who respect the value of human life from its inception to natural death. Abortion, infanticide and euthanasia are highly controversial topics, but we believe they should not be resolved by the shouting, newsbites and slogans that have dominated popular presentations. Because we believe the evidence is on our side, we would like to assure a hearing for our views in the academic community. Our three basic issues (abortion, infanticide and euthanasia) have many dimensions — political, social, legal, medical, biological, psychological, ethical and religious. We do not have a detailed statement of orthodoxy; rather we have provided an interdisciplinary forum in which scholars can discuss these issues. Our goals are: (1) To provide a forum to foster multidisciplinary dialogue and collaboration among professors concerned about human life. This includes a newsletter, an annual conference and published proceedings; (2) To educate the community about life issues and the reasons behind pro-life positions. To this end we encourage and disseminate scholarly research by means of conferences, symposia, published proceedings, newsletters, book notices and reviews; and (3) To make available academic materials and resources for pro-life groups, including bibliographies and videotapes of conferences and lectures. A directory of members will indicate those prepared to speak on these life issues.

World Federation of Doctors Who Respect Human Life

Serruyslaan 76

B-8400-Ostend (Belgium-Europe)

FAX: 011-32-59-707446

E-mail: Philippe.Schepens@advalvas.be or Philippe@icone.org

Web site: <http://www.euthanasia.com/belgium.html>

web site: <http://www.euthanasia.com/belgium.html>

Areas of Expertise: Abortion, euthanasia and medical

The Federation is an affiliation of 350,000 medical doctors in more than seventy countries throughout the world who support the traditional medical ethic of service to the life and health of their patients. The aims of the Federation are: (1) To uphold the Hippocratic tradition; (2) To support doctors and health personnel who are discriminated against because they uphold this tradition; (3) To call for legal protection for all members of the human race, from conception/fertilization until natural death, in accordance with the U.N. Declaration of Human Rights, 1948, the Declaration of the Rights of the Child, 1959, and the Declaration of Helsinki, 1975, where #III(4) states: "In research on man, the interest of science and society should never take precedence over considerations related to the well-being of the subject;" and (4) To found an active section of this Federation of Doctors in every country world-wide.



Please keep these organizations in your prayers, because they are on the front lines of defending human life.

[Go to Next Topic: The Third Step: *Plan*](#)

[Return to *Euthanasia* Table of Contents](#)



The Third Step: Plan. When you have a number of people willing to help you, meet with them as soon as possible and decide exactly what your mission is, and how you intend to accomplish it.

Whatever course of action you take, it is often very helpful to have an experienced euthanasia fighter speak to your group in order to train it in strategy and tactics. If you do not have outside expertise, you are much more likely to fail in your mission, because the struggle over euthanasia is fraught with pitfalls and concealed obstacles. You may even be able to bring in several speakers and hold a mini-conference open to the public, which would be a great recruiting tool. After the conference, you could have the speakers instruct the leaders of your group(s) during a confidential session in the art of thwarting so-called "death with dignity." The groups mentioned above are always willing to help out with speakers, materials and expertise.

Again, it is also absolutely necessary that you have a good spiritual advisor. When you finish your preparation phase and step out to fight the euthanasiasts, you will encounter spiritual obstacles you never dreamed existed. A good priest or minister can help you get through these difficult times and can help you prepare yourself for the abuse and ridicule you are likely to suffer. He can help you become an optimistic and effective fighter for human life.

The Mission Planning Statement. You can maximize your chances of success by writing a mission planning statement and sticking with it. This statement is a summary of the following six elements.

(1) The Mission. Remember the basic axiom: *No battle was ever won on the defensive.* So get out there and *do* something! Don't just sit around and react to the euthanasiast's initiatives.

What *exactly* do you want to accomplish? How will you know if you were successful in your mission? Like all anti-lifers, the euthanasiasts work by stealth and infiltration, so your primary objective is to raise their profile by exposing them and showing to the world what they really believe and what their ultimate

...and showing to the world what they really believe and what their ultimate goals are.

(2) **The Focus**. Who are you trying to influence? Select your focus and tailor your plans accordingly. Are you trying to influence your state legislature to vote down an assisted suicide bill, or are you trying to present information to a local affiliate of a national retiree's group that has so far heard only one side of the story?

(3) **The Opposition**. Who are the persons and organizations that will directly or indirectly try to stop you from accomplishing your mission, and what are the strategies and tactics they commonly employ? If you know this information, you can better prepare yourselves to blunt the reaction of the euthanasiasts to your initiatives.

(4) **Resources**. What qualities, persons, and equipment will you need to accomplishing your mission? If you are missing something vital, can you obtain it? The primary rule is: Do not bite off more than you can chew! Begin small and work your way up from there, giving your people experience and confidence in their euthanasia-busting activities.

(5) **The Environment**. What are the physical and psychological conditions under which you must work to accomplish your mission? Are your people ready to operate in this environment?

(6) **Tactics**. What concrete methods will you employ to accomplish your mission or prevent the euthanasiasts from accomplishing *their* mission?

Session 3 of Human Life International's *Pro-Life Basic Training Program*, "The Basics of Effective Pro-Life Planning," includes a much more detailed description on how to write and execute a good mission planning statement.

Really Learn About Euthanasia! Do you know how to confidently and accurately answer a euthanasiast who claims that "thousands of people die every

...and it is the essence of compassion to give them death with dignity?"

Can you clearly explain how euthanasia began in Nazi Germany and in the Netherlands with only the most extreme cases, and then expanded to include those with minor handicaps? Can you demonstrate how this is happening in the United States *right now*?

Can you show healthy people how euthanasia is a direct threat to them and to their families?

If you can do all three of these, congratulations — you are among the select group of only about *one percent* of pro-life people who can do so.

These are the issues you *will* encounter when you fight euthanasiasts on any level. You will not just hear them from professional pro-euthanasia activists and agitators; you will also hear them from friends, family members, fellow parishioners, and even uninformed priests who have been numbed and misled by the pervasive anti-life atmosphere ascendent in the West.

In Hosea 4:6, God laments that "My people are destroyed for lack of knowledge."

Learning how to defend human life is a difficult process, but is mandatory if you are to be effective. The best way to do this is to study the material in this Chapter and the referenced documents with the same level of attention as you would give a college course. It is best to study by yourself and then meet on a weekly basis for a couple of hours with the other members of your anti-euthanasia group to strategize and discuss difficult concepts and how to explain them clearly.

You will find many book reviews and references to several Vatican documents on euthanasia at the end of this Chapter.

This learning process may take a year or more, but it will transform you into a much more effective fighter for life. One mental trick that helps is to treat learning about euthanasia as a pleasurable and valuable hobby.

Educate yourself about the current legal situation regarding euthanasia. You can do this by reading good books on the history of euthanasia, learning about its origins, history and current forms. Then you can become familiar with the current

situation by subscribing to one or more of the journals which are dedicated to fighting euthanasia and other anti-life evils, or by regularly visiting the Web sites of the anti-euthanasia groups listed above.

There are literally hundreds of magazines and journals devoted to fighting abortion, euthanasia, the homosexual rights movement, pornography, population control and other evils. When fighting euthanasia, you should subscribe to journals and magazines that specialize in this area or at least address it on a regular basis. Each of the anti-euthanasia groups listed above publish literature that can help you keep up on current developments.

The Final Step: Expose The Euthanasiasts. Take confidence in the fact that the one thing the euthanasiasts cannot *stand* is opposition. Lies only flourish when a shroud of darkness and secrecy surround them; they will wither up and die when you shine the powerful light of truth on them.

The Gospel of John tells us

And this is the judgment, that the light has come into the world, and men loved darkness rather than light, because their deeds were evil. For every one who does evil hates the light, and does not come to the light, lest his deeds should be exposed. But he who does what is true comes to the light, that it may be clearly seen that his deeds have been wrought in God [John 3:19-21].

Pro-euthanasia activists prattle on endlessly about compassion, tolerance and inclusiveness, but you will soon learn that they ardently desire to stamp out any viewpoint but their own. They know that they can only hoodwink people if alternative voices cannot be heard.

After you are organized, after you have had people join the local pro-euthanasia organization, and after you have learned about them and their ideology, you are ready to go to work.

There are many things you can do to oppose euthanasia. Some of these are listed below.

- Hold press conferences whenever a development occurs involving euthanasia at

the local or national level. Be prepared! You should always be watching where trends are leading. The Internet is especially useful for this purpose. Keep an eye on both pro-euthanasia and anti-euthanasia Web sites.

- Constantly read and train yourself. The euthanasiasts have hundreds if not thousands of *full-time* professional activists on their side. All we have is volunteers. However, these volunteers can *win every time* if they are well enough trained.
- Refuse to use the euthanasiast's terms, such as "right to die" and "persistent vegetative state." Use blunt and truthful words to shock people out of their media-induced stupor.
- Challenge local pro-euthanasia groups to debates. If they refuse, publicize the fact and loudly ask what they are afraid of.
- Assist local colleges in forming pro-life and anti-euthanasia groups, and help them with your expertise and materials.
- Picket any pro-euthanasia speakers and events. Stand up during the question and answer period (if there is one), and ask difficult questions. Pass out leaflets inside the event venue.
- Get directly involved at the grassroots level. Visit those who are in nursing homes or who are unable to leave their own homes. Help caregivers who may be suffering from "compassion fatigue." They need support as well.
- Write letters to the editor of your local newspaper. If the newspaper is hopelessly biased, leaflet it several times with anti-euthanasia educational literature.
- Encourage health care professionals, policymakers and legislators to value human life at all times, regardless of its condition. Show them what happens

when we do not value human life.

- Distribute copies of this *Facts of Life* compact disc to your friends and encourage them to learn about the issues. You can order more copies from Human Life International, 4 Family Life, Front Royal, Virginia 22630 USA, telephone: 1-(800) 549-LIFE, Web site: <http://www.hli.org>.

Taking such concrete actions will dispel your feeling of helplessness and will give you a sense of hope once again. Your watchwords should be vigilance, endurance and courage. No anti-life group can beat this combination.

Concluding Note: Maintain the Right Attitude.

As a euthanasia fighter, there are several things you must be.

You must be immune to discouragement. Remember that *all* anti-lifers — including euthanasiasts — have as their primary objective the deconstruction and reconstruction of society to fit their own false ideology, and that things are nowhere near as bad as they say. By standing up for the helpless preborn babies and the ill and elderly, *you* can be a vital part of the activist wing of the Culture of Life. Above all, remember 1 Corinthians 15:58: "Therefore, my beloved brethren, be steadfast, immovable, always abounding in the work of the Lord, knowing that in the Lord your labor is not in vain."

You must be eternally watchful. Have one of your attorney friends, or someone who has legal training, keep an eye on your state legislature. When it comes to euthanasia, that's where the action is. Make friends in the legislature. If you can make contacts there and display your expertise, friendly legislators will call on you when they need information, and will also alert you when public action is needed.

Once again, the best way to keep an eye on the euthanasiasts is to *be* one of them. Have one or two of your best "actors" join the local affiliate of the Hemlock Society and other pro-euthanasia groups, or at least subscribe to their newsletters. Don't have a crisis of conscience over paying them some minimal dues; the information you will glean from their meetings and from their literature is invaluable. You simply cannot function efficiently without it.

Finally, you must be prepared to go for the long haul. You are in this *forlife!* A soldier would never be sent into an armed conflict without intense and

appropriate training.

Your work is infinitely more important than that of even the highest ranking general. You will be ready to step onto the battlefield only after you have established a firm foundation of prayer, organized with other anti-euthanasia activists, and learned the topic and the tactics of the dissenters. It may take you a year or more of preparation before you are ready to act; but do not become discouraged. The better prepared you are, the more effective you will be as a soldier in the eternal struggle between the Culture of Life and the Culture of Death. Your spiritual advisor and seasoned euthanasia fighters will be able to help you determine when you are ready to engage in battle against the anti-life forces.

[Go to Next Topic: Further Reading on Euthanasia and Infanticide--Part I](#)

[Return to *Euthanasia* Table of Contents](#)

[Facts of Life: Chapter 23: Euthanasia: Further Reading on Euthanasia and Infanticide--Part I](#)



 SHARE

Further Reading: Euthanasia and Infanticide--Part I

The Roman Catholic Church has spoken out against all forms of murder, including euthanasia, since Her founding by Jesus Christ. The following documents address the various theological, ethical and practical aspects of euthanasia in detail.

- Pope John Paul II. Encyclical *Evangelium Vitae* ["The Gospel of Life"], March 29, 1995. This document has a detailed index.
- Pope John Paul II. Apostolic Letter *Salvifici Doloris* ["On the Christian Meaning of Human Suffering"], February 11, 1984.
- Congregation for the Doctrine of the Faith. *Declaration on Euthanasia*, May 5, 1980.
- Pontifical Council for Pastoral Assistance. "Charter for Health Care Workers," August 1995.
- Canadian Conference of Catholic Bishops (CCCCB). "To Live and Die in a Compassionate Community," October 26, 1994.
- Pennsylvania Catholic Conference. "Nutrition and Hydration: Moral Considerations," 1999 revision.
- The Bishops of Maryland. Pastoral Letter "Care of the Sick and Dying," October 14, 1993.
- James McHugh, Bishop of Camden, New Jersey. Pastoral Letter "Death and Dying Issues," March 11, 1991.

- Pope John Paul II. Address to the International Union of Catholic Jurists, November 24, 2000.
- Pope John Paul II. "Be Guardians and Servants of Human Life." Address to the International Gynecological Cancer Society, September 30, 1999.
- Pope John Paul II. "Love and Solidarity for the Dying." Address to the Pontifical Academy for Life, February 27, 1999.
- Pope John Paul II. "No Authority Can Justify Euthanasia." Address to an international conference on the elderly sponsored by the Pontifical Council for Pastoral Assistance to Health Care Workers, October 31, 1998.
- Pope John Paul II. Letter to all of the world's bishops entitled "The Church Must Proclaim the 'Gospel of Life.'" June 21, 1991.
- Juan de Dios Vial Correa, President, and Bishop Elio Sgreccia, Vice-President of the Pontifical Academy for Life. "Respect for the Dignity of the Dying," December 9, 2000.

Christiaan Barnard, M.D. *Good Life — Good Death: A Doctor's Case for Assisted Suicide* [Englewood Cliffs, New Jersey: Prentice-Hall], 1980.

Reviewed by Olga Fairfax, Ph.D., on pages 17 and 18 of the July 1981 issue of *ALL About Issues*. The author, who killed his own mother and approves of the Jim Jones massacre in Guyana (because the 900+ victims did not have enough 'quality of life') is second only to Peter Singer in the extreme radicalism of his views on human life. This book shows where the anti-life mentality will eventually take us.

Father Robert Barry, O.P. *Protecting the Medically Dependent: Social Challenge and Ethical Imperative*. \$2.50. Order from American Life League, Post Office Box 2250, Stafford, Virginia 22554. How to construct, ethically and legislatively, a proper plan of protection for the seriously ill.

Joseph Cardinal Bernardin. *Consistent Ethic of Life* [Kansas City, Missouri: Sheed & Ward], 1988. This book consists of three parts: (1) The texts of 10 addresses by Cardinal Bernardin, the originator of the "seamless garment" theory. This series of addresses considers the topics of genetic engineering, abortion, modern welfare, the terminally ill, and capital punishment; (2) symposium papers by several authors on the "seamless garment," including renegade Jesuit Richard A. McCormick and Sidney Callahan; and (3) and the Cardinal's response to the symposium.

Biblical Reflections on Modern Medicine. This 12-page monthly magazine consists of detailed comments and essays on recent developments in the field of medicine from a Scriptural standpoint, with an emphasis on those procedures that threaten human life: Infanticide, abortion, and euthanasia. The subscription rate is \$14.00 annually. Write to Covenant Distributors, Box 4009, Martinez, Georgia 30917-4009.

James Bopp, Jr. *Human Life and Health Care Ethics*. National Right to Life Educational Trust Fund, 1985. 320 pages, \$7.00. Reviewed by Thomas Marzen on pages 6 and 11 of the October 24, 1985 *National Right to Life News*. A thorough review of the fundamental issues revolving about providing or withholding medical treatment.

Paul A. Bryne, M.D. *Understanding Brain Death*. \$2.00. Order from American Life League, Post Office Box 2250, Stafford, Virginia 22554. Is "brain death" really the death of the person? This booklet examines this critical question.

Daniel Callahan. *Setting Limits: Medical Goals in an Aging Society* [New York: Simon and Schuster], 1987. Reviewed by David H. Andrusko on pages 8 to 10 of the April 21, 1988 *National Right to Life News* and by Gary Crum, Ph.D., on page 38 of the January 1989 issue of *ALL About Issues*. This book, disturbing because it is written by the Director of the Hastings Center, contains all of the standard pro-euthanasia slogans and logic, and is particularly frightening as it originates with the director of the nation's most prestigious bioethical "think-tank."

Catholic Health Association. *A Time To Be Old, a Time to Flourish: The Special Needs of the Elderly At-Risk*. Report of the Catholic Health Association's Task Force on Long-Term Health Care. 1988, 109 pages, \$6.00. Order from the

Catholic Health Association, 4455 Woodson Road, St. Louis, Missouri 63134.
Telephone: (314) 427-2500.

Robert P. Craig, Carl L. Middleton, and Laurence J. O'Connell. *Ethics Committees: A Practical Approach*. The Catholic Health Association of the United States, 4455 Woodson Road, St. Louis, Missouri 63134-0889. 1986, 95 pages. Topics covered include the functions of Catholic institutional (hospital) ethics committees, their structure, membership, formation, religious perspectives on them, their history and role, and the roles of the five key players: The administrator, the medical staff, nursing staff, theologian/ethicist, and the bishop.

Christopher de Vinck. *The Power of the Powerless: A Brother's Legacy of Love* [New York: Doubleday], 1988. Oliver de Vinck was born blind, mute, crippled, and helpless. Instead of letting him die as most families would these days because his "quality of life" was too low, they took him home where he lived upstairs for 33 years. Despite the fact that he almost never even moved, he served as an enduring example of hope, not only to his family but to many others as well.

Eugene F. Diamond, M.D. *This Curette for Hire* [Chicago: The ACTA Foundation], 1977. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. The author discusses the deterioration of medical ethics and the pivotal role of the physician in all anti-life activities: Abortion, fetal experimentation, sterilization, euthanasia, infanticide, sex therapy, abortifacients, and more.

Philip K. Dick. *The Golden Man* [New York: Berkeley Publishing Corporation], 1980. This anthology of short stories includes a fascinating little tale set in the near future: "The Pre-Persons," pages 303 to 331. It is the story of what life is like for children and dissenters once Planned Parenthood (now all-powerful) has determined that life begins when a person can perform algebraic mathematics — at the age of twelve. Up until this time, abortion is legal. Mr. Dick must have struck a raw pro-abortion nerve with this story, because states in his Afterword that he received large volumes of unsigned hate mail and threats from pro-abortion organizations. His story is an absolute chiller.

A.B. Downing (editor). *Euthanasia and the Right to Death: The Case for Voluntary Euthanasia*. Peter Owen Publishers, 20 Holland Park Avenue,

London W11 3QU. 1974, 200 pages. A series of pro-euthanasia articles by some of the most virulent anti-lifers in the world: Joseph Fletcher, Mary Rose Barrington, Yale Kamasar, and Eliot Slater are just a few of the 'ethicists' who trot out all of the old arguments, just dressed up in profoundly confusing Newspeak.

Nancy Dubler and David Nimmons. *Ethics on Call: A Medical Ethicist Shows How to Take Charge of Life-and-Death Choices*. Harmony Books, 210 East 50th Street, New York, New York 10022. 1992, 405 pages. Reviewed on page 2,819 of the May 27, 1992 issue of the *Journal of the American Medical Association*. A revealing look at the day-to-day decisions that go on in a large hospital. The author, who has advised medical personnel on many occasions, describes specific cases, including passive euthanasia, making critical decisions for newborns, notification of a person whose spouse tests HIV-positive, and questions of sustained care. The author also examines the agendas, habits, and "circles of consent" that interact in such decisions.

Joni Earckeson. *When is it Right to Die?* [Philadelphia: Zondervan Press], 1992. Reviewed by William Griffin on page 8 of the November 8, 1992 issue of *Catholic Twin Circle*. The author, known to millions of Christians simply as "Joni," became quadriplegic in 1967 as a result of a diving accident. Since then, she has made movies, painted hundreds of works of art by holding a brush in her mouth, and has become politically involved for the handicapped. In this book, she offers hope and practical advice for the seriously handicapped and addresses the moral, emotional, philosophical and spiritual aspects of the euthanasia issue. This book is written by one who knows and would be a good primer on the euthanasia issue.

Sherman Elias, M.D., and George J. Annas, J.D. *Reproductive Genetics & the Law* [Chicago: Year Book Medical Publishers], 1987. The medical and legal backgrounds of some of the hottest topics in artificial reproductive technologies today: Newborn genetic screening, genetic counseling, prenatal diagnosis, treatment (and nontreatment) of handicapped newborns, "noncoital reproduction," frozen embryos, and gene and fetal therapy.

Ethics & Medics. Subtitled *A Catholic Perspective on Moral Issues in the Health and Life Sciences*, this venerable monthly comments on all of the important developments in the life issues, to include animal rights and euthanasia. Subscribe

for \$15 per year by writing to the National Catholic Bioethics Center, 186 Forbes Road, Braintree, Massachusetts 02184, telephone: (617) 848-6965.

Hugh Gregory Gallagher. *By Trust Betrayed: Patients, Physicians, and the License to Kill in the Third Reich* [New York: Henry Holt and Company], 1990. The details on Nazi Germany's *Aktion T-4* program (briefly described above) and the disturbing parallels to today's treatment of the weak and disabled.

Carlos F. Gomez, M.D. *Regulating Death: Euthanasia and the Case of the Netherlands* [New York: Free Press], 1991. The ethics and history of euthanasia in Holland; the role of the courts; euthanasia from theory to practice; and the unavoidable dangers of regulating death.

Greenhaven Press. *Death and Dying: Opposing Viewpoints*. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1987, 215 pages. Each section includes several essays by leading authorities on both sides of each issue. The questions asked are: "How Should One Cope With Death?;" "How Can Suicide Be Prevented?;" "Is Infant Euthanasia Ever Justified?;" "Should Euthanasia Be Allowed?;" and "Do the Dying Need Alternative Care?" Authors include Helga Kuhse, Melinda Delahoyde, Peter Singer, Charles Krauthammer, and David H. Andrusko. This topic is covered by a series of books, beginning with a basic set of essays entitled *Sources* (priced at \$39.95) and continuing with an additional and updated annual series of essays. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Greenhaven Press. *Euthanasia: Opposing Viewpoints*. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1989, 231 pages. Five sections featuring essays written by leading activists on both sides of the euthanasia debate: "Is Euthanasia Ethical?;" "What Policy Should Guide Euthanasia?;" "What Criteria Should Influence Euthanasia Decisions?;" "Who Should Make the Euthanasia Decision?;" and "Is Infant Euthanasia Ethical?" This book provides excellent debating and research background for the anti-euthanasia activist. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Germain Grisez and Joseph Boyle. *Life and Death and Liberty and Justice* [Notre Dame: University of Notre Dame Press]. 1979. Reviewed by

Richard Stith on pages 185 to 189 of the Summer 1979 issue of the *International Review of Natural Family Planning*. An extraordinarily detailed and broad examination of all of the primary areas of contention in the euthanasia battle. Considered by most to be a 'must read' for serious anti-euthanasia activists.

Dennis J. Horan and Melinda Delahoyde (editors). *Infanticide and the Handicapped Newborn* [Salt Lake City: Brigham Young University Press], 1982. Reviewed by David Andrusko on page 15 of the March 24, 1983 issue of *National Right to Life News* and by Charles E. Rice on page 22 of the April 1983 *ALL About Issues*. An excellent collection of nine essays by Dennis Horan, Jerome LeJeune, M.D., C. Everett Koop, Eugene F. Diamond, M.D., and others.

Dennis J. Horan and David Mall (editors). *Death, Dying, and Euthanasia*. 1980. 837 pages; \$24.00 hardcover, \$10.00 softcover. Order from Kairos Books, Department 122, Post Office Box 708, Libertyville, Illinois 60048.

[Go to Next Topic: Further Reading on Euthanasia and Infanticide—Part II](#)

[Return to Euthanasia Table of Contents](#)

Prometheus Books, 59 John Glenn Drive, Amherst, New York 14228. 1991, 262 pages. Jack ("The Dripper") Kevorkian gives us some of his revolutionary ideas in the area of human beings putting other human beings to death. He primarily addresses the suitability of those condemned to death row as "organ farms," organ harvesting, and medical experimentation. Kevorkian refers to any limits on his activities as "stone-age," and rejects out of hand any kind of Christian morality whatever. This is a fascinating book for anyone who wants the goals of the euthanasia movement clearly outlined, because Kevorkian seems to be the only person on the pro-euthanasia side who is honest enough to speak of them truthfully.

Eike-Henner W. Kluge. *The Practice of Death* [London: Yale University Press], 1975. The author ties together in a general manner the philosophy and tactics of all of the pro-death movements: Abortion, infanticide, suicide, euthanasia, and 'senicide.' Although the book is nearly twenty years old, it is still relevant today.

Helga Kuhse and Peter Singer. *Should the Baby Live?: The Problem of Handicapped Newborns*. Oxford University Press, Walton Street, Oxford, England OX2 6DP, 1985. The authors begin their Preface with the words "This book contains conclusions which some readers will find disturbing. We think that some infants with severe disabilities should be killed." This pretty much says it all. Those who want to read past the first two sentences will find that all human life is *not* equal (it all depends upon your quality of life); that it is all right to kill those newborns who do not measure up to the quality of life formulas; and that the "sanctity of life" doctrine, while it *does* have its good points, is not really relevant to today's world. This book is an excellent summation of the utilitarian ethic applied to the weakest and most helpless born human beings of all — the handicapped newborn.

C. Everett Koop, M.D., and Timothy Johnson, M.D. *Let's Talk: An Honest Conversation on Critical Issues*. Zondervan Press, 1992. Reviewed by William Griffin on page 8 of the November 8, 1992 issue of *Catholic Twin Circle*. A former Surgeon General of the United States and ABC-TV's medical editor discuss the critical issues of abortion, euthanasia, AIDS, and health care. Both writers are Christians who disagree on some of the issues, and this book, which is a published version of their informal debates, helps Christians examine some of the more arcane and complicated aspects of the above issues.

Gerald A. Larue. *Euthanasia and Religion: A Survey of the Attitudes of World Religions and the Right-to-Die* [Los Angeles: Hemlock Society], 1985. Using church and other documents, the author describes the positions on euthanasia held by 29 major religious denominations. There is special emphasis on the teachings of the Jews, Roman Catholics, and Greek Orthodox on this subject.

Carol Levine (Editor). *Taking Sides: Clashing Views on Controversial Bio-Ethical Issues* [Guilford, Connecticut: Dushkin Publishing Group], 1984. Leading thinkers on both sides of bioethical issues express their opinions in scholarly essays on subjects including abortion, *in-vitro* fertilization, surrogate motherhood, involuntary sterilization of the retarded, informed consent, active euthanasia, withholding treatment from handicapped newborns, suicide, the insanity defense, animal experimentation, prisoners volunteering for research, justifiable deception in research, organ harvesting from the dead, and genetic engineering. A good primer on the bioethical issues.

Jeff Lyon. *Playing God in the Nursery* [New York: Norton Press], 1984. Reviewed by Carleton Sherwood in the April 11, 1985 *National Right to Life News*. This is perhaps the most frightening inside look at the distilled anti-life mentality ever written. The author has reversed the roles of 'good' and 'evil' completely. He tries to reconcile the role of doctor as both healer and killer in the nursery as he decides which babies have sufficient "quality of life" to go on living — and which do not. The story revolves around the struggle over whether or not to keep a Down's Syndrome baby alive. The pediatrician who tries to get a court order to feed the little baby is described as "intimidating," "threatening," and "a sadist." The author cruelly refers to the poor infant himself as a "bad baby," although none of his troubles are his fault. Those people who want the baby to die of starvation and thirst are, of course, "courageous, loving, caring, decent, ethical," and on and on *ad nauseam*. This book is written by an author whose outlook is so warped and twisted that, hopefully, it will literally terrify many pro-life activists into action.

Father Paul Marx, OSB. *And Now ... Euthanasia* (second revised edition) [Front Royal: Human Life International], 1985. This little book, directed at the general reader, offers an up-to-date assessment of the euthanasia situation in the United States and other countries. The basic history of euthanasia, the tactics of the pro-killing people, and the role of the courts are examined. Essential basic reading for the beginning anti-euthanasia activist.

James J. Mulligan. *Choose Life*. The Pope John XXIII Medical-Moral Research & Education Center, Braintree, Massachusetts 02184. 1991, 370 pages. This unusual book consists of a series of short stories that describe in layman's terms the philosophical debates surrounding bioethical issues of our time. The stories do not focus as much on specific issues as they do on the general concepts surrounding biomedical ethics. A good primer for those researching and pondering general concepts regarding abortion and euthanasia.

National Conference of Catholic Bishops and the United States Catholic Conference. *Pastoral Letters of the United States Catholic Bishops*. Five volumes, 2,630 pages. *Volume I: 1792-1940*. Publication Number 880, 480 pages. Covers the Age of John Carroll (1792-1828), the Provincial Councils (1829-1849), the Plenary Councils (1852-1884), and between the World Wars (1919-1940). Some of the pastoral letters include the 1932 Resolution on Indecent Literature and the 1939 Statement on Peace and War. *Volume II: 1941-1961*. Publication Number 885, 270 pages. Includes statements on a good peace, war and peace, secularism, compulsory military service, the Christian family, the child, persecution behind the Iron Curtain, censorship, the secular press, and bigotry. *Volume III: 1962-1974*. Publication Number 870, 500 pages. Includes statements on the government and birth control, clerical celibacy, abortion, human life, birth control laws, population and the American future, and the Human Life Amendment. *Volume IV: 1975-1983*. Publication Number 875, 605 pages. Statements include the Pastoral Plan for Pro-Life Activities and resolutions on abortion and human sexuality. *Volume V: 1983-1988*. Publication Number 200-4, 775 pages. Statements include the Updated Pastoral Plan for Pro-Life Activities and resolutions on abortion and school-based clinics. All volumes may be ordered from the Office of Publishing Services, United States Catholic Conference, 1312 Massachusetts Avenue NW, Washington, DC 20005.

David N. O'Steen, Ph.D. "Euthanasia: Modern America's Rendezvous with Death." This booklet examines the role of the media and the court system in advancing the cause of euthanasia in this country, and shows what pro-lifers can do to stop the tide of legal killing that looms just ahead. Booklets are free for one copy or 35 cents for multiple copies from: National Right to Life Committee Educational Trust Fund, 419 7th Street NW, Suite 500,

Effie A. Quay. *And Now Infanticide* [Sun Life: Thaxton, Virginia], 1980].

Reviewed by Paulette Joyer on page 8 of the November 24, 1983 issue of *National Right to Life News*.

Professor Charles E. Rice. *50 Questions on Abortion, Euthanasia, and Related Issues*. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. This book examines the tactics and approaches used by the pro-life movement to fight abortion and euthanasia, and the various sources and causes of conflict between individuals and organizations within the Movement. Every activist and pro-life group should use this book as an aid to examining their attitudes toward the issues and toward their fellow activists.

A.R. Saqueton, M.D. *In Defense of Life*. ARS Publishing Company, Post Office Box 6444, Stockton, California 95206. 232 pages, \$24.95, 1981. Reviewed by Felicia Goeken on page 9 of the May 10, 1982 issue of *National Right to Life News* and page 11 of the July 8, 1982 issue of the same publication. Also reviewed by Robert L. Sassone on page 20 of the May 1982 issue of *ALL About Issues*. One of the most valuable references available on "right to die" legislation. The 'Right to Die,' Living Wills, terminal conditions, and many other aspects of euthanasia are covered in this primer-type work.

Earl Shelp. *Born to Die?* [New York: Free Press], 1986. A candid endorsement of euthanasia and infanticide for all the usual reasons, including 'quality of life' and cost containment. Reviewed by Rosemary Bottcher on pages 5 and 6 of the October 23, 1986 issue of *National Right to Life News*.

Society for the Right to Die. *Case Law Fact Sheets*. Society for the Right to Die, 250 West 57th Street, New York, New York 10107, telephone: (212) 246-6973. Three volumes: Volume I covers 1976 to 1986, Volume II covers 1987 to 1989, and Volume III covers 1990 to the present. Analyses of all of the significant 'right-to-die' decisions since the *Quinlan* decision in 1976. Prices are \$15 per volume or \$35 for the three-volume set.

Society for the Right to Die. *Refusal of Treatment Legislation: A State By State Compilation of Enacted and Model Statutes*. Society for the Right to Die, 250 West 57th Street, New York, New York 10107, telephone: (212) 246-6973. \$100.00. This ring binder includes the full text of every living will and durable power of attorney statute in the United States, the model statute entitled the Uniform Rights of the Terminally Ill Act, and summaries and highlights of the

significant features of all of these documents.

Beth Spring and Ed Larson. *Euthanasia: Spiritual, Medical & Legal Issues in Terminal Health Care* [Portland, Oregon: Multnomah Press], 1988. A very good general and basic primer on the various issues surrounding a debate that is becoming more and more intense. The book covers the medical realities of aging; euthanasia and the law; the leading views of prominent ethicists and theologians; the traditional and current Christian perspectives and their logic and roots; living wills; and hospice care. The book also suggests a detailed action plan in Christian response to the euthanasia threat.

Robert and Peggy Stinson. *The Long Dying of Baby Andrew* [Boston: Little, Brown and Co.], 1983. Reviewed by Rosemary Bottcher in the April 11, 1985 *National Right to Life News*. This is the story of two alleged "parents" who do everything they can to rid themselves of a newborn baby who doesn't meet their high expectations. Perhaps this book should have been entitled *How We Finally Escaped the Little Brat Who Wouldn't Die*. The Stinsons bitterly regret not aborting their baby because, as they said, "Once the baby breathed, all choices were lost." The baby was born healthy but premature, and, by all accounts, would have grown up perfectly healthy. But the parents did everything in their power to kill him; they reduced his oxygen, refused a simple procedure that would have allowed him to breathe easier, and tried to get him transferred to a hospital that would kill him outright. At last, the doctors trying so hard to save him simply gave up, because too many people wanted him to die. He was dumped unattended in a corner. Nobody held him. Nobody fed him. Nobody loved him. At six months of age, the unloved little boy finally did the only thing that he could to make his parents happy — He died.

Michael Tooley. *Abortion and Infanticide*. Oxford University Press, Walton Street, Oxford, England OX2 6DP. 1983, 440 pages. A very detailed and deep examination of the more obtuse and exotic moral aspects of infanticide, abortion, and the many connections between the two. Recommended for those people who have been in the pro-life movement for some time and who want a really good look at the foundation of ethics and morals of the pro-life and anti-life philosophies.

United States Government. *Institutional Protocols for Decisions About Life-Sustaining Treatments*. Focuses on formal policies and guidelines through which

hospitals and nursing homes specify decisionmaking procedures regarding treatment for adult patients with life-threatening conditions. Serial Number 052-003-01123-9, 1988, 89 pages, \$3.75. Order by mail from Superintendent of Documents, United States Government Printing Office, Washington, DC 20402, or by telephone from (202) 783-3238.

United States Government. *Neonatal Intensive Care for Low Birthweight Infants: Costs and Effectiveness*. Reviews the evidence on the effectiveness of treating low birthweight babies in special hospital units, and examines recent changes in related technology and medical practice and long-term consequences of treatment. Serial Number 052-003-01089-5, 1987, 83 pages, \$3.75. Order by mail from Superintendent of Documents, United States Government Printing Office, Washington, DC 20402, or by telephone from (202) 783-3238.

United States Government. *Report of the Commission on the Evaluation of Pain*. The assessment of pain to determine eligibility and disability payments under Titles 2 and 16 of the Social Security Act, the definition of pain, and the major concerns regarding acute and chronic pain. Serial Number 017-070-00427-0, 1987, 220 pages, \$14.00. Order by mail from Superintendent of Documents, United States Government Printing Office, Washington, DC 20402, or by telephone from (202) 783-3238.

Leonard J. Weber. *Who Shall Live?: The Dilemma of Severely Handicapped Children and Its Meaning for Other Moral Questions* [Ramsey, New Jersey: Paulist Press], 1976. A basic examination of the fundamental moral questions surrounding the indirect euthanasia of handicapped newborns: The framework of the question, the ethical context, the conflicting values, the value of human life, the mechanics of the decision, and the role of the public.

Robert F. Weir. *Selective Nontreatment of Handicapped Newborns: Moral Dilemmas in Neonatal Medicine*. Oxford University Press, Walton Street, Oxford, England OX2 6DP, 1985. 292 pages, \$27.95. Reviewed by Carl R. Schmahl on pages 48 to 50 of the April 11, 1986 issue of *National Review*. This author takes the 'progressive' (slippery slope) view that some infants are going to lead 'lives not worth living,' and should therefore be allowed to die of starvation and thirst. Although he would be extremely strict in his criteria for such killings, he still makes a very smooth presentation of all of the anti-life arguments for infanticide which will be very useful for those who want to oppose the neonle

...minerals, which will be very useful for those who want to oppose the people who advocate this type of silent killing. Mr. Weir performs a great service in pointing out the almost complete lack of standards used to determine which infants will receive life-sustaining medical treatments and which will not.

Robert N. Wennberg. *Terminal Choices: Euthanasia, Suicide, and the Right to Die* [Grand Rapids, Michigan: William B. Eerdmans Publishing Company], 1989, 250 pages. This book covers a lot of ground in moderate depth, including the basics of euthanasia in general, a definition and description of the issues surrounding self-euthanasia (suicide), the morality of suicide, voluntary active euthanasia, passive euthanasia, the refusal of life-sustaining treatment, the permanently unconscious patient, and the issues surrounding the legalization of active euthanasia.

Wolf Wolfenberger. *The New Genocide of Handicapped and Afflicted People*[Syracuse, New York: Syracuse University Training Institute], 1987. Reviewed by Julie Grimstad on page 46 of the May 1990 *ALL About Issues*. This little volume deals with the progressive expansion of "deathmaking" and its ties to the anti-life mentality.

[Return to *Euthanasia* Table of Contents](#)



SHARE

The Moral Conclusions. The central thesis of the Donohue-Levitt study is that "a difficult home environment leads to an increased risk of criminal activity. Increased abortion reduced unwantedness and therefore lowered criminal activity."

However, although criminals may more likely come from a "difficult home environment," many talented and gifted individuals do as well — to include John Lennon, Charlie Chaplin, Louis Armstrong, playwright Eugene O'Neill, Audrey Hepburn, James Dean, Merle Haggard and comedian Tim Allen.[128] The point here is quite important: No matter how terrible a home environment is, no child is *certain* to become a criminal. Any program intended to exterminate the preborn children of the poor and disadvantaged will surely kill many more future good citizens than future criminals.

But since when have such trifling moral objections mattered to the eugenicists and pro-abortionists?

Figure 24-15 shows the massive loss of talent and skills the United States has suffered in the name of "women's right to choose."

Figure 24-15

What Human Talent and Skills Has America Lost to Abortion?

- Two United States presidents and two vice-presidents
- Seven Supreme Court Justices, including one Chief Justice
- 31 Nobel Prize laureates
- 76 State governors
- 102 U.S. senators and 589 U.S. congressmen
- 168 United States ambassadors
- 328 Olympic medalists, including 123 gold medalists

Mechanists

- 6,092 Professional athletes
- 8,123 Federal, district, and local court judges
- 9,956 State legislators
- 13,322 Chiropractors
- 17,221 Barbers
- 17,546 Psychologists
- 19,657 Pilots and flight engineers
- 24,369 Photographers
- 26,643 Dentists
- 28,918 Authors and writers
- 29,097 Bakers
- 34,766 Librarians
- 38,015 Artists
- 38,178 Architects
- 39,477 Firefighters
- 40,290 Pharmacists
- 47,275 Taxi drivers and chauffeurs
- 51,662 Mechanical engineers
- 51,824 Civil engineers
- 55,491 Bartenders
- 57,023 Information technology (IT) managers
- 57,185 Electrical and electronic engineers
- 57,835 Therapists
- 68,233 Machinists
- 70,669 Priests, ministers, rabbis and imams, including;
- Two Cardinals
- 72 Archbishops and bishops

- 72 Archbishops and bishops
- 18 Abbots
- 6,852 Religious and diocesan priests
- 2,436 Permanent deacons
- 853 Religious brothers
- 11,010 Religious sisters
- 82,854 Vocational nurses
- 88,722 Bus drivers
- 94,388 Computer programmers
- 98,287 Postal workers
- 109,984 Police officers and sheriff's deputies
- 119,894 Hairdressers and cosmetologists
- 125,743 Designers
- 132,241 Security guards
- 134,028 Farmers and ranchers
- 134,841 Physicians and surgeons
- 135,165 Software engineers
- 138,415 Electricians
- 154,985 Auto mechanics
- 156,123 Attorneys
- 210,546 Counselors and social workers
- 215,907 Child care workers
- 223,543 Receptionists
- 224,518 Maids and housekeepers
- 242,226 Construction workers
- 262,695 Chief executive officers (CEOs)
- 266,269 Accountants
- 291,938 Carpenters

- 313,057 Waiters and waitresses
- 336,939 Janitors
- 350,098 Chefs and cooks
- 392,500 Registered nurses (RNs)
- 499,560 Cashiers
- 553,821 Truck drivers
- 568,442 Secretaries and administrative assistants
- 1,102,443 Teachers (K-12)
- 1,912,624 Salesmen

and:

- Two National Organization for Women (NOW) presidents
- Two National Abortion and Reproductive Rights Action League (NARRAL) presidents
- 487 full-time paid pro-abortion activists and lobbyists
- 236 part-time and full-time American Civil Liberties Union (ACLU) lawyers
- 260 abortionists
- 6,498 clinic escorts
- 194,950 members of NARRAL, NOW, ACLU, American Atheists, and other pro-abortion groups
- 1,950,000 single-issue pro-abortion voters; and, of course,
- 24,450,000 unborn women who will never have the opportunity to exercise their "right to choose" (or any *other* right, for that matter).

Note: For complete calculations and references for this figure, see the spreadsheet located at **FACTS/IMAGES/20/CALCS/F-20-02.WK3** on this compact disc. Microsoft Excel can import this spreadsheet directly.

Donohue and Levitt also say in their study that legalized abortion has caused a social benefit due to reduced crime rates that amounts to \$30 billion annually.

Figure 24-16 shows that the direct cost of each abortion to society in terms of lost consumption and taxes paid amounts to \$3,199,000. There are an average of about 1,250,000 surgical abortions annually in the United States (see Chapter 19). This means that the total direct cost of surgical abortion *alone* in the United States *every single year* is

$[1,250,000 \times \$3,199,000] = \$3,998,000,000,000$, or \$four *trillion*.

Put another way, for every dollar of social benefit we accrue from reduced crime rates due to abortion, we *lose* \$33.65 (See Chapter 20 for calculations).

What kind of "good deal" is *that*?

This number does not even account for the loss of social benefit to this society that we would have received from the talented individuals listed in Figure 24-15.

How do you put a price on the great work of the 31 Nobel Prize winners we have lost? What astounding discoveries in space travel, medicine, communications technology, transportation and biology would our lost scientific geniuses have made? What about the contributions to our society of the hundreds of thousands of artists, musicians, doctors, architects, engineers and clergymen we have lost? How about them? How do you put a price on the human genius, imagination and caring that *each* of the 49.3 million legally aborted preborn babies would have possessed?

The fact of the matter is — *you can't*. But no matter how you measure it, the great contributions of nearly *fifty million* men and women will never be realized, all due to legalized abortion.

Figure 24-16

The Economic Impact of Abortion on the United States

Category of Consumption of

Total Per Person

Services or Durable and Nondurable Goods	(2007 dollars)
Food and tobacco	\$ 363,000
Clothing, accessories, and jewelry	132,000
Personal care	31,000
Housing and household operation	606,000
Medical care	498,000
Personal business	182,000
Transportation	291,000
Recreation	208,000
Other items	155,000
Total Lifetime Consumption of Goods and Services Lost Per Abortion	\$2,466,000
Taxes Lost Per Abortion	Total Per Person (2007 dollars)
Federal income taxes	\$ 472,000
State and local taxes	261,000
Total Lifetime Taxes Lost Per Abortion	\$ 733,000

Total Consumed Goods and Services and Taxes Lost Per Abortion	\$3,199,000
Total Cost to the United States for all Surgical Abortions so Far;	
Consumption of goods and services	\$120,600,000,000,000
Loss of taxes	35,800,000,000,000
Total Losses Due to 48.9 Million Abortions	\$161,400,000,000,000
Note: For complete calculations and references for this figure, see the spreadsheet located at FACTS/IMAGES/20/CALCS/F-20-03.WK3 on this compact disc. Microsoft Excel can import this spreadsheet directly.	

Finally, in the last paragraph of their paper, Donohue and Levitt agree that an equivalent reduction in crime would be caused by "... providing better environments for those children at greatest risk for future crime."

So the question for all of us, pro-lifers and 'pro-choicers' alike, is this: Do we want to attack the *symptom* or the *cause*?

Margaret Sanger advocated the elimination of "human weeds" many years ago in the United States. Her eugenics programs did not improve the lot of the poor — all she did was turn *large* poor families into *small* poor families (for hundreds of pro-eugenics quotes by Sanger and other writers for her *Birth Control Review*, click here.

Current-day eugenicists are pushing the same program.

In a classic recent example, deputy editorial page editor Donald Kimelman of the *Philadelphia Enquirer* wrote in an article, ominously entitled "Poverty and Norplant: Can Contraception Reduce the Underclass?" that "As we read these two stories [about Norplant and Black poverty], we asked ourselves: Dare we mention them in the same breath? To do so might be considered deplorably insensitive, perhaps raising the specter of eugenics. But it would be worse to avoid drawing the logical conclusion that foolproof contraception could be invaluable in breaking the cycle of inner city poverty — one of America's greatest challenges." [129]

Kimelman continued by suggesting that welfare mothers could be implanted with Norplant for free and perhaps receive increased welfare benefits as a reward. He

apparently failed to realize that this was one of the first elements of the coercive Chinese population program that now features mandatory sterilization and forced abortions even in the ninth month of pregnancy.

As always, anti-lifers look for the quick, easy, and wrong solution. This is because they are notoriously short-sighted. Since anti-lifers subscribe to situational ethics, they are effectively blinded to any kind of fixed morality. They drift ethically, and can only see with the very limited physical eyes of the body. This short sight means they can only offer ineffective quick-and-easy fixes to human problems, and their 'solutions' always lead to many more problems.

For instance, they will offer explicit sex education and condoms to teenagers, leading to a galaxy of even worse problems, including increased teen fornication, more pregnancies and abortions, more venereal disease, more heartbreak and a greater probability of future divorce and family instability. Meanwhile, they ridicule the more difficult (but the only effective) solution of teaching chastity. When contraception fails, anti-lifers push abortion as the solution to "unwanted children," which leads to more child abuse, physical and emotional injuries and divorce, and which throws the door wide for infanticide and euthanasia. Pro-abortionists always justify tax-funded abortions on the grounds that paying for an abortion is cheaper than paying for a delivery, and ignore the state and property taxes that would have been paid by the aborted individual in the future, which would cover the cost of delivery many times over.

More Anti-Minority Eugenics? Donohue and Levitt's study, though not explicitly focused on race, should be of special concern to minorities.

Since 1980, minorities have accounted for 53% of total annual abortions. Abortionists not only target minority women's preborn children, they kill the mothers themselves at a tremendous rate by providing grossly substandard "care" to them.

Human Life International has documented the deaths of more than 350 women who were all victims of so-called "safe and legal" abortion. The races of 263 of these women could be positively identified. The races of these women killed by so-called "safe" and legal abortion are shown in Figure 24-17.

Figure 24-17

Summary of the Races of Legal Abortion Fatalities

<u>Races of the Victims</u>	Total Deaths and Percentages
Total women killed by legal abortion	360
Positively identified	263

Race identified	2015
White women	85/263 (32.3%)
Black women	130/263 (49.4%)
Hispanic women	41/263 (15.6%)
Asian women	5/263 (1.9%)
Native American women	2/263 (0.8%)
TOTAL MINORITY WOMEN	178/263 (67.7%)

This means that *68 percent* of the identifiable legal abortion deaths have occurred among minority women.

By comparison, as noted above, minority women obtain 53 percent of all abortions. This means that the death rate among minority women who abort is *nearly twice as high* as that of White women who abort.[131] Planned Parenthood confirms this figure by admitting that the risks of abortion for Black women *are more than three times as high as for White women*. Planned Parenthood says that the death rates for second-trimester abortions for Black and White women respectively are 24.8 and 6.8 deaths per 100,000 abortions.[132]

There is a simple reason that minority women have a much higher abortion rate than White women; there are many more abortion mills in high-minority neighborhoods than in predominantly White ones.

Human Life International researchers used U.S. Census Bureau and Alan Guttmacher Institute statistics to analyze the 331 Metropolitan Statistical Areas (MSAs) in the United States, comprising more than 90 percent of the nation's population. They found that the number of abortion clinics in a city generally correlates closely to the percentage of that town's minority population. Figure 24-18 shows that there are more than twice as many abortion clinics per million people in cities that have large minority populations, compared to those cities with smaller minority populations.

Figure 24-18

Comparison of Abortion Clinic Density in Cities with High and Low Minority Population Densities

<u>Percent Minority</u>	Abortion Mills Per Million Population
More than 75.0% Minority	6.11
50.0%-74.9% Minority	4.33
25.0%-49.9% Minority	2.92
Less than 25.0% Minority	2.77

References.

(1) The population and racial breakout of population by city is from "Sortable List of Population Totals." Downloaded from the Web site of the Lewis Mumford Center for Comparative Urban and Regional Research on January 14, 2005.

(2) The list of abortion mills by address was downloaded from the Web site of Life Dynamics, Inc. Under "Find an Abortion Clinic," there is a list of the names and addresses of 743 abortion mills in the United States as of January 1, 2005. Downloaded on January 14, 2005. 70 of the 743 total abortion mills in the United States are located in smaller cities and towns: Annapolis, Maryland (1 abortion mill); Arlington, Washington (1); Attleboro, Massachusetts (1); Augusta, Maine (1); Aurora, Illinois (1); Avon, Indiana (1); Barre, Vermont (1); Beacon, New York (1); Bend, Oregon (1); Cobleskill, New York (1); Cocoa, Florida (1); Concord, New Hampshire (1); Council Bluff, Iowa (1); Durango, Colorado (1); Eureka, California (1); Fairbanks, Alaska (1); Fort Bragg, California (1); Fort Collins, Colorado (1); Frederick, Maryland (1); Glenwood Springs, Colorado (1); Helena, Montana (1); Howell, New Jersey (1); Hudson, New York (1); Ithaca, New York (1); Jackson, Wyoming (1); Kailua Kona, Hawaii (1); Kalispell, Montana (1); Kenai, Alaska (1); Kenmore, Washington (1); Kennewick, Washington (1); Killeen, Texas (1); Lakewood, New Jersey (1); Lakewood, Washington (1); Laurel, Maryland (1); Le Mars, Iowa (1); Merrillville, Indiana (1); Monroe, New York (1); New Windsor, New York (1); Niagara Falls, New York (1); Niles, Michigan (1); Oxford, California (1); Oxnard, California (1); Palm Desert, California (1); Phillipsburg, New Jersey (1); Plantation, Florida (2); Plattsburgh, New York (1); Pocatello, Idaho (1); Port Charlotte, Florida (1); Poughkeepsie, New York (1); Rancho Mirage, California (1); Rohnert Park, California (1); Rutland, Vermont (1); San Marcos, California (1); Santa Barbara, California (1); Santa Maria, California (1); Santa Rosa, California (1); Seaside, California (1); Severna Park, Maryland (1); Smithtown, New York (1); Stony Brook, New York (1); Syosset, New York (1); Tamarac, Florida (1); Vail, Colorado (1); Vestal, New York (1); Voorhees, New Jersey (1); Waterford, Michigan (1); Weaverville, California (1); West Lebanon, New Hampshire (1); and York, Pennsylvania (1).

We have seen that minorities are being disproportionately aborted as it is. When one considers that (1) Blacks are more likely to be involved in crime,[133] and (2) the Donohue-Levitt study says that crime is being reduced by abortion, it is a simple step for eugenicists and racists to say that we should promote yet more "reproductive health services" (i.e., abortion, sterilization and contraception) among Blacks. In fact, Donohue and Levitt have already reached this conclusion: "Fertility declines for black women are three times greater than for whites (12 percent compared to 4 percent). Given that homicide rates of black youths are roughly nine times higher than those of white youths, racial differences in the fertility effects of abortion are likely to translate into greater homicide reductions."

With this statement, Donohue and Levitt have merely pointed out that abortion decreases crime because it decreases the *numbers* of those most likely to become criminals — i.e., Black youth. What the pro-abortionists and eugenicists do with this conclusion is another story entirely.

So — What Do We Do? So what do we do about effectively fighting crime?

Do we clumsily and bloodily try to eliminate even more criminals through the mechanisms of eugenics, abortion, sterilization and birth control (programs that have proved themselves unequal to the task), or do we embrace the *proven* remedies of strengthening family life, enforcing the law, and providing education, resources and better living conditions for the poor?

Stephen Levitt believes that working on his controversial research actually moved him further toward a pro-life position. He agrees that one could conclude from the evidence he and Levitt compiled that the answer isn't more abortions but better education and living conditions for the poor.[134]

We have seen that the permanent solution to crime is not eugenics — the hit-and-miss method of trying to kill as many criminals as possible before they are born. Such a short-sighted policy will leave the root cause of the problem entirely intact.

[Go to Next Topic: Further Reading on Eugenics](#)

[Return to *Eugenics* Table of Contents](#)

Endnotes for “The Moral Conclusions”

[128] John W. Whitehead. "Check the Facts." *The Washington Times*, June 28, 2001.

[129] Don Kimelman. "Poverty and Norplant: Can Contraception Reduce the Underclass?" *Philadelphia Enquirer*, December 12, 1990.

[131] $(68\%/0.53)/(32\%/0.47) = 1.88$.

[132] John Benditt. "Special Report: Second-Trimester Abortions in the United States." *Family Planning Perspectives*, November/December 1979, page 359.

[133] Bureau of the Census, United States Department of Commerce. National Data Book and Guide to Sources, *Statistical Abstract of the United States 1999* (119th Edition) [Washington, D.C.: United States Government Printing Office]. Table 358, "Persons Arrested, by Charge, Race, Sex and Age: 1997."

[134] John J. Donohue III and Stephen D. Levitt. "The Impact of Legalized Abortion on Crime." Harvard University's *Quarterly Journal of Economics*, May 2001. The complete article is available in PDF format at <http://mitpress.mit.edu/journals/QJEC/Donohue.pdf>.



SHARE

Further Reading: Eugenics.

"CHILDREN MADE TO ORDER. There has never been a better way to bring a child into the world. At Gattaca, it is now possible to engineer your offspring. Here's a checklist to help you decide which traits you would like to pass on to your newborn ..."
— Advertisement for the movie "Gattaca." [135]

Two Invaluable Web Sites. There are two Web sites that every pro-lifer interested in eugenics should visit.

The first is Kathy O'Keefe's "Eugenics Watch" Web site at <http://www.eugenics-watch.com>, which includes the most detailed information available on thousands of members of the American and British Eugenics Societies. If you have questions about an anti-life group or individual and how they may be tied up in eugenics, visit this Web site to find the answers to your questions.

The second "must visit" Web site is sponsored by the Dolan DNA Learning Center of the Cold Spring Harbor Laboratory at <http://www.eugenicsarchive.org>. This fascinating Web site takes you through detailed expositions on the social and scientific origins of eugenics, its research methods, the human traits that were studied and targeted, flaws in eugenics research, how eugenics was popularized all over the United States, eugenic marriage laws, sterilization laws, and immigration restrictions. The best part about this Web site is the lavish use of more than a thousand high-resolution graphics and images that illustrate the points of the essays.

Bruce L. Anderson. *The Price of a Perfect Baby: What Christians Should Know About the Genetic Revolution, Test-Tube Babies, Surrogate Motherhood, and Selective Genetics*. Originally entitled *Let Us Make Man*. Bethany House Publishers, 6820 Auto Club Road, Minneapolis, Minnesota 55438. 1984, 181 pages. This book deals with the Christian attitude toward the reproductive revolution, and discusses new questions: Should man create and destroy life in the laboratory? Does surrogate motherhood constitute a violation of God's laws? What impacts do these new technologies have on the family? Is the practice of making babies without pregnancy acceptable?

Birth Control Review. DeCapo Press, a division of Plenum Press, 227 West 17th Street, New York, New York 10011. Telephone numbers: 1-(800) 321-0050, (212) 620-8000, and (212) 620-8495. Yes, it still exists, although Planned Parenthood fervently wishes it didn't; DeCapo Press still publishes the complete set of Margaret Sanger's *Birth Control Review*. This is the ultimate resource for settling arguments about what Sanger did and did not say and do. Each of the ten books is \$75.00, or the complete set is \$695.00. Volumes 1 and 2: 1917 and 1918. Volume 3: 1919. Volumes 4 and 5: 1920 and 1921. Volumes 6 and 7: 1922 and 1923. Volumes 8 and 9: 1924 and 1925. Volumes 10 and 11: 1926 and 1927. Volumes 12 and 13: 1928 and 1929. Volumes 14 and 15: 1930 and 1931. Volumes 16 and 17: 1932 to September of 1933. Volumes 16 through 24: October 1933 to January 1940. For excerpts from Margaret Sanger's *Birth Control Review*

advocating and supporting eugenics, [click here](#).

Robert Bluford and Robert E. Petres. *Unwanted Pregnancy* [New York: Harper and Row, 1973]. A frightening book that advocates the elimination of the unwanted and undesirable, precisely as Binding and Hoche did more than a half-century ago as they laid the foundation for the Nazi mentality and resulting Holocaust.

James Burnham. *Suicide of the West* [Regnery Books]. Order from the Conservative Book Club, 15 Oakland Avenue, Harrison, New York 10528. This book dissects Neoliberalism to its rotten core. It examines the curious Neoliberal combination of guilt, arrogance, selective indignation and compassion, double-standards, fuzzy logic, good intentions, and self-righteousness. The book examines why Neoliberals can never rule, why Neoliberalism is the ideology of suicide, why it clashes with Christianity, why Neoliberals sneer at patriotism and other 'traditional' values, and why Neoliberals are driven to make war on these values.

G.K. Chesterton. *What's Wrong With the World: The Superstition of Divorce, Eugenics, and Other Evils, and Other Essays* [Harrison, New York: Ignatius Press]. Although a century old, these economic and sociologic writings by one of the most prolific and respected Christian writers of all time show conclusively that the anti-life philosophy has been with us for many years. Chesterton shows that lax moral standards will lead to eugenics, divorce, artificial contraception, abortion, and ultimately the dehumanization of man, the loss of respect for human life, and the destruction of the family. A 'must read' for Christian historical scholars.

Colleen D. Clements. *Medical Genetics Casebook: A Clinical Introduction to Medical Ethics Systems Theory* [Clifton, New Jersey: Humana Press, 1982]. The author examines 130 actual case studies from a medical genetics program and attempts to apply systems theory to come up with a general decisionmaking process that allow hospital and other bioethicists to make decisions in difficult cases. The cases cover the gamut, including selective abortions and amniocentesis.

Donald DeMarco, Ph.D. *In My Mother's Womb: The Church's Defense of Natural Life*. Order from: Life Issues Bookshelf, Sun Life, Thaxton, Virginia 24174, telephone: (703) 586-4898. An eloquent defense of the Catholic Church's defense of human life. An examination of abortion's languages and perspective, the unborn, contraception and bio-engineering. Also covered are the Church's perspective on new technologies, including *in-vitro* fertilization, surrogate motherhood, fetal experimentation, and genetic engineering. See especially Chapter 1, "Abortion and Church Teaching," pages 7 to 25, "Abortion and Bio-Engineering," pages 82 to 88, and "*In Vitro* Fertilization," pages 143 to 159.

Greenhaven Press. *Biomedical Ethics: Opposing Viewpoints*. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1987, 216 pages. Each section includes several essays by leading authorities on both sides of each issue. The questions asked are: "Is Genetic Engineering Ethical?;" "Are Organ Transplants Ethical?;" "Should Limits Be Placed On Reproductive Technology?;" "Should Animals Be Used in Scientific Research?;" and

"What Ethical Standards Should Guide the Health Care System?" Authors include Tibor R. Macan, Malcolm Muggeridge, and the Ethics Committee of the American Fertility Society. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Greenhaven Press. *Science and Technology: Opposing Viewpoints*. Volume I. Greenhaven Press Opposing Viewpoints Series, Post Office Box 289009, San Diego, California 92128-9009. 1989, 440 pages. Each section includes several essays by leading authorities on both sides of each issue: Creationism in the schools, current artificial birth technologies, genetic engineering, organ transplants, animal experimentation, and the Strategic Defense Initiative are just a few of the topics whose main pro- and con arguments are thoroughly covered in this excellent 440-page volume. This topic is covered by a series of books, beginning with a basic set of essays entitled *Sources* (priced at \$39.95) and continuing with an additional and updated annual series of essays. A catalog is available from the above address and can be obtained by calling 1-(800) 231-5163.

Germaine Greer. *Sex & Destiny: The Politics of Human Fertility* [New York: Harper & Row, 1984]. Greer faced head-on the most deep and avoided questions relevant to Western society and fertility: Is our obsession with world overpopulation causing us to reject our own fertility? Why do we reject the few children we have so that they will inevitably reject us in our old age? Greer examines chastity, attitudes towards fertility, sterility, and childbirth; abortion and euthanasia; and the histories of the birth-control and eugenics movements.

Garrett Hardin. "Abortion for the Children's Sake." In *Abortion and the Unwanted Child* (C. Reiterman, editor) [New York: Springer, 1971]. Population controller Garrett Hardin has toned down his virulent pro-abortion rhetoric since the early 1970s, but this book captures him at his raving best (worst?). The title alone gives some idea of how out of touch with moral reality he really is.

Beverly Wildung Harrison. *Our Right to Choose: Toward a New Ethic of Abortion* [Beacon Press, 1983]. Reviewed by Mary Meehan on pages 5 and 9 of the November 24, 1983 issue of *National Right to Life News*. The author, a self-styled "Christian woman," shows us just how far self-deception can be carried as she advocates third-trimester abortions and other atrocities. There is nothing "new" about this 'ethic;' pro-life activists recognize it as the eternal black cloud of death and self-centeredness that has surrounded the anti-life philosophy and those enslaved by it since the beginning of time. This book is good for reading if one is interested in how the anti-life rationalization works.

Marc Hillel and Clarissa Henry. *Of Pure Blood: The Never Before Told Story Behind Hitler's Secret Program to Breed "The Master Race"* [McGraw-Hill, New York, 1976]. Hardcover book-club edition, 256 pages, with photos. This is the story of Hitler's secret program — the *Lebensborn* (Fountain of Life) plan — to breed a master race. The Nazis' leading racial fanatic, SS Chief Heinrich Himmler, set out to fulfill Adolf Hitler's genetic dream to turn the German population into a master race through genetic experimentation and selective breeding. Most of the chosen men were members of the SS, and both men and women were selected on the basis of their shape, form, and coloring. Blond and

blue-eyed, the men tall, the women wide-hipped for childbearing, they were to create children "of pure blood." It was a great honor to be an unwed mother in Germany, if one were carrying a future blond and blue-eyed "child for the Führer." Children born at *Lebensborn* were graded — the most desirable were adopted, the others were either sterilized or eliminated. Documented in this book is the wholesale kidnapping of hundreds of "desirable" non-German children from other countries for the purpose of adding to Germany's breeding stock. Children of conquered nations were taken from their parents and placed in *Lebensborn* centers — many of them luxurious resorts — to be brainwashed and "Germanized." They never saw their parents again. If they did not pass genetic inspection they were not returned to their families, but were "disposed of." As was once rumored and has been since proven, many of the centers were in reality convenient warehouses for the Gestapo, despite their designation as "Maternity Homes." Astonishingly, these "stud farms" flourished during World War II, and were in operation as late as 1944; while the rest of Germany was plagued with starvation, many of the *Lebensborn* menus featured the tastiest delicacies.

D. Gareth Jones. *Brave New People: Ethical Issues at the Commencement of Life* [Grand Rapids, Michigan: Eerdmans, 1985]. This book was so 'controversial' (which means that Leftist censors didn't like it), that it was withdrawn from the market after its original release in 1984. The author addresses complicated issues that apply to the beginning of human life: *In-vitro* fertilization, artificial insemination, cloning, and genetic tinkering.

Carol Levine (Editor). *Taking Sides: Clashing Views on Controversial Bio-Ethical Issues* [Guilford, Connecticut: Dushkin Publishing Group, 1984]. Leading thinkers on both sides of bioethical issues express their opinions in scholarly essays on subjects including abortion, *in-vitro* fertilization, surrogate motherhood, involuntary sterilization of the retarded, informed consent, active euthanasia, withholding treatment from handicapped newborns, suicide, the insanity defense, animal experimentation, prisoners volunteering for research, justifiable deception in research, organ harvesting from the dead, and genetic engineering. A good primer on the bioethical issues.

Robert Jay Lifton. *The Nazi Doctors* [Basic Books, 1986]. Reviewed by Eugene F. Diamond, M.D., on pages 5 and 15 of the August 13, 1987 issue of *National Right to Life News*. This excellent book describes in great detail how the original Holocaust was begun — by the medical profession. It also warns about how such an event could happen in our country. The book provides invaluable and detailed information on the psychology and history of the Nazi biomedical Holocaust. Special treatment is given to the sterilization programs, the role of the doctors, and a detailed description of the Holocaust operating at the Auschwitz death camp.

Robert G. Marshall and Charles Donovan. *Blessed Are the Barren: The Social Policy of Planning Parenthood* [San Francisco: Ignatius Press]. Reviewed by Mary Meehan on page 5 of the November 29, 1992 *National Catholic Register*. This volume provides lots of detail on the Planned Parenthood connections with racist eugenics, the effort to capture the Black leadership, and its ability to tap into hundreds of millions of dollars of tax and private money.

Pauline M.H. Mazumdar, *Eugenics, Human Genetics and Human Failings: The Eugenics Society, Its Sources and Its Critics in Britain* [New York: Rutledge, 1992]. Book review by Mark Burdman.

Pauline Mazumdar's book is written in an objective, academic manner, often with technical sections that would tend to appeal only to someone with a professional interest in genetics, and her objectivity often makes it impossible to know what her moral attitude is toward the subjects she is describing. While these three elements conspire to make *Eugenics, Human Genetics and Human Failings* tedious reading at times, this problem is more than balanced by the fact that the book is dense with explosive material about one important trend in the thinking of British political, scientific, and intellectual elites from the period of the 1880s until the Second World War. Paradoxically, the dry, objective tone has the effect of making such material all the more shocking, and her devotion to her subject-matter has produced a lot of useful research. Mazumdar has written a book that is required reading for those seeking to understand crucial features of the last 100 years of history, particularly the period from roughly 1880 to the Second World War, and to counter the simplistic notions of this period purveyed in our media and university textbooks. For all the voluminously documented crimes of the Nazis, the fact is, leading British circles were the earliest proponents and developers of eugenics, a pseudo-science that these British influentials — including Charles Darwin's cousin Sir Francis Galton and various sons of Darwin, members of the Huxley family, International Monetary Fund founder John Maynard Keynes, and others — concocted to promote the reduction in numbers, if not the eventual elimination, of categories of people whose existence was undesired by them. Such undesirables were, in the earliest years of the history of the Eugenics Education Society (the name of the group at the time of its founding in 1907), referred to dismissively as "the residuum" and later as "the paupers;" in order to study them, the eugenics mob sponsored so-called "Pauper Pedigree Projects" to reinforce the notion of "social class biologically defined." Eventually, the name "social problem group" was used to describe what is today often termed "the underclass."

According to Mazumdar, "from its beginning in Britain, eugenics spread to many other countries," creating a kind of "eugenics international." It was the British eugenicists who, years before the Nazis existed, synthesized the philosophical ravings of the late 19th century's Friedrich Nietzsche about the *Übermensch* ("Superman" or "Over-Man" in English) into a coherent thouxtrix to justify measures against what Nietzsche labeled "the inferior race." It was they who, starting about 1930, together with the Rockefeller Foundation and related circles in the United States, promoted the work of the notorious German race scientist Ernst Rüdin, including into the 1933 period when Rüdin's work provided the basis for the Nazis' compulsory sterilization law, and then used his work to promote eugenics measures in Britain. Beginning in 1929, the same individuals launched the institutions of the neo-malthusian population control movement. It was Sir Francis Galton, the proponent of "hereditarianism," who declared in 1883 that the "Age of Eugenics" had begun (the name of the Eugenics Society today is the Galton Institute). Mazumdar complements various researchers' documentation of the activities of the eugenics movement in the United States, such as the Cold Springs Harbor/Eugenics Record Office group, whose collaboration with their British counterparts Mazumdar mentions, although she omits the Harriman family's funding of such activities. Mazumdar gives crucial leads on such trends in the U.S.

The book is particularly topical in a historical period where eugenics thinking is

being revived. Under conditions of worsening economic depression in the U.S., Britain, and other "advanced sector" countries, the recent years' propaganda about "the underclass" can rapidly evolve into an overt racist genocidalist belief-structure aimed at minority groups. This evolution is discernible in aspects of the propaganda of the American "neo-conservative" movement and in the popularization of the writings of such quacks as the late William Shockley, whose racist theories were promoted by George Bush when he was a congressman. On a global scale, the same trend is perceptible in the ideology underlying the so-called "new world order," a racist malthusianism that seeks the elimination of "inferior" non-white peoples, under the guise of concern about "overpopulation" and "the ecology."

Regrettably, Mazumdar doesn't address this continuity into the postwar era — except for some hints in the concluding pages that the eugenics movement has shifted attention to the Third World — but rather stops at asserting that the classical eugenics movement died out after World War II, mostly because of the emergence of the "welfare state," and also because the Nazis had so discredited eugenics in the public mind. She doesn't take up the issue of its reemergence in new forms and guises. Also, in making what seems to be the correct claim that the British version of eugenics expressed a concern with *class* much more than the American and German versions, which were more concerned with *race*, she goes too far in downplaying the racist element in the British case.

But hopefully a debate on this point is now beginning in Britain. On June 20 [1991], the London *Guardian* reported the findings of British researcher Clive Ponting on the late Winston Churchill's support for sterilization and forced detention of "mental degenerates" and "the feeble-minded" in order to prevent the weakening of the "British race," especially in light of the growing economic-industrial threat represented by the U.S. and Germany. The *Guardian* piece is entitled "Churchill's Plan for Race Purity." One of the *dramatis personae* in Ponting's account, eugenicist Dr. Alfred Tredgold, also features prominently in Mazumdar's book. Ponting's biography of Churchill will be published in 1993.

What Mazumdar shows is that the British eugenicists sought frenetically to document the biological-hereditary determinants of poverty, to provide ostensible scientific proof for the proposition that "pauperism is hereditary" and that "the poor were pathologically different from the rest of the population," so as to be able to argue that there would be no alternative to dealing with this "class," than to practice sterilization, involuntary confinement, or other draconian means of control. The "assumed inheritance" of negative qualities made it seem to the Eugenics Society that "if the prolific breeding of this class were not controlled, pauperism and its associated undesirable qualities must necessarily keep on increasing until the direction of evolution of the human race was reversed," she writes.

"Associated undesirable qualities" could mean just about anything to the eugenics priesthood depending on their tastes. They could range from the supposedly inherited quality of "feeble-mindedness," to alcoholism, criminality, carelessness, improvidence, indifference, unlimited selfishness, unemployability, slum-dwelling, etc. Mazumdar cites the characteristic view of Eugenics Society General Secretary Charles Blacker that "people who are below average in intelligence should be sterilized, even if they are not actually defectives." It was this Blacker who actively promoted the ideas of Germany's Ernst Rüdin. The two regularly corresponded, and Rüdin "sent Blacker a copy of the Proceedings of the Prussian *Landesaesundheitsrat* [state health council] announcing

that eugenic sterilization was to be permitted there upon a voluntary basis. This pre-Nazi legislation was the first step towards the compulsory sterilization law, the *Gesetz zur Verhütung Erbkranken Nachwuchses*, that was to be passed in July 1933, almost immediately after the Nazi accession. Rüdin is said to have had it already prepared in his desk drawer."

As Mazumdar shows, many of the studies that were supposed to prove the phenomenon of inherited "undesirable qualities" never discovered very much in reality, and the hard-core eugenists came under severe attack from certain leading geneticists and others. But nonetheless, the scientific patina that was given to class bias and racism conformed to the *policy intent* of British elites, such that eugenists often contributed to government advisory committees. For example, Eugenics Society ideas were incorporated in the 1909 "Report of the Royal Commission on the Care and Control of the Feeble-Minded," which was prepared by a joint committee of members of the Society and the National Association for the Care and Protection of the Feeble-Minded, including Churchill adviser Tredgold. Also, when the "Mental Deficiency Act" came into force in 1914, the Eugenics Society called it "the only piece of English social law extant in which the influence of heredity has been treated as a practical factor in determining its provisions."

More often than not, the eugenists' point was made rudely and crudely, and the most shocking parts of Mazumdar's account appear in her quotes from some of the more candid spokesmen. In 1908, one Dr. Ettie Sayer told the (misnamed) Moral Education Congress, on the subject of "real moral degenerates:" "If diagnosed as so actively anti-social and morally indirigible as to be unfit ever to live among a pure, honest, unselfish and public-spirited people, they should be classified and shipped off to various uninhabited isles." Or, Eugenics Society President Leonard Darwin (one of Charles Darwin's several sons to be involved in the society's work) described the kinship relationships shown in the Pauper Pedigree Projects, as being like "rivers, flowing steadily on wide fronts, carrying on their surface patches of refuse."

From Cambridge, which Mazumdar identifies as a hotbed of eugenics sentiment in the pre-World War I period, the Rev. William R. Inge, Dean of St. Paul's, made a speech on "Some Social and Religious Aspects of Eugenics," in which he stated: "I cannot say I am hopeful about the near future. I am afraid that the urban proletariat may cripple our civilization as it destroyed that of ancient Rome. These degenerates, who have no qualities that confer survival value, will probably live as long as they can by 'robbing hen roosts,' as Mr. Lloyd-George truthfully describes modern taxation, and will then disappear ..." One C.S. Stock, in a 1912 document published in Cambridge, praised eugenics research as "likely in the near future to provide us with the knowledge of how to rid society of a great incubus of disease, crime, deformity and many other 'ills the flesh is heir to.'"

To accomplish its goals, the society formed a "Committee for Legalizing Eugenic Sterilization," with which Julian Huxley was associated, and which was the vehicle through which the Eugenics Society first made contact with Ernst Rüdin in 1930. As Mazumdar writes, Rüdin's group in Munich had developed a method of "empirical hereditary prognosis," the "practical result" of which "was to be the selection of diagnostic categories that would require sterilization for the elimination of pathological genes from the population. ... In 1930, needing more data to support its sterilization campaign, the British Society turned to Rüdin."

As Mazumdar shows. the eugenics movement. while an outgrowth of the emergina

science of genetics, was rooted in the writings of Parson Thomas Malthus, who had been obsessed with the "uncontrolled fertility of the poor and especially the paupers." In 1916, Society President Leonard Darwin stated that the works of Malthus "unquestionably form the starting-point for all speculation on population, and are still valid in substance."

In the last quarter of the 19th century, malthusianism was reinforced by the ideology of "social Darwinism." Mazumdar presents evidence of an interesting shift in British social policy, consolidated during the period from 1859, when Charles Darwin's *Origin of Species* was published, to 1886, when riots by poor people in London terrified "the propertied classes." During this period, the British upper-crust progressively dropped Christian terminology in describing the problem of the poor. There had been a propensity to use the word "charity" in dealing with the poor, even if the *content* defined by that word had less to do with the Christian teachings of St. Paul than with promoting a form of "soft" social engineering, based on the notion that the existence of the "residuum" resulted from lack of sufficient "morals" or "character."

But in the 1880s, "the emphasis changed from demoralization to degeneration, as the growth of social Darwinism added a biological side to the picture of the casual poor." So, while the Charity Organization Society saw "lack of character of the residuum as the underlying cause of all their problems," the Eugenics Education Society felt that "inherited defect in turn underlay the lack of character, and that control of the excessive fertility of these people would get to the root of the matter. The fertility control method that they preferred was that of compulsory detention in state institutions; campaigns for the detention of inebriates, of those with venereal disease and of the feeble-minded were all carried on vigorously in the Society's first few years." As Mazumdar shows, several leading eugenicists, such as Churchill's favorite Dr. Tredgold, like Malthus before them, were adamantly against charity, since this would just perpetuate the "residuum." Malthus had warned that charity "would minimize whatever prudential check the poor were prepared to put upon their fecundity," and thereby advised against provision of housing to the poor.

In sum, the eugenicists argued that the primary causes of destitution were defects either inherited or transmitted *in utero*, and what emerged, as the elements that came together to form the eugenics movement in the beginning of the 20th century, was a melange of Malthus, Darwin, and the specific ideas of "hereditarianism" put forward by Darwin's cousin Sir Francis Galton, the guru of the eugenics movement.

In 1929, such ideas branched out to encompass the issue of population control, with the formation of the British Population Society, which had 20 members, 14 of whom were members of the Eugenics Society, including Sir Bernard Mallet, president of the Royal Statistical Society and president of the Eugenics Society; Julian Huxley; and John Maynard Keynes. The British Population Society had its offices within the Eugenics Society's rooms and was affiliated with the International Union for the Scientific Investigation of Population Problems, headquartered at the Institute for Biological Research at Johns Hopkins University. Economist Keynes, who later was to found the International Monetary Fund, portrayed unemployment as a sign of overpopulation, Mazumdar points out.

Malthusianism and social Darwinism were reinforced in the early 20th century by the influence of the English translations of the writings of Friedrich Nietzsche. The library of the Eugenics Society in London contains the early series of Nietzsche translations. and several books on his work. As Mazumdar notes. "The commentators at

this time generally saw Nietzsche as the philosopher of Darwinism and evolution, whose *Übermensch* was the forerunner of a new human race, a master-race."

Hence, top Eugenics Society figures Havelock Ellis and R.A. Fisher were heavily influenced by Nietzsche, with the latter searching for "a new natural nobility of worth and birth." Also Maximilian Muegge, a founding member who occasionally lectured for the Eugenics Education Society, wrote in 1909 in the first volume of the *Eugenics Review* that Sir Francis Galton had founded a racial religion: The ideal of the super-man would supply the religious feeling of responsibility which would give the science its popular support. Similarly, there was Georges Chatterton-Hill, a Nietzschean commentator who wrote an article in the *Eugenics Review* in 1912, directly quoting Nietzsche: "In the whole of Europe, the inferior race has now triumphed, in regard alike to their color and their brachycephalic features and perhaps even in regard to their intellectual and social instincts. ... The race of the Masters and Conquerors is decaying even in a physiological sense."

Nietzschean ideas were also reflected in the ideas of Ernest W. MacBride, professor of zoology at Imperial College, who organized Eugenics Society courses after 1914. MacBride had written in 1913: "The lessons which the eugenist seeks to enforce are written out in flame across every page of zoology: The wiping out of the less perfectly developed and less adaptive tribes is going on daily before our very eyes. If this sort of mental pabulum were supplied to those who are likely to become our public men and leaders instead of the exclusively classical education on which the last generation has been reared, the eugenists would not preach to deaf ears." In 1924, the same MacBride railed against the "pernicious doctrine of the equality of man," because of which, he claimed, the doors of immigration were opened wide and North America had become filled with a vast crowd of Mediterranean peoples, who were "outbreeding" their Nordic neighbors.

From such Nietzschean inputs, it is not difficult to see that the British eugenists would be attracted to Nazi race science as per Rüdin, nor that one branch of the movement, the "Positive Eugenics Committee," would, in 1934, be particularly interested in the political measures taken by the fascist governments in Italy and in Germany.

There are two other aspects to Mazumdar's book that require comment. One is the matter of the field of genetics itself. Mazumdar is a professional in this domain, and because this reviewer is a layman, many details flew by him. From the overall evidence presented, however, it is not so easy to tell what the difference is between genetics as such, and some version of eugenics thinking, and Mazumdar occasionally seems to equate the two. Even those geneticists opposed to the hard-core social eugenics view, favored some notion of social engineering, using genetics research to "improve the race." From other epistemological and philosophical musings in the book, it would seem that genetics itself is rooted in a kind of deterministic materialism and radical positivism, almost a kind of Gnosticism. Much to the point here, is the comment of T.H. Huxley, one of the main philosophical-scientific inspirers of the eugenics movement, who in 1889 stated his "untiring opposition to that ecclesiastical spirit, which in England as everywhere else, and to whatever denomination it may belong, is the deadly enemy of science."

The last point, and a somewhat distressing one, is Mazumdar's ambiguous attitude toward the Fabian and Marxian left in Britain. She seems to sympathize with their critique of the class-based eugenics propaganda, while admitting that the Fabians had their own quite well-thought-out eugenics philosophy, as expressed in some atrocious

views quoted by her from Sidney Webb and J.B.S. Haldane, both of whom saw a classless socialist society as a more effective vehicle for introducing policies like compulsory sterilization. However, she omits some of the wildest eugenics views expressed by H.G. Wells, George Bernard Shaw, and others of their ilk. The reader would have to have recourse to others' researches to fill in this gap in Mazumdar's otherwise exhaustive work.

Father Vincent P. Miceli. *The Roots of Violence*. 229 pages, \$19.95. Order from Our Lady's Book Service, Nazareth Homestead, R.D. 1, Box 258, Constable, New York 12926, telephone: 1-800-263-8160. This book explains the roots of the violence that is flooding our society today. It examines in detail our general apostasy from the word of God, and our society's resulting allegiance to the corrupt morals and secular values of the world.

Pope St. Pius X. Encyclical Letter *Pascendi Dominici Gregis* ("On the Doctrines of the Modernists") and "Syllabus Condemning the Errors of the Modernists (*Lamentabili Sane*)." July 3, 1907. Compact 4"½ X 7", 77 page booklet for 50 cents from the Daughters of St. Paul, 50 St. Paul's Avenue, Jamaica Plain, Boston Massachusetts 02130, telephone: (617) 522-8911. This booklet, although the better part of a century old, describes the current situation in the world perfectly. In general terms, it details how a turning away from the precepts of the Christian Church, and the rejection of Jesus as Lord and Savior, has led us to the current deplorable situation in the world. For the full text of this great encyclical, [click here](#).

Professor Charles E. Rice. *Beyond Abortion: The Theory and Practice of the Secular State* [Chicago: Franciscan Herald Press, 1979]. Order from Keep the Faith, 810 Belmont Avenue, Post Office Box 8261, North Haledon, New Jersey 07508, telephone: (201) 423-5395. Reviewed by Donna Steichen in the Spring 1980 issue of the *International Review of Natural Family Planning*, pages 72 to 74. An examination of the underpinnings and workings of this secular state and how they inevitably lead to loss of faith, abortion, and euthanasia. A very good examination of the anti-life philosophies and how they originate and self-perpetuate in a society that turns away from God. Professor Rice shows us that there can be no real turning away from anti-life practices like abortion, infanticide, and other euthanasia, unless we acknowledge God as our master.

Margaret Sanger. *Woman and the New Race*. Reprinted in 1969 by permission of the Sanger Estate by the Maxwell Reprint Company, Fairview Park, Elmsford, New York 10523. Any pro-life activist who wants to become familiar with the *real* attitudes and philosophy of the anti-life movement and Neofeminism in general should read this book. It is an utterly fascinating treatise by one of the original Neofeminists. For the complete text of this book, [click here](#).

Lothrop Stoddard, Ph.D. *The Rising Tide of Color Against White World-Supremacy* [New York: Charles Scribner's Sons, 1921]. Reprinted in 1971 by Negro Universities Press, Westport, Connecticut. A classic racist book that clearly and vividly demonstrates the kind of thinking that led to eugenics, the current-day racist abortion program in the United States, and the Nazi mentality. For the complete text of this book, [click here](#).

United States Government. *Mapping Our Genes, The Genome Projects: How Big, How Fast?* Focuses on how to assess the rationales for conducting human genome projects, how to fund them, how to coordinate scientific and technical programs, and international impacts and repercussions. Serial Number 052-003-01106-9, 1988, 224 pages, \$10.00. Order by mail from Superintendent of Documents, United States Government Printing Office, Washington, DC 20402, or by telephone from (202) 783-3238.

[Return to *Eugenics* Table of Contents](#)

Endnote for “Further Reading: Eugenics”

[135] *The New York Times*, September 12, 1997, page A15. This movie ad caused quite a stir, because many people were not at all sure whether the offer was genuine or not.



Introduction

What the Anti-Lifers Think

Introduction

Anti-Religious Bigotry

Hundreds of Pro-Life Groups

A Place for Everyone ...

Areas of Expertise

Listing of Pro-Life Organizations

Accuracy in Academia and Accuracy in Media

American Academy of Medical Ethics (AAME)

American Association of Pro Life Obstetricians and Gynecologists
(AAPLOG)

American Catholic Lawyers Association (ACLA)

American Center for Law and Justice (ACLJ)

American Collegians for Life (ACL)

American Conservative Union (ACU)

American Family Association (AFA)

American Life League (ALL)

American Rights Coalition (ARC)

Americans United for Life (AUL)

Atheist and Agnostic Pro-Life League (AAPL)

Baptists for Life

Bethany Christian Services

Birthright International

Campaign Life Coalition (CLC)

Catholic Family and Human Rights Institute (C-FAM)

Catholic League for Religious and Civil Rights

Catholic Medical Association (CMA)

Catholics United for the Faith (CUF)

Catholics United for Life (CUL)

Center for Bio-Ethical Reform (CBR)

Care Net

Christian Coalition of America (CCA)

Christian Legal Society (CLS)

Christians United for the Defense of Life (CUDL)

Physicians for Compassionate Care Educational Foundation (PCCCF)
Pope Paul VI Institute for the Study of Human Reproduction
Population Research Institute (PRI)
Presbyterians Pro-Life
Priests for Life
Project Rachel
Pro-Life Action League (PLAL)
[Pro-Life Alliance of Gays and Lesbians \(PLAGAL\)](#)
Republican National Coalition for Life (RNCL)
Rutherford Institute
St. Antoninus Institute for Catholic Education in Business
Secretariat for Pro-Life Activities, USCCB
Seton Home Study School
Sisters of Life (*Soror Vitae*)
Stop Planned Parenthood International (STOPP)
Task Force of United Methodists on Abortion and Sexuality (TUMAS)
Teachers Saving Children (TSC)
Traditional Values Coalition (TVC)
University Faculty for Life
Victims of Choice (VOC)
Wisconsin Evangelical Lutheran Synod (WELS) Lutherans for Life
World Federation of Doctors Who Respect Human Life
Women for Faith and Family (WFF)
Young America's Foundation (YAF)

[Further Reading: Pro-Life Organizations.](#)

Facts of Life: Chapter 25: Pro-Life Organizations: Introduction



"Pay as little attention to discouragement as possible. Plough ahead as a steamer does, rough or smooth, rain or shine. To carry your cargo and make port is the point."
— Maltbie Babcock.

What the Anti-Lifers Think.

"Opposition to abortion comes largely from the Roman Catholic Church. One of the more effective ways of scoring this point is to read from the [attached] List of Organizations Favoring Repeal [of all abortion laws] the names of prestigious national organizations, and then to challenge your [pro-life debating] opponent to name one *nonreligious* organization in any of these categories (health, welfare, legal, medical, etc.) that supports their contention that abortion is murder."

— National Abortion and Reproductive Rights Action League [NARRAL].

"Organizing for Action." Prepared by Vicki Z. Kaplan for NARRAL, 1974.

Introduction.

"When you scan lists of groups opposing abortion, you find all of them are religious in nature."

— Anne Nicol Gaylor, *Abortion is a Blessing* [New York: Psychological Dimensions, Inc, 1975], page 53.

Anti-Religious Bigotry. The above quotes are two of many attempts by the National Abortion and Reproductive Rights Action League (NARRAL, now NARAL Pro-Choice America) and other pro-abort groups to stereotype and pigeonhole the entire pro-life movement.

There is good strategic reasoning behind this blatant bigotry. If NARRAL and its allies can convince the public that the pro-life movement is very narrow in focus and unrepresentative of the American mainstream by painting it as an organ of an 'unholy alliance' between the Pope and Fundamentalist preachers, it will have won a great psychological victory. It will have successfully tapped into the deep reservoir of residual anti-Catholic and anti-religious bigotry that lurks within the souls of tens of millions of Americans.

To show how one-sided this kind of stereotyping really is, try to imagine the uproar that the Neoliberal media would make if some pro-life leader snottily declared that all abortophiles were nothing but a bunch of sexually perverted, atheist lowlife scum!

An anti-life debater may very well make a statement similar to the above NARRAL quote. If this happens, the pro-life debater may respond by simply reading aloud the names of all of the pro-life groups listed in this chapter.

The pro-abort debater is likely to concede defeat on this point by the time the pro-lifer

The pro-abortion debater is likely to concede defeat on this point by the time the pro-life gets one-fourth of the way through the list!

Hundreds of Pro-Life Groups. There are literally hundreds of large and small pro-life groups scattered all over the United States. Their areas of interest and types of activism encompass the entire range of pro-life action: From legislative research to education to picketing and sidewalk counseling to rescue missions.

By contrast, the pro-abortion propagandists pad their numbers by counting those Neoliberal organizations that have absolutely nothing at all to do with abortion other than 'signing on' just to show "solidarity" with their "sisters and brothers battling for reproductive rights." Typical of these groups are the American Home Economics Association, the American Veterans Committee, and the Coalition of Black Trade Unionists.

It is critical to note that only about *five percent* of all anti-life groups are primarily concerned with keeping abortion 'safe and legal,' and, by contrast, a whopping 75 percent of the groups listed in this Chapter are specifically single-issue pro-life.

A Place For Everyone ... There is a place for every pro-life activist and every imaginable skill in one of these local or national groups.

This Chapter lists national and international pro-life organizations which have numerous local chapters or affiliates, and are willing to share their resources with other pro-life groups upon request. For those activists with more specific interests, local or national groups can usually provide guidance and contact points.

Many of these are 'ad-hoc'-type groups that have relatively narrow fields of interest, i.e., Title X funding or individual state right-to-die bills. This Chapter includes a comprehensive listing of those groups that focus their efforts on a relatively narrow field, and have resources that are of general interest to most pro-life activists.

One book that pro-life activists should be familiar with is the International Life Services' *Pro-Life Resource Manual*. This manual, updated every year, lists more than 4,000 local and national pro-life groups, their addresses and phone numbers, and their major fields of action. The book sells for \$15 and is available from International Life Services, Inc., 2606-1/2 West 8th Street, Los Angeles, California, 90057, telephone: (213) 382-2156. ILS's Web site is at <http://www.life-services.org/>.

Areas of Expertise. The rest of this Chapter describes nearly a hundred national and international pro-life and pro-family organizations. If you would like to search them for a particular area of expertise, these are listed below.

Abstinence
Activism
Adoption
Bioethics
Crisis Pregnancy
Education
Euthanasia
Family
General
Home Schooling
International

international
Litigation
Legislation
Media
Medical
Minority
Natural Family Planning
Political
Population
Pornography
Post-Abortion
Publicity
Religious
Research
Watchdog
Women
Youth

[Go to Next Topic: Listing of Pro-Life Organizations](#)

[Return to *Pro-Life Organizations* Table of Contents](#)



LISTING OF PRO-LIFE ORGANIZATIONS

Accuracy in Media

4455 Connecticut Avenue N.W., Suite #330

Washington, D.C. 20008

Telephone: (202) 364-4401

FAX: (202) 364-4098

Web site: <http://www.aim.org/>

Publications: *Accuracy in Academia Report* and *Accuracy in Media Report*.

Area of Expertise: Media and watchdog

Accuracy In Media is a non-profit, grassroots citizens watchdog of the news media that critiques botched and bungled news stories and sets the record straight on important issues that have received slanted coverage.

American Academy of Medical Ethics

Post Office Box 451 Bristol, Tennessee 37621

Telephone: (423) 844-1095

Web site: <http://www.ethicalhealthcare.org/>

Publications: *Issues in Law and Medicine*

Area of Expertise: Medical

The American Academy of Medical Ethics is an organization of more than 22,000 physicians who oppose abortion and euthanasia.

American Association of Pro Life Obstetricians and Gynecologists (AAPLOG)

339 River Avenue

Holland, Michigan 49423

Telephone: (616) 546-2639

Web site: <http://www.aaplog.org/>

Areas of Expertise: Medical

AAPLOG affirms (1) That we are responsible for the care and well-being of both the pregnant woman and her preborn child; (2) That the preborn child is a human being from the time of conception; and (3) That elective abortion at any stage of pregnancy constitutes the willful destruction of an innocent human being; and that this procedure will have no place in our practice of the healing arts. As physicians trained in both the art and science of the medical practice of obstetrics and gynecology, we are deeply

concerned about the profound, adverse consequences that unrestricted abortion imposes on women, children and families of our nation. Therefore, we pledge to use our talents and skills to educate our patients, the public, our colleagues and our students in order to promote respect for life in all stages of development and, thus, to enhance the well-being of our entire society.

American Catholic Lawyers Association

420 U.S. Highway Rt. 46, Suite 7
Post Office Box 10092
Fairfield, New Jersey 07004
Publication: *ACLA Update*
Web site: <http://www.americancatholiclawyers.org>

American Center for Law and Justice (ACLJ)

Post Office Box 90555
Washington, D.C. 20090-0555
Telephone: (757) 226-2489
FAX: (804) 226-2836
Web site: <http://www.aclj.org>
Area of Expertise: Litigation

From the U.S. Supreme Court to local school boards, lawyers of the ACLJ have been defending the rights of believers, standing up for the unborn, the elderly and the infirm, and reasserting the primary rights of parents and the centrality of the family. Already the ACLJ has proven a formidable opponent to those who would seek to undermine these fundamental institutions of the American civilization.

American Collegians for Life (ACL)

Post Office Box 1112
Washington, DC 20013
Telephone: (202) 737-1007
E-mail: acl@aclife.org
Web site: <http://www.aclife.org/>
Area of Expertise: Youth

American Collegians for Life is a student-run, non-profit organization dedicated to educating college students about the medical and ethical issues of abortion, infanticide, and euthanasia.

American Conservative Union (ACU)

1007 Cameron Street
Alexandria, Virginia 22314
Telephone: (703) 836-8602
FAX: (703) 836-8606
E-mail: acu@conservative.org

E-mail: acu@conservative.org
Web site: <http://www.conservative.org/>

The American Conservative Union is the nation's oldest and largest grassroots conservative organization. Founded in 1964, ACU's purpose is to effectively communicate and advance the goals and principles of conservatism through one multi-issue, umbrella organization. ACU supports capitalism, believes in the doctrine of original intent of the Framers of the Constitution, has confidence in traditional moral values, and is committed to a strong national defense.

American Family Association (AFA)

Post Office Drawer 2440
Tupelo, Mississippi 38803
Telephone: (662) 844-5036
Web site: <http://www.afa.net/>
Publications: *AFA Journal*
Areas of Expertise: Pornography, family, media and watchdog

AFA is for people who are tired of cursing the darkness and who are ready to light a candle. We are a non-profit (501(c)(3)) organization founded in 1977 by Don Wildmon. AFA stands for traditional family values, focusing primarily on the influence of television and other media — including pornography — on our society. AFA believes that the entertainment industry, through its various products, has played a major role in the decline of those values on which our country was founded and which keep a society and its families strong and healthy. For example, over the last 20 years we have seen the entertainment industry "normalize" and glorify premarital sex. During that time we have suffered a dramatic increase in teen pregnancies, sexually transmitted diseases such as AIDS and abortion as a means of birth control. We believe in holding accountable the companies which sponsor programs attacking traditional family values. We also believe in commending those companies which act responsibly regarding programs they support.

American Life League (ALL)

Post Office Box 1350
Stafford, Virginia 22555
Telephone: (540) 659-4171
FAX: (540) 658-2586
Web site: <http://www.all.org/>
Publications: *Celebrate Life!* and *Communique*
Areas of Expertise: Abortion, bioethics, chastity, cloning, euthanasia, and legislation.

American Life League sponsors the American Bioethics Advisory Committee (ABAC), Bryan Kemper's Rock for Life, Jim Sedlak's Stop Planned Parenthood (STOPP), Dentists for Life, Rachel's Vineyard, Why Life? and the World Life League (WLL).

American Rights Coalition (ARC)

Charles Wysong, President
Post Office Box 22188
Chattanooga, Tennessee 37422
Telephone: (423) 698-7960 or 1-(800) 634-2224
FAX: (423) 698-7893
Areas of Expertise: Post-abortion and litigation

The mission of ARC is to help women who are having physical and emotional problems after an abortion. ARC strongly believes that those who have injured these women should be sued for malpractice. ARC refers to medical, legal, and emotional services within the woman's local area. Counseling is from 9:00 AM to 5:00 PM, Monday through Friday; fee varies.

Americans United for Life (AUL)

310 South Peoria Street, Suite 300
Chicago, Illinois 60607-3534
Telephone: (312) 492-7234
Fax: (312) 492-7235
E-mail: info.aul@juno.com
Web site: <http://www.unitedforlife.org/>
Areas of Expertise: Abortion and litigation

The vision of Americans United for Life is a nation in which abortion and euthanasia are neither desired nor legal. Its mission is to protect every person in America from abortion and euthanasia through law and education. AUL is a nonsectarian, nonpartisan, nonprofit public interest organization that specializes in legislation, litigation and education. Founded in 1971, AUL focuses on initiatives that will change public policy and opinion on sanctity of human life issues in the short term, while laying the groundwork for comprehensive protection of human life over the long term. Americans United for Life serves pro-life legislators, lobbyists, and leaders at the state and national level. AUL benefits the unborn and people of all ages.

Atheist and Agnostic Pro-Life League (AAPL)

E-mail: godlessprolifers@yahoo.com
Web site: <http://www.GodlessProlifers.org/home.html>
Area of Expertise: Abortion

The Atheist and Agnostic Pro-Life League is a nontheistic and nonreligious opposition to the life-denying horror of abortion "... because life is all there is and all that matters, and abortion destroys the life of an innocent human being." AAPL is nonpartisan and nondiscriminatory. AAPL is for all nontheists regardless of political affiliation, political alignment, age, gender, race, ethnicity, nationality, sexual orientation, etc.; the more diversity, all the better. Even so, there are three requirements for AAPL membership: one must: (1) be an avowed atheist, agnostic, or other nontheist; (2)

membership, one must (1) be an avowed atheist, agnostic, or other nonbeliever, (2) oppose abortion and desire its abolition (with or without exceptions), and (3) support nonviolence as the sole legitimate means of achieving the goals of the pro-life movement.

Baptists for Life

Post Office Box 3158
Grand Rapids, Michigan 49501
Telephone: (616) 257-6800
FAX: (616) 257-6805
Web site: <http://www.bfl.org/>
E-mail: b4life@bfl.org
Areas of Expertise: Abortion and religious

Through education, training and research, Baptists for Life helps local churches form biblically centered, evangelistic pro-life ministries, using the spiritual gifts and innate talents of God's people. By the grace of God, Baptists for Life will help mobilize and equip the church of Jesus Christ for compassionate sanctity of life ministry and effective Gospel-based outreach.

Bethany Christian Services

901 Eastern Avenue, NE
Post Office Box 294
Grand Rapids, Michigan 49503-0294
Telephone: (616) 224-7610 or 1-800-BETHANY
Web site: <http://www.bethany.org/>
Areas of Expertise: Adoption and crisis pregnancy

Birthright International

Post Office Box 98363
Atlanta, Georgia 30359-2063
Telephone: (404) 451-6336 or 1-(800) 550-4900
Web site: <http://www.birthright.org/>
Area of Expertise: Crisis pregnancy

Birthright includes nearly 500 offices in the United States and Canada, many of which appear in local yellow pages. The easiest way to locate the office nearest you is to phone 1-800-550-4900 and give your town and state or province, with reference to the nearest major city. If you wish, you can leave your name and phone number, and someone will phone you from the nearest center, the same day.

Campaign Life Coalition (CLC)

104 Bond Street, Third Floor
Toronto, Ontario, Canada M5B 1X9
Telephone: 1-(866) 787-9947

Web site: <http://www.lifesite.net/>
Areas of Expertise: Research and media

An excellent resource for Canadian pro-lifers and those all over the world. CLC's informational daily newsgram *Lifesite* is the best there is.

Catholic Family and Human Rights Institute (C-FAM)

866 United Nations Plaza, Suite 4038
New York, New York 10017
Telephone: (212) 754-5948
FAX: (212) 754-9291
E-mail: c-fam@c-fam.org
Web site: <http://www.c-fam.org>
Publication: *Friday FAX* (electronic)
Areas of Expertise: Political, population and watchdog

The Catholic Family and Human Rights Institute is a non-profit organization designed to serve the needs of United Nations delegates, extra-governmental and non-governmental organizations, missions and consulates. C-FAM fulfills an educational need to inform the public at large regarding family and human rights issues. Specifically, C-FAM is an advocate on behalf of the rights and responsibilities of men, women and children, especially within the framework of the family as the fundamental unit of society. Within this framework, issues such as population, development and environment are addressed in support of present and future generations. In keeping with human dignity and liberty as outlined in the Universal Declaration of Human Rights (1948), C-FAM respects the diversity of cultural traditions and religions. To these ends, C-FAM is active in the following areas: (1) The research and dissemination of information related to U.N. activities/publications to the broader society, including the media; (2) Compiling and maintaining a global listing of organizations with similar objectives; (3) Acting as a liaison and network referral service on behalf of similar organizations worldwide; and (4) Enhancing contact with U.N. government delegates, to provide educational materials and facilitate discussion between parties.

Catholic League for Religious and Civil Rights

450 Seventh Avenue
New York, New York 10123
Telephone: (212) 371-3191
FAX: (212) 371-3394
Web site: <http://www.catholicleague.org>
Publications: *The Catalyst* and annual reports on anti-Catholicism
Areas of Expertise: Litigation and religious

The Catholic League is the nation's largest Catholic civil rights organization. Founded in 1973 by the late Father Virgil C. Blum, S.J., the Catholic League defends the right of Catholics — lay and clergy alike — to participate in American public life without defamation or discrimination. Motivated by the letter and the spirit of the First

cermination or discrimination. Motivated by the letter and the spirit of the First Amendment, the Catholic League works to safeguard both the religious freedom rights and the free speech rights of Catholics whenever and wherever they are threatened.

Catholic Medical Association (CMA)

(formerly the National Federation of
Catholic Physicians' Guilds)

333 East Lancaster Avenue, #348

Wynnewood, Pennsylvania 19096-1929

Telephone: (215) 877-9099

E-mail: info@cathmed.org

Web site: <http://www.cathmed.org/>

Publication: *Linacre Quarterly*

Area of Expertise: Medical

The missions of the Catholic Medical Association are: (1) To uphold the principles of Catholic Faith and morality as related to the science and practice of medicine; (2) To cooperate in leading the Christian community, especially with the particular medical expertise and experience of the Catholic physician, to understand, develop, and apply Christ's principles of Faith and morality to modern medical science and practice; (3) To lead the Christian community in the work of communicating Catholic medical ethics to the medical profession and the community-at-large; (4) To uphold Catholic hospitals in the application of Catholic moral principles in medical practice; and (5) To enable Catholic physicians to know one another better and to work together with deeper mutual support and understanding.

[Go to Next Topic: Catholics United for the Faith \(CUF\)](#)

[Return to Pro-Life Organizations Table of Contents](#)

Facts of Life: Chapter 25: Pro-Life Organizations: Catholics United for the Faith (CUF)



 SHARE

Catholics United for the Faith (CUF)

International Headquarters
827 North Fourth Street
Steubenville, Ohio 43952
Telephone: 1-(800)-MY-FAITH (1-800-693-2484)
Publication: *Lay Witness* Magazine
Web site: <http://www.cuf.org/>
Areas of Expertise: Religious and family

Catholics United for the Faith is an international lay apostolate building on the only sure foundation for happiness and renewal of the family and society: The teachings of Jesus Christ and His Church. Founded by H. Lyman Stebbins in 1968, our apostolate has reached out to tens of thousands of lay people, helping them discover and strengthen their Catholic faith.

Catholics United for Life (CUL)

New Hope, Kentucky, 40052
Web site: <http://cul.dtmich.com>
E-mail: buffalo@mich.com
Areas of Expertise: Abortion, research and religious

CUL's national headquarters is the 60-member third-order St. Martin de Porres Dominican Community in New Hope, Kentucky. The objectives of CUL and its 21 affiliates are sidewalk counseling and public education. CUL maintains an excellent library of pamphlets and tapes on various subjects, and you may obtain a list of CUL's materials by writing to the above address.

Center for Bio-Ethical Reform (CBR)

Post Office Box 219
Lake Forest, California 92609
Telephone: (949) 206-0600
FAX: (562) 368-1257
E-mail: cbr@cbrinfo.org
Web site: <http://www.cbrinfo.org/>
Areas of Expertise: Abortion, activism and education

The Center for Bio-Ethical Reform is working to establish prenatal justice and the right to life for the unborn, the disabled, the infirm, the aged and all vulnerable peoples through education and the development of cutting edge educational resources. CBR's projects include the Reproductive "Choice" Campaign, the Genocide Awareness Project (GAP), Matthew 23:23, and AbortionNO. CBR also publishes educational resources and

(GAF), MATTHEW 23:23, AND ABORTION. CBR also publishes educational resources and conducts seminars to establish the humanity of the unborn and the inhumanity of abortion. CBR was founded in July of 1990 as a privately-funded, non-profit educational corporation. CBR operates on the principle that abortion represents an evil so inexpressible that words fail us when attempting to describe its horror. Until abortion is seen, it will never be understood. CBR is strictly non-violent. We oppose violence against babies and against the abortionists who kill them. We do not engage in civil disobedience. All activities fall within the legal bounds of the First Amendment. Just as Dr. King sought to create a "creative tension" to awaken the nation to the horrible injustice of segregation, we too are creating a "creative tension" to awaken the nation to the horrible injustice of abortion.

Care Net

44180 Riverside Parkway, Suite 200
Lansdowne, Virginia 20164
Telephone: (703) 478-5661
E-mail: info@care-net.org
Web site: <http://www.care-net.org/>
Area of Expertise: Crisis pregnancy

For over twenty-five years, Care Net has been promoting, equipping, and developing a growing network of pregnancy centers to better serve women and men in their communities.

Christian Coalition of America (CCA)

Post Office Box 37030
Washington, DC 20013-7030
Telephone: (202) 479-6900
FAX: (202) 479-4260
Web site: <http://www.cc.org/>
Areas of Expertise: Education and family

The Christian Coalition's mission is to recruit and train pro-life, pro-family activists, draw people to the polls in record numbers and educate voters about the issues that impact families.

Christian Legal Society (CLS)

Center for Law and Religious Freedom
8001 Braddock Road, Suite 300
Springfield, Virginia 22151
Telephone: (703) 642-1070
Web site: <http://www.clsnet.org>
Area of Expertise: Litigation

The mission of CLS is to be the national grassroots network of lawyers and law

students, committed to proclaiming, loving and serving Jesus Christ, through all we do and say in the practice of law, and advocating biblical conflict reconciliation, public justice, religious freedom and the sanctity of human life. Since its founding in 1961, CLS' nine organizational objectives, as set forth in its amended not-for-profit articles of incorporation, have been: To proclaim Jesus as Lord through all that we do in the field of law and other disciplines; To provide a means of society, fellowship and nurture among Christian lawyers; To encourage Christian lawyers to view law as ministry; To clarify and promote the concept of the Christian lawyer and to help Christian lawyers integrate their faith with their professional lives; To mobilize, at the national and local levels, the resources needed to promote justice, religious liberty, and biblical conflict reconciliation; To encourage, disciple and aid Christian students in preparing for the legal profession; To provide a forum for the discussion of problems and opportunities relating to Christianity and the law; To cooperate with bar associations and other organizations in asserting and maintaining high standards of legal ethics; and To encourage lawyers to furnish legal services to the poor and needy, and grant special consideration to the legal needs of churches and other charitable organizations.

Citizens United Resisting Euthanasia (CURE)

303 Truman Street

Berkeley Springs, West Virginia 25411

Telephone: (304) 258-LIFE

Web site: <http://mysite.verizon.net/cureltd/index.html/>

Area of Expertise: Euthanasia

Citizens United Resisting Euthanasia is a nationwide network of concerned citizens of diverse professional, political, and religious backgrounds bound together in a common cause: Uncompromising opposition to euthanasia. To this end, we practice compassion, unity, research, and education.

Collegians Activated to Liberate Life (CALL)

Post Office Box 259806

Madison, Wisconsin 53725

Telephone: (608) 256-CALL

E-mail: Callnet@aol.com

Web site: <http://multimaxx.com/call/>

Publication: *The Trumpet*

Areas of Expertise: Abortion, education and youth

Collegians Activated to Liberate Life was formed in January, 1991 in order to foster passionate pro-life leadership trained for tomorrow. CALL maintains that any attempt to end the holocaust of abortion permanently are made in vain, unless the youth of today are willing to commit themselves, without reserve, to continuing the fight for the culture of life into the next generation. We are challenged to be collected and focused on God's greatest gift, the prize of Life. Understanding that life is a gift from God and that any attempt at success without His Divine aid is fruitless, we doubly commit ourselves to Him. We are unashamed in our commitment to the Christian faith, and evidence this in

our everyday work. Our mission manifests itself in many forms, but most especially in that of outward and visible love for our neighbors. Through Christian activism and rescue we reach out to our peers, to mothers, fathers, and children, unconditionally extending hopeful and helpful hands of love. We travel throughout America cultivating new leaders and instilling vision and passion in this, the most crucial period in pro-life history. The need is great. The time is now.

Concerned Women for America (CWA)

1015 Fifteenth Street NW, Suite 1100

Washington, DC 20005

Telephone: (202) 488-7000

Publication: *Family Voice*

Web site: <http://www.cwfa.org>

Areas of Expertise: Politics, family, abortion and homosexuality

CWA is "a positive alternative to the militant feminism that threatens American society," this organization of more than half a million members fights militant homosexuality, kiddie porn, abortion, and stands for a strong national defense, religious freedom, and the free enterprise system.

Conservative Caucus

450 Maple Avenue, E.

Vienna, Virginia 22180

Telephone: (703) 938-9626

Web site: <http://www.conservativeusa.org>

Area of Expertise: Political

The Conservative Caucus is "America's Constitutional Government Citizen Action Organization," dedicated to educating citizens about how we must take action to restore America to its Constitutionally limited government.

Couple to Couple League International (CCLI)

Post Office Box 111184

Cincinnati, Ohio, 45211-1184

Telephone: (513) 471-2000

FAX: (513) 557-2449

Web site: <http://www.ccli.org>

Areas of Expertise: Natural family planning and abstinence

The Couple to Couple League International is an international, interfaith, non-profit organization dedicated to teaching Natural Family Planning (NFP) to married and engaged couples. It is essentially a volunteer organization because services are provided by professionally-trained volunteers who are supported by a small staff at the international headquarters in Cincinnati, Ohio. CCLI was founded in 1971 for three purposes: 1. To meet the need for a nationwide, independent and organized way of

delivering NFP services; 2. To provide instruction in NFP that includes moral and religious values along with physiological and scientifically accurate information; and 3. To train volunteer married couples to be proficient counselors and teachers in a 99% effective method of NFP, and at no cost to those who generously undertake this training.



Eagle Forum

Post Office Box 618

Alton, Illinois 62002

Telephone: (618) 462-5415

FAX: (618) 462-8909

Web site: <http://www.eagleforum.org/>

Publications: *The Phyllis Schlafly Report* and *The Education Reformer*

Areas of Expertise: Politics, family and abortion

The Eagle Forum stands for the fundamental right of parents to guide the education of their own children. It opposes all tax increases and demands tax cuts at every level and supports American sovereignty, independence and jobs against all encroachments by treaties, world conferences, or executive agreements. It supports the U.S. Constitution and opposes all efforts to call a new Constitutional Convention. It supports Congressional action to curb the Imperial Judiciary by refusing to confirm activist judges, withdrawing jurisdiction from federal courts, and repealing federal laws that violate the Tenth Amendment. It supports the private enterprise system, which alone can produce prosperity, more jobs, and economic progress. It supports conservative and pro-family policies at every level of government and supports the sanctity of human life — the young, the old, the handicapped, and the unborn. Finally, it opposes and exposes the radical feminists.



Elliot Institute

Post Office Box 7348

Springfield, Illinois 62791-7348

Telephone: (217) 525-8202

Web site: <http://www.afterabortion.org/>

Publications: *Post-Abortion Review* and *Hope and Healing*

Areas of Expertise: Post-abortion and research

The Elliot Institute was founded in 1988 to perform original research and education on the impact of abortion on women, men, siblings, and society. The Elliot Institute publishes research and educational materials and works as an advocate for women and men seeking post-abortion healing.



***check web sites from here *** need ILS graphic and several others [Family of the](#)

Americas Foundation

Post Office Box 1170

Dunkirk, Maryland 20754

Telephone: (301) 627-3395

Web site: <http://www.familyplanning.net/>

Areas of Expertise: International, abstinence and natural family planning

Family of the Americas Foundation is a non-profit organization incorporated in 1977 with its international headquarters in Maryland and branch offices in Louisiana and Guatemala. Its purpose is to promote family unity by encouraging parents to meet their mutual responsibilities to each other and to their children. FAF's programs include natural family planning teacher-training programs in over 100 countries, and development, publication and distribution of educational materials in English, Spanish, French, Italian, German, Hungarian, Czech, Slovak, Korean, Japanese, Chinese, Portuguese, Catalan, Arabic, Swahili, Russian, Lithuanian, Ukrainian, Romanian, and Polish.

Family Research Council (FRC)

801 G Street, NW

Washington, DC 20001

Telephone: (202) 393-2100 or 1-(800) 225-4008

Web site: <http://www.frc.org/>

Publications: *Washington Watch* and *Family Policy*.

Areas of Expertise: Abortion, education, family, pornography and legislation

One of the oldest and largest conservative organizations, Family Research Council focuses on many areas, including sanctity of human life, education, marriage and family, parental rights, human sexuality, religious liberty, pornography, the courts, welfare reform, drugs and crime, economic policy, national security and foreign affairs.

Feminists for Life of America (FFLA)

Post Office Box 20685

Alexandria, Virginia 22320

Telephone: (202) 737-FFLA

Web site: <http://www.feministsforlife.org/>

Areas of Expertise: Abortion, euthanasia and women

Established in 1972, Feminists for Life is a non-sectarian, grass-roots organization that seeks true equality for all human beings, particularly women. We oppose all forms of violence, including abortion, euthanasia and capital punishment, as they are inconsistent with the core feminist principles of justice, non-violence and non-discrimination. Our efforts focus on education, outreach and advocacy, as well as facilitating practical resources and support for women in need.

Focus on the Family

Colorado Springs, Colorado 80995

Telephone: 1-(800) A-FAMILY (232-6459)

FAX: (719) 531-3424

Web site: <http://www.family.org/>

Areas of Expertise: Abstinence, education and family

Since Focus on the Family's primary reason for existence is to spread the Gospel of Jesus Christ through a practical outreach to homes, we have firm beliefs about both the Christian faith and the importance of the family. This ministry is therefore based upon five guiding philosophies that are apparent at every level throughout the organization. These "pillars" are drawn from the wisdom of the Bible and the Judeo-Christian ethic, rather than from the humanistic notions of today's theorists. In short, Focus on the Family is a reflection of what we believe to be the recommendations of the Creator Himself, who ordained the family and gave it His blessing. (1) We believe that the ultimate purpose in living is to know and glorify God and to attain eternal life through Jesus Christ our Lord, beginning within our own families and then reaching out to a suffering humanity that does not know of His love and sacrifice. (2) We believe that the institution of marriage was intended by God to be a permanent, lifelong relationship between a man and a woman, regardless of trials, sickness, financial reverses or emotional stresses that may ensue. (3) We believe that children are a heritage from God and a blessing from His hand. We are therefore accountable to Him for raising, shaping and preparing them for a life of service to His Kingdom and to humanity. (4) We believe that human life is of inestimable worth and significance in all its dimensions, including the unborn, the aged, the widowed, the mentally handicapped, the unattractive, the physically challenged and every other condition in which humanness is expressed from conception to the grave. (5) We believe that God has ordained three basic institutions — the church, the family and the government — for the benefit of all humankind. The family exists to propagate the race and to provide a safe and secure haven in which to nurture, teach and love the younger generation. The church exists to minister to individuals and families by sharing the love of God and the message of repentance and salvation through the blood of Jesus Christ. The government exists to maintain cultural equilibrium and to provide a framework for social order.

Free Congress Foundation (FCF)

717 Second Street NE

Washington, DC 20002

Telephone: (202) 546-3000

FAX: (202) 543-5605

E-mail: info@freecongress.org

Web site: <http://www.freecongress.org/>

Area of Expertise: Education

Free Congress Foundation is politically conservative, but it is more than that: It is also culturally conservative. Most think tanks talk about tax rates or the environment or welfare policy and occasionally we do also. But our main focus is on the Culture War. Will America return to the culture that made it great, our traditional, Judeo-Christian, Western culture? Or will we continue the long slide into the cultural and moral decay of political correctness? If we do, America, once the greatest nation on earth, will become no more than a third world country.

Heartbeat International (formerly Alternatives to Abortion International (AAI))
665 East Dublin-Granville Road, Suite 440
Columbus, Ohio 43229
Telephone: (888) 550-7577
FAX: (614) 885-8746
E-mail: support@heartbeatinternational.org
Web site: <http://www.heartbeatinternational.org>
Area of Expertise: Crisis pregnancy

Heartbeat International is a non-political, Christian association of life-affirming education and pregnancy service providers. Our mission is to create an environment where every human heart is cherished and protected — in the womb and within strong families through education, training, support and networking

Heritage Foundation

214 Massachusetts Avenue NE
Washington, DC 20002-4999
Telephone: (202) 546-4400
FAX: (202) 546-8328
E-mail: info@heritage.org
Web site: <http://www.heritage.org/>
Areas of Expertise: Research and education

The Heritage Foundation is a research and educational institute — a think tank — whose mission is to formulate and promote conservative public policies based on the principles of free enterprise, limited government, individual freedom, traditional American values, and a strong national defense. Heritage's staff and departments pursue this mission by performing timely, accurate research on key policy issues and effectively marketing these findings to our primary audiences: Members of Congress, key congressional staff members, policymakers in the executive branch, the nation's news media, and the academic and policy communities. Heritage's products include publications, articles, lectures, conferences, web sites and web-based projects and meetings.

[Go to Next Topic: Heritage House 2000](#)

[Return to *Pro-Life Organizations* Table of Contents](#)

Facts of Life: Chapter 25: Pro-Life Organizations: Heritage House 2000



 SHARE

Heritage House 2000

919 South Main Street
Snowflake, Arizona 85937
Telephone: 1-(800) 858-3040
Web site: <http://www.hh76.com>
Area of Expertise: Education

Heritage House is committed to the sanctity of life at all stages and to the traditional values of the institution we call the family. Because we value human life above all things our number one priority is serving you. Due to the unstable and uncertain times our world offers we are dedicated to serve the Pro-Life movement with solid and unchanging convictions of the heart. These convictions help to make us leaders in meeting the needs of pro-life and pro-family organizations by providing quality materials, at the best prices, with superior service. Your satisfaction is our responsibility and our guarantee. We understand and appreciate that we make a living by what we do, but we make a life by what we give. Together we move toward achieving our goals. By working together, good work becomes great work. With passion, pride and purpose we will help you make our world a better place to be, by saving babies and serving families.

Home School Legal Defense Association (HSLDA)

Post Office Box 3000
Purcellville, Virginia 20134-9000
Telephone: (540) 338-5600
Publication: *The Home School Court Report*
Web site: <http://www.hslda.org/>
Areas of Expertise: Home schooling and litigation

The mission of HSLDA is to preserve and advance the fundamental, God-given, constitutional right of parents and others legally responsible for their children to direct their education. In so doing, we rely on two fundamental freedoms-parental rights and religious freedom. We advocate for these freedoms in the courtrooms, before government officials, and in the public arena. Additionally, we assist other educational organizations in similar activities, where possible and appropriate.

Human Life Foundation (HLF)

215 Lexington Avenue
New York, New York 10016
Telephone: (212) 685-5210
Web site: <http://www.humanlifereview.com/>
Publication: *The Human Life Review*
Area of Expertise: Education

Area of Expertise: Education

The Human Life Foundation is an independent, non-sectarian, not-for-profit 501(c)(3) corporation started in 1975 by the late James P. McFadden to promote and help provide alternatives to abortion. We pursue these goals through educational and charitable means. The *Human Life Review*, a quarterly journal now in its 32nd consecutive year of publication, focuses on abortion while also featuring articles on a variety of other life issues. The Foundation also sponsors a matching grant program which helps support crisis pregnancy centers around the country.

Human Life International (HLI)

4 Family Life

Front Royal, Virginia 22630

Telephone: (540) 670-7884 or 1-(800) 549-LIFE

Web site: <http://www.hli.org/>

Areas of Expertise: Abortion, euthanasia, family, research and international

HLI fights all aspects of the Culture of Death, from contraception and surgical and chemical abortion to population control and euthanasia all over the world. Planned Parenthood has called HLI its "number one enemy," which means that it is quite effective indeed. HLI has an expert staff of consultants, researchers, and advisors. The annual dues of \$25 includes 12 issues of the HLI newsletter, and an additional \$15 will purchase a year of HLI *Special Reports*, published monthly.

International Life Services (ILS)

via CatholiCity

2606.5 West 8th Street

Los Angeles, California 90057-3810

Telephone: (213) 382-2156

Web site: <http://www.life-services.org/>

Areas of Expertise: Abortion, bioethics and education

International Life Services is a nonprofit, nonsectarian organization dedicated to promoting the sanctity of human life from the moment of conception to its natural end and promulgating the high moral ethics expressed in the Judeo-Christian tradition. In these troubled times of competing ideas in our society, ILS is serving the community through the promotion of positive pro-life/pro-family values. Our purposes are accomplished through the work of our three active divisions: The Education Division, the Bioethics Division, and the Counseling Division.

International Task Force on Euthanasia and Assisted Suicide (IAETF)

Post Office Box 760

Steubenville, Ohio 43952

Telephone: (740) 282-3810

Web site: <http://www.iaetf.org/>

Area of Expertise: Euthanasia

The International Task Force on Euthanasia and Assisted Suicide (IAETF) is an international leader in the ever-increasing debate over assisted suicide and euthanasia. The IAETF concentrates solely on the issues surrounding assisted suicide and euthanasia and addresses these issues from a public policy perspective. The goal of the IAETF is to influence the assisted suicide and euthanasia debate — which will affect public policy, medical practice and the lives of everyone — so that a patient's right to receive care and compassion will not be replaced by a doctor's right to prescribe poison or administer lethal injections.

LEARN [Life Education and Resource Network]

Pastor Johnny Hunter
Post Office Box 9400
Fayetteville, North Carolina 28311
Telephone: (910) 488-9936
FAX: (757) 495-1279
Web site: <http://www.learninc.org>
Area of Expertise: Abortion

LEARN is the largest African-American evangelical pro-life ministry in the United States. Rev. Johnny Hunter is President. LEARN publishes extensive data and research information on the racist origins of Planned Parenthood, its founder, Margaret Sanger, and the American Eugenics movement. Akua Furlow, Executive Director, is an expert on Planned Parenthood's involvement in the black community. Akua, Rev. Hunter, and other members of the network are available as speakers.

Legal Action for Women (LAW)

Telephone: 1-(888) 9-WOMENS
E-mail: law@gulf.net
Web site: <http://www.legalactionforwomen.org/>
Areas of Expertise: Litigation and post-abortion

Legal Action for Women seeks to educate the public of the dangers of abortion; extend the statute of limitations on abortion injuries, because many young women do not know that abortion caused their infertility until several years later when they try to have children; track data (presently, no one is required to keep track of abortion-related injury and death so information is not available. No federal law requires the reporting of abortion injury and death); and work with others to eliminate the tragedy of abortion.

Life Dynamics Incorporated (LDI)

Post Office Box 2226
Denton, Texas 76202
Telephone: (940) 380-8800
FAX: (940) 380-8700

E-mail: Idi1@airmail.net

Web site: <http://www.lidi.org/>

Areas of Expertise: Abortion, research and litigation

Founded in 1992 by longtime pro-life activist Mark Crutcher, Life Dynamics Incorporated is a non-profit organization primarily known for its respected Abortion Malpractice Litigation (ABMAL) campaign, and its aggressive Direct Mail Program (DMP). The ABMAL campaign includes a range of litigation support services for attorneys representing women who have been killed, injured, or sexually assaulted while having abortions. The Direct Mail program is designed to educate members of the medical community about the realities of becoming involved in abortion. Life Dynamics is also responsible for roiling the pro-abortionists with its "Bottom Feeder" and "Quack the Ripper" abortionist comic books and its "Project Choice" survey of abortionists.

Life Issues Institute (LII)

1821 West Galbraith Road

Cincinnati, Ohio 45239

Telephone: (513) 729-3600

FAX: (513) 729-3636

E-mail: info@lifeissues.org

Web site: <http://www.lifeissues.org/>

Areas of Expertise: Research and education

Life Issues Institute was founded to rejuvenate and reinvigorate a nationwide educational awakening. For several years we dedicated most of our resources to determining what new educational methods were needed in order for pro-lifers to again regain the initiative. We did polling, focus groups, market research, and finally extensive market testing of our new themes and approaches. Since then, we have dedicated ourselves full-time to promoting and providing effective educational tools for the pro-life movement. Central to these new approaches was a continuing emphasis on the fact that a majority of people, working in the pro-life movement, spend their time and efforts helping the woman during and after an unexpected pregnancy or after an abortion. Stopping abortion and protecting unborn babies remains a central thrust. However, assisting women in crisis occupies the efforts of more than half of those involved in the pro-life movement. Our goal is to retrofit and retool the educational efforts of the pro-life movement.

Lutherans For Life

1120 South "G" Avenue

Nevada, Iowa 50201-2774

Telephone: 1-(888) 364-LIFE (5433) or (515) 382-2077

FAX: (515) 382-3020

E-mail: info@lutheransforlife.org

Web site: <http://www.lutheransforlife.org/>

Areas of Expertise: Abortion, euthanasia and religious

Lutherans For Life believes that the Church is compelled by God's Word to speak and act on behalf of those who are vulnerable and defenseless. The crisis of our times is the repudiation of Biblical truth manifested in the wanton destruction of innocent human life through legalized abortion-on-demand and the growing threat to the lives of others through legalized assisted suicide and euthanasia. Therefore, as Lutherans For Life, we will strive to give witness, from a Biblical perspective, to the Church and society on these and other related issues such as chastity, post abortion healing, and family living.

March for Life

Post Office Box 90300

Washington, DC 20090

Telephone: (202) 543-3377

Web site: <http://www.marchforlife.org/>

Areas of Expertise: Abortion, activism and education

The March for Life is the collective effort of grassroots prolife Americans to assure that our laws protect the right to life of each human being. An important step is adoption of a Mandatory Human Life Amendment (HLA) to the Constitution of the United States. Such an amendment would require that individuals and society provide protection for the right to life of each human being in existence at fertilization. It would require that State laws conform to the Constitution and provide the same protection. Thus, the Life Principles provide guidance and purpose for the task of the grassroots prolife volunteers in their efforts through an effective education and lobbying program.

Media Research Center (MRC)

325 South Patrick Street

Alexandria, Virginia 22314

Telephone: (703) 683-9733

Web site: <http://www.mediaresearch.org/>

Areas of Expertise: Media and research

Founded by L. Brent Bozell III in 1987 with the mission of bringing political balance to the nation's news media and responsibility to the entertainment media, the Media Research Center (MRC) has grown into the nation's largest and most respected conservative media watchdog organization. The MRC tapes over 150 hours a week of news and entertainment shows aired on the broadcast networks and cable news channels. With over 160,000 hours on more than 25,000 videotapes, the MRC is the only organization with a complete tape library of network news and entertainment shows back to the late 1980s. Every day teams of MRC analysts enter data from all these stories and shows into a customized computer database, identifying bias in the process. Analysts also comb daily through the nation's most influential newspapers and news magazines. The result of the MRC's work is a mountain of evidence to use in combating the undeniable bias. The key to the MRC's effectiveness is the ability to prove bias by using scientific studies and word-for-word quotes from the media.

Michael Fund (International Foundation for Genetics Research (IFGR))

4371 Northern Pike

Pittsburgh, Pennsylvania 15146

Telephone: (412) 374-0111

E-mail: randy@michaelfund.org

Web site: <http://www.michaelfund.org/>

Areas of Expertise: Abortion, adoption, bioethics and research

The objectives of the Michael Fund are: (1) To raise sufficient dollars through direct contributions to support research — basic and applied — on chromosomal causes and enzymatic therapy in Trisomy 21, the most common and non-inherited form of Down's Syndrome; (2) To accomplish a research breakthrough that will lead to a cure or elimination of the causes of Down's Syndrome and related genetic disorders; (3) To make our research findings available to others conducting similar research in related areas of genetic and metabolic birth disorders; (4) To create awareness of the benefits to the family — and community — as a result of rearing a child with a birth defect, and enabling that child to achieve maximum development of his or her potential in our society; (5) To advocate and encourage efforts to improve the care, treatment, education, evaluation, and habilitation of children and adults with defects, to the benefit of their families and communities; and (6) To enlist support for the objectives of The Michael Fund from professionals and advocates who work in this field.

Missionaries to the Preborn

Post Office Box 26931

Milwaukee, Wisconsin 53226

Telephone: (414) 462-3399

Web site: <http://www.missionariestopreborn.com/>

Areas of Expertise: Abortion and activism

Realizing there is a great atrocity going on in our land, Missionaries to the Preborn, in obedience to God, comes together to love our neighbors, including preborn children and their mothers and fathers by intervening non-violently and prayerfully between them and the one who would murder the child. Knowing these babies threatened with abortion have no protection from the legal/judicial system, we are obligated by our consciences, which have been made conformable to the Scriptures, to act on their behalf. We are a Christian mission and have committed our lives to love and minister to these preborn children, following the command of our Savior and King — "love your neighbor as yourself." If we are charged with crimes for loving our neighbor as ourselves, we will respectfully plead their case before the courts, and, if imprisoned, we will minister as witnesses of God's love, compassion, and redemption to our fellow prisoners, offering the Word of Life through Jesus Christ our Lord.

[Go to Next Topic: National Organization of Episcopalians for Life \(NOEL\)](#)

[Return to *Eugenics* Table of Contents](#)

Facts of Life: Chapter 25: Pro-Life Organizations: National Organization of Episcopalians for Life (NOEL)



 SHARE

National Organization of Episcopalians for Life (NOEL)

405 Frederick Avenue
Sewickley, Pennsylvania 15143
Telephone: (412) 749-0455 or 1-(800) 707-NOEL
Web site: <http://www.noelforlife.org>
FAX: (412) 749-0422
E-mail: NOELinfo@noelforlife.org
Areas of Expertise: Abortion and religious

NOEL's mission is to develop and strengthen pro-life and pro-family ministries in our church and culture, emphasizing the guidance, strength and grace that God provides through Jesus Christ. Our statement of belief is as follows: (1) NOEL is a fellowship of Anglican Christians who bear witness within our church and culture to the sanctity of life and the sacredness of the family; (2) NOEL believes that life is created by God and is a gift to be cherished, supported, and defended from the moment of conception to the time of natural death; (3) NOEL affirms God's unique plan for the family as the place ordained of Him for the creation and nurture of life; (4) NOEL welcomes the opportunity to join with others who seek to defend and protect the value of Scripture, life and family in our culture; (5) NOEL commits its resources and efforts to develop and support ministries that preserve, encourage and redeem lives and families; and (6) NOEL works to effect church and community policies, seeking to affirm biblical values, celebrate life and support families.

National Association of Pro-Life Nurses (NAPN)

Post Office Box 26883
Milwaukee, Wisconsin 53226-0883
E-mail: webmaster@nursesforlife.org
Web site: <http://www.nursesforlife.org/>
Areas of Expertise: Abortion and medical

NAPN seeks to provide moral support for pro-life nurses. This includes current information, reports of nurses that are being asked to make a stand for life, and resources to help each member defend his/her pro-life position. NAPN also provides financial help for nurses involved in legal matters that are a result of their pro-life stance. NAPN provides copies of court briefs that have been written involving pro-life issues. NAPN seeks to educate its membership through the newsletter *Pulseline* and the NAPN Website. It also offers other resources to help members be informed on all areas of the pro-life movement. NAPN also seeks to challenge the stand of ANA on pro-life issues, not in derogatory way, but using truth, facts about life and being more assertive in objecting to ANA's stand on life issues. NAPN will also support political activism as it relates to protecting life.



National Association of Scholars (NAS)

221 Witherspoon Street, Second Floor

Princeton, New Jersey 08542-3215

Telephone: (609) 683-7878

FAX: (609) 683-0316

E-mail: nasonweb@nas.org

Web site: <http://www.nas.org/>

Publications: *NAS Update* and *Academic Questions* [quarterly journal]

Areas of Expertise: Research and education

The National Association of Scholars is an organization of professors, graduate students, college administrators and trustees, and independent scholars committed to rational discourse as the foundation of academic life in a free and democratic society. The NAS works to enrich the substance and strengthen the integrity of scholarship and teaching, persuaded that only through an informed understanding of the Western intellectual heritage and the realities of the contemporary world, can citizen and scholar be equipped to sustain our civilization's achievements. In light of these objectives, the NAS is deeply concerned about perspectives within the academy that reflexively denigrate the values and institutions of our society. Because such tendencies are often dogmatic in character and indifferent to both logic and evidence, they tend to undermine the basis for coherent scholarly dialogue. Recognizing the significance of this problem, the NAS encourages an assertiveness among academics who value reason and an open intellectual life.



National Catholic Bioethics Center (NCBC) (formerly the Pope John XXIII Medical-Moral Research and Education Center)

6399 Drexel Road

Philadelphia, Pennsylvania 19151

Telephone: (215) 877-2660

E-mail: consults@ncbcenter.org

Web site: <http://www.ncbcenter.org/>

Publications: *Ethics and Medics* and *The National Catholic Bioethics Quarterly*

Areas of Expertise: Bioethics and research

The mission of the National Catholic Bioethics Center is to engage in research and reflection, within the Catholic tradition, on moral issues arising in health care and the life sciences, and to make the results of this research available in various educational and publishing activities, workshops and seminars, as well as in consultations with private individuals, bishops, priests, physicians, nurses, hospital administrators, and those who shape law and public policy. The vision of the National Catholic Bioethics Center is to be an effective resource and positive force in the Church and society for promoting and safeguarding respect for the dignity of each human being from conception until natural death by helping those involved in health care to understand how the moral teachings of the Church apply in contemporary situations. The National Catholic Bioethics Center carries out its work for the sake of all people with full openness to the findings of modern science and with complete fidelity to the magisterial teaching of the Catholic Church.

science and with complete fidelity to the magisterial teaching of the Catholic Church.

National Council of Catholic Women

200 North Glebe Road, Suite 703
Arlington, Virginia 22203
Telephone: (703) 224-0990
E-mail: nccw01@algxmail
Web site: <http://www.nccw.org/>
Areas of Expertise: Women and education

The National Council of Catholic Women is a federation of 7,000 Catholic women's organizations representing millions of Catholic women across the country. It was founded in 1920 at the request of the United States Catholic bishops, who had seen the work accomplished by the many separate Catholic women's groups during World War I and urged them to unite their efforts by forming a federation. Today, NCCW is composed of affiliated parish or area women's groups, and diocesan and national organizations, as well as supporting members. The organization acts through these affiliates to support, educate and empower all Catholic women in spirituality, leadership and service.

National Office of Post-Abortion Recovery and Healing (NOPARH)

Post Office Box 07477
Milwaukee, Wisconsin 53207
Telephone: (414) 483-4141 or 1-800-593-2273 (1-800-5WE-CARE)
E-mail: noparh@juno.com
Web site: <http://www.noparh.org/>
Area of Expertise: Post-abortion

Founded in 1990, the National Office of Post-Abortion Reconciliation and Healing networks researchers and psychotherapeutic professionals working in the field within the U.S. and abroad, consults on the formation of post-abortion support services within secular and religious settings including Project Rachel, provides training for care providers, maintains a national "800" referral line for those seeking assistance in reconciling an abortion experience, publishes the *International Post-Abortion Support Services Directory*, produces and vends audio, video, and printed materials, maintains an annotated book list, tracks support group models, and sponsors the Healing Vision conference at Marquette University. Healing Vision is the only international conference on abortion's aftermath and its resolution.

National Right to Life Committee (NRLC)

510 10th Street NW
Washington DC 20004
Telephone: (202) 626-8800
Web site: <http://www.nrlc.org/>
E-mail: NRLC@nrlc.org
Publication: *NRL News*
Areas of Expertise: Abortion, euthanasia, legislation and education

NRLC is the largest existing national pro-life organization, with more than a quarter of a million members and affiliates in every state. The primary purpose of NRLC is to sponsor community, legislative, and political action to oppose or change current and proposed liberal abortion, infanticide, and euthanasia laws. Local RTL chapters usually maintain excellent video and book libraries. NRLC also maintains a legislative update hotline at (202) 393-LIFE. This is a toll call, but you can minimize the cost by calling late in the evening, since it is a 24-hour line. You can contact any of NRLC's fifty affiliates at the Web address <http://www.nrlc.org/states/index.html>.

Not Dead Yet! (NDY)

7521 Madison Street
Forest Park, Illinois 60130
Telephone: (708) 209-1500
FAX: (708) 209-1735
Web site: <http://www.notdeadyet.org/>
Area of expertise: Euthanasia

Since 1983, many people with disabilities have opposed the assisted suicide and euthanasia movement, which advocates a deadly double standard for people with severe disabilities (terminal and non-terminal). Our opposition to this ultimate form of discrimination has been ignored by most media and courts; and countless people with disabilities have already died, their "cry for help" misinterpreted. On April 27, 1996, Not Dead Yet! was formed, shortly after Jack Kevorkian was acquitted in the assisted suicides of two women with non-terminal disabilities. For the first time in history, the targets of legalized assisted suicide and euthanasia have come together to oppose the political movement that would sacrifice our lives for their idea of dignity and "the greater good" — and the profits of the health care industry. In a 1997 Supreme Court rally, the outcry of 500 people with disabilities chanting "Not Dead Yet" was heard around the world. Since then, ten other national disability rights groups have joined NDY in opposing legalized assisted suicide and euthanasia, and we helped put Jack Kevorkian behind bars. People already have the right to refuse unwanted treatment, and suicide is not illegal. What we oppose is a public policy that singles out individuals for legalized killing based on their health status. This violates the Americans With Disabilities Act, denies us the equal protection of the law, and health professionals decide who is "eligible." In these days of cost cutting and managed care, we don't trust the health care system, and neither should you. Moreover, assisted suicide proponents have a broader agenda that includes non-voluntary euthanasia.

Nurturing Network

Post Office Box 1489
White Salmon, Washington 98672
Telephone: 1-(800) TNN-4MOM or (509) 493-4026
FAX: (509) 493-4027
E-mail: tnn@nurturingnetwork.org
Web site: <http://www.nurturingnetwork.org/>

web site: <http://www.nurturingnetwork.org/>

Areas of Expertise: Post-abortion and education

The Nurturing Network is an international charitable organization founded by Mary Cunningham Agee in 1985 following the loss of her first child in a mid-trimester miscarriage. Setting politics and rhetoric aside, volunteer members provide practical, life-saving services to women facing the crisis of an unplanned pregnancy. What began as a modest, grassroots attempt to marshal the energy and talent of a few caring friends has blossomed over the years into a powerful Network of over 30,000 dedicated volunteers in all 50 states and 25 nations. The objective of the Nurturing Network is not a political one, but a most practical one: To ensure that every woman knows that the resources she needs in order to continue her pregnancy are available by calling the Network's toll free number: 1-800-TNN-4MOM. Volunteer members form an extensive employment, medical, educational, counseling and residential network which enables a mother to continue the life of her unborn child without sacrificing her own hopes and dreams.

Pharmacists for Life International (PFLI)

Post Office Box 1281

Powell, Ohio 43065-1281

Telephone: 1-(800) 227-8359 or (740) 881-5520

FAX: (707) 667-2447

E-mail: pfli@pfli.org

Web site: <http://www.pfli.org/>

Area of Expertise: Medical

Pharmacists for Life International is the only pharmacy association which is exclusively pro-life. PFLI represents almost 1500 pharmacists, and hundreds of lay supporters, in the USA, Canada and worldwide. We are represented on all of the continents except Antarctica, with regional coordinators in many states and nations. PFLI's mission is to make pharmacy once again a life-saving profession, a mooring from which it has drifted. As part of this commitment, PFLI is actively involved in educating pharmacists, nurses, physicians and other health professionals; educating the general public; serving pregnancy care centers; providing an economical speakers bureau; providing pharmaceutical cognitive services and consulting services; offering a toll-free contact phone number; offering a toll-free FaxBack service; providing on-line Internet and e-mail services; and providing many other benefits for members and non-members, pharmacists, lay persons, and students.

Physicians for Compassionate Care Educational Foundation (PCCEF)

Post Office Box 6042

Portland, Oregon 97228-6042

Telephone: (503) 533-8144

FAX: (503) 533-0429

Web site: <http://www.pccef.org/>

Areas of Expertise: Euthanasia, education and politics

The PCCEF affirms an ethic based on the principle that all human life is inherently valuable and that the physician's roles are to heal illness, alleviate suffering, and provide comfort for the sick and dying. PCCEF promotes compassionate care for severely ill patients without sanctioning or assisting their suicide.

Pope Paul VI Institute for the Study of Human Reproduction

6901 Mercy Road

Omaha, Nebraska 68106-2604

Telephone: (402) 390-6600

FAX: (402) 390-9851

E-mail: popepaul@popepaulvi.com

Web site: <http://www.popepaulvi.com>

Areas of Expertise: Bioethics, education, research and natural family planning

The Pope Paul VI Institute for the Study of Human Reproduction is a multi-faceted organization which dedicates its programs of research, education, ethics, and service to building strong marriages and healthy families. As the Institute pursues the development of morally and professionally acceptable reproductive health services, it is committed to the development of a culture of life based on responsible parenthood, responsible fertility regulation, and ethical means for the treatment of infertility and related reproductive disorders. Taking its direction from the wisdom of the Roman Catholic tradition, the Pope Paul VI Institute has been built on the rock of faith, continues to take its strength from that faith, and looks forward to serving God's people into the third millennium by the light of that faith. The Pope Paul VI Institute is the leading education and research center in the United States for natural family planning. Directed by Thomas W. Hilgers, M.D., it has received both national and international recognition for its outstanding achievements in the field of natural fertility regulation and reproductive medicine. The Pope Paul VI Institute is the home of the ongoing research activities which so uniquely support the Creighton Model FertilityCare System and the new reproductive and women's health science, NaProTechnology. It is also the home of the National Center for Women's Health and the National Hormone Laboratory which provides medical support to women with reproductive and gynecologic problems. Dedicated to Pope Paul VI's challenge to "physicians and health care professionals" and to "men of science," it is a living memorial to the challenges placed before us by Pope Paul VI in his encyclical letter *Humanae Vitae* ("Of Human Life").

Population Research Institute (PRI)

1190 Progress Drive, Suite 2D

Post Office Box 1559

Front Royal, Virginia 22630

Telephone: (540) 622-5240

E-mail: pri@pop.org

Web site: <http://www.pop.org>

Publication: *PRI Review*

Areas of Expertise: International and population

Founded in 1989, Population Research Institute is a non-profit research and educational organization dedicated to objectively presenting the truth about population-related issues. Our mission is threefold: (1) To document abuses of human rights in the name of population control, which have occurred in China, Bangladesh, and dozens of other countries around the world, and work for their elimination; (2) To make a case against the widely held, but fundamentally wrongheaded, development paradigm which places economic and population growth in opposition to each other; and (3) To articulate the material and social benefits of moderate population growth and promote economic development through models which respect the dignity and rights of the individual human person and the family.

Presbyterians Pro-Life

3942 Middle Road
Allison Park, Pennsylvania 15101
Telephone: (412) 487-1990
FAX: (412) 487-1994
E-mail: ppl@ppl.org
Web site: <http://www.ppl.org/>
Areas of Expertise: Abortion and religious

Presbyterians Pro-Life seeks to be a prophetic witness to the Presbyterian Church (USA) by upholding the sacred value of human life and the family. We believe the Scriptures teach that God, who made us in His own image, has forbidden us to shed innocent blood. Therefore, Presbyterians Pro-Life is committed to protecting the right to life of every human being from the moment of conception to the moment of natural death. In decisions about life and death, the sanctity of life of both mother and child must be respected, and every effort to preserve their lives should be made. This leads us to stand against abortion, infanticide, euthanasia, and any other practice which would devalue human life. Presbyterians Pro-Life is convinced that a return to the Biblical teaching concerning the sacred value of the family is essential to recovering respect for the sacred value of individual human lives. God has ordained the family, the basic social unit of all human institutions, to propagate, protect and nurture human life. Presbyterians Pro-Life is committed to strengthening the bonds of family love and nurture, and to protecting innocent life.

Priests for Life

Post Office Box 141172
Staten Island, New York 10314
Telephone: 1-(888) PFL-3448 or (718) 980-4400
FAX: (718) 980-6515
E-mail: mail@priestsforlife.org
Web site: <http://www.priestsforlife.org>
Areas of Expertise: Abortion and religious

Priests for Life is an officially approved association of Catholic clergy who give

Project Rachel is an officially approved association of Catholic clergy who give special emphasis to the pro-life teachings of the Church. We offer ongoing assistance to the clergy in addressing the topics of abortion and euthanasia, and training and resources to the entire pro-life movement.

Project Rachel

C/O Milwaukee Archdiocese
Post Office Box 2018
Milwaukee, Wisconsin 53207
Telephone: (414) 769-3426
Web site: <http://www.hopeafterabortion.com/>
Areas of Expertise: Education and post-abortion

Project Rachel is the name of the Catholic Church's healing ministry to those who have been involved in abortion. Its name comes from the Scripture passage Jeremiah 31:15-16. Project Rachel operates as a network of professional counselors and priests, all trained to provide one-on-one spiritual and psychological care for those who are suffering because of an abortion. Although most dioceses use the name Project Rachel, some programs are named differently. In addition to individualized counseling, some programs include support groups and retreats. Founded in 1984 by Victoria Thorn in Milwaukee, today Project Rachel programs can be found in 140 Catholic dioceses in the United States, as well as in dioceses in other countries.

Pro-Life Action League (PLAL)

6160 North Cicero Avenue, Suite 600
Chicago, Illinois 60646
Telephone: (773) 777-2900
FAX: (773) 777-3061
Hotline: (773) 777-2525
E-mail: info@prolifeaction.org
Web site: <http://www.prolifeaction.org/>
Areas of Expertise: Activism and education

The Pro-Life Action League is headed by Joe Scheidler, who has been called "The Green Beret of the pro-life movement" by national syndicated columnist Patrick Buchanan. The League educates the public on abortion via the media. It has a daily hotline, which gives the latest update on current abortion-related events, both local and national.

[Go to Next Topic: Pro-Life Alliance of Gays and Lesbians \(PLAGAL\)](#)

[Return to *Pro-Life Organizations* Table of Contents](#)

Facts of Life: Chapter 25: Pro-Life Organizations: Pro-Life Alliance of Gays and Lesbians (PLAGAL)



 SHARE

Pro-Life Alliance of Gays and Lesbians (PLAGAL)

Post Office Box 16753
Alexandria, Virginia 22302-0753
Telephone: (202) 223-6697
FAX: (202) 265-9737
E-mail: plagal@plagal.org
Web site: <http://www.plagal.org/>
Areas of Expertise: Abortion activism and education

PLAGAL strives to promote a respect for life within the gay community and encourage gay and lesbian participation in the pro-life cause. Our membership includes women and men of varying sexual orientations, political affiliations, and geographic locations — all committed to raising awareness of the pro-life ethic as consistent with the gay and lesbian struggle for human rights. Regional groups throughout the country present educational forums, support programs which serve pregnant women and their children, and participate in local gay pride events. We also outreach through the print media with opinion columns, interviews, and letters to the editor in both the gay and straight press.

Republican National Coalition for Life (RNCL)

Post Office Box 618
Alton, Illinois 62002
Telephone: (618) 462-5415 or (972) 387-4160
FAX: (972) 387-3830
Web site: <http://www.rnclife.org/>
Areas of Expertise: Abortion and political

The Republican Party has been the pro-life Party since *Roe vs. Wade* when, at the 1976 National Convention a resolution in support of efforts to secure a human life amendment to the Constitution was adopted. RNC/Life will continue to work to protect and defend the Republican Party's principled commitment to legal protection for all innocent human beings, from conception until natural death. In addition, we will work to hold Republican lawmakers accountable to the pro-life principles in our platform. It is our desire to see those principles translated into public policy and law. Further, we encourage Republican Party officials to enthusiastically support pro-life candidates and policies consistent with our platform.

Rutherford Institute

Post Office Box 7482
Charlottesville, Virginia 22906-7482
Telephone: (804) 978-3888

E-mail: staff@rutherford.org.

Web site: <http://www.rutherford.org/>

Areas of Expertise: Education and litigation

The Rutherford Institute is an international legal and educational organization dedicated to preserving human rights and defending civil liberties. Deeply committed to protecting the constitutional freedoms of every American and the integral human rights of all people, The Rutherford Institute has emerged as a prominent leader in the national dialogue on civil liberties and equal rights. The Institute, a nonprofit, nonpartisan organization whose international headquarters are located in Charlottesville, Virginia, is comprised of a full-time staff of 50 and a network of more than 1,000 volunteer attorneys across the United States. Institute attorneys handle a full range of cases in the realm of civil liberties and human rights. The Institute's multi-faceted approach of integrating litigation and educational opportunities has made it a formidable leader in defending and teaching the Constitution. The defense of civil liberties and human rights through litigation and education are at the heart of the Institute's purpose.

St. Antoninus Institute for Catholic Education in Business

4110 Fessenden Street NW

Washington, D.C. 20016

Telephone: (866) 453-4000

Web site: <http://www.stantoninus.net>

Area of Expertise: Education

The Saint Antoninus Institute for Catholic Education in Business is dedicated to saving souls in the workplace and marketplace through word, action and prayer. We promote the social teachings of the Catholic Church in the areas of work, business, management and economics. We serve families, consumers, businesses and business students alike. We do not believe that "business ethics" is an oxymoron, that one need to use sex or be a crook to succeed in business. On the contrary, we believe that being involved with a business or being a supervisor in an organization can translate into new spiritual opportunities which are the basis of a new apostolate of the world of work. We are also involved with sorting issues relative to God and Mammon. We follow the social encyclicals of the Catholic Church. In addition, we utilize the method of St. Thomas Aquinas and his teachings on man's habits and psychology in order to bridge the gap between the social encyclicals and the modern discourse of management. We believe that both the encyclicals and a Thomistic understanding of human nature in the context of modern managerial issues are necessary to better understand the responsibilities we all face at work — technical responsibilities as well as moral responsibilities — and in order to meet these responsibilities. With such approaches managers and corporations will particularly excel over those equipped with a purely secular formation.

Secretariat for Pro-Life Activities

United States Conference of Catholic Bishops(USCCB)

3211 4th Street, N.E.

Washington DC 20017-1194

Washington, DC 20017-1101

Telephone: (202) 541-3070

Web site: <http://www.usccb.org/prolife>.

Areas of Expertise: Abortion, euthanasia, education, family and religious

The USCCB's Secretariat for Pro-Life Activities works to teach respect for all human and to organize for its protection, in the light of The Gospel of Life, especially in behalf of those who are unborn, disabled, elderly and dying. The Secretariat works under the direction and guidance of a Committee of bishops, and conducts ongoing information and education efforts, within the Church and in the public square, to deepen respect for the sanctity of human life. It encourages and enables pastoral efforts to address the particular needs of women with problems related to pregnancy, persons who are disabled, those who are elderly and dying, men and women struggling to accept responsibility for their power to generate human life, and all persons who have been involved in any way in abortion. The Secretariat also coordinates and advises public policy efforts concerning children not yet born, and people who are disabled, elderly and dying.

Seton Home Study School

1350 Progress Drive

Front Royal, Virginia 22630

Telephone: (540) 636-9990

E-mail: info@setonhome.org

Publication: *Seton Home Study School*

Web site: <http://www.setonhome.org/>

Area of Expertise: Home schooling

Seton Home Study School is a comprehensive Catholic home-school correspondence curriculum used by thousands of faithful Catholic families all over the world.

Sisters of Life (Soror Vitae)

St. Frances de Chantal Convent

198 Hollywood Avenue

Bronx, New York 10465-3350

Telephone: (718) 863-2264

FAX: (718) 792-9645

Web site: <http://www.sistersoflife.org/>

Areas of Expertise: Abortion, euthanasia and religious

The Sisters of Life is a contemplative/active religious community dedicated to protecting and advancing a sense of the sacredness of all human life, beginning with the infant in the womb and extending to all those vulnerable to the threat of euthanasia.

Stop Planned Parenthood International (STOPP)

Post Office Box 1250

POST OFFICE BOX 1330
Stafford, Virginia 22555
Telephone: (540) 659-4171
FAX: (540) 659-2586
Web site: <http://www.all.org/stopp>
Publication: *Ryan Report*
Areas of Expertise: Abortion, activism and education

The purpose of STOPP is to cause such discontent with Planned Parenthood programs that it will have no choice but to close its doors and get out of town! That doesn't seem like too much to ask of an organization that has been ruthlessly attacking our children for years-abusing them in the womb and in the classroom. STOPP is an organization of parents who share the belief that we have the God-given right and obligation to raise our children, from the moment of conception, and who believe that our obligation extends to making sure that any monies collected from us (either by the government, by a company that sells us products, or by some charitable fund) is not used to support the slaughter of innocent babies or the abuse of our growing children. The main guidance of our work is the Gospel of St. Matthew, Chapter 10. Anyone who wants to understand us need only read that passage. STOPP endorses all nonviolent activity which is in accord with the laws of God. We support the no-exception legislation position of American Life League. We believe all these activities are necessary and must be joined with an all-out assault on the failed sex ed programs of Planned Parenthood if we are to restore the family to its true place and protect our children. STOPP provides expert speakers and literature to combat PP programs. Through our newsletter, we keep parents abreast of what PP is doing and how others are successfully fighting PP. We are involved in fights against PP sex education in schools and in stopping local government funding of PP. We are willing to travel to help you defeat PP in your community.

Task Force of United Methodists on Abortion and Sexuality (TUMAS)

Post Office Box 306
Cottleville, Missouri 63338
Telephone: (636) 294-2344
E-mail: Lifewatch@charter.net
Web site: <http://lifewatch.org/index.html>
Publication: *LifeWatch*
Areas of Expertise: Abortion and religious

Out of obedience to Jesus Christ, the Taskforce of United Methodists on Abortion and Sexuality (TUMAS) will work to create in church and society esteem for human life at its most vulnerable, specifically for the unborn child and for the Woman who contemplates abortion. Therefore, TUMAS's first goal is to win the hearts and minds of United Methodists, to engage in abortion-prevention through theological, pastoral and social emphases that support human life.

Teachers Saving Children (TSC)

POST OFFICE BOX 125
Damascus, Ohio 44619-0125
Telephone: (330) 537-2546
E-mail: tsc-life@juno.com
Web site: <http://www.pregnantpause.org/people/tsc.htm>
Areas of Expertise: Abortion and education

Teachers Saving Children is an organization of pro-life educators and concerned citizens fighting for life in education. It is the height of foolishness for professional educators' associations to condone or support a practice (abortion) which eliminates the very people that our profession is supposed to serve. They must cease taking controversial political stands, especially on non-education issues, without a clear mandate from their members. Now is the time to get involved in saving the lives of pre-born students. TSC's activities include alerting National Education Association (NEA) members and the public to the facts, press articles and editorials, letter writing campaigns, working through proper channels for change, and more.

Traditional Values Coalition (TVC)

Headquarters
100 South Anaheim Boulevard, Suite 350
Anaheim, California 92805
Telephone: (714) 520-0300
FAX: (714) 520-9602
Lobby Operations Office
139 "C" Street, SE
Washington, DC 20003
Telephone: (202) 547-8570
FAX: (202) 546-6403
E-mail: twcwashdc@traditionalvalues.org
Web site: <http://www.traditionalvalues.org>
Areas of Expertise: Family, litigation, education and pornography

The Traditional Values Coalition is the largest non-denominational, grassroots church lobby in America. Founded in 1980, TVC has sought to empower people of faith with truth. TVC's membership of over 43,000 churches bridges racial and socio-economic barriers and includes most Christian denominations. With an emphasis on the restoration of the values needed to maintain strong, unified families, Traditional Values Coalition focuses upon issues such as education, homosexual advocacy, family tax relief, pornography, the right to life and religious freedom. While Traditional Values Coalition is a lobbying organization, its sister organization, Traditional Values Education and Legal Institute, is a foundation dedicated to educating and supporting churches in their efforts to restore America's cultural heritage.

University Faculty for Life

120 New North Building
Georgetown University

Washington, DC 20057
Telephone: (202) 687-4192
Web site: <http://www.uffl.org>
Publication: *Pro Vita*
Areas of Expertise: Abortion and education

University Faculty for Life was founded in 1989 to promote research, dialogue and publication among faculty members who respect the value of human life from its inception to natural death. Abortion, infanticide and euthanasia are highly controversial topics, but we believe they should not be resolved by the shouting, newsbites and slogans that have dominated popular presentations. Because we believe the evidence is on our side, we would like to assure a hearing for our views in the academic community. Our three basic issues (abortion, infanticide and euthanasia) have many dimensions — political, social, legal, medical, biological, psychological, ethical and religious. We do not have a detailed statement of orthodoxy; rather we have provided an interdisciplinary forum in which scholars can discuss these issues. Our goals are: (1) To provide a forum to foster multidisciplinary dialogue and collaboration among professors concerned about human life. This includes a newsletter, an annual conference and published proceedings; (2) To educate the community about life issues and the reasons behind pro-life positions. To this end we encourage and disseminate scholarly research by means of conferences, symposia, published proceedings, newsletters, book notices and reviews; and (3) To make available academic materials and resources for pro-life groups, including bibliographies and videotapes of conferences and lectures. A directory of members will indicate those prepared to speak on these life issues.

Victims of Choice (VOC)

Post Office Box 815
Naperville, Illinois 60566-0815
Telephone: 1-(888) 267-3998 or (630) 378-1680
FAX: (630) 759-9739
E-mail: eav@victimsofchoice.org
Web site: <http://www.victimsofchoice.org/>
Areas of Expertise: Post-abortion

The mission of Victims of Choice is to educate men, women and teens as to the trauma of abortion through the development and distribution of printed educational materials, and through activities such as public discussion groups, forums, panels, lectures, seminars and similar programs.

Wisconsin Evangelical Lutheran Synod (WELS) Lutherans for Life

1120 South G Avenue
Nevada, Iowa 50201-2174
Telephone: (515) 382-2077
E-mail: info@lutheransforlife.org
Web site: <http://www.lutheransforlife.org>
Publication: *Beginnings*

Areas of Expertise: Abortion, euthanasia and religious

WELS Lutherans for Life educates people on what God's Word has to say about the value and sanctity of human life. Our intent is to mobilize Christians to make God-pleasing decisions about life issues. We focus attention on many life issues such as abortion, infertility, birth control, post-abortion syndrome, infanticide, medical directive statements, assisted suicide, and euthanasia.

World Federation of Doctors Who Respect Human Life

Philippe Schepens, M.D., General Secretary

Serruyslaan 76

B-8400-Ostend

Belgium

FAX: 011-32-59-707446

E-mail: Philippe.Schepens@advalvas.be or Philippe@icone.org

Web site: <http://www.euthanasia.com/belgium.html>

Areas of Expertise: Abortion, euthanasia and medical

The Federation is an affiliation of 350,000 medical doctors in more than seventy countries throughout the world who support the traditional medical ethic of service to the life and health of their patients. The aims of the Federation are: (1) To uphold the Hippocratic tradition; (2) To support doctors and health personnel who are discriminated against because they uphold this tradition; (3) To call for legal protection for all members of the human race, from conception/fertilization until natural death, in accordance with the U.N. Declaration of Human Rights, 1948, the Declaration of the Rights of the Child, 1959, and the Declaration of Helsinki, 1975, where #III(4) states: "In research on man, the interest of science and society should never take precedence over considerations related to the well-being of the subject;" and (4) To found an active section of this Federation of Doctors in every country world-wide.

Women for Faith and Family (WFF)

Post Office Box 300411

St. Louis, Missouri 63130

Telephone: (314) 863-8385

FAX: (314) 863-5858

Publication: *Voices*

E-mail: info@wf-f.org

Web site: <http://www.wf-f.org/>

Areas of Expertise: Women and family

Women for Faith and Family strives to assist orthodox Catholic women in their efforts to provide witness to their Faith, both to their families and to the world, to aid women in deepening their understanding of the Catholic Faith, to aid faithful Catholic women in their desire for fellowship with others who share their Faith and commitment, and to serve as a channel through which questions from Catholic women seeking guidance or information can be directed

guidance or information can be directed.

Young America's Foundation (YAF)

F. M. Kirby Freedom Center

110 Elden Street

Herndon, Virginia 20170

Telephone: (703) 318-9608 or 1-(800) 292-9231

FAX: (703) 318-9122

E-mail: yaf@yaf.org

Web site: <http://www.yaf.org/>

Areas of Expertise: Youth and family

The Young America's Foundation is committed to ensuring that increasing numbers of young Americans understand and are inspired by the ideas of individual freedom, a strong national defense, free enterprise, and traditional values. As the principal outreach organization of the conservative movement, the Foundation introduces thousands of American youth to these principles. We accomplish our mission by providing essential conferences, seminars, educational materials, internships and speakers to young people across the country.

[Go to Next Topic: Further Reading: Pro-Life Organizations .](#)

[Return to *Pro-Life Organizations* Table of Contents](#)

[Facts of Life: Chapter 25: Pro-Life Organizations: Further Reading on Pro-Life Organizations](#)



 SHARE

Further Reading: Pro-Life Organizations.

Gale Research. *Encyclopedia of Medical Organizations and Agencies*. 2nd Edition, 1987, 975 pages. \$185.00. Information on more than 11,000 medical societies, professional and voluntary associations, foundations, research institutions, federal and state health agencies, medical and allied health schools, information centers, database services, and related health care organizations. Includes basic data on all of the nearly 200 Planned Parenthood affiliates. Chapter 30, "Family Planning," has data on all national pro-life and pro-abortion organizations. This information includes membership totals, addresses and telephone numbers, publications, and basic philosophy. Published by Gale Research, Inc., 835 Penobscot Building, Detroit, Michigan 48226-4094, telephone: (313) 961-2242. Toll-free telephone number: 1-800-877-GALE.

Human Events. The Intelligent Conservative's Reference Manual. This 134-page book contains a treasury of information of value to every pro-life and pro-family activist. Chapters include information on how to find and network with other conservatives, how to run a political campaign, how to influence Congress and the media, and comprehensive lists on conservative organizations, columnists, publications and books, and information on radical-left organizations. The 7th edition was published in 1991, and sells for \$7.95. Write to Human Events, 422 First Street SE, Washington, DC 20003.

International Life Services. *The Pro-Life Resource Manual*. This thick volume is updated every year and lists more than 4,000 local and national pro-life groups, their addresses and phone numbers, and their major fields of action. The book sells for \$15 and is available from International Life Services, Inc., 2606-1/2 West 8th Street, Los Angeles, California, 90057, telephone: (213) 382-2156.

[Return to Pro-Life Organizations Table of Contents](#)