



A Defense for Life Against 20 Common Arguments

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Human life begins at...

- i. Birth
- ii. Self-Awareness
- iii. Age of viability
- iv. Heartbeat
- v. Brain waves

...Prior to this point, the pre-born is

- i. A blob of tissue
- ii. Only a potential human being

Addressing the fundamental misunderstanding over when human life begins and how the pre-born are characterized is perhaps the most critical concern when it comes to articulating a pro-life apologetics view in response to nearly any argument in opposition. Before responding to specific claims regarding the exact beginning of human life, it is important to first become acquainted with the immediate results of fertilization.

While many of those in favor of abortion argue that--for days, weeks, or even months after fertilization--**the pre-born is simply a “blob of tissue,”** basic physiology tells us that life begins at fertilization, which immediately results in:

- the uniting of sperm and ovum to form a new, genetically complete human being with 46 chromosomes--23 from the father and 23 from the mother;
- a new individual with a completely unique genetic code containing all of the DNA that it will ever have in its entire life and a blood type that is potentially different from both the mother's and father's.

Following fertilization, oxygen, nutrition, and time are all that will be added to this self-directed individual for the remainder of its life.

Despite these scientific truths, many of those in favor of abortion argue that an individual at this stage in development is **not a human being, but a potential human being**. In response, we recognize that the nature of humanity is not in *doing* but in *being*, as we call to mind several non-essential differences between an individual inside the womb and an individual outside of the womb, none of which have any bearing on the individual's fundamental human nature.

1. **Size:** Although an individual inside the womb is admittedly much smaller than an individual outside of the womb, using this observation to undermine the humanity of the unborn is irrational. Size does not dictate dignity or value. Men are typically larger than women, but this does not mean that they are worth more or deserve more rights.
2. **Level of Development:** Individuals in utero and outside the womb are often characterized by their level of development. For instance, a pre-born human is referred to as a zygote, embryo, or fetus, while a born individual is referred to as an infant, child, adolescent, or adult. Each of these descriptors refers to the individual's level of human development. For example, an embryo really refers to an *embryonic human*, and an infant really refers to an *infantile human*. Both an embryonic human and an infantile human are less developed than the adult humans they will become. Nonetheless, an individual's level of development cannot dictate humanity. Older individuals are not more human than younger individuals.
3. **Environment:** Altering location does not alter value. If an individual is not already human in the womb, moving down the birth canal does not automatically give the individual humanity and value.
4. **Degree of Dependency:** Yes, an individual in the womb is completely dependent on the mother. However, if dependency determines worth, are infants less valuable, because they would not be able to survive if left alone without a caretaker? What about a two-year old or a four-year-old? What about those who depend on insulin to regulate blood sugar? What about the elderly with deteriorating health who rely on the care of nursing home staff for feeding and hygiene?

Keeping these non-essential differences of size, level of development, environment, and dependency in mind, how do we then respond to

specific claims that **human life does not begin until 1) birth, 2) self-awareness, 3) age of viability, 4) heartbeat, or 5) brain waves are present?**

1) Birth: When addressing this argument, we call to mind the differences between an individual in utero and an individual outside of the womb. Sure, an individual in the womb is smaller, at a different stage of development, in a different environment, and dependent upon its mother in a different way than when outside of the womb, but as shown above, these arguments cannot be upheld rationally to conclude that the individual is not human.

Nonetheless, some may try to claim that exiting the womb typically coincides with the individual's first breath, and **it is this breath that signifies that the individual is now a human being**. However, this is just an argument rooted in the non-essential difference of dependency. While in the womb, the mother breathes "for" the child, while the child practices the breathing motions alongside her so that he or she can take the first unsupported breath when exiting the birth canal. As the child is born, he or she is simply exhibiting a change in the degree to which he or she depends on the mother for breath support. Further, if life began at birth/first breath, how would we deal with the case of a child who needs to be put on respiratory support to stimulate breathing at birth? This is not uncommon in the case of pre-mature birth. Is an individual born under these circumstances not a human (and thus unworthy of any rights) until the first unsupported breath? What about an individual who gets in a car accident and must be put on oxygen for a period to survive? Is he or she stripped of human nature until natural respiration is restored?

2) Self-awareness: Level of self-awareness coincides with developmental stage. Depending on the developmental stage, an individual in the womb may exhibit more or less self-awareness than an individual outside of the womb. One might rationally predict that an individual at 3 weeks gestation would show less self-awareness than a four-year-old, given that this individual's brain is still in the beginning stages of development. However, it is also conceivable that an individual at 24-28 weeks gestation exhibiting brain waves that are finely tuned to bodily movements and processes might be more self-aware than an individual of any age who is comatose.

3) Age of Viability: The typical age at which an individual can survive outside of the womb has no bearing on this individual's humanity. Viability is more-or-less an arbitrary concept that most often does not depend on the life itself but on the tools and resources

available to sustain and support this life. Further, an individual on life support is not considered viable. Is he or she also not human?

4) Heartbeat: Many pro-lifers and early abortion advocates alike use the argument that, "If a lack of heartbeat signifies that an individual has died, the presence of a heartbeat signifies when life begins." It is important to clear up a common misconception here by asserting that the heartbeat neither determines the beginning nor end of human life. The lack of a heartbeat *does not* necessarily indicate the end of life, considering that in a situation involving heart trauma, it is not uncommon for individuals exhibiting no pulse to have their hearts restarted with the aid of a defibrillator.

Rather, human life begins well before a heartbeat can be detected, right at the moment of fertilization, which results in a genetically complete human being. As such, even the legislative bills which seek to make abortion illegal when a heartbeat can be detected do not go far enough to protect life from the very moment it begins.

5) Brain Function: Unlike the heartbeat, the lack of brain activity, as shown by an EEG, is the universal measure used by medical professionals to determine that an individual is no longer living. If the lack of brain waves can indicate the end of human life, shouldn't the presence of brain waves indicate its beginning? While this argument may seem convincing, a deeper look reveals that it is not *just* 1) a lack of measurable brain activity that makes up the criteria for a person to be pronounced dead. In addition, 2) the patient must be unable to respond to stimuli such as bright lights, loud noises, or pain, and 3) the patient must be incapable of voluntary movement. A person may be pronounced dead if and only if all three criteria are observed. The observation of these three criteria forms the definition of organismal death, which is properly understood as the **irreversible** loss of the being's functional self-integration, or ability for the individual's bodily systems to function as one, *whole* being vs. a collection of organs or parts.

While some individuals try to transfer the initial absence of brain activity, response to stimuli and voluntary movement as evidence of an individual not being alive and human, they neglect to draw attention to the fact that the definition's critical component of **irreversibility** cannot be transferred. In other words, at the end of life, death is the natural end to which the individual has progressed, as indicated by the absence of brain activity, response to stimuli, and voluntary movement. At the beginning of life, however, the natural progression is ordered *toward*

the development of brain activity, response to stimuli, and voluntary motion.

Another way to look at this distinction is by considering how a typically developing individual at the beginning of life naturally progresses in such a way that facilitates higher order brain functioning, while an individual at the end of life naturally progresses in such a way that this higher order brain functioning comes to an *irreversible* end. Simply put, at the beginning of life, though brain activity, response to stimuli, and voluntary movement may not be observed, the natural progression is ordered toward the development of these functions, and thus, they cannot be considered *irreversible*.

Granted, this argument requires a deep understanding of the nuances of human development which may not be readily grasped by the individual whom you are conversing with. As you get a feel for this individual's willingness to honestly consider this defense, you may discern that it is not the time or place to present this argument in the above terms.

In this instance, the approach of asking intuitive questions that might provoke the individual's deeper consideration may be more effective. For example, you may try posing the thought experiment, "*If* human life were to begin at brain functioning, wouldn't it follow that before any abortion, any responsible medical professional performing the abortion would be required to measure activity with an EEG, check for the individual in utero's response to stimuli, and observe whether or not this individual exhibits voluntary movement?"

Finally, no matter what the circumstance, if there is any doubt on whether or not an individual is indeed a human person, shouldn't the benefit of the doubt be given in the direction of preserving life?

Her Body, Her Choice

Because a child is veiled in the womb, it is commonly misconceived of as just another part of the woman's body, similar to a kidney, liver, or spleen. However, the individual in utero is actually much different than a woman's organs in that it has a completely separate genetic code, which is both one-of-a-kind and genetically complete—meaning that all of the DNA that the individual in utero will ever have for its entire life is present at fertilization. By nature, the individual in utero is self-directing,

meaning that its natural progression is geared toward its own path of functioning and development, which is separate from that of the mother.

Considering these truths, it is clear that this argument in favor of abortion access is not sound, given that we are not just talking about **her** body. To draw out this point even further, we can consider tragic instances in which the child in utero could die while the mother lives, and the mother could die while the child in utero lives.

Nonetheless, those in favor of abortion access will say, the individual in the womb relies completely on the mother, so the choice should be hers!

At this point, we must acknowledge the degree to which a mother is relied upon by the individual growing inside of her. It follows that pregnant women *must* be upheld, treated with utmost respect, and supported because of their unique role in nurturing and protecting life and the amount of sacrifice that this role begs of her. We must point out that the child under her care is not rightfully viewed as an intruder or parasite but rather a fruit of her incredible capacity to bring forth new life. This is a capacity that should be celebrated.

Once we have established this baseline, we can begin to point out the fact that, while pregnancy requires immense courage and selflessness from a mother, parenting does the same, though in different ways. While a child relies completely on his or her mother for support and sustenance in the womb, after being born, he or she is still completely dependent for quite some time. This individual's right to life does not change in the womb or outside of the womb, just because his or her environment has changed (see page X).

Lastly, we must to the claim that "**even if an unborn individual is human, he or she has less rights than the mother,**" by recognizing that the comparison between the rights of an individual in utero and the rights of a mother are not equal. For a mother, whether or not she has an abortion will affect her *lifestyle*, while for the child in utero, abortion will *end his or her life altogether*. As a society it is reasonable that we might expect any adult to muster up the courage to press through what might be viewed as a very difficult (but temporary) situation, if killing an innocent human is the only alternative.

Don't like abortion? Don't have one! Everyone has the right to choose.

A common maxim suggests that “A society can be judged by the way in which it treats its weakest members.” When we allow abortion to continue through overt or passive support, we perpetuate a societal worldview in which *some* human life is upheld as more important than *other* human life. In doing so, we exalt an individual’s “freedom of choice” over and beyond the freedoms endowed to other individuals by human nature, regardless of the fact that *any civilized society restricts individual freedom to make choices that would harm an innocent person.*

In the face of this tragedy, we have a responsibility to stand up. As Dr. Martin Luther King, Jr. once said, “Injustice anywhere is a threat to justice everywhere.” To make an analogy in terms of a similar matter of human dignity and worth, what would be the common response to the statement, “Don’t want a slave? Don’t have one?” Any rational individual in a civilized society would consider ownership of another human being to be a grave violation of human rights, regardless of whether or not they choose to participate. Nonetheless, when it comes to individuals in the womb, legal abortion defines these people as property that can be kept or disposed of at the will of another human being who has already had the privilege of being born.

I'm personally opposed to abortion, but we are free to believe what we want and shouldn't impose our beliefs on others.

Given that every individual has been endowed with free will, part of this argument is true. Every individual is indeed free to believe what he or she so desires. Every individual is not free, however, to act on the beliefs that

he or she holds to be true when these actions lead to the harming of another innocent individual.

For instance, there are unfortunately people out there who genuinely believe that pedophilia is acceptable. No one can control that belief, but restrictions must be placed on the actions of the individual who holds this to be true in order to ensure the protection of the vulnerable. It would be absurd to say, “I’m personally opposed to pedophilia, but I shouldn’t

impose this belief on others who aren’t.” Otherwise, people everywhere are at risk for being victimized on the basis of any other individual’s strong, but misguided, conviction.

The same holds true with abortion. When someone commits a violent act to an innocent human being on the basis of even the most deeply held convictions, it is the moral obligation of all to protect the victim. Speaking out for the sake of the vulnerable is not a matter of imposing personal beliefs. It is ensuring that other individuals are free to believe what they wish but restricted from acting on these beliefs when doing so would cause harm to an innocent individual.

The Supreme Court declared abortion a nationwide fundamental right.

While this is a true statement, just because something is legal does not automatically make it right or just. For instance, prior to the *Dred Scott* decision, the Supreme Court legalized slavery. It was acceptable in the eyes of the law, but likely one of the worst violations of human rights that our nation has seen in its entire history. Although slavery was later abolished, the same court ruled to legalize abortion in the cases of *Roe v. Wade* and *Doe v. Bolton* on January 22, 1973, which essentially defined an unborn human in much the same way: as property of the mother. Since then, nearly 60 million children have been aborted in our nation.

44 years later, these laws continue to exploit countless women and children just as they have done from the very beginning. In fact, even the circumstances leading up to these Supreme Court cases rest on the exploitation of women. Consider, for instance, the story of Norma McCorvey, the “Roe” of *Roe v. Wade*. McCorvey now shares that when she was 21, she found herself in the midst of an unplanned pregnancy and had difficulty obtaining an abortion due to a Texas law that had been put

in place at the time. In order to fight for access, she admits to fabricating a story about the pregnancy being forced. This story was picked up by a pro-abortion attorney who was actively looking for a woman to use as a pawn in building a case against the Texas law. This attorney brought the case all the way to the Supreme Court, which eventually ruled that in the first trimester abortion would be left up to the privacy between a woman and her doctor; from this point until the age of viability, States were allowed to regulate only in the interest of the mother's health and thereafter in the interest of promoting the potentiality of human life. Over the years, the definition of the mother's "health" given in *Roe v. Wade* has grown far beyond the imminent danger of death to encompass nearly any reason at all, physical or psychological.

The proceedings of this case lasted three years, and throughout this whole time, "Roe" never stepped foot in the courtroom. In fact, she never actually had an abortion but rather placed her child in a loving home through adoption. Her fabricated story, nonetheless, was exploited to win the case and legalize abortion. Today, she travels the nation speaking out as a pro-life advocate against the Supreme Court ruling.

Yes abortion is legal, but legal doesn't mean right, and in this case, even the circumstances by which abortion was legalized are all built on a foundation of deceit and manipulation. Further, the decisions of *Roe v Wade* and *Doe v Bolton* do not even follow proper legal protocol, given that the resulting laws are built on extremely rare, exceptional cases, rather than on the typical norms.

A right to life doesn't imply a right to use someone else's body.

The basis of this argument paints the unborn individual as an unwanted intruder and parasite, without regard for the distinction between one who *chooses* to use an individual unjustly and one who finds himself or herself in the position of innocent dependency.

Regardless of the circumstances in which an individual is conceived –planned or unplanned, wanted or unwanted, even in difficult cases like rape or fetal abnormality—no individual has control over the fact that he or she was indeed conceived. Therefore, no individual deserves to be treated as if they are at fault for the challenges a woman faces in

sustaining his or her life throughout the nine months of pregnancy.

An unborn human does not choose to use his or her mother's body, an unborn human simply *is*. Because the unborn individual has come into existence with full human nature from the moment of fertilization, those who played a part in this individual's conception are obligated to uphold the life that they created.

Even in unfortunate circumstances when one or more of these parties do not follow through with the responsibility to provide acceptable support for the resulting unborn life, it is completely unacceptable to give the innocent unborn human a death sentence, when this individual did not play a role in his or her own coming into existence.

A woman's choice is none of your business. It is between her and her doctor, and everyone has a constitutional right to privacy.

Little known fact...nowhere in the Constitution is there written a right to privacy, and no other state or federal law includes a right to privacy that is considered absolute. In all cases, privacy protections are directly dependent upon other rights. For instance, people can legally choose what personal information they would or would not like to disclose. This protection of their privacy may not be violated without probable cause. Nonetheless, let's assume that there is valid reason to believe that a certain individual played a part in a homicide that has recently occurred. A search warrant, obtained through the proper channels, would essentially force the individual to allow access to the evidence in question. In other words, when it is a matter of unjustly harming another individual, his or her supposed right to privacy is forfeited.

To say that any individual is not entitled to weigh in on a woman's choice to have an abortion when the life of another innocent being is at stake is not valid, given that, under the law, no individual's personal privacy may be upheld at the expense of harming another individual.

Even if the choice to abort an unborn human life is encouraged or assisted by a doctor, this does not change the nature of the act, the consequences that it yields, or the morality behind it. Further, to isolate a decision on the outcome of this unborn human life to the privacy between a woman and any doctor, is unjust, given the fact that the doctor likely did not play any part in the unborn individual's existence.

The father, however, is equally responsible for the unborn human life, and deserves a say on the way in which it is sustained during and after pregnancy. Following abortion, it is not abnormal for a father to face serious psychological strain from grief and guilt. In many cases, an abortion will significantly impact his life as well. Should a choice to have an abortion really be none of his business?

Reproductive choice empowers women with the right to govern their own bodies. This right is essential to gender equality.

Believe it or not, the earliest feminists were actually pro-life, not pro-abortion access, and countless women who consider themselves feminists today still passionately speak out against the way in which abortion actually exploits women, causing more harm than good.

A belief that women need abortion in order to be equal to men exhibits a fundamental misunderstanding that the female capacity to carry and nurture unborn human life in the womb is a hindrance rather than something to be celebrated, or at the very least, respected. This belief, unfortunately, has been perpetuated in a variety of different cultural and societal ways, many of which deserve to be heard with genuine empathy, compassion and support. Nonetheless, at the end of the day, in spite of any harsh treatment that a woman has received, a woman must not fall into the mentality that she must unnaturally defeminize herself by terminating her childbearing capacity in order to become equal to her

counterpart. In other words, it is *not* empowering for her to be pressured into the worldview that she must *become* man in order to be equal to man. Rather, she deserves to be upheld and respected for the gift of her femininity and supported in the unique challenges that accompany it.

Lastly, abortion does not level the playing field in the face of sexism but, rather, perpetuates the problem by ridding the world of nearly 650,000 unborn females every year. It also perpetuates the problem of exploiting women, given that it allows for criminal activities like rape and sex trafficking to be hidden.

Abortion or access to abortion does not empower women. It only sells women short by deeming them incompetent or incapable of navigating the often very difficult challenges they may face in the midst of pregnancy, especially if it is unplanned. To empower women is to recognize both the challenges they face as well as the immense courage and strength that they are capable of in overcoming these challenges.

In many cases, abortion is the *better* option for a baby based on quality of life.

Here, we see highlighted the common element of misguided compassion that can often be at the heart of the abortion debate. When a supporter of abortion access brings up the quality of life of the child (or the mother, for that matter!) it is very important that we don't demonize them as simply trying to appear compassionate for the sake of bringing a reasonable air to his or her perspective. Rather, we must treat these individuals with charity and respect, knowing that they often-times genuinely have the well-being of women and children at heart, though the compassion that they exhibit is often-times misguided. Once we are willing to see even those with opposing viewpoints as people rather than enemies, we can engage in genuine conversation to clear up misunderstandings and redirect compassion toward its authentic order.

When it comes to the quality of life argument, we must highlight the way in which this concept is largely subjective. While some would consider an individual with Down Syndrome to have a much lower quality of life than a typically developing individual, loved ones consistently reflect on

what a full and happy life their brother, daughter, or friend has, with one less chromosome.

If, indeed, concerns over a subjective quality of life were to make up an acceptable reason to terminate a pregnancy, there would still be no way to get around the fact that this reasoning would rest on an arbitrary cut-off between when it is okay to end a life or not, because quality of life *might* develop to be at X-level.

Even then, there is no guarantee that development will actually pan out in the way that it is predicted. For instance, there have been instances where an individual has received a diagnosis of spina bifida while in the womb but has grown up to live a life with virtually no complications and is incredibly grateful for the life they live. Similarly, people born into poverty rise to success all the time, though they might have more challenges to work through than others who are born into a more typical socio-economic status.

Given the fact that there is no way to judge from the get-go how any human being will rise to meet the challenges that he or she faces (or buckle under those challenges, for that matter), the quality of life argument does not hold up. Abortion based on quality of life results in a population of people that were not given the opportunity to exist outside of the womb who could have exceeded the expectations of quality of life. It follows, under this mentality, that there would also be a population of people who *were* given the chance to live outside of the womb and do not rise to what is deemed an acceptable quality of life. Do we now turn to those individuals and say, “You should have been aborted?”

Though allowing abortion based on quality of life might appear to be a compassionate concern, a deeper look reveals the problems it creates. Simply put, the argument boils down to discrimination of the handicapped and disadvantaged. Rather than killing others who are less fortunate than ourselves—be it in functional capacity, genetic make-up, financial security, or risk for certain complications—we have a responsibility to help lift them up to achieve maximum quality of life despite the unique set of challenges they face.

Sometimes abortion is the only option.

Saying that abortion is the only option available to a woman is not pro-choice, but pro-abortion. If an individual truly calls himself or herself pro

-choice, he or she must present a woman in the midst of an unplanned pregnancy with a number of possible options, including parenting and/or adoption. Though these two options bring with them a whole host of unique challenge, there is never an instance in which one of them would not be an option for a woman to choose.

In clarifying the issue, an individual who uses this argument most often means that abortion appears to be the option available which will result in the least amount of burden and/or inconvenience for a woman in crisis pregnancy. Granted, a woman who chooses to parent may be in for a rocky road with the financial, emotional, and medical burdens she might face.

She may feel as though she will never make it if she has to alter her plans for education to have a child. If she chooses adoption, she may not be able to imagine the emotional difficulty of placing her child with another family.

There is no way around the sacrifices that a woman must make in the face of pregnancy—whether it is planned or unplanned. There *is*, however, reason to believe that abortion is not the best option for the overall well-being of both mother and child, and there *are* resources available to a woman who finds herself struggling in the midst of pregnancy and thereafter.

It goes without saying that abortion is not best for a child’s overall well-being given that it prematurely cuts off his or her life (even in spite of the argument for quality of life; see page x). For the mother, however, many are unaware of the adverse effects that abortion often has. In addition to living with years and years of guilt and regret, a woman who has an abortion may face increased rates of any number of the following: depression, PTSD, suicidal ideation, breast cancer, future miscarriage, infertility, alcohol and drug abuse, and more.

Rather than allowing her to have an abortion and become predisposed to these long-lasting complications, it is in her best interest to seek and receive support and resources to help her navigate the temporary nine months of pregnancy. In order to show her that this is a viable option, it is critical for any pro-life individual to have a good understanding of the resources that are available to women in crisis in their areas.

In our community, with free and confidential resources like the Women’s Care Center, Hannah’s House, and RETA, a woman can get all the help she needs during pregnancy and thereafter to support the life of the child growing inside her and get to a point where she feels that her life is “back on track.”

What about rape?

Whenever the question of what to do in the instance of rape is brought up, it is absolutely critical that we first call rape for what it is: a heinous violation of the dignity of human life on many, many levels. Any woman who finds herself in this sort of a situation deserves to be treated with utmost compassion in the face of the trauma that has been thrust upon her.

Although abortions performed following pregnancy from rape make up less than 1% of the total abortions that occur, if the situation of a crisis pregnancy resulting from rape were to become a reality for even ONE woman, to say that she was less deserving of compassion and support simply because her situation was unlikely would be an absolute travesty.

Just like any woman who found herself in this sort of a situation would never have asked for these circumstances to be thrust upon her, the same can be reasonably assumed of the fetal human now growing inside her.

Recognizing this, we make a clear distinction between the rapist and the resulting human life. A rapist makes a choice to commit a horrible horrible crime. A fetus does not. A fetal human does not ask to be conceived in the face of this crime any more than his or her mother asks to be raped. Therefore, the rapist commits a crime against both the mother and the fetus conceived, and both deserve authentic compassion, care, and support picking up the pieces.

Although the woman would, admittedly, face a whole host of challenges going forward, would it ever be just to end the life of one who was victimized alongside her because of an unlikely hope in the notion that abortion might ease one victim's pain? No.

The reality of the matter is that abortion does not solve problems, it only creates new ones. Regardless of whether this woman chose to continue or abort the pregnancy, she would face challenges greater than that which you and I can imagine, because of the terrible crime that she endured. It is likely that the child would also experience some consequences of the crime as well. The option of abortion in this situation, would seek to heal this pain by unjustly ending the life of one of these victims and, at best, masking a very very small fraction of the other victim's pain. As reality would have it, however, it is a reasonable possibility that an abortion would actually ADD to a woman's pain in this situation, given that the rates of increased

depression, PTSD, alcohol and drug abuse, breast cancer, suicide, future miscarriage and fertility issues, etc. are overwhelming following an abortion.

When it comes down to it, women and children (in all situations, but especially in this one) deserve help and healing in the face of incredibly difficult circumstances. They deserve to have compassionate individuals there to walk with them every step of the way, to help sort out the many challenges they face. They deserve access to resources of all sorts to mitigate the difficulties they deal with. These are all available right here in our community and beyond.

This situation of pregnancy resulting from rape begs *incredible* strength and courage of a woman. In fact, pregnancy without crisis begs incredible strength and courage of a woman. Women shouldn't be sold short in their capacity to become heroes in the face of these challenges, and unborn human life should not be further victimized alongside her.

What about a woman whose life is threatened by pregnancy or childbirth?

With modern medical technology, it is an extremely rare case when ending the life of a child would be required to save the life of the mother. However, there are unfortunate instances where the unborn child's continued growth and development would make it conceivably impossible for the mother's life to continue without serious risk of death.

Take, for instance, the example of an ectopic pregnancy, when an unborn human life implants within the woman's fallopian tubes, rather than in her uterus. If the pregnancy were to continue, the child would certainly not survive, and the mother's life would be seriously threatened. In this case or any case in which only one life can be saved, there is a responsibility to save that one life, be it the life of the mother or the child.

In the case of ectopic pregnancy, the life of the mother is the only life that can be conceivably saved (although medical technology is advancing to a point in which this may soon no longer be a reality. Still, in this instance an abortion is *not* performed. Rather, a portion of the woman's fallopian tube containing

the human life is removed, inevitably resulting in the *unintended* ending of a human pregnancy. An abortion, on the other hand, is the *deliberate* termination of a human pregnancy. In the very rare case that a pregnancy would end in saving the life of the mother, it is important to note that the intent to kill (the child) is very different than the intent to save (the mother).

Allowing for abortions to be performed in the name of “medical necessity,” even in late-term cases, has resulted in a slippery slope. What was originally allowed only when a mother is in serious danger of dying then became allowed on the basis of physical pain that threatens her well-being and then psychological pain that was deemed threatening to her well-being, and so on and so on. Now abortion allowed in the name of “the health of the mother” has become an arbitrary cut-off decided on by a woman and her doctor for virtually any reason ranging from a serious threat to life to a temporary inconvenience.

Abortion reduces crime rates, welfare costs, and overpopulation.

First thing’s first...overpopulation is a myth. The replacement rate in America is less than that which is needed to maintain the nation’s population level. Further, if indeed there was a problem with overpopulation in which the current standard of living would be threatened by an influx in births and not enough resources (which there is not), the ethical solution would not be to kill off a portion of the population but to concentrate on how to bolster those resources in a way that would sustain growth. A misconception over overpopulation has become the scapegoat for issues in our country that actually have other causes.

When it comes to abortion being credited with controlling undesirable populations and thus reducing crime rates, welfare costs, etc., we find at the root of this claim, yet another myth. From the time that abortion was legalized in 1973 to the year 2015, the U.S. saw a fourfold increase in the population of adults who were in prison, on parole, or subject to probation (rising from 0.8% of the population to 3.1% of the population according to U.S. Census data). If abortion was truly a crime prevention measure, this is an observation that one would certainly not expect to see.

Nonetheless, some individuals view abortion as an economic service to society, based on the assumption that the majority of children who are aborted would not amount to contributing members anyway. Not even taking into consideration the moral wrong to end a human life (as discussed on page x), the quality of life of individuals at risk for abortion is completely subjective, and there is no formula to accurately predict observed successes and failures in spite of unique challenges.

Further, even if one *were* to look at a human life under the bleak and flawed perspective of defining the worth of the life in terms of economic contribution to society, abortion would *still* not be justified on these grounds. For example, let’s compare the government costs for an abortion (around \$515 in the first trimester) to the government costs for all public assistance for the child for two years (about \$22,300.11-including prenatal care, delivery, and postnatal care [27 -see analysis by Dr. Clowes]). With a difference of \$21,785, abortion supporters assume that abortion is the best option to support the economic welfare of society.

However, an analysis by Dr. Brian Clowes calls to mind an important consideration, as he proposes the fact that over the course of an average 30 years in the work force, the government makes an average amount of \$955,900.12 in local, state, and federal taxes [29]. In other terms, the state puts in approximately \$22,300.11 dollars and gets back \$933,600. Even further, when a child is aborted, society loses out on all of the goods and services that this individual would consume, supporting the livelihoods of countless other people.

As mentioned before, a human life is a human life. Even if the continuation of any human life were to cause a strain in terms of overpopulation, crime rate, or welfare costs, it would never be just to eliminate the life in order to alleviate the strain. Nonetheless, exploring alongside an individual some of the facts and figures which clear up common myths at the heart of the abortion debate can have a positive impact on bringing respect to life, especially when the particular individual is genuine about defending abortion on the grounds of reason and logic.

I'll believe you're pro-life when I see you start handing out free birth control.

Contrary to popular belief, sociological data does not suggest that contraception availability lessens the number of abortions that occur. In fact, some suggest that the increase in widespread availability to contraception is perpetuating a “disposable culture” by falsely linking sex as a means to the end of pleasure rather than an expression (both unitive and procreative) that is inherently linked to human dignity.

Regardless, this argument is deeply flawed in that it mistakes being “pro-life” for being “pro-wanted life.” To be pro-life is not to support only the lives that are planned or intended, but to support dignity for all human life, beginning with the littlest and most vulnerable among us: the unborn.

Further, there exists a strong misconception about all contraceptives acting to prevent pregnancy, when many actually act as abortifacients. These forms can act to “prevent pregnancy” by terminating a human life in its very earliest stages after it has already been formed at fertilization as a genetically complete human being.

Lastly, more contraception leads to more sex and, as a result, an increased number of contraception failures. The false sense of security offered by contraceptive use can also lead to an abortion mentality in order to correct these failures.

You aren't entitled to speak about abortion. You don't have a uterus!

To any male who finds himself on the receiving end of this argument, the first step in responding is to acknowledge the proposed claim: yes, it is true that men don't have uteruses. In doing so, it is important to also

acknowledge the woman's special role in bringing forth life along with the fact that a male will never know the depth of sacrifice to which a woman must be willing to turn in order to lay down her life for the child she bears.

When a woman discounts the say of her partner in considering abortion, more often than not, it comes from a place of hurt. This typically stems from the fact that she feels she hasn't received proper support from her male partner or that her partner is not interested in rising to offer this support. To this we must say genuinely, “I'm sorry. I'm sorry that you have not been given the support you deserve. I'm sorry that you have been made to feel that you are alone in this.” Nonetheless, one cannot reasonably fault *all* men for the mistakes perpetuated by *some* men. As such, those who do rise to support the true dignity of women (at *all* times, but especially during pregnancy) must serve as a witness to call on those who do not.

Despite the fact that the role of the woman is typically seen as more involved with the nurturing and protecting of unborn life due to the intimate connection of being, quite literally, “with child,” there is no way around the fact that the male partner contributed equally to the conception of this human life. Ultimately, this entitles men to take a position on unborn human life and calls them on to act on a different, but equal responsibility to protect and sustain it.

Currently, this responsibility is subject to government regulation when the child is outside the womb, but not when the child is still in utero. The law requires that a man pay child support for a child who has been born, but before this time, he legally has no say in whether his child is kept or aborted, nor any legal or financial responsibility to help sustain the unborn life.

Abortion is basic healthcare.

The pro-abortion movement has mistakenly labeled abortion as healthcare, falsely making it the moral equivalent of having one's tonsils removed. What many abortion supporters neglect to consider, however, is that an abortion is fundamentally different than a routine procedure like a tonsillectomy. Rather, abortion is an elective procedure, like cosmetic surgery, which is also not healthcare and, and therefore, not covered by insurance.

While the goal of healthcare is to promote quality of life, abortion

disguises itself as healthcare by valuing the quality of life of one individual at the expense of the other. It is important to note that we are not just talking about promoting one life by *undermining* the other, but rather by *ending* the other.

Healthcare is meant to aid an individual in his or her natural functioning and development. When an illness of sorts comes into play, the goal of healthcare is to alleviate this hindrance to restore health. An unborn human life is not an illness. When a woman is pregnant, the life growing

inside of her is not a symptom of something that is *wrong* with her body but a fruit of a capacity that is entirely natural.

From the moment of fertilization, a woman's bodily systems are signaled to kick into gear in order to protect and nourish the progression of unborn human life. She experiences rapid changes in hormones which facilitate the development of her own body to support the development of the other within her. Abortion seeks to "undo" a natural process, the exact opposite of healthcare which seeks to help facilitate natural processes, and forces a woman's body to unnaturally adapt in order to return to proper functioning.

Planned Parenthood is necessary for serving women's health.

Despite the fact that abortion is not healthcare, our nation is currently seeing organizations like Planned Parenthood claim to be vital to the health and well-being of women in our country while actually exploiting these women and the unborn in order to maximize a profit in the name of "reproductive justice" and abortion access.

In 2015, a series of undercover videos showed officials of the Planned Parenthood Federation of America (PPFA) discussing how they perform abortions and traffic in the tissues and organs of abortion victims. The officials' matter-of-fact comments on destroying unborn human life, and on altering abortion methods to obtain more "intact" organs, have led to a public debate on Planned Parenthood's role as a "women's health" organization receiving large government subsidies. Here are key facts (citations available in the back of this booklet).

1. PPFA is the largest abortion provider in the U.S.

In 2014-2015, the last year reported, Planned Parenthood affiliates performed 323,999 abortions, both surgical and "medical" (using the abortion drug RU-486).[1] PPFA's share of the abortion "market" has expanded steadily over the years: It performed one in five of all abortions in the United States in 2005, but now performs about one in three.

2. Every Planned Parenthood affiliate must perform abortions.

In 2010, PPFA announced that by 2013 every affiliate must have one or more clinics that perform abortions on-site. A few affiliates left PPFA rather than comply with the new abortion mandate.[2]

3. Planned Parenthood provides almost 17 times more abortions than birth-oriented services.

While PPFA says abortions make up 3% of its services, this is misleading. PPFA says it served 2.5 million patients (women and men) and performed 323,999 abortions, indicating that nearly 13% of everyone entering a Planned Parenthood clinic receives an abortion. And PPFA provided only 17,419 "prenatal services" and 2,024 referrals for adoptions at other agencies. So 94% of its services for pregnant women are abortions, outnumbering other options almost 17 to 1.[3]

4. Planned Parenthood promotes risky RU-486 abortions that have killed young women.

PPFA strongly supports the dangerous abortion drug RU-486, promoted its expedited approval by the FDA, and volunteered to conduct early U.S. trials. In early trials, young Californians Holly Patterson and Vivian Tran died from infections after RU-486 abortions at Planned Parenthood clinics.[4] In April 2011, the FDA reported 2,207 adverse events up to that time, including 14 deaths, 339 cases of blood loss requiring transfusions, and (in addition to deaths) 612 hospitalizations.[5] Actual figures are likely higher, as the FDA doesn't mandate reporting by providers. PPFA clinics flout FDA protocols by, among other things, using RU-486 "off-label" for abortions up to 63 days after a woman's last menstrual period (two weeks later than the FDA found safe). When Ohio passed a law requiring clinics to follow FDA guidelines, Planned Parenthood sued to tie up the law in court; public data later showed 42 botched RU-486 abortions in Ohio, including 35 women who had to return for a surgical abortion.[6]

5. Planned Parenthood fights even modest laws to reduce or regulate abortions.

PPFA has opposed, and filed suit against, reasonable and widely

supported measures on abortion, even those protecting women's health and informed decision making. These include:

- laws to ensure a woman's informed consent, allow her to view an ultrasound before the abortion, or provide a 24-hour waiting period for her to consider her decision
- parental notification or consent before a minor daughter's abortion
- bans on the gruesome partial-birth abortion procedure
- health and safety regulations for abortion facilities
- requiring abortion practitioners to have admitting privileges at a local hospital in case of complications
- safety standards for the abortion drug RU-486.[7]

6. Planned Parenthood doesn't believe in a "right to choose" against abortion.

"Freedom of choice" does not apply to those who disagree with PPFA. It opposes laws recognizing conscience rights for doctors, nurses and health facilities with moral or religious objections to abortion, dismissively referring to conscience clauses as "refusal clauses." [8] Planned Parenthood strongly supports U.S. funding of the U.N. Population Fund (UNFPA), and closely partners with that agency internationally despite its involvement in the Chinese population program using coerced abortion and involuntary sterilization. [9] Such coercion is recognized internationally as a crime against women. [10] PPFA also opposes conscience rights for pharmacists who object to providing "emergency contraception" drugs due to their abortifacient potential, and thinks even religious orders like the Little Sisters of the Poor should be forced to include these in their health plans. [11]

7. Planned Parenthood is not "pro-choice" for women.

In light of the failure of contraceptive programs to reduce unintended pregnancies or abortions, Planned Parenthood has increasingly promoted "LARCs" (long-acting reversible contraceptives) – implantables, injectables, and intrauterine devices – that can sterilize women for months or years at a time. [12] Most women have rejected these methods in the past due to their inflexibility and side effects. [13] But supporters favor them because they are "independent from... user motivation, and adherence" [14] —that is, they disregard a woman's own changing reproductive goals, and cannot be discontinued without medical assistance. PPFA has even abandoned "pro-choice" as a slogan — insisting instead that contraception and abortion are basic "health care" that all women need access to (whether women ask for that or not). [15]

8. Planned Parenthood's role in serving women's health is compromised at best, and is better taken over by others.

Planned Parenthood's supporters cite its "cervical and breast cancer screenings" [16] — but its heavily promoted contraceptive services, over a third of all PPFA's activity, is associated with an increased risk of breast and cervical cancer. [17] Planned Parenthood's "screening" for breast cancer is a preliminary screen that a woman can do for herself – it offers no mammograms or biopsies. [18] PPFA emphasizes its testing and treatment of sexually transmitted diseases [19] – but it heavily promotes contraceptive methods that may increase women's risk of contracting STDs, including AIDS. [20] Women's comprehensive health needs are much better served by community health centers and other federally qualified health centers, which serve 22 million patients in both urban and rural areas and outnumber Planned Parenthood clinics 13 to 1, nationwide (9,170 to 700). [21]

9. "Non-Profit" Planned Parenthood reaps enormous revenues, including tax revenues.

PPFA is legally a non-profit organization but takes in enormous revenues: \$1.4 billion in the year ending June 30, 2015, netting \$149.5 million over expenses. \$553.7 million, or 43% of total revenue, is from taxpayers' dollars. [22] Total revenues, net income after expenses, amount of taxpayer funding, and the percentage of revenues coming from taxpayers all increased over the previous year, while the number of clients served decreased. [23]

10. Planned Parenthood promotes risky "emergency contraception" to minors.

PPFA promotes over-the-counter sales of high-dose "emergency contraceptive" (EC) pills, even to minors below the age of 15, although lower-dose birth control pills require a prescription due to health risks. [24] Planned Parenthood's claim that programs boosting access to ECs would reduce unintended pregnancies and abortions has been rebutted by numerous studies. [25] 11. Planned Parenthood has promoted abortions worldwide, even where it is illegal.

PPFA exports its ideology to developing nations, promoting abortion as family planning. As long ago as 1983, the then-current president of PPFA co-authored and signed a notorious International Planned Parenthood

Federation (IPPF) declaration urging affiliates to violate their own countries' laws and perform illegal abortions: "Family Planning Associations and other non-governmental organizations should not use the absence of a law or the existence of an unfavorable law as an excuse for inaction; action outside the law, and even in violation of it, is part of the process of stimulating change." [26]

You pro-life people are really just pro-birth. You don't care about the child after it is born.

This argument seems to be one of the most current that abortion supporters like to pose, despite the fact that it is a classic example of the *ad hominem fallacy* (meaning that it attacks the person or group rather than the issue that is disagreed upon).

However, if an abortion supporter genuinely took the time to hear out the pro-life message articulated in truth and charity, he or she would realize that this perspective recognizes pro-life issues as a seamless garment, meaning that *all* life is precious whether in the womb or outside of it. Still, anyone who cares about protecting human life must begin by offering protection to the most vulnerable among us: unborn humans in the womb.

Those in the pro-life movement work arduously to make sure that plenty of resources are available to women who feel trapped by a crisis pregnancy. These same individuals recognize the necessity to follow up with resources thereafter if sustaining human life in the womb is to become a real possibility for a woman who has a crisis pregnancy.

As such, following birth, the pro-life perspective advocates for resources to be made available to these women as well. It is very common for pregnancy resource centers all over the country to not only provide free and confidential support during pregnancy, but to also follow through post-pregnancy as well, providing women with diapers, formula, counseling, parenting classes, medical aid, housing assistance, educational assistance, etc. For

those who find themselves struggling to get back on their feet, organizations like Hannah's House and Elizabeth Ministries, which will offer them a place to live, help with securing a job, parenting support, and childcare.

Lastly, the pro-life perspective offers women the loving option of adoption, *completely on the woman's terms*, if she feels that she is unable to face the challenges of being a parent at this stage in her life. Adoption can offer counselling support during and after the placement, financial and medical support, education goal-setting support, and a host of other positive assistance as the woman in crisis chooses life sacrificially and blesses a family with the chance to raise a child.

Supporters of abortion access have a point. Parenting is challenging, time-consuming, and financially draining regardless of wantedness. Still, a truly pro-life person will not abandon a woman who has faced a crisis pregnancy the minute the child exits the womb, since that child is now protected under the law. This is a point that the pro-life movement has heard loud and clear for 44 years, and has responded with deep compassion and resounding charity.

If abortion is made illegal, tens of thousands of women will die from back-alley and clothes-hanger abortions.

Prior to the legalization of abortion in 1973, 90% of abortions were done by physicians in their offices, not in back alleys. It is simply not true that tens of thousands of women were dying from 'unsafe' abortions before it was legalized, a lie that past abortionists admit to fabricating. In fact, even though it is legal today, women still die from abortions complications. The legality of the procedure does not change the fact that there are extreme risks involved when even a medical professional attempts to "undo" the way in which a woman has been genetically engineered to naturally protect and nurture any child conceived within her body.

Many abortion supporters claim that making abortion illegal would cause significant harm to women. Even if this were true, it is not morally and

ethically acceptable to legalize a procedure to end the life of the innocent in order to make that action less hazardous. Nonetheless, countries like Poland that *have* made abortion illegal have not seen any significant detriment to women's health.

I don't subscribe to your view of religion or politics.

Simply put, while one's views on abortion may influence or be influenced by his or her political or religious outlook, abortion is not fundamentally a religious or political issue. It is an issue that violates basic human rights. Whether you are a democrat, republican, Christian, or atheist, you were, at one point, given the most fundamental right to life and a chance for this life to flourish.

This is a right that all human beings are entitled to from the very moment in which their lives begin. Although many relate this fundamental right and conception of human nature to religion as part of an integrated worldview, it is wrong to reject morality and ethics on the basis that it is supported by religion.

No matter what your beliefs on the political or religious spectrum, human life is human life.

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