

ENDANGERED



OUR FUTURE IN PERIL

MISSING...

THE CHILDREN OF THE WORLD

Around the world, alarms sound. Manmade dangers of war, poverty, environmental destruction and hunger entrap the human species, threatening to eliminate us all. But one peril jeopardizes the human race more than all other threats combined—abortion.

Each year, the lives of 41.6 million children in the womb are snuffed out by the gruesome act of abortion—that's 113,973 babies each day.¹

Simple arithmetic breaks down these catastrophic figures into understandable quantities.

4,749 abortions are executed each hour across the globe—an average of 79 children a minute—enough to empty four kindergarten classrooms every 60 seconds.

Most abortions occur in developing countries (about 35 million each year) while only six to seven million occur in developed nations.²

The majority of these abortions are carried out through surgical methods (page 5), leaving the mother at risk for multiple complications from infection resulting in hospitalization to death.³ (page 4).

A rising trend in Europe and other developed nations is the use of medical or chemical abortions. At least 39 countries use mifepristone (page five). 11% of abortions in the United States are medical abortions⁴ and many European countries have a higher use (14% in Germany,⁵ 49% in France⁶ to as high as 70% in Scotland⁷). So realistically, the worldwide total of abortions per year is much higher than 41.6 million.

Can we continue the wholesale slaughter of innocent children and expect to perpetuate the human race? Can we continue this blatant disregard for our future? If we do, we do so at our own peril—the survival of the human race.

We challenge you to read on to learn the truth of what threatens humans.🌐

Do you know how children develop in the womb? *Page 6-7*
Who's pushing abortion funding internationally? *Page 9*
Is the UN expanding abortion across the globe? *Page 9*
Are population control proponents telling the truth? *Page 11*

¹ Guttmacher Institute. October 2009. | ² Ibid. | ³ Warren Hern. Abortion Practice. 1990. |

⁴ Guttmacher Institute. May 2010. | ⁵ Federal Statistical Office, Germany. March 2010. |

⁶ Ministry of Health, France. September 2008. | ⁷ NHS National Services Scotland. May 2010.

*For full citations visit www.humanlife.org/endangered.php.

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Contact Human Life Alliance (HLA), a non-profit, pro-life, educational organization committed to protecting life from fertilization to natural death. HLA seeks to raise awareness of the humanity of the preborn child and expose the gruesome realities of abortion; oppose euthanasia in all its forms; and promote chastity and abstinence until marriage. Human Life Alliance has distributed publications in more than 55 different countries on all seven continents, reaching more than 172.2 million people.

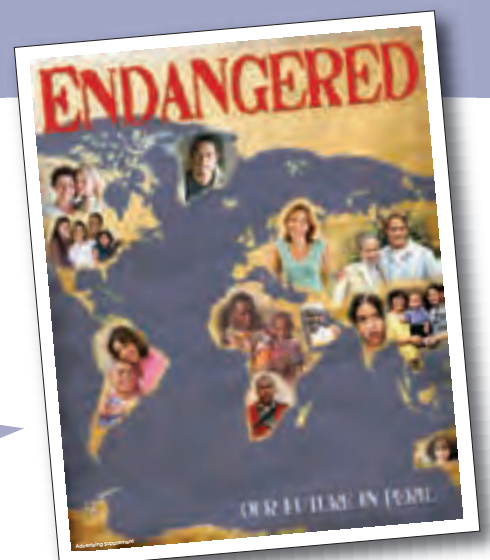


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I Was Pressured to Abort...

wrong person. My boyfriend Robert was repulsed by my unexpected pregnancy. When I told him that we were going to have a baby, he responded with a coldness that shocked me. "Take care of it," he told me, "I don't want to be bothered with it."

I was 25 and a nurse in a regional health facility. I remember my pre-natal development class. I certainly knew my child was alive and very real. I asked my sister what to do, and she told me the same thing as my boyfriend: "Go do it now, if you're going to have an abortion." Robert's mother invited me over to the family house. I went over there, and she sat me down and told me point-blank, "Get an abortion."

I felt abandoned. Somehow I also got the feeling that my family wanted an easy solution for themselves—even if it was at my expense. People offered me help with a price tag. They wanted me to end my child's life.

I couldn't believe it when I got the news. Wrong time. Wrong place. Absolutely the

There was one person who did listen to me though: I had read about a pregnancy help center in a neighboring town. They gave me a follow-up pregnancy test and one of the ladies there talked to me about where I could find help. I decided to raise my daughter myself. I was going to figure it out. No matter what it would take, I was going to make it work.

Funny thing is that after I decided that, I met many people in the community who were willing to help. If you just decide to hang in there and tell people that you need help, there are a lot of supportive people.

The ironic thing about all this is that Julie is now the apple of everyone's eye. She looks just like Robert and when he takes her on holidays, he reminds us all of that fact! Robert's family loves her too. Robert's mother, who had told me to end her life, now spoils her with cookies and dolls and loves to write stories for her. I'm glad I stood up for life for my daughter.

Terri



I bought into the lie that an abortion would be the best, the easiest and the quickest way out of a difficult situation. I bought into the lie that my baby was just a blob of cells, a mass of tissue, nothing that even remotely resembles a human being. When I awoke from the abortion procedure in the hospital I began crying, "I want my baby. Where is my baby?" When I was told to shut up because I was upsetting other people in the recovery room, I was so ashamed I remained silent for the next 19 years.

Debbie



I wish someone had told me... I didn't have to have sex just because my peers were. I could become pregnant while taking the Pill. There were people there who could have helped me to keep my baby by providing accommodation as well as financial and emotional support. The career that I was being encouraged to save I would end up despising and leaving because it reminded me of my aborted son. My life didn't have to stop just because I was pregnant. I would think about my son, Stephen, every day for the rest of my life. **I'm glad someone told me...** I can cry for my aborted son and miscarried daughter, help was available and my healing journey would begin.

Lynn



I chose an abortion because I mistakenly thought that the baby was the problem when, in fact, it was the circumstances I found myself in at the time. Situations change as I later learned, but the consequences of abortion, its pain and regret, remain forever.

I wish I could prevent other women from making the same mistake. I wish I could tell them that the baby is not the problem. Yes, the situations into which they are born are often difficult, but like all things in life these constantly change. On the other hand, abortion—promoted as the easiest solution to these complicated circumstances—is irreversible and carries with it the possibility of a lifetime of regret.

Suzanne



One day I took my elderly mother to the doctor, and in giving him her medical history, she had to reveal in front of me that she had eight abortions. I realized that **I had lost most of my immediate family to abortion.** I still cry sometimes over the loss of my siblings.

Magaly

I Still Remember...

that week-long horror of a rollercoaster ride when my fiancée found out she was pregnant. My first thought was "Oh NO! NO!!!!!!!" I was terrified. I regretted immediately that conversation we had at the very beginning of our relationship—that we would never get an abortion should she become pregnant. Now I was stuck. I wanted an escape hatch. I wanted out... *any* way out. Although I said I would support her, I was really trying to find that escape hatch.

Telling my parents was hard. My father encouraged us to have the baby; my mom cried, not knowing "whether to be happy or sad" for us. Her parents were worse. After we told them the news, her father demanded that we "take care of this" because he didn't want there to be unseemly appearances in his family. I had found my escape hatch. Even though I argued fiercely with him before we left, once we were alone I started gently emphasizing her father's positions. What *would* everyone say? Are we *really* ready for this? What about the wedding? What about our plans? I didn't think of the baby... not really. Not then. I was in a panic and I wanted *out* and that was the way I was playing it.

I don't remember how I finally changed her mind—it took about a week, but I did it. I remember being with her at the clinic, with one of her friends, smoking outside and then driving her home thinking "Thank God it's over!"

The child would be about 13 or 14 years old now. When I look at our two children, I know there ought to be three. I don't know if the baby was a boy or a girl. I keep thinking it was a girl, probably because my wife wanted one so badly. Although I still struggle with depression and guilt, I eventually found forgiveness. My wife is not ready to take that step. So I must continue to try and help her bear that burden and make up for the crucial time I failed her.

Ryan

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Fatherhood Forever Foundation.
www.fatherhoodforever.org

To read the unabridged versions of these testimonies visit
www.humanlife.org/endangered.php

The Long-Term Effects of Abortion...

They tell you, “It’s a quick fix.” They say, “It will solve your problems and allow you to get on with your life.” They’re wrong. Few women have been told that having an abortion carries lasting physical and psychological consequences. If they had been warned, would their “choice” have been abortion?

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

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

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

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

Women who abort are not only putting their own lives and health at risk; they also endanger the lives of their current and future children. Women who abort are 144% more likely to physically abuse their children.⁶ In addition, women who have undergone

previous abortions have a 60% higher risk of miscarriage.⁷

The physical and psychological consequences of abortion are devastating. Ann Marie is just one of the many voices of hurting, post-abortive women. Countless other women have come forward to share their stories about the aftermath of

“Nobody told me that the symptoms of post-traumatic stress would explode between 9 and 16 years after my abortion. First, through a horrible anguish that I could not understand; then through three years of intense suffering and seven periods of hospitalization. Nobody told me that 16 years after my abortion, at the birth of my first son, the trauma of the abortion would resurface.” — Anne

abortion. Read some of their accounts at www.silentnomoreawareness.org/testimonies/index.aspx. There is hope and healing after abortion. See page seven for post-abortive resources.🌐

¹ *European J. Public Health*. 2005. | ² *Stress, Depression and Suicide: A Study of Adolescents in Minnesota*. (Minneapolis: University of Minnesota Extension Service, 1986). | ³ *Medical Science Monitor*. 2003. | ⁴ *Abortion Practice*. 1990. | ⁵ *Detrimental Effects of Abortion: An Annotated Bibliography with Commentary*. 2002. | ⁶ *Acta Paediatrica*. 2005. | ⁷ *BJOG: An International Journal of Obstetrics & Gynaecology*. Dec. 2006. | *For full citations visit www.humanlife.org/engdangered.php.

WHAT ABOUT RAPE & INCEST?

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

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

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

Studies also show that incest victims rarely ever voluntarily agree to abortion. Instead of viewing the pregnancy as unwanted, the incest victim is more likely to see the pregnancy as a way out of the incestuous relationship

because the birth of her child will expose the sexual activity.

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

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

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

¹ *The ‘Hard Cases’ of Abortion*. 2000. | ² *The Psychological Aspects of Abortion*. 1979. | ³ *The ‘Hard Cases’ of Abortion*. 2000. | ⁴ *Victims and Victors*. 2000. | *For full citations visit www.humanlife.org/engdangered.php. | For further information visit www.afterabortion.org.

Abortion Methods

Emergency Contraception – Plan B (The Morning-After Pill)

Emergency Contraception (EC) contains synthetic progesterone (not to be confused with naturally occurring progesterone) and is a large dose of the common birth control pill, designed to be taken as a single dose within 72 hours after “unprotected sex.”

EC works in three ways. First, it attempts to stop ovulation. Depending on where a woman is in her cycle, ovulation may or may not have already occurred before EC was taken. Second, EC attempts to stop fertilization by impeding the transportation of the sperm and the egg. Third, EC tries to stop implantation by altering (thinning) the lining of the endometrium (uterus) so the embryo cannot implant and receive nourishment from the mother. The first two methods are contraceptive, but if they fail, the third method can cause an abortion because it occurs after fertilization. (See “What About Birth Control?” on right)

ellaOne – Ulipristal Acetate (UPA)

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

RU-486 – Mifeprex (The Abortion Pill)

Mifeprex blocks the action of the hormone progesterone which is needed to maintain the lining of the uterus and provides oxygen and nutrients for the baby. Without it, the baby dies. Mifeprex is used in conjunction with the drug Cytotec (misoprostol), which is taken two days after Mifeprex, causing uterine bleeding (sometimes profuse), strong contractions, and expulsion of the baby.

The pregnant woman first visits the abortionist to obtain the Mifeprex pills, returns two days later to receive misoprostol, and returns a third

time to verify that the abortion is complete. The failure rate of this method is about 8 percent if the pills are taken within 7 weeks and up to 23 percent at 8-9 weeks. If the baby survives the abortion, there is a high risk that he or she will suffer mental and/or physical birth defects from the misoprostol.^{5,6}

Vacuum Aspiration (Manual or Electric)

In this first trimester procedure, the abortionist inserts a hollow plastic suction tube into the dilated cervix. The uterus is emptied by either a manual syringe or high-powered suction machine. The baby is torn into pieces as he or she is pulled through the hose.^{7,8,9}

Dilation and Suction Curettage (D&C)

This is similar to the vacuum aspiration but is generally used after 14 weeks. After the baby is suctioned out of the uterus the abortionist inserts a curette, a loop-shaped, steel knife, into the uterus. With this the abortionist cuts the placenta and umbilical cord into pieces and scrapes them out into a basin. The uterus is again suctioned out to ensure that no body parts have been left behind. Bleeding is usually profuse.¹⁰

Dilation and Evacuation (D&E)

Once the cervix is dilated considerably farther than in first trimester abortions, the abortionist inserts a narrow forceps that resembles a pliers. This instrument is needed because the baby’s bones are calcified, as is the skull. The abortionist inserts the instrument into the uterus, seizes a leg or other part of the body and, with a twisting motion, tears it from the baby’s body. The spine is snapped and the skull crushed. Body parts are then reassembled and counted to make certain that the entire baby has been removed and that no parts remain in the womb.^{11,12,13,14}

Induction or Prostaglandin Abortion

Labor is induced using prostaglandin drugs, and the cervix is dilated. To ensure the baby will be dead upon delivery and to start uterine contractions, the abortionist may inject saline (salt water) or urea (a substance found naturally in urine and blood). To guarantee against a live birth and legal complications, doctors will inject the drug Digoxin or potassium chloride directly into the baby’s heart to kill the child before delivery. Other times the baby is delivered alive and left without medical intervention until he or she dies.¹⁵ This method is used in the second or third trimester.¹⁶

Dilation and Extraction (D&X) or Partial-Birth Abortion

After the mother undergoes two days of dilation, the abortionist performs an ultrasound to locate the child’s legs and feet. The abortionist then uses a large forceps to grasp one of the baby’s legs. He pulls firmly, forcing the child into a feet-down position.

Using his hands instead of forceps, the abortionist delivers the baby’s body in a manner similar to a breech birth. The baby’s head remains inside the birth canal. The abortionist uses surgical scissors to pierce the child’s head at the base of the skull. The scissors are forced open to enlarge the skull opening. The abortionist then inserts a suction catheter into the brain and vacuums out the child’s brain tissue with a machine 29 times more powerful than a household vacuum. Ⓢ

¹ Duramed Pharmaceuticals. 2006. (Also see citations from “What About Birth Control?” on right) | ² Food and Drug Administration. May 2010. | ³ HRA Pharma. 2010. | ⁴ Ibid. 2009. ⁵ National Abortion Federation. 2006. | ⁶ RU486Facts.org. 2008. | ⁷ American Pregnancy Association. 2006. | ⁸ National Abortion Federation. 2008. | ⁹ Ibid. | ¹⁰ American Pregnancy Association. 2006. | ¹¹ National Abortion Federation. 2008. | ¹² National Abortion Federation. 2007. | ¹³ American Pregnancy Association. 2006. | ¹⁴ Web MD. 2006. | ¹⁵ Testimony of Jill Stanek, R.N. U.S. House of Representatives. 2001. | ¹⁶ WebMD. 2006. | *For full citations visit www.humanlife.org/Endangered.php.



According to scientific research, all hormonal contraceptives have the capability of causing an abortion (the pill,¹ patch,² mini-pill,³ shot,⁴ vaginal ring,⁵ emergency contraception,⁶ intrauterine devices,^{7,8} etc.). Hormonal contraceptives work in three ways: by attempting to stop ovulation (the release of the egg from the ovary), by thickening cervical fluids to prevent fertilization, and by thinning the lining of the uterus to prevent implantation. The first two methods are contraceptive, but if they fail, the third method can cause an abortion since it occurs after fertilization.

Hormonal contraception does not always stop ovulation. When breakthrough ovulation occurs, there is a possibility of fertilization. Studies have shown that ovulation rates in women taking oral contraceptives ranged from 1.7 to 28.6 percent per cycle. Ovulation rates for women taking progestin only pills (the mini-pill) ranged from 33 to 65 percent.⁹ When these contraceptives do not stop fertilization, they are designed to cause an abortion by making it difficult for the embryo to implant and receive nourishment from the mother. Birth control manufacturers insist that their products do not terminate an existing pregnancy. However, they have redefined the terms “conception” and “pregnancy” to mean implantation rather than fertilization (implantation happens 7-10 days after fertilization).¹⁰

Emergency contraception (EC) is a large dose of the common birth control pill. EC is also known as the morning-after pill and is designed to be taken as a single dose after “unprotected sex.” Documented side effects from EC include nausea, abdominal pain, fatigue, headache, dizziness, vomiting, diarrhea, breast tenderness, menstrual changes¹¹ and ectopic pregnancy.¹² Contrary to popular arguments, increased access to EC does not decrease the rate of pregnancies and surgical abortions.¹³ In England, sexually transmitted infection rates have increased significantly since EC became widely available.¹⁴ Ⓢ

¹ Ortho-McNeil Pharmaceuticals. “Full US Prescribing Information.” | ² Ibid. | ³ Ibid. | ⁴ Pfizer Inc. “Depo-Provera and Depo-subq Provera US Physician Prescribing Information.” | ⁵ Shering-Plough Corporation. “NuvaRing Prescribing Information.” | ⁶ Barr Pharmaceuticals, Inc. “Plan B Full US Prescribing Information.” | ⁷ Barr Pharmaceuticals, Inc. “Paragard Full US Prescribing Information.” | ⁸ Bayer HealthCare Pharmaceuticals. “How Mirena works.” | ⁹ Larimore and Stranford. *Archives of Family Medicine*. Feb. 2000. | ¹⁰ American College of Obstetricians and Gynecologists. Sept. 1965. | ¹¹ Barr Pharmaceuticals, Inc. “Plan B Full US Prescribing Information.” | ¹² Harrison-Woolrych, Mira, MD. “Progesterone-Only Emergency Contraception and Ectopic Pregnancy. Prescriber Update 2002.” | ¹³ *Obstet Gynecol*. Dec. 2007. | ¹⁴ Paton, David. “Random Behavior or Rational Choice? Family Planning, Teenage Pregnancy, and STIs.” Nov. 2003. | *For full citations visit www.humanlife.org/Endangered.php.

Protect our Future: Save

**4-5
Weeks**



Day 1: Fertilization

The sperm joins with the egg to form one cell. This single cell contains the complex genetic makeup for every detail of a new human being—the child's sex, hair and eye color, height, skin tone, etc. After fertilization, nothing new is added but oxygen, nutrition, and time.¹

1st Month (1-4 Weeks)

The first cell divides in two, and cell division continues as the newly formed individual travels down the fallopian tube to the uterus. More than 500 cells are present when this tiny embryo (the blastocyst*) reaches the uterus 7 to 10 days after fertilization.² Foundations of the brain, spinal cord and nervous system are already established and by day 21 the heart begins to beat in a regular fashion with a blood type often different from the mother's.³ Muscles are forming and arms, legs, eyes and ears have begun to show.

**The blastocyst is the stage at which many researchers want to destroy the embryo in order to harvest stem cells.*

6 Weeks



2nd Month (5-8 Weeks)

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

3rd Month (9-12 Weeks)

Unique fingerprints are evident and never change.¹¹ The baby now sleeps, awakens and exercises her muscles by turning her head, curling her toes and opening and closing her mouth. Even though mom cannot feel movement yet, the baby is very active. She breathes amniotic fluid to help develop her respiratory system. The gender can be visually determined and family resemblances may appear as well.¹² By the end of the month all the organs and systems of her body are functioning.¹³

4th Month (13-16 Weeks)

By the end of the fourth month, the baby is 8-10 inches in length and weighs about one-half pound. Her ears are functioning and she hears her mother's heartbeat, as well as external noises like music. Mom begins to feel baby's movement—a slight flutter at first that will become stronger.¹⁴ Lifesaving surgery has been performed on babies at this age.

10 Weeks



"Every human embryologist in the world knows that the life of the new individual human being begins at fertilization. It is not belief.

It is scientific fact."

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



e Endangered Children!



5th Month (17-20 Weeks)

If a sound is especially loud, the baby may jump in reaction to it. Thumb-sucking has been observed during the fifth month.¹⁵

6th Month (21-24 Weeks)

Oil and sweat glands are functioning. The baby's delicate skin is protected in the amniotic sac by a special ointment called vernix. She grows rapidly in size and strength while her lungs become more developed.¹⁶ In a recent study, 70% of babies born between 22 and 26 weeks lived past age one, thanks to modern medicine.¹⁷

7th Month (25-28 Weeks)

The baby can now recognize her mother's voice. She exercises by stretching and kicking as she grows even bigger. She uses the senses of hearing, touch and taste, and she can even look around with open eyes at her watery home.¹⁸ If the baby is a boy, his testicles descend from the abdomen into the scrotum.¹⁹

8th Month (29-32 Weeks)

The skin begins to thicken, with a layer of fat stored underneath for insulation and nourishment. The baby swallows a gallon of amniotic fluid per day and often hiccups.²⁰ Though movement is limited, due to cramped quarters, the baby's kicks are stronger and mom may be able to feel an elbow or heel against her abdomen.²¹

9th Month (33-36 Weeks)

Gaining one half pound per week, the baby is getting ready for birth. The bones in her head are soft and flexible to more easily mold for the journey down the birth canal.²² Of the 45 generations of cell divisions before adulthood, 41 have already taken place. Only four more come before adolescence. Ninety percent of a person's development happens in the womb.²³ 🌐

¹ American Baby. 1989. | ² Mayo Clinic Family Health Book. 2003. | ³ Moore and Persaud. *The Developing Human*. | ⁴ JAMA. 1964. | ⁵ Langman's Medical Embryology. 1995. | ⁶ Early Human Development. 1985. | ⁷ The Gale Encyclopedia of Medicine. 2nd ed. | ⁸ Mayo Clinic Family Health Book. 2003. | ⁹ Valman & Pearson. *British Medical Journal*. | ¹⁰ Mayo Clinic Family Health Book. 2003. | ¹¹ Moore and Persaud. *The Developing Human*. | ¹² Flanagan. *Beginning Life*. | ¹³ Cunningham, MacDonald et al. *Obstetrics*. | ¹⁴ Flanagan. *Beginning Life*. | ¹⁵ Clinical Reference Systems Annual 2001. | ¹⁶ The Gale Encyclopedia of Medicine. 2nd ed. | ¹⁷ JAMA. 2009 | ¹⁸ Ibid. | ¹⁹ Clinical Reference Systems Annual 2001. | ²⁰ Ibid. | ²¹ Ibid. | ²² Ibid. | ²³ Sassone, Robert L. "Interview with Prof. Sir A. William Liley." *The Tiniest Humans*. | *For full citations visit www.humanlife.org/endangered.php.

Pregnancy Help

Heartbeat International
www.heartbeatservices.org
Click on Worldwide Directory
in upper right hand corner

OptionLine – 24 Hour Online
Chat in English and Spanish
www.optionline.org

Birthright
www.birthright.org

Help After An Abortion
Heartbeat International
www.heartbeatservices.org
Click on Worldwide Directory

SaveOne
www.saveone.org

Reclaiming Fatherhood
www.menandabortion.info

National Office of Post Abortion
Recovery and Healing
www.noparh.org

Ramah International
www.ramahinternational.org

Pregnancy Help Australia
www.pregnancysupport.com.au

20 Weeks

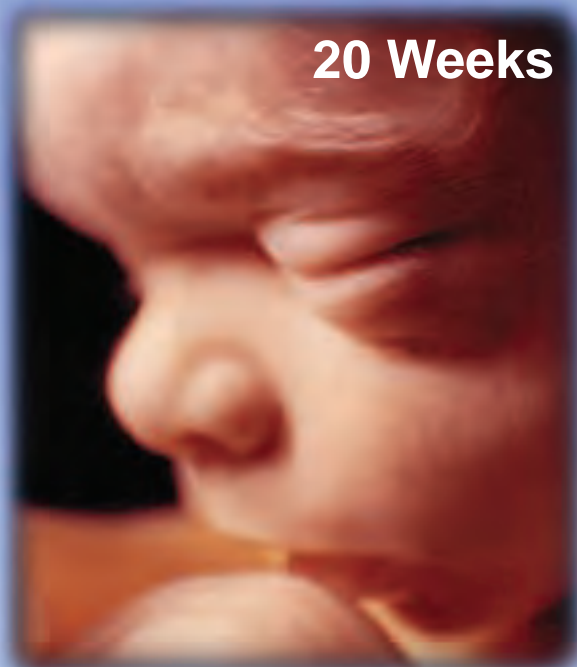


Photo courtesy of LifeIssues Institute



24 Weeks

"But I think the greatest thing that got to us was the ultrasound... The baby really came alive on TV and was moving.... That picture of the baby on the ultrasound bothered me more than anything else.... We lost two nurses. They couldn't take looking at it."

— Dr. Joseph Randall,
Former Abortionist

"I saw the full side profile, so I saw face to feet on the ultrasound machine. I saw the probe going into the woman's uterus, and at that moment I saw the baby moving and trying to get away from the probe. . . If clinic workers saw what was happening on that screen, they would be running out of those clinics."

— Abby Johnson,
Former Planned Parenthood Director

WHO ARE THE PLAYERS?

One of the more well-publicized abortion providers is Women on Waves, the floating abortion mill that plied its grisly trade in the waters off the shores of pro-life European nations. International Planned Parenthood Federation, UNFPA and USAID are other well-known organizations that push abortion in nearly two hundred countries. While these groups bask in the limelight, many other giant multinational population control corporations continue their lethal work almost unnoticed.

Not many have heard about giant single purpose population control groups such as the Academy for Educational Development, CONRAD, DKT International, EngenderHealth, Family Health International, the International Medical Corps, IPAS, JHPIEGO, John Snow, Marie Stopes International, MCDI, PATH, Pathfinder and dozens of others, perhaps because their names cleverly conceal their real purpose—to do nothing more than make *large* poor families into *small* poor families.

Perhaps even more dangerous are the many international non-governmental organizations (NGOs) that do much good work, but which aggressively integrate “family planning” and “reproductive health” into their other activities. These trusted groups include CARE, Heifer International, Helen Keller

International, HOPE, *Medecins Sans Frontieres* (Doctors Without Borders), the Red Cross, Rotary International, UNICEF, World Vision and the World Wildlife Fund.

According to UNFPA, about \$70 billion has been spent on population control in the developing nations since 1995 *alone*. Nearly half of this has been “donated” by American groups. If spent on authentic economic development activities such as rural electrification, better roads, health care (including attended

The great irony is that all of this population control has actually worsened the standard of living of the world’s poorest people, because it has taken away from them the only treasure they have—their children.

childbirth), clean drinking water and schools, this money could have lifted fifty million of the world’s poorest people out of their poverty and provided them with a decent standard of living.

The great irony is that all of this population control has actually worsened the standard of living of the world’s poorest people; because it has taken away from them the only treasure they have—their children.

Sadly, population control programs also frequently lead to horrible human rights abuses. I have personally investigated the following abuses. Forced abortion programs have been documented in

more than a dozen nations. “family planning” personnel in Uganda and Sri Lanka give women Depo-Provera shots and tell them that it is a malaria or infertility treatment. A “safe motherhood” program in the Philippines inserted IUDs into hundreds of women without informing them of the fact. More than 200 *newborn babies* were stolen from poor women in the Ukraine, butchered and sold as beautifying treatments to such facilities as Barbados’ Institute for Regenerative Medicine. These types of human rights abuses are to be expected when a philosophy or activity is inherently evil.

The “population management” mentality is incurably racist as well. We constantly hear of Africa being overpopulated, but Western Europe is five times more densely populated. When was the last time you heard that we had to force Europeans to stop having babies?

Babies certainly are a gift. As demography will soon demonstrate, Africa, with its large, young population and vast store of natural resources, will take over the leadership of the world from Europe, with its small, aging population and scanty resources. As it always has been, as it always will be, the nations that treasure their next generation will always overtake and overcome those that selfishly discard theirs.

For a complete list of domestic and international anti-life organizations and the groups that cooperate with them, including financial information and activities, email Brian Clowes at bclowes@hli.org.

Dr. Brian Clowes holds a PhD in Civil Engineering and Systems Science. He is the author of nine books, over 100 scholarly and popular articles, and has traveled to 50 countries on six continents as a speaker, educator and trainer.

Who’s\$ Pu\$hing Funding?

In May, 2009, some of the world’s wealthiest men and women met in New York to conspire on how to control the world’s population.¹ Why? Because they believe that over-population is the greatest threat to mankind. Without exception, those involved are deeply influenced by the Malthusian philosophy that population growth will occur until finite natural resources create a world that can no longer sustain its inhabitants and chaos ensues. They believe the environment is being damaged beyond repair by an ever increasing population. They are also influenced by the social philosophy of eugenics which advocates improvement of the human race through limiting childbearing to only the “best and brightest.” Their means to accomplish this is through prenatal testing and screening, genetic counseling, birth control, in vitro fertilization, genetic engineering and abortion.

Ted Turner, George Soros, Warren Buffet, Bill Gates, Michael Bloomberg and David Rockefeller were present at the “Billionaires Club” meeting.² Each of them are committed supporters of the population control movement.

From 1997-2007, Ted Turner, through the Turner Foundation, infused the United Nations’ health agencies and population control organizations with over one billion dollars. He has repeatedly called for a world-wide one-child policy like China’s and openly regrets having five children of his own.

Bill and Melinda Gates gave over \$57 million to the UN Population Fund in 2000.³ Warren Buffet joined the Gates Foundation as a Trustee and contributed \$31 billion to the foundation to further his causes: IPAS, a global nongovernmental organization dedicated to ensuring women can obtain comprehensive abortion care and

contraception, Family Health International with a focus on reproductive health and the inventors and patent holders of Norplant and RU486.

David Rockefeller, patriarch of the Rockefeller family and trustee of the Rockefeller Foundation, has long been entrenched in the population control



movement. The foundation, started by his parents, was at the forefront of the birth control movement. They began as the Bureau of Social Hygiene with the task of researching and promoting education on birth control, maternal health and sex education beginning in 1911.⁴ David Rockefeller, in a speech at the United Nations

Ambassador’s Dinner, urged the world to curb population growth and implement control measures via global regulatory bodies such as the United Nations.⁵ His family and foundation are responsible for millions of dollars being funneled into population control.

Other funders of the population control movement, but not mentioned at the latest Billionaires club, are David and Lucille Packard. Their foundation, with almost 13 billion in assets, almost exclusively funds population control and reproductive health organizations.

The Ford family and Ford foundation, established in 1936, has had a pioneering role in championing population control. Between 1952 and 1965 they promoted, through various national and international agencies, birth control programs in developing countries. They funded the Population Council, a central population control organization that was subservient to national and international agencies and aided them in accomplishing their goals. They still fund organizations with a focus on abortion advocacy and contribute millions yearly to International Planned Parenthood Federation.⁶

Abortion rights and reproductive health rights are all rooted in the population control movement which is born out of an unfounded fear that the earth can only sustain 2 billion people, a figure that Paul Ehrlich, in the 1960’s developed. In his 1968 work *The Population Bomb*, Ehrlich stated: “The battle to feed all of humanity is over. In the 1970s the world will undergo famines—hundreds of millions of people will starve to death in spite of any crash programs embarked upon now.” This is only one of his dire predictions that has proven false.Ⓜ

¹ *The Sunday Times*. May 24, 2009. | ² Ibid. | ³ UNFPA Annual Report. 2000. | ⁴ The Rockefeller Archive Center. 1911-1940. | ⁵ UN Ambassador’s Dinner. “David Rockefeller Speaks About Population Control.” C-SPAN. | ⁶ Wooster, Martin Morse. “Ford Foundation: Founder of Modern Population Control.” C-Fam. July 9, 2004. | *For full citations visit www.humanlife.org/endangered.php.

Exporting Death to the World, cont...

(...continued from back page)

focused almost exclusively on the human rights abuses committed by over zealous health care officials in “family planning” programs. Their focus however, is too narrow. The time has come not only to eliminate population control abuses, but population control itself. Because of rapidly changing world demographic trends, the concept of “population control” is not only outdated, it actually contributes to conflict in the world at large.

NSSM-200 specifically declared that the United States was to cover up its population control activities and avoid charges of imperialism by inducing the United Nations and various non-governmental organizations to do its dirty work. While the CIA and Departments of State and Defense have issued hundreds of papers on population control and national security, the U.S. government has never renounced NSSM-200, but has only amended certain portions of its policy. NSSM-200 therefore, remains the foundational document on population control issued by the United States government.

NSSM-200's strategies have resulted in regional population growth rates decelerating so fast that they are causing severe economic and social problems in Europe, the former Soviet Union, Japan, Singapore and

Hong Kong. Many developing nations are now aging even more rapidly than the developed world, which foretells of even more severe problems for their relatively underdeveloped economies.



NSSM-200 does not emphasize the rights or welfare of individuals or of nations, just the “right” of the United States to have unfettered access to the

natural resources of developing nations. The United States and the other nations of the developed world, as well as ideologically motivated population control NGOs, should be supporting and guiding authentic economic development that allows the people of each nation to use their resources for their own benefit, thereby leading to an enhancement of human rights worldwide and healthier economies for all. 🌐

Dr. Brian Clowes holds a PhD in Civil Engineering and Systems Science. He is the author of nine books, over 100 scholarly and popular articles, and has traveled to 50 countries on six continents as a speaker, educator and trainer. To contact him, email bclowes@hli.org.

To read the entire summary of *The Kissinger Report* by Dr. Clowes, visit www.humanlife.org/angered.php.

¹ Center for Reproductive Rights. Press release dated November 17, 2002. | ² *The New York Times*, February 15, 1998. | ³ *Miami Herald*, January 11, 1998. | ⁴ “Forced Sterilization Investigation of U.S. Agency for International Development.” Africa 2000. | ⁵ National Commission on Materials Policy. April 1972. | ⁶ NSSM-200, Chapter III—Minerals and Fuel. | *For full citations visit www.humanlife.org/angered.php.

International Genocide

For over half a century, the population control movement has waged war on human fertility and now includes major international organizations like the International Planned Parenthood Federation (IPPF) and the United Nations Population Fund, as well as the foreign aid bureaucracies of most wealthy countries of the world.

Many governmental recipients of foreign aid object to population reduction targets and coercive contraception and sterilization policies, but often they can do little against the U.N. Population Fund, the IPPF, and the foreign aid agencies of the developed nations, who insist on population control programs as a condition of foreign aid.

In 1998, Population Research Institute (PRI) investigated reports from Peru that women were being forcibly sterilized. What they discovered was a nationwide campaign, aimed specifically at sterilizing poor and working class women, especially ethnic minorities. Sterilization campaigns are one of the common features of the population control movement and have been used in at least 24 countries around the world. All these campaigns used coercion to reach sterilization targets, even though the practice of using targets or setting goals has been condemned by international agreement. A common feature of these campaigns is an unwillingness to provide informed consent or, in incidences like Brazil's, to obtain consent at all. In many instances the medical staff and workers who take part in the campaign are not from that local area.

These campaigns often use some form of payment or prize to induce workers to bring in more women to be sterilized. In India, for example, the inducements were often popular electrical appliances. In Peru, food was an inducement. Because the sterilization staff are not trained obstetricians and gynecologists, and because the surgeries are often performed rapidly in very unhygienic conditions, the number of women dying or suffering permanent injury in these campaigns is often high. Postoperative care is patchy and often insufficient.

Forced abortion is also common in population control programs. I was in China when the one-child policy began 30 years ago. In 1979, I was the first American social scientist allowed to go to China and do research. What I saw then, living in an agricultural commune in rural Guangdong, rivals anything that happened in Nazi Germany. One day in 1980 several hundred young mothers, all pregnant with second or higher-order children, were ordered to attend population control meetings. They were told that they would all have to abort their pregnan-

cies. Those who refused were arrested for the “crime” of being pregnant and locked up until they buckled under the pressure and submitted to an abortion.

At that point they were taken to the local medical clinic and given a lethal injection into their uterus. If their bodies did not expel their dead or dying babies within two days, they were subjected to a cesarean section abortion. Most horrific of all, babies born alive were killed by means of an injection of formaldehyde into the “soft spot” on the crown of their heads. Those few women who escaped arrest and had their babies in secret were assessed heavy fines.

Everything that I witnessed then, from the forced abortions of women in the third-trimester of pregnancy to government-sanctioned infanticide, is still happening. Those women who manage to avoid the dragnet by going into hiding are subjected to even heavier fines, which currently run three to five times the family's annual income. Those who can't pay this huge amount have had their homes destroyed and their possessions and livestock confiscated. Moreover, such a child remains a “black child,” that is, one who does not exist in the eyes of the state and therefore will not receive government health care, schooling, employment, or even the ability to marry and have children of their own.

Forced abortions and one-child policies are not only found in China. India currently has a two-child policy, and influential world leaders, such as Ted Turner have called for a global one-child policy.

For true believers of the population control agenda, population growth is the root of all mankind's problems. Those who would reduce our numbers forget that people are the ultimate resource, the one resource you cannot do without. 🌐

Steven W. Mosher is the President of the Population Research Institute and the author of Population Control: Real Costs and Illusory Benefits (Transaction Press, 2008). He frequently testifies before the U.S. Congress on population and human rights issues.



What are the **LIES?**

Quality of Life.

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

It's just a blob of tissue.

Simple tissue does not have a beating heart, brain waves, fingerprints, or unique DNA. Medical science shows that human life begins at fertilization. "The development of a human begins with fertilization, a process by which the spermatozoon from the male and the oocyte from the female unite to give rise to a new organism, the zygote."⁴ After fertilization, nothing new is added to the baby except oxygen, nutrition and time.

It's a Woman's Choice!

Is it really? Sixty-four percent of women in a 2004 study reported feeling coerced and forced into their abortions.¹ One study showed the leading cause of death among pregnant women is homicide.² In India and China, the preference for sons over daughters coupled with China's one child policy and forced abortions, have led to "gendercide," sex selective abortion of over 100 million girls.³

Safe, legal and rare.

The end result of an abortion is a dead baby along with potential complications for the mother such as cervical cancer, breast cancer, infertility, subsequent ectopic pregnancies, future premature birth, psychological pain and even death.

Abortionists do not care if abortion is rare. Aimee Thorne-Thomsen of the Pro-Choice Public Education

Project stated that the number of abortions is "too low" and said, "Safe – yes. Legal –absolutely. Rare – not the point."⁵

Contrary to popular arguments, legalizing abortion does not decrease its prevalence. In 1993, Poland passed a law making abortion illegal and the number of abortions decreased from 15,000 per year to 174 per year by 2003.⁶

My Body, My Choice

Science has shown that the baby is a unique, distinct individual, separate from the mother. Society generally limits people's choices when it comes to behaviors that are harmful or potentially harmful to other people. We, as a society, are "anti-choice" when it comes to theft, arson, murder and a whole host of other crimes. (See p. 6-7)

I'm personally opposed, but can't tell others what to do.

What if countries had been willing to accept this justification for tolerating slavery? The "rights" of slave owners in many countries have been taken away in order to give freedom and respect to all people. Our youngest and most vulnerable are still slaves to the life and death decisions of others.

What About Fetal Deformity?

Abortion for fetal deformities is a form of discrimination against disabled people and can lead to eugenics, purposefully working to remove unwanted traits from society by preventing the reproduction of those deemed to be weak or unfit. Recent U.S. studies have indicated that when Down syndrome is diagnosed prenatally, 84% to 91% of those babies will be killed by abortion.^{7,8,9,10} This happens despite waiting lists of people who want to adopt a special needs child.☹

¹ *Medical Science Monitor*. 2004. | ² *Journal of Midwifery & Women's Health*. 2001. | ³ *The Economist*. March 2010. | ⁴ Sadler, T.W. *Langman's Medical Embryology*. 1995. | ⁵ RH Reality Check. Apr. 2009. | ⁶ Center of Information Systems of Health Care. 2001-2003. | ⁷ *Prenat Diagn*. 1999. | ⁸ *Am J Med Genet*. 1998. | ⁹ *Genet Med*. 1998. | ¹⁰ *GeneLetter*. 1997. *For full citations visit www.humanlife.org/endangered.php

Don't we need abortion to reduce maternal mortality?

According to a report from the World Economic Forum (WEF), "Approximately 80% of maternal deaths could be averted if women had access to essential maternity and basic healthcare services."

Women in developing countries need better access to health care, not abortion. According to the WEF report, the following numbers show that many of the countries with the lowest maternal mortality rates also have the most restrictive abortion laws.

Europe

✿ Ireland has the lowest maternal mortality rate in the world at one death per 100,000 live births and has very restrictive abortion laws.

✿ Malta and Poland, which also have restrictive abortion laws, each have eight maternal deaths per 100,000 live births.

✿ Russia, which has very permissive abortion laws, has 28 maternal deaths per 100,000 live births.

North America

✿ The United States has 11 maternal deaths per 100,000 live births and has very permissive abortion laws.

Africa

✿ Mauritius, which has some of the continent's most restrictive abortion laws, has 15 maternal deaths per

100,000 live births. It has the lowest maternal mortality rate in Africa.

✿ Ethiopia, which has made its abortion laws less restrictive over the years, has a maternal mortality rate of 720 deaths per 100,000 live births.

South America

✿ Chile, which has restrictive abortion laws, has the lowest maternal mortality rate in South America, with 16 deaths per 100,000 live births.

✿ Guyana, which has hardly any restriction on abortion in order to promote "safe motherhood," has a maternal mortality rate of 470 deaths per 100,000 live births.

Asia

✿ Singapore, which has restrictive abortion laws, has 14 maternal deaths per 100,000 live births.

✿ China, which does not have restrictive abortion laws, has 45 maternal deaths per 100,000 live births.

✿ Nepal, which has no restriction on abortion, has a maternal mortality rate of 830 deaths per 100,000 live births.

Source: Hausmann, Ricardo, Laura D. Tyson and Saadia Zahidi. "The Global Gender Gap Report 2009." World Economic Forum. www.weforum.org.



"A Kenyan doctor's testimony is representative of the standard scenario: 'Our health sector is collapsed. Thousands of the Kenyan people will die of malaria, [the] treatment [of which] costs a few cents, in health facilities whose shelves are stocked to the ceiling with millions of dollars worth of pills, IUDs, Norplant, Depo-Provera, etc., most of which are supplied with American money. . . A mother brought a child to me with pneumonia, but I had not penicillin to give the child. What I have in the stores are cases of contraceptives.'"

Congressional Briefing, 1998.
www.pop.org

THE OVERPOPULATION MYTH

In the late 1700's, a British vicar named Thomas Malthus wrote a long tract called *Essay on the Principle of Population*. In it, he theorized that burgeoning human population would rapidly outpace existing food supplies. This theory was picked up in 1968 by American biologist Paul Ehrlich, whose famous book, *The Population Bomb*, opines that "the battle to feed humanity is over. In the 1970's the world will undergo famines—hundreds of millions of people will starve to death in spite of any crash programs embarked upon now."

As the world experienced the biggest population increase in world history, the panic spread. But as more sober heads soon realized, not only is the world not overpopulated, we're also in no danger of becoming so.

As Steven Mosher notes in his book *Population Control: Real Costs, Illusory Benefits*, "our numbers didn't double because we suddenly started breeding like rabbits. They doubled because we stopped dying like flies." Fertility was falling throughout this period, from an average of 6 children per woman in 1960 to only 2.6 by 2002." As Mosher goes on to point out, fertility rates have since fallen so much that many societies are in danger of becoming extinct.

To merely maintain its population, a nation's

fertility rate must be at least 2.1 children per woman. Unfortunately, every developed country is currently at or below this level. The average fertility rate of the U.S. is 2.06, while the current rate in Europe is a dismal 1.5. With the acknowledgement of looming economic disaster, governments in Russia, Japan, Australia, and most European

"OUR NUMBERS DIDN'T DOUBLE BECAUSE WE SUDDENLY STARTED BREEDING LIKE RABBITS. THEY DOUBLED BECAUSE WE STOPPED DYING LIKE FLIES."

countries have initiated monetary "pronatal" incentives for having children – incentives that have not yet proven effective in raising fertility rates. At the very least, the world's population will *never* double again.

The population boom of the last century actually represented enormous advances in medical technology that left more mothers with healthy children and extended the lives of the elderly. Contrary to Ehrlich's dire predictions, the boom has not led to uncontrollable famine and death. Rather, actual statistics show that population growth in most

of the world has been accompanied by incredible productivity, technological advancement, and public health (see Julian Simon's *The State of Humanity*, a collection of scientific papers on population change). The verdict is in: far from rapaciously expending resources, developed societies have consistently figured out ways to make fewer resources stretch farther.

People are our greatest resource. As demographer Julian Simon remarks in his book *The Ultimate Resource*, "it is a simple fact that the source of improvements in productivity is the human mind, and a human mind is seldom found apart from a human body. And because improvements — their invention and their adoption — come from people, it seems reasonable to assume that the amount of improvement depends on the number of people available to use their minds."

And yet . . . the myth persists. It is imperative that people be educated as to how much the myth of overpopulation actually harms societies and nations, and that it is, in fact, an obsolete theory.🌐

Colin Mason is the Director of Media Production for the Population Research Institute. To contact him, email colin@pop.org. For more information on this topic, check out PRI's cartoon series debunking the overpopulation myth. You can find them on Overpopulationisamyth.com.

WWW.OVERPOPULATIONISAMYTH.COM

What has happened to feminism? by Sarah Hudson, Western Canada

Support for abortion rights is generally believed to be a fundamental tenet of feminism. However, considering that feminism is founded on the larger principle that all human beings, including women, have innate worth, dignity and inalienable rights, abortion advocacy is, in fact, contrary to the very roots of feminism. During the early years of the feminist movement, women fought to be recognized as equal persons in society. Ironically, many self-proclaimed feminists now advocate against these same rights of a different group of human beings—the preborn.

Elizabeth Cady Stanton, an early prominent American feminist, once said, "When we consider that women are treated as property, it is degrading to women that we should treat our children as property to be disposed of as we see fit."¹ Other famous American suffragists, including Susan B. Anthony² and Alice Paul³, were strongly and vocally pro-life. They recognized that authentic feminism is based on the belief that the inherent worth of all human beings cannot be conferred or denied by someone else⁴. They rejected abortion because they rejected the notion of the powerful oppressing the weak and the use of violence to solve a problem. Supporting women's rights and opposing abortion uphold the consistent principle that every individual is deserving of respect.

"When we consider that women are treated as property, it is degrading to women that we should treat our children as property to be disposed of as we see fit."

—Elizabeth Cady Stanton, *Feminist*

Pro-abortion feminism has been damaging to women's empowerment. Most of these feminists frequently express a weak view of women with regard to the abortion decision. They insist that women should be shielded from the biological facts and moral issues surrounding abortion, implying that women are too fragile to handle the truth. A new misleading language has been adopted in order to distract women from the reality of abortion's impact on their mental and physical health and on what it does to their preborn babies. Phrases like "reproductive health," "products of conception" and "right to choose" are rhetoric that serve the purpose of covering up important facts deemed too "offensive" or "upsetting." This is a disservice to women, who have a right to know and the strength to deal with all the facts when facing a crisis pregnancy decision.

True feminism is about respecting women for their uniqueness and this

includes their unique ability to give life. When women feel they must undergo an invasive and traumatic "procedure" in order to be "equal" politically, socially and in the workplace—can we really call this feminism? One feminist writer stated, "A woman wants an abortion as an animal caught in a trap wants to gnaw off its own leg."⁵ The need to abort in order to achieve "equality" does not liberate women but instead, implies that women must adopt the characteristics of men, people who cannot become pregnant, in order to compete in a man's world. Abortion is a symptom of sexism within our society—it is not the cure.

Abortion, in the final analysis, works to the advantage of the exploitative male.⁶ Abortion liberates men from sex without consequences and responsibility, under the guise of "support for women's rights."

By accepting abortion, women have accepted their own oppression. Feminists should be working for a society that supports the unique life-giving capacity of women by providing them with the resources they need and deserve, so that no woman feels driven to abortion. We should not settle for anything less.🌐

¹ Letter to Julia Ward Howe, October 16, 1873, recorded in Howe's diary at Harvard University Library. | ² *The Revolution*, 4(1):4 July 8, 1869. | ³ Author of the original US Equal Rights Amendment (1923) opposed the later trend of linking the ERA with abortion. | ⁴ "Abortion Does Not Liberate Women," *Feminists for Life*. www.feministsforlife.org. | ⁵ Frederica Mathewes-Green (contemporary writer and feminist) *Policy Review Magazine*. | ⁶ Feminist Susan Maronek, excerpted from *Pro-life Feminism: Different Voices* edited by Gail Grenier Sweet. *For full citations visit www.humanlife.org/endangered.php

WORLDWIDE DEATH TOLL



Exporting Death to the World

On December 10, 1974, the United States National Security Council, the highest decision-making body on foreign policy in the United States, promulgated a highly-classified document called *National Security Study Memorandum 200 (NSSM-200)*, also called *The Kissinger Report*, with the subject heading, “Implications of Worldwide Population Growth for U.S. Security and Overseas Interests.” This document, published shortly after the first major international population conference in Bucharest, was the result of collaboration among the Central Intelligence Agency (CIA); the United States Agency for International Development (USAID); and the Departments of State, Defense and Agriculture. On November 26, 1975, *NSSM-200* became official foreign policy when it was endorsed by *National Security Decision Memorandum 314*.

This document explicitly laid out a detailed strategy by which the United States would aggressively promote population control in developing nations in order to regulate (or have better access to) the natural resources of these countries.^{1,2,3,4} In order to protect U.S. commercial interests, *NSSM-200* cited a number of factors that could interrupt the smooth flow of

materials from lesser-developed countries (LDCs as it called them) to the United States, including a large population of anti-imperialist youth, who must, according to *NSSM-200*, be limited by population control. The document identified 13 nations by name that would be primary targets of U.S. funded population control efforts: India, Bangladesh, Pakistan, Nigeria, Mexico, Indonesia, Brazil, the Philippines, Thailand, Egypt, Turkey, Ethiopia and Columbia. These countries account for 47% of

the world’s current population increase.

According to *NSSM-200*, elements of the implementation of population control programs could include: a) the legalization of abortion; b) financial incentives for countries to increase their abortion, sterilization and contraception-use rates; c) indoctrination of

children; and d) mandatory population control and coercion of other forms, such as withholding disaster and food aid unless an LDC implemented population control programs.

The United States has spent nearly 20 billion dollars since 1965 attempting to control the number

“The time has come not only to eliminate population control abuses, but population control itself. Because of rapidly-changing world demographic trends, the concept of ‘population control’ is not only outdated, it actually contributes to conflict in the world at large.”

ABORTIONS PER YEAR

● ASIA	25.9 million
● AFRICA	5.6 million
● EUROPE	4.3 million
● SOUTH AMERICA	4.1 million
● NORTH AMERICA	1.5 million
● OCEANIA	.1 million
WORLDWIDE TOTAL	41.6 million

Guttmacher Institute. 2003. (Most recent statistics available).

of children born to families in developing nations through the widespread imposition of abortion, sterilization and birth control under the umbrella terms “family planning services” and “reproductive health.” Tragically, population abuses have been committed by U.S.-funded organizations in a number of nations. These abuses include widespread forced abortions and sterilizations, mandatory birth control, and follow-up healthcare so shoddy that it has led to a number of fatalities.^{5,6}

Many organizations and individuals have
(continued on page 9...)