SHE'S A CHILD
NOT A "CHOICE"

16 week-old baby developing in the womb.

Over
14 Million
in Print
Dear Reader:

If you're in a crisis pregnancy, or know someone who is, please be assured that we understand the emotional trauma you are going through — the doubts, the fears, the sense of shame and frustration. We know the agonizing decisions you face and the pressures you feel.

At first blush, opting for an abortion probably sounds like the "quick-fix" solution to your problem. You need to be advised, as this supplement does in numerous articles, that abortion is not in your best interest. Those who have been telling you that it is a "women's rights" issue have been withholding critical information from you.

Actually, if you are subjected yourself to the possible after-effects of abortion, as outlined on page six; or putting yourself in the position of being the anguish mother pouring out her heart from personal experience (on page seven); or making yourself two to four times more prone to breast cancer (documented by recent research), shouldn't people who claim to be for women be warning you of these consequences?

Perhaps abortion isn't about women's rights after all! What then, or whom, is it about? The answer can be found within these pages.

For instance, isn't it exciting to discover, as Dr. Jerome Lejeune points out on page four that the miniature language mapping out the new baby at the time of fertilization contains more information about him/her than can be stored in five sets (not volumes) of Encyclopedia Britannica?

It is our hope that in reading this Supplement and relating to the preborn child you will be convinced that abortion, besides not being in your best interest, is indeed an unjust, inhumane and irreversible destruction of an innocent human life. There are alternatives to such a drastic measure!

Is carrying your baby to term a manageable decision? Yes it is! Please refer to page five to realize the number of people and organizations ready and eager to help you. Don't hesitate to call on them, whatever your needs. The support is there to see you through your crisis pregnancy — and beyond!

Remember the decision you make will affect you for the rest of your life. Don't let anyone pressure you into a quick decision! We don't pretend to have an easy solution — but a just, manageable, rewarding one, one which you will not regret: continued life for your baby!

Marlene Reid
President
Human Life Alliance of Minnesota

Fact vs. Fiction: Exposing the Myths

Claim: Abortion is legal, therefore, it must be right.
Answer: If child abuse were suddenly declared legal by the U.S. Supreme Court, would that make it right? Would we ignore such an injustice and do nothing to protect the children?

Claim: I have the right to "choose" to abort my baby - a woman's "right to choose."
Answer: How can anyone have the right to choose to kill another individual? The only "choice" in abortion is between a dead baby or a live baby. Furthermore, the advocates who defend the "choice" to abort, producing a dead baby, are not consistent. Why is it only in the case of abortion they argue that "choice" should be absolute? Using the same rationale, shouldn't people have the right to "choose" to use drugs ("It's my body") or the right to "choose" to practice prostitution? Should our society allow a person to "choose" to kill another person (or have that person killed) to solve the first person's problem?

Claim: The government should not interfere with a woman's "right" to abortion.
Answer: Our Declaration of Independence declares that we have an "inalienable right to Life, Liberty and the Pursuit of Happiness." Thomas Jefferson defined government's role, "The care of human life and happiness, and not their destruction, is the first and only object of good government." President Reagan, a defender of the human and civil rights of the preborn, called it "the transcendental right to life of all human beings, the right without which no other rights have any meaning." (Without life, taxation, education etc., are immaterial).

Claim: If public money (tax money) is not available to pay for abortions "poor" women will be denied access to abortion. They will be discriminated against.
Answer: Are we obligated to provide cigarettes and alcohol to poor people if they cannot afford them? On the contrary, government is very explicit about which items may be purchased with food stamps. Is this considered discrimination? The same people who argue for "public" subsidies for abortions are the same ones who argue that it is a "private" decision. To quote Congressman Henry Hyde, "We have a 'right' to free speech. Does this mean the government has to buy us a typewriter? A megaphone?"

Claim: I am personally opposed to abortion, but I would not interfere with another's "right" to have an abortion nor impose my morality on others.
Answer: Analogy — if the abolitionists had bought this argument regarding the slavery issue, some states could still be saddled with slavery today. Every law ever passed sets standards which reflect someone's (or a body of law-makers') morality.

Claim: You want to ban women's "constitutional right" to abortion.
Answer: This is a "spurious" or false "right" - having no basis in the Constitution. The U.S. Supreme Court claims to have discovered a "privacy" right in the "penumbra" of the Constitution ("penumbra" definition: a partly lighted area around an area of full shadow). Court decisions (Roe v. Wade and Doe v. Bolton) are aberrations (deviations from truth) and do nothing more than grant temporary license to kill children in the womb, the most dangerous place of residence. This license is tenuous and could be over-ridden by reversal or an amendment to the U.S. Constitution. Indeed, to guarantee the permanent freedom of the slaves and establish rights for all U.S. "persons" the 14th Amendment to the Constitution was passed. It states, "...No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws." (emphasis added). In Roe v. Wade the Court determined that unborn children are not "persons" even though they have the right to inherit property, the right to be protected from a drug-addicted mother, and many other rights. Some states have entire sections of law outlining Crimes Against Unborn Children in which they, from conception on, are protected from negligent or willful harm or death.

Claim: If legal abortions are banned, women will resort to back alley abortions.
Answer: In 1972, the year before the Supreme Court legalized abortion, a total of 39 women died from illegal abortions, according to the U.S. Centers for Disease Control. Former abortion provider Carol Everett states, "In the last 18 months I was in the business, we were completing 500 abortions monthly and killing or maiming one woman out of 500" (p.10). If the numbers are this astounding for her four Texas clinics, it doesn't take an expert to realize that the number of maternal fatalities are much higher than the number of maternal fatalities are much higher than the number of maternal casualties happening nationwide at the over 2200 supposedly "safe" abortuaries would be in the high hundreds.

Claim: Abortion should be legal to end a pregnancy resulting from rape or incest.
Answer: It is important to remember that the child conceived in rape, or incest, is no less human than any other child. David Reardon's article, (page 8) points out that the very worst solution that can be offered to the pregnant woman at this crisis time in her life is an abortion. Abortion compounds the problem! If a small child were killed in the street by a negligent driver and it was later determined that the child had been conceived in rape, would the driver be held less responsible? Is that child's death less tragic?
Test Your Abortion I.Q.

1. On January 22, 1973 the U.S. Supreme Court legalized abortion through which month of pregnancy? 
A) 3rd month; B) 4th month; C) 6th month; D) 9th month

2. Since surgical abortion was legalized in 1973 the number of preborn babies' lives extinguished by surgical abortion alone is: A) 6 million; B) 12 million; C) 30 million; D) 35 million

3. Abortion is the leading cause of death in the U.S., causing what percent of total deaths? A) 21%; B) 35%; C) 44%; D) 52%

4. What age group of women have the greatest number of abortions? A) 15-19; B) 20-24; C) 25-29; D) 30-34

5. About 10 million Black children have been aborted since abortion was legalized. This is what fraction of the present Black population in the U.S.? A) one-eighth; B) one-fifth; C) one-third; D) one-half

6. The percentage of babies born in the U.S. to unwed mothers is: A) 15%; B) 20%; C) 28%; D) 31%

7. Women who abort their first child stand how much greater risk of developing breast cancer? A) 3 x; B) 2 x; C) 4 x

8. With the advances in medical science the number of surgical procedures which are now performed on babies in the womb is: A) over 50; B) 80; C) 90; D) over 100

9. One out of every how many teen pregnancies end in abortion? A) two; B) three; C) four; D) six

10. What percent of abortions performed in the U.S. are repeat abortions? A) 30.5%; B) 40.2%; C) 53.9%; D) 60.7%

11. What percent of women who have had abortions experience suicidal tendencies? A) 45%; B) 60%; C) 70%; D) 75%

12. A developing baby's heart begins to beat at: A) 21 days; B) 30 days; C) 45 days; D) 60 days

13. How many Americans now have an incurable sexually transmitted disease? A) 20 million; B) 36 million; C) 56 million

14. Every year up to what number of U.S. women become infertile because of STDs? A) 66,000; B) 75,000; C) 98,000; D) 150,000

The answers to these questions can be found on p. 9.

Abortion is Legal During 7th, 8th and 9th Months

In Roe v. Wade the Court allowed states to restrict abortions in the 3rd trimester "except where it is necessary... for the preservation of life or health of the mother." However, in Doe v. Bolton, the companion case to Roe, the Court defined "health" to include "all factors - physical, emotional, psychological, familial, and the woman's age - relevant to the well-being of the patient." Because of this broad definition of "health" the Court, in effect, permitted abortion-on-demand in all fifty states right up until birth for any reason!

Chronology of a New Life

Fertilization: The sperm joins with the ovum to form one cell. This one cell contains the complex genetic makeup for every detail of human development - the child's sex, hair and eye color, height, skin tone etc.

Month One: The first cell divides within several hours and then cell division continues in an orderly fashion every few hours as the small group of cells travels down the Fallopian tube to the uterus, where the uterine lining has been prepared for implantation. There are over 100 cells present when this tiny embryo reaches the uterus 7 to 10 days after fertilization. This is the beginning of the fetal period, when the human organism is differentiated into a fetus. The blastocyst implants in the lining of the uterus, creating a placenta structure by the 6th week.

Month Two: The embryo has a distinct form, with a heart that begins to beat. The arms, legs, eyes and ears have begun to show. At 8 weeks, the developing baby is now referred to as the fetus, a Latin word meaning "young one" or "offspring."

Month Three: The skin begins to thicken, with a layer of fat stored underneath for insulation and nourishment. Antibodies increasingly build up. The baby swallows amniotic fluid per day. more

Month Four: By the end of this month (16 weeks) the baby is 8 to 10 inches in length and weighs a half pound or more. Her ears are functioning, and there is evidence that the baby hears her mother's voice and heart beats, as well as external noises. The umbilical cord has become an engineering marvel, transporting 300 quarts of fluids per day and completing a round-trip of fluids every 30 seconds. Because the preborn child is now larger, the mother usually begins to feel her baby's movements during this month.

Month Five: Half the pregnancy has now passed. The baby is about 12 inches long. If a sound is especially loud or startling, she may jump in reaction to it. Babies born at this stage of development (19-20 weeks) are surviving at an increasing rate, thanks to advances in medical technology.

Month Six (24 weeks): Oil and sweat glands are functioning. The baby's delicate skin is protected in the amniotic sac by a special ointment "vernix."

Month Seven: The baby's brain has as many cells as it will have at birth. The preborn child uses the four senses of vision, hearing, taste and touch. Research has documented that she can now recognize her mother's voice.

Month Eight: The skin begins to thicken, with a layer of fat stored underneath for insulation and nourishment. Antibodies increasingly build up. The baby swallows a gallon of amniotic fluid per day, more if it is sweetened. She often hiccupps. She has been urinating for several months.

Month Nine: Toward the end of this month, the baby is ready for birth. The average duration of pregnancy is 280 days from the first day of the mother's last menstrual period, but this varies. By this time the infant's heart is pumping 300 gallons of blood per day. In response to signals from the brain the child triggers labor, and birth occurs. After birth new brain cells are being formed for nine months. Likewise, other organ systems are still maturing. Of the 45 generations of cell divisions before adulthood, 41 have taken place in the womb. Only four more will come - during the rest of infancy and childhood, but before adolescence. In developmental terms we spend 90% of our lives in the womb.
Legalized Abortion Based on Lies and Fraud

Norma McCorvey was the "Jane Roe" of Roe v. Wade.
Early in 1970 Norma McCorvey claimed that she had been gang-raped and became pregnant. Attorneys Sarah Weddington and Linda Coffee, newly graduated from the University of Texas Law School, needed a "client" in order to challenge Texas' 100-year-old law that banned abortion. They convinced Norma that she should be seeking an abortion.

The case was subsequently argued all the way to the Supreme Court which resulted in legalizing abortion in all 50 states in 1973. In the meantime, Norma's baby was born and released for adoption. In 1987, McCorvey admitted that the gang-rape was a lie. In August 1995, she joined Operation Rescue stating that she was tired of being exploited by the pro-abortionists.

While Roe v. Wade legalized abortion, on the same date, Doe v. Bolton provided for abortion-on-demand for the entire nine months of pregnancy and was the legal vehicle which provided Court sanction for the over 2200 abortion mills across the country.

Sandra Cano was "Mary Doe" of Doe v. Bolton
Sandra Cano now says she was an unwitting participant in fraud on the highest court in the land. Sandra was a young expectant mother with three children facing a divorce from a husband who was in jail for child molestation. Cano's three children had been taken from her by family service workers. They were being shunted from one bad environment to another. Cano loved her children dearly. She was almost insane with grief when she turned to Legal Aid Services for help. The offer of N.O.W. lawyers to take the whole mess off hands, obtain a divorce and regain custody of her children sounded too good to be true.

When the attorneys hinted that they would like to strike a deal which would include aborting the child Sandra was carrying she made it very clear that she could never do that. Yet, her attorneys ignored her objections and ran roughshod over her. When she realized her case had been used to obtain abortion-on-demand she said, "...why would I stretch my imagination to include a plan so bizarre that it would give people in a civilized society permission to kill their own babies? ...I surely never thought they would tie my personal anxieties about retrieving my children to a scheme to make abortion-on-demand legal.

Ironically, the Cano baby, like the McCorvey baby, was carried to term and relinquished for adoption. Yet, 35,000,000 other babies have lost their lives to surgical abortion because of these two cases. Both Norma and Sandra now promote the pro-life cause.

Sarah Weddington was the Attorney
Sarah Weddington, the attorney who argued Roe v. Wade before the U.S. Supreme Court, gave a speech at the Education Ethics Institute in Oklahoma. She explained why she defended the sketchy story and false rape charge of a Texas waitress "Jane Roe" all the way to the Supreme Court: "My behavior may not have been totally ethical. But I did it for what I thought were the right reasons." Tulsa World 5/24/93.

Playboy Provided the Funding
Hugh Hefner, founder of Playboy, claims to have done one great thing for women: "Playboy probably had more to do than any other company with Roe v. Wade. We supplied the money for those early cases and actually wrote the amicus curiae for Roe."

Miami Herald 11/18/89.

Do You Hear What I Hear?
"With no hype at all, the fetus can rightly be called a marvel of cognition, consciousness and sentiment."

Sarah Weddington's position is highlighted.

"She slides into the world with eyes alert, the tiny ridges of her ears living antenna scanning the conversation frequencies in the room. She finds her mother's voice with her ears, and her eyes."

The baby's alertness and awareness begins with early development in the womb. The preborn baby can hear and respond to sound. Car horns can make the baby jump. Her heartbeat quickens.

When Peter Hepper of Queens University in Belfast repeatedly played to 30-week-old fetuses the theme song from a popular soap opera, they relaxed. After birth, the babies became "quite alert" when they heard the tune. When a loudspeaker directed speech syllables at a mother-to-be's abdomen, the fetus's heart slows, a sign of attentiveness. The heartbeat speeds up as the fetus gets bored with the sounds, then slows again if new ones flow into the womb. A fetus remembers some experiences and may alter her behavior as a result.

The title, the direct quotes and other pertinent information in this article are taken from: Newsweek Special Issue, "How Kids Grow," Summer 1991 (Begley).
The Wound Heals, a Scar Remains...

Beyond the battle of ideals and rhetoric, the hard reality exists that women suffer mental and emotional anguish of abortion. For some, it takes years before they experience a profound reaction. Dr. James Vogel, a psychiatrist and obstetrician, as well as an abortion provider, acknowledges the effects of abortion on the mother.

"Abortion is an impassioned subject... Every woman—whatever her age, background or sexuality—has a trauma at destroying a pregnancy. A level of humanness is touched. This is part of her own life. She destroys a pregnancy, she is destroying herself. There is no way it can be innocuous... It is totally beside the point whether or not you think a life is there. You cannot deny that something is being created and that this operation is physically dangerous. But it is not as harmless and casual an event as many in the pro-abortion crowd insist. A psychological price is paid. It may be alienation; it may be a pushing away from human warmth, perhaps a hardening of the maternal instinct. Something happens on the deeper levels of a woman's consciousness when she destroys a pregnancy. She never would have agreed to the procedure..."

Linda Bird Francke, a professional journalist and feminist describes how, when faced with an unplanned pregnancy, the decision to abort seemed logical and practical until she and her husband were sitting in the waiting room:

"Suddenly the rhetoric, the abortion marches I'd walked in, the telegram sent to Albany to counteract the friends of the fetus, the Zero Population Growth buttons I'd worn peeked away, and I was all alone with my microscopic baby..." She recalled how intellectually, she tried to concentrate on how small the fetus was, and therefore how impossible it was for it to be human... her own body kept telling her that there was real life growing within her. "Though I would march myself into blisters for a woman's right to exercise the option of motherhood, I discovered I was not the modern woman I thought I was." She longed for her husband to violently "burst" through the door and stop it from happening. When he failed to do so, she begged the doctor to stop. But it was too late... "the hum of the machine signaled that the vacuuming of my uterus was completed, my baby sucked up like ashes after a cocktail party."

Francke revealed how, during times of relaxation, when she had time to reflect on the beauty of the world, she experienced the common reaction of "visitations" from her aborted child. Her benign "little ghost" would come to her and wave. And she would tearfully wave back to reassure her lost baby that if only he could return, now they would make room for him in their busy lives.2

Five years later, Francke wrote *The Ambivalence of Abortion*, in which she transcribes reactions to the abortion experience of other women, couples and men. The Interviews were consistent with the findings of other researchers. The majority expressed guilt, remorse and sadness.

"There is a painful after-effect, regardless of the woman's religious beliefs, or how positive she may have felt beforehand about her decision to abort.

Vincent Rue, Ph.D, Psychologist.

The above complications and their frequencies are documented in the following publications. These resources are only a fraction of the many studies published pointing to the risks involved with legal abortion. For a more complete listing, request a copy of Major Articles and Books Concerning the Detrimental Effects of Abortion from The Rutherford Institute, P.O. Box 7482, Charlottesville, VA 22906-7482, 1-804-978-3888.

2. Jane Doe/Linda Bird Francke, "(There Just Wasn't Room In Our Lives For Another Baby)," NY Times, 2/14/76

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**Breast Cancer and Abortion**

Almost all of the known factors which increase the risk of breast cancer are associated with excess exposure to the main female sex steroid hormone, estrogen. For several years, the tie-in between abortion and breast cancer has been recognized. However, it is unknown to the general public how and why they are interrelated.

High levels of estrogen flood the woman's system in the first trimester of pregnancy. This stimulates a massive growth of breast cells to develop a system capable of producing milk. Toward the end of the pregnancy other hormones act to make the breast cells mature and eliminate cells that are not needed. Once the cells complete this period of growth and maturation, there are no further significant changes for the rest of the woman's life. Research shows that when a woman completes her first full pregnancy, the hormonal changes that occur permanently alter the structure of her breasts in a way that greatly reduces her risk of breast cancer (Brinton, S.W., *Breast Cancer,* 1989). An abortion will reverse these hormonal changes which have begun with pregnancy, it only interrupts them. Ultimately, an induced abortion of a first pregnancy circumvents the protective effects of a full-term pregnancy, possibly leaving millions of breast cells in vulnerable transitional states. (Ross, *American Journal of Pathology*, Vol 100, 1980) The consequent sharp increase in the number of vulnerable cells thus elevates breast cancer risk. (Kinger, *American Journal of Epidemiology*, Vol 131, 1990)

Miscarriages (spontaneous abortions) do not confer an increased breast cancer risk. One reason many spontaneous abortions occur is because the woman's ovaries do not secrete an adequate amount of pregnancy hormones and never generate the high estrogen levels necessary to maintain a pregnancy. A miscarriage is the natural termination of an abnormal pregnancy while an induced abortion is the artificial termination of a normal pregnancy.

There are at least two dozen published peer reviewed studies pointing to the abortion-breast cancer link that go back as far as 1957. Dr. Joel Brind, an endocrinology specialist and a team of researchers are currently performing a "meta-analysis," which compiles the results of every research study completed to date. As of Nov. 1993, based on work in progress, Brind reported that every study of induced abortions performed before the first live birth is consistent with an initial increase in breast cancer risk of at least 50%. If multiple abortions are involved, the risk can increase up to 4000%.

Information continues to be released regarding the connection between abortion and the onset of breast cancer. In November 1994, Dr. J. Dahling published a study in the *Journal of the National Cancer Inst.* indicating a minimal 50% increased risk.

"Our data support the hypothesis that an induced abortion can adversely influence a woman's subsequent risk of breast cancer." This study also showed, as have others before it, that women experiencing naturally occurring spontaneous abortion (miscarriage) were not at a higher risk.

In his work, Dr. Brind points to the difference in severity of the cancer because of a woman's abortion history.

"There are several studies which show that women who have breast cancer and who have a history of abortion not only have a greater incidence of breast cancer, but the cancer grows more rapidly, is harder to treat, is more invasive and is more aggressive. The cancer recurs on average, in a shorter period of time and death occurs more readily."

Annually, 800,000 women get abortions who never had a full-term pregnancy, thereby increasing their lifetime risk of breast cancer by at least 50%.

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"Tim, I think I'm pregnant." It was New Year's Eve, 1973. My boyfriend sighed deeply, his gaze remaining fixed on the TV. He then muttered something that made me feel already deserted. I felt as if I knew I was pregnant, and I was scared!

I knew from first hand experience how tough it is to raise a child as a single mother. I already had a 2-year old daughter, Jennifer, and I was determined, even obligated, to go through with it. Still, I agonized!

Ironically, that semester, I was taking a class in fetal development. I knew there was a baby in my womb with her heart beating and her own circulatory system. Those pictures flashed in my mind, broke into tears, and left me despondent. I felt as if I had no viable alternative, so I decided to confide in a couple of college professors. They collected money to fly me back to Chicago to have an abortion. Now I was determined, even obligated, to go through with it. Still, I agonized!

As I sat in the abortion clinic waiting my turn, everything around me seemed like a nightmare. Women lounged on garishly printed couches as rock music played on the intercom. Everything seemed so casual, and there I was, feeling like I wanted to die.

When the nurse called my name, I changed my mind, broke into tears, and left. I felt desperately alone. Back at the university, I often cried myself to sleep. I decided to confide in a couple of college professors. They collected money to fly me back to Chicago to have an abortion. Now I was determined, even obligated, to go through with it. Still, I agonized!

As I sat there, clad in a paper gown and paper slippers, I was summoned to the recovery room. It reminded me of someone who had witnessed the death of a loved one in a fatal accident. It haunts me still.

I've been there too!

As the doctor was examining me, I was looking at myself through the mirror. I suddenly stopped and said to the nurse, "Get her out of here! She's too far along!" Relief instantly washed over me! How odd! I had thought I wanted an abortion, but now felt instantly relieved to know I was still pregnant.

I decided to use every ounce of courage I could muster to deal with my pregnancy. My ambivalence turned into love for my unborn child. When my beautiful daughter was born, I named her Melanie.

It took energy and creativity to support the three of us. My two daughters inspired me to do great things. They never stood in the way of my career. They have only enhanced it. I finished my degree; then I went on to get my Master's and Ph.D. Besides being a proud mother, I am happily married, a published author, a motivational speaker for one of the largest seminar companies in the U.S. and a part-time musician.

I have learned that life is really about developing character. When we endure something tough, our character and self-esteem are strengthened. Many women who have confessed to me that they've had abortions have discovered that the "easy way out" is just an illusion. Some of them are in abusive relationships. Some are on anti-depressants. Others just seem detached from life. Some sadly remember their aborted child's "would be" birthday each year.

If you are in a crisis pregnancy, I cannot promise that it will be easy. I can only promise that the anguish will pass and there are people who will help you through this trying time. (pg. 5)

As someone who has "been there," I understand the anguish you are experiencing. One day you will look back on the birth of your child, and say, as I do, "I did the right thing. And I feel proud."

Sincerely,

Dr. Angela Woodhull
BIRTHMOTHER OPTS FOR ADOPTION... THE LOVING ALTERNATIVE

It was the beginning of my junior year in high school. I was excited, looking forward to another year of diving, gymnastics and track. But this excitement quickly came to an end when I realized I was pregnant.

When the pregnancy was confirmed, my mind went racing. It wasn't enough to just say that I was scared - I was terrified! The idea of having an abortion was never a consideration for me. I could not live with the realization that I was responsible for the taking of my child - a death because of my actions.

My first instincts told me that I needed to raise my child on my own. I knew I could love and care for a child, but when I stopped thinking about myself, and thought about what was best for my child, I knew adoption was the right decision. I was sixteen at the time. I wanted to go back to school for my senior year and wanted to participate fully, in sports etc. I wanted to go on to college.

I knew I could not do all of this and raise a child at the same time. I did not want to have to live with my parents indefinitely and depend on them for everything. I did not want them to be thrust into the role of prime care-givers for my child. It just would not be fair for any of us, for them, myself or the baby. I knew that placing my child for adoption would be the right thing to do, the loving alternative!

The adoption procedure I opted for is not your ordinary plan. I chose to do an independent open adoption. Through this process I was able to select from among the prospective adoptive parents. I had the opportunity to establish a personal relationship with them as well as to develop a lasting friendship. The more I got to know them the more excited I was about placing my baby

Lisa O.

with this couple. They had so much love and security to offer my child. They were there with me in the hospital when my son was born. Their video camcorder ran non-stop. I will always treasure the three days I spent in the hospital with my son. Hailing him over to his new parents was by no means easy, but I knew in my heart that this was the right decision for both of us.

Many tears were shed throughout the nine months and during the hospital stay. But, they were not all tears of sadness. I miss my son very much. I think about him every day and a smile comes to my face. I thank the Lord that He led me to two such special people to be adoptive parents for my child.

It has been several years since my son was born. He now has an adoptive sister. I keep in contact with the family through letters and pictures. I can't begin to explain the feelings of pride and contentment that I experience when I see the smile on his face.

I am now a junior in college majoring in paralegal studies. Relinquishing my son was the hardest decision I will ever have to make but I'm more confident than ever that it was the right one. While in the hospital I received a card which read, "Some people come into our lives, leave footprints on our hearts, and we are never the same." This is so true! Testimony by Lisa O. of Minnesota.

Every year over two million requests for adoption go unsatisfied.

If he is not alive, why is he growing?
If he is not a human being, what kind of being is he?
If he is not a child, why is he sucking his thumb?
If he is a living, human child, why is it legal to kill him?

I FELT EMPTY AND HORRIBLE... THEY HAD ALL TOLD ME THAT AFTER THE ABDUCTION I WOULD COME OUT OF IT WUT IF NOTHING HAD HAPPENED.

18 week-old baby developing in the womb.

The Abortion Experience for Victims of Rape and Incest

by David C. Reardon

Rape and incest are very emotional topics. They often elicit in the general populace feelings of revulsion; people draw back from the issue of rape and incest, even from the victims of rape and incest. People don't know how to handle a person who is in that much pain. There is no quick fix.

Some people who are otherwise very pro-life will condone abortion in rape and incest cases because they don't know what else to offer. And they will accept it as a rare case. This pro-life difficulty in defending the unborn even in rape and incest cases is largely due to ignorance because the facts, as I have found them, show that the victim's needs are not being served by abortion. In fact, rape and incest victims actually suffer considerably from the abortion.

The facts suggest that only a minority of rape and incest victims actually choose abortion — so right there, one should pause and reflect. Abortion is not usually chosen as the immediate solution to rape and incest victims but that is the prevailing belief of the general populace. A woman has been raped and made pregnant: "Oh, she's got to have an abortion." No one has studied the raped and incest victims' needs; abortion is presumed to fill their needs.

Kathleen DeZeeuw states, "Having lived through rape, and also having a child 'conceived in rape,' I feel personally insulted and assaulted every time I hear that abortion should be legal because of rape and incest. 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."

The children conceived through sexual assault also have a voice which deserves to be heard. Julie Makimaa, conceived by an act of rape, works diligently against abortion. She believes every life has a value beyond measure, a purpose which only time can reveal. Not ashamed of her origin, Julie proudly proclaims: "It doesn't matter how I began. What matters is who I will become."

ABORTION AIDS TO THE PAIN OF RAPE

Various studies and my own research indicate that rape and incest victims fall into the high risk category of aborters, and the existence of rape or incest is actually a contraindication for abortion. Jackie Bakker, whose testimony is in my book, says, "I soon discovered that the aftermath of my abortion continued a long time after the memory of my rape had faded. I felt empty and horrible. Nobody told me about the emptiness and pain I would feel deep within, causing nightmares and deep depressions. They had all told me that after the abortion I could continue with my life as if nothing had happened." This is the same story we hear from a lot of aborted women. For the rape and incest victim it is an especially keen story, because they have been told, "In your situation that is the only thing you can do." And they have been betrayed by that advice.

I felt empty and horrible... They had all told me that after the abortion I could continue with my life as if nothing had happened.

VICTIMS GAVE REASONS TO FOREGO ABDUCTION

Perhaps the best study was done by Dr. Sandra Makimaa, published in Psychological Aspects of Abortion. Dr. Makimaa was an experienced rape counselor who, in 1979, identified 37 pregnant rape victims who were treated by a social welfare agency. Of these 37, only five chose to have an abortion. Of the 28 who gave birth, 17 chose adoption and 3 kept the child themselves; for the remaining eight, research was unable to determine where the child was placed.

"I was being sexually attacked, threatened by him and betrayed by mom's silence... the abortion which was to be in 'my best interest' hasn't been... it only 'saved their reputations,' solved their problems and allowed their lives to go merrily on."

Several reasons were given for not aborting. First, several women felt that abortion was another act of violence — that it was immoral or murder. One said she would only suffer more mental anguish from taking the life of a baby. Second, some saw an intrinsic meaning or purpose to the child. Somehow this child was foisted into their lives, but, on the other hand, they sensed some sort of hidden purpose behind it. And although not responsible for having brought the child into being, it had happened, and the consequences could be lived with.

Third, at a subconscious level, the rape victim feels that if she can get through the pregnancy she will have conquered the rape. Outlastting pregnancy shows she is better than the rapist who brutalized her. Giving birth, then, is the way rape victims seek to reclaim their self-esteem. It is a totally selfless act, a generous act, especially in light of the pressure to abort. It is a way to display their courage and strength to survive even a rape.

In her study, Makimaa found that feelings or issues relating to the rape experience were the primary concern for most of the prenatal rape victims — not pregnancy. While 19% — a significant number — placed primary emphasis on their need to confront their feelings about the pregnancy, including feelings of resentment and hostility towards the unborn child, the primary difficulty they experienced with the rape pregnancy was pressure from other people who treated the pregnancy as a blight to be eliminated. Family and friends just weren't supportive of the woman's choice to bear the child.

Dr. Makimaa also found that in the group who carried their pregnancies to term, none, at the end of pregnancy, wished she had decided on an abortion. Abortion therefore inhibits the healing to the rape victim and reinforces negative attitudes.

ABORTION REINFORCES WOMEN'S POWERLESSNESS

Another example from my book is Vanessa Landry, another rape victim who said, "I didn't really want to have the abortion. I have always been against abortion all my life. People think that whenever anyone is raped, they have to have an abortion. My social worker just kept telling me all kinds of things to encourage me to have the abortion. They didn't give me any other option except to abort. They said I was just another minority bringing a child into the world and there were too many already." Here is a

(Continued on page 10)
Abortion Techniques Described

From a compilation of works by W. Colloton MD, Dr. J. Willeke, Dr. B. Nathanson and Planned Parenthood.

Suction-aspiration

The abortionist inserts a hollow plastic tube into the dilated uterus. "This tube is attached to a suction machine. The suction machine is turned on. The uterus is emptied by suction." m The suction tears the baby's body as he/she is being pulled through the hose.

Dilation and Curettage (D&C)

After dilation of the cervix, a ring forceps is inserted into the womb and the baby is extracted in pieces. Then the abortionist inserts a curette, "a rod shaped instrument with a sharp edged spoon on the end", into the uterus to scrape the after-birth (placenta) from the wall of the womb and confirm that the womb is empty. Bleeding is usually profuse.

Dilation and Evacuation (DE)

Used after 12 weeks. The baby is too large to fit through the cervix. The baby "must be removed with instruments and suction curettage." m A pliers-like 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 must be snapped and the skull crushed in order to remove them from the womb. Body parts are then reassembled and counted to make certain that the entire baby has been removed from the womb.

SALINE INJECTION ("SALTING OUT") m

This is used after 16 weeks. A long needle is inserted through the mother’s abdomen into the baby’s amniotic sac. Some fluid is removed and a strong salt solution is injected. The solution is swallowed and "breathed" and slowly poisons the baby. He/she kicks and jerks violently as he/she is literally being burned alive. "The uterus begins to contract, as in labor. The contractions continue until it pushes out the fetal and placental material." m

Hysterotomy

Used mainly in the last three months of pregnancy, the womb is entered by surgery, as in a caesarean section. An incision is made through the abdomen. "The fetus and placenta are removed, and the incision is closed with stitches." m The tiny baby is allowed to die by neglect or direct act.

PROSTAGLANDIN CHEMICAL ABORTION

This form of abortion uses chemicals, developed by the Upjohn Pharmaceutical Co., which cause the uterus to contract intensely, pushing out the developing baby. In one article, one of the complications listed with this method was "live birth." In fact, the two most "dreaded" complications for an abortionist are a dead mother or a live baby.


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

At a September 13-14, 1992 meeting of the National Abortion Federation, a trade association of abortion providers, an Ohio abortionist, Dr. Martin Haskell, described the D & X technique he has perfected. "With the D & X method the preborn baby is alive until the end of the procedure when the child is killed by suctioning the brain tissue through a hole at the base of the skull while the baby's head is still inside the birth canal. Then the intact aborted child, minus brain content, is removed. The late Dr. James McMahon, a former abortion colleague of Dr. Haskell's, admitted that he used this D & X technique to abort preborn children up to 32 weeks "or more."

After three days of preparations, the abortionist places an ultrasound transducer on the mother’s abdomen and locates 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 (breech) position. He continues pulling until the baby's leg is drawn into the birth canal.

Next, using his hands instead of forceps, the abortionist delivers the baby’s body in a manner similar to a breech birth. First, the child's other leg is delivered, followed by the torso, shoulders, and arms. The baby’s head "usually" remains inside the uterus.

The abortionist then performs the last step which Dr. Haskell calls "fetal skull decompression." Using blunt-tipped surgical scissors in a closed position, he pierces the child's scalp at the base of the skull. He then forces the scissors open to enlarge the skull opening. The abortionist then inserts a suction catheter into the brain and vacuums out the child's brain tissue (in Dr. Haskell’s words, "evacuates the skull contents") causing the baby’s death. The skull collapses and the dead baby is removed.

Barbara Radford, Executive Director of the National Abortion Federation said of this abortion technique, in a 6/18/93 letter to NAF members, "Don't apologize: this is a legal abortion procedure."

What the nurse saw...

In September, 1993, Brenda Pratt Schaffer, a registered nurse with thirteen years of experience, was assigned by her nursing agency to an abortion clinic. She considered herself "very pro-choice," and didn't think her assignment to an abortion clinic would be a problem. She was wrong. The following is what Nurse Schaffer witnessed:

"I stood at the doctor's side and watched him perform a partial-birth abortion on a woman who was six months pregnant. The baby’s heartbeat was clearly visible on the ultrasound screen. The doctor delivered the baby's body and arms, everything but his little head. The baby's body was moving. His little fingers were clapping together. He was kicking his little feet. The doctor took a pair of scissors and inserted them into the back of the baby's head, and the baby's arms jerked out in a flinch, a startling reaction, like a baby does when he thinks that he might fall. Then the doctor opened the scissors up. Then he stuck the high powered suction tube into the hole and sucked the baby's brains out. Now the baby was completely limp.

I never went back to the clinic. But I am still haunted by the face of that little boy. It was the most perfect, angelic face I have ever seen."

The Abortifacient Nature of Some Contraceptives

The birth control pill causes 150 different chemical changes in the woman's body. This fact is documented in the Textbook of Contraception by Malcolm Potts, Director of Planned Parenthood of England (Cambridge Press 1983, p.144). The "pill" works in three ways:

1) Temporary Sterilization - preventing ovulation; however, it is estimated that the low dosage pills now in use, fail to suppress ovulation 50% of the time!
2) Contraception - The "pill" thicken the cervical mucus slowing the transportation of the sperm to the ovum.
3) Abortion - altering the lining of the womb, making it hostile to a newly conceived child and preventing implantation in the womb.

The Intrauterine Device is sold as a contraceptive, but, in reality, the I.U.D. does not prevent conception. Neither does it prevent ovulation. The I.U.D.'s mode of action is to create a hostile and inflammatory environment in the womb so that a newly conceived child cannot implant and grow there. The fertilized ovum is thus expelled from the womb.

Other "contraceptives" that can act as abortifacients: Depo-Provera, Norplant, Cytotec etc.

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Human Life Alliance of Minnesota, is a non-profit, non-denominational organization committed to the intrinsic value of human life. HLA is dedicated to advancing true justice by protection of All Human Life, whatever the age, race, sex, physical condition, economic status or place of residence (including the womb). HLA provides incentives to action through education, political awareness and promotion of alternatives to violence in order to create a society in which all Human Life is held sacred.

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\*\*\* American War Casualties \*\*\*

Each cross represents 50,000 people killed.
The war casualties represent all American combat-related deaths.

| Revolution War | 25,324 |
| Civil War I | 49,322 |
| Civil War II | 116,708 |
| World War I | 407,316 |
| World War II | 54,246 |
| Korean War | 55,566 |
| Vietnam War | 269 |
| Gulf War | 35,000.000 |

\*This number and the subsequent crosses represent only those children killed by surgical abortion. Chemical abortions would increase the number of casualties by about 40%. (See page 9).

Rape and Incest (continued from page 8)

woman who is being victimized not only because she is a rape victim, but also because she is black and a minority and she has a low income. That is one of the stories that upsets me the most.

Childbirth can be a victory. For the majority of pregnant rape victims who wisely choose to forego abortion, childbirth is the choice of triumph over rape. It is a choice that says, “Rape will not dictate my life.” It allows them to show their own courage and generosity. When the need of pregnant rape victims is carefully examined, it can be shown that the abortion is not necessary, and indeed is very likely to hinder recovery by increasing feelings of guilt, shame and low self-esteem.

Like Incest, Abortion Preys on Sex.

Incest victims face similar problems. Incest is a very complex issue and it is hard to say much in a very short period of time, but the vast majority of incest victims want to carry their pregnancy to term. Those in the minority who have an abortion do so only under pressure from their parents to conceal the incestuous relationship. Because incest is a family pathology that involves father, mother and daughter, all are involved in a conspiracy of silence.

I interviewed Edith Young, now 38 years old, who was a rape and incest victim at 12 years of age. “To cover up the incident, her parents procured an abortion for her without telling her what was to happen. The emotional and physical scars of incest and abortion still last to this day. She said, “I was being sexually attacked, threatened by him and betrayed by Mom’s silence...the abortion which was to be in ‘my best interest’ has not been...it only ‘saved their reputations,’ solved their problems and allowed their lives to go on morrily on.”

Pro-life persons don’t have any reason to be ashamed to defend a pro-life view in the case of rape or incest. The ones who need to be ashamed are the pro-abortionists who have been exploiting the problems of rape and incest victims, confusing the public and promoting abortion for their own social engineering goals.

To my knowledge, pro-abortionists have never yet brought together a group of rape and incest victims who carried their pregnancies to term who said, “Oh, that was the worst thing I ever did. Why didn’t somebody give me an abortion when I needed it?”

We, on the other hand, can produce women who took the advice of the pro-abortionists, had the abortion and now say, “This abortion ruined my life. What were you telling me?” We need to join rape and incest victims in demanding that pro-abortionists stop exploiting the pain of innocent women’s problems for their own political and financial ends.

3. &Text omitted.
5. Supra, note 1.
6. Supra, note 2, pp. 276-278.
11. The majority of this article appeared in Association for Interdisciplinary Research Newsletter, Vol 2, Fall 1988.

Planned Parenthood Ignores Own Advice

In 1963, a Planned Parenthood publication, Plan Your Children For Health and Happiness stated: “An abortion kills the life of a baby after it has begun. It is dangerous to your life and health.” Yet, Planned Parenthood now operates the nation’s largest number of abortion mills.

“\*What I Saw in the Abortion Industry\*”

Q How did you dispose of an aborted baby?
A In our clinics, we put them down the garbage disposal. We used the heavy duty model. Some second and third trimester babies’ muscle structure is so strong that the baby will not come apart, so they must be disposed of through trash receptacles.

Q Abortion is supposed to be a “safe” experience. What complications did you witness?
A We were doing a one-day traumatic dilation, which has a higher rate of complication. In the last 18 months I was in the business, we were completing over 500 abortions monthly and killing or maiming one woman out of 500. Common complications that take place are perforations or tears in the uterus. Many of those result in hysterectomies. The doctor might cut or harm the urinary tract, which then requires surgical repair. A complication that is rarely publicized is the one in which the doctor perforates the uterus and pulls the bowels through the vagina, resulting in colostomy. Some of those can be reversed, some must live with the colostomy for the remainder of their lives.

Q How did you keep these complications and deaths from the public?
A The woman would be loaded into my car (an ambulance outside an abortion clinic is terrible advertising) and transported to a hospital that would protect the doctor and the abortion clinic’s reputation. The concern is not with the patient only in keeping an unblemished reputation. You have a built-in cover-up with the patient’s family. They are dealing with their guilt and emotions over the situation and do not want to deal with the added pressure of exposing the truth through the media.

Q Why did you get out of the abortion business?
A Two things came into play at about the same time. I experienced a profoundly religious transformation—a conversion. At about the time I was having second thoughts a Dallas television station did an expose disclosing the abortions performed at my clinic on non-pregnant women— all for money! I finally realized, “We weren’t helping women—we were destroying them and their children.” By then my transformation was complete and I knew that I not only had to stop being involved with abortions but I had to help promote the truth.
WORLD POPULATION CAN BE HOUSED IN TEXAS

According to the World Almanac and Book of Facts 1993 and the 1994 World Population Data Sheet from The Population Reference Bureau, the entire population of 5.6 billion people could be housed in the state of Texas.

Consider these facts: The land area in Texas is some 262,000 square miles and current estimates of the world population are about 5.6 billion. By converting square miles to square feet—remember to multiply by 5,280 feet per mile twice—and dividing by the world’s population, one readily finds that there are more than 1,300 square feet per capita. A family of 5 would thus occupy more than 6,500 square feet of living space.

These numbers apply to just one story ranch house-type dwellings. With a housing mix of multi-story buildings, including town houses, apartment buildings and high rises, appreciably greater living space could be provided. Such an arrangement would allow ample land for yards and all the necessary streets and roads.

Meanwhile, the rest of the world would be available for farming, manufacturing and recreation. The World Health Organization continually announces that there is more than enough food for the world’s people. In an executive summary accompanying the main report, Donald Mitchell, a senior economist at the World Bank, stated: “Prices of agricultural commodities are at their lowest level in history and crop yields continue to rise faster than population.” The problem is distributional, not populational.

Throughout the history of the U.S., it has been the experience of the American people that population growth produces plenty—not poverty. Population growth has continually proved to be a sign of health and well being for the country and its citizens. Unfortunately, throughout the world birth rates and total fertility rates are plunging faster and further than ever recorded in human history. Despite the predictions of over-population theorists, the fact is that population growth rates in many countries are already below replacement levels and the world’s growth rate is rapidly approaching that figure. According to an April 1994 report of the U.S. Census Bureau, there are 59 nations that have total fertility rates that are below replacement level. The following are some statistics from the report on world population, World Population Profile: 1994:

- “The world’s population growth rate has declined to about 1.5 percent at present,” the lowest rate in some 50 years. (p.5) (Replacement level is 2.2)
- “Fertility levels have fallen so low in some countries, mainly in Europe, that no return to ‘replacement level’ fertility is expected in the foreseeable future” (p.29).
- “Fertility rates throughout the world have been dropping so rapidly that the Census Bureau has just cut its three-year-old estimate of world population in the year 2000 by 120 million, and in the year 2020 by more than 300 million” (p.A-1 in both the ’94 & ’91 editions).

Men & Abortion: Forgotten Fathers

There is no denying that men are affected by the abortion decision, and men, like women, often experience post-abortion trauma. This is a fact that is seldom discussed or dealt with. The truth is that many men suffer silently, deeply, and often alone.

If the decision to accept or terminate a pregnancy rests solely on the capability of the mother, is it fair to speak of paternal responsibility? If the woman chooses to allow the child to live, we condemn the father if he runs away from responsibility and financial obligations. But if she chooses to abort, he is expected to remain silent while his child’s life ends. This severs the natural, devotional bond between man and woman and parent and child.

Consider the following letter to the editor printed 3/29/96 in the University of Minnesota Daily after the Supplement was distributed on the U of M campus:

Abortion: The Inside Story

Further shocking testimony on practices within the abortion industry is revealed in the video “Abortion, The Inside Story.” The video features former abortion providers—women who had worked in abortion mills as administrators, directors, assistants, nurses, even one who had anesthetized patients and performed abortions though she had no medical training. It is an expose of the lies, cover-up, greed and criminal negligence within the abortion industry, and also gives insight into the effect and power of sidewalk counselors.

In the video, Hellen, a former administrator of an Atlanta abortion clinic confessed, “In the abortion clinic there are women exploiting women and I was one of them. There are a lot of things that go on in a clinic that you would not tolerate if they happened in other branches of medicine.” (Comment: An understatement, for sure, like non-physicians performing abortions. Also, why is informed written consent as to the risks involved required for all other surgical procedures, but not for abortion?) Hellen stated, “You may hear abortionists say, ‘We’re standing up for women’s rights...for the right for you to choose abortion. That sounds so wonderful. The American public has bought into that pack of lies. Behind closed doors we used to joke about the term ‘pro-choice.’”

Hellen also talked about the complications and cover-ups. She said, “Incomplete abortions happen very, very frequently. I kept a file in my office. It was under lock and key; absolutely no one had access to it but me. Those were our problem patients, purged from the normal filing system...You need to understand when you stop and look at CDC (Center for Disease Control) statistics or other statistics on just how safe abortions are, who reports those statistics.” (Comment: So much for “safe and legal” abortions.)

H.L.A recommends you get your own copy of this powerful testimony. The video is available from Pro-LifeAction League, 6160 Cicero Ave. 8600, Chicago, IL 60646, for $19.95 plus $2.00 for shipping and handling. (312)777-2900

Back Alley Abortions?

Since illegal abortions are not reported, the most accurate statistics are the reports on the number of maternal deaths from illegal abortions. In 1972, the year prior to Roe vs. Wade, 39 women died from illegal abortions. That same year, 25 women died from legal abortion (abortion-on-demand was legal in 2 states). There is ample evidence that there is under-reporting of deaths from legal abortions. Often, another cause of death is listed. For instance a 1991 abortion death in Maryland was reported as “Cause of death: therapeutic misadventure.”

Either there were not many illegal abortions or illegal abortions are extremely safe!

The above info. is taken from the brochure, Never Again? Never Was! Hayes Pub. Co., 6304 Hamilton Ave., Cincinnati, OH 45224
How Developed Is Your Baby?

Baby at Approximately Six Weeks

This remarkable photograph of a tiny preborn baby in his unruptured amniotic sac was taken after surgery (for a tubal pregnancy) at the University of Minnesota by medical photographer, Robert Wolfe, in 1972. This picture demonstrates the remarkable early development of a preborn baby at only six weeks after conception.

Consider This Testimony

"Eleven years ago while giving an anesthetic for a ruptured ectopic pregnancy (at 8 weeks gestation), I was handed what I believe was the smallest living human ever seen. The embryonic sac was intact and transparent. Within the sac was a tiny human male swimming extremely vigorously in the amniotic fluid, while attached to the wall by the umbilical cord. This tiny human was perfectly developed, with long, tapering fingers, feet and toes. It was almost transparent, as regards the skin, and the delicate arteries and veins were prominent to the ends of the fingers.

"The baby was extremely alive and swam about the sac approximately one time per second, with a natural swimmer's stroke. This tiny human did not look at all like the photos and drawings and models of 'embryos' which I had seen, nor did it look like a few embryos I have been able to observe since then, obviously because this one was alive!

"When the sac was opened, the tiny human immediately lost his life and took on the appearance of what is accepted as the appearance of an embryo at this stage of life (with blunt extremities etc.)."

Statement by Paul E. Rockwell, M.D., anesthesiologist, as quoted by Dr. and Mrs. J.C. Willke in Handbook on Abortion.

The Feet of a Baby at Ten Weeks

Dr. Russell Sacco of Oregon took this picture of the perfectly formed feet of a 10-week-old aborted baby waiting for disposal in a pathologist's laboratory. The feet in the picture are held between the doctor's thumb and forefinger.

Don't Make My Mistakes

Some people say that abortion is "an informed decision between a woman and her physician." You hear that a lot. But the fact is that most women never meet the abortionist until they are on the table, as happened in my case.

I was 18 years old when I got pregnant. I wasn't serious about my boyfriend. It was a casual relationship. Since I had already enlisted in the Air Force, I thought I had to have an abortion in order to make something out of my life. My best friend drove me to the abortion clinic. I was there for about four hours. It was like an assembly line. When the ultrasound was being done I asked to see it. But this wasn't allowed (so much for "an informed decision"). Then I asked how far along I was. I was told I was nine-and-a-half weeks pregnant. That hit me hard. I knew then that my baby was further developed than I had thought. I started doubting, and wanted to talk to my friend. But, I wasn't allowed to do that either.

When it was my turn the nurse told me that I was going to feel some discomfort, like strong menstrual cramps. The truth is that the abortion was more pain than I've ever felt in my life. It felt like my insides were literally being sucked out of my body. Afterwards I went into shock!

After the abortion, I tried to make up for the abortion by trying to get pregnant again. I wanted my baby back. I never got pregnant again. I don't know if I can ever have another baby. I named my baby. I found out later that this is part of the grieving process.

Two-and-a-half years later, I ended up in the hospital with bulimia. I felt that no one had punished me for what I had done so I was punishing myself. I became obsessed with women who were pregnant, with women who would talk about their pregnancy. My life was in shambles! I was suffering from post-abortion trauma.

When I was 21 years old God brought me help through a woman who was involved in pro-life activism. She helped me a lot. I went through a post-abortion counseling program called "Conquerors:" God not only forgave me, He challenged me to help others. I answered the challenge!

I started sidewalk counseling. There is a healing process that comes from getting involved in the pro-life movement. I talk to youth groups and students about abstinence and I share my testimony. To them, and to you, I plead, "Please don't make the same mistakes I did."

See pages 5 & 8 for alternatives to abortion!

If you or someone you know has had a change of heart about abortion, or if a baby's life has been spared, as a result of reading this supplement, please contact Human Life Alliance (612) 484-1040.