



When They Say You Say...

Defending the Pro-Life
Position and Framing
the Issue by the
Language We Use

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ARGUMENT 1 – It's not a human being/person – it's just a blob of tissue

- do not impose your religion on me
- the fetus is just a part of the woman's body; it's not a baby
- an egg and a sperm are also human life – the fetus is only a potential human being
- it's not a person; it has no meaningful life
- a fetus is not a person until quickening
- no one really knows when life begins/life begins at birth
- the fetus is a parasite

ARGUMENT 2 – A woman has the right to control her own body

- even if the unborn is a human being we can't force a woman to carry a pregnancy to term against her will
- everyone has the right to choose
- every woman should have the right to control her own body, aka "reproductive freedom"
- it's a private decision between a woman and her doctor – the government should stay out of our bedrooms!
- an unmarried girl shouldn't have to be embarrassed by carrying her pregnancy to term or have the pain of placing her baby for adoption
- women won't ever have equal rights if abortion isn't an option
- some women have no other choice
- I'm personally opposed but . . .

ARGUMENT 3 – Every child a wanted child and other social arguments

- it's unfair to bring an unwanted child into this world
- bearing "unwanted" children leads to child abuse
- the poor need to limit their children or they will be forever on welfare
- the majority of Americans are pro-choice
- people need to be concerned about overpopulation and quality of life issues
- separation of church and state – we can't legislate morality

ARGUMENT 4 – Back-alley abortions/"Criminalizing" abortions

- tens of thousands will resort to back-alley abortions and women will die
- abortion is safer than childbirth
- abortion is easy and painless
- abortion may be the best answer for the woman at this time in her life
- abortion should be safe, legal, and accessible
- women will be prosecuted if abortions become illegal

ARGUMENT 5 – The hard cases

- what if the woman's life is threatened?
- what if the baby has a deformity?
- what if the woman was raped or was the victim of incest?

ARGUMENT 1 – It's not a human being/person – it's just a blob of tissue

- fetus is just a part of the woman's body
- it's not a baby, it has no meaningful life, life begins at birth
- it's a parasite

YOU SAY: When a woman is pregnant, science tells us that the new life she carries is a completely and fully new human being from the moment of fertilization. The baby living in her mother is as distinct and unique a separate person/human being as I am from you. This human being, as we all do, has the unalienable right to life and deserves full protection under the law.

ARGUMENT 2 – A woman has the right to control her own body

- we can't force a woman to carry a pregnancy to term against her will
- every woman should have the right to control her own body, aka "reproductive freedom"
- it's a private decision between a woman and her doctor – the government should stay out of our bedrooms!
- a woman should be able to have access to abortion regardless

YOU SAY: Every mother is faced with profound decisions to make for herself and her child, but these decisions can never include the right to kill her baby. Mothers have a right to be fully informed about the facts at least 24 hours before making this life-or-death decision for themselves and their child.

YOU SAY: The Dobbs decision overturning Roe did not prohibit abortions.

ARGUMENT 3 – Every child a wanted child and other social arguments

- it's unfair to bring an unwanted child into this world; it leads to child abuse
- the poor need to limit their children or they will be forever on welfare
- women who are abused will be less likely to leave their abuser if they can't have an abortion
- people need to be concerned about overpopulation and quality of life issues

YOU SAY: We will never end poverty/abuse/or a perceived lack of resources in our world simply by killing poor children. The baby is not the real problem, the circumstances are. Killing this child will never help address those issues. It often makes it worse. A poor mother is still poor the day after her child is aborted. Only now she's the mother of a dead baby.

ARGUMENT 4 – Back-alley or illegal abortions

- tens of thousands will resort to back-alley or illegal abortions and women will die
- abortion is safer than childbirth

YOU SAY: The numbers often used by pro-abortionists to back their claims that illegal abortions before 1973 led to tens of thousands of women dying are vast fabrications, mostly made up by the pro-abortion lobby as admitted by Dr. Bernard Nathanson, founder of NARAL Pro-Choice America (The National Association for the Repeal of Abortion Laws—NARAL—was founded in the 1960s). The widespread introduction of antibiotics into medicine, not legalization of abortion, saved the lives of women who would have otherwise died due to botched abortions. Mothers deserve better answers than the death of their children through the violence of abortion, legal or illegal.

ARGUMENT 5 – The hard cases

- what if the baby has a deformity?
- what if the woman is a victim of rape or incest?

YOU SAY: We don't cure illness by killing the patient. When a family learns that the child they are expecting may have a special need, that family needs support and good solid medical information – not the death of their most fragile member.

YOU SAY: When a woman has been the victim of rape/incest, she has been the victim of a terrifying act of violence. Tragically, we are sometimes faced with a second victim of this great crime committed by the rapist, a baby. The cruelest thing that can happen to the woman in question is to now be pitted against her child, who is the second victim. The key word is "support" – for both victims: mother and child.

1. It's not a baby/person.

When a woman is pregnant, science tells us that the new life she carries is a completely separate and fully new human being from the moment of fertilization.

By the time most abortions can be performed, the baby already has a beating heart and identifiable brain waves. The baby living in her mother is as distinct and unique a separate person/human being as I am from you. This human being, as we all do, has the unalienable right to life and deserves full protection under the law.

The baby every mother carries as she faces life and death decisions has a beating heart 18-21 days after fertilization and brain waves as early as 6 weeks after fertilization. Most abortions take place before 12 weeks of pregnancy. Chemical abortions use abortion drugs like mifepristone—which is approved for use by the FDA as late as 10 weeks of pregnancy. But every abortion done before 12 weeks ends the life of a living boy or girl. By 8 weeks of pregnancy, all the organ systems are in place. By 12 weeks eyelids, toes, bones, teeth, and distinct fingerprints are forming. She is able to grasp object and may even be sucking her thumb.

2. It's my body/a woman's choice.

Every mother is faced with profound decisions to make for herself and her child, but these decisions can never include the right to kill her baby.

Mothers facing difficult pregnancies require accurate and compassionate information about the facts of their baby's development as well as the practical help that is available to them through the over 3,000 mother helping centers around the USA. Mothers have a right to be fully informed about the facts and local resources at least 24 hours before making this life-or-death decision for themselves and their child.

3. What will we do with all the unwanted kids? (Poor babies, overpopulation, abuse, etc.)

We will never end poverty in our world simply by killing poor children. The poor mother who is encouraged to have an abortion today is just as poor tomorrow. Problems such as lack of job security, education, or abuse are not cured by ignoring their existence in a woman's life and turning to abortion as a way to make it all "go away."

The baby is not the real problem; the circumstances are. Killing her child will never help address those issues, often it will even make it worse.

The problem is lack of development -- not population. What women of the world need is good basic health care for themselves and their families. In those countries where abortion is not legal, it is often because of strong cultural and religious beliefs that respect each new life. That respect needs to be backed up with wiser development plans, not more dangerous and deadly abortion activity. Women in the developing world need access to the same standard of care that has been available to women in the developed world for decades – care which results in a healthy outcome for mother and child. In countries where there is not even the guarantee of clean running water, abortion will only become a death sentence for women and their babies.

4. If abortion is made illegal, women will die in back alleys.

The numbers often used by pro-abortionists to back their claims are vast fabrications, mostly made up by the pro-abortion lobby as admitted by Dr. Bernard Nathanson, founder of NARAL Pro-Choice America (. The real numbers of deaths before 1973 are shockingly different. Thirty-nine women died from illegal abortions in 1972, the year before *Roe v. Wade*. Those thirty-nine deaths are all tragic, as were the deaths of their thirty-nine children because of the violence of abortion. The true reason the deaths have decreased from abortion isn't legalization, it was the widespread introduction of antibiotics into medicine that saved the lives of women who would have otherwise died from botched abortions. In fact, the main forms of surgical abortion have changed very little since the middle of this century! The only thing that legalizing abortion did was to give abortionists the ability to hang their shingle on the front door and stop using the back alley!

Today, several pro-abortion groups are encouraging “self-managed” abortions using the chemical abortion method involving two pills, Mifeprex (generic: mifepristone) and misoprostol. Several pro-abortion organizations are encouraging women to illegally order the drugs online through third party websites. The Food and Drug Administration has placed mifepristone under REMS (Risk Evaluation and Mitigation Strategy) because of the severe side effects women can experience. The FDA modified its REMS for mifepristone in January 2023 and stated that anyone buying Mifepristone online or from a foreign source “would be bypassing important safeguards specifically designed to protect their health.”

Mothers deserve better answers than the death of their children through the violence of abortion, legal or illegal. Help us support the work of the over 3,000 pregnancy centers committed to providing real life-affirming options for these women and their families.

5. What about a woman who's a victim of rape / incest / or carrying a disabled/sick child or whose life is in danger? (The hard cases)

- A. When a woman has been raped/been a victim of incest, she has been the victim of a terrifying act of violence of which she is a true victim. Tragically, we are sometimes faced with a second victim of this great crime committed by the rapist—a baby. The cruelest thing that can happen to the woman in question is to now be pitted against her child, who is the second victim. In several studies done across America, women who were encouraged to use abortion in such circumstances felt that they had been put through a second act of violence, the violence and pain of the mechanical rape of abortion. Worse than that, they stated feelings of being made into the victimizer of their own child. They felt that their baby had paid with his/her life for the crime of the rapist. Meanwhile, mothers who found support to carry their children to term, whether they opted for adoption or kept their babies, felt that they'd turned something horrible into something life-giving. The key is support for both victims, mother and child.
- B. We don't cure illness by killing the patient. Aborting a child with a disability or illness is the height of prejudice. When a family learns that the child they are expecting may have a special need, that family needs support and good solid medical information – not the death of their most fragile member. Society must flee from this attitude that uses arbitrary yard sticks to measure a person's worth.
- C. When the mother's life is imminently threatened by the pregnancy, the doctor must make immediate medical decisions in order to save her life. The actions taken in some cases, e.g. in an ectopic pregnancy, may result in the death of the baby, but the intention is to save the mother's life. Thankfully, these situations are rare. In many instances, the advancement of modern medicine has allowed physicians the ability to save both mother and unborn child.

When They Say... You Say **How to Frame the Issue with Our Words**



SAY	DON'T SAY
DECISIONS, ALTERNATIVES, OPTIONS	CHOICE
UNBORN CHILD, PRE-BORN CHILD, BABY	FETUS
SHE OR HE	IT (ABOUT THE BABY)
MOTHER	(PREGNANT) WOMAN OR PREGNANT PERSON
ABORTIONIST	DOCTOR, PHYSICIAN
ABORTION FACILITY	CLINIC, HOSPITAL
ABORTION INDUSTRY	REPRODUCTIVE HEALTH CARE PROVIDERS, FAMILY PLANNING CENTERS
ABORTION	REPRODUCTIVE HEALTH CARE, TERMINATION OF PREGNANCY
PRO-ABORTION	PRO-CHOICE
PRO-LIFE	ANTI-ABORTION
PROTECT UNBORN CHILDREN FROM ABORTION	PROHIBIT ABORTION
COMPLETELY UNPROTECTIVE LAWS	PERMISSIVE ABORTION LAWS
ABORTION PROMOTERS	REPRODUCTIVE RIGHTS ADVOCATES/SUPPORTERS
KILLING	MURDER
EXTREME ABORTION WITHOUT LIMITS	LIBERAL ABORTION LAWS
HEARTBEAT	CARDIAC ACTIVITY

The following are some helpful pointers:

1) KNOW WHAT YOUR MESSAGE IS BEFORE YOU SPEAK

It is important to know what you are going to say prior to speaking with the media. Always check with your state RTL office or the website of NRLC (www.nrlc.org) if you want to get the most up-to-date information for preparing your statements. Think about what one message you want the reader/listener to remember and take away with them. Put that message in a one/two sentence sound bite and you have your basic message. Have two or three central points that follow directly from one another. Stay focused on those key points. Always try to include two of these three key points in each of your answers.

Example: "Parents have a right to know before their minor age daughter has an abortion. When parents aren't told, their daughters are at risk and their grandchildren die."

2) ANSWER THE QUESTION THAT YOU WOULD LIKE TO HAVE BEEN ASKED

It is not uncommon for the questioner to try to lead the interview in a particular direction. Many times, the reporter has already written the story in his/her head and will try to get you to fill in the blanks. It is your job to get your basic message across to the audience. Therefore, regardless of the question asked, answer it in a way that includes your message. Don't simply ignore the line they are taking, as it could lead to more confusion for listeners or readers. Instead lead them firmly but graciously back to the point of the issue.

Example: "Well, Bob, while that is an important issue it is not the focus of our bill. Our bill will protect parents' rights and teenage girls, etc." OR:

Reporter: *Isn't it true most pregnant teens come from dysfunctional homes where the parent(s) are abusive?*

Pro-Lifer: *Most parents want to be able to care for their teenage daughter particularly at the time of her pregnancy, and do so with love and concern. When a teenager finds herself in an abusive or dangerous situation of any kind, the law provides appropriate recourse to family court judges and court officials who will protect her and her child. We do a teenage girl no kindness by subjecting her to a dangerous secret abortion and sending her back into the same abusive situation.*

3) SMILE 😊

Unfortunately, pro-lifers have an image of being angry, violent zealots. A smile goes a long way in dispelling the image. Remember, we are the people with hope who really love life.

Note: It is always easy to smile when you are mentioning saving babies' lives or helping their moms! When you talk about abortionists, drop the smile but don't frown. Frowning can make you look angry and unpleasant on camera!

4) DRESS APPROPRIATELY: 60/30/10 FACTOR

60 % of your message is appearance. 30% is the sound of your voice. **10% are the words that you say!**

Dress simply but with the same care that you would to attend a special occasion. Suits for men, and dresses, suits or pantsuits for women. Never wear white shirts, blouses, or dresses (TV cameras have a difficult time with white. Solid colors are best. With today's TV cameras, it is important that both men and women wear corrective makeup to cover uneven skin tone or undereye circles. Women can wear lipstick, mascara, and blush. Keep hair off the face. Simple jewelry is good.

5) PRACTICE, PRACTICE, PRACTICE.

Practice makes perfect. Practice before your interview, practice after your interview. Critique yourself and you will become a better spokesperson for the voiceless. Ask fellow pro-lifers and family/friends to listen and help you define your speaking style. Ask them if you make sense! Let them be critical! Better to hear it from them than to lose your audience.

6) DEFENDING AGAINST THE *AD HOMINEM* ATTACK

The *ad hominem* fallacy is a type of fallacy that sidesteps actual arguments and attacks the speaker. In fact, *ad hominem* is Latin for “against the man.” Such attacks against the speaker can be something along the lines of:

- “You’re a man.”
- “You’re too old to have children.”
- “How many children have you personally adopted?”

In such instances, it is important not to become defensive or angry. That’s what your opponent wants. If you are busy defending yourself, you are no longer focused on the issue of abortion. Keep in mind that in television, most TV “packages” (news reports) are about one minute and 15 seconds. You may get a single quote used out of everything you said in an interview! In debates, you might have a total of 5 minutes on the air with your opponent and the television news host. Of those five minutes, you may get to speak for 45 seconds. Make those seconds count!

Good responses to these attacks include:

- As a father, I would support my teenage daughter and her unborn child. I would hope that other fathers would do the same and support their daughters in choosing life.
- One of the unique qualities all women have is our ability to have children. This is something that should be celebrated not condemned. Society should be welcoming children in life and protecting them in law.
- There are waiting lists for children to be adopted—even for children with special needs. Adoption is a beautiful way to provide a loving home to a child.

Each of these responses addresses the personal attack but uses it to take the focus back to the unborn child and/or her mother.

“When They Say..., You Say”

By Olivia Gans Turner and Mary Spaulding Balch, J.D.

Entering the debate over the right to life of vulnerable human beings is a call to become a teacher of life’s greatest truths. It represents an opportunity to shine a light of bright reality on the dark and clouded thinking of an entire nation.

Over the years that we have been in the movement speaking out on behalf of those who can’t speak for themselves, we have learned a few things we would like to share with you in the following articles. The most important is that a missed opportunity is seldom regained.

Therefore, it is incumbent upon each of us in the pro-life movement to learn (and it most definitely **can** be learned) how to persuasively talk about life issues – and never, **never** miss the opportunity to speak on behalf of those who have no voice. It literally can be the difference between who will live and who will die.

What kinds of opportunities are we talking about? Frankly, any time you speak with any other person can become an extraordinary chance to educate, even to save a life. So don’t overlook coffee breaks, airplane trips, or even the supermarket checkout lines.

It’s crucial to remember that the way we speak about the issue, even if it’s only a passing comment, can plant the seed that someday will bear fruit as a totally new perspective for the one who hears.

In order for all of us to guarantee that we are maximizing our impact on every occasion, it is vital that now and again we stop to examine our performance, to go back to basics. That truth is not restricted to those of us who serve the movement as regular speakers or lobbyists but extends to every pro-lifer. It can be difficult to take that hard look or even some criticism, but it can only strengthen each of our efforts in the future.

In this series we hope to explore with you the basics of speaking about abortion, both publicly and privately. We will break down the basic questions and offer language that people understand and respond to. There are simple tools that will make anyone become a better defender of innocent life.

For instance, did you know that there are only five basic categories of arguments pro-abortion advocates use to support abortion? If you know the five answers, there is no question or argument you won’t be able to effectively counter. By the end of this series, you **will** know the arguments **and** the answers. Our first task, however, is to recognize the importance of the language we use.

FRAMING THE ISSUE BY THE LANGUAGE WE USE

Understand that the one who successfully frames the issue persuades the most people. Pro-abortion groups and their allies are masters at this. Therefore, to be truly effective advocates we must learn how to best frame the defense of vulnerable human beings by carefully selecting the language we use.

For instance, how often have we seen or heard parental involvement laws referred to as “restrictive” abortion laws, or the unborn child described as a “fetus”? Perhaps some of us have fallen into occasionally using the abortion proponents’ terms without even realizing it. The time is now to reframe the issue by the language we use.

Our cause is just; what we desire reasonable. Therefore, whenever we speak, our language should command support from reasonable people. For example, parental involvement laws are *protective* laws. They protect both the minor girl at a time when she needs her parents most and her parents who love and know their minor daughter better than some stranger at some abortion facility.

We must, with our words, also give the baby a face and make her a part of our human family. Ask someone who supports abortion if he is aware of the biological fact that the unborn child has a heartbeat as early as 18 days, or that the color of her eyes, the shape of her nose, the dimple in her chin were all determined at the moment of fertilization, and that her mother will always be her mother, no matter what.

How about the abortion industry itself? When we talk about it, we must rightfully use descriptive words that conjure up a negative image – one not worthy of support. Let America know how we lived under (and over 900,000 unborn children die under) the most radical and extreme pro-abortion policy in the world and that many states have codified extreme pro-abortion laws post-*Dobbs*.

Let them know, for example, that the overwhelming majority of abortions performed in America today are done solely as a means of birth control. The statistics that demonstrate this come not from pro-lifers but from the abortion industry itself – from a 2005 study by Alan Guttmacher Institute, a former special research affiliate of Planned Parenthood.

A 2019 article in *Reproductive Health* (vol 16), stated that “on average 40.9 percent of women in need of contraception were not using any contraceptive methods to avoid pregnancy.”

Over 50% of abortions performed before 10 weeks in the U.S. are performed using a chemical abortion method (mifepristone and misoprostol) that not only kills the unborn child but also has the potential to severely injure the mother.

Please remember as you read this series that the overriding principle for every pro-lifer should be to communicate our message effectively. When we do so, we will be heard and accepted, and we will motivate others to join us in the fight for life. If we are successful at this, victory will be won for unborn babies.

Argument 1: “It’s not a human being/person; it’s just a blob of tissue”

In the first installment of this series, we addressed how important it is to frame the issue by carefully selecting the best language to convey our pro-life message. We also indicated that there were only five basic categories of arguments pro-abortion advocates use to support abortion. Once we have identified the argument and placed it in the appropriate category, we will be better able to effectively counter the argument.

In the list that accompanies this article you see the five basic categories. Regardless of the particular words chosen, all pro-abortion arguments fall into one of these five categories.

The first basic category is "It's not a human being/person; it's just a blob of tissue." Within this you would place all the following pro-abortion arguments:

1. The fetus is just a part of the woman's body
2. It's not a baby
3. An egg and a sperm are also human life; the fetus is only a potential human being
4. It's not a person, it has no meaningful life
5. Don't impose your religion on me
6. A fetus is not a person until quickening
7. Life begins at birth
8. No one can really know that life begins before birth

The list can go on, but the basic argument is that the unborn child is not a human being, from the moment of fertilization.

The response should always contain scientifically accurate facts about the generic biology of every member of the species *Homo sapiens*. It should then apply those facts to the unborn child.

The primary focus of your answer is to restore a very real human face to that baby.

When you do answer this question, be aware that your response will probably answer other pro-abortion objections as well, since the core of the entire pro-abortion argument rests upon dehumanizing the baby. You will have defined the real crux of the debate if you can solidly defend the scientific reality that these are unborn members of the human family. How?

One simple but effective way is to start with a few development facts about the unborn baby. Highlight the extraordinary amount of new and ever-growing information we now have about the unborn child's life. Memorize at least three facts about early life of the preborn child, such as that the heart begins to beat at 18 to 21 days after fertilization; that there are brain waves at six weeks; or that at eight weeks all body systems are present, including little fingers and toes!

At this point in your answer, it is important to remind your listener that most abortions take place between the eighth and eleventh week of the pregnancy – about six weeks after the baby's heart has started to beat.

Don't be sidetracked by pro-abortion comments that typically come up. The most common is to dismiss the undeniable facts of prenatal life as merely a "religious" issue. Do not allow your questioner to discount the scientific facts of life with misleading beside-the-point rhetoric.

In fact, it is precisely because of modern scientific understanding about life in the womb that there are people of all faiths—and no faith—working in the pro-life movement. The cause of the unborn is the ultimate human rights issue. While it may be tempting, and may in some settings even be appropriate, to engage in a discussion of the theological origins for a person's pro-life position, usually the religious arguments are just another attempt by pro-abortionists to evade the powerful truth you are presenting.

Remember, as you go about establishing the humanity of the unborn, encourage common sense to prevail. For instance, since the baby is genetically unique at fertilization, it is impossible to say he/she is just another part of his/her mother's body.

Another theme often put forward is that a baby isn't one of us until there is "meaningful" life, or until "ensoulment." Once again, recognize the sidetracking going on. Help your listener to realize that it is dangerous to apply an arbitrary yardstick of usefulness or other "quality of life" judgment to determine who will be recognized as human beings with the right to life and who won't be. Such illogical prejudice opens the door to redefining any of us out of existence based on someone else's idea of what is "meaningful" life.

The simple answer to all these related questions begins and ends with the irrefutable scientific fact that at the moment of fertilization two separate cells form one new life, genetically distinct in every way from every other human being on earth. The color of our eyes, the shape of our hands, even where we put on weight and when we will go bald was programmed into that one tiny new cell that we all began our lives as.

Stick with the "fetal facts" on this one. Throw in a little humor and horse sense along with some well-developed images of tiny little faces sucking tiny little fingers. It will not be hard to tear down walls of apathy or ignorance.

Argument 2: "A Woman Has the Right to Control her Own Body"

The underlying premise to the many arguments that fall within this category – that "a woman has a right to control her own body" – is that it would be unfair to the mother to "force" her to carry her unborn child to term. Therefore, it should be her decision alone to decide whether her unborn child lives or dies.

The argument unfolds in roughly this fashion. It would be "unjust" to require the mother to carry her baby to term because it would require her to quit school, abandon her career, suffer for the rest of her life never knowing where her child was if she placed the child for adoption, or face the stigma of "unwed" motherhood, or an endless number of other scenarios.

Beyond this basic contention, proponents further claim that the mother has the "right" to privacy, the "right" to choose, and the "right" to equal protection, all of which require a "right" to abortion.

The right to privacy, continues the argument, protects the woman's ability to make personal decisions in private, without the imposition of "Big Brother."

This mode of argument culminates with the conclusion that it is this "freedom of choice" that enables a woman to compete equally with a man.

CONTROLLING ASSUMPTIONS

What is astonishing about this reasoning is the assumption behind each of these "injustices" – that the only way a pregnant woman can accomplish anything is for her to kill her baby. What is even more incomprehensible is that some women accept this specious reasoning and actually fight to keep the ability to legally kill their unborn child as a claimed "right"!

What is the rhetorical ploy at work here? Abortion supporters compare unfavorably the life of one human being (the unborn child) with the "right" to live without the temporary condition of nine months of pregnancy. The result is that the temporary condition and its inconveniences trump the child's very right to exist.

When you reach this point, remind your listeners that this way of reasoning threatens everyone's right to life. Determining who shall live and who shall die has become completely arbitrary.

Let's look more closely at the argument that "a woman has the right to control her own body."

Certainly, she has the right to control the use of her arm by choosing to swing her arm. However, that right stops when her arm approaches the tip of my nose.

She may even have the right to scream at the top of her lungs that she hates the movie *Titanic*, but she doesn't have the right to scream "fire" in the crowded theater. Reason and historic experience teach us that unless we protect the rights of others, our own rights soon diminish as well.

Also note that, as is so often the case, abortion supporters have simply defined the unborn out of existence. Or, more specifically, they contend nobody can know "when human life begins."

An essential part of your response to this family of argument is to remind your audience that it is not a mere opinion that two bodies are involved in this decision but a scientific fact. It is important to understand that a surprising number of people have convinced themselves that the unborn child is not a separate human being, meaning the entire focus is on the mother.

Shorn of its individual existence, the child is reduced to a "problem" to be eliminated. What is your counter?

Remind your audience that the unborn child is the smallest, least seen among us, and thus, is the most vulnerable. Buttress your appeal to our common humanity with some of the elementary points of embryology. This little human being has a beating heart as early as 18 days, with tiny little fingers and toes.

All of her genetic code, who she is for now and always – from the color of her eyes and hair, to how tall she will grow to be – was present at the moment of fertilization. Therefore, in every abortion a helpless someone dies.

Answering this argument also allows the pro-lifer to bring attention to the least understood facet of the abortion debate: that most women feel trapped into their abortions. This is a great opportunity to point out that women usually make their decision with little or no accurate information about their pregnancy or knowledge that assistance is available for them from the over 3,000 pro-life mother-helping and resource centers around the country.

We must help people grasp that women aren't really in control of anything if they do not have the right to know the whole truth before they have an abortion. Point out that anyone who supports "choice" surely should support an informed choice in this context as well.

Yet, attempts to pass protective legislation ensuring that women are given information about risks and alternatives to abortion and scientifically accurate information about the developing unborn child are routinely opposed and challenged by abortion advocates. Only a handful of states have recognized the right of women to be fully informed. There is a real insult to women's intelligence in that fact.

As women, we believe that perhaps the greatest crime committed against women by the legalization of abortion is the ugly idea that our ability to bear children is a punishment or a failure on our part. That notion has sent a message to three generations of women that they must – at all costs – reject their own children if they are going to avert failure.

Women have to stop apologizing for the fact that they bear children. Gently but firmly emphasize that, ironically, as long as women give into the expectation that they ought to kill their

children in order to get further in this world (that is, compete equally with men), they really are "second-class" citizens.

A major element in much of the rhetoric that is used within this particular category of arguments is the tragic notion that the unborn child is an enemy of her mother. Mother and child are pitted against each other.

We must help our questioners to realize that mother and child are not antagonists but equals who must both be protected by law.

The only reasonable perspective is that every human being's life must be protected from the moment of fertilization until natural death. It cannot be subject to the arbitrary whims of others, or soon each of us will find ourselves or our loved ones being defined out of existence.

Finally, the constant rallying cry attendant to this "women must control their own bodies" argument is the clever but evasive rejoinder, "Who decides?" You can point out that the more appropriate question is, "Who dies?"

Since every abortion does in fact stop a beating heart it is essential that a just government pass laws to respect the right to life. Slogans such as "Keep your laws off my ovaries" are simply a distraction from the power of the truth about the unborn child's life. Our elected officials are bound on our behalf to ensure that protection is provided to every human being.

Ultimately, the only way to actually protect the mother's rights will be by enforcing laws that secure her child's right to life.

Argument 3: "Every child a wanted child," and other social arguments

In the 1960s, we were told that there were too many people, not enough resources, unwanted and abused children, abused women, poverty, and a host of other social ills. When taken separately, these issues all appear to be independent problems, but we were told that they all had a common remedy.

Abortion was touted as *the* solution to all our social ills. In other words, we were told then that these social problems were best resolved by ending someone's life. Almost 50 years after the legalization of unlimited abortion under *Roe* – and the deaths of over 64 million babies – our opponents still continue to argue that abortion is the solution.

Take the issue of poverty, for example. Our opponents argue that there are so many poor people. How can we force a poor woman to carry her baby to term? It is implied that encouraging poor women to abort their children will somehow end poverty. Yet, the same woman who struggles with poverty today is just as poor the day after her child's life is ended.

Another example is the case of spousal or family abuse where some would believe abortion to be the only option to this horrible situation. What about the woman who is being beaten by her husband?

When such a question is posed, it is vital to remind the questioner that the same woman threatened with abuse the day before the abortion goes home to the same abuse the day after it. Nothing has been done by the abortionist or the abortion itself to help her establish a situation of greater safety.

Running through questions like these is a common thread: the misguided idea that the **baby** the mother is carrying is the source of her problem. For most women, the presence of this new child has only brought into sharp relief the issues and complexities of their lives which make being pregnant seem difficult. When questions are put forward that focus on the baby as the problem, the responses have to point out the larger picture. For instance, we won't end poverty by killing poor children.

The "Wanted Child"

We have all heard the mantra, "every child a wanted child." The core problem, of course, is the idea that we have value not because we simply are but because we are "wanted."

Beyond this there is the assumption that the particular children themselves were unwanted. That is not at all necessarily true.

Remember that the majority of women queried after abortion say that they had their abortion because they felt they had no other option. Many women are afraid that they can't handle the situation alone and abortion is a quick way out. The same women are the ones to rejoice at the discovery of the over 3,000 mother-helping centers around the country.

As you counter this old but still (to many) persuasive argument, always introduce information about the real solutions offered by mother-helping centers. The answer – our answer – to so-called "unwantedness" is to provide assistance that respects the dignity of both mother and child.

Questions about what will we do with all the "unwanted" children are also great opportunities to acknowledge the tireless efforts of the pro-life movement in responding to meet the real needs of women facing crisis pregnancies. Included among those efforts are medical assistance, educational opportunities, housing, and often job training—all designed to give the young mother a sense of hope for herself and her child. It never hurts to break a few stereotypes about what pro-lifers are all about.

When responding to the issue of wantedness, ask, "wanted by whom?" According to a May 17, 2012 article from *LifeNews*, Kristi Burton Brown quotes research on adoption statistics in "Why Do People Choose Abortion Over Adoption" and explains:

Business Library reports that "there are up to 36 couples waiting for every one baby placed for adoption.

In the same article, Mrs. Burton Brown states that that, "In the USA, there are approximately two million infertile couples waiting to adopt, many times regardless of the child's medical problems such as Down Syndrome, Spina Bifida, HIV infection or terminally ill. Dr. Brad Imler, president of America's Pregnancy Helpline, confirms the challenge of waiting couples by stating: "Only 1% of the Helpline's annual 40,000 clients inquires about adoption." The article can be found at:

<http://www.lifenews.com/2012/05/17/why-do-more-people-choose-abortion-over-adoption/>

Babies, regardless of medical problems, who are "free for adoption," generally do not wait long for families. There are waiting lists of couples who would like to adopt infants with Down Syndrome or Spina Bifida. The National Down Syndrome Adoption Network reports that there are currently at least 40 approved families waiting to adopt a child with Down syndrome. There are also couples who would like to adopt terminally ill babies, including babies with AIDS. Years ago, ABC-TV's "20/20" reported that they had received over 25,000 self-addressed stamped envelopes from individuals wanting to adopt Romanian orphans. Over 10,000 people contacted NCFCA after Parade Magazine's August 2, 1998, cover story on transracial adoption. (NCFCA)

Further, a study using data from Spence-Chapin Services to Families and Children, the largest adoption agency in New York, examined the outcomes for hundreds of women who chose adoption over abortion between 2006-2020. "Seventy-eight percent reported being either satisfied or extremely satisfied with their 'emotional well-being,' 80% with their family, and 81% with their careers." ("Doing adoption the 'right' way can work for everyone involved," *New York Post*, February 18, 2023)

Adoption is a thoroughly responsible, helpful-to-all alternative to abortion that is, unfortunately, not well understood. When you are countering this category of arguments for abortion, you'll find that it comes as a surprise to many that so many couples wait for so long to find any child available for adoption. All too often, there is far too little accurate information made available to young women facing difficult pregnancies. As a result, the life-affirming option of adoption does not get a fair hearing in the debate.

Tragically, these social justifications for abortion also imply that we can end child abuse by resorting to the ultimate abuse of children. Again, always when answering any question about abortion, it is critical to return the focus to the baby who will die at the same time we avow our eagerness to help her mother.

It is frightening to contemplate how easily people can separate the violence of abortion from the stories of family violence heard on the news. Perhaps that is why it seems kinder to them to kill a voiceless, unseen baby in the womb.

Here again the assumption is made that the babies/children who are abused were "unwanted" children who should have been aborted. The numbers don't add up, however. Over 900,000 babies are aborted annually, yet child abuse numbers are at an all-time high.

In fact, rather than decreasing child abuse, abortion has had just the opposite effect. According to figures from the National Center of Child Abuse and Neglect (U.S. Department of Health and Human Services), child abuse has dramatically increased since abortion was legalized. In 1973, the year the Supreme Court legalized abortion, the agency reported 167,000 cases of child abuse. In 1983, it reported 929,000 cases. By 1991, the number of cases had soared to 2.5 million cases. The U.S. Department of Health and Human Services reported that 3.4 million referrals of child abuse were made to Child Protective Services agencies in FY 2011. According to the U.S. Department of Health and Human Services, "For 2020, CPS agencies received a national estimate of 3.9 million (3,925,000) total referrals." And "For FFY 2020, there are nationally 618,000 (rounded) victims of child abuse and neglect." And, of course,

such figures do not even include the over 64 million children killed by abortion – the ultimate form of child abuse. For more detailed information visit the Children's Bureau website at: <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>

The only thing that abortion does is make it easier for some to disregard the needs of others.

Finally, there is, in all these questions, an attitude of weary, resigned hopelessness. It is as if all the other answers have been tried and failed, so we must content ourselves with abortion.

People say they don't like abortion, but what else can they do? Tragically, the longer abortion is used as a method of "solving" social as well as personal problems, the more often some people will begin to see it as not only reasonable, but also morally responsible.

A formidable challenge for pro-lifers is to help society reject the notion that the best response society has to its problems is the death of our children. This is a challenge we eagerly embrace.

Pro-lifers are realists: we acknowledge that there is hard work involved in really addressing problems that make abortion seem so useful. The answers to these inquiries – and often they are sincere questions – demand honesty. Where there is prejudice or fear based on poverty or misplaced compassion, there must be clarity. Where there is hopelessness and resignation, there must be demonstrated reasons for hope and faith in the future.

In all these rationalizations for abortion, however, there is also an invitation. What is called for from us is creativity. We are limited only by the blinders we put on ourselves.

Each unexpected pregnancy is an opportunity to reach beyond the immediate circumstances and to build life-respecting responses, where each new life is seen as an opportunity. It is up to us to show this in a loving and supportive way both to women facing untimely pregnancies and those who see the poverty, injustice, and brutality of abortion as a "cure" to poverty, injustice, and brutality.

Argument 4: "If abortion is made illegal, women will die"

In the late 1960s, advocates of legalized abortion used as their rallying cry the argument that "thousands" of women died from self-induced abortions or in the "back-alley" from illegal abortions. They mobilized around the image of the "coat hanger," and insisted that five to ten thousand women died every year from "botched" illegal abortions. They used this argument (and some still do) to bolster support for "safe," legal abortion on demand.

However, some of the best evidence that this was a myth has come not from pro-lifers but from advocates of legal abortion. Dr. Mary S. Calderone, a former director of Planned Parenthood wrote in the *American Journal of Public Health*, "Abortion is no longer a dangerous procedure. This applies not just to therapeutic abortions as performed in hospitals but also to so-called illegal abortions as done by physicians. In 1957 there were only 260 deaths in the whole country attributed to abortions of any kind...Second, and even more important, the conference [on abortion sponsored by Planned Parenthood] estimated that 90 percent of all illegal abortions are presently being done by physicians...Whatever trouble arises usually arises from self-induced abortions, which comprise approximately 8 percent, or with the very small percentage that go to some kind of non-medical abortionist...So remember...abortion, whether therapeutic or illegal, is in the main no longer dangerous, because it is being done well by physicians." This was written in 1960!

Another stunning admission about the manufacturing of illegal abortion numbers comes from Dr. Bernard Nathanson, former director of the National Association for the Repeal of Abortion Laws (now known as the NARAL Pro-Choice America). In his classic 1979 book *Aborting America*, Dr. Nathanson wrote, "How many deaths were we talking about when abortion was illegal? In NARAL, we generally emphasized the frame of the individual case, not the mass statistics, but when we spoke of the latter it was always 5,000 to 10,000 deaths a year. I confess that I knew that the figures were totally false and I suppose that others did too if they stopped to think of it. But in the 'morality' of our revolution, it was a useful figure, widely accepted, so why go out of our way to correct it with honest statistics? The overriding concern was to get the laws eliminated, and anything within reason that had to be done was permissible."

A powerful debating point is to explain to your audience that for 1972, the year before *Roe*, the federal Centers for Disease Control (CDC) reported 39 maternal deaths from illegal abortion. The deaths of those 39 mothers and their 39 children were very real tragedies that should have been prevented by providing support and care for the mother and her unborn child. The number 39, however, is a far cry from those exaggerated figures of thousands, even tens of thousands, used by abortion advocates in their cause.

It is also important to remember that women today still die. They die from so-called "safe" and legal abortions. According to a report released by the CDC in the *Morbidity and Mortality Abortion Surveillance — United States, 2019* (Table 15), over 449 women have died from legal abortions since 1973. Common sense would also suggest that it has never been in the abortion industry's self-interest to report all the deaths from legal abortion.

Legalizing abortion simply gave the back-alley abortionist permission to put his shingle on the front door. The risk now comes from the huge increase in the sheer numbers of abortions done on a daily basis.

Today, approximately 54% of abortions are performed using chemical abortion drugs (primarily mifepristone and misoprostol) with pro-abortion groups encouraging what they call "self-managed abortions." What was once an argument to legalize abortions—to prevent self-induced abortions—is now a talking point to legalize widespread availability of chemical abortions!

A related contention of abortion advocates for legalizing abortion was that "safe" legal abortions reduce maternal deaths. The reality, as suggested by the numbers above, is that the number of maternal deaths had dropped dramatically prior to abortion's legalization. The real explanation for the decline was the introduction of overall better maternal health care, particularly antibiotics and blood transfusions. These improvements, and the capacity of modern medicine to cope with emergency medical complications arising from abortion, were the real reasons why women's lives were saved.

Powerful evidence that it is really advances in standard medical care that saves mothers' lives, and not the legalization of abortion, comes straight from the World Health Organization. According to 2017 figures, Ireland had some of the lowest maternal death rates in the world, where health care is advanced, but abortion was illegal.¹ Whereas the U.S., which has legal abortions, has a maternal death rate that is four times greater than Ireland.²

Women are now endangered by the possibility of serious, life-threatening side effects from chemical abortions, yet, the abortion industry remains committed to promoting "self-managed" abortions.

Common sense can prevail in this question if it is remembered that pregnancy is a natural condition, not a disease. Abortion is always an unnatural interruption of that condition.

¹ Abortion was illegal in Ireland until December 2018.

² *Maternal Mortality - Levels and Trends 2000 to 2017*. <https://mmr2017.srhr.org/>. Accessed 20 June 2022.

When you are discussing this with people, make clear that the bottom line is that every death from abortion is a tragedy. In fact, with every abortion, someone dies. Every mother that dies, every baby that dies – from a legal or an illegal abortion – will never exist again and is lost to society forever. Every abortion stops a beating heart - sometimes two!

The underlying theme in all these pro-abortion arguments is that making abortion legal makes it safer and easier for women to cope with. But there is growing evidence from women who have experienced legalized abortion that it is anything but easier or safer. Legalizing abortion has not made it any less degrading for the mothers involved.

Quote the real voices of these women when addressing those who are unsure of this position and even to supporters of abortion as well. One particularly stunning quote appeared in the *The Washington Post* on April 5, 1998:

"It is patiently explained that the reason this clinic can perform the Procedure so cheaply, a third the price of other clinics, is its assembly line method. By the time the doctor gets there, everyone is prepped, counseled and waiting. He therefore has only to do Procedure after Procedure until 7, with a minimum of downtime ..." ³

Women who have organized post-abortion support groups consistently state that had abortion been illegal they would not have sought one. It is important to point out that in poll after poll, women suggest that the real reason they aborted their children was that they felt they had no option and that abortion was legal. Emphasis needs to be placed on the pro-life help centers that are available to these moms.

Abortion may be currently legal in many states, but it is anything but safe for either mother or child. Once again, it is necessary to restate that in every abortion someone dies.

³ Barajas, R. C. "THE PROCEDURE." *Washington Post*, 5 Apr. 1998,

<https://www.washingtonpost.com/archive/lifestyle/magazine/1998/04/05/the-procedure/87f5a743-cacf-4b96-92dc-aca7a2cbfabc/>.

Argument 5: “Rape, Incest, Fetal Abnormality”

Not surprisingly, when asked to suggest the question they would **least** like to be asked, average pro-lifers usually say it is about the “hard cases,” including questions posed about rape, incest, and the presence of severe fetal abnormality that seem to many people to be almost unanswerable.

While we do not deny that these difficult cases arouse powerful emotional responses, there **are** answers. The following are some helpful hints, the kind that will ease your mind and keep you from backing away when these questions are thrown at you.

First of all, it is critical to remember that the vast majority of abortions do not happen as a result of any of these reasons. In fact, according to a study in *Family Planning Perspectives* (published by the pro-abortion Alan Guttmacher Institute), approximately 7% of all abortions done in the United States are done for: rape, incest, the life/health of the mother, a possible health issue affecting the baby — combined. This infrequency has never prevented pro-abortion proponents from using these examples as scare tactics to reinforce a false perception that there is a need for abortion in desperate cases.

The hard cases are always brought up because they carry so much emotional weight with the general public, who don't know the facts about abortion in the United States. Moreover, because many people are quite afraid of how they would respond themselves to any of these circumstances, it is easy for abortion proponents to prey on those anxieties.

So, what is the pro-life speaker's job? It is to address those fears sympathetically, rationally, and factually. Taken separately there are solid reasons why abortion should not be resorted to in these cases. Taken collectively this small minority of cases proves the adage that hard cases make bad law.

Certain realities need to be restated in any response. Once again it is vital to remind the audience that the circumstances of the baby's conception change nothing about the baby herself or abortion's inherent brutality. The baby's development is no different. The methods used to end that life remain just as violent.

Yet it is not unusual when the hard cases are discussed for a kind of mental gymnastics to take place in the minds of people who have otherwise accepted the pro-life arguments but seem to believe that everything is somehow different in the hard cases.

Look, first, at the arguments in favor of abortion when the baby will have a severe fetal abnormality. Any answer has to tear aside the veil of prejudice that drives the notion that it is somehow kinder to kill a person with a disability or a disease before she is born than to let her “live in that condition.”

The pro-lifer's job is to bring sanity to the situation by firmly rejecting the “quality of life” argument, the **very** dangerous idea that there are some lives not worthy of living. This response reminds our listeners that every life is unique, every life is valuable. By establishing this baseline, you can show them that aborting a child because of a possible abnormality is nothing less than blatant and deadly discrimination against people with disabilities.

Shockingly, the types of disabilities included by pro-abortionists in the list of purportedly “good reasons” for an abortion range from the truly severe to relatively minor; the list of the latter grows lengthier every year. Abortion has become a search-and-destroy method for eliminating less-than-“perfect” people. Rather than pursuing medical solutions to some of these difficulties, there is a regular use of techniques, like amniocentesis, to identify problems in the unborn so that an abortion can be performed more expediently. In light of this reality, the pro-life response must insist that we don't cure disease by killing the patient.

The next two hard cases are typically asked together, so we will answer them in a similar fashion. When it comes to pregnancies that result from rape and/or incest, real violence has been done to women. Pro-lifers must fully appreciate the fear that swirls around any discussion of rape and incest.

Your answer must begin in compassion; a woman has been violated, often violently. If pro-lifers care deeply about the lives of women facing any difficult pregnancy — and we do — obviously we care no less in the case of rape or incest.

Simply stated, rape is an act of violence against an innocent woman. When someone has been through an ordeal of this magnitude she deserves to be treated with the deepest compassion, enormous support, and special care.

But while society is finally recognizing that rape is an act of violence against an innocent victim, it still fails to recognize that abortion is also an act of violence against another innocent victim.

If the woman does become pregnant, she may be made to feel twice as tainted when society is not prepared to cope with the circumstances of this child's conception. Counselors and abortion providers encourage abortion as the perfect “solution.”

Irrationally, society expects her to kill her unborn child, not for something the child has done, but for the crime of his/her father. Once again, the mother is pitted against her child.

Subjecting her to an abortion only compounds the initial violence of the rape. Only in this second tragedy, the woman becomes the aggressor against her own child.

Although research in this area is limited, at least two studies done with women who've become pregnant following a rape have clearly shown that women who aborted their children feel twice victimized and angry about the abortion

(Mahkom, "Pregnancy and Sexual Assault," *Psychological Aspects of Abortion*, University Publishers of America [1979], pp. 53-72).

Women in one study who carried their babies to term, although frightened at first, felt they had done the more positive thing by giving their children life; they felt they had turned something awful into something good (Mahkom and Dolan, "Sexual Assault and Pregnancy," *New Perspectives on Human Abortion*, University Publishers of America [1981], pp. 182-199). A woman who tries to face **any** sort of crisis pregnancy alone is at risk. Whatever the circumstances of her life, each woman deserves support and proper care throughout her pregnancy and beyond it to prevent more harm being done either emotionally or physically. Help like that is found at the over 3,000 pro-life pregnancy centers across the country. That is the true measure of compassion for mother and child.

All of the responses to these various arguments have to take into account that most of the time they stem from some kind of fear on the part of the questioner. People are unfamiliar with or afraid of how they would cope with a disability, so they rush to reject the lives of babies with disabilities. Understandably, there is concern about the violence of rape or incest, but at best that fear leads to a misplaced sense of chivalry, at worst a coldhearted rejection of both victims of the crime.

While hard cases can make bad law, they can also offer the greatest challenge to create the kind of life-affirming society we want to live in.

Abortion: Post-Dobbs
The FACTS

The FACTS: Was abortion outlawed under *Dobbs*?

No. *Dobbs* reversed *Roe v. Wade* and by doing so returned decisions about abortion to the legislatures.

Some states had in place what are called “trigger laws” that were passed under *Roe* but would only go into effect if the U.S. Supreme Court ever overturned *Roe*. Other states had existing laws on the books that were nullified under *Roe* but, with *Dobbs*, those laws went back into effect. Some states called for emergency legislative sessions immediately following *Dobbs* to pass legislation in response.

At this time, there are states that have passed extensive protective legislation and have effectively stopped abortion in those states. In other states, the abortion industry has successfully convinced legislators or voters that abortion should be enshrined in state law.

Women and children are vulnerable to the billion-dollar abortion industry. Women need laws protecting them, giving them the right to know about the dangers of any abortion procedure as well as the development of their unborn child. The abortion industry sees the mother pitted against her child. The pro-life movement wants to see a mother succeed and her child welcomed in life and protected by law.

The FACTS: Treatment for Miscarriages or Life-Threatening Pregnancy Complications

Since the June 2022 U.S. Supreme Court decision in *Dobbs*, pro-abortion groups have focused their public relations strategies on the hard cases such as rape, incest, and the life of the mother. They have especially promoted news stories about the hospitals and doctors in some states who claim they can’t treat women for miscarriages or life-threatening pregnancies because of “confusion” in new protective state laws.

Medical doctors and hospitals have for years used known and long-standing protocols to treat miscarriages or life-threatening complications in pregnancy. These treatments are not challenged by new laws.

In a miscarriage, a baby has already died, and any treatment to remove the child would not be considered an induced abortion because an induced abortion *deliberately takes the life of a living unborn child*. For the woman who has had an incomplete miscarriage where the baby is still in the womb, a variety of medical treatments exist. Many of these treatments are identical or nearly identical to those used to procure an abortion but for a major difference: the baby is no longer alive. In these instances, the body of the deceased child can cause medical issues— which can be life-threatening—and doctors may recommend the use of medication or a surgical procedure to remove the body of the dead baby.

There are several life-threatening complications that can arise in pregnancy. They include placenta previa, pre-eclampsia, eclampsia, pregnancy-induced hypertension, and diabetes—to name a few. In some cases, medication or a watch-and-wait protocol may be preferred. In other cases, the treatment is what doctors may refer to as a “separation event” — where the mother gives birth, either by inducing labor or performing a caesarian section before the due date so doctors can treat both patients. Depending on how far along a woman is in her pregnancy, the baby may be healthy and able to go home quickly or, the baby may be born early with a chance of survival dependent on how early the child is born and if there are any complications.

The intent behind these treatments is not to cause the death of the baby, instead it is to give doctors the ability to ensure that the best treatment can be given to both mother and child.

The FACTS: The abortion industry is wrongly warning that women will be prosecuted for abortions.

The abortion industry wants abortion without limits but has focused their attention on issues they think will sway the American public including the misinformation that women will be prosecuted for having an abortion. More than 70 state, national, and

international pro-life organizations issued an open letter—initiated by National Right to Life—to the nation’s state legislators urging them to reject legislation and policy initiatives that would impose criminal penalties on women who have abortions.

In the letter, issued in May 2022 (before the *Dobbs* decision), the organizations state:

As national and state pro-life organizations, representing tens of millions of pro-life men, women, and children across the country, let us be clear: We state unequivocally that we do not support any measure seeking to criminalize or punish women and we stand firmly opposed to include such penalties in legislation.

There are two victims in every abortion: the unborn child who loses her life, and her mother who is left abandoned by the abortion industry to deal with any physical complications, as well as the emotional and psychological pain of the abortion trauma for months or even years to come.

The abortion industry uses confusing language and deliberate shifts in language to confuse women. For example, the trend now in the abortion industry and with their sympathizers in the press is to use “cardiac activity” instead of heartbeat when referring to the heartbeat of an unborn child. No doctor tells an expectant mother, “We can hear the cardiac activity of your fetus.” No, a doctor will tell an expectant mother, “We can hear the heartbeat of your baby.”

But deliberately concealing information through muddying language or technical jargon, gives the abortion industry the ability to confuse women and continue their goal of growing a billion-dollar industry.

There are women across the country who later find out the truth about the development of their child and the life that was lost to an abortion. Once they learn the truth, many become distressed and mourn the loss of their child. They often turn to post-abortion recovery programs to help them grieve and learn about grace and forgiveness. Prosecuting women who have been lied to and had abortions is wrong and will make them less likely to seek help and may even prevent them from opening to others about their pain and grief.

The FACTS: Some in the abortion industry are claiming that abortion is a “religious right”

In August 2022, immediately following the June 2022 *Dobbs* decision, Columbia Law School’s Law, Rights, and Religion Project issued a white paper called *A Religious Right to Abortion: Legal History & Analysis*. The paper covered the following,

A brief overview of religious liberty laws. Religious freedom in the U.S. is protected by the U.S. Constitution, state constitutions, as well as myriad state and federal religious liberty statutes.

The history of legal claims articulating a religious right to abortion: Both before and after *Roe* legalized abortion nationwide, patients, doctors, and faith leaders all brought numerous legal claims alleging that they had a religious liberty right to provide, access, or help others to access abortion. Almost none of these claims were ever fully litigated.

How religious liberty claims might be made today: Many state laws passed over the past few decades robustly protect the free exercise of religion. Most of these laws prohibit state governments from placing a substantial burden on the exercise of religion unless doing so is necessary to advance a compelling government interest. Such religious liberty protections might—if a lawsuit is successful—limit the state’s ability to criminally prosecute or otherwise punish people of faith who feel religiously obligated to access or help others access abortion care.¹

Presentations involving the argument for a religious right to abortion are showing up in testimony before state legislatures. In February 2022, the Associated Press reported,

Abortion rights groups are challenging abortion bans in some states by arguing the bans — supported by certain religious principles — violate the religious rights of people with different beliefs...

In Montana, a state lawmaker who is an ordained Jewish rabbi argues religious freedom laws that protect health care workers' religious beliefs should also protect abortion rights for those who belong to religions that support such rights.

The reporter also noted,

Some religious groups, including the Roman Catholic Church, Assemblies of God, Church of Jesus Christ of Latter Day Saints and the Southern Baptist Convention, oppose abortion rights, with few to no exceptions, according the Pew Research Center.

The Episcopal Church, the Evangelical Lutheran Church in America and the United Methodist Church support abortion rights, with some limits. Conservative and Reform Judaism, the Presbyterian Church, Unitarian Universalist and the United Church of Christ support abortion rights with few or no limits, Pew said.

Islam, Buddhism, the National Baptist Convention and Orthodox Judaism hold no clear position on the procedure.²

It's not surprising that the abortion industry would look to use religion as a justification for abortion both as a legal and a public relations option. The industry's ability to adapt and use their version of "truth" to promote abortion is astonishing.

The pro-life movement will continue to act with love and compassion toward women who have abortions and work to see policies enacted that strengthen life-affirming resources for abortion-vulnerable women.

¹ Columbia Law School " A Religious Right to Abortion: Legal History & Analysis," August 2022

<https://lawrightsreligion.law.columbia.edu/sites/default/files/content/LRRP%20Religious%20Liberty%20%26%20Abortion%20Rights%20memo.pdf>

² News, A. B. C. "Montana Lawmaker: There's a Religious Right to Abortion." *ABC News*,

[https://abcnews.go.com/US/wireStory/montana-lawmaker-religious-abortion-97301167.](https://abcnews.go.com/US/wireStory/montana-lawmaker-religious-abortion-97301167)