When They Say... You Say

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

By Olivia Gans Turner and Mary Spaulding Balch
<table>
<thead>
<tr>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Basic Categories of Arguments.............................................. Page 3</td>
</tr>
<tr>
<td>5 Basic Arguments with Responses............................................. Page 4</td>
</tr>
<tr>
<td>Questions and Answers.................................................................... Page 5</td>
</tr>
<tr>
<td>How to Frame the Issue with Our Words........................................ Page 7</td>
</tr>
<tr>
<td>Keys for Success with the Media................................................ Page 8</td>
</tr>
<tr>
<td>NRL News Article............................................................................ Page 9</td>
</tr>
<tr>
<td>Argument 1: “It’s Not a Human”...................................................... Page 10</td>
</tr>
<tr>
<td>Argument 2: “Right to Control Her Body”........................................ Page 11</td>
</tr>
<tr>
<td>Argument 3: “Every Child a Wanted Child”....................................... Page 13</td>
</tr>
<tr>
<td>Argument 4: “Illegal Abortion Kills Women”...................................... Page 15</td>
</tr>
<tr>
<td>Argument 5: “Rape, Incest, Fetal Abnormality”................................ Page 17</td>
</tr>
</tbody>
</table>
When They Say... You Say

5 Basic Categories of Arguments

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

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
- overpopulation and quality of life
- separation of church and state – can't legislate morality

ARGUMENT 4 – Back-alley 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

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 6 – The Ad Hominem – Attacking the speaker
- “You’re a man.”
- “You’re too old to have children.”
- “How many children have you adopted?”
- No matter what the personal attack, remember to go back to basics. Abortion is the ultimate human rights issue; that’s why we ALL have the right to speak out about this issue.
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

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!

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.

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
- overpopulation and quality of life

YOU SAY: We will never end poverty 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 abortions

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

YOU SAY: 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. 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 at 18 days after fertilization and brain waves as early as 6 weeks after fertilization. Most abortions are not performed until at least, or after 9 weeks of the pregnancy. Even RU486 chemical abortions can't be done until after six weeks.

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. In countries where there is not even the guarantee of clean running water, abortion will only become a death sentence for third world 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. 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 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!

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 mother helping 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. While pregnancy is extremely rare from rape, it can happen. 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 this attitude that uses arbitrary yard sticks to measure people’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 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

<table>
<thead>
<tr>
<th>SAY</th>
<th>DON’T SAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECISIONS, ALTERNATIVES, OPTIONS</td>
<td>CHOICE</td>
</tr>
<tr>
<td>UNBORN CHILD, PRE-BORN CHILD, BABY</td>
<td>FETUS</td>
</tr>
<tr>
<td>SHE OR HE</td>
<td>IT (ABOUT THE BABY)</td>
</tr>
<tr>
<td>MOTHER</td>
<td>(PREGNANT) WOMAN</td>
</tr>
<tr>
<td>ABORTIONIST</td>
<td>DOCTOR, PHYSICIAN</td>
</tr>
<tr>
<td>ABORTION FACILITY</td>
<td>CLINIC, HOSPITAL</td>
</tr>
<tr>
<td>ABORTION INDUSTRY</td>
<td>REPRODUCTIVE HEALTH CARE PROVIDERS, FAMILY PLANNING CENTERS</td>
</tr>
<tr>
<td>ABORTION</td>
<td>REPRODUCTIVE HEALTH CARE, TERMINATION OF PREGNANCY</td>
</tr>
<tr>
<td>PRO-ABORTION</td>
<td>PRO-CHOICE</td>
</tr>
<tr>
<td>PRO-LIFE</td>
<td>ANTI-ABORTION</td>
</tr>
<tr>
<td>PROTECT UNBORN CHILDREN FROM ABORTION</td>
<td>PROHIBIT ABORTION</td>
</tr>
<tr>
<td>EXTREME “ABORTION ON DEMAND” LAWS</td>
<td>LIBERAL ABORTION LAWS</td>
</tr>
<tr>
<td>COMPLETELY UNPROTECTIVE LAWS</td>
<td>PERMISSIVE ABORTION LAWS</td>
</tr>
<tr>
<td>ABORTION PROMOTERS</td>
<td>REPRODUCTIVE RIGHTS ADVOCATES/SUPPORTERS</td>
</tr>
<tr>
<td>KILLING</td>
<td>MURDER</td>
</tr>
</tbody>
</table>
When They Say... You Say

A key to successfully advancing the cause for the unborn is being an effective speaker when dealing with the media. 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 help 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 central points that follow directly from one another. Stay focused on those key points.

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. If and 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 to 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! Frown when you mention the abortionists!

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, dresses or suits for women. Never wear white shirts, blouses, or dresses. Solid colors are best. Ladies wear some lipstick, rouge, and powder but go easy! Simple jewelry is good.

Ask a friend to listen to you speak and help you develop a firm but friendly tone of voice.

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.
When They Say... You Say

“When They Say..., You Say”  By Olivia Gans and Mary Spaulding Balch

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 who wants to be, 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-abortionists 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 live under (and over 1.3 million unborn children die under) the most radical and extreme pro-abortion policy in the world.

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 1989 study by Alan Guttmacher Institute, a special research affiliate of Planned Parenthood.

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.
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 chart that accompanies this article you see the five basic categories. Over the next few issues of NRL News we will show how, 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 "fetal facts." 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 fetal life, 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 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.
When They Say... You Say

"Right to Control Her Body"

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 teaches us that unless we protect the rights of others, our own rights soon diminish as well.

Note also 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 her genetic definition of 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 centers around the country.

We must help people to 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 insuring 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 absolutely 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’s life. Our elected officials are bound on our behalf to ensure that protection is provided 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

Editor's note: This is the fourth in a series of columns devoted to showing pro-lifers how to counter the most common arguments made on behalf of abortion.

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. Twenty-five years after the legalization of abortion on demand – and the deaths of over 36 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. In reality, 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 A K.I.D.S. Exchange reports that they have over 100 approved families waiting to adopt children with Down Syndrome. There are also a large number of couples who would like to adopt terminally ill babies, including babies with AIDS. 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 NCFA after Parade Magazine's August 2, 1998, cover story on transracial adoption. (NCFA)

There are waiting lists of couples who would like to adopt infants with Down Syndrome or spina bifida. As of June 2013, the National Down Syndrome Adoption Exchange reports it has over 200 approved families waiting to adopt children with Down Syndrome. There are also a large number of couples whose hearts are ready to adopt terminally ill babies, including babies with AIDS.

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 1.4 million 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. And, of course, such figures do not even include the over 50 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 of 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 actually 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 all of 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 crisis 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 1960's 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 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 physician. 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 National Abortion and Reproductive Rights Action League – NARAL). 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 Weekly Report: Abortion Surveillance-2009 (Table 25) over 400 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 physician/butcher permission to put his shingle on the front door. Abortion remains very much the same today as it was in 1960, particularly regarding the first-trimester abortion techniques. The risk now comes from the huge increase in the sheer numbers of abortions done on a daily basis.

In other words, what was once a horrible, but confined, tragedy has become a nationwide holocaust! Abortions are done in an assembly-line production in abortion facilities all over the country. Again, the evidence for this often comes from abortions supporters, as we shall see.

Ask your audience this question: How can there be any real safety in an environment where the main concern is to perform as many abortions as possible in order to increase the abortionist’s profit margin?

A related contention of abortion advocates for legalizing abortion was that "safe" legal abortions reduce the 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 2013 figures the two countries with the lowest maternal death rates are Ireland and Malta, where health care is advanced, but abortion is illegal.¹ Whereas the

---

U.S., which has legal abortions, has a maternal death rate that is four times greater than Ireland and Malta.

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.

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 Washington Post Magazine 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 ..."

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 mother-helping centers that are available to these moms.

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

**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 Alan Guttmacher Institute, which is the research arm of Planned Parenthood), less than 6% of all abortions done in the United States are done for all of these reasons combined. However, 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 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 is becoming 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, a rare but possible occurrence, 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 mother-helping 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.