WHEN THEY TELL YOU THAT ABORTION IS A MATTER JUST BETWEEN A WOMAN AND HER DOCTOR

The incredible photograph above by Dr. Rainer Jonas shows what a healthy, active intrauterine child looks like at 19 weeks. Like the bud of a flower, beautiful. But, unfortunately still a candidate for elective abortion.

THEY'RE FORGETTING SOMEONE
These highly detailed and scientifically accurate life-size models show the developing human baby from the first month (lower left) through the seventh month (top right). The set includes twins (shown at top left in the fifth month, normal positions) as well as babies in the prone, breech and dorsal positions (center row). The babies in the five largest models are removable to facilitate study and all models are made of Somso-plast, an unbreakable plastic. The models are manufactured in West Germany by the Marcus Sommers Company, an international supplier of scientific anatomical models for over 100 years. This is an excellent classroom study aid. Information is available from the Wisconsin Right to Life Education Fund, 10625 W. North Avenue, Milwaukee, WI 53226. Call (414) 778-5780 for information.

Ultrasound:
Revealing the Wonders of Human Development

by Bernard N. Nathanson, M.D.

The application of ultrasonic technology to obstetrics and fetalometry has been an especially fruitful enterprise. Now, for the very first time, that mysterious squirming occupant of the uterine capsule could be photographed, measured, and examined. Ultrasound, cool and safe, allowed us to measure the ventricles of the brain, the diameter of the great vessels, and the chambers of the heart of the child. And finally in the early 1970s, the refinement known as realtime ultrasound, the continuous projection of the ultrasonic images as a motion picture, revealed the tiny heart coiling and thrusting, the lungs and chest wall expanding and contracting in the familiar kinetics of breathing, and even the eyes moving about in their jerky rhythms.

The first scientific papers based upon the use of realtime ultrasound began appearing in 1976, and logically concerned themselves with the movements of the child. Amazingly, these early investigations disclosed that the child begins moving at six weeks and the movements, feeble at that stage, are not perceived by the mother. Two out of three movements, even in advanced pregnancy, are not felt by the mother. Watching that realtime ultrasound screen we quickly became aware that the child is virtually always in motion.
"We are seeing more and more of the unborn child and translating the information we obtain into clinically useful concepts."

during its waking periods.

By 1976, researchers in England, using realtime ultrasound, had demonstrated conclusively that the human unborn actually makes breathing movements in the uterus. In the undisturbed state, the breathing pattern was regular, shallow, and even, but if stress were placed on the fetus, such as a sudden sharp deprivation of the oxygen supply or even a loud noise or a rude jolt to the abdomen of the mother, the breathing became more of an irregular nervous gasp, identical to the respiratory pattern that you or I would adopt if we were suddenly badly frightened, or if someone were trying to strangle us. Of course the unborn doesn’t breathe air; it takes amniotic fluid in and out of its lungs, but the movements of the chest and diaphragm and the various patterns of the breathing are in all essential ways indistinguishable from ours.

The realtime machine was even better than the Doppler apparatus which could pick up heartbeats at ten or eleven weeks. The realtime machine saw the tiny heart fluttering at four weeks. From there it was only a short step to beginning a careful study of the heart of the unborn child in order to diagnose disorders. In both children and adults, echocardiography (ultrasound) is now widely used to image the heart and discover structural or functional disorders. In the same way, realtime ultrasound could now be trained on the unborn child’s heart; suddenly we were diagnosing congenital defects of the heart. The next step will inevitably be intrauterine cardiac surgery, of such delicacy that it may have to be done with lasers or some similar fine surgical technique. But rest assured — it will be with us soon.

No organ system is hidden from the relentless probing and pulsing beam of the ultrasound machine. Study of the urinary tract of the unborn child has shown that it is in all ways identical to ours, and complex, and demanding surgery has been already performed on the unborn child during pregnancy for obstructions and similar disorders of the urinary tract. The brain, the blood vessels, the bones, and the joints have all been studied, probed, and evaluated. The brain itself has even been operated upon in pregnancy: In cases of congenital hydrocephalus (water on the brain resulting from faulty formation of the drainage system of fluid which normally surrounds the brain and spinal cord), fetal surgeons, using realtime ultrasound imaging, have inserted tubes into the brain in order to drain off the excess fluid.

With increasing refinement of the machinery, we are seeing more and more of the unborn child and translating the information we obtain into clinically useful concepts. For example, the ability to watch it move and breathe has allowed us to construct a "biophysical profile" similar in many ways to an annual check-up examination. We can observe the frequency of breathing movements, the pattern of gross movements of the body, the muscular tone, the volume of the surrounding amniotic fluid (we can see the fluid with realtime ultrasound) and can fairly accurately estimate the actual amount, and, with the aid of the electronic heart monitoring apparatus, we are able to see the patterns of the heart rate in response to rest and movement. With these five observations a formula has been worked out to assess quite accurately the health of the child. Thus, in a woman whose baby is overdue or who has some other condition which may threaten her child, ultrasound has now allowed us to give the baby a "check-up" at appropriate intervals and to deliver the baby in good condition when the check-up examination indicates that we should do so.

Recently we have been able to see the sexual organs of the male on the ultrasound screen as early as fourteen weeks. Now we can predict sex without the amniocentesis procedure. This knowledge has limited medical value: Some male babies are afflicted with diseases such as hemophilia, whereas female babies never are; thus, in a family in which there is hemophilia and we know this particular baby is a male, we can make the appropriate preparations for this baby in terms of its medical needs after birth. Not only can we now ascertain the sex of the baby prenatally with ultrasound, but we now have positive information that female babies can ovulate while still in the uterus. Though it is not a common phenomenon, even the notion that it can happen while the female baby is still unborn is astonishing. It is yet another piece in the increasingly undeniable picture of the unborn child as one of us.
When they talk about abortion as “a simple procedure,” they’re forgetting about the agonizing pain suffered by the unborn victims who are killed.

Law Professor John T. Noonan of the University of California, Berkeley, has written that there “are no laws which regulate the suffering of the aborted like those sparing pain to dying animals. There is nothing like the requirement that consciousness must be destroyed by rapid and effective methods as it is for cattle . . . nothing like the safeguard extended even to newborn kittens that only a humane mode of death may be employed.”

Not only are there no laws regulating the suffering of the aborted, there appears to be a growing effort by abortion proponents to deny that the unborn feel pain at all when they are being killed in the womb. The media reaction to a statement by President Reagan in January, 1984 illustrates the problem.

The President asserted that “when the lives of the unborn are snuffed out (by abortion), they often feel pain—pain that is long and agonizing.” Subsequent news stories reported that the President’s assertion was “challenged by the American College of Obstetricians and Gynecologists” and quoted an official College spokesperson as saying, “We are unaware of any evidence of any kind that would substantiate a claim that pain is perceived by a fetus.” Other media commentators also expressed amazement and even scorn at the President’s statement.

What are the facts about the capability of the unborn to feel pain? Consider the following:

“When doctors first began invading the sanctuary of the womb, they did not know that the unborn baby would react to pain in the same fashion as a child would. But they soon learned that he would.”

— Dr. H. M. I. Liley

“The Father of modern fetology”

“Lip tactile response may be evoked by the end of the 7th week. By 10.5 weeks, the palms of the hands are responsive to light stroking with a hair, and at 11 weeks, the face and all parts of the upper and lower extremities are sensitive to touch. By 13.5 to 14 weeks, the entire body surface, except for the back and the top of the head, are sensitive to pain.”

— Stanislav Reins and Jerome M. Goldman

The Development of the Brain

“The fetus needs to be heavily sedated. The changes in heart rate and increase in movement suggest that these stimuli are painful for the fetus. Certainly it cannot be comfortable for the fetus to have a scalp electrode implanted on his skin, to have blood taken from the scalp or to suffer the skull compression that may occur even with spontaneous delivery. It is hardly surprising that infants delivered by difficult forceps extraction act as if they have a severe headache.”

— “What the Fetus Feels”

British Medical Journal

“As early as eight to ten weeks gestation, and definitely by thirteen and a half weeks, the human fetus experiences organic pain.”

— Vincent J. Collins, M.D.

Diplomate and Fellow, American Board of Anesthesiologists

“Dilatation and evacuation, for example, where fetal tissue is progressively punctured, ripped and crushed, and which is done after 13½ weeks when the fetus certainly responds to noxious stimuli, would cause organic pain in the fetus. Saline amniocentesis, where a highly concentrated salt solution burns away the outer skin of the fetus, also qualifies as a noxious stimulus.”

— Thomas D. Sullivan, M.D.

FAAP, American Academy of Neurosurgeons

“It can be clearly demonstrated that fetuses seek to evade certain stimuli in a manner which in an infant or an adult would be interpreted as reaction to pain.”

— Richard T. F. Schmidt, M.D.

Past President, ACOG

“By 13½ weeks, organic response to noxious stimuli occurs at all levels of the nervous system, from the pain receptors to the thalamus. Thus, at that point, the fetal organic response to pain is more than a reflexive response. It is an integrated physiological attempt to avert the noxious stimuli.”

— William Matyiow, M.D.

Diplomate, ACOG

“Psychologist Thomas Verney notes in The Secret Life of the Unborn Child that some researchers now believe that the embryo, even in the first weeks of life, possesses enough self-awareness to sense rejection and enough will to act on it.”

— Landrum Shettles and David M. Rorvik

Rites of Life

“Fetuses (during the last four-and-a-half months of their development) do feel pain. They have the same response as a newborn baby. We treat fetal patients just like we treat newborns.”

— Dr. Michael Harrison, Co-Director

Fetal Treatment Program

Univ. of Calif., San Francisco

Quoted in Washington Times

“Whatever the method used, the unborn are experiencing the greatest of bodily evils, the ending of their lives. They are undergoing the death agony. However inarticulate, however slight their cognitive powers, however rudimentary their sensations, they are sentient creatures undergoing the disintegration of their being and the termination of their vital capabilities. That experience is painful in itself.”

— Professor John T. Noonan

Univ. of Calif., Berkeley
A New Birth of Freedom

by Richard John Neuhaus

The forces arrayed in political and moral conflict are called pro-life and pro-choice. Some say that we have here a case of rights in conflict and that the conflict is irresolvable. We cannot and do not accept that. Life and liberty are not enemies.

The idea of pitting liberty against life is alien to those who believe that every person has an inalienable right to life, liberty, and the pursuit of happiness. Unless there is life there can be no experience of liberty. Unless liberty is devoted to the defense of life, neither life nor liberty can survive.

This, then, is the choice: An America inclusive or exclusive, caring or cruel, hopeful or despairing. That question which is the beginning of all moral judgment and all just law is simply this: Who is my neighbor?

The mark of a humane and progressive society is an ever more expansive definition of the community for which we accept responsibility. The American people do not subscribe to the narrow and constrictive logic of Roe v. Wade that would exclude from the community those who fail to meet the criteria for "meaningful human life." Meaningful human life. Meaningful to whom? Meaningful to the justices of the Supreme Court? Meaningful to those who participated in that life's creation? Meaningful to the one living the life in question? Meaningful to God?

If we say a life is without meaning, we are not saying something about that life; we are saying something about ourselves. Meaning is not ours to give or withhold; meaning is there for us to acknowledge and revere. Likewise, if we say a child is unloved, we are not saying something about the child; we are saying something about our failure to love.

Ask the poor about what constitutes a life worth living. Many who presume to speak for the poor are not on speaking terms with poor people. Alleged friends of the poor write editorials in our most distinguished newspapers calculating the costs of welfare and concluding that abortion is a bargain. The war against poverty has been replaced by the war against the poor. From time immemorial the way to reduce poverty is to reduce the number of poor people. We do not kill off full-grown poor people. How much easier it is to destroy early, so that we do not have to look upon it and see how very much it is like unto ourselves. We will pay others to do the ghastly work, to retrieve the pieces and dispose of the evidence.

Thus these threatening newcomers are stopped; they are stopped before they enter our line of moral vision. They are stopped early, still in the darkness of the womb, before they can force us to recognize them as ourselves, before their all too person-like presence can lay a claim upon our comfort and maybe upon our conscience.

The unborn child is the ultimate immigrant. Elsewhere the immigrant was viewed as wretched refuse. Here, when we were true to our better selves, they were welcomed as participants in the great adventure that is America.

In 1973 the court invoked the darker side of our national character. We were given license, indeed encouragement, to close our hearts to the stranger, to patrol the borders of our lives with lethal weaponry, in order not only to exclude but to destroy those who do not suit our convenience.

Thus we say no to the stranger. There is no place for you at life's banquet table, your presence would disrupt our party planning, our resources are already stretched, the promise exhausted, the invitation withdrawn.

"If we say a life is without meaning, we are not saying something about that life; we are saying something about ourselves."

Why I'm Pro-Life:
A Feminist Approach
by Ann O'Donnell

I stood on the floor of the auditorium at the International Women's Conference in Houston in 1977 as the very large banner was draped over the railing in the spectator section. It read, "If Men Got Pregnant — Abortion Would be A Sacrament."

To the mature woman, living in harmony with her physical reality, the message was devastating. A significant part of the female personality was despised. The power to carry new life would be rejected at this conference by a resolution calling for abortion on demand, regardless of the age of the pregnant woman or the unborn child she carried.

In 1977, the bankruptcy of the "Feminist Movement" was carried into the living rooms of America courtesy of the hundreds of media personnel who were sent to witness what turned out to be the beginning of the end for a social movement that had held out great promise in its early days. In a frantic fight for power to become "decision makers," the leadership had sold out the very sex they claimed to represent. They had set their movement on a collision course with the mainstream of American women by accepting the sexist idea that women had to be unburdened of children in order to achieve in a society built with the model of a childless male in mind. They agreed to restructure the woman rather than restructure the environment. For this lack of vision, the "Feminist Movement" leadership has earned the title of "old feminists."

How did it escape the notice of the old feminists that abortion is a convenience for everyone except the woman who undergoes "the procedure" and the baby that is destroyed? The abortionists, predominantly male, receive money. The clinic staff, young women committed to abortion, receive reinforcement for the decision to abort that most of them have made at some earlier time. The parents of the unwed teenager are relieved of what Justice Harry Blackmun called "the stigma of unwed motherhood" in Roe v. Wade. The boyfriend is released of the complications of providing financial and emotional support for the woman who is carrying the new life he participated in beginning. The husband is free from the responsibility of dealing with the physical changes that accompany his wife's pregnancy and can look forward, perhaps, to an early retirement unencumbered by a baby that presents itself at an inconvenient time in his career.

The woman submits to the procedure that she knows has as its purpose — not the termination of her pregnancy, because that condition will terminate itself in about 40 weeks without surgical intervention — but rather, the termination of the end product of her pregnancy, the baby.

How did it escape the notice of the old feminists that polls indicate women consistently oppose abortion more than men? Didn't they see the implications of the fact that the class most supportive of abortion is middle-class white males, the very group the old feminists maintain is responsible for the "oppression of women"? How curious it is to find the leaders of the feminists/abortion movement at fundraising parties thrown at the Playboy Mansion, by none other than a man responsible for the trivialization of female sexuality on a scale that far outstrips other entrepreneurs in the business of exploiting women.

And what have the "old feminists" done to protect their sisters from exploitation by greedy abortionists? Efforts to pass "Informed Consent Laws" have been met with claims that these laws would increase the cost of abortions and traumatize the women, already under emotional stress because of the abortion decision. It remains unspecified by abortion proponents why "the procedure" is so traumatic for women. The deafening silence in this area is statement enough to the reality of what everyone really knows — women don't want abortions.

Dr. Ian Kent reported on a study conducted at the University of British Columbia (Psychiatric News, 3/3/78) that women, at their unconscious level, have "a strong commitment to life, associated with positive feelings about the self and the unborn child and 'love for the infant who should have been born.'"

But the pressures are enormous. Job, school, career, finances, "significant others" and old feminists overwhelm the pregnant woman, who needs very much to know that others "want" her baby. When the economic and social order give the message that her baby is "unwanted," she absorbs these negative attitudes and reflects them by saying she doesn't "want" her baby either. Over 1.3 million women cave in to this pressure each year in the United States.

There is very little "pro-choice" in the decision to abort when conditions are such that abortion is presented as a convenient and compelling remedy to social problems.

Surely, some women have abortions in a rage against a culture that may have treated them as "babies machinery." These are the angry, isolated and alienated women who constructed the banner in Houston. They perceive themselves as victims of their biology. They are unwilling to value their life-giving capacity and lash out in a manner reminiscent of how they see themselves victimized, at the individual who so dynamically reminds them of their sexuality — the unborn child they carry.

Abortion in this context is an exercise of power.

"How did it escape the notice of the old feminists that abortion is a convenience for everyone except the woman who undergoes 'the procedure' and the baby that is destroyed?"
"I have the right to control my own body," is the refrain of these women, who seek freedom by "atomizing" themselves as singular forces in a hostile world. They fear the interdependency and vulnerability inherent in a close relationship with a man. The unborn baby is a powerful reminder that they need others, just as the unborn child needs them. The rejection of this truth is expressed in a violent display of control by killing the dependent reminder of our reliance on each other.

The love and concern of the pro-life movement for these women must be deep and prevailing — they are truly the "hard cases".

But, for the vast majority of women who submit to "the procedure", the solution will be found when we take a critical look at the reasons why our culture produces over one million abortions each year. The new feminists will not settle for obliterating a significant part of their personalities — their procreative power. They will not change themselves so that they can "fit into" what was built without consideration of their unique needs and gifts.

If women continue to be moved into the work force due to the economic needs of their families, the new feminists will stand firm for their right to be treated differently from their male counterparts. The "little woman" will not accept abortion because it is convenient for the office, the factory, the boss or partner. They will see that the system is altered to accommodate their special needs.

The new feminist knows that her rights are congruous with those of the unborn child. Abortion is as much woman abuse as it is child abuse. As pro-life placards suggest — abortion is the ultimate in abuse. The new feminist knows from history that convenience abortion in a society under stress does not remain a matter of individual choice for long; it becomes a matter of "patriotic duty" or enlightened response to the voices that cry for a "cleaning of the gene pool" and "zero population growth".

The voices of opposition to the destruction wrought by the old feminists are softer and consistent in their message. They call for an expanded and enhanced understanding between the sexes and what it means to be male and female, what it means to share the joys, disappointments and mysteries of how and why we are different; what we have to teach each other.

Editor's note: O'Donnell's assertion that "women don't want abortions," but yield to various societal pressures to have them, is supported not only by the study cited in the article, but is consistent with the experience of counselors speaking with women suffering post-abortion difficulties. Patricia Fernandez of Pregnancy Aftermath Helpline reports that the most often repeated statement used by women in this situation is, "I didn't really want the abortion, but I just didn't have any choice." Fernandez has found that a sense of "duty" is one of the pressures prompting the decision to abort, with some women saying they felt that they had no right to have a baby, thinking it would be "unfair" to the others involved. The slogan, "freedom of choice," has been rendered a cruel hoax in light of society's pressure on women to have abortions when they really don't want them.

The National Right to Life Educational Trust Fund promotes positive, compassionate alternatives to difficult problems such as crisis pregnancy, abortion, infanticide and euthanasia. By educating the public on these and other vital right to life topics, NRL helps to rally support for those innocent persons whose lives are in jeopardy. Through its affiliations with various kinds of social services, NRL encourages care and support for the unplanned, the unwanted and the imperfect of all ages.

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Photo of fetal models, page 2, courtesy James Reden, SDS.

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I Am Personally Opposed to Abortion, . . . But
by Theodore F. Zimmer

We all know people who say that they would never have an abortion themselves but who still feel that abortion should be legal. Politicians who refuse to support a Human Life Amendment often say, "I am personally opposed to abortion, but ..." Each of these individuals is really saying, "I hold two beliefs about abortion: 1) it is morally wrong, but 2) it should be legal." Can these two beliefs reasonably co-exist?

Why does someone believe that abortion is morally wrong? Because of the basic beliefs that 1) an unborn child is a human being, and 2) it is wrong for one human being to kill another.

For a person to believe that abortion is wrong but that it should be legal, he or she must believe that abortion qualifies for a special exception to the criminal laws against one person killing another. What could be the grounds for such an exception?

The pro-abortionists say abortion should be legal because of the burden of pregnancy or child care on the mother, or because the child may be unwanted or handicapped. But reasons such as these would not allow us to kill human beings already born. These arguments are logical only to a person who believes that an unborn child is not a human being. They must be rejected by the people who accept the testimony of science that human life begins at conception.

There are, however, two arguments addressed specifically to those who believe abortion is wrong. One of these is "You should not impose your morality on others." This is an attractive expression of a tolerant attitude. But tolerance must have reasonable limits. For one who believes that abortion is wrong, it is a fact that in the United States, legalized abortion results in the intentional killing of over a million innocent human beings each year by their parents and doctors. Surely one can remain a tolerant person without nored. The facts do not show this to be true. The laws against abortion were enforced. Prohibition cannot be compared to laws against abortion. In the hope of preventing abuses of drinking, prohibition (often called the "noble experiment") had the effect of banning even moderate drinking which is almost universally considered a perfectly moral pleasure, and which has been legal from the beginning of time. The legalization of abortion, however, is a barbaric experiment. Civilization long ago rejected abortion as inherently abusive of human dignity.

It is clear that there is no logical way in which a person can believe both that abortion is wrong and that it should be legal.

According to such a horror. Every law imposes some morality on somebody. The legality of abortion imposes the abortionist's morality on the unborn victims as well as on the many people who are distressed to live in a society which tolerates the intentional killing of innocent human beings by their mothers and doctors.

The other argument is the analogy to prohibition. It is said that, like prohibition, criminal abortion laws are unenforceable and would be generally ig-