

Abortion is no Friend

The following information will explain the facts about unborn babies and abortion. This is information that you need. Once you have read this sheet you will more clearly know how you should relate to this growing controversy in our country.

IT CAN KILL A WONDERFUL BABY

A wonderful human being, for, though small, that is what he is. By eighteen days his little heart is already beating. (And heart beat is the legal means of establishing the fact of life in a human.) Before six weeks (at 40 days), his electrical brain waves (electroencephalograph) has been recorded (H. Hamilin, Life or Death by E.E.G., JAMA, October 1964). Also prior to six weeks his yoke sac was making his own blood cells, but by the sixth week his liver begins doing this important work. (Later it will be done within his bones.) He has been moving for quite some time. All twenty milk-teeth buds are present at six-and-a-half weeks.

"In the sixth to seventh weeks.. If the area of the lips is gently stroked, the child responds by bending the upper body to one side and making a quick backward motion with his arms. This is called a 'total pattern response' because it involves most of the body, rather than a local part."—Leslie B. Arey, "Developmental Anatomy", 6th Edition.

At seven weeks ultrasound scanners can pick up the heart action of the infant (T. Schawker, "Ultrasound Pictures first-trimester Fetus," Medical World News, February 1978), and ultrasonic stethoscopes, now common in obstetricians' offices, allow the mother to hear her baby's heart beat as early as eight weeks.

Your child is now just two months old - eight weeks! And now the brain is completely present. At eight weeks, if we tickle the baby's nose, he will flex his head backwards away from the stimulus. By eight weeks an unborn will grasp something placed in his small hand and hold onto it. His stomach is now secreting gastric juice. And experts say that all of his body systems are present.

The nose is short and snub and the eyes peer out from above it. The eyelids will grow together, closing the eyes, at the beginning of the third month (twelfth week). They will open again during the seventh month.

Weeks ago, the bones began to form, and will continue to mature for years: the top of the skull does not close until a year-and-a-half after birth. But the body skeleton itself will not be fully developed until the age of twenty-five. (That is why people before that age can so wonderfully heal when they injure their bones.)

The ear consists of three different parts, and originates in three different regions. In the fourth week a bubble is turned inward from the skin on both sides of the rear part of the brain. This will later become the inner ear, with its delicate auditory and balance organs. In the fifth week the outer ear, with the auditory canal and the outer side of the eardrum, is developed at the upper end of the first of three grooves (the rest will close). The inner ear will be formed from tissue that comes from down in the pharynx. The God of heaven knows how to make little babies.

And yet at twelve weeks he only weighs one ounce. Don't let someone tell you that his life isn't important, simply because he is so small. Although tiny, he is a growing human being, just as a twelve-year-old boy is a growing human being. The only difference is that one is larger than the other. Both come from God and are fully human. Both of their lives should be protected.

From his very earliest days he was a human being. We now have ultrasound to let us see an unborn child moving. We have electronic monitoring of an unborn baby's heart. We can identify the baby's sleep cycles. There are now techniques to sample the baby's urine, blood, and skin and even identify sophisticated chemical reactions between the baby and the mother. These new scientific methods clearly show that the separate individuality of the unborn child is a scientific fact. He is a human being—and a separate human being from his mother. She nourishes his body, but in the sight of God she does not own it. She does not have the right to destroy it. When he was still very young—long before the end of the first trimester, the little infant could feel pain (he pulls back quickly from pinpricks). And soon noise will bother him, also. We dislike the pain we cause an animal when we kill it, but think of what it must be to cause pain to a small human—as during the first three months we suck him to pieces with a vacuum cleaner, and, during the second three months, cut him to pieces with a curved knife, and, during the third three months, burn him to death with salt!

At twelve weeks (three months) this little person weighs one ounce, at sixteen weeks six ounces, and at twenty weeks (four months) approximately one pound.

"We know that he moves with a delightful easy grace in his buoyant world, that foetal comfort determines foetal position. He is responsive to pain and touch and cold and sound and light. He drinks his amniotic fluid, more if it is artificially sweetened, less if it is given an unpleasant taste. He gets hiccups and sucks his thumb. He wakes and sleeps. He gets bored with repetitive signals but can be taught to be alerted by a first signal for a second different one."—A. William Liley, "A Case Against Abortion."

It is now two months since pregnancy began and for the first time you are certain that you are with child. It is at this time that most mothers will go to a doctor for prenatal care. Your physician will tell you that you should not be smoking, for it may damage your unborn child.

The small human being that God has given you to nourish is already remarkably developed. At nine to ten weeks he squints, swallows, moves his tongue, and if you stroke his palm will make a tight fist. By eleven to twelve weeks he is also breathing fluid steadily and will do so until birth when he will breathe air. He does not drown by breathing fluid for he obtains his oxygen through his umbilical cord. But if he had air to breathe, he would breathe air. Certain experiments with unborn babies still in the womb have involved replacing some of the fluid with air in order to outline the baby's movements and position on X-ray film. But some of the baby's positions were such that when the mother laid on her back, the little nose and mouth extended into the air bubble. The baby breathed out the fluid in his lungs and breathed in the air. This, of course, made it possible for their vocal cords to make sound, so some of the babies cried loudly enough day and night to keep their mothers awake. The crying was loud enough to be heard by the others in the room. When the mother would roll on her side, she would submerge the nose and mouth under water again, the infant would breathe out the air, breathe in fluid and the crying would stop (A.W. Liley, Medical Professor, University of Auckland, New Zealand).

"Maternal cigarette smoking during pregnancy decreases the frequency of fetal breathing by 20%. The 'well documented' higher incidence of premature, stillbirth, and slower development of reading skill may be related to this decrease."—F. Manning, Meeting of the Royal College of Physicians and Surgeons, Canada, Family Practice News, March 15, 1976.

By eight weeks all of the body systems of your baby were present; by eleven weeks they are all working. He is a little human being, and thousands of babies his age are slain every week in America by abortionists.

By eleven weeks he is sucking his thumb vigorously (A. Hellegers, Fetal Development).

His little fingernails are present by the eleventh week (and his eyelashes will be there by the sixteenth week). The muscles have already been working under the skin for some time, and their movements continue to become more coordinated. The lips open and close, the forehead wrinkles, the brow area raises and the head turns—all this by the end of the first trimester (the first three months) of your baby's life.

And now, with the twelfth week, the mother enters her fourth month. The fourth through sixth months are known as the second trimester. The little one is already assuming full term proportions. The head is now about one-third of the body length with legs outstretched. The ribs are clearly visible.

Here is what this small human being—your child—looks like at only eight weeks of age. This is one of the most stunning descriptions of early human life recorded anywhere:

"Eleven years ago, while giving an anesthetic for a ruptured tubal pregnancy (at two months [eight weeks]), I was handed what I believed to be the smallest human being ever seen. The embryo sac was intact and transparent. Within the sac was a tiny (one-third inch) human male swimming extremely vigorously in the amniotic fluid, while attached to the wall by the umbilical cord. This tiny human was perfectly developed with long, tapering fingers, feet and toes. It was almost transparent as regards the skin, and the delicate arteries and veins were prominent to the ends of the fingers.

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

*"When the tiny sac was opened, the tiny human immediately lost its life and took on the appearance of what is accepted as the appearance of an embryo at this stage (blunt extremities, etc.)."—Paul E. Rockwell, M. D., Director of Anesthesiology, Leonard Hospital; Troy, New York (document presented to U.S. Supreme Court, *Markle v. Abele*, 72-56, 72-730, p.11).*

Children can be born with quite a low birth weight and still survive. An unusual example of this is the case of Marion Chapman who was born in South Shields (County Durham), England on June 5, 1938—only 10 ounces! She was born unattended and was nursed by Dr. D. A. Shearer, who fed her hourly through a fountain pen filler. By her first birthday she had attained a weight of 13 pounds. Her weight on her twenty-first birthday was 106 pounds.

IT CAN KILL HIM IN TERRIBLE WAYS

There are eight kinds of induced abortion:

- (1) [Suction abortion](#)
- (2) [D & C](#) (Dilatation and curettage)
- (3) [D & E](#) (Dilatation and Evacuation)
- (4) [Prostaglandin](#)
- (5) [Saline](#) (salt poisoning)
- (6) [Hysterotomy](#)
- (7) [D & X](#) (Partial Birth Abortion)
- (8) [Other suction methods](#)

But the four primary methods used in abortion operations are: (1) Suction abortion, (2) D & C, (3) D & E, (4) Salt poisoning.

You have a responsibility, before God, to know for yourself what each one means and how it is used.

The Suction Method: This is the most frequent method of abortion in North America today. This is the method that abortionists prefer for it can be done the most quickly. Some clinic abortionists have testified that, with this method, they can run eight women an hour through abortion operations. A vacuum tube is attached to a powerful vacuum cleaner. The tube is then inserted into the womb—and the unborn child, the little person made by God, is then literally vacuumed out—and in the process torn limb from limb. Afterwards, a technician must sort through all the pieces to see that all the baby parts came out.

In order to use this method, the surgeon must first paralyze the cervical muscle ring (the womb opening), and then stretch it open. This is difficult to do because the body knows that it is not time for birth to take place. This cervical muscle is hard (or "green" as the doctors call it) and not ready to open. This muscle is very delicate and can be damaged in the process and result in very painful later childbirths. Once it is stretched open, a hollow plastic tube with a sharp knife-like edge on the tip is inserted into the uterus (the womb). The motor is turned on, and the powerful suction tears the baby into pieces. The doctor then cuts the deeply rooted placenta from the inner wall of the uterus. The scraps are sucked out into a bottle. The vacuum cleaner used for this purpose is 29 times more powerful than a home vacuum cleaner.

This is considered to be the best method because most of what takes place is unseen by anyone except the lab helper who must sort through the flesh and blood, the bone and body parts.

Thomas Gulick, writing in "Human Events", relates how one nurse who had never been assigned the job of carefully sorting through the baby scraps afterward, was quite used to the vacuum cleaner operation. Then one day the doctor tried to perform a vacuum abortion on a woman whose child was already too big to fit through the vacuum tube. Shocked out of her wits, she cried as she realized for the first time what was really taking place. "I saw a little foot—caught in the end of the suction tube," she said. This was the first time she had to see what was really happening. ("Even Abortionists are Having Second Thoughts," in "Human Events," April 12, 1980.)

The D & C Method: Because the vacuum method does not work well after the child grows to a certain point, usually after 12 weeks, two other methods must be resorted to. The D & C (Dilatation and curettage) is a tear-it-out-with-a-knife procedure. So it is quite similar to the suction method since both tear the small infant apart. The doctor inserts a curette, which is a loop-shaped steel knife, up into the uterus. With this he cuts the placenta and baby into pieces and scrapes them out into a basin. Bleeding by the mother is usually profuse. There is a very real danger here of injury to the cervical ring muscle. Cuts and nicks can take place which can cause infection or difficult and painful childbirths later on.

Many are saying that the suction method is very safe to the mother, as they invite young girls to go through with this operation. But the truth is that profuse hemorrhage is common in the first few days after this method is used. And when this happens a "D & C" must be done with knives a few days later. Often blood transfusions are needed.

Neither suction nor D & C should be used after 12 weeks (3 months).

The D & E Method: This is a D & C done after 12 weeks. This method has always been regarded as extremely dangerous to the mother. But a comforting report comes from the Center for Disease Control (of the Department of Health, Education and Welfare, in Washington D. C.) that the D & E, in spite of its hazards is still safer than salt poisoning or Prostaglandin. ("Comparative Risks of Three Methods of Midtrimester Abortion " in the "Morbidity and Mortality Weekly Report," for November 26, 1976.)

The D & E (Dilatation and Evacuation) technique is primarily used on unborn children between the ages of 12 to 17 weeks. Here is how this method is carried out: The cervical ring must somehow be opened and widened, with the usual danger in this activity. Then the surgeon goes up into the womb with forceps and grabs the little infant and tears it out. But the body of the unborn child must first be ripped apart so that it can pass through the cervix. Sometimes the D & Es are performed on unborn children as old as 20 weeks. When they are, then the skulls of the infants must be crushed also, as well as tearing their bodies apart.

It is hard to kill a human being. Here is the comment of one abortionist: "The sensations of dismemberment [tearing the baby apart] flow through the forceps like an electric current."—Dr. Warren Hern of the Boulder Abortion Clinic, speaking about the D & E, in "Human Events," April 12, 1980.

William Raschbaum, chief of Family Planning Services at Beth Israel Medical Center in New York, has stated that during a D & E abortion, as he crushed the skull and the bones, pulled the arms and legs apart and brought them out, he has often had the fantasy in his mind that somehow the child was hanging onto the walls of the uterus with its tiny fingernails—fighting to stay inside. (Ibid.)

Saline Abortion: Even though the surgeon literally carves up the unborn child in a D & E abortion, there comes a point at which the infant is too big even for this grisly method. After 20 weeks, a "saline" abortion must be used. This is the salt poisoning method. It is the most physically painful for the mother, but of course not for the child (so we are told). Whether you are burned to death with salt or have your limbs torn apart, as in the earlier methods, it matters not. It is still a violent and terribly painful death.

Saline abortions may be given after the 16th week and must be given after the 20th week. A large needle is inserted through the abdominal wall of the mother

and into the baby's amniotic sac. A very concentrated salt solution is then injected into the amniotic fluid. The baby breathes this in through his mouth and nose. It enters his stomach. He begins struggling and convulsing. The salt burns the skin all over his body so badly that it becomes an ugly red. His nostrils, mouth, throat and gastrointestinal tract are burned by the salt. All this terrible suffering lasts a full hour. If not successful in killing the infant, another injection of salt is given. If successful—the baby is expelled as a still birth. The mother goes into labor about a day later and delivers a beet-red baby that was scalded to death by salt. Any nurse who works in an aborting hospital can tell you of a significant number of these babies that were born alive. Then the doctor has a problem what to do with them. He may choose to strangle them to death, but most of the time they are thrown into a nearby pail and kindly permitted to cry themselves to death. The suffering they have endured throughout the experience is terrific. The salt had not killed them, but neglect in the pail soon does. There are records of infants who have survived saline abortions and spent the first weeks of their life outside the womb in intensive care. But by a ruling of the Supreme Court in 1979 (*Colatti v. Franklin*), the child can be killed by the abortionist even though born alive following an attempted abortion. The mother cannot sue him for killing the little fellow after it is born. Any woman that gives an abortionist the legal right to take the life of her unborn son or daughter, is doing a very unwise thing.

The corrosive effect of the concentrated salt, often burns and strips away the entire outer layer of the baby's skin. This exposes the raw, red, glazed-appearing, subcutaneous layer. The baby's head sometimes looks like a "candied apple." The actual cause of the salt poisoning death is known medically as acute hypernatremia (acute salt poisoning), with development of widespread vasodilatation, edema, congestion, hemorrhage, shock and death. (Galen, et al, "Fetal Pathology and Mechanism of Death in Saline Abortion," in *American Journal of Obstetrics and Gynecology*, 120:347-355, 1974.)

There is no abortion method widely practiced today which is not extremely cruel to the unborn infant.

In the famous Waddel case in California in 1978, a survivor of salt poisoning, a nearly full term baby girl, was, according to the Coroner's report, killed by manual strangulation. But normally such incidents are not reported and so do not lead to court action.

Here is a story from a West Coast newspaper: In California, a four pound baby was born alive after a salt injection. As reported, the doctor ordered the nurse not to use oxygen to save the baby's life. She replied that if she did not, the baby would die. The doctor replied, "Wasn't that the idea?" —She gave oxygen anyway [and was probably fired for doing it] —The baby lived and has been adopted. ("Baby Death Try Laid to Physician" in "The Bakersfield Californian," September 25, 1973.)

Prostaglandin Abortion: "Prostaglandin" are a set of drugs recently developed by the Upjohn Co. of Kalamazoo, Michigan. (Upjohn seems to be the only drug company daring enough to develop abortion drugs. A number of individuals opposed to abortion refuse to purchase products manufactured by Upjohn.) These Upjohn abortion drugs include Prostin E2 Suppositories, F2 Alpha, and Prostin F-15 in injection form. Some of these drugs are now being tested on pregnant mothers. When released for the market, they will produce labor and delivery at whatever stage of pregnancy a woman is in. If the baby is old enough to survive the ordeal of premature birth, it will usually be born alive, but usually too small to survive without expensive hospital care. So the mother will have the opportunity to strangle her living infant, throw it in a waste basket, or flush it down a toilet. Civilization is fast returning to savagery. This is the result of setting aside the Ten Commandments in favor of the court rulings of men.

Prostaglandins are not necessarily safe drugs for a pregnant woman to use: ". . . a large complication rate (42.6%) is associated with its [Prostaglandin's] use."—*Duenhoelter and Grant, "Complications following Prostaglandin F-2 Alpha induced mid-trimester abortion, "in "Journal of Obstetrics and Gynecology, " September 1975.*

Hysterotomy Abortion: This is like a Caesarean section. The mother's abdomen is surgically opened from above, as is her uterus. The baby is then lifted up, and, with the placenta, discarded. This method is usually employed late in pregnancy. Babies aborted in this way are nearly always taken out alive. The problem is then what to do with them. Some physicians simply smother them by laying the placenta on top of them. Others don't waste time trying to quench life—they simply throw the infant in a nearby trash can and let it cry itself to death. This is the most frequent method of death to the infant who is born by Caesarean Hysterotomy. One baby in New York state that was aborted in this manner just didn't want to die. Someone took pity on it and adopted it. (United Press, December 19, 1970.) (It goes without saying that thousands of childless parents would be very happy to adopt these little unwanted people, but they are not given the opportunity.)

Abortion lobbies tell us that only very few infants are born alive during an abortion. In reality babies are frequently born alive as a result of salt poisoning, Prostaglandin, and hysterotomy abortions. A New York abortion group stated that only 40 to 60 abortions per year, where the baby is alive, occur in that state. But the truth is that in 1971 alone about 3,900 babies were born alive and then permitted to die miserable deaths.

(Basis for this conclusion: Dr. Christopher Tietse, in reporting on 73,000 abortions listed hysterotomies as 1.3% of the total. Almost all hysterotomies are born alive. If we use a 1971 New York total to be close to 300,000 abortions it is evident that 3,900 babies, aborted by hysterotomy, were born alive. Most of these were tossed into a trash can to die. A few are killed in other ways.)

But when the light of publicity falls on what is taking place, then everyone will rush around to "save the child." The "Stobhill Hospital baby" in Glasgow, Scotland, is an example of this. He was aborted by hysterotomy, then carried from the operating room in a paper disposal bag and tossed outside in the snow for the custodian to collect later on. But on this particular occasion the maintenance man came by only thirty minutes later. Picking up the bag, he carried it to the incinerator and was about to toss it in—when something within the sack cried! He opened the sack and rushed the beautifully formed infant back to the operating room. So now everything was suddenly different: the surgeons worked feverishly to save its life. Although suffering bad head injuries (from being thrown on the floor before being tossed in the sack), it lived for hours. Subsequently a public inquiry was carried out—but no action was taken since the incident was "legal." During the inquiry, the Procurator Fiscal (Coroner) thoughtfully asked why the physician did not immediately try to save the baby's life as soon as the baby was born alive. He replied that "this would defeat the purpose of the [British] Abortion Act."

The D & X Method (Partial Birth Abortion)X Method (Partial Birth Abortion): Of all the abortion techniques this is probably the most brutal and painful to the baby. D & X abortions are third trimester procedures and are often done up to full term—when the baby would normally be born. The abortionist inserts a forceps into the womb and grabs the leg of the baby. He then pulls the legs and rest of the body of the baby out of the mother, leaving only the head inside the birth canal. The baby is alive and moving as it hangs outside the mother's body. The abortionist jams sharp surgical scissors into the base of the baby's skull. This causes an immediate pain reaction from the still alive baby. The abortionist widens the scissors to enlarge the hole. He then inserts a vacuum tube and sucks the baby's brain out, which collapses the skull. The dead baby is then fully removed from the birth canal. It is a mere technicality that distinguishes this abortion technique from murder, for often the baby is near or full term, and would live on its own if delivered properly. It is only because the head is still in the birth canal that this procedure is considered legal.

Other methods used by legal abortion: Two other suction methods are also in use by physicians. One is the small catheter, or Karman, method. The other is called the "menstrual extraction type." Both methods are but variants of the vacuum suction method, discussed above. The only difference is that they more frequently leave parts of the baby and/or placenta in the uterus. Because of this, infection and hemorrhage by the mother is common.

FACTS TO CONSIDER

As of 1990, Japan has destroyed fifty-five million unborn children since abortion was legalized there in 1948. And the epidemic has spread around the world.

The United States Supreme Court has given women the right to abortion on demand, making the casual destruction of the unborn the law of the land. Since 1973, thirty-five million American babies have been killed prior to birth.

Certain groups call it an "American freedom"—the women's right to free choice to save or have slain the separate human life growing within her. But it is not her life, but that of another person, that she is permitted to kill. And yet, if it were her own life, she would be prohibited from slaying it, for the laws of the land are opposed to suicide.

"We weigh and grade our vices, not according to their nature, but according to our interests."—Michel de Montaigne.

"No doctor who kills his patients has ever made a contribution to medicine."—Professor Jerome Legeune, Paris.

"I will give no deadly medicine to anyone if asked, nor suggest such counsel, and in like manner, I will not give to a woman a pessary to produce abortion."—The Oath of Hippocrates (that every physician swears to at the time he receives his M. D. degree. Hippocrates is considered "the father of medicine").

"The phenomenon of birth is not the beginning of life, it is merely a change in the form of life. . A fetus having died in its mother's womb is dead. It will not come alive once separated from her. A fetus living within the womb is a living creature. . The fact of life is not to be denied, neither is the wisdom of the public policy which regards unborn persons as being entitled to the protection of the law."—Michigan Supreme Court, July 7, 1971.

"Unborn children have all the qualities and attributes of adult human persons differing only in age or maturity. Medically, human life is a continuum from conception to death. . The [U.S. Supreme] Court generally expressed its disapproval of the practice of putting to death persons who, some would argue, had forfeited their right to life. We believe we must anticipate at least equal solicitude for the lives of [unborn] innocents."—Missouri Supreme Court, October 1972, Rogers V. Danforth.

"Once human life has commenced, the Constitutional protections found in the Fifth and Fourteenth Amendments impose on the state the duty of safeguarding it."—U.S. District Court, Northern District of Ohio, January 1971, Steinberg V. Rhoades.

"Without going into all of the myriad of cases and texts that deal with various aspects of this problem, the question resolves itself into whether the state has a legitimate interest to legislate for the purpose of affording an embryonic or fetal organism an opportunity to survive. We think it has, and on balance it is superior to the claimed right of a pregnant woman, or anyone else, to destroy the fetus

except when necessary to preserve her own life."—U.S. District Court, Northern District of Ohio, January 1971, Steinberg v. Rhoades.

Dr. Bernard N. Nathanson is one of the world's foremost authorities on prenatal medicine. At one time he was also a leading supporter of abortion. He was in charge of the world's largest abortion mill, and took an active—even militant—roll in defending and forwarding abortion legislation in the United States. As a founder of the National Abortion Rights Action League, he had strong feelings about the subject.

But in the past decade Dr. Nathanson has changed his mind. And the reason was the new scientific facts that have come to light about the humanity of the preborn child.

"I have no religious views and never have had. All my opinions result from a secular, scientific point of view," he says. The medical literature, he tells us, is filled with examples of the individual personality of the unborn infant. He now says that "it is atrocious for anyone now to maintain that a fetus [unborn child] is simply a lump of meat, or something insignificant or an unprotectable life." "I have now concluded that in my work as head of the abortion clinic in New York, I presided over the death of 60,000 innocent human beings and the destruction of a like number of families."