

A&E now
with new
features

Student
feature
Pg. 2

For the last week
of January

The Current exercises everyone's right to freedom of press



By Akio Segawa

A tough decision for editor and chief, Akio Segawa

Recently the Current was given the chance to publish an insert on a very touchy subject. The issue was abortion, and could no doubt split this campus in half. Some believe that a child is **alive** from the moment of conception, while others believe that a child **is** not alive until the moment of birth. The insert was on the con side and used some serious testimonials and photos to prove their point. As the Editor in chief it was my decision to either run the graphic publication, or deny it. What was I to do?

First I had to review my own personal beliefs on the subject. When I was finished I realized that my opinions were cut right down the middle. I am

pro-choice, after all America is run with the assumption that everyone has the freedom of choice. To deny a person, an American freedom of choice would defeat the purpose of this entire countries existence. However, as a person, as a human with a soul. I cannot agree with such action of killing something with the potential to live just as you or I. Putting aside all of the scientific studies of the fetus and whether or not it is alive during different stages of life, I'd rather think of it like this. When you give the spark of life to something. That something did not ask to be alive. It did not beg two people to come together and create it. It didn't ask, so does it **deserve** to die?

So as you can see my views are split. As Americans I believe we all have a choice. But as humans I don't believe that we should even want to consider abortion.

The second issue that plagued my mind was the reaction of the students. What would all of you think about this issue? I've talked to many of you on the subject and the answers varied considerably. At some moments it seemed as if the argument was turning to anger. These emotions don't just come from anywhere. Did I really want to possibly start something throughout the whole school? Which led me to the next question. Should I not run the

insert?

This question was actually easier than I thought. Not running the ad would mean denying that publications right to freedom of press. Which was **something** I knew from the start that I couldn't do. This goes back to my previous statement about that whole free America thing.

So I inserted the insert. I hope you realize that this was not an easy decision. The Current advisor often says " could you sleep at night", and in this case I think I can.

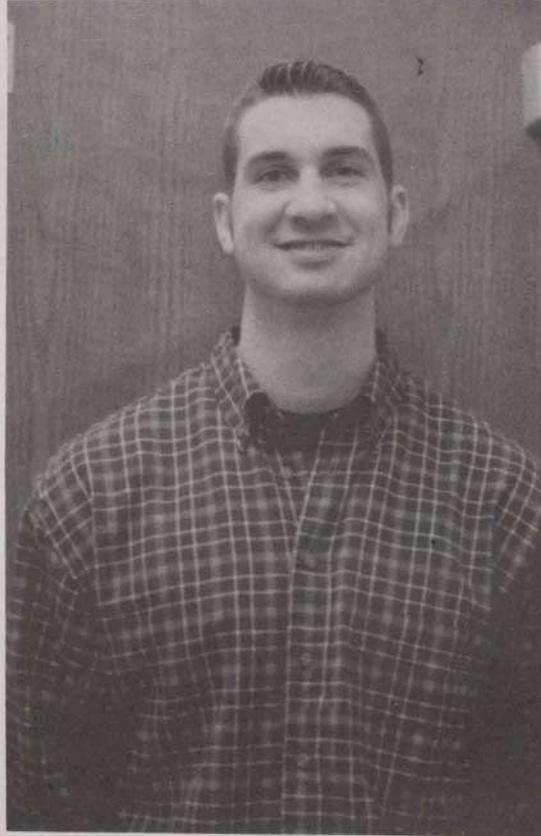
Student feature

By Telley Wormly

This weeks Student feature is Governments President Dan Morris. During Dan's interview he made it a point to stress the importance of communication. His main goal while in office is to not only meet the student's needs but, in order to insure an excellent education, better communication between the Student's and the Faculty. The Administration is also a huge issue with Dan as far as communicating the students needs. When the Current asked Dan why he ran for office and what made him choose the President's chair, he simply replied, "It was

something that I really wanted to do and, with my past leadership background, I felt that the school could use an experienced person like my self."

Dan has many ideas and goals that he would like to see happen but, it can not be done with out the students. So the Current as well as the Student Government strongly urges you to talk to your Student Government, and if you don't know where it is, it is in the LSC building. If you don't know who Dan Morris is, you are more than welcome to meet him at any time. Remember, if you want something done Dan Morris is the one!



Dan Morris leads student government.

Photo by Angela Bower

Student Features

Student features are profiles on students who are successful in the community, artistically, athletically, or academically. If you know a student who is outstanding in any way, submit their name and reason for why they should be featured to the Current box in the student programs office.

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Thanks for the Memories Mike

Editorial

By Ben Levenhagen

All of a sudden the NBA is more competitive. Michael Jordan has penciled in a tee time for the rest of his life. The best player in NBA history is retiring, this time for real.

M.J. couldn't have done it better. He's going out a winner. Last season he collected his sixth NBA championship ring and his sixth finals MVP award. Maybe he could of came back and lead the league in scoring and even won another championship. But instead, he chose to not let his skills diminish and be remembered at the top of his game.

I don't see how there could be any argument whether Jordan is the

best basketball player ever. Just to name a few of his achievements; five league MVPs, ten scoring titles, the highest career scoring average of all time (31.5ppg), three all-star game MVPs, 11 all-star selections, Highest career playoff scoring average (33.4ppg), two Olympic gold medals, one NCCA championship, and two dunk championships when they meant something. The list can go on forever, but his numbers and trophies don't completely cover what M.J. has meant to his fans and the NBA.

No one has ever been better under pressure then Mike. He has hit so many game winners it is almost not believable. From his

buzzer beater against Cleveland in 1989 to his last game winner against Utah to win his sixth championship. His pressure filled late game heroics almost seem inhuman at times. For example, in the 1997 finals game five Jordan was ravaged with the flu but, he poured in 38 points and a tie-breaking three pointer with 25 seconds left. Mike's attitude about always wanting the ball when the game is on the line is what I admired about him the most.

Jordan was the one person mostly responsible for bringing the NBA to its popularity in the eighties and early nineties. He had millions of little kids playing basketball in their driveways with

his shoes on and their tongues sticking out of their mouths. I should know, I was one of them. Being the most recognized athlete in the world isn't easy, for normal people. Everywhere Mike goes he is mobbed by fans and reporters but, he always smiles and takes it all in stride.

Jordan retiring right now isn't exactly the best time for the NBA. Winning fan support back with out their star attraction won't be easy. But I guess it could be a good thing because it's a toss up who wins it all this year.

Michael can now look forward to playing in celebrity golf tournaments and getting a little rest and relaxation. We may not have Mike anymore but we will always have the memories. Thanks #23.

John Elway: The Greatest Quarterback Ever?

Editorial By: Mike Mondt

This Sunday in Super Bowl XXXIII, John Elway will solidify his place in NFL history as the best quarterback to ever play the game. Known for his rocket arm and uncanny scrambling ability, Elway typifies what a quarterback should be. A classy individual both on and off the field, Elway will again prove why I think he is the greatest quarterback of all time.

John Elway has more wins as a starting quarterback than anyone in the history of the NFL. With 149 victories to date, this stat speaks for itself. A quarterback can make or break an NFL team. Since joining the Denver Broncos in 1983 Elway has made them a perennial playoff contender. With the victory over the New York Jets in the AFC Championship Game, Elway is the only quarterback to appear in five Super Bowls. In a sixteen year

career this means that nearly a third of Elway's seasons have ended in the Super Bowl. With another victory Sunday the Denver Broncos can become the sixth team in history to win back-to-back world championships.

In November, Elway became only the second quarterback to throw for 50,000 yards. Second only to Dan Marino, the only quarterback with an argument to be considered greater than John Elway. Elway reached this milestone by completing 57% of his career passes. Elway is also only the second quarterback to throw for 40,000 yards and rush for 3,000 yards (Fran Tarkenton). John Elway is the only quarterback ever to pass for 3,000 yards and rush for 200 yards in the same year for seven straight seasons. These passing and rushing numbers set him apart from every other quarterback.

All of these incredible accomplishments might not be what Elway is remembered for. Instead, it will be fourth quarter comebacks. He has a mind-boggling 47 to his credit. These drives are what makes a quarterback special. The ability to perform under pressure and lead a team to victory is what coaches look for in a quarterback. Arguably the greatest comeback drive in history belongs to John Elway. In the 1986 AFC Championship Game Elway led the Broncos on a 99-yard game tying scoring drive against the Cleveland Browns. To NFL fans it is simply known as "The Drive". These comeback skills can not be taught. Elway is a special player with all of the intangibles.

As previously mentioned, Dan Marino is the only other quarterback that can be considered greater than John Elway. However,

Elway sets himself apart from Marino with his scrambling ability, victories, and Super Bowl appearances. Marino is definitely not known for his running ability, but known for his quick release. Marino has only played in the Super Bowl once, losing to the San Francisco 49er's in 1984. You could say that Elway had a better supporting cast, but I don't buy that. The Miami Dolphins have had their share of star players over the years and a coaching legend in Don Shula. Elway just simply elevates everyone's level of play around him. If not for 730 fewer pass attempts than Marino, Elway might have the most passing yards in history.

As Elway plays in his final game Sunday, savor the fact that you may be watching the greatest NFL player ever. Don't be surprised if he leads Denver on a fourth quarter comeback drive to win the game in Elway type fashion. John Elway is the greatest quarterback of all time.

Men

The Gator men added another victory to their record as they outlasted the Grays Harbor Chokers, 67-62. Freshman forward Tom Ehigh sank the go-ahead bucket with 50 seconds remaining to allow Green River to hold the lead until the final buzzer.

Ehigh was a perfect 4-4 from the free-throw line down the stretch to lift the Gators. Ehigh finished with 11 points and a team high 14 rebounds. Josh Campbell and Colby Nicholson each added 13 points apiece to pace the Gators. Greg Swain finished with 12 points and 4 assists.

The Green River men improve to 2-2 in NWAACC Western Division play and 3-13 overall. Green River hosts Centralia on Wednesday at 8pm.

Green River 67, Grays Harbor 62

Grays Harbor (62) - Dybdahl 2, Hayertz 13, Caskey 7, Hubbard 20, Ferrier 2, Travers 5, White 11, Magsayo 2. Totals 20-71 17-24 62
Green River (67) - Campbell 13, Zahnov 6, Ehigh 11, Swain 12, Ratcliff 2, Hartman 0, Nicholson 13, Lewis 10, Olofsson 0. Totals 23-57 17-26 67

Half-time: GH 29, GR 27. Rebounds: GH 53, GR 48 (Ehigh 14). Assists: GH 7, GR 11 (Swain 4). Turnovers: GH 15, GR 21.

Women

The Gator women took a tough loss at home falling to Grays Harbor 72-66. Grays Harbor used hot shooting and a rebounding advantage to hold off the scrappy Gators.

Jill Swanson turned in another stellar performance leading the Gators with 23 points and 9 rebounds. Stephanie Imhof added 10 points and 10 assists, while Jaime Smith also had 10 points.

The Gators dropped to 2-2 in NWAACC Western Division play and 13-5 overall. Catch the Gators

at home against Centralia on January 27th. Tip off is 6pm.

Grays Harbor 72, Green River 66

Grays Harbor (72) - Sinadjan 8, Bowden 20, Reynvaan 4, White 1, Cummings 5, Schmitz 10, McElliot 19, Powell 5. Totals 30-60 10-21 72

Green River (66) - French 6, Savage 6, Imhof 10, Minnes 0, A. Payne 8, H. Payne 0, Swanson 23, Deford 3, Smith 10, Shaaf 0. Totals 27-74 6-13 66

Half-time - GH 32, GR 32. Rebounds: GH 54, GR 41 (Swanson 9). Assists: GH 12, GR 16 (Imhof 10).

Hoop Briefs

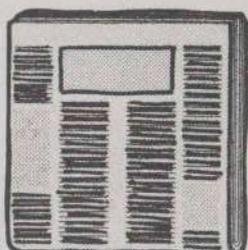
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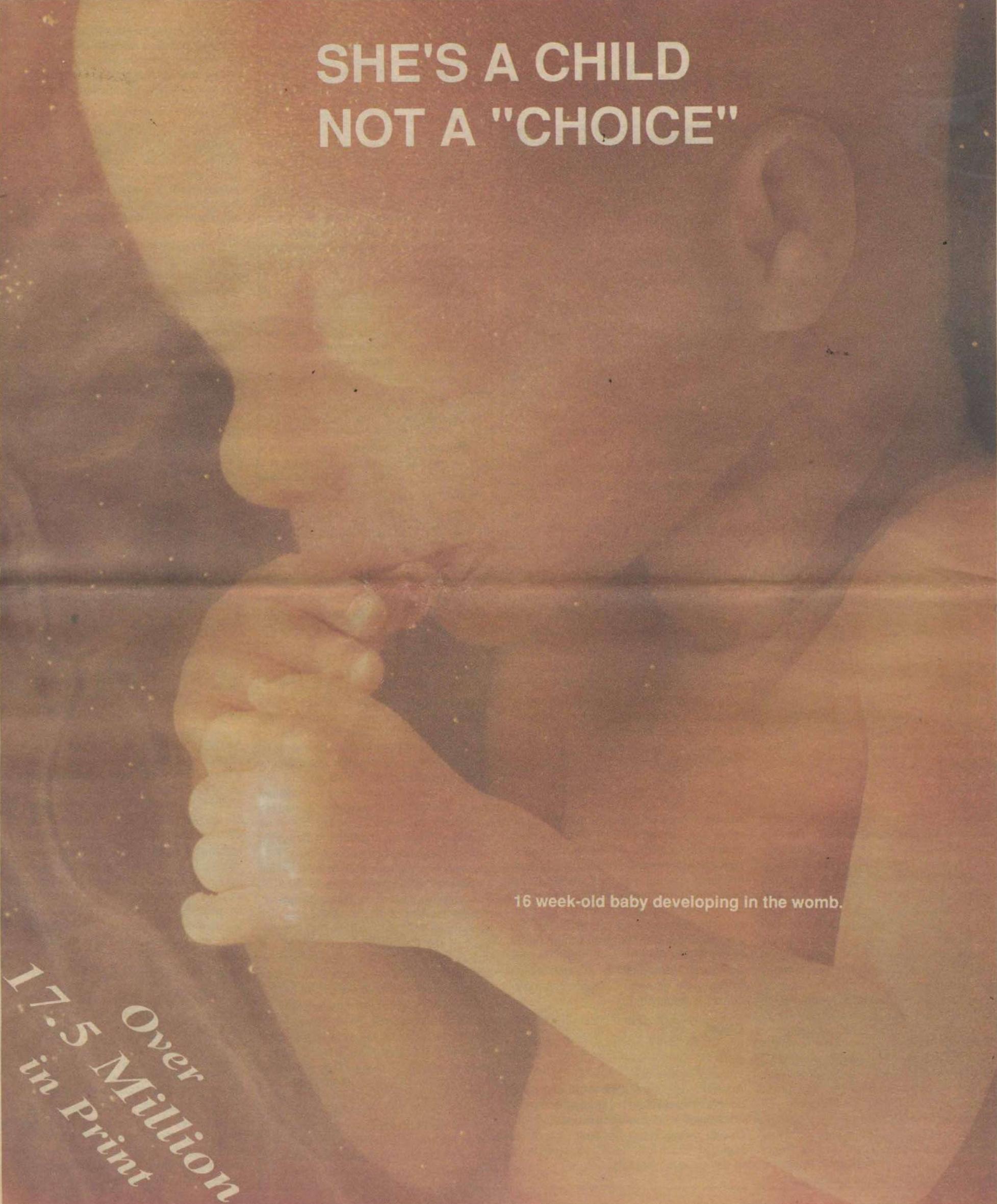


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SHE'S A CHILD NOT A "CHOICE"

16 week-old baby developing in the womb.

*Over
17.5 Million
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The of the Matter



The special love between a mother and baby comes straight from the heart.

This Supplement has been prepared by:
Human Life Alliance of Minnesota Education Fund
3570 Lexington Avenue North, Suite 205 • St. Paul, Minnesota 55126
(651) 484-1040.

Dear Reader:

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

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

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

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

For instance, isn't it exciting to discover, as Dr. Jerome Lejeune points out

on page four that the miniature language mapping out the new baby at the time of fertilization contains more information about him/her than can be stored in five sets (not volumes) of Encyclopedia Britannica?

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

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

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

Marlene Reid

Marlene Reid, President
Human Life Alliance of Minnesota

Fact vs. Fiction: Exposing the Myths

Claim: *Abortion is legal, therefore, it must be right.*

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

Claim: *I have the right to "choose" to abort my baby - a woman's "right to choose!"*

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

Claim: *The government should not interfere with a woman's "right" to abortion.*

Answer: Our Declaration of Independence declares that we have an "inalienable right to Life, Liberty and the Pursuit of Happiness." Thomas Jefferson defined government's role, "The care of human life and happiness, and not their destruction, is the first and only object of good government." President Reagan, a defender of the human and civil

rights of the preborn, called it "the transcendent right to life of all human beings, the right without which no other rights have any meaning." (Without life, taxation, education etc., are immaterial).

Claim: *If public money (tax money) is not available to pay for abortions "poor" women will be denied access to abortion. They will be discriminated against.*

Answer: Are we obligated to provide cigarettes and alcohol to poor people if they cannot afford them? On the contrary, government is very explicit about which items may be purchased with food stamps. Is this considered discrimination? The same people who argue for "public" subsidies for abortions are the same ones who argue that it is a "private" decision. To quote Congressman Henry Hyde, "We have a 'right' to free speech. Does this mean the government has to buy us a personal computer? A typewriter? A megaphone?"

Claim: *I am personally opposed to abortion, but I would not interfere with another's right to have an abortion nor impose my morality on others.*

Answer: Analogy -- if the abolitionists had bought this argument regarding the slavery issue, some states could still be saddled with slavery today. Every law ever passed sets standards which reflect someone's (or a body of law-makers') morality.

Claim: *You want to ban women's "constitutional right" to abortion.*

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

protected from negligent or willful harm or death.

Claim: *If legal abortions are banned, women will resort to back alley abortions.*

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

Claim: *Abortion should be legal to end a pregnancy resulting from rape or incest.*

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

Test Your Abortion I.Q.

- On January 22, 1973 the U.S. Supreme Court legalized abortion through which month of pregnancy?
A) 3rd month; B) 4th month; C) 6th month; D) 9th month
- Since surgical abortion was legalized in 1973 the number of preborn babies' lives extinguished by surgical abortion alone is:
A) 6 million; B) 12 million; C) 30 million; D) 35 million
- Abortion is the leading cause of death in the U.S., causing what percent of total deaths?
A) 21%; B) 35%; C) 44%; D) 52%
- What age group of women have the greatest number of abortions?
A) 15-19; B) 20-24; C) 25-29; D) 30-34
- About 10 million Black children have been aborted since abortion was legalized. This is what fraction of the present Black population in the U.S.?
A) one-eighth; B) one-fifth; C) one-third; D) one-half
- The percentage of babies born in the U.S. to unwed mothers is:
A) 15%; B) 20%; C) 28%; D) 31%
- Women who abort their first child stand how much greater risk of developing breast cancer?
A) 3 x; B) 2 x; C) 4 x
- With the advances in medical science the number of surgical procedures which are now performed on babies in the womb is:
A) over 50; B) 80; C) 90; D) over 100
- One out of every how many teen pregnancies end in abortion?
A) two; B) three; C) four; D) six
- What percent of abortions performed in the U.S. are repeat abortions?
A) 30.5%; B) 40.2%; C) 53.9%; D) 60.7%
- What percent of women who have had abortions experience suicidal tendencies?
A) 45%; B) 62%; C) 70%; D) 77%
- A developing baby's heart begins to beat at:
A) 21 days; B) 30 days; C) 45 days; D) 60 days
- How many Americans now have an incurable sexually transmitted disease?
A) 20 million; B) 36 million; C) 56 million
- Every year up to what number of U.S. women become infertile because of STDs?
A) 66,000; B) 75,000; C) 98,000; D) 150,000

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

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

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

Chronology of a New Life

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

Month One: The first cell divides within several hours and then cell division continues in an orderly fashion every few hours as the small group of cells travels down the Fallopian tube to the uterus, where the uterine lining has been prepared for implantation. There are over 100 cells present when this tiny embryo reaches the uterus 7 to 10 days after fertilization. **Day 20**—foundations of the brain, spinal cord and nervous system are already established; **day 21**—the heart begins to beat in a regular fashion; **day 28**—the backbone, the rest of the skeleton, and muscles are forming—arms, legs, eyes and ears have begun to show. At one month old, the embryo is 10,000 times larger than the original fertilized egg — and developing rapidly. The heart is pumping increased quantities of blood through the system. The placenta forms a unique barrier that keeps the mother's blood separate, but allows food and oxygen to pass to the baby.

Month Two: At 35 days the pre-born baby has all her fingers. Brain waves can be detected at day 40; the brain is controlling 40 sets of muscles as well as the organs. The jaw forms, including teeth buds in the gums. The eyelids seal during this time to protect the baby's developing light-sensitive eyes which will reopen in the seventh month. The stomach produces digestive juices and the kidneys have begun to function. The tiny human being responds to touch. By 8 weeks, the developing baby is now referred to as the fetus, a Latin word meaning "young one" or "offspring."

Month Three: Day 63 (9 weeks): Unique fingerprints are evident and never change. The baby now sleeps, awakens and exercises her muscles by turning her head, curling her toes, and opening and closing her mouth - often sucking her thumb. Her palm, when stroked, will make a tight fist. She breathes amniotic fluid to help develop her respiratory system. By 12 weeks all the organs and systems of her body are functioning. The only major activity from now until birth is growth - the increase in her size.

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

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

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

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

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

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



Photo courtesy of Joseph R. Stanton, M.D.

6 Weeks



Photo by S.J. Allen/Int'l Stock Photo Ltd.

16 Weeks



Photo Courtesy of Origin Films, Ltd.

20 Weeks

Life Begins at Conception

"Each of us has a very precise starting moment which is the time at which the whole necessary and sufficient genetic information is gathered inside one cell, the fertilized egg, and this is the moment of fertilization. There is not the slightest doubt about that and we know that this information is written on a kind of ribbon which we call the DNA."



Dr. Jérôme LeJeune

Jérôme LeJeune, M.D., Ph.D. tells us much about the intricacies of the begin-ning of human life. Contrary to the popular view that the baby becomes more and more "developed" as the weeks of pregnancy go on, Dr. LeJeune says that the very first cell, the fertilized egg, is "the most specialized cell under the sun." No other cell will ever again have the same instructions in the life of the individual being created.

In the words of Dr. LeJeune, "Each of us has a very precise starting point which is the time at which the whole necessary and sufficient genetic information is gathered inside one cell, the fertilized egg, and this is the moment of fertilization. There is not the slightest doubt about that and we know that this information is written on a kind of ribbon which we call the DNA."

He explains that the fertilized egg contains more information about the new individual than can be stored in five sets (not volumes) of the Encyclopedia Britannica (if enlarged to normal print). To further emphasize the minuteness of this language, Dr. LeJeune states that if all the one-metre-long DNA of the sperms and all the one-metre-long DNA of the ova which contain the instructions for the 5 billion human beings who will replace us on this planet were brought together in one place the total amount of matter would be roughly the size of two aspirin tablets.

When Dr. LeJeune testified in the Louisiana Legislature (House Committee on the Administration of Criminal Justice, June 7, 1990) he stated, "Recent discoveries by Dr. Alec Jeffreys of England demonstrate that this information (on the DNA molecule) is stored by a system of bar codes not unlike those found on products at the supermarket... it's not any longer a theory that each of us is unique."

Dr. LeJeune states that because of studies published within the last year we can now determine within three to seven days after fertilization if the new human being is a boy or a girl.

"At no time," Dr. LeJeune says, "is the human being a blob of protoplasm. As far as your nature is concerned, I see no difference between the early person that you were at conception and the late person which you are now. You were, and are, a human being."

In the testimony Dr. LeJeune gave on The Seven Human Embryos (Circuit Court for Blount County, Tennessee at Maryville, Equity Division, August 8-10, 1989) he compared the chromosome to a mini-cassette, in which a symphony is written, the symphony of life. He explained that if you buy a cartridge on which a Mozart symphony has been recorded and insert it in a player, what is being reproduced is the movement of the air that transmits to you the genius of Mozart. In making the analogy he said, "It's exactly the same way life is played. On the tiny mini-cassettes which are chromosomes are written various parts of the opus which is for human symphony, and as soon as all the information necessary and sufficient to spell the whole symphony (is brought together) this symphony plays itself, that is, a new man is beginning his career... as soon as he has been conceived, a man is a man."

Dr. Jérôme LeJeune died on April 3, 1994. Dr. LeJeune of Paris, France was a medical doctor, a Doctor of Science and a professor of Fundamental Genetics for over 20 years. Dr. LeJeune discovered the genetic cause of Down Syndrome, receiving the Kennedy Prize for the discovery and, in addition, received the Memorial Allen Award Medal, the world's highest award for work in the field of Genetics. He practiced his profession at the Hospital des Enfants Malades (Sick Children's Hospital) in Paris.

Dr. LeJeune was a member of the American Academy of Arts and Science, a member of the Royal Society of Medicine in London, The Royal Society of Science in Stockholm, the Science Academy in Italy and Argentina, The Pontifical Academy of Science and The Academy of Medicine in France.

"I see no difference between the early person that you were at conception and the late person which you are now. You were, and are, a human being."

Legalized Abortion Based on Lies and Fraud

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

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

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

Sandra Cano was "Mary Doe" of Doe v. Bolton

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

When the attorneys hinted that they would like to strike a deal which would include aborting the child Sandra was carrying she made it very clear that she could never do that. Yet, her attorneys ignored her objections and ran roughshod over her. When she realized her case had been used to obtain abortion-on-demand she said, "...why would I stretch my imagination to include a plan so bizarre that it would give people in a civilized society permission to kill their own babies? ... I surely never thought they would tie my personal anxieties about retrieving my children to a scheme to make abortion-on-demand legal." Ironically, the Cano baby, like the McCorvey baby, was carried to term and relinquished for adoption. Yet, 35,000,000 other babies have lost their lives to surgical abortion because of these two cases. Both Norma and Sandra now promote the pro-life cause.

Sarah Weddington was the Attorney

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

Playboy Provided the Funding

Hugh Hefner, founder of *Playboy* claims to have done one great thing for women: "*Playboy* probably had more to do than any other company with *Roe v. Wade*. We supplied the money for those early cases and actually wrote the *amicus curiae* for *Roe*." *Miami Herald* 11/18/92

Do You Hear What I Hear?

"With no hype at all, the fetus can rightly be called a marvel of cognition, consciousness and sentience."



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

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

When Peter Hepper of Queens University in Belfast repeatedly played to 30-week-old fetuses the theme song from a popular soap opera, they relaxed. After

birth, the babies became "quite alert" when they heard the tune. "...When a loudspeaker directs speech syllables at a mother-to-be's abdomen, the fetus's heart slows, a sign of attentiveness. The heartbeat speeds up as the fetus gets bored with the sounds, then slows again if new ones flow into the womb."

A fetus remembers some experiences and may alter her behavior as a result.

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

If you would like to obtain a copy of Dr. LeJeune's testimony on *The Seven Human Embryos* Send \$4.00 to Human Life Alliance of MN, Inc., 3570 N. Lexington Ave., Suite 205, St. Paul, MN 55126-8059

Feeling Alone? Don't know where to turn? We're here to help you.

Pregnancy Support Resources

- Birthright**
1-800-550-4900
- Pregnancy Hotline**
1-800-848-5683
- Nurturing Network**
1-800-866-4666
- America's Crisis Pregnancy Helpline**
1-800-672-2296
- Bethany Christian Services**
1-800-238-4269
www.bethany.org
- CARE NET**
(703) 478-5661
www.goshen.net/CareNet
- Crisis Pregnancy Centers Online Directory**
www.prolife.org/cpcs-online

Post Abortion Resources

The abortion may be far behind you, but you struggle with an intense inner conflict that won't go away. Are you alone?

No, in fact, health care professionals are discovering a tremendous number of people, of epi-

demio proportions, who are suffering from post-abortion syndrome (PAS). This condition is caused by deep-rooted guilt and grief associated with an abortion.

The following organizations are committed to helping people deal with these issues.

- Conquerors Hotline**
(612) 866-7715
- American Rights Coalition**
1-800-634-2224
- American Victims of Abortion**
(202) 626-8800 ext. 132
- Life Dynamics (Legal Help)**
(940) 380-8800
- Project Rachel**
1-800-593-2273
- Silent Voices**
(619) 422-0757

Educational Resources

Surprised by what you've read? Want to learn more? This supplement begins to expose the brutal realities of abortion.

All the facts and subjects ad-

dressed in this supplement are well documented by numerous sources. The following organizations can provide you with additional information on this life or death matter.

- American Life League**
(540) 659-4171
www.all.org
- Human Life Alliance**
(651) 484-1040
www.humanlife.org
- National Right to Life**
(202) 626-8800
www.nrlc.org
- Human Life International**
(540) 635-7884
www.hli.org
- Vida Humana Internacional (Spanish Resources)**
(305) 662-1497
www.vidahumana.org
- Ultimate Pro-life Resource**
www.prolife.org

Washington Pregnancy Resources

There are alternatives to abortion. The following organizations can help you. They offer:

- ♥ Crisis pregnancy help
- 🏠 Housing assistance
- ♣ Post abortion help
- ♣ Educational materials

Unmarked listings offer many of these services, and some marked listings may offer additional services.

ABERDEEN
Celebrate Life/Heart & Hands
112 Washington St.
Aberdeen WA, 98520
360-532-1104

ANACORTES
Inter Island Pregnancy Center
906 7th St.
Anacortes, WA
360-299-0568

BELFAIR
Life Center of Mason Co.
22635 N.E. State Hwy. 3
Belfair, WA 98528
360-275-8021

BELLEVUE
Life Choices
15935 N.E. 8th St. N. #200
Bellevue, WA 98008
425-562-1985

BELLINGHAM
Bethany Christian Services
902 N. State St. Ste. 102
Bellingham, WA 98225
360-733-6042

Catholic Community Services
1133 Railroad St. Ste. 100
Bellingham, WA 98225
360-676-2164

Whatcom Pregnancy Center
360-671-9057 ♥ ♣

BONNEY LAKE
Healing Hearts Ministries
360-897-2711 ♣

BREMERTON
Crisis Pregnancy Center
1600 12th St.
Bremerton, WA 98337
360-479-0243

CAMAS
CPC of Camas-Washougal
360-834-2829

CENTRALIA
Care Center of Lewis Co.
360-330-2229

COLVILLE
Colville Pregnancy Center
509-684-9895

EDMONDS
Crisis Pregnancy Center
22617 76th Ave. N.E. Ste. 107
Edmonds, WA 98026
425-774-7850

ELLENSBURG
Ellensburg Pregnancy Care Center
509-925-2273 ♥ ♣

EPHRATA
Catholic Family & Children Services
509-754-2211

First Way
24 Basin S.W.
Ephrata, WA 98823
509-754-4357

EVERETT
Crisis Pregnancy Center
6833 Evergreen Way
Everett, WA 98203
425-347-0837

Catholic Community Services
1918 Everett Ave.
Everett, WA 98201
425-257-2111

Pregnancy Aid of Snohomish Co.
425-252-6444

FEDERAL WAY
Life Choices Pregnancy Clinic
30620 Pacific Hwy. S. #110
Federal Way, WA 98003-4888
253-941-6110

FORKS
Caring Place of W. Clallam County
360-374-5010 ♥ ♣

GOLDENDALE
Crisis Pregnancy Center
509-773-5501

GRANDVIEW
Catholic Family & Children Services
509-882-3050

Lower Valley Pregnancy Center
204 W. 2nd St.
Grandview, WA 98930
509-882-1899

ILWACO
Lower Columbia Crisis
Pregnancy Center
360-642-8717

KENT
Catholic Community Services
253-854-0077

Pregnancy Aid
253-852-1201

LONGVIEW
Birthright
2551 Colorado St.
Longview, WA 98632
360-423-2900

Caring Pregnancy Center
1312 Hemlock St.
Longview, WA 98632-3053
360-636-3333

MOSES LAKE
First Way
402 S. Clover
Moses Lake, WA 98837
509-765-4425
1-800-848-LOVE

MT. VERNON
Crisis Pregnancy Center
617 W. Division St.
Mt. Vernon, WA 98273
360-428-4777

OAK HARBOR
Pregnancy Care Clinic
670 S.E. Midway Blvd.
Oak Harbor, WA 98277
360-675-2096

O'KANOGAN
Hannah House Preg. Care Center
509-422-5506 ♥ ♣

OLYMPIA
Crisis Pregnancy Center
1416 State Ave. N.E.
Olympia, WA 98506
360-753-0061

Pregnancy Aid
2618 12th Court S.W.
Olympia, WA 98502
360-956-7413

PASCO
Tri-City Pregnancy Center
817 N. 14th St.
Pasco, WA 99301
509-544-9329

PORT ANGELES
Crisis Pregnancy Center
535 E. 8th St.
Port Angeles, WA 98362
360-452-3309

PORT ORCHARD
Celebrate Life
510 DeKalb St. Ste. B
Port Orchard, WA 98366
360-876-4229

PORT TOWNSEND
1945 E. Simms Way
Port Townsend, WA 98368
360-385-5530

POULSBO
CPC of Kitsap Co.
Plaza 305 Ste. 207
Poulsbo, WA 98370
360-598-2273

PROSSER
Birthright
1204 Meade Ste. 29
Prosser, WA 99350
509-786-4900

PUYALLUP
Preg. & Post Abortion Counseling
10312 120 St. E.
Puyallup, WA 98374
253-770-8697

RICHLAND
Tri-City Pregnancy Center
636 Jadwin Ave.
Richland, WA 99352
509-943-2124

Catholic Family & Child Services
509-946-4645

SEATTLE
Birthright
8008 15th Ave. N.W.
Seattle, WA 98116
206-789-5676

Bethany Christian Services
19936 Ballinger Way N.E. Ste.D
Seattle, WA 98155-1223
206-367-4604

Pregnancy Support & Adoption
100 23rd Ave. S.
Seattle, WA 98144-2302
206-328-5929

Life Choices Pregnancy Clinic
4719 University Way N.E. #204
Seattle, WA 98105-4400
206-523-4124

New Hope of Washington
2611 N.E. 125th St. Ste. 146
Seattle, WA 98125
206-363-1800 ♣

Healing Hearts Ministries
206-542-4790 ♣

SHELTON
Crisis Pregnancy Center
706 Cascade
Shelton, WA 98584
360-427-9171

SPOKANE
Life Services of Spokane
2659 N. Ash
Spokane, WA 99205
509-327-0701

Valley Crisis Pregnancy Center
121214 E. 6th Ave.
Spokane, WA 99206
509-891-2850

Lutheran Social Services
7 S. Howard St. #200
Spokane, WA 99201-0323
509-747-8224

LDS Social Services
100 N. Mullan Rd. #202
Spokane, WA 99206-6802
509-926-6581

TACOMA
Bethany Christian Services
10510 Bridgeport Way S.W.
Lakewood, WA 98499
253-983-9250

Catholic Community Services
1323 S. Yakima Ave
Tacoma, WA 98405
253-383-3697

**Post Abortion Counseling and
Pregnancy Center**
1209 6th Ave.
Tacoma, WA 98405
253-383-2988

Pregnancy Aid of Tacoma
First Baptist Church
902 S. Market
Takoma, WA 98402-3605
253-383-4100

VANCOUVER
Catholic Community Services
412 W. 12th St.
Vancouver, WA 98660
360-696-0379

CPC of Vancouver
5109 E. 4th Plain Blvd.
Vancouver, WA 98661
360-699-5433

WENATCHEE
First Way
7 N. Wenatchee Ave #205
Wenatchee, WA 98801
800-848-LOVE

WOODINVILLE
Special Delivery
16902 N.E. Woodenville-Duvall Rd.
Woodinville, WA 98072
425-485-3582 ♥ ♣

The Wound Heals, a Scar Remains...

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

"Abortion is an impassioned subject... Every woman--whatever her age, background or sexuality-- has a trauma at destroying a pregnancy. A level of humanness is touched. This is part of her own life. She destroys a pregnancy, she is destroying herself. There is no way it can be innocuous... It is totally beside the point whether or not you think a life is there. You cannot deny that something is being created and that this creation is physically happening... But it is not as harmless and casual an event as many in the pro-abortion crowd insist. A psychological price is paid. It may be alienation; it may be a pushing away from human warmth, perhaps a hardening of the maternal instinct. Something happens on the deeper levels of a woman's consciousness when she destroys a pregnancy. I know that as a psychiatrist." 1

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

"Suddenly the rhetoric, the abortion marches I'd walked in, the telegrams sent to Albany to counteract the friends of the fetus, the Zero Population Growth buttons I'd worn peeled away, and I was all alone with my microscopic baby..." She recalled how intellectually, she tried to concentrate on how small the fetus was, and therefore how impossible it was for it to be human... her own body kept telling her that there was real life growing within her. "Though I would march myself into blisters for a woman's right to exercise the option of motherhood, I discovered I was not the modern woman I thought I was." She longed for her husband to valiantly "burst" through the door and stop it from happening. When he failed to do so, she begged the doctor to stop. But it was too late... "the hum of the machine signaled that the vacuuming of my uterus was completed, my baby sucked up like ashes after a cocktail party." Francke revealed how, during times of relaxation, when she had time to reflect on the beauty of the world, she experienced the common reaction of "visitations" from her aborted child. Her benign "little ghost" would come to her and wave. And she would tearfully wave back to reassure her lost baby that if only he could return, now they would make room for him in their busy lives.2

Five years later, Francke wrote *The Ambivalence of Abortion*, in which she transcribes reactions to the abortion experience of other women, couples and men. The interviews were consistent with the findings of other researchers. The majority expressed guilt, remorse and negative feelings toward their abortion. Most saw that abortion involves a baby.

1. From an interview with columnist Colman McCarthy, "A Psychological View of Abortion," *St. Paul Sunday Pioneer Press*, 3/7/71. Dr. Fogel, who continued to do abortions for the next two decades, reiterated the same view in a subsequent interview with McCarthy, "The Real Anguish of Abortions" *The Washington Post*, 2/9/89.
2. Jane Doe [Linda Bird Francke], "There Just Wasn't Room In Our Lives For Another Baby," *NYTimes*, 5/14/76



Glamour, the popular women's magazine, received input from 3000 women and in Feb. 94 reported that, "Virtually all of those who'd had abortions in the past said that if they'd only known how much they'd regret having an abortion after the fact, they never would have agreed to the procedure." The magazine also noted, "The births of subsequent children or some other exposure to the intricacies of child development were often listed as experiences that helped them see just how misguided they had been in deciding to abort." One woman said "Society told us it (abortion) was safe and legal. And the abortionist and her crew never counseled me on anything--the procedure itself, the risks, the alternatives...I wondered why, if I had participated in this wonderful, self-liberating experience, I did not feel a sense of deliverance, but a loss of self respect, and little by little a loss of myself."

Breast Cancer and Abortion

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

High levels of estrogen flood the woman's system in the first trimester of pregnancy. This stimulates a massive growth of breast cells to develop a system capable of producing milk. Toward the end of the pregnancy other hormones act to make the breast cells mature and eliminate cells that are not needed. Once the cells complete this period of growth and maturation, there are no further significant changes for the rest of the woman's life. Research shows that when a woman completes her first full pregnancy, the hormonal changes that occur permanently alter the structure of her breasts in a way that greatly reduces her risk of breast cancer. (E. Wertz, S.W. Duffy, *Br. J. of Cancer* 1988)

An abortion will not reverse the changes which have begun with pregnancy, it only interrupts them. Ultimately, an induced abortion of a first pregnancy circumvents the protective effects of a full-term pregnancy, possibly leaving millions of breast cells in vulnerable transitional states. (Russo *American Journal of Pathology*, Vol 100, 1980) The consequent sharp increase in the number of vulnerable cells thus elevates breast cancer risk. (Krieger, *American Journal of Epidemiology*, Vol 131, 1990)

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

There are at least two dozen published peer reviewed studies pointing to the abortion/breast cancer link that go back as far as 1957. Dr. Joel Brind, an endocrinology specialist and a team of researchers are currently performing a "meta-analysis," which compiles the results of every research study completed to date. As of Nov. 1993, based on work in progress, Brind reported that every study of induced abortions performed before the first live birth is consistent with an initial increase in breast cancer risk of at least 50%. If multiple abortions are involved, the risk can increase up to 400%.⁽¹⁾

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

"Our data support the hypothesis that an induced abortion can adversely influence a woman's subsequent risk of breast cancer." This study also showed, as have others be-

fore it, that women experiencing naturally occurring spontaneous abortion (miscarriage) were not at a higher risk.

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

"There are several studies which show that women who have breast cancer and who have a history of abortion not only have a greater incidence of breast cancer, but the cancer grows more rapidly, is harder to treat, (2) is more invasive and is more aggressive. (3) The cancer recurs, on an average, in a shorter period of time and death occurs more readily. (4)"

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



1. Howe HL, Senie RT, Bzduch H, Herzfeld P, NY Dpt. of Health (1989) *Int J Epidemiol*, 18:300-4
2. Olsson H, Ranstam J, Baldetorp B, Ewers S-B, Ferno M, Killander D, (1991), *Proliferation and DNA Ploidy in Malignant Breast Tumors in Relation Early Oral Contraceptive Use and Early Abortions*, *Cancer*, 67:1285-1290
3. Olsson H, Borg A, Ferno M, Ranstam J, Sigurdsson H (1991) *Her-2/neu and INT2 Proto-oncogene Amplification in Malignant Breast Tumors in Relation to Reproductive Factors and Exposure to Exogenous Hormones*, *J Nat Cancer Inst*, 83:1483-1487
4. Ownby HE, Martino S, Roi LD, Howard L, Russo J, Brooks S, Brennan MJ, (1983), *Interrupted Pregnancy as an Indicator of Poor Prognosis in T1,2, No. Mo Primary Breast Cancer*, *Br. Cancer Res Treat*, 3:339-344.

Physical Risks Of Abortion

"People do not understand that there are thousands of serious physical complications from abortion every year in this country."

Dr. Bernard Nathanson, OB-GYN

Intense pain
Punctured uterus
Excessive bleeding
Infection
Parts of baby left inside
Shock/coma
Damage to other organs
Death

Inability to become pregnant again
Miscarriage/stillbirths
Tubal pregnancies
Premature births
Pelvic inflammatory disease
Cervical injuries
Hysterectomy
Higher risk of breast cancer

"Abortion has a painful aftermath, regardless of the woman's religious beliefs, or how positive she may have felt beforehand about her decision to abort."

Vincent Rue, Ph.D, Psychologist.

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

American Journal of Obstetrics & Gynecology 1992; 166:100-103

International Journal Gynaecol. Obstet. 23:45-50 (1985)

Joint Program for the Study of Abortion, (JPSA): C. Tietze and Lewis

Contemporary Ob/Gyn 35(2); 58-69 Feb. 1990

Bernadell Technical Bulletin, 1989; 1:1-2

"Induced Abortion, A World Review," C. Tietze, The Population Council, New York (1983), p 83

Annae Chirurgiae et Gynaecologiae 70: 331-336 (1981)

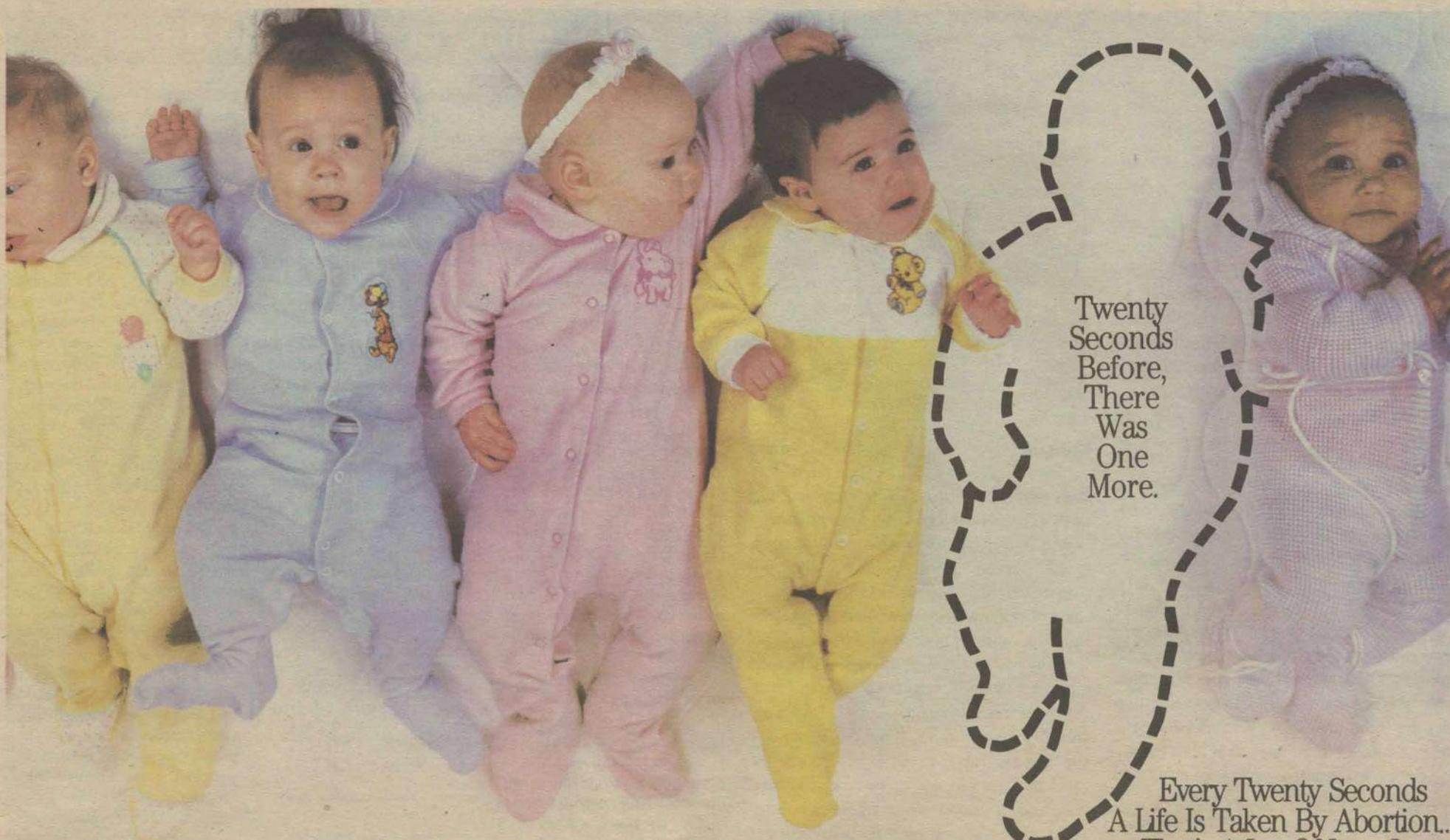
Fertility and Sterility, 45(1): 5-16 (1986)

Journal of American Medical Association 243: 2495 (1980)

Clinics in Obstetrics and Gynecology 13(1): 95, Mar. 1986

Danish Medical Bulletin, 35(1): 64-75, Feb. 1988

American Journal of Obstetrics & Gynecology 1989; 1260:642-6



Photography, Phillip Parker
Art Director, Steve Clark

I've been there too!

"Tim, I think I'm pregnant." It was New Year's Eve, 1973. My boyfriend sighed deeply, his gaze remaining fixed on the TV. He then muttered something that made me feel already deserted. I felt a sour lump in the back of my throat. Yes, I was pregnant, and I was scared!

I knew from first hand experience how tough it is raising a child as a single mother. I already had a 2-year old daughter, Jennifer, from an earlier unsuccessful marriage. We lived in the inner city and could barely make ends meet. When my pregnancy was confirmed, Tim's non-committal response to my distress and his move to Chicago, 400 miles away, left me despondent and leaning more and more toward abortion as the "easy way out." I was already struggling financially with one child. How could I raise two?

I drove to Chicago to try to convince Tim to marry me. He was deaf to my pleas and unmoved by my tears. Believing I had no viable alternative, I convinced him to give me money for an abortion.

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

When the nurse called my name, I changed

my mind, broke into tears, and left.

I felt desperately alone. Back at the university, I often cried myself to sleep. I decided to confide in a couple of college professors. They collected money to fly me back to Chicago to have an abortion. Now I was determined, even obligated, to go through with it. Still, I agonized!

Ironically, that semester, I was taking a class in fetal development. I knew there was a baby in my womb with her heart beating and her own circulatory system. Those pictures flashed in my mind as I sat there, clad in a paper gown and paper slippers.



Angela Woodhull Ph.D.

I was summoned to the room where the abortions are performed. I could hear a woman sobbing hysterically in the recovery room. It reminded me of someone who had witnessed the death of a loved one in a fatal accident. It haunts me still!

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

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

I named her Melanie.

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

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

If you are in a crisis pregnancy, I cannot promise that it will be easy. I can only promise that the anguish will pass and there are people who will help you through this trying time. (pg. 5) As someone who has "been there" I understand the anguish you are experiencing. One day you will look back on the birth of your child, and say, as I do, "I did the right thing. And I feel proud."

Sincerely,
Dr. Angela Woodhull

Twenty
Seconds
Before,
There
Was
One
More.

Every Twenty Seconds
A Life Is Taken By Abortion...
That's A Lot Of Love Lost.

-Abstinence- Save the Marital Act for Marriage

Sex is not something you do, rather it is actually a sharing of persons - a commitment. Chastity is that virtue that integrates sexuality into the human personality. Chastity waits for marriage. Chastity is healthy, practical and possible.

- Avoid the pitfalls of promiscuity**
- Sexually-Transmitted Diseases
 - AIDS (condom failure rate is 10-30%)
 - Guilt, doubt and worry
 - Deceptive relationships
 - Loss of self-esteem
 - Unwed pregnancy
 - Abortion trauma
 - Exploitation and emotional disorders

- Enjoy freedom
that comes from abstinence**
- Live free of all above complications
 - Develop a meaningful relationship free from sexual obligations
 - Develop rewarding skills and abilities
 - Decide what you want for your future
 - Become the best person possible!

Birthmother Opts for Adoption... The Loving Alternative

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

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

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

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

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



Lisa O.

with this couple. They had so much love and security to offer my child. They were there with me in the hospital when my son was born. Their video camcorder ran non-stop.

I will always treasure the three days I spent in the hospital with my son. Handing him over to his new parents was by no means easy, but I knew in my heart that this was the right decision for both of us.

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

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

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

Testimony by Lisa O. of Minnesota.

(Printed with permission)

Every year over two million requests for adoption go unsatisfied.



18 week-old baby developing in the womb.

*If he is not alive,
why is he growing?*

*If he is not a human being,
what kind of being is he?*

*If he is not a child,
why is he sucking his thumb?*

*If he is a living,
human child,
why is it legal to kill him?*

The Abortion Experience for Victims of Rape and Incest

by David C. Reardon

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

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

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

Kathleen DeZeeuw states, "Having lived through rape, and also having raised a child 'conceived in rape,' I feel personally insulted and assaulted every time I hear that abortion should be legal because of rape and incest. I feel that we're being used by pro-abortionists to further the abortion issue, even though we've not been asked to tell our side."

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

ABORTION ADDS TO THE PAIN OF RAPE

Various studies and my own research indicate that rape and incest victims fall into the high risk category of aborters, and the existence of rape or incest is actually a contraindication for abortion. Jackie Bakker, whose

testimony is in my book,² says, "I soon discovered that the aftermath of my abortion continued a long time after the memory of my rape had faded. I felt empty and horrible. Nobody told me about the emptiness and pain I would feel deep within, causing nightmares and deep depressions. They had all told me that after the abortion I could continue with my life as if nothing had happened." This is the same story we hear from a lot of aborted women. But for the rape and incest victim it is an especially keen story, because they have been told, "In your situation that is the only thing you can do." And they have been betrayed by that advice.

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

VICTIMS GAVE REASONS TO FOREGO ABORTION

Perhaps the best study was done by Dr. Sandra Mahkorn, published in Psychological Aspects of Abortion⁴ Dr. Mahkorn was an experienced rape counselor who, in 1979, identified 37 pregnant rape victims who were treated by a social welfare agency. Of these 37, only five chose to have an abortion. Of the 28 who gave birth, 17 chose adoption and 3 kept the child themselves; for the remaining eight, research was unable to determine where the child was placed.

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

Several reasons were given for not aborting. First, several women felt that abortion was another act of violence—that it

was immoral or murder. One said she would only suffer more mental anguish from taking the life of a baby. Second, some saw an intrinsic meaning or purpose to the child. Somehow this child was foisted into their lives, but, on the other hand, they sensed some sort of hidden purpose behind it. And although not responsible for having brought the child into being, it had happened, and the consequences could be lived with. Third, at a subconscious level, the rape victim feels that if she can get through the pregnancy she will have conquered the rape. Outlasting pregnancy shows she is better than the rapist who brutalized her. Giving birth, then, is the way rape victims seek to reclaim their self-esteem. It is a totally selfless act, a generous act, especially in light of the pressure to abort. It is a way for them to display their courage and strength to survive even a rape.

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

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

ABORTION REINFORCES WOMEN'S POWERLESSNESS

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

(Continued on page 10)

Abortion Techniques Described

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

SUCTION-ASPIRATION

The abortionist inserts a hollow plastic tube into the dilated uterus. "This tube is attached to a suction machine. The suction machine is turned on. The uterus is emptied by suction." (2) The suction tears the baby's body as he/she is being pulled through the hose.

DILITATION AND CURETTAGE (D&C)

After dilation of the cervix, a ring forceps is inserted into the womb and the baby is extracted in pieces. Then the abortionist inserts a curette, "a rod shaped instrument with a sharp edged spoon on the end" (1), into the uterus to scrape the after-birth (placenta) from the wall of the womb and confirm that the womb is empty. Bleeding is usually profuse.

DILITATION AND EVACUATION (D&E)

Used after 12 weeks. The baby is too large to fit through the cervix. The baby "must be removed with instruments and suction curettage." (2) A pliers-like instrument is needed because the baby's bones are calcified, as is the skull. The abortionist inserts the instrument into the uterus, seizes a leg or other part of the body and, with a twisting motion, tears it from the baby's body. The spine must be snapped and the skull crushed in order to remove them from the womb. Body parts are then reassembled and counted to make certain that the entire baby has been removed from the womb.

SALINE INJECTION ("SALTING OUT") (1)

This is used after 16 weeks. A long needle is inserted through the mother's abdomen into the baby's amniotic sac. Some fluid is removed and a strong salt solution is injected. The solution is swallowed and "breathed" and slowly poisons the baby. He/she kicks and jerks violently as he/she is literally being burned alive. "The uterus begins to contract, as in labor. The contractions continue until it pushes out the fetal and placental material." (1)

HYSTEROTOMY

Used mainly in the last three months of pregnancy, the womb is entered by surgery, as in a caesarean section. An incision is made through the abdomen. "The fetus and placenta are removed, and the incision is closed with stitches." (2) The tiny baby is allowed to die by neglect or direct act.

PROSTAGLANDIN CHEMICAL ABORTION

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

1. Planned Parenthood of New York City, Inc. *Abortion, A Woman's Guide* Pocketbook Press 1973
2. Planned Parenthood Federation of America, Inc. *Abortion: Questions and Answers* August 1991

DILITATION AND EXTRACTION (D AND X - PARTIAL-BIRTH ABORTION)

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

After three days of preparations, the abortionist places an ultrasound transducer on the mother's abdomen and locates the child's legs and feet. The abortionist then uses a large forceps to grasp one of the baby's legs. He pulls firmly, forcing the child into a feet-down (breech) position. He continues pulling until the baby's leg is drawn into the birth canal.

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

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

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

(The preceding information has been taken from the *American Medical News*, July 5, 1993 edition).

Answers to Abortion I.Q. Quiz 1) D; 2) D; 3) C; 4) B (U.S. Dept. of Health and Human Services, Center for Disease Control, Abortion Surveillance Report, July 1991); 5) C (St. Paul Pioneer Press, C. Thomas 4/2/93); 6) D (1995 Fed. Gov. Report—National Center for Health Statistics); 7) B (British J. of Cancer 1981; 43:72-76); 8) D (Quote from Dr. Bernard Nathanson, 1987); 9) B (May 1997—Report from National Campaign to Prevent Teenage Pregnancy); 10) C (1997 Pro-Life Activist's Encyclopedia, Brian Clowes, PhD. 11) B (*Aborted Women, Silent No More*, David C. Reardon, 1987); 12) A (Color Atlas of Life Before Birth, Marjorie England, Yearbook Publ.); 13) C (1 in 5); 14) D (#13 & 14 from Guttmacher Inst. 3/31/93)

What the nurse saw...

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

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

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

The Abortifacient Nature of Some Contraceptives

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

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

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

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

Human Life Alliance of MN Education Fund (651) 484-1040

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

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World Population Can Be Housed In Texas



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

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

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

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

Throughout the history of the U.S., it has been the experience of the American

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

- "The world's population growth rate has declined to about 1.5 percent at present," the lowest rate in some 50 years. (p.5) (Replacement level is 2.2)

- "Fertility levels have fallen so low in some countries, mainly in Europe, that no return to 'replacement level' fertility is expected in the foreseeable future" (p.29).

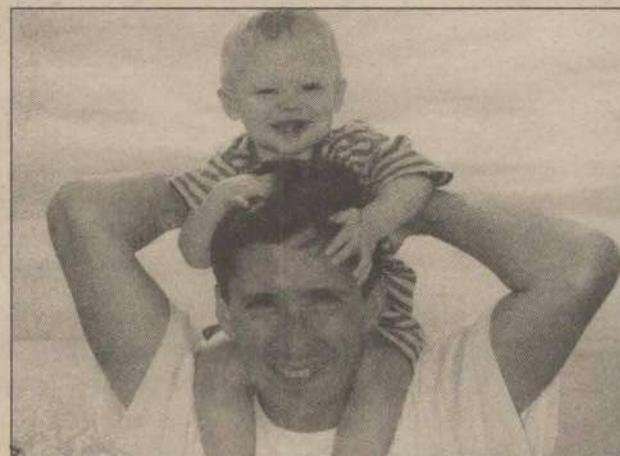
- "Fertility rates throughout the world have been dropping so rapidly that the Census Bureau has just cut its three-year-old estimate of world population in the year 2000 by 120 million, and in the year 2020 by more than 300 million" (p.A-1 in both the '94 & '91 editions).

Men & Abortion: Forgotten Fathers

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

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

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



"Rarely is the male's side of the story explored. Many of the same emotions felt by the would-be mother are also felt by the would-be father. I am speaking from first-hand experience. My girlfriend became pregnant when we were 18-years old. This fact was concealed from me until after the pregnancy was already terminated... Our relationship deteriorated in the months after because of behavioral problems not unlike those men-

tioned in the insert (*She's a Child, Not a "Choice"*). For many months, and even years, after this experience I sometimes try to imagine what our child would look like. What would be his/her name? Would I be a good father? These and many others are the questions that still go through my mind.

I am not suggesting that my pain, or any pain felt by males, can equal that of the female, but it should be addressed. After all, abortion is an issue that touches us all."

College of Liberal Arts Senior, UM

Abortion: The Inside Story

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

In the video, Hellen, a former administrator of an Atlanta abortion clinic confessed, "In the abortion clinic there are women exploiting women and I was one of them. There are a lot of things that go on in a clinic that you would not tolerate if they happened in other branches of medicine." (Comment: An understatement, for sure, like non-physicians performing abortions. Also, why is informed written consent as to the risks involved required for all other surgical procedures, but not for abortion?) Hellen stated,

"You may hear abortionists say, 'We're standing up for women's rights...for the right for you to choose abortion. That sounds so wonderful. The American public has bought into that pack of lies. Behind closed doors we used to joke about the term 'pro-choice.'"

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

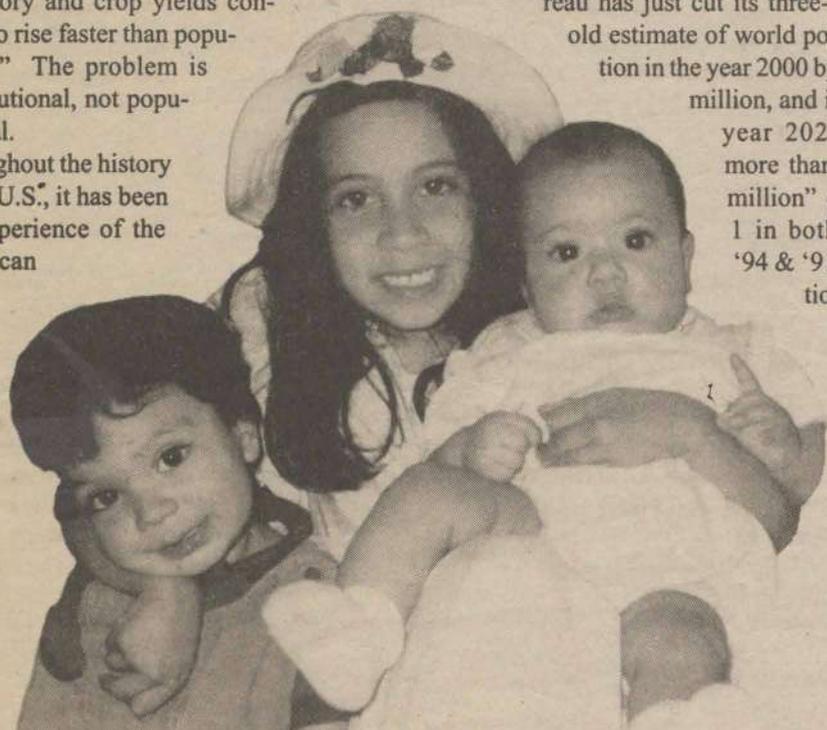
HLA recommends you get your own copy of this powerful testimony. The video is available from Pro-LifeAction League, 6160 Cicero Ave. #600, Chicago, IL 60646, for \$19.95 plus \$2.00 for shipping and handling. (773) 777-2900

Back Alley Abortions?

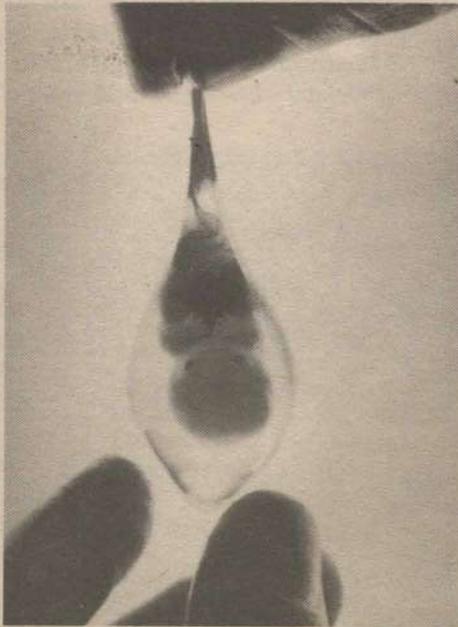
Since illegal abortions are not reported, the most accurate statistics are the reports on the number of maternal deaths from illegal abortions. In 1972, the year prior to *Roe vs. Wade*, 39 women died from illegal abortions. That same year, 25 women died from legal abortion (abortion-on-demand was legal in 2 states). There is ample evidence that there is under-reporting of deaths

from legal abortions. Often, another cause of death is listed. For instance a 1991 abortion death in Maryland was reported as "Cause of death - therapeutic misadventure."

Either there were not many illegal abortions or illegal abortions are extremely safe! The above info. is taken from the brochure, *Never Again? Never Was!* Hayes Pub. Co., 6304 Hamilton Ave., Cincinnati, OH 45224



How Developed Is Your Baby?



Baby at Approximately Six Weeks

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

Consider This Testimony

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

"The baby was extremely alive and swam about the sac approximately one

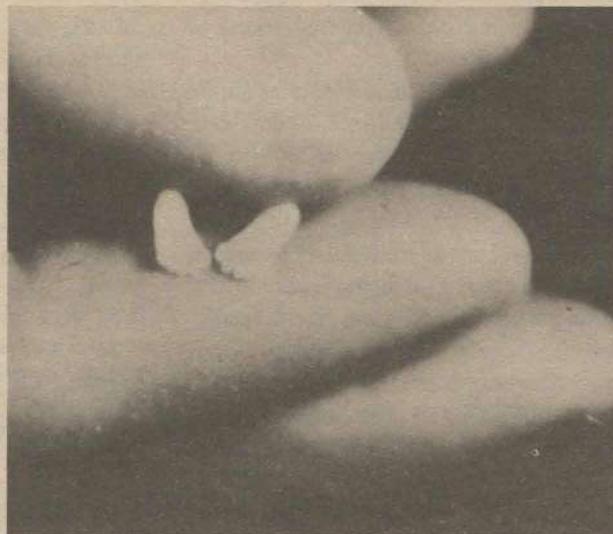
time per second, with a natural swimmer's stroke. This tiny human did not look at all like the photos and drawings and models of 'embryos' which I had seen, nor did it look like a few embryos I have been able to observe since then, obviously because this one was alive!

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

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

The Feet of a Baby at Ten Weeks

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



Don't Make My Mistakes



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

I was 18 years old when I got pregnant. I wasn't serious about my boyfriend. It was a casual relationship. Since I had already enlisted in the Air Force, I thought I had to have an abortion in order to make something out of my life.

*My best friend drove me to the abortion clinic. I was there for about four hours. It was like an assembly line. When the ultrasound was being done I asked to see it. But this wasn't allowed (so much for "an informed decision"). Then I asked how far along I was. I was told I was **nine-and-a-half weeks** pregnant. That hit me hard. I knew then that my baby was further developed than I had thought. I started doubting, and wanted to talk to my friend. But, I wasn't allowed to do that either.*

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

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

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

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

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

See pages 5 & 8 for alternatives to abortion!

If you or someone you know has had a change of heart about abortion, or if a baby's life has been spared, as a result of reading this supplement, please contact Human Life Alliance (651) 484-1040.

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