

# Unborn Humans are People

## PART ONE OF TWO

Evolutionists and abortionists are remarkably similar. Both have little respect for human beings. One says they are partially changed apes; the other says their unborn are sub-human creatures which are not worthy of being kept alive.

One of Paulson's crucial points (*see next page*) was that Ellen White said that killing insects was not a violation of the Sixth Commandment. This, he said, clearly showed that killing unborn babies would not violate that rule either. *But people are not insects!*

A continual controversy exists over the question concerning what point, in the nine month gestation, does that tiny object become a human being?

The current legal position is that it is not human until just after it has emerged from the womb. That is also Paulson's position. Prior to birth, it is something that can be discarded without violating the law of God.

But, all aside from the politics of convenience and money-making, careful thought reveals that this tiny thing becomes a human being—as soon as growth begins!

The sperm and the egg unite into a single cell. Immediately the process begins by which that single cell begins dividing, growing, getting bigger, and differentiating into different organs. We have here a *continuum*—a continual process of ever-enlarged growth and development for a full nine months. Then, after birth, that continuum continues; and there is further growth and development of every part—until full maturity of most organs by the age of 18 to 22. If we say that humanity does not begin until growth ends, then only adults are human.

Stripping away all the excuses, there are only four reasons for abortion: (1) Convenience. (2) Avoidance of embarrassment. (3) Financial gain (by the mother, in not having to raise the child, and by the abortionist in lucrative income). (4) Population reduction.

In contrast, there is one towering reason for not doing so: We should not kill people. This is probably the most basic principle upon which civilized cultures are founded. Whether or not it is all right to injure and kill people is the dividing line between civilization and savagery.

The remainder of this tract set is from my book, *Natural Remedies Encyclopedia (738-741)*:

### PRENATAL GROWTH

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

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

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

Your child is now just **two months old**—eight weeks! And the brain is completely present. At **eight weeks**, if we tickle the baby's nose, he will flex his head backward away from the stimulus. By **eight weeks** an unborn will grasp something placed in his small hand and hold onto it. Now, that's pretty nice, isn't it?

His stomach is now secreting gastric juice. And experts say that all of his body systems are present.

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

Weeks ago, the bones began to form and mature. That maturing will continue on for years. The top of the skull does not close until a year-and-a-half after birth. Yet the body skeleton will not itself

# Kevin Paulson Opposes Anti-abortionists

Kevin Paulson (one of the most solidly conservative writers in our denomination) has written a lengthy article in which, surprisingly, he derides Adventists who oppose abortion, declares it to be a common practice in the world which he does not consider sinful, and those who oppose abortion are not really interested in trying to save the unborn!

This is truly unbelievable. Frankly, I cannot understand what experience in his personal life has prompted him to take this position (*Kevin D. Paulson, "Seventh-day Adventists and the Abortion Question: Where Should We Stand?"*).

I am deeply saddened that he has taken this position, but at least he has clearly stated it. Unfortunately, many of our people may be misled by his subtle (but, as you will see below, obviously flawed) reasoning.

He introduces his article with these words:

"Just because other Christians get excited about something, doesn't mean we should too. Historically, Adventists have been keenly aware of the influence of tradition in shaping the beliefs and practices of mainstream Christianity. We are not believers in 'traditional values.' We hold instead to *Biblical* values. It was Christ who condemned the ancient Jews for 'teaching for doctrines the commandments of men.' Some Adventists seem to be forgetting this. Many are forming opinions about abortion, not from the study of Scripture or the Spirit of Prophecy writings, but from listening to popular Christian leaders like James Dobson."—*p. 1.*

In the above paragraph, Paulson is saying that those of us who do not believe in abortion—only do so because we have been hoodwinked by popular Protestant anti-abortionists. Not once in his entire article does Paulson consider killing the unborn to be a moral issue! Not once does he say that Christians should not do it. His position, consistently, is it is not wrong to do it,—but it is wrong to oppose the practice.

In his seven-page article, Paulson gives the following reasons for his pro-abortion position:

(1) Abortion has been a common practice throughout history, including American history (*pp. 1-2*). (2) The Bible does not specifically name abortion as something we should avoid doing; therefore it must be all right (*p. 2*). (But the Bible does not forbid killing your mother either, or cutting your father in pieces while he is still alive. Some practices are so obviously evil that even non-Christians are moved by the Holy Spirit to detest them. Women who get abortions know they are doing wrong. The nurses in the abortion mills know it too.)

(3) The Sixth Commandment probably does not apply to it. "The issue can in no way be settled by merely citing the commandment, 'Thou shalt not kill;' since, without clarification, this can be used to forbid the tak-

ing of any form of life, even animals or insects."—*pp. 3-4.*

(4) Ellen White speaks of the "earliest moments of our children" (*DA 512*) as referring to babies already born (*p. 3*). (Paulson is here saying that, before birth, none of us are human.)

(5) In order to sidestep *MH 373*, where expectant mothers are told to live and eat carefully because "two lives are depending on you," Paulson assumes that this must mean that the mother only need guard her health immediately before birth and afterward (*p. 3*). (According to that reasoning, it does not matter what she does and eats earlier in pregnancy.)

(6) The anti-abortion statement in *Solemn Appeal* must have been inserted by James, not Ellen (*p. 3*). (Yet we have always believed that Ellen selected the non-Spirit of Prophecy articles included in that small book.)

Paulson then turns his attention to the furor over abortion. He says that it would be best for our hospitals not to perform them,—and why? only because abortion providers receive death threats (*p. 4*).

Anti-abortionists should abandon their opposition because, in five ways they are inconsistent: (1) They became angry over the issue, and this shows they have evil in their hearts (*p. 4*). (2) They favor gun ownership (*p. 4*). (3) They do not oppose capital punishment (*p. 4*). (4) They do not favor murder charges against mothers who have abortions (*pp. 4-5*). (5) They do not really care about the unborn at all, and are not interested in saving their lives;—but they are just frustrated with so much sexual immorality in society.

"I believe there is a definite reason behind this inconsistency. The reason is that, at the bottom line, *life is not the real issue here*. The real issue is the helplessness and frustration felt by cultural conservatives in the face of the sexual revolution."—*p. 5 [italics mine]*.

Paulson concludes his article with these words:

"Perhaps former New York Governor Mario Cuomo said it best when addressing the student body at Notre Dame in 1984: 'Are we asking government to make criminal what we believe to be sinful because we ourselves can't stop committing the sin? The failure here is not Caesar's. This failure is our failure, the failure of the entire people of God.'"—*pp. 5-6.*

In other words, we should not oppose abortion, because it is a sin that everyone is doing.

Paulson then adds a final reason: Abortion should not be opposed, because to effectively do so would require "governmental coercion" (i.e., laws against abortion) (*p. 6*). Should the government then remove all its other moral statutes?

Those of you who have read the first page of my autobiography know that, with my dying breath, I will fight abortion. If Paulson's theory was consistently adhered to, I would never have been born. —*uf*

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be fully developed until the age of twenty-five. (That is why people before that age can so wonderfully heal when they injure their bones.)

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

And yet, at twelve weeks, he does not weigh much. But don't let someone tell you that his life isn't important, simply because he is so small. Although tiny, he is a growing human being, just as a twelve-year-old boy is a growing human being. The only difference is that one is larger than the other. Both come from God and are fully human. Both of their lives are very important to God and to those who care for them.

From his very earliest days, this little fellow was a human being. We now have ultrasound to let us see an unborn child moving. We have electronic monitoring of an unborn baby's heart. We can identify the baby's sleep cycles. There are now techniques to sample the baby's urine, blood, and skin—and even identify sophisticated chemical reactions between the baby and the mother.

These new scientific methods clearly show that the separate individuality of the unborn child is a scientific fact. He is not part of his mother. He is a separate human being. She nourishes his body; but, in the sight of God, she does not own it. It was given to her to protect.

When he was still very young—long **before the end of the first trimester**, the little infant could feel pain (he pulls back quickly from pinpricks). And soon noise will bother him, also.

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

**“We know that he moves with a delightful easy grace in his buoyant world, that foetal (British variant for fetal) comfort determines foetal position. He is responsive to pain and touch and cold and sound and light. He drinks his amniotic fluid, more if it is artificially sweetened, less if it is given an unpleasant taste. He gets hic-**

**cup and sucks his thumb. He wakes and sleeps. He gets bored with repetitive signals but can be taught to be alerted by a first signal for a second different one.”—A. William Liley.**

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

The small human being that God has given you to nourish is already remarkably developed. At **nine to ten weeks** he squints, swallows, moves his tongue; and, if you stroke his palm, he will make a tight fist. By **eleven to twelve weeks** he is also breathing fluid steadily and will do so until birth when he will breathe air.

He does not drown by breathing fluid; for he obtains his oxygen through his umbilical cord. But if he had air to breathe, he would breathe air. Certain experiments with unborn babies still in the womb have involved replacing some of the fluid with air in order to outline the baby's movements and position on X-ray film. But some of the baby's positions were such that, when the mother laid on her back, the little nose and mouth extended into the air bubble. The baby breathed out the fluid in his lungs and breathed in the air. This, of course, made it possible for their vocal cords to make sound; so some of the babies cried loudly enough, day and night, to keep their mothers awake. The crying was loud enough to be heard by the others in the room. When the mother would roll on her side, she would submerge the nose and mouth under water again; the infant would breathe out the air, breathe in fluid and the crying would stop. This did not harm the infant; for, in the womb, he was able to breathe both ways (*A.W. Liley, Medical Professor, University of Auckland, New Zealand*).

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

**By eight weeks all of the body systems of your baby are present; by eleven weeks they are all working. He is a little human being; his brain is functioning, his nerves are working, he is moving about.** By eleven weeks he is sucking his thumb vigorously (*A. Hellegers, Fetal Development*).

His little fingernails are present by the **elev-**

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

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

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

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

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

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

Children can be born with quite a low birth weight and still survive. An unusual example of this is the case of Marion Chapman who was born in

South Shields (County Durham), England, on June 5, 1938—only 10 ounces! She was born unattended and was nursed by Dr. D.A. Shearer, who fed her hourly through a fountain pen filler. By her first birthday she had attained a weight of 13 pounds. Her weight on her twenty-first birthday was 106 pounds.

**How very thankful we can be that God gives us these little babies—to hold, to love, and to raise for Him.**

#### SPECIAL COMPLICATIONS

Unfortunately, there are instances in which a decision is made to suddenly end the growth of this child. People blame one another for what has happened. But, amid our grief, let us turn our attention to factors that are generally given little attention: **the effect of this on the mother and her later children.** This is very important; and you will want to read it. We are here discussing the long-term effects, following a medical termination of pregnancy.

**First, there is the problem of immediate injuries to the mother:**

American sources will not report deaths or injuries due to abortions. The Ohio State Department of Health, for example, reported in May 1977 that “there is no information available as to complications on the abortion procedure . . . The reporting on this statistic has been very minimal.”

But, in Czechoslovakia, a very careful study was made and documented. Here it is:

Charles University, in Prague, did thirteen years of research on records of carefully reported abortions. All were performed under the best-possible conditions (generally better than in America) in the gynecology department of a hospital. The limit was set at very “safe” levels: no abortions past the twelfth week (3 months) of pregnancy. The “safest method” was used: vacuum curettage [cutting the baby apart and then sucking out the pieces]. The patient stayed an average of 3 to 5 days in the hospital and, then, another full week at home (receiving insurance benefits for lost wages). This is what they discovered:

**“Acute inflammatory conditions occur in 5%** of the [abortion] cases; whereas **permanent complications** such as chronic inflammatory conditions of the female organs, sterility, and ectopic [tubal] pregnancies are registered in **20%-30% of all women** [who received abortions] . . . these are definitely higher in primagravidas [initial abortions] . . .

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**PART TWO  
OF TWO**

Continued from the preceding tract in this series

Especially striking is **an increased incidence in later ectopic pregnancies**. A high incidence of cervical incompetence resultant from abortion has raised the incidence of **later spontaneous abortions [miscarriage] to 30%-40%**. We rather often observe complications such as rigidity of the cervical os, placenta adherens, placenta accreta, and atony of the uterus.”—A. Kodasek, “Artificial Termination of Pregnancy in Czechoslovakia,” in *International Journal of Gynecology and Obstetrics*, 1971, Vol. 9, No. 3.

Young girls are especially liable to physical damage as a result of abortion operations. One medical expert says that **girls of school age have extra risks** from abortion due to the fact that they have small tightly closed cervixes which are especially liable to damage of dilatation. He says: “Evidence has accumulated steadily over the past 10 years of increased risks for these young mothers.”—G.P. Russel, England, Statement made January 10, 1974.

“Adolescent abortion candidates differ from their sexually mature counterparts, and these differences contribute to higher morbidity [death of the mother].”—C. Cowell, University of Toronto, Ortho Panel 14.

“The younger the patient and the further along she is in her pregnancy, the greater the complication rate.”—M. Bulfin, “Deaths and Near Deaths with Legal Abortions,” Meeting of the American College of Obstetricians and Gynecologists, Florida, 1975.

Less well-known, but suspected by the public, is the fact that deaths of mothers from abortion increase with the length of gestation. Abortion in the first eight weeks is the safest; but, **between the ninth and tenth weeks of pregnancy and onward, the number of deaths to mothers climbs. After 21 weeks, it is even greater.** Using aggregated mortality data, researchers for the Center for Disease Control noted that the abortion death rate increases 40 to 60 percent per week for each week of delay after the eighth week. Abortions performed at 9-10 weeks are nearly three times more dangerous, in terms of deaths, than earlier ones; the small number of abortions performed after 20 weeks’ gestation are about 45 times riskier (CDC, “Morbidity and Mortality Weekly Report,” for July 6, 1979). The main risks result from delay; **the most com-**

**mon complications are bleeding, infection, and injury to the cervix or uterus.** (See W. Cates, et al., “The Effect of Delay and Method Choice on the Risk of Abortion Morbidity.”)

**Another problem is perforation of the uterus:**

Horan, et al., in an *Amicus Curiae Brief*, submitted to the Supreme Court in 1971, detailed a list of other damages that could occur to the mother as a result of an abortion. These included **perforation of the uterus; this could result in peritonitis and occasionally death, but more frequently in emergency removal of the uterus.**

**Rupture (breaking) of the uterus takes place in 6 percent** of all women who become pregnant after hysterectomy abortions. Substantial risk of rupture was obvious in 26% of such women. The babies born to such women tended to be smaller.

**In addition, there are a number of problems which may occur in later years. First, there is the problem of premature births:**

A woman who has had an abortion is more likely to have premature births thereafter. This is due to the fact that the cervix was cut and weakened by the abortion; so, thereafter, she is not as able to bear up under the weight of a growing child. It will tend to open prematurely instead of trying to bear up under the weight. This results in a number of problems, as we shall see below.

Women who have had abortions **have twice the likelihood of a premature baby later** (G. Papae-vangelou of the University Hospital, Athens, Greece, in *British Commonwealth Journal of Obstetrics and Gynecology*, 1973). After just one legal abortion, **the increase of later premature births is 14% more likely.** After two, it is 18%; and, after three, it is 24% (Klinger, “Demographic Consequences of the Legalization of Abortion in Eastern Europe,” *International Journal of Gynecology and Obstetrics*, September 1971).

As mentioned earlier, Czechoslovakia is one of the few countries that has openly investigated the situation and reported all of its findings. Premature births, the aftereffects of previous abortions, are so frequent that if a pregnant woman is known to have had an earlier abortion, she now receives very special care. This is what is done: If the physicians can see scar tissue on the cervix, they will sew the cervix closed [!] in the 12th or 13th week of pregnancy. The patient will then have to stay in

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bed in the hospital as long as necessary, which in some cases can mean months.

The problem is that **the cervical muscle, the ring muscle between the vagina and the womb, forms the base upon which the placenta, fluid, and growing fetus must rest.** It is the cervix that bears up this continually increasing weight. When an abortion is done, the cervical muscle must be stretched open to allow the surgeon to enter the uterus. But it is “green” (as the doctors call it)—strong, tight and difficult to open. Undoubtedly, in the process, some muscle fibers will be torn and cuts in the muscle wall will be made. In some of these abrasions, the cervix is permanently weakened. In many instances this results in an “incompetent cervix” which will open prematurely in later pregnancies. It is no longer strong enough to hold the heavier weight of a baby in later stages of growth.

Here is a statement from one of the very best hospitals in America:

“In our hospital amongst nulliparous (first pregnancy) patients undergoing suction curettage for therapeutic abortions, **about one in eight required suture [stitches] of the cervix because of laceration** occurring during the process of dilatation.”—*R.C. Goodlin, M.D. of Stanford University Hospital, in “Collected Letters of the International Correspondence Society of Obstetricians and Gynecologists,” June 15, 1971.*

“Dilatation” occurs when the ring muscle of the cervix is opened up—in abortions, forcefully. Ironically, God has arranged it that in the course of natural events there is no problem. When there is a natural, or spontaneous, miscarriage, the cervix is automatically softened by certain body hormones triggered for this purpose. Also, when a woman who is not pregnant has a D & C for excessive menstruation, the cervix will be soft and easy to work with. The problem is people decide they want to do an abortion when nature says it is not necessary. Then the cervix is hard (because it is the “floor” of the womb and its growing contents); to open it can cause it great damage.

### **Another problem is later miscarriages:**

Spontaneous miscarriages are more common after abortion, and are due to abortion-linked damage of the cervix and uterus.

“If that cervix is injured and this young woman who has undergone a therapeutic abortion has no problems at that time, **there may be problems encountered in future childbearing. She may have repeated spontaneous abortions** due to incompetent cervical os . . . Again, we don’t even know yet whether we are causing in these women a situation which might exist for them to have repeated spontaneous miscarriages.”—*Kenneth L. Wright, former abortion doctor, testimony before California State Health Department hearing, March 25, 1980.*

“There was a tenfold increase in the number of second trimester miscarriages in pregnancies which followed a vaginal abortion.”—*Wright, et al., “Second Trimester Abortion after Vaginal Termination of Pregnancy,” in The Lancet, June 1972. (The Lancet is a British medical Journal.)*

### **Another problem is that of later tubal pregnancies:**

**Nearly every abortion involves scraping the womb,** and many involve cutting up the baby into pieces; in the process, the womb receives cuts also. **A later fertilized egg cannot always locate properly in the walls of such a scarred, damaged womb;** so it fastens to the wall of the mother’s tube instead. A few weeks later this will cause an acute abdominal condition because the growing child does not have room to expand. Internal hemorrhaging begins, an emergency operation takes place,—and the tube is removed. (*For more on this, see Amicus Curiae Brief, U.S. Supreme Court, 1971; Horan, et al.*)

### **Still another problem is later sterility:**

A large number of the women today who are having abortions are young women who later, after marriage, want to have children and raise a family. **Normally, only about 10% of all marriages will be childless due to sterility. But the situation is greatly changed if an earlier abortion has taken**

“Who are those with thee? . . . The children which God hath graciously given thy servant.”—*Genesis 33:5.*

“Children are an heritage of the Lord: and the fruit of the womb is His reward.”—*Psalms 127:3.*

“The babe leaped in my womb for joy.”—*Luke 1:44.*

“Behold, I and the children whom the Lord hath given me.”—*Isaiah 8:18.*

“Thus saith the Lord, thy redeemer, and He that formed thee from the womb, I am the Lord that maketh all things.”—*Isaiah 44:24.*

“Suffer little children, and forbid them not, to come

unto Me.”—*Matthew 19:14.*

“Thou knowest not what is the way of the spirit, nor how the bones do grow in the womb of her that is with child: even so thou knowest not the works of God who maketh all.”—*Ecclesiastes 11:5.*

“Can a woman forget her sucking child, that she should not have compassion on the son of her womb? yea, they may forget, yet will I not forget thee.”—*Isaiah 49:15.*

“Teach us what we shall do unto the child that shall be born.”—*Judges 13:8.*

“Thy children shall be taught of the Lord.”—*Isa 54:13.*

**place.** Hilgers and Shearin report that **if a woman has had one legal abortion, the likelihood of permanent sterility thereafter will be increased 10%** (Hilgers and Shearin, "Induced Abortion, A Documented Report," 1971, p. 30). Similar reports from Poland, Holland, Russia, Norway, and Japan produce similar statistics.

But, again, the most open and frank confessions come from Czechoslovakia. In 1974, Dr. Bohumil Stipal, Deputy Minister of Health for the nation, said this: **"Roughly 25% of the women who interrupt their first pregnancy have remained permanently childless."** And remember that it is in Czechoslovakia where women receive excellent abortion care in fully staffed, well-equipped hospitals, not in an abortionist's office.

Every mother who is going to receive an abortion should be tested for Rh sensitivity. But, much of the time, this is not done. A very expensive substance, called *Rhogam*, could be given. But this costs extra money; abortion clinics are notorious for ignoring this matter. The problem here is that **induced abortion, even in the early weeks, can sensitize a mother; so that, in later pregnancies, her babies will have Rh problems,** need transfusions, and occasionally be born dead or die after birth.

**Another problem is that of the higher incidence of birth injuries that can result from these premature births:**

Czechs have found that the increased number of abortions is resulting in, first, an increased number of premature births. But this is producing a higher percentage of brain injuries at birth. Experts in the field suspect that the outcome of all this is that, in countries willing to legalize "abortion-on-demand,"—the number of babies killed by abortion will be offset by **large numbers of defective babies caused by later premature births,** result-

ing from those earlier abortions.

**Another problem is that of brain damage to children who are born later:**

"A growing number of children [are] requiring special education because of **mental deficits related to prematurity.**"—"Czechs tighten reins on abortion," in *Medical World News*, 1973.

"A growing number of children who are born prematurely must attend special schools because they are not as intelligent as their full-term peers."—*Vedra and Zidovsky*, in *Medical World News*, October 12, 1973.

**Still another problem associated with abortion is infant deaths during or concluding later pregnancies:**

"Prematurity was a direct or contributory cause in over 50% of deaths during the first month of life. **The death rate of the premature baby ran about thirty times higher** than among full-term infants. If premature infants survive, **they face a higher frequency of the tragic aftermath of mental retardation, neurologic diseases and blindness.**"—*Dennis Cavanaugh, M.D.*, "The Challenge of Prematurity," in *Medical World News*, February 1971.

McDonald and Auro, two researchers in the field, tell us that **the incidence of fetal death during pregnancy and labor is twice the normal amount,** if the mother has had a previous abortion.

**Here are conclusions of other large studies:**

A wealth of facts is available—but abortion lobbies and their supporting physicians, hospitals, and clinics would have us believe that an abortion operation is far safer than bringing a child through to birth. But quite the opposite is true. It is political today to be in favor of abortion; but the common decency of telling the truth about what abortion will do to the mother cries to be heard. This statement was published in a medical journal:

"There has been almost a conspiracy of silence in declaring its [abortion's] risks. Unfortunately, because of emotional reactions to legal abortion, well-documented evidence from countries with a vast experience of it receives little attention in either the medical or lay press. This is medically indefensible when patients suffer as a result. For these reasons, we summarize the facts of our experience in this division of Obstetrics and Gynecology. We are proud neither of the number of pregnancies which have been terminated nor the complications described."—*J.A. Stallworthy, et al.*, "Legal Abortion, A Critical Assessment of Its Risks," in *The*

*Solemn Appeal* was published by Ellen and James White on the Battle Creek Press in 1876. The following paragraph, decidedly opposed to abortion, was in an article not penned by her which was included in the book. However, we would expect that it was printed with her full approval:

"Few are aware of the fearful extent to which this nefarious business, this worse than devilish practice, is carried on in all classes of society! Many a woman determines that she will not become a mother, and subjects herself to the vilest treatment, committing the basest crime to carry out her purpose. And many a man, who has 'as many children as he can support,' instead of restraining his passions, aids in the destruction of the babes he has begotten."—*A Solemn Appeal*, p 100.

*Lancet*, December 4, 1971.

The above is a report by a British teaching hospital. The statistics of complications to the mothers requesting and receiving abortions was as follows:

- 27% complication rate is due to infection.
- 9.5% require blood transfusions in order to survive.
- 5% of the suction and D & C abortions results in a tearing of the cervical muscle.
- **1.7% have major perforation.**

"It is significant that some of the more serious complications occurred with the most senior and experienced operators."—*Ibid.* The report concluded with this comment: "[Such complications] are seldom mentioned by those who claim that abortion is safe."—*Ibid.*

Another thorough source of data on this problem comes from the 1969 Survey of the Office of the Prime Minister of Japan. After the abortions were done, the immediate complications were somehow cared for; and the patients went home.—This is what happened within the next several years:

- 20% to 30% suffered abdominal pain, dizziness, headaches, and similar problems.
- A 400% increase in tubal pregnancies (resulting in death to the fetus and partial sterility to the mother) occurred.
- 14% had a subsequent pattern of habitual spontaneous miscarriage.
- **9% were rendered totally sterile.**
- **17% suffered menstrual difficulties and irregularities that they had not had before the abortion took place.**

Next to Czechoslovakia, probably one of the most careful and thorough studies into this problem of abortion-related difficulties was made in England. The *Wynn Report* constitutes one of the most important collections of scientific papers detailing the kind of damage a woman can expect if she elects to have an abortion. Interestingly enough, this exhaustive report of physical and mental complications of induced abortion (in Great Britain and elsewhere) was produced by a group of pro-abortionist doctors. For further details of this study, we refer you to "*Some Consequences of Induced Abortion to Children Born Subsequently [to the abortion]*," by Margaret and Arthur Wynn, *Foundation of Education and Research in Child Bearing*, in London, 1972.

**Lastly, another problem is the effect that this procedure has on the mind:**

"The incidence of serious permanent psychiatric aftermath [from abortion] is variously reported as being from **between 9% and 59%**."—*Report of the Council of the Royal College of Obstetricians and Gynecologists, England, 1966.*

Dr. Paul Gebhart was a foremost authority on the subject, due to his extensive research in the field of sexuality and abnormalities related to it. Testifying before the New Jersey legislature in 1968, he said there was evidence of **prolonged psychiatric trauma (mental and emotional damage) in 9%** of a sample of American women who had undergone abortion operations. That is **nearly one woman out of every ten.**

This is due to the fact that **people sense that killing other humans is wrong, whether born or unborn.** Japan is not a Christian nation; yet, in spite of abortion-on-demand for over a third of a century, a majority of women polled knew that it was wrong. A 1963 Aichi survey reported that **73.1% of women who had undergone an abortion procedure felt "anguish" afterward about what they had done.** A very large survey, made in 1969 by the Prime Minister's Office, reported that 88% of all women in the Japanese nation considered it to be bad. Guilt is a powerful agency keeping happiness from people who otherwise could have it.

We dislike the pain we cause an animal when we kill it, but think of what it must be when abortion doctors cause pain to a small human. During the first three months, they suck him to pieces with a vacuum cleaner; during the second three months, they cut him to pieces with a curved knife; and, during the third three months, they burn him to death with salt!

But, in this section, we have given our attention to the terrible toll on the poor mothers who have accepted the false report of their physicians who told them that what was eliminated is nothing important and doing so is perfectly safe for the mother.

What the mother is not told is the immense profits that physicians, willing to do such a procedure, make each year. They care neither for the baby nor the mother; they only want to rush through as many patients as possible each day, regardless of how many they damage in the process. —*vf*