



Do you have an open mind?

Let's Really Think About it...

Do you consider yourself an open-minded person? Most people do. You take pride in your receptive attitude toward things like multiculturalism and religious freedom. You know being open-minded means investigating all sides of an issue, but are you prepared to apply that open-minded philosophy to everything?

What about the issues surrounding abortion?

You're familiar with terms like "pro-choice" and "pro-life" or "a woman's right." Have you investigated what this rhetoric actually means?

If you really are open-minded, you want to go beyond the rhetoric and discover what "perforation of the uterus" actually means. You make it your business to know that teens are ten times more likely to commit suicide after having an abortion. You won't let things stay in the dark—such as the increased risk of miscarriages, premature births and infertility after abortion. You investigate the links between abortion and breast cancer. You are willing to look

at the results of a vacuum aspiration abortion—even though it makes you sick—because it's the truth. (*We won't show you pictures of abortions in this publication, but we will be blunt in our descriptions.*)

Have you noticed the silence in our culture toward the reality of abortion? Society speaks up loudly about other injustices, and rightly so. We are willing to fight against cruelty toward animals; we loudly voice our opposition to unfair labor practices; we stand in protest of irresponsible government and corporate spending; and we say we will not tolerate bullying. Yet our society is quietly accepting, even approving, of the 53 million slaughtered, preborn children in the United States since *Roe vs. Wade* in 1973.

Most people think they're open-minded, but are they really? Only you can answer that question about yourself. Do you have the courage to dig deep and discover what abortion really is and form an educated opinion? Are you truly open-minded? Read this publication, talk about it with your friends and tell us what you think.



Pregnancy Resources:

Option Line - 24 hour

(English and Spanish)
1-800-712-HELP (4357)
www.optionline.org

Pregnancy Hot Line - 24 hour

1-800-848-LOVE (5683)
www.nationallifecenter.com

Birthright - 24 hour

1-800-550-4900
www.birthright.org

Pregnancy Decision Line - 24 hour

1-800-395-HELP (4357)
www.pregnancydecisionline.org

Help After an Abortion:

Rachel's Vineyard - 24 hour

1-877-467-3463
www.rachelsvineyard.org

Nat'l Helpline for Abortion Recovery - 24 hour

1-866-482-LIFE (5433)
www.nationalhelpline.org

Project Rachel

1-888-456-HOPE (4673)
www.hopeafterabortion.com

Abortion Recovery International

www.abortionrecovery.org

ABOUT Human Life Alliance

Human Life Alliance (HLA) is a nonprofit organization dedicated to creating a culture in which all human life, from the process of fertilization to natural death, is respected and cherished.

Distribution of HLA's compelling educational materials to high school and college students, medical and community organizations around the world have reached 179.4 million people in 73 countries on all seven continents over the past 21 years.



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How much do you know?

- On January 22nd, 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 abortion was legalized in 1973, abortion has extinguished the lives of approximately _____ pre-born babies.
A. 31 million
B. 53 million
C. 7 million
D. 23 million
- Women who have an abortion are _____ more likely to commit suicide than women who carry babies to term.
A. Two times
B. Four times
C. Six times
D. Eight times
- Most abortion facilities are located in _____.
A. Hospitals.
B. Medical facilities.
C. Minority neighborhoods.
- Which age group has the most abortions?
A. 15-18
B. 20-24
C. 28-32
D. 12-14
- A developing baby's heart begins to beat at _____.
A. 21 days
B. 60 days
C. 45 days
D. 30 days
- _____ said, "Birth control itself, often denounced as a violation of natural law, is nothing more or less than the facilitation of the process of weeding out the unfit, of preventing the birth of defectives or of those who will become defectives."
A. Adolf Hitler, dictator of Nazi Germany.
B. Mao Tse Tung, Chinese Communist revolutionary.
C. Margaret Sanger, founder of Planned Parenthood.
D. Hillary Clinton, Secretary of State.
- _____ percent of women will abort after discovering a Down Syndrome baby through prenatal diagnosis.
A. 12
B. 90
C. 25
D. 30
- In 2004, studies showed _____% of women felt pressured into their abortions.
A. 12
B. 15
C. 50
D. 64

SEE PAGE 11 FOR THE ANSWERS

Full citations for this publication can be found at www.humanlife.org/open-minded/citations.php

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Abortion Hurts

They tell you, "It's a quick fix." They say, "It will solve your problems and allow you to get on with your life." They're wrong. Few women have been told that having an abortion carries lasting physical and psychological consequences. If they had been warned, would their "choice" have been abortion?

One woman who wishes she had known better is Ann Marie. As a post-abortive woman, she shares, "Abortion changes you forever. I thought the abortion would free me from a responsibility I felt I was not ready for. Instead, it held me in bondage to feelings of regret, remorse, depression and despair. My soul became a slave to self-hatred and worthlessness. My sanity was the price I paid. Women deserve better than abortion."

Feelings of depression and despair are some of the common psychological complications from abortion. Pregnant women who abort have a six times higher rate of suicide than those who carry their babies to term.¹ Teenagers who abort are 10 times more likely to attempt suicide than teens who have not had an abortion.² Another study found that, compared to women who gave birth, women who aborted were 65% more likely to be at risk of long-term clinical depression.³

In addition to these psychological problems, women are susceptible to serious physical complications due to the nature of the procedures used to abort children. Women can face perforation of the uterus, hemorrhaging that requires transfusion, cardiac arrest, endotoxic shock, major

unintended surgery, infection resulting in hospitalization, convulsions, undiagnosed ectopic (tubal) pregnancy, cervical laceration, uterine rupture, and death.⁴

Women who abort are more likely to experience future ectopic pregnancy, infertility, hysterectomy, stillbirth, miscarriage, and premature birth than women who have not had abortions.⁵

Women who abort are not only putting their own lives and health at risk; they also endanger the lives of their current and future children. Women who abort are 144% more likely to physically abuse their children.⁶ In addition, women who have undergone previous abortions have a 60% higher risk of miscarriage.⁷

The physical and psychological consequences of abortion are devastating. Ann Marie is just one of the many voices of hurting, post-abortive women. Countless other women have come forward to share their stories about the aftermath of abortion. Read some of their accounts at www.silentno-moreawareness.org/testimonies. There is hope and healing after abortion—see page two for post-abortive resources.



I was 18 and pregnant.

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. It was like an assembly line.

When the ultrasound was being performed, 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 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. Later, I went into shock.

After the abortion, I attempted to make up for it by trying to get pregnant again. I wanted my baby back, but I never got pregnant again. I don't know if I

can ever have another baby. I named my baby. Later I found out 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 was obsessed with women who were pregnant, and my life was in shambles! I was suffering from what I'd call post-abortion trauma. When I was 21 years old, I received help from a woman who was involved with pro-life activism. I went through a program called "Conquerors." Not only did I experience forgiveness, but I was also challenged to help others. I answered the challenge and 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 and share my testimony. To them, and to you, I plead, "Please don't make the same mistake I did."

— Michelle

A New Human Being

"Every human embryologist in the world knows that the life of the new individual human being begins at fertilization. It is not belief. It is scientific fact."

Ward Kischer, Ph.D, Human Embryologist, University of Arizona



Day 1: Fertilization

The sperm joins with the egg to form one cell. This single cell contains the complex genetic makeup for every detail of a new human being—the child's sex, hair and eye color, height, skin tone, etc. After fertilization, nothing new is added but oxygen, nutrition, and time.¹

1st Month (1-4 Weeks)

The first cell divides in two, and cell division continues as the newly formed individual travels down the fallopian tube to the uterus. More than 500 cells are present when this tiny embryo (the blastocyst*) reaches the uterus 7 to 10 days after fertilization.² Foundations of the brain, spinal cord, and nervous system are already established, and by day 21 the heart begins to beat in a regular fashion with a blood type often different from the mother's.³ Muscles are forming, and arms, legs, eyes, and ears have begun to show.

**The blastocyst is the stage at which many researchers want to destroy the embryo in order to harvest stem cells.*

2nd Month (5-8 Weeks)

By six weeks, brain waves can be detected by electroencephalogram, and the brain is controlling 40 sets of muscles as well as the organs.⁴ The jaw forms, including teeth and taste buds.⁵ The baby begins to swallow amniotic fluid, and some have been observed hiccupping.⁶ During this time, the stomach produces digestive juices, and the kidneys begin to function.⁷ Fingers and toes are developing, and at seven weeks the chest and abdomen are fully formed.⁸ Swimming with a natural swimmer's stroke in the amniotic fluid, she now looks like a miniature human infant.^{9,10}



11 WEEKS



20 WEEKS



LEGALLY PROTECTED

3rd Month (9-12 Weeks)

Unique fingerprints are evident and never change.¹¹ The baby now sleeps, awakens, and exercises her muscles by turning her head, curling her toes, and opening and closing her mouth. Even though mom cannot feel movement yet, the baby is very active. She breathes amniotic fluid to help develop her respiratory system. The gender can be visually determined, and family resemblances may appear as well.¹² By the end of the month all the organs and systems of her body are functioning.¹³

4th Month (13-16 Weeks)

By the end of the fourth month, the baby is 8-10 inches in length and weighs about one-half pound. Her ears are functioning and she hears her mother's heartbeat, as well as external noises like music. Mom begins to feel baby's movement—a slight flutter at first that will become stronger.¹⁴ Lifesaving surgery has been performed on babies at this age.

5th Month (17-20 Weeks)

If a sound is especially loud, the baby may jump in reaction to it. Thumb-sucking has been observed during the fifth month.¹⁵

6th Month (21-24 Weeks)

Oil and sweat glands are functioning. The baby's delicate skin is protected in the amniotic sac by a special ointment called vernix. She grows rapidly in size and strength while her lungs become more developed.¹⁶ In a recent study, 70% of babies born between 22 and 26 weeks lived past age one, thanks to modern medicine.¹⁷

7th Month (25-28 Weeks)

The baby can now recognize her mother's voice. She exercises by stretching and kicking as she grows even bigger. She uses the senses of hearing, touch, and taste, and she can even look around with open eyes at her watery home.¹⁸ If the baby is a boy, his testicles descend from the abdomen into the scrotum.¹⁹

8th Month (29-32 Weeks)

The skin begins to thicken, with a layer of fat stored underneath for insulation and nourishment. The baby swallows a gallon of amniotic fluid per day and often hiccups.²⁰ Though movement is limited, due to cramped quarters, the baby's kicks are stronger, and mom may be able to feel an elbow or heel against her abdomen.²¹

9th Month (33-36 Weeks)

Gaining one half pound per week, the baby is getting ready for birth. The bones in her head are soft and flexible to more easily mold for the journey down the birth canal.²² Of the 45 generations of cell divisions before adulthood, 41 have already taken place. Only four more come before adolescence. Ninety percent of a person's development happens in the womb.²³

"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, AND THIS IS THE MOMENT OF FERTILIZATION."

– World renowned geneticist, the late Dr. Jérôme Lejeune



This is What Abortion is

MEDICAL ABORTIONS

Emergency Contraception - Plan B (The Morning-After Pill)

Emergency Contraception (EC) contains synthetic progestogen (not to be confused with naturally occurring progesterone) and is a large dose of the common birth control pill, designed to be taken as a single dose within 72 hours after “unprotected sex.”

EC works in three ways. First, it attempts to stop ovulation. Depending on where a woman is in her cycle, ovulation may or may not have already occurred before EC was taken. Second, EC attempts to stop fertilization by impeding the transportation of the sperm to the egg. Third, EC tries to stop implantation by altering (thinning) the lining of the endometrium (or uterus) so the embryo cannot implant and receive nourishment from the mother.

The first two methods are contraceptive, but if they fail, the third method can cause an abortion because it occurs after fertilization.¹

ella - Ulipristal Acetate (UPA)

ella is a selective progesterone receptor modulator (SPRM). SPRMs block the action of the hormone progesterone, which is necessary for ovulation and implantation to occur. Progesterone also maintains the lining of the uterus and supports the embryo. Currently, the only other legal SPRM drug available in the United States is RU-486 (mifepristone). Although ella acts similarly to RU-486, it is being billed as an emergency contraceptive.² ella is designed to be taken as a single dose within 5 days of “unprotected sex.” It is thought to inhibit and delay ovulation, attempting to prevent fertilization. However, ovulation may or may not have already occurred before ella was taken. ella also alters the lining of the uterus, which, if fertilization occurs, can prevent an embryo from implanting, causing an abortion.^{3,4}

RU-486 - Mifeprex (The Abortion Pill)

Mifeprex blocks the action of the hormone progesterone which is needed to maintain the lining of the uterus and provides oxygen and nutrients for the baby. Without it, the baby dies. Mifeprex is used in conjunction with the drug Cytotec (misoprostol), which is taken two days after Mifeprex, causing uterine bleeding (sometimes profuse), strong contractions, and expulsion of the baby.

The pregnant woman first visits the abortionist to obtain the Mifeprex pills, returns two days later to receive misoprostol, and returns a third time to verify that the abortion is complete. The failure rate of this method is about 8 percent if the pills are taken within 7 weeks and up to 23 percent at 8-9 weeks. If the baby survives the abortion, there is a high risk that he or she will suffer mental and/or physical birth defects from the misoprostol.^{5,6}

SURGICAL ABORTIONS

Vacuum Aspiration

In this first trimester procedure, the abortionist inserts a hollow plastic suction tube into the dilated cervix. The uterus is emptied by either a manual syringe or high-powered suction machine. The baby is torn into pieces as he or she is pulled through the hose.^{7,8,9}

Dilation and Suction Curettage (D&C)

This is similar to the vacuum aspiration but is generally used after 14 weeks. After the baby is suctioned out of the uterus the abortionist inserts a curette, a loop-shaped steel knife, into the uterus. With this the abortionist cuts the placenta and umbilical cord into pieces and scrapes them out into a basin. The uterus is again suctioned out to ensure that no body parts have been left behind. Bleeding is usually profuse.¹⁰

Dilation and Evacuation (D&E)

Once the cervix is dilated considerably farther than in first trimester abortions, the abortionist inserts a narrow forceps that resembles a pliers. This 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 is snapped and the skull crushed. Body parts are then reassembled and counted to make certain that the entire baby has been removed and that no parts remain in the womb.^{11,12,13,14}

Induction or Prostaglandin Abortion

Labor is induced using prostaglandin drugs, and the cervix is dilated. To ensure the baby will be dead upon delivery and to start uterine contractions, the abortionist may inject saline (salt water) or urea (a substance found naturally in urine and blood). To guarantee against a live birth and legal complications, doctors will inject the drug Digoxin or potassium chloride directly into the baby's heart to kill the child before delivery. Other times the baby is delivered alive and left without medical intervention until he or she dies.¹⁵ This method is used in the second or third trimester.¹⁶

Dilation and Extraction (D&X)

After the mother undergoes two days of dilation, the abortionist performs an ultrasound to locate 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 position.

Using his hands instead of forceps, the abortionist delivers the baby's body in a manner similar to a breech birth. The baby's head remains inside the birth canal. The abortionist uses surgical scissors to pierce the child's head at the base of the skull. The scissors are forced open to enlarge the skull opening. The abortionist then inserts a suction catheter into the brain and vacuums out the child's brain tissue with a machine 29 times more powerful than a household vacuum.¹⁷

What About Birth Control?

According to scientific research, all hormonal contraceptives have the capability to cause an abortion (the pill,¹ patch,² mini-pill,³ shot,⁴ vaginal ring,⁵ emergency contraception,⁶ intrauterine devices,⁷ etc). Hormonal contraceptives work in three ways: by attempting to stop ovulation (the release of the egg from the ovary), by thickening cervical fluids to prevent fertilization, and by thinning the lining of the uterus to prevent implantation. The first two methods are contraceptive, but if they fail, the third method can cause an abortion since it occurs after fertilization.

Hormonal contraception does not always stop ovulation. When breakthrough ovulation occurs, there is a possibility of fertilization. Studies have shown that ovulation rates in women taking oral contraceptives ranged from 1.7 to 28.6 percent per cycle. Ovulation rates for women taking progestin only pills (the minipill) ranged from 33 to 65 percent.⁸ When these contraceptives do not stop fertilization, they are designed to cause an abortion by making it difficult for the embryo to implant and receive nourishment from the mother. Birth control manufacturers insist that their products do not terminate an existing pregnancy. However, they have redefined the terms “conception” and “pregnancy” to mean implantation rather than fertilization (implantation happens 7-10 days after fertilization).⁹

Emergency contraception (EC) is a large dose of the common birth control pill. EC is also known as the morning-after pill and is designed to be taken as a single dose after “unprotected sex.” Documented side effects from EC include nausea, abdominal pain, fatigue, headache, dizziness, vomiting, diarrhea, breast tenderness, menstrual changes,¹⁰ and ectopic pregnancy.¹² Contrary to popular arguments, increased access to EC does not decrease the rate of pregnancies and surgical abortions.¹² In England, sexually transmitted infection rates have increased significantly since EC became widely available.¹³



THE BUSINESS OF ABORTION

International Genocide

Steven W. Mosher

For over half a century, the population control movement has waged war on human fertility and now includes major international organizations like the International Planned Parenthood Federation (IPPF) and the United Nations Population Fund, as well as the foreign aid bureaucracies from most wealthy countries of the world.

Many governmental recipients of foreign aid object to population reduction targets and coercive contraception and sterilization policies, but often they can do little against the U.N. Population Fund, the IPPF, and the foreign aid agencies of the developed nations who insist on population control programs as a condition of foreign aid.

In 1998, Population Research Institute (PRI) investigated reports from Peru that women were being forcibly sterilized. They discovered a nationwide sterilization campaign aimed specifically at poor and working class women, especially ethnic minorities.

Coercive sterilization campaigns are used to reach targets, even though the use of targets or goals has been condemned by international agreement. In many instances, the patient does not give consent. Payment or prizes

At that point they were taken to the local medical clinic and given a lethal injection into their uterus. If their bodies did not expel their dead or dying babies within two days, they were subjected to a cesarean section abortion. Most horrific of all, babies born alive were killed by means of an injection of formaldehyde into the “soft spot” on the crown of their heads. Those few women who escaped arrest and had their babies in secret were assessed heavy fines.

Everything that I witnessed then, from the forced abortions of women in the third-trimester of pregnancy to government sanctioned infanticide, is still happening.

Those women who manage to avoid the dragnet by going into hiding are subjected to even heavier fines, which currently run three to five times the family’s annual income. Those who can’t pay this huge amount have had their homes destroyed and their possessions and livestock confiscated. Moreover, such a child remains a “black child,” one who does not exist in the eyes of the state and therefore will not receive government health care, school-

Exporting Death to the World

Dr. Brian Clowes

In 1974, the U.S. National Security Council, promulgated a highly-classified document, National Security Study Memorandum 200 (NSSM-200), also called The Kissinger Report, with the subheading, “Implications of Worldwide Population Growth for U.S. Security and Overseas Interests.” This document, published shortly after the first major international population conference in Bucharest, was a collaborative effort among the Central Intelligence Agency (CIA), the United States Agency for International Development (USAID), and the Departments of State, Defense and Agriculture. NSSM-200 became official foreign policy on November 26, 1975.

NSSM-200 laid out a detailed strategy by which the U.S. would aggressively push population control in developing nations in order to regulate (or have better access to) the natural resources of these countries.^{1,2,3,4} Factors were cited that could interrupt the flow of materials from lesser-developed countries to the U.S., one of which was a large population of anti-imperialist youth. According to the report, this group needed to be limited by population control. The document identified 13 nations that would be primary targets of population control efforts because they accounted for 47% of world population increase.

The United States has spent over 20 billion dollars since 1965 to control the number of children born in developing nations through the widespread imposition of abortion, sterilization and birth control. Tragically, population abuses have been committed by U.S. funded organizations in a number of nations. These abuses include forced abortions and sterilizations, mandatory birth control, and follow-up healthcare so shoddy that it has led to a number of fatalities.^{5,6}

The time has come not only to eliminate population control abuses, but population control itself. Because of rapidly changing world demographic trends, the concept of “population control” is not only outdated, but actually contributes to conflict in the world at large. Decelerating regional population growth rates are causing severe economic and social problems in Europe, the former Soviet Union, Japan, Singapore and Hong Kong.

NSSM-200 specifically declared that the United States was to cover up its population control activities and avoid charges of imperialism by inducing the United Nations and various non-governmental organizations to do its dirty work.

While the CIA and Departments of State and Defense have issued hundreds of papers on population control and national security, the U.S. government has never renounced NSSM-200, but has only amended certain portions of its policy. NSSM-200 therefore, remains the foundational document on population control issued by the United States government.



are used to entice workers to bring women in for sterilizations; in India, electrical appliances and Peru, food.

Because the sterilization staff are not trained obstetricians and gynecologists, and because the surgeries are often performed rapidly in very unhygienic conditions, the number of women dying or suffering permanent injury in these campaigns is often high.

Forced abortion is also common in population control programs. I was in China when the one-child policy began 30 years ago. In 1979, I was the first American social scientist allowed to go to China and do research. What I saw then, living in an agricultural commune in rural Guangdong, rivals anything that happened in Nazi Germany. One day in 1980 several hundred young mothers, all pregnant with second or higher-order children, were ordered to attend population control meetings. They were told that they would all have to abort their pregnancies. Those who refused were arrested for the “crime” of being pregnant and locked up until they buckled under the pressure and submitted to an abortion.

ing, employment, or even the ability to marry and have children of their own.

Forced abortions and one-child policies are not only found in China. India currently has a two-child policy, and influential world leaders, such as Ted Turner have called for a global one-child policy.

For true believers of the population control agenda, population growth is the root of all mankind’s problems.

Those who would reduce our numbers forget that people are the ultimate resource, the one resource you cannot do without.

Steven W. Mosher is the President of the Population Research Institute and the author of *Population Control: Real Costs and Illusory Benefits* (Transaction Press, 2008). He frequently testifies before the U.S. Congress on population and human rights issues.

This is heavy reading. But the issues surrounding abortion are not simple. Abortion is not just about “women’s rights” and it is not just an issue for the United States. It is a weighty, global subject that deserves serious investigation, deep thought and intelligent debate.

The process of gathering information is difficult, and the discoveries are often unsettling, even shocking. The easy thing would be to accept the rhetoric that is being pushed in our culture and by the popular media, but we trust that you will not want to be force fed a one-sided viewpoint. If you want some food for independent thought, please read this article. It will be worth your time.

NSSM-200 does not emphasize the rights or welfare of individuals or of nations, just the “right” of the United States to have unfettered access to the natural resources of developing nations.

The U.S. and the other nations of the developed world, as well as ideologically motivated population control NGOs, should be supporting and guiding authentic economic development that allows the people of each nation to use their resources for their own benefit, thereby leading to an enhancement of human rights worldwide and healthier economies for all.

To read the entire summary of The Kissinger Report by Dr. Clowes, visit www.humanlife.org/endangered.php.

Who are the Players?

International Planned Parenthood Federation, Women on Waves, United Nations Family Planning Association (UNFPA) and United States Agency for International Development (USAID), are all single purpose organizations that push abortion worldwide, but there are many lesser known population control groups such as the Family Health International, CONRAD, DKT International, Engendered Health, IPAS and dozens of others with names that are chosen to conceal their true mission—population control.

Even more insidious are the hundreds of international non-governmental organizations (NGO) that promote “family planning” and “reproductive health” programs by incorporating them into their other undertakings. CARE, Heifer International, Helen Keller International, HOPE, The Red Cross, Rotary International, UNICEF, World Vision and the Wild Life Fund all do good work, but tarnish what they do by promoting the hidden agenda of population control through “reproductive health” initiatives.

Billions of dollars have been spent internationally implementing population control programs, some of which have led to grave human rights abuses, as in China’s one child policy and forced sterilizations in Peru and India.

What if that money had been used to promote true development such as clean drinking water facilities, rural electrification, schools and real health care?

Dr. Brian Clowes holds a PhD in Civil Engineering and Systems Science. He is the author of nine books, over 100 scholarly and popular articles, and has traveled to 50 countries on six continents as a speaker, educator and trainer. To contact him, email bclowes@hli.org.

Who’s Pushing Funding?

In May, 2009, some of the world’s wealthiest men and women met in New York to conspire on how to control the world’s population.¹ Why? Because they believe that overpopulation is the greatest threat to mankind. Without exception, those involved are deeply influenced by the Malthusian philosophy that population growth will occur until finite natural resources create a world where chaos ensues because it can no longer sustain its inhabitants. They believe the environment is being damaged beyond repair by an ever increasing population.

They are also influenced by the social philosophy of eugenics which advocates improvement of the human race through limiting childbearing to only the “best and brightest.”



The means to accomplish this is through prenatal testing and screening, genetic counseling, birth control, in vitro fertilization, genetic engineering and abortion.

Ted Turner, George Soros, Warren Buffet, Bill Gates, Michael Bloomberg and David Rockefeller were present at the “Billionaires Club” meeting.² Each of them are committed supporters of the population control movement.

From 1997-2007, Ted Turner, through the Turner Foundation, infused the United Nations’ health agencies and population control organizations with over one million dollars. He has repeatedly called for a world-wide one-child policy like China’s, and openly regrets having five children of his own.

Bill and Melinda Gates gave over \$57 million to the UN Population Fund in 2000.³ Warren Buffet joined the Gates Foundation as a Trustee and contributed \$31

billion to the foundation to further his causes: IPAS, a global non-governmental organization dedicated to ensuring women can obtain comprehensive abortion care and contraception, Family Health International with a focus on reproductive health and the inventors and patent holders of Norplant and RU486.

David Rockefeller, patriarch of the Rockefeller family and trustee of the Rockefeller Foundation, has long been entrenched in the population control movement. The foundation, started by his parents, was at the forefront of the birth control movement. They began as the Bureau of Social Hygiene with the task of researching and promoting education on birth control, maternal health and sex education beginning in 1911.⁴

David Rockefeller, in a speech at the United Nations Ambassador’s Dinner, urged the world to curb population growth and implement control measures via global regulatory bodies such as the United Nations.⁵

Rockefeller’s family and foundation are responsible for millions of dollars being funneled into population control. Other funders of the population control movement, but not mentioned at the latest Billionaires Club, are David and Lucille Packard. Their foundation, with almost 13 billion in assets, almost exclusively funds population control and reproductive health organizations.

The Ford family and Ford Foundation, established in 1936, has had a pioneering role in championing population control. Between 1952 and 1965 they promoted, through various national and international agencies, birth control programs in developing countries. They funded the Population Council, a central population control organization that was subservient to national and international agencies and aided them in accomplishing their goals. They still fund organizations with a focus on abortion advocacy and contribute millions yearly to the International Planned Parenthood Federation.⁶

Abortion rights and reproductive health rights are all rooted in the population control movement, which is born out of an unfounded fear that the earth can only sustain 2 billion people, a figure that Paul Ehrlich developed in the 1960s. In his 1968 work *The Population Bomb*, Ehrlich stated: “The battle to feed all of humanity is over. In the 1970s the world will undergo famines—hundreds of millions of people will starve to death in spite of any crash programs embarked upon now.” This is only one of his dire predictions that has proven false.

For full citations on this article, and all other articles in this publication, go to www.humanlife.org/open-minded/citations.php

The Overpopulation Myth

Ominous warnings of millions starving to death in a world overcrowded with people were prevalent in the late 20th Century. Panic struck. It was no coincidence that family planning programs—including abortion procedures—were developed and accepted at the height of this scare.

However, the 21st century brought the realization that the increase in population was actually due to dramatically increased life expectancies. Earth Report 2000 acknowledged that, “World population increased not because people were breeding like rabbits, but because they stopped dying like flies.”¹

Although the world’s population has continued to grow, the number of children has decreased drastically and will therefore cause an eventual population decline.

According to Philip Longman of the New America Foundation, “Global fertility rates are half what they were in 1972.”² To merely maintain its population, a nation’s fertility rate must be at least 2.1 children per woman.³

Unfortunately, every developed country is currently at or below this level.⁴ While the average fertility rate of the U.S. is 2.06,⁵ the current rate in Europe is a dismal 1.5.⁶ In addition, one must consider that 60% of the U.S. population growth since 1990 has come from immigrants and their children.⁷ With the acknowledgment of looming economic disaster, governments in Russia,⁸ Japan, Australia,⁹ and most European countries^{10,11,12} have initiated monetary “pronatal” incentives for having children—incentives that have not yet proven effective in raising fertility rates.

Global demographic trends are continually studied at the highest levels of leadership, dominating any discussion of the United States’ long-term fiscal, economic or foreign policy direction.¹³ These studies show that population growth, which supplies an increasing source of workers and consumers, is vital to maintaining a stable economy, national strength and security, and ultimately a free society.¹⁴ However, this information isn’t getting to the average citizen.

Maintaining sufficient workers to share the economic burden of providing Social Security and medical care for the elderly proves crucial to a population that exhibits increased life expectancy. When considering that there are currently 26 elders (those 65 and older) for every 100 working-age adults (20-64), the future looks bleak. Predictions show 42 per 100 by 2030 and 49 per 100 by 2050.¹⁵ Carl Haub, of the Population Reference Bureau, believes tinkering with the economy and adjusting the retirement age will not solve the problem. He says, “You can’t keep going with a completely upside-down age distribution... You can’t have a country where everybody lives in a nursing home.”¹⁶



Reproductive Racism

Akua Furlow

The vision of Planned Parenthood, founded in 1916 by Margaret Sanger, became the working arm toward eugenic goals. The stated vision was “reproductive freedom” through legalization of contraceptives to be used by the wealthy and imposed Eugenic Sterilization Laws as “birth control” for everyone else.

The organization most responsible for propagating the bigoted concepts of “Social Darwinism” is the American Eugenics Society. Founded in the early 1900s, this organization was the sister organization of the British Eugenic Society which embraced the white—more specifically, the Anglo-Saxon—race supremacy doctrine. In the United States, eugenics became more than an abstract philosophy. It degenerated into an active campaign to eliminate all those deemed inadequate and resulted in a worldwide crusade to abolish all human inferiority.¹ The American Eugenics Society fostered the Jim Crow Laws of the South and Eugenic Sterilization Laws nationally. The Society’s anti-Semitic doctrines encouraged Nazi Germany atrocities during the Jewish Holocaust and defined South-African Apartheid.

Despite claims that Margaret Sanger was not a racist or an anti-Semite, the fact remains that “she openly welcomed the worst elements of both into the birth control movement.”² Henry Pratt Fairchild who wrote, “Birth control and eugenics are by nature closely related, and neither one can attain its complete fulfillment or render its maximum service to society without the other”³ and Lothrop Stoddard, author of *The Rising Tide of Color Against White World Supremacy*, were two of many eugenicists who worked closely with Sanger.

Historical documents prove that Planned Parenthood acted as the willful arm of the American Eugenics Society and developed a plan, the “Negro Project,” as a propaganda program to infiltrate the black community with a “birth control for health” campaign through their civic leaders.⁴ Margaret Sanger expressed disdain for the poor and disabled whom she frequently dubbed “undeserving,” “unfit,” and “dysgenic.” Her call for their sterilization and segregation⁵ is well known and is likely to have been the motive behind her “Negro Project.”

Lest one think reproductive racism was merely an issue of the past, current numbers prove the problem persists. Racial targeting by abortion providers, Planned Parenthood being the foremost national provider of abortions, has demonstrably resulted in a disproportionate number of minorities obtaining abortions. White women in the United States are 61% of the female population and account for 36% of all abortions, black women are 14% of the female population and have 30% of abortions, and Hispanic women are 15.8% of the female population and have 25% of abortions.^{6,7} According to updated census reports, African Americans are no longer the largest U.S. minority population.⁸ Abortion and population control have taken a devastating toll on the African American and Hispanic communities.



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YOU'RE GETTING Played

“Yes,” you may say, “but...”

What responses are there to the arguments you hear so often? Here is what you find when you delve beyond the rhetoric.



My body, my choice!

Is it really your choice? Sixty-four percent of women in a 2004 study reported feeling coerced and forced into their abortions.¹ One study showed homicide as the leading cause of death among pregnant women.² In India and China, the preference for sons over daughters, coupled with China's one child policy and forced abortions, has led to “gendercide.” This is sex selective abortion of over 100 million girls.³ The same problem is present in the United States as well among Chinese, Korean and Native Americans.⁴

What about quality of life?

Having an abortion because rather than bringing a child into a difficult family situation is strange logic. We do not (yet) kill already born children living in unhealthy environments. Instead, we try to help these children and their families. Many organizations offer help for expecting mothers, and more than one million couples are waiting, hoping and praying for a chance to adopt.

It's just a blob of tissue

Simple tissue does not have a beating heart, brain waves, fingerprints, or unique DNA. Medical science shows that human life begins at fertilization. “The development of a human begins with fertilization, a process by which the spermatozoon from the male and the oocyte from the female unite to give rise to a new organism, the zygote.”⁵ After fertilization, nothing new is added to the baby except oxygen, nutrition, and time.

Maternal mortality

Countries with laws restricting abortion, such as Ireland and Chile, have the lowest maternal mortality rates in the world.⁶ The United States, with abortion on demand, has a 700 percent higher maternal mortality rate.⁷

Safe, legal, and rare

In 1996, President Bill Clinton said abortion should be safe, legal and rare.

No matter how “safe” an abortion procedure might be for the mother, the end result is a dead baby. There are also many potential complications for the mother such as cervical cancer, breast cancer, infertility, psychological trauma, and even death.

Contrary to popular arguments, legalizing abortion does not decrease its prevalence. In 1993, Poland passed a law making abortion illegal, and the number of abortions decreased from 15,000 per year to 174 per year by 2003.⁸ While no actual data exists from before *Roe*, there are currently at least 1.2 million abortions performed in the U.S. each year, not counting abortions in states who fail to report, such as California.

According to the Centers for Disease Control, 39 maternal deaths occurred due to illegal abortions in 1972 (the year prior to the *Roe v. Wade* decision that legalized abortion nationally).⁹ Any loss of life is tragic, but this is nowhere near the deceptively high number of deaths the abortion industry claimed. Besides, in 1960, “90 percent of illegal abortions [were] being done by *physicians*,” said Dr. Mary Calderone, then medical director of Planned Parenthood.¹⁰

As a general rule, abortionists do not care if abortion is rare. Aimee Thorne-Thomson of the Pro-Choice Public Education Project stated that the number of abortions is “too low” and said, “Safe – yes. Legal – absolutely. Rare – not the point.”¹¹

Women's rights

Our great American freedoms are freedom of speech, freedom of assembly, freedom of religion, etc. You will not find a right to abortion anywhere in the Constitution. We have come too far to reduce a woman's “right” to mean the right to kill her own children. As a society, we are “anti-choice” when it comes to theft, arson, murder, and a whole host of other crimes. Why should abortion be any different?

I'm personally opposed, but...

What if U.S. citizens had been willing to accept this justification for tolerating slavery? Our forefathers took away the “rights” of slave owners in order to give freedom and respect to African American people. Our youngest and most vulnerable are still slaves to the life and death decisions of others.

What about fetal deformity?

Abortion for fetal deformities is a form of discrimination against disabled people and can lead to eugenics, purposefully working to remove unwanted traits from society by preventing the reproduction of those deemed to be weak or unfit. Recent U.S. studies have indicated that when Down syndrome is diagnosed prenatally, 84% to 91% of those babies will be killed by abortion.^{12,13,14,15} This happens despite waiting lists of people who want to adopt a special needs child.

What About Rape and Incest?

Kathleen DeZeeuw's son, Patrick, was conceived in rape when she was 16. “I feel personally assaulted and insulted every time I hear that abortion should be legal because of rape and incest,” stated Kathleen. “Having lived through rape and also having raised a child ‘conceived in rape,’ 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 of the story.”

Twenty-five years after the abortion of her child, Edith Young, a 12-year-old victim of incest, agonized that, “the abortion which was to ‘be in my best interest’ just has not been. As far as I can tell, it only ‘saved their [my parents’] reputations,’ ‘solved their problems,’ and allowed their lives to go merrily on.”

As traumatic as rape is, abortion does not un-rape the mother. In fact, studies show that most women who become pregnant through rape don't want an abortion. Patricia, a victim of rape, said, “In my experience, abortion only compounded the trauma and pain I was already

experiencing... While it may seem to be the quickest and easiest solution to a painful, humiliating ‘problem,’ abortion is a band-aid approach. For me, the effects of abortion are much more far-reaching than the effects of the rape.”¹¹ In the only major study of pregnant rape victims ever done, Dr. Sandra Mahkorn found that 75 to 85 percent chose against abortion.² Joan Kemp, a rape crisis center counselor, said, “I am familiar with no case of incest-related abortion that did not make matters worse for the victim.”³

Studies also show that incest victims rarely ever voluntarily agree to abortion. Instead of viewing the pregnancy as unwanted, the incest victim is more likely to see the pregnancy as a way out of the incestuous relationship because the birth of her child will expose the sexual activity.

Researchers David C. Reardon, Julie Makimaa, and Amy Sobie completed a nine-year study on pregnancy outcomes of sexual assault victims. As part of their research the authors found that after any abortion, it is common for women to experience guilt, depression, feelings of being

“dirty,” resentment of men, and lowered self-esteem. These feelings are identical to what women typically feel after rape. Abortion only adds to and accentuates the traumatic feelings associated with sexual assault. Rather than easing the psychological burdens, abortion adds to them.

The stories above are just the beginning of what is being exposed surrounding the tragedy of abortion due to rape and incest. Reardon, Makimaa, and Sobie identified testimonies from 192 women who became pregnant as a result of rape or incest and 55 children conceived in sexual assault and compiled them in their provocative book, *Victims and Victors*.⁴

Pregnancy resulting from sexual assault is actually a contraindication for abortion. Doctors treating a sexual assault victim should advise against abortion precisely because of the traumatic nature of the pregnancy. The testimonies and studies confirm that both the mother and child are helped by preserving life, not by perpetuating violence.

Abortion & Breast Cancer



A Woman's Natural Way of Resisting Breast Cancer

Women who experience at least one full-term pregnancy in their lifetime develop four types of breast lobules (a lobule is a unit of breast tissue consisting of a milk duct and glands). During adolescence, the majority of lobules are Type 1 and Type 2, which are immature and cancer susceptible. Throughout the first trimester of pregnancy, the number of Type 1 and 2 lobules rapidly increase. As a result, breasts have more sites for cancer to start. In the second trimester, the breast lobules start maturing into Type 4 lobules, which are cancer resistant. By the end of

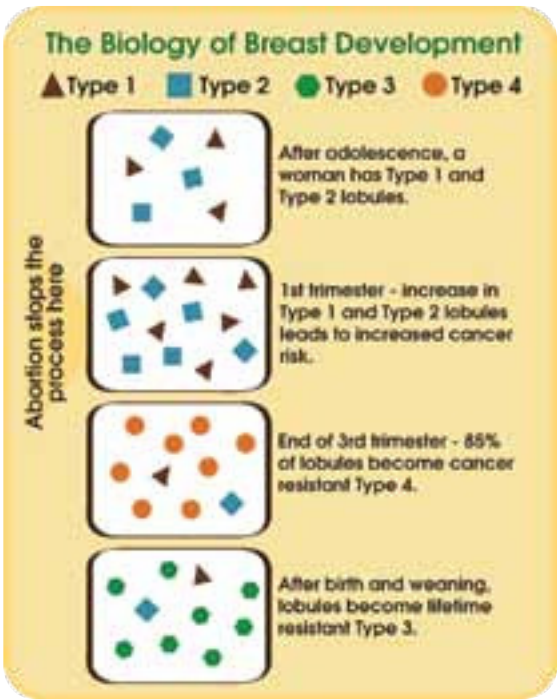
the third trimester, 85% of the breast has fully matured. Only 15% of the lobules remain immature and cancer-susceptible, leaving fewer opportunities for cancer to start. After birth and weaning, Type 4 lobules regress to Type 3. There is evidence of permanent changes in the genes of Type 3 lobules which provide life-long cancer resistance.

How does abortion affect this process?

A premature delivery before 32 weeks doubles the risk of breast cancer because it leaves the breast with more places for cancer to start. In the same way, abortion also stops the progression of breast lobule development. This prevents the development of Type 4 and subsequently Type 3 cancer-resistant lobules. Induced abortion of a normal pregnancy results in increased risk of breast cancer for the mother because more Type 1 and 2 lobules remain.

What about miscarriages?

Approximately 90% of miscarriages occur in the first trimester. However, the vast majority of natural miscarriages in the first trimester do not increase the risk of breast cancer. In these cases, pregnancy hormones are lower than those of a normal pregnancy due to either a fetal or ovarian abnormality. Therefore, a breast may not have grown more Type 1 and 2 lobules (sites where cancer starts) in response to pregnancy hormones, or at least very few.



Adapted with permission from: Breast Cancer Prevention Institute. "Reproductive Breast Cancer Risks and Breast Lobule Maturation." 2007. | Breast Cancer Prevention Institute. "Breast Cancer Risks and Prevention: Fourth Edition." 2007. Recommended Resources: See www.bcpinstitute.org/reproductive.htm and www.abortionbreastcancer.com

Adoption

If you're not ready or able to be a parent, adoption can be a positive solution for you and your baby. You can research adoption without obligation and find out that adoption isn't "giving your baby away." It's vital to learn the facts about open adoption.

you might be thinking...

"I couldn't handle wondering about my baby the rest of my life."

With an open adoption, you have opportunity to always know how your baby is doing. If you want, you can choose a family who will keep in touch with you through pictures, letters, email, websites, phone calls, or even visits. The contact arrangement of your adoption can change over time with your comfort level. Your baby can know who you are and how she was given a life through your loving choice of adoption.

"I can't afford this pregnancy."

Adoption services are FREE to you. If your insurance doesn't pay for medical care, you can get your pregnancy-related expenses covered through the adoption process. When choosing adoption, it is also possible to get help with other expenses during pregnancy, if allowable by your state law.

"I don't want someone I don't know to raise my baby."

With open adoption you can choose from dozens of approved families waiting to adopt. You can get to know the family or families you like before your baby is born and decide how you want to keep in touch after the adoption. You can even plan future visits with your baby and the adoptive family, if you like.

"I don't want to deal with the father or worry about his role in the baby's life."

With adoption you can totally separate from your baby's father and provide a positive father figure for your baby's future. Your baby's father could participate in the adoption process, if you agree, and can take part in future communication with the adoptive family you choose, even if you don't want to stay in touch.

"I can't tell my family."

You can make a confidential adoption plan and hide your pregnancy. Only the adoption professionals you trust, the adoptive family you choose, and the loved ones you include will know about your pregnancy and your plans. If needed, you could even relocate temporarily to keep your situation private.

For the most recent information about open adoption:
1-800-923-6784 or
www.LifetimeAdoption.com

Request a free book for all women facing unplanned pregnancy at
www.FreeAdoptionBook.com

"There is, and always will be, a very special place in my heart for Anna, the lovely woman who is the birth mother of my nephew. The gift that she gave to my sister when she chose not to have an abortion, but to have her child and let him be adopted, is worth more than gold. My nephew has filled a place in my sister's life that would have been empty without him. He is cherished beyond belief, not only by my sister and her husband, but by the rest of the family, too...especially his 'Aunt B'. That's me." —Barbara

"My husband and I were unable to have biological children of our own. We are so grateful to our son's birth mother for her wisdom in choosing to allow someone else to raise her child, knowing that it was best for him. I can only imagine what a difficult decision it must have been, but because of her loving and giving heart, my husband and I have a son to call our own...a son to love and cherish, and share with grandparents, aunts, uncles and cousins."

—Julianne





No Regrets

I was 15 when I found out that I was pregnant.

I had been with my boyfriend (now my husband) for only a year; he was 18 and in his freshman year at college. I was only a sophomore in high school. I was going to have an abortion, but I decided not to go through with it – I was more terrified of what would happen to me during the procedure than of giving birth. I decided to keep her. I gave birth to a beautiful baby girl, Taylor. I graduated from my high school with a 3.85 GPA and now I'm attending college, where I made the Dean's List last semester, and am majoring in psychology. I want to let people know that just because you become pregnant and have a child does not mean that you can't accomplish the things you always wanted to do, or fulfill your goals. Having a child makes it a lot more difficult, but it is so fulfilling. I still cry when I think that I could have taken such a precious thing away—her life. I do not believe that I have the right to take a life, nor do I believe that a child should suffer because of someone's irresponsibility. If a 15 year old girl can take responsibility, and strive and achieve her goals and dreams, anyone can. Thank you for your time.

– *Olivia*

Answers to quiz on page 2

1. D
2. B
3. C
4. C
5. B
6. A
7. C
8. B
9. D

Have you heard of Roe & Doe?

Norma McCorvey and Sandra Cano, the women whose Supreme Court cases (*Roe vs. Wade* and *Doe vs. Bolton* respectively) made abortion legal on demand in the U.S., both now oppose abortion. Here are some words from them that you might be interested in reading:

Norma McCorvey: "Abortion has been founded on lies and deception from the very beginning. All I did was lie about how I got pregnant. I was having an affair. It all started out as a little lie. I said what I needed to say. But, my little lie grew and grew and became more horrible with each telling. It was good for the cause. It read well in the

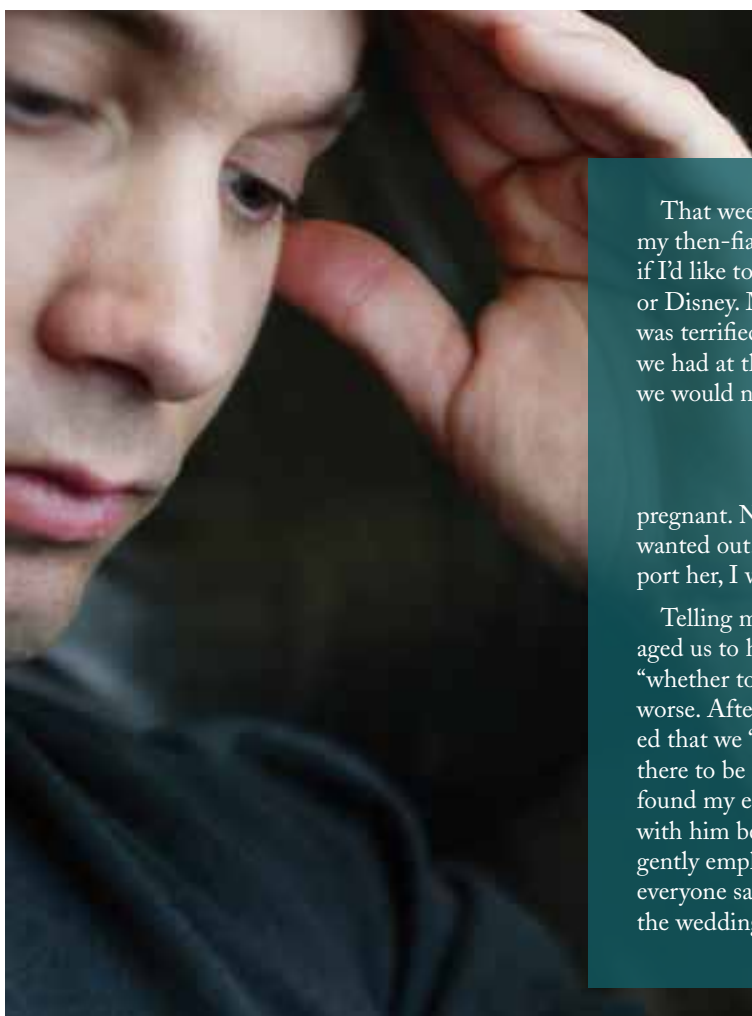
newspapers. With the help of willing media and the credibility of well-known columnists, the lie became known as the truth these past 25 years."

"I did not go to the Supreme Court on behalf of a class of women. I wasn't pursuing any legal remedy to my unwanted pregnancy. I did not go to the federal courts for relief. I went to Sarah Weddington asking her if she knew how I could obtain an abortion. She and Linda Coffey said they didn't know where to get one. They lied to me just like I lied to them. Sarah already had an abortion. She knew where to get one. Sarah and Linda were just looking

for somebody, anybody, to further their own agenda. I was their willing dupe. For this, I will forever be ashamed."

**Norma McCorvey never did have an abortion.*

Cano: "I am against abortion. I never sought an abortion. I never had an abortion. Abortion is murder. For over 20 years, and against my will, my name has been synonymous with abortion. The *Doe vs. Bolton* case is based on deceit and fraud. I never participated in this case. The Supreme Court had already made up their minds. They didn't care what was in the affidavits. I never wanted to be a part of this."¹



I STILL REMEMBER

That week-long horror of a rollercoaster ride when my then-fiancee found out she was pregnant. She asked if I'd like to do the nursery in a Warner Brothers theme or Disney. My first thought was "Oh NO! NO!!!!!!" I was terrified. I regretted immediately that conversation we had at the very beginning of our relationship—that we would never get an abortion should she become

I wanted an escape hatch. I wanted out... any way out.

pregnant. Now I was stuck. I wanted an escape hatch. I wanted out... any way out. Although I said I would support her, I was really trying to find that escape hatch.

Telling my parents was hard. My father encouraged us to have the baby; my mom cried, not knowing "whether to be happy or sad" for us. Her parents were worse. After we told them the news, her father demanded that we "take care of this" because he didn't want there to be unseemly appearances in his family. I had found my escape hatch. Even though I argued fiercely with him before we left, once we were alone I started gently emphasizing her father's positions. What would everyone say? Are we really ready for this? What about the wedding? What about our plans? I didn't think of

the baby... not really. Not then. I was in a panic and I wanted out and that was the way I was playing it.

I don't remember how I finally changed her mind—it took about a week, but I did it. I remember being with her at the clinic, with one of her friends, smoking outside and then driving her home thinking "Thank God it's over!"

The child would be about 13 or 14 years old now. When I look at our two children, I know there ought to be three. I don't know if the baby was a boy or a girl. I keep thinking it was a girl, probably because my wife wanted one so badly. Although I still struggle with depression and guilt, I eventually found forgiveness. My wife is not ready to take that step. So I must continue to try and help her bear that burden and make up for the crucial time I failed her.

– *Ryan*

*Used with permission from Fatherhood Forever Foundation.
www.fatherhoodforever.org*

So, what do you think now?



We really want to know.



For full citations on the information in this publication, go to
www.humanlife.org/open-minded/citations.php