

CONNECTOR



LIFE ISSUES INSTITUTE, INC.
SERVING THE EDUCATIONAL NEEDS OF THE PRO-LIFE MOVEMENT

JANUARY 2007

BABIES

**PERFECT
BILL**

SOUTH DAKOTA FAILED

SO WHAT NOW?

By J. C. W i l l i k e , M D

The citizens of South Dakota through their elected legislators overwhelmingly passed a bill that, if ratified, would have stopped all abortions in that state except those necessary to prevent the death of the mother. Prior to its passage, the lawmakers there held extensive and comprehensive hearings on the issue. Both sides of the issue were thoroughly aired; I and many other pro-life experts personally testified before them and submitted additional information for their consideration. Clearly the law that passed was consistent with the wishes of the electorate of South Dakota.

Contrary to their usual practice of challenging through the courts, pro-abortion forces collected signatures and put on the ballot a statewide initiative to cancel the law. This led to an intense campaign prior to the November election. Pro-life forces were totally outgunned financially as huge sums of money came into the state to support the pro-abortion side of the argument. The pro-life side benefited from an influx of some financial help, but also from pro-life volunteers, both in leadership capacity and in simple grassroots work. When the votes were counted, the law had been voted down by a vote of 56% to 44%.

There was no question at all as to why the law lost. It could be summed up in one four-letter word, RAPE. Polls prior to the vote had consistently shown that

because there was no exception for rape, the law would fail. On the other hand, similar polls had shown that if there was a rape exception to the law, it would have passed, by at least 55% to 45% or more. As a result, pro-abortion forces concentrated their effort on horror stories about rape pregnancies, and their strategy worked.

So What Now?

The South Dakota defeat really doesn't make much sense. Assault rape pregnancies are a tiny fraction of 1% of the pregnancies in the United States and certainly are less than 1% of the abortions done.¹ We know that more than half of the women impregnated in an assault rape situation elect to carry their babies to term in spite of the common, even intense, pressure to abort their children.² We know that post-abortion syndrome is more common in women who abort a rape pregnancy than those who carry such a baby to term.³ We know that we should not kill an innocent baby for the crime of his father. We don't punish other criminals by killing their offspring, so why permit it in this case? The cold, hard fact is that we can't "prevent" it, and this is quite a different moral stance than to say we will "permit" it.

It seems obvious that if the solidly pro-life state of South Dakota can't pass and maintain a law that has no rape excep-

tion, not many other states could either. Certainly such a law could not pass nationally. It also seems obvious that a major precedent has been set. Shy of a Supreme Court decision to the contrary, it looks as if, in the present climate, any legislative and possibly any judicial attempt to forbid abortion will almost certainly have to include a rape exception.

So if a clear precedent has been set, what South Dakota must do now, in its next legislative session, is pass a new law. This bill should have a rape exception. But when we say "rape," we must be very specific. First, we must understand that the word itself has been given many meanings, i.e. statutory rape, date rape, marital rape, etc. Therefore the law must narrowly define this as "assault" or "forcible" rape. Secondly, it must be reported within a limited period of time. That time frame should be several days or a week at most. Clearly, a woman reporting the crime immediately after an assault is not going to have her word very seriously questioned. However, a woman alleging assault several weeks after, would very logically have her claim questioned. So the fact that she was forcibly raped, either plainly evident or clearly proven, must be not just be claimed. The third qualification would be that she

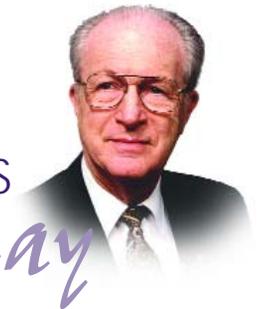
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Birth Certificates For Stillborns?

LIFE ISSUES

Today

with J.C. Willke, MD



The woman said, “You didn’t have a baby, you had a fetus.”

Of all places, *People Magazine*, December 11, 2006, has published a very compassionate article on the issue of birth certificates for stillborns. In this magazine, not particularly known for any pro-life tendency, this article is almost a tearjerker and deliberately, or otherwise, sends a strong pro-life message. In it, we pointedly hear a number of stories of stillborn babies, e.g. “She was only about three pounds but she was perfectly formed. She had ten fingers and ten toes, and a full head of dark hair. She was identical to my husband — same nose and chin, and she was gone.” This “devastated” couple got some “stunning” news. “We could get a death certificate, but no birth certificate. It was like something out of an absurd dream. How can you have a death without a birth?”

Another bereaved mother from Arizona phoned the Bureau of Vital Statistics to request a birth certificate but, “The woman on the other end said, ‘You didn’t have a baby, you had a fetus.’”

Not surprising, pro-abortion organizations, while professing sympathy for such mothers, nevertheless oppose the issuing of such a birth certificate, for it might “inadvertently lend support to the right to life lobby.” The article quotes Elizabeth Benjamin, Director of Reproductive Rights Project of the New York Civil Liberties Union, who says, “Because a child would have rights independent of the mother, we prefer the word ‘fetus.’” In response to this, the mother of the first child mentioned above wants to sidestep the politics of the issue. She said, “We don’t want to get into the abortion debate. We are not asking for proof that fetuses are living beings,” rather, she says, “It is just a matter of asking the state to give us understanding and recognize that we had a baby and she isn’t any more.”

I wonder if everyone reading this raised his or her eyebrows at the above comments, We are not asking for proof that this is a “living being” we just wanted to recognize that this is a “baby.” One is entitled

to wonder whether or not “a baby” is also a “living being.” But that is what our schizophrenic courts in the United States have been telling us.

But now we have a movement to legalize a requirement for such birth certificates. In the last five years, fourteen states have passed such measures, and others are considering it. This would be a certificate of birth resulting in stillbirth, or it could be a birth certificate followed by a death certificate.

A grieving Arizona mother started this effort in 1996, and originally named it “Mothers In Sympathy and Support.” Over a few years, however, these laws have become known as “Missing Angels Bills.” This is not a small number as there are 26,000 recorded stillbirths a year in the United States.

Probably, for most parents of born children, a birth certificate is a legal piece of paper to file away or maybe use some day to get a passport, marriage license and things of that sort. However, for these bereaved parents, it is an acknowledgment of the actual existence of their baby and it says, “This baby was real. We loved him or her and we still do.”

The article finishes with quoting an Albuquerque teacher who delivered a stillborn son at thirty-nine weeks. She relates that a nurse bathed and dressed the lifeless infant, and then her father held her and rocked her. She stated, “I loved her. I carried her. I gave birth, and now I want a certificate.” The founder of this grass roots campaign, Joanne Cacciatore, will be quick to show you a stillbirth certificate of her daughter and to say, “Now no one in Arizona, who has a stillborn child, will have to be told that she never had a baby.”

We wish to show our warm appreciation to “People Magazine” for this compassionate article, as well as to the authors of this article, Richard Jerome and Susan Keating.

AFTER SOUTH DAKOTA *from page 1*

report it to a responsible agency, that is, the emergency room of a hospital, a law enforcement officer, or similar responsible official. A simple claim, to one practicing physician, a week or more later with no further backup should not be considered adequate proof. In other words, the above restrictions are placed to simply make sure that she was in fact forcibly raped. There has been some experience in this regard. Pennsylvania, for a number of years, had simply mentioned rape as a justification for abortion. Under that scenario, over a hundred such rapes were reported and aborted in a year. When the law was tightened up,

99% of all of the abortions done legally today.

We also note that this could be either a trigger law, such as Louisiana's recent law, which goes into effect when *Roe v Wade* is overturned, or it could be a direct challenge that the Supreme Court acts upon.

I am sure the above scenario would be strongly resisted by many pro-lifers who would see it as a betrayal of a pure pro-life ethic. However, there are times when "the perfect is the enemy of the good" as well as recognizing that "politics is the art of the possible." Recognizing that we

“there are times when the perfect is the enemy of the good”

so as to make sure that the claim was in fact legitimate, the number of cases dropped into the single digits.⁴

Now What of Incest?

If this was forcible, it falls under "rape." But most such cases are quasi-consensual, albeit often by a minor incapable of such consent. Here, all we can do is ask for some legitimate proof that this was incestuous intercourse. Such proof must also then entail removal of the victim from the circumstance that might otherwise be repeated later if there was an abortion. Again we object to this, for an innocent baby dies. I think it is an open question as to whether this should be in the new law. Sadly, for the purpose of passage it may have to be, for both rape and incest seem to be joined at the hip in the minds of the public.

Assuming all of the above, if such a law passes and is declared constitutional at the highest level, this would stop over

cannot get the perfect at this stage of the controversy, I for one, am convinced that we should settle "for now" for the overwhelming good.

And then what?

Some years later, the public will become reeducated to the fact that we can and should protect unborn human life. They will become educated to the fact that large numbers of back alley abortions will not follow laws protecting preborn children, and that there will not be "blood running from the alley." A new respect for all human life will slowly dawn upon, and be accepted by, the general public. When and if this occurs, then a final attempt can be made to wipe out these rape and incest exceptions, as well as to perhaps even recognize the fact that in a sophisticated medical climate there basically does not exist any problem that requires "killing the baby to save the mother." But for now we should do what we can. 

¹ US Justice Dept. et al. In *Abortion, Questions and Answers*, Willke, Hayes Publishing Company, Inc., 2003, pp. 259-262.

² Mahkorn, "Pregnancy & Sexual Assault." In *Psychological Aspects of Abortion*, University Publishers of America, 1979, pp. 55-72.

³ US Justice Dept. et al. In *Abortion, Questions and Answers*, Willke, Hayes Publishing Company, Inc., 2003, p 267 / also *Forbidden Grief*, T. Burke, Acorn Books, 2001.

⁴ Until 1988 Pennsylvania Medicaid funded "rape" abortion, averaging 36 per month. In 1988 a new requirement of reporting to law enforcement agency took effect and it dropped to 3 a month. Source: Pennsylvania Abortion Control Act, 1988.



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DOWN SYNDROME AND ABORTION

By Susan W. Enouen, P. E.

If current trends continue, it may eventually become “unacceptable” for parents to continue a pregnancy knowing that their baby has Down syndrome. Recent US studies have indicated that when Down syndrome is diagnosed prenatally, 84% to 91% of those babies will be killed by abortion.^{1,2,3,4} This trend is not isolated to the United States. In England, a 2004 study showed that 94% of babies who were diagnosed prenatally with Down syndrome were subsequently aborted.⁵ When all Down syndrome babies are considered – those diagnosed prenatally as well as those only diagnosed with DS after birth – studies show that 26% to 37% of these tiny lives will be ended by abortion.⁶

An estimated 70% of all pregnant women in the United States will choose to have prenatal screening tests.* Certain screening results in combination can predict DS with up to 90% sensitivity,⁷ but they are not definitive. Women shown to be at high risk may then choose to have a cytogenetic test, either amniocentesis or chorionic villus sampling (CVS), to check for the extra chromosome that would indicate DS. As first trimester screening tests become increasingly reliable, more women are choosing CVS because it can be done in the 9th to 12th weeks of pregnancy, thus allowing an earlier abortion. It has been shown that the younger the unborn baby, the greater the likelihood that a woman will have an abortion for DS.² It should also be noted that in up to 1% of the pregnancies tested by amniocentesis, the baby is lost. CVS is even more dangerous as over twice as many babies die and a few are born with handicaps.

When a woman finds out that her unborn baby has Down syndrome, what is she facing? In a 2004 study out of Harvard Medical School, researcher Brian Skotko found that women in this situation felt anxious and scared when learning of the diagnosis, and about half felt rushed or pressured into making a decision about continuing the pregnancy.⁸ Their feelings may have been partially influenced by the doctor’s approach. Most health care providers tend to assume that if a woman consents to prenatal screening or diagnosis, she is willing to discuss abortion as an option. Also,

many doctors in these cases may see advantages in ending the pregnancy as soon as possible to avoid the medical risk to the woman of a late abortion. Combine this predisposition with the perceived “burden” of raising a child with Down syndrome, and many women could convince themselves that abortion is their most prudent “choice.”

To counteract this effect, it is also true that doctors presenting the prenatal diagnosis can positively influence the outcome if they provide balanced information about DS. The same Harvard study found that mothers who chose to continue their pregnancy after a prenatal diagnosis of Down syndrome did so for personal reasons such as conscience and religion, but also because they had gotten information about Down syndrome, either in printed materials or from talking to a parent of a child with DS. However, most of the mothers felt that their doctors did not explain DS adequately and in a balanced fashion. They suggested that doctors and genetic counselors should convey consistent, accurate and sensitive messages about life with a child with DS, and that doctors, nurses and hospitals should provide contacts with local DS support organizations.⁸

As helpful as many DS support organizations can be to parents of children with DS, some of the largest ones have abdicated any responsibility for reducing abortions of babies with birth defects. The March of Dimes, the National Down Syndrome Society, and the National Down Syndrome Congress all take a neutral stance on abortion, ostensibly because they don’t want to judge or to tell anyone what to do.

However, a neutral stance on abortion is not a neutral policy. It implies that the killing of these innocents is in the best interests of society, and can therefore be justified. Instead, these organizations need to take a stand in defense of all babies with Down syndrome, born and unborn. They could have an unparalleled influence on the current situation by putting a positive face on these unborn babies,

whose humanity and inherent value to society shine through at the moment of birth. There is no telling how many precious lives could be saved if they did. 

* Maternal serum tests measure the levels of certain substances in the mother’s blood: alpha-fetoprotein (AFP), human chorionic gonadotropin (hCG), and estriol, and are combined with maternal age to calculate a risk factor for Down syndrome in a pregnancy. Another screening test, an ultrasound marker called nuchal translucency, measures the accumulation of fluids behind the neck of the fetus.

¹ Forrester MB, Merz RD. 1999. *Prenatal diagnosis and elective termination of Down syndrome in a racially mixed population in Hawaii, 1987-1996.* Prenat Diagn 19(2):136-41.

² Kramer RL, Jarve RK, Yaron Y, Johnson MP, Lampinen J, Kasperski SB, Evans MI. 1998. *Determinants of parental decisions after the prenatal diagnosis of Down syndrome.* Am J Med Genet 79:172-174.

³ Caruso TM, Westgate MN, Holmes LB. 1998. *Impact of prenatal screening on the birth status of fetuses with Down syndrome at an urban hospital, 1972-1994.* Genet Med 1(1): 22-8.

⁴ Wertz, DC. 1997. *The Impact of Prenatal Diagnosis on Down Syndrome, Anencephaly and Spina Bifida.* GeneSage, GeneLetter. Accessed at: www.genesage.com/professionals/geneletter/archives/theimpact.html

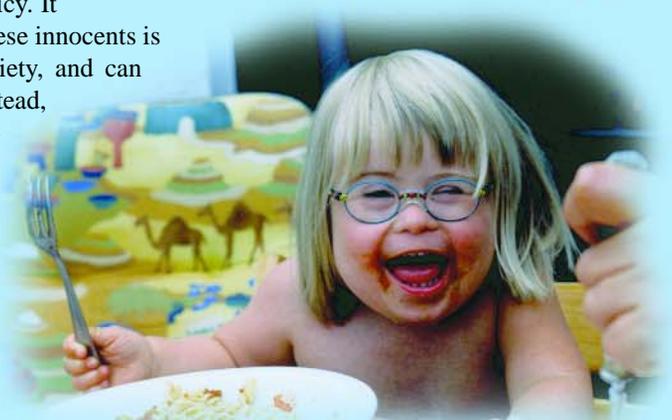
⁵ The National Down Syndrome Cytogenetic Register 2004 Annual Report. Accessed at: www.wolfson.qmul.ac.uk/ndscr

⁶ Siffel C, Adolfo C, Cragan J, & Alverson CJ. 2004. *Prenatal Diagnosis, Pregnancy Terminations and Prevalence of Down Syndrome in Atlanta,* Centers for Disease Control and Prevention, Atlanta, Georgia; Birth Defects Research (Part A) 70:565-571.

⁷ Grant SS. (September 30, 2000): *Prenatal Genetic Screening.* Online Journal of Issues in Nursing. Vol. 5, No. 3, Manuscript 3.

⁸ Skotko BG. 2004. *Prenatally diagnosed Down syndrome: Mothers who continued their pregnancies evaluate their health care providers.* Am J Obstet Gynecol 192, 670-7.

“84% to 91% of those babies will be killed by abortion”



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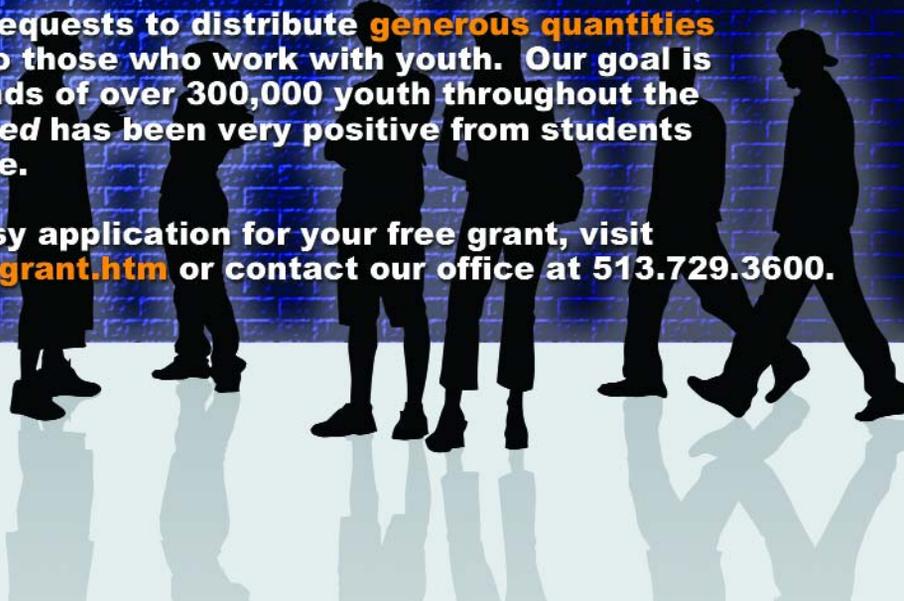
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truth
UNMASKED



From the
Executive Director



Bradley Mattes

Saving Lives with Embryo Adoption

It is estimated there are 400,000 frozen human embryos, left over from in vitro fertilization (IVF), in storage across the nation. While legitimate controversy does exist in the pro-life community over the ethics of IVF, there is near universal agreement that these tiny human beings should be protected and given life, instead of being killed.

Allow me to digress for one moment to quote my colleague, Dr. Willke. It's important that pro-lifers use the correct terminology when talking about ending the life of human embryos. We should always say that the embryos are "killed" not "destroyed." *Things* are destroyed, but human beings are killed. It helps to keep the humanity of this tiny person at the focus of our debate and discussions.

Many parents of frozen embryos face an ethical dilemma. The IVF treatment may have been a success and they feel their family is complete, but extra embryos remain. Other parents may have failed to achieve a successful pregnancy and either gave up, or ran out of money to fund this expensive endeavor. While other parents become divorced and either change their minds about having children, or cancel any plans for more. We've even read news reports where the embryos have become the center of an ugly custody dispute.

Whatever the reason, parents have few options on what to do with their additional children. Storage fees average eight hundred plus dollars every year. Most are aware they can donate them to science to be killed during experimentation. The other obvious choice would be to thaw and kill them immediately. Sadly, few parents realize they have a third, life-affirming choice. They can place their embryos for adoption with another couple.

Lisa and Kelly were faced with the

quandary of what to do with their extra embryos. After the very first cycle of IVF when two embryos were implanted, they were blessed with twins. Not wanting more children and left financially strapped after the expensive IVF treatment, they were hard pressed to continue paying the high storage fees for their additional seven embryos.

That's where *Embryos Alive* came in. It's an organization that facilitates the adoption of frozen embryos. In Lisa and Kelly's case, it was a godsend. They were intent on not killing their seven additional babies, who were waiting to be given a chance at life. Like conventional adoption, a variety of choices are available to the biological parents. In this case they selected a couple to adopt their embryos. They wanted pictures, but insisted on anonymity. Other parents have opted for a more open arrangement.

In the case of Lisa and Kelly's embryos, four were implanted, which resulted in the birth of a baby boy. As this column is being written, the same adoptive parents are waiting word on the success or failure of the remaining three embryos. If successful, the children will be blood siblings. Regardless of the outcome, Lisa and Kelly know they've done everything possible to give life to all of their embryos.

The blessings aren't limited to only the parents who place their embryos for adoption. Those receiving the gift of life, when other conventional options fail, are elated to become parents.

Ronda and Gary had begun looking into international adoption when they discovered the option of embryo adoption. Their home is a much more busy place since fifteen-month-old Joshua was born. And Ronda is again pregnant with Joshua's biological brother or sister. This couple feels tremendously blessed to have

the family they thought at first was impossible.

In addition to *Embryos Alive*, other organizations exist to facilitate embryo adoption. Two of them are *Snowflakes* and the *National Embryo Donation Center*. Undoubtedly others exist. It's reported that there are currently more parents wanting to adopt embryos than the number of those available. In large part this is due to the fact that parents are not aware of this life-affirming option. Therefore, awareness is key to saving tens of thousands of human embryos now held in frozen storage.

It may very well be possible that adopting embryos costs less to the would-be parents than conventional adoption. With embryos the cost is less than regular IVF because the biological parents have already met many of the upfront expenses. This includes the harvesting of eggs and sperm, as well as fertilizing the eggs in the laboratory. Two weeks after the embryo(s) has attached to the lining of the womb, the mother's pregnancy is like that of a naturally conceived child. She and her husband also enjoy the bonding time during the gestational period.

If you or someone you know is interested in either placing their embryos for adoption, or adopting embryos, go to: www.lifeissues.org/embryo_adoption/index.html. You will find links to the three agencies I mentioned above. The ratio of success for assisted reproductive technology has dramatically increased over the last decade. This is all the more reason to generate awareness regarding how this technology can be used to protect and preserve life. 🌀



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Since 1973 abortion has claimed the lives of over 45 million preborn children.

Life Issues Institute joins our nation in mourning the deaths of so many innocent lives. We also acknowledge the pain and anguish suffered by millions of mothers and fathers of these aborted children. To those we say, "Come to the pro-life movement for hope and healing."

We also wish to thank the millions of loving and caring pro-life individuals who have tirelessly worked and sacrificed to end this modern-day holocaust. Be encouraged! Your efforts have not been in vain. We are closer to victory than ever before!



34 Years