LIFE ISSUES

CONNECTOR

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

April 2006

# Abortion VS Childbirth

## Which is Safer?

By J. C. Willke, MD

Throughout the years of the controversy over abortion, those who favor it have relentlessly sounded one continuous note, i.e. "Abortion is safer than childbirth." This was a central reason given in *Roe vs Wade* for the legalization of abortion. It continues to be one of their central arguments as they continuously repeat that "abortion is seven times safer than childbirth."

To say that this is a difficult question to answer accurately, is a gross understatement. Let's first list reasons why it is difficult to nail this down. They include:

- Misunderstandings as to what are the causes of deaths listed under "maternal mortality."
- Understanding that there are more deaths and injuries to women when abortion is performed later in pregnancy.
- How valid is reporting of abortion deaths at the state governmental level?
- Are the results from university hospital research on maternal abortion deaths the same as those from your neighborhood abortion mill?
- Would a hepatitis death from an abortion-related blood transfusion be counted as abortion death?

Looking at the above, one is tempted to comment that the comparison of abortion deaths to childbirth deaths is not only comparing apples with oranges, but has so many qualifying factors and unknowns that any type of reasonably accurate comparison is all but impossible. Because of the above factors we can start by dismissing out of hand the abortion industry's often repeated claim that "abortion is seven times safer than childbirth." This is pure nonsense and has no basis in fact. To find our way through this, let's explore the above areas one at a time and see if we can come to an accurate answer.

Let's start with maternal mortality. A United Nations agency has recently inaccurately reported that in the US there are 17 maternal deaths for every 100,000 live births. The US Center for Disease Control (CDC) has been reporting a very slow decrease, now down to approximately 6 deaths. However, the Council on Scientific Affairs of the American Medical Association a few years ago noted that if deaths, other than those associated with delivery, were eliminated, the figure would be closer to 4.5. What are these "others?" Maternal mortality reported in the US *includes deaths from induced abortion*, tubal pregnancy and molar pregnancy. It also includes deaths from heart disease and high blood pressure, which may only be peripherally related to delivery. In some states it includes any death that occurs within a certain time frame after she delivers her child. These can conceivably even include deaths from trauma. So, when we speak of maternal mortality we cannot accept the typically reported figures. If we compare it only to childbirth, then the reported figure should be lower, perhaps closer to four.

If we would ask what the death rate was from prostate surgery, we would look into the medical literature, examine various reports of series of cases, and find that there is a fairly narrow range in death rates reported in the literature. We accept this on every surgical procedure done except abortion. Abortion is different. With few exceptions, studies about surgical death rates from induced abortion come from university medical centers. In these hospitals we have skillful surgeons, top notch surgical procedures and follow-up and accurate reporting. These accurately reflect the maternal mortality rate from

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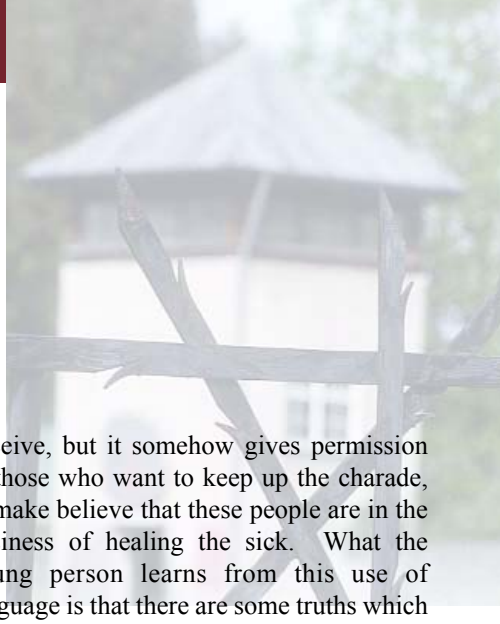
# What Will You Say Then?



One afternoon I took a trip to a suburb of Munich. I was struck by what a pretty town it was: quiet streets with an abundance of trees and rosebushes, well-kept homes, lawns and gardens carefully tended by their owners. After a three-quarter mile stroll I turned a corner onto a large area where one might expect to find a community college, but there is the Dachau Concentration Camp.

There is no need for me to describe the camp in detail; we all know the shudder that comes over us at the photographs of the barbed-wire, the guard towers, the abnormally large eyes of the inmates, and of course those sinister but functional brick buildings at the "business end" of the installation. After two hours, I walked back from the camp shuddering at what I had just seen. Before I had been to Dachau, I imagined that every concentration camp (and the rest of the Nazi machinery for dealing with the "Jewish Question") was located out of sight of the citizenry, way off in frozen, desolate, remote areas of unused farmland. The uniquely disturbing aspect of Dachau, one which still gives me occasional nightmares, is the fact that it was so obviously, so undeniably there in the middle of a perfectly ordinary suburb. As I passed the sixty and seventy-year-old Dachau townsfolk quietly weeding and pruning in their back yards, I had an urge to hoist them up by the straps of their overalls and shout: "Why didn't you see? Why didn't you do something?"

Most of the townsfolk were not spectacularly wicked human beings, yet the crimes within the camp took place not only because a few people perpetrated evil, but because the majority tolerated it. And the tragically bitter irony is that the security and orderliness of small town life — the very thing which might have made it the last place to locate a concentration camp — helped rather than hindered this toleration of evil. Disruption, not wickedness, is the threat which is chiefly intolerable to peaceful community life, and it was precisely this normality, the "banality" of this evil, which made it tolerable to the housewives and upright businessmen of Dachau. The camp did have a horrible purpose; and most good citizens would have wished it away, yet the fact is that no fire and brimstone rained down from heaven. The sun rose and set as usual, young people got married, old folks died, babies were born, children sent to school; and for these law-abiding citizens, the business of ordinary life seemed much more insistent and demanding than any crime. One murder is a tragedy; a million is a statistic.

I want to suggest that the experience of Dachau teaches us that the single biggest obstacle we face is the normality of the abortion industry, its success in becoming an accepted part of our lives. One abortion is a tragedy; a million-and-a-half is another statistic. Unpleasant, yes, but part of the everyday business all the same.

It's worthy of reflection that, for every college student in America today, a local abortion clinic has been a constant from the time of his first memories, as much a part of city real estate as a branch bank or a 7-11.

What clue does an eighteen-year-old have that something is radically wrong here? For example, because the very mention of the words "concentration camp" makes our flesh crawl, I think we forget that this expression was once a euphemism — a minor masterpiece of bureaucratic newspeak. The word was intended to soothe, not to terrify, originally suggesting nothing more than a relocation of displaced persons. By the same token, the language of "reproductive health center" is deliberately designed to obscure the reality; it allows us to pretend that nothing disruptive is happening inside these buildings. The language doesn't really deceive, but it somehow gives permission to those who want to keep up the charade, to make believe that these people are in the business of healing the sick. What the young person learns from this use of language is that there are some truths which ought not to be spoken, that some lies are necessary to citizenship and propriety.

C.S. Lewis said, "Let sleeping worms lie." It was, you stay off my conscience; I'll stay off your incinerators. Today, it's leave my security and normality alone; I'll leave your suction machines intact. You keep to your discreet professional buildings; I'll stay quiet in my living room. The one thing which neither party to the contract wants is that someone should call a spade a spade.

Forty years from now, perhaps, a young woman will keep a rather gruesome appointment with history by going to the Abortion Remembrance Museum in your city. We can feel the knot in her stomach as she passes through the doorway, the same doorway through which every business day — week after week, month after month, year after year — 10 to 30 human beings entered, and only 5 to 15 came out alive. We can see her shake her head with stunned disbelief.

We can imagine this young woman, after leaving the clinic (even the word "clinic" makes her shudder), going for a long, rambling hike to walk off her shock. Picture yourselves forty years from now — in advanced old age, puffing down your driveway near the "clinic" to put the trash out when this woman walks by. Imagine the look in her eye as she pauses in front of your house. Imagine the question, "what did you do?" which she desperately needs to ask you. And what answer, in all honesty, from your heart of hearts, would you give her? Would you be proud? … or not?

*Adopted from an article by Rev. Paul Mankowski, S. J. 7/1991*

abortions done in university medical centers. But these constitute less than 5 percent of the induced abortions done in America. Over 90 percent are done in freestanding abortion centers. With almost no exceptions, these abortion mills have no supervision, are not state inspected and are not required to have emergency resuscitation equipment. They have inadequate ambulance facilities, often have no RN's on duty and, most importantly, no qualified surgeon to do the work. The only requirement to do abortions in almost every state is an MD or a DO degree. You can be a dermatologist and open an abortion facility. You can be a hack, denied surgical or even admitting privileges in any hospital, and still do abortions. In fact, many abortionists are these kinds of incompetent doctors. The point to be made here is that the standard of care in the typical freestanding abortion facility doesn't remotely compare to the standard of care at a university hospital. Therefore the complication and death rate reported at the university center is not remotely comparable to what it is in that freestanding abortion mill.

The other factor, that is totally obvious, is these freestanding facilities don't report any complications. *There are no accurate scientific studies of the safety of abortions in these abortion mills.* When there is a complication, e.g., severe bleeding, she is rushed to the local legitimate hospital where she is taken care of by legitimate physicians. Commonly, her discharge diagnosis often doesn't even mention abortion as the cause for her hemorrhage. One reason for this is that she commonly denies she had the abortion and if the attending physician is not absolutely sure, he may hesitate to mark down abortion as a cause of the problem.

But there are other dynamics in play. I recall once when a pro-life surgeon friend of mine had treated a girl who had been badly butchered by an abortionist and had died in spite of my friend's efforts. He did not put abortion down on the death certificate. I asked him why. He said: "That family has suffered enough and I'm not going to add to their woes by revealing that she had an abortion."

Another reason for mal-reporting is the occasional abortionist who does have hospital privileges. He injures a girl, then treats her himself in the hospital. Whether she lives or dies, it is certainly not in his interest to mark down abortion, for he would hurt his own reputation. Therefore he'll put down a different diagnosis.

And what about reporting from individual states? Reporting about childbirth and delivery is accurate enough at the state level, but reporting about abortions and their complications is an entirely different matter. The number of abortions done is supposed to be reported to the Center for Disease Control, but there are a number of states that don't comply. This, incidentally, includes California. The state that doesn't even report abortions, certainly is not going to be reporting any sort of statistically relevant information about complications. So a high percentage of abortion complications are never reported.

But that isn't the only problem. There is also the Center for Disease Control itself. Originally, its abortion-reporting area was supervised by doctors Cates and Grimes. Both were doing mid-trimester abortions, moonlighting at a local Atlanta hospital. Cates wrote an article for a medical journal proposing how to set the fee for an abortion. He suggested measuring the length of the fetal foot and charging accordingly. Grimes has gone to California but has remained one of the chief apologists for abortion-on-demand in the US. The exposé of the CDC occurred in the book, *Lime 5,* by Mark Crutcher (1996 p. 135). His devastating critique of the accuracy of CDC's reporting is best detailed in his own words: "Here at Life Dynamics we knew abortion complications were grotesquely underreported, but attributed it to garden variety, bureaucratic incompetence. As our research continued, however, we became suspicious that the flawed abortion data being released by the CDC was the product of dishonesty and manipulation. By the time we discovered that a large percentage of CDC employers had direct ties to the abortion industry, we were no longer suspicious; we were convinced. CDC actually stands for Center for Damage Control. It doesn't oversee abortion, it justifies it. CDC's role is to eliminate medical opposition to abortion." Not long after enough light was shown on this unsavory operation, the CDC discontinued reporting statistics on anything relating to abortion complications and confined itself to simply reporting the number of abortions that it received from the states that did report.

### *Direct Surgical Complications*

Let's look at hepatitis as a good example of a surgical complication of abortion. Here is a woman who had an induced abortion. As a result, she had gross hemorrhage and needed blood transfusions. She recovered, but later developed hepatitis from the blood transfusion. In her case, she ultimately died of hepatitis. This was a direct result of the induced abortion; however, abortion was not reported as the cause of death.

Another woman had an induced abortion at which time the abortionist, using his loop-shaped steel knife, a curette, cut so deeply while scraping the inside of the womb, that part of the lining of the

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womb was replaced by scar tissue. In a subsequent pregnancy, the placenta (the afterbirth) would not separate because of this scarring. This can be a cause of major hemorrhage and death. More common would be the inability to remove that placenta, necessitating the removal of the uterus. This would certainly be a direct complication of the abortion, but would not be reported as such.

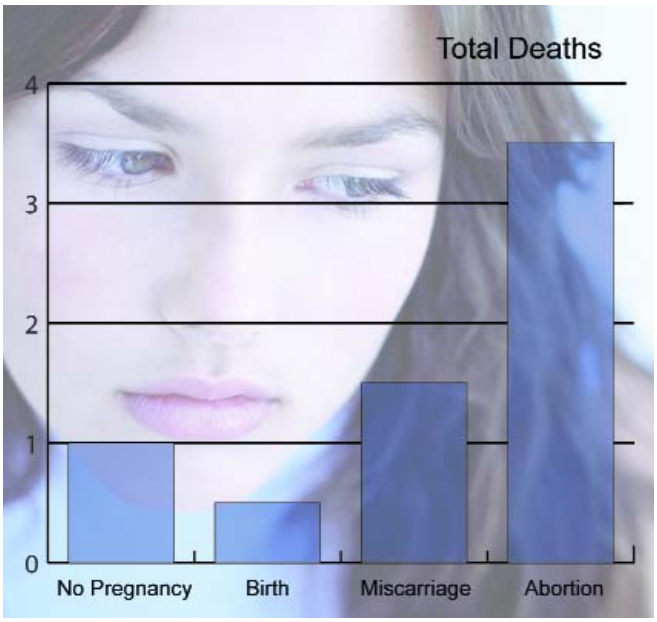
One obvious complication most of our readers are familiar with is the damage to the cervix from an induced abortion. This donut-like muscle closes the door on the uterus and then prevents the developing baby from falling out. Normal labor slowly opens the cervix, allowing delivery of the child. But if the cervix is damaged by the dilatation required for an induced abortion, it can and does open prematurely, allowing the too-soon birth of the developing baby. Premature babies die more often than full-term babies and have more medical complications. Premature birth is sometimes a direct result of induced abortion. This is certainly a complication that would not be listed as such.

What about chemical abortions? RU-486 is relatively new on the scene. There has been substantial, recent publicity about the 10 maternal deaths from this drug. What has received less publicity has been details obtained from the Food and Drug Administration. It reported over 600 adverse effects by women taking this drug. These included 220 cases of hemorrhages, 71 of which were life threatening and required blood transfusions. Also, 392 women needed surgery to repair damage from the abortion, many under emergency conditions. Note that this was the FDA reporting, not the CDC.

### *Other Complications and Sequelae*

To think only of the possible problems directly associated with abortion and delivery in their immediate aftermath is to take an extremely narrow view and to miss most of the problems. Investigations in past years did take that narrow view, and since there are no studies of what actually happens in the 90 percent of abortions done in freestanding abortion facilities, these studies are uninformative. More recently, we have had a large series of studies taken from official government records that have followed women for a number of years after the procedure. When confounding factors are eliminated, a picture has emerged of a broad spectrum of problems resulting from abortion. Let us list some:

***Maternal Deaths:*** Compared to childbirth, women who have abortions have an elevated risk of death later from all causes. This persists for at least 8 years. A higher risk of death from suicide and accidents are most prominent. Projected on the national population, this effect may contribute to 2000-5000 additional deaths among women each year.[1]




*Women who aborted were 3.5 times more likely to die than those who carried to term.*[2]

***Psychiatric Hospitalization:*** A review of the medical records of 56,741 Medicaid patients revealed that the women who had had abortions were 160 percent more likely to be hospitalized for psychiatric treatment in the first 90 days following abortions, as compared to those who delivered. Rates of such treatment remain significantly higher for at least 4 years.

***Clinical Depression:*** Compared to women who carry their first unintended pregnancy to term, women who abort their first pregnancy are at a significantly higher risk of clinical depression, as measured in an average of 8 years after their first pregnancy.[3]

***Substance Abuse:*** Compared to women who carry to term, women who abort are 5 times more likely to subsequently abuse drugs or alcohol.[4]

***Outpatient Psychiatric Care:*** Analysts of California Medicaid records show that women who have abortions will subsequently require significantly more treatment for psychiatric illness through outpatient care.[5]

***Effect on Children:*** The children of women who have abortions, have less supportive home environments and more behavioral problems than the children of women without a history of abortion. This finding supports the view that abortion may negatively effect bonding with subsequent children and disturb mothering skills. It may not only have such negative effects upon the children, but in very significant ways impact women's psychological stability.[6]

***Substance Abuse During Subsequent Pregnancies:*** Compared to women delivering their first pregnancy, women with a history of abortion are five times more likely to use illicit drugs and two times more likely to use alcohol *during* their next pregnancies. Besides the negative effects on the women, these substances place their unborn children at risk of birth defects, low birth weight and death.[7]

***Long Term Clinical Depression:*** Analysis of a federally funded longitude study of American women revealed that women who aborted were 65 percent more likely to be at risk of long-term clinical depression, after controlling for age, race, education, marital status, history of divorce, income and prior psychiatric state.[8]

***Placenta Previa:*** After abortion there's a 7 to 15-fold increase in placenta previa in subsequent pregnancies. This

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# MAKING AN IMPACT FOR LIFE IN EUROPE

By Bradley Mattes

The pro-life movement in America has more cause for optimism than in the past. We have good reason to believe that the Supreme Court is only one justice away from correcting *Roe vs Wade*, which unleashed abortion-on-demand throughout pregnancy. Opinion polls show a majority of Americans oppose most abortions. Modern technology, like 4D ultrasound and intrauterine surgery, has opened the window to the womb wider than ever. More and more Americans are peering into this window with astonishment at what they see.

The most important reason the abortion industry is on the defensive in our nation is because of our effective grass roots, pro-life movement. It's made up of tens of thousands of mostly volunteers tirelessly working to protect society's most vulnerable citizens.

A significant and growing element of our grass roots effectiveness are the mothers and fathers of aborted babies who speak out against abortion. These grieving parents provide eloquent and persuasive testimonies that abortion not only kills an innocent baby, it also leaves emotional and physical devastation in its wake.

These are some of the major reasons *Roe vs Wade* is living on borrowed time. If this pro-life momentum continues, states may once again be allowed to protect unborn babies and their parents from abortion — a crucial step toward our ultimate goal of a human life amendment.

Sadly, in Europe, abortion is more ingrained and accepted in society. Each time I visit, I am struck by the pro-abortion mentality and secularization of this part of the world. Last month I traveled to The Netherlands and Germany where I spoke on the effect of abortion on the fathers of unborn children. I participated in a summit of pro-life leaders involved with the issue of post-abortion stress.

The timing of the summit was designed to coincide with the efforts of Holland's parliament to re-evaluate their abortion laws. Pro-life leaders in The Netherlands felt expert input and testimony would help further their goals of protecting this nation's unborn children. It was also our desire to more fully organize efforts there to minister to post-abortive fathers and mothers.

On its surface, Holland appears to be a genteel society with courteous citizens and meticulously maintained gardens. But underneath this facade, lie legal drug use and prostitution, as well as an emphasis on liberal sexual practices. Euthanasia is now legally practiced on handicapped infants, and abortion is used as a method of birth control.

We met in Hilversum, a short train ride from Amsterdam. It was a wonderful opportunity to exchange information and encourage one another in our efforts to provide hope and healing to men and women after abortion.

This trip was particularly rewarding. But in order to fully appreciate the outcome, let me take you back to Brussels, Belgium two years before. I had been attending meetings at the European Union and decided to enjoy a break in the warm spring sun. I was having lunch with a few other pro-life leaders on the steps leading to one of the office buildings located in the heart of Brussels. There I met a Dutch couple, Michael and Jennifer van der Mast. Since they spoke fluent English, we struck up a conversation. Michael confided that his son had just announced he had gotten his girlfriend pregnant. I was the first person he shared this with. Both Michael and Jennifer still seemed to be in a state of shock. My first response was to positively stress the joy of becoming grandparents.

In all of the family turmoil, Michael had not yet made that mental connection. Further, whether or not his son's girlfriend would choose abortion was an unknown. Europe is a hostile environment for a baby conceived unexpectedly.

When I speak to audiences about the reaction of men to abortion, I talk about the God-given instinct of men to protect their offspring. This protective instinct also extends to the baby's grandfather. When Michael realized that the life of his grandchild was at stake, his interest in the outcome of the pregnancy increased. That sunny day on the steps of the European Union building we talked about the ways to persuade Michael's son and his girlfriend to give their baby life. It would require due diligence and much prayer.

*Cacharell on her first birthday.*

Fast forward to Hilversum just weeks ago. Once again I met Michael and Jennifer — this time at the pro-life summit. Michael was wearing a big grin when he saw me and was holding a precious item in his hand. It was a picture of his granddaughter on her first birthday!

During our visit two years before, Michael didn't really know who I was or what I did. He later learned by doing a search on me on the Internet, and was quite surprised to find out more about the effect of abortion on men, and how close his son had come to tragedy.

Now Michael was at the summit in an official capacity. He is leading a budding effort to counsel post-abortive fathers in The Netherlands. Considering how many men in his country are affected, Michael's efforts are sorely needed. It was exciting to see such life-affirming progress made in this man's life since we last met. We are now close friends.

After a successful meeting in Holland, I traveled to Bonn, Germany with a couple of American colleagues to present information on post-abortion stress in men and women. We spoke to a group of key German pro-life leaders who had assembled from all over the country to learn more about the effects of abortion on the babies' parents.

I have spoken to many audiences in various parts of the world regarding abortion's devastating impact on fathers. In most cases, men come forward who have personally experienced abortion and know first-hand about the emotional toll. Regardless of

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## IMPACT FOR LIFE IN EUROPE *page 5*

culture differences, these men face the same psychological problems and symptoms.

In order to help these hurting fathers at home, the pro-life movement must first be aware of the emotional devastation many men feel after an abortion decision. Second, we must equip pro-lifers everywhere with the knowledge and tools to bring forgotten fathers hope and healing.

*Bradley Mattes with Willie and Bert Dorenbos, leaders of the pro-life movement in The Netherlands.*

Life Issues Institute has developed a new tool for the pro-life movement and concerned individuals who want to help the millions of fathers who daily struggle with a past abortion. This situation is more urgent than many realize. Obviously, all men aren't sensitive to the loss of a child through abortion. However, millions have been dramatically affected. We have seen serious behavioral problems in post-abortive men. They range from extreme behavior such as suicide and murder, to unresolved grief and shame. Most every post-abortive father will act out in anger and frustration after abortion. This is a problem that requires our immediate concern and efforts to remedy. For more information on how to begin the process, please check out the back page of this newsletter.

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abnormal development of the placenta is due to damage to the lining of the womb from the abortion. It can be fatal for the women. It also increases the risk of birth defects, stillbirth and excessive bleeding during labor.

***Premature Birth:*** Premature birth is a well-documented after-effect of induced abortion. This is due to damage to the cervix, which results in an increased incident of premature births. Preemies die more often than full term babies and have more frequent disabilities resulting from the premature birth. Such problems obviously have continuing negative emotional impact on the women.

***Ectopic Pregnancy:*** Women have an increased risk of subsequent tubal (ectopic) pregnancies. These can be life threatening; they also reduce future fertility.

***Other Post-Abortion Problems:*** Thirty to fifty percent of such women report experiencing sexual dysfunction such as promiscuity, loss of pleasure from intercourse, increased pain and aversion to sex and men. Women with a history of abortion are significantly more likely to subsequently have shorter relationships and divorce more often. Women with a prior abortion are four times more likely to have a repeat abortion in the future than those who have no abortion history. Note: 45 to 47 percent of all abortions are now repeat abortions.

The significant increase in breast cancer among women who have had abortions is well known. With a higher rate of Human Papilloma Virus (HPV) infections, they also have a higher risk of cervical cancer. Since smoking is sharply increased among post-abortion women, one could anticipate a possible greater incident of lung cancer.

And finally, one cannot overlook the fact that 10 percent of women suffer immediate complications. These include infection, hemorrhage, cervical injury, blood clots, anesthesia complications, chronic abdominal pain, Rh sensitization, gastro-intestinal disturbances, vomiting, fever and occasionally, endotoxic shock.

Note that while many of the above complications fall under the sequelae included under "Post-Abortion Syndrome," there is much, much more guilt, distress and heartbreak not directly reflected in the above.

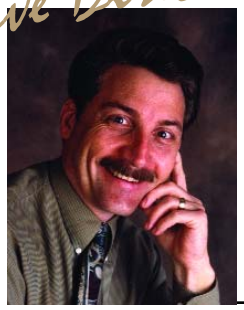
***Conclusion***

We now have enough definitive studies about women who've had abortions to totally refute any attempt by pro-abortion zealots to claim that abortion is safer than childbirth. The above complications are an incomplete list, but space prevents further elaboration.

Our thanks go to Dr. David Reardon, Director of the Elliot Institute, who is the author of most of the studies quoted above. To contact the Elliot Institute for more documentation, visit www.afterabortion.org.

[1] Southern Medical Journal 2002
[2] Pregnancy Associated Deaths in Finland 1987 - 1994, M. Gissler At All Acta Obstet. Gynecal. Scandi 76, 1997, p. 651-657, graphs from Elliot Institute.
[3] British Medical Journal 2002
[4] American Journal of Drug and Alcohol Abuse 2000
[5] American Journal of Ortho Psychiatry 2002
[6] Journal of Child Psychology and Psychiatry 2002
[7] American Journal of Ob-Gyn 2002
[8] Medical Science Monitor 2003

From the Executive Director



# Laws Against Abortion Protect Women's Health

Bradley Mattes

An astounding report came out recently which analyzed world mortality. Data was collected from every country in the world. It was a very comprehensive study. Statistics were compiled from various sources like civil registration, population censuses, surveys and Governmental responses to inquiries.

Of particular interest was what this study demonstrated about maternal mortality and legal abortion. And you'll be very surprised to find out what the source of this information is!

The United Nations have long been advocates for abortion-on-demand. So it's ironic that such a collossal effort on the part of the UN Population Division would strengthen the pro-life argument that abortion hurts women.

The UN recently published the *World Mortality Report 2005*. According to the UN, "it is the first of its kind" effort by them, and they're very proud of it.

One of the main arguments of abortion industry, and that of the United Nations, has been that if abortion is illegal, more women will die from illegal, back-alley abortions. Further, women's health in general would suffer without unfettered "reproductive rights," i.e., abortion-on-demand.

Now even the United Nation's own study shows this isn't the case. Let's look at some of the countries where unborn babies and their mothers are protected from abortion. Then let's compare them with countries known for legal abortion throughout pregnancy. If the pro-abortion theory is correct, women's mortality rates should be higher in countries that ban abortion.

There are two countries in particular that have been targets of the abortion industry and the pro-abortion United Nations — Poland and Ireland. Both have laws protecting their most vulnerable citizens, preborn children. But according to the UN study, women's mortality is actually low in these two countries. Poland has only 13 deaths of women for every 100,000 births. Ireland is even, better with only 5 deaths per 100,000 births.

Now, let's compare that with countries known for unlimited abortion. Russia has a whopping 67 deaths of women per 100,000 births. China, where forced abortion is regularly practiced, has 56 deaths per 100,000 births.

Here's something else. When we compare the life expectancy of women in countries without legal abortion with those who have abortion-on-demand, the abortion-free nations win every time, even when compared to the United States.

There's still more. When the UN study looks at infant mortality, the pro-life nation of Ireland comes out on top. They reported only 7 deaths for every 1,000 babies born. This country that protects life in the womb has the best record of keeping babies alive in the air-breathing world. In comparison, Russia loses 12 babies for every 1,000 born.

We acknowledge accurate statistics may be difficult to acquire from every country, but the UN study uses the most current statistics available.

If we want to protect the women of the world, if we want to empower them and make their lives easier and less dangerous, then abortion should be taken out of the equation.

### *A True Hero At Heart*

Long-time veterans of the pro-life movement are true fans of Congressman Henry Hyde. During his more than thirty years of service to our nation, he has been an eloquent and outspoken voice for unborn babies and their parents on Capitol Hill. Congressman Hyde has tirelessly worked on behalf of all innocent human life. The well-known Hyde Amendment effectively stopped your tax dollars from funding hundreds of thousands of abortions and is saving countless lives.

This year Congressman Hyde announced that he would retire from the House of Representatives. We will miss his gentle and persuasive influence.

Every year I give a Hero At Heart award to recognize select individuals who demonstrate outstanding courage or compassion on behalf of innocent life. This year I am honored to give this prestigious award to Congressman Hyde.

There is one particular quote by Congressman Hyde that has motivated many a pro-life leader. He said, "When the time comes as it surely will, when we face that awesome moment, the final judgment, I've often thought, as Fulton Sheen wrote, that it is a terrible moment of loneliness. You have no advocates, you are there alone standing before God — and a terror will rip your soul like nothing you can imagine. But I really think that those in the pro-life movement will not be alone. I think there'll be a chorus of voices that have never been heard in this world but are heard beautifully and clearly in the next world — and they will plead for everyone who has been in this movement. They will say to God, 'Spare him, because he loved us,' — and God will look at you and say not, 'Did you succeed?' but 'Did you try?'"

Even though he leaves the political scene, these words and his servant's heart remain with us always. May God continue to richly bless him!

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IN THIS ISSUE



STATES XCHANGE

## *Can You Hear Their Pain?*

Research shows that about eight percent of the fathers who lose a child to abortion suffer *severe* psychological effects. That's nearly 4 million walking wounded! Millions more suffer to lesser degrees. Most in the pro-life movement understand the importance of helping women who suffer from post-abortion stress. But have you considered the pain felt by the fathers? Do you know what the symptoms are and how to treat them?

Few pro-life leaders possess the knowledge needed to create awareness of the pain felt by post-abortive fathers. Further, they are not equipped to assist men who are suffering. That doesn't need to be the case any longer.

Life Issues Institute is pleased to make available "*Can You Hear Their Pain?*" a PowerPoint-type presentation on men and abortion. We've used more sophisticated software to make it extremely user-friendly, and it contains attractive graphics and images. More importantly, it will thoroughly educate your audience as to why men are affected by abortion, what the symptoms are and how best to treat them. The CD-ROM comes complete with both a secular and Christian version. In each case, a full script accompanies the presentation. You don't have to be an expert to educate others on the effect abortion has on the fathers of unborn babies. There is also information on available resources to help men on the path to hope and healing.


You can help make a difference in the lives of countless men who struggle with a past abortion decision. Many suffer in silence, thinking they're alone, feeling totally helpless and hopeless.

The first copy is $39.95. Each additional copy is $9.99. Order "*Can You Hear Their Pain?*" today from Life Issues Institute. Phone 513.729.3600 or order through our website at www.lifeissues.org.