

CONNECTOR



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SERVING THE EDUCATIONAL NEEDS OF THE PRO-LIFE MOVEMENT

FEMINIST STRATEGY BACKFIRING

Drug used to assault women

By Susan W. Enouen, P.E.

RU 486, the abortion pill, is used to cause chemical abortions in early pregnancy. Since its controversial approval by the FDA in September of 2000, it can be prescribed to pregnant women of any age, even teenagers. Led by pro-abortion feminists in the 1990's, the fervent sales pitch for its approval called for a safe, effective, inexpensive and accessible abortifacient. According to Planned Parenthood's Alexander Sanger, it represented "one of the most important victories for women in this century." To Kate Michelman of NARAL, it was the "biggest thing since the birth control pill." All rhetoric aside, the reality of RU 486 is that after nearly ten years on the market, this "victory for women" has taken 7 American women's lives (that we know of), caused serious complications in hundreds of others, and provided a new instrument for the abuse of women.

To produce a chemical abortion, a "killer cocktail" combination of drugs is used to ensure the deadly result. The FDA approved protocol¹ calls for 600 mg of RU 486, or mifepristone, to be taken by a woman who is up to 7 weeks pregnant. This drug is a progesterone blocker, which deprives the developing baby of essential nutrients and causes him/her to die of starvation. Two days later, the woman is to take 400 mg of a second drug, misoprostol,

(prostaglandin) to induce contractions that will expel the dead baby. On the 14th day, the woman is to visit her doctor to confirm that the abortion is complete. If it is not, a surgical abortion is necessary.

During the intervening time, the woman is in the "privacy" of her own home, bleeding an average of 13 days (or as many as 30 days), often very heavily, possibly witnessing the expulsion of the baby in the process. As gruesome as this may sound, it is a best-case scenario. Even so, pro-abortion feminists thought RU 486 could "mainstream abortion" by making it seem more accessible and natural. Unfortunately, the FDA approval of these drugs for such lethal purposes has unleashed a host of unintended consequences that have hurt women.

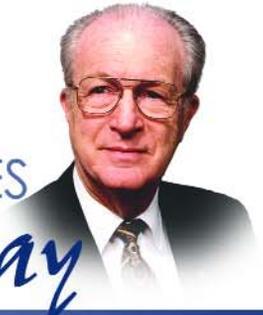
In the last few years, one news story after another has described an abortion forced on a woman by a husband or boyfriend who has given her a drug in food or drink without her knowledge:

- ▶ In 2007, a 21-year-old Virginia man was sentenced to 5 years in prison for trying to poison his girlfriend with the intent of trying to cause an abortion or miscarriage. Daniel Riase crushed two misoprostol pills and put them into 19-year-old Sharii Best's drink, after which she began to bleed. She went to the hospital,

where her 11-week pregnancy ended in miscarriage. She later discovered an email receipt for his purchase of the drug.²

- ▶ Also in 2007, a 34-year-old Wisconsin man named Manish Patel was arrested and charged with attempted first-degree homicide of an unborn child for trying to cause the abortion of his unborn twins. He obtained mifepristone from his native India and put it in his girlfriend's drink. Darshana Patel never drank the spiked drink, but turned it over to the authorities after suspecting foul play. Testing confirmed the presence of the drug. Patel appears to have fled the country after posting bail.
- ▶ In 2009 in Alaska, Airman First Class Scott Boie faced a court martial for causing his wife to have an abortion. He used his computer to search for abortion drugs and got a friend to obtain misoprostol for him. He crushed up the pills and put them in his wife Caylinn's food. She miscarried a week later, thinking it occurred naturally. She learned about his actions from a friend and confronted him.
- ▶ Thus far in 2010, a 38-year-old New York pharmacist, Orbin Eeli Tercero, has been arrested for causing his Pennsylvania mistress to have an abortion. He allegedly inserted misoprostol

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with J.C. Willke, MD

Smoking & Pregnancy



I'm against induced abortion, but I am also against anything that would increase the number of spontaneous abortions or miscarriages. One of the things that contribute to the premature loss of a baby is the mother's smoking.

Are you pregnant? Well, then that's two good reasons to quit smoking. If you're pregnant and smoking cigarettes, you're smoking for two. When you inhale, you inhale nicotine, carbon monoxide and other chemicals, and these pass into your baby's body. They can affect the chance of you having a healthy baby, and no baby should be forced to smoke.

Since lots of smokers have healthy babies, how great is the risk?

- Up to 14% of all premature births are caused by a mother's smoking.
- Babies born to women who smoke during pregnancy are nearly a half-pound lighter on average than babies born to non-smokers.
- Those low-birth weight babies are subject to many more problems than normal weight babies.
- Smoking during pregnancy increases the risk of miscarriage and the risk of infant death. Clearly, the more you smoke, the greater the risk.

Here's one I'll bet you didn't know. Your unborn baby doesn't breathe in the womb as rapidly as we do in the air world, but he/she does begin to breathe at three months and continues with slow rhythmic respiratory movements until

birth. This is the baby's way of getting in shape to breathe more rapidly after birth. This early "in the womb breathing" develops the muscles of respiration. And knowing this, let me tell you that the effects of cigarette smoking are so immediate and so powerful that your baby's practice-breathing movements slow down after you smoke just two cigarettes. The more cigarettes you smoke, the more you interfere with your baby's preparation for life outside the womb.

And why are these babies smaller? Well, one of the gasses you inhale that gets into your baby is carbon monoxide. It forces oxygen out of the red blood cells of both mother and baby. Another is the powerful poison nicotine. This adds to the damage by narrowing blood vessels, including those in the placenta. Both of these side-effects result in preventing enough oxygen and nutrition from getting to the little baby. And that's why babies from smoking moms weigh less—they've been malnourished.

How about after birth? Well, if you nurse, nicotine will find its way into your breast milk and your baby's body. If you smoke or people around you smoke, it gets into the baby's little lungs. Breathing smoke-filled air causes those tiny airways to get even smaller and can block them. Babies, you know, breathe faster than adults. They inhale more air, and with it more pollution in comparison to their total body weight. Children whose parents smoke have more pneumonia and bronchitis.

If you're interested in your baby's health, then please don't smoke. 🌀

tablets vaginally during two sexual encounters. He also dissolved misoprostol tablets in her drinks, just to be sure. As she started miscarrying, she discovered the partially dissolved pill in her discharge. He is charged with the murder of an unborn child in the first degree.³

► Also in 2010, 31-year-old Jered Ahlstrom from Utah has pleaded guilty to unlawful termination of his girlfriend's pregnancy. He put misoprostol in her food twice to cause an abortion. She delivered a stillborn baby 16 weeks into her pregnancy. He later admitted over email that he had caused her abortion.

► In a similar crime, a 25-year-old Maryland man, William Stanley Sutton III, spiked his girlfriend's drink in an attempt to cause an abortion. He used a cattle hormone sometimes used to cause abortions in cows. Lauren Ashley Tucker went to the hospital complaining of a possible poisoning after consuming the foul drink that burned her throat. Both she and her 15-week-old unborn child survived. He was charged with reckless endangerment, assault and contaminating her drink.

In each case, the woman was pressured by the man to have an abortion and she refused. He took matters in his own hands and slipped her the drug. Other similar cases in the UK and New Zealand have also been reported. These incidents highlight the danger of violence to women who refuse to comply with their partner's wish for an abortion. Equally disturbing is the idea that these news stories may just be the tip of the iceberg, for it is unknown how many "miscarriages" and stillborn births may have been caused by similar foul play that was never discovered. The availability of the RU 486 killer cocktail makes this scenario too easy to accomplish.

Unfortunately, despite the pro-abortion mantra that insists it is a woman's "choice" to have an abortion, plenty of evidence exists that women are regularly coerced into having one. As many as 64%

of women having abortions said they felt pressured to abort and 45% of men interviewed at abortion facilities recalled urging abortion. When a woman refuses to abort, it can be at the risk of losing her job, her home or her partner. She may be threatened with injury, abuse or even death.⁴

As a matter of fact, homicide is the leading killer of pregnant women.⁵ With 92% of women saying that domestic violence and assault is the women's issue of greatest concern to them, it is not surprising that some women feel they must choose abortion to protect themselves from further violence. As it turns out, pro-abortion feminists have played right into the hands of the violent men in our society by promoting a drug that provides another means for men to forcefully impose their will on women.

In addition to the 7 American women (13 internationally) who have died after taking RU 486, FDA reports show that as of 2006: 116 women needed blood transfusions, 232 women required hospitalization, and 1,024 women reported adverse events.⁶ Since there is no mandatory reporting of RU 486 complications to the FDA, and because of the distinct possibility that a deadly infection may not be traced back to the use of RU 486, there is no telling how many other women have suffered serious complications or death from these chemical abortions.

A more recent study from Finland indicates that when using the abortion pill, 20% of women suffered at least one significant side effect. Of those studied, hemorrhaging occurred in 15.6% of cases, infection in 1.7%, and incomplete abortions in 6.7%. Compared to surgical abortion, the risk of hemorrhage was almost eight times higher and the risk of an incomplete abortion was five times higher.⁷ Other research suggests that the drug suppresses the immune system, leaving the woman more susceptible to infection.⁸

There are primarily two ways the RU 486 regimen can cause a woman's

“feminists have played right into the hands of violent men by promoting a drug that provides another means for men to forcefully impose their will on women.”

death. The first is an incomplete abortion, where parts of the baby remain inside the woman's uterus. As a result, the woman can bleed to death or she can develop a deadly blood infection and die of septic shock. The second most likely cause of death is a ruptured tubal pregnancy. Since RU 486 cannot abort a tubal pregnancy, ruling out that possibility is best done by ultrasound. Surprisingly, the FDA protocol does not require an ultrasound. As a result, the FDA reports at least 17 cases where women with tubal pregnancies took the drug, with potentially fatal consequences.⁹ It would seem that at the very least, there is a compelling case for vigilant care of women under this regimen, but instead, some abortion providers choose to shortcut care and focus on the financial bottom line.

For example, the abortion industry has tried to increase its profits by reducing the recommended dosage of mifepristone to 200 mg and by dispensing the drug to women up to 9 weeks pregnant, increasing the risks of incomplete abortion and other complications. Planned Parenthood offices in Iowa have also used a "telemed" process that allows an off-site abortionist to provide

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1821 W. Galbraith Rd., Cincinnati, OH 45239
Phone: 513.729.3600
E-mail: info@lifeissues.org • www.lifeissues.org
President & Publisher J.C. Willke, MD
Editor in Chief Bradley Mattes
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ABORTION AND MATERNAL MORTALITY

BY BRADLEY MATTES, MBS



International groups such as the World Health Organization, the World Bank and the United Nations Children's Fund (UNICEF) have been aggressively marketing a new strategy to push their pro-abortion agenda. Third-world countries, they insist, must have *safe* abortion. Further, they claim the only way to make abortion safe is to make abortion legal in nations where unborn babies are currently protected by law.

These pro-abortion organizations also believe that legal abortion is essential to lowering maternal mortality, that is, the number of deaths of mothers per 100,000 births. The highest levels of the US government are echoing this sentiment. Secretary of State Hillary Clinton said, "You cannot have maternal health without reproductive health." Then, as if to remove all doubt of what she meant, Secretary Clinton added, "And reproductive health includes contraception and family planning and access to legal...abortion." It is an unmistakable strategy of making reduced maternal mortality rates and access to legal abortion inseparable, all in the name of protecting women's lives.

They should have researched the facts before embarking on this methodology. Our friends at LifeSiteNews.com have thoroughly investigated the matter, and we'd like to share some of their findings. There is a considerable body of evidence from around the world showing that permissive abortion laws result in a higher maternal mortality rate, not a lower one.

For example, the country of Mauritius has the lowest maternal mortality rate of African nations, yet it has some of the continent's most protective laws regard-

ing the unborn. Contrast this with Ethiopia that has permissive abortion laws and a maternal mortality rate forty-eight times greater than Mauritius.

When looking at countries in South America, Chile, which protects unborn children, has the lowest maternal mortality rate. By comparison, Guyana, which basically allows abortion-on-demand, has a rate thirty times higher than Chile.

Looking at Southeast Asia, Nepal has no restrictions on abortion and has the highest rate of maternal mortality. The lowest in this area of the world is Sri Lanka—fourteen times lower—and they have some of the most protective laws in the world.

The Central American nation of El Salvador experienced a decrease by half in their maternal mortality rate after they began protecting unborn babies in 1998. Poland's rate dropped by forty-percent after they passed major pro-life legislation.

In contrast, South Africa saw maternal deaths increase twenty-percent in the wake of liberalizing their abortion laws. Even the International Planned Parenthood Federation admitted that part of what they called a "surge" in deaths of South African women was due to complications of legal abortion in that country.

Worldwide, Ireland, which protects its unborn children, has the lowest rate of maternal mortality of all. Ironically, three of the richest and most advanced nations on earth: the United States, Norway and Canada, showed an increase in maternal mortality. All three have the most liberal abortion laws in the world.

Dr. Donna Harrison is a diplomat

for the American Board of Obstetrics and Gynecology and the president of the American Academy of Pro-Life Obstetricians and Gynecologists. She believes that the key to reducing maternal mortality isn't abortion, but instead can be found in prenatal care, better skilled birth attendants, antibiotics and oxytocics.

Legal abortion, Dr. Harrison points out, actually increases a woman's chances of experiencing hemorrhage, infection and damage to her reproductive organs, particularly if pieces of the unborn child are left in the womb. This makes chemical abortion, or RU 486, most risky for women because of an eightfold increased risk of bleeding, five times higher chance of an incomplete abortion and twice the risk of having to rely on a surgical abortion as a backup. Ironically, chemical abortions are being widely promoted by pro-abortion organizations that stress the need for abortion to reduce maternal mortality.

Contrary to what international pro-abortion organizations and political leaders in the Obama administration say, making abortion legal in third-world countries will not reduce the incidence of maternal mortality. The extensive evidence shows quite the opposite is true. Nations that protect their unborn children also enjoy the benefits of better health for their women. In most of these nations, mothers are the backbone of families and society. 🌀

THE WEST IS DYING Except for the US

by J.C. Willke, MD



We don't hear too much these days about the population explosion. The reason being is that there isn't one anymore. In order to take a closer look at this, we examine worldwide statistics on birth, death and immigration. The birth rate is the ultimate determinant. In a developed nation, the average woman must bear 2.1 children in order to maintain its current level of population. In underdeveloped nations, the rate must be 2.3 or more because of higher infant and child mortality.

In most countries, during recent years, fewer people have died than have been born. This is because the average age of life expectancy has been extended, and for now, results in an increase in the total population. This varies in different countries. Many people want to come into the US, Canada and other developed nations. Very few want to move to Libya, Cuba or Russia. This is why total populations in the US and Canada, particularly, continue to increase.

In the US, people born in 1970 had a life expectancy of 70 years. By the mid-90s it was 76 and has continued to slowly increase. With this, there has been a change in ethnicity. The US has become more Hispanic and Western Europe has become more Muslim.

To look at a tragic example of depopulation, Italy's birth rate is 1.2 persons born per woman. This is the lowest in a nation where accurate records are kept. Ten years ago, there were about 5,000 more Italians buried each year than were being born, and this number has continued to rise. Projecting the above numbers forward a hundred years, Italy will shrink from 57 to 15 million people with half of these being over 65.

Russia also has one of the lowest birth rates in the West. Records there are not as accurate as some countries and medical care is improving. But a few years ago, there were still two abortions for every live birth. Life expectancy for men has dropped to 57 years, largely due to alcoholism and poor medical care. Russia is very concerned because it is still burying a half a million more people each year than are being born.

Another way to look at the shrinking population of the West is how many workers are there supporting each retired person. When Social Security first began in the US, there were dozens of workers supporting each retired person, but with increasing life expectancy, by 1980, there were only four workers supporting every retired person. By 2000, it had shrunk to three, and it is estimated that by 2020 it will be 2.5 workers supporting each retired person.

There has been a mini baby boom in the US in recent years as some older women are having a child before they are "too old to reproduce." This has raised the birth rate from 1.8 to

2.1 where it has hovered in the last several years. While this is a positive trend in terms of total births in the US, the teen birth rate has dropped by one-fourth in the last two decades. Those are largely to unmarried girls.

The overall number of people born in the world continues to rise because underdeveloped areas continue to have above replacement birth rates. However, the overall trend worldwide is down. For instance: Tunisia, 5.0 to under 4.0; India, 5.3 to 3.8; South Korea, 3.2 to 1.5; Mexico, 4.8 to 3.6; and the drop continues around the world in most countries.

What of food? Back when Paul Ehrlich wrote *Population Bomb*, there was a general scare throughout the developed world that soon there would be more people than the planet could feed. But since that time, due to better agricultural methods, fertilizers, hybrid seeds and more, we have experienced a "green revolution." So while world population rose from 3 billion in 1960 to 6 billion in the year 2000, food production outstripped this growth by 20%. Along with this, the incidence of famine worldwide has dropped ten-fold since the early 1960s. Two decades ago, there were cries of alarm that the planet would soon have to feed 10 billion people. It now seems that the reduction in birth rate worldwide is going to continue and is on an irreversible trend. As such, the increase is probably going to top out at about 2 billion less than 10, and as noted, this will contain a higher percentage of older people.

These worldwide demographic estimates today point toward a peak and a slow drop from a plateau in the years 2040 to 2050. After 2050, a sharp decline will commence. The evidence is clear that the world doesn't face a overpopulation program, but a Western world that is slowly dying. 🌀

A promotional graphic for the TV show "Facing Life Head-On". The background is a blue cityscape at night with lights. On the right side, there is a portrait of Brad Mattes, the TV host, smiling. The text on the graphic reads: "FACING LIFE HEAD-ON" in large, bold, blue and orange letters. Below that, it says "with TV host Brad Mattes". Further down, it says "Watch every Tuesday at 11:30 am on TBN (Eastern Time)". At the bottom, it says "Watch online: facinglife.tv".



FEMINIST STRATEGY BACKFIRING from page 3

instructions to the patient over a computer monitor. She then presses a button on the screen which opens a compartment that dispenses the drug, reducing it to a vending machine abortion. There is no medical exam, much less an ultrasound or a two-week follow-up visit. Despite minimal doctor-patient interaction in this process, Planned Parenthood is apparently charging the insurance company more than twice the price of a surgical abortion.¹⁰

This lax approach to safe practices is the predictable result of the politically motivated and flawed FDA approval process in which the safety of women was sacrificed for the pro-abortion and population control agenda of its proponents.

Synthesized in 1980 by chemist Georges Teutsch, mifepristone (RU 486) was owned by French pharmaceutical company Roussel-Uclaf. The German firm Hoechst owned majority shares in Roussel-Uclaf and traced its history to I.G. Farben, who manufactured Zyklon-B, the “human pesticide” used in the gas chambers of Auschwitz. With RU 486’s toxic effect on unborn babies drawing an eerie parallel to this regrettable history, both Hoechst and Roussel-Uclaf were extremely reluctant to apply for FDA approval or enter the US market with a controversial abortion pill that could trigger boycotts and product liability litigation.¹¹

Enter the Clinton Administration. Heavily supported by pro-abortion advocates, Clinton overturned the ban on RU 486 in 1993, and was determined to fast-track its FDA approval. In 1994, with Health and Human Services Secretary Donna Shalala strongly encouraging a licensing agreement, Roussel-Uclaf granted all of the pill’s patent rights and technology

to the Population Council, a pro-abortion non-profit organization that conducts research on “reproductive health issues.”¹²

The Population Council created Danco Laboratories to market RU 486 in the US, but was unsuccessful in finding a US company willing to manufacture it. The best they could find was a Chinese manufacturing company, Shanghai Hualian, which had a history of violating US regulations and has since been found to be manufacturing tainted leukemia drugs.¹³ The company is a division of Shanghai Pharmaceutical Company, which is owned by the Chinese Communist government.

Since a manufacturing process was essential for FDA approval, any concerns about Shanghai Hualian were apparently swept under the rug in order to get this drug approved. This was one of many questionable decisions by the FDA.¹⁴ It waived its own requirements for unbiased clinical trials and eventually approved the drug under a “Subpart H” process for accelerated approval that is usually reserved for drugs meant to treat “severe or life-threatening illnesses.” Clearly, pregnancy is not an illness, and for the FDA to treat it as one illustrates how the twisted logic of abortion advocates has been used to distort the most natural, nurturing, life-sustaining process that exists on this earth.

Safety directives used in the clinical trials and in other countries, such as requiring an ultrasound to verify the age and location of the pregnancy, were dropped or watered down in the final FDA protocol. The “pediatric rule,” was waived, allowing teenagers to receive RU 486 even though the drug was never tested on adolescents. Since RU 486 by itself was not effective in completing an abortion, the FDA ordered use of the second drug, misoprostol, thereby mandating an unapproved “off-label” use of the drug. Searle Laboratories, the manufacturer of this ulcer medication, warned abortionists not to use it. As seen in the news stories above, misoprostol now appears to be the drug of choice for forcing chemical abortions on

women without their knowledge.

Taken all together, it has become clear that RU 486 should be removed from the marketplace. The approval shortcuts, the ineffective protocol and the non-existent reporting requirements have allowed a drug regimen that at its best kills babies very effectively. At worst, it kills the mother or allows a third party to kill her baby without her permission or knowledge. Does this sound like a victory for women? 🌐

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WHERE THE RUBBER MEETS THE ROAD

During a recent phone conversation, Candice Keller, the Executive Director of Community Pregnancy Center, calmly relayed some shocking information. This pro-life center serves the needs of women in Middletown, OH, north of Cincinnati. Working on a shoestring budget with mostly volunteers, they provide alternatives to women facing unexpected pregnancies. Their services are free to the desperate clients they serve. Making ends meet in order to provide these critical services is a challenge second only to saving the babies and their mothers from abortion.

Within just a week's time, the center had performed three ultrasounds, all on fourteen-year-old girls. Candice's story gets even more alarming. The girls had been impregnated by older men.

One case was particularly disturbing. The father of the baby was twenty-eight and the half-brother of the little girl. Not only did the man qualify as a sexual predator (statutory rape), it was an incestuous relationship, which Candice said is all too common. The pregnancy was already into its second trimester.

Another young girl's situation was heartbreaking. The older man had literally abandoned the pregnant teen in an apartment. She hadn't eaten in days by the time she finally made her way to the center. She too was in her second trimester. All three girls were abortion-minded when they came in for help.

Does what's happening to these teens outrage you? Perhaps you're asking how little girls can be so brutally victimized without the lecherous men being caught and sent to prison. Would it surprise you to know that these tragedies are happening at epidemic proportions throughout the United States?

Planned Parenthood (PP) is better positioned than any other organization in

the country to function as a protective barrier between innocent girls and would-be sexual predators. According to their own website, they have over 840 facilities and interact with more than 1.2 million teens every year. But contrary to what many believe, PP is not only responsible for failing to protect these victims; they've aided and abetted the perpetuation of sexual assaults against them.

Federal law requires that PP report suspected acts of statutory rape. Thanks in part to the investigative work of Live Action, a youth-driven pro-life organization; we know PP flagrantly thumbs its nose at the law while countless victims come through their doors. Live Action's undercover videos have caught many PP affiliates in the act of circumventing laws to protect children. Some videos show PP staff saying things like "I don't want to know" or "I didn't hear that" when the young woman pretending to be a 13-year-old shares the age of the man who impregnated her. The state of Alabama actually put a Birmingham PP abortion mill on probation. Contrary to state law, they failed to get parental consent in nine out of nine times when it performed abortions on minor girls.

What's the incentive for such blatant, unlawful action? Pure and simple it's money. Every young girl who doesn't have an abortion at PP is a lost customer and missed revenue. PP's annual budget, now topping one billion dollars, is a testimony to their aggressive marketing—at the expense of our laws and the wellbeing of our children. Plus their financial war chest is greatly enhanced by your tax dollars. Each year PP gets about 350 million dollars from you and me to further their abortion-on-demand agenda—even when sexual predators are asking for their services. As long as the culprits have

cash or credit cards, what happens in Planned Parenthood stays in Planned Parenthood.

Perhaps you can see why Candice Keller and countless other heroes in women help centers greatly struggle to save even one baby and her mother from the abortion industry. But make no mistake; these

As long as the culprits have cash or credit cards, what happens in Planned Parenthood stays in Planned Parenthood.

volunteers and poorly paid staff are fiercely dedicated. Their passion for justice and a desire to protect your daughters and granddaughters run deep. In spite of seemingly insurmountable challenges, they will continue to persevere against all odds.

But what would really help is to have the support of their communities. This means churches, organizations and individuals should support them with financial contributions and gifts of diapers, baby bottles, formula and cribs.

Here's how you can do your part. Go to www.optionline.org. Click on the red square that reads "Find a Center." Put in your zip code and see how many women help centers pop up.

Pick those you feel led to support and call to see what they need most. Please also consider offering your volunteer services. They have a wide variety of jobs that need filling. Men, you'd be surprised how much they can benefit from your help too.

God can use you to help Him minister to those in need. Now...what will your answer be? 🌀



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Cincinnati, OH 45239

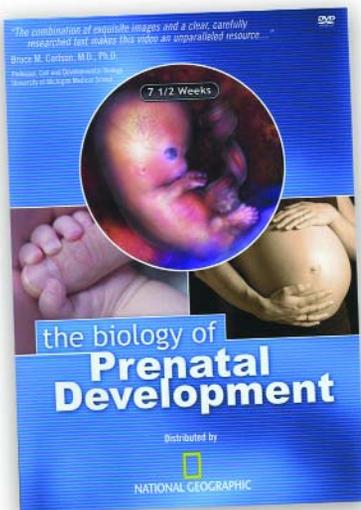
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STATES EXCHANGE

Unparalleled Fetal Development Footage



National Geographic knew a good thing when they saw it. It acquired access to unprecedented video footage of early fetal development, which has been edited into an amazing DVD called *The Biology of Prenatal Development*. Even the most seasoned pro-lifer will learn new things from this amazing presentation on the child within the womb. For example, did you know that at just eight weeks an unborn baby shows evidence of being right- or left-handed?

The Biology of Prenatal Development is an encyclopedia of prenatal milestones presented in a video format that captures the viewer's attention. It explores fertilization and implantation, organ formation and brain growth. Viewers learn, in fascinating detail, various physical activities of the unborn child up to birth.

This DVD is an excellent resource for education on the beauty and intricacies of

prenatal life. The fact that it's published by National Geographic, a non-biased source, gives it instant credibility with all audiences. We highly recommend it as an effective window to the womb.

Life Issues Institute is working in cooperation with Priests for Life to promote this great pro-life educational tool. Not only are they making the DVD available, but you can also help get it into every school, pregnancy center and church. Any organization or individual, Catholic or not, is encouraged to impact their own local community with *The Biology of Prenatal Development*.

Priests for Life suggests a donation of \$20 per DVD. However, quantity pricing is available. Here's your link to more information: priestsforlife.org/images/embryoscopy.htm 