



THE HIDDEN DANGERS OF IN VITRO FERTILIZATION

By Bradley Mattes, MBS

In vitro fertilization (IVF) is viewed as controversial technology within the pro-life community. Many have an ethical problem with how human life is created. The primary reason though is that most doctors who perform this technique of assisted reproductive technology do not value each and every life created through IVF. With rare exception, most physicians fertilize more ova than are implanted into the woman's uterus. Each embryo created in the medical laboratory is a unique human being, worthy of protection. Sadly, many tiny preborn children languish in frozen storage around the nation, while others are callously washed down the drain, or worse, experimented upon. In addition, parents who find out they are expecting twins or triplets, sometimes opt for "selective reduction" which is aborting some of the babies to get fewer children.

There is another reason society can look upon IVF with concern. More than a dozen scientific papers have been published suggesting that children conceived through IVF may have an increased risk of physical problems. This may come as a surprise to many; however, the growing evidence is unmistakable and should not be ignored. IVF accounts for over 50,000 children born each year throughout the world. As a result, birth defects from IVF is an issue that deserves the attention of the field of fertility medicine and others.

A Swedish study first published in the February 9 issue of *The Lancet* suggests

that IVF increases the risk of neurological problems. The study, done at the University Children's Hospital in Uppsala, Sweden, found IVF children were almost twice as likely to develop a neurological problem than those who were conceived naturally. They were three times more likely to have cerebral palsy, and four times as likely to have some type of developmental delay.¹ Researchers believe the risks are largely due to the increased likelihood of twin pregnancies, low birth weight and a premature delivery.

While multiple birth pregnancies are attributed to health problems for IVF babies, not all potential problems fit this category.

A study funded by the National Institutes of Health showed an "alarming" increase in Beckwith-Wiedemann syndrome, according to Dr. Andrew Feinberg, professor of medicine at Johns Hopkins School of Medicine.² IVF children are six times more likely to have the syndrome. It is characterized by an enlarged tongue, retardation, abnormalities in the kidney, liver and spleen, and a predisposition for early childhood cancers. The research indicates that certain growth-regulating genes had a tendency to be imprinted incorrectly in babies conceived by IVF. Scientists called the link between Beckwith-Wiedemann and IVF "strong."

A second study done in Ireland at Dublin's Rotunda Hospital supports the Beckwith-Wiedemann link, as well as

another. Professor William Reardon, a genetics expert at Crumlin Children's Hospital, said their research showed IVF children were three times more likely to have Beckwith-Wiedemann syndrome or Angelman syndrome,³ which causes a stiff, jerky gait, excessive laughter and seizures. Other symptoms can include mental retardation and poor balance.

Another study co-authored by Kristine Anthis, assistant psychology professor at Southern Connecticut State University, found that twins conceived by IVF tend to be smaller than twins naturally conceived.⁴ The size difference disappeared by age two. However, there was still a significant difference in physical development, including body control, coordination and fine motor skills.

Sarah McDonald, of the University of Ottawa, and her colleagues found that twins conceived by IVF were one-and-a-half times more likely to be born prematurely than twins conceived naturally.⁵ They were also two times more likely to be admitted to the intensive care unit and 1.33 times more likely to be delivered by caesarean section.

Research done at Johns Hopkins Children's Center in Baltimore, MD reported that IVF babies showed a sevenfold increase in the incidence of certain urological and genital defects, including some babies born with their bladders outside their bodies.⁶

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US FEDERAL COURTS

THE TIME IS NOW

By J. C. Willke, MD



What have the Federal Courts given us in the last few decades? Most tragic is that abortion-on-demand was made legal.

What has been the influence of our Presidents? Presidents Carter and Clinton were of a similar mind. Both had defacto litmus tests for their appointments. If the candidate was pro-life or pro-family, they were not nominated. These 12 years of anti-life, anti-family appointments turned the US federal judiciary sharply to the left. But then Presidents Reagan and H. W. Bush also had 12 years. Unfortunately, while many, but not all, of their appointments were constitutionally conservative, a few were real mistakes (such as Justice O'Connor). We've now experienced 5½ years of appointments from George W. Bush. Uniformly, he has been appointing judges who respect the Constitution and family, which has begun to make a partial change. Along with his two excellent appointments to the US Supreme Court, Roberts and Alito, we now see signs of some slow shift to the right in the federal courts.

President George Bush has 2½ more years before the 2008 presidential election. What can we hope for? Sadly, the clouds are gathering. The President's popularity is at an all-time low. This is a political virus that tends to be catching and may rub off on pro-life, pro-family candidates in the fall 2006 election. If this happens, Republicans, specifically pro-life, could even lose a majority in the Senate. Mr. Bush will be hard pressed then to be able to have pro-life nominees confirmed.

First, we must have a good nominee. Second, he or she must clear a majority vote in the Senate Judiciary

Committee. Then this nominee must get a majority approval from the US Senate, barring a filibuster. The current concern is that Bush has a short window in time, i.e. from now through the balance of this year, during which to nominate and have confirmed pro-life judges. This may not be possible after January 2007 when the new Congress is sworn in. On the bright side, it could be that the Republicans and pro-lifers would maintain a strong enough Senate majority so that we would have two more years during which to repopulate the federal judiciary with pro-life judges.

At this writing, near the end of the current Supreme Court term, rumors (as usual) float around Washington DC, predicting a vacancy on the Supreme Court. The name most frequently mentioned is that of Justice John Paul Stevens, who is 86 years old. The hope is that, since he was nominated by a Republican president, he may want to retire while a Republican is still able to replace him in kind. This is a bit fanciful, as his health is quite good. If, however, he were to retire and if Bush could replace him with a constitutional constructionist, then we would have a five-member majority on the US Supreme Court, not just to reverse *Roe vs. Wade*, but to begin to once again reclaim some of the traditional moral values that this nation has lost under the current courts.

The Current Courts

There are basically three levels of federal courts. The lowest level is the Federal District Court. If totally staffed, there would be 678 judges in these positions. In the past, and to a large extent yet today, the Senate has generally gone along with the men and women nominated by the current president to fill these slots.

Superior to these courts are the eleven Circuit Courts of Appeal, the Federal Circuit Court and the Appellate Court of the District of Columbia. There are a total of 179 positions on these courts. When a district court judgment is appealed,

it goes to one of these courts that have the authority to confirm or overrule. Since this is as far as the overwhelming majority of cases get, it is this level that largely makes and sustains laws in the US.

Finally, there is the US Supreme Court with nine members. It can overrule all of the lower court's decisions. Furthermore, while it by tradition follows stare decisis, or past precedent, the Supreme Court has a free hand to overrule any past decisions, and in over two hundred instances in the history of the US, it has done so.

Nominations to the circuit appellate courts are of vital importance to the future of our nation, as Supreme Court replacements almost always are chosen from the appellate courts.

Let's therefore look at the US Courts of Appeal. As noted, there are 179 seats if all are filled. At the last count there were 16 vacancies. Of these, President Bush has nominated and sent to the US Senate names of 7 individuals. At this writing, one has gone to the Senate Judiciary Committee, which voted 10 to 8 along party lines to send that name to the Senate floor for a vote.

Today's Picture on the Circuit Courts

In the First Circuit, containing 6 seats, and the Second Circuit, with 13 seats, there are no vacancies.

In the Third Circuit, with 14 seats, there are 3 vacancies. No nominees have been submitted.

The Fourth Circuit has 15 seats with 3 vacancies. Terrence Boyle was nominated in February '05.

The Fifth Circuit, with 17 seats, has 1 vacancy. Michael Wallace was nominated in February '06.

The Sixth Circuit, with 16 seats, has 2 vacancies, with no nominees submitted.

The Seventh and Eighth Circuits both have 11 seats, with no vacancies.

The Ninth Circuit, with 28 seats,

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A study by the Centers for Disease Control and Prevention found that IVF singleton babies were twice as likely to be born at a very low birth weight than naturally conceived children.⁷ Prior to this research, doctors had incorrectly assumed that was only the case with multiple birth IVF pregnancies.

According to a report from the BBC, the practice of "hatching" is a method of making a hole in the membrane around the embryo, increasing the chance of the baby successfully implanting into the endometrium. However, it is reported that this process causes a much higher rate of "monozygotic twining."⁸ This twining process is more likely to cause birth defects in the babies.

An Australian study by Dr. Jane R. W. Fisher, from the University of Melbourne, found that mothers of IVF babies are at an increased risk for post-natal mood disorders and early parenting difficulties.⁹

Other studies show additional related problems. Donated eggs raise the risk of mothers experiencing pregnancy-induced hypertension (high blood pres-

sure) and early miscarriage.¹⁰ Scotland is looking at barring clinically obese women from undergoing IVF due to an increased danger for them and their babies.¹¹

These complications may be less surprising to researchers at Yale School of Medicine. They found that eighty-five percent of embryos produced during IVF don't result in live births.¹² According to them, "Something in nature has decided that these implanted embryos are not viable." Which may indicate that those babies who do survive may have undetected genetic defects. Evidence seems to indicate that IVF tinkers with the system provided by our Creator. It may be possible that assisted conception comes with an unexpected price.

Some medical experts feel parents are unnecessarily being frightened. Dr. Michael Alper, medical director at Boston IVF in Waltham, MA, says that 91% of children conceived by IVF are born without any major birth defect. He says couples faced with infertility should have the choice of using modern technology to conceive.

However, it's probably safe to say that a vast majority of parents would want to know there may be potential hazards

“More than a dozen scientific papers have been published suggesting that children conceived through IVF may have an increased risk of physical problems.”

associated with assisted reproductive technology. Many may not want to risk the health of children born by IVF and instead look to other more conventional means of having a family, such as adoption.

The goal of this article is not to inflame the debate on IVF. There are understandably legitimate concerns surrounding the ethics of assisted reproductive technology. Life Issues Institute condemns any part of the process that involves the destruction of innocent human life. At the same time, we feel a great deal of

empathy for married couples who desperately want to have children.

Considering the possible implications, it's important to enlighten the reader that there are many unanswered questions regarding the future health and welfare of babies conceived by IVF. A fully informed parent is better equipped to make wise decisions for themselves and their families. 

¹ *Brain Work, The Neuroscience Newsletter*, Page 1, March-April 2002.

² *American Journal of Human Genetics*, 72:156-160, 2003.

³ *An International Journal of Obstetrics & Gynaecology*, Vol. 112, Issue 12, Page 1589, December 2005.

⁴ Kelly-Vance, L., Anthis, K. S., & Needelman, H. (2004). *Assisted reproduction versus spontaneous pregnancy: A comparison of the developmental outcomes in low birth weight twins*. *Journal of Genetic Psychology*, 165, Pages 157-167.

⁵ *American Journal of Obstetrics and Gynecology*, Vol. 193, Issue 1 , July 2005, Pages 141-152.

⁶ <http://news.bbc.co.uk/2/hi/health/922021.stm>

⁷ *New England Journal of Medicine*, Vol. 346, Pages 731-737, No. 10, March 7, 2002.

⁸ <http://news.bbc.co.uk/2/hi/health/922021.stm>

⁹ *Fertility and Sterility*, Vol. 84, Issue 2, Pages 426-430, August 2005.

¹⁰ <http://www.bioedonline.org/news/news.cfm?art=1850>

¹¹ <http://news.scotsman.com/index.cfm?id=2351382005>

¹² *Fertility and Sterility*, Vol. 84, No. 2, Pages 325-330, August 2005.



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MARCH OF DIMES UPDATE

By Susan W. Enouen, PE

Since the March of Dimes was founded in 1938 by Franklin D. Roosevelt to defeat polio, its partnership of scientists and volunteers has been instrumental in funding research for the prevention, detection and cure of various birth defects. However, since the legalization of abortion, MOD has refused to fight for the lives of most pre-born children with birth defects. Instead, they have left the fate of these innocents to the pro-abortion counsel of geneticists. Because of this, pro-lifers have boycotted contributions to MOD since 1976. Unfortunately, based on MOD's newest report, pre-born babies with birth defects remain at a high risk for abortion.

In 1998, MOD expanded its mission globally and in 2004 commissioned a study to document the toll of birth defects in the world. This recently released *Global Report on Birth Defects, The Hidden Toll of Dying and Disabled Children*, is a comprehensive summary and analysis of the available global data on the causes and incidence of birth defects. It makes compelling arguments about the effectiveness of preventive care, and is clearly intended to motivate governments and health care systems to focus on providing the preventions and treatments available today.

Three levels of prevention are described: Primary, Secondary and Tertiary. Primary preventions focus on women's health prior to and during early pregnancy, so that birth defects never develop. These strategies include fortifying salt with iodine to prevent iodine deficiency disorder, fortification of the grain food supply with folic acid to prevent neural tube defects, educating women about the cause of fetal alcohol syndrome and pre-screening for common recessive disorders. The report explains, "With its emphasis on ensuring normal conception and early pregnancy, primary prevention is the most important of all three levels."¹ Once a child with birth defects is born, Tertiary prevention deals with early detection, treatment and cure of those defects.

Secondary prevention "aims to reduce the number of children born with birth defects."² Although rarely stated explicitly within this carefully worded report, treatment at this stage often means abortion. MOD's sanctioned use of abortion as a method for reducing the rate of babies born with birth defects is embedded in the discussion of Secondary prevention: "This is achieved through medical genetic screening and prenatal diagnosis where birth defects are detected and the couple offered genetic counseling and therapeutic options."³ The important point to note here is that prenatal diagnosis of birth defects does not 'prevent' birth defects; it identifies them. Some birth defects are treatable in utero, many are not. Therefore, some of the implicit 'prevention' at this stage involves preventing the birth of a child with defects via the 'abortion treatment.'

This intention is more explicitly identified in two case studies. In the section called Prevention of Birth Defects, one case study is titled, *The Power of Prevention: Family Planning and reducing the birth prevalence of Down syndrome*. It states, "In the years 1995-2000 in most of Western Europe, approximately 50 percent of affected pregnancies were terminated following prenatal diagnosis, and the prevalence of Down syndrome remains low at 0.8-1.1 per 1000 live births."⁴ As presented, pregnancy ter-

mination is clearly defined as a successful scheme. In the same section, the report states, "family planning introduces women and their partners to the concept of reproductive choice, including the option of limiting family size or using prenatal diagnosis."⁵ Here, 'reproductive choice', a pseudonym for the abortion option, is presented as an important tool in "reducing the burden of birth defects."⁶

A second case study is entitled, *Power of Prevention: Screening for thalassemia in Iran*. Initially, this approach involved pre-marital genetic screening only, but just 20% of screen positive couples voluntarily separated. The summary states, "When asked, the remainder requested the option of prenatal diagnosis and selective termination of pregnancy. After inter-sectoral debate, a fatwa (law) was decreed recognizing the need for prenatal diagnosis and selective termination for serious birth defects."⁷ Successes claimed in this study include a significant decline in the affected birth rate and "overcoming the implicit social, ethical and legal problems"⁸ of developing such services. Said another way, the societal and legal objections to abortion were dismantled, resulting in fewer babies born with thalassemia because they were aborted instead.

After the discussion of Secondary prevention, MOD clearly spells out its position: "The March of Dimes maintains a policy of neutrality on the issue of abortion. If termination of pregnancy is discussed with parents in the course of prenatal care, this discussion must be within the limits of the legal terms of reference of the country. Health care providers must not give directive or coercive advice, are obliged to respect the religious and moral beliefs of the parent, and should abide by and support their decisions."⁹ In other words, MOD supports staying within the laws of the country and does not advocate forcing anyone to have an abortion. However, the unmistakable message is that abortion is a feasible option for secondary prevention as long as it is legal and the parents are willing.

Throughout the report, it is clear that the primary goal of MOD is reducing the number of babies born with birth defects, through a variety of preventive and treatment programs. Unfortunately, with its emphasis on pre-natal diagnosis and reproductive choice, it leaves no doubt that abortion is still a strategic part of the plan. Until MOD can actively support all human life, born or pre-born, perfect or imperfect, the boycott must continue. We must not lend our financial support to this organization, as it stands by and tacitly approves the use of pre-natal euthanasia to further its goals. 

¹ *March of Dimes Global Report on Birth Defects, The Hidden Toll of Dying and Disabled Children*; March of Dimes Birth Defects Foundation, White Plains, New York, 2006; Executive Summary, Services For Care and Prevention of Birth Defects, p. 41.

² *Ibid.*, p. 41

³ *Ibid.*, p. 41

⁴ *Ibid.*, p. 47, box 2

⁵ *Ibid.*, p. 47

⁶ *Ibid.*, p. 47

⁷ *Ibid.*, p. 54, box 6

⁸ *Ibid.*, p. 54, box 6

⁹ *Ibid.*, p. 41



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US Federal Courts *from page 2*

has 2 vacancies. William Meyers, was nominated May '03 and again in April '05. He has had a hearing, passed committee and awaits Senate floor action. Norman Smith was sent to the Judiciary Committee in December '05.

The Tenth Circuit, with 12 seats, has 2 vacancies. Both Neil Gorsuch and Jerome Holmes were nominated in May '06.

The Eleventh Circuit has 12 seats, with no vacancies.

The DC Circuit Court of Appeals, with 12 seats, now has 2 vacancies, with no nominees submitted.

In the Federal Circuit with 12 seats, there is 1 vacancy. Kimberly Moore was nominated in May '06.

You will recall the intense publicity one year ago when the Republicans finally faced up to the Democrat filibusters of their circuit court nominees. It was at least temporarily solved by the action of the well known

"gang of 14". This resulted in the confirmation of 11 nominees to the circuit courts and certainly influenced the two Supreme Court nominees, Roberts and Alito. The Senate confirmed these appellate court nominees almost a year ago. Recently, there has been increasing pressure on Senate Majority Leader, Bill Frist, and the Republican-controlled Senate to act on more of the waiting nominees, as there are still 16 vacancies, including 7 nominees awaiting action. We pro-life, pro-family people badly want them filled with life-affirming candidates.

A problem is that President Bush and the Senate are saying they have their hands full. They've been busy with the 2 Supreme Court nominees. Our job is to convince these officials (who are our servants) that there is probably nothing more important than to promptly fill these appellate court slots.

What if there is a vacancy on the US Supreme Court this year? Won't that

sidetrack all of these appellate nominees again? From retirement until the actual action by the Senate to replace a new Supreme Court nominee, including the summer recess, there will be at least three months of a window in time. During which, these waiting nominees can be brought up for Senate votes. Considering the political gridlock a Supreme Court nomination creates, this would be an uphill fight, but it should be done. Remember, we may not have the strength in the Senate next year to confirm pro-life nominees, so it must be done now.

But this would be a very public fight, and would have a great deal of publicity, with filibusters threatened. This might motivate the "gang of 14" to use the constitutional option to rewrite the Senate rules. If this happened, then only a majority would be needed in the Senate to confirm these nominees and they all could be acted upon.

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My own Senator, Ohio's Mike DeWine, who is on the Judiciary Committee and a member of the "gang of 14", has assured me that he will be doing everything possible to see that Bush's judicial nominees are confirmed. If a filibuster takes place and the nominee is not an "extraordinary circumstance," Senator DeWine said that he will be "prepared to cast a yes vote for the constitutional option to override the filibuster."

What if this becomes a lengthy, vicious and public fight? It could actually benefit the fall elections for the Bush administration, pro-life candidates and major threatened senators like Rick Santorum and Mike DeWine. Let's remember that many candidates on our side won in the last election, specifically because several million conservative voters were stimulated to come to the polls. Based upon the political environment today; millions of these people may stay home in November. They've been disillusioned by

a number of things, but a major reason has been that they do not think their values have been given adequate priority by this Administration, the Senate and the House. If this turns into a rough fight, it could be a forgone conclusion that this will rejuvenate Evangelical, traditional Catholic and conservative voters, turning them out in droves in November. This could then serve to maintain a pro-life majority in both houses.

President Clinton
got 54 federal judges
confirmed in
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the 1994 elections.

and then on the floor of the Senate. It sounds like a stretch, but if Bush wants pro-life judges, if we want pro-life candidates to win in the fall elections, all 16 appellate court nominees should be brought to Senate votes before the fall election. Nothing would do more to assure

the same kind of turnout and victory that we achieved in November 2004. It can and has been done. Let's remember that President Clinton got 54 federal judges confirmed in the 3 months prior to the 1994 elections. ☼

Conclusion

It is important that President Bush sends nominees to fill the existing vacancies. It is essential that Senator Frist and company bring all of these nominees to a vote in the Senate Judiciary Committee

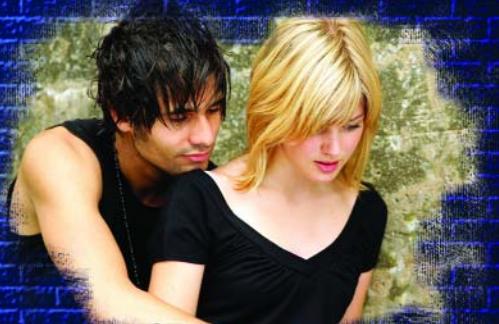
Note: Since changes occur on one or more of these courts weekly, please note current numbers may differ slightly from above.

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From the Executive Director



B r a d l e y M a t t e s

Marketing the Killing of Human Life

How do you want your abortion?" If the abortion industry had its way, this question would generate the same nonchalance as asking, "Do you want fries with that?" Abortion is a lucrative business. It generates well over one-half billion dollars annually. Former abortion industry staff, who are now pro-life, have talked about the aggressive nature used to market abortion to millions of American women.

What I'm about to share will shock and enrage you. It's more clear and convincing evidence abortion is less about women's welfare and more about making a financial profit. Margaret R. Johnston and Claire Keyes are both long-time employees in abortion facilities. These two women wrote an Internet article called *How do you want your abortion?* In it they present what they call a "menu" of nine options for women to consider when having an abortion.

The first is the "economy" option. The article says it's their "most popular package...enjoyed by several millions of women." Is abortion something to be "enjoyed"? This package comes complete with beverages, snacks and her choice of pain relievers. Cost — \$350.

The second "menu" item is "The Lunch Hour Special" — their words not mine. They "guarantee" a one-hour experience, "designed for the busy woman." However, they warn that not all sedatives will be available in this brief time frame. The cost is \$600.

Next, "The Family Package" allows the woman to select one person of her choice to accompany her through the abortion procedure. The abortion facility staff will train this person and others how to meet her physical and personal needs afterward — \$650.

Number 4 is the DIY or "Do-It-

Yourself." Yes, they advocate a woman can abort her unborn baby "in the comfort of [her] own home." The sales pitch is, "Take a pill today and choose when you bleed anytime in the next three days..." This option is particularly ominous because, on another website recommended by the article, it says this about do-it-yourself abortions: "No! Please do not try. Anything that supposedly can stop a pregnancy can hurt or kill you." What appears to be the difference is that the abortion facility receives \$550 for the DIY option.

The 5th choice is the "Deluxe Spa Treatment" abortion. Luxury is the selling point, with amenities like a massage and Jacuzzi. The customer can choose between a foot massage, facial mudpack or a rebalancing of her shakras (points of energy within the human body believed to lead to peace and tranquility). They also tout room service from a four-star restaurant — total comfort in the process of intentionally killing her unborn child. A feather pillow bed, they say, ensures a good night's sleep. What the mother isn't told is that she will likely spend countless nights awake, mourning for her lost child. The total luxury package comes to a whopping \$3,000.

The "Spiritual Journey" is the 6th option. Believing abortion is also a spiritual process, the abortion mill will provide a "spirit healer and guide" to help her customize a religious ceremony. Available themes include Native American, Eastern philosophy or pagan rituals. An optional Friday night mountain retreat will provide a ritual cleansing for the "surgical procedure when [she] is ready for a separation of paths with the spirit child within." But all this spiritual awakening doesn't come cheap. This package will set her back five grand.

For an added \$100, many of the

packages allow women to opt for a chemical abortion instead of a surgical procedure. It's euphemistically disguised as a "miscarriage with medicines and herbs."

You're probably wondering what kind of service they offer for the crushing and devastating grief that often accompanies abortion. Number 7 on the menu is called the "Full Emotional Support." In summation, for \$1,000 the mother and her support person of choice get two hours of so-called counseling, plus self-help books. What little support there is rings hollow, because the authors confess they tell patients, "You have to figure out your own grieving."

The abortion industry even has something for women on a tight budget. The "Discount Package" is the no frills approach. Additional sedation costs extra. Regardless of her level of pain, there's no relief unless she first shows them the money. Women who opt for this bare-bones abortion are warned to expect delays, and no support person is allowed. The cost is \$250, sorry cash only.

The IRS is going to love this last one. It's called "Abortions Anonymous." It's for the woman who wants complete secrecy. They offer private hours, don't even take her name and there's no record of her visit to the death center. But she pays \$950 for her privacy, cash only.

Similar in many ways to slavery, abortion is one of America's darkest moments. Plantation owners tried to justify enslaving an entire race for financial gain. Today, the abortion industry is trying to disguise their cash cow as "good" for women. As a result, it's killed tens of millions of American citizens, and has enslaved their parents and society as a whole to a philosophy that we kill our children to solve social problems.





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Hospice Care for Unborn Babies

Many soon-to-be parents have seen their expectant joy turn into approaching tragedy when told their unborn child is not expected to survive. For far too many moms and dads, their only expectation was to ultimately deliver a dead or dying child, leaving them with aching arms. These parents found themselves in an emotional wasteland, with no one to offer comfort or direction. Thanks to caring individuals in Rockford, Illinois, that is changing.

The Haven Network is one of America's first perinatal death and bereavement organizations. In simple terms, it's hospice for unborn and newborn babies and their families. Dr. Byron Calhoun, a pioneer in the perinatal hospice movement, established *Haven* to meet the needs of grieving families who face losing a child late in pregnancy or soon after birth. This journey with the family begins at the time of the initial diagnosis of their pre-born baby's lethal condition. They work with clergy, physicians and others to wrap these broken-hearted families in love and support.

The Director of Family Services provides spiritual, emotional and practical support throughout the brief life of the baby and even a year beyond. This includes delivering meals to the parents' home, layettes, burial gowns and memory boxes. Family Partners, volunteers trained in specialized education, will even support parents through subsequent pregnancies if needed.

Haven believes that every baby is handcrafted by God and valued by the family. Each child is worthy of loving, palliative care until his or her natural death. Abortion or any form of euthanasia is not an option. They strive to give the parents support and encouragement during this tragic time.

If you'd like more information on starting a perinatal hospice in your own community, *The Haven Network* would be happy to assist you. Contact them through their website at www.thehavennetwork.org or phone Jean Heise at 815.877.4931.