

Every Child a Wanted Child: A Humanist Manifesto

by

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When this paper was first written but not published in 2008, the situation for women’s reproductive rights was threatening. Now, three years later, the situation is much worse—the word “dire” is not too extreme.

At the federal level, the U.S. House of Representatives has declared what The New York Times calls “The War on Women,” (February 26, 2011, main editorial). In the U.S. Congress, more than 20 bills have been filed either restricting abortion or opposing it rhetorically. The U.S. House of Representatives has voted to defund Title X and therefore Planned Parenthood, leaving the fate of thousands of women who depend on their services for contraception and reproductive medical care to the slim Democratic majority in the Senate.

At the state level, 133 bills have been proposed against abortion rights. The states are finding ingenious ways to oppose abortion, which is perfectly legal after the 1973 U.S. Supreme Court decision in *Roe v. Wade*. Two examples: in Virginia a bill in the state legislature would require clinics to meet the same standards as hospitals, regulating the width of doorways and corridors, thus imposing crippling and unnecessary costs on clinics (Washington Post, March 2, 2011); in South Dakota—which has only a fly-in once-a-week abortion service—women seeking termination must wait 72 hours before the procedure can be done. Meanwhile, they must attend counseling at what are called “pregnancy help centers” in the legislation, where anti-abortion staff dissuade them from seeking an abortion (The New York Times, March 23, 2011). In addition, 22 states are considering laws preventing private health insurance plans sold on the new “exchanges” from covering abortion—the so-called “state Stupak” laws (Arons and Walden 2011)--and five states have already passed them.

STATE REGULATIONS WHICH RESTRICT ACCESS TO ABORTION

(Guttmacher Institute 2011)

REGULATION	STATES
Prohibited except in cases of life or health endangerment	if at viability - 24: AL, AZ, AR, CA, CT, DE, ID, IL, IN, KS, KY, LA, ME, MD, MI, MO, MT, ND, OK, TN, UT, WA, WI, WY if at 20 weeks - 2: NE, NC if at 24 weeks 8 -: FL, MA, MN, NV, NY, PA, RI, SD if in 3 rd trimester 5 -: GA, IA, SC, TX, VA

Required waiting period after counseling	24 hours - 22: AL, GA, ID, KS, KY, LA, MI, MN, MS, MO, NE, ND, OH, OK, PA, SC, SD, TX, UT, VA, WV, WI 18 hours - 1: IN Day before - 1: AR Permanent injunction - 4: DE, MA, MT, TN
In-person counseling from physician who will perform the abortion at least 72 hours prior to the procedure and visit to a crisis pregnancy center in the interim	SD [Request for injunction filed by Planned Parenthood]
Parental consent or notification for teens	Consent - 20: AL, AZ, AR, ID, IN, KY, LA, MA, MI, MS, MO, NC, ND, OH, PA, RI, SC, TN, VA, WI Notice - 12: AK, CO, DE, FL, GA, IA, KS, MD, MN, NE, SD, WV Consent and notice - 4: OK, TX, UT, WY Permanent injunction - 6: CA, IL, MT, NV, NJ, NM
Intact D & E [medical term for "partial birth" abortion] banned	12: AR, IN, LA, MS, ND, OH, OK, SC, SD, TN, UT, VA Post viability - 4: GA, KS, MT, NM Permanent injunction -15: AL, AK, AZ, FL, ID, IL, IA, KY, MI, MO, NE, NJ, RI, WV, WI
Private insurance limited to life endangerment	4: ID, KY, MO, ND Permanent injunction - 1: RI
Public funding limited to life endangerment, rape and incest	With no exception - 26: AL, AR, CO, DE, FL, GA, ID, KS, KY, LA, ME, MI, MO, NE, NV, NH, NC, ND, OH, OK, PA, RI, SC, TN, TX, WY With exception for woman's physical health - 3: IN, UT, WI With exception for fetal abnormality - 3: IA, MS, VA
Public funding limited to life only	SD
Individual providers may refuse to participate	All states except 5: AL, NH, VT, WV, DC

Institutions may refuse to participate	27: AZ, AR, CO, DE, FL, GA, HI, ID, KS, KY, LA, ME, MD, MA, MI, MS, MO, NE, NM, NC, ND, OH, SD, TN, VA, WA, WI
Refusal limited to private institutions	15: AK, IL, IN, IA, MN, MT, NV, NJ, OK, OR, PA, SC, TX, UT, WY
Refusal limited to religious institutions	1: CA

Humanists have a duty to oppose these onslaughts on women’s rights, for they are human rights. This paper is intended to equip supporters of women’s rights with ammunition against the charges (they can’t be dignified as “arguments”) made by those who want to return women to their pre-suffrage days, such as the National Right to Life Committee, the Pro-Life Action League, and the Christian Coalition, to mention just three of the anti-abortion organizations listed by Planned Parenthood in Profiles of 15 Leading Anti-Choice Organizations. A glance at [www.plannedparenthood.org/files/PPFA/profiles15anti-choice_01-05_\(spot_revised_10-07\).pdf](http://www.plannedparenthood.org/files/PPFA/profiles15anti-choice_01-05_(spot_revised_10-07).pdf) will convince you of the formidable opposition that religious and political fundamentalists can mount against the forces of reason and the huge influence these organizations wield in state legislatures and in the U.S. Congress.

To fight these forces, we will describe how myths have arisen from language carefully chosen by anti-women’s rights forces to conceal scientific facts about abortion. We will show how a myth led even U.S. Supreme Court Justices to misunderstand intact dilation and extraction (“partial-birth abortion”). We will provide a dictionary of words distorted so that the public thinks, for example, that “Crisis Pregnancy Centers” are benign and that a Dr. Seuss children’s story supports the anti-abortion cause.

Two stipulations about this paper: first, it deals only with reproductive issues, not with the wider problems that women will face as the extreme budget-cutters sharpen their knives—a 10 percent cut in the nutrition program for mothers and children known as WIC; drastic cuts in research programs at the National Institutes of Health and the Centers for Disease Control and Prevention on finding the causes of preterm births and ways to prevent them; the medical programs provided by Planned Parenthood such as breast and cervical cancer screening and AIDS counseling. We aren’t going to consider how gay women will be affected by the push towards constitutional amendments in several states to ban same-sex marriage, or how women on welfare in four states will be affected by mandatory drug-testing. All these are part of the assault on women and all deserve the attention of humanists, especially the ISHV, but to consider them would require a great deal more space; they can be considered in other papers. Dealing with them here would dilute the point we are making, that reproductive freedom—when and how a woman conceives and bears her children—is a basic human right for all women in all societies on this planet.

Second stipulation: this paper is the basis for political action. For the most part, the information this paper contains will not be unknown to most of its readers and its viewpoint is essentially preaching to the converted. But presenting facts to counter myths, while a basic necessity, has seldom been politically effective. We would like our readers to think constantly about how they could construct positive messages that which would reach the great middle between the two major parties, the voters who tend to sway with the current wind. In the last decades of the twentieth century, those voters supported women’s rights for the most part. Gallup polls show that in 1995 56 percent of Americans supported abortion as permitted in Roe v. Wade; in 2010 only 45 percent do so. The rise in opposition to choice has been fomented by political and religious fundamentalists, who pour their energy into emotional appeals to that great middle. Their strategies work because supporters of choice have not countered them effectively.

When the Salvation Army was founded in the last decades of the nineteenth century, it strategically incorporated band music into its policy and practice. “Why should the devil have all the good tunes?” the leadership asked, citing an earlier nineteenth century evangelical movement which produced most of the stirring hymn tunes that the more senior among us can still hum or even sing. Humanists and liberals should be asking themselves the same question: why should the anti-choice dictators have all the good slogans? As we shall see when we consider the language of the anti-abortion forces, their strategists have carefully chosen emotional terms—“partial-birth abortion” is an obvious example—that rally the troops. We don’t have anything so powerful, despite (or because of!) our reason and logic.

Our recommendations will include at least one suggestion for a positive slogan that might be used in a campaign parallel to the humanist advertisements on buses and in Metro stations that use emotional language to sell non-religion to a religious populace. One suggestion is not enough, however. We urge readers of this paper to exercise their imaginations so that we have a collection of slogans, epithets, catchy phrases that would move voters who understand the fundamental logic of reproductive rights but cannot resist the opposition’s emotional appeals. Only emotion will defeat emotion. It’s a political fact we logical thinkers must accept and exploit as successfully as do our opponents.

But first, myth-busting, the basic unmasking of the strategies opponents of women’s reproductive rights use to stir mass emotions. We begin with a short history, which will make clear that abortion has not always been the back-alley horror cited to keep adolescent girls chaste in the middle 1900s. Then we dissect the story of the “partial-birth abortion” law and U.S.

Supreme Court decision to show how myths are constructed through manipulation of public perception. We provide a dictionary of anti-abortion speak—the words carefully chosen to conceal the medical truth about abortion. This leads into a survey of bills in the U.S. Congress, whose wording exhibits the misuse of language documented in our dictionary. Then our recommendations, especially for action. The aim of this paper is to convert horror, fear, and disgust into political action, as our opponents do. Please keep that in mind throughout.

1. A short history of abortion at the federal level

By definition, abortion means the termination of a pregnancy, whether by spontaneous expulsion of an embryo or fetus from the uterus, or induced removal or expulsion. Abortion has been performed throughout the history of humankind and across the globe. While not openly sanctioned and usually performed sub rosa by women who administered abortifacient drugs or flooded the uterus with various solutions, it was not illegal. It was also preferable to the other form of birth control, infanticide. Folk tales (not to mention the classical story of Oedipus) are full of instances where unwanted children were abandoned in the countryside; the practice must have been widespread because rescue was seen as miraculous.

People have always sought some form of family limitation for economic or other reasons. Victorian English literature preserves poems in which mothers herald the death of their new infants (for example, “The mother thanks God another dies” in a poem by Mary Frances Robinson) because they cannot feed their existing children. In addition, the desire to abort a pregnancy is frequently aided and abetted by nature: anti-abortion activists conveniently forget that spontaneous abortion “kills” more “babies” than any abortion clinic. Women can experience miscarriage throughout early pregnancy, sometimes before they realize they are pregnant.

During colonial times and the early republic, abortion was practiced although not encouraged with the medical knowledge then available. But circumstances changed, particularly as two strains in social history converged: during the nineteenth century, fears arose that immigrant populations would swamp the birthrate of populations born in the U.S. Simultaneously, doctors were gaining in scientific knowledge that allowed them to claim safer and more effective abortion. They were also gaining political power over the entire field of

medicine. They wanted to eliminate competition from midwives, apothecaries, and other practitioners, so the American Medical Association (AMA) insisted that abortion should be performed only by physicians. The result was that white “native-born” women were expected to bear all the children they conceived, whether wanted or not, so that their social group (to which most doctors belonged) could retain domination.

By thus feeding on both the nativist agenda and the social revulsion against birth control fomented by Anthony Comstock and his prudish colleagues, the medical profession helped to establish the myth that abortion was immoral and dangerous. The term “abortionist” was first used in 1872 to describe those who “make a profession of infantile murder” and was therefore tainted from its inception (Oxford English Dictionary). “Abortionist” was used prejudicially during the nineteenth and twentieth centuries for the doctors and non-doctors (often women with experience and courage) who provided abortions despite the fact that they were illegal.

By 1910, abortion was a criminal act across the U.S., unless it was necessary in a doctor’s judgment to save the woman’s life. The era of illicit back-alley abortions that resulted from criminalization lasted for more than 50 years, bringing suffering and death to thousands of women. Two movies provide vivid portraits of abortion providers: Mike Leigh’s 2004 British movie, *Vera Drake*, which includes a representative selection of the problems women faced in the 1950s when abortion was against the law; and *The Cider House Rules*, a 1999 movie adapted from John Irving’s novel.

As with other social issues, freedom began in the 1960’s. Beginning in 1967, states began to liberalize their laws against abortion, so that when *Roe v. Wade* was argued by the U.S. Supreme Court in 1973, its decision was not unexpected. It struck down all the remaining state laws that restricted abortion, based on privacy guaranteed by the due process clause of the Constitution. Critics of *Roe v. Wade* maintain that liberalization of abortion laws should have been left to the states—that they were on their way to making abortion accessible in all states and that the U.S. Supreme Court decision only made abortion a target for legal wrangling and political opposition. Later history suggests that these critics may have a point.

The central point of *Roe v. Wade* was that abortions are legal for any reason up to the point where the fetus becomes viable, that is, when it could live outside the uterus with or without artificial aid. The decision explained that viability could occur between 24 and 28 weeks, that is, well into the second or third trimesters of pregnancy. The court further ruled that abortion is legal after the point of viability if it is necessary to protect a woman’s health (NAF 2004).

Roe v. Wade has been modified by subsequent U.S. Supreme Court decisions, but despite the furious opposition whipped up by religious and political fundamentalists, it is the law of the land. However, with its usual political acumen, the anti-abortion coalition (remember the 15 organizations listed by Planned Parenthood) has begun chipping away at *Roe v. Wade* where it can, most notably with its “partial-birth abortion” campaign that culminated in the U.S. Supreme Court case, *Gonzales v. Carhart*.

2. The Making of a Myth: “Partial-birth Abortion”

The story of *Gonzales v. Carhart* illustrates how myths are born and perpetuated by astute political strategists who know how to push the right buttons. The Partial-Birth Abortion Act signed by President George W. Bush in 2003 and upheld in the U.S. Supreme Court in April 2007 was not in any way a remedy for a social abuse. It was a political strategy to arouse public emotion against any form of abortion—ultimately to overturn *Roe v. Wade*—beginning with what seems like an egregious medical procedure used to kill almost-viable fetuses.

What was found unconstitutional in *Gonzales v. Carhart* was not second and third trimester abortion as such, but one particular method of performing it. The ruling in *Gonzales v. Carhart* was the first concerned with a medical procedure. It outlawed a method of terminating a pregnancy and thus interfered with the professional judgment of doctors.

We must briefly consider abortion techniques in order to understand how deeply the partial-birth abortion myth has affected not only the public's attitudes but also the judgment of legal authorities. In the first trimester the most common methods of aborting an embryo are medical, through the use of abortifacient drugs; and surgical, through vacuum aspiration (either manual or electric), or through dilation and curettage (D&C). Both have long histories as successful techniques with minimal risk (Surgical abortion/History and Overview, 2008). Today the risk of maternal death from vacuum aspiration at eight or fewer weeks of pregnancy is one in a million, literally. The risk increases only to 8.9 deaths per million after 20 weeks of gestation (Pichler, rev. Golub, 2006). First-trimester abortions are among the safest medical procedures, and all abortions are about ten or eleven times safer than carrying a fetus to term (Planned Parenthood 2004). These abortions can be safely performed by Licensed Nurse Practitioners and do not need the presence of a doctor unless there are complications.

In the second and third trimesters, a fetus can be removed medically or surgically, but the process in each case is more complicated than in the first trimester. Doctors can induce miscarriage by the introduction of saline solutions into the uterus, so that the fetus dies and is expelled when labor is induced. It is an excruciating ordeal for a woman to carry a dying fetus, with considerable risk to her own health. Doctors can surgically remove the fetus by first killing it with injected drugs and then extracting it in fragments, a procedure called classic dilation and extraction (D & E). It is an extremely bloody procedure and requires the physician to extract sharp bone fragments from the uterus. Women who were pregnant before the 1990s may have heard these procedures referred to as "destructive obstetrics," remote possibilities only to be resorted to in case of extreme danger to the mother or a grossly imperfect fetus.

In the early 1990s, an improved method of second and third trimester abortion was developed first by a Los Angeles physician and then described by an Ohio doctor to a National Abortion Federation (NAF) meeting in 1992. It was at that point, when the NAF's proceedings were published, that anti-abortion activists read about the method and began their campaign of distortion (Gorney, 2004). It presented them with an opportunity to promote their cherished aim, an end to abortion—and to *Roe v. Wade*. Douglas Johnson, lobbyist for the National Right to Life Committee (NRLC), was quoted in *The New Republic* in 1996 as saying: "as the public learns what a 'partial-birth abortion' is, they might also learn about other abortion methods, and that thus would foster a growing opposition to abortion" (Rovner 2006).

The physicians called their innovation "intact dilation and extraction" (intact D & E or D & X). Intact D&E is accomplished by partially extracting the fetus from the uterus and then removing the contents of the fetal brain while the head remains in the uterus. The body and the head are then delivered by forceps. The process causes minimal stress on the woman: the physician who developed it explained that it can be used after the point at which the head is too big and the bones too strong to be pulled easily from the uterus about 20 or 24 weeks.

Although the idea may be repugnant to others, one of the advantages of intact D & E is that women can see the fetuses and hold them. Intact D and E is often performed on severely disabled fetuses, such as hydrocephalics, who represent profound disappointment to women who were anticipating the birth of a healthy baby. One such experience is recounted by a mother who was forced to abort defective twin daughters at six months (Gonzalez 2001): "It makes so much sense: If you can give a grieving mother a baby to hold afterward, you give her a more healing way to end a wanted pregnancy."

At this point, before we recount how intact D & E became "partial-birth abortion," we must reiterate that the legislation that outlaws it as a medical technique does not prevent second and third trimester abortions. The

other methods that it displaced are still available. If a woman needs a second or third trimester abortion, she can be treated with induced miscarriage or classic D & E. However, as the American College of Obstetricians and Gynecologists (ACOG) said in its news release after *Gonzales v. Carhart*, "...the safety advantages of intact dilatation and evacuation (intact D&E) procedures are widely recognized..." So what anti-abortion activists have accomplished is a step backwards, leaving women open to less safe procedures because doctors now fear prosecution if they use the most advisable technique.

In the value-system of anti-abortion activists regard for a woman's welfare is usually not important compared to the "saving of a baby." They added pictures to words (with the usual multiplying effect of one to a thousand) with cartoonish drawings of a fetus in the process of being extracted. Cynthia Gorney recounts:

To understand what happened next—why, of all the medical presentations offered every year by American abortion doctors, Martin Haskell's should be the one to set off six congressional hearings, federal legislation, multiple lawsuits, and more than thirty state bills prohibiting "partial-birth abortion"—it helps to put a kind of magnifying glass to Jenny Westberg's drawings, which were in pen and ink, and simplified, like cartoons. There were five of them. They showed a uterus in cross-section, two gloved adult hands, and an undersized baby.... (Gorney, 2004).

Those drawings and the phrase "partial-birth abortion" swept away all rational consideration of the facts as politicians vied with each other to be the first to outlaw such horrors. On the federal level, the frenzy led to two attempts to pass a Partial-birth Abortion Act during the 1990s, both passed in Congress but vetoed by President Bill Clinton. But when the bill was introduced again in the presidency of George W. Bush, it passed in the House by 281 to 142 and in the Senate by 64 to 34, and was signed into law in November 2003.

Although the Act was immediately challenged and declared unconstitutional by district courts in California, Nebraska, and New York and their rulings were upheld by three courts of appeal, 31 state legislatures have passed bans on partial-birth abortion, although it is actually in effect in only seven states.

Partial-birth abortion was not only named by anti-abortion activists, it was also selected for its apparently horrifying nature, especially as depicted in Jenny Westberg's drawings. It is, however, no more horrifying than other forms of second and third trimester abortion. But Ms. Westberg didn't draw any pictures or even diagrams of classic D & E, in which the fetus is dismembered in the uterus before extraction in fragments, and which, it must be remembered, remains legal. The intrauterine dismemberment is no less gruesome, as are many surgical procedures necessary to save lives. A glance at a surgical textbook would send many medically unsophisticated readers to the bathroom retching.

The banning of intact D&E has increased the risk to women's mental and physical health by forcing doctors into less safe and discarded procedures. Faced with a medical crisis such as the need for an abortion in the second or third trimester, physicians should be able to call on a full spectrum of knowledge and experience. The *Gonzales v. Carhart* decision reduces that spectrum and thus removes the safest option in some cases. It also contains no exception for the health of the woman, ignoring 30 years of precedent holding that a woman's health must be the paramount concern in laws restricting abortion.

Second and third trimester abortions are rare (11 percent annually) and intact D & E abortions are rarer still—about 2,200, or 0.17 percent of abortions (Guttmacher Institute, Fact Sheet, 2011). These abortions are frequently not a matter of a woman's choice but are forced on her by unforeseen developments in the fetus. The anti-abortion activists would have the public believe that frivolous and thoughtless young women suddenly decide in their eighth month of pregnancy that they don't want a baby and ask a willing doctor to abort it. This scenario is mostly fantasy. Contrast it with the picture of a devastated mother of a hydrocephalic baby that must be terminated as safely and quickly as possible.

Perhaps the most telling argument of all was made by Justice Ruth Bader Ginsburg, who pointed out in her *Gonzales v. Carhart* dissent that “the law saves not a single fetus from destruction, for it targets only a method of performing abortion” (*Gonzales v. Carhart*, p.6). She reveals as an empty sham the claim that the Partial-Birth Abortion Act will save the lives of “the unborn.” In fact, saving lives was never the aim of the campaign against intact D & E: “partial-birth abortion” was a wedge hammered into the trunk of abortion so that the tree would fall.

Public opinion was egregiously manipulated on a large-scale in the campaign against intact D&E, but the small-scale manipulation of language by anti-abortion forces is constantly at work on the emotions of that middle portion of the U.S. electorate that swings elections. We will now look at a few of the words and expressions that distort the facts so effectively.

3. A dictionary of toxic terms

As we have just seen, when anti-abortion activists refer to “partial-birth abortion,” they are using an expression invented in order to provoke an emotional response (Westen 2007, p. 177). When we refer to an “unborn child,” or to “the preborn,” or to “life” in the context of abortion, we are conceding ground to our opponents by using the language they have foisted on us. In this section, we provide a dictionary for words and expressions such as “baby,” “baby-killers,” “abortion industry,” “abortionist,” “Crisis Pregnancy Center,” “person,” and (horrifying in this context), “genocide.”

Baby, n. The anti-abortion forces want the words “unborn child” and “baby” to be used so that abortion equates to infanticide in the minds of those unacquainted with technical and scientific language. It is made to seem even more horrible by reiterated but scientifically unfounded claims that the fetus feels pain, a claim characterized by Joyce Arthur as “a political red herring” (Arthur 2005).

What will become a baby is an embryo for eight weeks and a fetus for the rest of its forty-week sojourn in the uterus. Thus “embryo,” and “fetus” are technical terms that should be used in discussions about the termination of a pregnancy, not “baby,” or “unborn child.”

According to *Roe v. Wade*, induced removal or expulsion is legal in the first trimester of a pregnancy, when the growing entity is referred to as an “embryo”; in the second trimester, abortion is permitted subject to state regulation, except when it is necessary to protect a woman’s health; and in the third trimester, abortion is subject to severe restrictions, but states must still permit terminations to save a woman’s life. In the second and third trimesters, the correct term is “fetus.” The ringing declaration, “A person’s a person, no matter how small” applies only in Whoville, as we shall see.

Baby-killers or abortionists, abortion industry, n. The medical professionals who provide abortion services have been physically attacked and even murdered by anti-abortion activists, and they are consistently insulted as “baby-killers.” The anti-abortion movement tries its best not to use professional terms such as “physician,” “nurse,” “doctor” when speaking of people licensed to perform abortions. It prefers “abortionist” or even “person.” These terms attempt to remove abortion from the realm of medicine—and therefore science—and criminalize it.

There is no such thing as “the abortion industry,” no matter how many times the anti-abortion activists use the term. An “industry” would have more “factories” and a better distribution system: in 2008 (the last year for which data is available), 35 percent of women in the U.S. lived in counties where there was no abortion provider. Eighty-seven percent of all U.S. counties did not offer the service (Guttmacher Fact Sheet 2011). Since almost half of pregnancies among women in the U.S. are unintended, that means a large number

of babies are coming into the world unwelcome. Have the anti-choice activists thought about the consequences of that fact?

Crisis Pregnancy Centers, n.pl. In the South Dakota legislation described in the introduction to this paper, women seeking an abortion are forced to undergo anti-abortion counseling at a “pregnancy help center.” This is a generic term for organizations often known as Crisis Pregnancy Centers (CPC).

Crisis Pregnancy Centers have been called a method of continuing behind closed doors the protests that used to take place in the streets outside abortion clinics. Although in the case of “partial-birth abortion” there is a correct technical term, intact D&E, in the case of “crisis pregnancy centers” (CPC) there is no corresponding technical term. Planned Parenthood offers resources to pregnant women and the National Abortion Federation provides referrals to abortion and health-care providers, but even the word “resources” has been appropriated by the anti-abortion forces who often use the title Women’s Resource Center for “pregnancy help center.”

The purpose of these centers is to prevent women having abortions. They were founded in Hawaii in 1967 by Robert Pearson after the Hawaii state legislature made abortion legal in the state (NAF 2006). Pearson went on to create The Pearson Institute (not to be confused with the Pearson Foundation) and to write a guide for other anti-abortion activists entitled *How to Start and Operate your own Pro-Life Outreach Crisis Pregnancy Center* published in 1984.

Pearson’s efforts were enthusiastically extended by the anti-abortion forces, who proceeded to found nearly 4,000 CPCs in the U.S. by 2006. Their success was based on manipulation through false advertising. In 1998, the Family Research Council investigated what names would be most likely to appeal to women, especially those inclining towards abortion. They found that women in need of abortions were most likely to look in the Yellow Pages under words such as “pregnancy,” “women’s centers,” and “abortion alternatives.” The CPCs were advertised in these categories, although they offer no medical services and are not staffed by medical personnel.

But the deceptions worked—too well. By 2004, the Family Research Council was collecting anecdotal evidence that their CPCs were being flooded with women who had decided to keep their babies and that “these trends could threaten the primary mission of centers—to reach women at risk for abortion” (NAF 2006, p. 5).

Crisis Pregnancy Centers look like clinics both inside and outside and they are often deliberately situated next to Planned Parenthood or similar legitimate providers of abortion services. (In South Dakota, a pregnancy help center called the Alpha Center is located in space once used by Planned Parenthood). Typically, CPCs attract terrified young and poor women, especially in states such as North Carolina for example, where there are 72 CPCs and only 17 licensed abortion providers. In a 2006 report prepared for Representative Henry Waxman, investigators who impersonated newly pregnant women were urged to come into the CPCs for face-to-face interviews (U.S. House of Representatives, 2006).

To a large extent, the money that supports the CPCs comes from U.S. taxpayers. Crisis Pregnancy Centers have received federal funds through abstinence-only education programs and the Compassion Capital Fund. Some appropriations earmarks have also contributed funds. Between 2001 and 2006, the CPCs had received more than \$30 million from the federal government (U.S. House of Representatives 2006).

Another attempt to fund CPCs, although not explicitly by name, was filed in January 2011 in the U.S. House of Representatives by Representative Cliff Stearns of Gainesville, Florida as H.R. 165. It would authorize the U.S. Secretary of Health and Human Services to make grants for the purchase of ultrasound equipment, so that women could see images of their embryos and then choose not to abort them. An ultrasound machine is frequently the only medical equipment in a CPC. It is unlikely that Rep Stearns’s Informed Choice Act will emerge from committee, and even if it did, it is even more improbable that it will become law, given the democratic majority in the Senate and the contentious atmosphere of the House of Representatives, but its

existence, like that of its fellow anti-abortion bills, is a significant indicator of the public shift against abortion rights.

Women who visit CPCs are not only forced into undergoing sonograms and viewing vivid photos and videos of abortions, they are also told the three Big Lies about Abortion: that abortion is linked to breast cancer; that women who have abortions may be unable to have children or will have difficulty either conceiving or carrying a baby in future; and that abortion causes mental and emotional illness. There is no medical evidence for any of these statements. In the case of post-abortion distress, one study reports that the primary emotions experienced after an abortion are relief and happiness (Adler et al., 1990).

Crisis Pregnancy Centers are deceitful and exploit vulnerable women, but they are successful. The CPCs know how to craft their messages. This is a Heartbeat International advertisement: “Pregnant? You have options. 1-800-395-HELP. Call us. We’re here 24/7. OptionLine.”

It’s another example of the devil having all the good tunes.

Genocide, n. The option to have an abortion at a time when pregnancy would interrupt a woman’s plans for herself and her family seems only a benefit. It seems equally clear that children who are wanted and happily anticipated begin life with a huge well of self-esteem. If we accept these assumptions, then women of all races, ages, and classes would seem to benefit from legal abortion. But strong voices in the African-American community call abortion “genocide” because they erroneously believe that it is a white plot to reduce the numbers of African Americans. Using the language of genocide threatens African-American women just as much as the anti-abortion language we have cited.

Some facts are indisputable: African American women are almost five times as likely to have abortions as non-Hispanic white women. Although African Americans were 12.3 percent of the U.S. population in the 2000 census, they had 36.3 percent of the abortions. Planned Parenthood among other abortion providers locates most of its abortion facilities in urban neighborhoods with large populations of African Americans.

There is also no doubt that Margaret Sanger, the founding mother of Planned Parenthood, was connected with the eugenics movement in the early part of the 20th century. Some of her statements were undoubtedly racist, although she, like W.E. B. Dubois thought that birth control (Sanger’s major contribution to reproductive health) would help poor African American women: “Sanger’s sincere desire to improve the health of poor mothers by making birth control accessible to them and her belief that uncontrolled fertility, not genetics or race, was the main cause of the problems these women faced separated Sanger from her eugenicist colleagues” (Prisock, p. 11).

But medical abuses such as the Tuskegee syphilis experiments and the 1939 “Negro Project” by the Birth Control Federation of America (in which Sanger had a covert and not very creditable role) have prejudiced African Americans against any form of white medicine. African American conservatives joined Baptist preachers such as the Rev. Johnny Hunter and the Rev. Clenard Childress in fiery rhetoric against abortion: “‘Abortion’ he says, ‘is the greatest injustice to black women in this country since slavery’ ” (Beras, 2006). Others who have attempted to inflame African-Americans against abortion include Alveda King, niece of Dr. Martin Luther King, who calls abortion “a racist, genocidal act” and Day Gardner, president of the National Black Pro-Life Union, who charges that “Abortion is the number one killer of black Americans—killing more black people than all other deaths combined” (Strode, 2008). This statement, commonly found in the voluminous anti-abortion material published on www.Blackgenocide.org, www.Blackelectorate.com, and by organizations such as the Life Education and Resources Network (L.E.A.R.N Inc) assumes that the fetuses aborted in the African American community are to be counted as persons, an assumption with serious consequences.

Despite these charges, African American women have not stopped going to abortion clinics in their neighborhoods. In 2001 an anti-abortion activist, Peggy Lehner, who was then president of Dayton, Ohio, Right to Life, wrote an article for the Elliot Institute entitled “The Awakening of African Americans” that reported on research into the attitudes of Ohio African Americans towards abortion. African Americans account for 35 percent of Ohio abortions, although they make up about 12 percent of the overall population. Ms Lehner’s research was not disinterested—she wanted to recruit African Americans to the “pro-life” cause.

To her surprise, focus groups respondents could identify Planned Parenthood and regarded their work favorably, despite the rhetoric we have just cited. The African Americans could not identify anti-abortion movements such as Right to Life, although they expressed strong religious opposition to abortion. The women said that African Americans resorted to abortion for economic reasons (although the men denied it), and they believed that “God readily forgives abortion since He knows the personal circumstances that would make abortion a woman’s only option” (Lehner 2001).

When she cited as fact that abortion has wrought “devastation” on the African American community and allowed them to be displaced by Hispanics as the largest U.S. minority group. But she was unsuccessful in persuading African-American women from seeking abortions when additional children would threaten a family’s welfare.

We cannot ignore the perversion of fact and language in accusations of genocide any more than we can ignore the distortions in phrases like “partial-birth abortion” and “crisis pregnancy centers.” A comprehensive strategy to preserve abortion must liberate all Americans from ignorance and hate.

Person, n. The phrase “a person’s a person, no matter how small,” is now common among anti-abortion activists, who may not be aware of its origin or the attempts by Dr. Seuss and his family to prevent its misuse.

In March 2008, a movie version of the children’s book Horton Hears a Who by Dr. Seuss opened in Los Angeles. The story concerns an elephant who saves tiny people and justifies his action by saying “A person’s a person, no matter how small.” In the movie theater at the first showing, this line was greeted by pro-life demonstrators yelling loudly. After the movie, the demonstrators handed out anti-abortion flyers made to look like movie tickets (National Public Radio 2008).

This demonstration was not spontaneous or unplanned. Using the word “person” to refer to a fetus is a tactic that has been developed by anti-abortion forces in direct opposition to judicial opinion. The U.S. Supreme Court justices in handing down *Roe v. Wade* in 1973 were careful not to adopt a theory about the beginning of life, refusing to decide whether embryos and fetuses have the same rights as newborn infants. Justice Harry Blackmun wrote:

The Constitution does not define “person” in so many words. Section 1 of the Fourteenth Amendment contains three references to “person.” In nearly all these instances, the use of the words is such that it has application only postnatally. None indicates, with any assurance, that it has any possible pre-natal application.

All this...persuades us that the word “person,” as used in the Fourteenth Amendment, does not include the unborn.

This refusal to define “person” explicitly opened an opportunity for anti-abortion forces to define both the embryo and the fetus as “persons,” leading to a legal argument with dangerous implications.

Pregnancy is an inherently ambiguous and ambivalent condition. When does one person become two? When the division happens is not at all clear. The beginning of recognizable human life has always puzzled

philosophers and religious leaders, who couch the issue in terms of the “soul”: when does the soul unite with the body and form a human being? The absurdities of extreme religious positions have been skillfully demolished in arguments that demonstrate the indeterminacy of conception (Hull 2006/7).

But logical arguments do not deter anti-abortion activists. With their usual linguistic dexterity, they no longer talk of the “soul” but now refer to the “personhood” of the fetus. They assume that the contents of a woman’s uterus can be referred to as a “person.”

In doing so, attacks on an embryo and a fetus can be legally considered attacks on a person separate from the woman carrying the fetus. This reasoning led to the Unborn Victims of Violence Act, signed into law by the President in 2004, and followed by similar legislation in 25 states.

The danger to abortion rights under *Roe v. Wade* is obvious: if a fetus can be considered a person separately from the woman whose body it inhabits, then abortion is murder (Gandy 2008). Because of the Fourteenth Amendment’s guarantee of equal protection, the establishment of a fetus as a person would mean the end of all abortions.

So the anti-abortion strategists seized on Dr. Seuss’s Horton and his warmhearted cry as manna from their heaven. Here was a direct contradiction of *Roe v. Wade* as a slogan that could be shouted out at demonstrations and used as a title for publications and even lesson plans.

A Canadian Catholic diocese used Horton’s declaration on an anti-abortion poster—and then reveled in the additional publicity generated when it became a news story (LifeSiteNews.com 2007). A Canadian Catholic educator published the “lesson plan” already referred to, using the Dr. Seuss story as a basis for a class discussion entitled “Is the Fetus a Person?” (McCracken). The Denver Post reported that in March 2008, a Colorado group misleadingly called Colorado for Equal Rights began a petition for a ballot measure using the Horton declaration to establish the beginning of “personhood” at conception and thus ban abortion in Colorado (Denverpost.com. 2008). Their proposed amendment to the Colorado constitution declaring a fetus a person was unsuccessful.

Both Theodor Geisel (Dr. Seuss) and his widow Audrey Geisel (who attended the Los Angeles premiere of the Horton movie) protested against the misuse of Horton’s declaration, but anti-abortion activists are brazen in their distortion of the story. Mary Ellen Douglas, a national organizer of Campaign Life Coalition (a Canadian anti-abortion group) declares: “But the reality of the story is probably extremely pro-life, and we hope that people viewing the movie will see the parallel between the unborn child and the little Whos” (LifeSiteNews 2007).

* * *

This dictionary of toxic terms is not complete. Entries to the dictionary can be added as we become aware of the linguistic manipulation being practiced on American public opinion. In the following section, we’ll see this manipulation at work at the highest level of our government, in the halls of Congress.

4. The legacy of the 2010 Congressional elections.

In 2011, 20 bills and a House of Representatives resolution have been filed in the U.S. Congress opposing abortion across the spectrum, from redefining the beginning of life to forbidding the use of federal funds for contraception. The authors of these bills are familiar names from the far-right fringes of the Republican party, emboldened by their gains in the 2010 Congressional elections. They have been further energized by the passage of President Obama’s health care bill in March 2010. This bill, formally entitled the

Patient Protection and Affordable Care Act (PPACA), acts like a red rag to a bull to the Tea Party representatives and their close allies in Congress. Their bills propose to do everything from repealing the PPACA to eviscerating it by limiting its application. Above all, they want to make sure that no part of it—federal or state—pays for abortions.

However, as we said when discussing Representative Stearns's bill to fund ultrasound machines in the section on Crisis Pregnancy Centers, it is unlikely that any of these bills will survive committee consideration or the U.S. Senate, still in Democratic control. Why then should we look at them in this paper?

Three reasons: first, they illustrate the prevalence of the toxic terms we have just analyzed in our "dictionary"; second, these bills displace more pressing legislation. In a time of economic crisis, focusing on removing women's rights seems almost frivolous when the real issues are promoting growth and developing jobs, but it points to a serious, deep-seated problem—the profound resentment against women among some men who see their control over women vanishing. When women could be confined to the house and kept almost immobile by repeated pregnancies and child care, they did not threaten male dominion, especially when it was reinforced by religion. Now resentment against female freedom has become a social and political issue.

Which brings us to the third reason for spending time on the anti-abortion bills before Congress: impotent as they may be in the 112th Congress, another and vastly more important election is coming in November 2012. We need to know our enemy in order to be able effectively fight for women's rights. Unless humanists accept their responsibility to campaign in every possible mode—speaking, advertising, demonstrating—similar bills to these will prevail in a 113rd Congress and could become law.

We'll briefly survey the bills in categories. A few of them want to repeal the PPACA (President Obama's health care reform) outright, notably bills by Rep. Dan Burton, who filed the Empowering Patients First Act (H.R. 105), and Rep. Tom Latham, who filed a bill entitled "Common Sense Health Reform Americans Actually Want" (H.R. 364).

A larger number just want to make sure that no federal funds go to abortion, especially under the PPACA. These bills have names like "No Taxpayer Funding for Abortion Act," (H.R. 3, Rep. Christopher Smith); "Protect Life Act," (H.R. 358, Rep. Joseph R. Pitts, who is the Congressional representative for the district in which co-author Margaret Brown lives in Pennsylvania); and even "The Indian Healthcare Improvement Act of 2011" (H.R. 536, Rep. Tom Cole.) H.R. 3 passed in the House of Representatives on May 4 by a vote of 251 to 175 and was sent on to the Senate, where it will either die quietly or be defeated by vote.

However, the Congressional Research Service (CRS) summary of all the bills contains this parenthesis: "(Currently federal funds cannot be used for abortion services and plans receiving federal funds must keep federal funds segregated from any funds for abortion services)." So these bills extend the prohibition against using federal funds to any health benefits coverage that includes coverage of abortion. Segregation of funds would not be enough in these circumstances. These bills could make it almost impossible to buy private health insurance that covers abortion care.

Another category of these bills redefines "human life," regardless of scientific or philosophical discussion or the U.S. Supreme Court decision in *Roe v. Wade*. Rep. Duncan Hunter in his "Life at Conception Act" (H.R. 374) declares "the terms 'human person' and 'human being' include each and every member of the species *homo sapiens* at all stages of life, including the moment of fertilization, cloning, or other moment at which an individual member of the human species comes into being." Rep. Ron Paul's "Sanctity of Life Act of 2011" (H.R. 1096) provides that "human life shall be deemed to exist from conception," and further declares that "the term 'person' shall include all human life." It also uses the term "unborn children" in another paragraph which proposes that states have the authority to protect embryos and fetuses in their jurisdiction. Rep. Paul Broun's "Sanctity of Human Life Act" (H.R. 212) declares that personhood begins at fertilization. We might consider whether the use of the word "sanctity" in these bills is a violation of the separation of church and state.

Our old friend, provider refusal, also raises its ugly head in Rep. John Fleming's "Abortion Non-Discrimination Act of 2011" (H.R. 361) and its cousin in the Senate, a bill of the same name offered by Senator David Vitter (S.165). "Provider refusal" is a maneuver by religious groups who control hospitals to provide cover for employees (from doctors to janitors) who refuse abortion services on ideological or "conscience" grounds. The present acts prohibit discrimination against (i.e. not funding) medical facilities where personnel object to abortion.

Perhaps the most devastating effects would be felt if two of these bills became law: another filed by Ron Paul, "Taxpayers' Freedom of Conscience Act of 2011" (H.R. 1099), and Senator Vitter's "Title X Family Planning Act" (S. 96), a version of the House of Representatives bill, H.R. 217, sponsored by Rep. Mike Spence, which passed in the House. Each of these bills attacks contraception, although the Spence-Vitter bill goes much further and would allow no federal dollars to Planned Parenthood, which provides a wide spectrum of reproductive health services to both women and men.

The bill sponsored by Rep. Paul, who may be running for the Republican presidential nomination, is explicit and brief about its opposition to federal funding for contraception: "No Federal official may expend any Federal funds for any population control of population planning program or any family planning activity (including any abortion procedure), irrespective of whether such program or activity is foreign or domestic."

Such opposition to contraception raises a logical puzzle: if they object to abortion, why wouldn't they want to prevent pregnancy in the first place? This leads to the further question: if they oppose both contraception and abortion, what do the antis want?

An answer may be found in a speech given by Douglas Johnson, the same Douglas Johnson who thought that public outrage against partial-birth abortion would lead to similar opposition to the Roe v. Wade decision. On February 9, exulting in the new Republican majority in the U.S. House of Representatives, Johnson presented testimony before the Subcommittee on Health of the House Committee on Energy and Commerce in support of Rep. Pitts' "Protect Life Act" and Rep. Smith's "No Taxpayer Funding for Abortion Act," both mentioned earlier in this section. Johnson's testimony provides a mirror image of arguments opposing abortion: for example, the Roe v. Wade decision "invalidated the laws protecting unborn children from abortion in all 50 states"; and the PPACA "contains multiple provisions that authorize subsidies for abortion, as well as provisions that could be employed for abortion-expanding administrative mandates." Most telling of all, he praised the Hyde amendment (which prohibits the use of any federal funds, including Medicare and Medicaid, for abortions with the usual exceptions for the health of the mother, rape and incest) because it "has proven itself to be the greatest domestic abortion-reduction law ever enacted by Congress."

In this claim we find the answer to our question: what do they want? They want people measured in quantity, not in their quality of life. Johnson quotes derisively a study by the Guttmacher Institute: "This suggests that the Hyde amendment forces about half of the women who would otherwise choose abortion to carry unintended pregnancies to term and bear children against their wishes" (NARAL Fact Sheet, 2011). To which Johnson adds from the perspective of his distorted mirror: "it means that well over one million Americans are walking around live today because of the Hyde Amendment."

Unwanted children suffer abuse and neglect in greater proportion than wanted children, and more of them end up in jail because violence in childhood begets violence in adolescence and adulthood. Apart from internal social problems, additional millions of people contribute to our global problems: Jared Diamond is only the leading writer among many to call attention to overpopulation as the fundamental cause of stress on resources (Collapse, 2005). But not a word of this—and no mention of contraception or family limitation—is to be found in Johnson's work. His concern and that of the National Right to Life to Committee for which he works is only that babies are born, not what happens to them as members of society at all levels, from the family through the planet. It is hard to think of this as a "pro-life" position.

5. Recommendations for action

The anti-abortion legislation sampled in the last section is replicated and in some cases intensified at the state level, as will be clear from the chart appended to the introduction. Although some states are more accommodating than others, no state is completely safe for women seeking reproductive services of any kind. Humanists must make their voices heard at the state as well as the federal level and seek allies among all who value the quality of life and the future welfare of the planet.

The following recommendations are only suggestions: we hope that humanists across the country will shoulder the responsibility of devising ways to defeat the rhetoric of Douglas Johnson and his kind and replace it with positive messages to ensure reproductive freedom for all women.

- All slogans, messages, and political literature about reproductive freedom must be couched in positive, emotional terms. We will not win over the swayable middle voters with reason and logic alone, or with negative messages.
- An advertising campaign like the American Humanist Association's campaign of posters in public transportation should be designed and funded, using slogans such as "Every child a wanted child: contraception is an act of love." Or something much more catchy.
- Demonstrations should be organized to picket "pregnancy resource centers" and reveal them for what they are. For example, in Washington D.C., there is a Crisis Pregnancy Center on Capitol Hill at 8th Street and Maryland Avenue Northeast. Local humanist groups should organize protests in front of it, just as they organize tabling events to distribute information about humanism.
- Humanists should routinely write letters to their representatives, whether state or federal, to express their opposition to the kind of bills we sampled in the previous section.
- Humanists should visit the web sites of the NARAL Pro-Choice America Foundation, the National Organization for Women, the Guttmacher Institute, and Planned Parenthood to keep abreast of threats to reproductive rights in their states and at the federal level.
- The toxic language of anti-abortion strategists must be challenged at every occurrence. No mention of "unborn children," "pro-life," "partial-birth abortion," "abortionists," "unborn victims," or "baby murder" or similar terms should go unchallenged. We must use correct medical and scientific terminology and protest when any material we read or hear does not use correct terms.

Above all, humanists should see themselves as guardians of reproductive rights and take responsibility for the political action necessary to preserve and extend them.

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