December & November 2008: Abortion

Black Women Have Higher Premature Birth Rates; They Also Have Higher Abortion Rates...Connection? (update 3 Dec08)

Abortion Surveillance - United States, 2005 (CDC)

Abortion and Mental Health Disorders: Evidence from a 30-year BJP Longitudinal Study

New JPR Study Shows Direct Link Between Abortion and Mental Health Problems

Abortions Continue to Decline: How Far and Why

FOCA: Freedom of Choice Act -- Will It Increase U.S. Abortion Numbers?

New! Video Shows Indiana Planned Parenthood Covering Up Rape of 13-year Old Girl

Killed Abortion Survivor Finally Gets A Funeral

New Blood Test in UK Sparks Fears of Abortions on Disabled Unborn Children

Top Researchers to Discuss How Abortion Hurts Women's Mental Health

British MP Wants to Allow Girls as Young as 12 to Have Dangerous Abortion Drug

Uganda First Lady Inquires if Marie Stopes Intl is Doing Abortions There

Lawmakers Call for Investigation after Spike in Federally Funded Abortions

Video Catches Planned Parenthood Covering Up Statutory Rape

Spain Abortions Increasing, Especially on Teenage Girls

Russia: 64% of Pregnancies End in Abortion

Abortion Given Legal Boost in 16 Countries in Last Decade

SHOCK: Planned Parenthood Nurse Admits Infanticide: "It Does Happen"

The Freedom of Choice Act: Radical Attempt to Prematurely End Debate Over Abortion

Pro-Life Laws and Politicians Reduce Abortions

New York Subway Riders Respond to Ad and Share Post-Abortion Grief, Agony

New International Planned Parenthood Document Tells States to Guarantee Sweeping “Sexual Rights”

British Secretary of State: Govt WILL NOT Expand Abortion to Northern Ireland

El Salvador Praised for Rejecting Pro-Abortion Ibero-American Convention

Uruguay President Vazquez Vetoes Bill legalizing Abortions in Early Pregnancy

March of Dimes Gives U.S. a "D" on Premature Birth, But Ignores Abortion Link

Project Rachel Chapter Expands to Men Who Also Need Post-Abortion Help

HHS Right of Conscience Regulations Reorganized and Released 19Dec08

Illinois Supreme Court Decision Supports Constitutional Rights of Pharmacists...

Black Women Have Higher Premature Birth Rates; They Also Have Higher Abortion Rates...Connection?

A new research paper finds African-American women are at risk for higher rates of premature and extremely premature birth because they tend to have abortions at higher rates than women of other ethnicity.

Canadian researcher Brent Rooney and colleagues published the results in the latest edition of the Journal of American Physicians and Surgeons.

They say abortion is the "probable cause" of the high pre-term birth rate among black women because a prior induced abortion increases the risk of premature birth.

According to the new research paper, black women are three times more likely to have an early pre-term birth before 32 weeks gestation and four times more likely to have an extremely pre-term birth before 28 weeks gestation in comparison with women of other ethnic groups.

While black women represent 12.5% of American females they have 38.2% of all abortions, according to the authors.

"About 43% of pregnancies in black American women end in induced abortion. It is likely that induced abortions are an important risk factor for premature birth and that they help to explain the racial disparity," they write.

Rooney and his colleagues noted that, between 1980 and 2005, the U.S. pre-term birth rate rose 43 percent -- and those years follow the tens of millions of abortions done after the 1973 Roe v. Wade decision.

They said knowing about the abortion-premature birth link is important because "extremely premature birth infants have a 129 times higher risk of cerebral palsy compared with full-term infants" so "it is crucial to discover the causes of this disparity."

The authors also looked at the nation of Poland and found that when it limited abortions it saw its premature birth rates decrease. Poland reduced its extremely premature birth rate by 21 percent in less than a decade by severely restricting abortion and its 1997 extremely premature birth rate is 43 percent lower than that of the United States.

"A decrease in induced abortions is likely to reduce subsequent pre-term births,as was observed in Poland," they explain.

"The increased rate of premature birth has a serious adverse effect on

children’s health, with a disparate impact on black children," the authors conclude.

"There is substantial evidence that induced abortion is an important risk factor for pre-term birth."

"It is likely that decreasing the rate of induced abortions would decrease the incidence of serious disorders such as cerebral palsy and autism, and thus that decreasing the disproportionately high induced abortion rate in black American women would decrease the disparity in high-risk infants," they write.

Karen Malec, president of the Coalition on Abortion/Breast Cancer, a group that educates women on the link between abortion and breast cancer, commented on the new research paper.

"President-elect Barack Obama and other elected officials should take a lesson from Poland," she told LifeNews.com.

Along with Rooney, Dr. Byron Calhoun, the professor and vice chairman of the Dept. of Obstetrics and Gynecology at West Virginia University, and Lisa Roche, an attorney with the Women’s Investigative Network, conducted the study.

References:

Rooney B, Calhoun B, Roche L. Does induced abortion account for racial disparity in pre-term births, and violate the Nuremberg Code? J Am Phys Surg .

Available at: http://www.jpands.org/vol13no4/rooney.pdf

[2 December 2008. Ertelt, www.LifeNews.com, Washington, DC]

Abortion Linked to Disproportionately High Rate of Black Premature Births

Article says dangerous suction abortions violate international code of research ethics. A report published by the Association of American Physicians and Surgeons links the disproportionately high rate of preterm births (PTB) among black babies to the high rate of abortion among the black minority.

The article, written by Dr. Brent Rooney et. al., notes that since PTB "has a serious adverse effect on children's health, with a disparate impact on black children," it is "crucial to discover the cause of the disparity." Rooney is the research director of the Reduce Preterm Risk Coalition.

The report notes that black American women are at three times higher risk for giving birth prematurely, and four times higher risk for giving birth extremely prematurely. Infants born extremely premature suffer a 129 times higher risk of cerebral palsy than infants born full-term. PTB also increases risk of mental retardation, autism, epilepsy, visual impairment, hearing disability, gastrointestinal injury, respiratory distress, and severe infections.

Six studies were cited to show consistent evidence that women who had undergone induced abortions displayed a significantly increased risk of PTB. As the abortion rate in the black community is 4.3 times that of non-blacks - nearly one out of every two black American children is killed in utero - abortion was pinpointed as the likely cause for PTB.

Other confounding factors, including maternal age, parity, history of PTB, were excluded in the control methods of the report's cited studies. Rooney noted that PTB rates in Poland dropped drastically after abortion was banned.

The article cites prominent abortion advocate Malcolm Potts, who conceded in 1967 that, “There seems little doubt that there is a true relationship between the high incidence of therapeutic abortion and prematurity."

Accordingly, Rooney concludes that because of a failure to test the procedure on animals or small human trials prior to widespread use, vacuum aspiration, or "suction" abortions violate the Nuremberg Code of ethics. The code, which was implemented in reaction to Nazi human experimentation, requires the safe validation of a medical procedure before being made available to the public.

"Millions of women have been subjected, without safety testing, to a procedure for which there is substantial evidence of serious health risks both to women and their future offspring," concludes the article. At the very least, it says, the risks "need to be explicitly included in consent forms."

The report was co-authored by Dr. Bryan Calhoun of West Virginia University, and Lisa Roche, president of the Women's Investigative Network.

African-American pro-life leaders have frequently expressed outrage that Planned Parenthood has concentrated abortion

clinics in black communities, facilitating the deaths of approximately 15 million African-American children. Planned Parenthood, America's largest abortion provider, was founded by eugenicist Margaret Sanger, who explicitly pursued the subjugation of blacks and other poor ethnic groups.

To view the article, go to: http://www.jpands.org/vol13no4/rooney.pdf

See related:

New Study Claims Abortion Rate Has Dropped: Minority Rate Still Disproportionately Highhttp://www.lifesitenews.com/ldn/2008/sep/08092308.html

Abortion Increases Women's Mental Health Problems: New Study

http://www.lifesitenews.com/ldn/2008/dec/08120102.html

One Quarter of Black Population Missing from Abortion Genocide Says Dr. Alveda King

http://www.lifesitenews.com/ldn/2007/aug/07082406.html

[2Dec08, Kathleen Gilbert, TUCSON, Arizona, www.LifeSiteNews.com]

Does Induced Abortion Account for Racial Disparity in Preterm Births, and Violate the Nuremburg Code?

http://www.jpands.org/vol13no4/rooney.pdf

References:Rooney B, Calhoun M, Roche L. Does induced abortion account for racial disparity in pre-term births, and violate the Nuremberg Code?

J Am Phys Surg

Available at: http://www.jpands.org/vol13no4/rooney.pdf

Abortion Surveillance --- United States, 2005 (CDC)

For 2005, data were received from 49 reporting areas: New York City, District of Columbia, and all states except California, Louisiana, and New Hampshire. For the purpose of trends analysis, data were evaluated from the 46 reporting areas that have been consistently reported since 1995.

Results: A total of 820,151 legal induced abortions were reported to CDC for 2005 from 49 reporting areas, the abortion ratio (number of abortions per 1,000 live births) was 233, and the abortion rate was 15 per 1,000 women aged 15--44 years. For the 46 reporting areas that have consistently reported since 1995, the abortion rate declined during 1995--2000 but has remained unchanged since 2000.

In 2005, for the 46 reporting areas that have consistently reported since 1995, a total of 809,881 legal induced abortions were reported to CDC. This is a decline of 1.2% from 819,353 legal induced abortions reported in 2004. A total of 820,151 legal induced abortions were reported to CDC by 49 reporting areas. This change represents a 2.3% decline from 2004, for which 49 areas reported 839,226 legal induced abortions (Tables 1 and 2). The only difference between these 2 years was that West Virginia did not report in 2004 and Louisiana did not report in 2005. Therefore, changes between these two years must be interpreted with that difference in mind.

Women known to be aged 20--24 years obtained 33% of all abortions for which age was adequately reported. Adolescents aged <15 years obtained <1.0% of all abortions in the 48 areas that reported age.

In contrast to abortion ratios, among females for whom age was reported, abortion rates were highest for women aged 20--24 years (29 per 1,000 women) and lowest for females at the extremes of reproductive age (1 per 1,000 adolescents aged <15 years and 3 per 1,000 women aged >40 years) (Table 4). Among women aged <20 years (46 reporting areas), the percentage of abortions obtained increased with age

In 2005, for women from areas where weeks of gestation at the time of abortion were adequately reported (43 reporting areas), 61% of reported legal induced abortions were known to have been obtained at <8 weeks' gestation and 87% at <12 weeks (Table 6). Overall (40 reporting areas), 29% of abortions were known to have been performed at <6 weeks' gestation, 18% at 7 weeks, and 14% at 8 weeks (Table 7). Few reported abortions were known to have occurred after 15 weeks' gestation: 3.7% at 16--20 weeks and 1.3% at >21 weeks

Known medical abortions made up approximately 10% of all procedures reported from the 45 areas with adequate reporting on type of procedure. Additionally, two areas that did not collect data separately for medical abortions on their abortion reporting form included medical abortions in the "other" category. For the 35 areas that reported medical abortions separately, 66,485 medical abortion procedures were performed in 2005. (Seven states reported that no medical abortions were performed in 2005 but did not specify whether such abortions were available.) For the 34 reporting areas that reported one or more medical abortion for both 2004 and 2005, the data reflected an increase of 1%, from 66,036 in 2004 to 66,391 in 2005

In the 38 reporting areas for which race was provided, classified according to the same categories used in previous

years, approximately 53% of women who obtained legal induced abortions were known to be white; 35%, black; and 8% other; for 4%, race was not known (Table 9). The abortion ratio for black women (467 per 1,000 live births) was 2.9 times the ratio for white women (158 per 1,000), and the ratio for women of the heterogeneous "other" race category (319 per 1,000) was 2.0 times the ratio for white women. The abortion rate for black women (28 per 1,000 women) was 3.1 times the rate for white women (nine per 1,000), whereas the abortion rate for women of other races (18 per 1,000 women) was 2.0 times the rate for white women.

For women whose marital status was adequately reported (43 reporting areas), 81% of women who obtained abortions were known to be unmarried.

Approximately one in five U.S. pregnancies have ended in abortion, according to the most recent estimates from NCHS (31).

Inconsistent method use of oral contraceptive methods (75.9%) and condoms (49.3%) were the most common reasons that women became pregnant and obtained abortions (22). [ed.: In past CDC surveillance reports, it was noted that 54%-56% of women obtaining abortions had become pregnant while using artificial birth control, primarily OCs and condoms.]

[CDC, MMWR Surveillance Summaries, November 28, 2008 / 57(SS13);1-32, http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5713a1.htm?s_cid=ss5713a1_e]

Abortion and Mental Health Disorders: Evidence from a 30-year Longitudinal Study in British Journal of Psychiatry

Women who have an abortion are at 3-fold risk of developing drug or alcohol addiction. After an abortion, women are 30% more likely to have mental disorders as compared to other women, according to research published in the British Journal of Psychiatry (Abortion and mental health disorders: evidence from a 30-year longitudinal study, 12/08). According to Professor David Fergusson, who led the research that reviewed 500 women, the findings have “important implications”: more than 90% of British abortions were authorized on the grounds that keeping an unwanted baby would cause the mother mental health problems. “This evidence clearly poses a challenge to the use of psychiatric reasons to justify abortion. There is nothing in this study that would suggest that the termination of pregnancy was associated with lower risks of mental health problems than birth.” [The Daily Mail].

Another study has shown that women who lose a baby when they are 21 – either through an abortion or a miscarriage – are 3 times more likely to develop a drug or alcohol problem than others. Researcher Kaeleen Dingle [Univ of Queensland, Australia] said: “Abortion and miscarriage are stressful life events that have been shown to lead to anxiety, sadness and grief and, for some women, serious depression & substance use disorders.”

[David M. Fergusson, L. John Horwood, and Joseph M. Boden, Abortion and mental health disorders: evidence from a 30-year longitudinal study, The British Journal of Psychiatry, Dec 2008; 193: 444 - 451]

ABSTRACT:

The British Journal of Psychiatry (2008) 193: 444-451. doi: 10.1192/bjp.bp.108.056499

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Abortion and mental health disorders: evidence from a 30-year longitudinal study

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Declaration of interest: None. Funding detailed in Acknowledgements.

Background

Research on the links between abortion and mental health has been limited by design problems and relatively weak evidence.

Aims

To examine the links between pregnancy outcomes and mental health outcomes.

Method

Data were gathered on the pregnancy and mental health history of a birth cohort of over 500 women studied to the age of 30.

Results

After adjustment for confounding, abortion was associated with a small increase in the risk of mental disorders; women who had had abortions had rates of mental disorder that were about 30% higher. There were no consistent associations between other pregnancy outcomes and mental health. Estimates of attributable risk indicated that exposure to abortion accounted for 1.5% to 5.5% of the overall rate of mental disorders.

Conclusions

The evidence is consistent with the view that abortion may be associated with a small increase in risk of mental disorders. Other pregnancy outcomes were not related to increased risk of mental health problems.

Related articles in BJP:

Invited commentaries on... Abortion and mental health disorders

Patricia Casey, Margaret Oates, Ian Jones, and Roch Cantwell

BJP 2008 193: 452-454. [Abstract] [Full Text]

New Study Shows Direct Link Between Abortion and Mental Health Problems

28 November 2008, online

Journal of Psychiatric Research

A new research study featuring numerous controls and a national data set finds a link between abortion and psychiatric disorders. The study refutes the report the American Psychiatric Association released in August claiming abortion causes no mental health issues for women.

The research team found induced abortions result in increased risks for a myriad of mental health problems ranging from anxiety to depression to substance abuse disorders.

The number of cases of mental health issues rose by as much as 17 percent in women having abortions compared to those who didn't have one and the risks of each particular mental health problem rose as much as 145% for post-abortive women.

For 12 out of 15 of the mental health outcomes examined, a decision to have an abortion resulted in an elevated risk for

women.

"Abortion was found to be related to an increased risk for a variety of mental health problems (panic attacks, panic disorder, agoraphobia, PTSD, bipolar disorder, major depression with and without hierarchy), and substance abuse disorders after statistical controls were instituted for a wide range of personal, situational, and demographic variables," they wrote.

"Calculation of population attributable risks indicated that abortion was implicated in between 4.3% and 16.6% of the incidence of these disorders," they concluded.

Dr. Priscilla Coleman, a professor of Human Development and Family Studies at Bowling Green State University, led the research team that conducted the study.

Together with Catherine Coyle of Edgewood College, researcher Martha Shuping and psychologist Dr. Vincent Rue, they published their results online today at the Journal of Psychiatric Research, a well-established and respected journal.

The researchers found women who had abortions, compared with those who didn't had a 120% risk for alcohol abuse, with or without dependence, a 145% increased risk of alcohol dependence, 79% increased risk of drug abuse with or without dependence and a 126% increase in the risk of drug dependence.

For mood disorders, the experience of an abortion increased risk of developing bipolar disorder by 167%, major depression without hierarchy by 45% and major depression with hierarchy by 48%.

For anxiety disorders, there was a 111% increased risk for panic disorders, 44% increased risk for panic attacks, 59% increased risk for PTSD, 95% increased risk for agoraphobia with or without panic disorder and a 93% increased risk for agoraphobia without panic disorder.

There was no mental health outcome showing abortion to have decreased the risk or a high risk for women who did not have an abortion.

Some abortion advocates have dismissed the wealth of previous research on the link between abortion and mental health problems by saying factors unrelated to the abortion contributed to them. The scientists found abortion elevated the risks independently of those factors.

"The abortion variable made a significant independent contribution to more mental health outcomes than a history of rape, sexual abuse in childhood, physical assault in adulthood, physical abuse in childhood, and neglect which contributed to between four and ten different diagnoses," the scholars wrote.

"What is most notable in this study is that abortion contributed significant independent effects to numerous mental health problems above and beyond a variety of other traumatizing and stressful life experiences," they said.

Ultimately, the authors write that abortion is directly "responsible for more than 10% of the population incidence of alcohol dependence, alcohol abuse, drug dependence, panic disorder, agoraphobia, and bipolar disorder in the population."

The team also found that spontaneous abortions, or miscarriages, had an independent effect on 4 of the 15 psychiatric illnesses examined -- indicating abortion is significantly more traumatic for women than a miscarriage.

The team relied on a nationally representative sample, the national comorbidity survey, which is widely recognized as the first nationally representative survey of mental health in the United States.

The team wrote that more research is needed to determine why having an abortion causes women to be more susceptible to the mental health problems.

Reference: Coleman PK et al., Induced abortion and anxiety, mood, and substance abuse disorders: Isolating the effects of abortion in the national comorbidity survey, Journal of Psychiatric Research (2008), doi:10.1016/j.jpsychires.2008.10.009.

[28 November 2008, Ertelt, LifeNews.com, Washington, DC]

Induced abortion and anxiety, mood, and substance abuse disorders: Isolating the effects of abortion in the national comorbidity survey

In Press, Corrected Proof, Available online 28 November 2008

Priscilla K. Coleman, Catherine T. Coyle, Martha Shuping, Vincent M. Rue

[Coleman PK et al., Induced abortion and anxiety, mood, and substance abuse disorders: Isolating, Journal of Psychiatric Research (2008), doi:10.1016/j.jpsychires.2008.10.009]

Abstract

Using data from the United States National Survey of Family Growth (NSFG) and the National Comorbidity Survey (NCS), we conducted secondary data analyses to examine the relationship of abortion, including multiple abortions, to anxiety after first pregnancy outcome in two studies. First, when analyzing the NSFG, we found that pre-pregnancy anxiety symptoms, rape history, age at first pregnancy outcome (abortion vs. delivery), race, marital status, income, education, subsequent abortions, and subsequent deliveries accounted for a significant association initially found between first pregnancy outcome and experiencing subsequent anxiety symptoms. We then tested the relationship of abortion to clinically diagnosed generalized anxiety disorder (GAD), post-traumatic stress disorder (PTSD), and social anxiety disorder, using NCS data. Contrary to findings from our analyses of the NSFG, in the NCS analyses we did not find a significant relationship between first pregnancy outcome and subsequent rates of GAD, social anxiety, or PTSD. However, multiple abortions were found to be associated with much higher rates of PTSD and social anxiety; this relationship was largely explained by pre-pregnancy mental health disorders and their association with higher rates of violence. Researchers and clinicians need to learn more about the relations of violence exposure, mental health, and

pregnancy outcome to avoid attributing poor mental health solely to pregnancy outcomes.

Supportive counseling before and after elective pregnan...

Journal of Midwifery & Women's Health, Volume 49, Issue 2, March-April 2004, Pages 105-112

Amy A. Harris

Abstract

Midwives are likely to encounter women seeking care before or after an elective abortion. National estimates of abortion rates suggest that 43% of women in the United States will have at least one abortion by the time they are 45 years old. By not asking women about abortion experiences, providers risk perpetuating women’s guilt, shame, and silence. This article describes the emotional consequences of elective abortion, identifies women at high risk for negative reactions, and offers approaches to counseling about the psychosocial effects of abortion both before and after the procedure. Through the provision of counseling for women who have abortions, providers will be able to assist with coping, identify women who might be at greater risk for psychological sequelae, and offer referrals to those in need.

Purchase PDF (87 K)

Women should be offered post-abortion psychological car...

The Lancet, Volume 372, Issue 9639, 23 August 2008-29 August 2008, Page 602

Induced abortion and anxiety, mood, and substance abuse disorders: Isolating the effects of abortion in the national comorbidity survey

Priscilla K. Coleman, Catherine T. Coyle, Martha Shuping, Vincent M. Rue,

Received 8 September 2008;

revised 19 October 2008;

accepted 21 October 2008.

Available online 28 November 2008.

Abstract

The purpose of this study was to examine associations between abortion history and a wide range of anxiety (panic disorder, panic attacks, PTSD, Agoraphobia), mood (bipolar disorder, mania, major depression), and substance abuse disorders (alcohol and drug abuse and dependence) using a nationally representative US sample, the national comorbidity survey. Abortion was found to be related to an increased risk for a variety of mental health problems (panic attacks, panic disorder, agoraphobia, PTSD, bipolar disorder, major depression with and without hierarchy), and substance abuse disorders after statistical controls were instituted for a wide range of personal, situational, and demographic variables. Calculation of population attributable risks indicated that abortion was implicated in between 4.3% and 16.6% of the incidence of these disorders. Future research is needed to identify mediating mechanisms linking

abortion to various disorders and to understand individual difference factors associated with vulnerability to developing a particular mental health problem after abortion.

Coleman PK et al., Induced abortion and anxiety, mood, and substance abuse disorders: Isolating, Journal of Psychiatric Research (2008), doi:10.1016/j.jpsychires.2008.10.009

Abortions Continue to Decline: How Far and Why

A July 2008 “Facts in Brief” by the Guttmacher Institute—Planned Parenthood’s research affiliate— reports 1.21 million abortions performed in the United States in 2005, down from a peak of 1.61 million 1990.

The abortion rate in 2005 was 19.4 abortions per 1,000 women. This is the lowest rate since 1974 and represents a one-third decrease in the abortion rate (from 29 abortions per 1,000 women in 1980). We’ll look more closely at the data, below, but first let’s look at some of the erroneous reasons given for the decline.

Some prominent Catholics in academia and public life have claimed that anti-poverty programs and/or contraceptives are the most effective means of reducing abortion rates. Pro-life people, they claim, should stop being “fixated” on overturning Roe v. Wade and instead put their energies into supporting anti-poverty programs and/or comprehensive sex ed and even more subsidized contraception to reduce abortions.

These proponents wrongly claim that informed consent and parental involvement laws have “no significant effect” on abortion rates (despite the growing evidence to the contrary provided by Dr. New and others).

The grain of truth here is that social and economic support for pregnant women and mothers of young children can lessen recourse to abortion. The pro-life community has been helping meet the financial and practical needs of these women for decades, and we know such caring support can make the difference in some cases. But money is not the only or most critical factor, aside from the fact that a purely ‘economic” approach to abortion ignores its moral and human rights aspects.

The Guttmacher Institute asked women having abortions to list all the concerns that led them to have one. Only 23% of women cited “can’t afford a baby now” as their most important reason. To be sure, that was the second most common single response, after “not ready for a(nother) child”/“timing is wrong” (given by 25%).

The “timing is wrong” answer may have a lot to do with the fact that 86% of abortions are performed on

unmarried women, at a rate five times higher than that of married women.

At the risk of stating the obvious: If being unmarried is the “wrong time” to have a child, might it be wise for the unmarried to abstain from activity specifically designed to procreate a child?

In fact, some women understand this connection and have chosen abstinence (“Works Every Time!”) over contraception, which despite decades of glowing propaganda works very poorly indeed in real life.

A recent comprehensive study by Guttmacher provides loads of evidence that abstinence, more than contraception, has driven down abortion rates in the past two decades.

Researchers Stanley Henshaw and Kathryn Kost examine the characteristics of women having abortions between 1974 and 2004 and offer reasons for the decline (www.guttmacher.org/pubs/2008/09/18/Report_Trends_Women_Obtaining_Abortions.pdf).

The authors actually claim that more and better contraceptive use is the main reason for declining abortions, relying on a 2007 study by J. Santelli et al.But a demographic breakdown of their findings leads to a different conclusion, and a careful reading of Santelli reveals where they go wrong.

Point One: The abortion ratio has fallen

The proportion of pregnancies ending in abortion peaked in 1983 at about 30%.

By 2004, that ratio had declined by almost one-fourth, to 23% of pregnancies ending in abortion (a ratio only slightly higher than in 1974).

Such a change has little to do with contraceptive efficacy: 89% of U.S. women who are sexually active are currently using contraception, and 54% of women seeking abortions were using contraception in the month they became pregnant. Decreased abortions relative to live births reflects primarily an increased willingness of pregnant women to let their child be born.

Point Two: Teen abortions have fallen relative to other demographic groups

Between 1974 and 2004, only one group declined in abortions relative to the other age groups: teens.

Age Group	1974	2004	% change
< 20 years	32.5%	16.9%	- 48
20-29	50%	56.5%	+ 13
30-39	15.4%	23.5%	+ 53

> 40	2.1%	3.1%	+ 48

Does anyone suppose that teens are more likely to use contraception to avoid an unintended pregnancy, or to use contraceptives more efficiently than adult women?

No? Didn’t think so. The opposite is true.

Point three: The abortion rate has fallen farthest among teens

Age Group	1984 Rate	2004 Rate	% change
</= 15	9.3	3.3	- 64.5
15-17	29.9	11.8	- 60.5
18-19	60.8	31.9	- 47.5
20-24	51.6	39.9	- 22.7
25-29	30.9	29.7	- 3.9
30-34	17.8	18.2	+ 2.2
35-39	9.5	9.8	+ 3.2
>/= 40	2.9	3.3	+ 13.8

Thus we can see a clear pattern: The abortion rate (number of abortions per 1,000 women) plummeted among girls under 20, decreased more gradually among women in their 20s, and increased among women over 30.

Does it make any sense that contraceptives are responsible for this?

In that case one would have to conclude that contraceptives are being used more and more effectively by teenagers and less and less effectively the older one gets.

That defies common sense.

How then do we account for lower abortion rates, driven by a steep decline among teens?

John Santelli et al. looked at the 27% decline in pregnancy rates for girls 15-19 between 1991 and 2000, and concluded that improved contraceptive use accounted for 86% of the pregnancy risk decline (attributing only 14% to increased abstinence). Among 15-17 year-olds, they attributed 77% of the decline in pregnancy rates to contraception and 23% to abstinence.

These conclusions are plausible only if one assumes a high level of effectiveness for contraception and ignores the implausible premise of a drop-off in contraceptive effectiveness or use among women over age 20.

Where did Santelli and his colleagues go wrong?

They estimated pregnancies prevented by contraception using the contraceptive effectiveness rates applicable as a whole to women 15-44: an 8% failure (pregnancy) rate among women who take oral contraceptive pills (OCs) and a 15% failure (pregnancy) rate among condom users over a 12-month period.

That error is inexcusable, as evidenced by the research of Haishan Fu et al. on “Contraceptive Failure Rates: New Estimates from the 1995 National Survey of Family Growth” (published in Guttmacher’s Family Planning Perspectives in 1999). The study reveals wide disparities in contraceptive effectiveness by age group, poverty level and marital status. This makes perfect sense.

Compared to younger women, those in their late 30s and 40s have lower fertility and are more likely to use contraception consistently and correctly. Women living at or above 200% of poverty level are also more likely to be consistent and correct in their use of contraception than women whose incomes fall below that line.

Cohabitors are more likely to become pregnant despite using contraception than married women and single, noncohabiting women. A few examples will demonstrate why this is important.

Contraceptive failure rates by selected demographics

Category	OC Failure Pregs/12 months	Condom Failure Pregs./12 months
Married, = /> 30 yrs.		
>200% poverty	3.3%	6.2%
Unmarried, <20 yrs.		
Not cohabiting		

<200% poverty 12.9% 23.2%

Cohabiting, <20 yrs.

< 200% poverty 48.4% 71.7%

Teens have about a four times higher risk of becoming pregnant while using OCs and condoms than women older than 30; if they’re cohabiting, their risk of pregnancy is 15-fold on the pill and 12-fold using condoms.

Conclusion: Contraception can’t be responsible for teen abortion rates declining faster than those of older women, as teens’ use of contraception is notoriously erratic and ineffective.

Teen abstinence, not contraception, has driven down pregnancy and abortion rates.

USCCB Secretariat of Pro-Life Activities www.usccb.org/prolife [Sept-Oct 2008, Life Insight, http://www.usccb.org/prolife/publicat/lifeinsight/li_septoct08.pdf]

"Freedom of Choice Act"

...If enacted, FOCA will reverse decades of progress in reducing the annual toll of abortions in the United States, a result no one should welcome regardless of his or her feelings about “choice.”

How can we be certain that abortions will increase under FOCA?

A recent study by Dr. Michael J. New, assistantprofessor of political science at the University of Alabama, proves the effectiveness of parental involvement laws in reducing minors’ abortion rates.

Examining data for minor girls in all 50 states from 1989 to 1999, Dr. New found that minors’ abortion rates fall by an average of 13.6% following enactment of a state parental involvement law.

The more protective the law, the greater is the decline in the abortion rate.

Laws, for example, that require the consent (rather than simply notification) of one parent reduce the abortion rate by an average of 19%. Laws requiring the notification or consent of both parents yield an average 31% reduction in minors’ abortions.

Such reasonable regulations would be invalidated, and these gains reversed, by FOCA.

Using this and earlier research by Dr. New on the effect of state abortion regulations, Matt Bowman, an attorney with the Alliance Defense Fund, calculated the increased number of abortions that could be expected annually if FOCA became law and invalidated three common types of state abortion laws: parental involvement, informed consent, and laws restricting state funding of abortions.

Mr. Bowman arrived at a figure of 125,000 additional abortions annually due to FOCA.

Even NARAL has acknowledged that states providing Medicaid funding for abortion have much higher abortion rates among Medicaid-eligible women than states which do not provide such funding.

The National Committee for a Human Life Amendment (NCHLA) issued a Legislative Action Alert on September 24 that can be downloaded in English and Spanish from www.nchla.org/actiondisplay.asp?ID=266.

The current House and Senate versions of FOCA, along with names of co-sponsors, can also be found on NCHLA’s site.

See www.nchla.org/issues.asp?ID=50 for all the FOCA-related material.

FOCA cannot be stopped without your help.

[Sept-Oct 2008, Life Insight, http://www.usccb.org/prolife/publicat/lifeinsight/li_septoct08.pdf]

New Video Shows Indiana Planned Parenthood Covering Up Rape of 13-year Old Girl: New footage released today from an undercover camera inside an abortion clinic in Bloomington shows Planned Parenthood staff deliberately violating the state's mandatory reporting laws for sexual abuse.

The footage shows Lila Rose, a UCLA student journalist and president of right-to-life advocacy group Live Action, posing as a 13-year-old girl. In an appointment with a Planned Parenthood nurse, Rose says she has been impregnated by a 31-year-old man, a clear case of child molestation under Indiana state law.

On tape, the nurse acknowledges her responsibility to report the abuse, but assures Rose she will not. The nurse says, "I am supposed to report to Child Protective Services," but tells Rose, "Okay, I didn't hear the age [of the 31-year-old]. I don't want to know the age."

She then instructs Rose how to obtain a secret abortion by crossing state lines in order to avoid Indiana's parental consent law. The nurse also coaches Rose to cover for the 31-year-old man by saying he is only 14. She says, "You've seen him around, you know he's 14, he's in your grade and whatever. You know what I mean."

Rose said she and other students in Live Action recorded the video over the summer in a multi-state investigation of the abortion industry. Rose described the undercover audit, called The Mona Lisa

Project, as "demonstrating the routine lawlessness of abortion providers at Planned Parenthood." Rose noted, "Today's video release is only a sample from many hours of similarly disturbing footage."

Planned Parenthood, a tax-exempt nonprofit, made over $100 million in profits last year and has a billion-dollar budget, nearly a third of which comes from taxpayers through government funding. Jackie Stollar, student president of a Live Action chapter in Oregon, accompanied Rose on the investigation. "In a repeated pattern, Planned Parenthood has violated the public trust. It should have its government funding revoked," she said.

"The Mona Lisa Project demonstrates how quickly the abortion industry's disrespect for unborn children becomes disregard for all humans," Rose explained. "Planned Parenthood offers no solutions for the victim of statutory rape--they give her an abortion and a bag of condoms and send her straight back into the arms of the abuser."

The video is available online at http://www.metacafe.com/channels/LiveActionFilms/. For more information, visit www.LiveActionFilms.org. For interview or special media requests for copies of footage and documentation, please contact lilarose@liveactionfilms.org.

http://www.christiannewswire.com/news/894048846.html

[3Dec08, Lila Rose, Live Action, 408-497-3982, BLOOMINGTON, Ind., Christian Newswire]

"Killed abortion survivor finally gets funeral"

On Oct. 14, little Shanice Osbourne will finally be laid to rest 27 months after she was allegedly killed on the day she was aborted alive, July 20, 2006, by abortion clinic owner Belkis Gonzalez at A Gyn Diagnostics Center in Hialeah, FL.

In addition, notice of intent to initiate a civil lawsuit for medical negligence, wrongful death and personal injury has been filed against Gonzalez, abortionist Pierre Jean-Jacques Renelique and their conglomerate of four Dade Co. abortion clinics by Pennecamp Law in conjunction with the Thomas More Society.

Finally, some semblance of peace and justice?

On a hot summer day a little over two years ago, Sycloria Williams was in the throes of an induced-labor abortion of 22-week-old Shanice when the baby delivered alive.

A clinic worker, along with Williams, witnessed Gonzalez cut the cord and place the moving, breathing baby in a biohazard bag partially filled with chlorine bleach and zip it shut.

It was that worker who developed a conscience and allegedly called

police to report the crime, after which Gonzalez tossed the baby in the bag on top of the mill roof so police couldn't find her.

For nine days, the baby baked in the Florida sun until Gonzalez, thinking the coast was clear, retrieved her only to have the worker call police again, who this time found the baby. DNA evidence linked Shanice to Sycloria.

And then the case hit a wall – because the murder victim had been aborted.

While the Miami-Dade County medical examiner determined Shanice was born alive, he concluded her death was "natural" due to "extreme prematurity," since no one could know exactly why she died – burning, drowning, suffocation, or on her own?

The examiner was clearly biased. If one strangles a dying 2-year-old, one still has committed murder. If one shoots a person midair who has just leapt to her death, one has still committed murder. But if one burns, drowns and suffocates a dying premature aborted baby, the death was natural?

Shanice's short life and death demonstrate the need for the Born Alive Infants Protection Act. While it was legal to kill Shanice pre-birth, it was "wrongful death" to do so after, even if she wasn't viable.

(This is exactly the age baby Barack Obama as state senator fought against giving legal personhood status.)

To date, the Miami Dade district attorney has not filed criminal charges against Gonzalez or Renelique, who was negligently absent from the premises when Sycloria delivered, and so the two still roam free – and abort for a price – in the Miami area.

[8Oct08, by Jill Stanek, WorldNetDaily. com, http://www.wnd.com/index.php?fa=PAGE.view&pageId=77344]

New Blood Test in UK Sparks Fears of Abortions on Disabled Unborn Children

A new blood test could be available in the next five years that would identify conditions such as Down's Syndrome and cystic fibrosis as early as seven weeks, igniting fears of designer babies and increased numbers of abortions. Great Britain, where researchers announced the new test, already has more abortions than any other Western European nation with over 200,000 a year. Pro-life leaders are concerned that the test, which can also determine the sex of the child five weeks earlier than current tests, would lead to discrimination. "It does not offer any possibility except the termination of the pregnancy," Josephine Quintavalle, of the pro-life campaign Comment on Reproductive Ethics, told the Mail Online. "This is a pursuit for perfection. Having

the right sex of a child will become another quest for perfection. We are getting more information than we know how to handle.'" [6 Oct 08, London, England (LifeNews.com]

Top Researchers to Discuss How Abortion Hurts Women's Mental Health

The Family Research Council will host a discussion forum on Thursday featuring top researchers from across the country who will discuss how abortion adversely affects women's mental health. They'll point to key studies proving the abortion-mental health link and discuss the recent APA report.

The researchers include Dr. Priscilla Coleman of Bowling Green State University and Catherine Coyle, RN, Ph.D., of the Alliance for Post-Abortion Women.

In addition, David Reardon, Ph.D., a top post-abortion researcher from the Elliot Institute and clinical psychologist Vincent M. Rue, Ph.D., from the Institute for Pregnancy Loss will also appear.

They will discuss data from numerous studies that have exposed the associations between abortion and mental health, and substance abuse disorders.

In 2005, Dr. David Fergusson of the Christchurch School of Medicine & Health Sciences in New Zealand, conducted a study that found that having an abortion as a young woman raises the risk of developing mental health problems such as depression and anxiety.

Some 42 percent of the women who had abortions had experienced major depression within the last four years. That's almost double the rate of women who never became pregnant. The risk of anxiety disorders also doubled.

According to the study, women who had abortions were twice as likely to drink alcohol at dangerous levels and three times as likely to be addicted to illegal drugs.

An August study from Norway shows a link between abortion and mental health problems such as depression.

The authors make the link clear in the conclusion of the abstract: "Young adult women who undergo induced abortion may be at increased risk for subsequent depression."

Another study in August in the British Journal of Obstetrics and Gynaecology found 30 percent of women who purchase the abortion drug mifepristone on the Internet experience depression and negative feelings accompanying the abortion.

Despite the research, the American Psychological Association, which supports legalized abortion, released a report claiming abortion causes no mental health problems.

The FRC announcement about the discussion indicates the researchers will present "the body of research the American Psychological Association failed to assess in its recent report on abortion and mental health."

The event takes place Thursday, 9 October, at the FRC headquarters in Washington.

[7Oct 08, Ertelt, LifeNews.com, DC, http://www.lifenews.com/nat4414.html]

APA Suffers Mental Block on Abortion

On the heels of our book lecture last month, FRC is pleased to announce another in-depth discussion on the negative effects of abortion with some of America's leading researchers and clinicians. This Thursday, October 9, Drs. Priscilla Coleman (Bowling Green State University), Catherine Coyle (Alliance for Post-Abortion Research and Training), David Reardon (Elliot Institute), Vincent Rue (Institute for Pregnancy Loss), Martha Shuping (Shuping & Associates), and our own Tom McClusky will host "Post-Abortion Mental Health Effects, Awareness, and Politics" at FRC (801 G Street, NW, Washington, DC). Panel Discussion: Post-Abortion Mental Health Effects, Awareness, and Politics
http://www.frc.org/events/panel-discussion-post-abortion-mental-health-effects-awareness-and-politics

British MP Wants to Allow Girls as Young as 12 to Have Dangerous Abortion Drug

London, England (LifeNews.com) -- A British member of Parliament ants girls as young as 12 to be allowed to get the dangerous abortion drug RU 486 without parental knowledge or permission. Liberal Democrat member Evan Harris believes the mifepristone abortion drug should be able to be used up to 19 weeks into pregnancy even though it is advised only for use about seven or eight weeks into pregnancy. Tory MP Nadine Dorries, a former nurse who wants to reduce the abortion time limit,

told the British media she is upset by the proposal. “We are talking about young girls who will go home and abort on their own,” she said. “Women who are aborting should be in an environment where they can be given advice, reassurance and adequate pain relief.” Harris’ proposal comes in the form of an amendment to the Human Fertilisation and Embryology Bill which returns to the Commons this week for more debate. More abortions are done in England than anywhere in Europe because of its more liberal abortion laws compared to most other countries. [20October08, www.LifeNews.com, #4448]

Uganda First Lady Inquires if Marie Stopes Intl is Doing Abortions There

London, England (LifeNews.com) -- The First Lady of the African nation of Uganda wants to know if the British-based abortion business Marie Stopes International is doing abortions there. Janet Museveni is demanding to know if MSI is doing more than distributing birth control and contraception in her nation. She said she has heard from an American lawmaker that MSI may be doing abortions in her country. “I want Marie Stopes to explain what they do in the villages,” Museveni said. “The young people who get pregnant should be helped to produce instead of helping them to abort.” The U.S. government recently decided to de-fund MSI because of the organization’s participate in the China family planning policy that includes forced abortions and sterilizations. Over five years ago, the Uganda Medical and Dental Practitioners Council closed down Marie Stopes clinics in Uganda for allegedly administering abortions. However, they were allowed to re-open after denying the allegations. Abortions in Uganda are illegal, but some estimates indicate thousands of illegal abortions are done there. [20October08, www.LifeNews.com, #4448]

Lawmakers Call for Investigation after Spike in Federally Funded Abortions

More than 80 U.S. representatives are calling on the Department of Health and Human Services (HHS) to investigate whether taxpayer money is being misused on abortions in Illinois. Under the federal Hyde Amendment, Medicaid can fund abortions only in cases of rape, incest or when the life of the mother is at risk. In 2006, the government paid for 196 such abortions across the U.S. In 2007, the number jumped to 458. In 2006, Illinois reported 84 federally funded abortions in cases of rape. That number jumped to 363 in 2007. Members of Congress requested an explanation from HHS in June. A second letter, dated Sept. 26, reads: "We find this dramatic increase surprising, especially since corollary increases do not appear in any other state. Please provide detailed information regarding this increase." The letter requests a response by Oct. 26.
[http://www.citizenlink.org/content/A000008314.cfm, Citizen Link; ALL Pro-Life Today, 7Oct 08]

Video Catches Planned Parenthood Covering Up STATUTORY RAPE

Students for Life of America (SFLA) has released a video exposing two Planned Parenthood clinics in Winston-Salem and Charlotte, North Carolina covering up statutory rape of young girls. To view the video,

go here: http://www.youtube.com/watch?v=vkakpcWSyWY In June of 2008, two college women volunteering for Students for Life of America entered two clinics in North Carolina posing as underage girls, 15 and 14, who just had unprotected sex with their mother's live-in boyfriend who was in his 30s. Each girl told the clinic workers that he suggested she come get the morning the Morning After Pill. According to N.C. Gen. Statue 7B-301 and 7B-101, this information was enough to trigger North Carolina statutory rape reporting laws, obligating any person who learned of this story to report the crime to authorities. In both visits, Planned Parenthood staffers acknowledged that what was happening to the girls was statutory rape and in one case even repeatedly admitted that they were required to report the incident. [http://www.lifesitenews.com/ldn/2008/oct/08100607.html, Life Site News; ALL Pro-Life Today, 7 Oct 08]

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ARLINGTON, VA, October 6, 2008 (LifeSiteNews.com) - Students for Life of America (SFLA) has released a video exposing two Planned Parenthood clinics in Winston-Salem and Charlotte, North Carolina covering up statutory rape of young girls. To view the video, go here: http://www.youtube.com/watch?v=vkakpcWSyWY

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In both visits, Planned Parenthood staffers acknowledged that what was happening to the girls was statutory rape and in one case even repeatedly admitted that they were required to report the incident.

However, after the visits, Students for Life of America filed North Carolina Public Records Requests to find out if the Planned Parenthood locations had reported the crimes. SFLA has obtained and posted documents, which show that the crimes were not reported to authorities in either Charlotte or Winston-Salem. To view the reports from police department authorities, go here: http://www.studentsforlife.org/index.php/plannedparenthoodinvestigation/

In addition to covering up the statutory rape of these young girls by failing to report, both Planned Parenthoods were willing to help them get on birth control without their parents' knowledge, which would prolong the abuse while covering evidence. One staffer in Charlotte even said to the girl, "You can do it now," and set an appointment for the minor to obtain birth control the following week.

Further, both clinics told the girls that anyone over the age of 18

could simply go to a drug store and buy the Morning After Pill for them, giving the girls' rapists a tool to further cover their crime of rape.

SFLA's Executive Director, Kristan Hawkins commented on the videos today saying, "These videos are simply shocking. That Planned Parenthood staffers acknowledged the girls were being raped and then did not report the crime is horrific. They allowed these girls to go home to their rapists and even confirmed that their rapists could get the Morning After Pill for them to cover their crimes."

Tom McClusky, Vice President of Government Affairs for the Family Research Council, responded to the investigation, "As long as Planned Parenthood puts their fealty to abortion on demand above protecting young girls from statutory rapists then investigations such as the ones done by SFL will be needed."

To view the video, go here: http://www.youtube.com/watch?v=vkakpcWSyWY

Spain Abortions Increasing, Especially on Teenage Girls, Pro-Life Group Says

Young women and girls in Spain are becoming the victims of abortion at an alarming rate, according to the Institute for Family Policy in Spain. "Every half hour in Spain a girl under the age of 20 receives an abortion, and each day there is at least one abortion performed on girls under the age of 15 (496 abortions in 2006). In 99.5% of the cases there is a psychological or physical risk for the mother. This data should make us reflect on what is happening," said Eduardo Hertfelder, the Institute's president. Fifty percent of pregnancies in adolescent girls ends in abortion in Spain, according to the Institute, and failure of the morning after pill is "evident," with a direct relationship of the drug's promotion and the increase in the number of abortions. Hertfelder called the Spanish government's policy "erroneous and out-dated," and called for a change in policy regarding the "indiscriminate promotion of the morning after pill among adolescents and of abortion as a solution." According to the IFP, the number of abortions in Spain has more than doubled in the last 10 years, with 97,000 being performed in 2006. In the last four years alone, the number of abortions have increased 35%. [6 Oct 08, Madrid, Spain LifeNews.com]

Russia: 64% of Pregnancies End in Abortion

250,000 women/year left infertile from abortion complications

Alarmingly high abortion rates in Russia are leaving an increasing number of women infertile, said Marina Tarasova, deputy head of the St. Petersburg Research Institute For Gynecology and Obstetrics of the Russian Academy of Sciences, at an international conference on Monday.

The St. Petersburg Times reported that with 64 percent of Russian women

procuring abortions, 200,000 to 250,000 women each year are stripped of their biological ability to procreate because of permanent effects from the procedure.

"Over the past five years, female infertility in Russia has increased by 14 percent, and over 1.5 million Russians need advanced medical technology to become pregnant and maintain a healthy pregnancy," Tarasova said.

She also mentioned that by the end of last year, there were 5.5 million infertile couples in the country.

In the teenage population, one in four women have a gynecological ailment or reproductive disorder. Furthermore, over the last five years, there has been a 30 percent increase in the number of women aged 15-17 who have experienced these health problems.

The Russian government is attempting to promote family values within the country, naming 2008, "The Year of the Family." Abortions, however, are still offered free of charge at all state clinics. [1 Oct 08, Tim Waggoner, St. Petersburg,

September 31, 2008 (LifeSiteNews.com]

ABORTION GIVEN LEGAL BOOST IN 16 COUNTRIES IN LAST DECADE. The current issue of the journal “International Family Planning Perspectives” records a worldwide trend toward the legalization of abortion. [ALL Pro-life Today, 31Oct08]

SHOCK: PLANNED PARENTHOOD NURSE ADMITS INFANTICIDE: "IT DOES HAPPEN". Students for Life of America (SFLA) released undercover footage of a nurse at a Title X, federally funded Freehold, New Jersey Planned Parenthood facility describing how an abortion would be performed on a 22 week unborn child. (View the video here: http://www.youtube.com/watch?v=DnlHNbAh6xY. In case this video is removed by Youtube, you may also view it on Eyeblast at the following link: http://www.eyeblast.tv/public/video.aspx?v=e46UqG8zSU) In the footage, the Planned Parenthood nurse describes to the pregnant woman that an abortion at such a late stage would entail delivering her son and, after the woman asks if the baby can be born alive, the nurse admits that "it does happen, but it wouldn't be able to survive on its own so eventually the baby does die."

[http://www.lifesitenews.com/ldn/2008/oct/08103101.html News Source; ALL Pro-life Today, 31Oct08]

THE FREEDOM OF CHOICE ACT: RADICAL ATTEMPT TO PREMATURELY END DEBATE OVER ABORTION. In elevating abortion to a fundamental right, FOCA poses an undeniable and irreparable danger to common-sense laws supported by a majority of Americans.

Among the more than 550 federal and state laws that FOCA would nullify are: Partial Birth Abortion Ban Act of 2003; Hyde Amendment (restricting taxpayer funding of abortions); Restrictions on abortions performed at military hospitals; Restrictions on insurance coverage for abortion for federal employees; Informed consent laws; Waiting periods; Parental consent and notification laws; Health and safety regulations for abortion clinics; Requirements that licensed physicians perform abortions; “Delayed enforcement” laws (banning abortion when Roe v. Wade is overturned and/or the authority to restrict abortion is returned to the states); Bans on partial-birth abortion; Bans on abortion after viability; Limits on public funding for elective abortions; Limits on the use of public facilities (such has public hospitals and medical schools at state universities) for abortions; State and federal legal protections for individual healthcare providers who decline to participate in abortions; Legal protections for religiously-affiliated hospitals who, while providing care to millions of poor and uninsured Americans, refuse to allow abortions within their facilities.

Notably, pro-abortion groups do not deny FOCA’s draconian impact.

For example, Planned Parenthood has explained, "FOCA will supercede anti-choice laws that restrict the right to choose, including laws that prohibit the public funding of abortions for poor women or counseling and referrals for abortions.

Additionally, FOCA will prohibit onerous restrictions on a woman's right to choose, such as mandated delays and targeted and medically unnecessary regulations." Clearly FOCA will not make abortion safe or rare – on the contrary, it will actively promote abortion and do nothing to ensure its safety – so, abortion advocates’ unrelenting campaign to enact FOCA is a “wake-up call” to all Americans.

If implemented, FOCA would invalidate common-sense, protective laws that the majority of Americans support. It will not protect or empower women. Instead, it would protect and promote the abortion industry, sacrifice women and their health to a radical political ideology, and silence the voices of everyday Americans who want to engage in a meaningful public discussion over the availability, safety, and even desirability of abortion. [http://www.aul.org/foca, Denise M. Burke, AUL Vice President of Legal Affairs]

PRO-LIFE LAWS AND POLITICIANS REDUCE ABORTIONS. During the past 35 years, the pro-life movement has made real progress. The number of abortions has fallen in 12 out of the past 14 years and the total number of abortions has declined by 21 percent since 1990. These gains are largely due to pro-life political victories at the federal level in the 1980s and at the state level in the 1990s which have made it easier to pass pro-life legislation.

For instance, the 1990s decline in the abortion rate--a decline that is eagerly touted by these Obama and Kerry supporters--had virtually nothing to do with policies enacted by President Clinton, and much to do with the dramatic increase in the number of states that were enacting pro-life laws.

The information below comes from NARAL's Who Decides, an annual publication which provides information about abortion legislation:

- In 1992, virtually no states were enforcing informed-consent laws; by 2000, 27 states had informed-consent laws in effect.

- In 1992, no states had banned or restricted partial-birth abortion; by 2000, twelve states had bans or restrictions in effect.

- In 1992, only 20 states were enforcing parental-involvement statutes; by 2000, 32 states were enforcing these laws.

Furthermore, there is plenty of evidence which suggests that these and other types of pro-life legislation have been effective at reducing the incidence of abortion.

There are a number of studies in peer reviewed academic journals that indicate that restrictions on public funding reduce abortion rates. In fact, there is close to a consensus on this subject among social scientists. I have conducted three studies which have examined state abortion data from almost every state for every year from 1985 to 1999.

Each study finds that these state level public funding restrictions reduce the incidence of abortions by over 10 percent.

Informed consent laws require that women seeking abortions receive information about public and private sources of support for single mothers, health risks, and fetal development. Between 1992 and 2000, 27 states have enacted informed consent laws. Abortion data obtained from both the pro-abortion Alan Guttmacher Institute (AGI) and the officially neutral Centers for Disease Control (CDC) indicate that informed consent laws reduce the incidence of abortion. Furthermore, natural experiments which compare the effects of nullified laws to enacted laws have shown that nullified laws have no real effect on state abortion rates whereas enacted laws result in fewer abortions. This provides more evidence for the effectiveness of informed consent laws.

There exist at least 8 studies in peer reviewed academic journals--including one in The New England Journal of Medicine--which demonstrate that pro-life parental involvement laws reduce the in-state abortion rate for minors anywhere from 13 percent to 19 percent. Furthermore, a recent study I have conducted shows that more protective parental involvement laws--those that require parental consent and those that require the involvement of two parents--result in even larger decreases in abortion.

Case studies provide still more evidence of the effectiveness of state level pro-life legislation. Between 1992 and 2000 the overall abortion rate declined by 14 percent (among the 47 states reporting data both years). However, those states that were especially active in enacting pro-life legislation during the 1990s experienced even larger decreases in abortions. For example, Mississippi has probably been more active than any other state in enacting pro-life legislation. During the 1990s the legislature enacted an informed consent law, the most protective parental involvement law in the country (one which requires the consent of both parents), a partial birth abortion ban, and a sweeping conscience clause allowing any medical professional to opt out of participating in an abortion. Abortion Rate Decline: 1992-2000: 52.07%...

[27October2008, by Dr. Michael New http://www.lifenews.com/state3587.html; LifeNews.com Note: Dr. Michael New is a political science professor at the University of Alabama and holds a Ph.D. from Stanford University. He is one of the foremost authorities on how abortion laws affect abortion rates across the nation.]

NEW YORK SUBWAY RIDERS RESPOND TO AD AND SHARE POST-ABORTION GRIEF, AGONY. A subway advertising campaign in New York City reaching out to men and women who suffer from abortions or experienced the pain of an abortion through a loved one is yielding results. The woman behind the campaign said thousands have responded with their own post-abortion grief and agony.

The campaign relies on the tag line "abortion changes you" and the ads have been seen by hundreds of thousands of New York subway riders during the past month.

To date, more than 1,400 New Yorkers have responded by visiting the Abortion Changes You web site.

In one ad, an Asian female shares: "I thought life would be the way it was before," while a tattooed male on another says: "I often wonder if there was something I could have done to help her."

Michaelene Fredenburg, author of Changed: Making Sense of Your Own or a Loved One's Abortion Experience, and the creator of the ads, shared some of the responses with LifeNews.com.

One woman wrote: "I would like to thank you for listening to my story. I thought and at times felt like I was the only one who was going through this."

Another wrote, "I'm 24, confused and alone... I felt like I was the only one suffering until I found this web site on the train."

Another woman carried her secret for two years and didn't seek help. She experienced depression and difficulty in school until she told friends about her abortion.

Family members shared experiences as well and one ad respondent shared the loss of two siblings because of abortion: "It hurt me deeply to know that I had a brother and/or sister who was taken from me... My mother spent many years grieving and healing."

Fredenburg told LifeNews.com in response to the stories, "I am glad that the ads have resonated with New Yorkers.

"Knowing that you are not alone and being able to talk about your experience is so important. Reaching out after my abortion was a turning point for me," she added.

New Yorkers also participated in other areas of the site and men and women are able to select from a range of emotions and indicate their feelings about the abortion.

The top feelings submitted in the last month were "ashamed", "angry", "alone", and "changed."

www.AbortionChangesYou.com

[11Nov08, http://www.lifenews.com/state3634.html,Ertelt,www.LifeNews.com,New York City]

NEW INTERNATIONAL PLANNED PARENTHOOD DOCUMENT TELLS STATES TO GUARANTEE SWEEPING “SEXUAL RIGHTS”

The International Planned Parenthood Federation (IPPF) has issued a new document that declares that governments are obligated to guarantee a sweeping definition of “sexual rights,” including abortion, “sexual freedom” and “comprehensive sexuality education,” as an integral component of human rights.

The IPPF declaration defines sexual rights as “an evolving concept that encompasses sexual activity, gender identities, sexual orientation, eroticism, pleasure, intimacy and reproduction.” IPPF differentiates “sexual rights” from “reproductive rights,” a term that it equates with abortion, specifying that “sexual rights encompass more than entitlements related to health” and that “many expressions of sexuality are non-reproductive.”

The IPPF declaration is broken down into a series of ten articles, each of which lists a series of demands. Under the article on the “right to life, liberty and security of the person and bodily integrity,” IPPF includes a right to abortion, stipulating that “no woman shall be condemned to forced maternity as a result of having exercised her sexuality” and that all women have a right to safe abortion services “independently of the objection of health service providers” - in other words, gutting conscientious objector rights.

Other articles include demands for all persons in custody “to have regular conjugal visits,” all individuals to have their self-defined gender identity reflected on government documents “including but not limited to birth certificates and passports,” and “the right to explore their sexuality and fantasies free from fear, shame, guilt, false beliefs and other impediments to the free expression of their desires.”

The IPPF declaration concludes its list of demands with an article on the “right to accountability and redress.” IPPF insists that states establish accountability mechanisms to ensure that “sexual rights” are “fully upheld.” According to IPPF, this includes “the ability to monitor the implementation of sexual rights and to access remedies for violations of sexual rights, including access to full redress through restitution, compensation, rehabilitation, satisfaction, guarantee of non-repetition.”

The declaration links “sexual rights” to long-established human rights, such as the rights to life, equality, non-discrimination, privacy, freedom of thought, education, and to marry and found a family. IPPF asserts that states have a legal obligation to “respect, protect and fulfill sexual rights” and that governments are required “to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures toward the

full realization of the right.”

The term “sexual rights” has never been included in any binding United Nations (UN) document. Proponents tried to get it included in the Platform for Action of the Beijing Women’s Conference (1995) but 65 governments objected and it was removed. It was tried again at the Hague Forum leading into the five-year review of the Cairo Conference and was rejected there, too.

IPPF, however, has already declared that it will do everything it can to safeguard “sexual rights” at future UN conferences. IPPF president Jacqueline Sharpe stated that “the Declaration will enable members of the sexual and reproductive health and human rights communities to create change and build on the momentum that has already begun around sexual rights in preparation for the next International Conference on Population and Development in 2015.” [13Nov08, www.LifeSiteNews.com; Samantha Singson; NEW YORK,C-FAM; http://www.c-fam.org)

BRITISH SECRETARY OF STATE: GOVT WILL NOT EXPAND ABORTION TO NORTHERN IRELAND. Responding to questions from members of the British Parliament, Secretary of State Shaun Woodward said Thursday that the government will not expand abortion to Northern Ireland. The question of extending the 1967 Abortion Act to the region has been hotly contested in recent months. MPs attempted to attach an amendment to the HFE bill that would have forced abortion on Northern Ireland even though Stormont has been strongly opposed to it. Woodward said Northern Ireland's assembly was the best place for that battle to occur, and not in Westminster, according to a Belfast Telegraph report. “Successive governments have consistently said that extending the Abortion Act 1967 to Northern Ireland would need the most careful consultation there and that no change to the current arrangements should be made against the wishes of the people in Northern Ireland," he said. “The Government believes that the best forum for taking decisions on this matter is the Northern Ireland Assembly once it has taken responsibility for criminal law," he added. [15Nov08, http://www.lifenews.com/bio2632.html; London, England, LifeNews.com]

EL SALVADOR PRAISED FOR REJECTING PRO-ABORTION IBERO-AMERICAN CONVENTION. The tiny Central

America nation El Salvador is earning praise from pro-life advocates for rejecting an international treaty that would promote abortion. The Hispanic nation's president, Elias Antonio Saca, says he will not sign the Ibero-American Convention on the Rights of Youth (ICRY). Saca affirmed his intentions at an Ibero-American leaders’ summit late last month and, according to a leading pro-life group, said it would violate El Salvador’s Constitution. Piero Tozzi and Neydy Casillas Padrón, of the Catholic Family and Human Rights Institute, tell LifeNews.com that Saca's veto "cheered Latin American social conservatives who have been wary of articles in the Convention that they say promote" abortion. Writing in the group's Friday Fax publication, the pair say the ICRY is "backed by Spain’s socialist president, Jose Luis Rodriguez Zapatero, and has the support of the United Nations Population Fund (UNFPA) and Department of Economic and Social Affairs." "Proponents tout the treaty as enhancing the civil, political, economic, social and cultural rights of young people between the ages of 15 and 24," they write. But critics say it labels “sexual and reproductive health” a “right” and calls for “confidentiality” with respect to this right. [15Nov08, http://www.lifenews.com/bio2632.html; San Salvador, El Salvador, www.LifeNews.com]

URUGUAY PRESIDENT VAZQUEZ VETOES BILL LEGALIZING ABORTIONS IN EARLY PREGNANCY which would have made the small nation one of the few in the region to legalize abortions. President Tabare Vasquez made good on his promise to veto the legislation the Congress approved. Tourist Minister Hector Lescano informed the media of the veto Thursday afternoon and said members of the House and Senate lacked the three-fifths vote required to override it. There were 7 of the 30 members of the Senate who voted for the bill on Tuesday and the Chamber of Deputies approved it on a slim 49-48 margin. The measure would allow abortions for virtually any reason during the first 12 weeks of pregnancy even though most of the nations in Central and South America prohibit abortions in line with the overwhelmingly strong Catholic beliefs of the people. Vásquez vetoed a similar bill earlier this year that would have allowed abortions on virtually any grounds during the early part of pregnancy. [14Nov08, www.LifeNews.com, #4471; Montevideo, Uruguay www.LifeNews.com]

MARCH OF DIMES GIVES U.S. A "D" ON PREMATURE BIRTH, BUT IGNORES ABORTION LINK. The March of Dimes released a report chiding the U.S. for failing to improve premature birth numbers and giving the country a "D" for its performance. However MOD's report includes no mention of the link between premature birth and an easily avoidable risk factor: abortion.

The March of Dimes released its first-ever Premature Birth Report Card tallying the progress states have made in reducing premature birth figures.

Only one state, Vermont, received a "B" and 23 states were given a "D" by MOD.

The March of Dimes says premature birth affects 530,000 babies annually and can lead to numerous physical or mental disabilities and conditions such as asthma, blindness or hearing loss.

"It is unacceptable that our nation is failing so many pre-term babies," March of Dimes president Jennifer Howse said in a statement accompanying the report. "We are determined to find and implement solutions to prevent preterm birth, based on research, best clinical practices, and improved education for moms."

Unfortunately, the March of Dimes, in its full length report, NEVER mentions abortion despite the fact that it increases the risk of premature births in subsequent pregnancies and is an easily avoidable factor.

In July 2006, a report [www.lifenews.com/nat2453.html] from the Institute of Medicine, a National Academies of Science organization, found that first-trimester abortion, the most common type of abortion, is linked to an increasing risk of premature birth.

The IOM report, "Preterm Birth: Causes, Consequences, and Prevention," is a list of "immutable medical risk factors associated with preterm birth" and "prior first-trimester abortion" is listed third among other risk factors that increase the risk of having a subsequent premature birth.

The IOM reported that premature births before 37 weeks gestation represent 12.5 percent of all U.S. births, a 30% increase since 1981. Abortion became legally accessible in 1973 and the number of abortions peaked in the early 1980s as it became more ingrained in society.

The IOM report wasn't the first to show the abortion-premature birth link.

A May 2005 study [www.lifenews.com/nat1334.html] in France showed that an induced abortion can increase the risk by premature birth in subsequent pregnancies by as much as 70 percent. That's because the abortions can damage the lining of the uterus, where unborn children grow and develop.

Caroline Moreau, of France's National Institute of Health and Medical Research, headed up the study and based it on medical notes and interviews of 2837 French women who had a premature birth during 1997, which represents about one-third of the total number of premature births that year.

Those who gave birth between 28 and 32 weeks of pregnancy were 40 percent more likely to have had an abortion compared with mothers who gave birth within two weeks of the expected due date.

Mothers who gave birth to babies from 22 to 27 weeks into the pregnancy were 70 percent more likely to have had an abortion.

Moreau told The Age newspaper at the time that low level infections introduced due to the abortion may come back in a subsequent pregnancy.

She also indicated the cervix may not seal off the uterus completely following an abortion. That would allow bacteria to enter the uterus, causing infections.

During a pregnancy, the cervix is normally rigid and closed, but, in order to perform an abortion, the cervix must be stretched open considerably. While the cervix is forcibly dilated, the cervix muscles can be torn and occasionally ripped off the uterine wall.

Moreau also said surgical instruments during an abortion could damage the lining of the uterus, making it less effective and affecting the development of the baby in a later pregnancy.

A 2003 article in the Journal of American Physicians and Surgeons found at least sixty significant studies published since 1963 report an abortion-premature birth link.

Meanwhile, teenagers who have an abortion also have a higher premature birth risk than adults, according to several research articles, because of the higher risk of infection and weakened cervix.

IOM Report - http://www.iom.edu/CMS/3740/25471/35813.aspx

[12Nov08, http://www.lifenews.com/nat4570.html;12nOV08, Ertelt, LifeNews.com Washington, DC]

PROJECT RACHEL CHAPTER EXPANDS TO MEN, THEY NEED POST-ABORTION HELP TOO. The Project Rachel chapter in St. Louis is planning to expand its services for post-abortive parents to men, following an eye-opening conference in Chicago this September. "The men are left out of the mix, and so my interest — for a lot of reasons — is seeing what I can do to help men who have experienced this and offer some healing," said John Wainscott in Ladue, Missouri. "We want to go out in the community and meet men and draw them into the office to help them with healing." Project Rachel and its many chapters will continue to offer their post-abortion counseling services to women, including retreats, spiritual direction, and counseling. The Reclaiming Fatherhood conference took place on September 8-9 in Chicago, and was organized by the National Office of Post-Abortion Reconciliation and Healing. "We think it is very important to highlight the issues faced by those fathers whose children are aborted," Carl Anderson told LifeNews.com. "There are three victims of every abortion, the child and both of his or her parents, and it is our hope that this conference will be the beginning of a ministry to these fathers, who grieve the death of their unborn child in isolation and silence." [10Nov08, www.Lifenews.com, #4467; St. Louis, MO]

Health & Human Services Right of Conscience Regulations Reorganized and Promulgated 19Dec08.

To read the 127-page regs, visit

http://www.federalregister.gov/OFRUpload/OFRData/2008-30134_PI.pdf

(Doc. 2008-30134 Filed 12/18/2008 at 8:45 am; Publication Date: 12/19/2008)

[from AAPLOG]

A final regulation protecting health care providers' conscience rights was

issued December 18.

The
regulation clarifies and implements existing federal statutes enacted
by Congress in 1973, 1996 and 2004. The Rule will be published in
19Dec08 Federal Register and will take effect 30 days after
publication on January 20th, 2009 at 12:01AM (Note: the 20th is
technically 32 days after publication, but Jan 18th is Sunday and Jan.
19th is a federal holiday).

AAPLOG thanks Secretary Michael Leavitt for implementing this regulation.

We urge the incoming Congress and Administration to honor this much-needed implementation of longstanding laws.

Respect
for conscience rights on abortion should be a strong point of agreement
among those considering themselves `pro-life' and `pro-choice.'

Yet
this regulation is already under attack. A month before it was even
published, pro-abortion senators had introduced a bill (S. 20) to

invalidate it regardless of its content. They will surely follow through on this in any way they can.

As you will recall, HHS previously issued a draft of the regulations for public comment in August, 2008.

The final regulations include HHS's response to those comments including two additions from earlier drafts – 1) HHS narrowed the number of entities who will need to provide specific certification to those with a direct connection to health care (for example an entity receiving HHS funds through LIHEAP would not need to provide certification since LIHEAP concerns energy assistance, not health care), and...

2) HHS encourages health care providers to engage in "full, open, and honest conversations about the services they request and provide."

A press release from HHS is available at: http://www.hhs.gov/news/press/2008pres/12/20081218a.html

[18Dec08, www.AAPLOG.org]

Report: Obama Team May Reverse Bush-Era Abortion Rules

President-elect Barack Obama's incoming administration has begun reviewing a Bush regulation that allows medical staff to refuse to participate in any practice they object to on moral grounds, including abortion but possibly birth control and other health care as well.

http://www.foxnews.com/politics/2008/12/17/obama-team-reverse-bush-era-abortion-rules/

FOXNews.com, Wednesday, December 17, 2008
President-elect Barack Obama is looking to reverse a regulation being finalized this week by the outgoing Bush administration that allows health care providers to refuse participation in any practice they object to on moral grounds, The Wall Street Journal reports.

The regulation establishes a "right of conscience" that gives medical staff the right to refuse abortions and other health care as well.

The Obama team is reviewing a wide range of Bush measures, including other reproductive-health issues, environmental and labor rules and defense spending, that it plans to reverse, officials close to the transition told the newspaper.

The Obama team plans to take action on abortion and related matters early on through executive, regulatory, budgetary and legislative means.

The new administration will determine whether to cut funding for sexual abstinence programs; whether to increase funding for comprehensive sex education programs that include discussion of birth control; whether to allow federal health plans to pay for abortions; and whether to overturn regulations like the one that makes fetuses eligible for health care coverage under the Children's Health Insurance Program.

Click here to read The Wall Street Journal report, http://sec.online.wsj.com/article/SB122947155578512197.html

[PharmFacts E-News Update -- 18 Dec 2008, Pharmacists for Life International]

Americans United for Life Applauds Illinois Supreme Court Decision Supporting Constitutional Rights of Pharmacists

Americans United for Life (AUL) applauds today's Illinois Supreme Court ruling in Morr-Fitz v. Blagojevich that individual pharmacists and pharmacy owners do have legal standing to challenge a rule requiring them to dispense Plan B, which abortion activists call "emergency contraception," regardless of their religious, moral, or conscientious beliefs.

The rule was originally forced upon the pharmacists and pharmacies by a 2005 emergency order of Governor Rod Blagojevich, who stated in no uncertain terms that pharmacists should either dispense the controversial drug or leave the profession. Two lower courts had previously ruled that the plaintiff-pharmacists and pharmacies did not have legal standing to challenge the rule.

Dr. Charmaine Yoest, AUL President and CEO, stated, "This is a huge victory for the freedom of conscience of all healthcare providers. Pharmacists now have proper recourse against a discriminatory law that would force them to check their constitutional rights at the workplace door."

Mailee Smith, AUL Staff Counsel, noted, "Finally, an Illinois court got it right. If pharmacists and pharmacy owners don't have standing to challenge a rule that unfairly targets them, who does? People should have legal recourse when the state attempts to circumvent and even eliminate their constitutional rights."

AUL provided legal support to the Plaintiffs from the initiation of the case, most recently filing an amicus brief before the Illinois Supreme Court on behalf of American Association of Pro Life Obstetricians & Gynecologists, the Christian Medical & Dental Associations, and other medical groups. The brief argued that the Plaintiffs' rights of conscience -- specifically their rights to decline to dispense prescriptions in violation of their consciences -- are guaranteed under both federal and state law.AUL's brief is available at http://tinyurl.com/aulmorrfitz

About Americans United for Life

Americans United for Life (AUL) is a nonprofit, public-interest law and policy organization whose vision is a nation in which everyone is welcomed in life and protected in law. The first national pro-life organization in America, AUL has been committed to defending human life through vigorous judicial, legislative, and educational efforts at both the federal and state levels since 1971. The Wall Street Journal has profiled AUL, and PBS's Frontline program chronicled AUL's successful efforts in Mississippi.

Website: http://www.AUL.org

Blog: http://Blog.AUL.org

[18Dec08, Press Release, Matthew.Eppinette@AUL.org, 202-289-1479; Chicago, IL, aul.org]