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ABORTION

Few issues present more spiritual dilemmas than abortion and more in need of thoughtful dialog. Yet few are as plagued by sanctimonious hysteria and dogmatism on the part of nearly all involved. There are two principles on which everyone seems to agree: Human life is sacred, and the acceptability of abortion depends on the extent to which a gestating fetus can be considered human. Beyond this, humility and rational examination of the problem are almost non-existent.

Framing the Debate

At its core the controversy reduces to two questions,

1. What exactly is human life and when does it begin (the two are inseparable)?
2. How can society respond to abortion and guard the lives and dignity of mothers and infants?

Both sides struggle to frame the debate in terms that assume the answer to these questions, even in their choice of monikers.

Standards for defining the beginning of "human life" range from the time of actual delivery to the belief that there is no beginning—literally, that sperm and egg are in some sense meaningfully human. By far the most common are that life begins at,

- Conception (i.e. fertilization).
- Viability of the zygote (usually associated with implantation of the fertilized zygote in the uterine wall).
- The first appearance of a stable and unique EEG (for which estimates ranging from 6-27 weeks development have been argued by the two camps).
- Viability outside of the womb (which as medicine advances is getting ever closer to the unique EEG standard; Gilbert, 2006).

There is of course, a broad spectrum of opinions on these questions, but in the most general terms, combatants tend to line up as follows,

Pro-Choice

- Believe that life begins late in gestation.
- Are less likely to wrestle with questions of fetal humanity in favor of other concerns, particularly maternal illness and mortality due to unsafe abortions and lack of access to quality reproductive healthcare.
- Believe that the primary issue at stake is a woman's freedom of choice regarding her body, her moral principles regarding fertility, and her sexual behavior—hence the moniker *Pro-Choice*.
- Promote solutions that emphasize reducing unwanted pregnancies through access to birth control and other forms of reproductive healthcare, including access to safe abortions.

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Pro-Life

- Believe that life begins very early in gestation, the large majority believing that it begins at conception.
- Are less likely to wrestle with questions of maternal hardship and mortality in favor of concern for the preservation of pregnancies and as such, address maternal suffering only when it is believed to be a direct consequence of abortion procedures.
- Believe that with the primary issue at stake is preservation of fetal life through delivery, the fetus being considered fully human at every point of development—hence the moniker *Pro-Life*.
- Promote solutions that emphasize banning abortions and restricting all family planning, reproductive healthcare, and sex education to abstinence-only models.¹

The Pro-Choice Movement

Pro-Choice advocates see the debate in terms of their primary concern—a woman’s right of choice regarding her moral principles and body—hence their tendency to get the question of fetal humanity over with as quickly as possible, in many cases choosing to sidestep it altogether. While a woman’s reproductive rights and health are indisputable, they are hardly the only issue at stake, and focusing exclusively on them to with little regard for any other moral concerns trivializes the larger question of fetal humanity.

In principle, if it could be compellingly shown that a gestating fetus is human than a woman would have no more right to abort it than she would to drown a newborn infant that she didn’t want. Perhaps I’m missing something, but to me this seems pretty self-evident. I’ve never met anyone that was so antisocial that they did not place at least some value on human life (obviously, most consider it sacred). So regardless of our opinions about fetal humanity, I cannot fathom why the question wouldn’t at least be a matter of *concern*. Yet throughout my life it’s been a struggle for me to get the Pro-Choice advocates I know to even address it.

This coming summer (2007) I turn 50. I was in junior high school at the time of *Roe vs. Wade* and the issue has been a topic of discussion among my family and friends ever since. I can honestly say that of all the Pro-Choice advocates I’ve heard or spoken with in the last 35 years—many hundreds if not thousands—not one has ever shown me evidence that they even cared about this question much less wrestled with it. Of the few discussions I recall where the question even came up it was dismissed as quickly as possible with one-liners about a fetus being “just a few cells” and followed by long soliloquies about “rights” (usually theirs). In every case I was left with the feeling that to these people a gestating fetus at any stage of development is, more than anything else, an *inconvenience*. As they drive away, their “Pro-Child, Pro-Family, Pro-Choice” bumper stickers fading into the distance, I’m reminded of the pro-environment lip service I hear in similar discussions with corporate executives and Far Right zealots. “Yeah, yeah, I know, ‘we-need-to-protect-the-environment’ and all, I never said we didn’t. *BUT...!* One is hardly left with a sense of heart-felt concern.

In my experience Pro-Choice advocates tend to be scientifically literate and socially conscious. Few have ever struck me as callous. I have no trouble at all seeing how they could wrestle with the question of fetal humanity and suffering during an abortion and honestly reach an answer of no. But this casual and often self-centered disregard for the very question itself is as baffling to me as it is disturbing.

The “just a few cells” argument is particularly revealing in that it’s purely academic. I recently heard a speech by Sam Harris, author of the books *Letter to a Christian Nation* and *The End of Faith*. In it he chided Pro-Life evangelicals with an elaborate discussion of how the brain of a house fly is far more complex than that of a human fetus. This may well be true... for a few weeks after conception. But in the real world it takes at least two

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to three weeks for a woman to verify that she is even pregnant and schedule an abortion. And that if she is actively monitoring her own fertility on a regular basis, has access to top quality reproductive health care including state-of-the-art pregnancy test kits, and can make up her mind about having one on the spot with little or no spiritual struggle or anguish. A great many don't until much later.

The very best over-the-counter pregnancy test kits cannot even detect a pregnancy with any reliability until at least 12-14 days gestation, and will be reliable enough to be useful only near the end of the third week. In the United States, which arguably has some of the finest and most easily accessible reproductive health care in the world, the large majority of abortions are performed between mid- first trimester (6-8 weeks) and mid-second trimester (16-20 weeks). Roughly 41% occur after 9 weeks. At this stage the fetus has facial features, limbs, a regular heartbeat, and the beginnings of a central nervous system.

As of 2003 less than one fourth of abortion providers in America were even offering abortions prior to 4 weeks gestation. One third offered them at 16-20 weeks, at which point the fetus has a nervous system, a brain that has developed to the point of having a thalamus regulating it, and is actively building a cerebral cortex. 1.2% offered them even later (Guttmacher, 2006). As of this writing some clinics offer abortions at 24 weeks after the last menstrual cycle, which at best places them at 22-23 weeks. By 20-24 weeks the fetal cortex has developed a full set of neurons, dendrites, and axons, connected by synapses, and stable EEG activity has been obtained at 22 weeks (Flower, 1985; Kostovic et al., 1992; MRC, 2001).

By 25-28 weeks it has established nearly all of the neural networks that the fetus will eventually be born with. Studies of evoked responses in preterm babies show that both visual and somatosensory potentials can be elicited from as early as 24 weeks and are well developed by 27 weeks. This suggests that the nociceptive system, which has been associated with various types of conscious experience in adults (including pain) is functional from at least 24-26 weeks development (Hrbek et al., 1973; Klimach & Cook, 1988). In other words, the fetal brain has developed a full and functional neural network by roughly 20-22 weeks, and some if not all of the structures necessary for adult consciousness by 24 weeks.

Harris is correct that the large majority of abortions in the United States are performed prior to a fetus acquiring anything like conscious brain activity. But most are performed at or after the middle of the first trimester when human development is well under way and the fetus is noticeably past being "just a few cells." In a typical reporting year an estimated 1-1.4% are performed after 19 weeks development (21 weeks gestation). In 2002 an estimated 1.29 million abortions were performed in the United States of which 844,122 were reported to the Centers for Disease Control and Prevention. Between 1973 and 2003 the estimated total is around 43 million (CDC, 2002; Finer & Henshaw, 2006). 1-1.4% of this amounts to around 12,000-18,000 post-19 week abortions. The Guttmacher Institute has estimated that in 1992 4,940 abortions were performed after 23 weeks gestation (21 weeks development), and 1,170 after 25 weeks gestation (Guttmacher, 1997; Coincidentally, 1992 trends are very close to the annual average for 1977 to the present, and can be reasonable extrapolated).

In other words, around 1,000 to 5,000 abortions annually—some 30,000-150,000 since 1977—are knocking on the door of aborting a conscious, suffering fetus. That's an *awful lot* of late-term abortions to sweep aside with glib remarks about a housefly's brain!

Even if we grant that a fetus is not human at any point prior to actual birth, we're still left with the larger question reproductive responsibility. Everyone must agree that at the very least, a fetus is a human being in formation. At conception a process begins which culminates in a living human soul—the same process that brought each and every one of us into the world. In the very least this ought to *concern* a prospective mother. It should lead to serious spiritual struggles that give the word *prayer* a whole new meaning. If she does then

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decide to abort it's reasonable to expect that within her own powers of reproductive choice (which in the Developed World at least, are considerable) she would never again allow herself to be in that position. I have to wonder about the motives, and principles of those who demand the right to interrupt this process for reasons other than medical necessity whenever they so please with little or no accountability whatsoever—particularly if they've already had at least one abortion.

Many Pro-Choice advocates avoid these struggles by pointing to the damage caused by generations of unwanted children. Abortions, they insist, will alleviate that suffering. Then there are abortions that are necessary for medical reasons. Once again, these are indisputable truths, and in fact most Pro-Life advocates do not dispute abortions that are necessary to save a woman's life. But those who suffer the curse of being unwanted are no less sacred and loved by God than we are (if anything, they are more so). Nor are their lives beyond redemption. To say the least, it is presumptuous to assume that we can judge whether their lives are worth living or not—or even that we have the right to. The need for medically necessary is of course, on more solid ground. But as abortions go they are rare, particularly in the developed world. On average, three-fourths of all women who have had abortions cite one or more of the following four reasons,

- Concern for or responsibility to other individuals (though who, and on what reasoning isn't always clear).
- They cannot afford a child.
- Having a baby would interfere with work, school or the ability to care for other dependents.
- That they do not want to be a single parent or are having problems with their husband or partner.

Few of the women citing these reasons are not experiencing hardships, nor are they making their decisions flippantly (a point to which I'll return shortly), but none of this falls within the realm of "medical necessity." The fact of the matter is that in the developed world at least, the large majority of women having abortions are choosing to have them. At best, "medical necessity" is a smokescreen.

It may not sound that way, but I am sympathetic to Pro-Choice concerns. As a man, who never will know what it's like to endure pregnancy, childbirth, or abortion (or for that matter rape, which can and does lead to abortion), the thought of telling a woman what she is entitled to do with her body makes me nauseous, especially when I cannot share any of her burdens. Nor do I take lightly the act of making moral demands of others while being as much in need of forgiveness and redemption as I am.

But at the same time, I am amazed at how easily the Pro-Choice advocates I know pass judgment on the value of unwanted pregnancies without seeking any personal experience of the little lives involved. Over the years I've had a number of friends with Pro-Choice views who were "oops babies" themselves. One of these (a friend from college) told me that her father had threatened to leave her mother if she did not have an abortion. Few of these people had ever stopped to consider the fact that they were alive only because their mothers had refused to embrace their values, even to the point of paying a price to stand up to those who did. One would think that the object lesson in this wouldn't need to be spelled out.

Then there are the unwanted children living among us, many in the shadows. My own daughter Claire Lan Du (4 ½ as of this writing) was [adopted from China](#). We got her at the age of 14 months in August of 2003. Granted, everyone thinks their kids are the cutest in the world whether they are or not. But everywhere we go people stop to comment on how beautiful and sweet my little girl is—even when there are other children of similar age around.

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Claire is playful, precocious, inquisitive, and imaginative beyond her few years. She asks more thoughtful questions about more things than I thought possible at any age (her pediatrician tells us that in speech and cognition she's developmentally at 7 years old). She tells stories and loves animals and music (Sarah McLachlan is a favorite, especially Joni Mitchell's *River*, from her CD *Wintersong* which Claire refers to as "the sad song"). She loves to dance and sing—sometimes pensively, sometimes at the top of her little lungs. More than any other child I know (honestly!) she has a way of melting the hearts of everyone she meets (and by consequence, gets more free candy and cookies from store owners than any other kid within eyesight, which worries me a little—*what's it going to be like when she's 18?...*).

We know very little of Claire's first year of life. But we do know that she was abandoned on the streets of urban Nanchong, Sichuan Province in July of 2002, a victim of China's immense and complex [female infant abandonment epidemic](#). As nearly could be determined, she was around 4 weeks old when she was left on the street. It is likely that her birth parents were rural peasants who had traveled a great distance with much planning and secrecy to leave her in an urban area outside of their own community, and the eyes of local population management cadres (perhaps even with their assistance if Beijing-assigned population targets were not being met).

China's obsession with male children has created a thriving black market for abortions. According to one 1999 study by the international Planned Parenthood Foundation, between 500,000 and 750,000 selective female abortions take place in China annually. Even so, for logistic reasons they aren't available to many. It's almost certain that the decision to abandon Claire was made prior to her birth, and the only reason she wasn't aborted was because her birth parents didn't have access to an abortion provider.

Claire is a textbook example of one of those unwanted pregnancy that Pro-Choice advocates tell us abortion can help alleviate.

I can think of no greater testimony, or gift, that I could give to them than an afternoon spent with her—playing hide-and-seek in the park, watching birds on a breezy spring afternoon, doing Strawberry Shortcake puzzles while she tells her elaborate and imaginative stories about the adventures of Mommy Jaguar and Baby Jaguar in the cloud forest, or simply resting in an easy-chair before the fire listening to piano concertos while she naps peacefully in their arms. It would interest me to see how many of them could spend such a day in her sweet company reflecting on how she came into the world, and not struggle with their own values.

Pro-Choice advocates have heightened awareness of many issues that our society easily neglects—the global need for reproductive health care, the burdens imposed on women by unwanted pregnancies, and the impacts these have on maternal and infant mortality rates. They've also done much to demonstrate how impractical it is to assume that stern demands for sexual abstinence will ever solve these problems without access to birth control. But their cavalier attitudes about pregnancy and childbirth, and the ease with which they will run roughshod over them to preserve their own "rights" (often synonymous with lifestyle preference), seriously damages their ethical credibility.²

The Pro-Life Movement

Then there's the Pro-Life movement—another sad story altogether. They've stood faithfully and bravely for the sacredness of human life during pregnancy and moral responsibilities involved. But they have done so in a sanctimonious and histrionic manner that casts any semblance of reason and scientific literacy to the winds. At worst they've resorted to deception, moral contradiction, and carelessness with facts so severe that they've

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likely *contributed* to global abortion, suffering, and mortality for mothers and infants alike (and I'm not referring to abortion clinic bombers, who's actions I'm sure we all agree, speak for themselves).

If Pro-Choice advocates are flippant about fetal humanity, Pro-Life advocates defend it with arguments that are downright absurd. Most believe that it begins at conception, and at first blush there's something to be said for this. It is easily identifiable as the beginning of the gestation process. It's also the beginning of a genetically unique life—one that at full term will be distinctly different from both mother and father. But in the First World at least, a significant majority of them are Christians—mainly Catholic and conservative Evangelical.

For these people the conception argument creates far more problems than it solves. Once fertilized, a zygote will remain in suspension in the uterus for up to six days before implanting in the uterine wall. Only at this point does it begin drawing the sustenance it needs from the mother to continue to term. This process is somewhat haphazard however, and 30-60% of all fertilized zygotes are passed in menstruation before doing so. Of those that do implant, another 25% will naturally miscarry prior to 8 weeks gestation (6 weeks development) for any number of natural reasons that are purely random (Smart et al., 1982; Kennedy, 1997; Wilcox et al., 1999). 8% will self-terminate later (Wang et al, 1999). /

In other words, for predominately *natural* reasons 55-85% of all conceptions self-terminate prior to 6 weeks development, and 63-93% will never go full term. Christians, me included, believe that God created us and destined us to be in loving relationship with Him and each other. If this is how He designed our physiology then one of two things must be true. Either He gets a big enough bang out of abortion to merit eradicating a large majority of the human race, or human life as He sees it does not begin at conception—perhaps not even until sometime well after 6 weeks development.

It's difficult to see how Pro-Life Christians (i.e. nearly all Pro-Lifers) can credibly avoid this. Few of us would accept that we were not created by God. It's is central to our theology. Fewer still are prepared to admit that abortion is the neatest thing since pull tabs on pop cans. Some have argued that implantation failure no more disproves an embryo's humanity in God's eyes than death by natural causes does in other circumstances, which is true but begs the question. We're still left to wonder why God would have *designed* the human fertility cycle to function this way in the first place.

Others might argue that this is a consequence of Creation being corrupted by the fall of humanity into sin, which the Bible does teach as having some sort of impact on the natural world and/or our relationship to it (Gen. 3:14-18; Rom. 8:22). Fundamentalists often rely on variations of this theme to explain (or explain *away*...) many inconvenient facts of nature. But it's a textbook example of an *ad-hoc* argument. Virtually nothing in our knowledge of human physiology suggests that human fertility ever worked any differently or that it even could. From scientific *and* Biblical perspectives, this is no different than arguing that invisible abortion demons with ray guns are interfering with pregnancy. It never even would've been thought up, much less defended if Pro-Lifers weren't in need of a justification for their belief that human life begins at conception (ever heard of *Occam's razor*?...). In the end, it's more to the point to just accept that the beginning of human life is complex—even mysterious—and easy formulas aren't going to spare us from having to wrestle with the questions.

Pro-Life arguments about fetal suffering aren't much better. Here we're subjected to impassioned sermons about "babies" peacefully bonding with mother and "silently screaming" during abortions, peppered here and there with scientific arguments for fetal awareness that cannot withstand even two minutes worth of scrutiny. For instance, Focus on the Family's Thinkaboutit.com web site argues that at 8 weeks gestation,

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"Everything is now present that will be found in a fully developed adult. The heart has been beating for more than a month, the stomach produces digestive juices and the kidneys have begun to function. Forty muscle sets begin to operate in conjunction with the nervous system.

The fetus' body responds to touch, although the woman carrying the fetus will not be able to feel movement until the fourth or fifth month.

In other words, the fetus feels the mother, but the mother doesn't feel the fetus."

The National Right to Life web site is even more dramatic. According to their [Diary of an Unborn Baby](#) page,

- By Week 6 "brain waves are detectable."
- By Week 8 "every organ is in place" and "the baby can begin to hear."
- By Week 17 "the baby can have dream (REM) sleep."
- By Week 20 "the baby recognizes its' mothers voice."

In 1984 a documentary called *The Silent Scream* was released which became a rallying point for the Pro-Life movement, and to this day still is. The film, directed and narrated by Pro-Life doctor BERNARD NATHANSON, features live footage of an abortion at 12 weeks gestation (10 weeks development) filmed via ultrasound. According to NATHANSON,

"...this little person at twelve weeks is a fully formed absolutely identifiable human being. He has had brain waves for at least six weeks..."

The movie depicts the fetus as responding to the procedure with significant signs of stress and panic, and even an attempted scream... hence the title. At 12 weeks we're assured, [the "baby" \(not fetus\) sucks its thumb, squints, swallows, makes fists, and has brain waves.](#)

Every word of this is either false or misleading. At 8 weeks development a fetus will have its kidneys, pancreas, and lungs, but only in a primitive state. Not until 13-16 weeks will the kidney and pancreas will begin producing their respective secretions, and alveoli (air sacs) begin forming in the lungs. There will be a diaphragm and something resembling "breathing" motions may take place, but these will be purely reflexive. Rhythmic breathing in any sense resembling actual lung function won't begin until 23-26 weeks. The heart is beating, but only to assist in pumping the mother's blood. The fetus' liver will not begin producing its own red blood cells until 9-12 weeks, and not until 23-26 weeks will its nervous system will begin controlling any of its organs (Wikipedia, 2007).

The 8 week old fetus does have a nervous system and a brain that has begun to develop all of the main structures it will have at birth. It also shows reflexive motions of various kinds and has the beginnings of pain sensory structures. But the claim that it "feels" the mother or suffers in any meaningful sense stretches the limits of reason to the breaking point. At 8 weeks development the fetal nervous system is rudimentary at best and its brain will be functioning only at the lower "reptilian" level. The cerebral cortex will be in its earliest stages of growth, and though it will be actively forming brain cells, these will all be "stand-alone". It won't be until around week 20 that noticeable neural network formation has taken place. Even at this stage "brain waves" will consist of no more than intermittent bursts of activity detectable by electroencephalograph (EEG). These won't even be stable until 22 weeks or bilaterally synchronous until 26 to 27 weeks (Anand & Hickey, 1987).

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True fetal *awareness* of noxious stimuli requires functioning thalamocortical connections, which do not appear until 21-28 weeks. A relatively small number of abortions are performed during this period (1-2% as noted above) putting them within the range where pain awareness is a possibility. To date, most EEG studies have concluded that there will not be enough thalamocortical development to make pain awareness a clear possibility until 24-26 weeks, and it will not be likely until 29-30 weeks (Glover & Fisk, 1999; Lee et al., 2005).

An 8 week old fetus does respond to touch... but so does a caterpillar.

So whence claims of "brain wave" activity at 6-8 weeks? Nearly all can be traced to three sources: Borkowski & Bernstine (1955), Goldenring (1982), and Hamlin (1964). The first is a short case report from a 1955 issue of the journal *Neurology*. Of the three, it is the only one that would have been subject to any level of scientific peer-review. The second is a 1982 letter to the *New England Journal of Medicine*, and the third a speech given at a 1964 American Medical Association convention, both of which are essentially opinion statements.

In his letter, Goldenring presented his belief that EEG records of brain activity justified limiting abortions to 8 weeks development or prior.

"...[P]hysicians have always determined when a person is alive by measuring for the presence of certain "vital signs." ...[W]hen it became possible to replace both cardiac and pulmonary functions with machines, physicians turned to measuring the function of the only truly unique and irreplaceable organ — the brain. I submit that from this effort, the following principle has clearly emerged: The presence of a functioning human brain means that a patient, a person if you will, is alive. This is the medical definition of human life. We use it daily."

He in turn cited three primary sources for his comments: Ellingson & Guenter (1970), Hellegers (1978), and Bergstrom (1968). Hamlin's speech did not even address the subject of abortion. His topic was the use of EEG data in pronouncement of death, and he mentioned fetal brain activity only in passing.

The electrophysiologic rhythm of the brain develops early. Detailed EEG tracings have been taken directly from the headend of 16 mm (crown-rump) human embryos at 40-odd days gestation, recovered from termination of pregnancies (Japan) 6 which revealed irregular slow waves, 0.2-2.0 per second at v. Recordings μ v with superimposed fine waves of 30-40 per second at 1-5 μ 10-90 from embryos of 45 to 120 days gestation through surface and depth electrodes have shown responses to sedative and stimulant drugs, normal sleep spindles, and the effect of lack of oxygen by paroxysmal high voltage slow waves and ultimate electrical silence. The intra-uterine fetal brain responds to biochemical changes associated with oxygen deprivation by abnormal EEG activity similar to that produced in the adult brain. Thus at an early prenatal stage of life, the EEG reflects a distinctly individual pattern that soon becomes truly personalized. This is not so the ECG in producing its various types of records at all ages, many specimens of each type being identical and lacking any individual quality."

(Hamlin, 1964)

Hamlin cited two primary sources: Bernstine (1961), and Okamoto & Kirikae (1951). Of the five primary sources referenced by Goldenring and Hamlin, only two are to actual peer-reviewed scientific research. Bernstine (1961) is a now out-of-print textbook for which checks of scholarly citation databases returned no citations to it from published scientific work, rendering it at best obscure and scientifically unimportant. Ellingson & Guenter (1970) was a review and discussion piece, and Hellegers (1978) was a reprint of a bioethics essay first published in the

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journal *Theological Studies* which clearly was not a scientific work. None of the primary sources cited in either was to peer-reviewed research either.

In other words, the entire case for “brain waves” at 6-8 weeks fetal development boils down to a grand total of three published research papers: Bergstrom (1968), Borkowski & Bernstine (1955), and Okamoto & Kirikae (1951), which were selected from a period spanning well over *half a century*. The most up-to-date is nearly 40 years old and as it turns out, all were misquoted severely enough by Pro-Life advocates that it’s unclear whether they were even *read* much less understood.

All three studies measured brain activity in fetuses using surface and deep (needle electrode) EEG readings of the frontal and occipital fetal cortex. The fetuses came mainly from abdominal or vaginal abortions. Okamoto & Kirikae included two premature births (8 and 9 months development) and two full-term infants in their study. One of Borkowski & Bernstine’s fetuses came from an early tubal pregnancy. In all cases the readings were taken immediately after removal of the fetus and prior to death. Most importantly, all but a few of the fetuses used in these studies were at 3-7 months development. Only *one* was actually at 6 weeks (Borkowski & Bernstine’s tubal pregnancy). Furthermore, these studies evaluated brain *activity*, not brain “waves” of the sort that have anything to do with a functioning brain cortex.³

The activity observed consisted mainly of regular low frequency patterns with short bursts of high frequency activity bearing a superficial resemblance to sleep spindles. Borkowski & Bernstine and Okamoto & Kirikae both concluded that the majority of their signals came from the brain stem rather than the cortex, and that a significant portion of it was related to paroxysmal discharge (i.e. seizure like discharge of the nervous system electrical charge accompanying death). Borkowski & Bernstine also noted that their observations and those of Okamoto & Kirikae were very different than those observed in full-term infants (Borkowski & Bernstine, 1955; Okamoto & Kirikae, 1951). Bergstrom obtained similar results from fetuses as early as 10 weeks development, but mainly by artificially stimulating the brain stem, and similar were obtained from the embryos of rats, guinea pigs, cats, and chickens, and from stimulating reflex responses in fetal legs (Bergstrom, 1968).

In short, all these studies prove is that prior to 20 weeks development, the fetal nervous system and brain stem show electrical activity. This hardly amounts to “brain waves” or a fetus “feeling its mother.”

As noted earlier, after slash-burning through all the polemics, what we do know is this: By 20 weeks the fetus has developed to the point of having a more or less complete cortex, and pain becomes a possibility; by 22-24 weeks it has developed the structures for some degree of consciousness (*some* degree) and pain becomes a risk; and by 29 weeks pain becomes likely (Hrbek et al., 1973; Flower, 1985; Klimach & Cook, 1988; MRC, 1992; Kostovic et al., 1992; Glover & Fisk, 1999; MRC, 2001; Lee et al., 2005). Therefore late-term and partial-birth abortions are at appreciable risk for fetal suffering, but it also excludes over 98% of all abortions. None of this minimizes the value of a gestating fetus, nor does it provide de-facto justification for dismissing all concerns about its development. But it does demonstrate how ridiculous it is (and damaging to one’s credibility) to wax eloquent about the “silent screams” of “babies” that “feel [their] mothers” at 8 weeks.

Abortion Realities

Abortion is a fact of life and sooner or later we must decide how we will respond to it, individually and as a society. Regardless of our views, our choices will have consequences that reach far beyond our own private lives and moral sensibilities. It’s disturbing that so few people on either side of the debate seem able to step outside of their own prejudices long enough to reflect on them.

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If we take the Pro-Choice movement at face value, a gestating human fetus at any stage of development susceptible to abortion is little more than a pet snail. Women should be allowed to do whatever they please with them for whatever reasons they fancy. If an unplanned pregnancy presents difficulties, or even so much as crimps their style, they're entitled to just get rid of it the way they would a problem boyfriend or a lousy job. Sexual freedom and pregnancy are *rights*, not responsibilities.

If we take the Pro-Life movement at face value, the second a sperm penetrates an ovum wall we have a "baby." Pro-Choice advocates are all bra-burning militant feminists with lifetime memberships in NARAL who are aborting (i.e. "murdering") these babies for no reason other than convenience and the preservation of their sexual freedom. The only way to deal with this "holocaust" effectively is to ban abortions and impose harsh punishments on transgressors. Furthermore, we wouldn't be in this situation if liberals and feminists hadn't brought about the "sexual revolution" in the late 60's.⁴ To curtail unwanted pregnancies we must restore the age of chastity by eliminating all family planning, reproductive healthcare (including contraception), and sex education not based on abstinence-only outside of marriage.

It's high time *everyone* faced some inconvenient facts.

Not all abortions are equal

There is a considerable difference between a 20-24 week fetus in terms of development, potential for conscious suffering, and even survival outside of the womb. Though at least 98% of all abortions happen before this stage, enough still happen at, or after it to account for thousands, and perhaps even tens of thousands of late-term abortions annually in the United States alone. Whatever may be true of other abortions, Pro-Choice advocates need to stop hiding behind lame excuses and face up to the moral implications of this. Likewise, a fetus at 3 weeks development is hardly a conscious, self-aware baby, and Pro-Life advocates to lay off their tales of "silently screaming babies" and bring some science to their case that in the very least meets junior high school scholarship standards.

Globally, the large majority of women who choose abortion cite several reasons doing so, and these are consistent across all socio-cultural and economic sectors. Most say that an unwanted birth would interfere with work or school, or impact their ability to care for existing dependents. In the United States three-fourths cite at least one of these reasons and nearly half also cite relationship problems, including abuse. Even in the Developed World abortion rates are considerably higher among low income women, largely due to restricted access to reproductive healthcare education and services other than abortion clinics (Boonstra et al., 2006; Jones et al., 2002). Opinions may differ as to whether any of this justifies an abortion, but they're not flippant or merely concerned with lifestyle freedom.

In the Third World matters are much worse. Here, unintended pregnancy and abortion rates are significantly higher than in the Developed World. Many if not most abortions are being had by women who have little choice even over the frequency and timing of their sexual encounters, and live in regions of poverty and strife where there is little if any access to birth control. Most are already struggling to feed the families they already have and do not want another pregnancy, yet live in cultures where they have little say over the frequency and timing of their sexual encounters. Many are often forced into unprotected sex by husbands, employers, educators, and the social-cultural norms of their communities.

This contributes significantly to unintended pregnancy rates, and in some cases even to coerced abortions (Watte & Zimmerman, 2002; Heise et al., 1995; Brown & Eisenberg, 1995; Gazmararian, 1995; Dietz et al., 1999). Access to contraception can be limited or non-existent in many of these areas, and even where they are

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available women often lack adequate education about reproductive health. In Uganda for instance men often tell women that they've had "family planning injections" that prevent them from impregnating anyone, and a near complete lack of adequate sex education leaves most women in no position to evaluate those claims (Guttmacher, 1999).⁵

Women in these situations have very few options, and there is little point to moral lectures about abstinence or the sanctity of human life.

The unborn are not the only issue

Abortion impacts more than just fetuses. Nearly half of the world's induced abortions are illegal and take place under highly unsafe conditions in regions where there is little or no access to adequate reproductive healthcare. The end result is dramatic increases in illness and death among mothers and infants (Henshaw et al., 1999). Then there is the question of unwanted pregnancy. Where there is inadequate healthcare there are almost always inadequate family planning services as well. These subject women to enduring great hardship and life risk against their will and a greater chance of illness and poverty among their children that are not aborted. Many women seek abortions not because they "want" them or even believe in them, but because they feel they have no other choice. A great many *die* getting them. No abortion policy that ignores these facts will ever be viable.

Get-Tough policies do not work

If cracking down on abortions and unchaste behavior can reduce both, then health statistics should reflect this. They do not and never have. In 1995 (a typical year) of the world's 46 million abortions, 19.9 million were illegal. The Developing World has roughly 75-80% of the world's population, but accounts for 64% of its legal abortions and 95% of its illegal ones. Overall, abortion rates are not significantly different in the Developed and Developing Worlds, but illegal abortions are disproportionately shifted toward the latter (Henshaw et al., 1999). And in the absence of consistent access to quality reproductive healthcare, so is infant and maternal mortality.

Figure 1 shows a sample of abortion rates and maternal deaths from Developing and Developed nations. Nations where abortion is illegal have consistently higher rates of abortion and maternal death, which harsh punishment and social taboos have had done little to ameliorate. In Chile for instance abortion was punishable by prison when the Figure 1 data was gathered. Peru, Brazil, and most Central American countries also have severely punished abortion bans. They are also largely Roman Catholic societies with social and religious values that condemn abortion. Yet they still have abortion rates ranging from 50-100% higher than the United States.

In Nepal abortion is considered homicide and is treated as such by the legal system. According to some estimates 18-21% of Nepal's total female inmate population and 15% of its 14-19 year-old inmates are imprisoned for having abortions (Guttmacher, 1999; Pradhan & Strachan, 2003). Reliable estimates of the abortion rate there do not yet exist and only a fraction are reliably reported (around 0.3% of married women), but there are widespread abortion caused health problems in rural areas and illegal abortion rates there are believed to be high (Pradhan & Strachan, 2003).

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Figure 1: Abortion Legality & Rates

Country	Abortion rate per 1,000 women aged 15-44*	Maternal deaths per 100,000 live births
Where abortion is legal		
United States	26	12
England/Wales	15	9
Netherlands	6	12
Finland	10	11
Japan	14	18
Australia	17	9
Where abortion is illegal		
Brazil	38	220
Colombia	34	100
Chile	45	65
Dominican Republic	44	110
Mexico	23	110
Peru	52	280

From Cohen, 2003.

United States (shown in **blue**) is the datum. Higher comparable rates are in **red**. Lower ones are in **green**. Equal ones are in **blue**.

*Data are for 1990; age-group is 15-49 in countries where abortion is illegal. Sources: Abortion rates are from S. Singh and S.K. Henshaw, "The Incidence of Abortion: A Worldwide Overview Focusing on Methodology and on Latin America," paper delivered at International Union for the Scientific Study of Population Seminar on Socio-Cultural and Political Aspects of Abortion from an Anthropological Perspective, Trivandrum, India, Mar. 25-28, 1996; maternal death rates are from P. Adamson, "A Failure of Imagination," *The Progress of Nations: 1996*, United Nations Children's Fund (UNICEF), New York, 1996.

From Cohen, 2003

The highest abortion rates in the world are in Eastern Europe and former Communist/Soviet states, including Vietnam, Romania, Cuba, and Yugoslavia with year 1996 figures of 83.3, 77.7, 78, and 54.6 abortions per 1000 women age 15-44 (kw15-44) respectively (Henshaw et al., 1999). In these nations abortion is legal, but access to reliable contraception and decent reproductive healthcare is not and women turn to abortion because they have few other options for limiting births. Moral strictures on sexual behavior have little effect as well. In the Developing World most women getting abortions are married and few couples are going to find demands for abstinence compelling, and as already noted many women in these countries have little say in the timing and frequency of their sexual activity anyway.

What about the world's lowest abortion rates? Among countries where quality data is available⁵ they've consistently been in the Netherlands, Belgium, Germany, and Switzerland, all of which have for some time had rates in the single digits. In 1996 for instance the rates in the Netherlands and Belgium were 6.5 and 6.8 per kw15-44 respectively. In these countries not only are abortions legal, they're *free, at state expense and no questions asked*. Just swing by the clinic on your way home and get one. You don't even need to bring your

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purse. It's far more difficult and costly to get a cavity filled. Yet their abortion rate is barely one fourth of the U.S. figure for that year (22.9), and one-eighth of the 1990 figure for Chile where a woman can be jailed for having an abortion (Henshaw et al., 1999).

How can this be? Well, that brings us to the next point...

Reproductive healthcare and education do work

By far, the best predictors for high birth and abortion rates are poverty, and lack of access to contraception and sex education. This is so well established that outside of the Pro-Life movement no scientist or healthcare professional even questions it. Most countries with liberal abortion laws also have liberal reproductive healthcare policies, effective sex education programs, and correspondingly easy access to quality contraception for everyone. In countries such as Vietnam and former Soviet republics where unrestricted abortion coincides with high abortion rates, access to these services is extremely difficult and mortality rates are very high for mothers and infants. Without exception, wherever contraception has been made available in these regions abortion rates have dropped almost in lock step increased use (Guttmacher, 1999; Henshaw et al., 1999; 1999b; Brown & Eisenberg, 1995; Cohen, 2003).

The bottom line is this: *Women will not endure unwanted pregnancies.* They never have, and until the end of time they never will. *Period!*

No amount of moral lectures, Bible-thumping, crackdowns, prison, health risks... even death, will ever change this. All they ever have done, or ever will do is increase suffering and mortality for women and infants. There is one and *only* one way to reduce abortions,

Reduce the unwanted pregnancy rate.

Only *contraception* and *sex education* have ever done this with demonstrated effectiveness. Anyone who opposes general access to them, or to easily accessible family planning and reproductive healthcare, is opposed to reducing abortion and abortion related mortality. This includes the Religious Right and the Catholic-based Pro-Life movement.

Abortion activism is often negligent and destructive

The most egregious example of activist ignorance and negligence in decades occurred in 2001 when a Virginia based Pro-Life extremist group called the Population Research Institute managed to convince the Bush administration and several Republican members of Congress that the United Nations Population Fund (UNFPA) was assisting Chinese Civil Affairs officials with forced abortions and sterilizations. In response, the Bush administration blocked \$34 million in U.S. funding for UNFPA. Later investigations revealed that PRI's entire case amounted to nothing more than guilt-by-association arguments and a handful of uncorroborated anecdotal reports. Despite numerous investigations by NGO's, the British Parliament, and three investigations by the U.S. State Department, not one of PRI's accusations was ever independently verified and no UNFPA official was ever implicated in any incident of coercion (including those alleged by PRI's witnesses).

Had they been more careful, UNFPA's antagonists might have been forewarned. PRI's lack of objectivity is evident in their checkered history. The institute began as a spin-off of Human Life International, a fundamentalist catholic extremist group with anti-Semitic leanings. HLI's founder, Rev. Paul Marx, believes that "jewish doctors control the abortion movement". PRI President Steven Mosher was appointed by Marx to

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spearhead their formation and has been the organization's inspiration and driving force ever since. A rabid anti-family planning activist, Mosher conducted anthropological research in China from 1979 to 1980, and in 1983 was denied a PhD by Stanford for "illegal and seriously unethical conduct" in the field.

Details of the evidence for his expulsion were never made public by he or Stanford (due mainly to concern for the safety of witnesses still in China), but it appears that he'd had numerous run-ins with Chinese authorities, falsified records, and acquired and disseminated much of his data under questionable circumstances. Among other things, he published pictures in the Chinese media of women who had undergone late-term abortions, thereby putting them at risk for government retaliation. Since returning home he has tirelessly turned out inflammatory publications about China's "evil empire", "U.N. butchers", the "myth" of overpopulation, and the importance of having as many children as possible to, among other things, "populate heaven with new souls"—the majority of which are circulated almost exclusively in Far-Right and pro-life extremist circles. While none of this bears directly on UNFPA, it raises serious concerns about the organization's objectivity making the complete absence of any independent evidence of their accusations all the more telling.

In June of 2002 the State Department released information about their third fact-finding mission to China regarding UNFPA's activities. Shortly thereafter, Congress voted overwhelmingly to reinstate U.S. funding and requested increased funding for the following year. But Bush was under pressure from the Religious Right, and apparently as unconcerned with the lack of evidence and PRI's credibility problems as they were. He refused to reconsider the matter and in July of that year vetoed the reinstated funds, which as of this writing have not been restored. Denied this funding, UNFPA had to scale back many reproductive health care, education, and medical efforts worldwide, including child welfare programs and access to safe contraception—all of which have been shown repeatedly to decrease abortion rates.

Ironically, UNFPA has been one of the greater voices of *restraint* in China and done much to reduce the number of coercive abortions, sterilizations, and IUD implants. They have also increased emphasis on contraception and reproductive health in Chinese population management policy. Nevertheless as of this writing, with the Bush administration still in office and unwilling to even discuss the matter further much less examine the evidence or the impacts of defunding, U.S. policy on the matter has not changed.⁶

To put this in context, consider how UNFPA funds are used. They go directly to providing contraception, healthcare, treatment for botched abortions, and a host of other reproductive healthcare services in poverty stricken regions worldwide, all of which have proven track records in reducing abortion and maternal and infant mortality. Among other things UNFPA funds a fistula hospital in Addis Ababa, Ethiopia that treats hundreds of obstetric fistulas annually in a region where they are commonplace and no other facilities exist.

Obstetric fistulas are tears in the wall between the birth canal and lower intestinal tract that lead to pain, infection, sepsis, birth complications, and incontinence. In addition to the extreme and lifelong suffering they cause, women who get them also suffer continuous filth and foul smell due to the incontinence, and are often cast out by their husbands and communities. Many of these turn to prostitution to survive and starve to death for lack of community support. Obstetric fistulas are widespread in Ethiopia where poverty and female genital mutilation are common, and reproductive healthcare is limited at best. They are virtually non-existent in the Developed World. For more on the U.S. defunding of UNFPA and its consequences, see my June 2001 research letter to Congress on the issue at www.scottchurchdirect.com/social-justice.aspx/us-funding-for-unfpa.

Shutting down UNFPA fund shuts down these services, and there is a one-to-one relationship between their loss and increases in all the healthcare plagues they reduce, including abortion. According to some estimates the U.S. defunding of UNFPA has resulted in,

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- 800,000+ *additional* global abortions annually since—a rate nearly equal to the total annual abortion rate in the U.S.
- 40,000 additional maternal deaths annually.
- Increases in obstetric fistulas.
- Increases in unwanted pregnancy.

In 1999 Dr. Catherine Hamlin, co-founder of the Addis Ababa Fistula Hospital was nominated for the Nobel Peace Prize.

Two year later, after widespread and relentless lobbying the Pro-Life movement succeeded in shutting down its U.S. funding, and added *another* U.S. abortion rate to the world's total annual tally... in the name of human life.

What a legacy.

What We Need

If the specter of abortion is ever to be banished from the human race, there three credible goals: *fewer abortions, fewer unwanted pregnancies, and less abortion related suffering*. Anything that does not produce demonstrated effectiveness toward these goals is at best naïve, and at worst self-serving deception. Achieving these goals will require change from *both* sides of the debate.

From the Pro-Choice Movement

Pro-Choice advocates, you've done much to open the eyes of the world to the social realities behind the problem and the global need for education and reproductive healthcare. You've also helped make the science accessible to policy makers and the public. But you're in need of some attitude changes.

- Stop cheapening pregnancy, childbirth, and the life process. They're a sacred part of Creation, not inconveniences. If you believe that human life begins later rather than earlier in gestation, more power to you. There's a case to be made for that. But you need to reach that conclusion honestly, with appropriate respect for what's at stake. There's no excuse for demanding access to partial birth and late-term abortions before you have reflected long and hard about how far along the fetus is on its journey to human infancy and the risk for its suffering—if indeed there is any excuse at all.
- Start putting as much energy into providing options for women who *keep* their unwanted pregnancies as you do into supporting women who want to get rid of them. That includes adoption, counseling, parenting support, and more. I can assure you from my own personal experience as an adoptive father that an unwanted pregnancy is not the same thing as an unwanted child. It's time for you to stop acting as though it is.

Your credibility as morally responsible advocates is inseparable from your ability to prove to the world that you've truly counted all the costs. There's more at stake here than your interests alone.

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From the Pro-Life Movement

Pro-Life advocates, you have faithfully defended the sacredness of pregnancy and childbirth against all that would dismiss them. Many of you have shown extraordinary courage and selflessness by carrying your own unwanted pregnancies to term, including those with birth defects, and raising these children in loving homes. Were it not for you we might forget that these children, and the pregnancies they came from, are gifts from God that we are responsible for. But—and forgive me for being blunt here—you *need* to pay more attention to your credibility.

- Start putting some real professionalism into your case. Spend less time in front of clinics shoving pictures of bloody fetuses in women's faces and more time doing homework. There's no excuse for accusing nations and aid organizations with proven track records of participating in "coerced abortions," "eating fetuses," and other sensationalistic crimes before you've bothered to fact-check any of it. You cannot expect the secular world to take you seriously if your scholarship doesn't even meet junior high school standards.⁷
- Dispense with pseudoscience. "Babies" that can "feel their mothers" 3 months before they've even developed neural networks, abortion-breast cancer links, "implosion" 21st century population, "infinite" natural resources a-la-Julian Simon pseudo-economics, and other illiterate arguments contrary to well established science (Melbye et al., 1997; NCI, 2003; Beral et al., 2004; NAS, 2000; UN, 2001)—these must go. Credible scientific arguments are based on careful reviews of all up-to-date and relevant peer-reviewed research, and conclusions that are held with no more, or less confidence than the consensus of that research supports. Authoritative quotes from a few carefully cherry-picked "experts" don't cut it, and neither does endlessly recycling decades-old obsolete papers—especially if you haven't even *read* any of them first.
- Start facing facts about sex. Yes, it's a beautiful and sacred celebration of love, not just a good time without commitment. But I've got news for you. Like it or not, sex outside of marriage and unwanted pregnancy are *facts of life* and no amount of sermonizing is ever going to change that. If you really want to do something about abortion, you need to do whatever it takes to reduce unwanted pregnancies. You cannot expect to do this with pious demands for abstinence-only at the expense of sex education and general access to contraception.⁸
- If you really consider yourselves *pro-life*, start walking that talk *outside* of the womb as well as inside it. It makes no sense to wage war against things like contraception, family planning, and reproductive healthcare services—all of which have been demonstrated to reduce death rates among women and infants, *and lower abortion rates*—simply because they offend your "moral" sensibilities. A great many of you are also conservative Evangelicals.

According to recent surveys, you are considerably more likely than your secular counterparts to advocate militarism and other forms of violence in times of international dispute. As an American voting block you were the largest supporters of the Iraq invasion for instance, and continued to be after all of the original justifications for that campaign were shown to have been based on flawed intelligence. Yes, Saddam Hussein was evil, and I am aware of "Just War" theory. There is a compelling case for it. But *only* as a *last resort*, and then with tears and regrets. There is no excuse for cheering during bloody invasions and throwing "We Support Our Troops" tailgate parties before you've even fact-checked the evidence used to justify them. There's even less excuse for doing everything in your power to dismiss evidence of large civilian casualty counts, even to the point of relying on bogus scientific and statistical arguments. The world shouldn't be able to appreciate the irony in bumper stickers that ask "What Would Jesus Bomb?" It's time for many of you to become *Pro-Life* rather than *Pro-Birth*.

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- Most importantly, as a community you need to walk beside those from whom you're demanding change, sharing their tears and burdens. Far too many among your ranks rely on spiritual mortars lobbed from a safe distance—behind picket lines and in your homes and churches. This is particularly odd given that most of you are Christians. The most Biblically literate and "moral" people of Jesus' day were the Scribes and Pharisees. He had this to say about them,

"They tie up heavy burdens, hard to bear, and lay them on the shoulders of others; but they themselves are unwilling to lift a finger to move them." - (Luke 11:46)

He of course, made plenty of moral demands also. But unlike them He chose to leave the safety and privilege of Heaven and become one of us. He made our tears and joys His own, bore on His own back the full weight of our humanity, and was faithful in love and example even to the point of death by crucifixion—in His day, a death of disgrace reserved only for the lowest of criminals (Phil 2:4-11). In so doing, He earned the right to be heard.

Those of us who claim Him as Lord have no right to impose harsh moral demands and sacrifices on others in His name without following His example—and there's a *lot* more to this than praying for fetuses on Sunday morning or opening "counseling" centers where women considering abortion are subjected to moral admonishment and all the pseudoscience discussed earlier.

If they're laboring under financial, relational, child care, or other burdens, we should be bearing those. If a woman chooses to carry an unwanted pregnancy to term, we should be beside her every step of the way, holding her hand at the hospital, and being there for her as she begins what will likely be for a difficult and costly journey in to motherhood.

In short, it's time for you to stop focusing on how to punish people whose morals you disapprove of, and start working toward *fewer abortions and less suffering*.

Whatever our views, every one of us needs to earn the right to be heard. This requires a *lot* more than diatribes, talk shows, picket lines or bumper stickers. There are no short-cuts to taking up a cross and following the One who showed us what *real* moral leadership looks like... even when it led to an unjust death in the hands of His enemies.

But in the end, nothing else will heal our wounds.

Footnotes

1. The Pro-Life movement is based almost entirely in the Roman Catholic and conservative Evangelical churches. As such, they feel that providing birth control to unmarried couples encourages promiscuity. Catholics also believe that contraception itself interferes with the sacredness of intercourse and God's plan for bringing souls into the world. Hence the emphasis on abstinence-only.
2. Incidentally, in case it isn't already clear every word of all this goes for fathers too. We all know how many men there are who have zero problems being swept away by the passion of the moment, without bothering with their own contraception and little attempt to verify their partners'. When the specter of fatherhood (a blessing to many of us) rears its head, how many of these men either vanish into thin air (or to the bar to brag about their prowess) or demand that their partners make the consequences go away by suffering a difficult and emotionally damaging abortion? How easy it is to forget that it takes a couple to produce a pregnancy... and to assume responsibility for one.

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3. EEG devices monitor static and variable voltage differences across any electrical dipole. They detect any and all such activity, including random voltage discharges within and external to cells, and ambient noise signals, which were a chronic problem in early EEG studies. It's worth noting that of these three studies, the two most commonly referenced by Pro-Life advocates for the 6-8 week brain wave claim date from a time when EEG machines were made with vacuum tubes and one (Okamoto & Kirikae, 1951) was published only a year after color television first became available. The phrase *keeping up on the latest science* doesn't exactly leap to mind here!
4. As a child I would listen patiently while the women of my parents' generation assured me that prior to "free love" people were chaste. "Good girls just didn't do that!..." I was told. Only "bad girls" slept around and had unwanted pregnancies. Naturally, bad girls were few and far between. I heard even more speeches from the men of that era regaling their sexual prowess in the company of all those fun girls that "delivered." Unless one out of every several thousand 50's women had serviced several thousand men by the time she graduated high school or college, someone's dog doesn't hunt.
5. Official figures for India are also in the single-digits, but these do not include out-of-system abortions, which are thought to constitute the large majority there. Abortion is broadly permitted in India, but only in government facilities where they often come under harsh conditions, often including forced IUD insertion or sterilization. Government facilities are also limited in number and access to them is difficult for India's large rural population. As a result, most women have extra-legal abortions that are not reflected in official figures (Guttmacher, 1999).
6. For more on the U.S. defunding of UNFPA and its consequences, see my June 2001 research letter to Congress on the issue at <http://www.scottchurchdirect.com/social-justice.aspx/us-funding-for-unfpa>.
7. In March of 1998, in an incident that bears striking resemblance to the 2001 UNFPA funding controversy, a Far-Right publication called World (www.worldmag.com) published a story alleging that World Relief (the relief agency of the National Association of Evangelicals) had been cooperating with the government of Honduras in coerced abortion programs (World, March 28, 1998). World, which is indirectly Further investigation revealed that the story had been based only on a small handful of very indirect links between World Relief and a few Honduran agencies that support contraception, but had never been independently shown to be involved with coercion. Defending World's research of the story in another forum, World Cultural Editor Mindy Belz cited an anecdotal statement from a "World Relief health officer" (who of course, is never named) allegedly supporting "all forms of family planning" (First Things, 1999)—a claim that was then interpreted by World's editorial staff in the broadest and most incriminating terms and of course, never independently verified.

In fact, there was never any truth to the allegations and no further proof was ever provided by World or anyone else. Despite widespread criticism of their scurrilous reporting and numerous demands for retraction, World has never made any attempt to correct the error or apologize to World Relief. For more information, see the correspondence between Ms. Belz and Wheaton Professor Alan Jacobs (whose wife works with World Relief) on this controversy in the Christian journal First Things (First Things, 1999).

In March 1995 World came out with an even wilder potboiler. In an article titled "Unspeakable Delicacy, Cannibalism Makes the Chinese Communist Crime List" World Cultural Editor Mindy Belz claimed that the black market in China was supplying aborted fetuses to restaurants as "health food" (World May 20/27, 1995). The story created quite a furor in pro-life circles after it was published. It was even picked up and widely circulated by Human Life International (HLI, 1996). Despite the furor, independent verification of the claims never materialized. A photograph alleging to show a man eating a fetus was later proved to have been faked (Taipei Times, March 23, 2001), and repeated inquiries among official and non-official sources

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within China produced nothing. Further investigation revealed that Ms. Belz's only source was a Hong Kong based English language tabloid called the Eastern Express (Eastern Express, April 12, 1995), which went defunct shortly after the original story was published. Today it is widely regarded as an urban legend and is even written up at the San Fernando Valley Folklore Society's Urban Legend Home Page (www.snopes.com) under their "Horrors" section (the article can be directly linked without the HTML Frames at www.snopes2.com/horrors/cannibal/fetus.htm). In fact, the Snopes write-up even includes the infamous photo of the man allegedly eating a fetus. A close examination of the image reveals that the "fetus" is most likely a doll head attached to a roasted duck.

To the best of my knowledge, as of this writing neither World or Ms. Belz has offered a retraction (much less an apology) for their amateurish investigation of these allegations, and neither has any Pro-Life advocacy group that circulated them.

8. The fact that Evangelicals and Catholics alike place so much faith in abstinence is perplexing. Being a "born again" Christian myself I've spent my entire life in these communities. For nearly half a century I've worshipped with them, shared the bread and cup, prayed with them, and enjoyed a level of honesty among sinners that is rare elsewhere in society. The large majority of them are caring, thoughtful people. They are not unaware of their own weaknesses, and their views on abstinence are sincere. Nevertheless, in more than 45 years I can count on one hand those that I know made it to their wedding days as virgins. A few of the more strident among them even lived together first. No less a man than St. Augustine bemoaned his own sexual weaknesses when he prayed, "[God], Grant me chastity and continence, but not yet" (Conf., VIII. vii 17). Given the transforming grace they've received (or claim to have received) from the hand of God, they of all people should know how important patience, empathy, and forgiveness are for moral growth. I appreciate their concerns about "encouraging" irresponsible behavior, but it is odd that they would place so much hope in a moral strictures they themselves couldn't handle—particularly since most of them enjoyed far better childhoods and support networks than many of those they confront, and been blessed with years of Bible study informing them of their own daily need for tolerance and forgiveness of sin.

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