



**Advancing Personhood  
The Paramount Right To Life**

## Pillars of Personhood Educational Booklet

For more information on Pillars of Personhood, contact GRTL at [stateoffice@grtl.org](mailto:stateoffice@grtl.org) or 770.339.6880

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## Introduction

The purpose of GRTL's Pillars of Personhood is to educate communities in Georgia on the principles of personhood, issues facing personhood, and how the goals of the pro-life community must change as technology changes; and to train individuals on how to engage in relevant and meaningful dialogue in real-world situations.

We will spend several hours together for the training seminar learning about what it means to be a person, how we can better view and value humanity through the lens of God's divine purpose, and learn how to defend life against encroaching forces of destruction – even if they are intended to be good. This training time will include some lecturing, some small group work, and lots of learning. Our goal is that you will walk away from this seminar confident in your ability to engage in a meaningful dialogue with others about the sanctity of human life.

After you and your peers have been trained, we will engage in a public outreach event with our Pillars of Personhood display (maybe somewhere in your community, on a local college campus, etc). There, you will put everything you've learned into practice by engaging people with critical thinking, relevant perspectives, and compassion. Our desire is that you will be comfortable with changing the hearts and minds of citizens in your own community once you are equipped with the knowledge, confidence, and experience of public outreach.

We hope that you find this training and subsequent outreach to be meaningful and powerful. If you have any questions at any point during the seminar or outreach, please grab our speaker or one of our peer leaders (they will be introduced to you and will have identifying shirts/name badges). Hand raising is encouraged, questions are welcomed, and learning is required!

If you have any questions that you think of between or after the seminar and the outreach, you can email the team at [personhoodseminar@grtl.org](mailto:personhoodseminar@grtl.org).

# Georgia Right to Life

## MISSION STATEMENT:

**The fundamental purpose of Georgia Right to Life is to engage in actions that will restore respect and effective legal protection for all innocent human beings from earliest biological beginning until natural death.**

**Objectives.** The aim of Georgia Right to Life (GRTL) is to communicate that a human person is sacred by virtue of the fact that we are created in the image of a personal benevolent God. This means that all human life must be respected and protected regardless of race, gender, age or condition of dependency. We seek to educate our grassroots pro-life community, to inform government officials of pro-life policy, and to provide resources to other non-governmental organizations regarding the fundamental question, "What is a person?"

**Strategy.** The historical Judeo/Christian understanding of the nature of personhood, which is foundational to our cultural framework, is being questioned. In response, GRTL intends to demonstrate that shifting our beliefs about the nature of man's being leads to consequences in culture that may be unintended, undesired, or even irreversible. If personhood is an evolving phenomenon in process rather than an objective, non-negotiable truth, then Western society's philosophic, scientific, and legal ethics will change accordingly.

Georgia Right to Life is a Christian faith-based, non-profit, non-partisan, and non-sectarian organization.

## Education

**Education is the primary activity of Georgia Right to Life.** Without an informed public there is no shift in public opinion. Public opinion drives public policy, which in turn fuels political action. Success at the polls produces prolife legislation. Please check out our premier educational programs for your community.

## Political Action

**Political action always precedes legislative objectives.** Without a strong alliance of concerned value voters career politicians, can and do, hide their agendas from the voting public. Politicians "don't do what you *expect*, they do what you *inspect*." Be diligent to exercise your vote as if someone's life depended on it –because it does.

## Legislation

**Our goal is full legal protection for all innocent human life from creation to natural death.** A Personhood Amendment to the Georgia Constitution accomplishes this objective. In the 2012 election cycle, 66% of Georgia's majority party Republican voters cast their ballot in favor of a Personhood Amendment to the Georgia Constitution.

## SECTION 1: What is Personhood?

## What is Personhood?

So then, the question arises: “What is personhood?” Because Georgia Right to Life is “faith-based,” we look to the Bible to answer the critical questions that arise when discussing personhood. In the Bible, we develop something called “The Personhood Principle.” This principle teaches that personhood was endowed to us at the moment of Creation in something called the “Imago Dei,” which is Latin for, “the image of God.”

*“Then God said, “Let Us make man in **Our image, according to Our likeness** . . . And God created man in **His own image, in the image of God** He created him; male and female He created them.” (Genesis 1:26-27)*

Here we see one paramount distinguishing feature between us and all other creation: when God created us, He created us in HIS image and likeness. Not that we are God, by any stretch of the imagination, but that He left His stamp or His fingerprint on us. Think of it like an artist who signs their name into their painting: that’s how God made us in context of the Creation story.

From this point onward through Scripture, we see that the importance of humanity and the status of personhood that God granted us remains intact, though distorted by sin. This is how we understand our personhood: our Creator made us in His image and likeness, He created laws to protect us, and He even sent His only son, Jesus the Christ, to die in our place in order to make reconciliation with human persons, the creation made in His image.

This principle is seen from the first book of Scripture on through the last, and even affirmed in Pseudepigraphal and Apocryphal books (books left out of or removed from biblical Canon), and even in early “Sunday School” teachings like the Didache [95 AD] (a compilation of teachings of Jesus’ apostles).

Personhood was boldly proclaimed by our Declaration of Independence: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain **unalienable** Rights, that among these are **Life**, Liberty and the pursuit of Happiness.” These rights have been tested and tried throughout our nation’s history – slavery, women’s rights, Native American rights – and have always held true and have even been further solidified by the Fourteenth Amendment to the United States Constitution.

Personhood is also the solution to our growing, tragic abortion epidemic. Supreme Court Justice Harry Blackmun, who was in the majority of Justices who ruled in favor of abortion during the landmark Roe v. Wade decision, said in his section of the ruling that, “(if the) suggestion of personhood [of the preborn] is established, the [abortion rights] case, of course, collapses, for the fetus’ right to life is then guaranteed specifically by the [14<sup>th</sup>] Amendment.”

Isn’t that amazing? The very same ruling that gave us abortion on demand through all 9 months of pregnancy in America also gave us the solution to protecting all human life in the womb and undoing the terrible damage done by the ruling. That is why Georgia Right to Life takes the position of personhood as a foundation for all our activities protecting innocent life: because it is found in Scripture, it is vetted through our nation’s history, and it should be upheld by the United States Supreme Court.

## Personhood vs. Pro-Life?

It's tempting to think of personhood ideology or strategies as being an opposing force to "mainstream" pro-life efforts. While the two concepts have some differences, the truth is that they are more similar than they are not. If there is ever any contention between personhood and pro-life efforts, it's probably safe to assume that the differences reside between the individuals rather than the principles themselves.

Personhood and pro-life strategies don't have a dichotomous relationship – you don't have to pick one or the other. Some might even contend that the concepts of personhood are a particular facet within the scope of pro-life ideology. We don't explore that idea, but we will let it serve the purpose of demonstrating the close relationship between the two concepts.

Let's take a few minutes to examine and compare the two concepts, that way, we can get a reasonably good handle on what we're really talking about when we use the terminology "personhood" instead of just saying "pro-life."

**Personhood.** The idea of "personhood" is a simple one. In fact, its strength likely is found in its simplicity. That's because issues surrounding the sanctity of life are generally pretty simple when you boil them down to their core.

As we read in Genesis 1:26-27, humanity's value is inherent in our bearing of the *imago Dei* (the image of God). This means that there are, by virtue of the principles of personhood, few circumstances in which it is permissible to violate, infringe upon, or revoke personhood. Acts such as abortion, embryonic stem cell research, destructive fertility treatments, euthanasia, etc., are all unacceptable under personhood philosophy and strategy.

**Pro-Life.** The term "pro-life" actually refers to a very broad and dynamic concept that encompasses numerous philosophic, scientific, religious, and legal principles. Combined, they create a "pro-life" set of beliefs that work to guarantee the sanctity of human life. This means that the end goal of pro-life philosophy and strategy is to provide for no circumstances in which it is permissible to violate, infringe upon, or revoke the sanctity of human life. Acts such as abortion, embryonic stem cell research, euthanasia, and destructive fertility treatment would be unacceptable in the final result of pro-life philosophy and strategy.

This sounds a little bit repetitive – but that's because it is. Essentially, the goals of pro-life and personhood ideologies are the same: establishing the effective legal protection and cultural recognition of the sanctity of human life as a *policy* objective. The differences arise when pro-life and personhood ideals are carried out. Personhood itself is a *strategy* as well as a policy, so it always looks the same way when it is practiced. Pro-life, on the other hand, is a policy that can utilize numerous different strategies to accomplish some or all of its goals. This causes pro-life ideals to take many shapes and sizes.

For instance, you have probably heard of words like "exceptions," "regulation," or "incrementalism" used to describe different pro-life laws around the country. This is the nature in which pro-life strategy can take many forms depending on the environment in which it attempts to function. In a moderate state, pro-life legislators may attempt to pass laws that outlaw abortion except in cases of rape and incest or when babies are older than 20 weeks in the womb. Some states may never try to outlaw abortion, but rather regulate the clinics in which abortions are performed. And in other states, some may attempt to pass laws or

constitutional amendments that end abortion, euthanasia, and embryonic stem cell research all together. This is the spectrum of pro-life strategy, which is organic and shifting to try to accomplish the most good – even if the good seems very limited.

On the other hand, personhood, as we mentioned previously, is a strategy in and of itself. That means that a personhood organization or pro-personhood legislator would never attempt to pass a law that left out a class of humans from legal protection. So things like rape exception, familial or mental health exception, or fetal abnormality exception would never be found in a personhood law because they would, in essence, violate personhood principles.

Personhood as an ideology is not actually opposed to incrementalism, although some personhood groups are. There is a subtle, but important distinction between “principled incrementalism” and exceptions. Principled Incrementalism is an attempt to accomplish a goal in stages, but without compromising on the principles of the policy objective. We will explore this distinction a bit later on. An example would be a law totally banning all abortion, even though the ban does nothing to protect children facing death by destructive IVF procedures.

The structure and presentation of pro-life and personhood ideology is also slightly different. As previously mentioned, current pro-life ideology utilizes a number of philosophic, scientific, religious, and legal principles to arrive at their final ideology. But, each of those principle components can be removed from the others to provide a unique individual defense and strategy for accomplishing the end goal of protecting the sanctity of human life. This is where distinctions like abortion bans for “fetal pain” and “sex-selection” come from.

Personhood is different in the sense that the ideology is built like a skyscraper: —the foundation stays the same, and each level is an integral part of the whole structure. You can’t remove one part of itself without invalidating what lies above. The foundation of Genesis 1:26-27 is necessary to defend each additional philosophic, scientific, religious, and legal principle that we then use to defend the sanctity of human life.

Ultimately, the *policy* goals of pro-life and personhood are identically the same. It is simply the particular *strategy* that individual activists choose to take that will differ. That is a matter of principle, however, and does not negate the intrinsic value to both ideological structures. Matters of principle do make the personhood movement what it is, however, and it is important to retain them to keep our ideology intact. We will discuss how the lack of principle infringes on personhood later.

After reading this, you should be able to look at those with different pro-life or personhood ideologies and respect their intentions and their goals, and understand that it is possible to sow unity and bring us all closer to a principled and effective defense of the sanctity of human life.

Now that we understand the differences – or rather, similarities – of pro-life and personhood, let’s take a much closer look at the question, “What is Personhood?”



## Biblical Foundations

When God created Mankind he imparted the attribute of Personhood. Genesis 1:26-27 says, "Then God said, 'Let us make man in our image, after our likeness'...So God created man in His own image, in the image of God he created him; male and female he created them" (ESV).

In the original Hebrew this would have meant, "Let us make man to be like us and to represent us." An example would be the sacrament of marriage where "two become one flesh." (Mark 10:8) Two persons, co-equal in God's eyes and yet one in unity. This same unity is evidenced by an individual "person" being composed of material (body) and immaterial (soul and spirit). Both the Hebrew word for "image" (*tselem*) and the Hebrew word for "likeness" (*demut*) refer to something that is similar but not identical to the thing it represents.

The attribute of "representation" separates all human life from the rest of God's creation. This state of being "set apart," derived from the Hebrew word *qadosh*, is many times translated in our English bibles as "holy," "sacred," or "sanctified." From this concept we derive the term "sanctity of life." While it is true that this difference with the rest of the animal kingdom is not absolute, it is also true that we are much more like God than all the rest of creation. This concept forms the foundation of human dignity and respect for human life throughout Western civilization and history.

"Imago Dei" is Latin for the "image of God." To be created *imago Dei* means being endowed with a body, soul and spirit, (1 Thess. 5:23) a capacity to know and be known by God and a measure of autonomy and free will in the areas of thought and action that allow us to serve His purposes and glorify Him. Mankind's rebellion corrupted His Image.

After the Fall, God's Image in humanity was distorted by sin, but NOT lost. Theologian Wayne Grudem explains this when he says (quoting Genesis 9:6):

*"Whoever sheds the blood of man, by man shall his blood be shed; for God made man in his own image". Even though men are sinful, there is still enough likeness to God remaining in them that to murder another person (to "shed blood" is an Old Testament expression for taking a human life) is to attack the part of creation that most resembles God, and it betrays an attempt or desire (if one were able) to attack God himself. (below, [21:9]) Man is still in God's image. The New Testament gives confirmation to this when James 3:9 says that men generally, not just believers, "are made in the likeness of God."*

Perhaps the greatest argument for the sanctity of life is the Incarnation itself. Christ Jesus took on human flesh and dwelt among us that he might redeem fallen mankind.

"For God so loved the world, that he gave his only Son, that whoever believes in him should not perish but have eternal life. For God did not send his Son into the world to condemn the world, but in order that the world might be saved through him." (John 3:16-17)

Our redemption in Christ is a progressive recovery of God's Image. Paul says that as Christians we have a new nature that is "being renewed in knowledge after the image of its creator" (Col. 3:10). At Christ's return there will be a complete restoration of God's Image. "God has predestined us "to be conformed to the image of his son" (Rom. 8:29; cf. 1 Cor. 15:49): "When he appears we shall be like him" (1 John 3:2)."

Because we bear the image of God, all mankind and, by extension, each and every human life has a "specialness" and worth that demands respect and legal protection. Each human life, from its earliest stage

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of development, is a unique Person who bears God’s likeness and should have the same protection of law that is afforded other “persons” in our society. For this reason, all human life should be respected in law. This respect is due regardless of the manner of conception, whether through the marital act, fertilized “in vitro” (IVF), or through the “ex utero” process of Somatic Cell Nuclear Transfer (SCNT), otherwise known as cloning).

Our United States Constitution limits its protection to “born” persons. This limitation implicitly violates the doctrine of *imago Dei* and has resulted in the pro-life movement now focusing its educational and legislative efforts on promoting “Personhood” as the answer to the emerging biotech issues facing us in the twenty-first century.

Because we find ourselves standing on biblical truths that shape our worldview, this personhood principle creates the foundation on which our entire ideology on protecting human life is built.

## HISTORICAL PERSPECTIVE

Western civilization's basic worldview on human dignity was formed in the first century by the church and has been held firmly in church teaching in every century of the church age. This truth has come to be known throughout the centuries, as the sanctity-of-life ethic or the culture of life.

In every century of the church age, the Holy Spirit has moved on church leadership to defend the image of God (Imago Dei) in man and, thereby, oppose abortion, infanticide, and planned barrenness, while promoting compassion and mercy towards women in crisis pregnancy, the disabled, and the elderly infirm. Wherever the Gospel of Jesus Christ was established, the culture was transformed from a pagan culture of death to a Christian culture of life where human dignity was respected and human life was protected.

**EARLY CHURCH AGE** . Dr. George Grant, in his book, *Third Time Around*, documents the history of the pro-life movement through every century of church history. He begins by quoting the *Didache*, (a compilation of early Apostolic teachings) — what would pass today as the first Christian bestseller — written around 95 A.D. It clearly states that, “*There are two ways the way of life and the way of death, and the difference between these two ways is great. Therefore, do not murder a child by abortion or kill a newborn infant.*” Whenever Christians discovered an infant abandoned outside the city walls, orphanages and family adoptions were instituted. This became the hallmark of the early Christians in Rome. Rescuing infants from the wild animals that preyed upon these unwanted *foundlings* became the basis for the establishment of our earliest Christian orphanages. Homes were provided for temple prostitutes, cast out of their pagan temples for becoming pregnant. The modern Pregnancy Resource Center with its emphasis on ministering to mother and child is not a new concept.

In 365 A.D., Basil of Caesarea, a pastor of a small congregation in Asia Minor, started just such a home to rescue women from a guild of local abortionists called “the sagae.” But he didn't stop there; he called on his local lawmakers to outlaw the abortion guild he discovered in his town. At the conclusion of a series of pro-life messages to his local congregation, he called on his congregation to boycott the sellers of women's cosmetics in his town. He had discovered that the abortionists were harvesting the human collagen from the babies they aborted and selling it to cosmetologists in Egypt which then used it as a central ingredient in the manufacture of women's “beauty creams.”

Basil was successful in driving the abortionists from his town. And, throughout the entire church age we find the same success, whenever a pastor or group of pastors stand together in a bold condemnation of this practice within their community, the *culture of death* is banished.

**THE CHURCH IN THE MIDDLE AGES** . The church in Medieval times faced the pagan practices of abortion, infanticide, abandonment of deformed or unwanted children, and eventually triumphed over each as the Gospel of Jesus Christ permeated their culture. As an increasingly “Christianized” worldview took sway over the culture, these ancient pagan practices fell into disrepute and, for the most part, ceased.

One of the most insidious practices to remain was the practice of abandoning those children who were born with obvious disabilities. Yielding to despair and the stigma of bearing a “devil's child,” even Christians participated in abandoning these children to the wild forces of nature.

At this time in history, the Lord raised up a young Celtic princess by the name of Dympna Caelrhyn. Fleeing from her pagan father's incestuous advances, she settled in Gheel, a Flemish town near the city of

Antwerp. After studying God's Word, she was called to speak to the atrocities committed against children and publicly took a stand against the killing of children with deformities and mental disabilities. Psalm 127:3 states categorically that "children are a heritage from the LORD, the fruit of the womb a reward." She reasoned that if the Bible taught that these disabled children were "blessings" and human life was "sacred," then that must mean that ALL human life was "special" in God's eyes and must be protected and respected — no matter the degree of disability, dependency (mentally impaired), or manner of conception (illegitimate children). In addressing these special needs children and adults, she said, "*All the starry hosts of heaven and of earth declare with one voice the glory bestowed on these sublime creatures of the Living God, these creatures made just a little lower than Himself. We can do no better than to acknowledge our acceptance of Him by our acceptance of them.*" Her eighth century children's home held over forty handicapped children and many mentally dependent adults.

As fame of her actions spread abroad, her pagan father King Eadburh, came to her home and demanded that she return with him. When she refused he slew his daughter in a fit of rage. At the time of her death the citizens of Gheel took over her ministry, and amazingly, her work remains to this day! "It includes a hospital for the mentally ill, a foundling center, an adoption agency, and the world's largest and most efficient boarding-out program for the afflicted and disturbed — run as a private and decentralized association by the Christian families of Gheel."

Pro-life legislation in the sixth century was comprehensively and rigorously enforced. Emperor Justinian of Byzantium issued the following edict embodying, in law, Christian mercy and compassion:

*"Those who expose children, possibly hoping they would die, and those who use the potions of the abortionist, are subject to the full penalty of the law—both civil and ecclesiastical—for murder. Should exposure occur, the finder of the child is to see that he is baptized and that he is treated with Christian care and compassion. They may be then adopted as, ad scipitorun, even as we ourselves have been adopted into the kingdom of grace. But, no one may claim as his own—under the rubric of lordship, legal obligation, or servile tenure—an exposed infant. Without distinction, those who are reared in this way by such persons are to be regarded as free and freeborn persons, and they may acquire and dispose of property as they wish, to their own heirs or others, untouched by any taint of servitude or legal subordination or condition of serfdom. This is to be enforced not only by the authorities of the provinces, but also by the bishops, by all officials, by civic leaders and officeholders, and by every government agency."*

For the first time in history, the sanctity-of-life ethic was the prevailing worldview in all of Western civilization. Universally Eastern Orthodox, Coptic, Celtic, and Roman Catholic expressions of the church promoted the sanctity of life teaching.

**THE RENAISSANCE AND THE ENLIGHTENMENT.** The explosive growth of science, technology, medicine and the arts transformed the culture of the middle ages. No institution was left untouched by this tsunami of knowledge known in secular circles as the Renaissance. The biblical underpinnings of the prevailing Christian culture were questioned by the new prophets of an ancient religion— secular pagan humanism. These prophets and evangelists for an ancient religion transitioned to professors of learning in the churches and universities. Many of the new scholars questioned and then rejected the Christian worldview. "Nature abhors a vacuum" and the removal of biblical wisdom was replaced with a revival of pagan "wisdom."

The study of Greek and Roman philosophers dominated the universities and colleges of that day. Aristotle, Seneca, Cicero, Plato, and Pythagoras were resurrected from the ashes of antiquity and displaced Moses,

David, Solomon, and Paul — Jesus Christ was a good man, but certainly not the incarnate Creator God. Thus, a revived paganism impacted all levels of society, including the church — neutering its message and subverting its gains.

The foundations for the sanctity of life which had been so carefully laid during the middle ages, crumbled within a few decades, and the church, infected with pagan wisdom and a dependency on human reason, lost its ability to restrain fallen man from reverting to its ancient practice of child sacrifice.

By the middle of the age, the impact of this return to a false basis of values led to the wholesale destruction of innocent children. Gleaning from the scholarly work of Yale University Professor John Boswell, as many as one in three children were aborted, abandoned or exposed in the countries of Spain, Italy, and France. Among the poorer classes the rate went as high as forty percent. In Paris, as high as, thirty percent of all registered births resulted in the child being abandoned — and in Florence, Italy, that number rose to forty-five percent. French philosopher and hero Jean-Jacques Rousseau, embodying the “enlightened” parenting style of his day, boasted that he had abandoned all five of his illegitimate children, putting his children in an orphanage as soon as they were weaned.

**THE REFORMATION AND COUNTER REFORMATION .** The tumultuous times of the Protestant Reformation and Catholic Reformation saw both branches of the church engaged in condemning abortion with the strongest of language:

*“The unborn child ... though enclosed in the womb of its mother, is already a human being ... and should not be robbed of the life which it has not yet begun to enjoy. If it seems more horrible to kill a man in his own house than in a field, because a man’s house is his place of most secure refuge, it ought surely to be deemed more atrocious to destroy an unborn child in the womb before it has come to light.”*

John Calvin

*“Life is God’s most precious gift. To scorn it by any sort of murderous act—such as the abortion of a child—is not merely an awful tyranny, it is a smear against the integrity of God as well. Suffer as we must, even die if need be, such rebellion against heaven must not be free to run its terrible courses.”* Ignatius Loyola

**PERSONHOOD: 19<sup>TH</sup> CENTURY.** Upon her arrival in India, British missionary Anna Bowden attempted to rescue girls from the adherents of *Arya Samaj*, a cult of Hindu extremists who practiced *deyana* — female infanticide. She also raised her voice and used her influence as a Victorian debutante to lobby the British government to outlaw *sarti*—the ritual sacrifice of widows on the funeral biers of their husbands —and *kananda* cultic abortifacient procedures. Her objections were ignored. At the time, the British colonial policy of non-interference within the culture, ruled the day. After all, the ongoing trade with India must be protected against disruption by a cultural reaction. The Hindu extremists appealed to Queen Victoria’s viceroy and were pacified when Anna was commanded to remain silent.

Anna could not be silenced. Anna’s response was clear and decisive, “that rescuing innocent human life was ‘directly related’ to her mission work and that, in fact, it was ‘directly related to any form of Christian endeavor, humanitarian or evangelistic.” Anna’s resolve puts many of our pro-life efforts to shame, “*The mandate of Holy Writ is plain. We must clothe the naked, feed the hungry, shelter the shelterless, succor the infirmed, and rescue the perishing. I can do no less and still be faithful to the high call of our Sovereign Lord.*” Anna took seriously the biblical command to “rescue the perishing” (Proverbs 24:11). She formed a network of Christian believers providing an escape route for condemned widows. She also created a group of pro-life believers that disrupted the practices and procedures of the abortionists.

The Hindu response was immediate. They burned down her mission complex, raped the young women who had been rescued from the abortionists and tortured and killed Anna.

*“Her daring example sparked a revival within the missionary community in India and her journals, published shortly after her martyrdom, made a stunning impact throughout England. Perhaps most importantly of all, her commitment stimulated and mobilized the church to call on the government to fundamentally alter the essence of the policy of non-interference—not just in India, but wherever the gospel went out around the globe—and to enforce a universal legal code rooted in the Christian notion of the sanctity of life.”*

Anna is only one of the many examples of how God raised up men and women during the Victorian era to promote a sanctity of life ethic.

**PERSONHOOD: 20<sup>TH</sup> CENTURY .** "It is a poverty to decide that a child must die so that you may live as you wish." said Mother M. Teresa of Calcutta. Born in 1910, (Agnes Gonxha Bojaxhiu) Mother Teresa came to be known by 20<sup>th</sup> century friends and followers as the “Saint of Calcutta.” Her name became synonymous with Christ-like charity and selfless service to the hungry, destitute, and dying people she encountered on the streets of Kolkata (Calcutta), India.

Always an outspoken critic of abortion, in 1990, Mother Teresa took on the Supreme Court of the United States — on the issue of Personhood. She had her attorneys file *amicus curiae* (friend of the court) brief in the case of New Jersey v. Alexander Loce et. al.

Alexander Loce was a young man who discovered that his fiancé was pregnant with his child. A day later he found out that his fiancé had scheduled an abortion at a Morristown, N.J. abortion mill. He was arrested for trespassing while attempting to persuade his fiancé not to kill their child. The core issue in his case was whether the life of the unborn child is entitled to protection under the Due Process Clause of the Fourteenth Amendment. It specifically addressed the issue of WHEN Personhood attaches under the law. Mother Teresa filed this scathing rebuke:

*"America needs no words from me to see how your decision in Roe v. Wade has deformed a great nation. The so-called right to abortion has pitted mothers against their children and women against men. It has shown violence and discord at the heart of the most intimate human relationships. It has aggravated the derogation of the father's role in an increasingly fatherless society. It has portrayed the greatest of gifts — a child — as a competitor, an intrusion, and an inconvenience. It has nominally accorded mothers unfettered dominion over the independent lives of their physically dependent sons and daughters. And in granting this unconscionable power, it has exposed many women to unjust and selfish demands from their husbands or other sexual partners. Human rights are not a privilege conferred by government. They are every human being's entitlement by virtue of his humanity. The right to life does not depend, and must not be declared to be contingent, on the pleasure of anyone else, not even a parent or a sovereign.*

*The Constitutional Court of the Federal Republic of Germany recently ruled: 'The unborn child is entitled to its right to life independently of its acceptance by its mother; this is an elementary and inalienable right which emanates from the dignity of the human being.'*

*Americans may feel justly proud that Germany in 1993 was able to recognize the sanctity of human life. You must weep that your own government, at present, seems blind to this truth.”*

She captured, in one paragraph, the sublime truth that the right to life is sacred (i.e. sanctity), not granted by government and hence, may not be abridged by any governing power or court — “They are every human being’s entitlement by virtue of his humanity... ‘this is an elementary and inalienable right which emanates from the dignity of the human being.’”

Her comments directly confront the Court with its legal positivism. The court’s finding in *Roe vs. Wade*, that the right to privacy, hence abortion, was established for any woman seeking to end her pregnancy under a new “right to privacy” and was based upon an “emanation” of the “penumbra” of the U.S. Constitution.

The 1965 ruling, *Griswold vs. Connecticut*, a case involving a state’s right to outlaw contraceptives, established the Constitutional “right of privacy,” for the first time, in a reproductive context. The Court justified its decision by declaring, “The foregoing cases suggest that specific guarantees in the Bill of Rights have penumbras, formed by emanations from those guarantees that help give them life and substance.” “Emanations” of “penumbras” is, at best, an ethereal foundation for the taking of an innocent human life and is directly at odds with our founding fathers who declared “...that they [all men] are endowed by their Creator with certain unalienable Rights, that among these are Life...” Mother Teresa, rightly bases her argument on the “inalienable” right to life. An inalienable right is a right conferred by God, and hence cannot be abridged by government because it does not originate with the “lesser authority.” The Church’s teaching on *Imago Dei* is the basis of our “inalienable right which emanates from the dignity of the human being...”

## In Law

With the reemergence of a pagan worldview during the Renaissance, explicitly Christian law was mixed with pagan Greek scholarship to form the basis of our “common” or Western law. Once again the State presumed to define personhood and assign the duties, rights, and responsibilities that reside with each citizen. This is in stark opposition to recognizing personhood as coming from God and inherent in every human in equal measure. Instead of viewing personhood as an absolute right granted by God, we Westerners see the government stepping in to define and regulate.

Western law’s historic struggle over the issue of personhood is clearly seen in the manner by which the concept has been applied to the issues of slavery, suffrage, and eugenics. According to the Center for Bioethical Reform, “This disturbing pattern of disputing someone’s humanity to weaken his claims to rights of personhood repeats itself again and again in Western history.”

In September of 1787, the Constitutional Convention meeting in Philadelphia declared in Article 1, Section 2 of the American Constitution that: “blacks are only three fifths of all other persons.” In 1857, the *Dred Scott* decision, the U.S. Supreme Court declared blacks to be “a subordinate and inferior class of beings.” Following closely on this logic, within a year after the *Dred Scott* decision the Virginia Supreme Court ruled, “in the eyes of the law, so far certainly as civil rights and relations are concerned, the slave is not a person, but a thing.”

Women in Canada fared better but were denied the benefits of personhood when, in 1876, a ruling in British common law declared that “women are persons in matters of pains and penalties, but are not persons in matters of rights and privileges.”

A few years later, in 1881, writing in *The American Law Review*, legal scholar George F. Canfield argued, “an Indian is not a person within the meaning of the Constitution...[Congress] may prevent an Indian from leaving his reservation, and while he is on a reservation it may deprive him of his liberty, his prosperity, his life.”

In 1916, Emily Murphy was the first woman police magistrate in Alberta, Canada. In 1917, she successfully ran for the Senate, but Canadian Prime Minister Sir Robert Borden blocked her nomination on the basis that she was not considered a person under the British North American Act of 1867. She appealed to the Canadian Supreme Court, asking for clarification of a simple question: “Does the word ‘persons’ in Section 24, of the British North American Act, 1867, include female persons?” The Court’s unequivocal response: NO!

In November 1935, Nazi Germany declared that Jews were “subjects” of the Reich but not “citizens” under the newly enacted Nuremberg Laws on Citizenship and Race. Article 4 (1) stated, “A Jew cannot be a citizen of the Reich. He cannot exercise the right to vote; he cannot hold public office.” After the Nuremberg Laws of 1935, a number of additional Nazi decrees were issued that eventually outlawed the Jews completely, depriving them of their rights as human beings. Genocide was soon to follow.



In 1973, in the Roe v. Wade decision, Justice Harry Blackmun wrote that, “[If the] suggestion of personhood [of the preborn] is established, the [abortion rights] case, of course, collapses, for the fetus’ right to life is then guaranteed specifically by the [14<sup>th</sup>] Amendment.”

More recently, in May of 2008, Cornell University created a “glow in the dark” human child by crossing human genes with a fluorescent gene from an Australian jellyfish. The embryo was destroyed before its third week of life. A spokesperson for the National Institutes of Health declared that, “the Cornell work would not be classified as gene therapy in need of federal review, because a test-tube embryo (child) is not considered a person under the regulations.”

It is plain to see that, consistently throughout time, the humanity and personhood of certain individuals has been challenged and infringed on for the purpose of serving the interests of others who held power over them. Fortunately, we have seen our culture turn towards enlightenment time and time again to right wrongs committed against oppressed persons and guarantee their protections under law. If we continue to hold the line, it will be no different with the issue of the sanctity of human life.

## In Culture

Today, understanding the very nature of humanity is in contention as emerging thoughts and technologies arise in attempts to redefine and revalue human life. Christian beliefs are in the crosshairs of a counterculture that seeks to make humanity in their image.

In 2005, Christian bio-ethicist Nigel Cameron spoke to the National Right to Life Convention. His challenge to the pro-life community was to consider moving beyond abortion as the singular focus of pro-life endeavors. He said, **"In the 21st century it will not be enough to simply be pro-life, one must also be pro-human."**

Michael Sleasman, Managing Director and Research Scholar for The Center for Bioethics & Human Dignity explains, "while many of the ethical questions of the late 20th Century dealt with bioethical concerns over the beginning and end of life issues (the taking of human life), the questions raised by these new, these emerging technologies threaten to change the nature of the human species and the very essence of what it means to be human (the making and faking of human life)."

Western civilization is at a critical juncture. According to U.S. Congressman Brad Sherman (CA), a member of the U.S. House Science Committee, the unprecedented capabilities of emerging biotechnologies have set the stage for a technological revolution which he referenced as analogous only to the development of nuclear technology. That our culture has reached an ethical crossroads is evidenced by the following statements made by American congressmen in 2006.

"We are talking about a suite of technologies that are going to revolutionize the way we do things and how we live. And the questions are 'How will that happen? And what will we do as this unfolds? Do we have systems in place that are capable of keeping up with the rapid change in technology?'" - Marty Spritzer (Representing U.S. Representative Sherwood Boehlert (NY), Chairman of the House Science Committee)

"What are the policy implications of the emerging ethical issues related to nanotechnology? In other words, how does this bounce back to us (Congress)? Do we need laws? Do we need regulations? Do we need congressional action? Don't ask me to answer all of these questions. That's your job, and I am looking forward to hearing your thoughts." - U.S. Congressman David Weldon (FL)

"Now, like my colleagues, I do not have any answers. Rather, I hope to identify some of the questions. I know that the right time to start thinking about these questions is now...What is the definition of a human?" - U.S. Congressman Brad Sherman (CA)

Similarly, the president and co-founder of the Institute on Biotechnology & the Human Future Nigel Cameron said, "The problem is brought into ready focus by the manner in which bioethics has essentially emerged as the conjoined twin of bio-policy."

The questions have been posed, but their answers require a deeper look into the nature of ethics

and policy, ideas and action.

Ideas are irrelevant without action, and action is preceded by idea. Or, to quote the widely acclaimed American philosopher Sam Harris, "Beliefs are scarcely more private than actions are, for every belief is a fount of action in potential."

One concept that has contributed to American greatness is its celebration and protection of free speech and inquiry. No matter how outrageous, disturbing or irrational, America zealously guards the right to think, inquire and speak without censure. This right is vital to our progress as a culture, because truth never fears inspection. Sincere seekers of truth welcome all ideas to the table of rational debate. That said, any policymaker can tell you that at some point ideas must translate into action, otherwise society will stagnate or even regress. A "plurality of ideas" is essential to stimulate healthy social debate, but at some point, specific ideas must be selected as those on which to act.

As demonstrated by the Congressional quotes above, American bioethics and biotechnologies are currently held hostage, so to speak, by a misconception deeply rooted in the American mind. We will refer to this misconception as the concept of "plurality of action."

Unless we intend to abandon rationality, it is apparent that in some circumstances you cannot have two opposing actions simultaneously. You cannot have your cake and eat it too. You cannot go up to get down. If you kill someone, they cannot be alive. Yes, there are paradoxes; yes there are gray areas. But gray areas and paradoxes have never been the points upon which men construct their ethics, philosophy, science, or law. These things, if they are to grow and flourish, must be constructed on a solid and cohesive foundation of "first principles" from which all further action may rationally proceed.

The assumptions on which man rationally constructs his social frameworks constitute his "worldview." Everyone has a worldview. Whether he realizes it or not, he has at some point formed assumptions about what it is to be human and acts accordingly. A worldview then is nothing more than a set of presuppositions that we act on. A cultural worldview is nothing more than the set of socially agreed "first assumptions" from which national policy rationally precedes.

Every worldview attempts to answer the three fundamental human questions:

- What is man?
- What is wrong with the world?
- Can we make it better?

The first question is critical to the discussion at hand. It begs the question "Where did man come from?" And this is the ultimate question on which all ethics, all morality, and, by inference, all policy and culture rest. Prior to the emergence of modern biotechnologies, Western culture managed to evade this question, to quietly ignore it. But the advent of modern biotechnologies has once again returned us to the elephant in the room that we all had hoped to ignore. "What is the origin and nature of man?"

In a rational world, our bio-policy is dictated by our ethics, our ethics is dictated by our worldview,

and our worldview is dictated by our assumptions concerning the origin and nature of man. Ethics cannot be a gray area. If we treat it as such, we will find ourselves unable to act in, much less to lead in the coming biotech age. It is imperative that American policy makers decide on a cohesive frame of reference and then act accordingly. What will be the idea behind our action? The assumption that man is the creation and design of an intelligent being, or that he is the result of chance evolutionary processes? Is man a unique creation or an organic phenomenon in process? Will we assume the existence of an eternal Supreme Being or the eternal existence of uncreated matter?

Either way the question is answered, an assumption has been made. Nobel Prize winning physicist, Leon M. Lederman, agrees. He said:

*"In the very beginning, there was a void, a curious form of vacuum, a nothingness containing no space, no time, no matter, no light, no sound. Yet the laws of nature were in place and this curious vacuum held potential. A story logically begins at the beginning, but this story is about the universe and unfortunately there are no data for the very beginnings--none, zero. We don't know anything about the universe until it reaches the mature age of a billion of a trillionth of a second. That is, some very short time after creation in the big bang. When you read or hear anything about the birth of the universe, someone is making it up--we are in the realm of philosophy. Only God knows what happened at the very beginning. "*

We must assert that the only rational basis for a pro-human policy in the 21st century is the historic Judeo/Christian view of man as created in the image of God. We also assert that the rational outcome of a materialist/evolutionary assumption is the transhumanist vision of emerging technologies unrestrained by archaic superstitions and ethics.

Our culture is in the middle of a worldview war, and if we are to be victorious and maintain ground to protect human life, we must expand our strategies and elevate our thoughts to understand that there is more at stake than what we can see.

Now that we understand personhood more soundly, we must examine what acts, thoughts, and forces exist that threaten personhood. More importantly, we must examine how to confront and defeat those infringing forces.

## SECTION 2: Threats to Personhood

## Threats to Personhood

Human personhood is threatened, primarily, by three approaches to redefine and subvert human dignity: the making, the taking, and the faking of human life. Emerging technologies and eugenic philosophies have combined in an attempt to reinvent humanity in the image of humanity rather than the image of God. This is accomplished by making humans in a way that is more convenient, efficient, and without unwanted infirmities – as observed through such technologies as ectogenesis, in vitro fertilization, and stem cell research; by taking human life in order to rid unwanted populations through acts such as abortion, euthanasia, eugenics, and selective reduction; and by faking human life to create a more perfect humanity, devoid of unwanted traits, and to advance scientific research – as observed through such technologies and philosophies as transhumanism, cloning, and chimeras. As we continue to devolve from a sanctity of human life ethic, we will continue to see personhood threatened and ignored, and it will result in catastrophic injustice – as it always does.

Personhood is the human rights issue of the 21st century. Throughout the history of the Church the doctrinal teaching of the “Sanctity of Life” (Genesis 1:26-27) has been the belief that Man is created Imago Dei (in the image of God) and therefore has worth at all stages of life. This is the bedrock of Western civilization’s understanding and practice of human dignity.

We are told in the gospels that John the Baptist was known by God, called by God, named by God and then filled by God with the Holy Spirit while still in his mother’s womb. This is an example of the biblical worldview of Personhood.

Let’s contrast our biblical worldview with an emerging secular worldview. Peter Singer is the DeCamp Professor of Bioethics at Princeton University.

This excerpt was taken directly from his website’s FAQ’s:

*“Q. You have been quoted as saying: “Killing a defective infant is not morally equivalent to killing a person. Sometimes it is not wrong at all.” Is that quote accurate?*

*A. It is accurate, but can be misleading if read without an understanding of what I mean by the term ‘person’ . . .”*

He argues his case in his book, *Unsanctifying Human Life*. He believes that the “right to life” should be granted to all “persons” equally. Unfortunately, his definition of “person” is very narrow and excludes all pre-born children, disabled children, born infants (through 18 months) and the elderly infirm. He goes on to declare that his own mother probably wouldn’t be alive if he were the sole caregiver in his family. One would think that Singer’s position would be considered on the loopy fringe of public policy discussions.

Surprisingly, his prestigious position at Princeton and his vast international influence has earned him the acclaim of being one of the leading bioethicists of our day. Don’t be surprised if twenty years from now we find his positions on “personhood” to be encased in our law, our hospitals, our

research laboratories and universities. The Right to Life movement is “fifteen years behind the curve,” according to pro-life bioethicist Wesley Smith, “in addressing and responding to this threat.” Our narrow focus on being anti-abortion in the 20th century has not expanded, at a grassroots level, to embrace a host of issues that are emerging in the 21st century. Though national pro-life groups continue to warn of these emerging threats to human dignity the local grassroots supporter is not engaged. We need to adjust our strategy and message to one of Personhood, in order to successfully transition our base.

Destruction of human children at the embryonic level has now expanded beyond research laboratories to be enshrined as a “procreative right” of infertile couples seeking to become parents. It is not uncommon to create between fifteen and twenty children at one time and then, through the processes of selective reduction and pre-implantation genetic diagnosis (PGD), kill all but one of those children. When did it become acceptable for a couple’s “right to parent” to supersede another’s right to life? Drug companies and biotech businesses need human subjects to perfect their products. A steady supply of human embryos is needed in order to conduct these lethal experiments. Because fertility clinics cannot possibly supply the large number of embryos needed, the biotech industry has resorted to a transgenic solution: combining human DNA with animal DNA to form a human-animal hybrid child known as a “chimera.”

Cornell University, May 2008, created a “glow in the dark” human child by crossing human genes with a fluorescent gene from an Australian jellyfish. A spokesman for the National Institutes of Health said, “the Cornell work would not be classified as gene therapy in need of federal review, because a test-tube embryo (child) is not considered a person under the regulations.”

The effort to promote a culture of life in our day requires that we develop a clear and consistent message to alert our culture to the dangers that lie ahead if the definition of “person” is eroded and changed from its historical meaning. This is the clear battleground of the pro-life movement in the 21st century.

## SECTION 2a: Abortion



## Abortion

There is no pretty, easy, or convenient way to discuss the topic of abortion. Something often referred to as “the American holocaust,” “genocide,” and “child sacrifice” shouldn’t be expected to be used for light-hearted banter. Abortion, quite literally, is the most gruesome and terrible act being committed in the world. Do not expect to breeze through these pages reading pro-life jargon and then move along to the next activity. This section, at the least, should bring pause and consideration to the state of our culture and raise difficult questions about our duty as Christians and as Americans in the face of abortion.

We’ve been living under the bloody tyranny of legal abortion since 1973 when the U.S. Supreme Court ruled that there was a constitutionally protected right to privacy under the due process clause of the 14<sup>th</sup> Amendment in regards to seeking an abortion. Since that time, the nation has been split in two over the issue, and the divide has only gotten deeper. In the face of fringe ideologies and multi-million dollar organizations, abortion has become the battleground for human rights in the 21<sup>st</sup> century.

The topic of abortion raises many emotions, but also raises many important questions. What is abortion? How has abortion become so entrenched in our culture? How can we finally end abortion? Must we stand on principle rather than take small victories? How should we choose our battles?

It is important to answer these questions while looking through the lens of biblical truth. Win or lose, our intention should be to honor God and save as many innocent lives as possible. The most effective way to accomplish that goal is to view the issue of abortion through the lens of Personhood.

## What is Abortion?

A simple question with a simple answer: an abortion is anything that intentionally causes the death of a child after it has been conceived (at the moment of fertilization) but before it has been born alive (full body birth, including the head). The unintentional death of a child during that time frame is called a spontaneous abortion or, more commonly, a “miscarriage.”

Based on that definition, many things are likely coming to your mind and you are wondering if they fit the category of abortion. Unfortunately, many of the things you just thought of likely do fit. Anything from abortions at Planned Parenthood, to the destruction of excess embryos from in vitro fertilization, even to many hormonal birth control pills, all cause the death of children in their most vulnerable stages of development.

In terms of abortion as the medical procedure one might obtain from a specialized clinic, it is not just a simple medical procedure. For all women, it is a life changing event with significant physical, emotional, and spiritual consequences. Most women who struggle with past abortions say that they wish they had been told all of the facts about abortion and its risks.

### Abortion Procedures

**First Trimester Aspiration Abortion between 4-13 weeks after last menstrual period (LMP).** This surgical abortion is done throughout the first trimester. Depending upon the provider and the cost, varying degrees of pain control are offered ranging from local anesthetic to full general anesthesia. For very early pregnancies (4-7 weeks LMP), local anesthesia is usually given. Then a long, thin tube is inserted into the uterus. A large syringe is attached to the tube and the baby is suctioned out.

Towards the end of the first trimester, the cervix needs to be opened wider to complete the procedure because the baby is larger. This may require a two day process where medications are placed in the vagina, or a thin rod made of seaweed is inserted into the cervix to gradually soften and open the cervix overnight. The day of the procedure, the doctor may need to further stretch open the cervix using metal rods. This is usually painful so local or general anesthesia is typically needed. Next, the doctor inserts a plastic tube into the uterus and then applies suction. Either electric or manual suction machines are commonly used. Manual Vacuum Aspirators (MVA) are becoming more popular in the U.S. The suction pulls the baby’s body apart and out of the uterus. The doctor may also use a loop-shaped tool called a curette to scrape the baby and his or her body parts out of the uterus. (The doctor may refer to the baby and his or her body parts as the “products of conception.”)

**Dilation and Evacuation (D&E): between 13 to 24 weeks after LMP.** This surgical abortion is done during the second trimester of pregnancy. In this procedure, the cervix must be opened wider than in a first trimester abortion because the baby is larger. This is done by inserting numerous thin rods made of seaweed into the cervix a day or two before the abortion. Sometimes, other oral or vaginal medications are used to further soften the cervix. The day of the procedure, after anesthesia is given (local or general), the cervix is further stretched open using metal rods. Until about 16 weeks gestation, the procedure starts with a plastic tube inserted through the cervical opening and suction is applied. The suction pulls the baby’s

body apart and out of the uterus any remaining body parts are removed with a grasping tool (forceps). A sharp tool called a curette may also be used to remove any remaining tissue.

After 16 weeks, most of the procedure is done with forceps to pull body parts out through the cervical opening. The doctor keeps track of what fetal parts have been removed so that none are left inside to potentially cause infection. Lastly, a curette, and/or the suction machine is used to remove any remaining tissue or blood clots ensuring the uterus is empty.

**Dilation and Evacuation (D & E) After Viability: about 24 weeks and up.** When the abortion is done at a point when a live birth is possible, injections are given to kill the baby. This is done in order to comply with the federal law which requires that the baby be dead before complete removal from the mother's body. The medications (digoxin and potassium chloride) are either injected into the amniotic fluid, the umbilical cord or directly into the baby's heart. The remainder of the procedure is the same as described above.

An alternate technique called "Intact D and E" may also be used. The goal of this procedure is to remove the baby in one piece thus reducing the risk of leaving parts behind to cause infection, among other things. This procedure requires the cervix to be open even further by inserting the seaweed rods in the cervix two or more days prior to the abortion. Often it is necessary to crush the baby's skull for removal as it is difficult to dilate the cervix enough to bring the head out intact.

**Medication Abortion - RU486 (Abortion Pill).** This drug is only approved by the Food & Drug Administration for use in women up to the 49th day after their last menstrual period; however, it is commonly used "off label" up to 63 days. This procedure usually requires three office visits. On the first visit, the woman is given pills to cause the death of the baby. Two days later, if the baby has not been expelled from her body, the woman is given a second drug (misoprostol) to accomplish this. One to two weeks later, an evaluation is done to determine if the procedure has been completed.

**Medical Methods for Second Trimester Induced Abortion.** This technique involves killing the baby by the stimulation of labor-like contractions that cause eventual expulsion of the baby and placenta from the uterus. Like labor at full term, this procedure typically involves 10-24 hours in the hospital labor and delivery unit. Digoxin or potassium chloride is injected into the amniotic fluid, or umbilical cord or baby's heart prior to the procedure in order to avoid the delivery of a live baby. The cervix may be softened either with the use of seaweed sticks, or medications at the start of the procedure. Various combinations of oral mifepristone and oral or vaginal misoprostol are the medications of choice for midtrimester pregnancy terminations. These medications cause the baby to detach from the uterus and the uterus to contract and expel the baby and placenta, in most cases. Throughout the procedure, the patient may receive oral or intravenous pain medications. Occasionally, a scraping of the uterus is needed to remove the placenta. Potential complications include hemorrhage and the need for a blood transfusion, retained placenta and uterine rupture. The absolute risk of uterine rupture is not known.

**Telemed Abortions.** Telemed abortions are not a type of abortion procedure, but rather a method for making a medical/chemical abortion more accessible. With telemed abortions, a pregnant woman can begin the abortion process after only a brief video conference call with an abortionist.

Located in another facility (possibly even another state or country), the abortionist then clicks a button to remotely open a drawer (located where the woman is) which contains an individual dose of abortifacient

pills specifically designed to destroy life growing inside her – essentially an abortion by remote control. She is given the number to an emergency hotline if she has problems.

Though medical abortions are often touted as a safer, more convenient solution compared to surgical abortion, FDA reports reveal more than 2200 “adverse events” from medical abortions since their approval in 2000 – including death.

## Risks

Abortion carries the risk of significant complications such as bleeding, infection, damage to organs, and death. Serious medical complications occur infrequently in early abortions, but increase with later abortions. Getting complete information on the risks associated with abortion is limited due to incomplete reporting and the lack of record-keeping linking abortions to complications. The information that is available reports the following risks.

**Bleeding.** Some bleeding after abortion is normal. However, if the cervix is torn or the uterus is punctured, there is a risk of severe bleeding known as hemorrhaging. When this happens, a blood transfusion may be required. Severe bleeding is also a risk with the use of the abortion pill: 1 in 100 women require surgery to stop the bleeding.

**Infection.** Infection can develop from the insertion of medical instruments into the uterus, or from the baby’s body parts that are mistakenly left inside (known as an incomplete abortion). This may cause bleeding and a pelvic infection requiring antibiotics and a repeat abortion to fully empty the uterus. Infection may cause scarring of the pelvic organs. Use of the abortion pill has resulted in the death of a number of women due to sepsis.

**Damage to Organs.** The cervix and/or uterus may be cut, torn, or damaged by abortion instruments. This may cause excessive bleeding requiring surgical repair. Curettes and other abortion instruments may cause permanent scarring of the uterine lining. The risk of these types of complications increases with the age of your baby. If complications occur, major surgery may be required, including removal of the uterus (known as a hysterectomy). If the uterus is punctured or torn, there is also a risk that damage may occur to nearby organs such as the bowel and bladder.

**Death.** In some cases, complications from abortion (excessive bleeding, infection, organ damage from a perforated uterus, and adverse reactions to anesthesia) lead to death. This complication is rare, but still happens and should not be overlooked.

## Long Term Risks of Induced Abortion

**Abortion and Preterm Birth.** Women who undergo one or more induced abortions carry a significantly increased risk of delivering prematurely in the future. Premature delivery is associated with higher rates of cerebral palsy, as well as other complications of prematurity (brain, respiratory, bowel, and eye problems).

**Abortion and Breast Cancer.** Medical experts continue to debate the association between abortion and breast cancer. Did you know that carrying a pregnancy to full term gives a measure of protection against breast cancer? Terminating a pregnancy results in loss of that protection.

Despite the controversy around this issue, it is important for women to know what some experts say: a number of reliable studies have demonstrated a connection between abortion and later development of breast cancer.

**Emotional and Psychological Impact.** Following abortion, many women experience initial relief. The perceived crisis is over and life returns to normal. For many women, however, the crisis isn't over. Months and even years later, significant problems develop. There is evidence that abortion is associated with a decrease in both emotional and physical health, long term. Many studies have shown abortion to be connected to:

- Clinical Depression
- Drug and Alcohol Abuse
- Post-traumatic Stress Disorder
- Suicide

Women who have experienced abortion may develop the following symptoms:

- Guilt, Grief, Anger, Anxiety, Depression, Suicidal Thoughts
- Difficulty Bonding with Partner or Children
- Eating Disorders

### **Abortifacients**

As mentioned previously, anything that causes the death of a baby from conception to birth is technically an abortion. There are several other procedures and medications that are abortifacient (they cause an abortion).

**The Birth Control Pill.** Birth control pills are typified by using synthetic versions of naturally occurring hormones called estrogen and progesterone to interfere with the body's naturally occurring processes in an attempt to prevent conception or implantation of a new person. Generically speaking, hormonal birth control pills have three functions on the female body to achieve their goal of preventing a baby from being born:

1. The woman's egg is prevented from ovulating and, thus, is not present for sperm to fertilize and create a person.
2. The woman's mucus thickens to make it more difficult for sperm to reach the egg and fertilize it to create a new person.
3. The woman's endometrium (the thick layer of the uterus full nutrients and vitamins for a growing baby) is thinned out and made inhospitable for a new baby boy or girl to implant into at their earliest stage of development. This third function is abortifacient, because it intentionally acts against the life of a baby by withholding necessary resources for the baby to survive.

The primary function of the birth control pill is likely to be the prevention of ovulation. But, if we think critically that we know someone who got pregnant while taking birth control, we also must know that the secondary functions must take place occasionally given the right timing and circumstances.

**Plan B.** The Plan B pill is about 50 times more powerful than regular birth control pills and is intended to be taken within 72 hours of unprotected sex in order to prevent ovulation. Unlike regular birth control pills, Plan B does not act to thicken the cervical mucus or alter the endometrial layer – its primary purpose is to prevent ovulation. However, Plan B has been shown in some cases to cause the death of preborn babies prior to implantation by acting directly against the baby as it transits down the fallopian tube to the uterus.

Other possible side effects include: cervical cancer; breast cancer; heart attack and stroke; migraines; gallbladder disease; benign liver tumors; and infertility.

**Intrauterine Devices (IUDs).** There are two types of IUDs in use to accomplish birth control in America. One is Mirena, which is a hormonal release IUD. The other is Paragard, which releases copper into the uterus. Mirena and Paragard both function similarly to birth control pills by acting to prevent ovulation and fertilization, but having a direct affect against babies prior to implantation in the uterus. Some research has shown that, after 4 years of continual use, up to 75% of women still ovulate while using IUDs. This raises numerous red flags as to whether fertilization is being prevented or if babies at their earliest stages of development are being killed.

**In Vitro Fertilization and Stem Cell Research.** IVF and stem cell research are both medical/scientific procedures that act directly against a baby during their earliest stages of development and cause their death. We will discuss these procedures more at length later in our Emerging Technologies section.

## Pro-Life with Exceptions

You may have heard pro-life legislation or political candidates discussed in terms of their exceptions – such as “He’s pro-life, but has the rape exception,” or, “It’s a great bill, but it has a fetal abnormality exception.” It is important to understand the nature of “exceptions” to pro-life views in order to better understand the varying positions and what is actually being proposed.

**RAPE/INCEST EXCEPTION.** The most common exception is the rape and incest exception. This exception is said to protect women from being forced to “carry their rapist’s baby” by allowing them to kill the baby should they become pregnant as a result of sexual assault.

Absent from the rape and incest exception conversation is how to actually help a woman who has been horrifically victimized and assaulted, how to love and serve her in the wake of her tragedy, and how to prosecute the vile and reprehensible criminal to the fullest extent of the law.

Considerable research shows that women who are pregnant as a result of rape are not only further victimized by obtaining an abortion, but that giving birth can be the most beneficial thing psychologically for them.

Additionally, churches and mental healthcare providers are left out of the equation due to the politicization of a woman’s tragic assault, despite them being among the most well-equipped to serve her. A woman who has suffered this terrible crime should be cared for, loved, served, tended to, ministered to, and protected – especially from an abortion. If the intent is to care for women who have been raped, then we should seek to resolve her trauma and prosecute her rapist, not assault her further and cover up her rapist’s crime.

Culturally speaking, the rape and incest exception communicates publicly that babies are disposable based on their method of conception – which is horrifyingly similar to eugenic philosophies.

Practically speaking, there is no way to know whether a child targeted for abortion was conceived in rape or incest. This creates a slippery slope for allowing the abortion industry, which has been repeatedly shown to falsify information to patients and reporting agencies, to evade the regulatory laws imposed on them. The rape exception only causes harm and does nothing to protect women or their babies.

**FETAL ABNORMALITY EXCEPTION.** Another common exception that will find its way into pro-life legislation is the fetal abnormality exception (You may also hear this referred to as “medically futile pregnancy exception”). This exception is said to protect women from having to carry babies with “severe genetic or physical abnormalities.” This is a very technical and politically correct way for saying that babies who may need special medical care are eligible for extermination if they are deemed as unwanted.

Children with special needs or who require special care are beautiful, wanted, and valued as persons and should not be discarded due to the “burden” they may pose on their parents. Parents facing difficult medical diagnoses of their children would be better served by access to medical specialists who can provide extensive information on the baby’s potential condition, access to special care or procedures that may be performed on the baby in utero and financial assistance that may be required to pursue them, access to support groups where parents in similar situations can serve and uplift each other, and, if necessary,

access to adoption services specifically designed to place children with special needs with parents who seek to love them in special ways.

Culturally speaking, this exception communicates that children should be exterminated before they burden society with their extensive needs. Today, more than 90% of babies with a positive diagnosis of Down Syndrome are killed before birth. This is a very scary and very tragic epidemic of discarding innocent lives before they have a chance to positively affect those around them and to live a happy and fulfilling life.

Practically speaking, abortionists may use the loosely worded and poorly defined language to kill children with non-life threatening diagnoses like cleft pallet, cleft lip, club foot, or spina bifida.

**HEALTH OF THE MOTHER EXCEPTION.** The health of the mother exception said to protect mothers from “severe or irreparable harm to a major bodily function,” but scientists say that no medical diagnosis exists for which the only treatment is to kill a preborn baby. While health matters and medical circumstances during pregnancy do arise and should be treated, killing a baby is not a real medical treatment.

Many will argue that this exception is necessary for extreme cases in which mothers facing severe complications during pregnancy or other conditions like cancer require treatment that could otherwise harm their developing baby. In order to receive chemotherapy or alleviate infections, doctors will recommend aborting the baby rather than treating the baby as a patient as well and crafting a treatment to the needs of both mother and baby. Cases like this have arisen in Ireland and El Salvador and been used to lobby for abortion rights despite official case reviews determining that better maternal and natal care could avoid harm to both the mother and her baby.

Culturally speaking, the health of the mother exception communicates one message: a woman’s right to health is greater than a baby’s right to life.

Practically speaking, this exception has little medical evidence to justify itself. Additionally, the permissive language of this exception can often allow abortionists to kill an innocent baby by simply citing emotional, financial, familial or mental health concerns for the mother or physical concerns as minor as a fever.

**LIFE OF THE MOTHER EXCEPTION.** The life of the mother exception is said to protect mothers whose lives are in danger due to severe complications with the pregnancy or other serious conditions coinciding with their pregnancy. This exception has two forms to it: one is principled language that directs healthcare providers to treat both the mother and her baby as patients and work to save both of their lives even if only the mother survives. It is addressed by the Principle of Double Effect. The other is an unprincipled exception that allows doctors to actively end the life of a developing baby before treating the mother.

The principled life of the mother language is permissible under personhood ideology even though the media continues to refer to it as an “exception.”

Culturally speaking, a principled life of the mother position communicates care for both the mother and her baby, holds doctors to their ethical mandates and Hippocratic oaths, and upholds a respect for both lives.



Practically speaking, a principled life of the mother position can urge doctors to think critically in ways that may help ensure saving the life of the baby as well as the mother rather than simply disregarding the problematic pregnancy in lieu of treating the patient who can sue for malpractice.

**INCREMENTALISM VS. COMPROMISE.** Believe it or not, pro-life law can be passed in principled and incremental ways at the same time – free of compromise.

In conversations about personhood, it is often said that we cannot “concede classes of humans to be killed for political expedience.” To understand principled incrementalism, we must understand the differences between “classes” and “levels of development.”

A “class of persons” is a subset of humans that is unique to the individuals in it. A “stage of development” is a timeframe in which all humans will normally develop. For instance, only a certain subset of the human population is conceived in rape. Likewise, only a certain subset of the human population has Down Syndrome. Not all individuals in the human population will be conceived in rape or have Down Syndrome. However, all individuals of the human population will, at some time, be conceived, then be 6 weeks old in the womb, then 20 weeks old, and so on.

In terms of principled pro-life legislation, it is unethical to discriminate against someone by their class – whether they were conceived in rape, are black or female, require special medical care, etc. Passing laws that discriminate against such classes with the intent to “come back and save them later” is essentially the same as running into a burning building and saving who you can but then shooting those you can’t on your way out. Legislation that protects individuals after a certain stage of development is not discriminatory because it is a deliberate attempt to limit the ability for abortion to take place on all humans after a certain time. This is not the ultimate goal, but it does move the ball forward, so to speak, by continually reducing the timeframe in which the act can take place.

If this mindset is applied to other laws, we see that it is logically consistent. For instance, laws that limit individuals who are under the age of 25 from renting cars, under the age of 21 from drinking alcohol or carrying firearms, under the age of 18 from smoking or signing contracts, under 16 from driving a car, etc. To change those laws to say that individuals under the age of 21 cannot drink alcohol, unless they are white males, then this law immediately becomes discriminatory because it added a regulatory factor based on an individual’s human class. Without a class distinction, a law is incremental and regulates an act. When it adds a class distinction, then it is prejudiced against the individuals in classes permitted from the rights of others. When we deal with the issue of the right to life, it is imperative to take a principled stance on incrementalism.

**STANDING ON PRINCIPLE.** The fact of the matter is that conceding ground to the pro-abortion lobby is the worst strategic decision that the pro-life movement could make. Consider the ultimate goal of the abortion industry: abortion at any time, for any reason, without restrictions, and completely subsidized by taxpayers and government funding. They have already accomplished legalizing abortion. Our task is to halt the advances of the abortion industry while educating the culture on the sanctity of human life. When we concede one class of persons, it advances the abortion cause. Let’s uphold the biblical standard even if it means abdicating a “seat at the table” or compromising our “access to power”—after all, we are not “king-makers” we are “standard-bearers.”

"If, to please the people, we offer what we ourselves disprove, how can we afterwards defend our work? Let us raise a standard to which the wise and the honest can repair. The event is in the hand of God."

George Washington

The best strategy that the pro-life movement can take is one of principle – whether with incremental or absolute legislation, ballot initiatives, etc.

## How Did We Get Here?

Burke Balch is a National Right to Life (NRLC) board member and the director of the Robert Powell Center for Medical Ethics. While speaking at the 2009 NRLC national convention on the history of the modern pro-life movement, he told the audience that the movement, over the last four decades, has split no less than three times over the issue of personhood.

The first split was in the early 1970s, when then-NRLC board member Nellie Gray challenged the movement to reject compromise within the ranks. She specifically took issue with “rape and incest” exceptions being granted to otherwise “pro-life” candidates, also objecting to these exceptions being included in the legislation they sponsored. Her battle cry was “NO EXCEPTIONS! NO COMPROMISE!” She was accused of moral perfectionism by the pro-life leadership, and her admonition was rejected on the grounds that the greater good must be sacrificed in order to achieve the lesser good. The authority for this strategy, they claim, is based upon Greek philosopher Aristotle’s position on the four virtues of prudence, justice, courage, and temperance. Additionally, these leaders frequently quote the godless French philosopher Voltaire’s precept, “The best is the enemy of the good.”

In response, Nellie Gray established guidelines for the movement, known as “Life Principles,” which state their immediate objective as follows: “WHEREFORE, Pursuant To These Principles, we recommend and urge the adoption of a Mandatory HUMAN LIFE AMENDMENT to the Constitution of the United States of America.” When her appeal for no compromise failed, she resigned from the NRLC board and founded the annual March for Life in Washington, D.C. Each year for nearly four decades these Life Principles are read to those gathered on the mall in Washington, D.C. Many pro-lifers view Nellie Gray as the granddame of personhood.

The second split occurred when former NRLC board member Judie Brown left NRLC to found the American Life League in 1979. Once again the movement was confronted by its willingness to give tacit endorsement of abortion in cases of rape and incest to candidates that proclaimed themselves as pro-life. Her opposition led to her call for the immediate passage of a human life amendment at either the state or federal level. Her bold witness and strong opposition to compromise within the movement have served as an example and testimony to truth to many millions of the Catholic faithful. Her organization has often been a lone voice within the Catholic community, challenging Catholic leaders, including members of the powerful U.S. Conference of Catholic Bishops. Her organization claims to be the largest pro-life organization in the United States.

The latest split involving personhood was a result of the nation’s first filing of a human life amendment at the state legislative level. On March 20, 2007, NRLC affiliate Georgia Right to Life sponsored a House resolution (H.R. 536) calling for a paramount human life amendment to the Georgia constitution. Representative Martin Scott, a leading member of the pro-life caucus, was its author. It was followed a few months later by a ballot initiative in Colorado led by a homeschooled woman named Kristi Burton. Both attempts failed in their respective states but succeeded in igniting national awareness of personhood and a refocusing of the movement on the Biblical imperative. In 2008 Keith Mason and Cal Zastrow founded a national organization, PersonhoodUSA, to coordinate citizen-led ballot initiatives.

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Those of us pursuing personhood as a strategy do not disagree with national leadership on policy objectives; the issue is which strategy to employ to achieve them. In all three cases the current leadership of the pro-life movement was challenged to reconsider personhood as a strategy from a biblical perspective, based on divine law. In each case the movement responded by rejecting the admonition and embracing a course of strategy based on natural law and raw political pragmatism.

We find ourselves in the middle of the third split. We have seen a successful state legislative approval of a personhood ballot initiative in North Dakota in 2013 to go before voters in November of 2014. States like Wisconsin, Mississippi, Colorado, Iowa, Alaska, Georgia, and North Dakota are striving and moving ever closer to success in personhood ballot initiatives. With your help, Georgia can be among the first states to say yes to personhood in their state constitution.

## Where Do We Go From Here?

If left unchallenged by Christ-centered truth, the abortion industry will only continue to grow, bringing their perversion into new communities every day. But the important thing to remember is that abortion is not the only thing infringing against the sanctity of human life. We must educate our communities to not only vote for anti-abortion legislators, but also to support protecting and caring for those threatened by emerging technologies and eugenic philosophies.

In large part, the Right to Life movement has failed to meet this growing threat from 21<sup>st</sup> century science and archaic philosophies. By focusing so intently on the front door, the enemy has been allowed to move in next door unnoticed. If we banned all abortions anywhere and everywhere tomorrow, children at an embryonic level, the elderly infirm and children with disabilities still wouldn't be safe.

The pro-life movement must stand on a principled comprehensive strategy that addresses all issues that threaten the sanctity of human life. With that as our goal, then we must adapt to the changing culture and emerging sciences in order to end abortion and ensure that all life is protected.

In addition to the need to address all sanctity of human life issues, the pro-life movement must respond to the bold (and successful) strategy developed by the abortion industry to undo pro-life laws. The ACLU, NARAL, and Planned Parenthood have begun challenging pro-life laws based on the right to privacy under the 5<sup>th</sup> Amendment, right to equal access under the 14<sup>th</sup> Amendment, and/or the Liberty Clause in some state constitutions. Because challenges are crafted precisely at a state level, state Supreme Court judges are *finding* a right to abortion in the constitution where it did not previously exist.

Depending on how each law is challenged, abortion advocates are able to either strike down a particular law or even wipe out all pro-life laws in a state. In some states, we may reach a point where no pro-life legislation can be passed because state courts ruled that there is a constitutional right to abortion under the equal access clause in the 14<sup>th</sup> Amendment. The only answer to meet this strategy and to save the pro-life laws state-by-state is to pass a state constitutional amendment recognizing the right to life. Once the amendment is ratified, judges could not find a right to abortion because it would be constitutionally prevented under the right to life clause. Until then, every single pro-life law (whether incremental, personhood, compromised, or regulatory) is potential fodder for a legal strategy of shopping judges and enjoining pro-life laws.

There must be a response to this two-fold threat to the protection of life around our country – and that response is personhood.

## SECTION 2b: Emerging Technologies

## Emerging Technologies

**It's no longer just about abortion.** A huge example of the failure of the Right to Life movement to respond to the new emerging challenge against the sanctity of all life occurred in Missouri in 2006. On November 6 of that year Missourians approved a “ban on cloning.” Unfortunately, it was a fake ban that actually allowed cloning for “therapeutic” purposes. Put off by the use of the word “therapeutic,” the grassroots pro-life voter failed to discern that a human life hung in the balance. The so-called ban changed the Missouri constitution to allow for a human somatic cell nuclear transfer (SCNT) to be “grown” for 14 days, subjected to human experimentation, and then destroyed. The pro-life base failed to understand the issue, recognize the danger, or reject this assault on human life and dignity. More dramatically, this case verified that the word “therapeutic,” when placed in front of any unethical or life-assaulting biomedical practice, assured that the vast majority of voters will condone the practice in question – in this case the destruction of children at an embryonic level. After all, so the thinking goes, the procedure must be moral if it seeks to discover cures for grandma’s Alzheimer’s or Michael J. Fox’s Parkinson’s disease or if it embodies the promise that someone like Christopher Reeve could walk again.

Destruction of human children at the embryonic level has now expanded beyond research laboratories to be enshrined as a “procreative right” of infertile couples seeking to become parents. It is not uncommon to create between 15 and 20 embryonic children at one time and then, through the process of selective reduction or the eugenic practice of pre-implantation genetic diagnosis (PGD), to kill all but one or two of those children. As tragic as it may be for a couple to struggle with infertility, when did it become acceptable for a couple’s “right to parent” to supersede another’s right to life? Infertility is not a justification for murder. Neither is infertility untreatable. A pro-life couple must be fully informed of all options and consequences before embarking on a path that assures the IVF clinics and biotech industry more human subjects to sacrifice on the altar of technology.

Drug companies and biotech businesses need human subjects in order to perfect their products; steady supplies of human embryos are needed in order to conduct these lethal experiments. Because fertility clinics cannot possibly supply the large number of embryos needed, the biotech industry has resorted to a transgenic solution: combining human and animal DNA to form a human-animal hybrid known as a “chimera.”

Efforts to promote a culture of life in the 21<sup>st</sup> century require the development of a clear and consistent message to alert the culture to the dangers that lie ahead if the definition of “person” is allowed to be eroded from its historical meaning. Personhood is the clear battleground of the pro-life movement in the 21<sup>st</sup> century and emerging technologies are the new adversaries being faced.

## Transhumanism

"Maybe we're about to radically change the operating system of the human condition. If so, then this would be a really good time to make backups of our civilization."

**Bruce Sterling**, American science fiction author

Transhumanism is a term symbolized by **H+** and often used as a synonym for "human enhancement." It has developed into an international and cultural movement supporting the use of sciences and technologies to enhance human mental and physical abilities and aptitudes. Transhumanism seeks to remove undesirable aspects of the human condition such as: stupidity, suffering, disease, aging, and involuntary death.

Various organizations desire to use emerging technology to create a human species so enhanced that they cease to be human. They hope to create post-humans with the potential of living forever. If these sciences are not closely monitored and regulated, transhumanists' arrogant quest to create a post-human species will become a direct assault on human dignity and an attack on God's sovereignty as Creator. We must decide on an unmovable line now, one that upholds human dignity based on biblical truth.

It is no longer enough to be pro-life; we have now entered a time when we must be pro-human. Education about the full implications of these emerging sciences is a key to be able to directly confront these assaults on humanity.

**Artificial Intelligence.** The term Artificial Intelligence (AI) was coined by John McCarthy in 1956 as "the science and engineering of making intelligent machines." After 50 years of AI programming, researchers are creating systems that can understand speech, imitate human thought, beat the smartest test taker, and even create machines that can watch children for their parents. While many of these discoveries seem almost unreal, they are a part of the culture in which we live today. From creating a chip to implant into a person that would enable them to speak and understand a foreign language to creating a robot that could fight in times of war, the developments of AI are limitless.

The question remains though with all of these developments what should be the limitations? If we as a society possess the ability to create a machine that can think, talk, walk, and even respond to stimuli like human beings, then does that mean that it is equally human, or even a person?

The other side to this debate is the reality that, through technology, a superior race of human beings could exist. No longer would we watch the Olympic games and see skilled athletes, instead we would see athletes that had been programmed to run faster, breathe longer, and play harder. The prize that came to the athlete that trained the hardest would now go to the athlete who had been given the newest technological advancements.

**Robotics/Cyborgism.** From the movies Terminator to Blade Runner, images of cyborgs have captivated many audiences. Yet now, what once was seen as science fiction is a part of everyday scientific exploration. The term cyborg was first introduced in 1948. Today cyborgs are referred to as a human being who is technologically augmented by external or internal devices that compliment or regulate various human body functions.



Cyborgology refers to the development of various types of cyborgs leading to the formation of a cyborg society. Developments in this industry are a part of our everyday lives from pacemakers to prosthetic devices. Cyborgs can refer to an individual who has been altered externally or internally. Thus the future of cyborgology does not just include developing prosthetic arms, but also creating implants that would create superhuman capabilities. When blended with Artificial Intelligence, cyborgology has the capability to make humans immortal by downloading human consciousness and personality to a computer, then reloading it into a new body. While this seems futuristic, there are current studies taking place to create superhuman capabilities and redefine what it means to be a person.

In response to the potential advancements in cyborgology, Kevin Warwick, Professor of Cybernetics at Reading University, England noted, "There is no way I want to stay a mere human." Which begs the question, at what point will being mere human not be good enough to be considered a person? If advancements continue, then there will begin to be a larger and more complex distinction between the social classes. Except this time the distinction will come with who can afford or have access to the newest cyborg intervention.

One future application of this field is resiprocytes, which is a development in the field of cyborg sciences blended with nano-technology. These resiprocytes are artificial red blood cells that mimic the action of the natural hemoglobin-filled red blood cells and can supplement or replace the function of much of the human body's normal respiratory system. The nano device can be filled up with oxygen and carbon dioxide, making one complete transfer point at the lungs, and the reverse transfer with body tissues. Resiprocytes could serve as an "in-body" Self-Contained Underwater Breathing Apparatus device or nano-lung.

A diver could hold his breath underwater for 2-4 hours, then surface, hyperventilate for 6-12 minutes to recharge, and return to work below. These cells could permit major new sports records, because the devices can deliver oxygen to muscle tissues faster than the natural lungs can provide. This could easily be abused in competitive sports where extended periods of sustained maximum exertion are required.

Resiprocytes may one day be especially helpful for the treatment of cancer patients because the patients are usually anemic. X-rays and chemotherapy require oxygen to be maximal cytotoxic (toxic or poisonous cells), so boosting system oxygenations levels into the normal range using resiprocytes might improve a patient's prognosis and treatment outcome.

The question remains: in search for technological advancements, are we risking losing our value as humans or, better yet, persons? Science will give society the opportunity to redefine what it means to be a person, yet the question is: what will our response be?

## Stem Cell Research

**What are stem cells?** Stem cells, put simply, are the building blocks of life. When you were conceived, your body was entirely made up of stem cells. Stem cells can replicate indefinitely, and can become any type of cells, like brain cells, heart cells, muscle cells, and skin cells. Did you ever wonder how your body grew from seemingly nothing? The answer is in the miracle of stem cells.

**What is stem cell research?** Stem cell research is based on the idea that if you inject stem cells into a part of the body that is unhealthy, or broken, they may be able to repair it. Amazingly, it works.

**Is stem cell research incompatible with personhood?** The media - and indeed, much of the public - have come to the conclusion that pro-life forces are against stem cell research, period. This is absolutely false! We are only against the types of research that destroys human life.

**There is more than one type of stem cell research.** This is the most important information about stem cell research that you must master if you are going to talk about this issue. There are several types of stem cell research: Embryonic SCR, Induced Pluripotent SCR, and Adult SCR.

**Embryonic Stem Cell Research.** The major differences in the 2 types of stem cell research are how the stem cells are obtained. With embryonic stem cell research, the stem cells are taken from three sources:

- **Aborted fetal tissue.** Abortion clinics make a lot of money by selling body parts of the babies they abort to medical research facilities and universities. One of the uses for these human body parts is harvesting the stem cells.
- **Human embryos** are cloned, and allowed to grow until they are between 7-15 days old. Then a doctor cuts the baby down the middle, and uses a syringe to extract the stem cells. This always kills the living embryo.
- **Leftovers from in-vitro fertilization.** The vast majority of couples using in-vitro fertilization to have a baby create excess embryos to improve the chances of one of them implanting and the excess embryos are frozen. Typically, couples don't end up using these, so they either remain frozen, are adopted by someone else, or are killed for embryonic stem cell research.

**Adult Stem Cell Research:** Adult stem cell research utilizes stem cells from your body. Most people don't realize that there are still stem cells in your body right now! The good thing about adult stem cell transplants is that your body is much less likely to reject them, than if someone else's stem cells are injected into your body. According to the National Institutes of Health, there are currently 12 places in your body where stem cells can be taken and used to cure diseases. You can also get stem cells from placental and umbilical cord cells. When a baby is born, the placenta and umbilical cord are usually thrown away as medical waste, but they are packed with stem cells that can be used for research and to help others in a very similar fashion to donating blood. You can contact an organization in Atlanta called Babies For Life at [www.babiesforlife.org](http://www.babiesforlife.org) and arrange to donate your babies' placenta and umbilical cord, and they will freeze the stem cells for research.

**Induced Pluripotent Stem Cells.** iPSCs are a type of pluripotent stem cell artificially derived from a non-pluripotent cell, typically an adult somatic cell. This is accomplished by inducing a "forced" expression of certain genes in the cell. iPSCs are believed to be identical to natural pluripotent stem cells, such as

embryonic stem cells, but the full extent of their relation to natural pluripotent stem cells is still being assessed. iPSCs were first produced in 2006 from mouse cells and in 2007 from human cells.

This has been cited as an important advancement in stem cell research, as it may allow researchers to obtain pluripotent stem cells, which are important in research and potentially have therapeutic uses, without the controversial use of human embryos. iPSCs are typically derived by transfection of certain stem cell-associated genes into non-pluripotent cells, such as skin cells. Transfection is typically achieved through viral vectors, such as retroviruses.

After 3-4 weeks, small numbers of transfected cells begin to become similar to pluripotent stem cells. iPSCs were first generated by Shinya Yamanaka's team at Kyoto University, Japan in 2006. Yamanaka had identified genes that are particularly active in embryonic stem cells, and used retroviruses to transfect mouse fibroblasts with a selection of those genes. Eventually, four key pluripotency genes essential for the production of pluripotent stem cells were isolated.

In November 2007, a milestone was achieved by creating iPS from adult human cells; two independent research teams' studies were released - one in *Science* by James Thomson of University of Wisconsin-Madison and another in *Cell* by Shinya Yamanaka and colleagues at Kyoto University, Japan. With the same principle used earlier in mouse models, Yamanaka had successfully transformed human fibroblasts into pluripotent stem cells using the same four pivotal genes with a retroviral system.

### **What has the research shown so far?**

**Embryonic SCR:** So far, there have been 0 cures found from ESCR. Zero. Zip. Zilch. Nada. In fact, there have been so few results from embryonic stem cell research that money from private investors is diminishing. Destructive embryonic stem cell research has a very low Return on Investment (ROI). One of the problems with embryonic stem cell research is that embryonic stem cells are too powerful for us to control. Sometimes they become the cells that they are engineered to become, and sometimes they don't. This has even resulted in a man's death in China when teeth grew in his brain.

**Adult SCR:** Adult stem cell research has had the opposite impact. It has cured patients with 72 different diseases so far! In fact, the *British Medical Journal* said that the need for fetal cells as a source of stem cells for medical research may soon be eclipsed by the more readily available and less controversial adult stem cells. The list of cured diseases is continually growing. The most recent list includes HIV/AIDS, spinal cord injuries, blindness, Parkinson's, multiple sclerosis, and leukemia.

**Induced Pluripotent SCR:** The viral transfection systems used insert the genes at random locations in the host's genome; this is a concern for potential therapeutic applications of these iPSCs, because the created cells might be susceptible to cancer. Members of research teams consider it therefore necessary to develop new delivery methods.

**Public Opinion.** Some polls have said that the American people support embryonic stem cell research, but the results are deceiving. The results of a poll depend on the questions being asked, and these polls didn't ask the right questions. Instead of asking, "Do you think we should support research that could cure diabetes," we should be asking "Do you support your tax dollars being used for medical research that would kill early human

embryos?” Polling conducted by International Communications Research, and their results were significant: 70% oppose embryonic stem cell research, when they understand what it really is.

**So what needs to be done?** Since Georgia is a champion state for medical and scientific research, ethical guidelines must be established and followed. Legislators and research institutions must be held accountable to advance sciences that are safe and ethical. There are limitless benefits to exploring adult stem cell research and may be the key to securing permanent cures for diseases like cancer, AIDS, and others.

## Cloning

We've all probably heard the term "cloning" somewhere or another – maybe a video game, a movie, a television show, or a comic book. While the practice is sometimes embellished for dramatic effect, cloning is actually a very present and very dangerous reality. Even mainstream Hollywood presents the idea of cloning with all of its ethical landmines. Issues with therapeutic cloning and organ harvesting presented in movies like *Gattica*, *The 6<sup>th</sup> Day*, *Repo Men*, and *The Island* were once thought to be science fiction; now, however, we are finding them to be scientific fact.

In light of the remarkable leaps science has taken in the 21<sup>st</sup> century and the ethical and moral questions they raise about personhood and what it means to be human, we must examine human cloning through an objective lens so that we can thoughtfully and safely advance science.

Dolly the sheep brought the realities of cloning into mainstream society. Today the effects of cloning on a society are at the center of many ethical debates.

**What is cloning?** Cloning is the process known as somatic cell nuclear transfer. It is the procedure in which the nucleus which contains the DNA is removed from a human egg and replaced with the nucleus (DNA) from the donor's somatic (body) cell. An electric charge stimulates the new human embryo, and the cloning process is complete. Thus, it creates an exact duplicate copy of the donor.

With this in mind, two terms have been given to human cloning even though there is really only one type. The term reproductive cloning has been used to describe when a human clone is implanted and delivered as a full term pregnancy. This type of cloning was used to create Dolly the sheep. Research, experimental or therapeutic cloning have been the terms used for the other "type." In this, the procedure is identical to the above except that this new cloned human is experimented upon in his or her first few weeks of life and then killed. Essentially, the clone is created to destroy the embryo and harvest its stem cells for research.

**Cloning is a problem.** From a biblical worldview, the first reality is that God is the creator of life. Therefore, it is God's job to create life, not man's. Thus when we take the act of creating life away from God, it is not only dehumanizing for the individual, but it threatens human dignity as a society. Beyond that, cloning gives individuals the opportunity to create life and then treat it any way deemed acceptable. Cloning does not value each human being as unique and individual.

According to Rev. Dr. Tadeusz Pacholczyk, Director of Education for the National Catholic Bioethics Center:

Cloning also represents a sort of genetic engineering. Instead of choosing just a few of the features you'd like your offspring to have, like greater height or greater intelligence, cloning could allow you to choose all of the features, so it represents an extremely serious form of domination and manipulation by parents over their own children. It represents a type of parental power that parents are not intended to have. Ultimately, cloning is a type of human breeding, a despotic attempt by some individuals to dominate and pre-determine the make-up of others. With cloning you also distort the relationships between individuals and generations. If a woman were to clone herself, using her own egg, her own somatic cell, and her own womb, she

wouldn't need to have a man involved at all. Oddly, she would end up giving birth to her own identical twin—a twin sister who would also be her daughter.

In reference to Human Therapeutic Cloning Rev. Dr. Tadeusz Pacholczyk notes:

If human reproductive cloning—the bringing to birth of a new child who is an identical twin to somebody else—is wrong, then therapeutic cloning is worse. Therapeutic cloning is the creation of that same identical twin for the premeditated purpose of ending her life in order to harvest her tissues. In sum, there is a grave evil involved in therapeutic cloning because life is created for the explicit purpose of destroying it. With a cloned birth, at least we would end up with a baby that is alive. Human therapeutic cloning, the artificial creation of a human life for the sole purpose of her exploitation and destruction will always be gravely unethical, even if the desired end is a very good one, namely the curing of diseases. Therapeutic cloning sanctions the direct and explicit exploitation of one human being by another, in this case, the exploitation of the weak by the powerful. The danger of therapeutic cloning lies in the intentional creation of a subclass of human beings, made up of those still in their embryonic or fetal stages, who can be freely exploited and discriminated against by those fortunate enough to have already passed beyond those early embryonic stages. Therapeutic cloning raises further serious slippery-slope concerns. The temptation to make embryos that can be exploited for their stem cells offers the further temptation to grow those cloned embryos within a uterus to the point of a fetus. Such a fetus can then be aborted and conveniently harvested for needed organs, avoiding the trouble of having to start from scratch with undifferentiated stem cells.

## Chimeras

In biotechnology it is now possible to combine elements between organisms of different species. It is also possible to create cloned animals using parts of eggs from one species and nuclear genetic material from another. It is even possible to create novel organisms via interspecies combinations of gametes. Should such procedures ever be permissible between animal species? If so, should we ever combine human beings with animals?

The interest in mixing species is neither new nor is it confined to the realms of myth or fiction. True, many ancient cultures told stories and built statues of entities such as human-lion sphinxes and winged horses, but the natural mixing of animals has occurred for centuries. A mule, for example, starts life when a male donkey mates with a female horse (a cross between a female donkey and male horse is less common, and called a hinney). The gametes (sperm and egg) fuse and the resulting embryo develops into a healthy animal. Though normally infertile, there are even occasional reports of mules giving birth.

But in recent years, research has raised a host of new possibilities. In 1984 scientists created the world's first sheep-goat chimera by fusing a sheep embryo and a goat embryo. The resulting 'geep' consisted of goat cells and sheep cells. Externally this combination was obvious, as the skin that grew from the sheep embryo was woolly, while the areas of skin that originated from goat cells bore hair. Another example is the "spider-goat" whose milk contains the same proteins used in spider web construction. This transgenic goat yields a product known as "spider steel"—a compound that has more than ten times the tensile strength of steel. It is being used as light-weight personal body armor.

The potential power of inter-species combinations became clearer with a series of experiments conducted in the late 1990s. In these, small sections of brains from quail embryos were transplanted into the developing brains of chickens. When they hatched, the resulting chickens exhibited quail-like vocal trills and head bobs, showing that the transplanted parts of the brain were not only incorporated into the brain, but that such mixing of tissues could allow complex behaviors to be transferred between species.

The next step for many scientists is to start combining human and nonhuman cells. The immediate objective is not to generate beings that are fully grown half-humans, but to create a source of stem cells that could potentially be used in research and therapy. Initial requests for permission to perform this work envisage that any embryo created by mixing human and nonhuman cells would not be allowed to develop beyond the 14-day stage.

**Political landscape.** This push to develop the combining of human and nonhuman cells has come from technological developments since the 1990s. Anxiety about this new possibility can however be seen in a 2001 UK report from the Home Office's Animal Procedures Committee, which recommended that 'No licenses should be issued for the production of embryo aggregation chimeras, especially not cross-species chimeras between humans and other animals, nor of hybrids which involve a significant degree of hybridization between animals of very dissimilar kinds'.

This reluctance to involve human cells and embryos is also found in European documents such as Article 13 of the Council of Europe's European Convention on Human Rights and Biomedicine, which prohibits any action that aims to modify the human genome in a way that will be passed on to future generations. In

effect this would ban any genetic technologies applied at a very early embryonic stage of life. European policy makers are clearly anxious about the technology, though the UK government has not so far signed up to this convention.

In his January 2006 State of the Union address, President George W Bush expressed his position when he slipped in a small but significant comment that announced his intention to ban human-animal hybrids: 'A hopeful society has institutions of science and medicine that do not cut ethical corners, and that recognize the matchless value of every life. Tonight I ask you to pass legislation to prohibit the most egregious abuses of medical research: human cloning in all its forms, creating or implanting embryos for experiments, creating human-animal hybrids, and buying, selling, or patenting human embryos. Human life is a gift from our Creator - and that gift should never be discarded, devalued or put up for sale.'

### **What's been done so far**

**Genes from humans in bacteria.** At the simplest end, there are the many examples of genes harvested from the human genome and placed inside bacteria. These transgenic bacteria have huge medical and commercial potential. For example, most insulin is now produced from E. coli with the insulin gene from a human inserted amongst other genes. These bacteria consequently produce an individual human protein, but are far from bearing any distinctively human characteristics.

Moving up in scale, there are also many thousands of strains of mice that have had sizable pieces of genetic code that originated from the human genome spliced into their genes. Many of these are used in cancer and pharmaceutical research as experimental animals that mimic human disease. In terms of each specific disease they have distinctly humanized traits, but they are still clearly mice.

**Andi – primate with jellyfish gene.** In the case of Andi, the process was the other way around. Andi was the first primate to have a package of foreign genes inserted into its genome. The genes came from jellyfish and, although present in his cells, they did not function particularly well. Andi, however, shows the possibility of introducing new genes into primate cells, and thus it would potentially be possible to add new genes to human beings. If the gene were merely repairing the function of an organ such as the liver, then most people would probably accept this as a legitimate medical intervention. But what would happen if the gene were expressed in the brain and altered the individual's ability to think, or their innate behavior?

**Cow egg-human clone.** In 1999 the US company Advanced Cell Technology Inc. announced that it had developed a method for producing primitive human embryonic stem cells by uniting human adult material with a cow egg. This egg had previously had its nucleus removed. The company hopes this method will enable them to produce 'unlimited' supplies of stem cells for research into transplant medicine.

Researchers hope the technique will remove a very important barrier in current research into embryonic stem cell transplantation therapies, namely the need for fresh human eggs of which there is a very limited supply for the creation of cloned embryos. Scientists are eager to obtain these embryos in order to harvest their stem cells for biomedical research.

**Rabbit-human hybrid embryos.** In August 2003, Hui Zhen Sheng of Shanghai Second Medical University, China, announced that rabbit-human 'cybrid' embryos had been created. Researchers fused adult human material with rabbit eggs stripped of their chromosomes and created rabbit-human hybrid embryos which



developed to approximately the 100-cell stage, about four days of development. Moreover, the scientists claimed to derive from these embryos stem cells similar to conventional human embryonic stem cells.

**Historic attempts at human-ape.** There are well-documented reports that a few scientists in the mid-1920s made serious attempts to create a half-human, half-chimpanzee. One of the Soviet Union's top scientists, Professor Ilya Ivanov, tried to impregnate female chimpanzees with human sperm in Africa in order to create a human-chimpanzee hybrid (a humanzee). These experiments were unsuccessful, but at the time many colleagues believed it was probably feasible. Many of today's secular humanists are calling for a revisiting of this objective in order to disprove the Christian doctrine of *imago dei*.

**Genetic barriers – a helpful concept?** It may be said that any form of mixing violates natural boundaries – it breaks the species barrier. To pursue this, however, we need to understand the strengths and weaknesses of the concept of species boundaries. Although it is rare for species to interbreed, the 'barrier' is in reality difficult to define.

First, if each species has a clearly defined genome, then mixing species means mixing up two distinct genomes. But with the human genome, things are not that clear. To start with, around half the genes in human cells create proteins that keep cells alive and growing. These genes are found in many different living organisms where they vary only slightly, if at all, from the versions found in humans. This is why people quote figures such as 'humans are 50% banana'. It is therefore difficult to describe these so-called 'housekeeper' genes as belonging to any particular species.

Secondly, the human genome carries many genes that have no known function in humans, but are known to have specific roles in other animals. The human genome, for example, carries the entire gene sequence for the mouse tail; the cells simply miss the switch to turn it on. Some people therefore argue that adding more mouse genes to a human cell would not be doing anything new, though of course there would be the intention of introducing a new structure or function. In addition, retroviruses constantly carry new genetic material across species into chromosomes. A careful analysis of any organism shows that these viruses have been frequent visitors throughout generations.

Another, more intriguing, view of human beings sees us as communities of organisms. Each of us carries around 100 trillion micro-organisms that live primarily on our skin and in our guts. One paper estimates that humans carry more than 500 different species of micro-organism, and that together this means we carry 100 times as many genes as are found in our 'own' cells.

A further argument used against mixing individuals is that it will violate their genetic uniqueness. That, again, is not as clear as it might seem, because same-species chimeras are probably quite frequent in nature. Some will occur when two embryos fuse as they grow in the womb, but other 'microchimeras' are created when cells from the fetus and placenta break off during pregnancy and birth and enter the mother's blood stream. Colonies of these cells may persist for decades, and on occasions these cells have found their way across the placentas in future pregnancies and become part of the makeup of the bodies of subsequent siblings. Some estimates claim that up to 50% of women who have been pregnant will be chimeric.

**Arguments from 'nature'** From all these points, it is difficult to argue against hybrids or chimeras on a purely genetic basis. The issue then becomes less the actual composition of an individual person's

genomes, but how that composition came into being. Does the simple fact that something occurs in nature give us permission to do the same in the laboratory, and extend it further?

We need to be careful of falling into the trap of assuming that if something occurs in 'nature' then it must be good. Nature presents plenty of examples of actions that seem undesirable, ranging from disease to earthquakes. Similarly, medicine is a discipline that aims to fight off the worst effects of natural actions – if nature really shows us the way, then medicine should be confined to helping people who have physical injuries.

**Kinds.** In the opening chapter of Genesis, and subsequently, there are repeated references to living things being made in different 'kinds'. Within Christianity there is debate about the meaning of this term, but one possibility is the idea that God intended a world in which animals could exist and adapt within each kind, but intended no interbreeding between kinds.

It would thus be acceptable to try mixing animals within a kind, such as generating different breeds of dogs, but not to try mixing between different kinds. The problem here would be drawing up a list of biological features that would allow division of species into distinct 'kinds'.

Therefore, in the biblical perspective, species integrity is ultimately defined by God, rather than by physical features. The fusion of human and nonhuman genomes may therefore be perceived as running counter to the sacredness of human life and humanity created in the image of God.

**Historicity.** Throughout the Bible, there is a constant emphasis on the importance of historical roots and genealogies. The Old Testament, in particular, is in many ways the story of the history of a community, with that story often recorded at a very personal level. The New Testament then endorses that significance by repeatedly drawing on the genealogies of Christ.

Many forms of biotechnological intervention around the start of life destroy those senses of ancestry, parentage, and identity for the resulting individual, and this is a key problem. If ever a person came into existence after a cell had been taken from a male donor and fused with a cow egg, the resulting child would (most probably) look and behave like any other human, but that person's parentage would be controversial in the extreme. There is a world of difference between genetically altering an existing human being who has come about through the fusion of human sperm and egg and bringing a 'human' being into existence by other means.

**Relationship.** In a similar way the notion of relationship, and in particular relationship within families, is a key aspect of biblical thought. Any technique that encourages the creation of human life outside a family unit is therefore not giving the new person the best start in life. It is also creating communities where children live in less than ideal families, which in turn is likely to create less stable societies. God's design is that children should be the fruit of marriage – a public, lifelong, committed, sexual relationship between a man and a woman.

**'Restoring the masterpiece'** John Wyatt has used the analogy that human beings made in the image of God are 'flawed masterpieces'. We have a Christian duty to correct flaws in the masterpiece to restore it as much as possible to God's intention, but we have no mandate to cross boundaries to create something new. While some cross-species manipulations, like inserting human genes into bacteria to create human

insulin, are clearly aimed at treating lost function and 'restoring the masterpiece', other manipulations such as creating 'cybrids' involve crossing an ethical boundary to create something new.

**Abuse of human embryos.** Quite apart from the specific question of mixing species, many Christians will also be troubled by the fact that much of the research will involve using or creating semi-human embryos for research.

It is interesting to note that the basic argument for maintaining slavery was that it was good for the economy. Similarly many of the arguments used to defend the development of human-animal embryonic combinations are based around the benefit to the economy. For many Christians, using large numbers of human embryos for commercial benefit is just as abhorrent as slavery. Even if the claimed end of treating illness is good, the end does not justify the means.

**Conclusion.** Science is rightly concerned with 'the systematic study of the nature and behavior of the material and physical universe, based on observation, experiment and measurement'. However, questions like whether to create human-nonhuman embryonic combinations require more than knowledge, they require wisdom. Wisdom is knowledge tempered by judgment. Science cannot just pursue the acquisition of knowledge without any consideration of the means involved; it must operate within ethical boundaries.

Christians are pro-science, but look for ways of conducting science within an ethically justifiable framework. If the world's scientific community decided not to pursue this particular direction of research, then new avenues would almost certainly open up and lead to alternative modes of finding cures and treatments.

*(Used with permission from Christian Medical Fellowships)*

## In Vitro Fertilization

In vitro fertilization (IVF) isn't a topic that often crops up in pro-life circles, but it's important to highlight this as an issue that affects the movement directly and has a profound impact on the way we view the dignity and value of every human life, both in and outside the womb.

IVF comes with a unique set of risks. Many people have replaced the truth about IVF's damaging and destructive processes with the widely-accepted notion that conceiving via IVF helps couples with fertility problems, promotes the growth and importance of a family unit, and finally allows struggling parents to enjoy the blessing of a child or children.

And it can do all those things.

But it doesn't come without a cost. And not just its hefty \$5,000 – \$25,000 price tag.

Here are some talking points on this controversial issue that tend to slip through the cracks:

1. IVF promotes the destruction of “extra” human embryos – or developing humans, in layman's terms.

IVF usually entails the creation of multiple human embryos to ensure a greater chance of successful implantation – although recent research has found that embryonic mortality rates decrease when only one embryo is introduced at a time. These human embryos are then screened for genetic disorders, handicaps and sometimes even a particular gender. The “undesirable” embryos are killed. Normally, an IVF practitioner transfers around four of the selected embryos into a woman's uterus. If more than one (or two) successfully implant, a physician will selectively abort (kill) the remaining embryos (*Nadya “Octomom” Suleman refused this “embryonic discarding”, resulting in her delivering octuplets*). This selective mentality leads to the death of little humans based on their gender, physical and mental handicaps, and how many exist simultaneously. This segues into the second point:

2. IVF often results in the conception of multiples, which in turn results in selective abortions after implantation, as well as a dangerous situation for both mother and children when the number of children who are implanted is unnaturally high.

The “Octomom” was referenced above, who refused to allow her IVF practitioner to discard of “extra” fertilized embryos selectively. Kate Gosselin of *Jon and Kate Plus 8* fame had a similar situation, and, thankfully, both mothers refused to kill any of their children, thus bearing octuplets and sextuplets, respectively. Suleman and Gosselin by no means followed the status quo when it came to multiple implantations resulting from IVF. All too often, the unchosen embryos are destroyed, thrown out, or washed down the sink. Additionally, a mother pregnant with multiple children is naturally put in the category of high-risk pregnancy. Therefore, even if a pro-life woman refusing selective abortion carries all IVF-created children, this unnaturally creates a dangerous situation for herself and her babies.

3. Prepping for IVF requires significant alterations to hormone levels, which can lead to or increase the risk of health problems.

Many women need to undergo hormone therapy before and during IVF to prepare their bodies to accept the implanted human embryo. Estrogen levels are usually boosted during IVF (*as well as natural pregnancies*) to strengthen the endometrial wall of the uterus. There are a slew of chemical-related side effects that come with a number of the hormone therapies used, but simply altering hormone levels alone can come with consequences. Having high levels of estrogen can cause irregular periods, depression, uterine fibroids, osteoporosis, memory loss, and infections.

4. Advances with IVF allow for parents to “screen out” embryos with genetic disabilities and undesirable traits. “Screening out” these human embryos results in a “Gattica-like” society.

With all this in mind, the pro-life movement does not want to stamp out hope for couples struggling to conceive. As always, all people – born or pre-born – deserve respect, dignity and love.

One major breakthrough that exists in monitoring and maintaining women’s reproductive health is NaProTECHNOLOGY (Natural Procreative Technology), a medical and surgical alternative that has been proven effective to treat infertility, ovarian cysts, polycystic ovarian disease, repetitive miscarriage, and hormonal imbalances among other health complications.

NaProTECHNOLOGY monitors women’s hormonal events during the menstrual cycle and identifies when gynecological systems operate abnormally, identifying the problems which may be able to be corrected.

State-of-the-art advancements like this along with education and resources will go a long way in maintaining reproductive health in women and protecting the rights of the preborn. And let’s not forget the beautiful, loving and moral option of adoption. Both NaProTECHNOLOGY and adoption provide ethical alternatives to the dangers and ethical problems with IVF.

*(Adapted from Students for Life’s article, “In Vitro Fertilization”)*

## Ectogenesis

Ectogenesis, as it applies to persons, is the creation and/or continuation of human life outside the human uterus. It can refer to the complete artificial creation of human life or the term can be applied to all technological developments that would result in a shortening of the time required for the fetus to attain viability following implantation in the womb.

This technology, once perfected, has the possibility of allowing a child to be removed from a mother's diseased uterus or from a tubal pregnancy, without ending the lives of mother and baby. However, ectogenesis could have dehumanizing implications on the children born out of these situations.

Some people see ectogenesis as having the potential to form an unholy alliance with other fields of science, such as cloning and organ transplantation, in order to "grow" human clones as organ farms. This theoretical practice is called "pharming." If these technologies are not confronted, ectogenesis could make it easier for human beings to be grown like a "human harvest" and slaughtered for their parts. It may even give men the ability to experience pregnancy and birthing (through C-section) of a child.

**Current Experiments in Ectogenesis.** Dr. Hung-Ching Liu of Cornell University's Centre for Reproductive Medicine and Infertility and her team made headlines in 2002 when they actually grew a human uterus by taking endometrial cells and growing them over scaffolding in the shape of a uterus. The scaffolding dissolved as the cells grew into uterine tissue, which was then supplied with proper nutrients and hormones. To test the womb, embryos left over from in vitro fertilization (IVF) programs were introduced, and they actually began to implant properly. The experiment was halted after six days.

In Japan, Yoshinori Kuwabara of Juntendo University conducted his experiments on goats. Goat fetuses were removed from their dams and placed in clear plastic tanks filled with amniotic fluid, their umbilical cords connected to machines that removed waste and supplied nutrients. The fetuses were kept alive for ten days in this experiment, and later experiments extended the time to three weeks. After removal, some goats lived for a few days, and others for much longer.

No experiments have been done on humans to term, but experiments on pre-viable goats have resulted in maintenance of life for several weeks outside the uterus. Issues related to nutrition and hormonal stability have yet to be addressed.

These scientific advances are worth marveling at. They invoke this sense of awe as we discover what the human mind can envision and accomplish. But, like all of the other practices we've discussed thus far, they must be placed under the lens of biblical truth and ethical regulation. It may be possible to do certain things, but the question remains as to whether we should do them. We must ensure that that which is intended for good is not used to do evil. It is our duty to hold the legislative and scientific communities to a high standard of practice so that we can ensure that the protection and preservation of personhood is the main focal point of scientific development.

## SECTION 2c: End of Life

## End of Life

End of life issues are a confusing subject. However, this subject will greatly affect future generations as we continue the slide down the slippery slope. Personhood not only extends to individuals at the earliest stages of their life, but also at the final stages. It is imperative within personhood ideology and pro-life principles to protect and guarantee the equal protection of persons who are facing end of life scenarios or are advanced in years and infirm. The following is a list of questions that many have asked on this subject and answers that address these provocative questions.

**1. Isn't a decision to kill oneself a private choice about which society has no right to be concerned?** This position assumes that suicide results from competent people making autonomous, rational decisions to die, and then claims that society has no business "interfering" with a freely chosen death decision that harms no one other than the suicidal individual. But according to experts who have studied suicide, this basic assumption is wrong.

A 1974 British study, which involved extensive interviews and examinations of medical records, found that 93% of those studied that committed suicide were mentally ill at the time. A similar St. Louis study, published in 1981, found a mental disorder in 94% of those who committed suicide for reasons other than a settled desire to die, and that they are predominately the victims of mental disorder.

**2. What about those who are terminally ill?** Contrary to the assumptions of many in the public, a scientific study of people with terminal illness published in the *American Journal of Psychiatry* found that fewer than one in four expressed a wish to die, and all of those who did had clinically diagnosable depression. As psychologist Joseph Richman points out, "effective psychotherapeutic treatment is possible with the terminally ill, and only irrational prejudices prevent the greater resort to such measures." And suicidologist Dr. David C. Clark observes that depressive episodes in the seriously ill "are not less responsive to medication" than depression in others. Indeed, the suicide rate in persons with terminal illness is only between 2% and 4%. Compassionate counseling and assistance, such as that provided in many hospices, together with medical and psychological care, provide alternatives to assisted suicide among those who have terminal illness.

**3. Still, shouldn't it be the person's own choice?** Christopher Reeves, famous Hollywood actor who played Superman, admitted to being depressed after his horse riding accident. Because he was depressed, he thought of suicide. Yet, with encouragement and care those thoughts passed.

Almost all of those who attempt suicide do so as a subconscious cry for help, not after a carefully calculated judgment that death would be better than life. A suicide attempt powerfully calls attention to one's plight. The humane response is to mobilize psychiatric and social service resources to address the problems that led the would-be suicide to such an extreme. Typically, this counseling and assistance is successful. One study of 886 people who were rescued from attempted suicides found that 5 years later less 4% had gone on to kill themselves. Paradoxically, the prospects for a happy life are often greater for those who attempt suicide, but are stopped and helped, than for those with similar problems who never attempt suicide. In the words of academic psychiatrist Dr. Erwin Stengel, "The suicidal attempt is a highly effective though hazardous way of



influencing others, and its effects are as a rule...lasting."

In short, suicidal people should be helped with solving their problems, not helped to die.

**4. What about those in uncontrollable pain?** They are not getting adequate medical care and should be provided up-to-date means of pain control, not killed. Even Dr. Pieter Admiral, leader of the successful movement to legalize direct killing in the Netherlands, has publicly observed that pain is never an adequate justification for euthanasia in light of current medical techniques that can manage pain in virtually all circumstances.

Why then, do so many personal stories of people in hospitals and nursing homes have to cope with unbearable pain? Tragically, pain control techniques that have been perfected at the frontiers of medicine have not become universally known at the clinical level. What we need is better training in those techniques for health care personnel – not the legalization of physician-aided death.

**5. What about those with severe disabilities?** What would this thinking say about our attitude as a society? On the one hand, we tell those who have neither terminal illness nor a disability, "You say you want to be killed, but what you really need is counseling and assistance." On the other hand, we tell those with disabilities, "We understand why you want to be killed, and we'll let a doctor kill you"? It would certainly not mean that we were respecting the "choice" of a person with the disability. Instead, we would be discriminatorily denying suicide counseling on the basis of disability. We would be saying to the non-disabled person, "We care too much about you to let you throw your life away." To the person with the disability we would be saying, "We agree that life with a disability is not worth living."

Most people with disabilities will tell you that it is not so much their physical or mental impairment itself that makes their lives difficult, as it is the conduct of the non-disabled majority toward them.

Denial of access, discrimination in employment, and an attitude of aversion or pity instead of respect are what make life intolerable. True respect for the rights of people with disabilities would dictate action to remove those obstacles, not "help" in committing suicide.

**6. Is this really an important issue?** If you are healthy and relatively happy, you might not think so. However, the National Council on Disability definitely thinks it is. In their position paper, *Assisted Suicide: A Disability Perspective*, states, "The dangers of permitting physician-assisted suicide are immense. The pressures upon people with disabilities to choose to end their lives...are already prevalent...People with disabilities are among society's most likely candidates for ending their lives, as society has frequently made it clear that it believes they would be better off dead...Persons with disabilities who are poor or members of racial minorities would likely be in the most jeopardy."

**7. Opponents of legalizing assisted suicide say it will lead to involuntary euthanasia. Aren't these overblown scare tactics?** Absolutely not. Those who desire to see assisted suicide and euthanasia legalized say there will be strict limitations to guard against abuse of this power to kill. Holland is often pointed to as being a good example of the humane use of euthanasia. The reality tells a different story. A report released by the Dutch government reveals that in 1990, 5,941 of the

11,800-recorded cases of active assisted killing were done without the patient's consent.

Safeguards do not work.

**8. Is euthanasia new to society?** The following is from an article in The New York Times dated October 8, 1933. The German Ministry of Justice announced its intention to authorize physicians to end the sufferings of incurable patients.

The proposal stated that, "It shall be made possible for physicians to end the tortures of incurable patients, upon request, in the interest of true humanity..." This was on the eve of the rise of a cruel tyrant, Adolph Hitler, whose inhumane treatment of fellow human beings is legendary.

The real issue of euthanasia is the value of each human life. Traditionally our society has advocated love, compassion and medical intervention to help those who are old, infirm, disabled, or deeply depressed. We are now being conditioned to believe that it is compassionate for a medical doctor to kill a less than "perfect" human. But, when any group of people decide who lives and who dies, based on age, infirmity or mental capacity, the weak and "undesirable" become targets of the strong. Sound familiar?

**9. What about "Will To Live" documents?** There is growing evidence that those who do not provide clear directions concerning the life-saving measures they would want are more likely to be denied them than to receive them. Many court cases have been decided in favor of removing all forms of life support. Therefore, it is important that those who do not want to be denied life-saving medical treatment, or even food and fluids, make their views known in some form of advance directive.

Two common advance directives are Living Wills and Durable Powers of Attorney. Living Wills focus on the rejection of life saving medical treatment under certain medical conditions. Durable Powers of Attorney authorize a specified person to make decisions concerning the provision or withholding of life-sustaining measures when the signer is incompetent. Though such laws appear to protect patients' rights, they have some serious flaws from a pro-life point of view.

National Right to Life has developed an alternative, life-affirming advanced directive called the "Will to Live." This document presumes that food, fluids, and life-saving medical treatment are to be provided. However, it also includes optional sections for the signer to specify conditions under which this presumption does not fully apply, such as when death is imminent or when the signer is in the final stages of terminal illness. Suggestions are given for ways to list one's end-of-life directives with precision and detail.

## Terri Schiavo

**Terri's Story.** Theresa Marie Schindler was born to Robert and Mary Schindler on December 3, 1963. She was the first of three children the Schindlers would have.

Terri was a shy, but comical, child who had an affinity for music, animals and the arts. She kept a small circle of friends and was dear to schoolmates, neighboring families and her own extended family.

Following high school, Terri came into her own. She developed a knack for sketching and doodling. She enjoyed outings with her friends. She was an adoptive mother to the family's dog, Bucky. Terri attended Catholic School while growing up and remained close to her faith throughout her life.

In 1983, Terri met Michael Schiavo at Bucks County Community College and the two began dating. He was the first romantic interest Terri had.

The couple was engaged within a few months and married a year later at Terri's church in Southampton, Pa. She was 21.

In 1986, Terri and Michael relocated to Pinellas County, Florida and her parents followed three months later.

In 1990, at the age of 26, Terri suffered a mysterious cardio-respiratory arrest for which no cause has ever been determined. She was diagnosed with hypoxic encephalopathy - neurological injury caused by lack of oxygen to the brain. Terri was placed on a ventilator, but was soon able to breathe on her own and maintain vital function. She remained in a severely compromised neurological state and was provided a PEG tube to ensure the safe delivery of nourishment and hydration.

On March 31, 2005, Terri Schindler Schiavo died of marked dehydration following more than 13 days without nutrition or hydration under the order of Circuit Court Judge, George W. Greer of the Pinellas-Pasco's Sixth Judicial Court. Terri was 41.

**Reactions to Terri's Death.** The court-ordered starvation and dehydration death of Terri Schindler Schiavo eight years ago marked a watershed moment in our nation's history. Millions of people both here and around the world became suddenly faced with the reality that our society is not only willing, but seemingly eager, to treat those with disabilities as if they are expendable.

Among the many commentaries and reflections published in the wake of Terri's death was a series of analyses in the pro-life publication *Human Life Review*. Among the articles was one written by Nat Hentoff, a pro-life libertarian. In it, Nat wrote about society's progression from the so-called "right to die" to the so-called "duty to die."

Hentoff tells the story of Dr. Leo Alexander, an Austrian-born professor of psychiatric medicine at Tufts medical School. Dr. Alexander was an expert who served during the Nuremberg trials. After interviewing the German doctors who ran Hitler's euthanasia program prior to the Holocaust, Dr. Alexander wrote an article that appeared in the *New England Journal of Medicine* in July 1949. Dr. Alexander wrote:

*“Whatever proportion the [Nazi’s] crimes finally assumed, it becomes evident to all who investigated them that they had started from small beginnings. At first, there was merely a subtle shift in emphasis in the basic attitude of physicians. It started with the acceptance, basic in the euthanasia movement, that there is such a thing as life not worthy to be lived.”*

Mr. Hentoff notes that his shift in belief came before Hitler came into power. In 1920, Karl Binding was a prominent German lawyer who, along with Alfred Hoche, a distinguished forensic psychiatrist, wrote a short book entitled *The Permission to Destroy Life Unworthy of Life*.

Richard Evans author of *The Coming of the Third Reich* wrote that the authors of this small book “emphasized that the incurable ill and the mentally retarded were costing millions of marks [German currency] and taking up thousands of much-needed hospital beds. So doctors should be allowed to put them to death.”

Many German doctors were thus already inclined to follow Hitler’s orders to rid the German state of disabled individuals who were supposedly using up vast resources. An October 2003 Associated Press article reported:

*“A new study reveals Nazi Germany killed at least two hundred thousand people because of their disabilities – people deemed physically inferior...Researchers found evidence that doctors and hospital staff used gas, drugs, and starvation to kill disabled men and women and children at medical facilities in Germany, Austria, Poland and the Czech Republic.”*

Not long before he died, Dr. Alexander read an article that was signed by ten physicians from distinguished medical schools and institutions. The article appeared in the same *New England Journal of Medicine* he had written his famous essay in years before which argued that it was “morally justifiable” to withdraw nutrition supplements and fluids from various patients, including those deemed to be in a “persistent vegetative state.” These doctors argued that it was perfectly acceptable to withhold these life-sustaining treatments and “[allow] the patient to die.”

Dr. Alexander commented to a friend, “It is much like Germany in the 20s and 30s. The barriers against killing are coming down.”

We have seen the struggle between those who argue for the right to life regardless of the ability or disability of a person and those who would argue that those people who have disabilities are somehow inferior or less worthy of the right to life.

We are seeing the waters tested with arguments regarding a patient’s so-called “quality of life” and “futile care theory.”

*(Adaption from the Terri Schiavo Life & Hope Network)*

## Euthanasia

The debate over euthanasia ultimately comes down to the question of personhood: When is a person not a person (i.e. a non-person)? The process of de-humanization or de-personalization is a first necessary step before denying, or stripping, someone of their basic human rights – in this case the right to live.

Studies have been undertaken around the globe on the various historical attempts of the de-personalization of certain racial and ethnic groups and classes of people (i.e. the cognitively and physically disabled).

These studies have looked at slavery (particularly in America), the Nazi T4 Program and the Holocaust, oppressed indigenous peoples around the world, and eugenic abortions.

Dr. Victor Frankl, an Auschwitz survivor and victim of a multitude of Nazi torments, urged those who become involved in the process of de-personalization to refuse to co-operate, calling it: "the last of the human freedoms to choose one's attitude in any given set of circumstances, to choose one's own way."

The philosopher John Bordley Rawls theorized that the ideal society should be constructed according to a straightforward principle that has come to be known as the "Rawls test": would the best-off accept the arrangements if they believed at any moment they might find themselves in the place of the worst-off?

This is quite important when considering the issue of personhood, as such decisions are generally made by healthy 'persons' who are not 'cognitively impaired' or otherwise handicapped.

Critics ask, "Why don't we take a page from the pro-abortionists who say that men have no right to oppose abortion because they can't get pregnant? We could say to these pro-eugenics and pro-euthanasia people 'You have no right to advocate euthanasia for the handicapped unless you yourself are handicapped.'"

Some bioethicists claim that any cognitively impaired human would qualify as a non-person, while others claim that the only living non-persons are Persistent Vegetative State 'PVS' individuals, anencephalics, and probably fetuses. Some even question the 'personhood' of healthy infants who are as yet unaware of 'existing over time.'

**Brain-related criteria.** The pre-World War II doctors in Germany portrayed the disabled and mentally ill as subhuman and akin to animals in order to justify involuntary euthanasia. The backlash following the exposure of the Nazi concentration camps had eugenics advocate lying low for a couple of decades.

Dianne N. Irving, M.A., Ph.D., an Assistant Professor of the History of Philosophy/Bioethics at De Sales School of Theology, said about her fellow bio-ethicists:

*"[Some] argue for some sort of brain-related criteria - either "rational attributes" (self-consciousness, autonomy, loving, willing, relating with the world around one, etc.) or "sentience" (the ability to feel pain or pleasure, or the integration of the nerve net or brain). But scientifically we know that neither full "rational attributes" nor full "sentience" are present until years after birth.*

*All of these theories are simply posited, and many scientists have argued that there is absolutely no*

*scientific evidence which demonstrates the supposed correlation between "brain birth" and "brain death," pre-person and person, consciousness and self-consciousness. And if one defines a human person in terms of "rational attributes" only, or "sentience" only, one will eventually have to argue also for the moral permissibility of the infanticide of normal healthy human infants (as many writers do), since full rationality, or full brain integration or sentience are not present until well after birth."*

**Quality of care.** Irving suggests that the quality of medical care for some of the above "less than perfect patients" could be affected if physicians, nurses and other health-care workers perceive patients as somehow "less than full human persons."

*"This might include the small uncomplicated details, which require care and attention on a routine daily basis, as well as some of the more complicated medical treatment decisions.*

*Are these patients to be considered as "useless eaters," or inequitably fall prey to the allocation of scarce medical resources cuts? If incompetent, will their best interests really be the determining factor in surrogate decision making - or will it be the best interests of the surrogate - or of the hospital?"*

Irving points out that, *"When conflicts arise concerning these patients, there is a danger that they will be seen "by some of those in the mediation process as "non-persons" whose "quality of life" does not demand that they be given equal respect and equal medical treatment."*

This in turn may lead to poor quality health care both on a routine and acute basis, and abuse in medical research.

She goes on to cite examples where medical research and experimentation cases have already occurred.

Speaking of human beings in the "persistent vegetative state," Peter Singer argues as follows:

*"In most respects, these human beings do not differ importantly from disabled infants. They are not self-conscious, rational, or autonomous, and so considerations of a right to life or of respecting autonomy do not apply. If they have no experiences at all, and can never have any again, their lives have no intrinsic value. Their life's journey has come to an end. They are biologically alive, but not biographically."*

The Nazi "euthanasia" program began with a philosophy in which, like Singer's concept of personhood, human attributes were denied to certain groups of people.

*(Used with permission from The Life Resources Charitable Trust.)*

**Patients Euthanized Every Day – It's Getting Worse.** This past year the World Medical Association reaffirmed their longstanding position against euthanasia and physician assisted suicide. This is great news and the declaration was strongly worded.

From the World Medical Association's Declaration on Euthanasia:

*“Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient’s own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness.”*

But I wonder how many people actually read this, or are even aware of the World Medical Association and their strong stance against this growing issue. Indeed, the vast majority of Americans have no idea that euthanasia is so widespread; occurring every single day in the United States and worldwide.

In fact, it is getting worse and most of the general public are unaware how frequently patients, whether agreeing to it or not, are being purposely killed, and in the most barbaric ways. This includes the elderly, those with Alzheimer’s, the cognitively disabled and others.

Europe has its own set of problems and in many ways is in worse shape than the US. All one has to do is read the recent opinion of the Dutch Medical Association and its position that physicians can euthanize sick and dying babies to help end the “suffering” of their parents. What ever happened to a parent’s unconditional love?

No doubt that here in the US we are moving in the same – lacking any sense of compassion – direction. How many Americans, for example, understand that removing food and hydration (via feeding tubes) is now legal in all 50 states?

No longer do we define food and water as basic and ordinary care. Patients’ feeding tubes are now regarded as “medical treatment”, whether it is needed for a short period of time or for those who need one more permanently. And, if in fact you are aware of that change, how many know that depending on what state you live in, removing a feeding tube from a patient can happen despite the patient’s advance directive stating that they want a feeding tube?

For example, just last week we received an email from a patient advocate looking for help. The email said that her patient was admitted to a hospice facility, under the condition that food and water would continue. Against the guardian’s instructions, the attending physician removed the feeding tube. Sadly, the patient died.

Indeed, this is why, despite the growing practice of euthanasia, we need an organization like the World Medical Association to continue to push back against this death agenda, and to challenge other medical organizations to do the same:

*“The World Medical Association reaffirms its strong belief that euthanasia is in conflict with basic ethical principles of medical practice, and The World Medical Association strongly encourages all National Medical Associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions.”*

Every single day the decisions we make for our own medical care are being eroded. And there are an increasing number of health care professionals making “quality of life” decisions regarding whether or not a person should continue to receive life sustaining treatment.

Undoubtedly, this is an issue that will touch every single one of us. Sadly, we have become a nation that places more value on money rather than on the value of those persons who are only in need of our love and compassion.

Unless people start taking responsibility to educate themselves on this issue and on how the laws and the narrative are being changed, it is only going to get worse. Not to mention the consequences of Obamacare, which is in the process of taking over our health care, and which is going to put our medically vulnerable at more risk and in the sites of the government's crosshairs.

*(Adapted from Bobby Schindler's article, "Patients are Being Euthanized Every Day – And It's Getting Worse.")*



## Is There Anybody In There?

*The following is a February 13, 2013 article from WIRED magazine regarding the growing scientific field studying brain activity in those thought to be brain damaged or in persistent vegetative states. In it, scientists suggest that patients suffering from severe brain damage may not be as lost as formerly thought. God has masterfully created our bodies with processes to recover and restore function once lost in amazing ways. As science continues to advance toward ethically sustaining and advancing life, we may see a day – soon – in which we decode the language of the brain to help patients thought to be devoid of consciousness recover from severe injuries.*

Terry Wallis showed only fleeting hints of consciousness for 19 years after he suffered a brain injury in a road accident. But then, in 2003, at age 39, he began to speak. It started with “Mom,” and then “Pepsi,” but soon he was slowly stringing sentences together and holding down his end of a conversation.

Far too often, patients like Wallis are given up for gone, left to languish in nursing homes where no one bothers with physical therapy or even to check for glimmers of regained consciousness, says Joseph Fins, a medical ethicist at Weill Cornell Medical College.

That’s at odds with a growing body of research showing that many patients with no outward signs of awareness retain some degree of consciousness. “We began to see patients who looked like they were vegetative, but they weren’t,” said Fins. “They were beginning to show responsiveness, they were sort of breaking the rules.”

In Wallis’ case, brain scans revealed evidence that his brain had rewired itself to some extent to compensate for the injury. Although such dramatic recoveries are exceedingly rare, a 2009 study by Belgian researchers found that 41 percent of hospital and rehab patients with a vegetative state diagnosis were actually minimally conscious. “It’s like a flickering light, and you’re going to miss it unless you systematically look for it,” Fins said.

At a conference last month at Duke University, researchers discussed emerging technology that could help doctors detect that flicker. In recent years, neuroscientists have developed fMRI brain scans and other methods to assess consciousness. In a few cases, this technology has enabled rudimentary communication with patients trapped inside an unresponsive body. In the future, some scientists believe, it may be possible to directly decode these patients’ thoughts.

Getting these methods right is crucial, as pressure mounts to use them in medical decisions, including whether or not to terminate life support, and in the legal battles that sometimes ensue. There are a number of ongoing legal cases in Canada that involve vegetative or minimally conscious patients and end of life decisions, says Adrian Owen, a neuroscientist at the University of Western Ontario. “I’m absolutely sure fMRI is going to play a role in one or more of these cases in the next 12 months.”

In a way, it was technology that created these disorders in the first place. James Bernat, a neurologist at Dartmouth Medical School explained that before positive pressure respirators were developed in the 1950s, all three of the essential bodily systems — circulatory, respiratory, and nervous — had to be operational to

support life. The respirators changed all that, enabling people with badly damaged brains to stay alive indefinitely.

But a badly damaged brain is not necessarily unconscious. The recent research tells us quite clearly that human consciousness is not binary. It can exist in degrees, fade in and out, even when the body is unresponsive.

And that evokes an age-old terror. In 18th century England, a spate of highly publicized cases of people recovering after apparently drowning created a popular obsession with the idea that a body could be revived despite the outward appearance of death, says Jeffrey Baker, a physician and medical historian at Duke. It also stirred up fears of being buried alive. Families paid attendants to sit with the body of a loved one, or bought “safety coffins” rigged with flags and bells that could be operated from inside.

Today we are still terrified of being too soon given up for dead. And we still look to technology to sound the alarm.

A widely-publicized demonstration of this came in a 2006 *Science* paper by Owen, who was then at the University of Cambridge. His team used fMRI scans to search for signs of consciousness in an unresponsive 23-year-old British traffic accident victim. The researchers told the woman to imagine herself either playing tennis or walking through her home. In healthy people, these two imagined activities produce different patterns of brain activity, and the same was true for this patient. Owen and his colleagues argued that she had made a conscious decision to follow their instructions.

Other researchers were skeptical. Some suggested that the activity in the woman’s brain was merely a reflex-like response to the spoken instructions rather than a sign of consciousness. At the conference, Owen said he still stands by his original interpretation and argued that subsequent work has borne it out. A 2007 study with healthy volunteers, for example, found that the distinct patterns of brain activity disappear as consciousness fades under general anesthesia. If the activity was automatic, as the critics suggested, it should have persisted, Owen said.

His team has now used the same fMRI method to detect evidence of consciousness in a Canadian man who, according to his doctors, had remained in a vegetative state for 12 years following a traffic accident. “The odds of two patients on two continents having the same pattern I think is very unlikely,” Owen said. “But it’s still just two patients.”

Owen also described a new way to assess mental function in unresponsive patients. It involves scanning someone’s brain as they watch an 8 minute clip of an Alfred Hitchcock film. When healthy people do this, various parts of the brain synchronize their activity at certain times in the clip. Owen argues that if brain injury patients exhibit similar patterns, it could be a telltale sign of residual cognitive function.

Communicating with patients who retain some degree of consciousness is the next step in the evolution of this technology, and a handful of research teams are already working on it.

In a 2010 study led by Owen and Steven Laureys, who heads the Coma Science Group at the University of Liège in Belgium, a physically unresponsive patient answered yes-no questions by imagining playing tennis to indicate “yes” and walking through his house to indicate “no.” When the tennis pattern showed up in his

fMRI scan, the researchers inferred that he meant yes; when they saw the house pattern they assumed he meant no.

“Just in the past year we’ve moved into a situation where we’re asking questions that can be used to improve someone’s life in simple ways,” Owen said. Even the current fMRI communication methods, which only allow yes-no answers, can enable a patient to indicate he’s in pain, or that his room is too hot or too cold, for example.

But simple yes-no communication probably isn’t enough to allow patients to participate in decisions about their care. For that, doctors need to know that a patient has understood the choices and has the ability to reason.

At the conference, Owen described an experimental method for assessing reason in unresponsive patients. In a study now in press at *NeuroImage: Clinical*, his team tested a new fMRI task in one patient, asking him to create a mental picture of either a face or a house in response to an increasingly convoluted series of statements about which of the two should appear in front of the other. “Not only could we demonstrate that he can reason, but also he stops being able to reason when it gets really difficult the same way the rest of us do,” Owen said.

The downside of all these fMRI methods is that they require a big machine and can’t be done at the bedside. As a result, the number of patients who’ve benefited so far is limited to a handful who have participated in research studies.

Several research groups have developed alternative methods based on EEG, which requires only an electrode cap to record signals from the brain. But while EEG data are easier to get, they’re far harder to analyze. On the final day of the conference, a testy exchange of letters appeared in *The Lancet*, in response to a paper Owen’s team published last year describing an EEG version of their fMRI task for detecting consciousness. Another research team, which included Fins and Weill Cornell neurologist Nicholas Schiff, one of the foremost experts on disorders of consciousness, re-analyzed the data (which Owen and colleagues willingly shared), and concluded that the statistical analysis was fatally flawed.

“If you follow that method, you’ll end up with false positives,” Schiff said in an interview, meaning that the test would mistakenly detect consciousness in some unconscious patients. Owen vehemently disagrees. “We reject it, absolutely,” he said of Schiff’s analysis. Both men agreed that EEG is far trickier than fMRI to analyze because it requires more statistical analysis and more arbitrary assumptions that can sway the end result.

The most mind-blowing talk at the conference came from Jack Gallant, a computer scientist-turned neuroscientist at the University of California, Berkeley. Gallant is a man of upbeat intensity and a fast talker. He blazed through demos of computational models his team has developed to study how various kinds of information are encoded in the brain. “This one uses latent Dirichlet allocation,” he said at one point. “Believe me, you do not even want to know how that works.” Even some of the neuroscientists in the audience seemed to nod in agreement.

In recent years, Gallant's lab has shown that it's possible to reconstruct still images and video clips from the patterns of activity elicited in the brain of the person viewing them. If Gallant can see what your visual cortex is doing, he can tell you, more or less, what you're looking at.

More recently, they've moved into more conceptual realms. A December paper in *Neuron* described their early attempts to study how the brain encodes semantic information — the concept of a dog, for example, and the understanding that a dog is a kind of animal, and an animal is a kind of thing. Gallant thinks this work could eventually lead to machines that can decode the contents of our thoughts.

"If you could build a brain machine interface that could decode internal speech, the little man or woman in your head that talks to you all the time, it would trump every other brain decoding device you could ever build," he said. "There would just be no point to build anything else."

Such a device would have profound ethical and legal implications, particularly if it enables some patients to participate in discussions about their care and end-of-life decisions.

Detecting consciousness and decoding thoughts is exciting stuff, but the patients who could benefit most from such technology — those teetering on the edge of consciousness — are probably only a small minority of those suffering from disorders of consciousness. Vegetative state and minimally conscious patients are among the most neglected groups in our health care system, according to several people who spoke at the conference.

Ken Diviney, a Virginia man whose 24-year-old son Ryan is in a minimally conscious state following a senseless beating outside a convenience store in 2009, gave a heart-wrenching account of caring for his son in the face of apathy from doctors and insurance companies. Diviney said he once called 911 from the ICU because he couldn't get a doctor to come check on Ryan's rapidly rising fever. To provide long-term care for their son, he and his wife renovated the ground floor of their home, outfitting it with a special bed and other equipment his insurance company wouldn't pay for. He quit his job, and now spends his days doing physical therapy with Ryan to keep his muscles flexible and preserve bone density, brushing his teeth every two hours to prevent life-threatening infections like pneumonia. He longs to know if Ryan will ever get better.

Gentle and articulate, Diviney visibly wears the weight of his responsibility to his son. "I have a purpose," he said. "Damned be that purpose, but I have it."

The Divineys' experience is not unique, according to Fins, who is writing a book based on interviews with dozens of families with loved ones in a vegetative or minimally conscious state. Once someone loses consciousness indefinitely, hospitals and insurers seem to want nothing to do with them, Fins says. "I hear the same story over and over," he told Diviney.

That's a travesty, and not one that technology alone is likely to fix.

## SECTION 2d: Eugenics

## Eugenics

Throughout history, eugenics has been used to "purify" the human race of the unwanted. Historically, an arbitrary standard was set by the State that determined who was worthy of life and dignity and who was not. Those that did not meet the standard were treated as non-persons undergoing experimentation, torture and death.

It is not possible for man to set a standard of humanity without eugenics following. Hitler performed it with the Jews. America accepted it with slavery. Margaret Sanger enacted it with abortion. Transhumanism is ratifying a standard and a dream of human perfection, but with that standard there are those who will fall short. It has built an idea that people no longer have dignity or respect of life just because they are human, but because of what they can be or do. People become commodities where they are no longer human, but products or property.

Scientific methods have already been developed with little restriction laying the ground work for this type thinking. Eugenics has three main categories of implementation into society as expressed by the new emerging biomedical technologies: Cloning, Genetic Engineering and Genioism.

Historically, eugenic ideals are clearly seen in the hateful policies of the Nazi regime, as well as in the guiding principles of the KKK. Margaret Sanger, the founder of Planned Parenthood (PP), lobbied for strict procreation laws against minorities and the poor. She believed that only the upper classes should have the privilege of childbearing in hopes of developing a "cleaner race." PP has carried on its founder's creed, but attempts to soften its eugenic agenda by repeating the mantra "Every child a wanted child." The question remains: Wanted by whom? The eugenically driven machine of PP, or each individual mother in a happy or desperate situation?

If the eugenics movement is allowed to infiltrate the mainstream culture of today and manipulate the way people view life, it will pervert the beauty found in the individuality of all humans. If people fail to realize what evil can come from engineering future generations to achieve man's ideal of perfection, a new breed of discrimination will be born.

It's called genioism: discrimination against someone based on their "inferior" genetics. The topic is explored in the sci-fi movie *Gattaca* and although the discrimination seems far-fetched to the movie viewer, the reality of the situation hits closer to home than people may realize.

Insurance companies routinely screen prospective clients for genetic indicators that show a pre-disposition to poor health, thereby denying coverage to an increasingly larger segment of the public. Pre-born children are submitted to genetic testing and aborted if found to be carrying Down's Syndrome or other less serious genetic anomalies. Currently more than 90% of all Down's Syndrome children are being aborted.

Preimplantation genetic screening allow prospective parents to choose only those preborn children whose traits they specifically "order" for their newborn, allowing all others to be tragically discarded like medical waste.

Will this movement towards genetic perfection one day leave those deemed “genetically inferior” in the same place the African American was in when they were ignorantly deemed “racially inferior?” Will we remain silent as history repeats itself?

## A History of Eugenics

*“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness.”*

These words, written over two hundred years ago, became the very foundation of what the United States of America stands for. Yet in the past hundred years, millions of American citizens have been denied the rights and truths encompassed in this statement.

Legalized abortion has defied the unalienable right to Life and allowed the most marginalized and voiceless group in America to be slaughtered in the womb. Yet this injustice did not begin with denying Life. It began when we embraced the ideals of eugenics and rejected the first truth, that all men are created equal. Only by exposing the roots of legalized abortion in a legacy of eugenics can America have a full understanding of the injustice in this nation.

Eugenics is a science concerned with improving the human species, by such means as influencing or encouraging reproduction by persons presumed to have desirable genetic traits. This idea of creating a better race is not a new concept. Though eugenics was not a word then, Plato theorized that an elite human race could be conceived if animal breeding tactics were applied to humans.

Like the eugenicists that would come after him, he rejected the biblical principle that every man is predestined by God, called for a certain purpose, and created in the perfect image of God. Jeremiah 1:5 says, “Before I formed you in the womb, I knew you.” Plato could not control what man became through breeding techniques, for it is God who creates man.

Despite its faulty foundation, the theory survived through the years. It was finally labeled “eugenics” by Sir Francis Galton in the late nineteenth century. He created the word from two Greek words. The first part, eu (eu), means good. John Cavanaugh-O’Keefe points out that many words with the eu- prefix make a terrible thing appear good, with examples such as eulogy, euphemism, and euthanasia. The second part of the word comes from the Greek word gen (gen). Gen denotes birth or race.

In one of his addresses, Galton explained that after studying plant and animal methods, he was convinced that traits were hereditary, good and bad alike. Therefore, it is possible to breed people to eliminate the “undesirables” and to multiply the “desirables.” However, all Galton had was theory based on observation.

Then in the mid-1800s, cellular biologist August Weisman discovered a cell with all the genetic information enclosed. He called it the “germ plasm,” but scientists would later rename it the chromosome. From Weisman’s discovery Galton assumed that every person was the measurable and predictable sum of his ancestor’s immortal germ plasm. He now had flawed science to prove his faulty theory.

Galton’s lack of basic respect for human worth was not an original attitude. He was greatly influenced by Reverend Thomas Malthus and Charles Darwin. Malthus was known to society as an influential political economist in early nineteenth century England. He believed that population grew at an exponential rate whereas food grew at a linear rate; meaning society could grow to exceeds their food source. Being a



clergyman he believed that lack of food was God's way of forcing the human race to advance, thereby removing the weak-minded.

His proposal was that the poor and working classes be kept from reproducing and that charity to the poor be stopped, which he thought encouraged population growth and reduced the food supply for the better classes of society. Malthus theory created a necessity to alter reproduction because of over-population. Galton offered the answer with breeding.

Erasmus Darwin was grandfather to Charles Darwin and Francis Galton. Erasmus was actually the first to suggest the theory of evolution. Charles only revised the theory with more research and presented it in his infamous book *On The Origin of Species* in 1859. Darwin agreed with Malthus about over-population but promoted "natural selection" as the means of eliminating the weak.

Galton used his cousin's theory to strengthen eugenics: if society evolved from protoplasm, then the most evolved should not breed with the less evolved. Evolution and eugenics thereby created an atmosphere for an elitist, racist movement that sought to remove all those believed inferior.

Support of eugenics grew as it infiltrated London's high societies; however, the movement was going in two directions. One direction was called positive eugenics. Its goal was to encourage or require by law eugenically favorable marriages. The other direction, negative eugenics, sought to eliminate the undesirable through sterilization, euthanasia, segregation or by any other means of stopping the degenerate from reproducing.

Galton supported only positive eugenics, while his followers believed that only force would preserve their perfect race. Sir Francis Galton died in 1911, leaving behind an alliance of racist men that desired to wipe out all mentally handicapped, physically handicapped, blind, poor, and colored portions of society.

England had no success at passing legislation of a negative eugenic nature. America, however, became fertile soil for negative eugenics in the early Twentieth century. Because eugenics generally appeals to the wealthiest and most influential people, benefactors such as the Rockefeller family, Carnegie Institution, and Mrs. Harriman of the Union Pacific Railroad became part of the American eugenic legacy. They funded guilds and institutions such as the American Eugenics Society, Carnegie Institution's Station for Experimental Evolution, and the Eugenics Records Office.

It is disappointing that some of the greatest philanthropists turned out to be racist eugenicists. With so much money backing the Americans, they eventually became the leading source for new studies, enhanced knowledge, and tactics to promote eugenics.

A key device used by eugenicists to support their work was the newly developed French intelligence test. Henry Goddard took this test and misconstrued its purpose adapting it to categorize American intelligence.

Often biased and flawed, these tests were the basis for segregating and institutionalizing anyone deemed feeble-minded by the score they achieved. The terms created to categorize below-normal achievement were "imbecile," "moron," and "idiot." Because eugenicists believed that intelligence was inherited, whole families were institutionalized based on one person's score.

With the ability to scientifically classify humans and segregate them from society, eugenicists began to push for legalized sterilization. The infamous case of *Buck v. Bell* reached the Supreme Court in 1927, making eugenic sterilization legal in the United States. Records show that approximately 60,000 sterilizations were done, with or without the consent of the patient by the 1950s. Twenty-seven states practiced sterilizations, with California performing the most at two-fifths of all done in the United States.

The success of the Americans encouraged other nations to implement their own programs. While other countries only simulated United States' model, Germany took eugenics to its most radical form. By the end of the 1920s, America realized that Germany was one of the new leaders in the global eugenics movement. The German eugenicists' dream came true when Adolf Hitler came to power in 1933. He was a white supremacist and ardent follower and admirer of American eugenics.

Soon sterilization, euthanasia, abortion, anti-miscegenation laws, and concentration camps were established. Besides the millions killed in the gas chambers, hundreds were also killed in the camp labs in the name of eugenic research. The Rockefeller Foundation funded the Kaiser Wilhelm Institute, which oversaw the experimentations at Auschwitz.

Despite the horror the rest of the world felt, American eugenicists praised Germany's success in doing what they themselves only dreamed of doing. History shows that the post-World War II eugenics campaign fell from its pinnacle because the world vowed they would not allow the atrocities of Hitler to happen again, at least, not again in that form.

After the war, eugenics became a discredited science because of its association with the Third Reich. The movement would have all but died if it were not for Frederick Osborn. Osborn knew that the old strategies would no longer be effective; thus, he began a new eugenics movement that would later be called "crypto-eugenics."

The essence of this strategy was to no longer promote eugenics openly but to achieve their objectives through other organizations. By selectively pouring their money into other movements, they could still remove the unfit from society by utilizing the public's naiveté of what the organization's true motives were. Their goal was still the same as the Nazis', but they would pursue it in a way that would not lead to another Nuremberg Trial.

One of the main groups eugenicists began to conspire with were the birth control advocates. Birth control emerged just after the eugenics movement took off in the early 1910s. It was promoted and expanded mostly through the work of its founder Margaret Sanger. Sanger was a Malthusian eugenicist who believed the "dead weight of human waste" should be "eliminate[d]."

Besides birth control, she advocated sterilization and eugenics. She did not openly support abortion due to Havelock Ellis's suggestion that "society was not quite ready for it." Her paper, *The Birth Control Review*, was used not just to promote birth control but eugenic interests. In one edition, an extreme white supremacist eugenic book by Lothrop Stoddard was recommended to the readers.

Sanger's American Birth Control Federation, which would eventually become Planned Parenthood, was founded in 1922 and soon began its work at supplying birth control and targeting the undesirables. By 1930, Sanger had a clinic in the heart of Harlem. She taught them that birth control, not better prenatal

care, would produce healthier children. From that point on, Sanger would continue to open clinics in strategic high-minority, low-income areas.

During the early forties, Margaret Sanger instituted The Negro Project. The goal was to pull African American leaders and preachers into the movement so as to make the black community embrace the concepts birth control. In a letter she wrote to her cohort Dr. Clarence Gamble, she said, “We do not want word to go out that we want to exterminate the Negro population, and the minister is the man who can straighten out the idea if it ever occurs to any of their more rebellious members.”

Despite Sanger’s belief that birth control creates a door for the eugenicist, the two movements had yet to formally connect. This was due to the fact that Sanger was a strong advocate of negative eugenics, not positive eugenics. She was a die-hard feminist and liberal sex crusader that thought multiple children were a chain and ball on female independence. But as post-World War II eugenicists searched for avenues to funnel their vice, Planned Parenthood became a worthy candidate.

In a speech Frederick Osborn gave at the annual Galton Lecture in 1956, he said, “Let’s stop telling everyone that they have generally inferior genetic qualities for they will never agree. Let’s base our proposals on the desirability of having children in homes where they will get affectionate and responsible care, and perhaps our proposals will be accepted” and that from this rebirth we may “see [eugenics] moving at last toward the high goals which Galton set for it.”

The Eugenics Society of England followed the American leaders and began funding the Family Planning Association and the International Planned Parenthood Federation. Not surprisingly, when the IPPF opened in 1952, it was headquartered in the Eugenics Society offices.

The American Eugenics Society played out their scheme through an organization that they created themselves. The veterans and rookies came together in 1952 to found the Population Council. With mainly Rockefeller’s money, they funded the research for a more effective birth control.

The money was funneled into two main types of birth control research: the oral birth control pill and the IUD (intrauterine device). During the early 1950s, Planned Parenthood and the Population Council funded research to duplicate the sex hormone, which led to the creation of the pill in 1956. After testing it on humans in Puerto Rico, it entered the United States market in 1960.

The Population Council began focusing on the IUD after Alan Guttmacher, the previous America Eugenics Society Vice President and current President of Planned Parenthood, suggested. To eugenicists, the IUD was perfect because once inserted, women would not have children for years.

The legality of birth control and contraception had been up to the states since the early 1900s. This caused a problem for the new eugenic backed movements. Thus Planned Parenthood went against the no contraceptives law in Connecticut by opening a clinic in hopes to reverse the law. The case *Griswold v. Connecticut* made its way up to the Supreme Court where the majority ruled that the Connecticut law was unconstitutional because it defied a married couple’s right to privacy.

The right to privacy clause was justified by the court as a “penumbra,” opening a Pandora’s box that eventually led to the *Roe v. Wade* and *Doe v. Bolton* decisions. This case is a clear example of the judicial

activism that is still being battled in our courts today. Contraception and birth control was now legal for married couples and would be made legal for the unmarried in the 1972 case *Eisenstadt v. Baird*.

From the beginning, hormonal birth control was based on deception. Hormonal birth control (the Pill, the Minipill, IUD, Norplant, the morning-after-pill, Depo-Provera, RU-486) has always had three possible functions. The first, often most confused as the only function, is to prevent ovulation. If the first function fails, a possible second function is to thicken the mucus of the cervix so that the sperm cannot reach the egg. The third function, a function which all hormone based contraception has, is to thin the lining of the uterus so that the fertilized egg, the baby, is not able to implant in the uterus lining and is thus aborted.

In early 1960, both Alan Guttmacher and the American College of Obstetricians and Gynecologists defined conception as the moment of fertilization, or when the egg meets the sperm. This caused a problem because abortion was illegal then, making their pill and the IUD illegal. So in order to make their birth control, or what they falsely called contraception, legal, they altered the definition of conception.

By 1970, both changed their position and claimed that conception begins with fertilization and ends with implantation in the uterus. In other words, it was not a baby until it was implanted into the uterus. To this day, America is aborting millions of babies in the name of contraception.

With birth control legal and the Sexual Revolution in full swing, abortion was just another step in the direction America and the eugenicists were going. On January 22, 1973, abortion was legalized by the Supreme Court decision in *Roe v. Wade*. Not surprisingly, this case is full of eugenics.

Justice Harry Blackmun, writing the opinion of the court, wrote that states were already adopting the Model Penal Code. This was an extreme code that provided for eugenic abortion and the abortion of babies conceived in rape or incest. Moreover, the code was based on the fraudulent sex study work of Dr. Kinsey who was funded by the eugenic Rockefeller Foundation.

Blackmun also directly cited Glanville Williams and Christopher Tietze multiple times. Both were extreme eugenicists from the British Eugenics Society. Abortion, by Lawrence Lader, was cited seven times. Lader expressed profuse gratitude in his book to Glanville Williams, Christopher Tietze, five American Eugenics Society members, and the Abortion Law Reform Association that included Julian Huxley and twenty-seven members of the Eugenics Society.

Continuing in his trend, he noted several state abortion court cases that were based on eugenic theories, an organization that had long supported eugenics, the eugenic book *The Biological Time Bomb*, and an article that claimed man was taking over its evolutionary process. The opinion of the court might as well have been drafted by the American Eugenics Society.

Directly after *Roe v. Wade* was released, the American Eugenics Society changed its name. Osborn said, "The name was changed because it became evident that changes of a eugenic nature would be made for reasons other than eugenics, and that tying a eugenic label on them would more often hinder than help their adoption. Birth control and abortion are turning out to be great eugenic advances of our time."

Besides being immersed in eugenics, *Roe v. Wade* was founded on lies. "Jane Roe" was really Norma McCorvey. This single, pregnant woman was used by two lawyers to legalize abortion. She never knew

anything about the case or its proceedings except that she could get an abortion when the case was over. She never went through with the abortion. The first thing she heard about the case was on the news when *Roe v. Wade* was decided and abortion was made legal.

*Roe v. Wade*'s companion case, *Doe v. Bolton*, which made abortion legal in all three trimesters of pregnancy for virtually any reason, had a similar situation. "Mary Doe's" real name was Sandra Cano. Her husband was in jail, her kids had been placed to foster care, and she was pregnant at the time the lawyers approached her. When she agreed to be *Doe*, she thought it was to get a divorce and to get her children back.

They tried to convince her to have an abortion, but she wouldn't agree to one because she believed abortion was wrong. She had no idea that her case would become the infamous *Doe v. Bolton*. Now both women are followers of Christ and are trying to reverse their cases.

If there is any doubt about abortion being rooted in eugenics, modern statistics settle the subject.

- 78% of Planned Parenthood clinics are in minority communities.
- According to the Guttmacher Institute, an African American is three times more likely to have an abortion than a white woman.
- Hispanics are 2 times more likely to have an abortion than white women.
- African Americans constitute twelve percent of the national population and have 32% of the abortions.
- For every one black child born, three are aborted.
- 80% of unborn babies diagnosed with Down's syndrome are aborted.
- The RU-486 pill was created by the same company that created Zyklon B gas for the Nazi death chambers.
- There are 45% more sterilizations among African American women and 30% more sterilizations among Hispanics than among White women.
- Not one school-based Planned Parenthood clinic is located in a white majority school.

Americans love the image of the Statue of Liberty and inspired by her words of welcome to the oppressed and disenfranchised of the world: "Give me your tired, your poor, your huddled masses yearning to breathe free, the wretched refuse of your teeming shore. Send these, the homeless, tempest-tost to me, I lift my lamp beside the golden door."

The sad truth is that America is no longer the safe haven of the defenseless nor the protector of the weak. In fact, we have mercilessly killed our most vulnerable citizens. We need to reclaim the deep respect for the individual and personal liberty that this country was founded on and vehemently reject the ideology of abortion and its eugenic roots.

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## SECTION 3: Advancing Personhood

## Advancing Personhood

Two maps: divine law and natural law; which strategies will the pro-life movement follow in the 21<sup>st</sup> century? These maps draw from the differing foundations of moral authority. On the one hand, natural law has an unbroken history of failure, proving itself powerless to protect and respect human life and dignity. All too often it leads to human genocide and holocaust. Divine law, on the other hand, has the power to transform culture and government. It does this by first binding to the consciences of individual men and women. God then raises these men and women to positions of power, influence, and government. Romans 13:1-2 states that “there is no authority except God. Therefore whoever resists the authorities resists what God has appointed.” Natural law relies on human reason to form a moral consensus, while divine law establishes moral absolutes that brook no compromise. One has an appearance of wisdom; the other has the power of God.

It was not actually until Georgia Right to Life turned from following the map of natural law in the direction of God’s Law that GRTL began to emerge from the wilderness of inaction, ineffectual law, and lack of influence within the culture. Once the decision was made at the Board level to follow God’s ways, we began experiencing a string of supernatural victories and advances that have resulted in many innocent lives being saved. Nothing has proven more pragmatic than taking a principled stand for life!

As evidenced by the monumental successes in Georgia and the duty and calling of God to stand on principle, it is the primary and most effective strategy of the pro-life movement to advance personhood – the paramount right to life. Unprecedented advances can be made through the three functions of Georgia Right to Life that were explored at the beginning of this guide: education, legislation, and political action.

**Uniting Our Voices for Change.** The process of changing the laws or constitution of various states resides in two types of governmental processes – one relatively simple compared to the other. Both employ direct citizen action.

The first is the ballot initiative or referendum process, whereby a proposal, a new law, or a constitutional amendment may be placed on the ballot by a petition initiated by a group of motivated citizens. By means of petitioning and gathering a defined number of signatures, a point of law bypasses the normal legislative process and is put directly in front of the voters. There are currently twenty-four states allowing for some form of ballot initiative.

The second is a legislative measure or proposition, a proposal placed on the ballot by the legislature. All states permit legislative measures and all except Delaware require constitutional amendments to be approved by the voters at large.

### Legislative Process

The ballot initiative and referendum processes are not permitted in Georgia, so we work within the legislative process to establish personhood. In Georgia, a super majority (66%) of both legislative chambers must vote favorably in order to place a constitutional amendment before the voters. This

is a substantial hurdle to overcome – after which the people must still affirm personhood by a majority vote. This long and involved process requires that a significant portion of the voting public put pressure on their elected officials to legislatively place the question on the general election ballot. This requires an informed and motivated electorate. There are a number of concrete steps that we are taking in Georgia to shape public opinion and influence public policy to recognize personhood and establish effective legal protection for all human life.

**Organize.** Georgia Right to Life is both a statewide affiliate of National Right to Life and a personhood endorsing organization. We're able to tap into vast resources across the entire state to compile a wide-reaching coalition of family policy organizations, pro-life groups, legislators, community leaders, and political activists. We have the sole and humble responsibility of advancing personhood in Georgia. Getting involved with GRTL is the primary way you can build the organization of personhood supporters and get equipped to engage your community.

**Education.** We work tirelessly to provide educational resources so you can make yourself knowledgeable about the issues and be prepared to answer those who initially oppose your efforts. We schedule as many speaking engagements as we can, sharing the message of personhood in churches, civic groups, political party gatherings, and in media. Educating our communities is essential, and cannot be skipped over before engaging in the legislative process. Proceeding first through education, then to political action and legislation, is the key to building our culture up to radically stand on personhood.

**Engaging in Political Action.** GRTL has formed both state and federal Political Action Committees (PACs). Their sole purpose is to influence elections in favor of particular candidates or issues. We have established a set of endorsement criteria based on personhood that does not permit for the endorsement of candidates that claim exceptions for personhood. Endorsed candidates must agree 100% with personhood positions as well as sign a Candidate Affirmation form in order to be included on our white list of candidates who are 100% pro-life. We have been so successful that the state Republican Party has passed pro-personhood resolutions and we currently have all 8 statewide constitutional officers endorsed as pro-personhood.

**Legislation.** After we achieved PAC support, we began offering pro-personhood legislation on a statewide level. Georgia Right to Life proudly does not support any legislation that is inconsistent with personhood principles and holds our endorsed candidates accountable to uphold their personhood pledges. We have offered a Personhood Amendment to our legislature every session since 2007 and are working on securing its passage. We have also twice placed a non-binding ballot question before Georgia voters on whether they support personhood – in 2012, 66% of GOP voters said they would support a Personhood Amendment. With continued efforts in education (much like this seminar) and political action, we believe we will see our legislature pass a Personhood Amendment in the coming years.

Every person has a right to life, and every citizen has a voice to speak for those who cannot speak for themselves. We have a form of government granted by God that allows our voices to be heard. Our collective voices can – and should – change the course of history.



## SECTION 4: Field Training

## Field Training

Once the pillars of personhood have been learned, it is imperative to take that knowledge and translate it into meaningful communication with others in our community. Famed magician and atheist Penn Jillette once asked how much would you have to hate someone to believe you knew the truth and not share it with them. If we truly believe that God has ordained life and endowed personhood to every human at the moment of conception, do we not have a moral duty as Christians and Americans to share that fact with our culture? The fulfillment of that duty is found most effectively in outreach to our fellow man in the normal settings in which we live – home, school, work, church, the grocery store, etc.

As you're reading this, you've probably already swallowed several lumps in your throat at the idea of talking to complete strangers about the sanctity of human life – maybe even the idea of talking to your *friends* about it. It is the best way to love our neighbor to share the truth with them. So, in the interest of equipping and enabling you to do just that, this entire section is designed to deal with training to not only engage others with the message of life but, should their hearts be fertile soil, change their hearts and minds with that message.

Your peer leaders are here to help you through this section and these exercises – feel free to ask them any questions you may have.

## Changing Hearts vs. Winning Arguments

Before you step foot on a campus or even think about engaging in discussion about personhood and the sanctity of human life, you have to take an honest and objective assessment of your heart and your intentions. This is a critical but sometimes difficult balance to master. To help us examine and perfect our intention before engaging in discussions, let's consider a few questions we can ask ourselves to make sure we are being effective and genuine with our outreach.

**Do I use education to serve others or arm myself?** One of the biggest things that will prevent you from being effective right out of the gate is if you are not learning for the right reason. Take, for instance, studying the night before a test in college just enough to pass through the semester. You armed yourself for the task at hand, but didn't actually learn anything substantive. Our situation is one with even higher costs, because you not only do yourself a disservice to selectively learn in order to squash your adversaries, you also cheat them out of learning and possibly having a change of heart. Education is the primary tool at our disposal to radically shift our culture towards life. It has been said that "knowledge is power" – so don't squander yours with a vendetta.

**Am I more concerned with others' hearts or my ego?** Sometimes launching into a discussion about the sanctity of human life with a complete stranger can be intimidating and awkward. Imagine how rough it can be to launch into it with someone who is a friend, but believes differently than you do. It's important to put our self-consciousness aside and think about the people we're talking with. We may feel awkward, we may lose friends, and we may not be eloquent, but the potential benefit of sharing personhood with someone surely outweighs the social cost. Don't let fear or your ego get in the way; people's lives are at stake.

**Do I reach out to people intentionally or strategically?** In a political debate, candidates often only take up positions deemed ahead of time to be strategically defensible or ask questions deemed to be strategically harmful to his opponent. Likewise, discussions on the sanctity of human life can be equally framed with an agenda. You might hear a pro-lifer asked about tough cases of rape and incest, and they avoid and deflect to a different topic. You might also hear a pro-lifer ask someone to defend partial-birth abortions and make them out to be a child sacrifice advocate. You may even encounter pro-lifers selectively engaging in conversations with others based on whether or not they think they could win the argument. Each of these is an example of being strategic rather than intentional. The intentional advocate both welcomes all concerns that others may have and seeks to talk with anyone who is willing. As we discussed before, what does it say about our love for our neighbor if we are unwilling to share the truth with them?

**Am I representing my intellect or my Savior?** If there was one defining characteristic of Jesus during His Earthly ministry, it was His abundant grace. He was also proficient at dismantling the arguments of Pharisees, but we more often than not saw Him extending grace and humility, breaking sociocultural stigmas and stereotypes, and serving others through it. We can all probably agree that if there were anyone best equipped to debate on theology, it's the Son of God. But He didn't hammer people with His vast knowledge of the mysteries of the Kingdom of Heaven. Rather, He exhibited the greatest commandments to love God and love your neighbor by living them out. We should too. No one cares how much you know until they know how much you care.

**Do I value or resent those who think differently than I do?** It's telling about the hearts of some activists when we hear them refer to "the other side" as "pro-aborts." Imagine how we feel being called "anti-choicers" or how dehumanizing the terms "fetus" or "clump of cells" feel. "Pro-abortion" is just the pro-life version of dehumanizing and resenting those who oppose our belief system. That mindset as a whole, however, exists in many forms. If we're looking at pro-abortion or euthanasia advocates as "the bad guys" or "evildoers" then we're probably not too concerned with whether we serve and love them. That's not saying that those who commit murder aren't doing evil, but our first instinct shouldn't be to club them with their sins or shortcomings. Jesus flipped our natural response on its head when He commanded us to "love your enemies, bless those who curse you, and pray for those who persecute you." We do have enemies, but it's not our job to "defeat" them. Remember, we wrestle not against flesh and blood. So, keep a mindset and a heart attitude that values the lives of even abortionists the same way you value the unborn. Why? They're made in the image of God too, and we want to see them saved and protected just as much.

**Am I okay with "losing" so others can see Jesus?** It is not outside the realms of possibility to encounter individuals who argue so radically for evil works that they are unwilling to concede even basic points such as infants having a right to life. In those sorts of situations, it is very easy to get worked up, shout, and dismiss them as radical kooks. The truthfulness of those thoughts aside, we must remember that not every discussion will result in someone changing their heart and mind. Some discussions won't even end with a concession that humans are any better than animals. Jesus instructed us not to cast our pearls before swine (i.e. don't spend time arguing about evolution and creationism with someone who simply wants to argue with you, because it won't help). In situations like this, the proper thing to do may be to humbly submit that you will not agree with each other, tell them that you appreciate their conversation, bless them, and move on. This feels an awful lot like "losing the debate," but to those around you (and maybe in the future, the person you were talking to) this will probably look more like Jesus. It's better to look like Jesus and "lose" than look like a jerk and "win."

**Do I challenge others or condemn them?** We must also keep in mind that the issue of the sanctity of human life is indeed a fight, we purpose to be victorious, and we should earnestly contend for it. This means engaging people with radical beliefs that must be dismantled in order for the truth to be seen (either for the person who believes it, or the people watching your conversation). It's not bad to challenge people's beliefs – they will challenge yours without hesitation. But what will set you apart from others is your compassion in challenging. You don't want to challenge them to beat them; you want to challenge them to serve them. Don't condemn someone for being wrong or misinformed. You can show them their error without making a public spectacle of them. It's all about keeping the mindset of serving and changing others' hearts rather than just winning the argument.

**Am I listening to learn or listening to win?** The same offense that can be committed in terms of your education ahead of time can be committed right in the middle of a discussion. No one would debate the fact that you cannot carry out a discussion without listening to what the other person is saying. But, if you're only listening to them for the purpose of crafting your next retort, you're missing out on the discussion as a whole. You are standing opposite of a living human person with wants, desires, needs, questions, and a family. They're just like you. Take this opportunity to listen to them, learn about them, and understand them. Often times, truly listening to what a person is saying can reveal what they really feel about an issue or show their intentions. This information, which you will only glean from listening purposefully, can be invaluable as you seek you know them, sway them, and even minister to them. Has this person only been raised to believe this way? Have they been involved in an abortion in some fashion and are hurting? Are

they angry at you or at a misconception about what you believe? Is this a good opportunity to share the Gospel? You will never know the answer to these questions without closing your mouth, opening your ears, and listening to learn.

## Apologetics

Personhood is expansive and touches on the sanctity of all human life from conception to natural death. That includes not only abortion, but also stem cell research, destructive in vitro fertilization, euthanasia, and other practices that infringe on or destroy human persons. Therefore it is important to understand how to make a case in defense of human life from the moment of conception to natural death.

Any defense for the personhood of any individual will be against the making, the taking, or the faking of human life. Some of these issues and defenses may overlap, but each infringes on personhood in its own way.

### Simplify the Debate

Because there are many different aspects of the personhood debate, it gets complicated sometimes. Therefore the first step is simplifying the debate to a single issue. Regardless of the argument against personhood, the whole debate hinges on the answer to one important question. The question is, “What is the object you wish to terminate?” If the object is not a valuable human person worthy of protection, then no justification for its termination is necessary. No more, no less. However, if the object is a valuable human person worthy of protection, then no justification for their termination is adequate.

Consider this: Suppose you’re married and you have a four-year old son. Suppose one day you’re in the kitchen washing dishes when your son comes up behind you and he casually asks, “Daddy (or Mommy), can I kill this?” Now – what is the first question you should ask before answering him? Naturally you’d ask, “What is it?” If it’s a cockroach, sure, knock yourself out. But if he is talking about his little brother or pet dog, some quick intervention and education is in order. You see, you can’t answer the question, “can I kill this?” without first asking the question, “what is it?” If we don’t first ask that question, we might be killing a person or something else that is morally unacceptable to kill. Let’s ask that of the unborn, the infirm, and the elderly. Can we kill them? The answer is yes, we can kill them...IF. If what? If they aren’t human persons.

The fact is that arguments against personhood fail if the object in question is a human person.

There is an excellent way to simplify the discussion when encountering anti-life arguments. It’s a tactic called “trot out the toddler.” When someone makes an argument for ending a human life, ask this question: “Is this a good argument for killing a toddler?” If it isn’t, the individual will most likely say something along the lines of, “No, but that’s different. You can’t compare the two.” Why? “Because toddlers are human persons.” To which we respond with, “Then that’s the issue. If the unborn is a human person, like the toddler, then, morally, we can’t kill an unborn child for any reason that isn’t equally valid for killing a toddler.”

Let’s give this tactic a try on an abortion argument. You will hear some declare, “Women must have a choice! It’s a hard decision and ultimately we aren’t allowed to make that decision for them.” Let’s trot out a toddler. Should we allow women to make their own choices if they want to kill their toddlers? Most people would say no. Then, if the unborn is human, like the toddler, then we can’t kill the unborn in the name of choice any more than we can kill a toddler in the name of choice. You see, some choices are wrong – like murder, rape, child abuse, theft, racism, or human trafficking. As Abraham Lincoln said in regards to slavery, “You do not have a right to do what is wrong.” It is wrong to choose to kill without justification. Choice is irrelevant if the choice in question is evil.

Once you enter the discussion about taking human life, you must remember to simplify the issue as soon as possible. If you don't, then you run the risk of the discussion getting lost in secondary issues like choice, privacy, bodily autonomy, etc.

### **The making and faking of human life**

The defense against the making and faking of human life is largely encompassed by answering the question of what it means to be a human person. This can include issues both inside and outside the womb, but specifically is a defense for issues or ideologies that seek to redefine humanity for the purposes of advancing a eugenic agenda.

**Undermining human dignity.** Some people worry that to produce creatures that blur the nature of what it means to be human could threaten to undermine the concept of human dignity since it is a dignity specifically reserved to humankind. Moreover, others suggest that we should prevent future ethical dilemmas by the creation of an animal that may to some extent exhibit human capacities.

**Biblical views of humanity.** One way to address the ethical issues incurred by creating or altering humanity is to see in what way the resulting creatures would show the decrease of features commonly held by Christians to be important characteristics of human beings.

**Image of God.** A critical feature all Christians agree on is that God created human beings to be in his image and likeness. There is less agreement on the exact meaning of those terms, but most Christians agree it at least implies that humans are in some sense special and distinct from other parts of creation.

Of all created beings, humans are the only ones God talks to directly and with whom he has a special relationship. God also expects humans to respond to him and to relate to each other. It comes as no surprise to Christians that almost all cultures encourage some recognition and worship of the divine, differentiate people from other animals, and expect individual members of their societies to respect each other.

Taken together, all this causes Christians to see human beings as more than clever apes. This is not because they may have physically identifiable superior features, but because God has created them in his image and given human beings added dignity by becoming fully man in the person of Jesus Christ. Altering this image is detrimental to our concepts of who we are and could subject human persons to being targeted for their usefulness rather than protected for their personhood.

### **The taking of human life**

The defense against the taking of human life encompasses the issues of abortion, stem cell research, destructive IVF, infanticide, euthanasia, and any other practice that kills a human person. The first step, as mentioned above, is to simplify the issue at hand. Regardless of which ideology or practice in question, it is still dealing with the taking of a human life. That is the problem and that should be your focus. None in on this issue above all others, because it is the heart of the matter.

Once we simplify the debate, the task remains to uphold and defend the personhood of individuals at risk of having their lives taken. Regardless of whether they are the unborn, the disabled, or the elderly infirm, the case for personhood can be made scientifically and philosophically.

**Scientific Evidence.** The first step to defend personhood is to establish that the object is human. So how can we prove scientifically that someone is a member of the human species? Simple. It's called the law of biogenesis.

The law of biogenesis sounds complicated but it's not. The law of biogenesis is merely this: "Living things reproduce after their own kind." That's it. In other words, cats have cats; dogs have dogs; humans have what? Humans! So if the individual has two human parents, then we know that the unborn child is just as human as his parents. It's that simple. It is scientifically impossible for two humans to come together and come up with a non-human that's going to become human at some arbitrary point later – like birth! This evidence is so strong that no credible scientist has even attempted to argue with it.

**Philosophic Evidence.** Most opponents of personhood will concede the point of scientific humanity. Most of them will say, "Fine, they're human but they're not a person. They aren't a valuable human being worthy of protection. It doesn't have as many rights as the mother. It's just a fetus, it's just a clump of cells, they're dependent on others or machines, etc." Whenever someone says something like this, ask them what the difference is between a human person and a human non-person. After all, if you want to kill a human being that you say is not a person, you'd better be very sure you're not killing something you ought not to kill. You need to have a very clear idea of what the difference is between a human you should protect and a human you shouldn't. Here's where their argument falls apart.

For those wanting to take life in the womb, there are only four important differences between the unborn and a newborn, and for that matter, the unborn and anyone at any stage of life. We agree, the humans are different in certain ways. However, these differences are not relevant to whether or not the human is valuable. So what are the only differences? Size, Level of development, Environment, and Degree of dependency. Notice these four differences make up the acronym SLED, which makes them easy to remember. So let's go through each difference, one by one, and see if any of them are relevant to whether or not it is moral to kill an unborn child.

The first one is Size. We agree the unborn is smaller than a newborn. But this is an irrelevant difference. Are small people less valuable than big people? Men are generally larger than women. Does that mean that men are more valuable and should have more rights? No, of course not. Consider this: If a new law was passed that stated that everyone taller than 5'8" are valuable persons and can decide, should they so choose, to kill any of the short nonpersons. Now, does that seem fair? Or even logical?? Should bigger people have the right to kill us because we're smaller? Are tall people more human or more valuable? Of course not. So clearly we can't judge a human's worth based on his or her size. Even though the unborn are smaller, that doesn't make them less valuable. Even Dr. Seuss understood this when he wrote: "A person's a person, no matter how small."

Let's go on to the next one, Level of development. Is this a relevant difference? Unborn children are, in fact, less developed than newborns. But newborns are far less developed than adolescents. Adolescents are far less developed than adults. Should they be allowed to kill each other, simply because one group is more developed than another? If the unborn are more expendable because they haven't developed into infants, shouldn't infants be more expendable than toddlers for the same reason, because infants aren't as developed as toddlers are? A two-year old girl does not have a fully developed reproductive system while a sixteen-year old girl does. Should the sixteen-year old have the right to kill the two-year old, simply because she is more developed? Of course not. If we can't judge other humans as being unworthy of life based on



their level of development, how can we judge the unborn based on the same line of reasoning? You can't just arbitrarily say you want to do one but not the other.

The next difference is Environment. The unborn is in a particular kind of place: his or her mother's womb. But does location matter? The question is, "does where you are have anything to do with WHO you are?" When you travel from one room to another you change your environment. Do you change who you are? No. So how can a 6-inch trip down a birth canal change who you are?

There's only one difference left, Degree of dependency. Is that difference relevant? We agree that the unborn is more dependent on its mother than a newborn. But a newborn isn't independent either. Would it be moral for a mother to starve her newborn by not providing breast milk because she doesn't want to use her body to support her child? People are dependent on all sorts of things. Diabetics are dependent on insulin. If they can't get any, they'll die. Some people are dependent on kidney machines, heart pace-makers, and other kinds of medical treatment. Can we kill them all, simply because they can't survive by themselves? If dependency determines worth, no moral principle protects the weak and vulnerable from the strong and powerful.

The main problem with saying that a child in the womb is a human but not a person is that anything they claim is so important enough to justify kill the unborn is arbitrary. They lack a moral premise, or a premise that indicates why the difference matters. Often they'll talk about brain function, like if the fetus can't think then it isn't a person. But they never bother to explain why brain function matters. It's like saying "short people aren't persons." Why? "Because they're not tall." That isn't a complete argument. They need to give a reason for why the difference is relevant; whether it's brain function, consciousness, self-awareness, a heartbeat, or any of the dozens of reasons different pro-choicers think the unborn isn't valuable. They can't just say that it matters; they have to give an argument.

### **Repetition, Repetition, Repetition**

After understanding the most effective methods and reasoning in the defense of personhood, it is imperative that you continue to study these methods, think on your own, and stay educated about the issues at hand. The attempts to infringe on personhood will only increase and change as new technologies and philosophies arise. The responsibility is on you to be prepared to meet them head on. Get together with likeminded friends and discuss these issues, do role-plays, and refine your ability to think on your feet and engage in conversation without becoming frustrated or distracted. With these skills, you will begin to see your community shifting closer and closer to the effective legal protection of all innocent human life.