

## The Dignity and Worth of the Human Person

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It has been my privilege to represent International Right to Life Federation (IRLF) at the UN for number of years. For the past five years, I have participated in numerous world conferences in defense of the most vulnerable members of the human family. IRLF is a worldwide federation to pro-life organizations from over 170 countries. We are dedicated to the protection of all innocent human life, from conception to natural death. We see human life as a continuum deserving compassionate protection and support beginning at conception and we are equipped to provide that protection to its most vulnerable members. We are committed to ensuring protection for all members of the human family from “the womb to the tomb”—regardless of age, degree of perfection, or status. We are dedicated to protection of the most basic human right of all—the right to have rights—the right to life. We believe with the author of the U.S. Declaration of Independence, Thomas Jefferson, “The care of human life and happiness and not their destruction is the first and only legitimate object of good government.”

A civilization will ultimately be judged by the way it treats the most vulnerable and defenseless members of the human family. Each of us, as members of the human family, is a person of special worth and dignity, precisely because we have been specially and uniquely created by God. The basis of the “sanctity of life” ethic that governs our conduct toward our fellow human beings is that every human being is of intrinsic and equal value, regardless of his or her age, condition, or status.

Unfortunately, we human beings created by God seem to forget our obligations toward our each other. Somehow or other, in spite of our advances in knowledge and technology, we don’t seem to learn from our mistakes. We seem to forget that we are all God’s children, that each of us—no matter how small, no matter how imperfect, no matter the color of our skin, no matter our religious affiliation—has special value and worth, simply because each of us is uniquely created by God. Each of us is unique and special because we are human beings.

The twentieth century is packed with examples of man’s inhumanity to man. Some of the worst atrocities have been justified by defining victims as less than human, non-persons, or not human at all—in other words—of relative rather than absolute value. Yes, history reveals that we have a well developed tendency to assign non-humanity or non-personhood to those who have a different color of skin, ethnic background,

religious affiliation, those who are at distance from us, or those whom we cannot see—in order to justify or ignore terrible crimes as discrimination, oppression, slavery, and genocide. We often go through considerable semantic gymnastics to do so.

In 1970, when the push to legalize abortion in the U.S. was at its peak, an editorial in *California Medicine*, the journal of the California Medical Association, discussed the erosion of the traditional “sanctity of life ethic,” which was being replaced by a “quality of life ethic” in the Western world, particularly in the U.S.:

The process of eroding the old [sanctity of life] ethic and substituting it for the new [quality of life ethic] has already begun. It may be seen most clearly in changing attitudes about abortion. In defiance of the long held ethic of intrinsic and equal value for every human life regardless of its stage, condition, or status, abortion is becoming accepted by society as moral, right and even necessary. *It is worth noting that this shift in public attitude has affected the churches, the laws, and public policy rather than the reverse* (emphasis added).

Since the old ethic has not yet been fully displaced it is necessary to separate abortion from the idea of killing, which continues to be socially abhorrent. The result has been a curious avoidance of a scientific fact that everyone really knows, that human life begins at conception and is continuous whether intra- or extra-uterine until death.

*The very considerable semantic gymnastics which are required to rationalize abortion as anything but taking a human life would be ludicrous if they were not often put forth under socially impeccable auspices* (emphasis added). It is suggested that this schizophrenic sort of subterfuge is necessary because while a new ethic is being accepted the old one has not yet been rejected (*California Medicine*, 113, 3, September 1970, pp. 67–68).

This editorial, written in 1970—thirty-eight years ago—has been profoundly prophetic in the U.S. The move to legalize abortion in the U.S. rapidly culminated on 22 January 1973 with the U.S. Supreme Court decision that essentially legalized abortion on demand—for any reason—through all nine months of pregnancy, and overturned the laws of at least thirty-five states that had refused to liberalize their laws. This assault on the most innocent and most vulnerable members of the human family has resulted in the deaths of

over thirty-six million innocent unborn children in the U.S. alone. More Americans are being destroyed by abortion in one year (over 1.3 million to 1.5 million) than have been destroyed in all of our wars.

This did not happen overnight. It did not happen by accident. It was the result of a carefully planned strategy of bigotry, misinformation, and lies: 1) deny the humanity or value of the victims—unborn children; 2) appeal to religious bigotry to diffuse the effect of religious opposition; 3) exaggerate the maternal mortality rate from illegal abortion and focus on the hardship cases in order to gain sympathy and make the case for the “necessity” for abortion; and 4) design misleading technology. Proponents of legalizing abortion had a significant factor on their side. The average American wasn’t listening and if they were, they just didn’t think it could happen in the U.S. I was listening and I was concerned, but I didn’t really think it could happen.

### **First: Deny the Humanity of the Victim**

It was baffling to me when proponents of legalizing abortion denied the humanity or the personhood of the unborn child, claiming that he or she was just a “blob of tissue” without any rights. This occurred in spite of a 1965 *Life Magazine* spread that featured the magnificent Lennart Nilsson photos of life before birth from the earliest days of the unborn child’s life. In this issue it was clearly stated that life began at fertilization.

In my first days of nurse’s training, I was taught the scientific facts about life before birth, and I was taught that when I was caring for a pregnant woman, I was caring for two patients (or more with twins and triplets). I learned that a new, unique, never to be repeated human being comes into existence at the moment of fertilization or conception—a human being with forty-six chromosomes—twenty-three from each parent. Only human beings have forty-six chromosomes. All other non-human species have a different number of chromosomes.

I learned that from that first moment of conception all the genetic information necessary to our body and our brains is present, nothing is added to this unique individual except oxygen and nutrition. Any further formation from that first moment is merely a matter of time, growth, and maturation—a process that each of us continues throughout our entire life. Contained in that first small cell, who each of us one once was, is the totality of everything we are today—the color of our eyes and hair, our shoe size, our height, and all the other characteristics that make us unique and special.

Less than three weeks from conception, our heart began to beat with our own blood, often a different type than our mother’s. At just forty-two days from our conception (six weeks) we had detectable brain waves, and at eight weeks, even though we were only a little over an inch long, every organ we have when we are born was in place and our heart-

beat could be heard on an office ultrasonic stethoscope. We had begun swallowing our amniotic fluid and could swim in it with a natural swimmers stroke. Our fingerprints had begun to form.

We were called a *fetus*, Latin for “young one.” This term is merely a name that determines a stage of our development. You and I did not come from a fetus. We were once a fertilized ovum, an embryo, a fetus, a newborn, a toddler, a teenager, an adult, even those of us who are now senior citizens. These are merely names for stages of our growth and development.

At eleven to twelve weeks (four months) all of our organ systems functioned. We had eyelids, nails, and fingerprints. We were about two-and-one-half inches long, could make a tiny fist, get hiccups, suck our thumb, wake up, and go to sleep.

All this information is relatively new in the history of humankind. Only in the nineteenth century did we learn the scientific facts about the beginning of a new human life. It was this new knowledge about life before birth that moved U.S. physician Horatio R. Storer to spearhead the move to enact laws to prohibit abortion in the U.S. Since that time, the explosion of knowledge about life before birth has been incredible. We now have a “window on the womb” that allows us to see the growing child in action. With this wondrous technology, we are able to diagnose and treat the child right in the womb.

As an obstetric nurse, I have spent my life caring for women. I have assisted with the birth of thousands and thousands of babies. I have no idea how many. I lost count years ago. In all that time, I have never ceased to be awed and delighted at the wonder and perfection of each child. Even a new mother with knowledge of prenatal life finds it hard to believe that this beautiful child could have emerged from her body.

It has been my experience with students in the U.S. and those I met at NGO forums and at UN conferences, that most of them are not taught about life before birth in school. Most people have little “real time” knowledge about the child in the womb—even doctors. I have never ceased to marvel at the wonder of God’s creation. Sadly, with all this knowledge, unlike Dr. Horatio Storer in another century, most of the Western world has not only not been moved to prohibit abortion, they promote it and attempt to export their atrocious failed policies to the developing world.

### **Second: Appeal to Religious Bigotry to Diffuse the Effect of Religious Opposition**

Before the U.S. Supreme Court decision legalizing abortion, the Catholic church was seen as the chief religious body in opposition to legalization. In his book, *The Abortion Papers: Inside the Abortion Mentality*, former abortionist, Dr. Bernard Nathanson—one of the three founding directors of NARL

(then called the National Association for the Repeal of Abortion Laws)—described how the NARL appealed to religious bigotry to push for legalization of abortion:

We have seen from the position papers [of NARL] that anti-Catholic warp [distortion] was a central strategy, a keystone of the abortion movement. . . . There was always another Bishop to denounce, another pastoral to be rebutted, another Cardinal to excoriate. Our anti-Catholic tactic was not only fruitful in rallying the most influential and most articulate elements of American political life to our side in the late 60s, it was central to the maintenance of unity. . . . The media discreetly ignored the carefully crafted bigotry we were peddling.

**Third: Focus on Hardship Cases and Exaggerate the Maternal Mortality Rate from Illegal Abortion to Gain Sympathy and Make the Case for the “Necessity” for Abortion**

In his first book on the subject, *Aborting America*, Dr. Nathanson told how NARAL focused on the hardship cases and exaggerated the numbers of maternal deaths to gain the sympathy of the American people toward the legalization of abortion:

In NARAL we generally emphasized the drama of the individual case, not the mass statistics, but when we spoke of the latter, it was always five thousand to ten thousand deaths a year. I confess that I knew the figures to be totally false. . . . But in the “morality” of our revolution, it was a useful figure, widely accepted. . . .

The truth is that in the year prior to the 1973 legalization of abortion in the U.S. there were a total of forty-one reported maternal deaths from illegal abortion and twenty-four from legal abortion. Maternal deaths from all causes had dropped dramatically in the U.S. and throughout the Western world beginning in the 1940s due to the advances of medical science, particularly with the discovery of antibiotics—not the legalization of abortion. There has not been a significant decrease in maternal mortality since its legalization.

It is a tragedy if even one woman dies. However, the way to save women’s lives is to improve maternal health care, not legalize the destruction of millions of unborn children.

I have often said that even if I did not care for the unborn child—which I do—I would still be opposed to abortion, because it is bad for women and families. Abortion is very destructive to the family—destroying ties between mother, father, and child. Where abortion has been legalized, we have already seen great damage to women and the family as a result.

It is a false and dangerous implication that abortion can be made safe by legalization. With legal abortion, women still suffer serious physical, emotional, and psychological dam-

age, and even death from so-called “safe, legal abortion.” Many women suffer silently because there is no requirement for reporting and almost no regulation of abortion clinics in the U.S.

On Tuesday, 1 December 1998, a twenty-two-year-old woman died from a botched abortion in an unlicensed Brooklyn, New York, abortion clinic. Another woman had suffered a perforated uterus on 14 November in that same clinic. These cases are the ones we don’t hear about. Interestingly, the said woman died on Tuesday and the report of her death appeared in the Saturday issues of only two New York newspapers—not a word in the *New York Times*; it should have been on the front page.

The *New York Post* reported that police officials tried to squelch news of the tragedy by omitting from their daily report that the woman died after an abortion. They included the address where the “incident” took place, not even mentioning a medical procedure was involved. These are not isolated examples. There are numerous known examples of botched and fatal abortions. Most likely there are many more that we don’t know about.

Abortion is never safe for the youngest member of the family—the unborn child. The most significant effect of legalizing abortion in the U.S. has been an increase in the number of abortions, not a decrease in maternal mortality and morbidity. It is impossible to determine the exact number of illegal abortions in the U.S. prior to legalization. However, responsible estimates indicate that the largest reasonable, possible number in any one year was approximately 210,000 in 1961. The lowest was 39,000 in 1950 with a mean of 98,000. After legalization, the numbers escalated to 774,600 reported in 1973 and a high of 1,608,600 in 1990.

Similarly, it is impossible to determine the exact number of illegal abortions in the world. However, again, seemingly exaggerated statistics of maternal mortality from illegal abortion in the developing world are promulgated to make the case for the “necessity” of legalizing abortion worldwide. The U.S. Alan Guttmacher Institute for planned parenthood, stated in a June 1994 report, “In most countries, it is common after abortion is legalized for abortion rates to rise sharply for several years, then stabilize, just as we have seen in the U.S.”

According to the World Health Organization (WHO), the dramatic decline in maternal mortality in the developed world coincided “with the development of obstetric techniques and improvements in the general health status of women.”

The key to reducing maternal mortality rates is to improve maternal health care. In the developing world—where medical care, antibiotics, and even basic asepsis are scarce or absent—promoting abortion would increase, not decrease maternal mortality.

In the U.S., where abortion has been legal for twenty-six years, and where health standards are high, maternal mortality is four times that of Ireland where abortion is not legal. Ireland has one of the lowest maternal mortality rates in the world.

What about the hardship cases? Hardship cases would account for less than 7 percent of all abortions, including those to prevent the death of the mother. I have never seen a case where, in the practice of good medicine, a mother was allowed to die to save her child. Medical procedures to save the life of the mother have always been legal and will continue to be legal if the laws are changed to prohibit abortion in the U.S.

However, other hardship cases were used in the U.S. and other Western countries to open the door to abortion on demand for convenience. In the 1960s in California, Governor Reagan signed into law a bill that allowed abortion for the hardship cases because he was assured that it would result in a very few abortions. He was devastated when the liberalized law resulted in essentially abortion on demand for any reason—including inconvenience.

#### **Fourth: Design Misleading Terminology and Rhetoric**

Perhaps the most clever and successful terminology designed by proponents of abortion involves the use of the term “choice.” Who would be against choice? However, their so-called “choice” involves the death of innocent, unborn children. Their second most effective terminology is the claim that a woman has the right to “control her own body,”—thus she has the right to an abortion. The trouble is the unborn child is not part of the woman’s body. I have never seen a woman with two hearts, four legs, two noses, or four eyes. When a woman becomes pregnant, when she doesn’t want to be, she has already lost control of her body. Nonetheless, this rhetoric has been very successful.

This four-pronged strategy—deny the humanity of value of the victims—unborn children; appeal to religious bigotry to diffuse religious opposition; exaggerate the maternal mortality rate of illegal abortion and focus on the hardship cases to gain sympathy and make the case for the “necessity” of abortion; and design misleading terminology and rhetoric—was remarkably successful in the U.S. As a result, not only are we destroying the most innocent and vulnerable members of the human family, we have eroded our “sanctity of life ethic” to such an extent that it is rapidly being replaced by a “quality of life” ethic in relation to the already born who are deemed less than perfect or a burden.

It came as no surprise that the move to make abortion a fundamental right worldwide adopted these bigoted and deceitful tactics. Why argue with success? It began in earnest during the final preparatory meeting leading up to the 1994 Cairo Conference on Population and Development (ICPD).

The appeal to religious bigotry came early in the April 1994 ICPD preparatory meeting (PrepCom III), when the representative from the Holy See was openly attacked from the podium by the PrepCom Chairman, Fred Sai. From that point on, there was an obvious attempt to isolate the Holy See delegation—to make it appear that they were the only delegation objecting to the hidden and obvious pro-abortion language that permeated the ICPD’s proposed program of action, and that everyone who made similar objections were just puppets of the Vatican. Never mind that the delegations objecting to the abortion and anti-family components in the document reflected their own country’s laws explicitly prohibiting abortion.

The rhetoric became even more clever and hidden as the pro-life/pro-family opposition gained strength. However, in the beginning, they made no secret of their intentions. The Clinton administration, in particular, sent a clear message on 16 March 1994 in an “action able” from its State Department to every U.S. ambassador and envoy abroad that directed U.S. officials to lobby foreign governments to legalize abortion. The cable called for “senior level diplomatic interventions” in support of the U.S. priorities for the Cairo conference and the PrepCom III which included the following:

The United States believes that access to safe, legal, and voluntary abortion is a fundamental right of all women. The current text [of the proposed Programme of Action for Cairo] is inadequate as it only addresses abortion in cases of rape or incest. . . . The United States will also be working for stronger language on the importance of access to abortion services.

In addition, on 5 April 1994, White House spokeswoman Dee Dee Myers stated that the Clinton Administration believes that abortion is “part of the overall approach to population control.” The considerable political heat that the Clinton Administration received from the U.S. citizens and religious leaders of all faiths when the contents of these cables became public led to a public retreat from these policies. But, make no mistake, there was no change in policy. They just resorted to several layers of misleading language such as “reproductive health,” a term defined by WHO as including “fertility control,” which includes abortion. Who could be against “reproductive health?” I have spent my life in reproductive health. I am certainly not against reproductive health, but I don’t want my job description to include wanton destruction of the youngest members of the human family.

At least ninety-five nations have laws that are very protective or somewhat protective of pre-born human beings. These laws cover 37 percent of the world’s population, over two billion persons. With respect to the legal protection of unborn children, most “less-developed” countries are in fact much more progressive than the nations that permit abortion. The pro-life laws of these developing nations embody

legal, cultural, and religious values that prevail within these sovereign states. It is a form of “cultural imperialism” for the Western world to attempt to instruct or pressure other nations to abandon the laws that protect unborn human beings.

Regarding past Western efforts to undermine these anti-abortion laws, Donald P. Warwick, of the Harvard Institute for International Development, wrote:

By taking sides, particularly when support is accompanied by generous infusion of foreign monies, the donors are, in fact, infringing on national autonomy in a particularly delicate area. Foreign intervention becomes especially questionable when external financing is used as a bargaining chip in negotiating what is fundamentally a moral and political question on the national scene.

When, thanks to the hard work and dedication of pro-life/pro-family delegates and NGO's, pro-abortion advocates failed to enshrine abortion as a fundamental right and/or as a method of family planning at the Cairo conference, they vowed to achieve their goals at the subsequent conferences. It has been a battle ever since, at every conference. At the Beijing Conference on Women they had some success by the generous use of intimidation and coercion—aided by a process that can only be described as autocratic, undemocratic, and manipulative.

Particularly disturbing was an erosion of the governing paragraph protecting national sovereignty and religious and cultural values. It is the first paragraph in Chapter II on principles in the Cairo document. When I questioned a U.S. delegate about the proposed weakening of this language, she told me that they made a “mistake” in Cairo.

Starting with the Habitat Conference in Istanbul, pro-life/pro-family forces have been able to hold the line thanks to the courage and persistence of many sitting in this room. However, in the words of one of the delegates at Istanbul, “They [abortion proponents] are patient. They have an agenda. They get 40 percent one time, 50 percent the next time, 60 percent the next time. They won't rest until they get 100 percent.”

In order to preserve the dignity and worth of every person, particularly the most vulnerable members of the human family, we must have an agenda. We must not stop until we have achieved 100 percent of our agenda.