referendum

Canvass Handbook

Mother & Child Campaign

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INTRODUCTION

Considering all the elements of successful referendum campaigns on their relative merits, there can be no doubt that, for Pro-Lifers, the door to door canvas is the most significant. This is not to disparage the importance, nor indeed the necessity, of such things as advertising, focused media presentations, postering and well designed leaflets and other materials. It is to say, that in the door-to door canvass we possess the single greatest advantage over our opponents; the resource of "people power", whose motivation, commitment and hardwork, can, and, we believe, will, prove decisive. Our opponents will possess all the other elements of a strong campaign, i.e. all the elements which can be bought. They cannot however match the effect of grass-roots work by people on the ground.

To a certain extent this was borne out in the Divorce referendum, where, though ultimately unsuccessful, we were able to turn a negative opinion poll rating at the beginning of the campaign of over 70% into the narrowest defeat ever recorded in Irish referenda. And we were only beginning to understand how to make maximum use of this powerful device. During the more recent Nice campaign, with some obvious lessons learned, we achieved an electoral upset of truly historic proportions, winning 54% to 46%. Time and again, the ballot boxes from canvassed areas showed a significantly higher No vote than those, which, for a variety of reasons, hadn't been canvassed.

If we can find any fault with that campaign in its totality, it would have to be the last minute, ad hoc, nature of some of the things we were trying to do, with some parts of the country only beginning the canvas well into the 30 days available before the vote. It undoubtedly cost us a wider margin. It is a fault, which while understandable in the circumstances, must not be repeated in an abortion referendum. Our aim must be to literally bury the abortion issue in Ireland, and in time we may expect that the forces of civilised decency will have re-established themselves in other countries as

well, and the pressure on Ireland will have diminished.

The canvass, being the most vital part of achieving that decisive result, must receive our attention and focus, before, not during, the campaign, so that we can unlock its maximum potential. This booklet is therefore designed as an aid to canvassers on the ground. Unfortunately, at the time of writing we do not have the exact referendum wording available to us and consequently a number of problems arise. Firstly, we cannot know for certain whether there will be a referendum, and we cannot be sure that it is one which Pro-Lifers can feel secure in advocating a Yes vote. Secondly, it isn't possible to include detailed arguments concerning the wording, which will undoubtedly be a key issue in and of itself.

However, the debate over the past ten years have revealed recurrent themes and we can be sure that the primary arguments will be in line with that debate. In other words, we must keep the focus on the main issues surrounding abortion per se and these are relatively unchanging.

Because the door to door canvass is such a vital part of the campaign to restore constitutional protection for the right to life of both Mother and Child in Ireland, it is paramount that it is used to the utmost effectiveness. Part of this lies in organisation and hard work. A necessary integral part, however, and one easily overlooked is the need for canvassers to be well informed on the issues with which they may be confronted on the doorstep. Most people who ask questions are simply looking for clari-

fication or want something explained, and we have the advantage that all the facts are on our side.
The aim of this booklet is to ensure, insofar as is possible, that our canvassers are armed fully with those facts.

Basic Things to Note:

Door to door canvassing can seem quite daunting to those who have not done it before. A useful idea for those who are new to it, is to accompany more experienced canvassers for the first few houses or even the first night. You will find that it isn't as difficult as the mind conjures up. Canvassing has been a part of political life in Ireland for decades and everyone you call on will understand the scenario quite well. Remember you are not trying to sell something, only to elicit a vote, and most people will be polite, many will be quite interested.

More importantly, you have a duty to future generations to do your utmost against abortion, and that includes canvassing.

The key to canvassing, however, is coverage, reaching as many people as possible, so it is crucial to be as brief as you can. Some people will happily keep you talking endlessly, and indeed they may be deliberately preventing you from carrying on. The length of time spent trying to convince one awkward individual may have been enough for brief and persuasive calls to twenty others. This also holds true for those who are willing to spend hours emphasising how pro-life they are.

Naturally, it is important to be polite even if the person, or persons, you have called upon is in a more aggressive mood. In that instance, they are probably unpersuadable and the quicker you move on the better. If the person says they are too busy, just give them a leaflet and ask them to read it when they have more time.

Canvassing works because it creates a personal connection. People are inclined to vote for, and with, those whom they feel took the time and effort to care about their vote. That, above any sophisticated argument, is what will achieve your results.

Historical Background

The only standing legislation which refers directly to abortion is the *Offences Against the Person Act, 1861*. It was widely stated at the time of the X decision that this provision had been adequate to maintain the prohibition on abortion in Ireland and that, as such, pro-life campaigners had made a fundamental error in seeking the original 8th amendment to the Constitution. It followed, so went the argument, that pro-lifers were responsible for the result of that judgement, and that we had in fact "brought it on ourselves."

This view is occasionally resurrected by certain figures in the media and has a superficially believable character for persons not familiar with either the provision of the Act, or the X judgements themselves. It is important that it be refuted, for in truth, the opposite is the case. The judgements merely underline just how inadequate the Act was as a protection for the right to life of Irish unborn children.

The relevant section of the Act (s. 58) states:

> *"Every woman being with child who, with intent to procure her own miscarriage, shall unlawfully administer to herself any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent, and whosoever, with intent to procure the miscarriage of any woman, whether she be or be not with child, shall unlawfully administer to her or cause to be taken by her any poison or other noxious things, or shall unlawfully use any instrument or other means whatsoever with the like intent, shall be guilty of felony."*

It is clear that the use of the term "unlawfully" three times in the provision suggests circumstances in which abortion may be legal. This is self-evident, though the Act itself fails to define those circumstances, and it is left to the Courts, in the absence of any other statute, to define them.

Since, however, the Act is one of English law, we already have the English case law on the matter. It was decided in *Rex v Bourne (1939)* that it was for the prosecution to prove beyond reasonable doubt that an abortion was not carried out in good faith, for the purposes of preserving the life of the mother, and that the surgeon was not required to wait until the patient was in imminent danger of death. It was further extended to include the definition "relevant", to mean a real and substantial risk. Given that the case in point referred to a pregnancy as a result of rape, and that the real and substantial risk being evaluated was that of suicide, the conclusion is of great significance.

Thus, though the particular reason for the X case coming before the Supreme Court in 1992 was the granting of an injunction by Mr. Justice Costello, it is clear that the right-to-life of the unborn child in this case would not have survived the test provided by the *Offences Against the Person Act.* Mr. Justice Egan was explicit in referring to the Act as the only standing statute, and he stated the belief that the judgement in the X case was consistent with it.

We may reasonably conclude then that, in principle, the justification for enacting an amendment to the Constitution in 1983, for the protection of the right to life of unborn children, is unaffected by subsequent events. And it follows from this, that any proposal merely to remove Article 40.3.3 is not a viable solution. It is obvious that the X case, if reviewed in the absence of the amendment, could only have led, and can only lead, to a wider judgement for legal abortion, and that there is no possibility at this stage to exclude abortion by this means alone.

There were, of course, several other sound arguments for the enactment of

a Constitutional Amendment at that time which do not require repetition here, since they are not now relevant to the position in which we find ourselves post X.

It is our certain belief that the wording of the Eighth Amendment ought to have achieved the purpose for which it was designed. The interpretation delivered in X is, in our view, plainly the wrong one, and at odds with the wishes of the Irish people at the time of its enactment, as well as with the plain language meaning of the words. The interpretation placed on the perceived balance of rights in the amendment is tortuous and reveals the danger inherent in legal persons seeking to make judgements without consulting the experts in the field of inquiry. Specifically there was inadequate consultation with appropriate medical opinion.

It might, however, be argued that it was not practicable for the Justices to consult as widely as would have been appropriate in this case. That lack of clarity in the Eighth Amendment might have expected a remedy of legislation, which was required to give concrete medical as well as legal definition to certain phrases, but that was not to be. Responsibility for this lies with the legislature and as such the consequences cannot be laid at the door of the campaigning groups whose motivation, intent and actions were, at all times, clear.

The position is as it is, however, and the Eighth Amendment has been held to provide for legal abortion on what are, in practice, very wide grounds. Just how wide those grounds are can be noted by the fact that no organisation purporting to be "pro-choice" on abortion has called for its appeal, but have rather proposed legislation in line with it. And of course there is the further complication of the Protocol to the *Maastricht Treaty* with prohibits interference with the application of *Article 40.3.3.* in Ireland under European law.

The referenda of November 1992 were confusing in the manner of their presentation and, as such, it was not at all clear to the electorate the potential effects of what they were being asked to vote upon. This was particularly the case with the Travel and Information amendments which are, of course, open to benign interpretation. In the case of Information, the Government of the day sought in the *Information of Services available outside the State Act*, to give a wide interpretation. While the Act itself may well be constitutional in terms of the Information Amendment, it is not however, as the then Minister would have

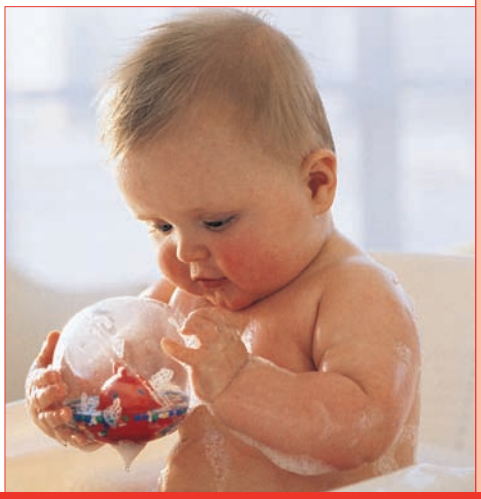
us believe, the most restrictive Act that might have been introduced in line with the wishes of the people.

One certainty did emerge, however. The Irish people rejected overwhelmingly any attempt to leave the main judgement for limited abortion intact, by voting against the "substantive issue" amendment. The issues in this Amendment were better understood by the electorate, since the main focus of the debate at the time centered on this question which was commonly referred to as the "substantive issue." Efforts by certain lobby groups to maintain that it was the restriction, and not the legalisation of abortion, which was rejected, are simply not believable. For one thing, the result was in line with that being called for by all organisations of pro-life opinion, as well as by the Catholic Bishops. More telling, however, is the refusal of those same "pro-choice" groups to have the abortion issue put without confusion to the people. It is evident that organisations which oppose a pro-life referendum must be the ones which feel that the decision would be contrary to their intentions.

It further emerged that the pro-abortion lobby groups were only able to gather significant support around the falsehood that the absence of abortion placed the lives of Irish women in jeopardy. The overwhelming evidence that this is not the case has not dissuaded them from continuing to raise spurious doubts, and as such we have dealt at length in this document with those assertions. What is important to note here, however, is that no appreciable support exists in the public at large for abortion on any other basis, and that this has been borne out in every opinion poll, as well as, more significantly, during referenda campaigns and results. If it can be shown, as it can, that there are in fact no medical

grounds for abortion, and absolutely no circumstances where the life of a woman can only be saved by abortion, then it follows that a complete prohibition does not run counter to even a large minority, but rather is opposed only in the ideological maelstrom of a very few fanatics.

We need not doubt for one moment that the opposition of Irish people to abortion remains as solid as it was in 1983 and that if anything the ongoing campaign of the last nine years have served to reinforce this view in the public mind. It is against this background then, that a referendum campaign will take place. The purpose is not to create some new right or new law but to re-establish the constitutional protection of both mother and child and to address the Supreme Court's mistake in a forceful and honest way.



Historical Background Summary Points

The *1861 Offences against the Persons Act* did not provide adequate protection for the unborn child. In the English Rex v Bourne case, it was held that the Act allowed for abortion where the doctor acted in good faith.

Knowing this to be true, pro-lifers sought and won a Pro-Life Amendment to the Irish Constitution which was carried by a two-to-one majority in 1983.

The Supreme Court judgement in the X case in 1992, turned the meaning of the Pro-Life Amendment on it's head, and allowed for abortion on demand.

Repeated opinion polls have shown that 70% of Irish people are opposed to abortion and support a pro-life referendum to absolutely ban abortion. Such a referendum is opposed by pro-abortion campaigners who would deny the Irish people their democratic right to vote against abortion.

Development of the Child in the Womb

The most basic and vital element in convincing people that abortion is evil and encouraging them to vote against abortion, is, of course the humanity of the unborn child. In most countries which legalised abortion in the late 60's and early 70's, there was an astonishing lack of knowledge among legislators and the general public, concerning the development of the child in the womb. Even in medical circles, because the technology for viewing the child was at such an innovative stage, full awareness was not widespread. In the opening years of the new millennium, however, no such excuse exists. If we are to win over the middle ground, we must first set some fundamental facts in the public mind on foetal development. It is in this scientifically verifiable area that we can expose the lie that it is religious conviction alone that motivates pro-life sentiment, and fix the anti-abortion cause firmly at the centre as a human rights concern of persons both religious and otherwise.

Frighteningly the so-called "bundle of cells" argument is still very effective for the pro-abortion cause and is widely believed even in Ireland. Therefore a basic knowledge of the development of the child in the womb is invaluable to canvassers, who will be confronted with the questions.

What is the "moment of conception"?

The moment of conception is not really a moment at all but rather a process. In common usage it is when the sperm penetrates the ovum, though there is a body of opinion which holds that the conception is not completed until their pronuclei fuse over a period of 12-14 hours. In either case, there is a new human life at this single cell stage. The most important fact to note is that the genetic code is complete, wholly individual and unique. Thus, such characteristics which are genetically based, such as gender, eye and hair colour, and even, allowing for some environmental factors, adult height, are already determined. This single cell is in every meaningful sense, scientific, as well as moral, a human being.

When does the heart begin to beat, and the brain begin to function?

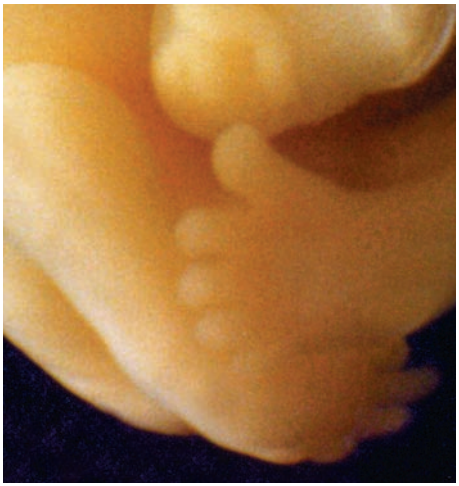
The heart begins beating at 18 days, (when the mother is only four days late for her first menstrual period), and by 21 days it is pumping, through a closed circulatory system, blood whose type may be different from that of the mother. Brain waves have been recorded at 40 days on the Electroencephalogram, EEG. It is important to note that the brain may actually be functioning before this day but the EEG is simply not sensitive enough to detect it. What is certain is that brain waves are present from at least 40 days onward. Given that it is recognised without controversy that human life is definitely at an end when brain activity ceases, then it would have to be at least, accepted without controversy, that human life has begun some time before brain activity is measurable. No surgical abortions ever take place which do not stop the beating heart and end brain activity.

Baby at 5 weeks

The baby now has the beginnings of eyes, spinal cord, lungs, stomach and brain. Her heart, which we now know started beating at about 18 days, is beating very confidently. Her mother may not even know that she is pregnant. At this stage, she also has elbows and hands, but fingers have not yet developed. Her arm is rather like a flipper. Buds for her legs appeared at about 28-31 days.

Baby at 6 weeks

At six weeks old, you can see that her head is enlarging and that her fingers have budded, though her arms are too short for her hands to be able to touch each other. A large visible red blob is her liver. She has her own blood cells and nervous system. EEG or brain activity has been recorded as early as 40 days after conception. She also has the beginnings of ears, as well as the first signs of tooth development.



Baby at 8 weeks

By the time the unborn child is eight weeks old, she weighs 1/3 of an ounce, and is comprised of about one

billion cells. She has already undergone 35 of the 45 required cell divisions to achieve adulthood. The amount of information contained in this baby's body is almost incomprehensible. It is equivalent to 1.4 billion billion words, or a typewritten line 15,467 billion miles long.

Baby at 10 weeks

At this stage all her organs are formed and functioning. Her nervous system is being completed, a fact which would make one think about her ability to feel pain. It has been shown that, as early as 5 weeks, she will move or turn away from an irritating agent introduced into the uterus, suggesting the beginnings of an ability to experience distress. That ability may, of course, be present before the ability to demonstrate it has developed.

Baby at 12 weeks

Her lips can now open and close and she can press them tightly together. She is able to wrinkle her forehead, squint, frown and turn her head. Her eyes, which began to develop at 22 days, will remain closed until the 7th month. Her sex is now distinguishable externally. With rare exceptions, her mother does not yet feel her baby moving as her newly formed muscles are still so weak. She is still very small and could fit inside a goose egg with room to move about. She weighs about one ounce. Her mother's womb is barely expanded and is still contained within the hipbones. Her vocal cords are complete but, in the absence of air, she can't cry until birth, although she is capable of crying long before.

Baby at 16 weeks

At this stage the baby is 8-10 inches tall. She has now reached about half the height she will be at birth. You can

clearly see the umbilical cord. She has had fingerprints since about 11 weeks. Her ears stands out from her head. Her skeleton is hard and can be seen on an X-ray. Amniocentesis can be carried out at this stage. This involves removal of some of the amniotic fluid which is sent to the lab for analysis to determine any possible

handicap in the baby. The *1967 Abortion Act* in Britain permitted abortion on the grounds of foetal handicap.

Baby at 18 weeks

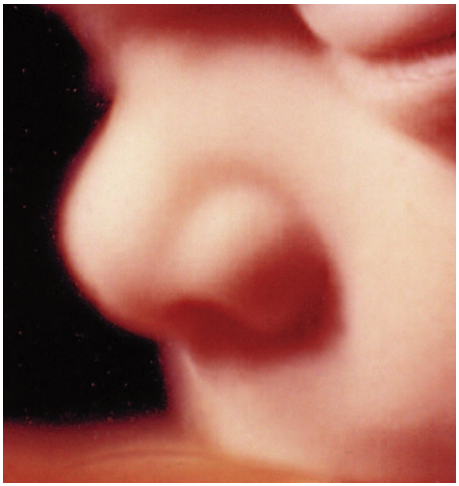
Her skin is very thin and transparent, and the underlying blood vessels can be clearly seen. Her skin is covered in a greasy material which helps prevent chapping as a result of being bathed in the amniotic fluid. The mother begins to feel movement now or even slightly earlier. Her baby can do everything, but depends on her mum for oxygen and food. The baby's toenails are developing at this stage.

Baby at 20 weeks

At twenty weeks, she is about one foot long and weighs about a pound. She has the beginnings of hair on her head, and the beginnings of eyebrows. A little fringe of eyelashes appears on her closed eyes. Her fingernails and toenails, which began at 10 and 18 weeks respectively, are now hardening. In the 8th month, her nails will reach the tips of her fingers and by her birth may have overgrown the fingers and be in need of trimming. She has accumulated some special fat to keep her warm after birth. What she can do? Her muscles have become quite strong and her mother is much more aware of movement. Sometimes the mother may feel a kind of rocking sensation, like a series of small rhythmic jolts; this is the baby hiccuping. She sleeps and wakes as a newborn baby does and a sudden loud noise will waken her.

Baby at 24 weeks

By the time she is six months old, the baby has had a huge weight gain and her skin is wrinkled due to lack of fat.



She can soon begin to open her eyes and look up, down, and around. She can move freely. Like a newborn baby, she depends on her mother for feeding which, for the present, takes place through the umbilical cord.

Just before birth

Just before birth, her lungs are becoming more mature. Deposits of fat make her skin smoother. She is about 20 inches long and her upper and lower limbs have a chubby

appearance. From the 7th month onwards, the hair on her head may grow long and most of the downy hair is shed from her body. She fits snugly into the womb, so that her movements are reduced. In the 9th month, her living quarters are so cramped that, when she moves, the contours of her arms and legs make moving bulges on her mother's tummy. At this stage she can do all that a newborn baby can do, though movement is limited by her cramped living space. As she hasn't yet been born, she still depends on her mother for oxygen.

It would be important that all canvassers carry with them photographs of the unborn child at the various stages of development. It is also useful to carry the models of ten week old babies. Showing people these during the course of *Just the Facts* visits has proved strikingly instructive. Since no surgical abortions are ever carried out before eight weeks, it illustrates in a way words could never do what is meant by "early abortion" for which some people are inclined to make an exception.

FOETAL DEVELOPMENT **Summary** Points

At the moment of conception a **new human life is formed.** The entire genetic blueprint for a unique individual human being has been laid down. Gender, colour of hair and eyes, height and certain abilities have already been determined.

The baby's **heartbeat** begins to beat 21 days after conception. Her tiny body makes its own blood which can be a different type to her mother's.

Brain waves have been recorded on the EEG as early as 40 days after conception.

At eight weeks the baby is **perfectly formed**. All of her organs are formed and functioning - she even has her own fingerprints! All surgical abortions take place after this stage, destroying a living, growing, functioning human being.

Medical issues

Medical Issues

In the *All-Party Oireachtas Committee Report*, both in the submissions written and oral, the majority view of the Committee reveals that the more clever pro-abortionists have surrendered on the notion of making "choice" a politically viable option as a means of legalising abortion. Undoubtedly they are correct in this. The "pro-choice" bigots tend to be increasingly off-putting to the general public, and they have retreated to a superficially moderate defence of abortion under limited grounds. Naturally, we know that such limited grounds in law do not remain limited in practice, but they will try, nonetheless, to use the proposition of such “limitations against a Pro-Life Amendment which prohibits all abortion. They only need to get the electorate to accept one exception in order to produce a NO vote on a sound wording.

Which, of course, is the very reason why pro-aborts have done their utmost to create confusion about medical issues and terms relating to conditions arising during pregnancy. Those of us who have been following the abortion debate closely over the past 9 years are, of course, aware that any medical conditions which may afflict a woman during pregnancy can be dealt with effectively by treatments other than abortion. The *Irish Medical Council* and the *Institute of Obstetricians and Gynaecologists* have confirmed this, and are supported by the *Irish Medical Organisation* and the nursing organisation, *An Bord Altranais*. Pro-abortion doctors have been unable to give a single concrete example of where a woman's life might be saved by abortion. Since none, in fact, exist Ireland, in the absence of legalised abortion, has been accredited by the *World Health Organisation* as the safest place in the world for a pregnant woman to give birth. These facts must be forcefully impressed upon the electorate during the campaign and it is therefore crucially important that the Pro-Life canvasser is familiar with the issues.

The intensity of the abortion debate over the past nine years since the X-case decision has meant that Irish people are hearing medical

terminology, used on a daily basis, without proper explanation of these terms. Also, the pro-abortion lobby are using scare tactics by suggesting that there are medical conditions arising in pregnancy that require legal abortion to save women's lives. The fact is, that the leading obstetricians in this country have assured us repeatedly over the past 20 years, that they do not need abortion to save mother's lives. A famous study by one of the world's most respected experts in the area of pregnancy, an Irishman, Dr. Kieran O'Driscoll, and his colleagues in the *National Maternity Hospital in Holles Street, Dublin,* proved this fact when it was published in 1982. Since that time, medical advances have continued, and in this new millennium, our medical experts have assured us once again that abortion is an unnecessary evil in modern times. Four of the country's most experienced obstetricians reported to the *Joint Oireachtas Committee on the Constitution* that an absolute ban on abortion would not endanger the lives of Irish women and would only serve to underline the fact that Ireland is the safest country in the world to have, or to be, a baby.

Cancer and Pregnancy

In approximately 0.7% of pregnant women, cancer may occur. When it does so, it may be necessary to perform surgery or to prescribe chemotherapy or radiotherapy. This treatment is never withheld from expectant mothers who need it. Some of these women will ask to delay some treatments, especially chemotherapy, until such time (usually when the unborn baby reaches 12 weeks) as the baby is unlikely to be adversely affected by such treatment. The choice is left to the mother in consultation with her family and her doctors. In the rare case of cervical cancer in pregnancy, it is usually necessary to immediately perform a hys-

terectomy to remove the cancerous womb of the mother. In this instance, the baby will invariably die, unless (s)he is mature enough to survive outside the womb. This hysterectomy is not, and never has been, considered by medicine or by the law, as an abortion, even in the days prior to 1992 when it was considered that Ireland had an absolute ban on abortion. Those who advocate abortion will often say that this essential surgical treatment is aborting the baby, when it is quite clear that the intention of this procedure is to treat a mother with cancer. Such treatment is standard practice and any doctor who did not provide the necessary treatment would be guilty of professional misconduct.

There is no evidence of an increased incidence of malignancy of cancer in pregnant women nor evidence that pregnancy per se adversely affects the treatment of maternal cancer.

Heart Disease

The incidence of heart disease in pregnancy is extremely low - 558 cases of heart condition (both mild and severe) to 159,680 births in Holles Street Hospital between 1969 and 1990. With over 364,000 births between the three Dublin Maternity Hospitals, there were 6 deaths in pregnant patients with heart disease. **Pregnancy did not not cause or aggravate these conditions.**

Abortion would not have benefited any of these mothers. Numerous reports of heart surgery during pregnancy include successful correction of most types of congenital and acquired cardiac disease. Maternal mortality is dependent on the specific nature of the procedure being performed and is not increased in pregnancy. Successful pregnancy following heart transplantation has also been reported.

With early detection and successful correction of congenital heart defects, Eisenmenger's Syndrome has become increasingly rare in developed countries in recent decades. The incidence of Eisenmenger's Syndrome in pregnancy is very low. In 1992 there had been less than 150 reported cases in the world literature over the previous 45 years. One case has been reported in Ireland since 1969. There is not a single reported case of the condition among the 115,567 abortions performed on non-residents in England and Wales between 1984 and 1990.

Ectopic Pregnancy

Ectopic pregnancy is not an issue in the abortion debate despite the best efforts of pro-abortion campaigners to

confuse treatment for an ectopic pregnancy with abortion. An ectopic pregnancy is said to occur when implantation of the fertilised ovum occurs anywhere other than the womb, most commonly in the fallopian tubes, but occasionally elsewhere, such as in the abdominal cavity.

Ectopic pregnancy is not compatible with survival of the unborn baby. If the pregnancy is not ended, the mother will die from haemorrhage as a result of rupture of the ectopic's implantation site. The more modern treatments aim to destroy the placenta of the ectopic pregnancy so that the pregnancy ends and the threat of rupture recedes. Left untreated, the mother and child will both die. Treatment will save the mother's life, and this is the sole intent of the practice.

The essential point here is the intent of the practitioner. The importance of intent is recognised in law. There is no reason why any of these cases should be used as excuses for refusing an absolute ban on the deliberate and intentional killing of the unborn, commonly known as abortion.

Other life threatening illnesses

Several conditions can arise in pregnancy which, if left untreated, would result in the death of the expectant mother and consequently of her child. Pre-eclampsia, HELLP Syndrome, congestive heart failure and other conditions can arise in pregnant women. At their extreme, they will require early delivery of the baby, since the necessary treatment is the termination of the pregnancy, not the termination of the life of the unborn child. Usually, the unborn baby is viable and can survive outside the mother's womb. In rare cases the condition threatens the life of the mother before the child is viable. In these cases current medical practice is to deliver the child and to do all that is possible to save his/her life. A tiny

minority of doctors argue that this treatment constitutes an abortion, since the practicing obstetrician knows that the ending of the pregnancy, will in all probability, effectively end the baby's life. This is, of course, a gross insult to the unfortunate mothers whose children do not survive the treatment of these rare conditions and to the doctors who work to preserve the lives of both mothers and babies. The truth is that there is no intent to kill the baby, an essential requisite for what the vast majority of people consider to be "abortion."

Lethal deformity in pregnancy

The most common of the lethal deformities occurring in pregnancy is anencephaly, the most severe manifestation of spina bifida. In this case the child's brain and skull-cap fail to develop. The child will have a brainstem which will keep his/her heart beating during pregnancy and for a short time after delivery. This condition is incompatible with continued life outside the womb; the child typically survives for minutes after birth. Some argue that, since the child will die so soon after birth, it is better for the mother to abort the pregnancy rather than have to face waiting for the birth and subsequent death of her child. We believe that the child should be allowed whatever life-span he/she has, and that it is wrong to take that little length of life from the child. From a practical point of view, there are several benefits in continuing the pregnancy to term, if possible.

1. The complex hormonal cascade that occurs in pregnancy is terminated in a natural manner, rather than stopped abruptly in an artificial manner. This may have implications for the risk of breast cancer, which is lower in women who complete their pregnancies in a natural manner rather than terminating the pregnancy prematurely.

2. The mother has the opportunity of holding her newborn child in her arms, albeit for a short time. This is of considerable benefit from the point of view of the subsequent grieving process.

3. The mother avoids all the risks associated with abortion

Psychological effects of abortion

Short-lived adverse sequelae following induced abortion occur in up to 50% of the women studied. Psychiatric disturbance is marked, severe or persistent in 10-32%. Both women and men are severely impact-

ed by post-abortion syndrome (PAS) which is similar to Post Traumatic Stress Disorder.
Symptoms include:

- pre-occupation with the death of their child
- flashbacks of the abortion
- nightmares related to the abortion
- depressed mood
- fear, guilt, lack of self-esteem and self-confidence
- suicide

Certain factors predispose particular individuals to its development.

Individuals at greatest risk include:

- a woman who is advised or coerced into having an abortion
- a woman who has a previous psychiatric history
- a woman who has current or past interpersonal relationship difficulties and a personality vulnerable to trauma
- a woman who intends to have further children at some stage
- teenagers
- those with a history of previous abortions
- women who have second trimester abortions

Suicide and Pregnancy

Pregnancy is a protective factor as regards the risk of suicide. Suicide does occur in pregnancy, but far less commonly than in non-pregnant women. Threat of suicide is not an indication for abortion, since the woman is more likely to commit suicide if she has an abortion than if she continues her pregnancy to term. Only in a world gone mad, would society allow psychosocial problems such as crisis pregnancy to be dealt with by recourse to surgery or abortifacient medication. A supportive environment is the most important thing to provide a woman in this unfortunate situation. In countries such as Ireland which has a strongly Pro-Life ethos, women who abort their pregnancies are far more likely to develop severe or prolonged psychological or psychiatric problems. This risk is increased if the woman is young or if she is pressured into aborting her pregnancy, which is often the case.

Pregnancy is not a risk factor

Pregnancy reduces the overall risk of suicide compared with a population that is not pregnant. Pregnant women are six times less likely to commit suicide than non-pregnant women. In addition, they are twenty times less likely to kill themselves than women who end their pregnancies by abortion *(Finnish National Study 1996).*

MEDICAL ISSUES
Summary Points

Abortion is **never medically necessary**. Pro-abortion campaigners have sought to confuse this issue but, quite simply, abortion never saves a mother's life, it just kills a baby.

According to the *United Nations*, **Ireland is the safest place in the world for a mother to have a baby**. Irish maternal mortality figures are excellent, and owe nothing to the availability of induced abortion in the UK.

Irish women seeking abortions in the UK do not do so because they suffer from life-threatening conditions which are not being treated because of the non-availability of abortion in Ireland

The Irish medical community have always held that it is unethical to deliberately destroy an unborn child. They also rightly insist that doctors must provide all necessary treatment for conditions arising in pregnancy, or risk being struck off the medical register.

Treatment for cancer, heart disease, pre-eclampsia, ectopic pregnancy and other rare conditions **may require premature delivery of the child to save the mother's life, after which all efforts will be made to keep the child alive.**

If the child is too young to survive, this is unfortunate, but the death of the child was not the intention of the operation. Such treatments are therefore ethically and legally justifiable. There has never been any suggestion that Irish doctors would be prevented in treating pregnant women for any conditions which arise during their pregnancies.

The *Institute of Obstetricians and Gynaecologists*, which guides the doctors who care for expectant mothers, **obtained an unprecedented 95% consensus** from their members who believe they can preserve mother's lives and health without abortion.

Abortion and Rape

Sexual assault is a crime of violence. This appalling and destructive violation often leaves the victim severely damaged. Sometimes she is physically damaged. More often, emotionally. Anger, fear, guilt, disgust and loss of self-esteem may afflict the victim. This may happen even when there is no pregnancy as a result of rape.

By its nature, rape is a very emotional topic. It rightly evokes feelings of revulsion in the ordinary person, but this can lead to illogical and unfounded judgements with regard to pregnancy as a result of rape. Rape victims who become pregnant are offered the quick-fix solution of abortion. Is this what they really need?

Pregnancy is estimated to occur in 0.6% of sexual assaults. There is little research on the management of pregnancy resulting from sexual assault. However, a study by *Dr. Sandra Mahkorn* entitled *Pregnancy and Sexual Assault, New Perspectives on Human Abortion (1981),* was the first of its kind, in that it studied 37 pregnant rape victims in the USA. It produced findings which contradicted the commonly held belief that rape victims seek and need abortion. Of these women, who were identified through a social welfare agency, 28 chose to continue the pregnancy, five had an abortion, and four were lost to follow up. Of those 28 who continued with their pregnancies, 17 chose adoption, 3 kept the child themselves and the placement of the remaining eight was undetermined.

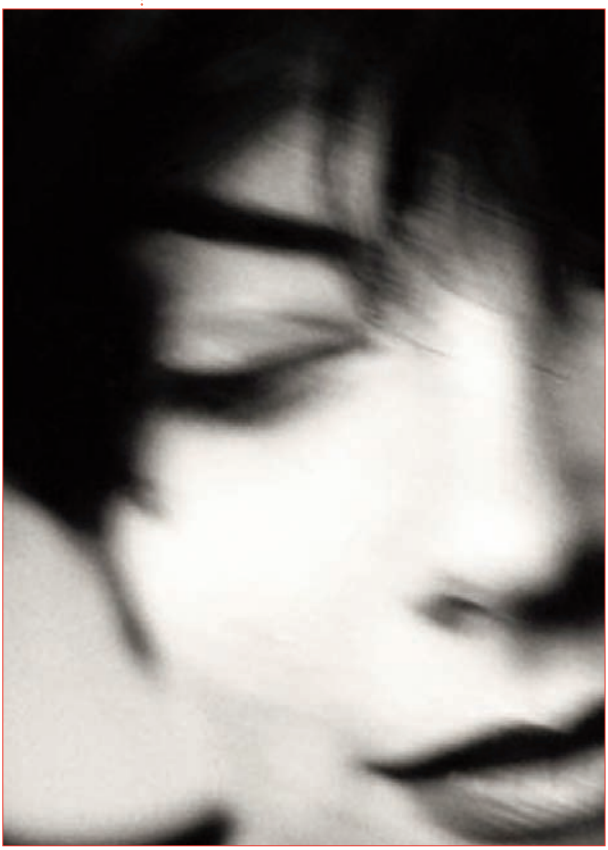
Several reasons were given for not having an abortion. First, many women expressed the feeling that abortion was another act of violence. Secondly, some saw an intrinsic meaning or purpose to the child. Thirdly, at a subconscious level, some victims felt that by continuing the pregnancy, they would in some way conquer the rape. Issues relating to the rape experience, not the pregnancy, were the primary concern for over 80% of the pregnant rape victims. The remainder placed primary emphasis on their need to confront their feelings about the pregnancy. In the group (28 of 37) who carried the

pregnancies to term, the majority saw their attitude toward the child improve consistently throughout the pregnancy. Some remained ambivalent throughout the entire pregnancy, but in no case did their attitude grow worse. None, at the end of the pregnancy, wished that she had decided on an abortion.

Abortion, acting as judge and jury, imposes a death sentence on an innocent child for the crime of her father. The baby is a distinct human being; she is not to blame for the method of her conception. Why should he or she be victimised by being killed? Our society accepts that we cannot discriminate against another human being because of their race or creed. We should also reject the discrimination perpetrated against children in the womb simply because of how they were conceived.

Society offers pregnant sexual assault victims the quick-fix of abortion, but abortion, by its nature, is intrusive and violent and is a second violation of a woman's body. For many women, abortion, like rape, is an experience they will never forget. Most women in *Dr Mahkorn's* study felt that abortion was an act of violence and that issues relating to the rape experience, not the pregnancy were of primary concern in counselling and rehabilitation.

Social support is the single most important factor influencing rehabilitation after sexual assault. The social support network provides an atmosphere for feeling loved, valued and esteemed.



Most countries in the Western World have now legalised abortion on demand, but in almost all those jurisdictions, abortion was first made available for victims of sexual assault. Pro-abortion campaigners have no compunction in manipulating the very real trauma of rape victims to promote their own agenda of legalising abortion.

There is no psychiatric evidence nor even any theory which argues that abortion of an incestuous pregnancy is therapeutic for the victim - only more convenient for everyone else.

ABORTION & Rape Summary Points

Abortion is not a solution to the trauma of rape. Victims of sexual assault need long-term care and compassion, not the quick-fix of abortion.

In *Dr Mahkorn's* study, women felt that issues relating to the rape experience, not the pregnancy, were of primary concern in counselling and rehabilitation.

Abortion punishes an innocent child for the crime of her father. It is always wrong to take the life of a child, whatever the circumstances of that child's conception.

Women made pregnant by rape who did not abort said that hostile and negative feelings towards the baby changed during pregnancy.

Abortion should never be considered as a treatment for incest. In fact, the "disposal" of the evidence of incest through abortion could subject the victim to continued exploitation.

Abortion methods

Methods Of Abortion

Choice is a word which is superficially soft sounding. Most sensible people relate it in normal terms with words such as freedom, and even with personal responsibility. However, in the context of abortion, as we know, we are not dealing with normal terms. For a long time now, it has been a vital part of the Pro-Life activists' work to confront both pro-abortionists, and those sitting on the fence, with the harsh reality of what this word means in the abortion context. This has involved the use of graphic photographs depicting the horrendous and visible damage done to unborn human babies. There should be no let up on this very effective tactic in the context of a referendum. It forces the abortion advocate, as well as those who might be inclined to make certain exceptions, onto the defensive. They must explain how such exceptions, even those which seem prima facie sound, can justify the physical consequences.

It is useful also that the canvasser be familiar with the most common methods of abortion. Many people will refuse to look at the photographs, (and that is their right), but will listen to a description. Furthermore, there may be occasions during the referendum when the photographs are not immediately to hand. The reality of abortion is our "hard case" and it is worth stressing our hard case is, frighteningly, every case.

When considering the "choice" of abortion, therefore, there are a number of methods:

Dilation and Curettage (D&C)

Many people have heard of the gynaecological procedure of D&C. This usually involves dilation of the cervix so that excess endometrial tissue can be curetted (scraped) away. However, there are times when a D&C is used deliberately to terminate the life of an unborn baby. The developing baby is cut apart by the curette and a surgical forceps crushes his/her head before the remains are scraped out into a dish. The baby is dead.

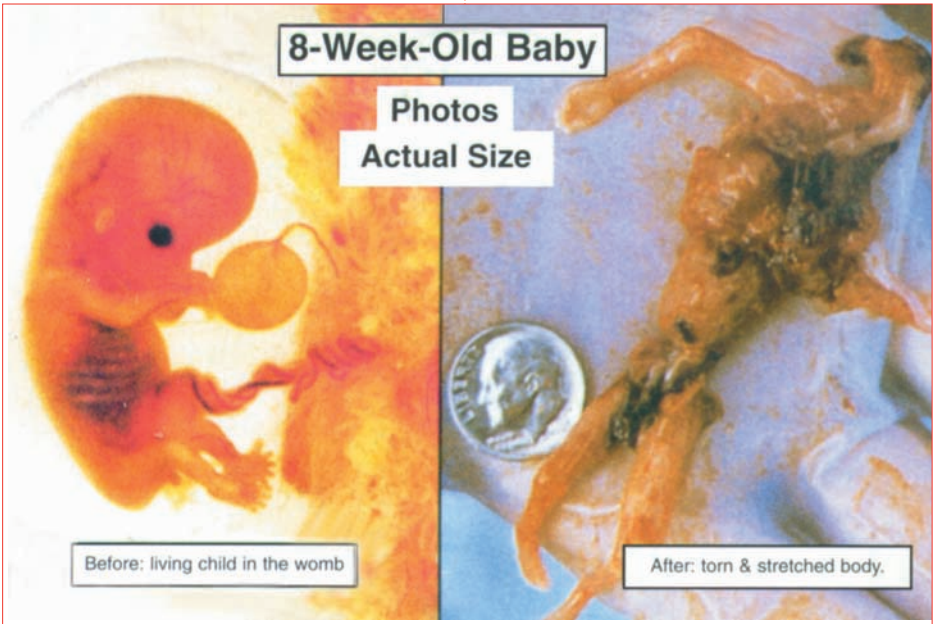
Suction Aspiration

This is the most common abortion procedure in the Western World. It usually is performed when the mother is between two and three months pregnant. To perform it sooner would increase the risk of leaving some of the foetal tissue (e.g. a head) behind, this then forming the focus of infection. The suction machine has a suction many times stronger than a conventional vacuum cleaner. It is strong enough to dismember the developing baby. The skull is then crushed with a surgical forceps and removed piecemeal. The physician's assistant is usually left with the loathsome task of assembling or checking body parts to ensure a complete abortion. The baby is dead.

Dilation and Evacuation

This method is generally used during the first half of the second trimester (13 to 20 weeks). The baby is torn apart by special forceps, and the pieces are removed one by one. Larger babies must have their heads crushed so the pieces can pass through the cervix.

This method involves the abortionist and staff manually crushing the baby, requiring considerable effort at times, and making the abortion more 'real' to them, because upon assembling the



Suction abortion @ 8 weeks

parts of the poor little carcass, the staff can see for themselves what they have done. Many nurses have 'burned out' on this procedure and refuse to assist. Abortion rights groups are enthusiastic about the D&E method because, unlike other second-trimester abortion methods such as saline and prostaglandin, there is absolutely no chance that the baby will survive.

Abortionist Warren Hern, author of the how-to book, *Abortion Practice*, described the D&E method to the Association of Planned Parenthood Physicians in San Diego in 1978, during a presentation entitled *WHAT ABOUT US?* Staff Reactions to the D&E Procedure were;

"We have reached a point in this particular technology where there is no possibility of denial of an act of destruction on the part of the operator. It is before one's eyes. The sensations of dismemberment flow through the forceps like an electric current."

In his book, Hern also describes some of the more grisly aspects of the D&E abortion;

"The procedure changes significantly at 21 weeks because the foetal tissues become much more cohesive and difficult to dismember. A long curved Mayo scissors may be necessary to decapitate and dismember the foetus."

Usually, the cervix must be dilated for one to three days before such a procedure. The most popular method of cervical dilatation involves the insertion of dried seaweed sticks called laminaria, which absorb fluids and swell, thereby expanding the cervical diameter. Abortionists may also dilate the cervix quickly with a series of stainless steel rods of increasing diameter.

Dilation and Extraction (D&X)

Abortionist Marvin Haskell has invented a new abortion procedure he named dilation and extraction (D&X), because;

"most surgeons find dismemberment [i.e., D&E] at twenty weeks and beyond to be difficult due to the toughness of foetal tissues at this stage of development."

D&X is an almost incredibly grisly and brutal procedure. It involves the partial delivery of the baby, so that the lower extremities of the child have been delivered through the birth canal before the killing of the child takes place. Haskell, who boasted at a 1992 *National Abortion Federation* confer-

ence that he had carried out more than 700 of these late second-trimester and third-trimester killings, describes his technique;

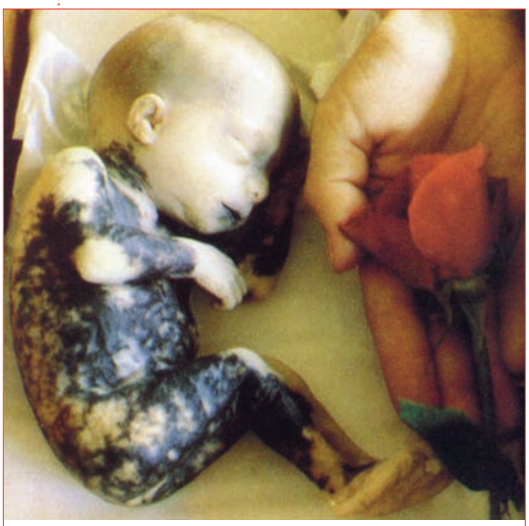
"At this point, the right-handed surgeon slides the fingers of the left hand along the back of the foetus and "hooks" the shoulders of the foetus with the index and ring fingers (palm down). Next he slides the tip of the middle finger along the spine towards the skull while applying traction to the shoulders and lower extremities. The middle finger lifts and pushes the anterior cervical lip out of the way.

While maintaining this tension, lifting the cervix and applying traction to the shoulders with the fingers of the left hand, the surgeon takes a pair of blunt curved Metzenbaum scissors in the right hand. He carefully advances the tip, curved down, along the spine and under his middle finger until he feels it contact the base of the skull under the tip of his middle finger.

Reassessing proper placement of the closed scissors tip and safe elevation of the cervix, the surgeon then forces the scissors into the base of the skull or into the foramen magnum. Having safely entered the skull, he spreads the scissors to enlarge the opening. The surgeon removes the scissors and introduces a suction catheter into this hole and evacuates the skull contents. With the catheter still in place, he applies traction to the foetus, removing it completely from the patient."

Salt Poisoning

Also known as the 'saline solution method' or the 'amnio abortion,' this procedure is used for second trimester and early third trimester abortions, but is becoming less popular due to possible complications to



Salt Solution abortion @ 20 weeks

the mother.

A salt solution is injected into the amniotic fluid. The baby breathes and swallows this concentration and dies painfully over a period of hours from salt poisoning, dehydration, brain haemorrhage, and convulsions. The baby's skin is often burned off by the solution, and delivery occurs 24 to 48 hours after the baby dies. The skin of the babies is either completely burned or turned a cherry-red colour, which is why some abortionists and nurses refer to them as "candy-apple babies."

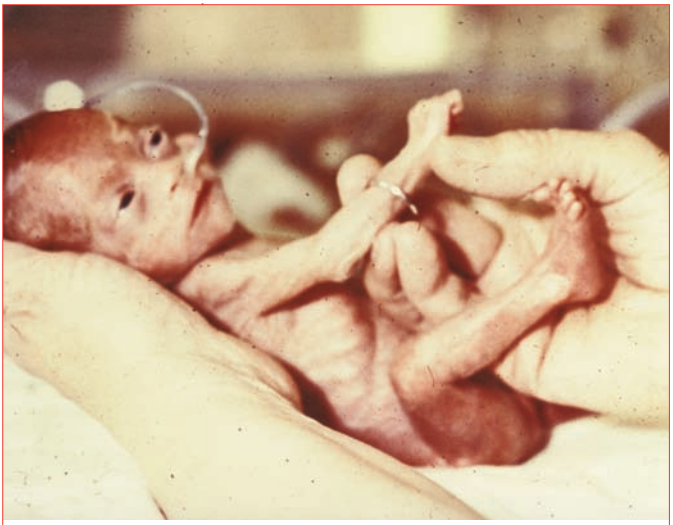
Dr. Russell Sacco dryly observed that

"If the abortion is well done, we don't have to watch the baby die. So we inject a salt solution. The result is like putting salt on a slug, but we don't have to watch it."

Mothers who have undergone saline abortions invariably report feeling the baby's movements increase to a desperate frenzy as its skin and mucous membranes are scalded and it dies in unspeakable agony. Women who have had previous babies and have undergone this method of abortion, describe their dead preborn as "babies" and say that the physical pain of their experience was worse than prolonged childbirth.

Prostaglandin Abortion

This method is used during the late second-trimester and third-trimester. A prostaglandin hormone is injected into the uterine muscle, which then begins contractions to expel the baby in an artificially-induced and extremely violent premature labour. The contractions induced by this method are usually sufficiently strong to crush the baby to death before it is delivered. This method is falling out of favour



Premature baby @ 21 weeks

because it is not uncommon for babies to be born alive. In such cases, the doctor must clandestinely kill the baby or risk a so-called "wrongful life" situation, possible legal action and adverse publicity.

Hysterotomy

This is similar to a Caesarean section and performed during the last trimester of pregnancy. The mother's abdomen is surgically opened and the baby is lifted out. The helpless baby is then either left to die or is killed by the doctor or nurse.

Chemical Abortion - RU486

The RU-486 early abortion pill has serious side effects, a very limited range of use, is just as costly as a surgical abortion, and is now being used ruthlessly by certain developing nations for outright, coercive population control purposes.

Methods of Abortion Summary Points

The reality of abortion is horrific and underlines the terrible truth that every abortion kills a living, growing human being.

Dilation and Curettage - the mother's cervix is dilated and the living child is cut to pieces with a curette knife. The baby's head is crushed and removed.

Suction Aspiration - performed between 8 and twelve weeks. A hollow tube with a knife edged tip is inserted into the uterus. The suction machine then tears the baby apart and sucks the pieces into a container. The head is crushed.

Dilation and Evacuation - the child is torn apart using a sharp-toothed pliers-like instrument.

Hysterotomy - Somewhat like a caesarean section; the child is removed and left to die in a bucket.

Abortion for HIV babies?

t has been said that an unborn baby contracting HIV whilst in utero should be aborted to prevent the "child suffering terribly later." Common sense should tell you that this is a ludicrous idea, as nothing can compare to the horrific suffering a child goes through during an abortion. However, such questions do merit serious contemplation in order that we can develop a truly compassionate pro-life stance on the issue.

Risk of contracting HIV from Mother is 25%

Firstly, let us look at the evidence. The risk of an unborn child contacting HIV virus from a positive mother is only 25% *(Centre for Disease Control, USA, March 1987)*. However, all babies born to HIV positive mothers will test positive at birth, not because they themselves have the virus, but because they are passive recipients of their mothers' antibodies. (Remember a diagnosis of HIV status is made on the presence of antibodies produced by the baby to fight the virus, not on the basis of the virus itself). In time, as the infant's own immune system develops, 75% of them will no longer need their mother's antibodies as they do not have the virus.

This is why it is especially important for women to be tested for HIV early in pregnancy. Research for the *National Institutes of Health (1996)* report that the HIV anti-viral drug AZT could keep a mother from passing HIV onto her unborn child *(Gorman, Time).* In this study, three times as many HIV-infected babies were born to untreated mothers as were born to mothers given the AZT medication. Preventing HIV in unborn babies is important because their immune systems are very immature when they are born. HIV makes them sicker than adults and at a faster rate.

AZT lowers infection to 8%

This, of course, leads us to the unfortunate babies in the 25% category. Even in this instance, the outlook is far from bleak. In 1995 a study carried out by the *Department of Health and Human Services*

in the US, showed that by administering the drug AZT to pregnant women during the 14th to 34th week of pregnancy and again after the first 6 weeks after birth, the risk of infant infection is reduced to as little as 8%. For the babies in the 8%, there is still room for hope. Children have always proved more resilient than adults when it comes to fighting illness; in the case of AIDS it is no different.

With early detection and prompt treatment many life-threatening illnesses can be prevented, thus improving their life expectancy and quality of life. Early detection is also vital to prevent an unsuspecting mother passing on the virus to her baby through breast milk.

Miraculous Recovery

Recent revelations have proved to be downright miraculous! Contributors to a world-wide AIDS conference in Vancouver have reported cases of children who have completely thrown off the HIV virus. According to Dr. Jay Leong of the *University of California*, of 36 infants who had the virus at one time, 18 were completely clear at the time of reporting.

Medical Advancements

A new drug course means that babies are being saved from AIDS even before birth. The success of the new drug treatment has meant that it is almost four years since an HIV positive baby was born in this Ireland. Dr. Karina Butler who treats pregnant women and babies said it was "fantastic" that babies were being born infection-free after their mothers were treated during pregnancy. The *Dept. of Health* has agreed to introduce ante-natal screening for HIV to ensure that all pregnant mothers who have the virus are treated. In the USA, Dr. Stanley from California suggested this treatment to stop the incidence of babies born with HIV. He was attacked savagely by those who seek

to make a political agenda of the AIDS debate. Let's hope that the Irish people will not allow babies to die for an "agenda."

Advances in AIDS research are occurring all the time. New drug therapies are improving the victim's life expectancy and quality of life. Therefore, the future for children infected by HIV is far from bleak.

Life is still the option

However, what difference does it make if a child is infected with the virus and has a short life expectancy? Does a person's health status detract from the value of their life? This is a question posed by a pregnant mother who was HIV positive, in an interview with the *New York Times*: "so what if my baby only lives 5 years. Who's to say that because it is a shorter life, it was not a life worth living." *(New York Times, 9/5/95)*. The truly compassionate answer to the issue of babies with HIV, is to identify those at risk as early as possible and start life enhancing and life saving treatment as soon as possible.

AIDS and HIV
Summary Points

The “quality of life” argument used to justify aborting unborn babies is entirely without foundation. A baby’s right to life is absolute and is unchanged by subjective judgements of quality.

Abortion inflicts an immediate and gruesome death sentence on the unborn child, on the ridiculous assertion that it will prevent “future suffering”.

The risk of an unborn child contacting HIV virus from a positive mother is, contrary to pro-abortion hysteria, only 25%. **A drug treatment - using AZT - has been shown to reduce the risk of infant infection to as little as 8%.**

With early detection and prompt treatment many life-threatening illnesses can be prevented, thus improving the baby’s life expectancy and quality of life.

Advances in AIDS research are occurring all the time. Therefore, the future for children infected by HIV is far from bleak.

Miscellaneous

Miscellaneous Questions

What was the X case?

The Supreme Court's judgment in the X Case has created the current legal impasse regarding abortion. It involved a fourteen year old girl who had become pregnant as a result of rape. Her parents had taken her to England to have the baby aborted. While there, they contacted the Gardai to inquire as to the legal position with regard to using DNA samples from the aborted baby as evidence to prove paternity in any subsequent rape trial. The Gardai advised them to return to Ireland, which they did. The High Court ordered an injunction preventing Miss X from returning to England in order to protect the right to life of the unborn child as guaranteed under Article 40.3,3 (otherwise known as the Eighth Amendment) of the Irish Constitution.

Her parents, with State funding, appealed the injunction to the Supreme Court, which held on March 5th 1992, that Miss X, and indeed any woman, had a right to an abortion under Article 40.3,3 where there was a "real and substantial risk to the life of the mother." The specific grounds was a claim that Miss X was suicidal. The Court did not hear qualified medical evidence and the Attorney General accepted, in advance, that the Amendment allowed for abortion in some circumstances.

The judgment had the support of four of the then five Supreme Court Justices and has resulted in what are effectively the most liberal abortion criteria in the world, being held as lawful in Ireland. This legal position has never been clarified by legislation as a result of resistance by the medical profession as well as strong campaigning by Pro-Life groups, and as such, no legal abortions have yet, to our knowledge, been carried out in Ireland.

What were the Amendments proposed in November 1992 to deal with the X judgement?

Three constitutional amendments were proposed, widely known as the Travel Amendment, the Information Amendment, and the so-called "Substantive Issue Amendment".

The Travel Amendment, which was carried in the referendum, was ostensibly to prevent a recurrence of the High Court injunction preventing pregnant women from travelling abroad. In practice it results in an unqualified legal right to travel for an abortion.

The Information Amendment, which was also carried, was sold to the Irish people as a freedom of information issue. In fact, it was to allow English abortion clinics to be advertised in Ireland by abortion referral agents such as the *Irish Family Planning Association* and *Marie Stopes.*

The Substantive Amendment would have allowed for limited abortion. It removed the threat of suicide as grounds for claiming a real and substantial risk to the life of the mother but otherwise left the X judgment intact. It would further have had the effect of having the Irish people directly endorse the murder of Irish children. It was overwhelmingly defeated despite Government threats to introduce a much more liberal regime.

The 1992 referenda were conducted in deliberately confusing circumstances, with a General Election being called on the same day. In this atmosphere, it was difficult for Pro-Life groups to argue as cogently as might otherwise have been the case. There was a natural emphasis on the substantive issue since this was seen to be the most dangerous and this was borne out in the final vote. Had there been more time, doubtless all of the amendments could have been defeated. In 1995 the "rainbow coali-

tion" government introduced legislation to cover the information amendment. They chose the most liberal interpretation possible. The Government's threat to legislate for abortion in Ireland has not, however, been enacted.

What was the C Case?

The C case was, on the face of it, extraordinarily similar to X and was undoubtedly an effort to stir the same hysterical emotions on a hard case as in early 1992. It involved a thirteen year old traveller girl who had become pregnant through rape. On this occasion, however, the girl was in the custody of the *Eastern Health Boar*d for her own protection from the rapist. It was reported that her parents wanted her to have an abortion. An interview given by the father of the girl to Morning Ireland the following day, revealed that it was not quite as simple as that. Clearly they had been told, without a shred of truth, that if their daughter did not have an abortion she would die. It also emerged that, though they were distraught by what had happened to their child, they were deeply uncomfortable about the abortion and were agreeing only with extreme reluctance. The father appealed for help at this desperate juncture. Two members of *Youth Defence* who work with the travelling community on unrelated issues tried to find out, through a third party, whether the family would be willing to talk to us. They were eager to do so and a meeting was arranged.

It quickly became obvious that extreme pressure had been brought to bear upon the family by the Eastern Health Board who were determined that the abortion would take place no matter what. The parents, on the other hand, felt that this would destroy their daughter's life as well as killing their grandchild. Naturally we offered to help in whatever way we could, knowing that the whole power of the State would now be brought to bear against these people as soon as it was clear that they would not do what they were told.

Indeed, there was an immediate change The media launched into hysterical and unfounded attacks upon the family, and in particular upon the father of the young girl. The Health Board refused to return custody of the girl to her parents and sought instead to force the abortion, claiming, without foundation, that the girl was suicidal. With *Youth Defence'*s help, the girl's parents fought the issue in the Courts until there was clearly no prospect of success. The High Court permitted that Miss C be brought to England against the wishes of her parents, where her baby was aborted.

Soon afterwards the psychological damage which had been done as a result of the abortion became starkly obvious. Unlike the X case, the key facts in C were known to Pro-Lifers and the case did not arouse support for the pro-abortion cause despite media hype.

Aren't Pro-Lifers just religious bigots?

Many people who are involved in the Pro-Life movement are motivated by a sincere religious conviction and historically speaking, the position taken by the Catholic Church on abortion has been a significant factor. People have a right to their religious beliefs and in holding them, to act upon them. This has nothing to do with bigotry, unlike the desire to silence all non-secular views. The only religious bigotry to enter the abortion debate in Ireland has been anti-Catholic bigotry, and there has been plenty of that.

It would be absurd, however, to see abortion as an exclusively religious issue, never mind a Catholic one. Throughout the world, people of many religious denominations, and indeed none, have felt called to the Pro-Life cause as a core human rights question. The horror of abortion, as well as the notion that murder, in any form, may be sanctioned by the law, motivates thousands of pro-life activists.

The Pro-Life cause, though often drawing on religious inspiration, is firmly grounded in scientific facts (see section on the Development of the Child in the Womb). Opposition to abortion, therefore, is a universally embracing idea. You should be against abortion because, like the unborn child, you are a human being.

Should women have the right to choose?

This superficially plausible argument is used worldwide by pro-abortionists, even though it is, ironically, the most hollow. The right to choose is, in a general sense, an essential part of human freedom and it is applied every day, by everybody. On the other hand, it is equally true that restrictions on the right to choose are imposed everyday upon everybody. If this weren't so, we would have total chaos. The general rule of thumb for those working within a moral framework is that we have no right to choose to do wrong. On a more basic level, a level which is universally applicable, we have no right to choose to do something which unjustly harms another person.

It is important that Pro-Lifers not allow themselves to be characterised as anti-choice as such. What we are asking for in a prohibition on abortion, is that women, or indeed, anyone, be

prevented from making a free choice to take someone else's life. In abortion the only choice that is denied is the right to kill the baby, all other options are available to the woman, ranging from adoption to raising the child herself. It is useful to point out that the absolute right to choose in other circumstances would, for example, sanction rape.

People need to be brought to the logical conclusion of what is meant by this glib phrase.

Abortion is an issue that concerns women only?

This argument, though ostensibly put forward from a feminist perspective is astonishingly anti-woman. What it amounts to, on examination, is that unwanted pregnancy is a problem that the woman must sort out for herself; in spite of the fact that she was not alone in the act of conception, she is alone insofar as taking responsibility is concerned.

It is true, that in practical terms, women facing an unwanted pregnancy are often left alone to take responsibility and make decisions by an irresponsible man. What this argument does, however, is to endorse his actions and give society's approval. And it makes no provision whatever for the more responsible male who is willing to face up to his responsibilities as a father, including, not incidentally, husbands.

Moreover, it is worth noting that on average, 50% of unborn children are male, so that, even on that crude level men have an interest insofar as ensuring the survival of their fellow men.

Why do some Doctors say that abortion is sometimes necessary to save the life of the mother, and even claim to have carried out such abortions in Irish hospitals?

The sad truth is that some doctors, thankfully, a tiny minority, believe in the right to an abortion. This is a political opinion, not a medical one, as can be seen by the most prominent of these pro-abortion doctors, such as *Professor Walter Prendiville* who was an executive member of the *Irish Family Planning Association* and later carried that ideology into the *Medical Council*. Unfortunately, such medical people are willing the use the high reputation of the profession for nefarious purposes, and so, have made extraordinary claims to the media, which is only too happy to report their minority opinions.

On examination, however, their views do not stand up to medical scrutiny,

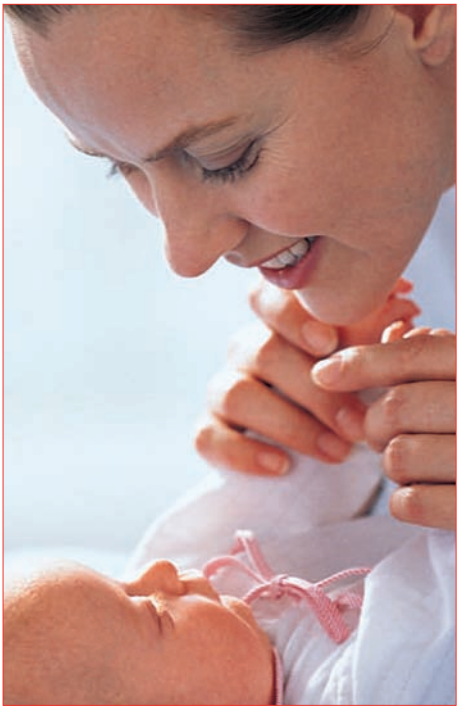
and they know it. Essentially, what they have done is create confusion around the meaning of the term abortion. They use that confusion to assert that certain medical treatments, which would be approved by the most staunchly Pro-Life doctors, are abortions. In no sense are these views representative of their profession, which has never characterised such treatments as abortion. In fact, the Institute of Obstetricians and Gynaecologists were able to present a submission to the *All Party Oireacthas Committee* with an unprecedented 95% consensus, reiterating the clear difference between essential medical treatment and abortion.

In short, some doctors say that abortion is sometimes necessary to save the life of the mother because they are politically motivated to do so. It is not something that they themselves believe, and more importantly, it is not true.

What about controversial Pro-Life tactics?

It is crucial to remember in a referendum that the only issue at stake is the question which appears on the ballot paper.

It is true that, over the years, the crisis created by the X case judgment has forced Pro-Life organisations, including *Youth Defence*, into actions which were controversial, especially in political and media circles. There are numerous arguments which may be used in support of the necessity of such actions, and undoubtedly, they contributed to the situation in which a referendum is taking place at all. Remember, we have had two governments, the Fianna Fail/PD coalition, which was in power at the time of X, and the so-called rainbow coalition which had a declared policy of legislating for abortion. That they did not do so can be properly credited to activism which was not always polite.



What about recent Church scandals?

It is likely that the pro-aborts will try to make use of the recent Church scandals to undermine the Pro-Life position, particularly insofar as the issue is sometimes seen as a core Catholic principle.

The same rule applies as to the question above - the issue is the referendum and the referendum only, and does no service to the unborn child to engage in a lengthy defence of the Church, however absurdly misplaced or exaggerated the accusations may be. In general, the person who raises these issues is not really being serious anyway. They should be reminded that although abortion is a Catholic issue, it isn't only a Catholic issue. We can refer to the recent vote in the Northern Ireland Assembly where there was overwhelming cross community support for a motion opposing the extension of the British Abortion Act.

If the baby is seriously handicapped and would consequently have a poor quality of life, isn't abortion a compassionate solution?

There are a number of things to be said about this. Firstly, pre-natal tests to ascertain handicap are notoriously unreliable, so that, in reality, there is no definite way of knowing whether the child will be handicapped. Perfectly healthy children are regularly aborted in English clinics.

The core of this argument is however a qualitative judgment on human value. It states that some peoples lives aren't worth living because we have decided, in our supposed measure of "perfection", that they are not. The truth is that it is impossible to gauge objectively another person's happiness, and "quality of life" is even more difficult. Deciding to abort the handicapped raises difficulties as to what level of handicap qualifies a person as better off dead. In the end, it can never be a decision that we can make at someone else's cost.

The latest published figures suggest that as many as 7,000 Irish women travel to England each year for abortions. If they are going to go to England anyway, what is the point of maintaining an anti-abortion law here?

This issue is a significant part of the pro-abortion case, although it is founded on nonsense. Taken to its logical conclusion, it is an argument for the legalisation of any crime from simple theft through violent assaults and rape, to ordinary murder. After all, the laws against these crimes have

not prevented them from happening. Nonetheless, it is an argument which convinces a lot of otherwise sensible people, so it must be dealt with.

The official statistics, although published by a U.K. government agency, are compiled using information supplied by the abortion clinics themselves. There is no independent means of verifying whether those who give Irish addresses are, in fact, ordinarily resident in Ireland, nor, more importantly, is there any means of verifying whether the clinics are telling the truth. Since these statistics have proved to be a powerful propaganda weapon in the campaign to have abortion legalised in Ireland, the clinics have a vested interest in lying. The truth is that we cannot know the real numbers.

We have some indicators, however, which suggest that the figures are exaggerated. Firstly, there are no significant numbers turning up in Irish hospitals with the post-abortion com-

plications which are common in England. Secondly, we have reports from people who do side-walk counselling in England, who say that nothing like this number of Irish women are passing them on the way into the clinics.

In fact, the pro-aborts' own figures bear out the purpose of our anti-abortion laws, as it is quite clear that despite the close proximity of the U.K. their own statistic of 7,000 would still mean a low abortion rate as compared to the U.K. There is no doubt that the law has an important educative role to play in maintaining the Pro-Life ethos and is a statement of where we stand as a society.

The core issue is not the numbers but the enormous tragedy of each individual case.

There have now been four referendums on abortion and the issue hasn't been solved. What reasons are there to believe that this amendment with this wording will succeed?

The actual truth is that there are no means by which to be absolutely definite, but this is true about most things in life. The Supreme Court delivered an extraordinary interpretation of the 1983 amendment, which was not expected by anyone. As such it is possible that they could conceivably do so again. If they were to do s, they should be impeached for "stated misbehavior" which the Constitution already provides for. The grounds would be a deliberate subversion of the democratic will of the people, not once, but twice, on the same issue.

It is worth pointing out that in each referenda the problem has been caused by those who favour abortion, not Pro-Lifers. The Pro-Life movement was satisfied that the 1983 Amendment totally prohibited abortion until the Court decided to undermine it in order to legalise abortion. Pro-Lifers were forced to oppose the 1992 Amendment because it sought to legalise abortion in some circumstances. Its failure was the failure of the Government to deceive the Irish people.

It is vital to stress here, that because the referendum process is already in train, the question of what might happen in years to come is purely academic. If a wording, which is widely perceived as Pro-Life, is defeated, it will lead directly to legalised abortion.

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