

DOES LEGAL ABORTION PROTECT WOMEN'S REPRODUCTIVE HEALTH?

Raymond J. Adamek, Ph.D.
Emeritus Professor of Sociology

We have all heard the argument that legal abortion is necessary to protect women's general health, and their reproductive health in particular. What has been the impact of legal abortion on women's health in this country, and abroad? Before we look at the evidence, let's put some things in perspective.

Putting Things in Perspective

1. **The life of an individual human being** begins at fertilization, when sperm joins egg. This is a scientific fact.
2. Therefore, abortion kills a unique, self-actualizing human being. That is, the human zygote develops and expresses its own unique genetic program without external intervention.
3. **How many abortions and abortion-related maternal deaths were there in the U.S.** before and after *Roe v. Wade* and *Doe v. Bolton*, the January 22, 1973 Supreme Court decisions that gave us abortion on demand?
 - a. **The pro-choice lobby claims:**
 - i. "Prior to the *Roe v. Wade* decision, an estimated 1,200,000 women each year were forced to resort to illegal abortions..."
 - ii. "...prior to 1973, as many as 5,000 women died each year in the United States as a result of having an illegal abortion."

(These claims appear in the Findings section of The Freedom of Choice Act, and elsewhere throughout the pro-choice literature).

a. **What do other sources say?**

- i. In his book, *Aborting America*, Dr. Bernard N. Nathanson, the co-founder of the National Association for Repeal of Abortion Laws (NARAL, now NARAL-Pro-Choice America), in discussing maternal deaths due to abortion said: "...when we spoke of [maternal deaths], it was always '5,000 to 10,000 a year.' I confess that I knew the figures were totally false, and I suppose the others did too if they stopped to think of it. But in the 'morality' of our revolution, it was a *useful* figure, widely accepted, so why go out of our way to correct it with honest statistics?"¹
- ii. Nathanson goes on to say, "In 1967...the federal government listed only 160 deaths from legal abortion. In the last year before the Blackmun era began, 1972, the total was only 39 deaths. Christopher Tietze estimated 1,000 maternal deaths as the outside possibility in an average year before legalization; the actual total was probably closer to 500."²

(SEE "Incidence of Induced Abortion in the United States" at www.rtlfneo.com under "Issues" and "Abortion" or call 330-762-2785 and ask for a hard copy.)

Hence, legal abortions have increased 10 to 12 fold since legalization, subjecting that many more women to the hazards of abortion.

What Are the Hazards of Legal Abortion?

(SEE “Legal Abortion Harms Women” at www.rtlfneo.com under “Issues” and “Abortion” or call 330-762-2785 and ask for a hard copy.

Regarding Maternal Deaths, Why is There Such a Large Discrepancy Between CDC Figures and Those of Other Investigators?

In Chapter 4 of his book, *Lime 5*, Mark Crutcher suggests that at the CDC department concerned with keeping abortion statistics, the fox was asked to guard the hen house. At the time of his investigation, he found that of 68 upper level employees, 34 (50%) were involved with the abortion industry:

1. 17 were practicing abortionists
2. 17 had other identifiable links to the abortion industry.³

Crutcher also notes several coding difficulties involved with recording maternal deaths. These include:

1. Deaths are recorded by the National Center for Health Statistics, and in a second step, the CDC gets data from them.
2. The direct cause of death may be recorded, but not the fact that this was brought on by an abortion. For example, a woman’s uterus is perforated at an abortion clinic. It is not immediately recognized, she becomes ill and goes to the hospital, (not back to the clinic), develops an air embolism which travels to her heart and kills her. The hospital then records the cause of death as an air embolism, not the abortion.
3. Although abortionists are supposed to report complications, they do not always do so, and, as in the above case (especially where the woman may go to a hospital out of the community or state) are not always aware that a death has taken place.⁴

Does the Abortion Lobby Really Care About Women’s Health?

Some do, sometimes, perhaps, but there is ample evidence to suggest that many often do not.

1. **Pro-choice activists and organizations lobby to defeat parental involvement laws.** Yet it is parents of minor girls who generally are the most knowledgeable about their daughters’ medical and psychological history.
2. **Pro-choice activists and organizations lobby against right-to-know laws.**
 - a. Informed Choice laws require abortionists to inform women of the medical benefits and risks of abortion and childbirth.
 - b. Ultrasound-viewing laws give the woman seeking an abortion the option of seeing an ultrasound of her child before she has an abortion. Even if she chooses abortion, an ultrasound is necessary for her good care. It accurately determines the gestational age and position of the fetus and can detect an ectopic pregnancy if present. The latter are dangerous for the woman if undetected and can lead to maternal death.

Pro-choicers generally say these laws “restrict a woman’s right to choose an abortion.” Would we say the same thing if the woman was buying a car? Would we say that a law requiring the car dealer to tell a woman the car’s strong and weak points, and to allow her to inspect the car was interfering with her right to buy a car?

3. **Cutting corners on abortion procedures and safety regulations.**

- a. When RU 486 was approved by the Food and Drug Administration (FDA), it was to be prescribed by a physician and administered orally. Planned Parenthood, however, began telling women to take the second component of the drug home and use it vaginally, even though the FDA indicated oral use was safer than vaginal application. Research at the University of Michigan found that when given directly in the reproductive tract, the drug suppressed key immune responses, which could allow a normally non-threatening bacterium (*Clostridium sordellii*) to cause deadly infection. It wasn't until four California women died that Planned Parenthood changed its policy to conform to the FDA protocol.⁵
- b. Missouri passed a law requiring abortion clinics doing second and third trimester abortions, or more than 5 first trimester abortions a month to meet the same standards as other ambulatory surgical centers. Planned Parenthood went to court, saying this would be too expensive, particularly for clinics which primarily dispense RU 486. But the latter ignores the fact that when the "medical" abortion does not work, a surgical abortion may be needed.⁶
- c. In 2006, Planned Parenthood objected to a proposed Michigan law which would require clinics to ask women whether they were being coerced or forced to have an abortion, and if so, to wait 24 hours and give them a referral to domestic violence agencies, or other agencies which might be able to help them. Planned Parenthood objected, saying this was just erecting more barriers to a woman's right to choose abortion!⁷
- d. Telemed/Internet Abortions. Through Operation Rescue's investigative work, it was revealed that Planned Parenthood of the Heartland (PPH) in Iowa has been offering medical (i.e., drug induced) abortions since July of 2008. Prospective patients communicate with a doctor via teleconferencing, where they see each other on computer screens. According to Planned Parenthood's video, the physician reviews the woman's medical history, lab work and ultrasound images taken previously, and explains the procedure to her. However, the doctor does not physically examine the woman, nor is a physician physically present at the woman's follow-up visit two or three weeks later. When the woman agrees to the procedure, the physician pushes a button on the video screen, and a drawer opens at the woman's screen site, revealing two bottles of pills. The woman ingests the RU 486 pill (Mifepristone or Methotrexate) in the office and takes the second bottle of pills (misoprostol) to be self-administered at home.

Operation Rescue found that if the woman is insured, PPH charges \$1,000 for this procedure, twice the cost of an early surgical abortion, and 2.6 times the average cost of medical abortions nationwide. If the patient lacks insurance, she is charged \$500, still well above the national average of \$390.⁸ Planned Parenthood of the Heartland offered telemed abortions in 12 of its 16 Iowa locations. Addressing a 30 year celebration of Planned Parenthood in Cedar Rapids, Planned Parenthood Federation of America president Cecile Richards said telemed abortions would be available throughout the nation by 2015.⁹

It would appear that reducing overhead costs, and not a concern for women's reproductive health, is a primary reason for the development of telemed abortions. As Abby Johnson, former director of Planned Parenthood of Bryan/College Station, Texas, noted, Planned Parenthood officials instructed her to increase the number of medical abortions as a means of increasing revenues.¹⁰

Perhaps an even greater lack of concern for women's health is demonstrated by those pro-choice activists who sell abortifacients over the internet to women who live in countries where "access to safe abortion is restricted."¹¹

4. **Denying the medical and psychological evidence that abortion harms women.** In spite of the fact that dozens of studies showing that abortion harms women have been published in reputable, peer-reviewed journals, the pro-choice movement denies the validity of these findings. Sometimes they even appear to design faulty methodological studies to yield results which run contrary to most of the evidence. They write their own reviews of the literature which are incomplete, cite non-peer reviewed work, or are otherwise flawed. The persons who suffer from their claims that abortion is safe for women, of course, are the women who seek abortions under this misconception.

Accessing Planned Parenthood's teenwire.com on March 20, 2009, we find the following statements in the article entitled, "Abortion Myths: Fact vs. Fiction." The article asks, "If I have an abortion will I be able to get pregnant again?" The answer is: "Safe, uncomplicated abortion should not affect a woman's ability to have children in the future. It does not

- ◆ cause birth defects
- ◆ cause premature birth or low infant-birth weight
- ◆ make ectopic (not in the uterus) pregnancy more likely
- ◆ make miscarriage more likely
- ◆ make the risk of infant death more likely."

Then, asking the question, "If I have an abortion will I get 'post-abortion stress syndrome'?" it answers, in part: "Despite overwhelming scientific evidence to the contrary, anti-choice organizations continue to spread the false idea that it is common for abortion to have severe, emotionally negative effects."

Asking the question, "Does abortion cause breast cancer?" the article answers, in part: "Abortion does not cause or increase the risk of breast cancer. The myth that breast cancer and abortion are linked is primarily promoted by groups and individuals who oppose abortion regardless of its safety. It is an idea used to frighten women away from having an abortion."

Planned Parenthood and other abortion promoters are either totally ignorant of over thirty years of published medical and psychological research (highly unlikely in PP's case), or they are deceiving women about abortion's dangers. NARAL Pro-Choice America has developed a national strategy to begin attacking pro-life pregnancy resource centers to "protect" women from the allegedly "false" information such centers provide.¹²

Since November of 2009, at least three local government units (the cities of Baltimore, MD and Austin, TX, and Montgomery County, MD) have passed ordinances requiring pro-life pregnancy centers to post signs saying they do not offer abortions or contraceptives, or do not have medical staff on hand. The Washington State legislature is also considering a similar law. The laws are justified on the basis of investigations conducted by pro-choice volunteers who say they were given "false and misleading" information when they posed as clients at pro-life centers.

According to a report entitled, "Crisis Pregnancy Center Investigative Summary," downloaded from Pro-Choice Maryland's website on June 13, 2010:

"In 65% of all crisis pregnancy centers visited" (including Baltimore and Montgomery County), "investigators were provided with inaccurate and misleading information about risks associated with abortion. Investigators were told by CPC volunteers that abortion results in breast cancer, cervical incompetence, inability to bear future children, hemorrhaging, miscarriage, perforated uterus, so-called Post Abortion Syndrome, and/or infection."¹³

All of this "misleading" information about increased risk due to abortion is well documented in the scientific literature.

The ordinance in Montgomery County is being challenged by the Centro Tepeyac Women's Center with the help of Alliance Defense Fund attorneys. Lead counsel Mark L. Renzi stated, "The government cannot create special speech rules just because people want to talk about pregnancy choices. And it certainly cannot target pro-life speakers for special sign requirements and fines while leaving speech by abortion clinics entirely unregulated."¹⁴

Indeed, the evidence suggests that it is the speech of family planning clinics and abortuaries which need oversight regarding the accuracy and objectivity of their counseling. For example, during an undercover visit to a Milwaukee, Wisconsin Planned Parenthood abortion clinic in 2009, an employee told a young woman reportedly 6-8 weeks pregnant: "That's not a baby at this point ... You wouldn't be able to identify any parts of the fetus whatsoever. ... there's nothing developed at all. There's no legs, no arms, no head, no brain, no heart. At this point it's just the embryo itself."¹⁵

5. **Protecting Child Abusers and Statutory Rapists.** Perhaps the most damning evidence that the pro-choice lobby does not really care about women's reproductive health is their protection of child sexual abusers and statutory rapists. (Statutory rape is intercourse between an adult and a child below the age of consent. It is considered rape even though the child may be willing). In 2002, Mark Crutcher of Life Dynamics conducted a three year telephone survey of over 800 Planned Parenthood and National Abortion Federation clinics in the U.S. The caller posed as a minor impregnated by her adult boyfriend. Many of the clinics advised her that she ought not repeat those facts because of statutory rape reporting requirements, and/or referred her to another clinic, advising her how to go about getting an abortion without having to have the report made. Hence, the common practice appears to be to give the young girl a secret abortion, and then return her to the statutory rapist.¹⁶ Since Crutcher's study, many individual cases have come to light. A sampling of these follows:

- ♦ **Sacramento, CA** The Yes 85 organization working to pass a parental notification bill released transcripts of five telephone calls to abortion centers. The caller said she was 13 with a 22 year old boyfriend, and wanted to have an abortion without her parents finding out. Abortion center employees showed no concern for her status as a victim of statutory rape and repeatedly tried to help the girl find ways around reporting the crime, while keeping her parents in the dark. LifeNews.com, 1/11/06.
- ♦ **Bryant, AR** A 41 year old male was accused by police of impregnating a 15 year old girl after sexually abusing her. He drove her to a Granite City, IL abortion center where he forced her to have an abortion. No report was filed. LifeNews.com, 11/16/06.

- ♦ **Topeka, KS** A complaint was lodged against a Kansas City abortionist for failing to report the rape of an 11 year old girl. The abortionist allegedly allowed the girl to return to her stepfather, who sexually abused her and her sister over several years. Four pregnancies resulted and the girl eventually gave birth to twins on her 12th birthday. LifeNews.com 2/27/07.
- ♦ **Cincinnati, OH** A suburban Cincinnati Planned Parenthood was sued by a teenage girl who accused it of covering up her sexual victimization by her father. The teen said Planned Parenthood failed to report her claim of incest, and it resulted in another 18 months of abuse. The lawsuit said Planned Parenthood of Southwest Ohio follows a “don’t ask, don’t tell” policy when it comes to sexual abuse cases. LifeNews.com, 5/11/07.
- ♦ **New Haven, CT** A 22 year old man was charged with getting his 14 year old girlfriend pregnant. The man, then 21, got the girl pregnant 3 times in 3 months, resulting in 3 abortions. The abortion center failed to report the statutory rape. Officials began to investigate only after the girl’s mother contacted them. LifeNews.com, 5/15/07.
- ♦ **Hartford, CT** A 41 year old male was accused of kidnapping and sexually abusing a 15 year old girl. After she became pregnant, he took her to a Planned Parenthood clinic in West Hartford where she had an abortion. Planned Parenthood apparently did not report this case to the authorities. LifeNews.com, 8/2/07.
- ♦ **Waco, TX** When under investigation, Planned Parenthood of Waco said they made mandated reports of statutory rape in 2005-2006 at the rate of 98 per year. However, examination of their logs found reports to the Waco police department for 2000-2005 of only 3.3 per year and another 4 reports per year going to the Texas Department of Family and Protective Services for 2004-2006. (stopp@all.org, 8/8/07).
- ♦ **Topeka, KS** Audio files and transcripts of undercover phone calls to Kansas abortion centers indicate that in each case there was intentional concealment of child rape. The caller identified herself as a 13 year old with a 22 year old boyfriend. Every center contacted told the caller they would prescribe birth control for her without reporting the statutory rape, and that her boyfriend could pick up the birth control prescription for her. LifeNews.com, (10/17/07).
- ♦ **Phoenix, AZ** An Arizona judge found Planned Parenthood of Arizona negligent for failing to report the sexual abuse of a 13 year old girl by her 23 year old foster brother. After Planned Parenthood kept silent about the abuse, the sexual relationship led to a second abortion six months later. (LifeSiteNews.com, 2/3/09).
- ♦ **Students Expose Planned Parenthood Centers** UCLA student Lila Rose, of Live Action Films, videotaped Planned Parenthood staff members when they responded to her story of being a 13-15 year old girl pregnant by her 23-31 year old boyfriend. Students from Students for Life of America also videotaped clinic staff. Thus far, the following Planned Parenthood (PP) offices have been taped circumventing the laws requiring them to report statutory rape to authorities:
 - Santa Monica CA (LifeNews.com, 5/10/07) Charlotte, NC (LifeNews.com, 11/30/08)
 - Bloomington, IN (LifeNews.com, 12/16/08) Tucson, AZ (LifeSiteNews.com, 2/3/09)
 - Indianapolis, IN (LifeNews.com, 12/16/08) Phoenix, AZ (2 clinics, LifeNews.com, 3/18/09)

Birmingham, AL (LifeNews.com, 6/30/09) Memphis, TN (LifeNews.com, 4/20/09)
Milwaukee, WI (LifeNews.com, 2/24/10) (See some of these tapes on liveaction.org).

After being exposed in investigative episodes of this type, Planned Parenthood typically releases statements promising internal investigations, and treating these cases as exceptions to its normal, “professional” behavior. Sometimes the employees involved are even dismissed. But going back to Mark Crutcher’s study in 2002, and considering more recent cases, the evidence points to a deliberate national policy of flaunting the law. For example, after investigating the Planned Parenthood abortion clinic in Birmingham, Alabama, the state department of health placed the clinic on probation. Its investigators found “files showing girls aged 13-15 having abortions even though they are obviously victims of statutory rape.” The investigation also found that Planned Parenthood failed to comply with Alabama’s parental consent law “that requires parents to sign off on an abortion before a teenager is allowed to have one.”¹⁷

6. **Substandard Care.** Finally, revelations of the substandard care rendered by Dr. Kermit Gosnell and other abortionists like him suggest that back alley standards and a paramount concern for the financial bottom line are characteristic of many abortion clinics.¹⁸

Perhaps as egregious as Gosnell’s practices is the inaction of pro-choice medical boards and health departments, who are supposed to be concerned about women’s “reproductive health,” but neglect to inspect clinics for years, sometimes even after complaints have been filed. Gosnell’s “house of horrors” was exposed not as the result of a health inspection, but because it was raided by FBI agents who suspected illegal drug sales. It was reported that the Pennsylvania Department of Health did no inspections at clinics between 1993 and 2010. Relative inaction has also been reported in Delaware, Kansas, Nebraska, New Mexico, North Carolina, Texas and Wisconsin, and may be true of other states.

All of the foregoing indicates that **abortion is not really “reproductive health care,”** but rather **anti-reproductive health endangerment**, since the individual reproduced is killed, and the mother is subjected to increased physical and psychological health risks.

Since legal abortion harms women, should we outlaw abortion, or will that also negatively affect women’s health?

In the U.S., thousands of women did not die each year from illegal abortion in the past, and it is unlikely that they will in the future.

Evidence from three countries suggests that making most abortions illegal has positive effects on women’s health, and the health of their children.

1. **Poland**¹⁹ Under Communist rule in Poland, government-paid abortions were legal.
 - a. 168,600 legal abortions occurred in 1965, a peak year
 - b. 60,000 legal abortions occurred in 1990
 - c. In 1993, after Communist rule ended, the free Polish Parliament outlawed abortion except for rape, incest, or to save the life of the mother.
 - d. 253 abortions occurred in 1998.

Did more women die from illegal abortions? Did child health suffer as the result of increased back alley abortions?

- ◆ Maternal deaths decreased from 70 in 1990 to 21 in 1996.
 - ◆ Miscarriages decreased by 23.2% between 1993 and 2005.
 - ◆ Fetal deaths decreased by 49.6% between 1993 and 2005.
 - ◆ Newborn deaths decreased from 19/1000 births in 1990 to 9.6/1000 in 1998. Thus, both women and their babies were better off without abortion on demand.
2. **Nicaragua**²⁰ For over 129 years, Nicaragua has permitted therapeutic abortions “to protect the life or health of a mother .” However, Nicaragua made abortion completely illegal in 2006 and then reaffirmed that prohibition in 2007. This rejection of abortion was also accompanied by a greater provision of basic prenatal services for pregnant women and better care in childbirth. What happened?
- a. There were 50 maternal deaths in 2006 and just 21 in 2007.
 - b. The infant mortality rate decreased by 44.2% from 52/1000 in 1990 to 29/1000 in 2006.
3. **Chile**²¹ Abortion was legal in Chile from 1931 to 1988. In 1989 it was outlawed. Dr. Elard Koch of the University of Chile examined vital statistics data for maternal deaths from 1960-2007. He determined that maternal mortality peaked in 1961, with abortion causing 34% of the deaths. He also found that:
- a. Maternal deaths due to all causes decreased by 93.8% from 1960-2007.
 - b. Maternal deaths due to abortion decreased by 98.1% during this period.

Did more women die after abortion was prohibited in 1989? No.

- ◆ Maternal mortality from all causes declined another 44.1%.
- ◆ Maternal deaths due to abortion declined by another 10.1%.

Dr. Koch concluded that improved education and health care, with greater access to health care facilities, was primarily responsible for the decrease in maternal deaths. The legal or illegal status of abortion itself had little impact on maternal deaths.²²

The results from these three countries are significant, as abortion promoters claim that legalizing abortion worldwide is necessary to save women from unsafe illegal abortions, which they claim are responsible for as many as 70,000 maternal deaths each year. However, this claim appears to be based on faulty data.²³ Moreover, two recent studies have indicated that the “legalize abortion so that we can reduce maternal deaths” mantra is erroneous.

The first study calls into question the assertion by pro-choice advocates that some 500,000 maternal deaths (from all causes) occur worldwide annually, and that legalizing abortion will help reduce this figure. The study analyzed data from 181 countries for the period 1980-2008, and found maternal deaths decreasing from 422 per 100,000 live births in 1980 to 251 per 100,000 in 2008. The number of maternal deaths given for 2008 was 342,900.²⁴

Since this figure was considerably less than the 500,000 figure that abortion advocates and some United Nations staff have been using for about 20 years, one of them told a roomful of scientists to “lock all academics in a black box and have them come out with a consensus set of numbers,” or “at least hide that there is disagreement.” Dr. Richard Horton, editor of *The Lancet*, in which the study was published, said that he “withstood significant pressure from activists not to release [the study] until after major global funding conferences” dealing with these issues were concluded.²⁵ (A classic case of “Don’t let the facts get in the way of our ideology.”)

The second study even more directly contradicts the “legalize abortion to reduce maternal deaths” mantra. Released by the World Economic Forum in December, 2009, it demonstrated that countries having the most life-protective abortion laws often had lower maternal mortality rates than those on the same continent having permissive laws.²⁶ (See Table 1).

TABLE 1. SELECTED MATERNAL MORTALITY RATES BY LOCATION AND TYPE OF ABORTION LAW.

Continent: Country	Type of Abortion Law:		Maternal Mortality Rate Per 100,000 Live Births
	Life Protective	Permissive	
N. America: U.S.		X	27
Europe: Ireland	X		1*
Poland	X		8
Africa: Mauritius	X		Lowest on continent
Ethiopia		X	Highest on continent
S. America: Chile	X		Lowest on continent
Guyana		X	Highest on continent
Asia: Nepal		X	830
Sri Lanka	X		59

**Ireland had the lowest rate of all 181 countries.*

The World Economic Forum report noted that South Africa, which has had a permissive law since 1996, saw maternal deaths increase by 20% between 2005-2007. Even the International Planned Parenthood Federation acknowledged that part of this increase was due to the complications of abortion. *The Lancet* study indicated maternal deaths in the U.S. increased by 42% from 1980-2008, a period characterized by abortion on demand throughout the nine months of pregnancy.

Data from the World Health Organization (WHO) on two other countries reveal a similar pattern.²⁷ Thus, El Salvador has not allowed abortion but experienced a 46% decrease in the maternal mortality ratio from 1990 to 2010, while Canada, which has had no legal restrictions on abortion since 1988 experienced a 100% increase in the maternal mortality rate from 1990 to 2010.

Although the countries listed above may be different from one another on many factors other than the legal status of abortion, it is clear that legalizing abortion does not necessarily make it safer. Indeed, legalizing abortion exposes more women to the hazards of abortion, since legalization increases its incidence. Maternal deaths are best decreased by improving education and basic health conditions, and by giving women greater access to trained birth attendants, clean blood, and antibiotics.

Conclusion It is clear that legal abortion does not protect women’s reproductive health, but that it generally has detrimental effects upon their health, and even poses additional health risks for their future, wanted children.

Considering the medical, psychological, and demographic research on the impact of legal abortion on women’s health, the moral of the story is

- ♦ from a secular viewpoint: It’s not nice to fool Mother Nature, and
- ♦ from a theological viewpoint: God will not be mocked.

Thus, if men and women exercised their right to control their own bodies and refrained from intercourse when they did not wish to beget or conceive children, and thus did not try to fool Mother Nature or mock God through abortion, women's health and the health of their future children would be protected and enhanced.

References

1. Bernard N. Nathanson, *Aborting America*, New York, Pinnacle Books, 1979, p. 197.
2. Nathanson, *Ibid.*
3. Mark Crutcher, *Lime 5*, Denton, TX: Life Dynamics, Inc., 1996.
4. Crutcher, *Ibid.*
5. Steven Ertelt, "Another Study Suggests Planned Parenthood at Fault in Abortion Drug Deaths," LifeNews.com, June 17, 2008.
6. Steven Ertelt, "Missouri Judge Issues Injunction Against Abortion Health, Safety Law," LifeNews.com, September 25, 2007.
7. Steven Ertelt, "Planned Parenthood Opposes Bill to Protect Women from Forced Abortions," LifeNews.com, March 19, 2006.
8. See, "Special Report: 'Telemed Abortions' Endanger Women and Drive Up Insurance Costs," www.operationrescue.org Posted March 29, 2010, and Tony Leys, "Faraway Doctors Give Abortion Pills by Video," *Des Moines Register* (May 16, 2010) www.demoineresregister.com.
9. Steven Ertelt, "Planned Parenthood President Says Telemed Abortion Scheme Going Nationwide," LifeNews.com, May 21, 2010.
10. Steven Ertelt, "Planned Parenthood Director Who Quit Was Pressured to Meet Abortion Quotas," LifeNews.com, November 5, 2009.
11. Randall K. O'Bannon, "Selling Abortifacients to Women in Countries Where Abortion is Illegal via the Internet," *National Right to Life News*, 37:1 (January, 2010) p. 19.
12. Peggy Hartshorn, "Pregnancy Centers Fighting Back Against National Pro-Abortion Attacks," LifeNews.com, June 2, 2010.
13. "Crisis Pregnancy Center Investigation Summary," downloaded from NARAL Pro-Choice Maryland's website on June 13, 2010.
14. Steven Ertelt, "Maryland County Faces Lawsuit for Passing Law Targeting Pregnancy Centers," LifeNews.com, May 19, 2010.
15. Steven Ertelt, "Expose' Video Shows Planned Parenthood Pressuring Young Woman to Get an Abortion Soon," LifeNews.com, April 12, 2010.
16. Mark Crutcher, "A Life Dynamics Special Report: Child Predators," www.ChildPredators.com. Also available from Life Dynamics, P.O. Box 2226, Denton, TX 76202.
17. Steven Ertelt, "Planned Parenthood Abortion Center in Alabama on Probation, Hid Sexual Abuse," LifeNews.com, February 10, 2010.
18. See Steven Ertelt, "Kermit Gosnell Receives Third Consecutive Life Term for Killing Baby," LifeNews.com, May 15, 2013; Kirsten Powers, "Another Gosnell in Delaware?" *The Washington Post*, August 2, 2013 update; Susan B. Anthony List, "Fact Sheet: Abortion Industry Negligence Nationwide," www.sba-list.com.

19. See J.C. Willke, M.D., "Clear Evidence: If Forbidden, Abortion Will Not Return to the Back Alley," *Life Issues Connector* (April, 2000) Cincinnati, OH. Life Issue Institute. For miscarriage and fetal death data, William Robert Johnston, compiler, "Historical Abortion Statistics, Poland," www.johnstonarchive.net/policy/abortion/ab-poland.html.
20. Ralf Leonhard, "Nicaragua Government Seeks to Ban All Abortions," www.womensenews.org, July 28, 2000. See also, UNICEF – Statistics at a Glance – Nicaragua, www.unicef.org/infoby country/Nicaragua statistics; and Thomas J. Euteneuer, "Maternal Deaths Down in Nicaragua Once Abortion is Eliminated," *Human Life International e-Newsletter*, 3:23 (June 6, 2008).
21. Karen Schuberg, "Abortion Ban Does Not Mean More Maternal Deaths, Chilean Study Finds," CNSNews.com, March 2, 2010.
22. Elard Koch et al., "Women's Education Level, Maternal Health Facilities, Abortion Legislation and Maternal Deaths: A Natural Experiment in Chile from 1957 to 2007," www.plosone.org.
23. Steven Ertelt, "Study Claiming 70,000 Women Die from Illegal Abortions Relies on Dubious Facts," LifeNews.com, October 14, 2009.
24. Margaret C. Hogan, et al., Maternal Mortality for 181 Countries, 1980-2008: A Systematic Analysis of Progress Towards Millennium Development Goal 5," *The Lancet*, (April 12, 2010) Early online publication.
25. Susan Yoshihara and Catherine Foster, "Researchers Asked to Hide Scientific Debate over Maternal Deaths." *C-Fam* 13:25 (June 3, 2010) www.c-fam.org.
26. Samantha Singson, "Pro-Life Nations Best Pro-Abortion Ones on Maternal Mortality, New Report Shows," LifeNews.com, December 11, 2009; Patrick B. Craine, "Experts Disagree with Ignatieff: Abortion Doesn't Reduce Maternal Mortality," LifeNews.com, February 19, 2010. See also National Right to Life Committee, "Does Legalizing Abortion Protect Women's Health?" (no date) www.nrlc.org.
27. World Health Organization, "Maternal Mortality in 1990-2010," on line.

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