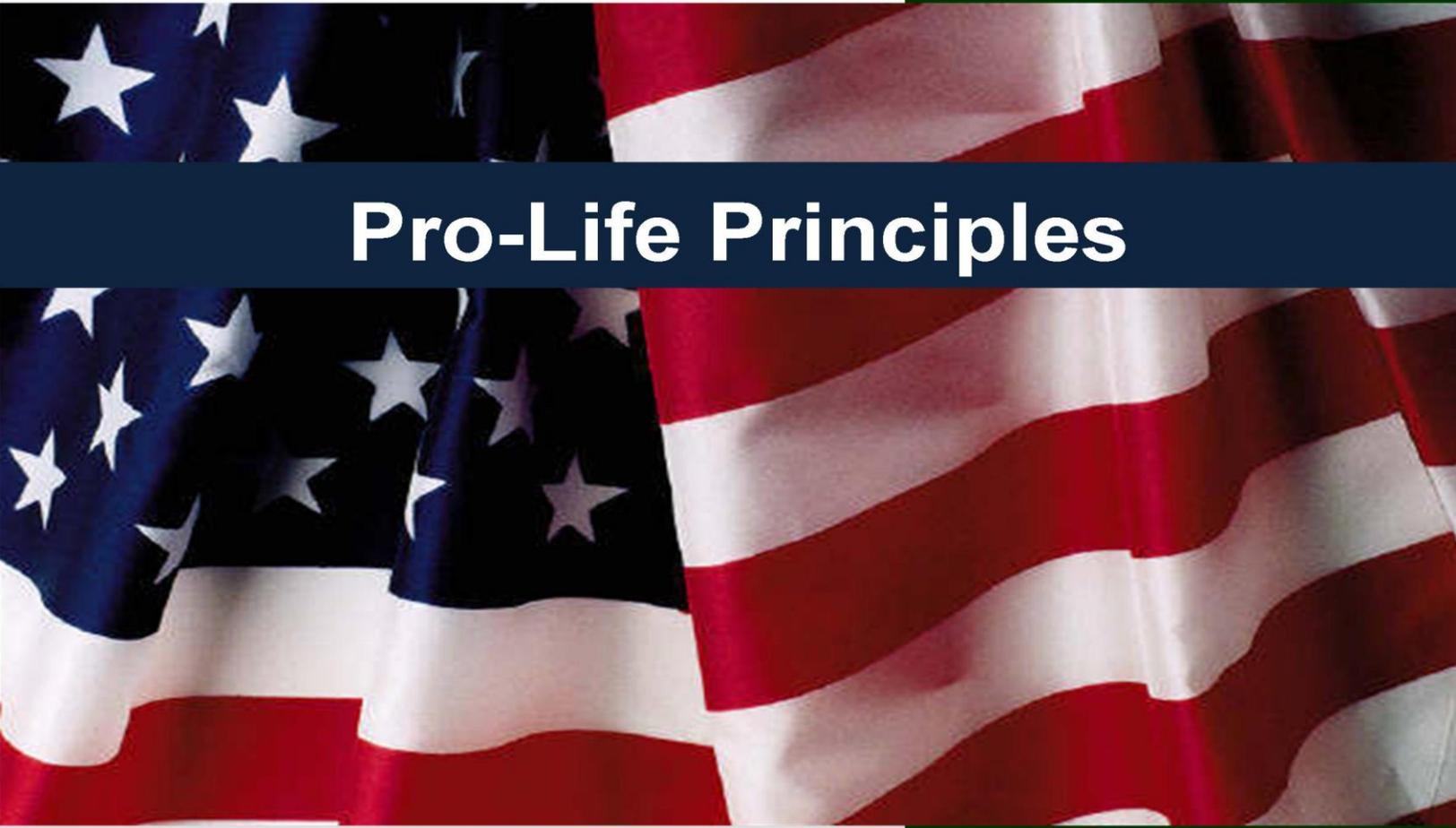


ADVANCING PERSONHOOD  
THE PARAMOUNT RIGHT TO LIFE



GEORGIA RIGHT TO LIFE  
Political Action Committee

2016

A close-up, slightly blurred image of the American flag, showing the stars and stripes in a wavy pattern.

# Pro-Life Principles

*“The care of human life and happiness, and not their destruction, is the first and only legitimate object of good government.”*

Thomas Jefferson

**GEORGIA  
RIGHT  
TO LIFE**

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## 1. Rape and Incest Exceptions

### Talking Points

- Rape is a violent, heinous crime against a woman for which the rapist should be prosecuted to the fullest extent of the law.
- Rape is the only crime where one of the victims, an innocent child, receives the death penalty.
- An innocent pre-born baby should not be killed under the guise of compassion for another person. We need to care for both the mother and the baby.
- The Supreme Court has ruled that a rapist cannot receive the death penalty. How is it socially just that the innocent child should be painfully put to death?
- Children conceived by rape are just as valuable as children conceived consensually.
- An innocent child's right to life is not based on the circumstances of her conception.
- Neither the Constitution nor the Bible decree that an innocent pre-born baby should be painfully executed for a crime that was committed by his or her father.
- Babies conceived by rape feel pain just like babies conceived consensually.
- For women who decide not to raise their child, there are thousands of couples seeking to adopt children in this country and choosing life over death is a commendable option.
- Vulnerable women who have experienced the trauma of rape or incest should be loved and supported with resources and compassionate care. They need counseling and therapy. They should not be made to feel judgment or shame, or told to submit to yet another violent, traumatic act – abortion.

### Frequently Asked Questions and Answers for Candidates

**Q. Why should a woman be punished by giving birth and raising the rapist's child? Hasn't she already been hurt enough?**

**A.** The way a child was conceived does not change what it is: an innocent human being. This woman has been hurt physically, emotionally and spiritually. She needs access to compassionate care and support not pressure to kill her child in one of the most traumatic situations of her life. With the proper care, she may decide not to raise the child and consider the option of giving the child up for adoption. In the meantime, we need to make sure that she is being taken care of and receiving counseling and healing, rather than trying to force her to abort her child in one of the most traumatic moments of her life. We need to provide care for both her and her child.

**Q. Wouldn't an abortion help to provide relief to the already emotionally traumatized woman?**

**A.** Absolutely not! There is no question that taking the life of a pre-born child has negative emotional and psychological consequences—sometimes not immediately evident. In the case of rape or incest, adding one trauma to another does not make these tragic situations any better.

Women who have been victimized by rape have overwhelmingly said that abortion is the wrong solution and that abortion only increased the trauma and pain they were experiencing.<sup>1</sup> A 2006 study by Dr. David Fergusson along with a 2008 review by Dr. Martha Shuping confirms that over 40 peer reviewed studies show that abortion has a negative psychological, physical, and emotional impact on women. Abortion hurts women.

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*A 2006 Study by Dr. David Fergusson, found that women who had abortions were three times more likely to have suicidal thoughts than women who were pregnant, but did not abort.<sup>2</sup>*

*Over 40 peer reviewed studies have confirmed abortion significantly increases risk for several mental health problems including depression, anxiety, substance abuse and suicidal thoughts and behaviors.<sup>3</sup>*

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**Q. Where do you think you get the right to tell a woman what to do with her body?**

**A.** Controlling your body does not include the right to destroy someone else's. A pregnant woman carries a separate, innocent human being who has just as much of a right to life as the mother.

Failure to recognize that truth implies some human lives have value and others do not. Such thinking violates every value that a culture of respect should embrace.

**Q. What is the percentage of victims of rape and incest who decide to not have abortions?**

**A.** Dr. David Reardon conducted a study which showed that nearly 70 percent of the rape victims choose to give birth rather than have abortions. Of those that carried their child to term, not one said they regretted that decision.<sup>4</sup>

**GRTL Position Statement on Rape and Incest**

GRTL opposes abortion for pregnancy resulting from rape or incest. Whereas we understand the trauma involved in such situations, the pre-born child conceived is no less human than one conceived consensually.

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<sup>1</sup> Reardon, Dr. David. *Victims and Victors: Speaking Out About Their Pregnancies, Abortions, and Children Resulting from Sexual Assault.*

<sup>2</sup> Fergusson, Dr. David. *Journal of Child Psychology and Psychiatry and Allied Disciplines.* 2006

<sup>3</sup> Shuping, Dr. Martha and Dr. Christopher Gaeck. *Big Girls Do Cry: the Hidden Truth of Abortion.* 2008

<sup>4</sup> Reardon, Dr. David. *Victims and Victors: Speaking Out About Their Pregnancies, Abortions, and Children Resulting from Sexual Assault.*

In the case of rape, women in such a traumatic and vulnerable situation should be loved and supported by providing resources and compassionate care including counseling and support. They should not be made to feel judgment or shame, nor told to submit to yet another violent, traumatic act – abortion.

In the case of incest, we stress the need to help the entire family expose and correct the circumstances which led to the pregnancy and not cover them up with an abortion which just perpetuates the situation. Again, the pre-born child is an innocent party and should not be killed as a ‘solution’ to the complex societal and familial problems involved.

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## **2. Stem Cell Research**

### **Talking Points**

- Human embryos are human beings by their genetic makeup and therefore deserving of protection.
- Human embryonic stem cell research destroys young human life. It is never morally or ethically justifiable to kill one human in order to benefit another.
- Adult (non-embryonic) stem cell research does not require the destruction of human lives.
- We need to work to provide funding for research that saves human life, not research that destroys it.
- Adult stem cell research has treated over 73 diseases to date.<sup>5</sup>
- Embryonic stem cell research has cured 0 diseases.<sup>6</sup>
- Our taxpayer dollars should not go to the funding of the destruction of innocent human life.
- In May 2009, adult stem cells cured a boy in Texas of sickle cell anemia.<sup>7</sup>
- Recent studies show that non-embryonic stem cell “alternatives” are taking the lead when it comes to successful research and clinical trials.<sup>8</sup>

### **Frequently Asked Questions and Answers for Candidates**

#### **Q. Do you oppose stem cell research?**

**A.** I support ethical stem cell research which does not destroy a human life, such as adult stem cell and induced pluripotent stem cell (iPSC) research. Adult stem cells are obtained from our own bodies, or from the placenta and umbilical cord following a birth.

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<sup>5</sup>The Coalition for Americans for Research Ethics [www.stemcellresearch.org](http://www.stemcellresearch.org)

<sup>6</sup>The Coalition for Americans for Research Ethics [www.stemcellresearch.org](http://www.stemcellresearch.org)

<sup>7</sup>“Adult Stem Cells Cure Child.” <http://www.onenewsnow.com/Culture/Default.aspx?id=543298>. May 2009

<sup>8</sup><http://stemcellsthatwork.blogspot.com/2014/10/non-embryonic-stem-cell-alternatives.html>

I oppose human embryonic stem cell research which always results in the destruction of an embryo—a developing child.

**Q. What are the main differences between embryonic and adult stem cell research?**

**A.** Human Embryonic Stem Cell (hESC) Research involves the destruction of pre-born children in order to obtain research materials. Embryonic stem cells are totipotent which means they have the potential to become any other type of tissue in the body. However, they are very hard to control. (hESC has resulted in 0 cures for disease.)

Adult stem cells (ASC) are found in 12 different places in the body. They are pluripotent which means it is already determined what types of cells they will become. However, in 2008, induced pluripotent stem cells were discovered. This process involves taking adult stem cells and reprogramming them to resemble embryonic-like stem cells, which are naturally pluripotent.

One of the greatest benefits of using iPSC replacement therapies is that, "...since iPSC cells can be made from a patient's own skin, they could be used to grow specialized cells that exactly match the patient and would not be rejected by the immune system."<sup>9</sup> (Scientists are still working to control the iPSC cells.<sup>10</sup> ASC has resulted in 73 treatments of diseases and a wide range of application.<sup>11</sup>)

**Q. Why don't you support embryonic stem cell research? It's just an embryo. People can be saved through these treatments.**

**A.** Human embryonic stem cell research promotes the destruction of human life. I will not promote any research that puts the value of one person's life over that of another for a potential cure.

Embryos are tiny human beings in a stage of life, no less valuable than infants, toddlers, teenagers or adults. As innocent humans they deserve our respect and protection. When used for research, the embryo is always destroyed—always.

Aside from the ethical and moral prohibition against killing an innocent human life, the process is an absolute failure. Scientists are creating and killing human beings for no purpose. Embryonic stem cells have not cured a single disease—zero.

Adult stem cells on the other hand have been used to treat more than 70 diseases, such as: diabetes, Parkinson's, breast cancer, leukemia, ovarian cancer, paralysis, lupus, multiple sclerosis, cirrhosis of the liver and many more.

Scientific reports show that it is unnecessary to utilize hESCs in many cases. For example, a Harvard lab experimentation on stem cells in making insulin "makes the case

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<sup>9</sup> <http://www.eurostemcell.org/factsheet/ips-cells-and-reprogramming-turn-any-cell-body-stem-cell>

<sup>10</sup> <http://stemcellassays.com/2015/09/first-ips-cell-clinical-trial-insights/>

<sup>11</sup> <http://www.stemcellresearchfacts.org/treatment-list/>

that embryonic stem cells are not needed for ... any future production.” because the test results were the same using either iPSCs or hESCs.<sup>12</sup>

**Q. An embryo is a clump of cells. What proof do you have that it is a human being?**

**A.** The term “embryo” refers to a biological stage of development. It does not determine what something is, but rather what stage in life it is. For instance, you can say the term “infant” and it does not determine what the living being is but rather the stage that the animal or child is currently.

According to the Law of Biogenesis, living beings reproduce after their own kind. When the DNA of a human female through the oocyte (egg) and the sperm of a human male are combined together, the result can only be a human being.

**Q. What about the leftover embryos from in vitro fertilization? They are going to sit frozen in clinics, so why not use them for research?**

**A.** How a person was conceived does not change his or her value. These embryos are still human beings by their genetic make-up and deserve legal protection. These so-called extra embryos are being adopted by couples who want to have children. Through groups like Nightlight Christian Adoptions, over 450 babies have been born who were once viewed as “excess leftover embryos.”<sup>13</sup>

**GRTL Position Statement on Stem Cell Research**

GRTL supports research that can save the lives of human beings without causing harm to other lives. Stem cell research, where adult stem cells, cord blood, induced pluripotent stem cells or other life affirming sources are used, receives the support of GRTL. We oppose all forms of research where living human embryos, pre-born children, are destroyed; this includes destructive human embryonic stem cell research, as well as fetal tissue research.

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**3. Human Cloning**

**Talking Points**

- Scientists differentiate between two types of cloning: reproductive cloning where the embryo is carried to full term; and research or therapeutic cloning which involves the creation of human life to be destroyed after research purposes are complete.

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<sup>12</sup> <http://www.stemcellresearch.org/blog/more-embryonic-stem-cell-hype-less-reality-and-ethics/>

<sup>13</sup> <https://www.nightlight.org/snowflakes-embryo-donation-adoption/>

Lester, Natalie. “Embryo Adoption Becoming the Rage.” *The Washington Times*.

<http://washingtontimes.com/news/2009/apr/19/embryo-adoption-becoming-rage/>. April 19, 2009.

- In reality the only difference between reproductive and therapeutic cloning is the length of time the newly created human being is allowed to live before being destroyed.<sup>14</sup>
- Untold thousands of eggs are necessary to conduct research cloning, which creates an unethical inducement for women to produce them, regardless of the health risk.
- The process of egg extraction is unsafe for women. At least 25 women have died from (and thousands have had problems with) the drug that is commonly used to stimulate a woman's ovaries to produce many times more than the normal number of eggs.
- As of 2006, there was a growing international trade of human ova. This resulted in the brutal exploitation of young women in Eastern Europe and other countries. Research cloning targets women, especially young, low income women (*i.e.* female college students).<sup>15</sup>
- The ethical controversies surrounding cloning far exceed the benefits. At its core, cloning devalues life – it is the artificial creation of human life for the purpose of destroying it.
- Scientists agree that while cloning has a high rate of failure, it also introduces a multitude of ethical problems.

### **Frequently Asked Questions and Answers for Candidates**

#### **Q. What is the difference between reproductive and therapeutic or research cloning?**

**A.** Cloning is a process called somatic cell nuclear transplantation (SCNT). All clones - reproductive or therapeutic - made through SCNT are made the same way; the only difference is what is done with cloned embryos after they are created.<sup>16</sup>

In reproductive cloning, the clone is allowed to live and is brought to full term (in the United States the practice is to destroy human clones at 14 days old). In research or therapeutic cloning, the clone is experimented upon in his or her first few days of life and then killed. (This is the type of cloning used to harvest stem cells for embryonic stem cell research.)

Therapeutic cloning is evil because it destroys human life. Reproductive cloning is dehumanizing and evil because it makes man the creator and destroyer of life.

#### **Q. Isn't human cloning necessary for stem cell research to advance?**

**A.** No, stem cell research can still advance (and is advancing) without the use of human cloning to create embryonic stem cells. For instance, many adult stem-cell therapies use a patient's own cells, removing the possibility of tissue rejection. Those who cannot use their own cells can often get cells transplanted from a relative who has a compatible tissue type. Adult stem-cell research does not require human cloning for any reason. If a state

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<sup>14</sup> <http://www.mccl.org/Page.aspx?pid=290>

<sup>15</sup> *Problems with Egg Donation.* <http://www.handsoffourovary.com/pr.htm>

<sup>16</sup> *Reproductive vs. Therapeutic Cloning.* <http://www.mccl.org/Page.aspx?pid=290>

wants to pursue stem-cell research, there are other ways of doing it without the need to clone and destroy human embryos.<sup>17</sup>

The stated goal is to use a cloned human's stem cells as a perfect genetic match to treat that person for diseases – treatment that can already be accomplished ethically using adult stem cells that are reprogrammed (known as induced pluripotent stem cells or iPSC). Scientists are currently comparing the effectiveness of the cloned stem cells to the iPSC.

**Q. I'm against reproductive cloning. Why is research cloning seen as an unethical procedure?**

**A.** Research cloning involves the creation of human life for the sole purpose of destroying it to use it for research. Even though the human life may not grow beyond 4 or 5 days, it still does not change what it is, an innocent human being.

Human life begins at fertilization. Regardless of how that life was created, it is still an innocent human being. When human life is created just to be destroyed for research, human beings will be seen as commodities to be created, manipulated, and destroyed rather than distinct individuals created in the image of God.

**GRTL Position on Human Cloning**

GRTL strongly advocates for the passage of tightly written legislation at the national and state level that will permanently ban all human cloning including research on embryos. If human cloning proceeds, our minds can conjure up many scenarios of abuse of human cloning as our society creates human beings not in God's own image but in our own.

Human cloning is an inherent violation of human dignity. As with abortion and assisted reproductive technologies, such as in-vitro fertilization, human cloning denies the most fundamental of human rights – the right to life. The research process inevitably requires scientists to destroy and discard their 'failed' experiments. For example, it took 277 attempts at cell manipulation and 29 embryo implants before the sheep, Dolly, was produced.

Cloning would further violate human dignity by denying the intrinsic value and uniqueness of each human life, thereby viewing human beings as products or commodities. For this same reason we already oppose surrogate parenting contracts, genetic screening of embryos before uterine implanting, and sex selection abortion. Cloning could not possibly respect the intrinsic value of the person created, because a cloned person will not be created simply for his or her value as a person. There will always be an intended and specific utility attached to a cloned person because he or she was created with a particular

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<sup>17</sup> Talking Points on Stem Cell Research and Cloning. <http://dl.aul.org/bioethics/human-cloning-and-stem-cell-research-talking-points>.

genetic make-up for some purpose. Any action taken to create or destroy human beings based on their genetic qualities denies their intrinsic value.

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#### **4. “The Abortion Pill” (Also called Medical or Chemical Abortion)**

##### **Talking Points**

- Mifepristone or Mifeprex is a chemical abortifacient taken orally to end a pregnancy, not to prevent it. It is usually followed two days later by Misoprostol. Mifepristone was developed in France first marketed as RU-486.
- It is a high dose anti-progesterone steroid typically taken between the fifth and ninth weeks of pregnancy. By this time, the child has a heartbeat, brain waves and developing arms and legs.
- It has a failure rate of 3 percent, usually necessitating a surgical abortion.<sup>18</sup>
- Drugs that end a developing human life are not good for women or children.
- At least 14 women have died as a result of the drugs. Many others have experienced serious adverse effects.
- Mifepristone use in the United States was allowed by the Food and Drug Administration (FDA) under an accelerated program that did not thoroughly research its impact on women in advance.
- An FDA report, as of April 2011, cited 14 maternal deaths, 2207 adverse effects including hospitalizations, the need for blood transfusions, infections, sepsis and complications from ectopic pregnancies.<sup>19</sup>

##### **Frequently Asked Questions and Answers for Candidates**

###### **Q. Is this a “morning after pill?”**

**A.** No, Mifepristone is taken after pregnancy is confirmed. It can be taken until 49 to 63 days after the last menstrual period. The child by this stage of development already has a beating heart, brain waves and developing arms and legs.

###### **Q. How does “The Abortion Pill” work?**

**A.** The woman first takes three Mifepristone tablets at a doctor’s office or abortion facility. This drug causes the deterioration of the uterine lining by blocking progesterone. Without progesterone, the developing baby cannot be nourished, and its placental attachment to the mother is broken down. About 24-48 hours later, the woman takes two tablets of Misoprostol (a prostaglandin) which causes cramping, contractions and heavy clotted bleeding to deliver the tiny baby and other uterine contents. She usually does this at home with the recommendation that someone be available for emotional support and to get her

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<sup>18</sup> <https://www.plannedparenthood.org/learn/abortion/the-abortion-pill>

<sup>19</sup> <http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM263353.pdf>

to a hospital in case of complications. Two weeks later, she returns to the facility to confirm that the abortion is complete. If not, she must undergo surgical abortion. Bleeding continues for two to four weeks.<sup>20</sup>

**Q. Why is “The Abortion Pill” considered dangerous for women?**

**A.** The approved two-drug regimen may, but does not require, an ultrasound which is necessary to determine gestational age of the developing baby or whether it is properly located in the uterus. (The existence of an ectopic pregnancy, for example, which is located outside the uterus in a fallopian tube, can present serious medical problems.)

There is a long list of medications which interact with these drugs,<sup>21</sup> and several conditions in which use of “The Abortion Pill” is contraindicated.<sup>22</sup>

The FDA reported that as of April 2011, the following occurred in women using Mifepristone: 2207 adverse events, including 14 deaths, 612 hospitalizations, 58 ectopic pregnancies, and 256 infections; 48 of which were classified as severe.<sup>23</sup>

**GRTL Position Statement on "The Abortion Pill"**

GRTL opposes the RU 486/prostaglandin abortion technique because it kills pre-born babies whose hearts have begun to beat, and it has injured, and even killed, women. We do not oppose testing for non-abortion related purposes; though at this time the powerful synthetic steroid RU 486 has had no proven use, other than abortion, that other drugs could not likewise provide. We also join with numerous other pro-life groups in supporting the boycott of the company, Danco, which produces and distributes the drug.

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**5. In Vitro Fertilization**

**Talking Points**

- In Vitro Fertilization (IVF) is the conception of a human being outside the body, usually in a petri dish, after retrieving eggs from a woman’s ovaries and mixing them with sperm. The resulting embryos are transferred to that or another woman’s body, frozen for future use or destroyed.

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<sup>20</sup> <https://www.plannedparenthood.org/learn/abortion/the-abortion-pill>

<sup>21</sup> [http://www.drugs.com/drug-interactions/mifepristone-index.html?filter=3&generic\\_only=http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2004/020687s010-lbl.pdf](http://www.drugs.com/drug-interactions/mifepristone-index.html?filter=3&generic_only=http://www.accessdata.fda.gov/drugsatfda_docs/label/2004/020687s010-lbl.pdf)  
[http://earlyoptionpill.com/wp-content/uploads/2014/04/Mifeprex-Labeling-4-22-09\\_Final\\_doc.pdf](http://earlyoptionpill.com/wp-content/uploads/2014/04/Mifeprex-Labeling-4-22-09_Final_doc.pdf)

<sup>22</sup> [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2004/020687s010-lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2004/020687s010-lbl.pdf)  
[http://earlyoptionpill.com/wp-content/uploads/2014/04/Mifeprex-Labeling-4-22-09\\_Final\\_doc.pdf](http://earlyoptionpill.com/wp-content/uploads/2014/04/Mifeprex-Labeling-4-22-09_Final_doc.pdf)

<sup>23</sup> <http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafety/InformationforPatientsandProviders/UCM263353.pdf>

- In Vitro Fertilization is a method of Assisted Reproductive Technology (ART) used to treat infertility in cases where other methods have failed.
- IVF is also utilized to avoid the transmission of genetic problems in couples who know they carry genetic defects.
- It can also enable homosexual partners to have babies through surrogacy arrangements.
- The success rate varies depending on many factors. A woman may have to undergo several cycles of treatment to achieve a live birth, or she may be unable to do so despite many treatments.
- IVF is invasive for the woman and involves health risks as well as emotional stress.
- IVF is expensive and not usually covered by insurance.
- Some procedures and practices surrounding IVF can involve the destruction of embryonic human beings, but there are ethical ways to avoid such destruction. Parents have the responsibility to protect and nurture their children from their earliest biological beginnings.

### **Frequently Asked Questions and Answers for Candidates**

**Q. How is In Vitro Fertilization (IVF) done?**

**A.** The woman whose eggs will be used receives hormones to stimulate her ovaries to produce multiple eggs. The development of these eggs is monitored until they are ready to be retrieved by a long needle through her vaginal wall, guided by ultrasound. The eggs are either mixed with sperm or individually injected with single sperm. Those that are successfully fertilized are grown for several days in the lab before one or more are transferred to the hormonally prepared uterus of the same woman or a gestational surrogate. Pregnancy occurs if the embryo(s) implant in the uterine wall.<sup>24</sup>

**Q. Who uses IVF?**

**A.** Couples who have male and/or female infertility issues and who have tried other assistance to conceive may elect to use IVF. Couples with risks of transmitting genetic defects sometimes use IVF with Pre-Implantation Genetic Diagnosis (see below). Homosexual couples who wish to have children related to one of the partners use IVF and a gestational surrogate.<sup>25 26</sup>

**Q. What life-destroying practices should be avoided in IVF treatments?**

**A.** There are many possible practices that do not respect the sanctity of the embryonic lives created through the IVF process. If large numbers of eggs are fertilized, they cannot all be transferred to the woman at once. In this case they are usually frozen for later use. The freezing and thawing process is not successful in all cases, and the tiny human being dies.<sup>27</sup>

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<sup>24</sup> [http://www.sart.org/ART\\_Step-by-Step\\_Guide/](http://www.sart.org/ART_Step-by-Step_Guide/)

<sup>25</sup> <https://www.ihr.com/infertility/surrogacy/gay-parent-through-surrogacy.html>

<sup>26</sup> [http://www.sart.org/Third\\_Party\\_Reproduction/](http://www.sart.org/Third_Party_Reproduction/)

<sup>27</sup> [http://www.sart.org/Third\\_Party\\_Reproduction/](http://www.sart.org/Third_Party_Reproduction/)

Often only embryos that “look good” are transferred or frozen; others are discarded. In the case of possible genetic defects, a cell is removed from the embryos and tested for the faulty genes. Such screening is called Pre-Implantation Genetic Diagnosis. If faulty genes are found, those embryos are destroyed. Only the unaffected embryos are transferred. IVF has been used for sex selection as well.

If embryos are “left over” after the couple no longer intends to use them, they may be urged to donate them for research. The only research that uses embryos also destroys them. The couple may also be given the option of discarding any unused ones.<sup>28</sup>

If “too many” embryos implant or twin after implantation, and the woman is carrying three or more babies, she will probably be advised to “reduce the pregnancy.” This is a euphemism for killing one or more of the developing babies with an injection of potassium chloride (usually between 9 and 12 weeks’ gestation) to preserve her health and the possibility of live births of the remainder. There is however a risk the “reduction” will cause the loss of all of the babies.<sup>29 30 31</sup>

### **Q. So how can IVF be done in life-affirming ways?**

**A.** First the practitioner must be willing to abide by the ethical, life-affirming limitations the couple requires. To protect both the mother and the children in IVF, a very limited number of embryos are created in a cycle, and all of them are transferred in that cycle. (In many European countries, these protections are in place by law.) This also requires a willingness to carry multiples to term if more than one embryo is transferred, or the one twins. The responsibility of parents to protect and nurture their children begins at their earliest biological beginning.

### **Q. What are the health risks for women involved in IVF?**

**A.** The prime health risk is Ovarian Hyperstimulation Syndrome (OHSS) which can have very serious effects, even death.<sup>32</sup> Risks include infection, miscarriage, ectopic pregnancy, multiple births and attending issues.<sup>33</sup> Since the oldest IVF child is about 40 years old, we do not know much about the long-term health risks to the children conceived in this way, but there is a higher level of birth defects.<sup>34</sup>

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<sup>28</sup> [http://www.sart.org/ART\\_Step-by-Step\\_Guide](http://www.sart.org/ART_Step-by-Step_Guide)

<sup>29</sup> <http://via.library.depaul.edu/cgi/viewcontent.cgi?article=1163&context=jhcl>

<sup>30</sup> <http://www.reproductivefacts.org/topics/detail.aspx?id=1610>

<sup>31</sup> [http://www.nytimes.com/2011/08/14/magazine/the-two-minus-one-pregnancy.html?\\_r=0](http://www.nytimes.com/2011/08/14/magazine/the-two-minus-one-pregnancy.html?_r=0)

<sup>32</sup> [http://www.reproductivefacts.org/FACTSHEET\\_Ovarian\\_Hyperstimulation\\_Syndrome/](http://www.reproductivefacts.org/FACTSHEET_Ovarian_Hyperstimulation_Syndrome/)

<sup>33</sup> [http://www.reproductivefacts.org/uploadedFiles/ASRM\\_Content/Resources/Patient\\_Resources/Fact\\_Sheets\\_and\\_Info\\_Booklets/risksofivf.pdf](http://www.reproductivefacts.org/uploadedFiles/ASRM_Content/Resources/Patient_Resources/Fact_Sheets_and_Info_Booklets/risksofivf.pdf)

<sup>34</sup> <http://www.theaustralian.com.au/news/latest-news/ivf-an-evolutionary-experiment-warning/news-story/8068727634aa38ecc9680cf59d08f0c7>

## GRTL Position Statement on In Vitro Fertilization

While GRTL empathizes with the many couples who turn to IVF as a treatment for infertility, we caution that some commonly used procedures surrounding this practice can cause the deaths of children at the embryonic stage. Any IVF procedure which leads to the destruction of human life at any level of development is opposed by GRTL. To protect both mothers and children, GRTL calls for parents undergoing the in vitro process to limit the number of human embryos created in a single cycle to the number to be transferred in that cycle. In IVF, as in any other means of procreation, the responsibility of parents to protect and nurture their children begins at fertilization.

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### 6. Federal Funding of Abortions

#### Talking Points

- Taxpayer dollars should not be used to fund abortions. If abortion is a private matter, then why should taxpayers be forced to pay for this private decision?<sup>35</sup>
- Instead of funding abortions using taxpayers' money, we need to work to give pregnant women options and resources through pregnancy resource centers, churches, and community centers.
- In the state of Georgia, federal funding is made available for abortions in cases of rape, incest, or to save the life of the mother.<sup>36</sup>
- A report from 2013 states that Planned Parenthood (PP) "...reported receiving record taxpayer funding in [2011-12], while also performing a record number of abortions..."<sup>37</sup>
- The government (state, federal, and sometimes local) is the largest source of revenue for Planned Parenthood, contributing 41 percent or \$528.4 million according to the groups 2013-2014 annual report.
- According to one particular analysis, Planned Parenthood performed almost 1,000,000 abortions between the years 2010-2013, while making only 2,300 adoption referrals; and providing less than 30,000 prenatal services. Beginning in 2013, PP's local affiliates began providing abortion services.
- In 2010, President Obama's healthcare plan, the Patient Protection and Affordable Care Act (PPACA), declared abortion to be a part of healthcare. Therefore, federal abortion money is moved through other sources.

#### Frequently Asked Questions and Answers for Candidates

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<sup>35</sup> In 2009, marking the 36<sup>th</sup> anniversary of Roe v. Wade, President Obama released the following paper statement: "We are reminded that this decision not only protects women's health and reproductive freedom but stands for a broader principle: *that government should not intrude on our most private family matters. I remain committed to protecting a woman's right to choose,*" the statement said. [Emphasis added].

<http://abcnews.go.com/Politics/International/story?id=6716958&page=1>

<sup>36</sup> [http://www.aul.org/downloads/defending-life-2015/AUL\\_Defending\\_Life\\_2015.pdf](http://www.aul.org/downloads/defending-life-2015/AUL_Defending_Life_2015.pdf) pp.82-85.

<sup>37</sup> <http://dailysignal.com/2013/01/09/planned-parenthood-sets-record-for-abortions-and-government-funding/>

**Q. Do you oppose federal funding of abortions?**

**A.** Yes. I believe that any money spent for the purpose of destroying innocent human life is an immoral use of taxpayer dollars.

**Q. Are there laws in existence that restrict federal funding for abortions?**

**A.** Yes. Similar laws apply for Medicare recipients, federal employees, military personnel, Native Americans who receive health care through the Indian Health Services, Peace Corps volunteers, women in federal prisons, and residents of the District of Columbia.<sup>38</sup>

However, these laws do not stop the U.S. government from funding abortions abroad or state governments from funding abortions through state funds.

In January of 2009, the Mexico City Policy<sup>39</sup> was overturned which allowed for abortion providers worldwide to receive over \$461 million dollars in grants to fund their work.

**Q. Don't Planned Parenthood and other abortion providers need government funding to provide "family planning" services?**

**A.** No, the abortion business is a very lucrative industry and does not need the help of the federal government to survive. Planned Parenthood's 2015 annual report shows that they performed over 300,000 abortions and their annual revenue was just under \$1,300,000,000. That's right that number is billion!<sup>40</sup>

Because I am opposed to abortion, I also oppose the use of tax dollars to pay for abortions, abortion research, and activities, which could encourage abortion.

*Recent Polls show that 68 percent of Americans oppose taxpayer funding of abortion<sup>41</sup>*

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<sup>38</sup> "Abortion Access: Restrictions on Public Funding and Insurance Coverage." Center for Reproductive Rights.

<http://reproductiverights.org/en/project/abortion-access-restrictions-on-public-funding-and-insurance-coverage>

<sup>39</sup> Under the hotly debated "Mexico City Policy," the U.S. government could not provide funding for family planning services to clinics or groups that offered abortion-related services overseas, even if funding for those activities came from non-government sources. It essentially barred recipients of U.S. foreign aid from promoting abortion as a method of family planning. The policy, dubbed the "Global Gag Rule" by abortion rights groups, was introduced by the administration of Ronald Reagan in 1984 in Mexico City, and was instituted that year. It was then overturned by President Bill Clinton in 1993 and restored by George W. Bush at the beginning of his office in 2001.

<http://abcnews.go.com/Politics/International/story?id=6716958&page=1>

<sup>40</sup> [https://www.plannedparenthood.org/files/2114/5089/0863/2014-2015\\_PPFA\\_Annual\\_Report\\_.pdf](https://www.plannedparenthood.org/files/2114/5089/0863/2014-2015_PPFA_Annual_Report_.pdf)

<sup>41</sup> <http://www.breitbart.com/big-government/2015/01/22/poll-60-percent-of-americans-say-abortion-is-morally-wrong/>

## **GRTL Position Statement on Federal Funding of Abortions**

Because GRTL is opposed to abortion, we also oppose the use of tax dollars to pay for abortions, abortion research, and activities, which could encourage abortion as a "solution" to problem pregnancies. (The same policy is held in regard to euthanasia and infanticide.)

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### **7. Fetal Tissue Research**

#### **Talking Points**

- Any time we support the use of aborted fetal tissue for research, we support the practice of abortion and the devaluation of life.
- Taxpayer dollars should not be spent buying aborted fetuses from abortionists so that scientists can do research.<sup>42</sup>
- It is the very humanity of the pre-born that makes aborted fetal tissue so attractive to abortionists.
- Fetal tissue research exploits women by implementing more dangerous methods of abortion to obtain intact, live tissue. Researchers using fetal tissue also encourage women to maintain pregnancies (they intend to terminate) longer, to get more mature baby body parts.
- The financial motives of pharmaceutical companies and medical researchers present a great danger for the exploitation of women, pre-born children, and gravely ill patients who are most likely to fall prey to promises of miracle cures.
- Fetal tissue is hard to control when used in experiments and therefore can cause complications such as tumors.<sup>43</sup>
- The practice of fetal tissue transplantation and experimentation creates a market that is costing numerous irreplaceable lives.

#### **Frequently Asked Questions and Answers for Candidates**

##### **Q. What's the big deal with using aborted fetal tissue? The baby is dead already.**

**A.** We should never do evil so that good may result. The problem is that by supporting the sale of aborted pre-born children we are financially supporting the abortion industry.

*If a murderer offered to provide a supply of body parts, cut from his victims, for people who needed transplants, should a hospital take him up*

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<sup>42</sup> <http://www.paul.senate.gov/imo/media/doc/PP%20Letter%20.pdf>. "Planned Parenthood selling body parts of the unborn demonstrates that the organization deserves not one penny more of our taxpayer dollars...." KY Senator Rand Paul, <http://www.newsweek.com/us-health-inspectors-launch-probe-fetal-tissue-research-408877>

<sup>43</sup> <https://lozierinstitute.org/history-of-fetal-tissue-research-and-transplants/>

*on his offer? That would be absurd! The fact that it would be ‘for a good cause’ would make absolutely no difference. The purchase would not only be wrong, but would provide the murderer with a financial incentive to commit even more murders. The use of tissues from aborted babies for medical research is equally wrong, and for exactly the same reasons.*

“Nothing can diminish the fact that using human embryos or fetuses as objects or means of experimentation constitutes an assault against their dignity as human beings, who have a right to the same respect owed to every person, regardless of developmental stage.”<sup>44</sup>

### **Q. Have fetal stems resulted in any cures for human beings?**

**A.** Fetal stem cells have not cured any diseases in human beings to date.<sup>45</sup> In fact, they are still hard to control and unsafe to use in humans.

In 2009, a study was published that illustrated just how unsafe implantation of these fetal stem cells is. A young Israeli boy was given fetal stem cells, and the stem cells resulted in tumors in his brain and spinal cord.<sup>46</sup>

*The argument that fetal-derived tissues must be used in research to develop medical treatments is false. Many therapies have been developed using cell lines not of fetal origin, including insulin for diabetes (produced in bacteria), Herceptin for breast cancer and tissue plasminogen activator for heart attack, stroke and pulmonary embolism (both developed in Chinese hamster ovary cells).*

*Other successes include five new FDA-approved drugs (as of 2011) developed using the (chemical) glutamine synthetase system and more than 70 successful treatments developed using adult stem cell sources. Even though the often-cited polio vaccine was developed using fetal tissue cells, the developers of the vaccine later testified that initial studies were also successful using cells that were not of fetal origin. Therefore, it is misleading to suggest that important medical advances would not have been possible without using cells of fetal origin.*<sup>47</sup>

### **Q. How can use of fetal tissue prove to be dangerous for women?**

**A.** Aborted pre-born children of value to researchers now have a potential for creating profit. Instead of prioritizing the woman’s safety, the abortionist may want to keep the pre-

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<sup>44</sup> <http://www.jsonline.com/news/opinion/use-of-fetal-tissue-is-unethical-and-unnecessary-b99572742z1-326513781.html>

<sup>45</sup> Stem Cell Scoreboard. [www.stemcellresearch.org](http://www.stemcellresearch.org) . June 8, 2009.

<sup>46</sup> Stem Cell Boy Develops Tumors. <http://www.medicalnewstoday.com/articles/139368.php> . February 18, 2009.

<sup>47</sup> <http://www.jsonline.com/news/opinion/use-of-fetal-tissue-is-unethical-and-unnecessary-b99572742z1-326513781.html>

born child intact or perform the abortion by a different (less safe) method so that the organs will be easier to sell or “donate” for research.

*By purchasing these "products," scientists are creating a market that drives the abortion-biotechnology industry. Moreover, the timing of fetal tissue collection, as well as the procedures used to terminate the pregnancy, are critical to obtaining research-quality tissue. Effectively, no separation exists between the use of fetal tissue by the researcher and the act of abortion. This also raises important concerns about whether the health of the mother is appropriately prioritized.<sup>48</sup>*

For example, early suction abortions are less dangerous to the mother than are later abortions. However, when suction abortion is used on pre-born children slated for experimentation, the abortion process is often slowed, pressure from the suction machine is reduced, and larger dilation instruments are used. **These changes put women in greater danger.**

Abortionists might choose a procedure that “preserves” fetal body parts such as dilation and evacuation which would keep the baby intact but pose a greater risk to the mother.

#### **Q. Don't we have laws against this kind of process?**

**A.** No, we do not. Under the Clinton Administration the ban on federal funding of fetal tissue transplantation was rescinded. While it is not legal to sell the aborted fetal tissue in the U.S., abortionists find ways to get around the law by leasing out a portion of their abortion clinic to researchers who are on site when the abortions take place to receive the organs of the aborted fetuses.<sup>49</sup>

### **GRTL Position Statement on Fetal Tissue Research**

Because GRTL is opposed to abortion, we also oppose the use of tax dollars to pay for abortions, abortion research, and activities which could encourage abortion as a "solution" to problem pregnancies. (The same policy is held in regard to euthanasia and infanticide.)

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<sup>48</sup> <http://www.jsonline.com/news/opinion/use-of-fetal-tissue-is-unethical-and-unnecessary-b99572742z1-326513781.html>

<sup>49</sup> <http://www.centerformedicalprogress.org/wp-content/uploads/2015/05/CMPfactsheetfedlaw.pdf>  
<http://www.hhs.gov/ohrp/policy/publiclaw103-43.htm.html#>

## 8. Assisted Suicide and Euthanasia

### Talking Points

- Because every human being has innate worth and value, any procedure that violates the sanctity of human life should be opposed.
- Current assisted suicide laws set up the perfect crime by allowing someone else to speak for the person during the lethal dose request process and by not requiring oversight at the death. Even if the person changed their mind at the last moment, who would know? Who would be there to stop a greedy heir from administering the lethal dose regardless of any protests or struggle?<sup>50</sup>
- Once the lethal dose is issued, there is no oversight. No doctor or third party is required to be present when the lethal dose is administered. Even if the patient struggled, who would know?
- Assisted suicide and euthanasia laws encourage people, who may have years to live, to throw away their lives.
- Assisted suicide and euthanasia are a recipe for elder abuse. An older or mentally challenged person could be coerced to mail in the written request in the morning, the heir could pick up the lethal dose, and the person could be murdered within hours. No one would know, and the lethal prescription serves as an alibi.<sup>51</sup>
- People need compassionate care and resources to treat their pain and disease rather than being told their lives are not worth living and provided an early death.
- The practice of assisted suicide creates a duty to die. With death becoming a "reasonable" substitute to treatment and care as medical costs continue to rise. For instance in Oregon, where assisted suicide is legal, the state health plan steers people to suicide through coverage incentives. The plan does not necessarily cover a person's treatment for cure or to extend life, but the plan will cover the "treatment" of suicide.<sup>52</sup>
- Pain management techniques have improved and have offered relief for up to 95 percent of patients.<sup>53</sup>

### Frequently Asked Questions and Answers for Candidates

#### Q. What is assisted suicide?

**A.** Assisted suicide is the act of intentionally, knowingly and directly providing the means of death to another person so that person can use that means to commit suicide. If the person who dies performs the last act, assisted suicide has occurred.<sup>54</sup>

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<sup>50</sup> To view the Oregon and Washington assisted suicide acts in their entirety, see [ORS 127.800-995](#) and [RCW 70.245](#)

<sup>51</sup> <https://www.metlife.com/mmi/research/elder-financial-abuse.html#key%20findings>

<sup>52</sup> <http://abcnews.go.com/Health/story?id=5517492&page=1>

<sup>53</sup> <http://www.ncbi.nlm.nih.gov/books/NBK2658>

<sup>54</sup> <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion2211.page?#>

Note: Currently under Georgia law, assisted suicide is a felony.

**Q. What is euthanasia?**

**A.** Euthanasia is the act of intentionally, knowingly and directly causing the death of another person. The person dies by means other than a natural death. Euthanasia can be requested by the person who is killed (voluntary euthanasia), requested by someone else for the patient (non-voluntary euthanasia), or carried out against the wishes of the patient (involuntary euthanasia).<sup>55</sup>

**Q. Would you favor the legalization of euthanasia?**

**A.** No, I would not. I believe every human being has an inherent worth and dignity, and euthanasia attacks that dignity. Our focus in Georgia should be on creating policy to support people with negative diagnoses and physical limitations. We need to provide them with compassionate support, appropriate healthcare options, and successful pain management; not laws that coerce them to end their lives prematurely.

**Q. Isn't euthanasia or assisted suicide only available to people who are dying and in great pain?**

**A.** No, in every place euthanasia and/or assisted suicide are legal, there is no requirement that the patient be in pain in order to qualify for death.

For example, in Oregon, the official reports indicate that the reason more than 90 percent of those who die from assisted suicide do so because they are concerned about loss of autonomy and loss of ability to engage in activities making life enjoyable. Pain concerns are one of the least cited reasons for assisted suicide requests.<sup>56</sup>

In the Netherlands, mentally ill patients are given lethal injections.<sup>57</sup> In Belgium, an elderly couple announced plans to be euthanized even though neither had a terminal illness. Instead, they feared loneliness if one died from natural causes.<sup>58</sup>

Everyone – whether a person with a life-threatening illness or a chronic condition – has the right to pain relief. With modern advances in pain control, no patient should ever be in excruciating pain. Unfortunately, many doctors have never had a course in pain management so they're unaware of what to do.<sup>59</sup>

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<sup>55</sup> <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion221.page>

<sup>56</sup> Oregon Public Health Division, "Oregon's Death with Dignity Act – 2014," Feb. 2, 2015, p. 5

<sup>57</sup> <http://www.dailymail.co.uk/news/article-2779624/Number-mentally-ill-patients-killed-euthanasia-Holland-trebles-year-doctors-warn-assisted-suicide-control.html>

<sup>58</sup> <http://www.dailymail.co.uk/news/article-2770249/Healthy-OAP-couple-die-assisted-suicide-Husband-wife-support-three-children.html>

<sup>59</sup> <http://www.ncbi.nlm.nih.gov/pubmed/20590358>

If a patient who is under a doctor's care is in excruciating pain, there's definitely a need to find a different doctor. But that doctor should be one who will control the pain, not one who will prescribe or administer lethal drugs.

**Q. Shouldn't people have a right to die?**

**A.** People do have the right to die at their appointed time. However, it is not the role of government to legislate when a person can or should die, but rather to provide a safeguard for life. Many people think that euthanasia or assisted suicide is needed so patients won't be forced to remain alive by being "hooked up" to machines. But the law already permits patients or their surrogates to withhold or withdraw unwanted medical treatment even if that increases the likelihood that the patient will die. Thus, no one needs to be hooked up to machines against their will.

Neither the law nor medical ethics requires that "everything be done" to keep a person alive. Insistence, against the patient's wishes, that death be postponed by every means available is contrary to law and practice. It is also cruel and inhumane.

There comes a time when continued attempts to cure are not compassionate, wise, or medically sound. That's when hospice, including in-home hospice care, can be of great help. That is the time when all efforts should be directed to making the patient's remaining time comfortable. Then, all interventions should be directed to alleviating pain and other symptoms as well as provide emotional and spiritual support for both the patient and the patient's loved ones.

Euthanasia and assisted suicide are not about giving rights to the person who dies, but instead they are about changing public policy so that doctors, relatives, and others can directly and intentionally end another person's life. Ultimately, this change in law would not give rights to the person who is killed, but to the person who does the killing. It would not create a right to die, but rather a right to kill.

**Q. What's the big deal? Other nations have legalized euthanasia.**

**A.** In the Netherlands, legalizing voluntary assisted suicide for those with terminal illness has spread to include involuntary euthanasia for many who have no terminal illnesses.<sup>60</sup>

Seven percent of the killings in the Netherlands were done without the explicit request of the patient,<sup>61</sup> and the problems for which death is now the legal "solution" include such things as mental illness,<sup>62</sup> permanent disability,<sup>63</sup> and even simple old age.

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<sup>60</sup> [http://www.dutchnews.nl/features/2016/02/a-huppekeeeuthanasia/?utm\\_source=newsletter](http://www.dutchnews.nl/features/2016/02/a-huppekeeeuthanasia/?utm_source=newsletter)

<sup>61</sup> <http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLen&PA=81655ENG&LA=en>

<sup>62</sup> [http://www.nytimes.com/2016/02/11/health/assisted-suicide-mental-disorders.html?\\_r=4](http://www.nytimes.com/2016/02/11/health/assisted-suicide-mental-disorders.html?_r=4)

<sup>63</sup> [https://www.washingtonpost.com/opinions/where-the-prescription-for-autism-can-be-death/2016/02/24/8a00ec4c-d980-11e5-81ae-7491b9b9e7df\\_story.html](https://www.washingtonpost.com/opinions/where-the-prescription-for-autism-can-be-death/2016/02/24/8a00ec4c-d980-11e5-81ae-7491b9b9e7df_story.html)

Euthanasia and assisted suicide are not private acts. Rather, they involve at least one person facilitating the death of another. This is a matter of very serious public concern since it can lead to tremendous abuse, exploitation and erosion of care for the most vulnerable people among us.

### **GRTL Position Statement on Assisted Suicide and Euthanasia**

GRTL opposes all attempts to legalize/condone assisted suicide and euthanasia. This includes the intentional use of medical technology to cause death or speed up the dying process by withholding ordinary, appropriate, and prudent medical care.

On the other hand, GRTL supports the traditional Judeo-Christian ethic that holds that although one must use ordinary, appropriate means to maintain one's health, one is not bound to use extraordinary and heroic measures. Thus, death may be allowed to come naturally to the terminally ill when such heroic means only prolong the dying process and contain no hope for a reasonable return of health.

Georgia Right to Life believes that we owe our sick and dying something greater than unnecessary "right to die" bills, which are the first steps toward a duty to die and legalized euthanasia. There is a greater and clearer need to help the sick and dying to secure compassionate support and good health care.



### Georgia Right to Life PAC Principles

WHEREAS, the 14<sup>th</sup> Amendment of the U.S. Constitution states, “nor shall any state deprive any person of life, liberty or property, without due process of law, nor deny to any person within its jurisdiction the equal protection of the law,” Georgia Right to Life PAC affirms the principle that the right to life is the bedrock upon which all other Constitutional rights are derived.

IN ADDITION, we believe, in the face of compelling biological evidence, that a continuum of human life and personhood begins at the moment of fertilization and ends at natural death, the ethical treatment of human embryos must include their “best interests,”

THEREFORE, as a candidate for public office, I affirm my support for a Human Life Amendment to the Georgia Constitution and other actions that would support these principals. This would assure that regardless of race, age, degree of disability, manner of conception or circumstances surrounding a terminal illness, that the civil rights of the pre-born at an embryonic or fetal level, the elderly and those with mental or physical infirmities are protected by law and are violated when we allow destructive embryonic stem cell research, therapeutic or reproductive cloning, animal human hybrids, abortion (in the rare case that the mother's life is indeed endangered by a continuation of the pregnancy, sound medical practice would dictate that every effort be made to save both lives), infanticide, euthanasia or assisted suicide.

The GRTL PAC will regard a vote for legislation containing language in violation to that described above as a vote in direct opposition to the Affirmation you signed. This action will result in immediate removal of your GRTL PAC endorsement and will be reported in subsequent communications from Georgia Right to Life to the grassroots activists in our state.

### PERSONHOOD Affirmation

As a candidate for public office I agree to uphold these principles and positions.

Signed \_\_\_\_\_

Candidate for \_\_\_\_\_

Date \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Please FAX signed copy to 770-339-1711 or email to [stateoffice@grtl.org](mailto:stateoffice@grtl.org)**

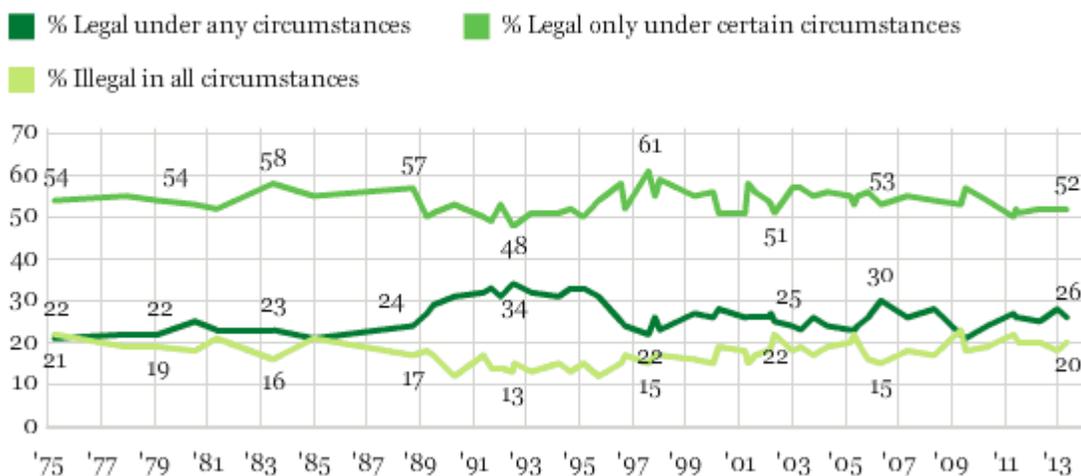
## Appendices

### First Appendix: 2013 Gallup Poll on Abortion by Lydia Saad

PRINCETON, NJ - May 10, 2013 -- As Philadelphia abortion doctor Kermit Gosnell awaits the jury verdict in his capital murder trial, Gallup finds 26% of Americans saying abortion should be legal under any circumstances and 20% saying it should be illegal in all circumstances. The majority, 52%, opt for something in between, as has been the case in nearly every Gallup measure of this question since 1975.

#### *Degree to Which Abortion Should Be Legal*

Do you think abortions should be legal under any circumstances, legal only under certain circumstances, or illegal in all circumstances?



Note: The trend includes two polls conducted by Gallup/Newsweek: January 1985 and July 1992.

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Current views on the legality of abortion, based on Gallup's annual Values and Beliefs poll, conducted May 2-7, are nearly identical to those from Gallup's prior measures in December and May 2012. More generally, they are similar to what Gallup has found for most of the past decade, except for a brief period between 2005 and 2006, when the balance of the two absolutist positions tilted more heavily in favor of abortion being legal in all circumstances.

Gallup poses a follow-up question of respondents who opt for the middle position -- those saying abortion should be "legal only under certain circumstances" -- asking if it should be legal in most or in only a few circumstances. The responses break nearly 3-1 in favor of the more restrictive policy.

The resulting distribution of views shows 26% of Americans favoring legalized abortion under any circumstances, 13% favoring legality under most circumstances, 38% favoring it in only in a few circumstances, and 20% saying it should be illegal in all circumstances.

*Americans' Detailed Views on When Abortion Should Be Legal*

By gender, age, and party ID

	<b>Legal under any circumstances</b>	<b>Legal under most circumstances</b>	<b>Legal only in a few circumstances</b>	<b>Illegal in all circumstances</b>
	%	%	%	%
U.S. adults	26	13	38	20
Men	24	13	39	20
Women	28	12	37	20
18 to 34 years	29	12	34	23
35 to 54 years	27	13	39	18
55 and older	22	12	42	19
Republican	13	8	50	28
Independent	24	14	37	22
Democrat	39	15	31	12

May 2-7, 2013

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## Second Appendix: 2013 Georgia Abortion Statistics

### 27,456 Abortions in Georgia in 2013

Age of Patient			Race of Patient		
<15	124	<1%	Black	16,370	60%
15-17	820	3%	White	6,714	24%
18-24	10,496	38%	Hispanic/Latino	1,847	7%
25-29	7,235	26%	Other	<u>2,525</u>	9%
30-34	5,008	18%	Total	<b>27,456</b>	
35-39	2,781	10%			
40-44	924	3%			
>44	68	<1%			
Total	<b>27,456</b>				

### Georgia Abortions by Year

	GA	Out of State	Total
2012	28,036	N/A *	
2011	29,558	N/A *	
2010	31,315	3,270	34,585
2009	30,330	2,595	32,925
2008	32,066	2,434	34,500
2007	29,415	1,623	31,038
2006	27,642	2,908	30,550
2005	28,015	3,724	31,739
2004	28,628	4,080	32,708
2003	30,396	4,149	34,545
2002	30,432	3,866	34,298
2001	30,064	3,481	33,545
2000	28,891	2,789	31,680
1999	29,942	3,153	33,095
1998	29,238	3,111	32,349
1997	32,158	544	32,702
1996	32,417	3,373	35,790
1995	32,369	2,809	35,178
1994	33,516	2,858	36,374

\*In 2011, the GA Division of Health no longer provided the number of abortions performed on out of state residents

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This data provided by Oasis website from information from the Georgia Division of Public Health

NUMBER OF REPORTED INDUCED ABORTIONS BY COUNTY OF RESIDENCE							
GEORGIA RESIDENTS 2013							
Appling	10		Fannin	10		Oglethorpe	13
Atkinson	0		Fayette	192		Paulding	220
Bacon	5		Floyd	155		Peach	87
Baker	0		Forsyth	173		Pickens	22
Baldwin	139		Franklin	24		Pierce	1
Banks	9		Fulton	5305		Pike	24
Barrow	102		Gilmer	8		Polk	65
Barlow	151		Glascock	4		Pulaski	8
Ben Hill	12		Glynn	42		Putnam	33
Berrien	1		Gordon	63		Quitman	2
Bibb	584		Grady	1		Rabun	18
Bleckley	16		Greene	30		Randolph	5
Brantley	1		Gwinnett	2896		Richmond	960
Brooks	1		Habersham	31		Rockdale	335
Bryan	59		Hall	273		Schley	2
Bulloch	183		Hancock	36		Screven	24
Burke	55		Haralson	34		Seminole	0
Butts	45		Harris	16		Spalding	120
Calhoun	5		Hart	25		Stephens	23
Camden	4		Heard	5		Stewart	4
Candler	15		Henry	690		Sumter	40
Carroll	263		Houston	315		Talbot	12
Catoosa	48		Irwin	2		Taliaferro	2
Charlton	1		Jackson	91		Tattnall	27
Chatham	1133		Jasper	25		Taylor	14
Chattahoochee	6		Jeff Davis	6		Telfair	14
Chattooga	12		Jefferson	56		Terrell	8
Cherokee	326		Jenkins	6		Thomas	5
Clarke	340		Johnson	6		Tift	22
Clay	1		Jones	25		Toombs	38
Clayton	1217		Lamar	27		Towns	6
Clinch	0		Lanier	1		Treutlen	12
Cobb	2503		Laurens	89		Troup	113
Coffee	7		Lee	20		Turner	10
Colquitt	9		Liberty	225		Twiggs	8
Columbia	171		Lincoln	16		Union	9
Cook	0		Long	23		Upson	42
Coweta	226		Lowndes	18		Walker	61
Crawford	11		Lumpkin	33		Walton	246
Crisp	31		McDuffie	66		Ware	5
Dade	6		McIntosh	10		Warren	30
Dawson	26		Macon	22		Washington	56
Decatur	1		Madison	28		Wayne	23
De Kalb	3879		Marion	9		Webster	0
Dodge	26		Mertwether	27		Wheeler	4
Dooly	14		Miller	2		White	22
Dougherty	138		Mitchell	7		Whitfield	97
Douglas	471		Monroe	44		Wilcox	6
Early	7		Montgomery	10		Wilkes	26
Echols	0		Morgan	20		Wilkinson	23
Effingham	76		Murray	29		Worth	8
Elbert	30		Muscogee	415			
Emanuel	70		Newton	312			
Evans	14		Oconee	43		Total	27,456

### Third Appendix: 2009 Georgia GOP Preserving Our Values Resolution



#### ***Preserving Our Values Resolution***

Passed May 16, 2009

Whereas the Georgia Republican Party has a long tradition of strong support for traditional family values including the Right to Life for all Georgians from fertilization to natural death; Marriage as between only a man and a woman, and 2<sup>nd</sup> amendment rights for an individual's right to self defense to name a few;

Be it therefore resolved this May 16<sup>th</sup>, 2009 that the Georgia State Republican Party Convention does hereby reaffirm our support for families and values as presented in the National Republican Party Platform and call for support for a human life amendment to the Georgia Constitution and endorses making clear that the protections under the Fourteenth Amendment of the United States Constitution apply to unborn children, and

Be it further resolved that since the Fourteenth Amendment guarantees all citizens equal protection under the law and that since hate crimes legislation elevates some victims of violent crimes over others, we the Republican Party of Georgia oppose the passage of any Hate Crimes legislation, and we call upon the Congress of the United States of America to oppose such legislation;

Be it further resolved that the authority claimed by the United Nations Committee on the Rights of the Child represents a direct affront to fundamental parental rights and the Georgia Republican Party opposes the ratification of the United Nations Convention on the Rights of the Child and calls on the Congress of the United States and its many states to propose and ratify an amendment to the United States Constitution preserving the liberty of parents to direct the upbringing and education of their children as a fundamental right;

And that this resolution be forwarded to the President of the United States, Speaker of the U.S. House of Representatives, President of the Senate, each member of the Georgia Congressional Delegation in Washington DC, the Governor of Georgia, the Lieutenant Governor, the Speaker of the Georgia House of Representatives, and each member of the Legislative Delegation in Atlanta, Georgia. ***www.gagop.org***