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

Thomas Jefferson
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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. A 2006 study by Dr. David Fergusson along with a 2008 review by Dr. Martha Shupping confirms that over 40 peer reviewed studies show that abortion has a negative psychological, physical, and emotional impact on women. Abortion hurts women.

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.

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.

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.

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.

1 Reardon, Dr. David. Victims and Victors: Speaking Out About Their Pregnancies, Abortions, and Children Resulting from Sexual Assault.
3 Shupping, Dr. Martha and Dr. Christopher Gaeck. Big Girls Do Cry: the Hidden Truth of Abortion. 2008
4 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.

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.5
- Embryonic stem cell research has cured 0 diseases.6
- 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.7
- Recent studies show that non-embryonic stem cell “alternatives” are taking the lead when it comes to successful research and clinical trials.8

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.

5The Coalition for Americans for Research Ethics www.stemcellresearch.org
6 The Coalition for Americans for Research Ethics www.stemcellresearch.org
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 iPS 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.”9 (Scientists are still working to control the iPS cells.10 ASC has resulted in 73 treatments of diseases and a wide range of application. 11)

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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11 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. 12

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."13

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.

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.

12 http://www.stemcellresearch.org/blog/more-embryonic-stem-cell-hype-less-reality-and-ethics/
13 https://www.nightlight.org/snowflakes-embryo-donation-adoption/

• 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.\(^{14}\)
• 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).\(^{15}\)
• 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.\(^{16}\)

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

wants to pursue stem-cell research, there are other ways of doing it without the need to clone and destroy human embryos.\(^\text{17}\)

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

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

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.\(^\text{18}\)
- 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.\(^\text{19}\)

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.

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18 https://www.plannedparenthood.org/learn/abortion/the-abortion-pill
with the recommendation that someone be available for emotional support and to get her 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.20

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,21 and several conditions in which use of “The Abortion Pill” is contraindicated.22

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.23

**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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20 [https://www.plannedparenthood.org/learn/abortion/the-abortion-pill](https://www.plannedparenthood.org/learn/abortion/the-abortion-pill)
[http://www.accessdata.fda.gov/drugsatfda_docs/label/2004/020687s010-lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2004/020687s010-lbl.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.24

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.25 26

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.27

26 http://www.sart.org/Third_Party_Reproduction/
Often only embryos that “look good” are transferred or frozen; others are destroyed. 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.\(^{28}\)

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.\(^{29}\)\(^{30}\)\(^{31}\)

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.\(^{32}\) Risks include infection, miscarriage, ectopic pregnancy, multiple births and attending issues.\(^{33}\) 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.\(^{34}\)

Q. What alternatives are there for couples unable to conceive?
A. An alternative for couples considering IVF to evaluate is Embryo Adoption, where the couple actually adopts frozen embryos from the biological parents before birth. Physical

\(^{28}\) http://www.sart.org/ART_Step-by-Step_Guide
\(^{29}\) http://via.library.depaul.edu/cgi/viewcontent.cgi?article=1163&context=jhcl
\(^{30}\) http://www.reproductivefacts.org/topics/detail.aspx?id=1610
\(^{31}\) http://www.nytimes.com/2011/08/14/magazine/the-two-minus-one-pregnancy.html?_r=0
\(^{32}\) http://www.reproductivefacts.org/FACTSHEET_Ovarian_Hyperstimulation_Syndrome/
\(^{33}\) http://www.reproductivefacts.org/uploadedFiles/ASRM_Content/Resources/Patient_Resources/Fact_Sheets_and_Info_Booklets/risksofivf.pdf
impact on the adoptive mother is minimized from what IVF involves in that the egg stimulation and retrieval hormones and procedures have been accomplished by the biological mother. The adoptive couple has the satisfaction of saving the child(ren) from continued freezing or destruction. The financial costs are also less than IVF."

The Georgia General Assembly passed a bill in 2010 creating the option of adoption in the State.

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.

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?35
• 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.36
• 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…”37
• 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.

35 In 2009, marking the 36th 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]
37[http://dailysignal.com/2013/01/09/planned-parenthood-sets-record-for-abortioncs-and-government-funding/]
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

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.38 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 Policy39 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!40

39 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
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

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.)

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.
• 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.
• The practice of fetal tissue transplantation and experimentation creates a market that is costing numerous irreplaceable lives.


43 https://lozierinstitute.org/history-of-fetal-tissue-research-and-transplants/
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 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.”44

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.45 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.46

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. 47

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-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. 48

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. 49

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.)

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?50
- 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.51
- 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.52
- Pain management techniques have improved and have offered relief for up to 95 percent of patients.53

Frequently Asked Questions and Answers for Candidates

Q. What is assisted suicide?

50 To view the Oregon and Washington assisted suicide acts in their entirety, see ORS 127.800-995 and RCW 70.245
51 https://www.metlife.com/mmi/research/elder-financial-abuse.html#key%20findings
52 http://abcnews.go.com/Health/story?id=5517492&page=1
53 http://www.ncbi.nlm.nih.gov/books/NBK2658
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.\(^{54}\)

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).\(^{55}\)

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.\(^{56}\)

In the Netherlands, mentally ill patients are given lethal injections.\(^{57}\) 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.\(^{58}\)


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.\(^{59}\)

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.\(^{60}\)

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\(^{60}\) [http://www.dutchnews.nl/features/2016/02/a-huppekeeeuthanasia/?utm_source=newsletter](http://www.dutchnews.nl/features/2016/02/a-huppekeeeuthanasia/?utm_source=newsletter)
Seven percent of the killings in the Netherlands were done without the explicit request of the patient,61 and the problems for which death is now the legal "solution" include such things as mental illness,62 permanent disability,63 and even simple old age.

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.

9. Health and Life of the Mother

Talking Points

- The child in the womb is a unique, living, human being with innate worth and value and should be treated accordingly.
- An abortion is the termination of a pregnancy after, accompanied by, resulting in, or closely followed by the death of the embryo or fetus.64
- In the 1973 companion case to Roe v Wade, the Doe v Bolton decision created a broad "health" exception for abortions after viability. SCOTUS agreed that medical judgment may be exercised in the light of "all factors - physical, emotional,

63 https://www.washingtonpost.com/opinions/where-the-prescription-for-autism-can-be-death/2016/02/24/8a00ec4c-d980-11e5-81ae-7491b9b9e7df_story.html
64 https://www.merriam-webster.com/dictionary/abortion
psychological, familial, and the woman's age - relevant to the wellbeing of the patient. All these factors may relate to health.  

- There is a fundamental difference between abortion, and necessary medical treatments that are carried out to save the life of the mother, even if such treatments result in the loss of life of her pre-born child.  
- Over 1000 medical providers have signed the Dublin Declaration, which affirms that abortion is not "medically necessary to save the life of a woman". 
- The American Association of Pro-life Obstetricians and Gynecologists (AAPLOG) with over 2500 members, believes in "treatment to save the mother's life,' including premature delivery if that is indicated. This is NOT 'abortion to save the mother’s life.' We are treating two patients, the mother and the baby, and every reasonable attempt to save the baby’s life would also be a part of our medical intervention." 
- 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.

Frequently Asked Questions and Answers for Candidates

Q. How can you claim to be pro-life and oppose saving the life of the mother?
A. I do support efforts to save a mother’s life. We should not be pitting a mother against her child. I support that every effort be made to save both lives.

Q. How does that work?
A. Attempting to save both lives does not involve abortion - the deliberate killing of a child in the womb, which sacrifices the child to save the mother. Neither the woman nor the child should be deliberately sacrificed for the other one.

Q. What if the mother lives, but the child dies?
A. That would be a very regrettable consequence of treating both the mother and the child, but it isn't an abortion - the deliberate killing of a pre-born child.

Q. Aren't there cases where an abortion is the only option?
A. No. According to the American Association of Pro-life Obstetricians and Gynecologists (AAPLOG) abortion is never medically necessary to save the life of the mother. Anyone

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66 https://www.dublindeclaration.com/
67 https://www.dublindeclaration.com/
who claims that is ignoring medical facts. Efforts to save the child should not hinder saving the life of the mother.

Q. According to the American College of Obstetricians and Gynecologists, more than 600 women die each year from pregnancy and childbirth related issues. Would you really allow these women to die rather than have an abortion?

A. Absolutely not. I believe everything should be done to save both lives. It is never necessary to rip a child apart in the womb in order to save the life of the mother. If the mother’s life is endangered by a continuation of the pregnancy, sound medical practice would dictate that every effort be made to save both lives.

Q. Eighty-three percent of Americans favor a life of the mother exception. Isn't your position out of touch with your constituents?

A. My position is consistent with many people in my district that believe the pre-born should be protected under the law. Most who think abortion is necessary to save the health or life of the mother are just not aware of the option to treat both.

GRTL Position Statement on Health and Life of the Mother Exceptions
Georgia Right to Life does not support health or life of the mother exceptions which result in loop holes in legislation, and are not consistent with the foundational premise that children in the womb are unique, living, human beings with innate value and worth. Instead the physician should treat both the mother and the child and make every reasonable medical effort under the circumstances to preserve both the life of the mother and the life of the pre-born child in a manner consistent with accepted medical standards. Under such circumstances, the accidental or unintentional injury or death to the pre-born child is not an abortion.
Georgia Right to Life PAC Principles

WHEREAS, the 14th Amendment to 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 principles. This would assure that regardless of race, age, degree of disability, manner of conception or circumstances surrounding a terminal illness, the civil rights of the pre-born at an embryonic or fetal level, and 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 the aforementioned principles and positions.

Signed ______________________________________________________________________

Candidate for* ______________________________________________________________

Date ___________________  Term of Office* __________________________________

Email Address____________________________ Telephone number ____________________

*Your signature on this document is effective only for the term and office listed above.

Please FAX back to 770-339-1711 or email to stateoffice@grtl.org
### 29,551 Abortions in Georgia in 2016

#### Age of Patient

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#### Race of Patient

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### Georgia Abortions by Year

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

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

Georgia Right to Life
770-339-6880
www.grtl.org
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Appendices

First Appendix: ‘Converted to No Exceptions’ by Abby Johnson

“I am proudly a no-exceptions pro-lifer.

But I haven’t always been. Admittedly, I used to accept the rape/incest exception. My opinion began to change as I met people who had been conceived in rape and saw that their lives deserved the same protection as mine. I came to understand that how a child was conceived had no bearing on their humanity. I also began to understand and reflect on a strange irony…two of them.

When a woman is raped, the police can use the fetal tissue for DNA. When I worked for Planned Parenthood, in most rape cases we would be asked to draw two tubes of the mother’s blood and collect the “products of conception” after the abortion. All of this had to be kept in a very strict “chain of custody.”

So, if I was in charge, I would draw the woman’s blood before the abortion, put the tubes in a “chain of custody” bag, fill out the information on the bag, seal it up and put it in the refrigerator. Then, when she went in to the room for the abortion, I would accompany her into the room, stand by the suction machine and wait for the procedure to be completed.

The jar with the “products of conception” would then be handed to me and I would take the jar into the lab. I would then “float” the “products of conception” in a Pyrex dish. (“Floating” means to dump all of the contents into a kitchen strainer and use a sprayer to wash all of the blood and additional tissue away from the “product of conception.” Then to “float” the tissue, you spray a little water into the Pyrex dish and dump the remaining tissue into the dish. The tissue actually floats. Then you will be able to reassemble the fetal parts.)

After all of the parts were reassembled and accounted for, I would gather them up and put them in a sterile cup, careful to make sure everything got into that cup and I didn’t leave anything behind. I would close up the cup, put it in the “chain of custody” bag, fill out the info on the bag, seal it up, and carefully put the bag in the freezer.

Usually, the police department would come and pick up the blood tubes and frozen tissue the next day. They would have us fill out a form to ensure the “chain of custody” had not been broken. We would carefully pack the items in a Styrofoam cooler with an ice pack and send them off with the officer.

First strange irony: We would collect the fetal tissue and send that off for DNA testing. Yet, we didn’t consider that child to be a separate person! As strange as it sounds, that was the truth. We knew that this fetus had its own DNA, yet denied its humanity.

Second strange irony: These are the rape-conceived children. These are the “exceptions.” These are the ones that many pro-lifers can excuse, right? It seems ironic that so many in
the pro-life movement can justify the death of children conceived in rape…but the abortion industry does their best to protect their remains.

Is their humanity somehow different? Can you look at the ultrasound picture of a baby conceived in rape and tell that this baby is somehow different? Could you look in the face of a person conceived in rape and tell them that their life wasn’t as valuable as someone who was conceived in love?

I encourage anyone who accepts these exceptions to really think about your perspective on this. Are you willing to throw away these children for political gain? Did you know that 87% of pro-life legislation is passed without these exceptions? And did you know that when exceptions are put into bills, it is almost always by organizations and individuals who, while often really pro-life, misguided think they have to add the exceptions to get the bill passed.

What if your best friend or relative had been conceived in rape? How would you explain your acceptance of these exceptions to them? Many people try to use the "burning building" argument when defending these exceptions. They ask me, "If a building was on fire and you could only save 9 out of 10 people, would you just let them all burn because you couldn't get to them all?" My answer? I'm out here trying to prevent the fire so that no one has to be left behind.

As people who believe in the sanctity of human life, let us not be selective with whom we fight to save.”

Abby Johnson
Second Appendix: Principled Incrementalism

It is not uncommon for people to say, "Georgia Right to Life (GRTL) is an all or nothing organization". The question is what do they mean when they make that statement and is it true?

People primarily make that statement regarding the position GRTL has taken regarding the criteria used for evaluating legislation and the GRTL PAC endorsement criteria.

Principled Incrementalism

We believe as a pro-life, Christian organization GRTL has the responsibility to hold God's standard as much as is humanly possible, and after much prayer and searching God's Word, it has been determined that GRTL can only support legislation that is moral and ethical.

For instance, if a bill like the 20 week pain capable has exceptions (anything other than life of the mother and that would depend on the wording) we would not support the bill because it is morally flawed. It discriminates against a class of human beings.

Would we consider supporting such a bill if it said abortions on children 20 weeks gestation and older are illegal except if the child is black? I think not. People would be outraged. Why? Because it discriminates against a class of innocent human beings - black children. How are children conceived in rape or incest any different?

If the legislation limits the evil of abortion, then we would have to determine, if it is "principled" in its limits and text. Georgia Right to Life has taken the position that incrementalism (limiting the evil of killing of innocent human beings) is acceptable as long as it is principled – as long as it doesn’t contradict the Word of God.

We have determined that legislation that does any of the following is not principled (of course there may be something additional that GRTL hasn't considered and we are open to considering that):

- Discriminates against a class of people such as children conceived by rape, or children with some type of anomaly or what they're now calling "medically futile" which means the prognosis is that the child will not live to birth or much longer after birth. Evidence has shown that the tests are wrong 25% of the time.
- Specifies exceptions of any class of human being
- It actually encodes the killing of innocent human life. Some legislation has language such as you can’t do this, and then delineates the circumstances on how to do the killing. The federal Pain Capable Bill introduced this session is a good example of this, referenced at https://www.congress.gov/bill/115th-congress/house-bill/36/text?q=%7B%22search%22%3A%5B%22hr%22%3A%2236%22%5D%7D&r=1 See section 3, (b) Requirements for abortions, and Section 3(b)(2)(B) EXCEPTIONS.
- Defines words in such a manner as to create loopholes in the bill that make it not accomplish what it claims to do which is ineffective whether it is deliberate or not.
This gives the impression that the bill is accomplishing XY and Z, but because of the wording and definitions it doesn’t. A good example of this is the current U.S. House American Healthcare Act and the claim that it defunds Planned Parenthood. The bill is only applicable for one year and has exceptions for rape and incest. This is a bait and switch game. It is a lie for Congress to tell the American people that this bill defunds Planned Parenthood.

Wrongly Condemning Incrementalism as Compromise
Another comment you may hear is that the whole concept of incrementalism is flawed. Jay Rogers of Personhood Florida argues against that interpretation by saying, “Unfortunately, “incrementalism” has become a misnomer. The term is sometimes used to describe any pro-life legal strategy short of an outright ban and criminalization of all abortion. In reality, every pro-life strategy is incremental. Sidewalk counseling and the work carried on by CPCs are incremental strategies in that they do not purpose to end all abortion.”

Two articles about incrementalism that may help clarify the issue are available at http://www.grtl.org/?q=incrementalism-vs-compromise and http://www.grtl.org/?q=steve-deace-incrementalism-regulation

So when someone asks if, “GRTL is an incremental organization?”, or “Is GRTL an all or nothing organization?” be sure to tell them, "No, GRTL supports principled incrementalism." and be able to tell them just what that means.
Third Appendix: Resolution on Euthanasia and Assisted Suicide

Submitted by: Josh Saefkow, Messenger from Flat Creek Baptist Church, Fayetteville, GA

WHEREAS, the Bible affirms the personhood, sanctity, dignity and value of every human being from the moment of conception, as evidenced by the fact that we are created in the Image of God and our being known by God while being formed in the womb (Genesis 1:26 – 27, James 3:9, Jeremiah 1:5, Luke 1:13 – 15, 35, 36); and

WHEREAS, all innocent human life must be respected and protected regardless of race, sex, age or condition of dependency and regardless of manner of conception, and are persons of equal and immeasurable worth and dignity (2 Kings 24: 3, 4, Psalms 106:37 – 39, 1 Corinthians 10:20); and

WHEREAS, Georgia Baptists have historically affirmed biblical teaching regarding the sanctity of human life; and

WHEREAS, a growing "quality-of-life" ethic has led to increasing acceptance of euthanasia and assisted suicide in the United States;

THEREFORE, BE IT RESOLVED, that we the messengers to the Georgia Baptist Convention, meeting in Lawrenceville, Georgia, November 13 – 14, 2017 affirm the biblical prohibition against the taking of innocent human life by another person, or oneself, through euthanasia or assisted suicide; and

BE IT FURTHER RESOLVED, that in light of the fact that the end of life may be painful, we urge scientists and physicians to continue their research into more effective pain management; and

BE IT FURTHER RESOLVED, that we encourage hospitals, nursing care facilities, and hospices to increase their efforts to keep dying persons as comfortable as possible and call on Christians to help provide companionship and appropriate physical and spiritual ministry to persons who are dying; and

BE IT FURTHER RESOLVED, that we oppose efforts to designate food and water as "extraordinary treatment," and urge that nutrition and hydration continue to be viewed as compassionate and ordinary medical care and humane treatment; and

BE IT FURTHER RESOLVED, that we reject as appropriate any action which, of itself or by intention, cause a person's death; and

BE IT FINALLY RESOLVED, that we call upon the federal, state, and local governments to prosecute under the law physicians or others who practice euthanasia or assist patients to commit suicide.