Paper of

Youth Defence

delivered to

The Citizens’ Assembly

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Paper submitted to the Citizens’ Assembly on behalf of Youth Defence

Introduction
Youth Defence supports the protection of all human life, and believes the protection afforded to both mother and baby under Article 40.3.3 of the Constitution should be retained. Women with unexpected pregnancies must be supported. Preborn babies must also be protected. A truly compassionate and progressive society must aim to do both.

That is the challenge facing the Citizen’s Assembly. Rather than bowing to pressure from the media and wealthy abortion campaigners to repeal the 8th, we believe Ireland should continue with efforts to support women and care for children, before and after birth. Providing additional supports for women in crisis, for lone parents, for families where babies have a life-limiting condition, are examples of progressive efforts rather than resorting to the barbarity of abortion.

The humanity of the child
Medical textbooks make it clear that it is a matter of medical scientific fact that human life begins at fertilisation. Moore, Persaud and Torchia note that the zygote formed at fertilisation “marks the beginning of each of us as a unique individual.” It “is the beginning of a new human being.”

The embryo’s heart begins to beat three weeks after fertilisation. In the sixth week, the embryo’s liver begins producing blood cells. The eyes are obvious in the sixth week, largely due to the retinal pigment, and the ears are also developing. The embryo has brainwaves by six weeks and two days. By seven weeks, hiccups begin. Purposeful limb movements first occur during the eighth week.

By eight weeks the brain is highly developed. Frequently, hands will touch the face and the head will turn. Touching the embryo can produce squinting, jaw movement, grasping motions, and toe pointing. The embryo now possesses more than 90% of the structures found in the adult. By nine weeks thumb-sucking begins. The foetus can also grasp an object, move the head forward and back, open and close

1 Moore, Persaud and Torchia, The Developing Human: Clinically Oriented Embryology (10th ed, 2016) pp. 1 and 11 and text accompanying Figure 1-1 on p. 2.
4 Moore, Persaud and Torchia, The Developing Human: Clinically Oriented Embryology (10th ed, 2016) p. 3 (Figure 1-1) and p. 62.
5 Ibid., p. 217.
6 Ibid., p. 78.
7 Ibid., Figure 1-1 on p. 3.
8 The Endowment for Human Development (www.ehd.org/dev_article_unit7.php#fb4).
9 The Endowment for Human Development (www.ehd.org/dev_article_unit7.php#fb4).
10 Ibid. p. 84.
11 Ibid.
12 Ibid.
13 Ibid.
the jaw, move the tongue, sigh, and stretch. By nine weeks, the nerve receptors in the face, palms of the hands, and soles of the feet can sense and respond to light touch. Following a light touch on the sole of the foot, the foetus will bend the hip and knee and may curl the toes. The foetus yawns as early as 9½ weeks. Early fingernail development is occurring at 10 weeks.

In conclusion, science tell us that the humanity of the preborn child cannot be denied. We must not deny them their human right to life.

Protecting Women’s Lives
The wording of the 8th Amendment of the Constitution makes it clear that the life of the unborn child is protected only to the extent that this can be done consistently with protecting the mother’s life. In this regard, in a case which did not raise the issue of the mother’s right to life, then Chief Justice Murray said:

“Thus, Article 40.3.3° focuses on human life before birth without exception. It did not purport to confer a right but to protect a right acknowledged to exist. It commences with the words "The State acknowledges the right to life…” and sought, in a positive rather than prohibitive form, to protect that life while at the same time it made clear that the provision should not be interpreted as in any way undermining the right to life of the mother….” [emphasis added]

Medical treatment or intervention that leads to the death of the unborn child is necessary in some situations in order to save a woman’s life, by reason of an illness or a complication, such as ectopic pregnancy or pre-eclampsia. While the premature delivery of a baby to save the mother’s life may be referred to as termination of pregnancy, it is not an abortion because the intention is to treat the woman rather than to end the baby’s life. Any treatment or intervention that was necessary in order to save a woman’s life was rightly already lawful, and already part of obstetric practice in Ireland, prior to the enactment of the Protection of Life During Pregnancy Act 2013, even if such treatment or intervention would result in the death of the unborn child. In these situations, doctors endeavour to save the child after birth if at all possible.

15 Ibid.
16 Ibid.
17 The Endowment for Human Development (www.ehd.org/dev_article_unit10.php#yawning).
18 Moore, Persaud and Torchia, The Developing Human: Clinically Oriented Embryology (10th ed, 2016) p. 92 (Table 6-1).
19 MR v. TR [2010] 2 IR 321 at para. 17 of the Supreme Court decision.
20 Oireachtas Committee on Health and Children hearings 8th to 10th January 2013 (webcasts of these hearings can be viewed at https://www.oireachtas.ie/viewdoc.asp?DocID=-1&CatID=127&StartDate=01%20January%202013&OrderAscending=0&mypage=13).
21 Sections 7 and 8 of that Act deal with interventions to save a woman’s life in the event of a risk arising from physical illness (which includes “physical injury”: s. 2(3) of the Act).
22 Oireachtas Committee on Health and Children hearings 8th to 10th January 2013.
In contrast, abortion, the direct and intentional destruction of an unborn child, is not necessary in order to save a woman’s life.\textsuperscript{23} Experts confirmed in January 2013 that they had never withheld treatment from any woman due to the law or any uncertainty about the then-existing law and that they were unaware of any such occurrence elsewhere.\textsuperscript{24}

For many years Ireland has been, and remains, one of the safest places in the world to have a baby.\textsuperscript{25} We are aware that medical experts are addressing the Assembly on Sunday on this matter and believe that their paper will provide your members with additional information beyond the limitations of the space allowed for in this paper.

### Harm Inflicted on Women by Abortion

Research carried out by Dr. David Fergusson and others in New Zealand found that women who had abortions were 30% more likely to develop mental health problems.\textsuperscript{26} Their research was a particularly robust 30-year longitudinal study, interviewing over 500 women six times and with impeccable controls for factors such as a predisposition to mental illness.

A 13-year study by Gissler and others found that the suicide rate among women who had abortions was six times higher than that of women who had given birth, and double that of women who had miscarriages.\textsuperscript{27} The study looked at data between 1987 and 2000 on all deaths among women of reproductive age in Finland. Research published in 2012 by the Irish Crisis Pregnancy Agency indicated that 44% of women who had abortions experienced either a lot or some regrets. In contrast, only 10% who had given birth had a lot or some regrets about it and the small number (three) who had placed their child for adoption had no regrets.\textsuperscript{28}

In rare cases abortion kills women. Aisha Chithira, from Ireland, who was 22 weeks pregnant, bled to death after an abortion in a Marie Stopes clinic in London in January 2012.\textsuperscript{29} The Crown Prosecution Service revealed that Ms Chithira suffered internal tears and major blood loss, before collapsing on the floor hyperventilating in the abortion clinic. The clinic then discharged her several hours later and she

\textsuperscript{23} Ibid.
\textsuperscript{24} Ibid.
\textsuperscript{25} The assertion that Ireland has been and remains one of the safest places in the world to have a baby is based on maternal mortality figures from the World Health Organisation and the United Nations - Trends in Maternal Mortality, 2007, 2015, WHO / UN. The Joint Committee on Health and Children, Public Hearing, January 2013, was also referred to in relation to evidence of practice in Ireland.
\textsuperscript{29} “Marie Stopes doctor and nurses 'bungled woman's abortion then sent her home despite symptoms of internal bleeding that killed her just hours later”, Daily Mail, 19\textsuperscript{th} June 2015.
was put in a taxi, where she lost consciousness and bled to death. Another Irish woman almost died in the same clinic in 2006 when an abortionist perforated her uterus and left pieces of her baby inside her body. When she returned to Ireland, the woman was rushed to hospital where she was in a critical condition for two months.

Women experiencing crisis pregnancies need understanding and support at a time of great difficulty for them. In a survey of women who sought help after abortion, 83% said they would have carried the baby to term if they had received support from the baby’s father, their family, or other important people in their lives.

**Reality of abortion**

In order to have an informed discussion about the reality of abortion, it is important to understand how abortions are carried out. Dr. Anthony Levatino, an obstetrician-gynaecologist and former abortionist, has testified before the US Congress about abortion methods. In a series of videos, he describes the following methods of abortion:

**Dr Levatino describes a first trimester Aspiration (Suction) D&C abortion:**

An abortionist uses metal rods or medication to dilate the woman’s cervix and gain access to the uterus, where the baby resides. The abortionist then inserts a powerful suction catheter… and the baby is rapidly torn apart by the force of the suction. The procedure is completed as the abortionist uses a sharp metal device called a curette to empty the remains of the child from the mother’s uterus…

**Dr Levatino describes a D&E (Dilation and Evacuation) abortion, typically performed between 13 and 24 weeks:**

…After the amniotic fluid is removed, the abortionist uses a sopher clamp — a grasping instrument with rows of sharp “teeth” — to grasp and pull the baby’s arms and legs, tearing the limbs from the child’s body. The abortionist continues to grasp intestines, spine, heart, lungs, and any other limbs or body parts. The most difficult part of the procedure is usually finding, grasping and crushing the baby’s head. After removing pieces of the child’s skull, the abortionist uses a curette to scrape the uterus and remove the placenta and any remaining parts of the baby.

The abortionist then collects all of the baby’s parts and reassembles them to make sure there are two arms, two legs, and that all of the pieces have been removed.

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32 The text of the testimony of Dr Levatino referred to can be found here - [https://www.gpo.gov/fdsys/pkg/CHRG-113hhrg81175/html/CHRG-113hhrg81175.htm](https://www.gpo.gov/fdsys/pkg/CHRG-113hhrg81175/html/CHRG-113hhrg81175.htm)
33 [https://www.youtube.com/user/LiveActionFilms](https://www.youtube.com/user/LiveActionFilms)
We hope that the foregoing demonstrates that abortion is the deliberate killing of a human being and illuminates the brutality of the procedures used to bring about that end.

**When Pregnancy Occurs from Rape**

Rape is a shocking crime, and rape victims deserve the full and unfailing support of society. Where a rape victim becomes pregnant we are required to act with the greatest care and compassion. This is an extremely difficult situation and we need to ask: is abortion the answer, or is it yet another traumatic violation? We also need to consider that while the rapist is a criminal, the baby is also an innocent party.

Figures from the Rape Crisis Centre showed that the majority of rape victims who became pregnant did not avail of abortion. Similarly, in a study of rape survivors who became pregnant, Dr. Sandra Mahkorn found that most sexual assault victims refused abortion.

Most women in Dr. Mahkorn’s study felt that abortion would be another violation, and that issues relating to the rape experience, not the pregnancy, were of primary concern in counselling and rehabilitation. Miss C, who became pregnant through rape at 13 and was brought for an abortion while in care, recently told the Irish Independent that the abortion was “harder to deal with than the rape”.

It is important for the Assembly to hear from children conceived in rape, and from mothers whose children were conceived in rape. For too long they have been shamed and stigmatised into silence. We must seek compassionate and progressive solutions to these very difficult circumstances and protect both innocent parties, mother and child.

**Conclusion**

We can provide a better answer for mothers and babies than abortion. Let us have the compassion and courage to do so. We thank all members of the Assembly for your time.

**Youth Defence**

Youth Defence is a volunteer-based organisation, who aims to provide real information about abortion. We believe that every human being has the right to life, regardless of their age, gender, level of dependency, ability, or any other circumstance, and that this right to life is an inalienable right, which by natural law must supercede all others. We believe that there is always a better answer than abortion, and a truly progressive society endeavours to help eliminate the crisis or problems that may be faced by women in pregnancy, rather than eliminating their children.

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