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# HOW TO TALK WHEN EVERYONE IS SCREAMING

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Standing Up for Life in a Divided Society



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## Defending Life – It’s Something We Can All Do

- You don’t need to be an expert to change hearts and minds.
- We can’t avoid this fight. This is happening in our schools, our churches, our community groups, our friendships, our families. These are *our people* who are wounded and dying!
- We *have* to pick a side. But *don’t worry*, because *anybody can do this!* Whoever you are, whatever your circumstances, you have a power inside you to reach people that I and other professionals like me will never have – because we don’t have the connections and relationships you do! You can reach people we will never meet!
- *You* have the exciting chance to make a difference in people’s lives, and we’re going to give you the tools you need to do it!

## The 5 Basic Arguments (and the Last-Ditch 6th)

1. “It’s not a human or person; it’s just a blob of tissue,” and other Lies that Dehumanize the Baby
2. “A woman has the right to control her own body” and the ‘Rights and Needs of Women’ Arguments
3. “Every child a wanted child” and other Social Arguments
4. “Back Alley Abortions” and Questions of Safety and Regulation
5. The Hard Cases
6. *Ad Hominem* – when the Arguments attack the speaker

## Listening – Your Most Powerful Weapon

- Listen to respond to their particular question
  - Listen to their pain and anxiety
  - Listen to recognize the common themes so that, even if you’re caught off guard, you can still land on your feet.
  - There is nothing new under the sun! Everything they tell us, we can refute with truth and love!
1. “*It’s Not a Human or Person. It’s Just a Blob of Tissue,*” and other Lies that Dehumanize the Baby
    - Reply with the Essential Fetal Facts:
      - Heartbeat at 18-21 *days*
      - Brainwaves at about 6 weeks
      - We are *certain* of pain at 20 weeks, and doctors performing in-utero surgery are seeing evidence as young as 18 weeks (measuring adrenal response)
      - Earliest possible abortion (using the chemical RU 486) can’t be used until about 5/6 weeks, about when brainwaves are developing and the heart has been beating for weeks.
    - The Definition of Humanity and the Universality of Rights
      - Scientifically, a Human is one who has...
        - Human Parents with Human DNA (theoretically includes artificially engineered humans, since the cells still came from human parents)
        - Alive and Self-Developing
        - Unique/Distinct Human Organism (i.e. separate from another human organism)
      - The child in the womb is as genetically distinct as you or I.
        - All the genetic coding is present and actively growing from the moment of conception – hair color, eye color, potential height, where the child is likely to put on weight if given to overeating, fingerprints – everything that will develop is already written into the child’s tiny body.

- Confirmed by Dr. Jerome Lejune in the 1980s with the invention of the DNA sequencer, which showed the full human genome at conception. All subsequent embryology has confirmed this.
- Human rights must be universal, or else they are arbitrary.
  - If we say that certain humans don't qualify as 'people' for any reason, we are using an arbitrary distinction, made by people in power, to deny someone's rights.
  - Every human rights violation in history comes back to this.
  - If we allow someone else's rights to be infringed upon, then our own rights are infringed upon as well.

## 2. “A Woman Has the Right to Control Her Own Body” and the Rights and Needs of Women Arguments

- Bear in mind, as established in Argument 1, the baby is *not* her body – he or she is a genetically distinct human with his or her own DNA.
- **Abortion is a bad response to real problems!**
  - We are *on the side* of the woman. We *want* to help. Abortion *doesn't* solve her problems.
  - Abortion *doesn't* respect the life, rights, and dignity of the mother.
  - The unborn child isn't the problem – her circumstances are, and *those* are what she deserves to have addressed.
  - She deserves real options that affirm her dignity and respect her intelligence and strength.
- Abortion is *not* safe for mothers!
  - High risk of miscarriage and malformations of future children.
  - More than double the risk of infertility.
  - Surgical abortion risks cervical injury, uterine perforation, laceration of the cervix, menstrual disturbance, inflammation of the ovaries, serious infection, bowel or bladder perforation.
  - Strong evidence, including a study published by the *Journal of the National Cancer Institute* in 1994, that it increases the risk of breast cancer by as much as 5x.
  - Chemical abortions risk extreme nausea, vomiting, bleeding, and death, and evidence points to high risks of infertility, miscarriages, and malformations of future children.
  - Death – over 200 women have died to 'safe, legal' abortion since 1973.
- The Psychological Damage to Women
  - Women who are post-abortive are 81% more likely to experience mental health problems (2011, Britain's Royal College of Psychiatrists) – examined 22 studies from 1995-2006, with data on 877,181 women from six countries.
  - The same study also found that women who delivered an unplanned pregnancy were significantly *less* likely to have mental health problems.
  - A 2019 study revealed that women who are post-abortive are *2.3 times as likely to commit suicide*. This is consistent with other extensive studies in Europe and the United States.
  - Women who are suffering post-abortion trauma often experience personal relationship disorders, drug and alcohol abuse, sexual dysfunction, repeated abortions, communications difficulties, damaged self-esteem, and attempt suicide.
  - There is often a pattern of denial which may last for five to ten years or more before emotional difficulties surface, meaning that women often suffer from the trauma without recognizing the cause of their pain.
- Learn more about the physical and psychological dangers of abortion at:
  - National Right to Life (<https://www.nrlc.org/outreach/ava/>)
  - S.M.A.R.T Women's Healthcare (<https://smartwomenshealthcare.com/>)

- The Elliot Institute (<https://www.afterabortion.org/>)
- Women deserve *real* solutions!
  - *Most women don't want abortion!* Even Planned Parenthood's think tank, the Guttmacher Institute, states that most women abort because they feel they have no other options.
  - There are only about 650 Planned Parenthoods, but over 3000 *free* mother-helping crisis pregnancy centers staffed by medical professionals in the United States.
  - In addition, there are thousands of adoption centers, crisis housing centers, and other non-profits which can help *actually* address the underlying problems these mothers face.
- Common Arguments and Responses:
  - The “unmarried girl condemned to a baby.” – Are we saying that the best we can do as a society is to condemn her to an abortion? Why don't we actually take care of her instead?
  - “She's not getting help.” – Well, so, let's help her then. *Be* the change. Our society used to have slaves and being an abolitionist wasn't normal, so we changed ‘normal.’ This young mother deserves the same.
  - “She'll be ashamed.” – I thought we were trying to move past shame culture. Shouldn't we be fighting the people who would bully this poor mother? Why are we trying to hide her in a closet like this is the Victorian era?”
  - “It should be a woman who says whether it's a person, not the government!” – Actually, science tells us a human mother can only be pregnant with a human baby. Also, isn't it rather dangerous to say that any human or government *ever* has the right to say whether someone else is a person? In a just society, protecting our rights is *exactly* what the serving government is *meant* to do.

### 3. “Every Child a Wanted Child” and Other Social Arguments

- Problems in our social climate should be recognized as challenges to *fix* and *improve* society, not as justification to kill the poor! Let's confront our failures as a society!
- Since when is the solution to crime to kill off people in high-crime areas? Is that really who we want to be as a society?
- “Overpopulation” – debunked and dangerous.
  - We have *more* than enough resources to go around, and having *more* people actually *improves* our access to resources because people drive innovation.
  - Despite our population spiking from 4.5 billion to 7.5 billion since 1980, we've cut extreme poverty in *half*.
  - The power players of the UN (especially Europe) *still* dominate the developing world – now with population control and social engineering instead of guns. To get wells installed with UN money, they demand either proof of sterilization of a certain number of women or the presence of an abortion clinic. They kill futures and cultures for a debunked idea.
  - Check out Steven Mosher and the Population Research Institute for more (<https://www.pop.org/>)
- Common Arguments and Responses:
  - “Every child a wanted child!” – So, if a father has a 10-year old he doesn't want, does that child's value magically diminish? We haven't the right or ability to change people's value.
  - “A poor woman can't handle raising a child.” – Well, isn't that sort of a condescending thing to say? And the abortion won't help her poverty – it will just send her home even more alone and wounded than she may have been before.
  - “What are we going to do about all these children? They're going to be poor/aren't wanted!” – Well, *who* doesn't want them? Just because the parents are poor doesn't mean

they don't want the child. Even if they don't, there are millions all over the world looking to adopt. As a just society, shouldn't we try to help them?

#### 4. “Back Alley Abortions” and Questions of Safety and Regulation

- One of the easiest to debunk.
- Dr. Bernie Nathanson, founder of NARAL and personally responsible for over 75,000 abortions, confessed repeatedly on record that the myth of the crisis of back alley abortions was wholesale fabricated. He and his co-conspirators *knowingly falsified data* in order to get abortion legalized. Their deception was not revealed until ultrasound images convinced Nathanson to become pro-life. They told many lies about abortion before 1973, among them:
  - Claim: 5,000-10,000 women died per year in back alley abortions. Reality: 200-300
  - Claim: 1 million illegal abortions per year. Reality: 100,000
  - Claim: Legal abortions will make it safe. Reality: Surgical abortions are the same now as they were then. They are just as unsafe. Only the legality has changed.
  - Claim: Legalizing won't increase the number of the abortions. Reality: Now up by 1500%
- These lies continue to be repeated long after abortion has been legalized.
- What has *actually* caused the number of abortion-related deaths among mothers to drop? Antibiotics, which helped ER doctors save women from the malfeasance of abortionists like Kermit Gosnell, and Right to Know Laws, which present women with *all* the facts and options before they have an abortion and lead most women to choose life.
- **It is a myth that women want abortions!** Most, when presented with the truth and options, choose life. Challenge the people you're speaking to – we want to spend our time and money giving mothers the options they want, the options that respect their dignity and affirm their strength.

#### 5. The Hard Cases

- Remember, these questions are usually coming *from a place of fear*. The person asking may *know* someone, *be* or have *been* someone, or have daughters they *fear* being in one of these cases.
- We *do* have answers for them, but it is *vital* to speak with charity and love.
- Begin with making it clear that we *agree* with the speaker that we care about the mothers in these horrific situations and that we want what is best for them. Only once that is established will you move on to explaining why abortion is *never* what is best for them.
- Rape and Incest
  - What has happened to the mother is undeniably horrible, and she deserves justice. Abortion, though, isn't justice – it's just more pain.
  - She has all the same risks to her mental and physical health from the abortion as any other woman, and inflicting that on a mother who is already hurting is cruel.
  - The majority of women who were raped and chose to abort reported *longer-term* and *more intense* psychological damage from the *abortion* than from the *rape*.
  - Women who received the help and support to give birth (and either raise the child or give the child for adoption) reported that **having the child gave them back control**. It empowered them to do something life-giving in the face of such evil.
  - **Not one** of the women who carried the child to term said they regretted not aborting.
  - For more, see: <https://afterabortion.org/abortion-doesnt-help-rape-victims-say-women-whove-been-there/> and <https://afterabortion.org/rape-incest-and-abortion-searching-beyond-the-myths-3/>
- When the Mother's Life is in Peril
  - Exceptionally rare, but possible (e.g. Ectopic Pregnancies)
  - *We are in favor of women seeking emergency medical treatment.*

- Sometimes, tragically, the baby will die from this treatment. This is *not* an abortion – it’s an unfortunate side-effect of medical care.
- Abortion is a dangerous and invasive procedure, and no properly-trained doctor is going to recommend it when the mother’s life is already in peril – it’s not a treatment of the underlying condition, and it only adds to the pain.
- We seek solutions that respect the lives of *both* the mother and child, recognizing that it may be impossible to save both.
- Fetal Abnormality
  - We do not have the right to make value judgments of other people’s lives, even when they are disabled. We don’t discriminate.
  - Experimental procedures and in-utero surgery have been steadily increasing the number of lives we can save and malformations we can correct.
  - Both child and parent deserve this hope.
  - Even if the worst happens and the child dies, the parents deserve the chance to love and hold their child, however briefly.
    - It brings closure. They get to touch, embrace, and name their baby.
    - They don’t have to spend the rest of their lives wondering if they could have saved their child if they’d taken the long shot.
    - The risks associated with abortion remains the same, and are often higher since these tend to be later-term abortions.
  - That child has a right to be loved.

#### 6. *Ad Hominem – The Personal Attacks on You, the Speaker*

- Examples:
  - “You’re a man”
  - “You’re not old enough/too old to have kids”
  - “How many babies have you adopted today?”
- Remember – none of these actually undermine *any* of your points. They are logical fallacies. Keep calm and respond with compassion.
  - E.g. “You’re a man.” – I care about people. Are you suggesting that people who are middle-class shouldn’t care about charity programs because they aren’t poor? Or that people without kids shouldn’t support schools? As Martin Luther King Jr. said, ‘Injustice anywhere is a threat to justice everywhere.’
- When you get these... relax, because you’ve won. If they’re resorting to this, it means they’ve run out of other arguments.
- Don’t let your guard down, don’t get smug, but take that little emotional boost. Rejoice in the hope that something has gotten through.

#### Recap of the Toolkit:

- Listening – Your Most Important Tool
- Learn your Basic Facts
  - Essential Fetal Facts
  - Know your resources, many of which can be found at Human Life of Washington (<https://humanlifewa.org/>) and our parent group, National Right to Life (<https://www.nrlc.org/>)
  - Abortion is legal in all 50 states, and in most it’s legal through all 9 months of pregnancy.
  - Be familiar with the current local legislation (<https://humanlifewa.org/hub/#lobbying>)
- Know the conceptual responses to the 5 Basic Arguments (and the last-ditch 6<sup>th</sup>)

## The 60-30-10 Rule

In our TV-trained culture, people are heavily swayed by how you look and how you sound. What you actually say is only a fraction of what they pick up on, so we have to tailor our approach.

- **60% of the Message is “Look”**
  - Your appearance, demeanor
  - *Smile* – we’re talking about babies and hope. Let your facial expressions and body language reflect the appropriate emotions, whether happy, thoughtful, or, when needed, somber
  - Maintain calm – laid back, open body language
  - Dress well, but simply
- **30% of the Message is “Sound”**
  - Tone, inflection
  - Whether you have a big voice or a small voice
  - Intensity
  - *Do not* display frustration, anxiety, or any sense of being riled
  - Make the decision to be relaxed and pay attention to your tone (and body language)
  - *Practice, practice, practice* – with both “Look” and “Sound”, make sure you are practicing in your interactions with people even when it’s not about life issues – practice maintaining your composure in everyday interactions
- **10% of the Message is “Wording”**
  - You only have a brief moment to speak
  - In that brief moment, only a fraction of what you say will be heard
  - *Choose your words well*

<b>Say</b>	<b>Don’t Say</b>
Decisions, Alternatives, Options, Courses of Action to Help Her	Choice (The ‘C’ Word)*
Unborn Child, Pre-born Child, Baby, He, She	Fetus (The ‘F’ Word)
He or She	It
Mother (making decisions for her child)	(Pregnant) Woman vs her Fetus**
Abortion	Termination of Pregnancy, Removal of Contents of Womb, etc.
Abortionist	Doctor, Physician
Abortion Facility*** (note, <i>not</i> Abortion Mill or Abortuary)	Clinic, Hospital
Abortion Industry	Reproductive Health Care, Family Planning Centers
Pro-Life	Anti-Abortion
Pro-Abortion	Pro-Choice

Protect Unborn Children/Babies/Children from Abortion  Unborn or Preborn Victim of Violence  Extreme ‘Abortion on Demand’ Laws	Prohibit Abortion  Feticide  Liberal Abortion Laws
Killing  Completely Unprotective Laws  Abortion Promoters  Protect Unborn Children and their Mothers and pass Protective, Pro-Life Laws	Murder***  Permissive Abortion Laws  Reproductive Rights Advocates/Supporters  Ban Abortion, Prohibit Abortion

\* Some real pregnancy centers (like the pro-life MyChoice) deliberately use ‘Choice’ in their branding to attract women who may be seeking an abortion. In circumstances like these, it may be appropriate to use ‘choice.’

\*\*Obviously we can still use the word ‘woman,’ but as much as reasonably possible we try to emphasize her in the context of her child, her motherhood, and the permanent nature of how the decision will affect them both.

\*\*\*Wording that comes across as hostile is counterproductive. Remember, the people we’re talking to might be post-abortive or know someone who is post-abortive. **They need love and healing too.**

- If you say ‘murder,’ you immediately shut down the conversation and cut that person off from the truth. After all, you just called them/their friend/their daughter a ‘murderer.’ Good luck recovering from that. They need the truth spoken to them with love and compassion, not judgment.
- ‘Murder’ is technically incorrect because ‘murder’ is a legal term and, horrifyingly, abortion is legal.
- If you say ‘abortion mill’ or ‘abortuary,’ you come across as a nutjob.

### The “Omnibus Argument” – When They Hit You With *Everything*

- “You’re an awful religious (expletive)! You think you can force a woman who may have been raped to go through with a pregnancy when she can’t support a child! If you take away her right to an abortion, you’ll drive her to a dangerous back alley abortion! You monster!”
  - Note how all 5 Arguments, plus a heavy dose of *Ad Hominem*, are present.
  - Don’t panic – you’ve trained for this. Do triage and take it one step at a time, starting with what that person seems to be most impacted by.
  - It’s usually best to address the Hard Case (rape) first, as that is the most charged issue and it allows you to cover by association related dangers of abortion.

### Other Sample Arguments

1. “Morality is relative; why should I care about your definition of life?” or “There is no objective truth.”
  - Bring it back to science and human rights advocacy. We cannot use arbitrary value judgments based on our personal beliefs to make laws about human rights and dignity.
  - Sample responses:
    - “Thank you for sharing your belief system with me, but I must admit I’m leery of saying that laws about human rights should be based on personal opinion rather than scientific reality.”

- “If we do away with the science of human life, doesn’t that open the door to a whole host of human rights abuses? If we can’t draw the line somewhere, can we draw it anywhere?”
- “Isn’t it cruel to force a teenager or young college woman to live in shame with an unwanted pregnancy?”
  - “I thought we were trying to live in a post-shame culture. Rather than shaming her like this is the Victorian era, I’d like to give her real options that respect her strength and capability.”
- “If there was a fire, and you had the choice between saving 1,000 frozen embryos or one 9-month old infant, who would you save?”
  - Ask if they will allow you time to explain, because of the general principle that it is quicker to ask a hard question than to answer it.
  - Answer first, “We would save the 9-month old,” then explain:
    - Performing triage does not diminish the value of the individual human lives in question.
    - It’s a question of survival odds and other factors. We’d also save one conscious person who will certainly live over ten comatose people with a 10% chance of survival. In the same way, a 9-month old saved from a fire would almost certainly live, but the frozen children, still embryos, have terrible odds of survival even *without* the fire.
    - There is a massive moral distinction between “choosing to kill someone” and “prioritizing who to save.”
    - Choices to save lives may be made without devaluing the lives you cannot save.
  - For more, see:
    - “Embryos and Five-Year-Olds: Whom to Rescue” on Public Discourse at <https://www.thepublicdiscourse.com/2017/10/20332/>
    - “Four Tips for Responding to the Burning Fertility Clinic” with the Equal Rights Institute at <https://blog.equalrightsintstitute.com/four-practical-tips-responding-burning-fertility-clinic/>
- “What about the case of incest of an 11-year-old girl?”
  - This is an expansion of the case of rape, so the same points apply.
  - Additionally, abortion is often used to cover up incest and deny the crime, to an even greater degree than it is used to do so with rape.
  - Consider the extreme health risks of abortion – they are so much worse for an 11-year-old girl!
    - Surgical abortion – all the same risks as above, amplified by the youth and the first pregnancy.
    - Chemical abortion – all the same risks as above, amplified by the youth and likely to permanently damage her endocrine system.
  - Are we really going to subject that poor child to even more physical and psychological trauma?
  - We are *not* saying she should raise the baby, but we should not subject her to greater trauma just because *we’re uncomfortable with what’s happened to her*.
  - **No one is denying the hardship**, but there are no easy solutions. As always, **abortion is a bad solution to a real problem**.

You will *never* have the perfect argument, the perfect response, or perfect knowledge. That’s okay. Remember your basics, learn how to process their questions and respond with core principles, and learn where the additional resources are so that, if you don’t know the full answer, you can point them to it. Keep calm, keep civil, and always bring it back to the basics.

**Remember: You are here to be the voice of *hope, truth, and possibility*. Speak with love, speak with truth, and speak with a smile. You will save lives!**