

**GOVERNMENT
GREEN PAPER
ON ABORTION**

SUBMISSION FROM **YOUTH DEFENCE**



YOUTH DEFENCE

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Section 1

ABORTION : THE ISSUES

PREAMBLE

Youth Defence believes that abortion is inherently evil. It is for this reason that so many negative results flow from this act. It is contrary to the natural law for a mother to allow her unborn child to be killed at the hands of another and, as a result, women fare badly in the long-term aftermath of aborting their children. A recent Welsh study (Cardiff University 1997) indicated that suicide is more common in women who abort their babies than in women who spontaneously miscarry or who suffer stillbirth. Abortion is certainly more commonly represented in psychiatric patients than in the general population. The trauma, both physical and psychological, experienced by these mothers who realise that they have participated in the destruction of their own off-spring, is life-long and dreadful to behold. Abortion is not inherently wrong because any individual or group say it is so, but rather because Nature, the gift of a far higher power than man, reveals it to be so.

What of the arguments presented by the pro-abortion /choice lobby for legalising abortion? We submit that they are based on the spurious logic that an independent non-human entity within the womb of an independent human woman can be destroyed with impunity because it will be beneficial to the woman involved. We submit that the negative results of abortion so outweigh any possible philosophical or ideological benefits, that it must be rejected outright by the Irish people (as in the referenda of 1983 and 1992) and that this rejection be perpetuated by a new constitutional amendment to enshrine full protection for the future unborn of our nation.

INTRODUCTION

By general agreement abortion is the single most controversial issue of public policy throughout the Western World in the late Twentieth Century. It has become the defining issue in the politics of each individual nation precisely because, like no other, it excites the passions of opposing forces and draws between them a clear line. Upon examination the reason is quite obvious, for not only does the notion of legalised abortion cut quickly to the core of the matter of life and death, but it raises many other issues about the role of the law, the powers of the State etc, and moreover it has defied all attempts to chart a middle course. In essence this is because no such middle course can, on this question, exist. Attempts to find it are futile and result usually in frustration for both sides, which leaves the issue as a matter of ongoing controversy. And this is undoubtedly because the issue is, paradoxically, not complex, but in its fundamentals quite basic and very simple. As such, its solution will be to either votaries always simple and straightforward though, of course, never easy. The conflict lies in fundamental differences of opinion on facts which have more or less been settled by the experts in the various fields, and the conflict has moved somewhat to the political acceptance, or otherwise, of those facts.

In that regard, Ireland has been presented with the political question of abortion at a peculiarly fortuitous time in that we have an opportunity not afforded to other nations, to make the final decision on legalised abortion, with almost all the issues of fact widely known, the experience of other countries already available for examination, and in an environment where the issue itself raises comparatively little real controversy among the population in general. Broad agreement exists that abortion itself is a bad thing, to be reduced to the minimum. As a question it remains merely what that minimum is, and the facts show clearly that the appropriate minimum is none at all.

Certain ideologically-motivated individuals and organisations, however, have sought to muddy the waters and, hoping to capitalise on an atmosphere of artificial confusion, to foist legalised abortion on an unwilling majority. Their primary means have been to reject proposals for a referendum to outlaw abortion, or indeed any referendum at all, and to push for legislation in line with the X decision of the Supreme Court in 1992.

Youth Defence on the other hand, has sought and will continue to seek a referendum to give the Irish people an opportunity to re-state in law their fundamental abhorrence of abortion. In doing so, we make no claim except

that of right-of-access by the will of the people to the fundamental legal document of the State. Nothing could be more reasonable.

However, given the artificial confusion which has been created around certain aspects of the abortion debate, it is important that the Committee should be acquainted as widely as possible with the views of interested parties, including Youth Defence, so that some of the more obvious falsehoods may be dispelled.

WHY ABORTION IS WRONG

The anti-life lobby has failed dismally in their attempts to depersonalise the developing child in the womb. The use of technical language to this end was a relatively successful strategy when this lobby was seeking liberalisation of abortion laws in other developed countries several decades ago. It doesn't succeed as well in their Irish campaign by virtue of the fact that an educated electorate are in a good position to identify the terms "foetus" or "embryo" or "products of conception" with the reality of a developing human life at its different phases of development. The production of videotapes showing the effect of the abortion procedure on the developing "foetus" (Greek for 'little one') has further undermined the pro-abortion lobby. It suits these people to have the procedure shrouded in mystery and hence their grave upset at the public depiction of the abortion procedure in full colour film. Anyone who sees footage of the abortion procedure and its direct effect on the developing child will find it abhorrent. The fact that this abhorrent procedure can be proven to be entirely unnecessary further obliterates the arguments for abortion.

So what of the procedures themselves? One of the earliest pro-life videos showed an ultrasound picture of the most common type of abortion, suction aspiration. This is usually performed at between 8-12 weeks gestation. It is not performed earlier because of the increased risk of leaving some of the foetal tissue behind, which in turn may act as a nidus (site of origin) of infection. "The Silent Scream," "Eclipse of Reason," "The Hard Truth," and other such films which show both the abortion procedures and their results have finally dispelled the myth that abortion is a neutral procedure which results in the removal of an inanimate piece of tissue. Fibre Optic technology, which allows us to look directly into the pregnant uterus, has given us the opportunity to study closely the unborn child in his/her first home. The more familiar we become with the child in this environment, the less easy it becomes to ignore the threat to his/her continued existence, to his/her life.

The pro-abortion/choice lobby has traditionally couched its opinions in vague dehumanised terminology as a campaign tactic. They hope that the general public will have difficulty identifying with an "embryo", a "foetus", "products of conception", etc. They wish to obscure the abortion issue by obscuring the developing human child in the womb. To this end they seek to prevent the public from having access to visual information which will

clearly show that there is a human child's life at issue when abortion and its legalisation is contemplated. With true liberal intent, Youth Defence seeks to make available to the Irish people the real truth about abortion, that a developing child is mutilated and killed. With those who filmed the death camps and their dreadful realities we say, "we must never allow this to happen again."

The pro-abortion lobby is, at best, mischievous when it attempts to argue the issue of abortion on the basis that this procedure is beneficial, or even just the lesser of two evils, in certain clinical circumstances. This is simply untrue and there is a virtual mountain of evidence to support the pro-life lobby's assertion that abortion is always an unnecessary evil. Attempts at misinterpretation of research data or at selective quotation are the hallmark of the anti-life lobby.

Historically, the Irish people have always considered abortion to be a heinous crime against the person and have enshrined this opinion, not only in the law, but also in the ethics of the caring professions. As such, without recourse to legal abortion, Irish obstetricians have developed management strategies for both the common and uncommon complications of pregnancy. According to the UNICEF Report **1994 State of the World's Children**, Ireland is the safest country in the world for women to have children.

ABORTION AND MEDICAL PRACTICE

No Irish medical body of repute has ever suggested that access to legal induced abortion was necessary for successful medical practice. Few prominent medical personnel have expressed a desire to see a right to legal abortion within the State. On the contrary, several medical bodies within the State have stated categorically that abortion is no part of modern medical practice. In a country which has traditionally denied a right to kill the unborn, standards of medical and obstetric practice have not only been maintained, but have, in fact, surpassed those of our colleagues in the developed world.

The Medical Council, who are the statutory medical body; the Irish Medical Organisation, which forms the profession's largest trade union; and An Bord Altranais, the nursing body; have all instructed their members that they are ethically opposed to the availability of a procedure, surgical or chemical, whose purpose is the termination of the life of the developing child in the womb.

All these representative bodies consider, that in the absolute absence of evidence that there is a clinical situation requiring induced abortion as a treatment option, abortion is both unnecessary and contrary to medical ethics.

There is a solid body of evidence that:

1. Legal abortion is an unnecessary procedure
2. Legal abortion has predictable complications
3. Legal abortion causes demonstrable distress to the child being killed
4. Legal abortion causes distress to all those involved in its operation - nurses, doctors, midwives, and mothers.

ABORTION AND WOMEN'S HEALTH

The suggestion is repeatedly made by the pro-abortion lobby that there are clinical situations in which the deliberate killing of the unborn child is necessary to ensure the best possible outcome for the expectant mother. To this end they generally quote the cases of

1. Cancer occurring concurrently with pregnancy
2. Heart disease occurring concurrently with pregnancy

Doctors for Life, the association of pro-life doctors, have extensively researched the currently available literature on concurrent illness with pregnancy. The available data shows that, regardless of treatment option chosen, and regardless of treatment schedule chosen, an improved outcome for the expectant mother is never achieved by deliberate termination of the unborn child's life.

The pro-life position that abortion is an unnecessary treatment for pregnancy complicated by concurrent illness is essential and central to our pro-life philosophy. Abortion can only be an absolute wrong, if there are no circumstances whose outcome for all involved is not improved (or at the very least, not worsened) by the chosen continuation of the pregnancy, rather than the decision to directly interrupt same.

We are confident in the light of the unique Irish obstetric experience, in the presence of equal respect for the lives of expectant mother and unborn child, that there are no clinical situations which would be improved by the presence of legal access to induced abortion. We support wholeheartedly, and are supported by, a vast body of medical and psychological evidence against the necessity for legal abortion services.

We are confident too, from the wealth of research data gleaned from throughout the developed world in the past 30 years, that abortion is an unnecessary procedure whose physical and psychological sequelae are so profound as to warrant its illegality.

The developing embryo implants in the muscular wall of the uterus (womb) approximately one-week post-fertilisation. Through the influence of chemical messengers known as hormones, the womb is ready at that time to accept a one-week embryo. This is an intricately synchronised process.

Over the following nine months a continuous anatomical (structural) and physiological (chemical) change will occur so that the physical structures are in the optimum condition to support the developing child.

For example, the cervix (the neck and gateway of the womb) will change in its physical consistency over the period of pregnancy from a relatively rigid structure, keeping the child within the womb, to a ripened and malleable exit which will allow the child to pass through during birth.

Abortion interrupts a process in an unnatural and sudden manner, which does not allow for respect of the delicate physio-chemical environment of the female reproductive system. An un-ripened cervix is, essentially, prised open (at best) overnight and the object of so much physiochemical activity (the baby) is removed. This leaves a body with hormones at inappropriate levels now that it is "unpregnant" and with a scarred cervix which studies world-wide have shown to be at substantially greater risk of incompetence in future functioning.

Natural phenomena, which result in miscarriage, do not act in such a brutal fashion. The body prepares itself for the expulsion of a non-viable pregnancy and protects itself from as much physical trauma as possible.

Abortion is not just unnatural, it is contra-natural and in this enlightened age should be rejected as such.

THE "GREY AREAS"

The pro-abortion lobby seek to obscure the abortion debate and to create sufficient "grey areas" so that a "limited" abortion law will be acceptable to people. This, of course, leads to abortion-on-demand because once it is accepted that the unborn baby may be killed in certain circumstances, its devaluation as an equal being is complete. This tactic has been used in every country where a ban on abortion has been overturned. An example of this tactic can be given in relation to ectopic pregnancy.

Ectopic pregnancy exists when a fertilised embryo implants somewhere other than the endometrial (womb-lining) wall. It most commonly occurs in the fallopian tube where it will form a type of "bubble" in the tube. If the "bubble" subsequently bursts, typically at approximately 6-7 weeks post fertilisation, it constitutes a medical emergency. The increased use of ultrasonography and pregnancy tests makes it easier to diagnose the condition before it becomes life threatening.

The pro-abortion/choice lobby suggests that a ban on abortion will prevent obstetricians/ gynaecologists from treating an ectopic pregnancy. Despite a total ban on abortion in Ireland, there has never been a suggestion that treatment for ectopic pregnancies should be considered illegal. The technology to re-implant the developing embryo has been created in the U.S.A., but has yet to be perfected. In the meantime, the ectopic pregnancy is considered a non-viable pregnancy and removal of part of the fallopian tube containing the human embryo, or the use of chemical agents to treat the condition, is considered by all to be acceptable treatment and an appropriate course of action.

Likewise, in the exceedingly rare co-occurrence of uterine carcinoma and pregnancy, the removal of the diseased organ is considered appropriate since its presence might constitute a risk to the life of the mother. The intent is not the deliberate killing of the unborn child and it is mischievous and malevolent to suggest that such treatment, is, or could be (or has ever been) compromised by a ban on abortion.

The above are examples of the "dual effect." The death of the developing baby as the side effect of the necessary treatment is no deliberate killing. With the use of newer chemotherapeutic combinations, the above scenario becomes increasingly rare.

Pro-life means pro-all-life and we recognise the need to treat mother and child both as patients. Ireland is second to none when it comes to the management of complicated pregnancies, as evidenced by our obstetric statistics.

BREAKING THE BOND : RESULTS

Throughout the history of mankind, it has been recognised that there exists an inextricable, if intangible, link between mothers and their unborn children. Environmental stresses affecting the mother are recognised as also exerting an influence (probably biochemical) on the developing child. The influence upon the mother of having a growing human being within her has also been recognised and in the latter part of the 20th century, studies have been performed and recorded, to more clearly indicate this co-dependence and co-influence. A standard psychiatric history will ask a patient if there were any notable stresses upon the patient's mother prior to the patient's birth. We recognise that link between mother and child.

Likewise, we recognise that terminating the life of a child, with or without the consent of the mother, is likely to have a profound effect upon that mother in the medium-long term. Those of us who have worked with the living victims of abortion, the women exploited and hurt by abortion, can testify to the almost incredible suffering of those who believe in their consciousness that they have killed their own off-spring. Post Abortion Syndrome, a variant of Post Traumatic Stress Disorder, where the abortion is the traumatic stress, is a very common psychiatric condition in any country where people recognise that pregnancy involves the presence of a developing human being. There is no room for doubt that abortion leaves living casualties as well as dead babies. These living casualties most commonly do not present for treatment until their symptoms are so severe as to impede normal functioning.

The symptoms of P.A.S. are very similar to the symptoms of depressive and anxiety disorders, with or without associated psychoses. No studies are currently available within this country to enumerate the incidence of post-abortion physical or psychiatric sequelae. There are, however, many studies from countries which have experience of legal abortion to support our argument in this case.

WHY IS SUICIDE SO UNCOMMON IN PREGNANCY?

An entirely misguided Irish judiciary has made potentially disastrous decisions with regard to expectant mothers where the pregnancy resulted from violent assaults i.e. rape.

Suicide is far less common in pregnancy. There are several factors at work in this scenario. Usually, pregnancies are enjoyed and the birth of a new child anticipated with joy.

Where pregnancy occurs through rape, a difficult scenario exists. The expectant mother may be equivocal about the pregnancy and, as would seem more likely, disgusted that she is carrying the child of a man who viciously attacked and traumatised her.

No one should underestimate the trauma of rape. No one should underestimate the immediate and long-term suffering of the victim of rape. Their entire perspective on life is altered in such a way that unless they receive immense support and counselling or other professional help, the remainder of their lives will be an expression of their traumatised selves, their tormented selves. Never has anyone shown abortion to be remotely beneficial to those who are expectant mothers through rape. While it is a gratefully rare occurrence, it is not negligible. However, abortion is a second violation. A traumatised and unstable neurochemistry (the chemical functioning of the brain) receives a second insult in the form of a sudden and biologically inexplicable termination of chemical cascade i.e. the nine months biochemical cascade of pregnancy is inexplicably switched off by the sudden physical act of abortion. This can only serve to further destabilise the traumatised rape victim.

Most women who become pregnant through rape decide to keep their children (*Makhorn and Dolan. Pregnancy and Sexual Assault, New Perspectives on Human Abortion. 1981*) because they are aware that it is a unique human being and they are not prepared to put themselves through a second trauma (that of abortion). Dr. Makhorn's study showed also that, of the women interviewed, most were concerned with issues surrounding the rape, rather than the pregnancy. Some felt that the child born made amends, to a degree, for the trauma the mother endured.

The Irish Supreme Court felt it was providing security against suicidality in both X and C. Not surprisingly, it was after the abortions that X and C suffered their worst psychiatric problems. It is our contention that abortion augments suicidality and psychiatric illness in pregnant rape victims who are directed to abort. This is consistent with the available medical evidence worldwide, which shows abortion to be a causative agent in deterioration in mental health.

Gisser et al (Suicides after pregnancy in England, 1987 - 1994 British Medical Journal 1996) showed that suicides occur more commonly after induced abortion than after a pregnancy resulting in a live birth. Many studies support this view.

In addition, it is recognised that there is a so-called "anniversary reaction" where women have attempted suicide on (a) anniversary of their abortion or (b) the anniversary of the date on which their child ought to be have been born. (***Tischler et al. Adolescent Suicide Attempt: Anniversary Reaction. Paediatrics 1981***).

LIFE FROM CONCEPTION

As early as 1961, researchers, during a therapeutic hysterectomy, obtained a 7-week preborn baby measuring 23 millimeters (about one inch) from crown to rump. This baby survived independent of the mother for twenty minutes. During this time, the researchers used electrocardiographs to directly measure its strong and regular heartbeat, proving beyond a shadow of doubt that a preborn baby does have a heartbeat by, at the latest, seven weeks.

("Direct Electrocardiographic Recording of a Twenty-Three Millimetre Human Embryo"

The American Journal of Cardiology, September 1961, pages 443 to 449)

Abortion is wrong because from the moment of conception, a completely unique never-to-be-repeated individual has been created. Here we give a brief description of the development of the child from conception to birth.

Baby at 5 weeks after conception

She has the beginnings of eyes, spinal cord, lungs, stomach and brain. Her heart which we now know started beating at about 22 days, is beating very confidently. Her mother may not even know that she is pregnant. At this stage, she also has elbows and hands, but fingers have not yet developed. Her arm is rather like a flipper. Buds for her legs appeared at about 28-31 days.

Baby at 6 weeks

At six weeks old, you can see that her head is enlarging and that her fingers have budded, though her arms are too short for her hands to be able to touch each other. The large red blob is her liver. She has her own blood cells and nervous system. EEG or brain activity has been recorded as early as 40 days after conception. She also has the beginnings of ears, as well as the first signs of tooth development.

Baby at 8 weeks

By the time the unborn child is eight weeks old, she weighs 1/30 of an ounce, and is comprised of about one billion cells. She has already undergone 35 of the 45 required cell divisions to achieve adulthood. The amount of information contained in this baby's body is almost incomprehensible. It is equivalent to 1.4 billion billion words, or a typewritten

line 15,467 billion miles long, enough to reach *four light years* to Proximus Centauri, the star closest to our Sun. It is equal to 15 million terabytes, or 15 million million megabytes.

Baby at 10 weeks

At this stage all her organs are formed and functioning. Her nervous system is being completed, a fact which would make one think about her ability to feel pain. It has been shown that as early as 5 weeks she will move or turn away from an irritating agent introduced into the uterus, suggesting the beginnings of an ability to experience distress. That ability may be present before the ability to demonstrate it.

Baby at 12 weeks

Her lips can now open and close and she can press them tightly together. She is able to wrinkle her forehead, squint, frown and turn her head. Her eyes, which began to develop at 22 days, will remain closed until the 7th month. Her sex is now distinguishable externally.

With rare exceptions, her mother does not yet feel her baby moving as her newly formed muscles are still so weak. She is still very small and could fit inside a goose egg with room to move about. She weighs about one ounce. Her mother's womb is barely expanded and is still contained within the hipbones. Her vocal cords are complete but, in the absence of air, she can't cry until birth although she is capable of crying long before.

Baby at 16 weeks

At this stage the baby is 8-10 inches tall. She has now reached about half the height she will be at birth. You can clearly see the umbilical cord. She has had fingerprints since about 11 weeks. Her ear stands out from her head. Her skeleton is hard and can be seen on an X-ray.

Amniocentesis can be carried out at this stage. This involves removal of some of the amniotic fluid which is sent to the lab for analysis to determine any possible handicap in the baby. The 1967 Abortion Act in Britain permitted abortion on the grounds of foetal handicap.

Baby at 18 weeks

Her skin is very thin and transparent, and the underlying blood vessels can be clearly seen. Her skin is covered in a greasy material which helps prevent chapping as a result of being bathed in the amniotic fluid.

The mother begins to feel movement now or even slightly earlier. Her baby can do everything, but depends on her mum for oxygen and food. The baby's toenails are developing at this stage.

Baby at 20 weeks

At twenty weeks she is about one foot long and weighs about a pound. She has the beginnings of hair on her head, and the beginnings of eyebrows. A little fringe of eyelashes appears on her closed eyes. Her fingernails and toenails, which began at 10 and 18 weeks respectively, are now hardening. In the 8th month, her nails will reach the tips of her fingers and by her birth may have overgrown the fingers and be in need of trimming. She has grown some special fat to keep her warm after birth.

What she can do: Her muscles have become quite strong and her mother is much more aware of movement. Sometimes the mother may feel a kind of rocking sensation, like a series of small rhythmic jolts; this is the baby hiccuping. She sleeps and wakes as a newborn baby does and a sudden loud noise will waken her.

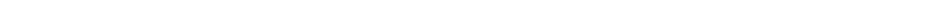
Baby at 24 weeks

By the time she is six months old the baby has had a huge weight gain and her skin is wrinkled due to lack of fat. She can soon begin to open her eyes and look up, down, and around. She can move freely. Like a newborn baby, she depends on her mother for feeding which, for the present, takes place through the umbilical cord.

Just before birth

Just before birth, her lungs are becoming more mature. Deposits of fat make her skin smoother. She is about 20 inches long and her upper and lower limbs have a chubby appearance. From the 7th month onwards, the hair on her head may grow long and most of the downy hair is shed from her body. She fits snugly into the womb so that her movements are reduced. In the 9th month, her living quarters are so cramped that, when she moves, the contours of her arms and legs make moving bulges on her mother's tummy.

At this stage she can do all that a newborn baby can do, though movement is limited by her cramped living space. As she hasn't yet been born, she still depends on her mum for oxygen.



WOULD YOU LET IT HAPPEN TO A DOG?

The anti-vivisection lobby argues that experimentation should not be allowed to be used on animal subjects because they may feel pain. They are not in a position to express their pain verbally but may so do otherwise.

In the film "The Silent Scream", which was authenticated by the French Supreme Court in February 1992, a real-time ultrasound picture is shown of a ten-week baby about to be torn apart by a suction machine in what is the most common type of abortion performed in the Western World. As the suction apparatus violates the sanctuary of the uterus, the child's heart beat races and it recoils from the instrument of its demise. The child is literally torn apart and the heart beats no more.

There is no definitive evidence of when the child in the womb begins to feel pain. The pro-life lobby quote research, which indicates the ability to feel pain from as early as 6 weeks gestation, when the heart has been beating one week. The pro-choice/abortion lobby argues that you cannot definitively say the child feels pain until it is 16 weeks in the womb. In the uncertainty we should stand for the child and say that no one should perform dismemberment upon a child as long as there is the slightest chance that the child feels the pain of having its limbs forcefully removed. After all, we wouldn't let it happen to a dog.

COMMON ABORTION PROCEDURES

We may all shut our eyes and ears to reality. In doing so, we must accept the responsibility of those who refuse to see or hear the evidence of the holocaust, which goes on today. History has shown that many people will stand idly by while the innocent suffer. However, when this happens, humanity will always throw up witnesses who are prepared to speak the truth, regardless of cost. It is this small group of people who allow humankind to maintain its nobility despite the terrible actions of the few and the collusion of the silent majority.

Abortion is not an issue, it is a reality. It occurs approximately 50 million times each year worldwide. In every case, regardless of the particular procedure used, a human baby dies.

Dilation and Curettage (D&C)

Many people have heard of the gynaecological procedure of D&C. This usually involves dilation of the cervix so that excess endometrial tissue can be curretted (scraped) away. However, there are times when a D&C is used deliberately to terminate the life of an unborn baby. The developing baby is cut apart by the curette and a surgical forceps crushes his/her head before the remains are scraped out into a dish. The baby is dead.

Suction Aspiration

This is the most common abortion procedure in the Western World. It usually is performed when the mother is between two and three months pregnant. To perform it sooner would increase the risk of leaving some of the foetal tissue (e.g. a head) behind, this then forming the focus of infection. The suction machine has a many times stronger suction than a conventional vacuum cleaner. It is strong enough to dismember the developing baby. The skull is then crushed with a surgical forceps and removed piecemeal. The physician's assistant is usually stuck with the loathsome task of assembling or checking body parts to ensure a complete abortion. The baby is dead.

Dilation and Evacuation

This method is generally used during the first half of the second trimester (13 to 20 weeks). The baby is torn apart by special forceps, and the pieces are removed one by one. Larger babies must have their heads crushed so the pieces can pass through the cervix.

This method involves the abortionist and staff manually crushing the baby requiring considerable effort at times and makes the abortion more 'real' to them, because upon assembling the parts of the poor little carcass, the staff can see for themselves what they have done. Many nurses have 'burned out' on this procedure and refuse to assist. Abortion-rights groups are enthusiastic about the D&E method because, unlike other second-trimester abortion methods such as saline and prostaglandin, there is absolutely no chance that the baby will survive.

Abortionist Warren Hern, author of the how-to book, *Abortion Practice*, described the D&E method to the Association of Planned Parenthood Physicians in San Diego in 1978 during a presentation entitled *WHAT ABOUT US? Staff Reactions to the D&E Procedure* were; **"We have reached a point in this particular technology where there is no possibility of denial of an act of destruction on the part of the operator. It is before one's eyes. The sensations of dismemberment flow through the forceps like an electric current."**

In his book, Hern also describes some of the more grisly aspects of the D&E abortion; **"The procedure changes significantly at 21 weeks because the foetal tissues become much more cohesive and difficult to dismember. A long curved Mayo scissors may be necessary to decapitate and dismember the foetus."**

Usually, the cervix must be dilated for one to three days before such a procedure. The most popular method of cervical dilatation involves the insertion of dried seaweed sticks called laminaria, which absorb fluids and swell, thereby expanding the cervical diameter. Abortionists may also dilate the cervix quickly with a series of stainless steel rods of increasing diameter.

Dilation and Extraction (D&X)

Abortionist Marvin Haskell has invented a new abortion procedure he named dilation and extraction (D&X), because **"most surgeons find dismemberment [i.e., D&E] at twenty weeks and beyond to be difficult due to the toughness of foetal tissues at this stage of development."** Haskell, who boasted at a 1992 National Abortion Federation conference that he has committed more than 700 of these late second-trimester and third-trimester killings, describes his technique;

"At this point, the right-handed surgeon slides the fingers of the left had [sic] along the back of the foetus and "hooks" the shoulders of the foetus with the index and ring fingers (palm down). Next he slides the tip of the middle finger along the spine towards the skull while applying traction to the shoulders and lower extremities. The middle finger lifts and pushes the anterior cervical lip out of the way. While maintaining this tension, lifting the cervix and applying traction to the shoulders with the fingers of the left hand, the surgeon takes a pair of blunt curved Metzenbaum scissors in the right hand. He carefully advances the tip, curved down, along the spine and under his middle finger until he feels it contact the base of the skull under the tip of his middle finger. Reassessing proper placement of the closed scissors tip and safe elevation of the cervix, the surgeon then forces the scissors into the base of the skull or into the foramen magnum. Having safely entered the skull, he spreads the scissors to enlarge the opening. The surgeon removes the scissors and introduces a suction catheter into this hole and evacuates the skull contents. With the catheter still in place, he applies traction to the foetus, removing it completely from the patient."

Salt Poisoning

Also known as the 'saline solution method' or the 'amnio abortion,' this procedure is used for second trimester and early third trimester abortions, but is becoming less popular due to possible complications to the mother.

A salt solution is injected into the amniotic fluid. The baby breathes and swallows this concentration and dies painfully over a period of hours from salt poisoning, dehydration, brain haemorrhage, and convulsions. The baby's skin is often burned off by the solution, and delivery occurs 24 to 48 hours after the baby dies. The skin of the babies is either completely burned or turned a cherry-red colour, which is why some abortionists and nurses refer to them as "candy-apple babies."

Dr. Russell Sacco dryly observed that **"If the abortion is well done, we don't have to watch the baby die. So we inject a salt solution. The result is like putting salt on a slug, but we don't have to watch it."**

Mothers who have undergone saline abortions invariably report feeling the baby's movements increase to a desperate frenzy as its skin and mucous membranes are scalded and it dies in unspeakable agony. Women who have had previous babies and have undergone the prostaglandin amnio abortion describe their dead preborn as "babies" and say that the physical pain of their experience was worse than prolonged childbirth.

Prostaglandin Abortion

This method is used during the late second trimester and third trimester. A prostaglandin hormone is injected into the uterine muscle, which then begins contractions to expel the baby in an artificially-induced and extremely violent premature labour. The contractions induced by this method are usually sufficiently strong to crush the baby to death before it is delivered.

This method is falling out of favour because it is not uncommon for babies to be born alive. In such cases, the doctor must clandestinely kill the baby or risk a so-called "wrongful life" situation and possible legal action and adverse publicity.

Hysterotomy

This is simply a Caesarean section performed during the last trimester of pregnancy. The mother's abdomen is surgically opened and the baby is lifted out. The helpless baby is then either left to die or is killed by the doctor or nurse.

Chemical Abortion - RU486

The RU-486 early abortion pill has serious side effects, a very limited range of use, is just as costly as a surgical abortion, and is now being used ruthlessly by certain developing nations for outright coercive population control purposes.

WHO WILL PERFORM THE ACT?

Legal abortion requires:

1. Funding
2. Personnel
3. Protection

Abortion is an expensive procedure to buy. It requires the use of sterile surgical theatre facilities. It requires full anaesthetic and resuscitation facilities. It requires trained doctors and nurses. If the State decides to fund abortion, taxpayer's monies will have to be used. The majority of Irish taxpayers are opposed to legal abortion as shown in two referenda.

People perform abortions. Very few, however, can long endure the knowledge that they are terminating human life, especially when the procedure demands that they reassemble the constituent parts of the dead body to ensure complete evacuation. Many studies from the U.S.A. indicate significant mental trauma among abortuary staff.

If abortion becomes a legal right, it will become almost impossible to refuse to participate to any degree with its performance. Anyone who believes that the unborn child is a human being will need to exclude themselves from working in obstetrics and gynaecology. An unequivocal acceptance of the right to terminate unborn human life will become the trademark of the obstetric and gynaecology speciality. Those with conscientious objections will pursue other career options.

It has been shown worldwide that the abortion debate is one of the most emotive of the twentieth century. Thousands of people have been jailed for acts of civil disobedience in blocking access to the abortuaries. A small number have been jailed for acts of violence against abortionists or their places of work. Many pro-abortion supporters have been jailed for acts of violence against peaceful pro-life protesters. Regardless of the rights and wrongs of clinic violence, it is inevitable, given the nature of abortion and the fact that as John F. Kennedy said, "when you make peaceful demonstration impossible, you make violent confrontation inevitable."

Youth Defence supports the right to life of all human beings, from conception to natural death. Accordingly, we support the right to stand in

defence of all human life and will continue to do so despite any attempts to silence our protest. We are the voice of the voiceless and we will not be gagged.

Section 2

ABORTION AND THE LAW

HISTORICAL BACKGROUND

The only standing legislation which refers directly to abortion is the Offences Against the Person Act, 1861. It was widely stated at the time of the X decision that this provision had been adequate to maintain the prohibition on abortion in Ireland and that, as such, pro-life campaigners had made a fundamental error in seeking the original 8th amendment to the Constitution. It followed, so went the argument, that pro-lifers were responsible for the result of that judgement, and that we had in fact "brought it on ourselves." This view is occasionally resurrected by certain figures in the media and has a superficially believable character for persons not familiar with either the provision of the Act, or the X judgements themselves. It is important that it be refuted for, in truth, the opposite is the case, the judgements merely underline just how inadequate the Act was as a protection for the right to life of Irish unborn children and to merely state that the Eighth Amendment was equally inadequate is to address something else altogether.

The relevant section of the Act (s. 58) states:

"Every woman being with child who, with intent to procure her own miscarriage, shall unlawfully administer to herself any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent, and whosoever, with intent to procure the miscarriage of any woman, whether she be or be not with child, shall unlawfully administer to her or cause to be taken by her any poison or other noxious things, or shall unlawfully use any instrument or other means whatsoever with the like intent, shall be guilty of felony."

It is clear that the use of the term "unlawfully" three times in the provision is intended to limit that provision by the assumption that the actions described may be lawfully carried out. This is self-evident, though the Act itself fails to define the circumstances, which might pertain to lawfulness or unlawfulness. In short the provision presupposes legal abortion in some circumstances and it is left to the Courts, in the absence of any other statute, to define those circumstances.

Since, however, the Act is one of English law, we already have the English case law on the matter which decided in *Rex v Bourne* (1939) that it was for the prosecution to prove beyond reasonable doubt that an abortion was not

carried out in good faith, for the purposes of preserving the life of the mother, and that the surgeon was not required to wait until the patient was in imminent danger of death. It was further extended to include the definition "relevant", to mean a real and substantial risk. Given that the case in point referred to a pregnancy as a result of rape, and that the real and substantial risk being evaluated was that of suicide, the conclusion is of great significance.

Thus, though the particular reason for the X case coming before the Supreme Court in 1992 was the granting of an injunction by Mr. Justice Costello, it is clear that the right-to-life of the unborn child in this case would not have survived the test provided by the Offences Against the Person Act. Mr. Justice Egan was explicit in referring to the Act as the only standing statute which might fall within the parameters of the State's obligation to "guarantee in its laws" that right and that it was consistent with the judgement in X.

We may reasonably conclude then that, in principle, the justification for enacting an amendment to the Constitution at that time for the protection of the right to life of unborn children is unaffected by subsequent events. And it follows from this that any proposal merely to remove Article 40.3.3 is not either a viable solution. It is obvious that the X case, if reviewed in the absence of the amendment, could only have led, and can only lead, to a wider judgement for legal abortion, and that there is no possibility at this stage to exclude abortion by this means alone.

There were, of course, several other sound arguments for the enactment of a Constitutional Amendment at that time which do not require repetition here, since they are not now relevant to the position in which we find ourselves post X.

Youth Defence believes that the wording of the Eighth Amendment ought to have achieved the purpose for which it was designed. The interpretation delivered in X was in our view, plainly the wrong one, and at odds with the wishes of the Irish people at the time of its enactment as well as with the plain language meaning of the words. The interpretation placed on the perceived balance of rights in the amendment is tortuous and reveals the danger inherent in legal persons seeking to make judgements without consulting the experts in the field of inquiry. Specifically there was inadequate consultation with appropriate medical opinion. It might, however, be argued that it was not practicable for the Justices to consult as

widely as would have been appropriate in this case. That lack of clarity might have expected a remedy of legislation which was required to give concrete medical as well as legal definition to certain phrases but that was not to be. Responsibility for this lies with the legislature and as such the consequences cannot be laid at the door of the campaigning groups whose motivation, intent and actions were at all times clear.

The position is as it is, however, and the Eighth Amendment has been held to provide for legal abortion on what are, in practice, very wide grounds. Just how wide those grounds are can be noted by the fact that no organisation purporting to be "pro-choice" on abortion has called for its appeal, but have rather proposed legislation in line with it. And of course there is further complication of the Protocol to the Maastricht Treaty which prohibits interference with the application of Article 40.3.3. in Ireland under European law.

The referenda of November 1992 were confusing in the manner of their presentation and as such it was not at all clear to the electorate the potential effects of what they were being asked to vote upon. This was particularly the case with the Travel and Information amendments which are, of course, open to benign interpretation; though in the case of information, the Government of the day sought in the "Information of Services available outside the State Act" to give a wide interpretation. While the Act itself may well be constitutional in terms of the Tenth Amendment, it is not however, as the then Minister would have us believe, the most restrictive Act that might have been introduced in line with the wishes of the people.

One certainty did emerge, however. The Irish people rejected overwhelmingly any attempt to leave the main judgement for limited abortion intact, by voting against the "substantive issue" amendment. The issues in this Amendment were better understood by the electorate since the main focus of the debate at the time centred on this question which was commonly referred to as the "substantive issue." Efforts by certain lobby groups to maintain that it was the restriction which was rejected, and not the outstanding permissiveness of the Amendment, are simply not believable. For one thing, the result was in line with that being called for by all organisations of pro-life opinion, as well as by the Catholic Bishops. More telling, however, is the refusal of those same "pro-choice" groups to have the issue put without confusion to the people. It is evident that

organisations which refuse to allow a democratic decision must be the ones which feel that the decision would be contrary to their intentions.

It further emerged that the pro-abortion lobby groups were only able to gather significant support around the falsehood that the absence of abortion placed the lives of Irish women in jeopardy. The overwhelming evidence that this is not the case has not dissuaded them from continuing to raise spurious doubts, and as such we have dealt at length in this document with those assertions. What is important to note here, however, is that no appreciable support exists in the public at large for abortion on any other basis, and that this has been borne out in every opinion poll, as well as, more significantly, during referenda campaigns and results. If it can be shown, as it can, that there are in fact no medical grounds for abortion, and absolutely no circumstances where the life of a woman can only be saved by abortion, then it follows that a complete prohibition does not run counter to even a large minority, but rather subsists in the ideological maelstrom of a very few fanatics.

Youth Defence do not doubt for one moment that the abhorrence of Irish people for abortion remains as solid as it was in 1983 and that if anything the ongoing campaign of the last six years have served to reinforce this view in the public mind. It is against this background then that the Government must address the issues which have arisen, in a forceful and honest way.

AVAILABLE OPTIONS

As the Committee is aware, the Minister for Health, speaking most recently on the question of abortion in the Dail, left the Government with the widest possible range of options, excluding only that legislation would be brought forward for X without any reference to the people. As such, he has given the Committee a very wide latitude in what it may reasonably recommend, though it is worth noting that he has more or less excluded the view put to him by the first Constitutional Review Group and specifically rejected their thinking, namely that since a majority could not be guaranteed for any Constitutional change it were best to proceed by legislation alone. By insisting that even if legislation were to be the preferred option of the Government, it would nonetheless be presented in a referendum, the only arguable case for legislation without offering the people a clear choice on abortion has similarly been excluded.

Youth Defence believes that the Government is exercising common sense in this approach. To have legislated, or to consider now legislating, for X without such a reference to the people would have opened up a great chasm of confidence in the workings of democracy and succeeded not at all in reassuring people that there was not, in fact, a conspiracy of political elites to impose the abortion culture in Ireland. To that extent it would raise profound questions, the consequences of which were likely to extend far beyond the case in point. We suggest strongly then to the Committee that in its deliberations it at least take cognisance not to present a recommendation which has no practical likelihood of being accepted by Government and thus we proceed with reviewing the options open at this time without reference to legislating for X without referenda.

The reasonable person cannot be either satisfied with the option of a purely legislative referendum. Such legislation would have to be within the terms of the X decision since any other would be found unconstitutional under the current position and it is therefore not an acceptable outcome. While of course we would welcome the opportunity in principle to voice unambiguously the rejection of that decision at the ballot box, it can hardly be a cause justifying both the expense involved as well as serving as a distraction from the main problem, which is to exclude abortion in accordance with the democratic mandate of 1983 and 1992.

Indeed the procedure involved is so absurd that we are inclined to draw the Committee's attention to the need for changes in these Constitutional provisions, though that is not our primary purpose in this document. In any case, as it stands, Article 27 is not an appropriate mechanism for deciding any question of national importance, least of all one which involves issues of such a profoundly moral and social nature, not to mention the depth of emotions that it is inclined to inspire.

To attempt it would be to present this country with a potentially Kafkaesque spectacle since, in the first instance, the Government would have to present and pass legislation through both Houses and then have its own members call on the President not to sign legislation which they themselves had so recently voted for. The co-operation of the Opposition is unlikely, given the stated positions of the Parties, and so the process would have to essentially be manoeuvred by the Government itself. We are forced to note at this point the danger inherent in the possibility of the President exercising her prerogative to ignore the call for a referendum, and signing the Bill into law. Even if this scenario is unlikely, it is nonetheless possible, and given that it is a matter of many lives and deaths no sensible person taking a pro-life position in this country is going to regard such a potentiality with calmness. It is, however, the manner in which the referendum itself would take place which gives rise to the greatest concern.

Since, as you are aware, the defeat of such a Bill would require not only a majority of the votes cast, but more than one third of the electorate entitled to vote, we might well be left with the bizarre spectacle of a referendum being carried contrary to the majority of votes. As such it is simply not enough to state that the non-voter has made an implicit decision. Consider a moment the effect of such thinking on a general election. In practise it would mean that every vote not cast was in effect 1/3 of a vote for the Bill and such situations might arise as

60% turnout would require 55.5% of the votes cast to reject it

50% turnout would require 66.6% of the votes to reject it

40% turnout would require 83.2% of the votes to reject it

33% turnout would mean that the Bill was unrejectable even if every vote cast were a "No"

This situation is further complicated by the fact that a Government taking office within 18 months of the referendum might overturn the decision.

While all of this is already in your knowledge we would nonetheless seek to stress most strongly that it would not just be those people who would share our view on the question at issue who would take umbrage at the notion of such a weighted choice. Most especially since we believe that the most likely outcome is where the Bill is carried against the votes cast. The reputation of Ireland and Irish democracy in particular would be greatly damaged by that outcome, a situation that no government could preside over with equanimity. Reports that the Government has decided to abandon the option of taking this approach are greeted with relief.

The third option for movement, clearly the only practical one and the one currently favoured by Government is to present an Amendment to the Constitution, with or without legislation as a follow-up, to underpin and define precisely the effect of that Amendment. This option is firmly opposed by all lobby groups who favour abortion. We referred earlier to this curious phenomenon and draw the only logical conclusion which is that they have implicitly accepted that their position arouses insufficient support to carry a referendum, even if the Amendment proposed were one which widened the grounds for abortion still further or included any degree of limitation short of a complete prohibition.

Pro-life groups on the other hand are unanimous in favouring this approach as the only way to deal effectively with the issues which have arisen. While it would not be true to say that we are in favour of **any** Amendment it is apparent that this unanimous approach is acceptable to the general public, who have expressed time and time again, through many forms, their desire and indeed their expectation to be fully and fairly consulted before any action is taken.

In part, the enthusiasm of pro-life groups for a new referendum stems from the confidence of winning such a referendum, and thereby re-asserting through the decision of the electorate, what was removed by this mis-interpretation of Article 40.3.3. We have no need to, and indeed we do not, feel embarrassed by this. To have confidence in the Irish people to make the right decision is something of which to feel genuinely proud and one has to wonder at this point at the motivations of those people who do not do so. If it is something spoken of in media circles that there is an extended agenda by certain parties, then surely it is those who hide from public judgement who are to be faulted.

Youth Defence would add to that general confidence in the outcome a strongly held belief in the principle of Constitutional Government. This is the belief in the notion that the Constitution serves as the safeguard of the rights of the people in defining and especially in limiting the role of the legislature. There is here no question of not trusting the legislature, that is not the issue; the question is whether any legislature howsoever formed, by whomsoever peopled, ought to have unlimited discretion. That is, for example, the position which prevails in the United Kingdom where in the absence of a written Constitution the concept of the absolute sovereignty of the Crown exercised by Parliament forms the governing principle. The founding fathers of this nation were not, either in the Free State period or thereafter, in agreement and a written Constitution was provided. Specifically Bunreacht na hEireann provides for amendments only by reference to the people, thereby copperfastening the notion that the Constitution was solely the property of the people.

It is not a view put forward by anyone serious that the Irish people intended anything other than the complete prohibition of abortion by enacting the 1983 amendment. As such it would be a gross violation of the principle of Constitutional Government if that intention were to be usurped even by such an august body as the Supreme Court. Since this is not a small matter of obscure interpretation but rather a clear contradiction between intent and effect on an issue of the gravest importance, it follows naturally that the people have a right to be heard. There is no need to re-argue the issues of the X case in point form, for even proving that the Court were fully correct or entirely wrong in that verdict would not alter their decision made on the text. Altering the text to conform is the logical solution.

It is the position firmly held by Youth Defence that nothing less than a constitutionally safeguarded and total prohibition of abortion is acceptable. We could not in conscience support, or acquiesce to, anything which fell short of that, and would be compelled to campaign vigorously against any attempt to introduce any other outcome. We would however, prefer to be in the happy position to recommend a wording for a referendum to the Irish people and campaign with equal vigour for its acceptance in an overwhelming "Yes" for the right to life.

REFERENDUM WORDING

It cannot be stressed too strongly that any wording for the referendum which falls short of a complete prohibition of abortion is one which will be wholeheartedly opposed by Youth Defence and, indeed, opposed by all pro-life organisations of any standing. For this reason it is important that the Government take great care in formulating that wording since as the Committee must surely be aware it will be next to impossible to secure the passage of any amendment against the opposition of those groups especially given that any restriction on X, however limited, will be opposed also by pro-abortion activists. Unless the Government is intent on involving itself deeply in a campaign for the success of the amendment there will then be no group advocating a "Yes" vote which has familiarity to, and credibility with, any section of the public, liberal or conservative. The amendment would consequently fail and the position would remain unchanged from what it currently is and the problem unresolved. Moreover it proved impossible in 1992 to force such a limited abortion wording through by means of positing a more liberal alternative. It would be foolish then to attempt to do so again.

As we have already stated, supported by evidence, there are no medical grounds for abortion but the *Rex vs. Bourne* case in England has also revealed that the law works in this area rather differently than does medicine and, as such, even though it may be proven that a given abortion was not necessary to save the life of the mother, it may well be argued successfully that the surgeon was acting in good faith. Indeed it would be almost impossible to prove otherwise, short of a confession to that effect, and consequently, any amendment which sought to provide for abortion only to save the life of the mother would not only be dishonest, insofar as it suggests risks which do not in reality exist, but would almost certainly open the abortion door which could thereafter be opened ever wider in practice.

A replay then of the 1992 debacle is not in anyone's interest, not the Government, pro-life groups or mother and child. Any wording which approximates in effect the proposal at that time would have to be rejected. Indeed we feel strongly that there can be only two tenable positions on abortion. One is that the unborn child is something less than human - "potential life" as pro-abortion advocates would have us believe, and that, as such, it could not have any rights running contrary to the mother in any instance. As such, even the mother's right to choose is a logical deduction from the premise. To adopt such a view requires ignoring almost all of the

facts, now well known and documented, concerning the development of the child in the womb. Clearly some persons are capable of such oversight, as evidenced by the use of such deliberately de-humanising language as "foetus" in the course of political debate where such technical terms are not the norm. The other position is one of recognising the verifiable facts concerning the humanity of the unborn child and drawing the inescapable consequence of its entitlement to the same absolute right to life which the law affords any other person. This is the view which Youth Defence have always taken, supported by the medical profession in Ireland as well as by the vast majority of citizens.

It is simply absurd to seek a middle ground; it cannot be done and attempting to do so relieves none of the misery of abortion, but rather adds to it the rank of hypocrisy of circumlocution. It amounts, in short, to recognising the humanity of the unborn child but proceeds then to announce the concept of superior humanity which is that of the born. Never mind that there is no medical or scientific basis for it, it can of course be done in law, and, with the exception of the United States, which explicitly denies (*Roe v Wade*) personhood to the unborn child, it has been done in almost all Western countries. Term limits on abortion, and other such variations, only serve to underline the absurdity involved and, while they may arguably reduce the total number of children who are killed, they change not at all the basic assumption. There is, in fact, no method by which to introduce limited abortion without surrendering to the notion that there are graded values which can be placed upon human life depending on subjective factors which are matters of opinion and not truth-formed.

It has however been stated by persons whose credibility to speak on such matters is not demonstrably false, that it is impossible to introduce a constitutional wording which obstructs absolutely both legalised abortion and a judicial finding for it. Such persons have returned again and again to the perceived conflict of rights between the mother and child and conclude that the law must, as in *X*, favour, however slightly, the one above the other. This is not true, no such conflict exists in the real world and it is possible to sustain both rights in equal measure. In law however, the question is whether one can prevent the judiciary from returning to the perceived conflict and it is our considered opinion that it can only be done by the clearest statement of prohibition on abortion, an exclusion clause in each and every circumstance which denies specifically the discretion of interpretation.

We therefore propose the addition to Bunreacht na hEireann the clause Article 40.3,6

"No law shall be enacted, nor shall any provision of this Constitution be interpreted, to render induced abortion, or the procurement of induced abortion, lawful in the State."

The Committee will no doubt note the similarity between the proposed provision and that which excluded the introduction of Divorce prior to the 1995 referendum. By the same token we have no doubt that the wording proposed will exclude the introduction of abortion, by any other means short of a referendum to the people, at some future date. Naturally we do not expect such a referendum ever to take place, but are confident that by no other means might the intention of this provision be usurped.

We have dealt already at length with both current medical practice on this issue and have consulted widely with legal opinion concerning the effects of this amendment. Their opinion has been unanimously to declare that the effect would be to copperfasten against change, that current medical practice which, as you are aware, is one which holds in deep respect the right to life of both mother and child as equal patients. It specifically excludes however subjective argument as to what equality might mean in a given circumstance by defining that it can never mean, as indeed objectively it never does, the provision of abortion.

The Committee will note also the similarity of this proposed amendment with that presented previously by the Pro-Life Campaign and as such we are convinced that it is capable of rallying universal support from all pro-life organisations.

Most importantly we would point out that this amendment is intended as a clarifying subsection to Article 40.3,3 and does not envisage the removal, or modification of that provision.

In view not only of our serious concern about a possible future instance wherein the legislature might seek to legalise abortion but of our firm belief that constitutional government requires that such a profound matter of life and death may be decided only by the people, the provision specifically prohibits the enactment of any statute providing for abortion.

We have also excluded judicial finding of a right to abortion as happened in X under any other provision in the Constitution. It is evident that for good or ill we are living in an era of judicial activism on the American model and as such the Supreme Court is increasingly willing to exercise wide discretion of interpretation. The quotation of Mr. Justice Walsh in support of the logic which prevailed in the X case by Chief Justice Finlay "that no interpretation of the Constitution is intended to be final for all time" must make us very wary indeed of how the Court exercises any discretion. It is hardly the only instance in recent years where the Court has shown a willingness to make, shall we say, surprise decisions. As such it is necessary to set unequivocal limits on that discretion in this area.

The term "induced abortion" is quite clear; it can only mean the deliberate and direct taking of the life of the unborn child. It is to be preferred over any reference to direct or indirect for the same reason as the amendment has been required in the first instance, namely that such a term as "direct" is subjective and returns again to the thorny problem of whether one could say that a doctor acting contrary both to the law and medical ethics had nonetheless acted in good faith and having not intended abortion as a direct result had performed an abortion desiring another consequence. And of course, the word induced is important in differentiating from a miscarriage which in common medical usage is sometimes referred to as a "spontaneous abortion." Induced abortion on the other hand is only ever used in one context, specifically the surgical procedure which we wish to exclude.

Moreover, we have added a prohibition on the procurement of abortion. Given the proximity of the State to the United Kingdom where abortion has been legal since 1939 and effectively on demand since 1967 it makes a mockery of the declared protection for the right to life of the unborn child to have organisations and individuals within the State active in the procurement of abortions in that jurisdiction. We speak specifically of the Irish Family Planning Association, which is affiliated to International Planned Parenthood, an organisation noted for both pushing the very limits of, and occasionally openly flouting, the law in many countries around the world. They have openly admitted to procuring abortions in England and have been able to do so precisely because the Information Amendment was so wide and the Abortion Information Act which followed it so vague in defining exactly what is illegal in this area, if anything. There seems little doubt that they are alone in this activity and there also seems little likelihood that this was the intention of the people when enacting the

Amendment. Deputies who voted in the Dail for the Amendment have certainly made it known that they do not see their intent in the Act.

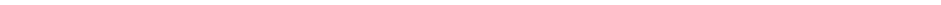
It will be apparent then that a provision against the procurement of abortions will define more accurately the effects of the Information Amendment by the will of the people. Certainly it would seem that the majority of the electorate would want information on abortion to exclude procurement.

In proposing this wording Youth Defence have taken prudent regard to the difficulties created by the protocol to the Maastricht Treaty. We note that while it is not in any case our desire to alter Article 40.3,3 the current situation is that any attempt at such an alteration is likely to be contrary to European law and therefore invalid. For this and other reasons the Article may not either be removed or be replaced by statute law.

Legal argument did, of course, rage over precisely this point during the Maastricht debate and the then Taoiseach, Albert Reynolds, sought and received a "Solemn Declaration by the High Contracting Parties", that any changes in Irish law on abortion would be respected under European law. We had not then nor have we now much confidence in that declaration as it might stand against the text of the treaty itself.

However the text of the protocol is quite plain in protecting the application of Article 40.3,3 in Ireland and as such that may be taken as the Irish Supreme Courts interpretation of the Article. Just as that locks legal abortion into European law under the X ruling it would have equal effect in locking the prohibition of abortion into European law in the event of a contrary ruling on the disputed Article. It is clear that the effect of enacting Article 40.3,6 with the wording which we have chosen is to direct the court to a proper interpretation of 40.3,3 and therefore not to alter the disputed Article, nor the protocol, but certainly alter the effect of both. Specifically it would be impossible for a Supreme Court directed to find that "no provision of this Constitution be interpreted" to allow for legal abortion could interpret 40.3,3 in the manner which gave rise to the current controversy.

Briefly then the purpose and effect of this Amendment would be to comprehensively row back the decision in the X case, subject to the approval of the Irish people, as submitted to them by referendum. They are entitled to nothing less.



CONCLUSION

The Committee is weighted with an enormous responsibility. In the immediate term the nation awaits its recommendations with some trepidation, looking for a final solution to this question which has given rise to vexed public debate for more than a decade. Even more so the future generations of Ireland who in the last analysis will pass judgement on what we do in these times.

As we have said, this problem has essentially a simple solution though we do not doubt for one moment that political courage is required to enact it. Influential forces will be arrayed against any recommendation and all solutions will have their opponents. It is vain to hope at this point to find a solution, which is not divisive, since those divisions are inherent in the abortion debate already. The social and moral responsibility lies rather in finding the right solution not the easy one.

Youth Defence has remained since its inception steadfast in the defence of the right to life of mother and child. That much is unchanging and unchangeable; regardless of whatever approach is recommended by this Committee or adopted by the Government. Thus while we note the difficulties involved for the Committee we would nonetheless charge you most strongly to have regard to the consequences of decisions made at this time.

Abortion as an issue has not and cannot be removed from the public agenda by means of legislating for it. International experience shows that in fact the issue grows more heated with time and drawing a direct conflict between law and conscience undermines in every country respect for law as well as for the institutions of the State.

Abortion is violence of the most heinous type. It is violence which always ends in the deaths of children and often in the deaths of women. But it goes further in committing violence against the very foundations of the nations which legalise it, ripping and tearing at a fragile social fabric, causing such damage as will only be apparent to future generations.

Ireland has an opportunity to be, at a critical moment in the history of our country, a beacon of hope for the future of humanity. To make the declaration, that this far and no further, will the inhumanity of indiscriminate

killing be tolerated in civilised society. It would be shocking indeed if that opportunity were to be passed over for the superficial ease of adopting errors of other countries at the very time those errors are most obvious.

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