Imperative images:

The use of images of the foetus in the Australian abortion debate, 1998-2009

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This thesis is my own work. All sources used have been acknowledged.

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Abstract

This thesis examines the use of images of the foetus in the abortion debate, in Australia over the last decade. It begins by reviewing existing literature on abortion in Australia and the emergence internationally of a small body of feminist critique of foetal images. It then catalogues common images and campaign materials used in pro-life campaigning in Australia and builds on existing feminist critiques of such images. It focuses on three cases studies: the Osborne bill in the ACT; Protect Life sit-ins in Brisbane; and the Tell the Truth campaign in Victoria. These cases encompass the breadth of pro-life practices and materials across different jurisdictions. Thus, this thesis presents a detailed record of the contemporary visual culture of Australian pro-life politics.

I identify three major themes which are represented in pro-life images of the foetus: the wonder of life; the human form and human frailty of the foetus; and the barbarity of modern society.

These messages depend on a worldview which combines aspects of religious thought and scientific knowledge. Images of the foetus provide evidence of its substance and enable its social embodiment. Yet they also emphasise the fragility and the vulnerability of the foetus, and invite the empathy of the viewer. Indeed, images of aborted foetuses prompt a visceral reaction and thus demand empathy. This empathy is fundamental to the intersubjective connection created between the foetus and the viewer, and, in turn, that intersubjectivity demonstrates the moral significance of the foetus for the pro-life viewer.

The meanings of images of the foetus are built on our parallel understandings of sight and feeling as immediate and unmediated. Emotion is a powerful element of politics, and images of the foetus challenge the emotion, and hence the humanity, of the viewer.
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Note on language

I use the terms ‘pro-life’ and ‘pro-choice’ in this thesis, although they are not always adequate phrases to encapsulate the positions of the various actors. They are in common usage, are not too clunky as adjectives, and would be happily worn by most of those they label. The subtleties of the various positions in the abortion debate should be captured during the historical and analytical work, and cannot be adequately communicated through the terms used to denote two ‘sides’. In general, though, ‘pro-choice’ typically refers to the view that abortion is a private decision for the woman involved to make according to her own values and circumstances, and that abortion should be legal and accessible, generally until the foetus is viable; this is usually informed by broader feminist beliefs or liberal beliefs. ‘Pro-life’ typically refers to the opinion that abortion is an unjustifiable wrong, and that it should be illegal or only under extremely narrow conditions legal; this is usually linked to religious faith and a belief in some traditional gender roles.

The word ‘foetus’ is used throughout. Medical and scientific language distinguishes between the ‘embryo’, from conception to twelve weeks’ gestation, and the foetus, from twelve weeks until birth. The vast majority of abortions take place during this first twelve weeks; visual images depict both embryos and foetuses, according to this definition. In lay contexts, however, the word ‘embryo’ is so commonly used in discussions of assisted reproductive technology, such as in vitro fertilisation, and in discussions of cloning, that the connotations of a cluster of cells seen through a microscope are probably too likely to overwhelm the developmental definition of the scientific term. To talk about ‘images of the foetus’, rather than using two discrete terms, makes much more sense; it seems the most neutral term available.

As an aside, the American spelling of ‘fetus’ has been retained in direct quotes.
Chapter 1: Introduction

[Right-to-life slide-] shows feature a great abundance of mangled embryos and fragments of embryos, all in glorious and repulsive color. The inference they want the viewer to make is that he [sic] is seeing the innocent victim of a crime – the crime of abortion, the crime of murder.

*But you can’t photograph morality* …¹

Garrett Hardin, ecologist and bioethicist

Can an image make a moral or political argument? What makes an image powerful or persuasive? This thesis began with these questions, evoked by pro-life arguments about abortion which use images of the foetus. Photographic images of the foetus struck me as being visually compelling; even more striking, though, were the divergent – and forceful – responses to these images.

This divergence is illustrated by juxtaposing Hardin’s argument with Australian pro-life activist Peter Erbacher’s narrative:

…like most people I didn’t know much about abortion. Doing a search on Google I discovered AbortionTV.com. Everything changed that night. I look at the world through different glasses now. ...

… ...

I showed my friends some letters and pictures I printed from AbortionTV.com Suddenly, through the veil of deception they saw the truth and reality of cold blooded, terror-clothed murder of defenceless children who had no chance and absolutely – no choice.²

These two views exemplify just one disjuncture amongst common responses to such imagery: photographs which, for Hardin, merely ‘obscure the ethical issues’\(^\text{3}\) demonstrate for Erbacher the essential immorality of abortion.

The fact that different people will interpret images or arguments in different ways is, of course, unremarkable. Yet the intricacies of how we form opinions, how we conceptualise and express arguments, and of how we debate social and political issues are far from dull and certainly not unimportant. Moreover, this particular case prompts questions about the roles of emotion, intuition and reason in the formulation and reproduction of moral and political beliefs. It is these questions about social and political ideas which I have pursued.

The abortion debate

Abortion is the termination of a pregnancy; the practice, regulation and morality of abortion are recurring topics of public discussion. It is easy to interpret particular iterations of the abortion debate as society reopening a matter which had been closed. A recent article by Wyatt and Hughes, for instance, describes the abortion debate as being ‘resurrected in Australia in recent years, spearheaded in part by conservative politicians keen to truncate the increasing support for abortion by ordinary Australians.’\(^\text{4}\) Yet, as Stefania Siedlecky has observed, although ‘[m]any people may have thought that the arguments over abortion had been resolved, … the subject never really goes away.’\(^\text{5}\) Moreover, these arguments are mostly reiterations of previous patterns: the main positions being represented are quite static, and, consequently, new ‘controversies… prompt the recycling of the same issues’\(^\text{6}\).

We should therefore be wary of declaring the abortion debate over; indeed, we should be wary of conceptualising what we call ‘the abortion debate’ as \textit{a debate}. It

\(^3\) Hardin, \textit{Mandatory motherhood}, 78.
is certainly useful to have a phrase denoting public discussions about the practice, regulation and morality of abortion, and this term captures the important connections between ideas and discourses at different times and places. Different conventions of persuasion, dialectical development and resolution, however, apply in a formal debate. The abortion debate is probably better understood as a complex of several discourses bubbling up from time to time to circulate in the visible public sphere of the media and parliamentary politics.

This thesis focuses on the abortion debate over the past decade – from the late 1990s to the end of 2009. During this time a number of events in the different jurisdictions of Australia’s federal political system have brought the issue onto the public agenda. The decade has seen no transformative shifts, but rather moments of small adjustments, of systems inching sideways and then settling back down. Minor legal changes, viewed cumulatively, have reinforced the legal status of abortion.

This thesis explores the ways in which abortion is understood, debated and represented. It is, therefore, a study of politics and culture. It poses the question: how have images of the foetus been used in the abortion debate? In addressing this question, I document the ways in which images of the foetus are used in the abortion debate in contemporary Australia, and analyse the meanings of these pictures. Through this study, I consider the significance of visual images and emotions to political ideas.

My approach

Defined broadly, politics is about power. Accordingly, the discipline of political science can be defined as the study of the many forms of power in social processes, both within and beyond the sphere of government and formal politics. In this

context, and that of this thesis, power is a concept that covers influences much more nebulous and subtle than those referred to in ordinary uses of the word.

This thesis uses discourse analysis, an interpretive approach informed by the ‘cultural turn’ in political science. Carol Johnson describes how the ‘...cultural turn’ in Australian political science ... ‘sought to complement more traditional studies ... with studies that analysed how influential beliefs, meanings, ideology and discourse were constructed.’⁸ Rebecca Albury argues convincingly for the value of interpretive approaches in analysing the politics of abortion and reproduction:

I have come to think that insights from cultural studies need to be applied to the more apparently straightforward realm of political activity. At the same time, the importance of the material effects of power relations cannot be dismissed from understandings of the cultural meanings of fertility and human reproduction.⁹

Cultural studies’ theoretical insights and methods have been gradually incorporated into political science. Carol Johnson describes the cultural turn as continuing the tradition of radical political science, and, for feminist scholars in particular:

‘Feminist political scientists’ familiarity with feminist critiques of androcentric, ‘patriarchal’ thought, including mainstream political debate and political theory..., had made them keen to study ideology and discourse.’¹⁰

Fundamental to this approach is the conviction that knowledge is subjective, and that our understanding of the world is not automatic or natural,¹¹ but rather subjective, constructed and historically contingent. Hence ‘all objects and practices are discursive. In other words, for things and activities to be meaningful, they must be

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¹⁰ Johnson, ‘Radical Approaches’, 309.

part of particular discourses.' Following Johnson, this thesis uses an 'eclectic, composite definition' of discourse. Ideas and practices are mutually constituted through speech and action, embodying, reproducing and marginally altering each other. Further, these meanings are somewhat fluid, never entirely, solidly fixed; there are a multitude of ideas and practices across a plurality of discourses:

In any culture, there is always a great diversity of meanings about any topic, and more than one way of interpreting or representing it. Also, culture is about feelings, attachments and emotions as well as concepts and ideas.

From a subjective perspective, scholarship itself is not the discovery of pure knowledge, but rather a work of interpretation and construction. As such, 'social science is about the development of narratives, not theories.' To take a critical approach means that, as '[w]e account for actions, practices and institutions by telling a story about how they came to be as they are and perhaps also about how they are preserved', we do not assume that this is the natural or only way that they could be.

Developing an insightful – and hence valuable – narrative requires using imagination and empathy to develop a nuanced understanding of people and phenomena. This thesis focuses on the significance of images of the foetus, not on whether abortion is right or wrong. Celeste Michelle Condit, in her careful study of the rhetoric of the abortion debate, argues that a fair approach is to be achieved not through the impossible detachment of objectivity, but rather through an 'empathetic engagement' which takes account of the context and contingencies experienced by each actor: 'studying meaning-laden human activities requires ... full empathetic engagement with all positions.' That is, it is by 'standing with' those speaking to appreciate their perspective, rather than by trying to find a position of disinterest, that the academic can be least biased.

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13 Johnson, Governing Change, 15.
16 Bevir and Rhodes, 'Interpretive theory', 134.
I have attempted to do this throughout, but it is neither an easy nor perfect solution. This required, for me, sympathy as well as respect and a thorough understanding, so that mischaracterising others’ opinions seems unjust. I hope that I have managed that sympathy, and am successfully understanding pro-life beliefs on their own terms.

**Analysing visual discourse**

Yet visual images cannot be presumed to be equivalent to any other discursive elements. How then should they be analysed? Social anthropologist Malcolm Banks writes that, though visual data is found throughout social science research, there are too few discussions of visual methodologies. "Seeing is not natural... Equally unnatural are the representations derived from vision – drawings, paintings, films, photographs." Nor is the use and analysis of visual materials straightforward or unproblematic.

It is common, across the social sciences to understand images as being ‘read’ by the viewer. Cultural studies scholars Jessica Evans and Stuart Hall, of the ‘Birmingham school’, explain that this understanding has been entrenched by the cultural turn:

> The revolution across much of the social and human sciences, characterized by what is variously termed the ‘linguistic turn’ or, we would prefer, more broadly, the ‘cultural turn’, has led to an emphasis upon social practices and relations as signifying practices – practices which organize and constitute social actions and involve/assume interpretative, meaning-making persons.

That is, the meaning of an image is interpreted by the person looking at it, rather than being a fixed message simply received by the person.

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19 *ibid.*, 7.
Hence, when considering an image, the researcher must consider both the content – the “internal narrative” – and the context – the “external narrative”. Though it is necessary to attend to both, the two should not be thought of as entirely distinct: “in practice they are of course intertwined”. As such, the viewer’s interpretation of each is influenced by the other; both are vital to good analysis. The captions and language used with images are particularly important components of how an image is presented, and should be analysed together: the pictures and writing are not discrete items. For instance, Newman’s research into Enlightenment era medical drawings and models of the foetus is rightly criticised for not engaging with the accompanying text. As much as possible, therefore, I have photographed entire items, so that the layout, format and captions are included.

Nonetheless, it is equally important not to become absorbed in social contextual issues and neglect the images themselves. Evans and Hall, cautioning researchers against this, see the framework of discourse analysis as especially valuable. The conceptualisation of discourse, as simultaneously an object and an action, acts as a bulwark against narrow analyses:

> It is here that the notion of discourse is central. In its emphasis upon the integral relations of meaning and use, it rescues us from the solely textual concerns of a semiotic analysis, but also allows us to check the slide into older ‘productionist’ models.

Combining a close analysis of pro-life materials with case studies of their use helps to keep the relationship between text and acts in the foreground. In the case studies, the actions of protestors constitute a further framing of the images.

Moreover, it is important to consider the particular, material form of the image. Because of the foundational role of linguistic work in this area, the “privileging of the linguistic model in the study of representation”, has led to a number of challenges for ‘image studies’. Images are too easily subsumed into the category of ‘texts’, and the specific character of visual images is too easily elided in approaches

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21 Banks, Visual methods in social research, 10-11.
22 Banks, Visual methods in social research, 11.
24 Evans and Hall, ‘What is visual culture?’, 3.
25 ibid, 2.
which see them as just another text.\textsuperscript{26} Thus, the understanding images as ‘read’ by viewers should not mean that researchers “disembody” images by treating them as just another text.\textsuperscript{27}

Visual theorist W. J. T. Mitchell differentiates between an image and a picture. That is, a picture is the material form of an image.\textsuperscript{28} This distinction draws attention to the practices through which images are created and communicated. The medium is important; indeed, the possibilities and constraints of the medium will shape the ideas being expressed and interpreted.\textsuperscript{29} Nonetheless, though the conventions, functions and relationships of different media are pervasive, they vary and can have varying influences.\textsuperscript{30}

Most of the materials documented in this thesis are pamphlets, but there are also placards and webpages included. Where necessary, the original sizes of pamphlets and other paper items are recorded. This is still a slightly different rendering of the materials, but it is as close as practicable.

**Research design**

The research design has two major components. The first is an examination of images from pro-life pamphlets, letter-drops and websites. Current pamphlets were provided by Right to Life Australia in 2006 and 2007, and current web-pages of several pro-life organisations were saved between 2007 and 2010. In addition, I examined and acquired digital reproductions from the ephemera collections of the National Library of Australia, the State Library of New South Wales, the State Library of Victoria, and the State Library of Tasmania. Some of the library collections dated back to the late 1960s, and thus provided some historical context.

\textsuperscript{26}ibid.
\textsuperscript{27} The use of the word ‘disembody’ comes from Carol Armstrong, ‘Visual Culture Questionnaire’, *October*, 77 (Summer, 1996).
\textsuperscript{30} Evans and Hall, ‘What is visual culture?’, 2.
To complement this examination of a broad range of visual material from pro-life websites and pamphlets, I provide three small-scale case studies of specific campaigns from the past decade. Close analysis of these cases makes it possible to construct a detailed and precise picture of the images and strategies used.

There is currently very little information on the visual elements of the Australian abortion debate. Moreover, the work done in other countries tends to assume that readers will have common knowledge of the images, and hence includes only some representative illustrations and descriptions. The uses of those images are also described by means of generalisations.

As a younger person, I find this frustrating: I do not have any memory of Australian politics of the 1980s and early 1990s – let alone, say, American society and politics! The absence of specific details makes it impossible to judge how widespread the use of images of the foetus has been, or to differentiate between different images and messages being disseminated.

For instance, Condit’s analysis of the American abortion debate maps the narratives used by both ‘sides’ and analyses how the specific arguments function. It is a comprehensive and nuanced work of discourse analysis. The chapter on the use of images, nonetheless, rests on a number of generalisations. Writing in 1990, she describes how ‘the photographs have been widely disseminated throughout the country – passed through church pews, tucked under windshield wipers, flashed on screens in public meetings.’ The scope and purpose of Condit’s book neither require nor allow a greater level of detail; rather, it is an invaluable contribution. Nonetheless, there remains a need for more detailed work on the use of images.

Trying to understand public debate is difficult, and difficult precisely because no-one encounters quite the same mix of ideas and arguments. Every person’s perceptions are local and personal, contingent on their perspectives and attention, and on their media consumption and the people with whom they socialise. Generalisations make it even more difficult to imagine how many people would have, say, found pro-life

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31 Condit, *Decoding Abortion Rhetoric.*
32 *ibid.*, 79.
fliers under their windscreen wipers, what pictures might have been on those fliers, and whether this was likely to be a frequent or a one-off experience. The notable exception to this vagueness is the film *Silent Scream*, which has been closely analysed by several authors. Presumably, this close analysis has been facilitated by easy access to copies of the video.

Contemporary digital technology makes it easy and inexpensive to store and reproduce images, and this is, therefore, a good time to make a start on the work of researching the specific pictorial materials and political practices which have been used. As Halfmann and Young observe, discussing the use of images of the grotesque by the American anti-slavery movement, it is difficult to reconstruct past responses to images. Hence, the importance of providing contemporaneous case studies.

Thus, by documenting and analysing these three contemporary cases, I contribute new material on the visual dimensions of abortion discourse. Firstly, as mentioned above, there is a need for more specific material on the visual aspects of this debate. Beginning to address this gap in knowledge will also make it easier to judge how applicable international work may be to Australian pro-life politics. Australian reproductive politics and political culture cannot be assumed to mirror that of the US or UK.

Secondly, this will be a significant contribution to the historical records of the abortion debate in Australia. There is a particular dearth of work on Australian pro-life politics: as Wyatt and Hughes have observed very recently, ‘[v]irtually no research has been undertaken into the beliefs and strategies of Australian pro-life members’. Although these are small groups, they are nonetheless significant, and understanding their ideas and practices should prove useful for comparative

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35 Wyatt and Hughes, ‘When discourse defies belief’, 236.
analyses, providing new cases for the study of social movements and social change. Moreover, examining pro-life actions over the past decade will constitute an important contribution to the literature on the politics of abortion in Australia.

Structure of thesis

The thesis begins, in Chapter 2, with a short review of the Australian literature on the politics of abortion. Chapter 2 also discusses relevant work by feminist and cultural studies scholars exploring visual representations of the foetus in Western culture. The literature review serves as a prelude to the catalogue of images that forms the basis of Chapter 3. In Chapter 4, this visual data is analysed by reference to the existing literature on foetal images. To this literature, I contribute my own argument, that the foetus sometimes does resemble and sometimes does not resemble a person. It is the duality of these images of the foetus that support its special moral status. I contend that three major messages are commonly represented in pro-life uses of images of the foetus: the wonder of life; the human form and human frailty of the foetus; and the barbarity of modern society.

After this analysis of the catalogue of images as a collection of texts, the second half of the thesis moves on to practices involving some of these images. Chapters 5, 6, and 7 examine the three case studies that have been selected to document different visual strategies used in pro-life campaigns in Australia over the past decade. This rough division between pictures and actions should not be misunderstood as reflecting a clear dichotomy between images and use of images: the two are mutually constitutive. Nonetheless, it is useful to consider these different aspects constituting the discourses: actions and practices involving images of the foetus frame the images and ideas, and evoke new positionings of actors and targets, and new rhetorical structures.

The three case studies are as follows: the Osborne Bill in the ACT; Protect Life sit-ins in Brisbane, Queensland; and, the Tell the Truth campaign in Victoria. Together, they comprise a range of pro-life uses of images of the foetus. They show how
different visual strategies are adopted, for different audiences, with differing communicative or persuasive purposes.

The Osborne bill required women terminating a pregnancy to be given a government-mandated booklet with images of the foetus illustrating details of foetal development. The debates and amendments leading to this legislation involved arguments about what constitutes ‘informed consent’, and whether visual images were necessary to understand abortion. In this case, then, images were positioned as potentially influencing the decisions of women considering abortion.

Protect Life is a small Brisbane group of pro-life activists. Their sit-ins aimed to prevent medical facilities from being able to open. Their placards and website used images to communicate the reasons for their activities. I argue that such protests are most significant as symbolic actions, and the images are an important part of the act of bearing witness to wrong.

The Tell the Truth campaign was a response to Victorian bill decriminalising abortion. Whilst the bill was before the State parliament, the Tell the Truth group carried out letter-drops encouraging opposition to the bill. Parliamentarians also received letters and emails including shocking images.

I document the specific images used in the three case studies, reproducing the materials containing images and describing the ways that these materials were used in political campaigns, government policy actions and protest events. Then, each of the three chapters considers how and why visual images were important, and what continuities there are between the case and other historical and contemporary tactics and campaigns. Thus, these small cases provide insight into how emotions and ethical obligations are constructed in public debate.

These insights are considered in depth in Chapter 8. I argue that images of the foetus are significant because they stand within a narrative that expects the viewer to react emotionally to what he or she sees. This emotional reaction is constructed as evidence of an intersubjective relationship, which becomes proof of the subjectivity of the foetus. I argue that the philosophical conceptualisation of personhood is not
relevant in this moral landscape; the foetus’ being places a moral duty on pro-life activists because of its incapacity.

Vision and emotion – and the epistemological weight of vision and emotion – are fundamental to images of the foetus in pro-life politics. In fact, Chapter 8 argues that the practices centred around images of the foetus suggest that this pro-life mobilisation is motivated by moral conviction rather than by the prospect of success. Hence, I predict that these tactics will persevere, and beliefs will remain strong, despite many failures faced by the pro-life movement.
Chapter 2: The politics of abortion

In Chapter 1, I argued that analyses of the politics of abortion must be informed by an understanding of the historical context. This is not, however, straightforward, and this chapter begins by considering the difficulties of describing this context. Then, it discusses the literature on Australian abortion politics, and identifies the main themes of this literature. Whilst, as Chapter 1 noted, there is little written on the Australian pro-life movement, there is some useful, mostly international, literature on the meanings and influence of images of the foetus. The final section of this chapter, then, introduces this material.

The difficulties of writing history

Writing history is an inevitably imprecise process; to sketch an outline of history is to be even less exact. But an understanding of the historical context and social setting is necessary before delving into the smaller study of images of the foetus and the ways in which they are interpreted. Fundamental to interpretive approaches, including discourse analysis, is the belief that knowledge is subjective, and that our understanding of the world is not automatic or natural, but rather shaped by our perspective, our society and our own thinking. This does not mean that the researcher does not seek truth, but merely that a truthful account is acknowledged to be contingent on context and perspective.

This contingency is even greater in the case of abortion. As a private matter, often taboo, and primarily a women’s experience, when abortion appears in public discourses and histories it is inflected by gender politics, class, and debates about morality. Historian Judith Allen argues that we need to take an ‘archaeological’

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approach – that is, a critical approach – to history. In her history of women and crime in Australia, she observes that legal and judicial records, ‘the priorities that police and magistrates employed in the past in selecting offenders for prosecution and trial tend to give shape to crime histories.’ This is a particularly useful way of describing it – because it makes clear how the social actions which create historical records are pervaded by power, by social forces, by cultural values, morals and taboos.

From the late nineteenth century, concerns about population growth, and the morality of society, spurred discussion of and inquiries into the practice of abortion (along with infanticide and contraception). These inquiries were part of a moralising population debate, which focussed on women in frontier areas and in urban slums. Abortion and contraception were viewed as antithetical to moral motherhood, which was a marker of respectability and class.

In discourses about abortion before case rulings and law reform in the 1960s and 1970s, the aborted foetus often appears as a marker of the depravity and immorality of abortion. Fig. 1 shows such a pictorial use of the foetal body to represent depravity. Pro-natalist figures of the early twentieth century emphasised this urban decay, with sensationalist accounts of decomposing foetuses and babies ‘choking the sewers’ of Sydney.

Feminist historians and social scientists, taking an ‘archaeological’ approach, have used critical approaches and methods such as oral history to uncover women’s history. In particular, feminist scholars have described the great diversity of the history of abortion, and at times the successes and autonomy of women’s reproductive practices. In these very different accounts and oral histories, the foetus appears as a part of the difficulties, or even the horror, of the experience.

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4 Neville Hicks, ‘This sin and scandal’: Australia’s population debate, 1891-1911 (Canberra: Australian National University Press, 1978).
Bertram Wainer, a Melbourne doctor who campaigned for law reform and exposed police protection rackets – leading to the Kaye Inquiry – interviewed women who had terminated pregnancies prior to the Menhennit ruling. The bodily form of the foetus does appear in some of these recollections. As abortion was frequently an induced miscarriage, rather than a surgical procedure, the materiality of the pregnancy was quite evident. At times, the foetal body is a central feature of a shocking or horrific experience.

One interviewee had an abortion after it was legal, at the age of 19:

I have decided to tell you my story. I refer to it as a horror story. Many girls who have abortions have them early enough, and do not 'see' what is being aborted; I gave birth to a partially deformed foetus and I saw it.\(^7\)

Another woman recalled that 'my boyfriend had said the baby’s just a clot, there’s nothing there, it’s not formed, it’s just a clot of blood.'\(^8\) For this woman, the horror of the foetal body compounded the callousness of her partner:

... I thought, I’ll just have a look at this clot. That was when I realised it wasn’t a clot. It was a baby. It was just like a baby doll. It was terrible. I have been deceived. I hated him... for doing that to me. He could have told me the truth. He must have known it would be a baby, he was a man of the world.\(^9\)

In these stories, the difficulties of dealing with foetal remains are intertwined with feelings of powerlessness or a lack of choice, and a lack of information about the procedure. It is worth noting that some characteristics of these experiences – of insufficient knowledge, choices, or a loss of dignity – are also recorded in some instances after abortion became legally available.\(^10\)

Wainer’s project was motivated by a desire to document the problems of illegal abortion. It is likely that this agenda led more women with stories of desperation, indignity and exploitation to contact him. In contrast, pro-life commentator Melinda

\(^7\) Jo Wainer, Ed. Lost: illegal abortion stories (Carlton, Victoria: Melbourne University Press, 2006), 72.
\(^8\) ibid, 160.
\(^9\) ibid, 161.
\(^10\) Lyndall Ryan, Margie Ripper and Barbara Buttfield, We women decide: women’s experience of seeking abortion in Queensland, South Australia and Tasmania 1985-1992 (Bedford Park, SA: Women’s Studies Unit, Faculty of Social Sciences, Flinders University, 1994).
Tankard Reist has published stories of abortion leading to grief.\(^{11}\) (Tankard Reist was also an influential advisor when Paul Osborne was proposing the Bills which make up the case study of Chapter 5.) In both cases, these advocates were seeking to record a particular experience, and the recruiting advertisements made this clear. Moreover, it is difficult to disentangle private and public narratives: it is likely that public stories influence how people interpret their own lives.

These projects are particularly potent examples of how researchers are themselves bound up in their social context: the research process itself is invested with power, social forces, and, sometimes, misapprehensions. Most pressingly, research may itself be shaped by these forces. Reflecting on her oral history project\(^{12}\), Baird argues that:

> The interviewer is not separate from the history she seeks to investigate: her very embodiment may be constituted through categories at the centre of the historical narratives she seeks to hear.\(^{13}\)

The work of deconstructing those categories, especially the categories of motherhood – the work that feminist scholars have taken up – is ongoing and only ever partial, and requires a knowledge of the limitations of research.

### Pro-life politics of abortion: the Australian literature

There is not a significant literature on the Australian pro-life movement. Most notable is Wyatt and Hughes’ recent article on pro-life beliefs.\(^{14}\) Wyatt and Hughes conducted open-ended interviews with members of pro-life groups. They identified several major components of pro-life thought: maternity; a focus on the individual that they describe as neo-liberal; and traditional values, which are seen to be under threat. This is a useful and timely work, although the useful distinction between the Australian and American pro-life movements is marred by the assertion that the


\(^{12}\) Barbara Baird, *I Had One Too ...: an Oral History of Abortion in South Australia before 1970* (Bedford Park, SA: Women’s Studies Unit, Faculty of Social Sciences, Flinders University, 1990).


\(^{14}\) Wyatt and Hughes, ‘When discourse defies belief’.
Australian movement did not emerge until the catalysing Menhennit ruling. Though the ideas were more pro-natalist than pro-life, and the structures were very different, there have been significant continuities in anti-abortion politics over the past century or more. Baird, for instance, identifies the long genealogy of racial anxiety and concerns about the birth-rate, which has extended for over a century.

Motherhood is a powerful element of the politics of abortion. Political scientist and reproductive rights activist Rebecca Albury introduces her discourse analysis by arguing that women’s reproductive lives are given shape by women’s stories, discussed and shared. The fact that these stories are often private makes them particularly diverse and heterogenous. Yet what Albury phrases as the equation ‘women = Women = Mother’ is a powerful force in most of these discourses. Indeed, Albury wonders whether it is an equation that women can ever escape, especially given the imperative for reproductive rights activists to engage with dominant discourses.

Ethicist and reproductive rights activist Leslie Cannold has also written about women and motherhood, most recently about women-centred pro-life strategies. This work, explicitly political, aimed to document and deconstruct the apparent concern for women which frames pro-life arguments that women are harmed by abortion. Cannold had earlier undertaken research into reasoning about abortion. Conducting focus group interviews with women in which she asked them to discuss a range of hypothetical situations, she analysed the reasoning that participants used to determine whether abortion was an ethical choice. Cannold argued that both women identifying as pro-life and women identifying as pro-choice often used similar ethical measures. Most of the time, she found, women used the wellbeing of the foetus or future child to judge whether abortion would be right. Cannold analysed these understandings of abortion as a part of parenting, and used Carol

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15 Wyatt and Hughes, ‘When discourse defies belief’, 236.
Gilligan’s concept of women’s ‘ethic of care’ to explain them. Albury, though, is cautious of Cannold’s reduction of abortion to being only a matter of motherhood.

**Feminist critiques of foetal images**

The touchstone within the literature critiquing foetal images is Rosalind Pollack Petchesky’s analysis of the role of ultrasound images in mass culture and in pro-life materials. This is an incisive critique, argued in prose which is both luminous and angrily polemical. Historian Barbara Duden’s work is another particularly important example of this literature. Duden seeks to destabilise contemporary visual practices by demonstrating how epistemologies of pregnancy have varied over time. Duden does not claim that one epistemology can necessarily be displaced by feminist will, but rather that if we can establish that technological means of imaging the foetus are one amongst many ways of knowing it, it will at least destabilise the claim that such visions are completely true.

In a similar vein, the cultural analyses of Morgan and Michaels’ edited collection aim to unpack contemporary visual constructions of the foetus. Other authors take a similar approach, but focus on the impact of visual technologies on experiences of pregnancy, and on reproductive decision-making. In contrast, philosopher Fiona Jenkins asks whether there has been an excessive focus on cultural construction: in the end, she argues, whilst the foetal body is given meaning socially, there is something there. The question she thus poses is whether the foetus should be

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considered a grievable life, in Butler’s terms, though it is not necessarily a moral person.

Whilst this literature considers the power of images of the foetus to shape our understandings of pregnancy, it spends less time considering the their power to alter viewers’ political opinions. The existing literature deals with this only through informed speculation or limited research. Condit, writing about the American abortion debate, disagrees with Luker’s suggestion that images of the foetus do not persuade or recruit people. Instead, she argues that images of the foetus have a different kind of persuasive effect:

> Although such persuasion does not change pro-Life advocates and supporters from a completely hostile to a supportive position, it does justify, integrate, and activate their beliefs. … When pro-Life rhetors talk about why they believe as they do, the role of the photographs and films becomes quite clear.\(^28\)

The remainder of this thesis uses this literature to interpret the visual components of Australian pro-life discourses. In turn, the analysis should contribute to this visual culture literature: bringing the cultural analyses to bear on political uses of the images further illuminates the meanings of the images. In particular, the actions and tactics of pro-life activists indicate what the images mean to them, and frame those meanings further.


\(^{28}\) Condit, *Decoding Abortion Rhetoric*, 80.
This chapter presents a catalogue of images of the foetus. First, though, it raises two issues of continuity and change, which are important to note: that there is a longer history of visual representations of the foetus than is represented here; and, that new technology has nonetheless produced new kinds of representations of the foetus.

The figures which follow include older materials (more than a decade old). These older items have been included because they give a sense of practices and pictures created over the long run; indeed, many of the images – especially the most iconic – have continued to be used over many years.

**Continuity and change: Past visualisations and new technology**

The images that follow emerged from the 1960s onwards. These new images constituted both continuity and change from earlier years. Certainly, the proliferation of visual images of the foetus in Western society today is noteworthy. Barbara Duden compares the visualised reality of contemporary pregnancy with the different bodily reality of previous eras. Considering 18th century Europe, she argues that when knowledge of pregnancy was mediated by the embodied sensations of pregnant women there was more ambiguity as to whether a woman was pregnant, and women had more power over the definitions of pregnancy.1

However, it should not be assumed that these were the first visual images of the foetus. Karen Newman, examining anatomical texts over several centuries, charts the gradual imagining of the foetus as a smaller body inside the woman.2 In fact, over time, medical visualisations have peeled more and more of the pregnant body

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away from the foetus, so that the foetus is less and less frequently encased in an entire body. This ‘peeling’ happened in medical models before the virtual revelations of ultrasound and photography.

Nowadays, these visual technologies extend to many aspects of everyday life. In contemporary Western societies, ‘expectant mothers emotionally bond with their fetuses through learning to see the developing child on screen during a sonogram’, a process which is foreign and sometimes inexplicable even from the small distance of older generations. Today, we have learnt these ‘ways of seeing’ – learnt the formats, conventions and interpretive processes.

The feminist literature on foetal images discussed in the previous chapter critiques the assumption that the technology is objective. Instead, it argues that the medium reconstructs a picture, and the artifice involved in that production must be identified – as a first step towards destabilising the assumptions involved. To interpret these images is a socially learned process, following the conventions of social epistemologies which have developed around technology: the ‘real’ reproductions of ‘what the foetus looks like’ produced with ultrasound, photography, digital imagery are ‘technical effects of particular apparatuses of visual culture’, and ‘can only be inhabited by subjects who learn how to see and touch with the right conventions’.

The catalogue

Although there have been new images emerging, many of the pictures appearing in pro-life materials are from the same small set of photographs and ultrasounds. In fact, it is worth thinking of the main foetus images as a ‘catalogue’ of pictures: this catalogue is regularly revisited by right to life activists creating new materials. Right to life organisations, for instance, will often photocopy pictures into the spare spaces of their newsletters. Even when the quality of the copy makes the image difficult to see, it seems that readers are expected to be able to recognise the images, as the oft-

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3 Haraway, Modest_Witness, 17
invoked talismans or symbols of their worldview. Similarly, the rise of blogging and video-sharing platforms such as YouTube has seen individuals and organisations create montages, slide shows and pictures from the same foetal images.

The catalogue that follows begins with documentary-style photographs. It then contains some older pamphlets, from library ephemera collections. Then, more recent pamphlets are shown, with some screenshots of websites as well. Unless otherwise stated, these are high-quality digital photographs, and very closely resemble the original materials.

**Lennart Nilsson’s photographs**

Photographer Lennart Nilsson’s 1965 photo-essay in *Life* magazine was comprised of photographs of foetuses that had been aborted, suspended in saline. His later works used a miniature camera on a flexible wire to take photographs *in utero*.

A book of Nilsson’s photographs, accompanied by explanatory text, can be found – often in at least duplicate or triplicate – at libraries across Australia. In 2006, images from a new book of Nilsson’s photographs were published in the *Sydney Morning Herald*’s weekend magazine. These included images from an electron microscope, with colour enhanced.

Nilsson’s images are frequently used in pro-life materials. He has refused to comment on this, and has never identified himself as pro-life or pro-choice.

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An unprecedented photographic feat documents the stages in the growth of the human embryo.

**Drama of Life Before Birth**

Fig. 3: ‘Drama of Life Before Birth’, 54-55.

Millions of Sperm and Only One Egg

Fig. 4: ‘Drama of Life Before Birth’, 56-57.
Fig. 5: ‘Drama of Life Before Birth’, 58-59.

Fig. 6: ‘Drama of Life Before Birth’, 60-61.
The Change—Embryo to Fetus

Fig. 7: ‘Drama of Life Before Birth’, 62-63.

All of the Body Systems Formed and at Work

Fig. 8: ‘Drama of Life Before Birth’, 64-65.
Fig. 9: ‘Drama of Life Before Birth’, 66-67.

Fig. 10: ‘Drama of Life Before Birth’, 68-69.
Figs 11-13: Photographs by Lennart Nilsson. ‘Fantastic Voyage’, Good Weekend: The Sydney Morning Herald Magazine, 1 April 2006, 32-33, 36. These have not been professionally photographed, and hence are poorer quality than the originals.

The renowned Swedish photojournalist Lennart Nilsson began photographing the “inner space” of the human body more than 50 years ago. He was commissioned by Life magazine in 1955 to chronicle embryonic development, a project that took him 11 years to complete. Nilsson’s astonishing portrait of a living, 18-week-old foetus inside its amniotic sac was published on the cover of Life in 1965, stunning the world. Within days, more than eight million copies of the magazine had sold. Nilsson has continued to document the inner beauty of human life since then, using ever more sophisticated technology. From his initial studies, photographed using a flexible endoscope that allowed him to explore inside the body, he progressed to light microscopy and, most recently, the scanning electron microscope. The images from this microscope are enhanced with digital colour and have allowed him to capture the unimagined drama of the beginning of human life, from that first, tender moment when two gametes connect.

Fig. 11: ‘Fantastic Voyage’, 32.
Fig. 12: ‘Fantastic voyage’, 33.
Fig. 13: ‘Fantastic Voyage’, 36.

Fig. 14: *Life is for Everyone*, front page.
When Does Human Life Begin? When does the tiny child growing inside the mother actually become a human being? When is it a real person, an individual with all the basic rights that all human beings have — particularly the right to life? At the moment of conception, all the necessary elements that create a new human being are present. The fusion of the father’s and mother’s cells, the early embryo, is a unique individual, an organism with all the potential of a human person. This moment is purely a matter of development, growth and maturation. From the moment of conception, the child grows and keeps growing until life ends.

At three weeks, the tiny human being, only one-tenth of an inch long, already has the beginnings of eyes, spinal column, nervous system, lungs, stomach, intestine. The primitive heart, which began beating on the 14th day, now pumps more confidently. All this before the mother may even be aware of this new life within her.

By six and one-half weeks, the child is making body movements, a full 12 weeks before the mother may notice suchblings.

At eight weeks, the developing child can make a tiny fist, get hiccuped, suck a thumb, wake and sleep. At 11 weeks, inside the placenta sac, a human being with all the body systems formed and at work, the 19-week-old child is active and energetic. Necks muscles, punchies and kicks. Now the mother feels the child’s movements. Some would say that at this time — the time of “quickening” — life begins. But the child’s development actually began at conception, 18 weeks earlier.

While growing within the mother, the child develops separately from her with a separate, individual blood supply. The child’s life is not the mother’s life, but a separate, individual life.

And the child has as much right to this life as the mother has. Or any other human being of any age.

The right to life is the most fundamental right of every human person. To violate this right to destroy a life, to kill a human being at any age or stage of development — whether in the womb or out of the womb — is a crime against humanity and against man.

The Legal Rights of the Unborn Child

The child, by reasons of his physical and mental immaturity needs special safeguards and care, including appropriate legal protection before and after birth.” (Declaration of the Rights of a Child — United Nations, November 20th, 1959. The law has acknowledged the unborn during pregnancy for many years, e.g. in matters of inheritance and injury. 1795: Doe v. Clarke 2 M.B. 295 Eng. Rep. 617. Further in 1798, the court stated that unborn children are entitled to all the privileges of other persons.”)

The Right to Her Own Body

We are told a woman has a Right to Her Own Body. This is true, but we must realize that the unborn baby is not part of her body. A woman has the right to decide if she is to conserve a child, but once conception has occurred, she has no right to destroy this new human life.

The Medical Complications of Legal Abortions

As well as killing the child, the abortion procedure often damages the mother and affects her subsequent pregnancies and subsequent children. Suicides and depressive reactions are not uncommon after abortion.” Immediate complications of legal hospital abortions include:

1. Haemorrhage greater than 500 cc 16.7%
2. Blood transfusion required 9.5%
3. Cervical laceration 4.2%
4. Uterine perforation 1.2%
5. Laparotomy 0.5%
6. Further evacuations 1.0%
7. Fever 27.0%
8. Peritonitis 1.2%
9. Septicemia 0.5%
10. Peritonitis 2.0%
11. Uterine tract infection 2.7%
12. Deep vein thrombosis 1.0%
13. Cerebral bleeding 0.0%
14. Readmission to hospital 4.0%

The British Perinatal Mortality Survey showed a 50% increase in subsequent perinatal mortality with one abortion. Other papers show a 40% increase in premature births (prematurity is the most common cause of baby damaged children). A 100% increase in extra-uterine pregnancies (these can be fatal for the mother, as well as the child) and an increase in severity.

The beginning of Life...

Fig. 15: Life is for Everyone, inside left page.
and the Right to Life

The Unwanted Child

There are many early unwanted pregnancies that first engender feelings of disappointment, despair or even panic. Time to think, to plan, to adjust and to receive helpful assistance from others. In the majority of cases the birth of a loved and wanted baby when a mother is unable to care for, or to accept her child, adoption offers a sensible alternative. 10% of all married couples can not have their own children; most of these wish to adopt children. A civilized society will find people who want the unwanted.

There is a contention that unwanted conceptions tend to have undesirable effects. Most interesting in this respect is Forsman & Thuesen's study of 120 children born after the mother's request for abortion had been refused. After a follow-up of 21 years, there was no significant difference found between these subjects and comparable controls in regard to criminal behavior, drunken misconduct, educational sub-normality, the number taking university entrance examinations, the number who entered the university, the fitness of the boys for military service and the number married before age 21. It appears that this contention is false.

The pro-abortionists claim that abortion can resolve the social problem of Child-Bashing. This is not true. Dr. Edward Lenoski, Professor of Pediatrics at the University of Southern California, studied 400 battered children. He discovered that 90% of these children were unwanted pregnancies.

The Defective Child

It is very difficult to predict with much accuracy whether a suspected damaged fetus will in fact be born deformed. Professor J. C. McClure Browne, Professor of Obs & Gyn at London Univ., remarked that legalized abortion on this ground entails the destruction of 3 healthy babies for every abnormal baby.

We are told that if the unborn child is going to be born retarded or deformed, it is better to terminate the pregnancy. The assumption that handicapped people enjoy life less than 'normal' ones has recently been shown to be false. A well documented investigation has shown that there is no difference between malformed and normal persons in their degree of life satisfaction, outlook of what lies immediately ahead and vulnerability to frustration. Besides, what right have we to kill a child because we do not believe he or she will enjoy life?

Fig. 16: Life is for Everyone, inside right page.
Illegal Abortions

The pro-abortion lobby argues that laws prohibiting abortion should be abolished because they are ineffective. Much of the force of this argument rests on the base of the figures quoted for the number of illegal abortions said to be performed. No one is sure how many abortions have been performed. "It is not possible to find a basis on which accurate estimates can be made, by the very nature of the social processes which surround abortion." Professor John T. Noonan Jr. after observing the wide range of guesses from 200,000 to 1,000,000 for the U.S.A. commented aptly. "When you are in doubt by a magnitude of 500% you do not know the answer." Figures quoted for Australia are often based on figures quoted for other countries, which in turn are based on very old studies of unrepresentative samples of women. Figures found in this way are very exaggerated.

Although it is very hard to accurately estimate the number of illegal abortions performed in a county, some indication of the rate of illegal abortions can be gained from records of women admitted to hospital. Medical statistics from countries which have had national liberalized abortion laws for 10 to 25 years show that liberalizing the law does not reduce the frequency of criminal abortions.

<table>
<thead>
<tr>
<th>Liberalized law</th>
<th>Reference</th>
<th>Effect on Criminal Abortions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Germany</td>
<td>World Pop. Conf. 1965 Jr. of O.B. Gyn. 1966</td>
<td>Increase</td>
</tr>
<tr>
<td>Japan</td>
<td>No effect</td>
<td></td>
</tr>
<tr>
<td>Yugoslavia</td>
<td>Int. Planned Parenthood Conf. 1965</td>
<td>Increase</td>
</tr>
</tbody>
</table>

The number of illegal abortions is not reduced because illegal abortions are more private and much quicker than legal ones.

Abortion is a negative, destructive approach to the problem. Abortion does not solve the complex social, economic or emotional problems of women seeking abortion. The Right To Life Association wants to promote positive alternatives — adequate sex education, family planning services and support for every woman who is distressed by a pregnancy.

Bibliography

3. See Mynx & Wynn, "Some consequences of induced abortion to children born subsequently."
5. Stone, "Psychiatric Aspects of Abortion: Are They Justified?"

* Fig. 1. Page 3: Baby Marcus Richardson, born 1-1-72 at Cincinnati General Hospital. Born 20 weeks from the first day of his mother's last menstrual period. An ordinary normal child, he is shown 36 weeks after birth with parental permission.

HOW CAN YOU HELP THE UNBORN CHILD AND HIS MOTHER?

Join and Support the Right To Life Association.

Qld.: Box 1507, GPO, Brisbane. 4001.
Vic.: PO Box 294, St. Kilda. 3185.
A.C.T.: Box 86, PO, Jamison Centre. 2614.

Tax.: Box 1158M, GPO, Hobart. 7001.
Sth. Aus.: Box 144, PO, Belair. 5052.
W. Aus.: Box 73, PO, Adelaide. 5156.
Northern Territory: Box 3016, PO, Darwin. 0794.

Name

Address

Postcode  Phone  Occupation

☐ I wish to join and receive "Right To Life" newsletter.
☐ I wish to donate $ to the work of RTLA.
☐ I wish to be an active member.

JOHN H. SAVE & SON (PRINTERS) PTY. LTD., COLLINGWOOD, VIC.

Fig. 17: Life is for Everyone, back page.
Fig. 18: ‘Civil rights for him, too!’ [advertisement], Stop Abortion Fund. *The Advocate*, 28 July 1977, 7.

Fig. 19: *Life or Death*, front page.
Baby Born at 4½ Months

Marcus Richardson was born M-72 in Cincinnati, Ohio, 19 weeks and 6 days after the first day of his mother’s last menstrual period (18 weeks after conception). A pregnancy normally totals 40 weeks. He is pictured here 9 weeks after birth, a perfectly normal child.

Some states use “viability” or ability to survive outside the womb as a measurement of the humanity of the unborn. Thirty years ago, however, “viability” was about 30 weeks. Now it is as early as 20 weeks. In 20 more years it may be at 10 or 12 weeks. What is changing is the increasing sophistication of our external life support systems. The babies are the same. Therefore, “viability” cannot be used to judge the baby’s humanity. Rather it measures the skill and equipment of the doctors, nurses, and hospital in which the baby is born.

Eleven to Twelve Weeks (3 Months)

At this stage all organ systems are functional. He breathes, swallows, digests, and urinates. He is very sensitive to pain, recoiling from pinprick and noise, and seeks a position of comfort when disturbed. Soon he will sleep and wake with his mother. If his amniotic fluid is sweetened, he will swallow more often, if it is made sour he will quit swallowing.

He can be taught by sound signals to anticipate and recoil from a pain stimulus, but no two little ones will respond the same, they are already individuals. At this stage Arnold Gesell has said, “The organization of his psychosomatic self is well underway.”

After this time nothing new will develop or function, only further growth and maturation.

Caesarean Section Abortion (Hysterotomy)

This method is exactly like a C-section until after the cord is cut. In a Caesarean Section, the baby’s phlegm is sucked out, and she is taken to the intensive care, newborn nursery where everything is done to care for her.

The baby in this picture weighing two pounds (a 24 week pregnancy) was to be aborted. She was cut free, dropped in a bucket, and left to die. At this age they all move, breathe and some will even cry.

In 1971, about 4000 of these abortions were done in New York. Since all of these babies are born alive, this means that 4000 babies were aborted alive and left to, or encouraged to, die.

Salt Poisoning Abortion at 19 Weeks (4½ Months)

This so-called “product of pregnancy” is the result of the second most common type of abortion done in the U.S. and Canada.

This method is done after 16 weeks when enough fluid has accumulated in the sac around the baby. A long needle is inserted through the mother’s abdomen into the baby’s sac and a solution of concentrated salt is injected into it. The baby breathes in and swallows the salt and is poisoned by it. The outer layer of skin is burned off by its corrosive effect. It takes over an hour to slowly kill a baby by this method.

If the mother is fortunate and does not develop any complications she will go into labor and about one day later will deliver a wretched dead little baby such as the one above.

Fig. 20: Life or Death, inside left page.
These perfectly formed feet demonstrate that the baby’s tiny body is completely formed at this time.

At six weeks — “quickening” occurs — that is movement begins.

— human brain activity can be recorded on the electroencephalogram.
— the human heart begins to beat.

At 18 days — human life begins. At that moment a new being exists — totally different from the body of either the mother or the father (different genetic makeup).
— human (46 chromosomes)
— alive (capable of replacing his own dying cells)
— and needing only food and time to grow into an adult human.

At 18 days — the human heart begins to beat.

At conception — human life begins. At that moment a new being exists — totally different from the body of either the mother or the father (different genetic makeup).
— human (46 chromosomes)
— alive (capable of replacing his own dying cells)
— and needing only food and time to grow into an adult human.

At this stage:
— he (or she) will grab an instrument placed in his palm and hold on — an electrocardiogram can be done
— he “swims freely in the amniotic fluid with a natural swimmer’s stroke”
— with instruments you can hear his heartbeat.

D & C Abortion at 12 Weeks
Performed between 7 and 2 weeks, this method utilizes a sharp, loop shaped, steel knife. The uterus is entered through the vagina. The cervix (mouth of the womb) is stretched open. The surgeon then cuts the tiny body to pieces and cuts and slices the placenta from the inside walls of the uterus. Bleeding is usually profuse.

One of the jobs of the operating nurse is to reassemble the parts to be sure the uterus is empty, otherwise she will bleed or become infected.

Suction Abortion at 10 Weeks
Over 75% of all abortions performed in the U.S. and Canada are done by this method. It is like the D & C except that a powerful suction tube is inserted. This tears apart the body of the developing baby and his placenta, sucking the “products of pregnancy” into a jar. Sometimes the smaller body parts are recognizable as on this picture.

All of the photos in this brochure have been previously copyrighted and published in HANDBOOK ON ABORTION. Permission to reproduce should be obtained from publisher.

All of the photos in this brochure have been entered as scientifically documented, sworn evidence before the Federal District Court of Connecticut and before the Judiciary Subcommittee of the United States House of Representatives.

Fig. 21: Life or Death, inside right page.
but isn't it cruel to allow a handicapped child to be born — to a mother who is not prepared to deal with a child with physical or emotional handicaps?

but isn't it cruel to allow a handicapped child to be born — to a mother who is not prepared to deal with a child with physical or emotional handicaps?

The assumption that handicapped people enjoy life any less than normal ones has recently been shown to be false. A well-documented investigation has shown that there is no difference between mental health in normal and handicapped offspring. Mental health depends on many factors: heredity, the composition of the family, the living conditions, the emotional care and love of the child, and many other factors. Von Hoelle observes that the handicapped are often more well-adjusted and more emotionally balanced than normal persons. Some people are the prevention of an unwanted child than to uphold the life of a handicapped child.

But legalizing abortion would eliminate criminal abortion.

This is deeply repugnant teaching: and a completely false statement. Conscientious experience has been that when laws are observed, the illegal abortion rate skyrocketed. The legal abortion rate does not reflect hazards and has not been the reason for the huge increase in illegal abortions.

Isn't abortion another means of birth control?

No. Do not confuse abortion with birth control. Birth control prevents new life from beginning. Abortion kills the life that has already begun.

Why bring unwanted babies into the world?

At the present time, in our western culture, selectively protected by our laws, and deeply imprinted on the hearts of all men has existed the absolute value of honoring and protecting the right of each person to live. This has been an inalienable, and unenforceable right. The only exceptions have been that of balancing a life for a life in certain situations or by due process of law.

The German Euthanasia Program.

In 1933, the Nazi regime in Germany began to implement a systematic program of mass murder of the disabled. This program was known as "Euthanasia." The goal was to eliminate those considered "incurably ill" or "mentally handicapped." The program involved the forced sterilization and killing of individuals deemed unworthy of life by the Nazi regime.

The program was carried out in various institutions, including mental hospitals and care facilities. The methods used included lethal injections, gassings, and other forms of euthanasia. The program was systematically implemented and documented, with detailed records kept on the victims.

The program was halted in 1945, following the end of World War II. However, the impact of the Euthanasia Program on the disabled community and the broader society continues to be felt today. The program serves as a reminder of the dangers of unchecked power and the importance of protecting the rights of all individuals, regardless of their abilities or circumstances.

Fig. 22: Life or Death, back page.
State Library of Victoria ephemera collection. Long brochure, five faces each side.

Fig. 23: *Love and Let Live*, outside of pamphlet, fully unfolded.

Fig. 24: *Love and Let Live*, inside of pamphlet, fully unfolded
Fig. 25: *Love and Let Live*, front panel.
So when does human life begin? When does the tiny human organism developing inside the mother actually become a human being? When is it a real person, an individual with all the basic rights that all human beings have — particularly the right to life?

At the moment of conception/fertilization, all the necessary elements that create a new human being are present. When the chromosomes of the father and mother unite, they form an absolutely unique, never-to-be-duplicated human person. At that moment, life begins. From that moment on, any further formation of the person is purely a matter of development, growth and maturation. From the moment of conception, the child grows and keeps growing until life ends.

At three weeks, the tiny human being, only one-tenth of an inch long, already has the beginnings of eyes, spinal cord, nervous system, lungs, stomach, intestines. The primitive heart, which began beating at about 18 days, now pumps more confidently. All this before the mother may even be aware of this new life within her.

By six and one-half weeks, the child is making body movements, a full 12 weeks before the mother may notice such stirrings.

At 8 weeks, the developing child can make a tiny fist, get hiccups, suck a thumb, wake and sleep. All bodily systems are working.

At 11 weeks, while the placenta continues to supply food and oxygen, the child can make complex facial expressions and even smile. All bodily systems are becoming more efficient.

At 16 weeks, only 5 1/2 inches long, the child can use hands to grasp, can swim and turn somersaults.
A new individual receives 23 chromosomes from each parent. He or she is truly a unique individual human being, never to be repeated. Once fertilization has taken place, ovum and sperm no longer exist. A new person has been created, who at this stage is a tiny living organism weighing only 15 ten-millionths of a gram.

The 18 week old child is active and energetic, flexes muscles, punches and kicks. Now the mother feels the child’s movements. Before modern science, some said that at this time — the time of “quickening” — life begins. But the child’s development actually began at conception, 18 weeks earlier.

While growing within the mother, the child develops separately from her, with a separate, individual blood supply. The child’s life is not the mother’s life, but a separate, individual life.

And the child has as much right to this life as the mother has to hers. Or as any other human beings of any age have to theirs.

This right to life is the most fundamental right of every human person. To violate this right, to destroy a life, to kill a human being at any age or stage of development — whether in the womb or out of the womb — is a crime against God and humanity.

Three-fourths of mankind live in countries that have given up the historic protection of unborn babies. Chances are that this killing will run through the whole of mankind.

Given low birthrates, the whole West is already virtually dying out.

The total number of abortions — by surgery, pill, device or other destructive interference — can only be imagined. The catastrophe is total.

Abortion is the greatest war of all time. Never in the history of mankind has there been so much violent death in the world.

Euthanasia, another work of the Father of Lies, is steadily increasing the death toll.
Fig. 28: Love and Let Live, outside left two panels. This is reproduced to scale.

Death

1. BY PROSTAGLANDIN - drug-induced premature labor expels unborn child. Also done by salt poisoning.
2. BY HYSSTEROTOMY - mini caesarian section operation removes unborn child.
3. BY DILATION and CURETTAGE - surgical instrument introduced into womb dismembers unborn child.
4. BY SUCTION - powerful vacuum pressure sucking unborn baby and placenta from womb.
As these pictures show, the humanity of the unborn cannot be disputed. Even though abortion is legal through the entire nine months of pregnancy in the U.S., this does not make it right.

ABORTION IS ETHICALLY WRONG: The world’s major religions condemn abortion — e.g., the Judeo-Christian commandment: ‘Thou shalt not kill.’ Abortion violates the doctor’s Hippocratic Oath and Declaration of Geneva — which states: ‘I will have the utmost respect for human life from the moment of conception.’

ABORTION IS UNNECESSARY: Abortion cures no disease. If the child is wanted, doctors will support a woman through any known medical condition. Our present abortion epidemic — now over 1.5 million surgical abortions a year — has resulted in the virtual drying up of adoption services.

ABORTION IS DANGEROUS: Besides killing the child, abortion can endanger the mother’s health or life. Society suffers when some people can kill others for convenience. And widespread abortion hastens the day when there will be too few workers to support the elderly — straining social services and increasing pressure for euthanasia.

There is a Better Way...

We realize some women face hardships arising from pregnancy. Rather than the lethal “solution” of abortion, we prolifers offer positive and loving support, medical care, adoption and social services — for mother and child.

Human Life International
7845-E Airpark Road • Gaithersburg, Maryland 20879 USA
301/670-7884

Human Life International
P.O. Box 5350 Merivale Depot • Nepean, Ontario K2C 3J1 CANADA
613/723-9810

© 1989 Human Life International
"Human life is precious because it is the gift of a God whose love is infinite; and when God gives life, it is forever."

Fig. 30: Respect Life! front page. Reproduced to scale.
"All human life — from the moment of conception and through all subsequent stages — is sacred, because human life is created in the image and likeness of God.

"All human beings ought to value every person for his or her uniqueness as a creature of God, called to be a brother or sister of Christ by reason of the incarnation and the universal redemption.

"This explains our efforts to defend human life against every influence or action that threatens or weakens it, as well as our endeavours to make every life more human in all its aspects.

"And so, we will stand up every time that human life is threatened.

Upper Photo: These feet are meant for walking: at ten weeks they are perfectly formed.

Fig. 31: Respect Life! inside left page. Reproduced to scale.
"When the sacredness of life before birth is attacked, we will stand up and proclaim that no one ever has the authority to destroy unborn life.

"When a child is described as a burden or looked upon only as a means to satisfy an emotional need, we will stand up and insist that every child is a unique and unrepeatable gift of God, with the right to a loving and united family.

"When the sick, the aged or the dying are abandoned in loneliness, we will stand up and proclaim that they are worthy of love, care and respect."

Fig. 32: Respect Life! inside right page. Reproduced to scale.
Respect Life!

To our shame the Australian Catholic Bishops are correct when they remind us that statistically the most dangerous place for an Australian today is a mother's womb. One quarter of the nation's babies are destroyed before birth according to figures supplied by the Federal Minister for Health.

In their statement on the Right to Life issue released in 1980, the Catholic Bishops of Australia described it as “the greatest human rights issue confronting our society at the start of the 1980’s”. They stressed the urgency of insisting on the unviolable right to life in season and out of season, welcome or unwelcome. They said: “This human right, under threat as it is, needs to be fully recognised and protected by law. We therefore applaud those groups who are using their rights as citizens to organise political support for this great cause”.

While there are many aspects to pro-life work, the highest priority must be given to the election of legislators committed to the sanctity of human life, who will vote to pass pro-life legislation. The pro-life movement invites the involvement of all people of goodwill in this urgent work.

For more information on how you can “stand up for life”, contact:

The Pro-Life Action Centre,
233 Brunswick Road, Brunswick, Vic., 3056
Tel. (03) 387 6843

The Centre has a complete range of pro-life materials: pamphlets, books, cassettes, slides, films, etc. Write for a catalogue.

Authorised by Mrs. Margaret Tighe, 233 Brunswick Rd., Brunswick, Vic., 3056
for the Right to Life Association, Victoria.
Printed by Phoenix Press, 67 Cambridge St., Collingwood, 3066

Fig. 33: Respect Life! back page. Reproduced to scale.
ABORTION

If he is not a human being, what kind of being is he?

If he is not alive, why is he growing?

If he is not a child, why is he sucking his thumb?

An individual human life begins at conception, development of this new individual is continuous throughout life and at all times he or she is a fully fledged member of the human family whose life should be protected.

MELBOURNE UNIVERSITY PRO-LIFE CLUB

Fig. 34: Abortion... front page.
**BUT** what if abortion is to save a mother's life?

Even pro-abortion doctors agree that pregnancy rarely threatens the life of the mother. If a pregnant woman suffers a fatal disease, abortion will not stop the disease. Mothers have borne healthy babies after kidney transplants and major heart surgery. Pregnancy is medically safer today than ever before, even for teenagers and older women. Pregnancy is a normal bodily process not a disease. If a life-saving operation were necessary a pro-life doctor would make every attempt to save the second patient — the baby — as well.

In an ectopic pregnancy (where the embryo implants in a fallopian tube) the tiny baby has no chance of survival and surgery is done, usually when the baby is already dead, to remove the damaged tube before it ruptures, causing peritonitis.

It may be possible in the future to save the baby's life by placing it in the womb to continue developing.

"It took great courage for Sharon Prescott to go ahead with her unplanned pregnancy despite doctors fears in the early stages that it might kill her. 'The doctors thought I was taking a big risk' said 22 year-old Sharon, who suffers from an extremely rare blood clotting disorder. 'They said it was up to me whether I had the baby or not. Now, I'm so glad I did.'" (West Australian 27/5/1987)

**BUT** what about rape and incest?

Rape and incest are crimes of violence, so is abortion. For physiological reasons, pregnancy resulting from rape is extremely rare. However, in the event that a pregnancy does occur, society should offer loving, caring support for the two victims, mother and child. Having suffered the trauma of rape, the mother should not be further traumatised by an abortion. To use abortion as a solution is punishing the innocent child for the crime of the father. It would be unjust to condemn a person for the circumstances of their conception. Both rape and abortion involve treating people as objects and not as human beings with rights.

**BUT** what about psychiatric reasons for abortion?

Modern psychiatric therapy has made it possible to assist a mentally ill woman carry her baby to term. In fact studies show that having an abortion can lead to a worsening of the state of some psychologically disturbed women. Suicide amongst pregnant women is rare than amongst non-pregnant women.

**BUT** what if a woman is refused an abortion?

Of a total of 6,298 women in six different studies, only 13.2% went elsewhere for an abortion.

The studies showed no disadvantage or problems with the patient pregnancy and delivery and "good acceptance of the baby and minimal to moderate psychosocial disadvantages for the child" who would have been killed by an abortion.

**BUT** what if there's something wrong with the baby?

The child is still a human being and has an independent right to life. Pre-natal diagnostic testing is a search and destroy mission if its purpose is to select abnormal babies for abortion, i.e. as opposed to helping us treat the baby as a patient.

**BUT** what if the mother has an intellectual disability?

Listen to Frances' answer:

In the winter of 1951, Pat Toner, 27, went shopping for groceries. Although profoundly brain damaged at birth she was used to the chore. Time passed but Pat failed to return home. A week later she was found crying and lost in a nearby street. Some months afterwards it was discovered that Pat was pregnant. Later Pat, a woman with the mental age of a 5 year old, gave birth to a perfectly normal baby.

That baby is now 35 year-old Frances Stewart. She grew up in full knowledge that Pat was her mother, and now looks after her in her own family.

"I have never found this hard to accept. Its other people who have difficulty in accepting our relationship. I've had some tough times but I have never for a minute wished I had not been born." U.K. Daily Mirror, 1987.

**BUT** abortion ensures children who are born are wanted and reduces child abuse?

No, According to an exhaustive 7 year study of 764 battered children, by Dr. E. Lenowski, at the University of Southern California, 90% of those battered children were wanted by their parents at the time of conception. It was factors other than "unwantedness" (such as unrealistic expectations for the child and inadequate parenting skills), which accounted for the battering. Abortion is "battering" in the womb, the earliest and most violent form of child abuse.

Dr. Philip Ney, Professor of Psychiatry at the University of Christ Church, New Zealand, studied this. His analysis clearly pointed to the fact that abortion (and its acceptance of the violence of killing the unborn) lowered a parent's resistance to violence and abuse of the born.

**BUT** we don't want a return to "backyard" abortions!

Abortion related deaths in Australia, according to the Bureau of Statistics for both "legal" and "illegal" abortions, were never more than 14 a year in the 60s and 70s and as low as 1.

So how does that compare to the thousands of unborn humans who are being killed each year by abortion.

"How many deaths were we talking about when abortion was illegal? It was always 5,000 to 10,000 deaths a year in the U.S., I contend that I knew the figures were totally false and I suppose the others did too... the actual total was probably closer to 500." Dr. Bernard Nathanson, former New York abortionist, now pro-lifer, talking of his involvement in the American Abortion Rights League in the late 1960s.

**BUT** isn't abortion a safe medical procedure?

It has been well documented that the possible immediate complications of abortion to the mother are: hemorrhage, infection and perforation of the uterus. The possible later complications include tubal pregnancy, infertility, incompetent cervix causing miscarriages and premature in subsequent pregnancies, and deep seated depression.

"I liked myself prior to the abortion but shame and guilt set in. The doctor called my baby a foetus and others referred to her as 'stuff' or 'tissue'. No-one mentioned the word 'baby' or told me that her heart had started beating at 18 days. " Rebecca, 21 years.

How Abortions are Done

Suction (early months)
The abortionist inserts a tube through the woman's cervix — a suction apparatus (29 times more powerful than a home vacuum cleaner) tears out the baby's body in pieces which must be examined to make sure everything has been removed. Sometimes followed by curettage.

"I did not feel right about doing abortions. My justification was that it was legal and that patients wanted it done. It was easy to do first trimester abortions... The 'products of conception' emptied into a little cheese-cloth sack. Inside I found the torn and shredded bodies of small human beings. No way can you say there isn't a little human being. You see arms, legs, sometimes faces."

Dr. McArthur Hill, former abortionist, Denver.

Mesh bags from a suction machine are filled with crushed body parts.

Dililation and Curettage (early months)
A curette — a loop-shaped steel knife — is inserted into the uterus. With this the abortionist cuts the placenta and baby into pieces and scrapes these out.

Dililation and Evacuation (after 12 weeks)
A pliers-like instrument is inserted into the uterus and used to seize and tear off parts of the baby's body. The spine must be snapped and skull crushed to remove them.

Prostaglandin (late term)
This hormone induces contractions and early labour. If the baby is old enough to survive the trauma he/she may be born alive but left to die.

Hysterotomy (late term)
This is an early caesarean section. The mother's abdomen and uterus are surgically opened. The baby is lifted out and discarded. The placenta may be cut while the baby is still inside the uterus to kill it before removal or the living baby may be smothered, drowned or put aside unintended resulting in death.

"Morning-After" Pill
A larger than normal dose of a conventional contraceptive hormone is taken within 72 hours of intercourse. This causes changes in the lining of the uterus to prevent a fertilised egg (a new human being) from implanting and it perishes.

Fig. 36: Abortion... back page.
Abortion damages win

In September 1998, "Ellen", won out-of-court compensation from the Royal Women's Hospital and a leading local gynaecologist. They neglected to warn her of the emotional risk of having an abortion. Ellen suffered serious post-abortion depression. The case was widely reported in the press (e.g. Herald-Sun 29/9/98 below).

Fully human, fully alive...

...Yet lacking protection

More information:

Right to Life Victoria
P.O. Box 782, Brunswick Lower 3056
Phone (03) 9387 6288

If she is not a human being, what kind of being is she?

If he is not alive, why is he growing?

If she is not a child, why is she sucking her thumb?
Miracle of life in the womb

**Fertilisation:** A sperm cell penetrates a woman's ova and a new human life begins.

**Day 14:** A hormone produced by the embryo suppresses mother's period.

**Day 18:** The tiny new human being's heart is forming, eyes start to develop.

**Day 20:** Basis for brain, spinal cord and nervous system already established.

**Day 25:** Child's heart begins to beat.

**Day 28:** Arms, legs, eyes and ears have begun to show.

**Day 35:** Fingers can be discerned.

**By 6 Weeks:** Baby's face is taking shape, brain co-ordinating movement.

**Approx 8 Weeks:** All organs and body features present, fingerprints evident, tastebuds forming, palmer touch sensitive.

**By 12 Weeks:** Child can suck thumb, make facial expressions, kicks, moves fingers and toes. Most abortions are done around 10-12 weeks.

Undeniably human but denied human rights

No act of parliament has legalised abortion in Victoria. Justice Menhennitt, in 1969, ruled that abortion is only legal to "preserve the woman from serious danger to her life or health."

Yet, in defiance of the law, abortion is openly advertised and readily available to any woman for any reason up to any month of gestation - including babies old enough to be saved if born prematurely. Parental consent is not required. Medicare pays.

About 25,000 unborn Victorians are killed by abortion each year; 2000 at Melbourne's Royal Women's Hospital.

Abortion's two victims: one dead, one wounded

For some women abortion has serious physical/emotional consequences:

- Infection
- Excessive bleeding
- Surgical injury e.g., perforated uterus
- Damage to cervix leading to miscarriage of subsequent pregnancies
- Possible increased risk of breast cancer (especially if aborting first pregnancy)
- Future ectopic pregnancy
- Depression, low self-esteem, regret
- Insomnia
- Relationship difficulties
- Fixation with child's due date
- Wish for a "replacement" pregnancy

If the Lockhart Committee’s recommendations, put forward in December, are made law, then Australia will have plunged so deep into the culture of death that future generations will be shocked by our nation’s brazen disrespect for life. The unbelievable recommendations of this committee will be discussed by State and Federal politicians in July at COAG.

Recommendation 17. Certain interspecies fertilisation and development up to, but not including, the first cell division should be permitted for testing gamete viability to assist ART training and practice.

This committee tells parliament to allow animal-human hybrid lab creations. In the lab it may become perfectly legal for ‘scientists’ to put human and pig (or dog, cat, pigeon, rabbit) genes together. Horrifying is the only way to describe this mindless human and non-human hybrid project.

Recommendation 22. Fresh ART embryos that are diagnosed by preimplantation genetic diagnosis... as being unsuitable for implantation should be permitted to be used, under licence, for research, training and improvements in clinical practice.

Disabled human beings with diagnosable genetic disorders are deemed ‘unsuitable’ to be given a chance to live beyond the lab, so the Committee recommends these ‘fresh’ embryos be used for manipulation because ‘they are disabled anyway’. This is an intolerant eugenicist way of eliminating the disabled.

Recommendation 23. Human somatic cell nuclear transfer should be permitted, under licence, to create and use human embryo clones for research, training and clinical application, including the production of human embryonic stem cells...

Parliament will consider whether to lift the ban on human cloning, and the Lockhart committee has fully supported this move. Many politicians will be emboldened to embrace cloning, despite parliament banning it completely only four years ago. What has changed so much in those four years?

Recommendation 24. In order to reduce the need for human oocytes, transfer of human somatic cell nuclei into animal oocytes should be allowed, under licence, for the creation and use of human embryo clones for research...

Human clones, manipulated with non-human genetic information. It is like a very bad science fiction movie plot! This, however, is deadly serious. A parliamentary appointed committee has recommended these actions, and there is a real danger our politicians could be persuaded by all the technicalities in this debate.

For us, at Right to Life Australia, this is not technical but actually very simple: it is never OK to deliberately end human lives, or manipulate them beyond recognition, in the name of scientific progress.

It is essential that you write to the Prime Minister John Howard and your local Federal MP.

Turn over sheet for instructions on how to lobby.
Contact the Prime Minister John Howard

On 29 August 2002, the Prohibition of Human Cloning Bill passed without dissent in the House of Representatives. If the Lockhart recommendations are adopted (on the reverse page), that will be a massive departure from the 2002 ban on cloning and hybrids. Nearly all of the politicians who are in the current parliament supported this ban.

The Prime Minister contributed his thoughts to the ban on cloning and other abuses: "[T]his bill will effectively ban both human cloning and a range of other ethically unacceptable practices, including the creation of hybrid embryos and commercial trading in human reproductive material. Like many in the community, I am opposed to any form of human cloning, both reproductive and therapeutic, and consider that now is the time to prohibit such practices from occurring in Australia."

The Prime Minister shouldn't give government time to facilitate the legalisation of cloning, so overwhelmingly rejected by all those in the chamber less than four years ago. This Prime Minister allowed time for abortion pill RU486 to be debated in Parliament and the result was disastrous; does he now want to risk the legalisation of cloning and animal-human creation by giving them a chance to be discussed in Parliament?

Phone, Fax and send letters to the Prime Minister, urging him not to allow these staggering proposals (on the reverse page) to be on the agenda at the Government leaders meeting in July.

POST
Prime Minister John Howard
PO BOX 6022
House of Representatives
Parliament House
Canberra ACT 2600

Prime Minister John Howard
GPO BOX 59
Sydney NSW 2001

PHONE
ACT: 02 6277 7700
SYD: 02 8226 8400

FAX
ACT: 02 6273 4100
SYD: 02 9251 5454

Contact Your Local Federal M.P.

Contact your local MP and tell them that the bans placed on cloning and interspecies experiments with human beings should stay in place.

When embryonic stem cell research was legalised in 2002 we were promised all sorts of marvellous cures and giant leaps forward in treating life threatening illness. Instead all we have seen is a giant waste of money and countless little unborn humans killed in the process. Tell your member of Parliament that this reckless indifference towards human life must stop and ethical research alternatives exist which have been far more successful. "These issues will be at the top of my mind when I cast my vote."

If you do not know the contact details of your local member, please call the Australian Electoral Commission on 13 23 26

For further materials on the cloning debate please visit our website

www.righttolife.com.au

Fig. 40: ‘Human Cloning…’ reverse.
Keep feeding coma patients

Adam Cresswell, Health editor

DRAFT Guidelines intended to head off any repeat in Australia of the 2005 legal battle over the fate of US brain-damaged patients have been published by the nation's top health standards body.

Fig. 41: Right to Life Australia logo. From RTLA News, July/August 2007, 1.
Figs 42-45: 'Pregnant?... Worried?... We can help', Pregnancy Counselling Australia. Brochure, A4 folded into thirds, each face 100 x 210mm. Provided by Right to Life Australia, September 2006.

The contact details for Pregnancy Counselling Australia are affixed in a space provided for that purpose, indicating that this brochure is produced and supplied by another organisation. Pregnancy Counselling Australia, is the most publicised pro-life counselling service attempting to reach Australian women considering abortion.

Fig. 42: 'Pregnant?... Worried?... outer side when unfolded.
Fig. 43: ‘Pregnant?... Worried?... inner side when unfolded.
We can help you now...

- Free pregnancy testing
- Counselling and alternatives to abortion
- Counselling as needed with parents, boyfriend or husband
- Referral for medical care from a pro-life doctor
- Guidance on continuing study or job
- Arrange for live-in accommodation
- Referral for financial assistance
- Information on community resources
- Information on accessing legal aid if needed
- Help and guidance in all related areas

...and later on

- Referral for ongoing personal counselling including developing life skills.
- Both prenatal and postnatal guidance
- Maternity clothes and baby things
- Referral for adoption information
- Furnishings to set up house keeping
- Planning for the mother's and baby's future

The baby's heart is beating on the 18th day after conception. By the 24th day the baby has eyes, spinal cord, nervous system, thyroid glands, lungs, stomach, liver, kidneys and intestines. Within a few weeks the baby swims and moves gracefully, twenty teeth are budding in his gums, he has measurable brain waves and his own blood type.

A Tiny Person
The text describes stages in development as new capacities of the foetus: “sucks her thumb, can cry silently”; “can hear and recognise mother’s voice”.

Fig. 45: ‘Pregnant?... Worried?... back two panels.
Figs 46-52: “The Beginning of the Journey of Life”, Foundation for Human Development. Small pamphlet, 147mm x 210mm (when folded)

The pamphlet provides the contact details of Pregnancy Counselling Australia, for “pregnancy crisis and post abortion counselling.

Fig. 46: “The Beginning of the Journey of Life”, outer side when opened out

Fig. 47: “The Beginning of the Journey of Life”, inside of pamphlet when opened out.

Fig. 47: “The Beginning of the Journey of Life”, inside of pamphlet when opened out.
“The Beginning of the Journey Of Life”

In the womb at 18 weeks after conception

Fig. 48: “The Beginning of the Journey of Life”, front cover.
LIFE BEGINS AT CONCEPTION AND ENDS AT DEATH.

The late Dr. Jerome Lejeune, professor of genetics at the University of Descartes in Paris, and discoverer of the chromosome pattern of Down's syndrome said, "After fertilization has taken place a new human being has come into being. Each individual has a very neat beginning, at conception."

THESE ARE SOME OF THE MILESTONES OF THE FIRST NINE MONTHS OF LIFE:

Conception: Father's sperm penetrates mother's egg cell. Within the hour, genetic instructions from both parents interact to establish the design and inheritance of a new and unique individual - at this stage no bigger than a grain of sugar. Already the child's sex can be determined.

1st day: Cell division begins. The first cell divides into two, the two into four, and so on.

5-9 days: Now a ball of hundreds of cells, the new individual burrows into the wall of the womb.

14 days: Mother misses her first menstrual period - suppressed by a hormone produced by her baby.

17 days: Blood cells are forming.

18 days: The heart is forming.

19 days: Eyes start to develop.

20 days: Foundations of the brain, spinal cord and entire nervous system are laid.

24 days: The heart begins to pulsate.

28 days: Forty pairs of muscles are developing along the future spine. Arms and legs are budding.

30 days: From one cell to millions of cells, the embryo has grown 10,000 times. The brain has human proportions. Blood flows in veins (but the child's bloodstream remains separate from the mother's throughout pregnancy).

35 days: The pituitary gland is forming in the middle of the brain. Mouth ears and nose are taking shape.

Fig. 49: "The Beginning of the Journey of Life", left third of inside.
40 days: The heart’s energy output is already 20 percent of an adult’s.

42 days: 6 - 7 mm long. The child’s skeleton is formed (in cartilage, not yet bone). The brain co-ordinates movements of muscles and organs. Reflex responses have begun. In boys, the penis is forming. (And the mother misses her second period.)

43 days: Brain waves can be recorded.

45 days: Spontaneous movements have begun. Buds of milk teeth have appeared.

7 weeks: Lips are sensitive to touch. Ears may already resemble a family pattern.

8 weeks: The child is well-proportioned but small. Every organ is present. The heart beats sturdily. The stomach produces digestive juices. The liver manufactures blood cells. The kidneys begin to function. Taste buds are forming.

Fig. 50: “The Beginning of the Journey of Life”, centre third of inside. This is reproduced to scale.
8 1/2 weeks: Fingerprints are being engraved. Eyelids and palms of the hand are sensitive to touch.

9 weeks: The child will bend his or her fingers around an object placed in the palm. Thumb sucking occurs. Fingernails are forming.

10 weeks: The entire body is sensitive to touch (except for the sides, back and top of the head). The child squints, swallows, puckers up his or her brow and frowns.

11 weeks: The baby urinates. He or she can make complex facial expressions - even smile.

12 weeks: 9 cm long, 45gms Activity has become vigorous and behaviour shows distinct individuality. The child can kick legs, turn feet, curl and fan toes, make a fist, move a thumb, bend a wrist, turn the head, open the mouth and press lips tightly together. Breathing is practiced.

13 weeks: Facial expressions already resemble those of the parents. Movements are graceful and flowing. Reflexes are vigorous. Vocal chords are formed (but in the absence of air the baby cannot cry aloud). Sex organs are apparent and sperm or egg cells are present.

Fig. 51: "The Beginning of the Journey of Life", right third of inside. This is reproduced to scale.
18 weeks: 14 cm long, 200 gms. The child can use hands to grasp, swims and turns somersaults. Mother first feels her baby's movements.

24 weeks: Sleeping habits appear. To sleep, the child settles into a favourite position. A loud noise, such as the door slamming, will provoke activity. The child also responds to sounds in frequencies too high or too low for adults to hear.

28 weeks: Fine baby hair grows on eyebrows and head. A fringe of eyelashes appears. Most of the skeleton has hardened. Weight is about 640g and height about 23cm. Babies born at this age have been known to survive.

32 weeks: Permanent eye teeth are present. Eyelids open and close, and eyes look around. Hands grip strongly. Mother's voice can be heard and recognised. The baby begins to accumulate some fat.

36 weeks: Weight increases by 1 kg and the baby's space in the womb begins to get cramped.

38 weeks: Labour begins (triggered by the child) and birth occurs, usually 255-275 days after conception. Of the 45 generations of cell divisions between conception and adulthood, 41 have taken place. The remaining four will occur during the rest of childhood and adolescence.

The milestones listed above have been documented by scientific research. Slight variations of hours or days may exist and future research using more sensitive methods may show that some of these milestones occur earlier than is now realised.

Small booklet. Heritage House is an American organisation that sells on materials to other pro-life groups.

Fig. 53: ‘Life Before Birth’. Reproduced to scale.
YORK FIRST NINE MONTHS of life were the most eventful you have ever experienced. Here are the major milestones of that life before birth — the first chapter in your own biography:

CONCEPTION: Father's sperm penetrates mother's egg cell. Genetic instructions from parents interact to begin a new and unique individual — no bigger than a grain of sugar.

1st DAY: The first cell divides into two, the two into four, and so on.

5-9 DAYS: The new individual burrows into the wall of the womb. Sex can be determined.

14 DAYS: Mother's menstrual period is suppressed by a hormone produced by her child.

2 MONTHS: This miniature infant is preparing for thumb sucking. Every organ is present. The heart beats sturdily. The baby's fingerprints are formed and will never change except for size.

18 DAYS: Heart is forming; eyes developing.

20 DAYS: Foundations of brain, spinal cord and nervous system are laid.

24 DAYS: Heart begins to beat.

28 DAYS: Muscles are developing along the future spine. Arms and legs are budding.

30 DAYS: Child has grown 10,000 times to 6-7 mm. (1/4 in.) long. Brain has human proportions. Blood flows in veins (but stays separate from mother's blood).

35 DAYS: Pituitary gland in brain is forming. Mouth, ears and nose are taking shape.

40 DAYS: Heart's energy output is 20 percent of adult's.

42 DAYS: Skeleton is formed. Brain coordinates movement of muscles and organs. Reflex responses have begun. Penis is forming in boys. (Mother misses second period.)

43 DAYS: Brain waves can be recorded.

45 DAYS: Spontaneous movements have begun. Buds of milk teeth have appeared.

7 WEEKS: Lips are sensitive to touch. Ears may resemble family pattern.

8 WEEKS: Child is well-proportioned, small-scale baby, 3 cm. (1/8 in.) sitting up and a gram (1/30 oz.) in weight. Every organ is present. Heart beats sturdily. Stomach produces digestive juices. Liver makes blood cells. Kidneys begin to function. Taste buds are forming.

9 WEEKS: Child will bend fingers around an object placed in the palm. Thumb sucking occurs. Fingernails are forming.

10 WEEKS: Body is sensitive to touch. Child squints, swallows and frowns.

11 WEEKS: Baby urinates, makes complex facial expressions — even smiles.

12 WEEKS: Vigorous activity shows distinct individuality. Child can kick, turn feet, curl and fan toes, make a fist, move thumbs, bend wrists, turn head, open mouth and press lips tightly together. Breathing is practiced.

13 WEEKS: Face is prettier, facial expressions resembling parents. Movements are graceful. Vocal cords are formed (but without air baby cannot cry). Sex organs are apparent.

4 MONTHS: Child can grasp with hands, swim and turn somersaults.

4-5 MONTHS: Mother senses movements.

5 MONTHS: Sleeping habits appear. Child responds to sounds in frequencies too high or low for adults to hear.

6 MONTHS: Fine hair grows on eyebrows and head. Eyelash fringe appears. Weight is about 640 g. (1 lb. 6 oz.) and height 23 cm. (9 in.). Babies born at this age have survived.

7 MONTHS: Eye teeth are present. Eyelids open and close, eyes look around. Hands grip strongly. Mother's voice is recognized.

8 MONTHS: Weight increases by 1 kg. (over 2 lbs.) and baby's quarters get cramped.

9 MONTHS: Child triggers labor and birth occurs, usually 255-275 days after conception. Of 45 generations of cell divisions before adulthood, 41 have already taken place.

Adapted from "Milestones of Early Life" by permission of Heritage House 76, Inc. The milestones listed above have been documented by scientific research. Slight variations of hours or days may exist and future research may show that some milestones occur earlier than is now realized.
7 months: Eye teeth are present. Eyelids open and close, eyes look around. Hands grip strongly. Mother's voice is heard and recognized.

8 months: Weight increases by 1 kg. (over 2 lbs.) and baby's quarters get cramped.

9 months: Child triggers labor and birth occurs usually 255-275 days after conception. Of 45 generations of cell divisions before adulthood, 41 have taken place. Four more will come during the rest of childhood and adolescence.

The milestones listed above have been documented by scientific research. Slight variations, of hours and days, may exist and future research may show that some milestones occur earlier than is now realized.

Around 1970 American physician Dr. Russell Sacco of Portland, Oregon, became acutely aware of the highly developed human characteristics of aborted infants in a pathologist's laboratory. His striking photograph (below) of the perfectly formed feet of a 10-week unborn child killed by abortion has been published world-wide.

In 1974 it inspired Mrs. Virginia Evers of Taylor, Arizona to create the 'Precious Feet' lapel pin (below) identical in size and shape to an unborn child's feet 10 weeks after conception. Now designated the international pro-life symbol, it is used by literally millions of pro-life supporters throughout the world.

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Fig. 56: Milestones of early life', outside pages, unfolded.
Our first +hths of hfe must have been the most eventful we have ever experienced. Here are the major milestones of that fe:

**Conception**: The father's sperm penetrates mother's egg cell. Genetic instructions from both parents interact to begin a new and unique individual—no bigger than a gram of sugar.

- **1st day**: The first cell divides into two, the two into four, and so on.
- **5-9 days**: The new individual 'burrows' into the wall of the womb.
- **14 days**: Mother's menstrual period is suppressed by a hormone produced by her child.
- **18 days**: Heart begins to beat.
- **20 days**: Foundations of brain, spinal cord and nervous system are laid.
- **24 days**: Heart begins to beat.
- **28 days**: Muscles are developing along the future spine. Arms and legs are budding.
- **30 days**: Child has grown 10,000 times to begin your own biography.

**35 days**: Pituitary gland in brain is forming. Mouth, ears and nose are taking shape.

**40 days**: Heart's energy output is 20 percent of adult's.

**42 days**: Skeleton is formed. Brain coordinates movement of muscles and organs. Reflex responses have begun. Penis is forming in boys. (Mother misses second period.)

**43 days**: Brain waves can be recorded.

**45 days**: Spontaneous movements have begun. Buds of milk teeth have appeared.

**7 weeks**: Lips are sensitive to touch. Ears may resemble family pattern.

**8 weeks**: Child is well proportioned. Now a small scale baby, 3 cm (1 1/8") and weighing a gram (1/30th oz.). Every organ is present. Heart beats slowly. Stomach produces digestive juice. Liver makes blood cells. Kidneys begin to function. Taste buds are forming.

**8 1/2 wks**: Fingertips are being engraved. Eyelids and palms of hands are sensitive to touch.

**9 weeks**: Child will bend fingers around an object placed in the palm. Thumbs sucking occurs. Fingernails are now forming.

**10 weeks**: Body is sensitive to touch. Child squints, swallows, puckers up brow and frowns.

**11 weeks**: Baby unites. Makes complex facial expressions—even smiles.

**12 weeks**: Vigorous activity shows distinct individuality. Child can kick, turn feet, curl and fan toes, make a fist, move thumbs, bend wrists, turn head, open mouth and press lips tightly together. Breathing is practised.

**13 weeks**: Face is prettier. Facial expressions resembling parents. Movements are graceful. Reflexes vigorous. Vocal chords are formed (but without air baby cannot cry). Sex organs are apparent.

**4 months**: Child can grasp with hands, swim and turn somersaults.

**4-5 months**: Baby's movements.

**5 months**: Mother first feels baby's movements.

**6 months**: Fine hair grows on eye brows & head. Eye lash fringe appears. Weight is about 840g (22 oz.), height 23cm (9"). Babies born at this age have survived.

**7 months**: Baby begins to roll over. Can sit supported.

**8 months**: Baby rests and grows.

**9 months**: Baby begins to stand up with support.

**10 months**: Baby begins to walk.

**11 months**: Baby begins to stand by itself.

**12 months**: Baby begins to run.

Fig. 57: ‘Milestones of early life’, inside pages, unfolded

For more info on abortion, or to order more of these booklets, contact us:

NATIONAL RIGHT TO LIFE Educational Trust Fund
512 10th Street, NW Washington, DC 20004
(202) 626-8829 www.nrlc.org

a baby's first months
When does life begin?

While birth is certainly a milestone families celebrate with joy, it is actually the culmination of an amazing process that began months earlier ...
Conception: LIFE BEGINS!

That new life began about nine and a half months earlier, at conception. Natural conception can also be called fertilization. Fertilization occurs when a sperm and ovum join to form a single cell, full of life and bearing the unique genetic imprint of a human being who has never existed before.¹

The DNA in the 46 chromosomes of that small cell contain full instructions about that new individual’s sex, eye color, shoe size, brain capacity and other basic physical traits.²

Every person’s life begins at conception – as a single, separate, living cell. Nothing new is added except oxygen and nutrition.

1 Week: IMPLANTATION

On about the sixth day, the growing child attaches to the wall of the mother’s uterus.³ The mother’s rich, nutrient lining welcomes the tiny tenant and soon the child is sending out the “all systems go” chemical signal that can be detected in a home pregnancy test.⁴

Multiplying and developing rapidly, the cells of the tiny human organism separate into those that will form the child’s body and organ systems and those that will form the placenta, the child’s “life support system” in the womb that will nourish, house, and protect the baby until birth.

Before the second week is over, the cells of the child’s body will have already begun segregating themselves into the various layers which will give rise to the brain, nervous system, skin, digestive system, muscles, bones, and circulatory system.⁵

3-4 Weeks: A BEATING HEART

The baby’s heart begins its first halting beats as early as 18 days after fertilization, often before the mother even suspects she is pregnant. By the middle of the third week, the heart is beating strongly and steadily, never to stop for the rest of the child’s life.⁶

The child develops rapidly at this time. Between the third and fourth weeks, the baby’s head and spinal column become easily distinguishable, and arm buds appear. Legs will begin to appear just days later. The umbilical cord forms, transporting to the child oxygen and nutrients absorbed from the mother’s blood by the placenta.⁷
These babies are just six weeks old. Already, fingers are forming and the child’s mouth and lips are apparent. It is within this time frame that the child begins his or her first movements. Blood courses through the child’s body, often a different blood type from the mother.

At six weeks, the baby has brain waves that can be measured with an electroencephalogram. The end of life can be defined as the cessation of brain waves, but many ignore the scientific evidence of brain waves in unborn babies.
A seven week old baby swims freely in the amniotic sac with a natural swimmers stroke. 

Even though the baby is moving around in the uterus, the mother does not begin to feel the baby until about 4 1/2 months into pregnancy.

Scientists know that the baby begins swallowing amniotic fluid as early as eight weeks. Hiccups have been observed in babies this age.

Taste buds and teeth buds are beginning to form, and different stimuli may evoke an opening of the mouth.
These little human feet are perfectly shaped. This child could stand on an adult’s little fingernail. At this point, the baby has eyelids, fingernails, and fingerprints, and can even grasp an object placed in the hand. The kidneys begin to form urine and the baby begins to mimic the movements of breathing.

From this point on, there is only growth in the size and maturation of the organs already present. All body systems are in place and active. The baby has a skeletal structure, nerves, and circulation.
During the last several years, widespread use of ultrasound has provided much more knowledge to both parents and doctors about the baby at this age. It is now common for parents to watch their son or daughter moving around inside the uterus on ultrasound.

Though still too small to be felt by the mother, the baby reaches his or her peak frequency of movement during the third month. Rarely pausing for more than five minutes, the baby may change positions as many as 20 times an hour when the mother is lying still.

The baby’s sex can be visually determined and the child’s eyes, ears, and face begin to display distinctive characteristics, to the point that family resemblances may be apparent.
The baby in these pictures is 14 weeks old. At this age, the heart pumps several quarts of blood through the body every day. 

Even the smallest details are taking shape. Eyebrows have formed and the patterning of hair on the child’s scalp can be determined. Fingernails and toenails are present. Stroking the lips causes the baby to suck and the child responds to stimulation of the skin. Eye movements are seen.

For a couple of weeks now, this baby has had all the body parts required to experience pain, including all the nerves, spinal cord and thalamus.
16 Weeks: **MAKING HER PRESENCE KNOWN**

Around the 16th week, the baby becomes large enough and active enough for the mother to feel the child's movement. What first feels like a flutter eventually manifest itself in turns, kicks, somersaults and other movements that at some point even become visible to the outside.

Other more delicate movements, missed by the mother, have been recorded during this time frame. In the fourth month, researchers looking at the child have seen the child making fine finger movements, wiggling his or her toes, and even making a fist.
In the fifth and sixth months, the baby responds to a number of outside stimuli: music, sudden noises, and voices, especially that of his or her mother. Babies this age respond to pats on the mother’s abdomen, and react with pleasure, excitement, anxiety or fear to various external and environmental stimuli. Babies tend to move more if a mother is tired or upset. Ultrasounds of 28 babies taken immediately after their mothers were badly frightened by an Italian earthquake in the 1980s showed all of them intensely overactive. Many relaxed after a few hours, but others became abnormally inactive, and did not return to normal activity levels for as long as three days.
At twenty weeks, this baby’s age, there will be further development of the lungs, increased connections among neurons in the brain, but really no new parts to form or new body systems to develop. The baby will grow and mature dramatically over the coming weeks, increasing in weight by a factor of seven and nearly doubling in height. If all goes well, this child will outgrow his or her tight quarters and be born in about 4 1/2 months.

Legally, however, even at this stage, there is no reason this child can’t be aborted. If the mother (or those pressuring her) finds the child inconvenient, expensive, or simply a bother, courts have declared that this is reason enough to allow her to end her baby’s life.

It is a loss as unnecessary as it is tragic. There are positive, realistic alternatives to abortion, better for both mother and child. A mother who finds help will be spared the pain and indignity that is abortion. And the wonder, the uniqueness, the promise that is her child will not be lost.
Viability is the time when the baby is able to survive outside the mother. Not long ago, viability was at 30 weeks; then it was at 25 weeks. Now viability is even earlier. What will it be tomorrow? Science has already made considerable progress in this area.

This is Kenya King, born at 19 weeks, or just a little more than 4 1/2 months after her life began. Kenya weighed only 18 ounces when she was born in Florida on June 16, 1985. When this photo was taken, Kenya weighed 5 pounds.

Though Kenya’s case is extraordinary, other babies at 19-20 weeks have survived and babies today have been saved at 22 or 23 weeks after fertilization.

Front and back covers and first inside page.

This is a poor quality scan; code in the top right of the front cover is a catalogue number.

This booklet was compiled from publicly available statements by the various churches, and distributed widely around Australia. The rest of the booklet consists of statements, sometimes accompanied by portraits of the church leaders.

Linton Tinkler and Ron Boys, who published it, attracted criticism for not seeking the approval of the religious leaders whose statements were included.
Fig. 70: Abortion & Religion in Australia, front cover.
Fig. 71: Abortion & Religion in Australia, back cover.
'Pro-Choice' groups maintain that the decision as to whether the conceived life should continue is purely up to the mother - and should she decide to abort, the cost of this should be subsidised by the government.

Pro-Life groups maintain that the conceived life has the same entitlement to life as those who have already been born (including his or her mother) and operations designed specifically to end that life should not generally be subsidised by government.

Modern medical science and surgical advances including life-saving operations on the unborn have widened acknowledgement that all life begins at conception and many believe that abortion has now genuinely become a major human rights issue.

Australia's mainstream religious groups have long held individual positions on the morality of abortion.

In order to provide an authoritative reference, this publication brings together, for the first time, the official positions held by many of Australia's foremost religious groups.

The publishers have attempted to assemble statements from as many major entities as possible and wish to apologise in advance for inadvertent omissions.

At a time in Australian history when approximately 100,000 Australians each year are losing their lives to abortion - this assembly of the deeply held convictions of our mainstream religions is extremely relevant.

Although the publishers are unequivocally anti-abortion, they recognise and respect that amongst our various religions, abortion is not a black and white issue. Attitudes do vary somewhat in when abortion may or may not be an acceptable course of action.

These 'shades of grey' are presented herewith as provided. What is most relevant however is how united almost all actually are in their rejection of abortion in all but a few and comparatively rare circumstances.

The Publishers.
November 2004

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Fig. 72: Abortion & Religion in Australia, page 2.
Fig. 73: ‘I can’t talk yet’.

Small flyer, 124mm x 100mm, nothing on reverse, obtained from Right to Life Australia
Join the ‘Freedom to be Born March’ and support the cause of Pro-Life. Give a voice to the unborn with your feet. And speak for those who cannot. Yet.

Fig. 74: ‘I can’t walk yet’, Right to Life Australia. A3 poster, advertising 2004 ‘Freedom to be Born’ march. Provided by Right to Life Australia, September 2006,
Figs 75, 76: ‘Aborted. I could have been so many things...’ Right to Life Australia.

Fig. 75: ‘Aborted’, front side. This is reproduced to scale.
Diary of an Unborn Child

Day 1  Conception! All human chromosomes are present and a unique human life begins.

Day 22  The baby’s heart begins to beat with the child’s own blood - often a different blood type than the mother.

Week 6  At this stage, brain waves can be detected. The child’s mouth and lips are present and fingers are forming.

Week 8  At this stage, every organ is in place. Bones and unique fingerprints begins to form.

Week 17  The baby can now have dream (REM) sleep.

Abortion Statistics

Not Just Numbers . . .

- There are approximately 92,000 surgical abortions in Australia each year.
- 252 abortions a day.
- There is one child killed by abortion EVERY six minutes.
- The most recent information is that there are 811 abortion providers in Australia. 205 public hospitals perform abortions.
- There is one surgical abortion for every 2.8 live births in Australia.
- Abortion is not about a "blob of tissue". Every abortion kills a baby. These children are more than just statistics.

Abortion stops a beating heart

For your free Pro-Life Lapel Pin please fill out this form, detach and post to:

RTL Aust
attn: Free Lapel Pin
P.O. Box 540
Cartlon Nth VIC 3054

Please send me a pin of a baby’s feet at 9 weeks after conception!

Name  
Address  
Phone  
Email  

Fig. 76: ‘Aborted’, reverse side. This is reproduced to scale.
Despite our many achievements in the past 30 years, we at Right to Life Australia still need your help and assistance. Please fill out the back of this form and post it to the address below, or visit our website at www.rtlaust.com and find out how you can personally give a hand helping to those who cannot help themselves.

And if you wish to become a member of Right to Life Australia, please fill out and send the form below. You will receive a bimonthly newsletter with news and updates of issues, as well as documents with important information on how you as an individual can help.

[YES] I WOULD LIKE TO JOIN RIGHT TO LIFE AUSTRALIA AND MAKE A DIFFERENCE!
Name: ________________________________
Address: ______________________________
Phone: ____________________________
Mobile: ____________________________
Email: ______________________________

Please make cheques payable to The Right to Life Australia

Thank you for your joining!

We believe every single life DOES count.

Right to Life Australia's achievements
• The passage of the Andrews bill in the federal parliament to overturn the Northern Territory's euthanasia Act (1997).
• Rejection of attempts to legalise voluntary euthanasia in South Australia and the A.C.T.
• Amendment of the Queensland Criminal Code (1997) to make harm to an unborn child by assault of the mother a serious offence
• Success in preventing release of abortion drug RU486 in Australia
• Securing of prohibitions on at least some human embryo abuses in various states' laws
• Current investigations of late-term "partial birth" abortion practice in Victoria and Queensland
• Defeat of a pro-euthanasia ALP candidate at the Victorian state election in September 1999 - in the face of a statewide swing towards the ALP
• Defeat of pro-euthanasia Dr. Philip Nitschke at South Australian election (2002).
• Knowledge that we save mothers and babies from abortion by our protests at clinics and through our pregnancy crisis services is a great impetus to our work.

The Right to Life Australia Inc.
40 Nicholson Street, Brunswick East, Victoria 3057
PO Box 140, Carlton North, Victoria 3054
Tel 03 9387 7098, Fax 03 9387 2182

We believe every single life DOES count.
There is someone who cares
Right to Life Australia is an organization dedicated to the preservation of human life, in any form. From an unborn child to the elderly, a human life has the right to live, despite what the world around us deems as 'socially acceptable'.

Life as we know it today changes at a breathtaking pace, and in today's world where morality and values tread a thin line between 'being practical' against what is morally just, Right to Life Australia is the beacon where people rally to stand firm against indifference to human life.

An established group that will move mountains
In 1973, Right to Life Victoria was founded in Melbourne to protest over moves in the Federal Parliament to legalize abortion in the ACT. Right to Life Australia was then essentially a small political and educational lobby group. It then merged with Right to Life Australia in September, 2001, to become The Right to Life Australia Inc.

That bill in 1973 was crushingly defeated, a sign that moral justice was not lost to many Australians, and it is a cause that Right to Life Australia continues today, working at a national level on all issues aimed at protecting human life.

Many shoulders you can lean on
With more than 10,000 supporters nationwide, Right to Life Australia Inc. is an established force in the fight for human rights. The organisation is non-party political, non-denominational and confines itself to human life issues by opposing abortion, pre-natal 'search and destroy' diagnostic testing, infanticide, euthanasia and embryo destruction involved in assisted reproductive technology.

Right to Life Australia also aims to protect the disabled, sick, elderly, vulnerable or 'socially disabled' people from the morally insensitive judgement of euthanasia.

And many hands to hold
Right to Life Australia is managed by an elected committee consisting of financial members. Daily activities at the main office are maintained by staff greatly assisted by volunteers. The organisation participates in election campaigns, political lobbying, peaceful protests at abortion clinics and public events aimed at raising the life issues.

Right to Life Australia sponsors a bi-monthly newsletter for supporters, conferences with notable speakers, talks in churches and schools, and an in-house student information service.

Right to Life Australia also funds the Pregnancy Counselling Centre Australia, which helps pregnant women in crisis through free telephone counselling.

A family that stands strong, ready to help
Right to Life Australia does not have church, government or corporate financial support. Collections come mainly from public speaking, sponsorships for the annual Right to Life Walk participants, direct appeals to members for donations, and the occasional bequest.

For more information on all these issues, as well as how you can help fight for the right to life, visit our website.

www.rtlaust.com
Right to Life Australia is the most prominent pro-life group in Australia.

- The media often seeks comment from Right to Life Australia on the issues of abortion, euthanasia and embryo abuse.
- Right to Life Australia's existence and activity helps to keep the lack of respect for human life that abounds today at the forefront of the minds of Australians.
- Right to Life Australia keeps in regular contact with its members and financial supporters by mail-outs of its Right to Life News and additional legislative alerts.
- Right to Life Australia has lobbied legislators in all state and territory legislatures and in the federal parliament over many years on the life issues, in particular when legislation relating to these matters is up for debate.
- Right to Life Australia has made many oral and written submissions to parliamentary inquiries over the years concerning life issues.

"Defending life across the nation"
There is someone who cares
Right to Life Australia is an organization dedicated to the preservation of human life, in any form. From an unborn child to the elderly, a human life has the right to live, despite what the world around us deems as 'socially acceptable'.

Life as we know it today changes at a breathtaking pace, and in today's world where morality and values tread a thin line between being practical against what is morally just. Right to Life Australia is the beacon where people rally to stand firm against indifference to human life.

An established group in defence of life
In 1973, Right to Life Victoria was founded in Melbourne to protest over moves in the Federal Parliament to legalise abortion in the A.C.T. Right to Life Victoria was then essentially a small political and educational lobby group. It then merged with Right to Life Australia in September 2001 to become The Right to Life Australia Inc.

That bill in 1973 was crushingly defeated, a sign that moral justice was not lost to many Australians. Right to Life Australia continues with the cause today, working at a national level on all issues aimed at protecting human life.

Many shoulders you can lean on
With thousands of supporters nationwide, The Right to Life Australia Inc. is an established force in the fight for human rights. The organisation is non-party political, non-denominational and confined itself to human life issues. We oppose abortion, pre-natal research & destroy diagnostic testing, infanticide, euthanasia and the use, cloning and/or destruction of human embryos left over from IVF for scientific research.

Right to Life Australia also aims to protect the disabled, sick, elderly, vulnerable or socially disabled people from the morally insensitive judgment of euthanasia.

And many hands to hold
Right to Life Australia is managed by an elected committee consisting of financial members. Daily activities at the main office are maintained by staff, greatly assisted by volunteers. The organisation participates in election campaigns, political lobbying, peaceful protests, and public events aimed at raising the life issues.

Right to Life Australia sponsors a bi-monthly newsletter for supporters, holds an annual conference with notable speakers, conducts talks in churches and schools and has an in-house student information service.

Reaching out to pregnant women in crisis
Right to Life Australia is the prime source of funds for Pregnancy Counselling Australia (P.C.A.) a 24 hour emergency crisis line which offers alternatives to abortion and post abortion counselling. P.C.A. receives approximately 5000 calls annually Australia wide. P.C.A.'s crisis line can be reached on 1300 737 732.

Right to Life Australia (and P.C.A.) receive no government, church or corporate financial support. Funds are raised from direct appeals to our supporters and members, from the annual Life Walk, from speaking engagements and from the occasional bequest.

More information can be found by phoning our national office in Melbourne on 03 9387 2006 or 1300 734 175, by emailing rlt@righttolife.com.au or by visiting our website: www.righttolife.com.au

RESPONSE FORM

Name: ____________________________

Address: ____________________________

Phone: ____________________________

Mobile: ____________________________

Email: ____________________________

Membership with The Right to Life Australia Inc.:

☐ Single $45
☐ Student $25
☐ Concession $30
☐ Family $66

Please make cheques payable to The Right to Life Australia Inc.

Thank you for your generous donation and support!

PLEASE TICK APPROPRIATE BOX AND FILL IN THE BLANKS

☐ I wish to support The Right to Life Australia Inc. with a donation of: $ __________

☐ My donation is enclosed.

☐ My donation will be in the following installments:
   - Monthly
   - Quarterly
   - Annually
   - for the next _______ years.

☐ Please bill my credit card:
   - MasterCard
   - Visa
   - Bankcard

☐ I would like to volunteer my services, please contact me.

www.righttolife.com.au
WHY NOT PROTECT THEM BOTH?

Babies are viable outside the womb at 23 weeks.

Any child, who has been born, no matter how young, has full legal recognition.

Killing this baby now would result in a prosecution.

Killing this baby now is not a matter of 'choice', even if the parents didn't want him.

Babies are routinely killed in Victoria after they reach the age of viability.

197 babies were killed for social reasons in late term abortions last year.

Babies are being born and surviving in Victoria at the same ages they are being aborted.

The only different between these two children is that one was wanted, and protected, and the other was killed.

Victoria: The Place to Be (unless you are in the womb)

58 babies killed by abortion everyday in Victoria.

What are you doing to help these children?

Fig. 81: 'Victoria: The Place to Be (unless you are in the womb)'. A4 Flier, created by Marcel White, whilst working as Campaign Director at Right to Life Australia. Provided by Marcel White, September 2006.
Fig. 82: Assorted badges in the State Library of Victoria’s ephemera collection. (No dates)
Chapter 4: 
The meanings of images of the foetus

These images of the foetus presented in the previous chapter are compelling – some exquisitely beautiful, others gruesome. Yet what do they mean? Or, more precisely: what are these pictures saying? This chapter identifies three major themes communicated by this collection of images. The first theme, the wonder of life, combines scientific authority and religious connotations. The second theme emphasises the human form of the foetus but simultaneously the bodily characteristics which differ from the normal human body. I argue that the simultaneously human and less-than human form of the foetus combine to establish the foetus as a special moral subject. The third theme, the barbarity of modern society, is communicated most strongly through the more gruesome images. Nonetheless, this barbarity is demonstrated through the contrast with archetypal, beautiful foetal images.

The wonder of life

It makes sense to begin a discussion of contemporary images of the foetus with Lennart Nilsson’s 1965 photo-essay in Life magazine. It is in this context – the context of scientific documentary – that many people encounter visual representations of the foetus. Nilsson’s images are supreme examples of documentary photography, a realm of wonder and amazement. The genre shapes the expectations of the imagery: audiences anticipate seeing something they would not normally be able to see, or to learn something about a complex subject. In all of these publications, the pictures are introduced as breathtaking, amazing, as something unprecedented.

Thus, in the Sydney Morning Herald, the introduction describes Nilsson’s work:
Nilsson’s astonishing portrait of a living, 18-week-old foetus inside its amniotic sac was published on the cover of Life in 1965, stunning the world. … Nilsson has continued to document the inner beauty of human life since then, using ever-more sophisticated technology. … to capture the unimagined drama of the beginning of human life, from that first tender moment when two gametes connect.¹

Similarly, Petchesky notes how ultrasound was presented as opening up new horizons, sending pictures from previously unknown worlds. The images themselves are a wonder, a new frontier. This sense of awe is compounded by the interpretation of the images as showing ‘new life’. Indeed, the very fact that the foetus is hidden and rare – that mere images of it are treasured, precious – emphasises the value of the subject being represented.

Nilsson’s pictures predominate throughout the pro-life materials that I catalogued in Chapter 3. From these documentary origins, the images retain both an aura of scientific authority and traces of wonder.² Yet it is important not to overlook the religious symbolism of these images. The characteristics of documentary images – bright colours, rich detail, illumination of the subject – take on new meaning in a context where beliefs are founded in religious admonishments that life is sacred.

Whilst most of the images are not explicitly religious, there are strong Christian connotations to many of them. The light streaming from behind, such as in Figures 73 and 74, is a strong marker of the sacred nature of the symbol. This is complemented by language which evokes the rhythms and refrains of Christianity: if not directly quoting Scripture, as in Figures 30-33. Religion has not been replaced by science in pro-life images, but rather has melded with it. At times, the two are clearly combined.

And sometimes, the contemporary ‘sacrum’³ that is Life Itself is indistinguishable from the sacrum that carries religious import for pro-life believers. Thus, the

¹ ‘Fantastic voyage’ [extract from Life by Lennart Nilsson], Good Weekend: The Sydney Morning Herald Magazine, 1 April 2006, 32.
³ Duden, Disembodying Women, 108-110.
meaning of the image is dependent on the viewer, because the connotations that the image evokes depends on the viewer’s memories, perspectives and worldview.

Scientific knowledge has not, however, displaced religious values or the religious worldview. Wyatt and Hughes, who interviewed pro-life activists recently, overreach when trying to interpret their interviews. Consequently, they see the coexistence of science and religion as strange:

While science is strategically applied to support pro-life views, other aspects of a scientific worldview, such as stem cell research and euthanasia, are considered unacceptable. Paradoxically, ultrasound imaging, which is used to substantiate personhood claims, is also criticized for its complicity in destroying imperfect foetuses.⁴

This is not truly a paradox. The technology employed by medical science is certainly accepted by pro-life groups. Yet the ‘scientific worldview’ consists of many different components: the methods that guide scientific research; the technologies and practices developed through science; and the different values and norms which may be used. The pro-life movement ‘considers religion a higher authority than science’ and ‘defers to religion’.⁵

Of course, much of this is an internal and unspoken process. The webs of meaning that make it possible come from many different sources. The past uses of images influence which discourses are appropriate sources for interpretation. And the cues and frames which appear around the images proffer particular maps and typologies.

A human form?

One of the most obvious things that images of the foetus reveal is the human form of the foetus. Condit describes how pro-life images often function as tropes, where a part of something represents its whole. The parts of the foetal body which most

⁴ Wyatt and Hughes, ‘When discourse defies belief’, 245.
⁵ ibid, 246.
resemble those of child are featured: hands, feet, and face. Developmental sequences also encourage the viewer to note the trends connecting early, strange forms to later, recognisable bodies. Collapsing time and creating a sense of inevitability in the foetal development, these developmental sequences pull the familiar baby back into the early stages of growth. There are a plethora of materials presenting these timelines.

Interviewee Janice told Wyatt and Hughes: ‘It’s a woman’s body, but the body inside her is not her body; it’s a whole new human being that doesn’t get to stand up and say, ‘Hey, what about me?’’ Similarly, pro-life writers describe ‘the obvious fact that the unborn child is an individual organism of the human species’. This rebuttal of feminist arguments for bodily autonomy is premised on seeing the foetus as a delineated body of its own. Newman charts the gradual imagining of the foetus as a smaller body inside the woman. In fact, over time, medical visualisations have peeled more and more of the pregnant body away from the foetus, so that the foetus is less and less frequently encased in an entire body. This ‘peeling’ happened in medical models before the virtual peeling of ultrasound and photography. It is a major concern of the feminist scholars writing on this topic.

Embodying the foetus also makes it easier for one to think of it as a social subject. Hockey and Draper explore the role of traces of the material body in social constructions of persons before birth and after death. The body is a key element of our social lives, and presenting the foetus as having a discernible and recognisable body makes it a tangible presence. Hockey and Draper’s analysis combines the concept of embodiment – ‘the position, now accepted within the social sciences, that selfhood is not only social but embodied’ – with the concept of social identity – ‘[w]hat Mulkay means by “social existence”...[.] the participation of the individual

6 Condit, Decoding Abortion Rhetoric.
7 Wyatt and Hughes, ‘When discourse defies belief’, 243.
11 ibid, 41. Emphasis in original.
within social life, and ... social relationships. The life course is hence understood as ‘a social institution’ and historically contingent.

Hockey and Draper use the case study of men transitioning to a new identity as fathers during and after their partners’ pregnancies. They quote one first-time father:

Afterwards I was sort of a couple days completely dazed because that was the first time that it really crystallised into anything. Up until then it was just a sort of vague blobby thing that was going to happen seven months away. It was going to happen at the end of the summer. And, er, since then it has felt real, it has felt as though there’s a human being.

Hockey and Draper show how material traces of the body anchor practices and ways of thinking that create – that are – ongoing interactions and relationships. So, for instance, ‘ultrasound scans and residual clothing constitute body-based traces that are recoverable in identification narratives, or appropriated via practice.’

Embodiment is certainly important to the creation of the foetus as a being in pro-life thought. Yet ‘embodiment alone does not ensure social participation or presence’. Hockey and Draper use the example of how we regard people with Alzheimer’s disease to make this point: people are ‘mentally gone’, or the disease takes the person before it kills the body. A similar ambiguity can be identified in the ways that some of us relate to people who are in a vegetative state, or a person who is dying, unconscious, and will never wake up again.

The foetus, however, has a potential, is a beginning. The combination of a sequence – which creates inevitable progress – and an imagined future makes the foetal body more compelling. Yet images of the foetus do not, in this context, demonstrate simply that it has the body of a human being. Whilst the human form shown in these images is important, it is imperative to consider the characteristics of that human

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12 ibid, 42.
13 ibid, 44. Emphasis in original.
14 ibid, 42-44.
15 ibid, 49.
16 Hockey and Draper, 47.
17 Hockey and Draper, ‘Beyond the Womb and the Tomb’, 46-47.
The foetal form is also quite different from the human form, and its differences are also meaningful.

Images of the foetus clearly show its frailty. It is disproportionate in ways that signify weakness and fragility: its limbs are spindly, its body is hunched and its frame looks underdeveloped in the way of a malnourished child’s. The foetus has skin which is translucent, with visible veins and sometimes visible bones. Appearing in a vacuum makes it appear unprotected, or at best sometimes surrounded by the almost transparent wisps of tissue that are the amniotic sac in Nilsson’s photographs. The message of frailty dovetails neatly with the air of wonder in so many of these images.

Images of the foetus are special because they are rare, and because the foetus is depicted as precious. What is precious inspires care, just as what is vulnerable inspires care. So often, the ephemeral, vulnerable nature of something is precisely what evokes wonder and what makes something precious and valued. This cluster of characteristics is often closely connected, such that their meanings run over into each other as common connotations.

It is the duality of the foetus – the body which is simultaneously human and not-quite-human – which makes its embodiment so meaningful. Whilst the foetus is visualised as having a discrete and complete body, it is far from being an autonomous or self-sufficient being. Its fragile and vulnerable body signifies simultaneously that it exists and that it cannot fend for itself: the foetus needs protection.

The foetus’ body is strangely disproportionate, and hence looks physically weak. Yet, proportion is a comparative measure: if some body parts are disproportionately small, others must be disproportionately large by comparison. The foetal head and eyes, and to some extent, its chest, are oversized and emphasized.

These are precisely the body parts that communicate personal identity and where we locate the mind and the heart – the soul. The mind-body duality, applied to embodied existence, slips easily into seeing the head and heart as the site of, or even
the embodied, mind; whilst the body is the physical and strength-bearing parts, the abdomen and the limbs. As such, the foetal body depicts a person that is undersized and weak in the physical body, whilst stronger or greater in mind and spirit.

Resembling in this way the archetype of the sensitive, ethereal invalid – the consumptive artist or the moral invalid, not long for this world\(^{18}\) – the foetus is thus of morally greater significance for being such a tiny thing in physical terms. The foetus easily fits into the ethical framework which recognises children as most deserving of protection, both because of their vulnerability and because they are innocent. In fact, these images present the foetus as a special moral subject, to which we owe greater care.

**Modern barbarity**

Images highlighting the preciousness and vulnerability of the foetus make images of foetal slaughter even more powerful. Blood and flesh are usually internal matter which should remain hidden. To expose innards requires violence, violation and pain. Like video footage of surgery, which is difficult to watch though we know that it is not painful, a bloody image causes some discomfort. The visceral reaction to blood and flesh and violence is a deliberate aim of such pro-life campaigns, which seek to construct the viewer’s emotional reaction as a sign of the significance of the foetus. The viewer’s flinch becomes proof of a violent act. Flesh is a marker of destroyed significance, of a destroyed moral subject.

Images of aborted foetuses also play on similarities with the genre of atrocity documentation. Sometimes, this comparison is explicit. The Genocide Awareness Project of the Centre for Bioethical Reform explicitly construes abortion as a new genocide.\(^{19}\) Certainly, the twentieth century’s understanding of atrocity has been shaped by images of bodies, and by the conventions of photojournalism and news reportage as a way of documenting atrocity.


\(^{19}\) Centre for Bioethical Reform homepage. <http://www.abortionno.org/>.
Some images of aborted foetuses mimic the style of documentation of mass slaughter. It is initially difficult to make out the bodily details, but a strange fascination and repulsion encourages the viewer to linger. Susan Sontag describes Otto Dix’s drawings and prints of wartime violence as particularly disturbing because the grotesque details only emerge upon close inspection.²⁰ Figuratively, these images draw the viewer in closer in order to make the shock and repulsion of eventually recognising the shapes of bodies much greater.

These markers of atrocity are found in bodily destruction, and hence require an imagined foetal body to be destroyed. The gory images of aborted foetuses and the attractive images of the foetus are certainly very different to those depicting the foetus in utero (whether that is the case or not). The foetus that Petchesky so powerfully described as ‘chaste’²¹, the ‘secretive’ creature glimpsed in breathtaking shots with advanced technology, is transformed in ‘post-abortion’ images into a dismembered, exposed, mutilated corpse. Petchesky argues that ultrasound and other visualising images turn the conquering, scientific male gaze to the foetus, and that ‘such visualization is patently voyeuristic; it generates erotic pleasure in the nonreciprocated, illicit “look”’.²² The exposure and violation of violence is voyeuristic too, though it resonates through a different register.

That is, there is a strong link between vision and voyeurism in this opposition: a chaste glimpse is a rarely afforded privilege, but the exposure of the blood and flesh and gore is violating, excessive, pornographic. To look at and expose the mistreated corpse is a violation which implicates the viewer as an accomplice of the ‘abortionist’. It is not just that the mistreatment of the foetus is depicted, but the act of depicting it is also rather horrific, a public desecration of a body. And once we see desecration, we are recognising the destruction of something of significance.

Moreover, the two collections of images are more powerful through their opposition. The ugliness of images of aborted foetuses comes from what seems like discolouring and disfigurement: it is created through contrast. The contrast is made with the

²¹ Petchesky, ‘Fetal Images’, 263.
beauty (and bloodlessness) of images of the foetus in utero, and in contrast with expectations of an infant’s or adult’s body. Some times this contrast is explicitly drawn through the juxtaposition of the two types of images, as in the ‘Life or Death’ question of Fig. 19, and the contrasts of Fig. 81.

Therefore, embodiment of the foetus through images is powerful not only because it delineates the foetal form, but also because it creates a new layer of skin. By making the foetus different to innards, casting it as a (pale, white) whole being, images of the foetus cast flesh and blood as a sign of the foetus being ripped asunder. The flesh and blood exposed are meaningful because the exposure is considered wrong; the appearance of the aborted foetus seems wrong because we are expecting Nilsson’s foetus.

The images of aborted foetuses are also noteworthy for their criticism of modern society. The symbols of discarding foetuses as waste, or of disrespecting foetal remains, are potent. In some of the pro-life materials this modern-day callousness is explicitly countered by the pro-life commitment to positive, caring values (see, for instance Here, abortion is a consequence of a destructive culture which no longer encourages traditional ideals or reverence for life and for God. Instead, we are being encouraged to live without values; distress results because this amorality goes against human nature (and, implicitly, against God’s way).

The complexity of visual images

These images are neither simple nor straightforward. Indeed, it is their very complexity that creates their emotional power. The wonder of life is amazing because it is so fragile; the foetus is human, yet different enough to require special care. And abortion is shown as violence precisely because it is violating a separate body. Prolife images of the foetus evoke recognition and response, and thus create a sense of an interpersonal, even intersubjective, connection.
This complexity will be further illustrated by the case studies presented in the next three chapters. Images, perhaps, are most able to sustain this complexity and affective content.
Chapter 5: The Osborne Bill

From 1999 to 2001, the *Health Regulation (Maternal Health Information) Act ACT 1998* required that women seeking an abortion be provided with a government-produced pamphlet. This pamphlet included information on foetal development, illustrated with images of the foetus. The Act constitutes the most recent instance of legislative change placing constraints on access to or the practice of abortion. Indeed, it can be considered one of only two pro-life 'victories' over the past decade and a half. The other was the failure of Senator Natasha Stott Despoja’s campaign on pregnancy counselling advertising, with the defeat of the *Transparent Advertising and Notification of Pregnancy Counselling Services Bill 2005* and the cross-party *Pregnancy Counselling (Truth in Advertising) Bill 2006*.

This chapter details the debate surrounding the Osborne Bill, and explains how constructions of informed consent led to images being included in the mandated pamphlet. Many arguments, both supporting and opposing the measures, emphasised visual material as more affective or more truthful. After discussing the case, the chapter will consider how visual images were understood and used. It will then take a wider view, and draw out the similarities between this case and pro-life pregnancy counselling. A similar series of steps will also be taken with the next two case studies: after explaining the case, I will examine how visual images were important, and examine similarities between the case and other historical and contemporary matters.

The Osborne Bill

Paul Osborne was elected to the ACT Legislative Assembly in 1995. A well-known player in the strong Canberra Raiders rugby league team of the early 1990s, Osborne
retired after playing a starring role in the grand final win of 1994. He stood as an independent candidate, on a platform of Christian and family values.

By the end of his first term, Osborne had gained a reputation for integrity. Indeed, Osborne was described as ‘most respected’ Member of the Legislative Assembly (MLA), after a poll that recorded eleven per cent of respondents rating his performance ‘very good’. This interpretation of seemingly poor results is explicable in light of the Territory’s electoral system. The ACT uses the Hare-Clark system of proportional representation to elect members of the unicameral Assembly, and the ‘Robson rotation’ of party lists on the ballot papers further reduces the power of major parties to determine who is elected. Minor parties and independents have been moderately successful in this system, which tends to favour candidates with strong name recognition.

In the lead-up to the 1998 election, Osborne continued to build his public profile as a representative concerned with good government and critical of party politics discipline. His popularity was sufficient for Osborne to form a team around him – ‘a “group” and not a “party”’ – ahead of the 1998 election. Both he and former police officer Dave Rugendyke were elected to the Assembly.

Abortion was still part of the Crimes Act in the ACT, interpreted according to the interstate precedents of the Menhennit and Levine rulings, which articulated a common law definition of ‘lawful’ procurement of a miscarriage. The issue had been placed on the political agenda when, immediately after the February election, Labor MLA Wayne Berry announced his intention to pursue the decriminalisation of abortion during the new term. In response, Paul Osborne introduced an unscheduled


Bill on the 26th of August, after months of quiet work. The *Health Regulation (Abortion) Bill* proposed to make abortion legal only during the first 12 weeks of pregnancy, and only if a woman was at risk of serious mental or physical harm, stringently defined. Later terminations were also permitted for grave threats to a woman’s physical health. The Bill also required specific ‘informed consent’ measures and the collection of statistics on abortion procedures in the ACT.

This first Osborne Bill can be understood as having two main components: to redraw the boundaries within which abortion was legal, and to have the parliament and government frame abortion as a morally problematic and harmful procedure. These two components were evident in both the provisions of the proposed legislation, and in the arguments offered in support of it.

Osborne’s pursuit of the first of these components was unsuccessful. The *Canberra Times* attributed this failure to Osborne having neglected tocampaign to secure support for his Bill, despite the fact that ‘he had the numbers, with 10 of the 17 Members broadly opposed to abortion’. Osborne did not actively engage in the public debate about abortion, nor did he seek to ensure support from his colleagues through negotiating amendments to its most extreme provisions.

Whilst some pro-life groups criticised Osborne’s Bill for permitting abortion at all, others welcomed it as ‘legislation which seeks to overcome the open slather approach which is characteristic of the present law’. This split largely reflected the divide in the pro-life movement in Australia. The Australian Federation of Right-to-Life Associations is generally more moderate; the ACT Right to Life Association is part of this coalition, and both it and the national Federation supported Osborne’s proposal. The Federation supported the Bill, seeing gradual restriction as the only

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7 ‘A bash and barge man on the football field, Independent Assembly member Paul Osborne has learned some more fancy footwork in the political arena’, *Canberra Times*, 21 Nov 1998, 1.
8 ibid.
realistic strategy: ACT President Nicola Pantos explained that ‘[t]he best we can do … is make incremental restrictions on access to abortion.’

Outside the pro-life movement, the original Osborne Bill was not thought of as increasing restrictions by a small increment: ‘while purporting to enact the judicial interpretations, [the proposed restrictions] would have had, and were intended to have, the practical effect of making almost all abortions illegal.’ The judicial interpretations being referred to here are the common law decisions that abortion is lawful if performed for the pregnant woman’s health or psychological or social wellbeing. Some pro-life activists argue that the common law allowances for the wellbeing of the pregnant woman have expanded too far, and permit abortion for frivolous reasons. For instance, in her analysis of the 1998 debate about law reform in Western Australia, Lisa Teasdale discusses the trope of the callous or foolish woman who chooses abortion for convenience.

The second incarnation of the Osborne Bill

Osborne introduced an amended Bill in November 1998, after work behind the scenes by Liberal MLA Gary Humphries. The new Bill, the Health Regulation (Maternal Health Information) Bill, pursued only the second of its predecessor’s two concerns. It required that women seeking to terminate a pregnancy be provided with a government-produced information booklet, and that a cooling-off period of 72 hours be observed before consent for the procedure could be given. The legislation passed, with the reluctant support of Health Minister Michael Moore. Knowing how his colleagues would vote, Moore sought to amend the objects and provisions of the Bill to ensure the ‘least worst’ outcome.

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13 Hansard, Legislative Assembly for the ACT, 18 Nov (Wk 9), 1998, 2590-2591.
14 Hansard, Legislative Assembly for the ACT, 25 Nov (Wk 10) 1998, 2861, 2961. Moore repeated the phrase ‘least worst’ many times.
ACT Right to Life Association lauded the new Act as a step forward:

Looked at in historical context, the Health Regulation (Maternal Health Information) Act 1998 is very important. It is perhaps the most important Australian pro-life legislative victory on abortion since the defeat in the Federal Parliament of the McKenzie-Lamb Bill - an attempt to legalise abortion in the ACT in 1973, and the enactment of the Termination of Pregnancy Ordinance 1978, which restricted abortions in the ACT to public hospitals.\(^{15}\)

The expert committee charged with determining what the prescribed pamphlet should contain then began its work. The first version\(^{16}\) contained no visual images, after the committee decided that pictures might be unhelpful or distressing. Pro-life MLAs then rectified this, passing regulations specifying that the information booklet include a description and images of foetal development. Figures 83 and 84 show the added section. There was, however, significant resistance to the new version of the booklet. The 'spirited community and Assembly debate' was animated by the fact that the Assembly was overruling the expert committee’s recommendation.

Figs 83, 84 (over page): Considering an abortion? What are your options? What are the risks? (Canberra: ACT Department of Health and Community Care, Australian Capital Territory, October 1999), 11-12.

Information booklet, 16 pages (including front and back covers); 210 mm high (Figs. 1a and 1b are almost exactly to scale).

There are few copies of this booklet remaining. Copies of the first version, which did not contain any pictures (published in April 1999), can be found in libraries. The images are from a digital scan of the booklet, provided by the ACT Right to Life Association. The original file is in a low resolution. The three pictures used in the booklet are from Lennart Nilsson’s book A Child is Born.


\(^{16}\) Considering an abortion? What are your options? What are your risks? [9 page booklet] (Canberra: Department of Health and Community Care, ACT, 1999).
Follow-up care

Following a termination under medical supervision, the woman is observed for a few hours to check that bleeding and discomfort are within normal limits. She is given follow-up instructions, including what to expect and who to contact if complications occur. Contraceptive options can be discussed at this time. A follow-up visit in 2-4 weeks is very important to check if there are any problems. The follow-up visit is also another chance to discuss the best type of contraception, or if more counselling is needed.

Foetal development

This information has been approved under the Maternal Health Information Regulations 1999.

Development begins on the day of fertilisation, which is usually two weeks after the start of the last menstrual period (LMP). The conventional method of measuring the age of a foetus is the number of weeks since the start of the last menstrual period. The sizes and weights of the embryo/foetus are approximate only and can vary.

4 weeks
At the first missed period the embryo is about the size of an apple seed (0.25 cm).

8 weeks
At the second missed period the embryo is about 1.2 cm long. The heart has been beating for more than two weeks and limbs are beginning to develop.

Fig. 83: Considering an abortion?, 11.
10 weeks
The foetus is now about 3 cm long and weighs about 15 grams. Arms, legs, fingers, and toes are developing.

12 weeks
The foetus is about 6 cm from head to rump and weighs about 10 grams. The heartbeat can be detected electronically. All major body organs have begun to develop. The foetus begins small movements that cannot yet be felt by the mother.

14 weeks
The foetus is about 8-9 cm from head to rump and weighs about 45 grams. The foetus is able to swallow and the kidneys are able to make urine.

16 weeks
The foetus is about 12 cm, the legs are developed and the weight is about 100 grams.

18 weeks
The foetus is about 14 cm long and is able to respond to sound.

Fig. 84: *Considering an abortion?*, 12.
When the updated booklet was printed, some medical services refused to return copies of the first edition or to use the second. Reproductive Health Services (RHS), which performed pregnancy terminations in the ACT, received legal advice that as long as RHS kept the booklets on the premises (they were out of sight in paper bags), and told clients there was material available they could read, the legal requirement would be satisfied.\(^\text{17}\) ACT Family Planning and the ACT Division of General Practice also advised doctors not to show the pictures to patients.\(^\text{18}\) Indeed, RHS Board member Gwendolyn Grey reports that a majority of the RHS Board members (including herself) were determined to act to close the service down if they were forced to show the pictures.\(^\text{19}\) They could not, however, avoid the mandated 72-hour cooling-off period.

‘Informed consent’ and the medical profession

The new Act centred on the idea of ‘informed consent’. I use quotation marks to refer to ‘informed consent’ because the term was used in a way that differed from its normal medical context. It was felt that the provision of ‘full’ information would alter some women’s decisions. This ‘informed consent’ can be understood by considering how the argument positioned two groups of people: the medical profession and women considering abortion.

Osborne introduced his first Bill as necessary oversight of a supposedly unregulated industry, constructing an opposition between other healthcare and abortion: ‘why is it that, while every other medical procedure is shot around with legal requirements, the practice of abortion in the ACT proceeds without any meaningful regulation?\(^\text{20}\) Although doctors emphasised that informed consent is required for all medical procedures – and that the provisions were superfluous – those arguing for the Bill saw doctors terminating pregnancies as engaging in practice different to other kinds of medicine.

\(^{17}\) Advice provided by Gwendolyn Gray, member of the RHS board at the time.
\(^{18}\) Catriona Jackson, ‘Clinic and GPs defy MLAs over showing foetal pictures’, Canberra Times, 13 April 2000, 5.
\(^{19}\) Advice provided by Gwendolyn Gray, member of the RHS board at the time.
\(^{20}\) Hansard, Legislative Assembly for the ACT, 26 Aug (Wk 5) 1998, 1332.
The medical profession, with its particular professional and moral status, has played a role in the abortion debate since its beginning. This status carries significant weight:

Throughout the nineteenth and twentieth centuries the self-representation of doctors as a social category has used the entwined themes of scientific knowledge, development of new technology and techniques, and a heroic commitment to humankind.\(^{21}\)

In the late nineteenth and early twentieth century, competition with midwives and social concerns about demographic change led doctors to support the criminalisation of abortion.\(^{22}\) Doctors became the respectable source of specialist knowledge when political and business leaders began to be concerned about the prospect of women limiting the number of children that they bore, with some loudly supporting the pronatalism of the early and mid-twentieth century.

By the 1960s, though, the medical profession was, in the main, advocating the reform of abortion law. In fact, medical professionals took the visible helm of the abortion law reform movement. Concerns about social impact of legal abortion were somewhat allayed by the visible role taken by respectable medical professionals. Conversely, some ‘backyarders’ and doctors performing abortions illegally were considered greedy. Dr Kelvin Churches remembers that he ‘felt too many of them were opulently rich, and too many of them had sent cases to the Women’s [Hospital] which were badly done – incomplete abortions or torn cervixes, things like that.’\(^{23}\)

We often use medical ethics and the norms of medical care as a source of secular ethics. The requirements of confidentiality and the expectation of non-judgement and care, though, are variously seized on by different actors in the abortion debate, or criticised as false. The debate about the Osborne Bills used the recurring image of the doctor as ‘the greedy unprincipled businessman’\(^{24}\).

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The Osborne Bill was grounded in the pro-life suspicion of medical professionals in general. Doctors have come to be associated, for the pro-life movement, not with a humane check on abortion, but rather with the gradual expansion of the categories of legal abortion. Osborne and pro-life groups argued that the information provided by practitioners was biased by their financial interest in women proceeding with an abortion. Rather than looking after health, doctors providing abortion were cast as motivated by profit, and interested in deceiving women.

Pro-life visual materials reflect this suspicion of doctors, who appear as threatening, cold figures of modern barbarity. In pro-life arguments, the abortionist has morphed over the last century from midwife to doctor. Albury observes that ‘maleness was associated with rationality and femaleness with ignorance and unprincipled behaviour on the part of both the pregnant woman and the midwife’; today, the doctor’s rationality has become a burden, the cold hard-heartedness of amoral science.

‘Informed consent’ and visual materials

If the majority of the medical profession fails to provide full information about what abortion truly is, then initiatives such as the Osborne Bill aim to fully inform women. To be informed meant not just to understand the procedure and its risks, but to have a specified understanding of the procedure. ‘Informed consent’, in these arguments, came to mean a sensibility of the enormity of abortion. And the pictures are presumed to be a more powerful medium for evoking such a sensibility.

Thus, there is a common assumption that women consider abortion because they are ignorant of the foetus’ humanity. Scientific advances, in particular, are commonly presented as new proof of the humanity of the foetus which may pierce this ignorance. Rita Joseph, writing in support of the Osborne Bill, argued that:

\[
\begin{align*}
&\text{With the amazing advances in the last year in foetal medicine and surgery has come a new realisation of the humanity and the individuality of the child in the womb. Alongside this is a new recognition in legal circles: 1. that} \\
\end{align*}
\]

\textit{ibid}, 159.
gynaecologists have two patients (eg, two heartbeats to monitor) and 2. that governments have duties towards two subjects both entitled to legal protection of their human rights.26

Brendan Smyth, a Member of the Legislative Assembly who had supported the amendment of the prescribed information, thought the pictures irrefutable.

These pictures are of the young unborn. They are pictures of unborn human beings, Mr Speaker. If I were pro-abortion, I would not want my arguments in favour of abortion clearly and easily undermined by the simple, undeniable, irrefutable, clear, distinguishable, recognisable truth that these pictures show. It is information. It is knowledge and that knowledge is power.

I believe that the pictorial information will enable women - in fact, empower women - to make an informed decision. I believe that the right decision is not to have an abortion as that is the destruction of human life. People are afraid that women will receive this information because they know that it destroys their argument.27

In this argument, then, visual images are somehow more difficult to ignore than other forms of information. Those who argued against the Osborne Bill, on the grounds that images of the foetus might cause distress, were using the same premise as those supporting the Bill: that images of the foetus were powerful. (Alternatively, some argued that it was unnecessary, because women already make informed, considered decisions, whilst others pointed out that the quality of women’s decisions did not have any bearing on their right to make those decisions.) The idea that visual knowledge is powerful, or that visual and physical representations have a different quality to other kinds of knowledge underpins a wide range of pictures point is relevant to a much bigger range of pictures and practices. Even those who opposed visual materials as potentially distressing were assuming that pictures are more difficult to forget or refute, that there is some innate emotional power which cannot be resisted.

27 Hansard, Legislative Assembly for the ACT, 2 Sep (Wk 9), 2838.
The ACT’s information booklet ended up resembling the materials used by pro-life crisis pregnancy counselling services. Pro-life groups endeavour to provide women considering abortion with information, to counter what they feel is a culture that presents abortion as normal and acceptable. In Australia, Pregnancy Counselling Australia, probably the most publicised pro-life counselling service attempting to reach women considering abortion, uses similar visual material. (See Figures 42-45, Chapter 3.) The failure of Democrat Senator Natasha Stott Despoja’s truth in advertising Bill was hence a significant ‘victory’ in the very same arena as the Osborne Bill.

Although the Osborne Bill was repealed, and abortion legalised in the ACT a few years later, it is a good example of how the epistemological arguments – that to see is to attain a more true knowledge – could garner wide support. The idea that seeing the foetus will alter the general public’s opinions on abortion remains. Moreover, underpinning this idea is the assumption (sometimes explicitly articulated) that women and the general public are being deceived, or that the truth is being concealed. Once people see what abortion really is, this reasoning proceeds, once they see that the foetus is not ‘just a blob of tissue’, they will be unable to support abortion.

‘Once people see’ is not a new line of reasoning. It appears in pro-life campaign materials and newsletters again and again. This interpretation of the effect of visual evidence involves assuming that either people have not seen this evidence, or they are (wilfully) ignoring it. For instance, in 2001, a letter to the editor, expressing concern about the prospect of changes to Tasmanian abortion laws posited that this evidence is concealed:

As a former nurse I refused to be involved in this barbaric operation. It affected me greatly to think of little babies being killed.
In some ways the public is misinformed as to the humanness of these tiny beings whose little hearts are already beating at eight weeks.28

Conservative columnist Angela Shanahan, on the other hand, presents this as wilful and indefensible ignorance. In an article prompted by the 1998 arrests of two Western Australian doctors in relation to an abortion procedure, she argued that:

The old ‘is it really human?’ argument applied to foetuses should have petered out with advances in diagnostic techniques that show 16-week-old foetuses doing everything but tap dancing inside their mums.29

Haraway notes that we tend to conflate reality and nature: “The conjoined Western modern sense of the “real” and the “natural” was achieved by a set of fundamental innovations in visual technology beginning in the Renaissance.”30 Nature and reality coincide, and can both be depicted objectively. This makes nature a promising source of ‘real’, undistorted knowledge. Physiology is thus a source of truth and moral knowledge – of the right way to approach abortion. This assertion, ‘once people see…’, also underpins strategies used in the other two case studies, to which we will now turn.

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30 Haraway, Modest Witness, 182.
Chapter 6: Protect Life sit-ins

This chapter introduces the second case study, occasional pickets of clinics performing abortions by a small Brisbane group called ‘Protect Life’. This is an example of a protest practice of which images are an integral part. After explaining the protest, the chapter first considers the meanings of this type of protest event, and then, from there, circle back to discuss the meanings represented by images of the foetus. In this case, I argue that a moral obligation, and emotional connection, is strengthened by visual images, and also reflexively strengthens the meanings of those images. The conventions of vision and emotion are integral to this intersubjective significance.

Protect Life

In recent years, a small group of pro-life activists in Brisbane have moved their protests beyond the footpath outside clinics offering abortion services. Since 2002 they have staged dozens of small non-violent protests, of a few people trespassing onto clinic grounds and sitting in doorways with placards. Calling these actions ‘rescues’, they explicitly modelled their behaviour on the American organisation Operation Rescue. The most frequent participant in the sit-ins is Graham Preston (although he does not seek individual recognition for this). He, with or without other members of the group, will arrive early in the morning, and sit in the entrance to a building with placards with slogans and images. Preston has been arrested several times for this, along with other members of the group. Of dozens of these small protest events, a few have garnered media coverage: it is on these which I focus here.

In 2000, Preston was arrested on February 21st after refusing to comply with police directions ‘to move from in front of the Salisbury Women's Clinic’. The charges
were later dropped.\footnote{Activist vows more protests', \textit{Courier Mail}, 26 Jul 2000, 12.} A picket at the Spring Hill Clinic in Brisbane city, on the 15th of May, 2003, led to Preston's arrest when he refused to leave the clinic:

The court heard yesterday that Preston arrived at the Spring Hill Clinic about 6.30am and sat in a doorway holding a plastic fetus and colour photos of abortions. He refused to leave, was ushered out by police and tried to re-enter. Clinic staff said Preston had been coming to the building for years, and that another staffer had to accompany women into the centre and to step over the anti-abortionist who was blocking the entrance.\footnote{Jasmin Lill, ‘Abortion fighter may opt for jail’, \textit{Courier-Mail}, 17 Jul 2003, 6.}

After being arrested, he spent nine weeks in custody awaiting his hearing rather than agree to stay away from the clinic as a condition of bail.\footnote{‘Abortion protestor jailed’, \textit{Herald-Sun}, 17 May 2003, 16.} The court appearance in July was the latest in approximately a dozen over the preceding year. After being fined and released, ‘Preston was greeted with a plastic model of a fetus and a hug from wife Liz, and the admiration of a team of placard-waving supporters.’\footnote{Lill, ‘Abortion fighter may opt for jail’.}

In 2005, ten protestors blocked the entrance of the Marie Stopes International Clinic in Salisbury, in Brisbane's south, on the morning of the 20th of July. ABC News reported on the picket at 10.30 am that morning:

Organiser Graham Preston says the protesters were determined to stop clients entering. ‘We're here to try to stop children being killed,’ he said. ‘Today there are going to perhaps be 10 children killed if nobody tries to stop it. And we believe these children should be protected’. The clinic opened at 8:00am and no one had tried to cross the protest line. Management has declined to comment and police were standing by.\footnote{‘Police called to move anti-abortion protesters’, \textit{ABC News}, 20 Jul 2005. Available: <http://www.abc.net.au/news/stories/2005/07/20/1418198.htm?site=news>.}

These pickets aimed to attract additional attention, by breaking the law to raise awareness of a moral issue. Continuing the symbolic civil disobedience, Preston also has refused to pay fines for several years.\footnote{Lill, ‘Abortion fighter may opt for jail’.} This group, and Preston in particular, have been featured in Christian and family values blogs and newsletters.\footnote{‘In jail ‘for life”, \textit{Festival Focus Queensland}, Festival of Light newsletter, June 2003, 1.} Preston’s time in gaol has frequently been profiled.
Protect Life also maintain their own website to chronicle their actions in a publicly accessible space, and to explain their beliefs and strategy. The process of writing and then posting that writing enables more time to reflect on, and explain, one’s ideas than face-to-face communication, and more space than a banner or poster. Web pages can act like a contemporary version of the traditional flyer, a space for explaining the group’s beliefs and aims. They have secured little media attention since 2005, despite arrests and court appearances in 2009, and even despite newspaper interviews – something the participants find frustrating. Therefore, the website provides a space for semipermanent records of events.


AbortionTV is an American website on which Erbacher posts and comments. The website features a plethora of images of the foetus, including a large number of ‘aborted foetus’ pictures.


9 ‘The story they didn’t want you to read’, Festival Focus Queensland, Festival of Light newsletter, Aug 2003, 1.
Fig. 85: Photograph posted by Peter Erbacher on American website AbortionTV.

This is taken from a screenshot of the webpage. The text reads:

Queensland, The Sunshine State! ? [sic] With the massive amount of government sanctioned, taxpayer-funded killing of little children here, maybe we should call it “The Darkness State”. Surprisingly, this banner attracted a lot of attention. As you can see, it’s still early, about 6:15 am. The rescue at the mill was for set [sic] 6:40 am.
Fig. 86: Photograph posted by Peter Erbacher on American website AbortionTV.

Placards, from left to right: one reads ‘Abortion: Bad for women, deadly for babies’; two placards with a large version of Fig. 73 (Chapter 3); two placards reading ‘Abortion kills children; one long placard with ‘abortiontv.com’; a placard with an image of the foetus against a blue background; a placard with the word ‘destroys’ several times (other elements unreadable).

CRIME SCENE: Thousands of executions have taken place here. At least three I was being taken. Here, defenders of life are being cautioned by the Police. It's inter
Law. abortions are illegal http://www.qrtl.org.au/abort/diduknow.htm except in case
Typically, 1 in one thousand cases of abortions. Either way, abortion is more likely t
Last year, Queenslanders massacred 10, 000 children. 6 were spared from the holoc
100,000 were slaughtered throughout Australia last year. 97% of the executions were
arrested?
Pro-life vigils

The practice of pro-life vigils is broader, however, than just one group, and it is the central component of a repertoire of contentious behaviour\(^\text{10}\) that includes prayer, religious hymns, silent or non-confrontational vigils, and more direct confrontation. Particular forms of political expression have particular meaning, and it is useful to think of clinic protest events as vigils rather than demonstrations.

The Protect Life sit-ins are a more confrontational version of the practice of holding pictures of foetuses outside places where abortions are provided. This is not an uncommon form of protest activity, and small groups of people have been doing this regularly for decades around Australia. The Helpers of God’s Precious Infants, an American group that describes its members as ‘sidewalk counsellors’ is one widespread example; there are ‘ Helpers’ in several Australian cities (see Fig. 87).

Empathy: challenging bystanders and accepting the duty to bear witness

The kinds of protest behaviour chosen by groups like Protect Life are a rich indicator of how they see themselves. The unconventional behaviour chosen is shaped by and gives expression to their understanding of society and politics:

> If there is a single element that distinguishes social movements from other political actors… it is the strategic use of novel, dramatic, unorthodox, and noninstitutionalized forms of political expression to try to shape public opinion and put pressure on those in positions of authority.\(^\text{11}\)

These forms of expression are novel in relation to the behaviour and strategies used within mainstream political institutions. There are many different ways in which social movement organisations choose to present or communicate their ideas; the specific choices they make are also important in defining their position in

\(^{10}\) Doug McAdam, Sidney Tarrow and Charles Tilly, *Dynamics of Contention*. (Cambridge: Cambridge University Press, 2001).

Fig. 87: Photograph [black and white] by D. Zajac, Anti-abortion protest by The Helpers of God’s Precious Infants outside Australian Birth Control Services, Camperdown, NSW, 2006.

comparison to other actors and institutions, and in communicating their identity and their message.

Protect Life’s ‘rescues’ or pickets combine two powerful symbolic acts. First, futilely standing outside positions the protesters as keeping a vigil, obeying a duty to bear witness. These actions constitute participants as acting from conscience, and from care for a hidden or forgotten victim. Second, the act of holding placards, of holding truth aloft, is a defiant challenge to a duplicitous society.
The Protect Life website explains the ‘rescues’ as a duty, as something that these pro-life activists feel compelled to pursue:

But whether we actually keep people out or not, we still consider that intervening is worth doing - simply because we believe that endeavouring to stop innocent human lives being taken is always right, even if we do not always succeed in achieving our objective. …

We believe it is wrong to go about life as normal while children are being killed in the ‘frontyard’ abortion clinics, so to speak. ¹²

Graham Preston explains that the new tactic was something that they turned to because they felt that footpath vigils were not an adequate expression of the duty they felt to ‘unborn children’ being killed; the wrongs being committed as so great that he feels called to object – even if it is futile – and to at least bear witness to this. This is an explicitly Christian duty, and the website quotes Proverbs 24:11, ‘Rescue those being led away to death’.

Conceptualising both vigils and the trespassing ‘rescues’ as bearing witness leads to some interesting conclusions. A vigil bearing witness is an expression of solidarity that aims to bring comfort. And this comfort is being offered to the foetuses – or to the ‘public foetus’. By presenting people with the evidence of the foetus’ existence and the foetus’ (believed) suffering, pro-life vigils and pickets are an expression of care and love for the foetus. That is, this is a moral obligation founded on the recognition of the foetus as a person – on an intersubjective connection between the activist and the foetus.

Thus, the foetus is an important symbol, but also an important person to whom protest actions are addressed. Moreover, the greater the perceived abandonment of the foetus by wider society, the greater the obligation on pro-life people to extend recognition – no matter how symbolic or futile it is. The emotional content of these images is probably reinforced for participants, when they become icons of such a gesture. In Chapter 8, I will speculate that this emotional content is such that it is likely that such protests will persist (albeit in very small numbers) for some time.

Chapter 7: The Tell the Truth campaign

This third case study focuses much more on the grisly images of aborted foetuses. The ‘Tell the Truth’ campaign is an example of the use of images with strong messages of violence and barbarity. Letter-drops and the Tell the Truth website were designed to confront voters and politicians with the shame of abortion. These pictures support a critique of modern society’s neglect of the foetus. Yet, though this is not a new tactic, there is little evidence that it is effective. The confronting images meet resistance, and are seen as forcing unpleasant sights upon people.

Tell the Truth

The Tell the Truth Coalition was established when it became clear that a Bill to legalise abortion would be introduced to the Victorian parliament. From the Melbourne networks of Right to Life Australia, a separate organisation was set up, to carry out a ‘radical new campaign’ (in the words of the email seeking interested people). The connections were still close: the Tell the Truth website was registered in the name of Margaret Tighe, of Right to Life Australia; and former campaign director for Right to Life Australia, Marcel White, was an active member of both organisations. Tactics have been a major issue of contention for the pro-life movement in Australia. As in the case of Protect Life, formal divisions like this protect major pro-life organisations from financial risk and negative public perception. Moreover, whilst interlinked organisations may pool resources, individuals can still choose in what kind of activism they are will be involved.

During February and March, 2008, Tell the Truth delivered letters across Victoria, including in Melbourne, Bendigo and Gippsland. In envelopes marked ‘To the adult householder’ and ‘Viewer discretion advised’ were fliers with graphic images

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of aborted foetuses.\textsuperscript{2} The fliers were described in the media as ‘[d]epicting images of a 24-week-old dead baby soaked in blood, an aborted eight-week-old fetus and the hands of an aborted 11-week-old fetus’.\textsuperscript{3} They also contained descriptions of ‘what organs and body features have developed by the stage of most abortions’.\textsuperscript{4} I have had difficulty obtaining a copy of this flier, but have been able to collect similar materials distributed by Right to Life Australia (Figs. 89-91).

The materials led to complaints and an investigation by the Advertising Standards Bureau. In upholding the complaints:

The Board noted the complaints' concerns about that the images portrayed in this print advertisement were graphic, frightening and distressing.

The Board viewed the advertisement and agreed that the images were extremely graphic and had the potential to cause alarm and distress.\textsuperscript{5}

Many of the complaints and the media reports emphasised that children could encounter the images, or that women who had previously terminated a pregnancy could experience distress.

\textbf{Figs 88, 89}: a letter from Right to Life Australia to Victorian voters. The original is A4 and double-sided. Provided by Right to Life Australia, September 2006.


\textsuperscript{3} McArthur, ‘Abortion pamphlet prompts outrage’.


\textsuperscript{5} Advertising Standards Bureau, Case Report, Complaint no. 93/08, 9 Apr 2008, 2. Emphasis in original.
ABORTION

Dear Williamstown voter,

Premier Bracks, member for Williamstown, has made a pact within his party to allow the full and complete decriminalisation of all abortion (Herald Sun 5/5), and the Labor Party’s official election platform stands for abortion on demand up to the moment of birth.

This policy would repeal Section 10 from the Crimes Act, a ‘child destruction’ provision, which makes it illegal to end the life of a child capable of being born alive.

Late term abortions, which will be fully legalised under Labor’s proposals are, very often, carried out in Victoria using the ‘partial birth abortion’ technique (shown over page).

Can Bracks and Labor really be in favour of the barbaric practice of partial birth abortion?

Christine Campbell, Labor member for Pascoe Vale, lamented her party’s advocacy for completely unrestricted abortion in The Age (8/5/2006): “These premature babies are sentient. They feel pain and suffering and react to stimuli. This policy will allow abortion from conception to the time of full term delivery, including partial birth abortion.”

Local Williamstown voters must, as a matter of high priority and urgency, contact Steve Bracks and ask him if he supports abortion up to the moment of birth. Does Steve Bracks agree with delivering babies, capable of being born alive, up to their head only to pierce their skull with scissors?

PHONE AND WRITE to Steve Bracks

Tel: 9651 5000 OR 9399 9022
PO Box 524, Williamstown 3016
steve.bracks@parliament.vic.gov.au

Please turn over this page and see the shocking truth about ‘Partial Birth Abortion’, a procedure regularly practiced in Victoria today. Can Mr Bracks really back such a barbaric act?

Fig. 88: Letter, front side.
This procedure is used to abort women who are 20 to 32 weeks pregnant -- or even later into pregnancy.

**Step 1:** Guided by ultrasound, the abortionist reaches into the uterus, grabs the unborn baby’s leg with forceps.

**Step 2:** He then pulls the baby into the birth canal, except for the head, which is deliberately kept just inside the womb. The baby is alive.

**Step 3:** Then the abortionist jams scissors into the back of the baby’s skull and spreads the tips of the scissors apart to enlarge the wound.

**Step 4:** Then after removing the scissors, a suction catheter is inserted into the skull and the baby’s brains are sucked out. The collapsed head is then removed from the uterus.

Do you approve of this procedure being carried out in the State of Victoria? Well, it already is. Labor now plans to give abortionists the green light to do partial birth abortions for any reason, at any time during the pregnancy!

Tell Mr Bracks: NO to partial birth abortion, NO to decriminalisation.

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**Fig. 89:** Letter, reverse side.
WHY NOT PROTECT THEM BOTH?

Babies are viable outside the womb at 23 weeks.

Any child, who has been born, no matter how young, has full legal recognition.

Killing this baby now would result in a prosecution.

Killing this baby now is not a matter of 'choice', even if the parents didn't want him.

Babies are routinely killed in Victoria after they reach the age of viability.

197 babies were killed for social reasons in late term abortions last year.

Babies are being born, and surviving, in Victoria at the same ages they are being aborted.

The only different between these two children is that one was wanted, and protected, and the other was killed.

Victoria: The Place to Be (unless you are in the womb)

58 babies killed by abortion everyday in Victoria.

What are you doing to help these children?

Fig. 81: ‘Victoria: The Place to Be (unless you are in the womb)’. A4 flier.
Provided by Marcel White, then Campaign Director at Right to Life Australia, September 2006. These fliers were handed out in Melbourne’s CBD on at least one occasion during 2006.
The 'once people see the truth' argument appeared again, as Tell the Truth told journalists that the group’s members 'believed the use of graphic images were necessary to make a point, because “people will not oppose abortion until they see what it is about.”' On radio, Marcel White compared the images to the documentation of genocide:

It shows the reality of the killing that is going on with the unborn babies in the state of Victoria and the rest of Australia. …

That's like at primary school and high schools where they show the picture of the holocaust victims to educate people about the violence that took place in the second world war.

Other activities

As well as attempting to influence public opinion, Tell the Truth contacted parliamentarians and staged demonstrations. Tell the Truth’s website also featured graphic content, and links to sites with graphic content. The website used links to piggy-back on the resources of American sites: the home-page featured links formatted as though they were pages within the site, but which took the user to the Centre for Bioethical Reform and Priests for Life. These featured images of aborted foetuses, and video of a curettage being performed.

Fig. 90 (over page): The Tell the Truth website. This a screenshot of the page, saved in early 2008. A later version had a banner saying ‘STOP! Welcome to Victoria, you have NO rights’, with a picture of a young white woman holding out her hand in a ‘stop’ sign. The website no longer exists.

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6 Jackson, ‘Abortion pamphlet to be investigated’.
7 Brown, ‘Anti-abortion group under fire over pamphlet’.
The text on the left reads:

Welcome to the website of the Tell the Truth Coalition. [Caption to image:] 8 Week-old Baby in His [sic] Mother’s Womb! Grow Baby Grow! Here we expose the truth about the evil of abortion. We believe that when people see and understand what abortion really is……

On the right, the links read:

The Truth Starts Here
Watch an Abortion
(Warning – Graphic Video – not suitable for abortion zealots)
Little Baby in the womb
Beautiful Ultrasound!
Babies in the Womb
Women’s Stories
The Law
Killer Pills
Abortion Explained – (Not Graphic)
What You May Not Want To See But Probably Should
(Warning – Bloody Graphic Images)
There are no reports of Tell the Truth sending graphic images to politicians, but it is not unlikely. During the Parliamentary debate, the media reported that politicians received graphic or emotive correspondence from other groups:

The representative of the Coalition for the Prosecution of Prenatal Child Killers, Mr Powell recently sent leaflets to state politicians depicting a late-term abortion in cartoon form. ‘The child killer jams scissors into the baby’s skull,’ it reads. The leaflet carries the politicians’ [sic] photograph: ‘Is this to be his 2008 legacy to you?’

The gory images of aborted foetuses and the attractive images of the foetus are certainly very different to those depicting the foetus in utero. As seen in Chapter 4, there is a strong link between vision and voyeurism in this opposition.

The rights of the foetus

Tell the Truth used the language of rights in its website and press releases. This is not new in Australia. Ron Boswell, a National Party Senator for Queensland, for instance, used an advertisement referring to foetal rights in the lead-up to the 2007 federal election. This was a marginally updated version of an advertisement that can be traced back to 1977 (Fig. 18, Chapter 3). Rights – and especially constitutional rights – are not a particularly appropriate argument in Australia. The Australian Constitution does not contain a bill of rights, and those rights that it does guarantee are the product of common law. The High Court judgements which have found that the Constitution implies some ‘background’ rights have not been relevant to the issue of abortion.

Speaking generally, though, the language of rights is not all that foreign. The popular perception of Australia’s political system is influenced by media and culture heavily influenced by the United States. American understandings of rights and the common dislike of restrictions on one’s behaviour combine to make claims about rights part of everyday life.

Recent years, however, have seen debates over an Australian bill of rights, and Victoria (along with the ACT) has instituted a charter of rights. Conservative religious groups have been active in opposing extensive enumeration of rights, expressing particular objections to extending equal civil rights for same-sex couples. In Victoria, religious organisations have lobbied heavily to gain exemptions from anti-discrimination legislation. Some of the family-values groups involved in this opposition to rights charters are also heavily involved in pro-life campaigning, giving rise to a seeming contradiction in their attitude to rights claims.

Conservative commentator Angela Shanahan explains this paradox in a recent article drawing a comparison between a half-century of international law, which she argues – citing a new book by pro-life activist Rita Joseph – has rightly recognised the rights of the child before birth, and new Australian campaigns for bills or charters of rights. Shanahan’s argument is based on a distinction between ‘natural rights’, founded on ‘the right to life of all humans’, and:

- a plethora of phony non-rights, like the ‘right’ to abortion, or the ‘right’ to homosexual marriage or the ‘right’ to a child, the latter two of which have been cobbled onto real rights, like the right to marry and found a family.

Shanahan claims – making a comparison to Stalinist Russia – that ‘it is precisely in order to subvert the right to life’ that states develop legislation protecting rights.

The language of rights, then, is referring to ‘natural rights’ and what is traditionally known to be right. Foetal images, presented as objective demonstration of what is natural, complement such traditional views. This is the central thesis of Newman’s analysis of representations of the foetus and Enlightenment political thought: that visualisations of the foetus, a miniature ‘man’ revealed, make it a natural holder of rights.

11 Wyatt and Hughes, ‘When discourse defies belief’.
13 ibid, 11.
14 ibid, 10.
An effective strategy?

Letter-drops using graphic images have been used over the last four decades. During the 1970s and 1980s, Right to Life Australia leafleted houses in marginal Victorian electorates, identifying candidates as pro-life or pro-choice. Political scientists John Warhurst studied the impact of these leaflets on voting, and concluded that there was no discernible effect on voting patterns.¹⁵

The chronological order of these three case studies coincides with the degree of extremity in the images being deployed. This does not imply that the pro-life movement is becoming more radical. These visual discourses and practices all have long histories; moreover, many of the people involved have long personal involvement, spanning multiple kinds of activity.

Some of the actions of Tell the Truth members, though, seem to aim to confront people, rather than to communicate with them; some of the website material is provocatively phrased, whilst other parts seem proud about how shocking the content may be. The duty to face uncomfortable facts is transformed here into a boast. This confrontation certainly provokes a response, centred around the presumption that viewing a graphic image is disturbing. For Tell the Truth members, sight is immediate and undeniable – and hence an excellent sense to target. Yet this immediacy and impact makes people angry that such sights might be forced upon people, in contravention of social expectations about graphic images. It is difficult to see this is an attempt to persuade others; instead, it may be better understood as a tactic to make the general public uneasy about abortion, whilst also expressing activists’ anger.

Chapter 8: Conclusion

So, how have images of the foetus been used in the abortion debate over the past decade? Rosalind Pollack Petchesky’s 1987 article usefully identified an important shift in the politics of abortion. She argued that in the mid-1980s, with campaign materials like *The Silent Scream*, ‘the political attack on abortion moved further into the terrain of mass culture and imagery.’¹ In Australia, two decades later, pro-life politics is pervaded by visual culture, and the foetus is a compelling visual presence in pro-life thought.

The three case studies presented here comprise different kinds of political activity, from different parts of Australia. In these cases, images of the foetus appear in official information, on placards representing the reasons for a disruptive protest, on flyers distributed widely to try to change opinions, and on websites lush with pictures. They become pieces of evidence, function as arguments, and serve as symbols of identity. Tactics involving images of the foetus target various institutions and sites of power: the law, and hence parliamentary politics; individual opinion, and the amorphous intangible that is public opinion; and, pregnant women who may be considering abortion.

I have identified three major themes in images of the foetus: the wonder of life; the simultaneously human and not-quite human body of the foetus; and, violence and modern barbarity. I have argued against the assumption that religion has been displaced by science in contemporary pro-life thought. And I have argued that, rather than conflating physical embodiment and personhood, pro-life images of the foetus represent it as having a special moral status which is bolstered by its physical insignificance. The foetus is a complex icon, repository of a multiplicity of ideas. Rather than diminishing its power, the varying, and even contradictory, attributes of the foetus make it even more richly significant.

¹ Petchesky, ‘Fetal Images’, 263.
Moreover, images of the foetus are encapsulated in understandings of vision and emotion which are especially powerful. This is evident in both the materials catalogued in Chapter 3, and the uses of images in the case studies of Chapters 5, 6 and 7. Pro-life visual materials are part of a discourse in which images reveal truths concealed by a deceptive modern society. Frequently, it is asserted that once people see what the foetus is, they will be unable to countenance or support abortion. At times, therefore, pro-life activists see it as their duty to represent that truth, or even to forcibly confront society with it.

As Banks writes, ‘for centuries vision – sight – has been a privileged sense in the European repertoire, a point well-established by philosophers, social theorists and other cultural critics.’ Yet it is not a purely rational or objective sense. As Mitchell argues, we regard images as objects of emotion, affection, desire and power. Those forces are sufficient to make the foetus akin to a subject.

Limitations

Historian Beverley Kingston writes about the value of modesty in scholarship, suggesting that timidity and humility can make for careful work (so long as they do not develop into paralysing self-doubt). It is a useful warning against overstatement for the sake of a strong or novel argument, and one which I will heed here. Just as it is a cliché to call the issue of abortion controversial, so is it tempting to call images of the foetus powerful. The pictures certainly feel powerful; that is, one feels that they must be powerful because they carry so many markers of emotion. In this thesis, I have described the ways in which they have been used, and I have analysed the ideas that they are intended to communicate, but it is not possible to make a grand judgment about precisely how powerful images of the foetus have been.

3 Mitchell, What do pictures want?
I have not examined whether images of the foetus have had any impact on pro-life thought or effected any transformation of the pro-life understanding of the foetus. Presumably such alteration has occurred – just as pro-life use of the foetus has changed its meaning as a symbol – but I cannot posit any claim about how or how much. This thesis argues only that images of the foetus are meaningful and significant.

Nor have I asked the obvious, and important, question: whether images of the foetus have been persuasive. I have quoted activists and legislators talking about the images’ impact on them, and using the images as rhetorical support. It would be worthwhile to ask, demanding more detail, about exactly what impact they have had upon different people’s thinking and beliefs. Have images of the foetus altered what people want to happen, or what they think should happen? Have images of the foetus thus changed the webs of power, of ideas and influence and culture that constitute the politics of abortion?

The existing literature deals with this only through informed speculation or limited research, as noted in Chapter 2. Condit argues that images of the foetus are persuasive:

> Although such persuasion does not change pro-Life advocates and supporters from a completely hostile to a supportive position, it does justify, integrate, and activate their beliefs. … When pro-Life rhetors talk about why they believe as they do, the role of the photographs and films becomes quite clear.⁶

Wyatt and Hughes express some circumspection about the coincidence of major pro-life narratives and the personal stories told by activists.⁷ Yet our experiences are influenced by the frames available for interpreting them. It is tricky to try to locate the origins of these frames. Are they to be found in people’s heads, in texts, in common thought? Moreover, the interaction between movement narratives and individual opinions is complex, as is the process of holding an opinion over time.

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⁶ Condit, *Decoding Abortion Rhetoric*, 80.
⁷ Wyatt and Hughes, ‘When discourse defies belief’.
Three future projects deserve consideration. First, a more complete history of images of the foetus in Australia is needed. In fact, such a history could form part of a history of the pro-life movement, something which has not yet been written. The trajectories of technological change, social change, and social conservatism in Australia are all areas which could be opened to illumination through such research. Sandra Grey’s quantitative analysis of the arguments appearing in the abortion debate in New Zealand produced valuable insights into discursive shifts over time; this work could provide a useful methodological guide.

Other visual aspects of the abortion debate might also be worth exploring. In particular, I am struck by how pro-life symbols and images of women mirror the strong upright stances of feminist and Women’s Liberation symbols. (See Fig. 82.) This suggests that there might be some interesting reactive strategies indicated in visual symbols, akin to the newer women-centred pro-life discourses.

Second, future work could explore how people with pro-life beliefs relate images of the foetus to their opinions about abortion. Individuals’ narratives of the development of their own thought could complement the analysis of the discourses articulated in collective materials. Pro-life thought could prove a rich source of insight into the interaction between activist beliefs and political communication strategies.

Third, it would be helpful to examine how viewers without strong views on abortion react to images of the foetus. Goodin and Niemeyer, who work on deliberative democracy, found, unexpectedly, that their participants formed their opinions after ‘internal deliberation’, reflecting on the information provided to them. Open-ended, in-depth interviews could provide some insight into the internal reflection of people seeing pro-life materials, and in turn contribute to other areas of political science.

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8 Presented in a seminar, Research School of Social Sciences, Australian National University, 2007. Grey has undertaken protest event analysis of the trajectory of the New Zealand women’s movement, and also analysed the impact of the women’s movement on public discourses.

9 Cannold, ‘Understanding and Responding to Anti-choice Women-centred strategies’.

Each person will ‘read’ a picture slightly differently. It is not possible to extrapolate from my own readings of images to how ‘the viewer’, hypothetical and generic, will interpret the same pictures. In fact, my study of this area has inevitably altered my understanding of images of the foetus. This does not invalidate my interpretations of those images, but rather means that how I respond to the meanings conveyed, the influence that they have on my opinions, may be atypical.

**The future of ‘the abortion debate’**

Finally, let us return to the idea that, once people see what abortion is, they will realise that it is wrong. One cannot help but wonder, though, whether it is really the absence of visual imaginings of the foetus that need to be rectified: pictures of the foetus are neither new nor rare. It is possible that people see images of the foetus but do not remember them. And, conversely, there are certainly many convincing narratives of images changing people’s minds. Moreover, many pro-life activists themselves describe such a moment of conversion.

Perhaps, for pro-life activists, ignorance or confusion is simply a more optimistic explanation of pro-choice views. That is, if abortion is seen as indubitably, without exception, universally wrong, to see those who accept it as unaware or deceived allows one to continue to see others as innately good. Pro-life activists who assume that the ‘muddled majority’\(^{11}\) can be persuaded, and who assume that others will feel the same way when confronted with evidence of wrong, are basically identifying with others, and assuming that they share a lot in common.

Of course, not all pro-life groups and people are optimistic about this: some believe that either some or most other people are straight out evil. Some are pessimistic about others and yet, simultaneously, continue to attempt to persuade them. Some of the tactics considered in the third section of this thesis imply more hostility than identification. The norms of public debate, or political and social engagement with others would seem to indicate that we find shocking images intrusive or

\(^{11}\) This term comes from a consultation with a member of a pro-life group, who explained that she thought that most people were members of what she called ‘the muddled majority’.
unacceptable. There seems to be some correlation between the use of shocking images, in contravention of these norms, and negative attitudes towards other citizens.

What influences the choice to continue to engage with politics and with others? In the case of some pro-life activists included here, it is the foetus, representing a group of beings with special moral status and strong emotional meaning, which impels political activity. It seems likely that pro-life activism will continue. Though many of the practices, arguments, and even materials documented in this thesis have remained static for many years, the activism itself is unchanged. This is precisely because these are not instrumental or strategic endeavours, but rather matters of emotion and symbolic action.

Perhaps this persistence is in some small way successful. In comparison to the American abortion debate, Australia’s can seems rather insipid – neither as heated nor as far-reaching. In the introduction, I argued that ‘the abortion debate’ is perpetual, bubbling up from time to time. It has been over a decade since any successful pro-life legislative change, and Katherine Betts has documented the gradual liberalisation of public opinion towards abortion.¹²

Helen Pringle recently pointed out that the general public hold less conservative views on abortion than politicians. Pringle, writing as a feminist, expressed hope that the RU-486 vote would spell the end of the myth that parliamentarians who support pro-choice legislation will face a public backlash.¹³ There does not seem to be any sign of this, as illustrated by Queensland Premier Anna Bligh’s reluctance to accede to pressure to introduce abortion law reform in that State.

So, whilst the pro-life movement is not ‘winning’, it is managing to maintain the ‘mythology’ and sense of controversy and taboo. Images of the foetus, then, as well as motivating activism, contribute to this sense of controversy. It is difficult to reject or dismiss these images. With their combination of scientific authority and

emotional force, they are constructed as a challenge to the viewer's humanity. Thus, images of the foetus, have been highly significant in the Australian abortion debate over the past decade.
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