

In February 2010 Richard Carvath was invited by the Eccles Branch of SPUC to address their *Life and Family Issues* public meeting arranged for 8th April 2010 at St. Mary's RC Church in Eccles. The meeting was subsequently cancelled a couple of weeks beforehand but what follows is the draft for the speech which Richard had prepared as at 25th March.



Good evening, I'm Richard Carvath and I'm pro-life. To be pro-life is to believe in the right to life of every human being from the moment of conception until natural death. I therefore oppose abortion and euthanasia, and also unethical activities involving human embryos in fertility treatment and laboratory research. For me, being pro-life goes beyond more than just believing in the right to life: I have to do something about what I believe in, I have to commit to acting upon my pro-life stance. Pro-life people actively campaign for the right to life in their local communities, in the political arena and in the media. Pro-life people do everything they can to defend the lives of unborn babies and those at risk of euthanasia, and also to help women and men suffering with the terrible consequences of abortion. My experience is that genuine pro-life people are passionate about truth and justice, and they are characterised by love, joy and peace. There are many issues of concern which are addressed by the pro-life movement in Britain today, and there isn't the time to examine all of these in half an hour, so this evening I'm going to focus upon abortion.

Abortion is available on demand in England, Scotland and Wales today and it is available at any stage of pregnancy right up to birth. Abortion is given to underage schoolgirls without parental knowledge or consent. Today about a third of British women have had or will have at least one recorded chemical or surgical abortion. The act of induced abortion is to deliberately kill an innocent unborn human being, regardless of whether the unborn victim is seconds, minutes, hours, days or weeks old. In moral terms such an act is unquestionably an act of murder. Abortion is murder, but it is not currently a criminal offence in this country – though it once was, and still ought to be – and indeed the British State currently provides for and encourages the abortion of its own people. Abortion is typically carried out by the dismemberment, poisoning and/or premature expulsion of the unborn baby. It is usually an invasive procedure for the mother which, even in the best hospital conditions, presents risks to her physical and psychological health. Fathers and family also suffer after an abortion and society as a whole is brutalised by the toleration of unborn baby murder.

Abortion was legalised in Britain in 1967 and there've been 7,000,000 officially-recorded abortions since then. There are now about 200,000 officially-recorded abortions every year in Britain. I say 'officially-recorded' because British national statistics only relate to chemical and surgical abortions performed in hospitals or abortion centres. The official figures do not, and indeed cannot, reveal the total number of abortions, as the true total would have to include very early stage abortions induced by abortifacients such as the so-called 'morning-after' pill or the intra-uterine coil. In considering that there are over a million morning-after pills being taken by British women every year, and that the morning-after pill is just one available abortifacient, the true annual total of all abortions in Britain must be about the million mark. Of the 200,000 recorded abortions in Britain every year, over 98% of British abortions are performed for so-called 'social' reasons –

there are no genuine health concerns relating to the mother.

The Abortion Act which legalised abortion in England, Scotland and Wales – but not Northern Ireland – was passed in 1967 and came into effect the year after. Before legalisation, the pro-abortionists claimed that there were 100,000 illegal backstreet abortions every year, and that this figure was somehow a reason for legalisation: in fact this figure was a wild exaggeration and a deliberate lie. The most reliable estimates tell us that prior to the Abortion Act there were well under 10,000 backstreet abortions every year. Whatever the exact number of illegal abortions that used to take place back in the 1960s, there can be no doubt that far more legal abortions now happen than there were ever illegal abortions. Because abortion is legal, easily available and actively encouraged, at least twenty times as many legal abortions now take place every year as there were ever backstreet abortions prior to legalisation and, as I've said, that's just the recorded abortions.

We are here this evening in Eccles in the City of Salford, where the local NHS hospital is Salford Royal. On average, at least 2 people are aborted for every day of the year at Salford Royal. Five months ago, in November last year, following a freedom of information request, I obtained the official figures for abortions undertaken at Salford Royal Hospital from 2004 to 2008, in a letter from Salford Royal's Chief Executive David Dalton. Over a 5 year period from the beginning of 2004 to the end of 2008, there were 3,707 abortions at Salford Royal. In just one year, 2008, in just one British hospital, Salford Royal, 858 people were aborted. The deaths of British military personnel in Afghanistan receive regular media coverage. The total number of British military personnel killed on operations in Afghanistan since 2001 currently stands at 275. The 275 British War Dead in Afghanistan over an 8 year period is less than a third of the 858 British Aborted Dead in Salford Royal in just 1 year. Every year on Remembrance Day we remember the British War Dead. It's a sad fact that the total death toll of British people in war over the last 1,000 years amounts to less than a third of the 7 million British people aborted in just 42 years since abortion was legalised in 1967.

Human life does not begin at birth. At the point of birth a human being is typically already nine months old. Human life begins at the moment of conception.

A new, unique, human being begins his or her life as a single cell, a zygote, at the moment of conception when Father's sperm fertilises Mother's egg. Fertilisation normally takes place in Mother's Fallopian tube, which connects her womb with the ovary where the egg was formed. The newly conceived human being is a genetically distinct individual; he or she is neither the same as, nor a part of, the mother, or the father. From a single-cell zygote to a multi-million-celled adult, every human being is a distinct individual. All of the genetic information needed for us as human beings to grow and develop – such as our gender, and our skin, hair and eye colour – is complete from the moment of conception and contained in the original single-cell zygote which we were at our conception. No new genetic information is needed for us to develop. Nothing is added after conception except oxygen and nutrients – and of course oxygen, food and water are the same essentials necessary to sustain life after birth.

In biology a developing human being is known as a zygote at the conception stage of being a single cell, and thereafter as an embryo until the end of the eighth week of life, and as a foetus after nine weeks and up until birth. After nine weeks a baby's body is

essentially complete; thereafter an unborn baby's body simply grows bigger until birth. Remember that when we speak in biological terms of an embryo or a foetus, we are really speaking of a fellow human being, another person. The pro-choice lobby, the pro-abortion lobby, likes to assert that a pregnant woman has the right to choose what to do with her own body, and that she therefore has the right to choose abortion. But her unborn baby is a separate person, and no woman has any moral right to kill somebody else's body.

After conception, the single-cell zygote develops into a multi-cell cluster and travels along the Fallopian tube towards the womb. Between 6 to 13 days after conception an embryonic human being is implanted and established in the womb. Just 3 weeks after conception the body is developing rapidly; for example a baby has his or her own beating heart at just 3 weeks. At 6 weeks tiny fingers appear and, a week later, baby has developed his or her own unique fingerprints; no two sets of fingerprints are ever the same. Perhaps as early as 6 weeks – and certainly by 9 to 10 weeks – baby can feel pain (and if you want to know about pain, we'll consider abortion methods in just a moment). At 7 weeks the eyes develop lens and retina, the eyelids start to take shape, the ears continue to develop and baby has a cartilage skeleton and can begin to make body movements. Around 8 weeks the cartilage skeleton begins to turn into bone. At 9 weeks a baby is about half the size of my thumb. At 11 weeks baby can make facial expressions, smile and suck a thumb. By 12 weeks after conception baby can open and close fingers and thumbs and move toes; baby is highly responsive to touch stimulation and gender is apparent. By 16 weeks baby measures 140mm from crown to rump, which is just over a third of the size that he or she will be at birth. Baby's heart is now pumping 30 litres of blood every day and baby can hear sound such as mother's heart – and of course by 16 weeks Mum is showing that she is expecting her baby!

There are various methods of abortion: surgical abortion, chemical abortion and very early abortions by means of an abortifacient. Dilation and Curettage, or D & C, is a method of abortion which involves the use of surgical instruments to dismember the unborn baby. The victim is basically stabbed and crushed to death by the abortionist. The procedure requires that the mother's cervix – the neck of the womb – be stretched open before the abortion can be undertaken; this stretching can cause damage leading to the death or premature delivery of a baby in a subsequent pregnancy.

The Vacuum Aspiration method of abortion is the most commonly used early surgical technique; the suction generated by a vacuum machine is used to tear apart the body of the unborn baby and to suck the victim out of the mother's womb. The mother's cervix is stretched open and the abortionist inserts a plastic suction tube into the womb; in addition to the suction force, sharp-edged openings near the tip of the tube assist in the dismemberment of the unborn baby so that the parts of the victim's body are small enough to be sucked out. The abortionist then uses the suction tube to remove the placenta from the womb and the baby victim's remains go into a jar for waste disposal. The abortion trade sells Vacuum Aspiration as a 'safe, early abortion'. It is not. Abortionists rarely explain the risks. The Vacuum Aspiration method is used in about 90% of surgical abortions in England and Wales up to 12 weeks into pregnancy, and for around half of abortions performed between 13 and 19 weeks. When used after 12 weeks, it is often necessary for the abortionist to use instruments in addition to the suction

tube to crush and remove parts of the baby victim's body which are too large for the tube. A less common method of abortion, the Hysterotomy abortion, is essentially the same as a Caesarian section birth; the mother's abdomen is cut open so that the abortionist can gain access to the baby victim, the victim will be murdered by some means – perhaps by cutting the umbilical cord to stop the victim's oxygen supply – and then, after the abortionist has murdered the victim, the dead baby's body will then be removed from mother's womb. The risks of hysterotomy abortion for the mother include peritonitis, rupture of the operation scar in a future pregnancy, thrombosis and pulmonary embolism.

The Salt Poisoning method of abortion is now rarely used in Britain or other Western countries because of the dangers to the mother. The abortionist injects a concentrated salt solution into the amniotic fluid, and the baby victim is murdered by acute salt poisoning. This method is used after 16 weeks. It takes over an hour for the baby victim to die; about 24 hours after the victim has died, the mother will go into labour and deliver her dead baby. The Salt Poisoning method is cheap and the abortion trade keenly promotes poisoning in less developed nations such as India. More expensive than salt poisoning is the late abortion drug Prostaglandin, which works by inducing strong contractions to force the baby victim out of mother's womb – usually killing the baby in the process. In later abortions using Prostaglandin, the abortionist will typically inject an additional poison into the womb to make sure of the murder, as abortionists prefer that their victims are dead before they are removed from mother's womb. The Prostaglandin abortion method carries various risks to the mother, including bleeding and infection.

In Britain the use of the chemical abortion method rose steadily throughout the 1990s and in the first decade of the 21st century. Chemical abortion, usually with the RU486 abortion drug – and referred to by the medical profession, perversely as 'medical abortions' – is now the chief method of abortion used in hospitals and abortion centres where the victim is up to 9 weeks old. The RU486 chemical abortion drug, an anti-progesterone marketed as Mifepristone or Mifegyne, was licensed in Britain as an abortion drug by the Medicines Control Agency in July 1991. RU486 was developed specifically to kill unborn life in the womb; the causation and facilitation of abortion is the only purpose for which it is licensed. The 'therapeutic indications' for RU486 all relate to the 'therapeutic termination of pregnancy'. I don't suppose abortion victims view RU486 as 'therapeutic'; the truth is that this 'medicine' is a deadly poison – and poisoning people to death doesn't fit within any concept of therapy or medicine that I understand. Murder is not medicine.

RU486 is a synthetic steroid which works by blocking the effects of progesterone, the natural hormone which is required to maintain the lining of the uterus during pregnancy. RU486 starves the womb of progesterone, the lining of the womb breaks down, and it is lost along with the developing embryo or foetus. Up to four visits to a hospital or abortion centre can be necessary to complete the process. The efficacy of RU486 on its own is poor and so it is often used with a Prostaglandin, typically Gemeprost, which induces powerful contractions of the uterus and causes the dead embryo or foetus victim to be expelled from mother's womb. Up to 9 weeks a 600mg Mifepristone RU486 pill is normally taken on its own by mouth; if within 36 to 48 hours the baby victim's remains have not been expelled, a Prostaglandin will then be given. Between 13 to 24 weeks a 600mg Mifepristone RU486 pill is taken by mouth and this is followed by a Gemeprost

Prostaglandin by vagina, 1mg every three hours up to 5mg. If abortion has not occurred within 24 hours, a repeat course of Gemeprost will be given. Ultimately, if chemical abortion fails, abortion is completed by a surgical method, either Vacuum Aspiration or Dilation and Curettage.

Using RU486 and/or Prostaglandin can cause any of the following: haemorrhage requiring blood transfusion, severe pain requiring strong pain killers, incomplete abortion, rupture of the uterus, vaginal bleeding, abdominal cramping, nausea, vomiting, diarrhoea, headache, muscle weakness, dizziness, flushing, chills, backache, difficulty in breathing, chest pain, palpitations, rise in temperature and fall in blood pressure. The number and diverse nature of the side effects from using RU486 and/or Prostaglandin clearly indicate that these are potent and violent chemicals.

In August 1990 Dr. Edouard Sakiz, who was the Chairman of Roussel-Uclaf, the French pharmaceutical company which invented the RU486 drug, said: "As abortifacient procedures go RU486 is not at all easy to use. In fact it is more complex to use than the technique of vacuum extraction ... a woman who wants to end her pregnancy has to 'live' with her abortion for at least a week using this technique. It's an appalling psychological ordeal." At a news conference in May 2002, Dr. Richard Hausknecht, medical director of Danco, the company which manufactures RU486 for the American market, admitted that RU486: "...is not safer than a surgical abortion." Financially however, an RU486 and/or Prostaglandin chemical abortion is cheaper – and therefore usually more financially profitable – than a surgical abortion.

Abortifacients include the 'morning-after' pill and the intra-uterine device, commonly called the coil. These work by preventing the implantation of a human embryo in the mother's womb and so cause an abortion at a very early stage of pregnancy. An abortifacient is a drug or other agent which acts to induce abortion. The so-called morning-after pill can function either to prevent conception or to cause an abortion. Given that the contraceptive pill – and many other methods of contraception – are freely available, it is absurd to think that women might approach using the morning-after pill from the standpoint of its being their primary and ordinary method of contraception.

Given that by definition the morning-after pill is for use after intercourse, given that conventional contraceptives for application before and during intercourse are freely available, and given that the morning-after pill is an abortifacient – the only unique function which the morning-after pill offers beyond that of conventional contraceptives is its function to induce abortion, and so we must conclude that the primary motive for taking the morning-after pill is to cause an abortion – for if this were not so, if those women taking the morning-after pill are not motivated primarily by the intention to induce abortion, then those women would rather be careful adherents to a regular contraceptive pill prescription. My point is this: although the morning-after pill can function as a contraceptive, there can be no doubt that for manufacturers, suppliers, promoters and users, the chief practical motive behind the morning-after pill is abortion. It is deceitful to refer to the morning-after pill as an 'emergency contraceptive' when it quite clearly functions as an abortifacient and is surely primarily intended for use in the function of an abortion inducing agent.

When the morning-after abortifacient pill was originally licensed for use in the UK back in the 1980s, we were told that it was only for use in exceptional circumstances and that it

would remain a prescription-only drug, under the control of doctors. However since January 2001 the morning-after abortifacient pill has been available over the counter without prescription from pharmacists. Unlike a GP prescribing the morning-after abortifacient pill to a patient, pharmacists dispensing the morning-after abortifacient pill over the counter do so without the knowledge of a woman's medical history – and the woman's GP will only be informed by a pharmacist of the supply of the morning-after abortifacient pill to a patient if the woman consents. Brook Advisory Centres and similar organisations also provide the morning-after abortifacient pill and do not generally inform GPs that their patient has been given the morning-after abortifacient pill.

One dose of the morning-after pill is the equivalent of taking 50 daily doses of the standard contraceptive mini-pill in just one day. Unsurprisingly there are significant health risks attached to the use of the morning-after abortifacient pill. A woman who takes the morning-after abortifacient pill but who nevertheless becomes or remains pregnant is at increased risk of ectopic pregnancy – in which her baby develops not in the womb but in a Fallopian tube – and ectopic pregnancies are a significant cause of maternal deaths. Other side-effects include nausea, vomiting and tenderness of breasts. It's also worth pointing out that the morning-after abortifacient pill does nothing to protect against sexually-transmitted diseases.

In Britain we've had a crisis of teenage promiscuity and the consequences – including high and increasing levels of unwanted pregnancy, abortion and sexually-transmitted diseases – for the last 30 years or so. Britain has the highest rate of teenage pregnancy in Europe. The cause of this crisis is the abandonment of the sexual ethic of 'chastity before marriage and fidelity within', and of marriage itself, which was the prevalent social and cultural norm for British society until the 1960s. It's now hard to imagine a time when the British people were a society not in crisis, a society not destroying itself through promiscuity – but the pre-promiscuity era is still within living memory. Perhaps, may I suggest, our nation needs to go back to the future.

In 1999 – when the British teenage promiscuity crisis was in full swing, as it still is now – the Government's Teenage Pregnancy Unit published its target to: "Halve the rate of conceptions among under 18 year olds in England by 2010..." Unfortunately, the Government's strategy for lowering teenage pregnancy did not involve discouraging teenage sexual activity, but rather encouraging it with so-called 'sex education' and facilitating it by dishing out free condoms, and so – surprise, surprise – it is now 2010 and the Government has failed miserably to get anywhere near its target. Of course – and get this, this is my key point about the Government's Teenage Pregnancy Strategy – the Government's figures for conception do not include pregnancies ended by the morning-after abortifacient pill, and that is the very reason why the Government has been for the last decade and still is such an enthusiastic pusher of the morning-after abortifacient pill to teenage girls. Our Government refuses to recognise that teenage promiscuity is wrong, and refuses to recognise that abortion is wrong, and so younger generations of British people are being literally destroyed by our own Government, right before our eyes. Are we just going to accept this and do nothing? This is a life and death matter.

The modern abortion trade was established upon the foundation of eugenic ideologies which grew in popularity and influence in the late 19th and early 20th centuries, between 140 to 80 years ago. Eugenic ideology is closely related to humanist, socialist and

utilitarian thinking and its leading proponents were ideologically opposed to the Biblical moral consensus of the Victorian era; the intelligentsia and activists most in favour of eugenics hated the pro life morality of Christianity and the Church and the same people that supported eugenics also sought the dismantling of a marriage based society in preference for promiscuity, or what they called 'free love', the weakening of parental influence over children's upbringing, the legalisation of pornography and homosexuality, and the sexualisation of children into a promiscuous sexual mindset by means of so-called 'sex education'.

Eugenic principles are the reverse of the principle that all human beings are of equal worth. The eugenic mentality judges others to be inferior on grounds of race or on grounds of physical, mental or social condition. This has led to attacks on the right to life of certain groups of people, especially those deemed racially unfit, the disabled and the unborn. All abortion involves an assumption that the lives of unborn children are of less value than other human lives, and are therefore expendable. Abortion of the disabled is not only an attack on the most vulnerable and most in need of protection, but it is also an affront to all members of our community who are disabled. It sends out the message that disabled people are inferior to, and of less value than, the able-bodied.

Attitudes to the disabled child in the womb, particularly amongst doctors, show how the pro-abortion mentality saps the will to cope with the difficulties which the arrival of a disabled baby may bring. A mother given the news that she may be carrying a disabled baby is more often than not advised by doctors to have an abortion. Routine pre-natal screening is a significant danger point at which many women come under pressure from doctors to have an abortion. The Nazis would be very pleased with many British doctors today. Abortion is directly contrary to the Hippocratic Oath tradition which underpins medical ethics, namely that medical practitioners vow to maintain the utmost respect for human life from the moment of conception.

Legal abortion has undoubtedly led to an increase in contempt for newborn babies who are disabled. The same contempt for human life shown in eugenic abortion, and indeed in all abortion, is apparent in other areas of pro-life concern, notably the ongoing efforts of the anti-life lobby to decriminalise euthanasia. All human life is of equal worth. The life of an unborn baby is of equal worth to the life of the mother. Abortion is never a compassionate response to disability in an unborn baby or to difficult social circumstances in which a pregnant woman may find herself.

Pro-abortionists claim that the earth is over-populated and that our planet cannot sustain the world population. Pro-abortionists present abortion as a solution to the problem of global over-population. But over-population is a myth. An unsustainable global population is said to be the cause of poverty, famine and environmental damage but this is a lie. The resources of planet earth are more than enough to support the current global population and even more. The size of the global population and its future expansion is not a problem: what is a problem is the unfair distribution of food and resources; the problem is not population but human greed.

The right to life of every human being is referred to in various international conventions, including the 1949 Universal Declaration of Human Rights and the 1959 Declaration of the Rights of the Child – which explicitly applies such rights to the unborn – but of course the right to life is not upheld in practice. It is upon the ethical principles enshrined

in international conventions such as the 1949 Universal Declaration of Human Rights that The Society for the Protection of Unborn Children, my host this evening, bases its opposition to abortion; SPUC is not a religious organisation.

Abortion not only denies the most fundamental human right of all, the right to life itself, but it also perpetuates other social injustices. What I mean is, abortion is not part of the solution to the issues of poverty, debt, poor housing or dysfunctional relationships which are the circumstances in which some women become pregnant. When issues such as poverty are used by pro-abortionists to attempt to justify abortion, the availability and advocacy of abortion actually undermines the will of society – whether within families or at the level of government – to address these social issues head-on.

We are fully and completely human from the moment of our conception. We are human beings and we are persons from the moment of conception; though we cannot manifest our personality until a later stage of life, the soul and spirit of our personhood commence at our conception at the same time as our physical body; morally and spiritually speaking, our status as a person cannot be separated from our existence as a human being. No scientist will deny the humanity of an unborn human being, however the legal practice of abortion in our country is permitted because the unborn human being is not recognised as having the status of a legal person with an inalienable right to life, as we are after we are born. The philosophical advocates and legal apologists for abortion deny that the unborn baby is a legal person with an absolute right not to be murdered; this denial of the personhood of the unborn is the same essential lie as was used to justify the African slave trade and the Nazis' treatment of the Jewish people. Pro-abortion philosophers will say that the unborn are human, but that they are not persons with rights, and so it is therefore OK to murder them. The truth is, an unborn baby is a human being and a person from the moment of conception. My earnest desire is that I will live to see the emancipation of the unborn from the tyranny and evil of the abortion trade, that I will live to see that day when the law of this land once again declares abortion illegal just as William Wilberforce lived to see the victory against slavery.

I urge you this evening, in the light of the information we have heard, to cherish life, to love life and to recognise the right to life of each and every precious human being with whom we are a brother and sister in the human race. More than this, if your heart burns to become active in defending the lives of others, then I wholeheartedly recommend that you join with the Society for the Protection of Unborn Children in their pro-life endeavours. Together we will succeed in overturning the culture of death which has engulfed the British nation, it is only a matter of time, and of persistence, and of your will in action to effect the breakthrough from death to life.