

ROE v. WADE: A Failed Exercise in ‘Assumicide’

“The two cases, Roe and Casey, in combination, created an essentially unqualified constitutional right of pregnant women to abortion—the right to kill their children, gestating in their wombs, up to the point of birth. After nearly four decades, Roe’s human death toll stands at nearly sixty million human lives, a total exceeding the Nazi Holocaust, Stalin’s purges, Pol Pot’s killing fields, and the Rwandan genocide combined. Over the past forty years, one-sixth of the American population has been killed by abortion. One in four African-Americans is killed before birth. Abortion is the leading cause of (unnatural) death in America.”

Michael Stokes Paulsen

INTRODUCTION

With some cowardly yet understandable exceptions, the crew on the HMS Titanic, realizing the ship had a fatal gash in her side, were likely given or simply practiced one sacrificial yet inspiring order by their ill-fated Captain Smith on that desperate night as hopes of a quick rescue sank: SAVE THE WOMEN & CHILDREN FIRST.¹

You -- as Ave Maria law students --will soon swear to protect and defend the constitution and laws of your state and nation, If you remember anything I say to you in the next twenty minutes, remember this: In the words of Justice Louis Brandeis “the life of the law is in the facts.” These are the facts: without any evidence to explain it or sufficient notice to avoid it, the United States Constitution was severely ‘gashed’ by the U.S. Supreme Court’s breathtaking decision in *Roe v. Wade* in 1973. Consequently, close to sixty million Americans have died without a legal “lifeboat” in the freezing waters of the abortion license created by the *Roe* Court to sink any state law that challenges or seeks to distinguish it. As still surviving pro-life advocates your job – an advocacy job that may take your entire lifetime – is to use whatever legal ‘lifeboats’ you can find to save the women and children first. Whether and when the “sunken titanic” of the American Constitution’s 14th Amendment can ever be raised and repaired

¹ Despite the widespread notion that women and children have a better chance at surviving a shipwreck because they will be saved first, a new study finds that that’s just wishful thinking. The captain, crew and male passengers are more likely to survive maritime disasters than women and children, finds a new study by economists at Uppsala University in Sweden. When it comes to abandoning ship, “it appears as if it’s every man for himself,” said lead researcher Mikael Elinder in a statement. Elinder and his colleague studied 18 shipwrecks, including the Titanic and Lusitania, from 1852 to 2011 that involved more than 15,000 passengers and more than 30 nationalities. They limited their study to disasters that included information on the sex of survivors, that involved at least 100 people, and where at least 5 percent survived and 5 percent died. Their findings run counter to the notion that women and children get priority when escaping a shipwreck. The sinking of the Titanic 100 years ago, where three times more women survived than men, popularized this “unwritten law of the sea,” because the captain ordered that women and children went into the lifeboats first. But it turns out that this is the *exception* rather than the rule. Study co-author Oscar Erixson grew up on stories of chivalrous men on the Titanic who gave their lives for the women and children. “[So] the survival patterns we found [in this study] came as surprise to me,” the economist wrote in an email to LiveScience. In results published online today (July 30, 212) in the JOURNAL PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES, Erixson and Elinder found that overall, women were about half as likely to survive as men. And they found that crewmembers were about 18.7 percent more likely to survive than passengers, no matter how much time it took a ship to sink. Consistent with this study, Titanic’s Captain Smith’s last words are reported to have been: “Well boys, you’ve done your duty and done it well. I ask no more of you. I release you. You know the rule of the sea. It’s every man for himself now, and God bless you.”

will depend on a multitude of legal, economic, political and cultural factors about which our panelist have written or will discuss with you this afternoon.

But for now, remember, save as many women and children as you can with whatever legal or legislative ‘lifeboats’ you can man.

Of course, the Titanic ran into that iceberg because she was moving too fast arrogant in the assumption that she was unsinkable. The Roe case suffers from a similar arrogance.

THE FACTS ROE GOT WRONG

As has been discussed or commented upon by many law professors, including most notably Professor Michael Paulsen, *Roe v. Wade* is not only [ill-conceived constitutional law](#) unfounded in the text and legal traditions of this country, it is also in my opinion a failed exercise in what I call “assumicide.” I would argue that the Supreme Court’s infamous *Roe v. Wade* decision is specifically based upon six different misplaced *assumptions of fact* that were critical to the *Roe* Court’s holding that the states lacked an interest sufficiently compelling to prohibit or meaningfully regulate (“substantially burden”) the woman’s “liberty interest” in being able to lawfully consent (“gain access”) to her abortion procedure.

We can list these six judicially misplaced factual “assumptions” briefly as:

- We can’t know what a ‘human being’ is and when its life begins.
- Abortion is ‘health care’ involving a normal ‘responsible’ doctor-patient relationship.
- Motherhood and child-rearing force upon the woman ‘a distressful life and future’.
- An abortion decision is truly voluntary and fully informed.
- The risk to the women's health and life was ‘far greater in carrying the child to full term’ than in having an abortion.
- A woman faces significant difficulties as a result of a cultural stigma of unwed motherhood.

As was concluded and completely documented in the SOUTH DAKOTA TASK FORCE REPORT ON ABORTION (2005), as well as further verified by subsequent developments in science, medicine and law, each of these six assumptions if not wrong then are surely arguable if not completely wrong now:

“As a result of the advances in modern science and medicine, and particularly because of information derived from the practice of abortion since its legalization, the Task Force finds that each of these assumptions has been entirely or largely disproved. The new understanding about these facts, and the new information not previously known concerning them, are important in understanding how abortion affects the lives, rights, interests, and health of women.

Let’s briefly address each of these assumptions one at a time and discuss why each of them is arguable if not completely wrong today:

1. The Unborn Child is a Living Human Being

First, the Supreme Court *assumed* that it could not determine the answer to the question of when the life of a human being begins:

"When those trained in the respective disciplines of medicine, philosophy, and theology are unable to arrive at any consensus, the judiciary, at this point in the development of man's knowledge, is not in a position to speculate as to the answer." (*Roe v. Wade*, 410 U.S. at 159) (emphasis added).

Thus, the Supreme Court did not affirm, but neither did it deny, that the "unborn child" (what embryologists call the "embryo" or "fetus") is a living human being. To understand this point, it is important to distinguish three separate questions. The first question is a scientific one: is the human being, from the moment of conception, a whole separate living member of the species *Homo sapiens* in the biological sense? The second question is a moral question: assuming that the answer to the first question is yes, should the life of that human being be accorded the same value, worth, and dignity at all stages of development, i.e., as a blastocyst, embryo, fetus, child, adolescent, and adult. And the third question is a legal one: does the Constitution of the United States protect the rights of human beings at all stages of development before birth (is a human being a "person" as that term is used in the 14th Amendment?)

In *Roe v. Wade*, the Supreme Court expressly declined to answer the scientific or moral questions. With regard to the scientific question, the Supreme Court said that at this "point in the development of man's knowledge" it could not say whether a human embryo or fetus is or is not a human being. Science, as most recently acknowledged by the United States District Court of Appeals for the Eighth Circuit *en banc* in *Planned Parenthood v. Rounds*, agrees that the life of a human being begins at fertilization and it is not untrue or misleading to require an abortion doctor to inform a mother prior to the abortion of her pregnancy "[t]hat the abortion will terminate the life of a whole, separate, unique, living human being." 530 F.3d 724, 735-36 (8th Cir 2008).

2. Abortion does Not Involve a Normal Healthy Physician-Patient Relationship

Second, the *Roe* Court assumed that there would be a normal healthy physician-patient relationship in which the doctor would impart pertinent information, and that decisions would be made through consultation between the physician and patient. "All these are factors the woman and her responsible physician necessarily will consider in consultation." (*Roe v. Wade*, 410 U.S. at 153) (emphasis added). In fact, it is indisputable that a normal healthy physician-patient relationship is rarely if ever established in an abortion clinic with any "client."

3. Motherhood and child-rearing forced "upon the woman a distressful life and future"

Third, the Court assumed that motherhood and child-rearing forced "upon the woman a distressful life and future" and that child-rearing could cause "mental and physical" health problems and "distress" of such a nature that abortion had to be available, and that the absence of legalized abortion was a detriment imposed upon the women by the state. (*Roe v. Wade*, 410

U.S. at 153.) Nowhere in the *Roe* decision did the Court mention the distress due to the pregnant mother losing her child to abortion. In fact, there is no mention of the great benefit and joys that the mother-child relationship brings to the mother, or the devastating loss and distress incurred by the mother who loses her child to abortion. The absence of mention of the nature of this loss and this profound distress is, in all likelihood, attributable to the fact that in 1973 there had not yet been adequate experience with the after-effects of abortion. Likewise, the Court never mentioned the fact that the pregnant mother possesses a constitutionally protected relationship with her unborn child or the fact that this relationship, protected as a fundamental right, is terminated by the abortion procedure.

4. Court's opinion assumed that a decision to have an abortion would be truly voluntary and informed.

Fourth, the Court's opinion assumed that a decision to have an abortion would be truly voluntary and informed. In fact both agree that coercion in abortion decision making is highly predictive of an adverse psychological outcome and costs. Furthermore, when a woman's decision is not her own, she cannot freely provide her informed consent. While we do not know how many women are coerced into obtaining an abortion, the studies identify a range of 11-64%. Women undergoing an abortion are 3 times more likely to be victim of interpersonal violence. Women with multiple abortions are more likely than those women with one abortion to report that the person responsible for the current pregnancy was abusive. Approximately 40% of women obtaining an abortion are likely to have abuse in their history. Coercion, abortion and abuse are all correlated, interrelated and highly prevalent. Anyone counseling a woman with a crisis pregnancy certainly needs to screen for coercion and abuse and if indicated, provide appropriate referrals.

5. Abortion Procedure was safe and mortality risk less than pregnancy

Fifth, the Court assumed that the abortion procedure was safe and that the risk to the women's health and life was far greater in carrying the child to full term than in having an abortion. See, e.g. *Roe v. Wade*, at 149 ("consequently, any interest of the state in protecting the woman from an inherently hazardous procedure... has largely disappeared"). In fact, Thorp et al.'s most recent peer-reviewed meta-analysis of the relevant studies, *Public Health Impact of Legal Termination of Pregnancy in the US: 40 Years Later* (SCIENTIFICA: 2012) concludes:

Termination of Pregnancy (TOP) epidemiologists lump all deaths together across the full spectrum of gestational age despite the well-known fact that TOP morbidity and mortality increase with advancing gestational age. The fact that TOP most often occurs in the first trimester in the US skews the aggregated mortality numbers used in most comparisons toward the time in pregnancy where TOP procedures are relatively safer. The risk of death associated with TOP increases from one death for every one million TOPs at less than 9 weeks to three per one hundred thousand TOPs at 16–20 weeks to 10 per one hundred thousand at 21 or more weeks in the US [References omitted]. Reardon and Coleman just published an article which looked at maternal mortality for an epoch of 25 years using Danish birth and death records. Their cohort consisted of 463,473 women and they used TOP in the first pregnancy as the exposure of interest, controlling for pregnancy outcomes in subsequent gestations. For women having TOP at <12 weeks,

cumulative mortality rates were higher from 180 days to 10 years from the index pregnancy. The association between TOP and cumulative mortality was similar but stronger for TOP >12 weeks gestation. The comparison group was women who delivered after 20 weeks gestation. While far from definitely answering the question, the linkage study does cast doubt on the claim that TOP is safer than pregnancy continuation.

Another problem inherent in comparing aggregated deaths for TOP and pregnancy is the failure to control for important confounders other than gestational age when the TOP is performed. Women seeking TOP in the US are younger and presumably healthier, although they are more likely to be single and of lower socioeconomic status which have negative health effects. Thus, failure to control for important confounders makes direct comparisons of crude rates even less accurate. [References omitted].

In terms of lives lost, current TOP epidemiologic approaches assume that the embryo or fetus has a null moral status and that the loss of a potential human being (which is the stated goal of every TOP procedure) should not be considered. This failure to account for the impact of losing a future citizen has had profound demographic consequences in countries with unrestricted access to TOP, such as the US

In a horrible twist reminiscent of the eugenics movements of the 20th century, some US states have even lowered barriers to TOP with the stated intent of lowering the number of individuals needing social support or mental health services. These losses are not captured in mortality statistics that solely value the life of the mother. Despite the inherent absurdity in comparing death rates from TOP to childbirth, such comparisons continue to be done by prominent clinicians and various advocacy groups. Comparisons are inherently biased and those biases may confuse women considering whether to have a TOP or continue their pregnancy. Differences in ascertainment of deaths, duration of susceptibility to mortality, lack of accounting for gestational age, and choice of appropriate comparison group make these comparisons a fool's errand.

6. Supreme Court in Roe assumed that the woman faced significant difficulties as a result of a cultural stigma of unwed motherhood

Sixth, the Supreme Court in Roe assumed that the woman faced significant difficulties as a result of a cultural stigma of unwed motherhood. A stigma that no longer exists as unwed motherhood is celebrated in the popular culture and is more prevalent than wed motherhood in some social circles.

ROE 2.0: HOW PLANNED PARENTHOOD V. CASEY CHANGED ROE V. WADE ²

Without understanding that *Roe* was significantly modified by the Supreme Court's 1992 decision in *Planned Parenthood v. Casey*, there can be no effective strategy to overturn *Roe v. Wade*. Twenty years after *Roe*, the Court substantially changed *Roe* and the Court's justification

² The next two sections of this presentation are taken almost verbatim from "Clarke D. Forsythe, *Can Roe v. Wade Be Overturned after 40 Years?* as published found in Americans United for LIFE'S DEFENDING LIFE 2013. Mr. Forsythe was unable to participate in this panel due to unforeseen illness.

for upholding Roe.³

In Casey, the Court said that Roe should not be overturned merely because its original rationale might have been wrong.⁴ Instead, the Court held that more was needed to justify overturning Roe because women had come to “rely” upon abortion as a backup to failed contraception. In other words, Roe must be reaffirmed because of women’s “reliance interest” in abortion.⁵ The recognition of the “reliance interest” changed the manner in which the Court maintained control over the abortion issue, as well as how abortion proponents advanced their abortion cause in the name of democracy and “reproductive health.”⁶

There is no majority of the Court today that defends a historical right to abortion or that believes that an abortion right is deeply rooted in American law or tradition. Nor is there a majority that holds to Roe or Casey because of a lack of information about fetal development or the fetus’ status as a person. The “reliance interest” rationale is the glue that now holds together a majority of the Justices in support of Roe v. Wade.

Consequently, historical arguments that Roe was wrong as an original matter of constitutional interpretation will always be necessary, but insufficient. Likewise, establishing and focusing on the humanity of the unborn child from conception will always be necessary, but insufficient. There is an intimate biological and psychological relationship between mother and child in pregnancy which is uniquely manifested in the contemporary debate over the “reliance interest” and the myth of legal abortion as a “necessary evil.”

This means that focusing on the unborn child alone will not effectively counter the support for legal abortion in the courts (and lead the Court to overturn Roe or Casey) or decisively change public opinion. The impact of abortion on the mother will always be a public concern.

³ See C.D. Forsythe & S.B. Presser, *The Tragic Failure of Roe v. Wade: Why Abortion Should be Returned to the States*, 10 Tex.Rev. L. & Pol. 85 (2005); Americans United for Life, *From Planned Parenthood v. Casey to the “Day After Roe”*: Casey’s Impact on Abortion Jurisprudence (2012).

⁴ 505 U.S. 833 (1992).

⁵ C.D. Forsythe & S.B. Presser, *supra*, at 3

⁶ The messaging on women and power has been deployed on multiple levels, and has moved in concert with the underlying legal strategy defending abortion rights. The legal rationale for “reproductive freedom” has evolved significantly over time. In the 1992 decision, *Planned Parenthood v. Casey*, the Court asserted that we must tolerate abortion because of a “reliance interest” – women have come to rely on abortion to maintain their position and advancement in society. Justice Kennedy wrote for the majority in Casey that:

“[F]or two decades of economic and social developments, people have organized intimate relationships and made choices that define their views of themselves and their places in society, in reliance on the availability of abortion in the event that contraception should fail. The ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives...” This notion that women must have access to abortion has come to permeate feminist thought. In fact, AUL’s counterpart in the abortion lobby, the legal arm of the feminist movement, the Center for Reproductive Rights, states this explicitly in their self-definition. “Reproductive rights, the foundation for women’s self-determination over their bodies and sexual lives,” the Center’s website explains, “are critical to women’s equality and to ensuring global progress toward just and democratic societies.” In fact, the Center’s connection between “reproductive rights” and democracy illustrates just how foundational abortion has become to the feminist philosophical edifice. This connective tissue is also now woven into feminist jurisprudence. For example, Justice Ruth Bader Ginsburg, dissenting from the Supreme Court’s decision to uphold the ban on partial-birth abortions in *Gonzales v. Carhart* wrote that women cannot “enjoy equal citizenship stature

Some might ask how the “reliance interest” rationale maintains its power if two of the three Justices who wrote the plurality opinion in *Casey* (Justices Souter and O’Connor) are no longer on the Court. The “reliance interest” rationale retains its power in the person of Justice Kennedy—the third author of the plurality opinion in *Casey*—and, more importantly, in the general pragmatic cast of American legal culture. The “reliance interests” rationale is mirrored in public opinion that legal abortion—at least to some degree— is a “necessary evil.” ⁷

Stripped of its arcane legal terminology, the “reliance interest” rationale of *Casey* is simply defined by “good results.” Has the Court’s management of the abortion issue yielded good results? Are women’s lives better with the Court in control of the abortion issue? Any public perception that the answer to these questions is “yes” must be countered with data about the negative impact of abortion on women. As Nicholas DiFonzo, professor of psychology at Rochester Institute of Technology explained in the November 2011 issue of *FIRST THINGS*, specifics about the negative impact of abortion and the practical impact of abortion policies are critical to changing minds. ⁸²⁰

Educating about the negative impact of abortion on women includes both rebutting the medical mantra that “abortion is safer than childbirth” and increasing public awareness of the long-term risks of abortion to women. This is necessary to convert a “necessary evil” in the public mind into an “evil,” pure and simple.

2013: THE WAY FORWARD

The gains made since *Roe* was decided in 1973 are the result of prudential steps that will continue to generate future momentum. Based on the gains made and the foundation that already exists, the legal-legislative-political-educational dynamic must be pushed as aggressively in 2013:

- The target of law and policy is not simply *Roe*, but *Roe 2.0: Planned Parenthood v. Casey* and the “reliance interest” rationale. The “reliance interest” rationale of *Casey* is mirrored in the myth in public opinion that legalized abortion is a “necessary evil.” Pro-life efforts need to focus on rebutting the “reliance interest,” because that is the real target of opportunity in the courts, not the original underpinnings of *Roe*. If effective, these efforts will serve the dual purpose of rebutting the “reliance interest” and eradicating the public myth of abortion as a “necessary evil.” Rebutting both will shore up public opinion, increase public skepticism of abortion as good for women, and raise support for increasing limits and restrictions on abortion.
- Political developments, relieving or creating obstacles, will inevitably shape the steps forward. Elections will shape the opportunities or the obstacles and the timetable for overturning *Roe*.

⁷ This is documented by James Davison Hunter’s analysis of the 1990 Gallup Poll in his book, *Before the Shooting Begins* (Free Press 1994). See also J.W. Dellapenna, *Dispelling the Myths of Abortion History* 970-972. (2006).

⁸ See N. Difonzo, *Changing Minds, Saving Lives*, available at <http://www.firstthings.com/article/2011/11/changing-minds-saving-lives> (last visited Dec. 18, 2012)

- The negative impact of abortion on women must be highlighted. This includes highlighting the substandard conditions in abortion clinics and the medical risks to women through both education and legislation.
- Abortion must be constrained and limited by state legislation. The 25 percent drop in abortions between 1992 and 2006 shows the impact of state abortion-related laws. The enactment and enforcement of more life-affirming legislation will likely cause the abortion rate to drop.
- Legal protection for the unborn outside the context of abortion must be advanced. Legal protection for the unborn child was not comprehensive before Roe and must continue to grow and evolve in the years ahead.
- Criticism of *Roe* in popular and scholarly education must continue. The American public must better understand the legal scope of Roe, its negative impact, and its continuing relevance.
- Abortion providers must be de-funded. State and federal funding for abortion providers, like Planned Parenthood, not only subsidizes abortion, but it also funds those who oppose a revitalized culture of life.
- The right President and Senate must be elected to change the Supreme Court. A Supreme Court decision can only be overturned through a constitutional amendment or through the Court reversing its own decision. The latter requires (1) changing the Justices; and (2) the right test case requesting the right remedy.

WILL YOU BECOME A CHAMPION OF LIFE?

So what does it mean to “champion”? According to the dictionary, a champion, among other definitions, is:

cham·pi·on

noun 1. a person who has defeated all opponents in a competition or series of competitions, so as to hold first place: the heavyweight boxing champion. 2. anything that takes first place in competition: the champion of a cattle show. 3. an animal that has won a certain number of points in officially recognized shows: This dog is a champion. 4. a person who fights for or defends any person or cause: a champion of the oppressed. 5. a fighter or warrior.

Antonyms: loser.

And what sort of person, project (or organization of persons) should a champion of “human dignity” be and how does such a “champion” defend the cause?

Most of us would imagine a very formidable looking knight – a pugilistic kind of ‘Mel Gibson’ on steroids, not just ‘ordinary persons’ like you or I. But then again, wasn’t C.S.

Lewis who told us that there are no “ordinary people”:

There are no 'ordinary' people. You have never talked to a mere mortal. Nations, cultures, arts, civilizations -- these are mortal, and their life is to ours as the life of a gnat. But it is immortals whom we joke with, work with, marry, snub and exploit -- immortal horrors or everlasting splendors. This does not mean that we are to be perpetually solemn. We must play. But our merriment must be of that kind (and it is, in fact, the merriest kind) which exists between people who have, from the outset, taken each other seriously -- no flippancy, no superiority, no presumption. And our charity must be a real and costly love, with deep feeling for the sins in spite of which we love the sinner -- no mere tolerance or indulgence which parodies love as flippancy parodies merriment."

C. S. Lewis, From The Weight of Glory

Indeed, after thinking with C. S. Lewis, many of us may confess with the prophet Isaiah that our ultimate “champion” is the ‘child,’ who Isaiah prophesied (Is. 11:6, 8-9) would lead us into his prophetic vision of ultimate justice. Indeed, as we reflect more deeply, we must acknowledge that those to be protected by this God-given idea of the right to life and human dignity includes every child, born and unborn, all of God’s children at any age or stage in every generation, the champion and championed, leading each other in graciously equaled stations in the true path of human dignity (emphasis added):

**The wolf shall dwell with the lamb,
and the leopard shall lie down with the kid,
and the calf and the lion and the fatling together,
and a little child shall lead them.
The sucking child shall play over the hole of the asp,
and the weaned child shall put a hand on the adder’s den.
They shall not hurt or destroy
in all my holy mountain: for the earth shall be full of the knowledge of the Lord
as the waters cover the sea [Isa. 11:6, 8-9].**

For the Christian, Jesus, like the champion he is, picks up this theme, saying that the kingdom of God is like a ‘little child’ (Mark 10:15) that those who wish to enter the kingdom must do so as children (Matt. 18:1ff.), that the child is symbol of Christ-like humility, and that a father is not likely to give his child a stone when asked for bread, a snake when asked for fish, or a scorpion when asked for an egg (Luke 11:11 ff.) . This theme defines the battle between what in his defining encyclical, EVANGELIUM VITAE: ON THE VALUE AND INVIOABILITY OF HUMAN LIFE (1995), POPE JOHN PAUL II denominated the ‘culture of life’ vs. the ‘culture of death.’ Id. at ¶ 21. Surely a father or mother, son or daughter, brother or sister, offers (or ought to offer) their preborn or disabled loved one “life”, not “death.” While we can understand their temptations, particularly in the short-term, abortion or physician-assisted suicide cannot properly be deemed “health care” or seen as an appropriate solution to poverty, pain or social acceptance. Any such “liberty” that deals such a death upon the innocent and defenseless is not liberty at all, but simply a license to do what in conscience ought not to be done.

The above biblical references depict a society still in touch with its roots and its Creator-gifted or endowed human dignity. Old men and old women renewed in the shade of Jesse's ancient stock, their old frames, matured by godly fear and faith, now become the polished horn for the spirit's eloquence: "The people who have walked in the dark have seen a wonderful light. . . for unto us a child is born." How different is this vision which sacrifices for and waits upon the next generation from the alternative vision of the 'culture of death' that kills and mortgages the next generation for its own selfish and short-sighted "population control" or "reproductive health" ends.

Yet the inescapable reality is that the Christ-child's coming provoked Herod to massacre the innocents, to put to death all children under the age of two -- potential challengers to his throne. This tragedy flavors all of the Gospels; the innocent blood shed to safeguard the political kingdom anticipates Calvary where, although the 'wolf' struck down the innocent, falsely accused and unlawfully convicted 'lamb,' the guilty perpetrators are nonetheless offered a life-giving redemption ("forgive them, Father, they know not what they are doing," Luke 23:34).

And so the battlefield for human dignity was set and remains, and only the tyrant within us or over us seems to change his or her appearance, but never his or her intentions, as we walk through our not so dignified lives and history from Herod's hatred through the illicit human subject experimentations of Dachau and Tuskegee to the more modern forms of eugenics that we euphemistically or ironically call "reproductive health," or "embryonic stem cell research, " or "therapeutic cloning," or "death with dignity."

So it turns out that it is we who are to define and be the champions of human dignity, and there is no other plan. But we are not alone. There are 'dignitarians,' like us, everywhere. Many of us are standing up and making a difference. Each of us can inspire the other in some way.

Here's a hyperlinked montage of just a few of the pro-life advocates who inspire us or with whom our LAW OF LIFE PROJECT has hopes to collaborate:



(From upper left to lower right) Alan Parker ([Justice Foundation](#), [Operation Outcry](#)); Alveda King ([Priests for Life](#)); Austin Ruse ([C-FAM](#)); Cathy Ruse ([FRC](#)); Prof. Frank Beckwith, Ph.D. ([Baylor](#)); Charmaine Yoest ([AUL](#)); Clarke Forsythe ([AUL](#)), Professor O. Carter Sneed ([Notre Dame Law School](#)); Dr. & Mrs. Jack Willke, M.D. ([Life Issues Institute](#)); Dr. Paul Ramsey, Ph.D. ([Medical Ethicist](#)) Rep. Christopher & Mrs. Marie Smith ([Congress](#) & [PNCL](#)); Dr. Wanda Frantz, Ph.D. ([NRLC](#)); Douglas Johnson (NRLC); Dr. David Stevens, M.D. ([CMDA](#)); Alan Sears ([ADF](#)); Paige Cunningham ([CBHD](#)); Dan McConchie ([AUL](#)), Dr. Nigel Cameron, Ph.D. ([IBHF](#)); Claude Allen ([Life Prizes](#)); Clayton Trotter ([Justice Foundation](#)); Dr. C. Ben Mitchell, Ph.D. ([Union University](#)); Dr. John Kilner, Ph.D. ([CBHD](#)); Sister Mother Teresa ([Saint](#)); Archbishop Timothy Dolan ([USCCB](#)) and Pope John Paul II ([Evangelium Vitae](#)); David Bereit ([40 Days for Life](#)); Kellyanne Conway ([The Polling Company](#) & [Freedom2Care](#)); Jay Sekulow ([ACLJ](#)); Dr. Donna Harrison, M.D. ([AAPLOG](#)); Bert & Willy Dorenbos ([Cry for Life](#)); Professor Helen Alvare ([George Mason Law School](#)); Fr. Frank Pavone ([Priests for Life](#)); Joni Eareckson Tada ([Joni & Friends](#)); Connie Marshner ([CM&A](#)); Dr. Edmund Pellegrino, M.D. ([Georgetown University Medical School](#), [President's Council on Bioethics](#)), Dr. Leon Kass, Ph.D. ([University of Chicago](#), [President's Council on Bioethics](#)); Nellie Gray, J.D. ([March for Life](#)); Dr. Tony Evans, D.Min. ([Oak Cliff Bible Fellowship](#) and [Family Care Pregnancy Center](#)); Dr. Jeffrey Keenan ([National Embryo Donation Center](#)); Dr. Peggy Hartshorne ([Heartbeat International](#)); Judy Brown ([American Life League](#)); Melinda Delahoyde ([CARENet](#)); Leslee Unruh ([Abstinence Clearinghouse](#)); Ron Stoddard ([Snowflakes Embryo Adoption](#)); Marjorie Dannenfelser ([Susan B. Anthony List](#)); Reggie Littlejohn ([Women's Rights without Frontiers](#)); William Saunders ([AUL](#) and [National Catholic Prayer Breakfast](#)); Norma McCorvey (aka 'Jane Roe') ([Roe No More](#)); Dr. David Prentice ([FRC](#)), Professor Phillip Kline ([Liberty University Law School](#)); Dr. Robert George, Ph.D. ([Princeton University](#) & [The Manhattan Declaration](#)), Harold Cassidy ([Harold Cassidy & Associates](#)), Troy Newman ([Operation Rescue](#)); Rev. Harry Jackson, D. Min ([Hope Christian Church](#)); Professor Teresa Collett ([University of St. Thomas Law School](#)); Tom Glessner ([NIFLA](#)), Dr. William E. May, Ph.D. ([CUA](#)), Dr. Hadley Arkes, Ph.D. ([Amherst](#) and [EPPC](#)), Richard Doerflinger ([USCCB](#), [Prolife Secretariat](#)), Professor Mary Ann Glendon ([Harvard Law School](#)).

CONCLUSION

Roe can be overturned. It will take champions of all types working in every state. The opportunity for a direct assault on Roe and DoE may come in the next five years or in the next decade. In the meantime, the progress made in creating political momentum through the legal-legislative-political-educational dynamic created by the chamions of this cause will provide the necessary foundation to successfully challenge Roe.

Remember: Women and Children First!