



2016

Pro-Life Principles

"The care of human life and happiness, and not their destruction, is the first and only legitimate object of good government."

-Thomas Jefferson

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"The mission of Alaska Right to Life is to protect and defend innocent human life from the moment of conception until natural end of life."

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Appendix

2013 Gallup Poll on Abortion

2015 Alaska Abortion Stats

Rape and Incest Exceptions

- Rape is a horrible crime that must be punished to the full extent of the law.
- Our focus needs to be on providing resources and compassionate care for the victims of rape and incest, not on aborting the child.
- A child should not be punished for the crimes of the father.
- Abortion is a procedure that exploits women. A woman that is the victim of rape or incest deserves to be helped, not suffer through the additional trauma of abortion.
- Less than 0.5 percent of all abortions occur as a result of rape or incest.¹
- Abortion allows society to forget about the acts of incest and pretend that justice has been done, while often the perpetrator is protected from the crime.

Frequently Asked Questions and Answers for Candidates

Q. Why should a woman be punished to raise a child that was born out of rape or incest? Hasn't she already been hurt enough?

A. The way a child was conceived does not change what it is: a human being. While this woman has been hurt, she does not have to raise the child. She has the option of giving the child up for adoption. In the meantime, we need to make sure that she is being taken care of and receiving counseling and healing, rather than trying to force her to abort her child in one of the most traumatic moments of her life. We need to provide care for both her and her child.

Q. Wouldn't an abortion help to provide relief to the already emotionally traumatized woman?

A. The best options need to be available; however, abortion is not the best option. While the woman has been brutally harmed through rape or incest, abortion would only add to the pain. A 2006 study by Dr. David Fergusson along with a 2008 review by Dr. Martha Shapping confirms that over 40 peer-reviewed studies show that abortion has a negative psychological, physical, and emotional impact on women. Abortion hurts women.

A 2006 Study by Dr. David Fergusson, found that women who had abortions were three times more likely to having suicidal thoughts than women who were pregnant, but did not abort.²

Over 40 peer reviewed studies have confirmed, abortion significantly increases risk for several mental health problems including depression, anxiety, substance abuse and suicidal thoughts and behaviors.³

¹ The Guttmacher Institute. <http://www.guttmacher.org/pubs/psrh/full/3711005.pdf>. 2008

² Fergusson, Dr. David. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. 2006

³ Shapping, Dr. Martha and Dr. Christopher Gaeck. *Big Girls Do Cry: the Hidden Truth of Abortion*. 2008

Q. Where do you think you get the right to tell a woman what to do with her body?

A. Every citizen in the U.S. is given equal rights from the youngest to the oldest under the U.S. Constitution. Women deserve equal protection under the law, yet so does the preborn child on the inside of the woman that is a separate, distinct human being.

Q. What percentage of victims of rape and incest decide to not have abortions?

A. Dr. David Reardon conducted a study which showed that 70 percent of the rape victims choose to give birth rather than have abortions.⁴

AKRTL Position Statement on Rape and Incest

“Alaska Right To Life opposes abortion for pregnancy resulting from rape or incest. Whereas we understand the trauma involved in such situations, the Preborn child conceived is no less human than one conceived under more favorable conditions. In the case of rape, we assert the need to educate women to seek immediate medical attention after they are victimized. Instead of the further violence of abortion, we believe women should be provided with compassionate, competent emotional and health care. In the case of incest, we stress the need to help the entire family correct the situation which led to the pregnancy. Again, the preborn child is an innocent party and should not be destroyed as a ‘solution’ to all the complex problems involved.”

⁴ Reardon, Dr. David. *Victims and Victors: Speaking Out About Their Pregnancies, Abortions, and Children Resulting from Sexual Assault.*

Stem Cell Research

- Human embryos are human beings by their genetic makeup and therefore deserving of protection.
- Embryonic stem cell research destroys young human life. It is never morally or ethically justified to kill one human in order to benefit another.
- Adult (non-embryonic) stem cell research does not require the destruction of human lives.
- We need to work to provide funding for research that saves human life, not research that destroys it.
- Adult stem cell research has treated and cured over 73 diseases to date.⁵
- Embryonic stem cell research has cured 0 diseases.⁶
- Our taxpayer dollars should not go to the funding of the destruction of innocent human life.
- In May 2009, adult stem cells cured a boy in Texas of sickle cell anemia.⁷

Frequently Asked Questions and Answers for Candidates

Q. Do you oppose stem cell research?

A. No, I support the ethical forms of stem cell research which includes adult stem cell research and iPS (Induced Pluripotent Stem Cell) research. I do not support embryonic stem cell research which destroys human life.

Q. What are the main differences between embryonic and adult stem cell research?

A. Embryonic Stem Cell (ESC) Research involves the destruction of human embryos in order to obtain research. Embryonic stem cells are totipotent which means they have the potential to become any other type of tissue in the body. However, they are very hard to control. (ESC has resulted in zero cures for diseases.)

Adult stem cells (ASC) are found in 12 different places in the body. They are pluripotent which means it is already determined what types of cells they will become. However in 2008, iPS cells were discovered. They involve taking adult stem cells and reprogramming them to resemble embryonic-like stem cells. These cells would function as embryonic cells without the destruction of life, if they can be controlled. (Scientists are still working to control the iPS cells. ASC has resulted in 73 cures.)

Q. Why don't you support embryonic stem cell research? It's just an embryo. People can be saved through these treatments.

A. Embryonic stem cell research promotes the destruction of human life. I will not promote any research that puts the value of one person's life over that of another for a potential cure.

⁵The Coalition for Americans for Research Ethics www.stemcellresearch.org

⁶The Coalition for Americans for Research Ethics www.stemcellresearch.org

⁷"Adult Stem Cells Cure Child." <http://www.onenewsnow.com/Culture/Default.aspx?id=543298>. May 2009

Embryonic research has resulted in no cures, whereas adult stem cell research has resulted in over 73 treatments for diseases including diabetes, Parkinson's, breast cancer, leukemia, ovarian cancer, paralysis, lupus, multiple sclerosis, cirrhosis of the liver among other diseases.

Recent Polls show 62% of those polled in 2008 said that they agreed that an embryo is a developing human life, and therefore it should not be destroyed for scientific or research purposes.⁸

Q. An embryo is a clump of cells. What proof do you have that it is a human being?

A. The term “embryo” is a term that refers to a biological stage of development. It does not determine what something is, but rather what stage in life it is. (For instance, you can say the term “infant” and it does not determine what the living being is but rather the stage that the animal or child is currently.

According to the Law of Biogenesis, living beings reproduce after their own kind. When the DNA of a human female through the oocyte (egg) and the sperm of a human male are combined together, the result can only be a human being.

Q. What about the leftover embryos from in-vitro fertilization? They are going to sit frozen in clinics, so why not use them for research?

A. How a person was conceived does not change his or her value. These embryos are still human beings by their genetic make-up and deserve legal protection. These extra embryos are being adopted by couples who want to have children. Through groups like Nightlight Christian Adoptions, over 3000 babies have been born who were once viewed as “excess leftover embryos.”⁹

AKRTL Position Statement on Stem Cell Research

Alaska Right To Life supports research that can save lives of human beings without causing harm to other lives. Stem cell research where adult stem cells, cord blood, or other sources are used receive the support of Alaska Right to Life. We oppose all forms of research where living human embryos are destroyed; this includes destructive embryonic stem cell research, as well as fetal tissue research.

⁸ Levin, Yuval. “Public Opinion and the Embryo Debates.” *The New Atlantis: A Journal of Technology and Society*. <http://www.thenewatlantis.com/publications/public-opinion-and-the-embryo-debates>. Question 7.

⁹ Lester, Natalie. “Embryo Adoption Becoming the Rage.” *The Washington Times*. <http://washingtontimes.com/news/2009/apr/19/embryo-adoption-becoming-rage/>. April 19, 2009.

Human Cloning

- Scientists differentiate between two types of cloning: **reproductive**, where the clone is created and carried to full term pregnancy, and **research or therapeutic** cloning, which involves the creation of human life to destroy it for research purposes such as Stem cell research.
- Research cloning involves the deliberate creation of human life for the purposes of killing it for use in research.
- Research cloning requires the usage of eggs in order to create the clone, and therefore will place a demand on the already short supply of eggs.
- The process of egg extraction is unsafe for women. At least 25 women have died and thousands have had problems while trying to donate eggs. Research cloning would target women, especially young, low-income women.¹⁰ (i.e. female college students)
- Any process that involves the creation of human life to destroy it devalues life.

Frequently Asked Questions and Answers for Candidates

Q. What is the difference between reproductive and therapeutic or research cloning?

A. Cloning is done through a process called somatic cell nuclear transplantation (SCNT). This is the scientific term for cloning. All clones made through SCNT are made the same way; the only difference is what to do with cloned embryos after they are created.¹¹

In reproductive cloning, the clone is allowed to live and is brought to a full term pregnancy. In research or therapeutic cloning, the clone is experimented upon in his or her first few weeks of life and then killed. (This is the type of cloning used to harvest stem cells for embryonic stem cell research.)

Q. Isn't human cloning necessary for stem cell research to advance?

A. No, stem cell research can still advance and is advancing without the use of human cloning to create embryonic stem cells. For instance, many adult stem-cell therapies use a patient's own cells, removing the possibility of tissue rejection. Those who cannot use their own cells can often get cells transplanted from a relative who has a compatible tissue type. Adult stem-cell research does not require human cloning for any reason. If a state wants to pursue stem-cell research, there are other ways of doing it without needing to clone human embryos.¹²

¹⁰Problems with Egg Donation. <http://www.handsoffourovaries.com/pr.htm>. last updated June 17, 2009.

¹¹ Reproductive vs. Therapeutic Cloning. <http://www.mccl.org/Page.aspx?pid=290>. last updated June 17, 2009.

¹² Talking Points on Stem Cell Research and Cloning. <http://dl.aul.org/bioethics/human-cloning-and-stem-cell-research-talking-points>. last updated June 17, 2009.

Q. I'm against reproductive cloning. Why is research cloning seen as an unethical procedure?

A. Research cloning involves the creation of human life for the sole purpose of destroying it to use it for research. Even though the human life may not grow beyond 4 or 5 days, it still does not change what it is: a human being.

Human life begins at conception. Regardless of how that life was created, it is still a human being. When human life is created just to be destroyed for research, human beings will be seen as commodities to be created, manipulated, and destroyed rather than distinct individuals created in the image of God.

AKRTL Position Statement on Human Cloning

Alaska Right to Life strongly advocates for the passage of tightly written legislation at the national and state level that will permanently ban all human cloning including research on embryos. If human cloning proceeds, our minds can conjure up many scenarios of abuse of human cloning as our society creates human beings not in God's own image but in our own.

Human cloning is an inherent violation of human dignity. As with abortion and assisted reproductive technologies, such as in-vitro fertilization, human cloning denies the most fundamental of human rights – the right to life. The research process inevitably requires scientists to destroy and discard their 'failed' experiments. For example, it took 277 attempts at cell manipulation and 29 embryo implants before the sheep, Dolly, was produced.

Cloning would further violate human dignity by denying the intrinsic value and uniqueness of each human life, thereby viewing human beings as products or commodities. For this same reason we already oppose surrogate parenting contracts, genetic screening of embryos before uterine implanting, and sex selection abortion. Cloning could not possibly respect the intrinsic value of the person created, because a cloned person will not be created simply for his or her value as a person. There will always be an intended and specific utility attached to a cloned person because he or she was created with a particular genetic make-up for some purpose. Any action taken to create or destroy human beings based on their genetic qualities denies their intrinsic value.

RU-486

- RU-486 is a chemical abortifacient which is also known as mifepristone, or Mifeprex. It is taken to end pregnancy, not to prevent it.
- RU-486 is a high dose steroid that hurts women. Thirteen (13) women have died as a result of taking the pill.¹³
- Any drug that ends a human life is not good for women or children.
- When a woman takes RU-486, it is normally in the 5th to 7th week of her pregnancy. By this point, the baby has a heart, brain waves, and arms and legs that are forming.
- RU-486 has a 1 in 3 failure rate when taken alone.¹⁴
- RU-486 has not been properly researched by scientists and was approved under accelerated regulations.
- The FDA has reported over 600 adverse effects by women taking this drug, 220 cases of hemorrhaging that were life threatening or extremely serious, 71 of which required blood transfusions. A total of 393 reports of surgery were required to repair damage as a result of taking the drug.¹⁵

Frequently Asked Questions and Answers for Candidates

Q. Isn't RU-486 the "morning after pill"?

A. No, RU-486 is typically taken in the fifth to seventh weeks of pregnancy. By this point of development, the child already has a heart and is developing arms and legs. Brain waves are even detected by this point. RU-486 kills a human life in the process.

Q. How is RU-486 administered?

A. A woman first takes three RU-486 tablets at a doctor's office or abortion clinic. This initial ingestion blocks progesterone from getting to the baby and the baby starves to death. Under the regimen approved by the FDA, the woman is to return 36-48 hours later to take a second drug, misoprostol (a prostaglandin), which causes the woman to expel the baby. The woman returns for a third visit three weeks later for an exam to confirm that the baby has been completely expelled and to monitor bleeding. If the procedure fails, a woman must undergo a surgical abortion.¹⁶

Q. Does RU-486 have legitimate medical uses?

A. The only proven use of RU 486 is to stop the heartbeat of a human fetus. RU 486 is often touted by its promoters as a wonder drug. The abortion pill has been rumored to help arrest breast cancer and treat endometriosis, adrenal gland disorders, certain forms of brain cancer, and even AIDS. None of these claims have been scientifically substantiated. Rather, many of the combined dangers of RU 486 and prostaglandin pose a very real threat to the health of women and their future children.

¹³ RU 486 Deaths. <http://www.lifeissues.org/ru486/deaths.htm>. June 2, 2009.

¹⁴ Wendy Wright, *RU-486: Deadly Approval*, Family Voice 7, 10 (Jan./Feb. 2003).

¹⁵ RU 486 Deaths. <http://www.lifeissues.org/ru486/deaths.htm>. June 2, 2009.

¹⁶ Ibid.

Q. Why is RU-486 considered to be dangerous for women?

A. The approved RU-486 regimen is dangerous and does not adequately protect women. It does not require an ultrasound, which is necessary to determine the days of gestation of the pregnancy and whether the pregnancy is ectopic. ¹⁷ Moreover, anyone with a medical license, including untrained psychiatrists, podiatrists, and other non-related specialists, can prescribe RU-486. ¹⁸ RU-486 is particularly dangerous because its side effects are confusingly similar to the symptoms of an ectopic pregnancy. ¹⁹

The FDA has reported over 600 adverse effects by women taking this drug. 220 cases of hemorrhaging that were life threatening or extremely serious, 71 of which required blood transfusions. A total of 393 reports of surgery required to repair damage as a result of taking the drug. ²⁰

Q. RU-486 was approved by the FDA, so proper clinical trials were done, right?

A. One of the FDA's rules is that "uncontrolled studies or partially controlled studies are not acceptable as the sole basis for the approval claims of effectiveness." Yet neither the French trials nor the U.S. trial solely relied upon in authorizing RU-486 were blinded or controlled, and they did not yield "safe and effective" results. Furthermore, RU-486 has not been tested on females under the age of 18, yet it is given to females in that age group.

RU-486 was actually approved through the FDA's "Accelerated Approval Regulations." These regulations were designed for drugs "that have been studied for their safety and effectiveness in treating serious or life-threatening illnesses and that provide meaningful therapeutic benefit to patients over existing treatments." ²¹

AKRTL Position Statement on RU-486

Alaska Right to Life opposes the RU-486/prostaglandin abortion technique because it kills preborn babies whose hearts have begun to beat and has injured and even killed women. We do not oppose testing for non-abortion related purposes, though at this time the powerful synthetic steroid RU-486 has had no proven use other than abortion that other drugs could not likewise provide. We also join with numerous other pro-life groups in supporting the boycott of the company Danco, which produces and distributes the drug.

¹⁷ Beth Kruse et al., "Management of Side Effects and Complications in Medical Abortion," American Journal of Obstetrics and Gynecology. 183:S65-S75, S72 (2000).

¹⁸ See Michael Schwartz, *The Patient Health and Safety Protection Act: H.R. 486*, available at:

<http://www.cwfa.org/articledisplay.asp?id=3982&department=CWA&categoryid=life>

¹⁹ "Medical Management of Abortion," ACOG Practice Bulletin: *Clinical Management Guidelines for Obstetrician-Gynecologists* 6 (Apr. 2001).

²⁰ RU-486 Deaths. <http://www.lifeissues.org/ru486/deaths.htm>. June 2, 2009.

²¹ Smith, Mailee. "Deadly Convenience." http://www.aul.org/Deadly_Convenience. 2007.

Government Funding of Abortions

- Any money that goes to the destruction of human life is wasted money.
- Taxpayer dollars should not be used to fund abortions.
- Instead of paying money to an abortionist, we need to work to give pregnant women options and resources through pregnancy resource centers.
- Federal funding goes to abortions in the case of rape, incest, and to save the life of the mother.²²
- The State of Alaska pays for abortions through the "Denali Kid Care" program
- In 2012, the U. S. government gave \$540.6 million in grants and contracts to the nation's largest abortion provider, Planned Parenthood.²³
- If abortion is a private matter, then why should taxpayers be forced to pay for this private decision?

Frequently Asked Questions and Answers for Candidates

Q. Do you oppose federal/state funding of abortions?

A. Yes. I believe that any money spent paying for the destruction of human life is a poor use of taxpayer dollars.

Q. Are there laws in existence that restrict federal funding for abortions?

A. Yes, the Hyde Amendment which was enacted in 1977 prohibits federal funding for abortions except in the cases of rape or incest, or to save the life of the mother.

Similar laws apply for Medicare recipients, federal employees, military personnel, Native Americans who receive health care through the Indian Health Services, Peace Corps volunteers, women in federal prisons, and residents of the District of Columbia.²⁴

However, these laws do not stop the U.S. government from funding abortions abroad or state governments from funding abortions through state funds.

In January of 2009, the Mexico City Policy was overturned which allowed for abortion providers worldwide to receive over \$461 million dollars in grants to fund their work.²⁵

²² *Defending Life 2013: A State-by-State Legal Guide to Abortion, Bioethics, and the End of Life.* 2013.

²³ <http://www.lifesitenews.com/news/planned-parenthood-received-540.6-million-in-tax-dollars-performed-327166-a>

²⁴ "Abortion Access: Restrictions on Public Funding and Insurance Coverage." Center for Reproductive Rights.

<http://reproductiverights.org/en/project/abortion-access-restrictions-on-public-funding-and-insurance-coverage>

²⁵ Jones, Derrick. "Obama Abortion Agenda Launched Today." http://www.nrlc.org/press_releases_new/Release012309.html January 23, 2009.

Q. Don't Planned Parenthood and other abortion providers need government funding to provide "family planning" services?

A. No, the abortion business is a very lucrative industry and does not need the help of the federal government to survive.

In 2007, Planned Parenthood brought in over \$1.017 billion dollars in income.²⁶ Planned Parenthood also received over \$336 million in government grants.

Recent Polls show that 58% of Americans disagree with taxpayer funding for overseas family planning groups that provide abortions.²⁷ (i.e. recent overturn of the Mexico City Policy)

AKRTL Position Statement on Federal Funding of Abortions

Because Alaska Right to Life is opposed to abortion, we also oppose the use of tax dollars to pay for abortions, abortion research, and activities, which could encourage abortion as a "solution" to problem pregnancies. (The same policy is held in regard to euthanasia and infanticide.)

²⁶ <http://www.lifenews.com/nat3822.html>

²⁷ Gallup Polls February 2, 2009. <http://www.gallup.com/poll/114091/Americans-Approve-Obama-Actions-Date.aspx>

Fetal Tissue Research

- Any time we support the use of aborted fetal tissue for research, we support the practice of abortion and the devaluation of life.
- Taxpayer dollars should not be spent buying aborted fetuses from abortionists so that Scientists can do research.
- It is the very humanity of the unborn that makes aborted fetal tissue so attractive to abortionists.
- Fetal tissue research exploits women by implementing more dangerous methods of abortion to obtain intact, live tissue.
- The financial motives of pharmaceutical companies and medical researchers present a great danger for the exploitation of women, preborn children, and gravely ill patients most likely to fall prey to promises of miracle cures.
- Fetal tissue is hard to control when used in experiments and therefore can cause complications such as tumors.
- The practice of fetal tissue transplantation and experimentation creates a market that is costing numerous irreplaceable lives.

Frequently Asked Questions and Answers for Candidates

Q. What's the big deal with using aborted fetal tissue? The baby is dead already.

A. We should never do evil so that good may result. The problem is that by supporting the sale of aborted fetuses we are financially supporting the abortion industry.

“Suppose a murderer offered to provide a hospital a steady supply of body parts, cut from his victims, for people who needed transplants. Should the hospital take him up on his offer? Of course not, and that the fact that it would be ‘for a good cause’ would make no difference. The purchase would not only be wrong of itself, but would provide the murderer with a financial incentive to commit even more murders. The use of tissues from aborted babies for medical research is equally wrong, and for exactly the same reasons.”²⁸

Q. Have fetal stems resulted in any cures for human beings?

A. Fetal stem cells have not cured any diseases in human beings to date.²⁹ In fact, they are still hard to control and unsafe to use in humans.

In 2009, a study was published that illustrated just how unsafe these fetal stem cells are. A young Israeli boy was given fetal stem cells, and the stem cells resulted in tumors in his brain and spinal cord.³⁰

²⁸ Department of Irreligious Studies. <http://www.boundless.org/2005/articles/a0000350.cfm>

²⁹ Stem Cell Scoreboard. www.stemcellresearch.org . June 8, 2009.

Q. How can use of fetal tissue prove to be dangerous for women?

A. Aborted fetuses with the ability to be used for research now have a potential for profit. Instead of abortions being performed to be the safest for women, doctors may want to keep the fetus intact so that the organs will be easier to sell or “donate” for research. For example, early suction abortions are less dangerous to the mother than are later abortions. However, when suction abortion is used on preborn children slated for experiments, the abortion process is often slowed down, pressure from the suction machine is reduced, and larger dilation instruments are used. **These changes put women in greater danger.** Abortionists might choose a procedure that “preserves” fetal body parts such as dilation and evacuation which would keep the baby intact but pose a greater risk to the mother.

Q. Don't we have laws against this kind of process?

A. No, we do not. Under the Clinton Administration, the ban on federal funding of fetal tissue transplantation was rescinded. While it is not legal to sell the aborted fetal tissue in the U.S., abortionists find ways to get around the law by leasing out a portion of their abortion clinic to researchers who are on site when the abortions take place to receive the organs of the aborted fetuses.³¹

AKRTL Position Statement on Fetal Tissue Research

Because Alaska Right to Life is opposed to abortion, we also oppose the use of tax dollars to pay for abortions, abortion research, and activities which could encourage abortion as a "solution" to problem pregnancies. (The same policy is held in regard to euthanasia and infanticide.)

³⁰ Stem Cell Boy Develops Tumors. <http://www.medicalnewstoday.com/articles/139368.php>. February 18, 2009.

³¹ Industry for Baby Body Parts. Coral Ridge Ministries <http://www.nutritionhighway.com/babies.html>. 2000

Assisted Suicide and Euthanasia

- Because every human being has an innate worth and value, any procedure that violates the sanctity of human life should be opposed.
- When we as a society start to condone assisted suicide and euthanasia, we are sending the message that some lives are not worth living.
- Our goal needs to be to provide resources for these patients on how to treat their pain or disease, not to provide an early death.
- The practice of physician-assisted suicide creates a "duty to die". Death may come to be considered as a reasonable substitute to treatment and care as medical costs continue to rise.
- Pain management techniques have improved and have offered relief for up to 95 percent of patients.
- Physician-assisted suicide often ignores depression, a legitimate cry for help.

Frequently Asked Questions and Answers for Candidates

Q. What is assisted suicide?

A. Assisted suicide involves providing a patient the means to kill him or herself. (i.e. A doctor prescribes drugs to a patient and instructs the patient on how much to take to kill him or herself. The patient dies of a drug overdose rather than of natural causes.)

Q. What is euthanasia?

A. Euthanasia involves the direct killing of another person. Euthanasia can be requested by a patient, requested by someone else for the patient, or be carried out against the wishes of the patient. (i.e. A doctor directly injects a patient with a deadly drug. The patient dies of an intentional drug overdose rather than a natural death.)

Q. Would you favor the legalization of euthanasia?

A. No, I would not. I believe every human being has an inherent worth and dignity, and euthanasia attacks that dignity. Our focus in Alaska should be on creating policy that supports people in terminally ill or handicap situations to provide them options and successful pain management, not on killing them and ending their lives prematurely.

Q. Shouldn't people have a right to die?

A. It is not the role of government to legislate when a person can or should die, but rather to provide a safeguard for life. Euthanasia is not about giving rights to the person who dies, but instead to change the public policy so that doctors, relatives, and others can directly and intentionally end another person's life. Ultimately, this change in law would not give rights to the person who is killed, but to the person who does the killing. It would not create a right to die, but rather a right to kill.

Q. What's the big deal? Other nations have legalized euthanasia.

A. In the Netherlands, legalizing voluntary assisted suicide for those with terminal illness has spread to include *non voluntary* euthanasia for many who have no terminal illnesses.

Half the killings in the Netherlands are now nonvoluntary, and the problems for which death is now the legal "solution" include such things as mental illness, permanent disability, and even simply old age.³²

AKRTL Position Statement on Euthanasia

Alaska Right to Life opposes all attempts to legalize/condone euthanasia. This includes the intentional use of medical technology to cause death or speed up the dying process by withholding ordinary, appropriate, and prudent medical care.

On the other hand, Alaska Right to Life supports the traditional Judeo-Christian ethic that holds that although one must use ordinary, appropriate means to maintain one's health, one is not bound to use extraordinary and heroic measures. Thus, death may be allowed to come naturally to the terminally ill when such heroic means only prolong the dying process and contain no hope for a reasonable return of health.

Alaska Right to Life believes that we owe our sick and dying something greater than unnecessary "right to die" bills, which would be first steps toward legalized euthanasia. There is a greater and clearer need to help the sick and dying to secure good health care.

³² Key Points on Assisted Suicide. <http://www.nrlc.org/euthanasia/facts/keypoints.html>. June 1, 2009.



Alaska Right to Life, PAC Personhood Candidate Affirmation

WHEREAS, the 14th Amendment of the U.S. Constitution states, “nor shall any state deprive any person of life, liberty or property, without due process of law, nor deny to any person within its jurisdiction the equal protection of the law,” and Alaska’s Constitution states “This constitution is dedicated to the principles that all persons have a natural right to life, liberty, the pursuit of happiness,...” Alaska Right to Life, PAC affirms the principle that the right to life is the bedrock upon which all other constitutionally enumerated rights are derived.

I affirm in the face of compelling biological evidence, that a continuum of human life and personhood begins at the moment of conception/fertilization and ends at natural death, the ethical treatment of human embryos must include their “best interests,”

THEREFORE, I stand with President Ronald Reagan in supporting “the unalienable personhood of every American, from the moment of conception until natural death”.

AND THEREFORE, as a candidate for public office, I affirm my support for the “Alaska Life at conception Act” and other legislation and actions that would support these principles. This would assure that regardless of race, age, degree of disability, manner of conception or circumstances surrounding a terminal illness, that the human rights of the preborn at an embryonic or fetal level, the elderly and those with mental or physical infirmities are protected by law and are violated when we allow destructive embryonic stem cell research, therapeutic or reproductive cloning, animal human hybrids, infanticide, euthanasia, assisted suicide or abortion (I recognize that in cases where a mother’s life is at risk, every effort should be made to save the baby’s life as well).

The AKRTL PAC will regard a vote for legislation containing language in violation to that described above as a vote in direct opposition to the Affirmation you signed. This action will result in immediate removal of your AKRTL PAC endorsement and will be reported in subsequent communications from Alaska Right to Life to the grassroots activists in our state.

As a candidate for and holder of public office I agree to uphold these principles and positions.

Signed: _____

Name: _____

Office Being Sought: _____

Email: _____

Phone Number(s): _____ **Date:** ___/___/___

Regarding the following and within the capacity of the office you are seeking, will you sponsor, co-sponsor, and/or publicly support pro-life and related legislation that would:

1. Apply constitutional protections to human beings at any stage of development beginning at conception (“Alaska Life at Conception Act” or federal “Life at Conception Act”)?

Sponsor Co-Sponsor Publicly Support

2. Prohibit spending public funds on abortions and from supporting organizations like Planned Parenthood that contribute to the destruction of innocent human life?

Sponsor Co-Sponsor Publicly Support

3. Require, before a minor can be given or receive any medical procedure, vaccination, immunization or any medication (excepting life threatening medical emergencies), they must have prior written parental consent?

Sponsor Co-Sponsor Publicly Support

4. Prohibit research that involves the killing of human embryos?

Sponsor Co-Sponsor Publicly Support

5. Prohibit the creation of human beings through cloning?

Sponsor Co-Sponsor Publicly Support

6. Prohibit funding of programs involving ‘contraceptive’ drugs that may cause chemically-induced abortions?

Sponsor Co-Sponsor Publicly Support

7. Prohibit government mandates that would force insurance companies to cover contraceptive drugs and devices?

Sponsor Co-Sponsor Publicly Support

8. Prohibit testing pre-born babies for "normalcy" that is not for the purpose of preserving the life or health of the child?

Sponsor Co-Sponsor Publicly Support

9. Prohibit the fetal tissue of victims of induced abortions from being used in medical research?

Sponsor Co-Sponsor Publicly Support

10. Prohibit abortion providers in public schools (Like SB191)?

Sponsor Co-Sponsor Publicly Support

11. Guarantee the rights of doctors, nurses, pharmacists and other health care professionals to opt out of abortion or euthanasia related activities?

Sponsor Co-Sponsor Publicly Support

12. Will you publicly support legislative action to “implement” the privacy clause of the state Constitution (Art. 1 Sec 22) so that abortion is not included as a “right to privacy”?

Sponsor Co-Sponsor Publicly Support

13. Remove abortion from the jurisdiction of the courts, in accordance with Article, 4 Sec.1 of the Alaska State Constitution and Article 3, Sec. 2 of the U.S. Constitution?

Sponsor Co-Sponsor Publicly Support

14. Remove Alaska from the notoriously liberal 9th Circuit Court of Appeals?

Sponsor Co-Sponsor Publicly Support

Appendix

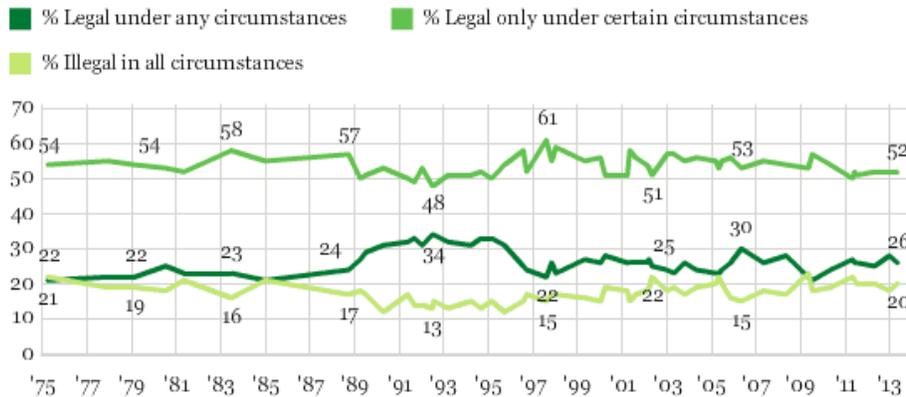
2013 Gallup Poll on Abortion

by Lydia Saad

PRINCETON, NJ -- As Philadelphia abortion doctor Kermit Gosnell awaits the jury verdict in his capital murder trial, Gallup finds 26% of Americans saying abortion should be legal under any circumstances and 20% saying it should be illegal in all circumstances. The majority, 52%, opt for something in between, as has been the case in nearly every Gallup measure of this question since 1975.

Degree to Which Abortion Should Be Legal

Do you think abortions should be legal under any circumstances, legal only under certain circumstances, or illegal in all circumstances?



Note: The trend includes two polls conducted by Gallup/Newsweek: January 1985 and July 1992.

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Current views on the legality of abortion, based on Gallup's annual Values and Beliefs poll, conducted May 2-7, are nearly identical to those from Gallup's prior measures in December and May 2012. More generally, they are similar to what Gallup has found for most of the past decade, except for a brief period between 2005 and 2006, when the balance of the two absolutist positions tilted more heavily in favor of abortion being legal in all circumstances.

Gallup poses a follow-up question of respondents who opt for the middle position -- those saying abortion should be "legal only under certain circumstances" -- asking if it should be legal in most or in only a few circumstances. The responses break nearly 3-1 in favor of the more restrictive policy.

The resulting distribution of views shows 26% of Americans favoring legalized abortion under any circumstances, 13% favoring legality under most circumstances, 38% favoring it in only in a few circumstances, and 20% saying it should be illegal in all circumstances

Americans' Detailed Views on When Abortion Should Be Legal

By gender, age, and party ID

	Legal under any circumstances	Legal under most circumstances	Legal only in a few circumstances	Illegal in all circumstances
	%	%	%	%
U.S. adults	26	13	38	20
Men	24	13	39	20
Women	28	12	37	20
18 to 34 years	29	12	34	23
35 to 54 years	27	13	39	18
55 and older	22	12	42	19
Republican	13	8	50	28
Independent	24	14	37	22
Democrat	39	15	31	12

May 2-7, 2013

GALLUP®

2015 Alaska Abortion Stats (from Alaska Bureau of Vital Statistics annual ITOP Report)

Executive Summary

- A total of 1,334 induced terminations were reported in Alaska in 2015, with Alaska residents accounting for 99.2 percent of the induced terminations that occurred in Alaska. This is a decrease of 12.1 percent from the 1,518 induced terminations reported in 2014.
- In Alaska, 66.4 percent of women who obtained an induced termination in 2015 reported they had no previous induced terminations. 11.5 percent of women reported that they had two or more previous induced terminations.
- 45.1 percent of the women who obtained induced terminations in 2015 were less than 25 years of age. In 2012, the most recent year for which national data are available, 45.4 percent of women who obtained an induced termination were less than 25 years of age.
- Young teens (age 15 to 17 years) accounted for 3.1 percent of all induced terminations in Alaska during 2015, a decrease of 11.5 percent from 2014.
- Teens (age 15 to 19 years) received 11.4 percent of the induced terminations in 2015. In 2012, 12.6 percent of women in the U.S. who obtained an induced termination were 19 or under.
- In Alaska, 80.6 percent of women (excluding unknown responses) who obtained an induced termination in 2015 were unmarried. In the U.S., the most recent information shows 85.3 percent of women who obtained an induced termination were unmarried.
- In 2015, 53.9 percent of women who obtained an induced termination in Alaska reported they had one or more previous live births. Nationally, 59.7 percent of U.S. women who received an induced termination in 2012 reported they had one or more previous live births.
- Nearly all (99.5 percent) induced terminations in Alaska were performed at 13 weeks or less gestational age. In 2012, 91.4 percent of induced terminations performed in the U.S. involved pregnancies of 13 weeks or less gestational age.
- Suction curettage was the most commonly performed procedure in Alaska at 70.2 percent and Mifepristone (RU-486) was second at 25.6 percent. Curettage (suction curettage, sharp curettage, and dilation and evacuation) procedures were used in 78.3 percent of induced terminations performed in the U.S. during 2012.
- 55.2 percent of all women who obtained induced terminations in Alaska during 2015 reported that they used their own financial resources as the source of payment; 32.8 percent reported that Medicaid was the source of payment.
- In 2015, six induced termination reports in Alaska indicated that the pregnancy was terminated due to the detection of a congenital anomaly.
- Most women (94.2 percent; 95.9 percent excluding unknowns) who underwent an induced termination in 2015 did not request a copy of the information contained in the informed consent website. However, 16 percent (16.3 percent excluding unknowns) did report receiving a copy of the information contained in the informed consent website.

Table 1b: Percentages of Induced Terminations by Residency of Woman, 2011-2015

Residence State	2015	2014	2013	2012	2011
Alaska	99.2	97.5	93.9	95.8	96.8
Other State	0.5	1.0	0.7	0.8	0.7
Not Stated	0.3	1.5	5.4	3.4	2.5
Total	100	100	100	100	100

Table 2a: Numbers of Induced Terminations by Race of Woman, 2011-2015

Race	2015	2014	2013	2012	2011
Asian/PI	115	140	95	113	133
Black	102	116	87	120	101
Alaska Native	249	282	238	338	337
White	810	819	824	911	938
Other/Not Stated	58	161	206	150	117
Total	1,334	1,518	1,450	1,632	1,626

Table 3a: Numbers of Induced Terminations by Age Group of Woman, 2011-2015

Age Group	2015	2014	2013	2012	2011
Under 15	4	6	9	7	7
15-19	152	199	189	244	273
15-17	42	54	68	62	81
18-19	110	145	121	182	192
20-24	445	494	464	570	561
25-29	361	406	384	399	397
30-34	206	242	215	205	205
35-39	121	115	105	143	132
40-44	39	55	38	42	40
45 and over	6	1	4	2	2
Not Stated	0	0	42	20	9
Total	1,334	1,518	1,450	1,632	1,626

Table 3b: Percentages of Induced Terminations by Age Group of Woman, 2011-2015

Age Group	2015	2014	2013	2012	2011
Under 15	0.3	0.4	0.6	0.4	0.4
15-19	11.4	13.1	13.0	15.0	16.8
15-17	3.1	3.6	4.7	3.8	5.0
18-19	8.2	9.6	8.3	11.2	11.8
20-24	33.4	32.5	32.0	34.9	34.5
25-29	27.1	26.7	26.5	24.4	24.4
30-34	15.4	15.9	14.8	12.6	12.6
35-39	9.1	7.6	7.2	8.8	8.1
40-44	2.9	3.6	2.6	2.6	2.5
45 and over	0.4	0.1	0.3	0.1	0.1
Not Stated	0	0	2.9	1.2	0.6
Total	100	100	100	100	100

Table 15: Number of Induced Terminations by Type of Procedure and Weeks of Gestation: Alaska Occurrence, 2015

Type of Procedure	Total	1-4	5-8	9-12	13-16	17-20	21-24	Not Stated
Dilation and Evacuation (D&E)	52	0	7	24	21	0	0	0
Methotrexate	0	0	0	0	0	0	0	0
Mifepristone (RU-486)	341	8	294	38	0	0	0	1
Sharp Curettage	0	0	0	0	0	0	0	0
Suction Curettage	936	7	571	303	53	1	0	1
Other	5	0	1	1	1	1	1	0
Total	1,334	15	873	366	75	2	1	2

Table 16: Induced Terminations by Type of Procedure and Percentage by Weeks of Gestation: Alaska Occurrence, 2015

Type of Procedure	Total	1-4	5-8	9-12	13-16	17-20	21-24	Not Stated
Dilation and Evacuation (D&E)	3.9	0.0	0.8	6.6	28.0	0.0	0.0	0.0
Methotrexate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mifepristone (RU-486)	25.6	53.3	33.7	10.4	0.0	0.0	0.0	50.0
Sharp Curettage	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Suction Curettage	70.2	46.7	65.4	82.8	70.7	50.0	0.0	50.0
Other	0.4	0.0	0.1	0.3	1.3	50.0	100.0	0.0
Total	100.0							

Table 17: Induced Terminations by Weeks of Gestation and Percentage by Type of Procedure: Alaska Occurrence, 2015

Type of Procedure	Total	1-4	5-8	9-12	13-16	17-20	21-24	Not Stated
Dilation and Evacuation (D&E)	100.0	0.0	13.5	46.2	40.4	0.0	0.0	0.0
Methotrexate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mifepristone (RU-486)	100.0	2.3	86.2	11.1	0.0	0.0	0.0	0.3
Sharp Curettage	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Suction Curettage	100.0	0.7	61.0	32.4	5.7	0.1	0.0	0.1
Other	100.0	0.0	20.0	20.0	20.0	20.0	20.0	0.0
Total	100.0	1.1	65.4	27.4	5.6	0.1	0.1	0.1

**Table 8a: Numbers of Induced Terminations
by Weeks of Estimated Gestation, 2011-2015**

Estimated Gestation	2015	2014	2013	2012	2011
1-4	15	17	32	20	15
5-8	873	919	863	919	976
9-12	366	400	390	507	514
13-16	75	116	86	98	79
17-20	2	44	1	0	3
21-24	1	15	0	0	1
Not Stated	2	6	78	88	38
Total	1,334	1,518	1,450	1,632	1,626

**Table 8b: Percentages of Induced Terminations
by Weeks of Estimated Gestation, 2011-2015**

Estimated Gestation	2015	2014	2013	2012	2011
1-4	1.1	1.1	2.2	1.2	0.9
5-8	65.4	60.5	59.5	56.3	60.0
9-12	27.4	26.4	26.9	31.1	31.6
13-16	5.6	7.6	5.9	6.0	4.9
17-20	0.1	2.9	0.1	0.0	0.2
21-24	0.1	1.0	0.0	0.0	0.1
Not Stated	0.1	0.4	5.4	5.4	2.3
Total	100	100	100	100	100