

Abortion---A Primer

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Heights Christian Church

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1. **Introduction:** We live within a culture which is “at war” over the issue of Abortion. We, as Christians, are called to be salt and light in the world, not to withdraw from it, as isolationists. When we speak, we should speak knowledgeably---knowing what Scripture says, and knowing the relevant facts in the matter at hand. This Primer is intended to provide facts useful in understanding and discussion.

2. Terminology Definitions taken from Webster’s Dictionary Internet Site

o·vum	The female reproductive cell or gamete of animals; egg.
sperm	A male gamete or reproductive cell; a spermatozoon.
con·cep·tion	Formation of a viable zygote by the union of the male sperm and female ovum; fertilization. The entity formed by the union of the male sperm and female ovum; an embryo or zygote.
fer·til·i·za·tion	The act or process of initiating biological reproduction by insemination or pollination. The union of male and female gametes to form a zygote.
zy·gote	The cell formed by the union of two gametes, especially a fertilized ovum before cleavage.
blas·tu·la	An early embryonic form produced by cleavage of a fertilized ovum and consisting of a spherical layer of cells surrounding a fluid-filled cavity. Also called blastosphere . A blastocyst is the modified blastula that is characteristic of placental mammals. The blastula is preimplantation.
em·bry·o	An organism in its early stages of development, especially before it has reached a distinctively recognizable form. An organism at any time before full development, birth, or hatching. The fertilized egg of a vertebrate animal following cleavage. In humans, the prefetal product of conception from implantation through the <i>eighth week of development</i> .
fe·tus	The unborn young of a viviparous vertebrate having a basic structural resemblance to the adult animal. In humans, the unborn young from the end of the eighth week after conception to the moment of birth, as distinguished from the earlier embryo. <i>offspring</i> .
life	The property or quality that distinguishes living organisms from dead organisms and inanimate matter, manifested in functions such as <i>metabolism, growth, reproduction, and response to stimuli</i> or adaptation to the environment originating from within the organism.
a·bor·tion	Termination of pregnancy and expulsion of an embryo or of a fetus that is incapable of survival. Any of various procedures that result in such termination and expulsion. Also called <i>induced abortion</i> .
pro·life	Advocating full legal protection of human embryos or fetuses, especially by opposing legalized abortion.
pro·choice	Favoring or supporting the legal right of women and girls to choose whether or not to continue a pregnancy to term.

3. Pre-birth Development

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

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

5-9 days: The new individual burrows into the wall of the womb.

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

18 days: Heart is forming. Soon eyes start to develop.

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

24 days: Heart begins to beat.

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

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

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

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

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

43 days: Brain waves can be recorded.

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

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

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

8 1/2 weeks: Fingerprints are being engraved. Eyelids and palms of hands are sensitive to touch.

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

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

11 weeks: Baby urinates, makes complex facial expressions - even smiles.

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

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

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

4-5 months: Mother first feels baby's movements.

5 months: Sleeping habits appear, but a slammed door will provoke activity. Child responds to sounds in frequencies too high or low for adults to hear.

6 months: Fine hair grows on eye brows & head. Eye-lash fringe appears. Weight is about 640g (22 oz.), height 23 cm (9"). Babies born at this age have survived.

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

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

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



4. Some History

Hippocrates, the "father of modern medicine" and Soranos, "greatest of the ancient gynecologists" both opposed abortion, though whether this was for protection of the mother or fetus is not clear. The Hippocratic Oath, formulated around 400 BC and taken verbatim by U.S. physicians until recently, clearly prohibits abortion; however, it has been contested on almost all points since the day it was written.

. In 1857 the American Medical Association appointed a Committee on Criminal Abortion. Its purpose was to investigate criminal abortion "with a view to its general suppression". This committee concluded that common and statutory laws regarding abortion were too lenient and not consistently enforced. More significant, it pointed out what it considered a major flaw in current laws: ". . . a wide-spread popular ignorance of the true character of the crime--a belief, even among mothers themselves, that the foetus is not alive till after the period of quickening." Based on the American Medical Association's consensus that the fetus was a living person at conception, and

encouraged by an even stronger report from the same committee in 1871, laws were enacted in most states that removed the quickening distinction and stiffened the penalties for abortion.

As medical understanding of fetal development grew more sophisticated so did abortion methods. However it was not until the introduction of antisepsis (to prevent infection) in the 1940's that abortion became truly safe. At about this same time³ post-war *America began to manifest a new moral identity, one that focused on individual rights over personal responsibility and on quality of life over the intrinsic value of life.* The relative safety of abortion procedures, combined with this shift in moral stance, caused the *AMA to relax its opposition to abortion in 1967 and to abandon it entirely in 1970. It is noteworthy that the AMA's stated reason for this shift in position was to accommodate changing social views rather than because of any new insights regarding fetal development.* In 1967 some states relaxed their abortion laws; then in 1973 the Supreme Court legalized abortion throughout the land.

5. Abortion Techniques

- *First Trimester*

Suction Aspiration

Suction aspiration, or "vacuum curettage," is the abortion technique used in most first trimester abortions.[A powerful suction tube with a sharp cutting edge is inserted into the womb through the dilated cervix. The suction dismembers the body of the developing baby and tears the placenta from the wall of the uterus, sucking blood, amniotic fluid, placental tissue, and fetal parts into a collection bottle. Great care must be taken to prevent the uterus from being punctured during this procedure, which may cause hemorrhage and necessitate further surgery. Also, infection can easily develop if any fetal or placental tissue is left behind in the uterus. This is the most frequent post-abortion complication.

Dilatation (Dilation) and Curettage (D&C)

In this technique, the cervix is dilated or stretched to permit the insertion of a loop shaped steel knife. The body of the baby is cut into pieces and removed and the placenta is scraped off the uterine wall. Blood loss from D & C, or "mechanical" curettage is greater than for suction aspiration, as is the likelihood of uterine perforation and infection. This method should not be confused with routine D&C's done for reasons other than undesired pregnancy (to treat abnormal uterine bleeding, dysmenorrhea, etc.).

RU 486

While many people focus solely on RU 486, the so-called "French abortion pill," the RU 486 technique actually uses two powerful synthetic hormones with the generic names of mifepristone and misoprostol to chemically induce abortions in women five-to-nine weeks pregnant. The RU 486 procedure requires at least three trips to the abortion facility. In the first visit, the woman is given a physical exam, and if she has no obvious contra-indications ("red flags" such as smoking, asthma, high blood pressure, obesity, etc., that could make the drug deadly to her), she swallows the RU 486 pills. RU 486 blocks the action of progesterone, the natural hormone vital to maintaining the rich nutrient lining of the uterus. The developing baby starves as the nutrient lining disintegrates. At a second visit 36 to 48 hours later, the woman is given a dose of artificial prostaglandins, usually misoprostol, which initiates uterine contractions and usually causes the embryonic baby to be expelled from the uterus. Most women abort during the 4-hour waiting period at the clinic, but about 30% abort later at home, work, etc., as many as 5 days later. A third visit about 2 weeks later determines whether the abortion has occurred or a surgical abortion is necessary to complete the procedure (5 to 10% of all cases). There are several serious well documented side effects associated with RU 486/prostaglandin abortions, including prolonged (up to 44 days) and severe bleeding, nausea, vomiting, pain, and even death. At least one woman in France died while others there suffered life-threatening heart attacks from the technique. In U.S. trials conducted in 1995, one woman is known to have nearly died after losing half her blood and requiring emergency surgery. Long term effects of the drug have not yet been sufficiently studied, but there are reasons to believe that RU 486 could affect not only a woman's current pregnancy, but her future pregnancies as well, potentially inducing miscarriages or causing severe malformations in later children.

Methotrexate

The procedure with methotrexate is similar to the one using RU 486, though administered by an intramuscular injection instead of a pill. Originally designed to attack fast growing cells such as cancers by neutralizing the B vitamin folic acid necessary for cell division, methotrexate apparently attacks the fast growing cells of the trophoblast as well, the tissue surrounding the embryo that eventually gives rise to the placenta. The trophoblast not only functions as the "life support system" for the developing child, drawing oxygen and nutrients from the mother's blood supply and disposing of carbon dioxide and waste products, but also produces the hCG (human chorionic gonadotropin) hormone which signals the corpus luteum to continue the production of progesterone necessary to prevent breakdown of the uterine lining and loss of the pregnancy. Methotrexate initiates the disintegration of that sustaining, protective, and nourishing environment. Deprived of the food, oxygen, and fluids he or she needs to survive, the baby dies. Three to seven days later (depending on the protocol used), a suppository of misoprostol (the same prostaglandin used with RU 486) is inserted into a woman's vagina to trigger expulsion of the tiny body of the child from the woman's uterus. Sometimes this occurs within the next few hours, but often a second dose of the prostaglandin is required, making the time lapse between the initial administration of methotrexate and the actual completion of the abortion as long as several weeks. A woman may bleed for weeks (42 days in one study), even heavily, and may abort anywhere -- at home, on the bus, at work, etc. Those found to be still pregnant in later visits (at least 1 in 25) are given surgical abortions. Even doctors who support abortion are reluctant to prescribe methotrexate for abortion because of its high toxicity and unpredictable side effects. Those side effects commonly include nausea, pain, diarrhea, as well as less visible but more serious effects such as bone marrow depression, severe anemia, liver damage and methotrexate-induced lung disease.

- ***Second & Third Trimesters***

Dilatation (Dilation) and Evacuation (D&E)

Used to abort unborn children as old as 24 weeks, this method is similar to the D&C. The difference is that forceps with sharp metal jaws are used to grasp parts of the developing baby, which are then twisted and torn away. This continues until the child's entire body is removed from the womb. Because the baby's skull has often hardened to bone by this time, the skull must sometimes be compressed or crushed to facilitate removal. If not carefully removed, sharp edges of the bones may cause cervical laceration. Bleeding from the procedure may be profuse. Dr. Warren Hern, a Boulder, Colorado abortionist who has performed a number of D&E abortions, says they can be particularly troubling to a clinic staff and worries that this may have an effect on the quality of care a woman receives. Hern also finds them traumatic for doctors too, saying "there is no possibility of denial of an act of destruction by the operator. It is before one's eyes. The sensation of dismemberment flow through the forceps like an electric current."

- ***Instillation Methods***

These methods involve the injection of drugs or chemicals through the abdomen or cervix into the amniotic sac to cause the death of the child and his or her expulsion from the uterus. Several drugs have been tried, but the most commonly used are hypertonic saline, urea, and prostaglandins.

- **Salt Poisoning**

Otherwise known as "saline amniocentesis," "salting out," or a "hypertonic saline" abortion, this technique is used after 16 weeks of pregnancy, when enough fluid has accumulated in the amniotic fluid sac surrounding the baby. A needle is inserted through the mother's abdomen and 50-250 ml (as much as a cup) of amniotic fluid is withdrawn and replaced with a solution of concentrated salt. The baby breathes in, swallowing the salt, and is poisoned. The chemical solution also causes painful burning and deterioration of the baby's skin. Usually, after about an hour, the child dies. The mother goes into labor about 33 to 35 hours after instillation and delivers a dead, burned, and shriveled baby. About 97% of mothers deliver their dead babies within 72 hours.

- **Urea**

Because of the dangers associated with saline methods, other instillation methods such as hypersomolar urea are sometimes employed, though these are less effective and usually must be supplemented by oxytocin or a

prostaglandin in order to achieve the desired result. Incomplete or failed abortion remains a problem with urea methods, often precipitating the additional risk of surgery.

- **Prostaglandins**

Prostaglandins are naturally produced chemical compounds which normally assist in the birthing process. The injection of concentrations of artificial prostaglandins prematurely into the amniotic sac induces violent labor and the birth of a child usually too young to survive. Often salt or another toxin is first injected to ensure that the baby will be delivered dead, since some babies have survived the trauma of a prostaglandin birth and been born alive. This method is used during the second trimester.

Partial Birth Abortion

Abortionists sometimes refer to these or similar types of abortions using obscure, clinical-sounding euphemisms such as "Dilation and Extraction" (D&X), or "intact D&E" (IDE) which mask the realities of how the abortions are actually performed. This procedure is used to abort women who are 20 to 32 weeks pregnant -- or even later into pregnancy.* Guided by ultrasound, the abortionist reaches into the uterus, grabs the unborn baby's leg with forceps, and pulls the baby into the birth canal, except for the head, which is deliberately kept just inside the womb. (At this point in a partial-birth abortion, the baby is alive.) Then the abortionist jams scissors into the back of the baby's skull and spreads the tips of the scissors apart to enlarge the wound. After removing the scissors, a suction catheter is inserted into the skull and the baby's brains are sucked out. The collapsed head is then removed from the uterus.

Hysterotomy

Similar to the Caesarean Section, this method is generally used if chemical methods such as salt poisoning or prostaglandins fail. Incisions are made in the abdomen and uterus and the baby, placenta, and amniotic sac are removed. Babies are sometimes born alive during this procedure, raising questions as to how and when these infants are killed and by whom. This method offers the highest risk to the health of the mother, because the potential for rupture during subsequent pregnancies is appreciable. In the first two years of legal abortion in New York State, the death rate from hysterotomy was 271.2 deaths per 100,000 cases.

6. The Number of Abortions in America

Except when noted, the following statistics are based on research published by the Alan Guttmacher Institute, special research affiliate of Planned Parenthood Federation of America--the nation's largest provider and promoter of abortion. Estimates for 1997 and 1998 are based on trends from previous years. In the past, AGI has estimated a possible 3-6% rate of underreporting. The following uses the lower figure.

Year	Annual Number of Abortions
1973	744,600
1974	898,600
1975	1,034,200
1976	1,179,300
1977	1,316,700
1978	1,409,600
1979	1,497,700
1980	1,553,900
1981	1,577,300
1982	1,573,900
1983	1,575,000
1984	1,577,200
1985	1,588,600
1986	1,574,000
1987	1,559,100
1988	1,590,800

1989	1,566,900
1990	1,608,600
1991	1,556,500
1992	1,528,900
1993	1,500,000
1994	1,431,000
1995	1,363,690
1996	1,365,730
1997	1,365,730 Estimate
1998	1,365,730 Estimate

Total abortions since 1973 -- 38,010,378

7. Selected Legal History on Abortion

Roe v. Wade 1973

In January 22, 1973, *the Supreme Court made abortion legal for the entire country, subject to some limited provisions.* To summarize *Roe v. Wade*, a pregnant single woman, Jane Roe, brought a class action challenging the constitutionality of the Texas (Wade was District Attorney of Dallas County) criminal abortion laws, which proscribed procuring or attempting an abortion except on medical advice for the purpose of saving the mother's life. The plaintiff's assertion was that prohibiting abortion at any time before birth violated a woman's constitutional right to privacy. In deciding the case *the Court attempted to avoid the issue of when life begins. Justice Blackmun, writing for the majority, asserted that "we need not resolve the difficult question of when life begins . . . this judiciary . . . is not in a position to speculate as to the answer."* The Court then ruled that the constitutional *right of privacy* was "broad enough to encompass a woman's decision whether or not to terminate her pregnancy." In other words, abortion should be a private matter between a woman and her doctor. *However, the Court also ruled that the "privacy right involved . . . cannot be said to be absolute." In particular, "a State may properly assert important interests in safeguarding health, in maintaining medical standards, and in protecting potential life."* The State was allowed to prohibit abortion under certain conditions. Regarding the ability to limit abortion to safeguard the mother's health, the State was allowed to prohibit it only after the first trimester "because of the now-established medical fact . . . that until the end of the first trimester mortality in abortion may be less than mortality in normal childbirth." Regarding the ability to limit abortion to protect "potential life," the State was allowed to prohibit it only after the point of "viability," because "the fetus then presumably has the capability of meaningful life outside the mother's womb." ("Viability" was assumed to be twenty-four to twenty-eight weeks.)

But the ruling has several significant flaws. First, the Court ruled that the constitutional right to privacy protected abortion in part *because it was not possible to reach agreement on when life begins*, asserting that a woman should be allowed to make her own choice in this matter at least up to a certain point. But in defining that certain point the Court introduced the "viability" criterion as the beginning of "meaningful life." This is patently illogical, relying on the one hand on the idea that life's beginning is indeterminate and on the other hand on a definition of when meaningful life begins. Also, it raises the obvious question of the validity of the Court's definition of "meaningful life" and their determination of its starting point. With regard to the former, nowhere in the ruling does the Court offer to define "meaningful life;" as for the latter, the Court ignored modern scientific evidence concerning the beginning of biological life, replacing it with a vague concept of "viability" that is reminiscent of the "quickening" myth exploded by the AMA at the end of the nineteenth century. (The basis for the Court's assessment that "viability" was usually achieved between twenty-four and twenty-eight weeks remains a mystery, the solution to which has little apparent connection with modern science.)

The second major flaw in the ruling is that it went far beyond the bounds of interpreting and applying existing laws, instead making a completely new one. This is commonly referred to as "legislating from the bench," and though at times it is in some measure unavoidable, it is supposed to be strenuously minimized by the Judicial branch of our government. To understand how that process occurred in this case, consider the Fourteenth Amendment's bearing on our right to privacy: "No State shall . . . deprive any person of life, liberty, or property, without due process of law."

While "privacy" is not specifically mentioned, this Amendment (supported in specific areas by several others, such as the Fourth Amendment's limitations on search and seizure) has long been understood in legal precedent as protecting our freedom from unwanted state regulation of consensual transactions⁴. But note that this protection is not absolute; it is, rather, protection from regulation without "due process of law." The term "due process" means the state cannot without restriction enact laws that limit the freedom and invade the privacy of its citizens. The test traditionally applied by higher courts to determine whether due process has occurred in the area of social legislation (e.g. abortion) is to assess whether the challenged law has a rational relation to a valid state objective. What was the result of that assessment in this case? The Court considered the state's objective to protect "potential life" to be valid, as we discussed earlier. So why was Texas' anti-abortion law ultimately ruled unconstitutional? Because the Court felt that possible concerns regarding the mother's mental and physical health, as well as possible untoward social ramifications, outweighed the validity of Texas' objective.

Doe v. Bolton 1973

The Supreme Court found it *unconstitutional to require the physician's judgment regarding abortion to be confirmed by a committee or by another doctor. The Court also held that it was unconstitutional to require abortions to be performed in a hospital.* Because of the latitude this ruling affords doctors in determining that an abortion is in the best interest of a woman's health, the proximate result of this judgment is to make abortion for "health reasons" accessible at any time during pregnancy, effectively superseding the *Roe v. Wade* limitations in this regard after the first trimester.

Planned Parenthood v. Danforth 1976

The Supreme Court ruled that *"it is not a proper legislative or judicial function to fix viability, which is essentially for the judgment of the responsible attending physician, at a specific point in the gestation period."* In other words, *the woman's doctor is the sole judge of "viability."*

Maher v. Roe 1977

The Supreme Court upheld *the state's right to refuse to use public medical funds for abortion*, because there is "no limitation on a State's authority to make a value judgment favoring childbirth over abortion and to implement that judgment by the allocation of public funds."

Harris v. McRae 1980

The Supreme Court upheld the restrictions placed by the Hyde Amendment prohibiting the use of federal funds to reimburse the cost of abortions under the Medicaid program.

Akron v. Akron Center for Reproductive Health, Inc. 1983

The Supreme Court found it *unconstitutional to require parental or spousal consent* for an abortion.

Webster v. Reproductive Health Services 1989

The Supreme Court held that *the state may define when life begins provided that it does not use that definition to restrict a woman's right to an abortion under the provisions of Roe v. Wade.* The state may also define the point of viability as long as the definition is medically defensible (the earliest allowed assessment supported by this case is twenty weeks). The state may require that the woman's physician assess fetal viability by performing "such medical examinations and tests as are necessary to make a finding of [the fetus'] gestational age, weight, and lung maturity." The state may prohibit abortion if the results of the tests indicate viability.

Planned Parenthood v. Casey 1992

The Supreme Court *overturned previous rulings that requiring parental consent was unconstitutional, provided that a "judicial bypass" to this consent requirement remained in place.* The Court overturned previous rulings that found it unconstitutional to require that a woman contemplating abortion be provided with information regarding certain risks or consequences of the procedure or regarding fetal development. The Court also overturned the artificial "trimester scheme" established in *Roe v. Wade*, but reaffirmed that no substantial barrier to abortion should exist for a woman over 18 years of age prior to fetal "viability."

Madsen v. Women's Health Center 1994

The Supreme Court upheld *the basic right to protest* with words and images in peaceful organized demonstrations outside abortion clinics, provided that the demonstrations do not impede access to the clinic or disrupt clinic operations.

8. Why Women Have Abortions (Aida Torres & J.D. Forrest "Why do Women Have Abortions?", 1988)

• Feels unready for responsibility	21%
• Feels she can't afford the baby	21%
• Concern for how a baby would change her life	16%
• Relationship problems	12%
• Feels she isn't mature enough for a baby	11%
• Has all the children she wants	8%
• Other social reasons	4-5%
Total 'SOCIAL' Reasons	93%
• Mother's health	3%
• Baby may have health problems	3%
• Rape or Incest	1%
Total "HARD CASES"	7%

Ultimately, women, and their husbands, boyfriends or partners, are choosing Abortion because they believe that, at the stage of the child's development when the abortion occurs, they are terminating an unwanted growth within the woman's body, for *quality of her life* reasons, and do not chose to believe they are terminating the life of a person. The courts and certain organizations (National Organization for Women, Planned Parenthood, Inc. Abortion and reproductive Rights Action League, etc.) are supporting this belief through their decisions and promotional activities.

9. What God's Word Says

Gen. 1:27 "God created man in his own image."

Ps. 127:3.... "Behold, children are a gift of the Lord."

Job 10: 8-12 "Your hands shaped me and made me. Will you now turn and destroy me? Remember that you molded me like clay. Will you now turn me to dust again? Did you not pour me out like milk and curdle me like cheese, clothe me with skin and flesh and knit me together with bones and sinews? You gave me life and showed me kindness, and in your providence watched over my spirit. "

Job 31:15 "Did not he who made me in the womb make him and the same one fashion us in the womb?"

Ps. 139: 13- 16 "For you created my inmost being; you knit me together in my mother's womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place. When I was woven together in the depths of the earth, your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be.

Jer 1.4-6 "The word of the LORD came to me, saying, "Before I formed you in the womb I knew you, before you were born I set you apart. . ."

Mat. 10: 14 "Permit the children to come to me; do not hinder them; for the kingdom of God belongs to such as these."

Mat. 10:15 "Truly I say to you, whoever does not receive the Kingdom of God like a child shall not enter it at all. And he took them in his arms and began blessing them, laying his hands upon them.

Luke 1: 39-44 "At that time Mary got ready and hurried to a town in the hill country of Judea, where she entered Zechariah's home and greeted Elizabeth. When Elizabeth heard Mary's greeting, the baby leaped in her womb, and Elizabeth was filled with the Holy Spirit. In a loud voice she exclaimed: "Blessed are you among women, and blessed is the child you will bear! But why am I so favored, that the mother of my Lord should come to me? As soon as the sound of your greeting reached my ears, the baby in my womb leaped for joy."

Gal. 1:15 "And when he who had set me apart, even from my mother's womb, and called me through his grace."

Isa. 1:15-17 "I will hide my eyes from you, yes even though you multiply prayers, I will not listen. Your hands are covered with blood. Wash yourselves, make yourselves clean. Remove the evil of your deeds from my sight. Cease to do evil. Learn to do good. Seek justice, reprove the ruthless. Defend the orphan."

Isa. 5:20 "Woe to those who call evil good, and good evil, who substitute darkness for light and light for darkness."

(Dt. 5:17) "You shall not murder."