

Should Crisis Pregnancy Centers Use Graphic Visual Aids?

Leading pregnancy care organizations concede that graphic depictions of abortion save lives. So why won't they use them?

What follows is an exchange between Scott Klusendorf, Bill Wellington, and Sue Smith. The names Help-All, Bill Wellington, and Sue Smith are fictitious so as to protect the privacy of certain individuals and organizations that made important contributions to this debate. All other names and references to organizations are real. Although some portions of the dialogue were rewritten to protect the privacy and copyrights of the contributors, the arguments presented here reflect those of the participants.

Contents:

- Sue Smith's letter to Scott Klusendorf, pp. 1-2
- Scott Klusendorf's reply to Sue Smith, pp. 2-3
- Bill Wellington's reply to Scott Klusendorf, pp. 3-9
- Scott Klusendorf's reply to Bill Wellington, pp. 9-22
- Bill Wellington's reply to Scott Klusendorf, pp. 22-24
- Scott Klusendorf's reply to Bill Wellington, pp. 24-30
- Sue Smith's letter to Bill Wellington, pp. 30-33

Mrs. Smith's letter to Scott Klusendorf

[Mrs. Smith is a Help-All crisis pregnancy center director from Anytown, USA. She wrote Mr. Klusendorf concerned about two items: 1) plans by the Center for Bio-Ethical Reform (Gregg Cunningham) to display graphic abortion pictures outside certain pregnancy care centers, and 2) Help-All's written policy rejecting the use of graphic visual aids by crisis pregnancy centers. Mrs. Smith questions Help-All's policy on visual aids, as well as Mr. Cunningham's plans to display abortion pictures outside certain pregnancy care centers.]

Dear Scott,

I'm disturbed by a new development in the on-going abortion struggle. It appears that Gregg Cunningham of the Center for Bio-Ethical Reform (CBR) plans demonstrations against certain pregnancy care centers to expose their "cover-up" of truth. Apparently, from what I have been told, CBR disagrees with the written policies of many CPCs that refuse to use abortion pictures when counseling abortion-minded clients. I don't understand why the Center for Bio-Ethical Reform believes this tactic necessary.

I'm guessing that you will not be joining CBR in this endeavor. As the write-up on you in the STR catalog states, you "graciously and incisively make a defense for the lives of the unborn." I have seen you speak at the Focus on the Family CPC conference and have listened to many of your tapes. From what I have observed, all your presentations are respectful and yet hard-hitting. You speak the truth with love and integrity and I have every respect for you, your message, and your methods.

These new (or at least new to me) developments of CBR sadden my heart and confuse my mind-set toward the group which has given us "Harder Truth," the graphic video I value and use with integrity in my presentation, "What Is Abortion?"

However, I must also hasten to say that the new "Abortion Education Guidelines" endorsed by a coalition of CPCs have also disturbed me greatly. These guidelines discourage pregnancy centers from using graphic videos. I'm not sure I agree. For the past two volunteer training sessions our nurse coordinator has shown "Harder Truth." This video was also viewed at a board meeting last year at the request of our chairman. We have not as yet shown this particular video to clients, though we are considering using it.

I plan to revisit the issue with this coalition of CPC groups, though I have no idea where it will lead. For now, I'm composing a letter to send to about 40 pastors in our area, with a response card to receive free your tape "Abortion & Moral Crisis" and the video "Harder Truth." Regardless of the proposed new guidelines, I still plan to do this. I must do this.

Again I want to thank you for your forthright and yet compassionate and intellectual defense as a superb pro-life apologist. You have given me the resources and the courage to take a stand.

Sue Smith

Scott Klusendorf's reply to Sue Smith

[Scott Klusendorf is Director of Bio-Ethics at Stand to Reason. He trains pro-life advocates to persuasively defend their views in the public square. He also trains crisis pregnancy center staff at conferences sponsored by Focus on the Family and other organizations. Email: sklusendorf@earthlink.net / website: www.str.org]

Dear Sue,

I've not read what Gregg Cunningham has to say about the concerns you raise (I have sent a message to him asking for clarification), but based on what I know about the situation here is what I can tell you.

1) Whatever Gregg's reasons for displaying graphic abortion signs at certain pregnancy care centers, I will not be joining that endeavor. This is not because I think poorly of

Gregg, but because my job at Stand to Reason is about one thing: equipping pro-life advocates to persuasively defend their views in the public square. I don't see how this endeavor by CBR contributes to that end, at least as far as my job description is concerned. If Gregg has his reasons for doing this, I'm sure he will communicate those to you directly.

2) While I will not participate in displaying graphic images outside pregnancy care centers, I fully support their use in carefully selected contexts. To name a few, college campuses, church groups, fund-raising banquets, debates, training seminars, CPC counseling sessions, and public presentations to secular audiences are all good forums for using the pictures. Gregg Cunningham has done much to help in this regard and I applaud his efforts. True, whenever possible we should prepare audiences to view these graphic images and we should never deceive people as to what we are about to show. (And yes, we must also make it clear we are not there to condemn, but to clarify the issue.) But I have successfully used graphic depictions of abortion at events like these for years. The response is overwhelmingly positive.

3) I will continue working with numerous CPC directors, including staff from HelpAll, CareNet, or any other group equipping them to persuasively defend their views on abortion. That also includes teaching them the proper use of visual aids so as not to unduly offend people. It does not include visual displays in front of their centers.

4) I hold no ill feelings toward the employees of HelpAll and cast no aspersions on their work. However, I disagree with any stated position categorically rejecting the use of graphic visual aids. True, not every client entering a CPC needs to see them, nor should we ever force them on a client that may not wish to view them, but some abortion-minded women could be reached if only CPCs would carefully use the pictures.

That is my modest position. Hope this helps,
Scott Klusendorf

Bill Wellington's letter to Scott Klusendorf

[Mr. Wellington is an attorney for Help-All and one of those responsible for crafting the organization's policy rejecting the use of graphic visual aids. He is replying to the letter Scott Klusendorf sent to Sue Smith.]

Dear Scott,

One of our affiliates forwarded your comments concerning our policy about showing clients graphic videos. Thank you for crafting your remarks carefully and avoiding harsh criticisms of Help-All. We welcome constructive dialogue about an issue that we recognize is controversial.

I think it would help advance the dialogue if you understood more clearly the rationale behind our policy regarding graphic videos. Therefore, I will address some of the points raised in your recent reply to our affiliate.

First, you and I both agree that the ultimate goal is for CPCs to reach abortion-minded women. We both want them to see that abortion is wrong. Our disagreement is on two fronts: 1) tactics that should or should not be used in reaching our common goal and 2) marketing concerns. It appears that your position is that, in the long run, more women will be reached if pregnancy centers use a combination of counseling approaches, including showing graphic videos. Our position is that CPCs will reach more abortion-minded women only after we shed our reputation and image as places of coercion and scare tactics. Graphic visual representations of abortion do much to reinforce that negative perception of CPCs. Hence we do not recommend their use by pregnancy centers.

Let me clarify some points that are often misunderstood regarding our position. First, we have never claimed that clients cannot be reached with graphic videos. Indeed, graphic pictures may, in some cases, make the practical difference between a client's decision to abort and her decision to carry to term. Therefore, our opposition to graphic videos is based upon broader marketing concerns (as I will explain later) that we believe outweigh these practical benefits.

Second, we oppose graphic abortion videos not because of the particular practices that you and Gregg Cunningham advocate. Rather, we are concerned that these practices, as advocated, are not realistically achievable. In your words, "some abortion-minded women could be reached if only CPCs would carefully use these pictures." I think you should consider two key facts: (1) Pregnancy centers are almost always staffed by lay counselors who have minimal training in interacting with emotionally vulnerable clients; and (2) many of these volunteer lay counselors are extremely zealous in their desire to present any information available to persuade clients not to abort. Given these facts, it is unrealistic to assume that a zealous counselor will understand the balance of using abortion videos only with a client's consent versus forcing clients to view a graphic film against their will. Even with the best intentions and procedures in place, we believe that arming non-professional and zealous pro-life peer counselors with graphic abortion videos is a potential recipe for abuse. We hear many unfortunate reports that bear this concern out.

Third, whatever benefits may be lost by not using graphic visual aids can be largely made up through other means. For example, we believe that using an ultrasound to show a woman the life inside her is potentially a much more powerful and positive way to convey the same truth that is shared by showing pictures of aborted fetuses.

Please understand Help-All's overall marketing strategy: We want to reach more abortion vulnerable women. For that to happen, pregnancy centers must develop messages and appeals that effectively compete with Planned Parenthood. Whether we like it or not, we live in an era in which decisions in the marketplace are made based more on perceptions

than upon absolute truths. Not surprisingly, Planned Parenthood attacks CPCs by consistently portraying our centers as places that use deception, intimidation and scare tactics. To effectively compete for the hearts and minds of abortion prone women, we must not only seek to overcome these negative images portrayed by Planned Parenthood, we must also honestly address the center practices that contribute to these negative images. Showing graphic videos to emotionally vulnerable clients is one of those practices.

In conclusion, we agree that pregnancy centers should not shy away from sharing the truth about abortion with clients. That is our mission. But this ability to share the truth is dependent upon our ability to earn credibility and respect from an audience that is willing to hear the truth. When we find positive ways to share those truths without offending our clients, we ultimately increase our overall effectiveness and outreach. And, in all of this, we must continue to trust that it is God and not our humanly efforts that will ultimately change the hearts and minds of woman

The article below (“Why CPCs Should not Use Graphic Abortion Videos”) better refines and expands our position. Again, I would appreciate your thoughts.

Why CPCs Should not Use Graphic Abortion Videos

by Bill Wellington

Some pregnancy-help centers use graphic abortion videos as peer counseling tools. This practice is the subject of debate within the CPC movement. Two of the films at issue, *The Silent Scream* and *Hard Truth*, include pictures of bloody and dismembered fetal remains. The stated purpose for using the films is to demonstrate to the viewer that abortion is an act of violence that kills a baby.

Help-All thinks the case for using graphic visual aids is flawed because it overlooks a number of important considerations. We join with other groups in recommending that pregnancy centers not use graphic images when counseling clients. One national affiliation of pregnancy care centers, CareNet, summarizes its case against graphic abortion pictures as follows:

Showing videos that graphically depict aborted fetuses is not consistent with a mission of offering compassionate care to abortion vulnerable women. The primary impact of showing graphic videos to shock clients, not educate them. Such practices can be seen as a form of manipulation and coercion. Abortion is a gruesome procedure and we should not minimize this. Yet, it is because of this gruesome aspect that pregnancy centers must remain mindful of the emotional sensibilities of clients. (CareNet, *Abortion Education Guidelines*)

HelpAll contends that there are alternative and more appropriate ways to share the truth about abortion. The rest of this article is devoted to explaining in more detail why Help-All recommends against using graphic abortion videos.

Gruesome Photographs are often disallowed in a court of law. In other words, the introduction of gruesome photographs is more likely to distort rather than to aid the deliberative process. Generally, two conditions must be met for evidence to be admitted to a court of law: (1) the evidence has probative value (a tendency to show that a fact at issue is more likely or not); and (2) the probative value of the evidence outweighs its unfair prejudice. On the basis of these factors, many courts refuse to allow graphic images as trial evidence. The rationale of the courts is clear and to the point: gruesome photographs are more likely to shock, inflame or excite the jury than to contribute to a meaningful weighing of the facts.

One legal commentator explains the rule relating to gruesome photographs as follows:

“...a defendant may move to exclude a gruesome photograph on the basis that its probative value is greatly out-weighed by prejudice.... If it appears that the only reason the photograph is being used is to inflame, shock or excite the jury, then the photograph should be excluded as more prejudicial than probative.” (*Florida Advanced Trial Handbook.*)

These legal principles help us weigh the appropriateness of using graphic abortion videos. No doubt, pictures of bloody fetuses have probative value. These videos show the brutality of abortion and the humanity of its victims. But that is only part of what should concern us. The real issue is not whether graphic abortion videos have probative value but whether their probative value is outweighed by other concerns.

Three factors strongly suggest that graphic pictures should not be used by pregnancy care centers:

1. Graphic videos have a significant tendency to shock and inflame their viewers;
2. Other less inflammatory evidence is available to make the same points;
3. Allowing the showing of graphic videos may open the door for abusive CPC practices.

Graphic visual aids have a tendency to shock rather than persuade. There is a fine line between artful persuasion and emotional manipulation. Showing women graphic videos of aborted fetuses can easily cross this line. A valid argument is one that is addressed to a person’s sense of reason. Good faith attempts to persuade other people should be based primarily upon objective facts and logic. When we seek instead to shock or excite others into adopting our views, we no longer aim for reason but for passion.

No one argues that graphic abortion pictures lack truth or realism. What makes these materials objectionable is their propensity to incite emotion and to distort rational consideration of the facts. To draw a parallel to the courtroom, graphic abortion videos are very much like the gruesome photographs of a murder scene that are often excluded from evidence in a criminal trial.

The inherent power of graphic abortion images to distort rational thinking is greatly heightened when the person who is shown the graphic materials is an emotionally vulnerable young woman who is personally affected by the issue.

Other suitable evidence is available: Continuing with the courtroom analogy, courts often look for other less objectionable evidence that will establish the same facts as the graphic evidence. Applied to CPCs, we can help women understand the relevant facts about abortion without showing graphic videos of mutilated fetuses. Given that other available information is just as probative and far less objectionable, why should we not rely upon this instead?

We have numerous resources at our disposal to help an abortion-minded woman understand the humanity of her unborn child. There are, for example, fetal models and many excellent photographs that vividly portray life within the womb. Meanwhile, a number of excellent CPCs offer ultrasound services. This technology allows a woman to see her own, actual living child as it develops inside her.

Similarly, we can illustrate the evil of abortion without showing picture after picture of bloody fetuses. While some pro-life advocates insist that the use of these sensational presentations is necessary to fully convey the horror of abortion, an objective and clinical description of abortion may just as effectively convey the brutal nature of an abortion procedure.

Last fall, in an insightful editorial in the *Vancouver Sun*, Leonard Stern suggested that publishing short excerpts from Warren Hern's book *Abortion Practice* might be the most effective way for pro-life advocates to demonstrate the evil of abortion.

The forward to [Hern's] important book was penned by Dr. Phillip Stubblefield, professor of obstetrics at the Harvard University medical school: '*Abortion Practice* covers the subject with breadth and depth' commends the professor. 'Nothing is omitted.' That's what troubles me: It is too detailed. Hern explains for example, how to soften 'fetal tissue' to permit 'easy dismemberment and removal;' he describes how 'as the forceps are closed, a solid feel will relay how the fetal parts are grasped.' At one point he notes that 'a long curved Mayo scissors may be necessary to decapitate and dismember the fetus, since it may be impossible to apply forceps or to do so while avoiding the thinned-out cervix.' If ever I thought about abortion it was always in the abstract: fetal rights and women's rights; issues of privacy and autonomy--that kind of thing. But *Abortion Practice* is concerned with nothing so exalted.

Mr. Stern's point is clear: A clinical, non-emotional description of abortion, given by an abortion doctor, conveys the horror of abortion very well. In short, we should not wrap our claims of truth in fiery rhetoric or sensationalism. As Dagnet's Jack Webb used to say: "just the facts, ma'am, nothing but the facts."

The potential for abuse by zealous lay counselors: Most advocates of graphic abortion pictures concede that not every abortion minded client should be shown graphic abortion videos. In some cases, the client is post-abortion and may be suffering serious psychological effects from a prior abortion. Thus, there is a real threat that counselors may misuse or abuse abortion pictures with clients that are not ready to view them.

Moreover, most pregnancy centers are staffed with extremely zealous lay volunteers who are not trained to make a psychological assessment of a client. Under these circumstances, it is reasonable to expect that peer counselors may be led to make improper judgments about the suitability of graphic resources in certain instances. This could lead not only to counseling problems, but legal ones as well.

Indeed, the alleged abusive use of a graphic abortion video took center stage in *Boes v. Deschu*, 768 S.W. 2d 205 (Mo. App. 1989). In that case, the teenage plaintiff claimed to have visited a CPC where she was shown a graphic video—despite the fact that she had told the pregnancy center counselors that she was post-abortive, suffering from depression, and had no intention of obtaining another abortion. The Missouri Court of Appeals agreed that the plaintiff suffered undue emotional distress. The court stated:

CPC's employees, thus, acted with knowledge of plaintiff's extreme vulnerability to emotional distress regarding her abortion. The showing of the film, it can be reasonably inferred, was calculated to dissuade the plaintiff from obtaining an abortion. But, the employees had been told she was not interested in having an abortion. Their conduct, it can be inferred, was calculated to exploit plaintiff's vulnerability and to reawaken her guilt, in an inexplicable attempt to 'strengthen' her stated resolve not to have an abortion. 768 S.W.2d at 208.

Marketing Concerns:

Pregnancy care centers can reach abortion-minded women, but only if they have an effective marketing strategy to help them compete with Planned Parenthood. Unfortunately, Planned Parenthood portrays pregnancy care centers as places of deception, intimidation, and scare tactics. Planned Parenthood specifically mentions the use of graphic videos by CPCs as one form of coercion. On its website (www.plannedparenthood.org), Planned Parenthood offers the following warning to women who are considering pregnancy options:

Beware of so-called "crisis pregnancy centers" that are anti-abortion....They will try to frighten you with films that are designed to keep you from choosing abortion.

True, just because Planned Parenthood condemns the use of graphic abortion videos does not make this practice wrong. But we must face the reality that decisions in the marketplace are based upon perceptions, not reality, and so long as Planned Parenthood can successfully portray our centers as places that deceive and coerce women, our strategy to reach abortion-minded women will fail. Before we can share the truth about

abortion with clients, we must first earn their trust and respect. That means, above all, that we must overcome the negative images projected by Planned Parenthood, NARAL, and others. Put simply, pregnancy care centers must address practices that may contribute to these negative images. One of these practices is the use of graphic abortion videos.

Scott Klusendorf replies to Bill Wellington

Dear Bill,

Thank you for your recent email and subsequent article, “Why CPCs Should Not Use Graphic Abortion Videos.” Both outline Help-All’s position on visual aids and I’m grateful for the articulate arguments you present making your case. The issues that you raise are important, Bill, and I’m glad you took the time to contact me with your concerns.

I appreciate your observation that I am centrist (to use my term) on the use of graphic visuals by crisis pregnancy centers. That is true: I certainly do not agree with those who insist on showing them to all clients. Nor do I agree with those who think they should never be used. I think there is a better, more balanced, approach, which I note below.

That brings me to the principal point of your letter and article: Should Crisis Pregnancy Centers (CPCs) use graphic visuals? Your answer is no, and I will address my remarks to the four principal reasons you give in support of that conclusion.

I.

Your first argument is that graphic visuals have a significant tendency to shock and inflame viewers. Instead of using inflammatory pictures, CPCs should address the client with objective facts and arguments. I quote from your article, “Why CPCs Should not Use Graphic Abortion Videos”:

There is a fine line between artful persuasion and emotional manipulation. Showing women graphic videos of aborted fetuses can easily cross this line. A valid argument is one that is addressed to a person’s sense of reason. Good faith attempts to persuade other people should be based primarily upon objective facts and logic. When we seek instead to shock or excite others into adopting our views, we no longer aim for reason but for passion.

This is an example of the either/or fallacy, as you present only two possible options for CPCs: We either risk manipulating women emotionally with graphic pictures or we use valid arguments based on facts and logic. This is a false dilemma because there’s a third alternative: Use the pictures carefully, with full consent of the client, in a manner that is not manipulative or intellectually dishonest.

The question is not, Are the pictures emotional? They are. Everyone concedes that point. The real question is, Are the pictures true? If so, they ought to be admitted as evidence. We ought to avoid *empty* appeals to emotion, those offered *in place of* good reasons. If, however, the pictures substantiate the reasons I am offering and do not obscure them, they serve a vital purpose. Truth is the issue.

You reply that although the pictures are true, CPCs should not risk using them: “Abortion is a gruesome procedure and we should not minimize this. Yet, it is because of this gruesome aspect that pregnancy centers must remain mindful of the emotional sensibilities of the client.”

I agree, but only in part. While you are correct to say that CPCs must address the woman's emotional concerns, I think you are wrong to assume that they must withhold graphic visual evidence in order to do this.¹ Are we to conclude that women can't be trusted to look at abortion objectively? As feminist author and abortion advocate Naomi Wolf points out, this view is condescending to women and treats them as less than full moral agents:

The pro-choice movement often treats with contempt the pro-lifers' practice of holding up to our faces their disturbing graphics...[But] how can we charge that it is vile and repulsive for pro-lifers to brandish vile and repulsive images if the images are real? To insist that truth is in poor taste is the very height of hypocrisy. Besides, if these images are often the facts of the matter, and if we then claim that it is offensive for pro-choice women to be confronted with them, then we are making the judgment that women are too inherently weak to face a truth about which they have to make a grave decision. This view is unworthy of feminism.²

Tim Wiesner, Director of Choices Medical Clinic, underscores Wolf's insistence upon truth. Choices Medical Clinic is adjacent to Dr. George Tiller's notorious late-term abortion center in Wichita, Kansas. Nonetheless, Choices has a solid reputation for reaching abortion-minded clients. Part of its strategy includes graphic visual aids. Wiesner explains why gruesome pictures--when used appropriately and with the client's consent--are not manipulative. Rather, they save lives and impact clients positively:

We have seen over 1,000 women [in 18 months of operation.] We tell each woman what [counseling techniques] we offer. These include items some CPCs may find objectionable, such as the “Harder Truth” video, abortion instruments, and a suction machine. *We let the clients choose what items to view.* You can't predict what will strike a chord with them. Sometimes the ultrasound does the trick, sometimes not. Sometimes it's the abortion instruments. Sometimes it's the “Harder Truth” or the suction machine.

¹ Assuming, of course, that the client willingly consents to view graphic visual aids.

² Naomi Wolf, "Our Bodies, Our Souls," *New Republic*, October 16, 1995, p. 32.

The point being that *we need multiple points of influence* to grapple for the life of that baby. Clients sign an informed consent prior to viewing the “Harder Truth.” They hold the remote and can stop it at any time. We’ve had only one person who agreed to watch it resent us for it. Meanwhile, there are countless stories of women choosing not to abort because they did watch it. Sometimes, it may not influence the client, but it may influence her friend who accompanied her to our clinic. That friend will then begin trying to influence the client not to abort.

Every client completes an exit interview prior to leaving the clinic. *Over 99% say they would return, that they trust us*, and that they would recommend us to their friends if they were in similar circumstances.

If it’s their choice to have an abortion, let them choose what intervention may help them avoid one as well.³

Suzanne Genit, the former director of Avenues Medical Clinic, a CareNet affiliate, agrees with Wiesner:

There are some circumstances where the use of a graphic video, such as “Harder Truth,” is invaluable. Just as we would not say that *every* client needs to see a graphic video, we should also not say that *no* client should see one. Our ministry has used graphic videos with incredible success over the years and in polling our clients via exit interviews, have never received a complaint regarding the offering or use of such videos.⁴

Wiesner and Genit are not extremists (nor are they manipulators of women), but represent a long tradition of educators that universally acknowledge the intellectual value of graphic images. The purpose of displaying these controversial images is not to manipulate people emotionally, but to convey truth better than words ever could.

High school students, for example, are routinely shown grisly pictures of the Nazi Holocaust against the Jews. Images of mutilated bodies stacked like cordwood communicate the horror of the death camps in a way no lecture can. In fact, the producers of “Schindler’s List” donated a copy of the film to every high school in America, in spite of its graphic content. At the same time, movie theaters provided free screenings (during school hours) to over 2,000,000 students in 40 states.

Faculty acknowledged the disturbing images, but argued that students would not understand the holocaust unless they saw it.⁵ They were so convinced of this that when a conservative congressman protested exposing *young* children to the film, 40 of his colleagues in the House of Representatives signed a letter expressing outrage at his comments. “While it’s true that ‘Schindler’s List’ depicts nudity and graphic violence,”

³ Private email letter to Mr. Klusendorf, August 12, 2001. Emphasis added. Letter on file with SK.

⁴ Private letter, May 5, 1998. Emphasis is in the original. Letter on file with SK.

⁵ John Davies, “Moving Pictures,” *Times Educational Supplement*, September 16, 1994. See also *Social Education* (October 1995) pp. 365-366.

the letter states, “we believe that these scenes are critical to the film’s accurate portrayal of the dehumanizing horrors of the Holocaust. As noted television critic Howard Rosenberg wrote in the *Los Angeles Times*, ‘Although almost too horrid to watch, these segments are absolutely essential.’”⁶

The same can be said about teaching the controversial histories of the Vietnam War and the Civil Rights movement. Teaching the abortion holocaust with any less academic rigor is intellectually inconsistent. If students (and women visiting CPCs) are mature enough for “Schindler’s List,” they can certainly view an abortion video like “Harder Truth.”

You might think that CPCs are not analogous to classrooms, therefore my argument suffers. However, they are parallel in a way relevant to my argument. Both are educational enterprises, but they don’t just inform. They mean to persuade, so that the moral mistakes of the past may not be repeated in the future. And in both cases human lives are at stake.

In your article (“Why CPCs Should not Use Graphic Abortion Videos”), you reply that courts often reject graphic visual evidence when it could distort the rational deliberation of the jury. This may be true in court, but the analogy is misapplied to CPCs. As my colleague Stephen Wagner points out, gruesome photographs of a crime scene are objectionable in a courtroom not because they don’t give important evidence about the *nature* of the crime, but because they don’t directly address *who* did the crime, which is at issue in the trial.

In addition, it’s likely that the jury would associate the *horror* of the pictures (and the injustice depicted) with the defendant. In this way, the pictures could easily lead the jury to implicate a person in a crime she didn’t commit. In short, the jury does not need a refined understanding of the crime itself; rather, it needs to consider the weight of evidence that implicates a certain person in the commission of the crime.

In a crisis pregnancy situation, on the other hand, there is no criminal who will be unjustly convicted. There is only a baby who might be unjustly killed. At the crisis pregnancy center, the pregnant woman is both the defendant and the jury. She must be encouraged to look objectively at her unborn child and the procedure she can legally use to take his life. Although the issue *is* whether or not she will have an abortion, her finding in the case is directly affected by the nature of the act. An accurate understanding of the act in question is precisely what is accomplished by showing graphic visual aids to a woman considering abortion.⁷

⁶ The letter (dated March 3, 1997) was sent to NBC officials after the film aired on television.

⁷ Wagner writes: “My comment only applies to those situations where gruesome pictures don’t give essential information about who committed the crime. I am assuming that a picture that does give essential information about the identity of the criminal would have ‘probative value’ [that] outweighs its unfair prejudice.” The author is not discussing this situation. Neither am I.”

Wagner writes further: “The situations also differ in that the pregnant woman is contemplating the commission of a moral crime, not being judged for one already committed.”

Furthermore, the courts in many highly publicized trials *do* allow graphic visual evidence, despite the emotional impact on the jury. Associated Press reports that jurors in the trial of Andrea Yates, the mother who drowned her five young children in a bathtub, will view numerous pictures of the crime scene. One of the photos shows 7-year-old Noah Yates floating face down in the bathtub with his arms outstretched, submerged beneath the water. Others detail bruising on the children and how the bodies of Noah's four younger siblings — John, 5; Paul, 3; Luke, 2; and Mary, 6 months — were laid out on a bed in the back bedroom. State District Judge Belinda Hill said the photos' relevance outweighed any prejudice they might cause the jury.⁸

Yesterday in Los Angeles, stark and gruesome photographs depicting the bloody aftermath caused by two frenzied dogs took center stage in the trial of a San Francisco couple accused of letting the animals maul neighbor Diane Whipple to death. Prosecutors displayed images of Whipple's fatal injuries--the back of her neck bloodied and punctured by the dog's teeth, her buttocks and breasts also punctured, her face covered in blood. Prosecutors successfully argued that although the images were disturbing, jurors would not understand the nature of the crime without them.⁹

Applied to CPCs, graphic visual aids are appropriate (and powerful) tools of persuasion when the client consents to view them. It simply does not follow that because pictures are graphic, they are intellectually dishonest and manipulative. There is another alternative advocated by Genit and Wiesner: Use pictures wisely.

Bill, please don't miss the force of these comments coming from seasoned CPC workers on the front lines of the battle. One, the clients are not coerced in any way but choose for themselves the kind of counseling they want. Two, far from being traumatized, the clients respond with trust in virtually every case (99%). Three, many women choose not to abort specifically because of this approach. Simply put, Wiesner's “multiple points of influence” approach works, and I think Help-All should give some careful thought to why it's so effective.

II.

Your second argument is that less inflammatory evidence is available to reach abortion-minded women. You write (email, 8/6): “We believe that using ultrasound to show a woman the life inside her is potentially a much more powerful and positive way to convey the same truth that is shared by showing pictures of aborted fetuses.”

Later, in your article, you say: “Some advocates claim that the use of these sensational presentations is necessary to fully convey the horror of abortion. However, an objective

⁸ “Judge Allowing Yates Jurors to See Crime Scene Photos,” (AP) February 20, 2002

⁹ “California Jurors See Dog Attack Victim Photos” (AP), February 20, 2002

and clinical description of abortion may just as effectively convey the brutal nature of an abortion procedure.”

I agree that not every abortion-minded woman visiting a CPC needs to view graphic abortion pictures, but it doesn't follow from this that none should.

As former CareNet center director Suzanne Genit points out, there are five types of abortion-minded clients:¹⁰

Type #1: Responds to loving support, chooses life.

Type #2: Responds to information on fetal development—chooses life

Type #3: Responds to descriptions of abortion techniques—chooses life

Type #4: Remains unmoved by love, facts/information, and verbal descriptions of abortion techniques, but responds to graphic abortion videos—chooses life.

Type #5: Hardens her heart to all information—chooses abortion.

Genit's point is that clients 1 to 3 do not need graphic depictions of abortion. For those women, you are correct: Ultrasound and/or clinical descriptions are suitable alternatives. Client #4 is different. In her case, ultrasound misses the mark because it does not speak to the truth about abortion. It speaks to the humanity of the unborn, not the inhumanity of abortion, which is the act she contemplates. True, clinical descriptions of abortion address this concern, but it's a stretch to assume that in a visual society like ours, they communicate the brutal reality of abortion as effectively as pictures. This is why clinical descriptions do not anger abortion advocates the way that pictures do. I wish it were not so, but if client #4 is not made to feel more horrified of abortion than she is terrified of her own crisis pregnancy, her baby will die.¹¹ Given what's at stake, it's not enough for her to simply imagine this horror. We must at least offer her the chance to see it.

The fact is that many people pay lip service to the humanity of the unborn and may even squeal with delight each time they see a wanted fetus on a sonogram, yet tolerate abortion.¹² There's an important lesson here for pro-life advocates: When it comes to moral persuasion, many times images of death work better than images of life.

To cite a parallel example, the modern environmental movement got its start with graphic pictures in the late 1960's. As activist Jerry Mander points out in his book *Four Arguments for the Elimination of Television*, initial attempts to mobilize public support for preservation of the giant redwoods produced a giant public yawn. Breathtaking photographs of majestic trees, though inspiring, did little to incite public anger at the timber industry. So, activists took a lesson from the Vietnam War. Instead of showing pictures of pre-cut trees in all their glory, environmentalists began circulating before and after photos. "We started carrying around photos of acres of stumps where hundreds of redwoods had been cut down. I don't know if you have ever seen a field of tree stumps, but it is a horrific sight, not unlike a battlefield."

¹⁰ Letter to SK, May 5, 1998.

¹¹ Gregg Cunningham made this point in a letter to Guy Condon, April 10, 1993.

¹² Naomi Wolf, "Our Bodies Our Souls;" See footnote #2 above.

The public outcry was immediate. "At that moment," Mander concludes, "I realized that death is a much better subject for television than life. Images of life--whether of trees themselves or the finely-tuned Vietnamese culture--accomplished nothing. They only put people to sleep."¹³

The same can be said of abortion. The use of graphic pictures is not manipulative, but consistent with other mainstream campaigns of social reform. Shocking pictures have traditionally been used by social reformers to dramatize the injustices of child labor, racial violence against African Americans, U.S. military involvement in Vietnam, etc. What has changed is that for the first time in recent history, political conservatives are using this tactic in an effort to reform an abortion-tolerating public.¹⁴

This tactic is appropriate, given we live in a culture that thinks and learns visually. As Neil Postman points out in *Amusing Ourselves to Death*, with the advent of television, America shifted from a *word-based* culture—with an emphasis on coherent linear thought—to an *image-based* one where thinking is dominated by feeling, intuition, and images.¹⁵

Postman's point (and mine) is that visual learners have short attention spans. They make decisions based on intuition, feeling, and images. That doesn't rule out the presentation of facts and arguments, but it does change *how* they are communicated. It means we must change how people *feel* as a predicate to changing how they *think*.¹⁶ Disturbing images change feelings in ways that words cannot.

You reference this image-based culture in your article on graphic abortion videos: "Whether we like it or not, we live in an era in which decisions in the marketplace are made based more on perceptions than upon absolute truth."

My point exactly. But if that's the case, why conclude that facts and sonograms *by themselves* are sufficient to reach unstable, abortion-minded clients? I think just the opposite is true. In a visual, post-modern culture, using graphic pictures to change the way a client *feels* about abortion before using facts to change how she *thinks* (and, ultimately, behaves) on abortion makes perfect sense. This is not manipulation. It's meeting the client at her level.

¹³ Jerry Mander, *Four Arguments for the Elimination of Television* (New York: Morrow-Quill, 1977)

¹⁴ See Gregg Cunningham, "Why Abortion is Genocide," www.abortionno.org

¹⁵ Neil Postman, *Amusing Ourselves to Death: Public Discourse in the Age of Show Business* (New York: Penguin Books, 1984)

¹⁶ As early as 1974, for example, media critic Marshall McLuhan questioned whether rational discourse could reform culture because "abortion 'thinking' is taking place in an even deeper swamp of mass hysteria created by the inner trips of the TV image. All of our thinking about abortion is taking place in the smogged-over world of TV." His proposed solution was for networks to feature graphic abortion sequences on national television. When asked if footage would unfairly bias viewers, McLuhan replied, "These films don't have to have any pro or con slant, if they are permitted to show the actual process." (Matie Molinaro, *et al*, *Letters of Marshall McLuhan*, Toronto: Oxford University Press, 1987, pp. 441, 503.)

Again, I don't contend that all clients must see abortion videos; I merely dispute that none should, that facts alone are sufficient in every case. In word-based cultures, that's true. In image-based ones, it's wishful thinking.

III.

Your third argument is that when CPCs use graphic visual aids, they reinforce Planned Parenthood's negative stereotype against their work. Given that we are in a marketing battle where perceptions matter more than reality, CPCs must avoid practices that "contribute to the negative images that are projected by Planned Parenthood."

To substantiate your claim that graphic visuals reinforce this negative stereotype against CPCs, you cite Planned Parenthood directly, but the quote you reference may prove too much. You write:

One way that PP positions itself in the marketplace is by portraying pregnancy centers as places of deception, intimidation, and scare tactics. Planned Parenthood points to the use of graphic videos as one form of coercion. On its website, PP offers the following warning to women who are considering pregnancy options: *Beware of so-called 'crisis pregnancy centers' that are anti-abortion....They will try to frighten you with films that are designed to keep you from choosing abortion.*

However, that same PP brochure, in the same paragraph you cite, warns that CPCs coerce women by merely discussing abortion. While you quote only the sentence pertaining to graphic visuals, the remaining paragraph portrays nearly all CPC staff, and their activities, as deceptive:¹⁷

- *They may perform your pregnancy tests without medical supervision.*
- *They won't give you complete and correct information about all options.*
- *They will try to frighten you with films that are designed to keep you from choosing abortion.*
- *They will lie to you about the medical and emotional effects of abortion.*
- *They may tell you that you are not pregnant even if you are, to fool you into continuing your pregnancy without knowing. The delay would make abortion more risky and keep you from getting prenatal care.*
- *They will discourage you from using the most reliable methods of birth control.*

In fact, what Planned Parenthood finds most deceptive and "dirty" is not the graphic pictures displayed by CPCs, but a practice that all Help-All affiliates enthusiastically promote: post-abortion counseling and recovery:

¹⁷ "What if I'm Pregnant," Planned Parenthood Federation of America, <http://www.plannedparenthood.org/womenshealth/whatifpregnant.html>

*It's anti-choice dirty-play at its worst. Because the groups believe that abortion is always a wrong choice, they often engage women in three steps toward recovery: confession of their mistake; reconciliation, usually through a ritual and, finally, restitution of some sort. ... Claiming that abortion causes women psychological suffering conveniently flips the debate so that the anti-choice movement seems less callous toward women's concerns and more focused on women's "health."*¹⁸

I'm sure you wouldn't recommend that CPCs suspend counseling services (including discussions about the physical, spiritual and emotional risks associated with abortion), free pregnancy tests, and post-abortion recovery ministry because Planned Parenthood portrays these activities as coercive and deceptive. Nevertheless, that seems to follow given your belief that CPCs must avoid practices that "contribute to the negative images that are projected by Planned Parenthood."

Conversely, if we are unwilling to limit these other important activities, why single out graphic visual aids for censure simply because PP attacks CPCs for using them?

As to your claim that CPCs have a significant marketing problem reaching abortion-minded women, that may be true, but I don't believe it's for the reasons you cite. The primary reason these women are not buying what we are selling has little to do with the public's alleged negative perception of CPCs (and the role graphic abortion pictures allegedly play in that perception), but its rejection of the moral logic of the pro-life position. To me, that is a far more ominous problem than a failed marketing strategy.

In fact, there is qualitative evidence that even though Planned Parenthood slams CPCs for using abortion videos, its smear campaigns against them, at least at the perception level, are not working. Hence, there is no reason for CPCs to eschew the video tactic. According to a 1997 survey by the Wirthlin Group, 66 percent of American women are aware of crisis pregnancy centers and the services they provide, while 49 percent know of their local center. Most importantly, 87 percent of those aware of CPCs believe they have a positive impact on the women they serve. This positive attitude cuts across ideological lines: A whopping 86% of women who say they are "pro-choice" view CPCs favorably.¹⁹ Yet despite excellent programs and high approval ratings, CPCs struggle convincing abortion-minded clients to use their services.

CareNet reports in its volunteer training manual that 80% of clients seen by its centers are *not* abortion-minded. (Guy Condon, in a conversation with me nine months prior to his tragic death, confirmed this 80% figure applies to women *entering* the CPCs.) That means the vast majority of women considering abortion blow right by the local CPC on their way to Planned Parenthood.²⁰ This is true despite CareNet's laudable 1993 goal of

¹⁸ Cynthia Cooper, "Abortion Under Attack," *Ms. Magazine*, August/September 2001. The article is highlighted as a feature story on PP's website at <http://www.plannedparenthood.org/articles/pass.html> View the article in its entirety at <http://www.msmagazine.com/aug01/pas.html>; see also PP's fact sheet entitled, "Emotional Effects of Induced Abortion," which can be found on its website at: <http://www.plannedparenthood.org/library/facts/emotAB.html>

¹⁹ Poll cited in *National Right to Life News*, May 7, 1998, p. 17.

²⁰ *Help-All Volunteer Training Manual*, 1995.

making pregnancy care centers "so accessible and so effective in serving women that we put abortionists virtually out of business by the end of the decade."²¹

Why are CPCs failing to reach these women? Marketing perception is not our primary problem. My belief is that when abortion-minded women think well of CPCs, but reject their offers of help, that is not a marketing problem. It is a moral and idea problem. These women do not agree with us that abortion is a serious moral wrong or that killing a fetus is the moral equivalent of killing a toddler.²² Hence, they turn to Planned Parenthood for solutions to a crisis pregnancy, not the CPC.

CareNet is not alone here. According to research presented by the Family Research Council at a 1998 Focus on the Family conference for crisis pregnancy center staff, the number of abortion-minded clients visiting CPCs is declining nationwide. For example, ten CPCs noted for their size and strong leadership were asked to report their statistics for 1994 to 1996. The number of abortion-minded clients increased in four centers, but decreased in six. The number of "service only" clients (those coming in for diapers, clothing, etc., but not at risk for abortion) increased in seven, remained unchanged in one, and decreased in two. The FRC report warns that if these trends continue throughout the movement, it could "threaten the primary mission of centers--to reach women at risk for abortion."²³

Please don't think that I blame CareNet staff for this dearth of abortion-minded clients. As I said above, when pregnant women reject help from some of the best run CPCs in the country, we don't have staffing problems or marketing problems; we have moral and idea problems: The culture does not agree with us that abortion is a serious moral wrong. We struggle in the marketing realm precisely because the idea realm is not with us. Hence, this vexing problem: Abortion-minded women praise the CPC when they are *not* pregnant, but reject its help when they are.

"Americans want to register their moral disapproval [of abortion] and keep the procedure available at the same time," writes Christopher Caldwell. "It's not a pro-life stance at all.

²¹ "Action Line," January, 1993; see also Kim Lawton, "20 Years After Roe," *Christianity Today*, January 11, 1993, p.38.

²² Some pro-life advocates dispute this, claiming that abortion-minded women agree that killing a fetus is a moral wrong, but have abortions anyway due to "practical" problems. However, when a pregnant woman says that she will kill her unborn offspring unless her practical needs are resolved, that is not a practical problem; it's a deeply moral one. As Francis J. Beckwith (Professor of Philosophy, Culture, & Law, Trinity International University) points out, a practical problem is, "How can I make ends meet on a single paycheck," not, "Unless my needs are met, I will kill my unborn offspring." Besides, if these women truly believe that their fetuses are the moral equivalent of infants or toddlers, why do they only kill their fetuses when confronted with practical difficulties rather than their already born children? For more on this, see Francis J. Beckwith, "Taking Abortion Seriously: A Philosophical Critique of the New Pro-Life Rhetorical Shift," paper presented at the annual meeting of the Evangelical Theological Society (Danvers, MA), November 16-18, 1999. Request copies from the author at beckwith@tiu.edu. See also Scott Klusendorf, "The Vanishing Pro-Life Apologist," *Christian Research Journal*, vol. 22, #1 (October 1999). View the article on-line at <http://www.str.org/free/bioethics/index.htm>

²³ "Assessing Center Impact--Increasing Center Effectiveness," Family Research Council, February 1998.

It's idle moralism, freeloading off a pro-choice culture."²⁴ His point is that lifestyle trumps morality when unplanned pregnancies hit close to home. This is not a marketing problem unique to CPCs, but a deeply moral one confronting the entire pro-life movement.

Crisis pregnancy centers are vital to the pro-life movement, but even if there were one on every street corner in America it would not "put abortionists virtually out of business" ever, much less by the end of the decade. I'm glad that some women can be loved into loving their babies, but I won't let that fact blind me to the reality that there are many others who will kill their babies if not persuaded that abortion is a serious moral wrong.²⁵

When the culture becomes convinced that abortion is a serious moral wrong, I believe CPCs will see a dramatic rise in the number of abortion-minded clients. Pictures reawaken moral sensibilities. They shatter the illusion held by many abortion-minded women that they can condemn abortion with words, while making an exception for their own personal circumstances. At the same time, pictures confront the larger culture with injustice it wants to ignore. That's why pro-life advocates must use them.

There is anecdotal evidence that graphic images, used properly, draw rather than repel abortion-minded women. David Lee, Executive Director of Justice for All²⁶ (JFA—www.jfaweb.org), a pro-life campus ministry that carefully displays large panels depicting non-graphic embryos and fetuses as well as graphic pictures of abortion on university campuses (reaching up to 50,000 students per week²⁷), claims pictures increase the number of abortion-minded clients visiting CPCs. Lee cites an example from the University of Tennessee, where JFA co-sponsored a display. Not long afterward, Pat Job, the director of a nearby CPC, made a written report of the display's impact upon subsequent clients, a portion of which I summarize below:²⁸

- Within two weeks of the exhibit, 26 women visited the CPC who specifically identified the display as influencing their decisions to turn to the CPC for help.
- Of those 26 women, eight were actually pregnant. Five of the eight women maintained they were still "pro-choice," but said they could not go through with an abortion after seeing the pictures.
- All eight pregnant women were nurtured by the center emotionally and spiritually. Not one had an abortion.

²⁴ Christopher Caldwell, "Why Abortion is Here to Stay, *The New Republic*, April 5 1999.

²⁵ Gregg Cunningham made this point in a letter to Guy Condon, May 1993. Scott has letter on file.

²⁶ Lee also lectures regularly at Focus on the Family Institute, where he trains students to persuasively defend pro-life views in the public square.

²⁷ See the Justice for All Exhibit and student reactions to it at www.JFAweb.org.

²⁸ Letter on file with David Lee. Copies available upon request.

Lee is currently pursuing a strategy whereby CPCs will erect a temporary station on campuses during and after the JFA exhibit, thereby reaching abortion-minded women before they make abortion appointments.

IV.

Finally, you argue that lay volunteers, not professional counselors, staff most CPCs. These volunteers lack training to interact with emotionally vulnerable clients and are “extremely zealous” to present information. Arming “zealous” volunteers with a graphic video is a potential recipe for abuse. Hence, CPCs should not use abortion videos.

Setting aside for the moment the question of whether this is a fair assessment of your volunteers (I happen to think you underestimate them, given my experience training some Help-All staff to use “Harder Truth”), what follows is not that CPCs should discourage graphic videos, but that volunteers should be taught to use them appropriately. That means instructing them to:

- be sensitive to the client’s emotional needs
- determine if a client is a proper candidate for a visual aid
- use a client consent form for all graphic materials

The legal example you cite (*Boes v. Deschu*) is interesting. I could be wrong about this given I am not an attorney, but based on the information you include about the case I see nothing that warrants suspension of visual aids. Clearly, the counselor was at fault for at least two reasons. First, her client was not at risk for abortion; second, her client was emotionally distressed. (It’s also unclear if the client actually consented to view the film.) I agree: This client was not a good candidate for visual aids. The trouble here was not the video *per se*, but the lack of a proper protocol for using graphic pictures.

Suppose instead of showing the film, the counselor presses the client to consider quotes from Warren Hern’s *Abortion Practice*, a book you suggest be used in place of graphic videos. Perhaps she reads the section where Hern likens the fetal head to a Ping-Pong ball, and how crushing it with forceps gives a definite sensation (p. 151). What if for this particular client, the quotes provoke the same emotional reaction as the video? If the client subsequently sued the CPC for emotional distress, should that center stop quoting Hern’s book because the volunteer misused it? I think you would reply that no, the proper step is to train volunteers to use the book properly. I agree, but couldn’t one argue with equal force that what is true of graphic books is true of graphic videos and that what logically follows is that we should use abortion pictures wisely, not reject them altogether?

Perhaps you think the two cases are not parallel, that “zealous” volunteers can be trusted to use printed materials wisely, but not abortion videos. This reply is problematic for two reasons. First, it contradicts the positive experiences of numerous CPCs that use abortion pictures wisely, like the examples of Wienser and Genit above. Second, it’s patronizing to say these volunteers cannot reasonably handle a tool that you concede saves lives. Are

we to assume that counselors are so immature? Again, proper training, not a categorical rejection of graphic pictures, is the solution.

I conclude with these suggested recommendations for CPCs using graphic visuals:²⁹

1. The CPC/medical clinic should have a written policy (protocol) on the use of graphic pictures and videos. The policy should instruct CPC staff volunteers to remain in the room with a client who is viewing a graphic video. This will allow the pregnant woman to ask questions and protect the center against false claims of what transpired.
2. A simple consent form should be used with any client who agrees to see a video. The form should state that the client is free to turn off the video at any time. It's a good idea to actually place the remote control device in the hand of the client and instruct her where the on and off buttons are located.
3. CPC staff members should be trained to discern which (if any) videos will best meet the needs of the client. These videos should be respectfully offered and, if rejected, the client must still be treated with deference and compassion.
4. CPCs must choose adequately trained people to counsel women contemplating abortion. If a prospective counselor is too tenderhearted or emotionally sensitive to offer graphic videos in appropriate cases, she is not a good candidate for a counseling position. Thankfully, she can serve the CPC in other ways.

Anyway, these are my thoughts about the objections raised in your letter(s). I hope I've dealt with them charitably and in a spirit of good will. If I have misunderstood some of your views, I welcome further clarification. I hope we can talk more about this issue.

Thanks again for contacting me, Bill. I applaud you and Help-All for your desire to extend Christ's love to women in crisis. Whatever our differences, I count it a privilege to serve with you as a fellow foot soldier defending the unborn.

Warmly,
Scott Klusendorf,
Director of Bio-Ethics, Stand to Reason

Bill Wellington replies to Scott Klusendorf

Dear Scott,

Thank you for your well-reasoned and thoughtful responses. Your analysis has been helpful in allowing us to fine-tune our thinking about a very important and admittedly controversial issue.

I fear that in my previous communication I may have understated my most important argument, one that is an important aspect of Help-All's position on graphic visual aids.

²⁹ Former CareNet director Lois Cunningham, RN, developed these guidelines.

For example, I need to emphasize that we do greatly admire Suzanne Genit and the work of her center in Glendale. We do not consider Suzanne to be an extremist because her views on graphic videos differ from ours and we certainly recognize the great compassion she brings to her ministry. I recently reviewed a tape of one of her workshops in which she makes a very effective argument about the benefits of graphic videos.

For purposes of our continued dialogue, let us agree to these basic points:

1. Among the total number of abortion-minded clients, there may be some that can be reached with graphic videos that may not be reachable by other abortion education resources. This is the Type #4 client that Suzanne Genit speaks of in your previous response.
2. You are correct that certain procedures can be followed to minimize the potential for misuse of a graphic video. These include exercising discernment in determining for which clients the videos may be appropriate, clearly disclosing the graphic nature of the video's content, obtaining voluntary written consent, and assuring that the client can stop the presentation at any time.

Based upon these assumptions, Help-All would concede that there is some percentage of abortion minded clients who can be positively influenced by graphic videos without being subjected to undue emotional manipulation or harm.

Thus, you may ask, why does Help-All continue to object to the use of graphic videos even with these recommended safeguards?

The answer is because we still believe that *there is an unacceptable trade-off*. The fact is that many CPCs have historically misused graphic videos and many continue to misuse them today. This allows Planned Parenthood to generate negative marketing images against the CPC movement.

True, if every CPC were as well-run as Suzanne Genit's, our concerns about the misuse of graphic videos with clients would be greatly minimized. However, we must face the realities of our movement. A significant percentage of pregnancy centers remain totally independent from any affiliation organization and most of these centers have no professionally trained staff. Moreover, a significant number of these centers mistakenly rely on a "baby-focused" approach that emphasizes the need to use every means available to save the baby. Finally, there are no established industry-wide standards to regulate the specific manner in which graphic videos are used.

In her presentation on visual aids, Suzanne Genit acknowledges that using graphic videos requires the exercise of special discernment to determine which clients should see them. She indicates that less than 10% of clients in her center are actually shown such a video. Based upon our interactions with other pregnancy centers that use graphic videos, we believe that Suzanne's situation is unique. We strongly doubt that the degree of

discernment that she advocates is being practiced in most other centers. Rather, our experience is that when graphic videos are used at all, they tend to be used as part of the regular abortion education presentations. In short, we believe that despite the advocacy of sound procedures for using graphic videos, most pregnancy centers that use graphic videos do not follow these stricter procedures.

I agree with you that if we were only talking about isolated occurrences of misuse within a relatively small number of centers, an emphasis on better procedures and training might be a logical solution. But, to us, it appears that there is a much more deeply ingrained institutional unwillingness to abide by these higher standards. It is for this reason that Help-All believes that a general recommendation against using graphic videos is more realistic to implement than demanding that all centers abide by stricter procedures while using them.

As far as marketing goes, Planned Parenthood's strategy is to portray themselves as the compassionate caregivers willing to explore all options while simultaneously portraying pregnancy centers as judgmental church ladies who want to scare, deceive and coerce clients from having abortions. No matter how beneficial graphic videos may actually be, we must admit that our movement's continued and widespread use of them plays directly into Planned Parenthood's marketing strategy.

Certainly, we are not suggesting that our centers should take some remedial actions every time Planned Parenthood criticizes us. The problem here is that this particular criticism is one which we believe has sticking power in the public's mind. Graphic videos are the tangible evidence that helps support Planned Parenthood's mantra that "pregnancy centers will go to any extreme measure to stop a woman from exercising her reproductive rights." In our own marketing research completed last year, the abortion-minded clients we interviewed emphasized that they wanted someplace to go where they would not be judged and where they could explore all of their options. We believe that the women involved in this study were particularly well suited to provide valuable insights because, at the time of their interviews, they were pregnant, abortion-minded and had not sought help from a pregnancy center.

The one example of Planned Parenthood's reference to graphic videos in my earlier communication may not have been the best and certainly was not intended to be exhaustive. I know that I have seen numerous and repeated references to graphic videos in the propaganda that Planned Parenthood and NARAL use against us. I will attempt to gather these citations so that you can see the extent to which these groups continue to make use of this particular point.

Of course, we fully agree with you that there is a moral or idea problem lying at the root of this problem. We recognize that women who have begun to contemplate abortion as an acceptable pregnancy option must have also begun to engage in a thought or rationalization process to negate the truth that abortion is wrong. Our ultimate goal is to help these clients see the truth. But from a marketing standpoint, our appeal must begin

on a level which allows clients to relate to us from their own perspectives. That is why we initiate marketing efforts that emphasize our compassion rather than our convictions.

Finally, I want to again emphasize how much we appreciate the opportunity to engage in civil and constructive discourse on this topic. We are truly saddened that some who disagree with our positions have become openly hostile toward HelpAll and have threatened to take actions which we believe will greatly undermine the work of our centers. There are many issues about which fellow Christians disagree and will continue to disagree. However, to the maximum extent possible, we should not let these disagreements get in the way of our mutual desire to advance His kingdom.

Bill Wellington

Scott Klusendorf replies to Bill Wellington

Dear Bill,

Thanks for your follow up to my reply regarding CPCs and graphic visual aids. I think we are modeling something positive here, both in tone and content, for other in-house disputes. I appreciate your important contribution to our continued dialogue.

I gather from your most recent communication that we agree on the following points:

- 1) Some abortion-minded women can be reached with graphic depictions of abortion. In other words, you agree that these pictures save lives.
- 2) Certain procedures can be followed by CPCs to minimize the potential for misuse of abortion pictures.
- 3) The root problem confronting CPCs in their failure to attract abortion-minded women is not primarily a marketing problem related to Planned Parenthood, but a deeply moral one. You write: “Of course, we fully agree with you that there is a moral or idea problem lying at the root of this problem” and that many abortion-minded clients engage in a “rationalization process to negate the truth that abortion is wrong.” That “rationalization process” is indeed a moral problem.

Based on these points of agreement, the most compelling conclusion is the balance struck in my earlier piece: Instead of categorically rejecting graphic visuals, CPCs should train staff to use them wisely. Moreover, CPCs should be less concerned with Planned Parenthood’s negative marketing strategy—which apparently is not sticking given that 87% of “pro-choice” women think highly of CPCs—and more concerned with using tactics that reawaken the moral sensibilities of clients. For some of these abortion-minded women, disturbing videos convey moral truth far better than words. Conversely, when we deny a client the option of viewing these pictures, we trust a baby’s life to her ability to imagine a procedure that for many Americans has lost all of its meaning. Hence, the images are indispensable adjuncts to verbal counseling and CPCs should use them when appropriate.

Nevertheless, you reject my modest conclusion. You concede that graphic visual aids can be used responsibly without subjecting women to undue emotional manipulation (as illustrated by Suzanne Genit), yet there remains for you an unacceptable trade-off. This trade-off comes in the form of 1) the continued misuse of graphic visuals by numerous CPC staff and 2) the overall negative marketing images that are generated against our movement whenever CPCs use abortion pictures. These are not new concerns, but a refinement of two points that you raised earlier: staff inexperience and marketing perception. Generally speaking, I addressed both in my earlier reply, but these are important concerns. You are correct to revisit them.

I.

Your first concern is that most CPCs, unlike Suzanne Genit's, are not well managed. You write that a significant percentage of these centers operate independent of any affiliating organization, meaning they function with untrained staff and no industry-wide standards for regulating the way graphic videos are used. Hence, it's best that CPCs not use abortion pictures at all.

My initial response is to ask why HelpAll does not assume a position of leadership and publish these standards, at least with its own affiliates? Once you acknowledge Genit's staff for effectively using graphic videos pursuant to carefully written protocols, what logically follows is that we should train other centers to function like hers, not jettison abortion pictures altogether. Are we to assume that other Help-All centers are so poorly staffed that we cannot trust them to follow Genit's excellent example? If so, we should spare no expense remedying this problem. It is our duty to do the job well, to recruit and train more adequate staff, because otherwise unborn humans will die due to our inadequacy.

You reply that although Genit's protocol for using graphic videos is sound, most pregnancy centers that use abortion films do not follow these stricter guidelines. You are convinced of a "deeply ingrained institutional unwillingness to abide by these higher standards."

My question is *what* standards? Outside of Genit's own center, can you cite any major CPC affiliation (Help-All, CareNet, NIFLA, Heartbeat, CAPPs, etc.) that has ever published, much less advocated, a protocol for using graphic images wisely, one that CPCs could reasonably follow? If not, how can we say with any degree of certainty that numerous CPCs now using graphic aids would (and do) ignore these stricter standards? It seems unfair to question their willingness to follow reasonable standards when those standards are nowhere to be found.

In short, it appears you are making two conflicting arguments. On one hand, you argue that CPCs should not use graphic pictures because there are no industry-wide standards for using them wisely. However, you then argue that CPCs should eschew abortion pictures because many centers refuse to follow the strict standards regulating their use.

If there are no established standards, how can we claim that CPCs refuse to follow them?

Your solution is to promote a policy rejecting abortion pictures wholesale, but this policy has problems. First, it does nothing to alleviate the alleged misuse of abortion pictures by non-complying centers (i.e. centers that waive your recommendation that graphic videos not be used). Instead, it leaves unresolved the fundamental issues of poorly trained staff and nonexistent video protocols. Second, it strips CPCs of a tool that you and I both agree saves lives. Third, and most problematic, it confuses the concept of “finding a solution” with the concept of “eliminating a problem.” True, we can eliminate the potential abuse of graphic pictures by rejecting them outright, but at what cost?

Consider a recent example involving the synthetic prescription drug OxyContin, manufactured by Purdue Pharma, LP. Despite its proven reputation as a miracle cure for debilitating back pain, national media outlets (*Time Magazine*, *Newsweek*, TV news, etc.) blasted the drug for its alleged misuse. According to *Time*, the drug was so popular and addictive that it was “generating a blizzard of a crime wave” in several pockets of the nation.³⁰ One source called the pills “killers” due to the rapidly escalating toll of overdose deaths allegedly associated with its illicit use. Hundreds, if not thousands (the specific numbers varied wildly), of junkies were reported dead from craving its uniquely intense high. Taken together, the stories unabashedly proclaimed an epidemic of OxyContin abuse when in fact only isolated cases were documented. From a marketing perspective, the unsubstantiated accounts not only damaged Purdue; it sent the treatment of chronic pain reeling backward into ignorance and fear.

One proposed solution to the negative media campaign was for Purdue to simply discontinue the drug. Already, many doctors fearing abuse refused to prescribe it. To make matters worse, the Drug Enforcement Agency (DEA) began taking action against Purdue, pressuring it to curtail marketing of Oxy to all MDs save a handful of pain specialists. Other government officials pressed for a complete ban.

Purdue, with help from leading pain specialists, fought back against the false allegations, persuasively arguing that although a ban might eliminate the problem of potential abuse, it would leave unresolved the chronic pain suffered by millions of Americans. For these specialists, that was morally unacceptable. Instead, they advocated stricter protocols for those administering the drug as well as special training for physicians unskilled in the art of pain management.³¹ Today, limited fear mongering continues, though largely abated by Purdue’s aggressive education campaigns.³²

³⁰ Timothy Roach, “The Potent Perils of a Miracle Drug,” *Time*, January 8, 2001. <http://www.time.com/time/magazine/printout/0,8816,93319,00.html>; for a rebuttal to the *Time* story, see Sandeep Kaushik, “Valley of the Dolls: How the Media Built the Oxy-con Scare,” *Ace Weekly*, January 6, 2001; www.aceweekly.com/backissues_ACEWeekly/011621/cover_story010621.html

³¹ Purdue did suspend distribution of its mega 160mg OxyContin tablets to untrained specialists and launched a vigorous campaign to educate teens about potential drug abuse.

³² See Purdue’s website for sample press releases and letters defending the drug; www.oxycontin.com

Bill, categorically rejecting graphic abortion pictures will indeed eliminate the problem of their potential misuse. But the tradeoff is unacceptable: Children will die and women will suffer who might have been spared had we at least offered the films. Surely we can do better than the twin extremes of using life-saving videos carelessly and not using them at all. With the former, women are unduly offended and consequently resent us. With the latter, lives are lost that could have been saved had we used the pictures prudently. Both are unacceptable and largely avoidable if HelpAll and other reputable CPC affiliations would provide guidelines on a reasonable third alternative: The wise use of graphic aids. I'm perplexed that no CPC organization to date is willing to seize this important leadership opportunity. True, there's always the risk that some centers will ignore published guidelines. But it's a risk worth taking since the alternative would mean rejecting a tactic that you and I both agree saves lives.

II.

Your second concern is marketing. You emphatically state: "No matter how beneficial graphic videos may actually be, *we must admit* that our movement's continued and widespread use of them plays directly into Planned Parenthood's marketing strategy." (Emphasis added)

I'm not sure if by "our movement" you mean the pro-life cause in general or CPCs specifically, but either way I am unwilling to accept your claim without evidence. True, you reference Planned Parenthood and NARAL, but your citation of these groups is problematic for two reasons. First, it is one thing to observe the tendency of these groups to fanatically criticize pro-life advocates for displaying graphic abortion pictures. It is quite another to assert that these criticisms are reliable indicators of what the public truly thinks. Hence, when you write of the "numerous and repeated references to graphic videos in the propaganda that Planned Parenthood and NARAL use against us," you prove only that Planned Parenthood despises our work (surprise), not that graphic pictures adversely affect public opinion. To prove this latter point, you need reliable polling data showing a causal connection between the use of graphic abortion pictures and declining support for the pro-life position. I am aware of no such data.

Second, our opponents hate graphic pictures precisely because the images work *against* Planned Parenthood, not for it. Speaking of the debate over partial-birth abortion, pro-abortion columnist Anne Roiphe writes: "The anti-abortion forces will again display horrible pictures of the technique, which they call partial-birth abortion. Although few in the abortion rights movement take this approach seriously, it has emotional resonance and erodes public support for all abortion."³³

Her fears are well founded. As you know, public opinion has indeed shifted in our favor since the graphic nature of partial-birth abortion was widely revealed in 1995.³⁴ "When

³³ Anne Roiphe, "Moment of Perception," *New York Times*, September 19, 1996.

³⁴ For more on this public opinion shift, see my article "The Vanishing Pro-Life Apologist," *Christian Research Journal*, vol. 22, #1, October 1999; <http://www.str.org/free/bioethics/vanish.pdf>

someone holds up a model of a six-month-old fetus and a pair of surgical scissors, we say 'choice' and we lose," writes feminist Naomi Wolf.³⁵

Later, in a 1998 article in *George Magazine*, Wolf states: "The brutal imagery, along with the admission by pro-choice leaders that they had not been candid about how routinely the procedure was performed, instigated pro-choice audiences' reevaluation of where they stood." As a result, "the ground has shifted in the abortion wars."³⁶

Cynthia Gorney, author of *Articles of Faith*, a book about the abortion wars, says that serious damage has been done to the pro-abortion side. "One of the dirty secrets of abortion is it's really gruesome, but nobody would look at the pictures. With partial-birth, the right-to-life movement succeeded for the first time in forcing the country to really look at one awful abortion procedure."³⁷

The quotes from Wolf, Rophie, and Gorney are critically important. The abortion rights people are conceding their weakest point and we should listen. They are terrified of graphic images.

True, many people dislike abortion pictures and find them offensive. That's to be expected, given the discomfort of admitting one's own moral culpability in the face of injustice. The more pressing question is whether the number of people put-off by the graphic images exceeds those shocked into modifying their beliefs. If the debate over partial-birth abortion is any indication, we should bet on the pictures.

More narrowly, I suppose one could reply that what's true of the public at large is not true of abortion-minded women, since many in the latter group are uniquely susceptible to Planned Parenthood's negative marketing strategy against CPCs. But again, I am unaware of any objective evidence supporting this conclusion.

As I mentioned in my previous exchange, Planned Parenthood unfairly attacks CPCs not only for using abortion pictures, but for alleged false advertising, pregnancy testing protocols, and post-abortion counseling techniques, to name a few. The attacks are not sticking, at least at the perception level. Despite the negative blitz, women overwhelmingly think well of CPCs. Eighty six percent of women who say they are "pro-choice" share this view.³⁸ True, these same women often reject our help when pregnant, but that's a moral problem, not marketing one. At the perception level, which is where marketing concerns apply, they like us. Hence, there is no reason for CPCs to reject graphic visual aids, post-abortion counseling, or other important services due to marketing threats from Planned Parenthood.

You counter with Help-All's own marketing research that shows clients want "someplace to go where they would not be judged and where they could explore all of their options."

³⁵ Naomi Wolf, "Pro-Choice and Pro-Life," *The New York Times*, April 3, 1997.

³⁶ Naomi Wolf, "The Dead Baby Boom," *George Magazine* (January 27, 1998)

³⁷ Cited in Larry Reibstein, "Arguing at a Fever Pitch," *Newsweek*, January 26, 1998.

³⁸ Poll cited in *National Right to Life News*, May 7, 1998, p. 17.

You make a very good point here, Bill. CPCs should be non-judgmental and help a client explore all of her options. I'm in total agreement.

Neither of these foundational principles is compromised by the wise use of graphic abortion pictures. In fact, just the opposite is true. When CPCs selectively use these pictures, judgmental language is unnecessary. The visual evidence speaks for itself. I'm sure you would agree that Suzanne Genit's center faithfully ministers to women by helping them explore their options in a non-judgmental environment, yet staff members carefully use abortion videos when appropriate. Genit writes that few, if any, clients complain of being judged or manipulated.

The trend outside Genit's center is also encouraging. Nationally, pro-lifers have struggled for years to reach African-American women, a group that represents 12% of the population but has 35% of all abortions. You would think that if anyone would take offense at graphic pictures, it would be these women.

That's not the case. According to a study conducted by the Center for Business and Economic Research at the University of Dayton (OH) and commissioned by Dayton Right to Life, graphic abortion pictures resonate powerfully with black women. Those with abortion experience are especially determined in their opinion, stating they would have never aborted had they seen the images first. Unlike the non-black control group that had mixed reactions to the pictures,³⁹ the black response was overwhelmingly positive. Dayton Right to Life summarizes the research as follows:

One of the most interesting revelations of the research clearly demonstrates that graphic images of aborted unborn babies are highly effective within the African American community. This comes as a surprise to veteran pro-lifers who have seen the movement shy away from using this tool. There has been a concern that they are inflammatory and that they burden the consciences of women who have had abortions. Researchers found none of these negative reactions among African Americans....

[Researchers] were so struck by this finding that they repeatedly tested this, using various methods of testing. The results were always the same. The final focus group resulted in 100% of the participants feeling that graphic pictures were the most effective element in the literature.

The second piece [of literature] is geared toward pregnant women facing an unexpected pregnancy, with additional information that gives it a broader appeal. This brochure includes graphic pictures of aborted babies which have proven so effective when working within the African-American community. Researchers

³⁹ Unlike a CPC setting where the client is given the option of viewing graphic images and then, if she consents, is carefully prepared by staff to view them, the women in the study were simply shown the images then and asked to comment. Hence, we should not assume that the "mixed" response from the non-black control group means that non-blacks in general are put-off by CPCs using graphic pictures.

frequently noted a dramatic shift in attitudes after such photographs were viewed.⁴⁰

Finally, if clients are looking to us for help exploring *all* of their options, as HelpAll's research indicates, we should honor their wishes and respectfully offer visual evidence, including abortion pictures. That is the compassionate thing to do. After all, what is worse: a client seeing an abortion or actually having one because we prejudged her ability to handle all the relevant facts?

As feminist Naomi Wolf writes, we should never assume that abortion-minded women are "too inherently weak to face a truth about which they have to make a grave decision."⁴¹ She's adamant that withholding graphic pictures patronizes the very women we have pledged to help.

Thanks again, Bill, for the chance to comment on these important issues. You are doing vitally important work. If my remarks qualify me as a critic of CPCs, please know that I'm a friendly one speaking to a ministry I love.

Warmly,
Scott Klusendorf, Stand to Reason

Sue Smith replies to Bill Wellington

I apologize for my long-overdue response to your letter. Thank you for your thoughtful responses to my questions.

I must confess that after reading your reply, I thought to myself, "Gosh, the debate regarding graphic visual aids is over." After all, how could I possibly challenge your concern that HelpAll provide compassionate care and that the power to change lives comes from the transforming love of Christ, not abortion pictures.

But upon further reflection, I've come to the conclusion that you may be overlooking an equally important biblical principle: In sharing the unconditional love of Jesus, we must also speak the truth. You rightly point out that when a client walks through our doors, we have a unique opportunity to show compassion and love. But "love" often means communicating unpleasant truth. I think of Anne Pearson's oft-repeated statement, to the effect that when we choose mercy, justice will come alongside. In our contemporary culture, many abortion-minded women think only of themselves and their "rights" to do as they please. They insist on trampling on the rights of others, especially when those rights conflict with their own.

⁴⁰ Cited in Bradley Mattes, "Reaching out to the African American Community with Pro-Life Education," *Life Issues Connector*, July 2001.

⁴¹ Naomi Wolf, "Our Bodies, Our Souls," *The New Republic*, October 16, 1995.

My question is, how can we convey both love and justice in our presentation of truth? Since God embodies both mercy and justice, so must we who represent Him. We cannot serve one without the other.

Having thought through these matters, I am still convinced that graphic abortion pictures have their place in the counseling room. Why does it need to be a decision to use or not to use graphics? The use of all resources should be guided by reason. Our volunteer counselors are trained to be discretionary and sensitive toward a client's emotional needs. Besides, we work as a team, calling for help whenever we are uncertain how to proceed.

Our board of directors has asked me to present the following questions: Are the "Abortion Education Guidelines" supported by numerous CPC organizations a mandate or a suggestion? How would it affect our HelpAll affiliation if we chose to use graphic material in ways we deem appropriate? Now allow me further time to present our intentions and to ask some further questions regarding specific resources.

Intentions:

- 1) We will have our abortion resources evaluated by local pro-life physicians, making sure that everything we present is medically accurate. Our nurse coordinator for the medical clinic will direct this, choosing one of our volunteer family practitioners and a local trusted ob-gyn physician.
- 2) To the best of our abilities, we will continue to train our counselors to be sensitive to each client's needs.
- 3) I will give a copy of the "Abortion Education Guidelines" and our letters of concern to a local psychologist who will present "Counseling Techniques" in the upcoming volunteer training. I will request his input on the concerns that you raise. During our upcoming volunteer training, we intend to present "Harder Truth" to our trainees. Unless there is compelling evidence indicating that we should not do this, we intend to continue this practice. To be fair to both sides of this debate, however, we will also highlight the concerns raised in the new "Abortion Education Guidelines."
- 4) We will continue to use fetal development as our best and positive source of persuasion regarding abortion (for counseling clients and for training volunteers). This includes literature, videos, verbal descriptions, and especially the use of ultrasound at our medical clinic. When we show a client a video on abortion, our first choice will continue to be A Doctor Explains the Abortion Procedures.
- 5) We are making more concerted efforts to be better educated about the option of adoption, especially with abortion-vulnerable clients. We will not only continue but work on improving our other programs: abstinence (Creating Positive Relationships), young mothers' support group (Encouraging Mothers Together), post-abortion counseling, and men's ministries (in the infant stage currently with two male counselors).

Regarding specific resources used at our center, here are my questions:

- At our Center the brochure, “The Questions Most People Ask About Abortion” is the brochure we use most. It contains graphic material. Personally I have given this to both abortion-minded clients and to those who say they are against abortion. I believe it strengthens the resolve against abortion. What is your opinion on this piece?
- We also use the dual-titled booklet, “While You Were Formed In Secret” and “Abortion In America,” written and edited by Gary Bergel and published by Intercessors For America. While we seldom give this piece to a client, it is in the counseling room for them to browse through. Most often, this booklet is used for instruction – for counselors and for students from local high schools and colleges who come to our Center for resources with which to prepare a paper or debate on abortion. I believe this brochure to be a classic. Do you recommend that we continue to make this available?
- Regarding the video “Harder Truth” prepared by the Center for Bio-Ethical Reform (www.abortionno.org), what is your specific recommendation for our center? Please keep in mind that we thoroughly train our counselors and will provide written guidelines for using it with carefully selected clients. In that sense, we are not like other centers that provide limited oversight. Given those facts, do you still suggest that we should *never* have clients view this video? Or, would you agree that given our careful procedures and well-trained staff, that we should use it when appropriate? I still maintain that this video can be an effective tool for persuasion with certain clients. While we have not yet, to my knowledge, shown this video to any clients, we have had the desire to show it to selected ones. Also, do you object to us using “Harder Truth” during our volunteer training?

Again, I appreciate your generous consideration of my concerns and questions. With God’s help, I will continue to keep open to the truth and to present it more effectively.

Respectfully yours,
Sue Smith

Copyright information: Sklusendorf@earthlink.net