

ISSUE: ABORTION

The Georgia Life Alliance (GLA) believes that unborn children should be protected by law, and that abortion should be permitted only when necessary to prevent the death of the mother.

For each numbered question, please indicate your answer by initialing next to the “yes” or “no” for each question.

NOTE, in every numbered question below, the answer “yes” indicates agreement with the position of GLA.

1. Do you believe abortion should be illegal?

YES _____ NO _____

If you answered “yes” to question 1, do you believe there should be an exception to laws prohibiting abortion in any of the following circumstances? (please initial all that you agree with)

(1a) _____ To prevent the death of the mother.

(1b) _____ In cases of rape where the rape is reported to an appropriate law enforcement agency.

(1c) _____ In cases of incest where the incest is committed against a minor and it has been reported to an appropriate agency.

(1d) Other: (Please initial all that you agree with or complete 1d.) _____

2. In Roe v. Wade and Doe v. Bolton (1973) the U.S. Supreme Court created a “right to abortion” for any reason until “viability” (into the 6th month) and for any health reason during the final three months of pregnancy. Would you advocate for changing the Roe v. Wade and Doe v. Bolton decisions so that elected legislatures may once again protect unborn children by limiting or prohibiting abortion?

YES _____ NO _____

3. Do you support Georgia’s Pain Capable Unborn Child Protection Act which was passed in 2012 and which seeks to ban abortion after 20 weeks (following fertilization)?

YES _____ NO _____

4. Would you support improving Georgia’s law by requiring a parent or guardian’s consent prior to a minor obtaining an abortion? (current law only requires parental notification)

YES _____ NO _____

5. Do you support Georgia’s “Woman’s Right to Know” law which ensures women are given medically and scientifically significant information (including the risks of the abortion procedure and benefits if the woman brings the child to term) prior to obtaining an abortion?

YES _____ NO _____

6. Would you support ensuring all doctors are required to report they have given a woman the informed consent required under the “Woman’s Right to Know” law regardless of whether the abortion was performed in an abortion clinic, hospital, or doctor’s office?

YES _____ NO _____

7. Ultrasound is the “window” to the womb. Would you support legislation to ensure any woman seeking an abortion is actively provided information regarding free ultrasounds and that any image resulting from an ultrasound must be made available for the woman to view prior to her abortion?

YES _____ NO _____

8. Would you vote for measures to protect living human embryos from being used for experiments that would harm or kill them, including embryonic stem cell research (regardless of the method used to create the embryo)?

YES _____ NO _____

9. Would you support legislation to prohibit sex-selection abortions (where an abortion is performed to terminate a child because of the sex)?

YES _____ NO _____

10. Would you support legislation to prohibit dismemberment abortions (where the life of the fetus is terminated by dismemberment of the body)?

YES _____ NO _____

11. Would you support legislation providing information to women about perinatal hospice (which is life-affirming and compassionate care for parents facing a terminal prenatal diagnosis for their child)?

YES _____ NO _____

12. Would you oppose any attempt to weaken Georgia’s Unborn Victims of Violence Act (which recognizes that unborn children may be treated as a victim if injured or killed during the commission of a crime)?

YES _____ NO _____

13. Would you support a law prohibiting the use of taxpayer dollars to pay for abortions, except when necessary to prevent the mother’s death?

YES _____ NO _____



2016 GEORGIA CANDIDATE QUESTIONNAIRE

Signature of Candidate

Please print or type name

State

District #

Political Party

Name of campaign committee

Campaign Address

Contact person

Phone number

FAX number

Date

E-mail address

Please sign and return original questionnaire to GLA at P.O. Box 725546, Atlanta, GA 31139. Questionnaire must be returned to our office in order to ensure processing. You may also expedite our receipt of your questionnaire by scanning it and emailing to kristina@georgialifealliance.com OR faxing it to: 706-622-2537