

Lifespan *news*

Volume 42 Number 6

Presenting the Pro-Life Message in Southeastern Michigan Since 1970

Sept./Oct. 2013

CIDER Walk 2013

Sunday, October 20th

1:30 - 3:30 p.m.

C - Children
I - In-utero
D - Deserve
E - Equal
R - Rights



- ◆ Free refreshments for all participants!
- ◆ Free T-shirt for all walkers (while supply lasts)
- ◆ Collect pledges or make a donation!

Mercy High School

29300 W. Eleven Mile Rd., Farmington Hills
(corner of Middlebelt and Eleven Mile Rds.)

For pledge form and more information, see page 7

News Notes

Unborn Babies Won't Get a Waiver Under Obamacare

Obamacare has been in the news a lot lately. The Obama Administration announced a big waiver for insurance companies last week. And many businesses will be getting waivers from the law's requirements, while ordinary citizens won't.

You know who else won't get a waiver? Unborn babies.

Barack Obama repeatedly assured Americans that federal funds would not be used for abortion in his health care bill. Then, before the bill passed in March 2010, he promised wavering Congressmen that he'd issue an executive order to ensure that federal funds would not be used for abortion.

But under Obamacare, every federal taxpayer will be helping subsidize insurance plans that cover elective abortions, even if you live in a state that has voted against using taxpayer dollars for abortion.

To add further insult, the law strictly limits the right of insurance plans in the exchanges to tell consumers whether they will be paying for abortion coverage.

So millions of Americans with conscience objections to paying for abortion coverage could end up doing so without even knowing it.

Despite all of Obama's assurances that no federal funds would be used for abortion and that conscience rights would be protected, both have turned out to be false.

— National Right to Life Committee, Inc.
August 15, 2013

Abortions in Michigan Drop in 2012, Down 53% Since 1987

By Steven Ertelt

Abortions in Michigan continue to decline as the state works to protect every unborn child possible from becoming a victim.

"The Michigan Department of Community Health recently released figures for abortions in Michigan in 2012," says Right to Life of Michigan.

"Abortions were down 0.59%, from 23,366 in 2011 to 23,230. Abortions are down 52.7% from their high in 1987. Every decline is welcome, but our work in Michigan must continue, every abortion is a tragedy."

The pro-life group pointed out some highlights from the state report on the abortion decline:

51% of abortions performed on Michigan residents were repeat abortions.

295 abortions were performed after 20 weeks.

48% of abortions were performed on black women, 44.8% were performed on white women and 3.4% on women who had Hispanic ancestry.

The number of abortions performed on teenagers dropped again. Only 13.5% of abortions performed on Michigan residents were performed on women younger than 20. In the early 1980s this age group had more than 30% of Michigan's abortions.

Abortions will likely drop further as several abortion clinics in Michigan have shut down in the last 12 months—including one in May that **decided it would rather close than obey state health and safety laws.**

Michigan is now down to 26 surgical abortion clinics and two medical, for a total of 28, down from a high of 72.

—LifeNews.com, July 11, 2013

Receive Newsletter by Email!

Help us save on postage and printing

LIFESPAN is always seeking various ways to communicate with our friends and supporters and, at the same time, be good stewards of our financial resources. We are offering the opportunity to receive *LIFESPAN News* by email. For those of you who do not have email, or wish to continue receiving a hard copy, we assure you that you will continue to receive your newsletter through the postal service. If you prefer to receive *LIFESPAN News* electronically, please send a message with your email address and name to mainoffice@rtl-lifespan.org.

Opera star Andrea Bocelli's mother rejected advice of doctors to abort him

The blind singer, who was diagnosed with congenital glaucoma as a baby, has revealed his mother Edi was warned he would be born with some disability.

He interrupted a show to recount a 'little story' of how a pregnant woman was admitted to hospital with appendicitis. After being treated, the doctors suggested the woman should consider an abortion, the Italian singer revealed to his audience. They had told her it was the best solution."

"But the young brave wife decided not to abort, and the child was born," he said. "That woman was my mother, and I was the child."

He added: "Maybe I'm partisan, but I can say that it was the right choice."

—The Telegraph (London), 2010

From the President's Desk

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our resolve to be the organization for pro-life causes only. The temptation is great because many of these other causes affect us and the rights of the human person. I encourage our members to join those organizations which you see as important and which will improve the social or religious interests of our society.

Feel free to email me at mainoffice@rtl-lifespan.org or call the office 734 524-0162 to speak about this matter. Remember without "LIFE" a person has no need to be concerned about any other troubling issues.



Diane Fagelman, President

40 Days for Life

The fall 2013 **40 Days for Life** campaign will begin September 25 and continue through November 3.

There are several locations in the Wayne, Oakland and Macomb areas where participants will gather to pray for the end of abortion. For information, please visit www.40daysforlife.com.



24th Annual LIFE CHAIN

October 6, 2013 ♦ 2:00 - 3:30 p.m.

Co-Sponsored By:

- ★ Assumption Grotto Catholic Church, Detroit
- ★ Christ Church of Redford
- ★ Christ Lutheran Church Milford
- ★ Church of the Holy Family Novi
- ★ Full Gospel Temple Assembly of God, Westland
- ★ Oakland Woods Baptist Church Clarkston
- ★ Our Lady of Grace Catholic Church, Dearborn Heights
- ★ Our Lady of Victory Catholic Church, Northville
- ★ Sacred Heart Byzantine Church Livonia
- ★ Ss. Cyril & Methodius Slovak Catholic Church, Sterling Hts.
- ★ St. Barbara/St. Cunegunda Catholic Church, Dearborn
- ★ St. Clair County Right to Life
- ★ St. Fabian Catholic Church Farmington Hills
- ★ St. John Bosco Catholic Church Redford
- ★ St. Kenneth Catholic Church Plymouth
- ★ St. Matthew Lutheran Church Walled Lake
- ★ St. Priscilla Catholic Church Livonia
- ★ St. Raphael the Archangel Catholic Church, Garden City
- ★ St. Sabina Catholic Church Dearborn Heights

Will YOU join us on October 6th?

LIFE CHAIN will be held along several routes, including the following
(more are added—almost daily—call for updates):

- ♦ Sashabaw Rd., between Waldon & Maybee Rds., **Clarkston**
- ♦ Michigan Ave., west of Schaefer, in front of City Hall, **Dearborn**
- ♦ Telegraph & Joy Rds., one block south of Joy Rd., **Dearborn Heights**
- ♦ Ann Arbor Trail and Kinmore St., **Dearborn Heights**
- ♦ Gratiot Ave., at Six Mile Rd., **Detroit** (2 :30 - 3 p.m.)
- ♦ 12 Mile, between Orchard Lake & Farmington, **Farmington Hills** (2 - 3 p.m.)
- ♦ Middlebelt, Jamison (2 blks. s. of 5 Mile Rd.) to 6 Mile Rd., **Livonia**
- ♦ Parker St., in front of the library, **Marine City**
- ♦ 620 General Motors Rd., between S. Milford Rd. & Main St., **Milford** (2 - 3 p.m.)
- ♦ Novi & Grand River Rds., **Novi**
- ♦ North Territorial Rd., between Sheldon and Beck Rds., **Plymouth**
- ♦ Beech Daly & 6 Mile Rd., **Redford**
- ♦ Ryan and 18 Mile Rds., **Sterling Heights**
- ♦ Pontiac Trail and Maple Rd., **Walled Lake**
- ♦ Intersection at Ford and Wayne Rds., **Westland**
- ♦ Intersection at Wayne and Warren Rds., **Westland**

Is **YOUR** church, business or organization listed?

Please register NOW!
Contact LIFESPAN's Main Office
734.524.0162

Thousands of participants across the United States and Canada will stand on the sidewalks in witness to their commitment to love and protect the unborn and their mothers. LIFE CHAIN challenges the community to be aware and to care. The signs deliver messages that *Abortion Kills Children, Adoption is the Loving Option, Abortion Hurts Women, Pray to End Abortion* and *Life—The First Inalienable Right*. This peaceful, prayerful event will provide a visual statement of unity. More information on www.lifechain.net.

Photos/video may be taken at this event by LIFESPAN and may be used by us on the web, in publications and/or other media.

If you would prefer that your image not be included, please contact the Main Office: 734.524.0162.

Sponsored by Right to Life - LIFESPAN Educational Fund Since 1990

Visit our website: www.rtl-lifespan.org or find us on Facebook at: www.facebook.com/LIFESPAN.officialpage





Legislative Update



Contact Information

President

President Barack Obama
The White House
Washington, D.C. 20500
Opinion Line: 202-456-1111, M-F, 9-5
Fax Number: 202-456-2461
Web contact: www.whitehouse.gov/contact/
Dear Mr. President:

U.S. Senators

The Honorable (Carl Levin, Debbie Stabenow)
United States Senate
Washington, D.C. 20510
202-224-3121
Website/Email: www.levin.senate.gov/
Website/Email: www.stabenow.senate.gov/

Dear Senator (last name):

U.S. Representatives

The Honorable (first and last name)
House of Representatives
Washington, D.C. 20515
202-224-3121
Website/Email: www.house.gov/
Dear Congressman/Congresswoman (last name):

Governor

The Honorable Rick Snyder
P.O. Box 30013, Lansing, MI 48909
517-373-3400
Opinion Line: 517-335-7858
Website: www.michigan.gov/snyder
Email: Rick.Snyder@michigan.gov
Dear Governor Snyder:

Michigan State Senator

The Honorable (full name)
P.O. Box 30036, Lansing, MI 48909
517-373-1837
Web contact: www.senate.mi.gov/
Dear Senator (last name):

Michigan State Representative

The Honorable (full name)
P.O. Box 30014, Lansing, MI 48909
517-373-1837
Web contact: www.house.mi.gov/
Dear Representative (last name):

Planned Parenthood Affiliates of Michigan has published a letter encouraging people to NOT sign the petition to prohibit abortion services as a covered benefit in Michigan health care plans.

In this letter/flier, they make several statements that are either simply not true or are gross exaggerations of what the results of the petition might be.

In an attempt to clarify just what the petition drive is intended to do, we are providing the following answers to the concerns raised by Planned Parenthood Affiliates of Michigan.

1) Our Michigan constitution provides for a citizen's initiated petition to introduce legislation to our elected officials. Just as a sitting president can make an executive order or make a recess appointment, there is nothing "non traditional" about this effort and individuals initiating or signing this petition are simply exercising their rights as citizens of the state of Michigan.

2) Our Michigan legislature has already voted to exclude abortion as a covered benefit in health care plans. Our governor vetoed that provision of the law that was passed.

3) If the language of the petition is enacted, NO ONE would be prohibited from having abortion services in their individual health care plan. Those wishing to have such services would select it from a list of offerings or include it as a rider to their plan. Abortion coverage is an

elective benefit. Those who do not want such services would not be compelled to have it in their plan. The cost of such elective benefits is applied to those who desire them.

4) Issues such as rape, women's health care, disabled children, personal medical decision making, etc., etc., all seem to be designed to cloud the intent of the legislation in the hope that some "buzz word" will scare citizens into not signing the petition.

5) Signing the petition and its approval by the Michigan legislature or a vote of the people of Michigan would prevent private insurance companies from contracting with companies to provide coverage for elective abortions. Any abortion coverage would have to be offered through a separate, optional abortion rider. The current situation means that those who will have their health coverage subsidized by the federal government would be using federal tax dollars for abortion services, a practice opposed by roughly 2/3 of Michigan voters.

Again, no abortion services would be banned. No one would be denied access to health care. No laws are being violated. It is legislation that is fair, legal and already approved by our legislature and our voters.

For more information, call Right to Life - LIFESPAN, 248-816-1546.

"The world will not be destroyed by those who do evil, but by those who watch them without doing anything."

— Albert Einstein



Pearls of Wisdom

On Really Not Getting It

By George Weigel

In the wake of late-term abortionist Kermit Gosnell's homicide convictions this past May, several state legislatures began crafting laws that would protect unborn life at earlier stages of gestation while shutting down horror houses like Gosnell's Philadelphia "clinic." Whether these laws will stand constitutional scrutiny remains to be seen; what is worth noting now is the degree to which deeply-entrenched supporters of the unrestricted abortion license created by the Supreme Court in 1973 still don't get it—and still continue to muddle the public debate with their confusions.

Thus a June 28 editorial in *The Washington Post* deplored the fact that these proposed state statutes would "require abortion clinics to meet the same standards as surgery centers, like those in hospital wings." Moreover, "doctors who perform abortions would have to have admitting privileges at nearby hospitals... The case that such standards are needed to protect the health of abortion patients... is weak."

Say *what?* In many states, abortuaries are not required to meet health and safety standards required of the local McDonald's or Wendy's. After testimony in the Gosnell case depicted a foul, cluttered, ghoulish "clinic" in which basic sanitary standards were massively violated, how can anyone reasonably suggest that the case for protecting women by enforcing proper sanitation and safety standards for surgical procedures is "weak"? How can anyone reasonably suggest that there is a "weak case" for requiring that those who perform those procedures have the minimal professional credentials of other surgeons and doctors? How can anyone plausibly and conscientiously claim to promote "women's health" by resisting such regulations?

The *Post's* obfuscations were of a piece with the deep confusions of one of the paper's regular op-ed writers, Ruth Marcus, who, in an April column, described state legislative efforts to hollow out *Roe v. Wade's* abortion license through state regulation of abortion clinics as "the result of a sincere and intense belief—one I do not share—that abortion is the taking of a human life."

Well, one wants to ask, what is it, then?

What, precisely, are those creatures whose spinal cords Kermit Gosnell cut with scissors? Why did all of Great Britain ask "Is it a baby girl or a baby boy?" when the Duchess of Cambridge became pregnant? Why did no one ask of the former Kate Middleton and future Queen of England, "Is it a male fetus or a female fetus?" Why

does a widely-used embryology textbook state what every first-year biology student can see, absent ideological blinders: that the product of human conception is a human being with a unique genetic identity, capable of self-directed development so long as neither nature (in the form of miscarriage) nor technology (in the form of abortion, chemical or surgical) intrudes?

Ms. Marcus's confusions do not stop at Embryology 101, however. After correctly noting that the legal battle for unborn human life was largely being won when the Supreme Court preempted the state legislative struggle in 1973, Marcus noted that, irrespective of what was happening in state capitols, a 1973 Gallup Poll "found 64 percent agreeing 'that the decision to have an abortion should be made solely by a woman and her physician.'" And here is another of the canards of Those Who Really Don't Get It.

The abortion decision is most frequently made, *not* by a woman and "her physician," but by a frightened woman talking with a "counselor" in a clinic run by an agency like Planned Parenthood, which has a deep financial interest in abortion. That frightened woman, who has often been abandoned by an irresponsible man, is then remanded to an abortion "provider" who is no more "her physician" than he or she is "her hairdresser."

And in light of the Gosnell case, which revealed grotesqueries like infant feet and hands kept in jars in refrigerators, do Ruth Marcus and the *Post* editorial board really think of the Kermit Gosnells of this world as "physicians"? Are the Chinese doctors who remove organs from political prisoners "physicians"?

Is the abortion license worth this shameful abdication of decency and reason?

—On the Square, *First Things*, August 14, 2013

George Weigel is Distinguished Senior Fellow of Washington's Ethics and Public Policy Center.

Lifespan News

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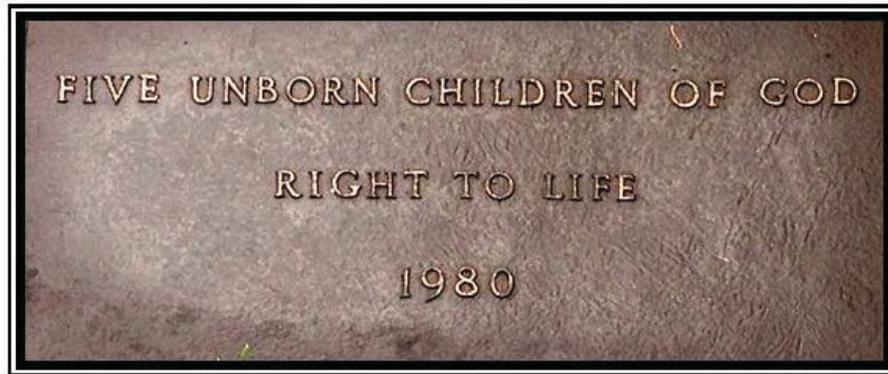


Photo of headstone at gravesite

Please join us as we remember these five babies who deserved the Right to LIFE and a full LIFESPAN.

In 1980, Right to Life - LIFESPAN became aware of five unborn children that were not given a dignified burial. These babies were dumped into a field and a storage bin. LIFESPAN arranged for a dignified burial for these babies. The babies were laid to rest by LIFESPAN at White Chapel Cemetery.

On Saturday, September 14th, at 1:00 p.m., LIFESPAN will host a memorial service at their gravesite, White Chapel Cemetery, 621 W. Long Lake Rd., Troy.

This memorial will be held at the same time as other memorials across the country, remembering the babies who were fortunate enough to receive a burial and those that were not. Of the 55 million babies killed by abortion since 1973, only a small percentage have received dignified burials.

Please join us at White Chapel Cemetery on this "National Day of Remembrance for Aborted Children."

Over 55 **Million** babies killed since January 22, 1973. We mourn the loss of those innocent lives and pray for the mothers, fathers, siblings, grandparents, EVERYONE who has suffered because of abortion. We mourn the fact that so many of these children were denied a dignified burial.



"LIFESPAN members at the burial of "Five Unborn Children of God" at White Chapel Cemetery, 1980"



Lifespan Chapter News

Oakland/Macomb

Wayne County/Downriver

Christmas Cards

Believe it or not, Christmas cards are right around the corner! As this is a fundraiser for your local Lifespan chapter, we always try to find the most beautiful card possible and still keep costs down. This has become difficult these past couple of years because the selection of cards that reflect the Reason for the Season keeps diminishing and costs keep rising. We hope you will all like the cards we have selected this year and if your faith community, club or organization would like to participate in the Christmas card project, just call the office, 248-816-1546, and we will get you started.

Entertainment Books

You may not know that the Entertainment Book people are back in business and we have the 2014 edition in the office! The cost is \$25 and we have a limited number of the 2013 book (good until November) which is free with the purchase of the 2014 book.

Petition Drive

Don't forget to sign the petition to prevent tax dollars from being used for abortion services under

Petition Drive

The Petition Drive for the state of Michigan to opt-out of our insurance premiums paying for abortions under the Affordable Care Act (Obama Care) will continue throughout September. If you did your petition drive during the summer and want to do it again after vacations (sometime in September), we have more petitions in the office. Send in or deliver your completed petitions to us as soon as possible as it will take time to process them. If your church has not yet taken part, please ask your Pastor and contact us for petitions and instructions. (Our address and phone number are at the bottom of this page.) If needed, LIFESPAN has volunteers to help with petition drives at churches. We'd like to thank all the volunteers who have attended meetings, collected signatures at churches and elsewhere, phoned or visited churches, delivered and picked-up petitions or have helped us in any way. Our special thanks go to Rosalie Tislerics, who has been the Chairperson for this huge project, for a great continuing performance.

Entertainment Books

The 2014 books are now available for only \$25, and you can still get a 2013 book FREE which is good until November 2013.

Membership renewals

Your renewals are necessary for us to continue LIFESPAN's important work.

Obamacare. We were promised that tax dollars would not be used, but every plan that is subsidized by the federal government uses your tax dollars for that subsidy.

College-Bound Young People

We have so many young people starting college this year!!! Many of you have gone on our Movement in Motion bus trips, joined us at the Cider Walk and stood roadside with signs on Life Chain Sunday, all because you recognize the value of life and the need to defend it. Take all those experiences with you to college and share them—wear a "little feet" pin, put a pro-life poster up in your room, join the pro-life club (if there is no pro-life club, start one), be approachable to someone struggling with an abortion decision, respect your instructors and classmates. You ARE the pro-life generation—lead by your example!

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Irene Tharp, Director • Diane Trombley, Ofc. Mgr.

Lynn Gura, Ofc. Staff & Youth Director

Rodney

Rodney Abbas died at the age of 71. Rodney, as he was known to everyone, grew up in Redford. He was a good-natured neighborhood kid who was mentally challenged and was never able to work, but made pals with everyone he met. He made friendships with the police and firefighters. He was a loyal fan at the Redford Union High School athletic events for fifty years. Faculty and students loved his gentle smile and "thumbs up" gesture when acknowledging them.

What was it about Rodney that made the Redford community to not only "accept him" but to "adopt him" and be his friend? Maybe, just maybe, it was because he talked kindly to people, didn't make enemies, smiled a lot, was good natured and loved unconditionally.

He was buried from Our Lady of Loretto Church on Monday, August 19, 2013 where an army of devoted friends greeted his body. He was brought to the church in a fire truck with flashing lights by his fire and police buddies. I think Rodney would have loved his honorary send-off. The neighborhood won't be the same without him!

—Mary Ellen Menninger, Redford resident and member of Our Lady of Loretto Parish

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Patricia Holscher, Director • Laurie Masiarak, Ofc. Mgr.



Wee Care

Dear Friends,

A call came in—the voice on the other end DEMANDED information on where she had to go to get her “FREE STUFF”

for her baby and do we deliver?

Did she have a referral? A social worker? A visiting nurse? Was she attending parenting classes? Was she a client at a pregnancy center? Could her minister refer her? Did someone from Lifespan refer her?

The answer to all of the above was no. A friend of a friend of a friend told her she could get free stuff for her 7th baby and she was very upset when told that she needed a referral to “get the stuff I am entitled to.”

Yes, she did use the word “entitled” and no, she did not receive anything! You would not devote hours crocheting an afghan or spend your hard-earned money to purchase baby items for callers such as this!

Another call came in—the voice was very hesitant—very shaky—could we possibly help her with one package of diapers? She hated to ask—had never asked for help before—but her husband wouldn’t get paid from his new job until the next week.

They all came in to pick up the diapers—what a beautiful little family. The dad had lost his job months ago and after doing any work he could to provide for his three sweet little daughters, he finally was hired.

BECAUSE OF YOU—not only we were able to provide them with diapers, but also with wipes, shampoo, clothing and a cuddly teddy bear for each of the girls.

The parents were so grateful and thanked us over and over again. What a blessing you were to this young family!



Left to right: Allie Toyeas, Miranda Gorsuch, Morgan Gorsuch, Maria Roux, Kaitlyn Blazo and Maggie Toyeas

As you can see—life is never dull at Wee Care. And speaking of not being dull—six very chatty, very sweet and very caring students from St. Michael School in Livonia came to help assemble packages last week.

They learned about Lifespan and what we do and had so much fun putting together layettes and picking out little outfits for twelve very special, precious babies!

A big thank you to them and to ALL of you who support Wee Care and love our moms and their babies! God bless you!

Love, Karen

A Program of Right to Life - LIFESPAN Educational Fund
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All material and monetary donations to Wee Care are tax-deductible. Checks must be made payable to Right to Life - LIFESPAN Educational Fund.

Howard Dean Admits Obamacare Includes Death Panels, Wants Them Repealed

By Steven Ertelt

When Congress debated Obamacare, pro-life advocates and Republicans like Sarah Palin were castigated for claiming the government-run health care program would include death panels that would ration health care treatment.

Now, former presidential candidate Howard Dean has essentially admitted they were right and is calling for the repeal of the Independent Payment Advisory Board (IPAB).

In a *Wall Street Journal* op-ed, he called the IPAB “essentially a health-care rationing body” that he believes will fail.

“There does have to be control of costs in our health-care system. However, rate setting—the essential mechanism of the IPAB—has a 40-year track record of failure,” Dean wrote.

Dean, who is a healthcare industry representative as a senior adviser at the law and lobbying firm McKenna Long & Aldridge, said his experience as governor of Vermont turned him off to government control of healthcare prices.

“What ends up happening in these schemes (which many states including my home state of Vermont have implemented with virtually no long-term effect on costs) is that patients and physicians get aggravated because bureaucrats in either the private or public sector are making medical decisions without knowing the patients,” Dean wrote.

“By setting doctor reimbursement rates for Medicare and determining which procedures and drugs will be covered and at what price, the IPAB will be able to stop certain treatments its members do not favor by simply setting rates to levels where no doctor or hospital will perform them,” Dean added.

“Most important, once again, these kinds of schemes do not control costs. The medical system simply becomes more bureaucratic.”

Dean writes that in order to have a secure future, the country has to move away from fee-for-service medicine, “which is all about incentives to spend more, and has no incentives in the system to keep patients healthy. The IPAB has no possibility of helping to solve this major problem and

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Most Women Get Late-Term Abortions for Birth Control Reasons

By Sarah Terzo

All abortions after 20 weeks have been banned in Texas. We are now hearing the familiar argument that all late-term abortions are done because there is a serious health risk for the mother or a major disease or deformity of the baby.

Some time ago, Abby Johnson, former clinic director in the largest Planned Parenthood clinic in Texas, addressed this issue by saying:

...it is false to say the women who choose late-term abortion do so because of medical reasons. We referred hundreds of women to abort their babies after 24 weeks... not *one* was for medical reasons.

This is first-hand testimony from a former abortion provider. Of course, some pro-choicers might be hesitant to accept what a pro-life figure has to say. So let's turn to some studies:

In 2003, Katha Pollitt, who is pro-choice, wrote an article for *The Nation* discussing late-term abortion. She gave the three most common reasons why women had these abortions (1):

- 71% didn't realize they were pregnant
- 48% had difficulty making arrangements
- 33% were afraid of telling parents or partner

The study she cites allowed for more than one answer, and these were the most common reasons given.

A study in 2006 in *Perspectives of Sexual and Reproductive Health*, a publication of the Alan Guttmacher institute, which has been affiliated with Planned Parenthood throughout its history, conducted a study of hundreds of women who had second-trimester abortions (the second trimester ends at 27 weeks). It came up with the following results:

- 68% had no pregnancy symptoms
- 58% Didn't confirm the pregnancy until the second trimester
- 45% had trouble finding abortion provider
- 37% unsure of date of last menstrual period
- 30% had difficulty deciding on abortion

Believe it or not, the study sample did not contain a single case of abortion for health reasons.

This data indicates that late-term abortions are usually elective. Has it always been this way? In 1998, a survey was sent out to clinics that did late-term abortions. According to data from the 18 clinics that responded:

Only 9.4 percent of late abortions at clinics that responded to the *U.S. News* survey were done for medical reasons, either to protect the mother's health (a rare situation) or, more commonly, because of fetal defects such as spina bifida and Down's syndrome...for post-20-week abortions generally, about 90 percent were classified by the clinics as "nonmedical." (2)

It further quotes a clinic worker saying that most of these abortions are done on teenagers in "total denial" of their pregnancies (2).

In a 1990 article in *The Los Angeles Times*, a worker at a late-term abortion clinic described the typical late-term abortion patient:

These women know they are pregnant, but not until the 16th or 17th week, when the fetus is kicking and bothering them, do they say, 'Oh, I have to deal with this.' (3)

She goes on to defend these patients and says: They don't lead organized, routine lives. (3)

Sometimes abortionists and clinic workers who are still performing late-term abortions reveal the fact that most of them are elective. In his response to a 2012 article about a proposed national ban on abortions after 20 weeks, a law similar to the one that just passed in Texas, one practicing abortionist said (emphasis mine):

"Thanks for this piece. It resonates with me deeply as a provider of abortion care and as an "out" advocate of reproductive justice, the framework most cogent with your remarks but least known by people moved by this issue. To your point, when advocates have sought stories from me to make the case for abortion, it has always been a request for tragic circumstances, the stories felt to be the most likely ones to move opinion.

"The reality is that **that is not the typical patient I see, as most women having abortions are not raped or are not carrying a lethally flawed fetus**, and yet I have not identified a clear distinction between women I am willing to help and those I am not based on "acceptability" of circumstance." (4)

Pro-choicers like to parade women with the most tragic circumstances before the camera and claim that they are typical of those having late-term abortions. In reality, that does not seem to be the case.

Notes:

1. Katha Pollitt "In the Waiting Room," *The Nation*, April 21, 2003.
 2. "When Abortions Come Late in Pregnancy," *US News and World Report*, Jan 19, 1998, Vol 124, Issue 2.
 3. *LA Times*, *The Abortions of Last Resort*, January 7, 1990.
 4. Tracy Weitz "What do responses to the Washington DC 20-week abortion ban tell us about the habits of the prochoice movement?" *ANSIRH blog*, July 25, 2012.
 5. "Second Trimester Abortion: Logistics and Lack of Symptoms are Factors" *Perspectives of Sexual and Reproductive Health*, Volume 38, No. 2, June 2006.
- Sarah Terzo is a pro-life liberal who runs *ClinicQuotes.com*, a web site devoted to exposing the abortion industry. She is a member of the pro-life groups *PLAGAL* and *Secular Pro-Life*. This originally appeared at *Live Action News*.
—LifeNews.com, July 15, 2013

T-Shirt Design Contest - March for Life

The 2nd annual **Youth Bus Trip T-shirt Design Contest** will take place from September 5th-October 31st. This is open to all high school students. E-mail oakmac@rtl-lifespan.org with "T-Shirt Design Contest" in the subject line. I will send you the details and Contest Entry Form. The winner will receive a free trip to DC for the March for Life! I can't wait to see the designs that are created by those who participate in this Contest!

—Lynn Gura, Bus Trip Coordinator



You are invited to go on the 2014 "MOVEMENT IN MOTION" Youth Bus Trip to Washington, DC for the March for Life

REGISTRATION: September 5th - October 15th or until all seats are filled!

COST BREAKDOWN: \$165.00 per person (includes muffin, juice box and water on bus Wednesday morning, a March for Life T-shirt, identification scarf, two meals at the host church). Pick up and drop off locations include: Troy, Livonia, and New Baltimore.

- ◆ Please find a sponsor or sponsors if you cannot afford the full cost of the trip!
- ◆ A non-refundable deposit of \$50.00 is due at the time of registration; final payment due by October 31st.

The DEPOSIT AND ALL REGISTRATION FORMS will hold a seat for you on the bus!

BASIC ITINERARY: Departure Tuesday evening, January 21st. Arrival in Washington, DC early Wednesday morning, January 22nd. Buses 1, 2, 4-9 to attend the Youth Rally and Mass in a.m.; all bus groups to participate in the 41st MARCH FOR LIFE!

All bus groups to stay overnight on Wednesday at host churches in Alexandria, VA: First Baptist Church and Queen of Apostles Catholic Church. All bus groups to tour Arlington National Cemetery and participate in Wreath Laying Ceremony on Thursday a.m. All bus groups will arrive back in Michigan Thursday late evening.

Note: 13-year-olds are allowed to come on the trip WITH a parent/legal guardian.

Questions? Want Registration Forms? Call or e-mail Lynn Gura, LIFESPAN Youth Director, "Movement in Motion" Youth Bus Trip Coordinator, at 248-816-1546 or oakmac@rtl-lifespan.org.

Sponsored by Right to Life - LIFESPAN



Photos/video may be taken at this event by Lifespan and may be used on the web, in publications and/or other media. If you would prefer that your image not be included, please contact Lifespan's Main Office: 734-524-0162.

The End of “Surgical” Abortion?

By Randall K. O'Bannon, Ph.D.
NRL-ETF Director of Education & Research

Visit the website for Planned Parenthood, the nation's largest abortion provider, and look for “surgical abortion” in the “Abortion” section of their “Health Services and Information” heading. You won't find it.

Oh, it's not that they don't do surgical abortions. They do, to the tune of tens of thousands, probably hundreds of thousands a year. (The remainder of their 330,000 abortions are chemical—e.g., RU-486—abortions.)

But unless you are watching very carefully, you would miss that, like a lot of others in the abortion industry, PPFA uses the term “surgical abortions” less and less frequently.

The aim of the abortion establishment obviously isn't to limit abortion but the exact opposite: to vastly expand the number of clinics, add to the ranks of abortionists, and fatten their bottom line.

De-emphasizing surgical abortions allows the abortion industry to promote a new product—chemical abortions—that is intended to make abortion seem a matter of “simply” taking a couple of pills. This has expanded the pool of doctors willing to perform abortions and resulted in new women considering abortions at the same time cutting costs.

And then there is the capacity to decentralize abortion, to move it beyond the giant metropolitan abortion mills. Chemical abortions that employ drugs like RU-486 and prostaglandins like misoprostol don't require the special equipment, special surgical training, or additional space for operating, recovery rooms, etc. (1)

By contrast, modern computer technology can turn even the smallest storefront center in the most isolated town into an abortion clinic. Abortion pills are dispensed remotely by an abortionist on the other end of a web-cam back at a big city mega-clinic.

The risks for women are tremendous, but the chemical route offers even small-time clinic operators the chance at what seems like easy money.

The landscape has changed so quickly that bioethicists like Arthur Caplan asked in a recent column “Are Surgical Abortions Becoming ‘Old Technology’?” (*Medscape*, June 5, 2013).

The number of chemical abortions performed in the United States has grown steadily since the government approved RU-486 for sale in September 2000. As of 2008 chemical abortions comprised around 15-16% of all abortions—and were growing. Chemical abortions increase profits and abortion “providers” and realize one of the abortion industry's most important objectives: reach so-called “underserved populations.”

But the remainder of these are still surgical abortions. While that number will continue to decline as a percentage of all abortions, surgical abortions will continue to represent the majority of abortions done in the U.S. for the foreseeable future.

Certain women are allergic to the powerful chemical abortifacients or have conditions that make their use a particular personal risk. Other women simply want to get the abortion over with and don't want to endure the ardor of days or weeks of cramping, pain or bleeding.

Yet others show up at the clinic at a later gestational age where abortionists don't feel the drugs would be effective (though there are researchers experimenting with the use of chemical methods in the second and even third trimesters).

But there are other reasons the term “surgical abortion” is disappearing.

For one reason, women (like men) find the idea of surgery intimidating. In the abortion context, they do not like the cutting, the scraping, the anesthesia, the possibility of injury. The elimination of all this was a selling point for chemical abortions which helped ease the way for acceptance. (2)

Clinics are obviously trying to address and assuage these fears. On the one hand they explicitly try to argue in their descriptions of the procedures that “no cutting is involved” (Aaron's Women's Clinic, Houston TX). Or they can say that in a vacuum aspiration, “There is NO cutting or scraping of the uterus” (Northside Women's Clinic, Atlanta, GA).

The South Jersey Women's Center still calls these surgical abortions (which they are), but tries to distinguish these from ordinary surgical procedures. “No cutting or incision is necessary and the procedure takes only 5 to 7 minutes.”

Planned Parenthood avoids the term “surgical” and tries to call these “In-Clinic Abortion Procedures.”

New York OB/GYN Associates™ classifies these as “Non-Surgical Abortions” because they “do not involve any scraping or scarring of the uterus.” They say that “There is no cutting during an Aspiration Abortion.” They maintain that “There is no scraping, no scarring and no damage to the uterine wall.”

Both the chemical and aspiration methods they advertise “are designed to naturally release a woman's pregnancy in a gentle and safe way, which does not cause damage.”

However there is more to this than just calming fears and apprehensions. The abortion industry has found it increasingly difficult to find doctors willing to perform abortions or to add abortion to their practices. By re-defining the abortion procedure as “non-surgical,” this opens up the performance of abortion to a whole new set of medical practitioners.

It is not a coincidence that in the last year we have seen both the appearance of a study and a push in the California legislature claiming that nurse practitioners, certified nurse midwives, and physician assistants can perform suction aspiration abortions as well as doctors (*NRL News Today*, February 20, 2013 and May 29, 2013). It is notable the California bill specifically tried to redefine these as “non-surgical” abortions. (3)

If the suction or vacuum aspiration abortion is reclassified as a “non-surgical” abortion, it gives clinics offering

just chemical or aspiration abortions the opening to argue that they are not technically “ambulatory surgical centers” and hence are not covered under many of the new state laws regulating clinics.

It is interesting that in the recent discussion over proposed clinic regulations in Texas, Barbara Levy, vice president of health policy for the American College of Obstetricians and Gynecologists specifically tried to tell a reporter for the *Austin American-Statesman* that abortions were “minimally invasive” procedures that didn’t involve surgical cutting (*Austin American-Statesman*, July 8, 2013).

“We call these procedures, not surgeries,” Levy told the *Austin American-Statesman*. “I don’t even think it’s appropriate to talk about [abortion] as a surgical procedure.”

But this is only a difference in language, not in procedure. Whatever the label, the abortion is deadly for the child and poses certain risks for the mother. In fact, her risk could be greater if done by a less trained, less experienced medical practitioner.

Promoters of the idea that these are “non-surgical” try to employ the rationale that because they do not cut tissue to enter the woman’s body but enter through the birth canal, these are somehow, strictly speaking, not surgery.

This not only misrepresents the basic nature and the level of the invasiveness of the standard aspiration abortion (and the involved risk), but totally ignores what happens to the child’s body.

To enter the woman’s uterus, the abortionists must first open or dilate her cervix. This can be done mechanically with a metal or plastic rod that is bent and tapered at one end that is inserted into the cervical opening and is pushed forward to widen the opening. A gripping tool called a tenaculum may be used to hold the cervix in place while the abortionist manipulates the dilator.

Once sufficiently widened, the abortionist inserts a plastic tube called a cannula with an open angled or notched end. Suction is applied and this dragged across inside of the mother’s uterus, where it grabs and vacuums in parts of the baby and surrounding tissue, drawing everything into a collection bottle, the contents of which can be released and examined later to ensure completion of the procedure.

It is a violent end for the baby, and the idea that there is “no cutting” involved in this process as the child is ripped apart limb from limb is ludicrous.

Furthermore, the mother’s cervix or uterus can be perforated by forceful, misdirected manipulation of the dilator or cannula.

Contrary to the reassurances of the clinics, there may indeed be further “cutting and scraping.” The National Abortion Federation’s 2009 abortion manual, *Management of Unintended and Abnormal Pregnancy*, says nearly 50% of abortionists in North America determine “completeness” of the abortion by using a sharp curette (a loop shaped steel knife) to check for any remaining tissue in the uterus, which is then followed by a second suctioning.

Such abortions are not “gentle” or simple. To reduce (but not eliminate) risk, they require skilled, trained operators

who know how to perform basic surgical techniques. A woman in the hands of an unskilled operator can bleed to death or contract a dangerous infection from missed, retained tissue.

The effort to drop “surgical” from the abortion catalogue may serve the interests of the abortion industry, but it will not make these safer for moms or any less deadly for their babies.

Finally, consider this. The claim that “no cutting” is involved appears to rest on a contention that the baby, who is definitely cut, is not a part of the woman’s body. Yet abortion’s defenders fail to explain how this claim is compatible with their long-time assertion that a woman should be free to abort because it is “her body, her choice.”

If the fetus is really just part of “her body,” then cutting is clearly done to her body and the claims of those trying to recast these as “non-surgical” abortions are clearly false.

If the child is not part of her body, as the promoters of this new definition seem to contend, then the old slogan of “my body, my choice” is based on a false premise and the whole logic of the pro-choice movement is undermined. They can’t have it both ways.

Footnotes:

(1) *That is, unless things go wrong, which they often do—but then those become problems for the doctors at the local ER.*

(2) *When the chemical method fails, which it frequently does, this often means women end up undergoing surgery nonetheless.*

(3) *It should be noted that there were, in fact, more complications in the non-physician group than among the physicians, but this conclusion was downplayed by the researchers).*

—National Right to Life News Today, July 25, 2013

Obamacare Includes Death Panels

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will almost certainly make the system more bureaucratic and therefore drive up administrative costs.”

The IPAB was labeled a “death panel” by Republicans in the run-up to the 2010 midterm elections; among its most prominent critics was former Alaska Gov. Sarah Palin.

On the campaign trail last year, Rep. Paul Ryan, the GOP’s vice presidential nominee, said that with the board, Mr. Obama “puts a board of 15 unelected, unaccountable bureaucrats in charge of Medicare, who are required to cut Medicare in ways that will lead to denied care for current seniors.”

PolitiFact rated the claim “mostly false,” but Mr. Dean has provided some high-profile bipartisan opposition to the board.

“The IPAB will cause frustration to providers and patients alike, and it will fail to control costs,” Mr. Dean wrote.

“When, and if, the atmosphere on Capitol Hill improves and leadership becomes interested again in addressing real problems instead of posturing, getting rid of the IPAB is something Democrats and Republicans ought to agree on.”

—LifeNews.com, July 29, 2013

Michigan Nurses For Life 2013 Conference

The Changing World of Hospice Care

Saturday, September 28, 2013

8 AM – 12:30 PM

LIFESPAN MEMBERS WELCOME!

“Hospice Care in the 21st Century”



Cristen Krebs, DNP-ANP

Founder and Director of the prolife Catholic Hospice and Palliative Services of Pittsburgh, Pennsylvania. She has 20 years experience in hospice and over the course of her career has witnessed many changes in the delivery of end of life care.

“Walk with Me: Pediatric Palliative Care”



Jeanne Lewandowski, MD

Director Palliative Medicine, St. John Hospital and Medical Center in Detroit. She is the first pediatrician in the midwest board certified in palliative medicine. She has been caring for dying children for over twenty years and lectures widely.

“Moral Distress, Ethical Principles, Premature Transfer to Palliative Care”



Mary Burkett, RN, MS, CNS, ANE-BC

Senior Vice President of Clinical and Quality Outcomes for Select Medical Corporation. Mary has 35+ years in clinical / managerial experience caring for the chronic and critically ill.

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**Please register
no later than Monday,
September 23, 2013**



**Presented by:
Michigan Nurses For Life
in cooperation with
Educational Center For Life**

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Donations may be made in memory of loved ones who have died; a memorial card will be sent by Lifespan in your name to the family of the deceased. Donations may also be made to honor someone special, and near and dear to you, for a particular occasion, or just because... You can live on after death by helping those whose lives are threatened by abortion, euthanasia or infanticide. A bequest in your will to Right to Life - LIFESPAN will be used to save the lives of many through our efforts. Send donations to your local Lifespan office.

From the President's Desk

Dear Friends,

Lifespan began its work in 1970. We became aware in the late sixties that there was a change coming to our nation. We knew abortion killed pre-born human life—so did most of the country.

The media and political abortion activists, however, used their bully pulpits to change attitudes. They were clever—they planned and succeeded. The space of this article will not allow for a full history, but be assured it was calculated and presented one of the most tumultuous times in our history.

The Vietnam War and the anti-war demonstrations were in full force as was the so called “hippy movement” and its attack on authority. And above all, the radical women’s movement which would alter how our society treated and perceived women was activated.

With this as a backdrop, I want to share with you why we started the pro-life movement. There was no organization, political party or religious body which was working to promote a respect for human life. Oh, there were pockets of voices speaking out for the dignity of the human person, but nothing which spoke specifically on life issues, and the right to life. Few were fighting against the evils of abortion and the slippery slope theory until pressure came from those of us in society who saw the evil of this act. We knew the ramifications that permissive abortion laws would have on women, the elderly and the mentally and physically challenged. So we organized to fight for a “respect for human life” and to stop abortion.

We maintained in those early years, and now, that this movement must stay true to its “Purpose Statement” or we would die out due to conflicts among members. It mattered not one’s race, nationality, political or religious affiliation—the fight for the “right to life” was the glue that brought us together as one family. If we deviate from that purpose and throw other issues into the mix, we would soon water down the mission statement and purpose, thus we would lose our direction—we would cease to be a strong force, defending human life.

Through the years, people and groups have tried to pull us into other issues. We must not and cannot weaken

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Right to Life - LIFESPAN Membership Form

Right to Life - LIFESPAN believes that human life has value in all stages of development from conception until natural death, and is committed to speaking on behalf of those who cannot speak for themselves — the unborn, the aged, the incapacitated. Won’t you please help in our struggle to preserve respect for human life? A contribution brings you the monthly newsletter as well as educational materials and special mailings.

_____ Annual Membership \$ 25.00 _____ Other
_____ Student/Senior Member \$ 15.00

Name _____ Phone _____
Address _____ City _____ Zip _____
Email address _____

Please complete this form and return with your donation to: **Right to Life - LIFESPAN, 32540 Schoolcraft Rd., Ste. 100, Livonia, MI 48150-4305.** For more information, call 734-524-0162. Sorry, donations are not tax-deductible.

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Join Us for Right to Life - LIFESPAN'S FALL BREAKFAST!



Saturday, September 7, 2013

9:00 a.m.—12:00 p.m.
Registration 8:15 a.m.

Pi Banquet Hall

28847 Franklin Rd.
Southfield, 48034
(Off Northwestern Hwy.)



Steven Ertelt, founder, editor and CEO of LifeNews.com will talk to us about media bias and its intended and unintended effects on today's culture.

Join us for a wonderful breakfast and learn about some things you probably DIDN'T see or hear about in the media.

For more information or questions, please call: 734.422.6230 or 734.524.0162.

YES! I want to attend LIFESPAN's Fall Breakfast!

_____ Tickets @ \$20 each

ALL tickets will be held at the door.

_____ Tickets @ 10 each (students 21 or younger)

**Make checks payable to: *Right to Life-LIFESPAN* and send
to: 32540 Schoolcraft Rd., Ste. 100, Livonia, MI 48150**

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