

Lifespan *news*

Volume 31 Number 3

Serving Southeastern Michigan Since 1970

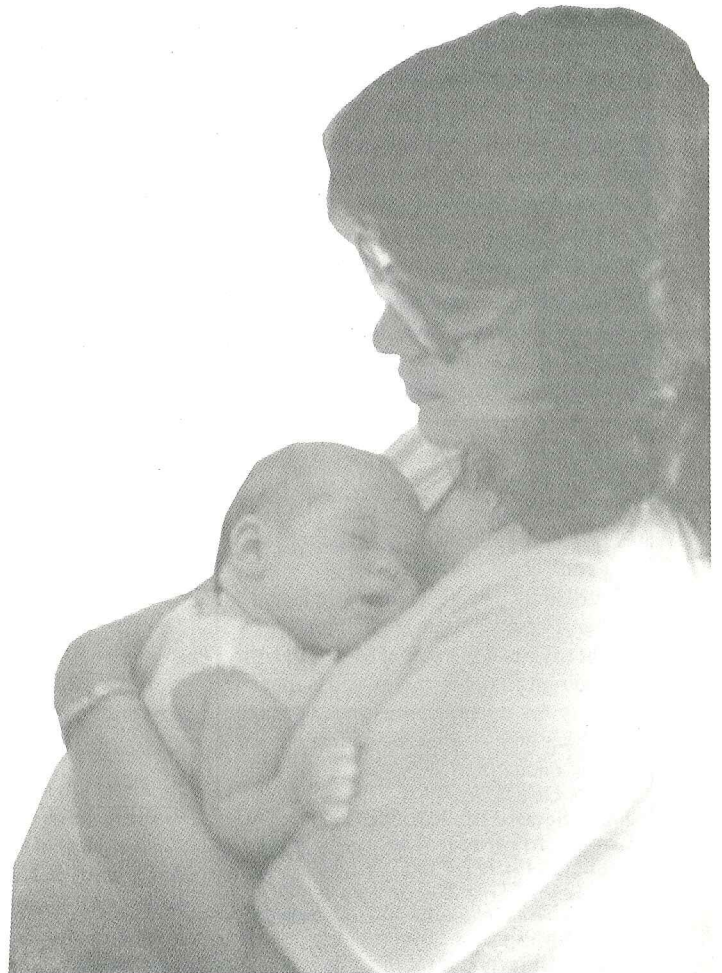
April/May 2002

In Honor of Mothers

*Right to Life - Lifespan
Cordially Invites You to Its
Mother's Day Dinner*

*Tuesday, May 7, 2002
San Marino Club
1685 E. Big Beaver Rd., Troy
6:00 p.m. Silent Auction
7:15 p.m. Dinner*

*Featuring
Nationally-Known Author
Dr. Jean Garton
and
Recognizing Lifespan's
Mother of the Year 2002
Iris Hramiec*



Happy Mother's Day!



The name has changed... but it's still not innocent

We all know the difference between *reproductive cloning*—a procedure that would result in a baby being born and *therapeutic cloning*—a procedure that starts out like reproductive cloning, but after about a week of growth, stem cells are extracted from the embryo resulting in his/her death.

With all of the cloning arguments and techniques about which we have heard and read, the key element, never to be forgotten, is that these embryos, as tiny as they are, are new, growing, unique human life—they are *babies*! No amount of semantic gymnastics can alter that biological fact. This being said, never doubt that those who do not regard these tiny humans as intrinsically valuable won't try to alter this biological fact.

Those who hope to see "therapeutic cloning" become acceptable have found that the general public is made quite uncomfortable by the word "cloning." So, how might people be persuaded that therapeutic cloning is a good thing without calling it "cloning"? No problem! Just call it something else and label it a 'scientific process' and everyone will think it is something it isn't. So, literally overnight *therapeutic cloning* is now being called *Somatic Cell Nuclear Transfer (or Therapy)*.

The media, Hollywood personalities, even our elected officials have quickly switched to *SCNT* when referring to "therapeutic cloning." As has been said, "...a rose by any other name..."—changing the name to make it more palatable to the public has not and will not alter the fact that when stem cells are removed from a living human embryo, the embryo dies and the life is lost. Don't let yourselves be fooled—*therapeutic cloning* and *Somatic Cell Nuclear Transfer (or Therapy)* mean the same thing and both take the life of a newly created human.

—Diane Trombley, R.N., B.S.N.

Lifespan News

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Educational Center for Life



We would like to announce that Pam Stenzel is coming to speak at St. Anastasia's Parish on Tuesday, April 30, 2002 at 7 p.m.

Pam Stenzel is the founding director of Straight Talk; she speaks to thousands of teens each year about issues of sexuality and the importance of abstinence until marriage.

St. Anastasia Parish is located at 4571 John R Rd., in Troy, between 17 Mile and 18 Mile Rds.

For more information, please call 248-689-8380.

Educational Center for Life
1637 W. Big Beaver Rd., Suite G
Troy, MI 48084-3540
(248) 816-8489
Fax (248) 816-9066

*You know you're a
mother when...*

*You count the sprinkles on
each kid's cupcake
to make sure they're equal.
You have time to shave
only one leg at a time.
You hide in the bathroom
to be alone.*

*Your kid throws up and you catch it.
Someone else's kid throws up
at a party. You keep eating.*

*You consider fingerpaints
to be a controlled substance.
You've mastered the art of placing
meat, potatoes and vegetables on a
plate without anything touching.*

*Your child insists that you read
"Once Upon a Potty" out loud in a
restaurant and you do it.*

*You cling to the high moral ground
on toy weapons;
your child chews his toast
into the shape of a gun.*

*You hope ketchup is a vegetable,
since it's the only one your child eats.
You can't bear the thought of your
son's first girlfriend.*

*You find yourself cutting your
husband's sandwiches
into cute shapes.*

*You can't bear to give away
baby clothes—it's so final.*

*You hear your mother's voice
coming out of your mouth when you
say, "NOT in your good clothes!"*

*You stop criticizing the way
your mother raised you.*

*You donate to charities
in the hope that your child
won't get that disease.*

*You hire a sitter because you
haven't been out with your husband
in ages, then spend half the night
checking on the kids.*

*You use your own saliva
to clean your child's face.*

*You say at least once a day, "I'm not
cut out for this job," but you know
you wouldn't trade it for anything.*

Happy Mother's Day!

About the cover:

In memory of Kathy Ann Fogoros
October 7, 1951 - February 20, 2002
Long-time Lifespan member
and faithful volunteer



Mother's Day Dinner



Tuesday, May 7th • 6:00 p.m.

San Marino Club • 1685 E. Big Beaver Rd., Troy

With Featured Guest Speaker, Jean Garton

Dr. Jean Garton, founder of Lutherans for Life, will be bringing Snoopy and the gang to this year's Mother's Day Dinner! Before he died, Charles Schultz, creator of Snoopy, Charlie, Lucy and Linus, gave Dr. Garton permission to use some of his cartoons in a pro-life presentation. If you never understood exactly why you like Charlie Brown, his friends and his dog, you will after you hear Jean!

She is also the author of a best-seller on the rhetoric of the abortion movement entitled, *Who Broke the Baby?*

She has testified before sub-committees of the U.S. Senate and the U.S. House of Representatives in hearings on the Constitutional Amendment on the Personhood of Unborn Children.

In 1997, Dr. Garton was the Chair of the Declaration Committee for the First World Congress of Families in Prague, the Czech Republic. In 1999, she was the featured speaker at the second World Congress of Families in Geneva, Switzerland. In 2001, she was a member of the Program Planning Committee for the Third World Congress of Families in Dubai and in Mexico City.

She has often been listed among "The Ten Most Influential Lutherans in America." Commentaries by Dr. Garton, called "Speaking of Life," aired daily for five years on radio stations throughout the U.S. She is a frequent guest on television and radio, including "Focus on the Family" with Dr. James Dobson.

Dr. Garton resides with her husband, the Rev. H. W. Garton, in Benton, Arkansas. She is the mother of four grown children and the grandmother of six.



Dinner Reservations: \$50 per person/\$475 per table of 10. Advance reservations required by May 1.

☐ Yes, I (We) plan to attend. Enclosed please find a check in the amount of \$_____ for _____ reservations.
(Please list names of all those for whom reservations are made on a separate sheet of paper. Tickets will be held at the door.)
Seat with _____

☐ Yes, I (We) plan to sponsor a table of 10. Enclosed please find **one** check in the amount of \$_____ for _____ tables.
(Please list names of all those for whom table reservations are made on a separate sheet of paper. Tickets will be held at the door.
Table arrangements will be determined by date of receipt of paid reservation.)

☐ I (We) are not able to attend. Enclosed is a donation of \$_____ to support your pro-life efforts.

Name _____ Address _____

City _____ State _____ Zip _____ Phone (area code) _____

**For Dinner reservations, please make checks payable and mail to: to Right to Life - Lifespan
Oakland/Macomb Chapter, 1637 W. Big Beaver Rd., Ste. G, Troy, MI 48084**

For information, call 248-816-1546

(Dinners, personal ads and donations are not tax-deductible.)



LEGISLATIVE UPDATE



Addresses

President

President George W. Bush
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e-mail: President@whitehouse.gov

Dear Mr. President:

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The Honorable (Carl Levin, Debbie Stabenow)
United States Senate
Washington, DC 20510
(202) 224-3121

Dear Senator (last name):

U.S. Representatives

The Honorable (first and last name)
House of Representatives
Washington, DC 20515
(202) 224-3121

Dear Congressman or Congresswoman
(last name):

Governor

The Honorable John Engler
P.O. Box 30013
Lansing, MI 48909
(517) 373-3400
Opinion Line: (517) 335-7858
e-mail: migov@aol.com

Dear Governor Engler:

Michigan State Senator

The Honorable (full name)
P.O. Box 30036
Lansing, MI 48909
(517) 373-1837

Dear Senator (last name):

Michigan State Representative

The Honorable (full name)
P.O. Box 30014
Lansing, MI 48909
(517) 373-1837

Dear Representative (last name):

Human Cloning Prohibition Act (S 790, HR 2505)

This pro-life bill passed the U.S. House on July 31st. Human cloning poses some of the most serious ethical questions our nation has ever faced. This landmark bill would prohibit the creation of human embryos by cloning. Many researchers want to clone embryos for deadly experiments.

The Unborn Victims of Violence Act (S 480, HR 503)

This bill passed the U.S. House by a wide margin. Under this bill, if an unborn child is injured or killed during the commission of an already defined federal crime of violence, that child will be recognized as a victim and the perpetrator would be prosecuted for harming both the mother and the child.

Born Alive Infants Protection Act

The House of Representatives voted March 12 to define an unborn child that has been born and is fully outside a woman's body as having been "born alive."

The Born-Alive Infants Protection Act would amend the legal definitions of "person," "human being," "child" and "individual" to include an unborn child that is either breathing or has a heartbeat once out of the womb.

The goal of pro-life legislators supporting the bill is to protect unborn children who have survived abortion attempts.

"It's long overdue that this become law," said pro-life Rep. Steve Chabot (R-OH), who wrote the legislation. "It just seems like common sense that

when a baby is born, no matter what the circumstances of the birth may have been, even if it was a botched abortion, that the child be treated with basic human dignity."

Pro-abortion Rep. Jerrold Nadler (D-NY) called the bill unnecessary, but said he and other abortion advocates would support it anyway. "The courts have been clear," Nadler said. "There is no such thing as a right to a live-birth abortion. A baby born alive is a baby, a human being under the terms of the law in all 50 states and the District of Columbia. This bill merely restates that, so we have no problem with it."

—*Pro-Life Infonet*, March 13, 2002, #2655
The Pro-Life Infonet is a free, daily compilation of pro-life news and information. To subscribe, send the message "subscribe" to: infonet-request@prolifeinfo.org

Health insurance for fetuses

The Bush administration declared January 31 that a developing fetus should be eligible for government-funded health insurance for low-income children, marking the first time that a federal program has attempted to define childhood as beginning before birth.

Administration officials said the proposal was intended purely to extend health care to more women during pregnancy, but women's groups and abortion rights advocates denounced the move as a ploy to create legal grounds for outlawing abortion.

Health and Human Services Secretary Tommy G. Thompson said the plan to broaden eligibility for health insurance "is going to help poor mothers be able to take care of their unborn children and get the medical care they absolutely, vitally need." Any other

interpretation of its goal, he said, "is just stretching."

But the proposal that "children from conception" should be eligible under the State Children's Health Insurance Program (S-CHIP) angered some women's groups and abortion rights advocates.

Until now, the \$40 billion, 10-year program, a state-federal collaboration that began in 1997, has covered children from birth to age 19. States previously have been able to extend coverage to pregnant women by obtaining a federal waiver, without tackling the issue of whether a fetus is legally a child. Two states, New Jersey and Rhode Island, did so early last year.

Feminist and abortion rights leaders, while favoring improved access to prenatal care, said the administration's proposed definition by giving distinct legal rights to fetuses, could establish a precedent for challenging *Roe v. Wade*, the landmark Supreme Court ruling establishing abortion rights.

Douglas Johnson, legislative director of the National Right to Life Committee, said HHS's position is consistent with laws passed in many states that say fetuses have a variety of legal rights, including inheritance and being defined as victims of crimes. He said the HHS definition also could serve as a precedent for allowing "unborn children" to be eligible for other kinds of public health benefits.

—Excerpted from *The Washington Post*
February 1, 2002

By Alan Cooperman and Amy Goldstein

Child Custody Protection Act

The U.S. House Judiciary Committee approved a pro-life bill March 20 that would make it a federal offense to take minors across state lines for abortions, a tactic teenagers and abortion facilities use to circumvent parental involvement in abortion decisions.

Pro-life Congressman Steve Chabot (R-OH), chairman of the Judiciary Constitution subcommittee, said the bill aims to "protect the health and safety of young girls and a parent's rights to be involved in the medical decisions of a minor daughter."

More than 30 states have pro-life laws requiring consent or notification of at least one parent before an abortion can be performed on a minor. Chabot said minors are routinely transported to states that do not have parental-involvement laws so they can avoid their own states' requirements and obtain abortions without parental involvement.

Abortion advocates offered an amendment stating the bill would not apply in situations in which a teen's pregnancy was the result of sexual abuse by a parent, guardian or other family member. "These are complicated cases of individual people in agony and pain," said pro-abortion Rep. Anthony Weiner (D-NY).



However, most parental involvement laws include judicial bypass provisions that are constitutionally mandated by the U.S. Supreme Court for such situations. The amendment was defeated on a party-line vote of 16-12. Abortion advocates also tried unsuccessfully to exempt grandparents, siblings and taxicab drivers from prosecution under the bill. Abortion facilities routinely find other individuals aside from parents to help transport teens across state lines to nearby cities that can perform the abortion without the parents knowing.

The House has approved the bill in the past two Congresses, but both times it has died in the Senate. Nadler predicted this year will be no different and the bill is "not going anywhere" in the Senate because it is controlled by pro-abortion Sen. Tom Daschle (D-SD). Under the bill, viola-

tors would face fines, up to one year in prison, or both.

ACTION: The full House is expected to take up the bill shortly after the Easter Congressional recess. Please contact your member of Congress and urge support for the Child Custody Protection Act and enforcing parental involvement laws across the country.

—Pro-Life Infonet, March 21, 2002, #2664

Abortion clinic funds

Michigan state lawmakers are poised to approve pro-life legislation that critics say will financially cripple Planned Parenthood and jeopardize health care and counseling services for thousands of Michigan women.

Under the bill, state grants for family planning would be given first to clinics that don't offer or advocate for abortion. Only if there were no such clinic in the area would the money go to clinics that provide abortion services, such as Planned Parenthood.

A Senate committee heard hours of testimony on the bill. Sponsored by Rep. Mark Jansen (R-Kentwood), the bill has already passed the House; the Senate has not yet acted on this measure.

The bill's supporters say they don't want their tax dollars going to clinics that provide abortions.

"I have a problem with my money going to fund Planned Parenthood because ultimately that money is having a part of killing innocent lives," said Brittany Huyser Smith, a Grand Rapids native and a graduate student at the University of Michigan.

Opponents say Planned Parenthood likes to tout its prevention efforts, but its real agenda is abortion. Sharon Heydlauff Starling, of Jackson, pointed out to Senate committee members that Planned Parenthood advertises its abortion services in various Michigan telephone books and on its website.

—Excerpted from *Booth Newspapers*
February 28, 2002

Legislative Update
continued on page 10



Chapter

Office hours

MW 10-2; TThF Closed
Mary Cascos, Ofc. Mgr.

Showers of love and thanks

Continuing the tradition of caring for both the mother and child (born and yet to be born), Lifespan held its 13th Annual Baby Shower on March 10 to benefit local pregnancy help centers. The following Detroit churches helped mothers in crisis decide to keep their babies because they received "a little help from their friends." Thank you, and God bless: Christ the King, Assumption Grotto and St. Clare of

Montefalco Churches. Also, thanks to St. Clare of Montefalco's school children and Girl Scout troops for their baby donations.

Mother's Day roses



If you belong to a Detroit church and your church does not sell silk roses to "Thank Mom" for life on Mother's Day, please volunteer to help with our main fundraiser. All it takes is organizing a few of your friends to help sell, contacting your pastor for permission and publishing an article in your church paper. This fundraiser is the Detroit Office's bloodline to help us to continue to spread the pro-life message. Call the office today to volunteer, 313-640-8534.

Mother's Day Dinner

Call and reserve a seat for our wonderful celebration of Motherhood at the fabulous San Marino Club in Troy on May 7th. Come celebrate with Jean Garton, our featured speaker, enjoy delicious food, loving friendships and fun-filled entertainment. Call the Oakland/Macomb Chapter office for reservation information, 248-815-1546.

Vigil for Life

Join Bishop Kevin Britt at St. Veronica's Church in Eastpointe, Saturday, April 27, 7:30 a.m.-11:00. Call 313-530-4539 for more details.

Detroit Office

17336 Harper PMB 293
Detroit, MI 48224-1980
(313) 640-8534
Fax (same as phone)

Office hours

M-F 9-3
Irene Tharp, Director
Diane Trombley, Ofc. Mgr.

Colorful carnations

Don't forget to order your Mother's Day carnations! This lovely tradition puts miles of smiles on the faces of those who give and those who receive these lovely flowers.

If you would like to involve your faith community in this activity, please contact the office, 248-816-1546.

Flower friends

Speaking of our Mother's Day carnations, we would like to offer a huge thank you to all the young people who have volunteered their time to place the ribbons on the "Thanks, Mom, for Life" tags that go on the flowers.

The willingness of these young people to help out makes us all realize that the pro-life movement will be well tended in the years to come.

Auction activities

We are still looking for some neat and nifty items to put in our Silent Auction at the Mother's Day Dinner. The more varied and different the items, the greater the fun bidding for them. You are limited only by your imagination. Of course, we would love to have vacation spots, dinners and sporting event tickets, but if you are a dentist, how about a nice cleaning—are you a dog groomer?—there are a lot of Fidos and Fifis that need a spring touch up. Speaking of spring, everyone likes pretty plants to brighten up their homes.

So, if you have a product or a service you would like to place in the Auction, let us know. If you want to donate for the purchase of an Auction item, let us know that too. Call 248-816-1546.

Mother's little helpers

As you all know, our Mother's Day Dinner is fast approaching.

We need some helpers on the day of the Dinner, Tuesday, May 7th, to assist us in decorating the tables, setting up the Auction tables, running errands and all the other details that surround putting on a dinner for 600!

If you have time, between noon and 5:00 p.m., on May 7th, and you would like to help make our party special, please call—248-816-1546.



Oakland/Macomb Chapter Coventry Place

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News

Office hours

M-Th 10-4; F Closed
Patricia Holscher, Director
Laurie Masiarak, Ofc. Staff

Mother's Day Dinner

This is always a stimulating evening—with celebrity speaker, announcement of "Mother of the Year," exciting Silent Auction, great food and, last but not least, the memorable camaraderie among pro-lifers.

Fellowship permeates the atmosphere whenever pro-lifers congregate, and the Mother's Day Dinner gives us a special opportunity to actually feel the love and support of each other while having an evening of fun. We will be entertained, as well as educated, by Jean Garton, past president of Lutherans for Life. Since 1979, we have used Dr. Garton's book, "Who Broke the Baby" as a textbook for students to invalidate any arguments in favor of abortion. Her credentials are many; some are listed on p. 3.

You can use this occasion to personally congratulate Lifespan's Mother of the Year 2002 who was chosen from your nominations and who will be honored at the dinner. Also, you can participate in the Silent Auction that always has enticing gifts which keep bidders guessing until the final moments of the closing bids.

VAN! VAN! VAN! We have reserved a van to take dinner guests to the San Marino Club in Troy. Reservations will be on a first-

come, first-serve basis. Call the office for cost and pick-up points.

This evening is planned for YOU! Please call for reservations.

Mother's Day roses

Now is the time to order silk-like, long-stemmed roses for your church. They are tagged, "Thanks, Mom, for Life," come in various colors and can be taken on consignment. The rose, the symbol of Life, is a tribute to mothers on their special day. Call to reserve yours now.

Father's Day recognition

By popular demand, the Wayne West/Downriver Chapter will be offering pens for dads on Father's Day on which are printed "Thanks, Dad, for Life" and "Happy Father's Day." The idea is being very well received by the church representatives. If your church has not been contacted, please call as soon as possible so that enough pens will be ordered.

Thanks

The bake sale on St. Patrick's Day weekend was very successful at St. Mary Church in Wayne. Parishioners, along with some of Lifespan's finest bakers, donated many of their special recipes. The tables were loaded with delicious goodies. The "Pillsbury Bake-Off Contest" organizers would have envied the baked confections offered.

Pastor Jack Baker encouraged his flock to support this fundraiser, and the tables were wiped clean. Our thanks to all of you who so graciously helped at this annual event which raised nearly \$1400. Your love for Life, both born and unborn, never wavers.

Wayne West/Downriver Chapter
27592 Schoolcraft
Livonia, MI 48150-2203
(734) 422-6230
Fax (734) 422-8116

From the President's Desk

My congratulations to the Educational Center for Life and Michigan Nurses for Life for their very successful conference on Abstinence.

There are many people who do not realize the close connection that is found between abstinence and abortion. Just as the promotion of abortion was successful because of the big lie—that abortion affects only the woman and her "freedom to choose," so too the big lie concerning "safe sex." Many of our schools and some governmental institutions promote the use of condoms and preach the "safe sex" message. Such information leaves our children with the impression that casual sexual encounters, at a young age and clearly outside of marriage, have no consequences—another big lie.

A chart prepared by Dr. Charles Diggs, MD, a member of the Abstinence Clearinghouse Medical Advisory Board, graphically describes the incidence of sexually transmitted diseases (STDs) and their impact on our young people. That chart is reprinted on page 8 of this newsletter. Using information from the Center for Disease Control, Dr. Diggs shows the lack of protection from condoms and the devastating impact of STDs on the health, and lives, of our young people.

A common theme presented by all of the speakers at the conference was that teaching sexual respect and responsibility begins with the parents. I encourage all of you to use the books, pamphlets and audio-visual materials available through ECL to assist you in teaching your children about the gift of their sexuality and the beauty of its purpose when the fulfillment is found in marriage.

Some 20 years ago, Lifespan hosted the first conference in Michigan that dealt with Sex Respect and the abstinence message. We were on the cutting edge of encouraging the real "safe sex" message—abstinence until marriage. It has taken a long time, but we are beginning to see some positive programs being instituted in some school districts and faith communities. We are eager to help you carry that message to your family and friends.

God Bless You. Yours in Life,

Diane

The Real Truth About "Safe Sex"

(See "From the President's Desk" on page 7 for further explanation)

DISEASE	CAUSE	ESTIMATE OF CASES PER YEAR (U.S.)*	SYMPTOMS	TREATMENT	CONSEQUENCE	EASE OF SPREAD ☆	CONDOMS EFFECTIVENESS (for vaginal intercourse) ♦
Gonorrhea	Bacteria	1 million per year	Painful urination, urethral discharge, painful sex, or no symptoms	Antibiotics	Ectopic pregnancy, sterility, severe pelvic infection	Easy	Some protection for men, no proven protection for women
Syphilis	Bacteria	70,000	Painless lump, or no symptoms	Injectable antibiotics	Brain damage, spinal cord damage, heart injury, death	Moderate	No proven protection with condoms
Chlamydia	Bacteria	3,000,000	Painful urination, discharge, high number of infections without symptoms	Antibiotics	Ectopic pregnancy, sterility, severe pelvic infection	Easy	No proven protection with condoms
Herpes simplex	Virus	1,000,000	Painful, grouped vesicles, resolve without treatment, return periodically, high number of infections without symptoms	Incurable, permanent infection, ointments or antibiotics to shorten outbreaks	Painful intercourse, serious and life-threatening infection of newborn babies	Easy	No proven protection with condoms
Acquired Immune Deficiency Syndrome	Virus	40,000	Fatigue, recurrent mild illness, pneumonia, high number of infections without symptoms	Incurable, permanent infection, medications prolong life and control symptoms but do not cure	Life-threatening pneumonias, intestinal infections, nervous disorders, cancers	Difficult	Studies document 85% effectiveness, but study methodology may have inflated this figure.
Hepatitis B	Virus	120,000	Jaundice, malaise, nausea and vomiting, or no symptoms	Vaccine before exposure is 90% effective.	90% recover without consequence. Chronic illness, carrier state, liver failure, death	Moderate	Condoms not shown to be effective.
Human Papilloma virus	Virus	5,500,000	Warts, most infections are without symptoms	Caustic chemicals, laser, creams, hysterectomy, colon removal	80% recover without consequence. Genital warts, cervical cancer, anal cancer, penile cancer	Easy	Condoms shown ineffective.
Molluscum contagiosum	Virus		Bumps in genital area	None, self resolving over weeks or months	None	Easy	Condoms not shown to be effective.
Hepatitis C	Virus		Jaundice, fatigue, itching, or no symptoms	Interferon	Liver failure, cirrhosis, death	Difficult	

*Some cases are reportable to public health entities. Others are not. Some of the statistics refer to the number of reported cases. Others are estimated cases. It is well known that even in the case of reportable diseases, the numbers are far under the actual frequency of infection. Some of the estimates are from a CDC report entitled, "Tracking the Hidden Epidemics: Trends in STDs in the United States 2000". This is available on the internet at http://www.cdc.gov/nchstp/stds/Stats_Trends/Trends2000.pdf

☆ Many of these diseases can be spread by sexual as well as non-sexual routes.

♦ Much of the condom effectiveness data is available in an NIH document, entitled: "Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention. This is available on the internet at: www.niaid.nih.gov/dmid/stds/condomreport.pdf. Generally the effectiveness estimates refer to consistent and correct condom usage, which is not often achieved.

Draft March 2002 by John Diggs MD and Nancy Couch MD

Futile Care

continued from back page

is by threatening to sue. To counter this threat, futilitarians are moving on two fronts to all but guarantee that courts will ultimately acquiesce to futile care theory. First, in hospitals nationwide, they are quietly promulgating formal, written futile care protocols that establish procedures under which wanted treatment can be refused. Second, they are beginning to place language in federal and state legislation that would stamp the government's imprimatur upon the core principles of futile care theory.

For obvious reasons, hospitals don't hold press conferences to announce the institution of futile care protocols. Thus, no one actually knows how many institutions across the nation have decided to impose futile care theory on unsuspecting patients, but there is little doubt that many have. In 1996, the *Journal of the American Medical Association* reported that several Houston hospitals had cooperatively created a medical futility policy designed to establish "professional integrity and institutional integrity" as a counterbalance to "patient autonomy." Ethics committees were granted the power to decide whether life-sustaining treatment should be provided as requested or withdrawn over patient/family objection. Once the ethics committee rules, the matter is settled, and all further "inappropriate" care may be terminated unilaterally. The Mercy Health System, a group of Philadelphia-area Catholic hospitals, instituted a similar futility program last year, described in "Time for a Formalized Medical Futility Policy," published in the July/August 2000 *Health Progress*. And in an article on medical futility in the Fall 2000 *Cambridge Quarterly of Health Care Ethics*, the authors reported that 24 out of 26 California hospitals they surveyed "defined nonobligatory treatment" in terms that were not "physiology based."

One of the stated purposes behind these hospital protocols is to thwart patients' ability to obtain a judicial order requiring the continuation of life-sustaining care. As the *Cambridge*

Quarterly authors put it, "Hospitals are likely to find the legal system willing to defer to well-defined and procedurally scrupulous processes for internal resolution of futility disputes." In other words, the strategy is to convince judges that, as mere lawyers, they are ill-equipped to gainsay what doctors and bio-ethicists have already decided is best.

As if that weren't enough cause for alarm, federal and state legislation is now being introduced that would explicitly empower doctors to deny life-sustaining treatment against the will of patients or their families. The most blatant example is found in Senator Arlen Specter's 171-page "Health Care Assurance Act," which seeks to expand health coverage for children and disabled people, among many other provisions. Buried deep in the bill is Title VI, which authorizes patients to consent or refuse medical treatment. That's fine. But the kicker comes in subsection B(ii), which is steeped in the lexicon of futile care theory:

Treatment which is not medically indicated.—Nothing in this subsection shall be construed to require that any individual be offered, or to state that any individual may demand, medical treatment which the health care provider does not have available, or which is, under prevailing medical standards, either futile or otherwise not medically indicated. [Emphasis added.]

As currently written, the bill would be a disaster for the most vulnerable and defenseless among us: patients who are dehumanized and viewed as parasitic drains on limited health care resources. Indeed, imagine the different fate that would have befallen Christopher Campbell had the doctor who refused to treat his fever been empowered by federal law to tell his father that sustaining the life of a persistently comatose patient was "not medically indicated under prevailing medical standards."

In California, futile care theory has already been legalized. A review of language recently put into the Probate Code finds that a "health care institution may decline to comply with an individual health care instruction or health care decision that requires

medically ineffective health care or health care *contrary to generally accepted health care standards applicable to the health care provider or institution.*" [Emphasis added] In other words, if an institution defines certain types of wanted life-sustaining treatment as contrary to their internal standards, doctors can refuse to render the care. At that point, the doctor must cooperate with the transfer of the patient to another institution and continue to provide the care until the transfer "or until it appears that a transfer cannot be accomplished." Presumably, if no other hospital agrees to take the patient, the non-treatment decision can be imposed unilaterally.

Why is this happening? The usual bio-ethical rationale for imposing medical futility on defenseless patients is "distributive justice"—i.e., a Montana hospital should deny Grandma Jones wanted life-sustaining antibiotics or respirator care so society can provide health benefits to Little Suzy in Appalachia. Thus, it is hardly surprising that Senator Specter included an explicit futile care provision in legislation designed to expand access to health care.

Yet ironically, imposing futile care theory on patients will not save much money, since end-of-life care constitutes only about 10 percent of total health care expenditures. Futilitarians know this, of course, which is why some already advocate restricting access to "marginally beneficial care" once the futile care fight is won. And what is marginally beneficial care? A few years ago, Dr. Donald J. Murphy, a leader of the futile care movement, gave me the example of an 80-year-old woman requesting a mammogram.

Thus, medical futility is not an end, but rather the beginning of a thousand mile journey, leading directly to society-wide health care rationing—a euphemistic term for medical discrimination, based on subjective quality of life criteria, against patients who are elderly, expensive to care for, disabled or dying. Eventually, this will include all of us: We ignore the threat of futile care theory at our own peril.

—From the *Euthanasia Prevention Coalition Newsletter*, October 2001

Legislative Update

continued from pp. 4-5

Pro-Abortion Group Supports Complete Human Cloning Ban

A coalition including advocates for abortion sent a letter March 19 to Congress and the president calling for a moratorium or ban on all forms of human cloning.

The letter seeks a permanent ban on cloning to create babies and a temporary moratorium on cloning to make embryos for medical research. Such research-based cloning involves the destruction of human embryos to obtain their stem cells.

"A moratorium would allow time for alternatives to research cloning to be investigated," the letter stated.

Among those who signed the letter were Andrew Imparato, president of the American Association of People with Disabilities. He said unregulated cloning could "foster a market for designer babies where disabled children are undervalued."

Another signer, Judy Norsigian, co-author of the women's sexual health classic "Our Bodies, Ourselves," said cloning could encourage poor women to take fertility drugs so they could sell their eggs to researchers.

The letter was distributed by the Oakland, California-based Center for Genetics and Society, which lobbies on biotechnology issues.

ACTION: Please contact your two U.S. Senators and encourage them to please support the Brownback-Landrieu bill (S. 1899) to ban all forms of human cloning and oppose bills by Senators Harkin and Feinstein that would allow human cloning that destroys human embryos for research. You can reach any Senator by calling 202-224-3121.

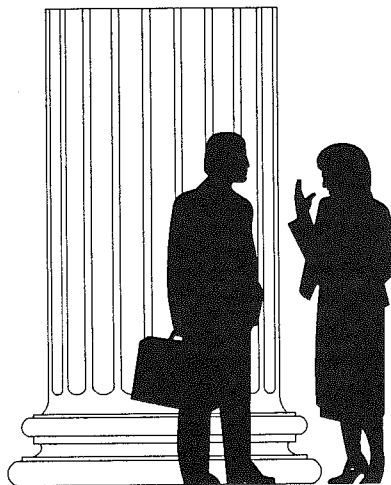
Pro-Life Infonet, March 21, 2002, #2664

Michigan Gubernatorial Candidate Gets Aggressive Pro-Abortion Backing

Pro-abortion Michigan Attorney General Jennifer Granholm's bid to become Michigan's first female governor is receiving tremendous support from abortion advocacy groups.

The backing has helped Granholm emerge in recent polls as the front-runner for the Democratic nomination. The winner of the Democratic primary faces pro-life Lt. Gov. Dick Posthumus—who is backed by Right to Life of Michigan.

So far, Emily's List, the national fund-raiser for pro-abortion female candidates, accounts for \$400,000 of the \$2.8 million Granholm's campaign has amassed, a campaign spokesman said.



In 2000, Emily's List contributed \$1.4 million to pro-abortion candidate Debbie Stabenow's successful Michigan campaign for the U.S. Senate.

Also helping Granholm coax contributions is a group of 860 metro Detroit women executives, professionals and activists, led by such notables as Denise Ilitch and C. Beth DunCombe.

Ilitch, president of Ilitch Holdings Inc., which owns the Detroit Tigers and Red Wings, said the group—Women Leaders for Granholm—has a lofty fund-raising goal of \$1 million. The group has pulled in about \$100,000, according to the campaign.

"We know that men, in their jobs and professions, have been used to giving to political campaigns," said

DunCombe, president of the Detroit Economic Growth Corp. and an experienced fund-raiser. "Women are not as used to giving. There's a comfort level in having other women soliciting them."

DunCombe said the group is not unique, though it may be the largest such effort behind a Michigan candidate. Others around the country, notably Hillary Rodham Clinton's U.S. Senate campaign in 2000, have formed women's fundraising arms.

Granholm's extensive pro-abortion funding is an obvious concern to her opponents.

Rival Democratic candidate Congressman David Bonior last week released a list of 183 Women for Bonior, plus 38 women members of Congress who support him. Bonior has a mixed voting record and sometimes votes for pro-life legislation.

The third major Democratic candidate, pro-abortion ex-Gov. James Blanchard, formed Women for Blanchard last summer, and said more than half of the 10,000 people in his campaign network are women.

Blanchard said women should consider his unbending record of abortion advocacy while he was governor and a congressman. He added, "If I were a woman, I sense that Emily's List would have endorsed me. I have a longer, stronger record on choice."

A fourth candidate, state Sen. Alma Wheeler Smith favors abortion. She trails badly in polls and has raised little money.

Emily List's fund-raiser for Granholm is dubbed Don't Get Mad, Get Elected, and is a response to a law that takes effect April 1 that could crimp the pro-abortion organization's fund-raising in Michigan.

The law was pushed through the Michigan legislature in December. It will prohibit organizations from collecting campaign donations from individual donors and bundling them into large, single donations that they hand over to candidates. Bundling is the method Emily's List uses to funnel money to candidates. The organization now can only persuade donors to give directly to chosen candidates.

—Pro-Life Infonet, March 22, 2002, #2665

Donations have been made In loving memory of:

Norah Quigley

Given by: Collette Dooley

Dr. Gerald Corona

Given by: Cathie & Dan Miannecki

Matthew Fary

Given by: Rick & Mary Ann Dixon

Walter Burtka

Given by: Oakland/Macomb
Chapter of Lifespan

Kathleen Fogoros

Given by: Karen Patrosso
Marge Bradley
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Given by: George & Mary Cascos

Helen Rohman

Given by: Norv & Diane Trombley

Al Dobrick

Given by: Karen Patrosso
Marge Bradley
Wayne West/Downriver Board
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Don Mals

Given by: Jim & Dorothy McGrath

Bob Forgacs

Given by: Frank Tofil

Donations may be made in memory
of loved ones who have died; a memo-

rial card will be sent by Lifespan in
your name to the family of the de-
ceased.

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 help-
ing those whose lives are threatened
by abortion, euthanasia or infanticide.
A bequest in your will to Right to Life-
Lifespan of Metro Detroit will be used
to save the lives of many through our
efforts. Please send donations to your
local Lifespan office.

Crisis hotline numbers

If you or someone you know is experi-
encing a crisis pregnancy, help is
available. Call your Lifespan office
listed on pages 6 or 7. Bethany Chris-
tian Services also has a 24-hour hot
line number 1-800-BETHANY. Shel-
tering homes are available to women
in crisis pregnancies, call Casa Vitae at
(248) 559-5407 or Abigayle Ministries
at (586) 326-0459.

For post-abortion counseling, call
P.A.C.E. at (734) 455-5255 or Project
Rachel at (888) 722-4355.

For people with life-limiting ill-
nesses, call Angela Hospice (734) 464-
7810 or Cranbrook Hospice (248) 334-
6700 or Hospice of Michigan (888)
HOM-5656.

Project Life, Archdiocese of Detroit,
also offers pastoral guidance to per-
sons considering abortion or assisted
suicide. If a relative, friend or even
yourself are in need of this counseling
assistance, please call 800-281-2102.



This past week at Wee
Care—A young mother called, and
while fighting back the tears, she asked
for help for her tiny daughter who lay
in a hospital fighting cancer.

A father called. He is the only
"mother" his children have. Moved to
desperate tears, he was frantic as his
heart was about to be turned off in his
home.

A grandmother called. Ill herself,
she was devastated, disappointed and
frightened as she tearfully told us
about her teenage granddaughter who
had just delivered twins and has noth-
ing for them and no means of support.

Needless to say, because of you, we
were able to help these families and to
make life a little bit gentler for them.

With Mother's Day just around the
corner, I thought about these mothers
and wanted to wish all of you a day
filled with a mother's tears—but the
good kind!—the tears that are felt
when a mother holds her baby for the
first time; the tears that well up in a
grandmother's heart when she hugs
her precious grandchildren; and the
tears that get stuck in a mother's throat
as she is handed a homemade gift or
card and realizes how lucky and loved
she is.

On Mother's Day, may you all be
touched by special moments, and may
any tears felt be those of pure happi-
ness.

—Karen Patrosso, Director
Wee Care (248) 777-2727

A Program of Right to Life - Lifespan

Right to Life - Lifespan of Metro Detroit 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 \$ 20.00
_____ Student/Senior Member \$ 7.00

_____ Monthly pledge \$ _____
_____ Other \$ _____

Name _____ Phone _____

Address _____ City _____ Zip _____

Please complete this form and return with your donation to: Right to Life - Lifespan, 28200 Seven Mile Rd., Suite 127,
Livonia, MI 48152-3736. For more information, call 248-777-9090. Sorry, donations are not tax-deductible.

Futile Care and Its Friends

Hospitals—and legislators—want to decide when your life is no longer worth living

By Wesley J. Smith

The Weekly Standard, July 23, 2001

When John Campbell's teenage son Christopher became comatose after a car accident in 1994, the last problem Campbell expected was obtaining proper medical treatment for his son. Campbell, a corporate executive, had excellent health insurance and was convinced Christopher would receive the best of care. But then something awful happened. One month after the accident, Christopher developed a burning fever. When his temperature reached 105 degrees—and rising—Campbell asked the attending nurse why his son was not being treated for the condition that now threatened his life. He soon found out: Christopher's doctor was out of town and the on-call physician had refused to order care. The nurses told Campbell they were helpless to act on their own.

Campbell demanded to speak with the doctor. It took hours before the nurses were able to reach him on the phone. By then, Christopher's fever had worsened to 107 degrees. "He was literally burning up" Campbell recalls. "I knew that if something was not done, he would die."

Campbell demanded treatment to reduce his son's fever. At first, the

doctor refused, "He actually laughed," Campbell recalls. But the distraught father wouldn't give up: "I used every ounce of persuasion I had in me." Finally, reluctantly, the doctor ordered the nurses to provide fever-reducing medicine, and the fever subsided.

Christopher was completely unresponsive for more than four months after the fever incident. Then, against medical expectations, he awakened. Today, after years of arduous rehabilitation, he lives with his parents, a disabled young man who counsels troubled teenagers and who, with his father's help, created a foundation that feeds 30 hungry African children breakfast 365 days a year. But had Campbell not successfully pressured the doctor into saving Christopher's life, none of that would have happened.

The physician's refusal to provide Christopher desired life-sustaining treatment was an early application of a relatively new bio-ethical theory that has since swept the Western Medical world. "Futile care theory" holds that when a physician believes the quality of a patient's life is too low to justify life-sustaining treatment, the doctor is entitled to refuse care as "inappropriate"—even if the treatment is wanted. It is the equivalent of a hospi-

tal putting a sign over its entrance stating, "We reserve the right to refuse service."

Of course, doctors should not be required to provide physiologically futile treatment. For example, if an ulcer patient demands chemotherapy, doctors should refuse, since the desired "treatment" would not improve the ulcer at all. But "Physiological Futility" of this sort is not the essence of contemporary futile care theory. Rather, in medical futility bio-ethicists and doctors unilaterally determine when the quality of a human life, or the cost of sustaining it, makes it not worth living.

Proponents of futile care theory often cite tube feeding for patients in a persistent vegetative state as an example of "futile" or "inappropriate" treatment. Let's analyze this. What is the medical purpose of "artificial nutrition"? It keeps the body functioning. Why do many futilitarians wish to authorize doctors to refuse such treatment? Not because it doesn't work—but because it does. Thus, in futile care theory the treatment itself isn't denigrated as futile—the patient is.

One way patients or families currently thwart futile care impositions

continued on page 9

Right to Life - Lifespan of Metro Detroit

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