

# LIFE LINES

A Publication of

Rochester Area Right to Life Committee, Inc.  
and the Education Fund

Winter 2012 - 2013

## What if a woman changes her mind? New help for her and the baby!

Medical (chemical) abortions are typically done in two steps:

- (1) A dose of RU-486 (mifepristone) is given to destroy the ability of the placenta to deliver oxygen and nutrients to the developing baby.
- (2) 36-72 hours later, a second drug, misoprostol, initiates contractions to expel the presumed-dead baby.

What if a woman takes the first pill and then wishes she hadn't? What if she wants to un-do the effects, to allow the baby to live? Until recently there has been no help available.

However, Dr. George Delgado has now established a process for giving heavy doses of progesterone. Progesterone is the hormone that during pregnancy allows the placenta to grow and develop. RU-486 is a progesterone blocker. It works by taking up the places where progesterone would be absorbed, causing the placenta to fail. The supplemental doses of progesterone out-compete the RU-486 and are able to continue the normal progesterone role of supporting placental function.

The treatment can be initiated as long as the baby's heartbeat can be detected. Results for the six patients who were the first to be treated have been documented; the study is published in the December issue of the peer-reviewed journal *The Annals of Pharmacotherapy*.

Details can be found at [www.abortionpillreversal.com](http://www.abortionpillreversal.com), including their telephone hotline number.

At least one additional patient has been treated, right here in Rochester. That patient took the first pill and then regretted it. She found the Abortion Pill Reversal website and contacted Dr. Delgado's staff, who are based on the West Coast. They, in turn, called Dr. Katherine Lammers in Rochester.

Since Dr. Lammers had attended a detailed presentation on the procedure, she may be the only doctor in Rochester who had the confidence to attempt to preserve the baby's life. Dr. Lammers immediately began the treatment and we can hope that another beautiful baby's future has been saved.

"Progesterone Use to Reverse the Effects of Mifepristone" George Delgado and Mary L. Davenport, *The Annals of Pharmacotherapy*, 2012 December, Vol. 46. ♦♦♦ <http://www.theannals.com/content/46/12/e36.full.pdf+html>

## Gov. Cuomo thinks that NY women need more "access" to abortion. Really?

New York State Department of Health 2010 data:

For white women:

49,739 abortions in 220,479 pregnancies.  
About 23% ended in abortion.

For Hispanic women:

30,520 abortions in 93,592 pregnancies.  
About 33% ended in abortion.

For Black women:

47,108 abortions in 94,786 pregnancies.  
About 50% ended in abortion.

*"Abortion kills more children in the  
black community in 3 days than the  
KKK did in 86 years....  
When is enough, enough?"*

Ayesha Kreutz, president of The Frederick Douglass  
Foundation of New York



Say NO! to the Reproductive Health (Abortion Expansion) Act!  
Call your NY Assembly Representative and Senator

**New at Life-Lines:** You may notice a difference in this issue of the newsletter.

We are using full-color printing. Not only will this make the publication more attractive, it will avoid some of the manual processes at the print shop that have in the past led to occasional errors. Additional people have stepped

forward to write articles. And we have received volunteered layout advice and a new header from a graphic design professional who is a friend of RARTL.

Please let us know what you think, especially in terms of the information you need as a pro-lifer. As we plan future issues, we'd like to have your comments in mind.

## Is Abortion Safer Than Childbirth Part 2 of 3

One finds repeatedly in the media the statement that abortion is safer than childbirth. Frequently they point to data from the Center for Disease Control as the justification. Part 1 in the previous issue of this newsletter showed that abortion deaths simply do not show up in the CDC's data. Part 2 shows valid uses of government records.

**Records-based studies can be helpful** where there are extensive and accurate government-maintained individual records. Comparing only childbirth and abortion might be useful if you were solely concerned with the day of the birth or abortion, or perhaps that day plus the week following. However, records-based studies in multiple countries show a very disquieting longer-term picture.

A study in Finland showed that women who have abortions are almost 4 times more likely to die in the year following an abortion than are women after childbirth. (See the graph at right.)

The deaths are not necessarily immediate physical complications, but may include the known potential emotional complications, such as depression, drug and alcohol abuse, and the physical results of such chronic stress.

A similar study of California's medical data showed similar trends.

"Abortion safer than giving birth: study" Genevra Pittman Reuters

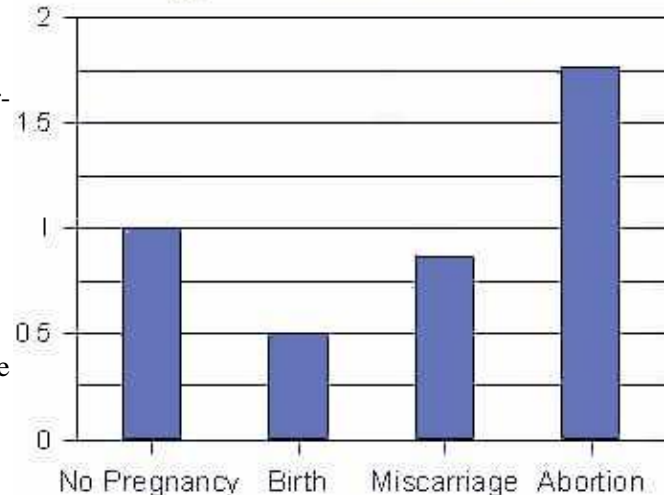
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[20120123,0,2638751.story](http://www.chicagotribune.com/health/sns-rt-us-abortiontre80m2bs-20120123,0,2638751.story); ◇◇◇ "New Studies Unmask High Maternal Death Rates From Abortion" [http://afterabortion.org/2000/abortion-four-times-](http://afterabortion.org/2000/abortion-four-times-deadlier-than-childbirth/)

[deadlier-than-childbirth/](http://afterabortion.org/2000/abortion-four-times-deadlier-than-childbirth/) ◇◇◇ "The Cover-Up: Why U.S. Abortion Mortality Statistics Are Meaningless" David C. Reardon,

<http://afterabortion.org/2000/the-cover-up-why-u-s-abortion-mortality-statistics-are-meaningless/>

**Fig. 1. Total Deaths**



## Planned Parenthood - \$542 million in taxpayer dollars

Planned Parenthood recently released its 2011 - 2012 Annual Report. Of interest to pro-lifers is that Planned Parenthood performed 333,964 abortions and received \$542.4 million in taxpayer funding last year.

Randall O'Bannon comments in an analysis for National Right to Life that it makes more sense to judge Planned Parenthood on its number of abortions than on the soothing language used in the media to describe Planned Parenthood's concern for women and women's health. He says:

*And make no mistake about it: abortion is a huge profit center. At going rates for a standard surgical abortion performed at 10 weeks, the 333,964 abortions Planned Parenthood performed represent an income of at least \$150.6 million. And it is no secret that Planned Parenthood advertises and performs more expensive chemical and later surgical abortions, indicating that abortion revenues are likely considerably higher.*

*Collectively, the organization and its affiliates took in nearly \$1.2 billion in revenues (\$1,199,100,000 to be exact). Few will notice that about one out of every nine women coming through the door will have an abortion! So much for abortion being a "tiny fraction" of PPFA's business.*

[http://www.nationalrighttolifenews.org/news/2013/01/planned-parenthood-increases-number-of-abortions-rakes-in-nearly-1-2-billion-in-revenues/#.UO8r\\_qyKdJF](http://www.nationalrighttolifenews.org/news/2013/01/planned-parenthood-increases-number-of-abortions-rakes-in-nearly-1-2-billion-in-revenues/#.UO8r_qyKdJF)

## Doing right in Washington

US Representative Diane Black has re-introduced the "Title X Abortion Provider Prohibition Act." She says that this bill "ensures that Title X family planning grants are used for their intended purpose and are prohibited from being used by organizations that provide abortions."

There are 23 co-sponsors who have joined Rep. Black to work on passage of this bill. <http://black.house.gov/press-release/black-joined-scalise-smith-pitts-fleming-19-fellow-house-members-introduce-title-x>

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## Since you asked: “When does human life begin?”

by Dennis Lohouse

Perhaps the most difficult question posed in a debate about abortion is: when does human life begin? One can go on for hours about the "choices", ethics, morality, or sinfulness of abortion only to have the "discussion" come to a screeching halt when it becomes clear that we don't even agree on this very basic question.

A very useful response comes from the blog of Scott Klusendorf\*:

Clarify the scientific and philosophic case for life. The science of embryology establishes that from the earliest stages of development, the unborn are distinct, living, and whole human beings. True, they have yet to grow and mature, but they are whole human beings nonetheless. Leading embryology textbooks affirm this. Meanwhile, pro-life advocates use philosophy to show there is no morally significant difference between the embryo you once were and the adult you are today that would justify killing you at that earlier stage of development. Differences of size, level of development, environment, and degree of dependency are not good reasons for saying you had no right to life then but you do now. Stephen Schwarz suggests the acronym SLED as a helpful reminder of these non-essential differences:

- **Size:** You were smaller as an embryo, but since when does your body size determine value? Large humans are not more valuable than small humans.
- **Level of Development:** True, you were less developed as an embryo, but why is that decisive? Six-month olds are less developed than teenagers both physically and mentally, but we don't think the former have less of a right to life.
- **Environment:** Where you are has no bearing on what you are. How does a journey of eight inches down the birth canal suddenly change the essential nature of the unborn from a being we can kill to one we can't?
- **Degree of Dependency:** Sure, you depended on your mother for survival, but since when does dependence on another human mean we can kill you? (Consider conjoined twins, for example.)

In short, humans are equal by nature not function.

Although they differ immensely in their respective degrees of development, they are nonetheless equal because they share a common human nature made in the image of God.

Our thanks to Scott Klusendorf who is president of Life Training Institute and author of the book *The Case for Life: Equipping Christians to Engage the Culture* (Crossway, 2009). <http://thegospelcoalition.org/blogs/tgc/2011/01/21/clarity-not-gadgetry-pro-life-apologetics-for-the-next-generation/>

## Hobby Lobby

Hobby Lobby, a family-run business, was founded by David Green 40 years ago, based on Christian principles that he and his family respect today. That means they “don't pay for drugs that might cause abortions.” They have reluctantly gone to court to try to get an exemption from the Obamacare requirement for abortifacients. Supreme Court Justice Sotomayor recently denied their request for an emergency injunction to temporarily block implementation of the Obamacare mandates while the case goes forward.

He said, “If we refuse to comply, we could face \$1.3 million PER DAY in government fines.”

He said, “The government is forcing us to choose between following our faith and following the law. I say that's a choice no American – and no American business – should have to make.”

Rochester's Hobby Lobby is at 900 Holt Road in Webster, just south of highway 104.

<http://usatoday30.usatoday.com/news/opinion/forum/story/2012-09-12/hhs-mandate-birth-control-sue-hobby-lobby/57759226/1>

## Don't mimic Oregon and Washington

In an effort to encourage other states NOT to follow their example, Margaret Dore, Esq., points out how the laws of Oregon and Washington leave patients unprotected from those who would benefit from their demise.

She says:

*“The Oregon and Washington assisted suicide acts have a formal application process. The acts allow an heir, who will benefit from the patient's death, to actively participate in this process.*

*“Once the lethal dose is issued by the pharmacy, there is no oversight. For example, there is no witness required at the death. Without disinterested witnesses, the opportunity is created for an heir, or for another person who will benefit from the patient's death, to administer the lethal dose to the patient without his consent. One method would be by injection when the patient is sleeping. The drugs used in Oregon and Washington are water soluble and therefore injectable. If the patient woke up and struggled, who would know?”*

She also points out that many of the patients who are considering assisted suicide have personal financial resources, making them more likely to be victims of exploitation. Her article includes copious supporting references.

Her parting shot is: *“Assisted suicide in Washington and Oregon is a recipe for elder abuse and cloaked in secrecy. Don't make our mistake.”* <http://www.montanansagainstassistedsuicide.org/2012/12/assisted-suicide-in-washington-and.html>

## Obamacare in court

Challenges based on religious beliefs to the Obamacare mandates for contraceptive / abortifacient services have proliferated. At a recent Natural Law Symposium in Rochester, presenters could not agree on how many challenges there were, because there are new ones being filed so frequently. One report in December suggested that there were at that time at least 41 cases, with 110 plaintiffs.

Among the challengers are Tyndale House Publishers, Wheaton College, Belmont Abbey College, Hobby Lobby, K&L Contractors, Weingartz Supply Company, Legatus, and various dioceses of the Roman Catholic Church, including the Archdiocese of New York.

In some cases, the plaintiffs such as K&L have been able to get preliminary injunctions to temporarily halt enforcement of the mandates to protect them while the court cases continue. In other cases such injunctions have been denied.

However, the cases working their way through the courts may be the tip of the iceberg in some ways. Many smaller companies are simply planning to comply because they do not feel they have a choice. They do not have the resources to fight. The Little Sisters of the Poor currently tend to the elderly in 30 US cities and they also do not feel that they have a choice. However, they cannot morally comply. Sister Constance Carolyn Veit, their communications director, says that they will not be exempt from the mandate. Faced with fines that they cannot afford, they may have to leave the US. That will not be to the advantage of the elderly people they serve.

<http://dailycaller.com/2012/12/19/obamacare-could-drive-little-sisters-of-the-poor-out-of-the-us/> ◇◇◇ [www.fln.org/fln-news/article/liberty-counsel-predicts-court-win-on-hhs-mandate/](http://www.fln.org/fln-news/article/liberty-counsel-predicts-court-win-on-hhs-mandate/) ◇◇◇ <http://sbmblog.typepad.com/sbm-blog/2013/01/7th-circuit-preliminary-injunction-in-affordable-care-act-contraception-mandate-challenge.html>

## Opportunities of interest to area pro-lifers

**Saturday, February 16 SIMCHA “Set in Motion Creative Healing Arts”** a post-abortive recovery retreat. Hosted by Sandy Arena, of the Life Ballet, and Ami Preble, Bound4Life Rochester. 9 AM – 5 PM at the Yahweh Ballet Studios at the Auditorium Center. To get more information or to register for the retreat, contact Ami at phone number 585-290-1800 or her email address [bound4liferoc@gmail.com](mailto:bound4liferoc@gmail.com).

**Thursday, February 21 A presentation by Karen Handel**, former Senior Vice President for Public Policy at Susan G. Komen for the Cure and author of “Planned Bullyhood.” In addition to discussing her experiences surrounding the controversy between Komen and Planned Parenthood, Karen will talk about tactics Planned Parenthood uses to attempt to subvert the pro-life message in today’s society and what we can do to make sure the message is heard. 7 PM in the Coleman Chapel in Murphy Hall at St. John Fisher College. Tickets for the event are \$15, \$10 for senior citizens, and free for college students with ID. For information, call the Women’s Care Center at 865-0360.

**Saturday, March 9 Chuckles & Chocolate...** Comedy for a cause event will be held at the University Gallery at RIT located in the University Services Center. This dessert themed event will feature national comedian Brad Todd. Doors open at 7. Tickets are \$40 for an individual, \$70 for a couple’s combo, and \$30 for high school & college students (with ID) and are available via e-mail to [birthrightroc@yahoo.com](mailto:birthrightroc@yahoo.com) or call 385-2100.

**Saturday, March 16 Break for Life 2013**, a student-led pro-life conference intended for the wide community and students middle school through college, at Our Lady of Mercy School for Young Women. Schedule: Registration and Pizza: 11-12 PM, Speakers: beginning at 12:00 noon, conference ends at 5 PM. \$5 for students, \$10 for adults. [www.mcquaid.org/breakforlife](http://www.mcquaid.org/breakforlife) or call Chris Hood at (585) 256-6169 or [chood@mcquaid.org](mailto:chood@mcquaid.org)

**Thursday – Saturday, March 21 - 23 Feminists Choosing Life will host Laura Lederer, J.D.**, Senior Advisor on Trafficking in Persons to Under Secretary of State for Democracy and Global Affairs for a three day educational event on Modern Day Slavery and Human Sex Trafficking. The event will include a documentary screening on the topic, lectures at area campuses, a public event with Laura Lederer and an invitation only luncheon for Rochester area leaders involved in combating human trafficking. Please visit [www.feministschoosinglife.org](http://www.feministschoosinglife.org) for details as the date approaches or call 585.234.5416 to request fliers or an invitation to the luncheon.

**April 18, 2013 Women’s Care Center Gala** at the Webster Country Club. For information, call the Women’s Care Center at 865-0360.

**June 27 – 29 National Right to Life Convention 2013** in Dallas, Texas.

**June 27 – August 3 National Right to Life Academy** for college students.

## A Physician Looks at Obamacare

by Susan LeDoux

Dr. Katherine Lammers MD, FACOG vowed she would “first do no harm” when she recited the Hippocratic Oath. Today, she sees that promise threatened as implementation of the Affordable Care Act of 2010 begins. Guidelines and regulations of “Obamacare” will come into play this year and physicians and patients will discover the devil, literally, is in the details.

On October 30, 2012, Dr. Lammers OB/GYN spoke about Obamacare from a physician’s perspective at Holy Name of Jesus Church. The following is a summary of some of the regulations and possible consequences.

Expanded health care coverage for everyone sounds like a good idea. But how to pay for it? Individuals will be mandated to carry insurance or pay federal penalties. The Affordable Care Act will reshape the insurance industry so that, by default, in 15-20 years, the government will probably be the single payer. The power of the payer (the government) will be felt by all Americans when the Independent Payment Advisory Board (IPAB) of 18 selected people determines what care will be funded and therefore, what care will be available to whom. These decisions will evolve with no input from families or rights of appeal. IPAB committee members will be appointed so they cannot be impeached or held accountable for their decisions.

It is not only payment issues that concern Lammers. The Affordable Care Act will threaten the sacred doctor/patient relationship, as well the right to practice medicine according to one’s own professional standards and ethics. Ironically, while *Roe v. Wade* claims to keep the government *out* of the doctor’s office, Obamacare does the opposite.

- Physicians will assume greater responsibility for the health of “populations” rather than “individuals.” They may be mandated to discuss options for care for a *population* that may not be appropriate for the *individual* patient – such as discussing end of life options with a healthy 65 year old or disabled veteran. Government guidelines for mammograms and PSA tests are now aimed

at age based populations rather than MD assessment of need. This form of rationing could reduce the number of people benefiting from early cancer detection. And how can the government cut 500 billion from Medicare without further rationing?

- The Affordable Care Act could allow for the control of the practice of medicine through various “programs” and “guidelines.” The government would be able to audit physicians’ compliance with the new rules through creation of “quality guidelines.” How cost effective is this doctor? Is she ordering expensive tests for a patient who falls into a population that should be receiving only palliative care?

Board Certification could be based on adherence to mandated guidelines. The law puts the legal machinery in place so, in the future, Dr. Lammers could have little protection if refusing to perform abortions or refer clients to clinics that do is ever labeled as “unethical.” This could alter her standing with her professional organization or threaten her admitting privileges to hospitals.

Electronic medical records are already part of our health care system. Did you know your physician faced a fine of \$10,000 or jail if he/she did not comply with this conversion?

Weinberger, et al, in their article “Legislative Interference with the Physician Patient Relationship,” (NEJM 2012 October 18, 2012) wrote: “By reducing health care decisions to a series of mandates, lawmakers devalue the physician-patient relationship.”

One must ask, in terms of our freedom... how affordable is the “Affordable Care Act?”



## Learning accents before birth

It’s been known for a long time that children in the womb are able to hear, beginning at about 30 weeks. However, a new study says that in the last 10 weeks of prenatal life, they learn to recognize what their native vowel sounds are and aren’t.

Researchers at a hospital in the US and one in Sweden played Swedish and American vowel sounds for babies ranging from 7 hours after birth to 3 days. They recorded the rate of sucking on a pacifier, a known method of measuring a baby’s interest. The babies seemed most interested in the sounds that were foreign to them.

The Swedish children sucked longest while listening to the American vowel sounds and the American children sucked longest while listening to the Swedish vowel sounds. Researchers Christine Moon, Hugo Lagercrantz, and Patricia Kuhl were fascinated that so much learning had occurred so early. It’s been said that children are born “ready to learn.” It’s becoming more and more evident that they’ve been learning long before birth.

<http://www.plu.edu/news/2012/12/infant-language/#page1>

## Europe continues down the euthanasia path

### Belgium debates euthanasia for minors and demented

Belgium [could allow euthanasia for people under 18](http://www.bioedge.org/index.php/bioethics/bioethics_article/10353) if new proposals by the Socialist Party are approved. The law would also allow patients with Alzheimer's to be euthanased.

Neighbouring Netherlands already allows both categories of people to die in this fashion, although in the game of euthanasia one-upmanship Belgium has scored goals of its own: euthanasia for prisoners and euthanasia for organ donation.

"The idea is to update the law to take better account of dramatic situations and extremely harrowing cases we must find a response to," party leader Thierry Giet explained. The bill would be extended to minors "if they are capable of discernment or affected by an incurable illness or suffering that we cannot alleviate."

[http://www.bioedge.org/index.php/bioethics/bioethics\\_article/10353](http://www.bioedge.org/index.php/bioethics/bioethics_article/10353) by Michael Cook Dec 22, 2012 Used with permission

### French to introduce assisted suicide and euthanasia

The French government has announced that it will introduce legislation allowing assisted suicide and some forms of euthanasia. A report by the former head of the national bioethics commission, Didier Sicard, was given to President François Hollande this week. Legislation could be presented to the National Assembly as early as June.

"The existing legislation does not meet the legitimate concerns expressed by people who are gravely and incurably ill," Hollande told the media this week.

Sicard professes to be a foe of legalised euthanasia. However, his three main proposals do involve ending life without consent. He says that death should be "accelerated" if patients ask for it or if they have made an advance directive. In a second scenario, doctors could withdraw nutrition and hydration at the request of relatives of an unconscious person. And third, doctors could withdraw nutrition and hydration from persons in a permanent vegetative state.

[http://www.bioedge.org/index.php/bioethics/bioethics\\_article/10354](http://www.bioedge.org/index.php/bioethics/bioethics_article/10354) Michael Cook Dec 22, 2012 Used with permission

## Emergency contraception, abortion, and teenagers

In November 2012 the American Academy of Pediatrics announced that it was not only acceptable but recommended that physicians prescribe – in advance – so-called emergency contraception to girls under the age of 17, so that they would have it on hand if they found themselves in need. Health and Human Services regulations state that EC is only to be made available for the younger girls on a prescription basis, to assure medical supervision. The AAP recommendation was, therefore an evasion of the regulation.

At the time, various family groups objected to the loosening of the rules, saying that it was a health hazard for the girls. Those family groups have now been confirmed in their concern by a new study by researcher Christine Piette Durrance.

Durrance analyzed each individual county in the state of Washington, looking at whether the “pharmacy access” for emergency contraceptives mandated by a newly passed Washington law had any effect on STD’s or abortions. She “found that more widespread use of the morning-after pill ‘led to a statistically significant increase in STD rates (gonorrhea rates), both overall and for females.’”

There was no decrease in the number of abortions or nor a change in birth rates.

The researchers reasoned that increased use of EC led to more risk-taking behavior especially in teens and young adults.

<http://www.lifesitenews.com/news/emergency-contraception-increases-std-rates-does-not-reduce-abortions-new-s> ◇◇◇ Abstract of the study:  
<http://onlinelibrary.wiley.com/doi/10.1111/j.1465-7295.2012.00498.x/abstract> ◇◇◇  
[http://www.bioedge.org/index.php/bioethics/bioethics\\_article/10325](http://www.bioedge.org/index.php/bioethics/bioethics_article/10325) ◇◇◇

## Women need more abortions?

According to the New York State Department of Health, in 2010, there were 111,212 induced abortions. In over half the cases, the women had already had at least one abortion. For 4,316 women, they had already had 5 or more previous abortions.

Say NO! to the Reproductive Health (Abortion Expansion) Act!  
Call your NY Assembly Representative and Senator.

*“New York's abortion regime is among the most liberal on Planet Earth already. The notion that women need more access to abortion in New York is simply preposterous.”* Greg Pfunderstein, of Executive Director of the Chiaroscuro Foundation, on the Reproductive Health Act.

**Suggested prayers**

Please become a **prayer partner**. Spend 5-10 minutes daily in prayer about life issues to provide a 24-hour prayer shield over our area. Join in the following monthly prayer themes that

**February:** the pregnancy centers helping women and their unborn children will have the volunteers they need to provide the assistance that protects life .

**March:** those who have been burdened by past abortions will find their loads lightened in the joy of forgiveness

**April:** as we pay our taxes our government will think better of using that money to kill unborn children.

**May:** we acknowledge the wisdom of the elderly as well as their right to life

**In Memory of**

**Emanuel Rosenfeld**

by Janice Pipher

**Paul Gallipeau**

by Anne LeBlanc

**Rev. Paul Wohlrab**

**Sylvester Zicari**



**In Honor of**

**Mr. and Mrs. Henry Liana**

by Elizabeth Lamendola

**Attention Pro-Life College Students**

- Want to learn more than you even knew existed about pro-life topics?
- Want to be able to hold your own in a debate with abortion advocates?
- Want to gain new skills that you can use anywhere?
- Want a fun, exciting five weeks in Washington, DC, with some of the sharpest people on the planet?

Check out NRLC's Academy, which, this year, is June 27 – August 3. Previous participants have given it rave reviews and there are even some scholarships available. Go to <http://www.nrlc.org/Academy/index.html> today.

Applications are due March 15.

**Do you have a computer? No?**

If you don't, you may be frustrated by some of the references after an article. They are frequently links to online articles. You're welcome to call the office and ask for the references. If there's not a copyright issue, we'll be happy to print them out and send them to you.

**RTL MEMORIAL/HONOR TRIBUTE**

You are welcome to remember an event/achievement or a deceased loved one with a memorial/honor/tribute, tax-deductible, donation to the **RARTL Education Fund**. A card in your name will be sent to the family/person you designate; contribution amount is confidential.

Mail form & check payable to RARTL Education Fund to RARTL; 675 Ling Road; Suite 3; Rochester, NY 14612

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Of/for \_\_\_\_\_

(occasion) \_\_\_\_\_

My/our name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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There is no charge, although donations are gratefully accepted.

**Pro-Life and Feminism Aren't Mutually Exclusive**

Emily Buchanan, of the Susan B. Anthony List, has written a wonderful opinion piece in *Time* with the above title.

As she points out, the original feminists opposed abortion. It was only beginning in the 1960s that feminism picked up the idea that women must have abortion if they were going to have true equality.

We now have "two pro-life women in the Senate, 17 in the House, four in governorships and hundreds more in state legislatures."

It's a victory for those original feminists who secured for women the right to vote and to participate fully in our government.

<http://ideas.time.com/2013/01/03/viewpoint-pro-life-and-feminism-arent-mutually-exclusive/#ixzz2GxRcJsYC>

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## **The Reproductive Health (Abortion Expansion) Act - Back Yet Again**

Governor Andrew Cuomo has announced his intention of passing the abortion-expanding Reproductive Health Act (RHA), which would make abortion a fundamental right in New York State.

The new legislative session has just begun and the RHA has already been introduced in the state Senate. It may appear as stand-alone legislation, or pieces may later be hidden in other legislation. In all forms, it will need to be opposed by knowledgeable, committed pro-lifers. Governor Cuomo has proven himself adept at gathering legislative support to make things happen, so this will be a significant fight.

Just as a reminder, the RHA would, among other things:

- Remove criminal penalties even from unlawful abortions;
- Prevent an unborn child who is the *intended* victim of a crime from being recognized as a victim;
- Allow non-physicians to perform surgical abortions, even in the second trimester;
- Deceitfully redefine pregnancy as beginning at implantation – not fertilization;
- Allow the abortion of fully-formed, viable infants;
- Unleash new assaults on the consciences of those who oppose participating in abortion - health care professionals, hospitals, hospital residents, and health insurance providers.

Warning: We do not know when the Governor will attempt to move this legislation. However, as with other recent controversial legislation, action will probably occur with very little notice. Therefore, pro-lifers need to call their Albany representatives now and ask that they oppose this legislation in any form.

**You can reach your representatives in Albany most easily through their local offices, for which the phone numbers are generally in the phone book. Make sure to ask what their position is if you don't already know. For those who have taken a pro-life position and will oppose the bill, thank them. For those who support the abortion expansion legislation, voice your opposition politely but firmly.**

If you need help finding phone numbers or addresses, call the RARTL office at 621-4690.

If you're on the computer, do look up New Yorkers for Life, a group of pro-life organizations banding together to defeat this bill. Please like them on Facebook ([www.facebook.com/NYS4Life](http://www.facebook.com/NYS4Life)).

New York State Right to Life statement of position <http://www.nysrighttolife.org/sites/default/files/RHAopp.2011.pdf> ◇◇