

CALIFORNIA RIGHT TO LIFE EDUCATION FUND

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Abortion Is Not Safer for Women than Giving Birth

Most of us have heard the line that “abortion is safer than childbirth.” However delving into the details reveals a different conclusion.

Immediately we see the fallacy in this statement... there are two human beings to be considered and abortion is always unsafe for the baby. Abortion is always fatal for the baby.

Comparing Apples to Oranges. The proponents of the claim that alleges “abortion is actually safer than childbirth” compare two data points from the Centers for Disease Control (CDC) that the CDC itself has said are not comparable¹ Maternal mortality and abortion mortality “measures are conceptually different and are used by CDC for different health purposes.”

The vast majority of abortions use invasive procedures that carry risks including, according to Planned Parenthood: “injury to the cervix or other organs.” Other immediate physical risks from abortion procedures include “allergic reaction, blood clots in the uterus, incomplete abortion where part of the pregnancy is left inside the uterus, failure to end the pregnancy, undetected ectopic pregnancy, very heavy bleeding.” These risks “increase the longer the pregnancy. They also increase if the procedure uses sedation or general anesthesia.”

Chemical abortions have a lengthy list of known complications, too. Some recent studies ² have even

found higher incidences of immediate adverse events for chemical abortions than for surgical abortions.

Regardless of what type of abortion a mother undergoes—a 15-minute invasive procedure, a lengthier surgery, or multiple days of potent drugs—an abortion’s consequences are profound. The risks to her short- and long-term physical health are real and deserve serious attention.

Abortion Data Is Unreliable because CDC statistics use U.S. abortion data known to be incomplete and unreliable. There is no federal abortion-reporting requirement. Even the pro-abortion Guttmacher Institute admits that the current “patchwork of surveillance efforts” relies on “incomplete” reports from states; our own state of California—estimated to account for 17 percent, or one out of every six abortions in the country—is one of three states that “do not report to the CDC at all.” Guttmacher uses voluntary reporting from abortionists, filtered through its own ideological lens, which fails to fill these gaping holes.

Do you know someone who might be considering abortion?

**Make sure they get the facts first!
A LIFE depends on it...**

1-800-712-HELP (4357)

Website: <http://www.optionline.org/>

Other factors compound the poor quality of reporting on abortion and abortion complications. Even pro-abortion advocates have said women face significant obstacles when reporting complaints against abortion providers. Susan Schewel, the executive director of the Women’s Medical Fund in Philadelphia, explained that, in her experience trying to work with women to file complaints³ with the Pennsylvania Department of Health, “The women found the complaint process so onerous and the telling of their stories so personally difficult that they failed to complete the paperwork and abandoned the effort.”

Abortionists have allegedly discouraged women from being truthful about their abortion complications. A

¹ <http://findlawimages.com/efile/supreme/briefs/05-1382/05-1382.mer.ami.aclj.pdf>

² <http://www.ncbi.nlm.nih.gov/pubmed/19888037>

³ <http://www.theatlantic.com/politics/archive/2013/04/kermit-gosnell-and-intelligence-failures-contd/275092/>

former Planned Parenthood employee's whistleblower lawsuit explains that chemical abortion patients who later experienced significant bleeding were told, "to go to an emergency room and report that they were experiencing a spontaneous miscarriage."

Still other complications are unreported because they go unconnected to the abortion that caused them. Jayne Mitchell-Werbrich, a nurse who left Planned Parenthood of Delaware because of its "meat market type assembly line care," not because of any change of heart on abortion, testified before the Delaware Senate that "the sad thing is that these women may not even realize the fact that Planned Parenthood could be at fault for these medical tragedies even years after they had their abortions at Planned Parenthood."

Women Deserve to Know These Risks – The inherent risks of abortion are amplified by an industry that has a long history of bad actors placing profit as their highest priority. Recall Kermit Gosnell of Philadelphia, an abortionist convicted of murdering infants born alive and neglecting the care of mothers.

We should be talking more about abortion and its risks. The statistic is often quoted that that 1 out of every 3 women will have an abortion in their lifetimes (which has earned a "Two Pinocchios" rating in the *Washington Post* as a stale claim that fails to take into account declining abortion rates). Although this exact count may be inaccurate, the admittedly high numbers of annual abortions should elevate concerns about the unarguable risks. Even modest risks of harm have a large impact when spread over the number of abortions annually in the United States and the entire world.

Stem cell therapy halves deaths from heart failure

Stem cells can repair a damaged heart and potentially halve the number of people dying from heart failure; scientists have shown, in a major breakthrough for regenerative medicine.

For more than a decade scientists have been convinced that stem cells were the future of organ repair because they can become any cell in the body, reversing damage that was thought to be permanent. Finding new ways to treat organ failure is critical because there is a growing shortage of donor organs.

Now, in the largest trial ever conducted, doctors in the US have proven that even the most serious cases of heart failure can be repaired using stem cells harvested from a patient's own bone marrow.

End-stage patients, whose only hope was a heart transplant, were treated with stem cells in a single operation. Doctors found the group was 37 per cent less likely to have been admitted to hospital in the 12 months following the operation and half as likely to have died as those on placebos. The procedure takes just two hours and most patients are discharged a day after surgery.

"For the last 15 years everyone has been talking about cell therapy and what it can do. These results suggest that it really works," says lead author and cardiac surgeon Dr Amit Pate, director of Cardiovascular Regenerative Medicine at the University of Utah. "This is the first trial of cell therapy showing that it can have a meaningful impact on the lives of patients with heart failure."

Heart failure occurs when the heart can no longer pump enough oxygenated blood around the body at the correct pressure, usually because the muscle has become too weak or stiff to work properly. In the short term heart failure leads to breathlessness, fatigue and swollen ankles, but in the long run the major organs will shut down without enough oxygen, eventually leading to death.

Around 900,000 people in the UK have been diagnosed with the condition and up to 40 percent of these die within a year.

Drugs to help keep the blood vessels open and lower blood pressure are often prescribed to help manage the condition, but for many patients a heart transplant is the only option. Many die waiting for an organ to become available. However, the researchers say stem cell therapy could one day offer an alternative to a transplant.

The trials involved 126 patients from 31 hospitals across the US. Each was assigned stem cell therapy or placebo and the doctors did not know which they would be getting. A small amount of bone marrow was drawn from each patient from which two types of stem cell were extracted, and their number increased in the lab.

After scanning the patient's heart to see where the damage was greatest, the stem cells were then delivered to those areas using a catheter.

The group was then followed for 12 months with doctors monitoring deaths, hospitalizations and unplanned clinic visits. During that period, eight patients died who had been given a placebo, compared with four who were on the stem cell treatment. 82% of patients who did not have the therapy needed hospital treatment during that time, compared with 51% of the stem cell patients.

Although the study found there was only very small improvements in overall heart function including performance in an exercise tolerance test, scientists think a larger sample size may show larger benefits and are hoping to move to phase 3 trials with a greater number of patients.

Professor Jeremy Pearson, Associate Medical Director at the British Heart Foundation, said: "There are over half a million people in the UK, and millions around the world living with debilitating heart failure.

"Treatments are limited and the only 'cure' is a heart transplant.

Regenerative treatments that repair the damage caused by a heart attack, which often leads to heart failure, are urgently needed.

"Over the last decade there has been a series of trials involving injecting a patient's own bone marrow-derived cells to help repair the failing heart. Most studies have been small and overall shown the procedure is safe but the clinical benefit, if any, has been marginal.

"Bone marrow stem cell therapy appears to be safe but using it to improve heart function and the quality of life for patients depends on further research."

<http://www.telegraph.co.uk/science/2016/04/04/stem-cell-therapy-halves-deaths-from-heart-failure/>

Physician Assisted Suicide Comes to California

On June 9, 2016, Senate Bill (SB 128) End of Life Option Act took effect in California. During last

summer's special session of the state legislature to address the issue of Medi-Cal cost containment the only legislation passed was an Oregon-style "Physician Assisted Suicide" bill subsequently signed into law by Governor Jerry Brown on October 5, 2015. It was to take effect on June 9, 2016.

However, **on June 8, Life Legal Defense Foundation filed a lawsuit challenging California's End of Life Option Act**, which would allow physicians to prescribe lethal drugs to their patients. They are challenging the Act on Equal Protection grounds, as it strips crucial constitutional protections from individuals deemed terminally ill. Those battling serious illnesses are extremely vulnerable to suggestions that they end their lives prematurely. They may be afraid of becoming a burden on friends and family or they may fear mounting medical expenses. People who learn they are nearing the end of life also experience severe depression and anxiety. They should have access to compassionate treatment, not life-ending drugs. We will keep you posted as to how the case progresses.

**"A true dignified death
can be realized by
eliminating the
suffering,
not the sufferer."
~Wesley Smith**

A Personal Perspective by Cecelia Cody

Brittany Maynard, the "poster child" for Physician Assisted Suicide, was diagnosed in January 2014 with grade 2 astrocytoma, a form of brain

cancer, and had a partial craniotomy and a partial resection of her temporal lobe. The cancer returned in April 2014, and her diagnosis was then elevated to grade 4 astrocytoma, also known as glioblastoma, with a prognosis of six months to live. Ms. Maynard moved from California to Oregon to take advantage of Oregon's Death with Dignity Law, and on November 1, 2014, with drugs prescribed by her doctor, Brittany Maynard ended her life. Ms. Maynard's husband and mother lobbied California legislators to pass the "End of Life Options Act."

This past year I experienced a similar odyssey when my sister Colleen had brain surgery and was also diagnosed with a glioblastoma in June 2015. However, my experience of Colleen's journey was very different from the one we and state legislators heard as Brittany's story. The "intense pain" recounted by Brittany Maynard's mother is a misnomer; the doctors explained to me that the brain has no pain sensors, so

there is no pain associated with a Glioblastoma or any brain tumor.

My sister's passing was a beautiful experience; she died peacefully on June 5, 2016. She chose to have hospice and palliative care, with a loving hospice team, surrounded by friends and family. All her symptoms (mainly seizures) were controlled with medication, the same medications used to treat epilepsy. At no point was she in any pain, and up until a few days before her passing she was able to feed herself and visit with friends.

Wesley Smith, Senior Fellow at the Discovery Institute's Center on Human Exceptionalism and a consultant for the Patients Rights Council put it well when he said, "**A true dignified death can be realized by eliminating the suffering, not the sufferer.**" The hospice team and palliative care did that for Colleen.

Calendar of Events

www.calendarforlife.org

Californians for Life Summit 2016 – "Working Together to End Abortion in California"

July 23, 8am-5pm, St. Philip the Apostle Church, 151 S. Hill Avenue, Pasadena. Info: 916-955-1577
<http://californiansforlife.org/summit/>

WHO IS CALIFORNIA RIGHT TO LIFE?

This is the newsletter of **California Right to Life Education Fund**, a 501-c-3 organization established to educate the public about pro-life issues. Donations to the EDUCATION FUND are **tax-deductible** and can be sent to P.O. Box 4343, Walnut Creek, CA 94596-0343.

California Right to Life **Committee, Inc.** is a 501-c-4 organization providing information on legislative issues affecting the right to life, and pro-life political advocacy. **CRLC, Inc. is not permitted**, under IRS regulations, to offer a tax deduction for donations. \$24.99 annually is requested for a subscription to the CRLC legislative email updates list and can be sent to 1920 Monument Blvd #309, Concord, CA 94520.

Both are affiliates of American Life League, headed by Judie Brown, and share the same "no-exceptions, no excuses" beliefs and the same dedication to promoting the Culture of Life, respecting all innocent human life from the single-cell stage to natural death.

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