

CALIFORNIA RIGHT TO LIFE EDUCATION FUND

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Safely Surrender Baby Program

The beginning of May brought the news report of a Pennsylvania teenager who gave birth in her high school bathroom to a 27-29 week gestation baby and initially tried to flush the baby's body down the toilet. The month ended with the story of a baby found in the sewage system in China. Other options exist, and we would like to take this opportunity to remind our members of the California Safely Surrendered Baby Program.

The Safely Surrendered Baby Law responds to the increasing number of newborn infant deaths due to abandonment in unsafe locations.

First created in January 2001, the Safely Surrendered Baby Law was signed permanently into state law in January 2006. The law's intent is to save the lives of newborn infants at risk of abandonment by encouraging parents or persons with lawful custody to safely surrender the infant within 72 hours of birth, with no questions asked.

Safe surrender sites are hospitals or other locations, typically fire stations, which are approved by the board of supervisors or fire agency in each county. Safe surrender sites are required to display the blue and white logo to the right. For assistance in finding the locations in your county, contact our office or visit the website <http://www.babysafe.ca.gov/>

From January 1, 2001 – March 31, 2011, 407 newborns were safely surrendered in California while another 151 were found alive following their illegal abandonment.

So what is the process? At the time of surrender, a bracelet is placed on the baby for identification purposes and a matching bracelet provided to the parent or lawful guardian, in case the person later wants to reclaim the newborn baby. A parent or person

with lawful custody has up to 14 days from the time of surrender to reclaim their baby.

An OPTIONAL medical questionnaire will be offered, however it is a voluntary document and can be declined. The questionnaire is offered solely for the purpose of collecting medical information critical to the health and survival of the infant. All identifying information that pertains to a parent or individual who surrenders a child is strictly confidential.



In addition to California, all 50 states have such laws in place to discourage baby abandonment.

For more information on the California Safely Surrendered Baby Law, please contact the Child Welfare Policy and Program Development Bureau at (916) 651-6160 or <http://www.babysafe.ca.gov/>

Is Abortion Ever Justified?

Whenever I give a presentation, or even engage in a casual discussion on the topic of abortion, inevitably someone will bring up the "tough cases" which the person feels would justify an abortion. Among these "exceptions" are the following:

- What if the woman is a victim of rape?
- What if a thirteen-year old conceives through incest?
- What if the fetus is deformed or has a condition "incompatible with life" and is unlikely to survive anyway?"
- "What if the mother's health is at risk?"
- "What if the mother's life is threatened by her pregnancy?"

While these cases pull at the heartstrings of any compassionate person, do any of these circumstances justify an abortion?

For a moment let's "reframe" these objections to reveal their weakness. Suppose someone brought up these arguments to justify the killing of an infant: "The baby was conceived through rape," "The infant is deformed and mentally handicapped," "The mother's

health is suffering as a result of her baby.” Would anyone who endorses abortion openly justify the killing of an infant using these excuses? No, of course not. This proves the weakness of the argument and that the real issue is defining when life begins that is the determination as to whether the *fetus* is a “person.”

Once we prove that the human *fetus* is just as alive and just as human as the *infant*, these objections no longer justify aborting a *fetus* any more than it would killing an *infant*. (We have addressed this topic of the “personhood of the unborn” in previous newsletters. Contact our office if you would like materials on this subject.)

The Pro-Life position rests on two indisputable facts:

- human life begins at fertilization,
- It is always wrong to intentionally kill an innocent human being.

The unborn child’s right to life and liberty is given by our Creator, this right to life is inalienable: not to be trespassed upon by another: not by his or her parents, or by the courts, or legislature.

In tragic circumstances such as rape or incest, we want to care for *both* the mother and her unborn baby. It is never right to intentionally kill an innocent person. As I like to say “Why should the child suffer for the crime of the father?” Pope Francis has said, “Abortion is death penalty for the unborn.” Society doesn’t even assess the death penalty for rapists, so why would we consider it for his child?

Neither should we allow abortion of a malformed *fetus* in order to prevent his or her suffering later in life. Being handicapped is not a capital crime. The intentional destruction of life is not compassionate and it is not healthcare; it is assault. We must not be swayed from our pro-life ethic by emotional appeals that admittedly swell our eyes with tears. Truth and compassion prevent us from this fatal compromise.

Many in the pro-life community have regarded the health of the mother to be a consideration in whether or not to terminate the life of her pre-born baby. To intentionally kill or condone the intentional killing of an innocent human being brings into question whether one may be considered “pro-life” at all. The killing of one person is no less murder if it allows thousands to live, nor if it saves thousands from dying!

When the life of the mother is truly, if both lives cannot simultaneously be saved, then the principle of “double effect” comes into consideration. If through the careful treatment of the mother’s illness the pre-born baby inadvertently dies or is injured, this is tragic and, if unintentional, is not unethical and is consistent with the pro-life ethic. But the intentional killing of an unborn baby by abortion is never necessary, and would be unethical.

Most of what passes as a therapeutic, or medically-necessary abortion, is not necessary at all to save the mother’s life. As an example, if a mother has breast cancer and requires immediate chemotherapy to survive, and the chemotherapy might kill the baby, the physician will frequently recommend a therapeutic abortion. Or if a mother has life-threatening seizures that can only be controlled by medication that will kill or severely deform her unborn child, the physician will frequently prescribe a therapeutic abortion. In both of these cases, the abortion is **not** necessary to protect the mother’s health. The necessary medication may injure or kill the pre-born child, but this is no justification for

intentionally killing the child. If the child is injured or dies from the medication prescribed to the mother to save her life, the principle of double effect: the intent was to treat the mother, and the injury to the *fetus* was unintentional and, if truly medically necessary, not

unethical.

Once again, let us “reframe” the argument: if a rescuer comes upon a burning vehicle and tries to save the injured occupants, and is only able to save one of the two occupants, is it justifiable for him to then take out his gun and shoot the occupant he was unable to save? Of course not! Intentionally killing those you were not able to save is never justified, including in healthcare. We have the technology and expertise to provide quality healthcare to a pregnant woman without intentionally killing her unborn baby, regardless of the severity of her disease.

When the mother’s life is truly threatened, let us remember our two basic premises: human life begins at fertilization, and it is absolutely wrong to intentionally kill innocent human beings. We must stand true to these foundational principles through every emotional appeal and in even tragic scenarios if we are to have any principles at all for which to stand.

- ❖ *Life begins at Fertilization.*
- ❖ *It is absolutely wrong to intentionally kill an innocent human being.*

Advance Health Care Directive

Our office recently received a request for an “Advance Health Care Directive” document that would conform to the Pro-life position. We contacted our friends within the Catholic community who provided us with the following information. (Extracted from http://o.b5z.net/i/w/10060511/f/Advance_Health_Care_Directive140.pdf)

- ❖ **Death is a normal part of the human condition**, it is neither to be feared nor avoided at all costs, nor to be sought and directly procured.
- ❖ **Euthanasia is Wrong/Not Permitted.** Euthanasia is defined as the intentional ending of a human life by act or omission in order to relieve suffering.
- ❖ **Pain Relief** – Modern pain control techniques do not ordinarily shorten life. However the use of medicine to treat severe pain is acceptable, even if hypothetically it were to shorten life. In any event, pain control is not the same as euthanasia, since death is not the objective of the treatment. Maintenance of lucidity is an important element in preparing for death, but severe pain should be alleviated to the extent possible.
- ❖ **Proportionality of Life-Sustaining Medical Treatment** – Decisions to administer, refuse, or discontinue life-sustaining treatment should be based on the concept of proportionality. One does not have an obligation to pursue a life-sustaining treatment if its risks or burdens are disproportionate to its expected benefits. The concept of burden is broad and must be individually assessed; it includes aspects such as the discomfort, risk, and expense of the treatment in question.
- ❖ **Nutrition and Hydration (Food and Water)** – The failure to provide a patient with nutrition and hydration – *for the purpose of ending the patient’s life or accelerating the patient’s death* – constitutes euthanasia and is always wrong, even when nourishment must be provided by artificial means. However situations can arise where the provision of nutrition and hydration no longer provides substantial benefits and is actually burdensome to the dying patient. In such cases, the provision of food and water, by artificial means or otherwise, may no longer be appropriate, even if the dying process is *incidentally* hastened.

- ❖ **Consultation with Medical and Spiritual Advisors** – it is not always easy for patients, family, or health agents to apply the principles of proportionality to a particular situation. Consultation with medical advisors is almost always required in order to evaluate potential benefits, burdens, and risks. Consultation with competent spiritual advisors may help patients, family, or health care agents arrive at objective and honest decisions.
- ❖ **More Detailed Guidance is Available** – Most of the foregoing principles are drawn from the *Declaration on Euthanasia* which was promulgated in 1980 by the Vatican Congregation for the Doctrine of the Faith. Additional Church documents and guidance can be found on the website of the United States Conference of Catholic Bishops www.usccb.org/prolife.

For further information on this important topic, visit the following websites:

Patients Rights Council Formerly the *International Task Force on Euthanasia and Assisted Suicide*, this site provides the latest information on public policy, current cases, and updated information on medical directives. www.patientsrightscouncil.org 1-800-958-5678

Embracing our Dying (sponsored by the California Catholic Conference) Included on this site, sponsored by the California Catholic Conference, is an overview of Catholic moral theology on death and dying, current medical and hospital practices, the state of the law regarding end-of-life issues, articles of interest, church documents, information on parish nurses, parish health ministry, hospice care and other parish-based services, and answers to frequently asked questions <http://www.cacatholic.org/index.php/issues2/reverence-for-life/embracing-our-dying>

Californians Against Assisted Suicide - This coalition was established to defeat ongoing legislative attempts to legalize physician-assisted suicide in California. Its effectiveness results from the cooperation of a number of medical, religious and disability organizations working together for a common cause. (California Right to Life Educational Fund is a member of this coalition.) <http://www.ca-aas.com/>

To Live Each Day with Dignity – 2011 Statement by the United States Conference of Catholic Bishops on Physician Assisted Suicide.

<http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/upload/bishops-statement-physician-assisted-suicide-to-live-each-day.pdf>

Priests for Life

<http://www.priestsforlife.org/euthanasia/index.htm>

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/>

Calendar of Events

For the latest updates of events see www.calendarforlife.org

"Nationwide Day of Remembrance for Aborted Children" September 14.

For further information visit

<http://abortionmemorials.com/index.php>

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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