

RESOURCE ROUNDUP

Volume 10, Nos. 9-10

The Hippocratic Resource

A Louisiana Non-profit Corporation of Life-respecting Physicians, Dentists, Nurses, Therapists, Scientists, and Other Health Professionals

www.LaHealthProfs4Life.org or www.LaDocs4Life.org

"I will give no deadly medicine to anyone if asked ... I will not give to a woman an instrument to produce an abortion"

Dear Colleague!

One measure of the difficulty in creating an effective, legal hindrance to the performance of abortions following the Supreme Court's tragic Roe v. Wade gaffe of 1973 – even in as pro-life a state as Louisiana – is seen in a sequel to the passage of a recently-signed Louisiana law to strengthen the Department of Health and Hospitals (DHH) Secretary's power to close down abortion facilities, Act 490 (HB 1370, Mills). Previously, abortion facilities could continue to operate while appealing a license suspension. However, using the new law, DHH interim Secretary Tony Keck suspended the license of Hope "Medical" group in Shreveport on September 3, for violations that included failures to ensure that a medical licensee did the abortions; to properly administer and monitor anesthesia; and to have properly trained professionals do certain anesthesia-related medical procedures. *[Given that this facility did 10,327 abortions from 2005-2008 (36% of 28,713 done in Louisiana during the same period), closure was no small feat, and our thanks go to Rep. Fred Mills for proposing this legislation, and shepherding it through to final passage and Gov. Jindal's signature].* Tragically, however, the closure action was temporarily blocked from enforcement on September 14 by Baton Rouge State District Judge Mike Caldwell, who then responded to a suit by the abortion facility in a manner similar to that recently taken by a California judge in blocking the voters' will in regard to legal homosexual pairing (Prop. 8) i.e. by issuing an injunction against enforcement of the law on September 21st. Upon learning of the closure, Bruce Greenstein, newly appointed Secretary of DHH stated, "We are very disappointed that the judge would put the special interests of this abortion facility over the health and safety of women ... [and] ... without any notification to us ... [or] ... any effort to hear from medical professionals about the risk ... posed by the violations." The court action will now continue, but with a fully operational abortion facility!

On a more positive note, a federal bill to prohibit taxpayer funding for abortion was recently introduced by Representatives Chris Smith (R-NJ) and Dan Lipinski (D-IL). 175 Members of Congress have agreed to cosponsor the Smith/Lipinski bill titled the "*No Taxpayer Funding for Abortion Act*" (HR 5939). Self-described pro-life Democrat Charlie Melancon remains Louisiana's only Congressional non-supporter. **Please contact Congressman Melancon at his Washington Office (202-225-4031) or his District Office (866-289-9210), or his website (<http://www.melancon.house.gov/>), and ask him to add his name to the co-sponsor list for HR 5939!**

Also on a positive note: following our e-mail appeal for signatures on a petition regarding professional conscience protection being debated by the Council of Europe, we received notification that, according to the Parisian paper, *le Figaro*, more than 26,000 signatures, including those of more than 4,300 health care workers had been submitted to the parliamentary assembly, with the result that health-professional conscience protections were retained by a vote of 56-51-4. This is an important victory made possible by the high level of input provided!

The battle for a Hippocratic culture of life goes on! Let us continue our work, and pray for success!

W. "Al" Krotoski, M.D., Ph.D., M.P.H. and Francis Rinaudo, Jr., D.D.S.

Mark Your Calendars!

The New Orleans ***Proudly Pro Life Dinner*** Gala Benefit will be held at the Chateau Country Club in Kenner on January 13, 2011. This annual benefit supports Respect for Life activities throughout Louisiana, while honoring a "Pro-Lifer" who has supported the movement to an exceptional degree. *The 2011 Honoree is Peg Kenny*, who has played a major pro-life role in the State for several decades. **Please mark your calendar, and try to attend!** **If you can make the commitment, please let us know ASAP to allow us to reserve a table.** \$100 per plate for a filet mignon dinner with all the trimmings, including libation, red roses and excellent speakers!

Roster Change

Information removed to protect promised member privacy.

From the United Nations

UN Finally Accepts Much Lower Estimates of Global Maternal Mortality (C-FAM: *Friday FAX*, Oct. 14, 2010)

The UN has finally accepted new and much lower global numbers on maternal mortality. The abortion lobby had used the very high number of 540,000 for years even though the UN Population Division refused to use the number, citing its unreliability. Although under pressure by the abortion lobby not to accept it, the UN finally caved in, and now says the new number is more like 340,000.

Medical Experts Demand UN Action on Maternal Health, Not “Safe” Abortions. By Samantha Singson. NEW YORK, September 23 (C-FAM)

Medical experts blasted the UN’s “abortion-first” approach in a maternal-health presentation to UN delegates last week. Coming on the eve of a UN summit on development issues, the expert panel urged governments to focus on basic medical care rather than abortion to reduce

pregnancy-related deaths.

Panelists last week criticized the World Health Organization (WHO) for insisting that as long as an abortion is legal, it would always be considered “safe.” The WHO definition of abortion as unsafe or safe is not a medical but legal definition, said Dr. Donna Harrison, an OB/GYN. By contrast, if a country prohibits abortion, any abortions or related complications are automatically categorized as “unsafe,” she said. Harrison, president of the American Association for Pro-Life Obstetricians and Gynecologists, said WHO and other UN bodies are being dishonest in campaigning for legalized abortion worldwide by hiding behind the pretext of “safe” abortion.

“It is egregious to suggest to mothers that the only way to save their lives is to kill their babies,” said Dr. Robert Walley of MaterCare International. **“They have the right to health care. They have no voice when they are dead.”**

Girl Scouts and Abortion

In its October newsletter, Life Issues Institute, Inc. of Cincinnati, OH, reports that the Girl Scouts, once a moral partner of the Boy Scouts of America, has undergone such significant changes that a breach has developed between the two. In addition to making “God” optional in the Girl Scout promise, the *Life Issues Connector* reports that “[T]hey are taught to support a decision to pull a life support system from a dying relative and [are] given misinformation and justification for 'ending a pregnancy'.” The organization has reportedly stated that it does not take a position on abortion and birth control.

However, “many troops affiliate and work with Planned Parenthood, which is the largest provider of abortions in the United States,” and promotes books that offer “sympathetic treatment of abortion, masturbation and homosexuality.” According to the *Connector* article, the World Association of Girl Guides and Girl Scouts “promoted their participation in a march advocating “sexual and reproductive [abortion] rights,” including that “Accessible, affordable and safe abortions should be made part of the minimum package of sexual and reproductive health services.”

Forewarned is forearmed !

Marches for Life

For several years, we have been “announcing” the annual **March for Life in Washington D.C.** as a truly invigorating and even spiritual experience for those who respect life. The next March in D.C. will take place on *Monday, January 24th, 2011* and will follow the same plan as in the past several years, an update of which will be in the next issue. (Southwest Airlines currently has “Wanna get away” advance purchase fares from New Orleans (MSY) to

Baltimore (BWI) for \$59 each way, a truly excellent fare). However, for those who cannot go to Washington, plans are under way to have a landmark **Louisiana Life March** in Baton Rouge, going from the Old State Capitol to the New, on *Saturday, January 22nd, 2011*. The following was just announced, with more information to come.

Please plan to participate!

LOUISIANA LIFE MARCH

Saturday January 22 | 10 AM - Noon | Baton Rouge

"Gathering the People of Louisiana to Build a Culture of Life"

Saturday, January 22nd 10AM – 12 Noon

Baton Rouge, LA | From the Old State Capitol to the State Capitol

Sponsored by:

Louisiana Right to Life, Louisiana Baptist Convention, Louisiana Conference of Catholic Bishops Life/Justice Committee, Louisiana Family Forum, and the

Knights of Columbus



The Problem(s) with IVF

The Nobel Prize in Medicine for 2010 was just awarded to a Cambridge University (England) scientist, 85 year old Robert Edwards, Ph.D., for his pioneering work in human fertilization *in vitro* (IVF). The first “test-tube baby” was born in 1978, and some 4 million others have followed. However, despite IVF's capability of providing often desperately wanted children to infertile couples, it has not been considered a morally acceptable approach to infertility in all quarters. This has been a source of puzzlement – or even downright derision – to many practitioners of the subsequently developed field of reproductive medicine. Nevertheless, the ethical arguments against IVF do not lack logic, and as set forth by Fr. Tad Pacholczyk, Ph.D., a published neuroscientist and Catholic priest, who is currently director of education at the National Catholic Bioethics Center, they are abstracted here:

First, IVF undermines the meaning of sex, removing it as an

essential quality of human love, and turning human procreation into manufacture. *Second*, the norm of liquid nitrogen cryopreservation of human embryos often leads to either their abandonment or discard, destruction, or use in [destructive] research. *Third*, IVF typically requires the sperm donor's masturbation, “which is a violation of the gift of sexuality.” *Fourth*, because implantation is usually in multiples of embryos, twins, triplets, quads, or, as recently demonstrated, even octuplets, may result – often leading to abortions in so-called “selective reduction.” *Fifth*, babies born by IVF have an elevated risk of birth defects; according to one study, twice as high.

Although “a desire for children is natural and good, fulfilling it never justifies trampling human dignity or destroying human lives.”

(From an article by the Editorial Board of Our Sunday Visitor, a Catholic weekly, October 17, 2010).

New Billboard

Assuming the availability of sufficient funds in January 2011, we will be placing a billboard, similar to the one below, in three locations on surface streets of Shreveport, currently the site of the most active abortion facility in Louisiana, and responsible for almost 3,000 abortions in 2008 (latest available data). Three similar billboards will be placed by Baton Rouge Right to Life on surface streets in Baton Rouge, site of two abortion facilities that put East Baton Rouge Parish in number two position, with almost 2,000 abortions. **Please help us with the financing by providing a check dated January 2011! THANK YOU!**

Every 26 seconds a baby dies ...

ABORTION IS NOT HEALTH CARE!

***The Hippocratic Resource* [add Logo]**

-0-0-0-0-0-

“As used by population control advocates, the innocuous term “family planning” includes abortifacient [drugs and] contraceptives, sterilization, and manual vacuum aspiration abortions.” “Death is not a solution to life's problems. Only those who are blind to the transcendent reality and meaning of human life could support killing human beings to mitigate economic, social or environmental problems.”

Cardinal Justin Rigali, October, 2009

ellaOne

(as summarized from AAPLOG reports)

ellaOne or **ella** (Ulipristal acetate), is a first cousin to the infamous Mifepristone (RU 486), the “medical abortion” drug that kills the baby by blocking placental function. It is the newest “emergency contraceptive” (EC) approved by the Food and Drug Administration (FDA) on August 13, 2010. The drug has the same action as mifepristone, acting by preventing progesterone from occupying its receptor, and blocking gene transcription normally turned on by progesterone; hence proteins necessary to begin and maintain pregnancy are not synthesized. Ulipristal acts as an “emergency contraceptive” up to five days after fertilization. Since implantation takes place 5 to 6 days after fertilization, should the progesterone blocker be in place, implantation of the blastocyst embryo will be blocked or compromised, thus causing his or her death.. Therefore, the drug is clearly an abortifacient agent.

Prior to approval in August, the American Association of Pro Life Obstetricians and Gynecologists (AAPLOG) gave testimony to the FDA objecting to approving ulipristal for the U.S. market. Having concluded from publicly available information that ulipristal acetate is an abortifacient of the same type as mifepristone (RU-486), AAPLOG also concluded that its approval as an emergency contraceptive raises serious health and ethical issues. Furthermore, ulipristal’s potential effects on women who used the drug off-label and upon ongoing pregnancies are essentially unexamined and untested. (AAPLOG testimony can be found at http://www.aaplog.org/?page_id=808 and http://www.aaplog.org/wp-content/uploads/2010/06/AAPLOG-Ulipristal-Comments_2010.pdf).

Ulipristal’s ability both to destroy established pregnancies, and to prevent implantation, establishes it as an embryocidal drug, and FDA’s approval of NDA 22-274 (ellaOne) without making clear to the public that it has a substantial abortifacient capability violates the public trust granted FDA by Congress. Ulipristal’s abortifacient mechanisms should have required that any approval occurred with significant distribution restrictions and heightened notice to potential users.

Ella (or ellaOne) is the first selective progesterone receptor modulator (SPRM) available in the United States for the indication of "emergency contraception." This class of drug (SPRM) blocks progesterone and disables the uterine lining, compromising its ability to form "secretory" endometrium, which nourishes the embryonal human baby. This effectively deprives the brand new human child of oxygen and nutrients, and the child dies. This is abortifacient action. Labeling ella as emergency contraception is deceptive and dangerous to women and their newly conceived baby. Women deserve to know that ellaOne can cause an abortion, and the FDA is deliberately misleading women by mislabeling ella as “only” a contraceptive and not as an abortifacient.

The FDA-approved drug literature says:

“How does ella work?”

“ella is thought to work for emergency contraception primarily by stopping or delaying the release of an egg from the ovary. It is possible that ella may also work by preventing attachment to the uterus (implantation).”

Why does the FDA not consider this an abortifacient? Semantic smoke and mirrors! Current medical semantics says "pregnancy begins with implantation." Biologically, however, human life begins with fertilization, and the fertilized ovum/zygote develops into a multi-celled blastocyst during its *free, unattached* passage along the Fallopian tube to the uterus. Yet the FDA says that "this does not affect a *pregnancy*, so it is not abortifacient." We say, "This results in the death of a new human being, thus, it *is* abortifacient."

Don't miss this important fact: ella only delays ovulation if taken the day or so before ovulation occurs. After ovulation, if the ovum is fertilized, it works as a progesterone-blocking abortifacient. How often, would you guess that a woman takes this in just the right window to delay ovulation? Not often.

The ovum must be fertilized on the day of ovulation to develop. And why does ella work for 5 days after ovulation? Because it is on about the 5th day after fertilization that the new baby-as-embryo begins to implant – but cannot, because the uterine lining is disabled by ella. That is abortifacient action. The FDA literature hints at this (see quote above), but does not use the "A" word. We find this very deceptive for the women considering using ella who would not otherwise even think of having an abortion.

-0-0-0-0-

God's love does not differentiate between the newly conceived human infant still in his or her mother's womb and the child or young person, or the adult and the elderly person. God does not distinguish between them because he sees an impression of his own image and likeness (Gen 1:26) in each one."

Pope Benedict XVI, February 27, 2006