

Good news from the Apple Isle

On Wednesday May 24th the Voluntary Assisted Dying bill 2016 was defeated in the Tasmanian House of Assembly in a vote of 16 to 8. Congratulations to all those who voted against legalising assisted suicide and congratulations to all those groups including Right to Life Australia who worked so hard against the bill.

See page 3 for a copy of one of the advertisements which we placed in the Hobart Mercury and the Launceston Examiner.

Your support helps us to do this. – Margaret Tighe

Letter from the President Alarming push for euthanasia



– Margaret Tighe

With our backs to the wall in Victoria battling the Andrews' government's plans to legalise assisted suicide and euthanasia we are also confronted with a bill in Tasmania (being debated at the time of writing) and now one for New South Wales in August.

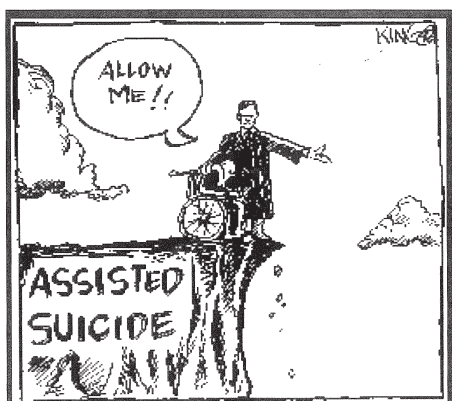
We have been fighting the euthanasia juggernaut for some years now beginning with the Northern Territory

bill in 1995 which was eventually overturned in 1997 by the Andrews' bill in federal parliament.

Since that time we have seen 15 attempts in the South Australian parliament – the last one narrowly defeated by one vote late last year. Whilst all of these bills have been private member's bills, tragically the

Victorian government is now sponsoring a euthanasia bill with Premier Daniel Andrews saying that he will be "failing Victorians" not to do so!

One thing is for sure – Daniel Andrews has certainly failed this State- firstly by sponsoring the deadly Abortion Law Reform Act 2008 – abortion till birth! – and now his plans for accelerating the



deaths of even more Victorians with his euthanasia bill.

I can only continue to urge you to keep on writing those letters to Premier Andrews and your M.P.s expressing your opposition to a bill which would help sick people to commit suicide aided and abetted by a doctor

Address letters to Parliament House, Spring St. Melbourne 3001.

Margaret Tighe

Visit to Australia of Professor William Toffler M.D. of Portland, Oregon, U.S.



Professor
William L. Toffler M.D.

Right to Life Australia has invited to Australia Professor William Toffler M.D., physician of Portland, Oregon in the U.S. to conduct a speaking tour pointing out the dangers of the Victorian government's plans to legalise physician assisted suicide.

We have enclosed a copy of the program we have drawn up for Professor Toffler. He is a Professor of Family Medicine at Oregon Health and

Science University (OHSU) in Portland, Oregon.. Dr Toffler's papers and interviews have received national and international recognition. He is also a veteran educator and director of the largest course in the OHSU's medical school – Principles of Clinical Medicine. He works actively to advocate against euthanasia and is National Director of Physicians for Compassionate Care Education Foundation.

He will be in Australia from 26 June to 7 July 2017. See the enclosed program.

INSIDE THIS ISSUE

Visit to Australia of Professor William Toffler M.D.	1
Letter from the President	1
Good news from the Apple Isle	1
Letter stick from Indigenous Australians	2
Plan to 'hide' euthanasia deaths	2
EVERY VOTE AGAINST THE BILL COUNTS SO...	2
St. Louis archbishop resists law requiring Catholics to hire abortion activists: 'We will not comply'	2
Govt committee backs ban on sex selection in Australia	3
Preventable aged care deaths on rise	3
The House of Commons Extract from Hansard	4-5
Trump comes up trumps on abortion!	5
Is Oregon's assisted suicide law rife with problems?	6
When you die, help someone to live	7
News from around the World	8

Letter stick from Indigenous Australians

Kevin Andrews, in his speech about euthanasia in 1997 in the Federal Parliament, sought leave to incorporate into Hansard the contents of a letter-stick presented to him for the Federal parliament by the Aboriginal people of the Northern Territory. It read as follows-

"This letter stick (darpa dhwumirri) is sent because it follows the ancient practice of our people (Yolu) when communicating with trading partners, in diplomatic alliances, or between parliaments. This message is a special form of communication between the Parliaments of the Yolu Nation/States within East Arnhem Land, and the Commonwealth of Australia."

It contains, within the markings, a reference to Mgaya, which is the responsibility of the parliament to the citizens. Mgaya is the peace, order and good government afforded the people constitutionally under Customary Law in a manner similar to the Australian Constitution as stated in section 51.

The Rights of the Terminally Ill Act of the Northern Territory is seen as breaking these fundamental constitutional responsibilities placed upon the parliament. Further Yolu customary Law – 'Common Law' defines the enactment of the NT Act as an illegal action of sorcery punishable at law. For this reason this message endorses the action of Kevin Andrews MP to bring a private member's Bill which will overturn the NT Act. Indeed it is the sacred responsibility of this parliament to do this.

This message urges the members of both houses to support the Bill's passage into legislation.

EVERY VOTE AGAINST THE BILL COUNTS SO...

Pro-lifers will not write off any MP as impossible to shift on the issue.

Letters are the Key Weapon

Old fashioned "snail mail" letters sent through the post remain the single most effective way to influence MPs. Letter writing notes are included with this Right to Life News for Victorian supporters. There is absolutely no point writing long letters with good arguments. Frankly the staff in MPs offices will not even read them. What counts is the **sheer number of letters**. So get writing those letters! Do not write once to your local MP. Write often!

Write also to Hon Daniel Andrews MP, Hon Jill Hennessy MLA, Hon Tim Pallas MLA, Parliament of Victoria, Spring St, East Melbourne VIC 3002.

Letters are so vital. We can encourage our family members and friends to write their own short letters opposing assisted suicide. We can go a step further and invite our friends and neighbours to a "Coffee and Letters" gathering in our homes. It is not enough to just encourage people to write. We need to get seriously organised. We need to remember one letter in the Red Post Box is ten times better than ten sheets in a letter-writing pad.

– Eugene Ahern

Plan to 'hide' euthanasia deaths



– Dr Katrina Haller

Sean Parnell, Health Reporter, in the Australian on 17 May 2017 reported that "life insurance payouts of Victorians who access euthanasia would be protected by hiding it as an official cause of death under recommendations before the independent taskforce designing the framework."

Families would be able to claim life insurance payouts with an assisted suicide, which they cannot claim for suicide. Doctors will have to lie about the cause of death for the Death Certificate, with the patient's illness being put as the cause of death rather than assisted suicide. This would enable families to claim life insurance.

Can you imagine the coercion and pressure – subtle or otherwise – this could give rise to? The taskforce will hand its model to the government in August and was considering whether you have to have less than 6 months, a year or two years to live before being eligible for assisted suicide. That reminds me of the man across the road from us who said, "The doctors gave me six months to live – and that was 35 years ago."

St. Louis archbishop resists law requiring Catholics to hire abortion activists: 'We will not comply'

ST. LOUIS, Missouri, May 24, 2017 (LifeSiteNews) – The Roman Catholic Archdiocese of St. Louis, led by the Most Reverend Robert J. Carlson, has drawn a line in the sand for the protection of innocent human life.

In February, the city passed **Ordinance 70459**, which criminalizes "discrimination" against those who have had abortions or are planning an abortion, and against those who advocate for "reproductive health."

Archbishop Carlson called the passage of Ordinance 70459 a "terrible moment" for St. Louis. "As a city resident and the leader of the oldest organized religion in the region, I am outraged that the City of St. Louis Board of Aldermen has now enshrined into law an ordinance which creates a 'sanctuary' for the despicable practice of abortion," he said in a public statement.

"The laws of the City of St. Louis now actively protect and promote the killing of unborn children, who ... will be denied their humanity and very existence."

Furthermore, the ordinance forbids "Christian organizations and individuals whose teachings hold abortion to be a grave sin, from refusing to sell or rent property to individuals or corporate organizations that promote or provide abortions."



Some good news – Govt committee backs ban on sex selection in Australia



by Michael Cook, 21 Apr 2017

An Australian government body has just released its first major update of guidelines for assisted reproductive technology in 10 years. The most controversial decision by the Australian Health Ethics Committee of the National Health and Medical Research Council was

to continue a ban on sex-selection by IVF clinics. It says that *"AHEC does not endorse, or wish to perpetuate, gender stereotyping or cultural or personal biases based on biological sex"*. Therefore the current policy will remain in place: *"admission to life should not be conditional upon a child being a particular sex"*.

It appears that almost no one in the IVF industry is happy with this outcome. Doctors claim that there is considerable demand from couples for sex-selection for *"family balancing"*. Associate Professor Mark Bowman, of Genea, a major chain of clinics, responded that *"individual Australians' personal freedom to make informed reproductive choices is arbitrarily restricted."*

The vice president of the Fertility Society of Australia, Prof Michael Chapman, told **The Guardian Australia** that every week he had a patient who expressed a strong desire to *"gender balance"* their family.

"We will be seeking legal advice," said fertility specialist **David Molloy**, a former head of the Australian Medical Association in Queensland. *"This is a farce and the council has left doctors unsure of their rights."* Since sex-selection is not actually illegal in his state, he says that he will defy the guidelines and offer sex-selection for family balancing.

However, one bioethicist contended that selection on the basis of sex was troubling because it assumes that *"there are two types of children, boys and girls, they have essentially different personalities and traits and offer significantly different parental experiences. Allowing sex selection for social reasons would send out a message that it is acceptable to create children to fit preconceived binary gender roles."*

Tereza Hendl, of the University of Sydney, said that sex selection would ultimately curb a child's options for behaving in gender nonconforming ways.

Preventable aged care deaths on rise.

THE AGE - 29 May 2017

Michael Bachelard and Rachel Browne.

"Australia's nursing homes are increasingly deadly places for their residents, with a 400% increase in preventable deaths over the past decade despite billions of dollars of federal and private money being spent on them.

Falls, choking and suicide were the main causes of preventable deaths, according to a new study by Monash University researcher Joe Ibrahim, in a trend he says shows we are "not looking hard enough" for ways to reduce the risks for elderly Australians.

"And the Victorian Government plans to legalise assisted suicide!!" Ed.

ADVERTISEMENT

Tasmanians **NO** to Assisted Dying Bill!

- Do you know that in 2015 the British Parliament voted overwhelmingly against legalising assisted suicide i.e. euthanasia? The Scottish and Welsh Parliaments did likewise.
- Why? Too dangerous for the most vulnerable in the community!
- British MPs saw the steady increase in numbers of killable patients in places like Holland, Belgium and the US state of Oregon, where it has been allowed for some time-even for mental illness!

Baroness Butler Sloss (British Parliament House of Lords) "My experience of presiding over the family division of the High Court showed me again and again how subtle and calculated the pressure, coercion and even control exerted on a vulnerable individual can be"... "The safeguards provide no real protection to the truly vulnerable and they will fall apart if this bill becomes law."

Tasmanians must say NO to legalising assisted suicide on 24 May 2017

THE LIFE YOU SAVE MAY BE YOUR OWN!

Phone your MP today! (Call Parliament House on 03 6262 2200 for contact details of your MPs)

Authorised by Margaret Tighe, Right to Life Australia Inc. 161A Donald St. Brunswick East VIC 3057. ABN 12774 010 375

The Right to Life Australia Inc Phone (03) 9385 0100 rtl@rtlaustralia.com Facebook and www.righttolife.com.au Facebook RightToLifeAustralia Twitter @RightToLifeAust

The House of Commons Extract from Hansard

The Debate on the Assisted Dying Bill 2015

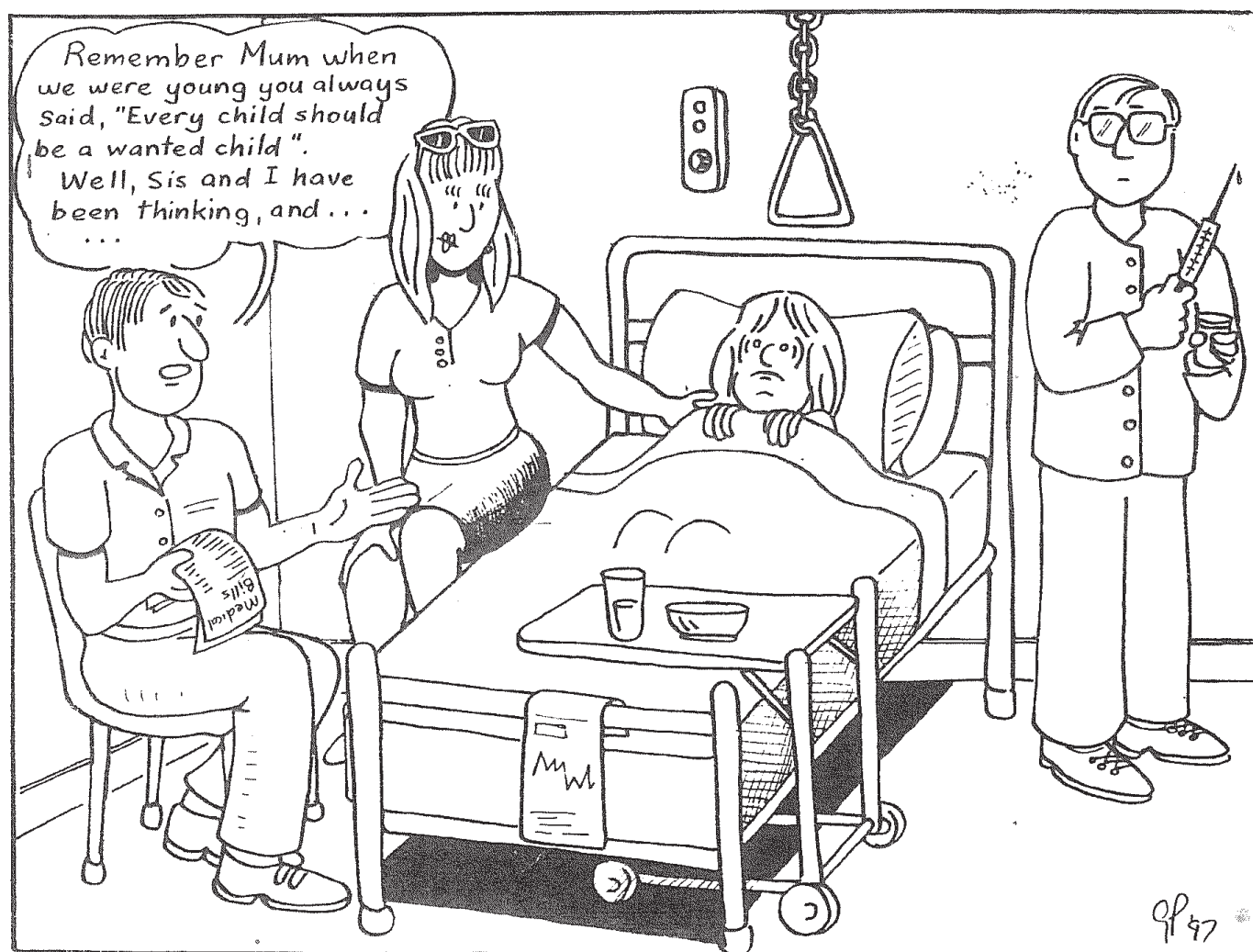
Robert Ffello (Stoke-on-Trent South) (Lab)

First, let me pick up on something that my hon. and learned Friend the Member for Holborn and St Pancras (Keir Starmer) said. He did not allow interventions, which was a shame because we could have teased this matter out. The cases he cited would not be covered by this Bill. The people would therefore still be going to Dignitas, and would still come across the desk of the DPP for decisions on whether to prosecute. Secondly, in the Oregon example, the drugs are issued to the people wishing to take them, but it is amateurs who are around when they are administered. I would love to have had a proper debate with him about this, but, sadly, time is against us.

Before I get into the detail of the arguments, it is important to highlight exactly what we are talking about with assisted suicide. Members can call it assisted death if they wish, but we should be specific. Not surprisingly, more than half the people polled think that assisted

suicide involves no pain or discomfort. Well, assisted suicide can take two forms. The first, which this Bill says it advocates, is as follows. The person is given a powerful medication to stop them from being sick. That is because the barbiturates that are used to kill them are a powerful emetic. The urge to throw up is strong and can be distressing and uncomfortable. The barbiturates are then dissolved in a tumbler full of water and have to be drunk. It takes between one minute and 38 minutes until the person falls into a coma. In around 7% of cases, the person suffers from vomiting or spasms. In one in every 10 cases there can be problems with administering the barbiturates. In Oregon, it takes, on average, 25 minutes for the person to die. But the longest period before someone died was four days. In addition, in about 1% of cases, the person has woken up.

In the Netherlands, where an injection is administered to end life, it normally takes the form of thiopental or similar to put the patient to sleep followed by pancuronium, which is used to kill the person. Most terrifyingly of all, the person at this point is completely paralysed so cannot communicate if they are still awake or in distress. They then suffocate to death. How can either of those be described as a dignified death? That is not putting someone to sleep or easing their passing. It is wrong to say that it involves no pain or discomfort and it is not necessarily quick—it is up to an hour on average before the person dies.



I know that the people who are promoting this Bill are motivated by the desire to alleviate suffering and by compassion, and we have heard some very powerful speeches on both sides of the argument today. Of course we are all moved and saddened by what we hear and want to act with compassion, but that compassion is misguided if we think that by prematurely ending someone's life, we are alleviating suffering. There are ways to alleviate physical, mental and emotional suffering and they are done extremely well in this country. We hear those in favour of helping someone to commit suicide say that they do not want themselves or their loved ones to die in pain, but that fear should galvanise us to ensure that there is good quality palliative care not just from hospices but from across the whole health and social care system. That does not exist at the moment, and the report in 2011 highlighted that.

What does the law say about suicide? The 1961 Suicide Act as amended said that it was no longer a crime to commit suicide, and that was for a very good reason. It is not because society now thinks that everyone should have the right to commit suicide, but because society rightly thinks that someone who has tried to commit suicide needs help and support, not criminal punishment. But the Act quickly goes on to make the point that if someone helps another to take their life, then that is tantamount to murder, punishable by sentence of up to 14 years. There is a very important caveat. As the law wants to ensure that people are kept safe, it imposes that threat of severe punishment, but at the same time it wants to be merciful, which is why the DPP will decide whether a case goes to court. That is an important point.

Let me conclude with a letter from Jane, one of my constituents. Her husband, Richard, was diagnosed with cancer in 2012. On 11 September 2013—two years ago today—he passed away. She said:

"I was able to care for him and the last few weeks we had together helped us to come to terms a little with the inevitable... At one stage because I was caring for him seven days a week, Richard began to feel he was a burden to everyone to which I assured him he was not a burden. I can understand totally where he was coming from. I think changing the law would place pressure on vulnerable people. Those who are elderly, disabled, sick or depressed could feel an obligation to agree to end their lives for fear of being a burden on others. From the bottom of my heart, Mr Flello, I would ask that you could be there... to oppose this piece of legislation."

That is one constituent of mine. I know that others have written to me, asking me to support the Bill, but for Jane's case, we cannot let it go through.

He may worry us at times but at least Trump comes up trumps on abortion!



President Trump and Pope Francis Stand Against Abortion: We Have a "Joint Commitment in Favor of Life"

NATIONAL MICAH BILGER MAY 24, 2017, 12:09PM WASHINGTON, DC

Pope Francis met with U.S. President Donald Trump and his family Wednesday at the Vatican where they exchanged gifts and spoke about peace and other issues.

President Trump and the pope have sparred over immigration, the environment and other issues, but both agree on one essential issue: the protection of human life from abortion. They released a joint statement standing against abortion:

"This morning, Wednesday 24 May 2017, the Honorable Donald Trump, president of the United States of America, was received in audience by the Holy Father Francis and subsequently met with His Eminence Cardinal Secretary of State Pietro Parolin, accompanied by His Excellency Msgr. Paul Richard Gallagher, secretary for relations with states.

With Trump, there were some doubts about the sincerity of his pro-life beliefs, but his first few months in the White House have shown a commitment to protecting unborn life.

Trump appointed numerous pro-life leaders to his administration, including two pro-life leaders to key health department posts. In April, he appointed Charmaine Yoest, the former president of Americans United for Life, one of the most prominent pro-life organizations in the country, to a top communications post at HHS. Yoest replaces a staunch abortion advocate who is now a vice president at the Planned Parenthood abortion business.



Follow us on Twitter @RightToLifeAust



And Follow us on Facebook-
Right to Life Australia

THIS ARTICLE IS ATTRIBUTED TO DENNIS THOMPSON,
CONTRIBUTING REPORTER, PORTLAND BUSINESS JOURNAL.

Is Oregon's assisted suicide law rife with problems?

Updated Aug 21, 2015

Oregon's physician-assisted suicide law has had unintended consequences with which the state has never come to terms, a Portland doctor said in a recent **Wall Street Journal** op-ed.

Dr. William Toffler, national director of Physicians for Compassionate Care, wrote that assisted suicide *"has been detrimental to patients, degraded the quality of medical care, and compromised the integrity of the medical profession"* since voters passed it two decades ago.



Worse, the state is not keeping adequate tabs on the practice to see whether the law should be revisited, he said in an interview.

"There's a shroud of secrecy over the whole process that was built into the law. The data is all self-reported, often second or third hand, from doctors that believe in this paradigm and support it," said Toffler, who is a professor of family medicine at Oregon Health & Science University.

Oregon is not tracking the circumstances that surround each patient's assisted suicide, including how they took the drugs, whether someone witnessed the suicide, and whether those present had something to gain from the suicide, Toffler said.

"Doctors engaging in it do not accurately report the actual manner of death," Toffler wrote. *"Instead they are required by state law to fabricate the death certificate, stating that the cause is 'natural' rather than suicide."*

"In late 1997, right before assisted suicide was about to begin, the state legislature implemented a system of two different death certificates – one that is public and includes no medical information and another that is kept private by the state," he continues. *"As a result, no one outside of the Oregon Health Division knows precisely how many assisted suicides have taken place, because accurately tracking them has been made impossible."*

What data there is shows that patients contemplating assisted suicide are not being adequately assessed for depression, anxiety or other mental disorders that could affect their decision, he said.

The law requires that patients receive psychological examination if their doctor suspects depression or mental illness, but last year only three of the 105 patients who died under the law were referred for

a mental health assessment, Toffler wrote.

He also believes that low-income patients are being pressured to consider physician-assisted suicide, given that the Oregon Health Plan fully covers the cost of assisted suicide but does not cover many important services and drugs.

"The solution to suffering, according to the Oregon Health Plan, for some patients is suicide," Toffler said. *"This isn't speculation. This is current fact."*

The medical profession is being degraded by physician-assisted suicide because some doctors may no longer be inspired to take heroic efforts to save the life of every patient, and might even encourage assisted suicide, he said.

"The way that physicians respond to patients' requests for lethal drugs has a profound effect on their choices and their view of themselves and their inherent worth," Toffler said of patients. *"Such patients deserve doctors who will support them through their illnesses, not offer them a quick exit."*

In his editorial, Toffler noted that he has personal experience with this issue. His wife, Marlene, died last year of metastatic cancer after 40 years of marriage. *"The final five years we both knew she would inevitably die of her cancer. At one point doctors told her that she had only three to nine months left, yet she lived more than four times as long,"* he wrote.

"While I treasure all of our years together, the last years of our marriage were among the best. There was great suffering but also great joy and meaning in the special moments we and our seven children shared together—moments that became all the more special the closer we came to the end of her life," he said. *"I wouldn't trade a nanosecond of those last years. She died peacefully and naturally at home surrounded by her family and friends. She never took an overdose, yet her death and life had great dignity."*

Toffler said he hopes that lawmakers, regulators and doctors will reopen the conversation over physician-assisted suicide, to make sure that the law is being followed correctly and all consequences are being properly weighed. *"We haven't been having the kind of dialogue, where you can be more reasoned about the dark side of this paradigm and what do we lose in the integrity of our profession,"* he said.

– Dennis Thompson is a contributing health care reporter based in Salem.

Singer versus Somerville

The bioethicists Professor Peter Singer of University of Princeton and Melbourne, and Professor Margaret Somerville of University of Notre Dame, Sydney will discuss
End of Life Choices: Voluntary Euthanasia & Assisted Suicide in Victoria?

**5:45pm to 7:45pm Thursday 29th June 2017 @
Collins St. Baptist Church
RSVP mnelson@divinity.edu.au by 26/6/17**

When you die, help someone to live

Please make a bequest to The Right to Life Australia Inc. when you make or update your Will.

What?

WILL It is important to have a Will to direct your hard-earned assets to those you choose. Otherwise the government decides and it takes a very long time. About 50% of Australians do not have a Will. The time to make one is now.

BEQUEST A bequest is a gift in your Will, from your estate. It can be a percentage, e.g. 10%, or a particular amount, e.g. \$100,000 or something e.g. a house.

Why?

LEAVE A LEGACY Be remembered for valuing the right to life of everyone, especially the most vulnerable. Think “AND” not “OR” when making or updating your Will. The Right to Life of everyone is the most basic human right, as without it, all other rights are meaningless.

SHARE OUR VISION Our vision is to have legal protection for every human being, regardless of wantedness, age, size, degree of development, environment (the womb), sickness or disability. We work to change our culture to one of respect for human life. Our Pregnancy Counsellors have saved the lives of many babies who became much loved, after their mother’s initial negative response. We support good palliative care, not euthanasia. We need pro-life politicians who will make and implement laws that protect human life.

WE NEED YOU The mothers and babies, elderly and disabled need us to be a voice for them. We need to be well resourced to create a culture of life. We must respond to the relentless attacks on human life from the death purveyors. The Right to Life Australia has been secure for 40 years due to generous bequests. You can ensure our life-saving work continues into the future.

OUR DREAM IS TO ACHIEVE THE RIGHT TO LIFE OF EVERYONE

When?

The time to make your Will is now, if you do not have one. It is recommended that you update your Will when your circumstances, family or wishes change.

1. Collect details of your beneficiaries – family, friends and The Right to Life Australia Inc.
2. Collect information about your assets – real estate, bank accounts, life insurance policies, superannuation, shares, car, furniture, jewellery, art, collections, other.
3. Decide the distribution – an item, amount or percentage
4. Contact your lawyer and make an appointment. A Will can be simple and inexpensive to make.
5. When you update you Will, also complete a Power of Attorney, so that a person you trust will make decisions about your medical treatment and financial affairs, if you become unable to do so.
6. Relax knowing that your wishes will be carried out.

Wording?

This is the last Will of [NAME] of [ADDRESS]

..... I GIVE to The Right to Life Australia Inc., Registration Number A0042146V and ABN 12 774 010 375, of 161A Donald St, Brunswick East in the State of Victoria, 3057, xx% of my residuary estate (OR the sum of \$xxx xxx) for the general purposes of The Right to Life Australia Inc.



Thanks – You’re a Lifesaver!



News from around the World

BELGIUM

Belgian Catholic psychiatric hospitals 'adjust' their view of euthanasia

From BioEdge, by Michael Cook, 29 April 2017



One of the last substantial barriers to increasing the number of euthanasia cases for non-terminally-

ill psychiatric patients in Belgium seems to have crumbled. A religious order in the Catholic Church, the Brothers of Charity, is responsible for a large proportion of beds for psychiatric patients in Belgium – about 5,000 of them. The international head of the order, Brother René Stockman, is a Belgian who has been one of the leading opponents of euthanasia in recent years. Nonetheless, in a surprise move this week, the board controlling the institutions of the Brothers of Charity announced that from now on, it will allow euthanasia to take place in their psychiatric hospitals.

In a statement posted on their website the Brothers of Charity explain the policy shift. "We take seriously unbearable and hopeless suffering and patients' request for euthanasia. On the other hand, we do want to protect lives and ensure that euthanasia is performed only if there is no more possibility to provide a reasonable perspective to treat the patient." Euthanasia for psychiatric patients has already happened dozens of times in Belgium. But from now on it will probably be easier for people suffering from schizophrenia, personality disorders, depression, autism, or loneliness to access it. In fact, it will be hard to find an institution in Belgium where euthanasia is not being offered as an option. Brother Stockman was stunned. "We deplore this new vision," he told the media.

Nursing homes and hospitals opposing euthanasia have been under even more pressure after a court fined a Catholic nursing home a total of €6,000 last year for blocking a resident from accessing euthanasia. However, Stockman felt that this was not an open and shut case. "I am confident that we have the right to refuse euthanasia," Stockman told De Morgen. "We want to take seriously the needs of the patients, but the inviolability of life is for us an absolute. We cannot accept that euthanasia is carried out within the walls of our institutions."

...Although this seems odd for a Catholic group, especially when the Pope has been outspoken in denouncing euthanasia, De Rycke believes that the inspiration of the Belgian Brothers of Charity fundamentally remains the same. "We start from the same basic values: the inviolability of life is an important foundation, but for us it is not absolute. This is where we are on a different wavelength from Rome."

USA

Two States Now Planned-Parenthood Free as Abortion Business Closes More Clinics

Steven Ertelt May 18, 2017 Casper, Wyoming

Wyoming and North Dakota. If we were playing Jeopardy,

that would be the answer and the question would be: What are the only two states where the Planned Parenthood abortion business does not have a clinic?

Pro-life advocates today are celebrating the fact that, next month, two states in the United States will not be subjected to the agenda of the nation's biggest abortion company.



As LifeNews reported yesterday, the Planned Parenthood facility in Casper, Wyoming plans to close on July 21 due to financial reasons. The facility did not perform abortions but did refer for them. It is the only Planned Parenthood in the state. The facility has been open since 1975 – sending Wyoming women to other centers for abortions...

Responding to that news, and representative of a national pro-life group says he is delighted by the news and he noted that the abortion Corporation has closed hundreds of clinics over the last couple decades.

Jim Sedlak, executive director of American Life League, stated: "The Casper facility is the last Planned Parenthood medical office in the state of Wyoming. It also does not run any medical facilities in North Dakota. As a result, Planned Parenthood will only operate its clinics in 48 states. This is good news for women and good news for preborn babies in those states."

According to published reports, the Casper facility is just one of six clinics PPRM plans to close this year. Nationwide, Planned Parenthood has gone from 938 clinics in 1995 to 625 at the beginning of this year. People get worried about what happens to women when Planned Parenthood facilities close. In Casper, there are three other clinics to provide needed healthcare. This is common across the country—in big cities as well as in rural areas. The fact is Planned Parenthood is not needed.

Sedlak warned that, although Planned Parenthood is closing its last clinic in Wyoming, it still says it will continue its sex indoctrination programs and political advocacy.

He stated: "Planned Parenthood sex programs are designed to get our children involved in sexual activity. Although we are happy that Wyoming will no longer have a physical Planned Parenthood facility, parents and religious leaders must continue their efforts to keep PP-style sex programs away from our kids."

But for the residents of North Dakota and Wyoming, the news is good that the nation's biggest abortion business will no longer be operating full-time centers routing women to locations to kill their babies. What state will be third?

USA

President Trump Names Pro-Life Leader to Key HHS Post, Replacing a Planned Parenthood Activist Steven Ertelt Apr 28, 2017 Washington, DC

President Donald Trump has named a pro-life leader to a top post at the Department of Health and Human Services, which often oversees and implements policies related to abortion.

But the good news doesn't end there, as the new pro-life appointee replaces a staunch abortion advocate who is now a vice president at the Planned Parenthood abortion business.

President Donald Trump on Friday said he would name Charmaine Yoest, the former president of Americans United for Life, one of the most prominent pro-life organizations in the country, to a top communications post at HHS. Yoest would become the assistant secretary of public affairs – a position that shapes communications efforts for the entire agency.

"Yoest is an HHS political appointee but her appointment does not require Senate confirmation. She succeeds Kevin Griffis, who was recently named vice president of communications for Planned Parenthood,"

The appointment continues president Trump's pro-life record that he started in January with reinstating the Mexico City policy defunding International Planned Parenthood and continued with defunding the pro-abortion UNFPA and signing a bill to allow states to defund Planned Parenthood abortion company.

Yoest, a former vice president at Family Research Council, is well-respected within the pro-life movement, and has frequently spoken out against the Planned Parenthood abortion business.



Charmaine Yoest

"Over the last 45 years, Planned Parenthood has become the expert in making money from ending lives," she has said.

Yoest told LifeNews.com: "Unlike the national trend observed by the Associated Press last week, the Centers for Disease Control, and everywhere else that abortions are on the decline, at Planned Parenthood abortion sales are up – meanwhile its overall patients and other services are down. This is as a result of a move to create abortion mega-centers to mass-produce abortions at an even deadlier rate."

"Planned Parenthood deceptively holds itself out as protecting women's health, as it cuts legitimate health care in favor of abortion sales, while lobbying for more taxpayer largesse," she said. "The time is now for Congress to defund Planned Parenthood and invest taxpayers' hard-earned money in real healthcare that saves lives and safeguards women's health."