

Letter from the President



Margaret Tighe

Dear Friends of Life,
I could not help but feel a sense of disgust at the speech on TV by Victorian Premier Daniel Andrews for us to "save lives."

Of course he was speaking about the terrible Coronavirus pandemic which has already and which will inevitably continue to cause deaths. State Premiers and more especially the Prime Minister

are doing their utmost to "save lives" from this deadly virus. But tragically in Victoria in the first six months of operation of the Voluntary Assisted Dying Act (read euthanasia) the predicted death toll of 12 has in reality been 52! So much for the famous 'safeguards!'

I guess we could be forgiven for saying "We told you so." Enclosed in this edition of the RTLA news is an excellent assessment of this infamous legislation from Australian Care Alliance pointing out the many dangers in it and the way in which it will lead to – increasingly - more and more deaths.

What is so tragic is the way in which the media eulogises the legislation and repeats tear jerking stories of the deaths sanctioned by loved ones.

In life

Margaret Tighe, PRESIDENT

Hon Marlene Kairouz, Minister for Trade, in the Victorian government who opposed the Voluntary Assisted Dying Bill 2017 and is not afraid to speak out about it!

Euthanasia: Assisted dying figures alarming,

Labor MP Marlene Kairouz says

Excerpt from "The Australian" 20/2/20

RACHEL BAXENDALE - VIC POLITICAL REPORTER

Victorian Labor frontbencher Marlene Kairouz says she is deeply concerned about the number of people "committing suicide" under the Andrews government's voluntary assisted dying legislation following revelations yesterday that more than 50 people ended their lives under the scheme between June and December.

The Consumer Affairs Minister was one of five lower house Labor MPs who exercised a conscience vote and opposed Labor's legislation in 2017.

The voluntary assisted dying review board's inaugural six-monthly report, tabled in state parliament on Wednesday, found 52 people had ended their lives between June 19 and December 31, 2019, with 81 obtaining permits to have lethal drugs administered.



Labor MP Marlene Kairouz. Picture: Stuart McEvoy

Ms Kairouz said the Andrews government was otherwise working hard to lower suicide rates across the community.

"We have a Minister for Mental Health who is doing some really wonderful work to lower the suicide rates," she said.

"It'd be no surprise to anybody that I have some concerns about the number of people who are taking their lives (under the voluntary assisted dying scheme).

Opposition Leader Michael O'Brien said he was concerned about the administrative errors revealed in the report, which revealed "83% of cases required forms to be returned for clarification or provision of missing eligibility information".

The report also stated that 19 applications for voluntary assisted dying permits had been withdrawn, for reasons including "administrative error or confirmation of death by means other than voluntary assisted dying".

"I'm very interested to find out, what are those administrative errors?" Mr O'Brien said.

Mrs Kit Ley (R.I.P) 102 years.

Our condolences are due to the family of the late Kit Ley of Wodonga (Vic) who passed away recently at 102 years.

Kit was a great personality and a valiant worker for life well into her twilight years.

She was a strong supporter of Right to Life and a great helper to Pregnancy Support Albury Wodonga.

May dear Kit rest in peace.

Margaret Tighe



UNBORN KIWIS IN DANGER OF EXTINCTION - ARDERN'S ABORTION BILL PASSES

With thanks to Ken Orr, RTLNZ for his assistance



New Zealand PM – Jacinda Ardern

While New Zealanders are distracted by the alarm created by the COVID-19 virus, Jacinda Ardern's heinous Abortion Legislation Bill passed the NZ Parliament on 18 March 2020 with a vote of 68:51.

This occurred despite the fact that 91.6% of 25,718

submissions received by the Abortion Legislation Select Committee opposed the bill and thousands of New Zealand groups fought valiantly to prevent its passage.

Ken Orr, Spokesman, Right to Life New Zealand www.righttolife.org.nz stated (18/3/ 2020) *"This represents an unprecedented attack on the family, on the status and dignity of women and on the right to life of New Zealanders in the first nine months of life."* He continued *"If today Parliament can deny the right to life of the unborn it will inevitably deny our right to life when we cease to be of value to the State."*

The passing of this anti-life Bill is a day of shame that will be recorded in the history of our Parliament. The killing of an innocent and defenceless unborn child has now been decriminalised and taken out of the Crimes Act where it has been since 1856. The State has withdrawn its protection of women and the unborn child, up to 20 weeks the State has no interest in protecting the lives of the weakest and most defenceless members of the human family."

The Abortion Legislation Act 2020 provides for **only registered medical practitioners to perform abortions**. There is pressure from the registered nurses and midwives Associations to permit its members to prescribe for medical abortions and to perform surgical abortions.

The NZ Ministry of Health website (update 16 April 2020) states:

Changes for Health Practitioners:

- allowing a woman to self-refer to an abortion service provider
- allows a wider range of registered health practitioners (eg doctors, midwives, nurse practitioners) to provide abortions (subject to scopes of practice and training). Registered health practitioners will not be able to perform surgical abortions or prescribe medicines for medical abortions unless:
- it is a health service permitted within their scope of practice
- the practitioner holds a current practicing certificate
- the practitioner has the necessary qualifications, skills, competency and resources to provide abortion services in accordance with the Ministry of Health's Interim Standards for Abortion Services

Under the HPC Act 2003 nurse practitioners are not currently qualified to perform abortions, however as Ken Orr said "I believe that will quickly change."

The details of the new abortion legislation:

Up to 20 weeks gestation:

- Unrestricted access to abortion
- A woman may self-refer

After 20 weeks gestation

- Abortion up to birth with approval of two health practitioners
- Abortion can be approved if considered clinically "appropriate", considers woman's physical, mental health, lifestyle and "wellbeing".
- No restriction on abortion for babies with disabilities (was 20 week limit).

Abortion drugs eg RU 486 can be prescribed via "Telehealth" video - drugs will be dispatched by courier.

What about sex selection abortions?

• Legislation to stop sex selection abortions was debated. NZ government says it will review evidence on whether sex selection abortions are occurring.

What about exclusion zones?

GOOD NEWS Groups such as 40 days for Life are still able to continue their life saving work outside abortuaries! A push for the establishment of exclusion zones at 150 metres around abortuaries was lost during a vote on the amendment.

What about conscientious objection?

• A doctor (or health practitioner) who has an objection to abortion must inform the patient how to access the closest provider (abortionist) considering the physical distance the woman has to travel, and operating hours of the nearest abortionist!

Simon O'Connor MP, Member for Tamaki tabled an amendment in the event an abortion results in the birth of a child. His amendment was to ensure the duty owed by any health practitioner to provide medical care to a child born as a result of an abortion is no different than the duty owed to provide medical care and treatment to a child born other than as a result of an abortion. The amendment was voted down 79 to 37 votes.



Simon O'Connor MP

As Simon O'Connor MP stated:

"The sad irony of this debate is those who proclaim their love of human rights are actively seeking to remove it from some. It has been said, "I've noticed that everyone who is for abortion has already been

born." I think the sort of statement of those born and advocating abortion would be what progressives call the position of privilege, where those with power exercise it over those without.

I think those who call themselves progressives in this Parliament will find themselves in the uncomfortable position in the debate of the unborn of actually being the privileged, the people of power and those who can dominate others. They already have rights, but they are open and willing to remove them from others."

Right to Life Australia salutes Right to Life New Zealand www.righttolife.org.nz and everyone in NZ who worked valiantly to oppose this bill. As Ken Orr, Spokesperson for Right to Life New Zealand stated, "The pro-life movement will not rest until this draconian anti-life Act is repealed."

Mary Collier – Right to Life Australia.

Queensland and “Voluntary Assisted Dying”



Graham Preston

Graham Preston - Protect Life
contact@protect-life.info

On March 31, 2020 the Queensland Parliamentary Committee which carried out an Inquiry into “Voluntary Assisted Dying” tabled their Findings and Recommendations.

During the year prior to the tabling of the report there had been 41 hearings held with 535 witnesses appearing and 4,729 written submissions were made. Many of the witnesses and submissions spoke eloquently of the problems and dangers that would come with legalizing “voluntary assisted dying (VAD)”. (For one thing, it was pointed out to the Committee that recipients of VAD don’t just die but rather, they are deliberately and directly *killed* by the administration of poison. It should be called “voluntary assisted killing (VAK)” but presumably that sounds too harsh, too honest.) Despite the flood of strong arguments against VAD/K, including the indisputable evidence of the slippery slope in action in countries such as Belgium, The Netherlands, and Canada, the committee members managed to overlook all of that. So, as expected, the Committee recommended that VAD/K be legalised. One cannot help but be suspicious that all the consultation was just window-dressing. (The Committee was made up of three Labor members, one Green and two LNPs.)

The main reason that the Committee gave for recommending that VAD/K be legalised was their concern over the number of people with terminal and debilitating illnesses who commit suicide in Queensland. They state that the “National Coronial Information System for the period 1 January 2016 to 31 December 2017 identified 168 notifications of death to a Queensland coroner where the deceased died as a result of intentional self-harm and suffered from a terminal or debilitating physical condition.”



So out of their concern for the tragic loss of the lives of these people the Committee’s “solution” to the problem is to recommend that suicide assistance (killing) be made legally available to many more people! (but in a more controlled setting)

Despite all the evidence to the contrary from elsewhere, the Committee claims that regulations and “adequate safeguards” can be implemented and maintained.

The recommendations of particular interest/concern are:

- VAD/K - eligibility should be restricted to people 18 years of age or older
- eligibility should be restricted to citizens and permanent residents of Australia who are ordinarily resident in Queensland. But, this is immediately modified by, “The term ‘ordinarily resident’ should not be restricted”. (?)
- a person must have an advanced and progressive terminal,

chronic or neurodegenerative medical condition that cannot be alleviated in a manner acceptable to the person, and that the condition will cause death. The Committee acknowledges that the eligibility criteria should not prescribe specific timeframes within which death is likely to occur. In other words, a person does not need to be expected to die in the foreseeable future in order for them to be able to access VAD/K.

- two independent medical practitioners (must) conduct assessments prior to the applicant accessing the scheme. However, it seems that in some circumstances one of these two “medical practitioners”, and perhaps even both, don’t need to be doctors – registered nurses will do. We are told, “To overcome the difficulty of access to two independent doctors in a rural or remote area, legislation for a voluntary assisted dying scheme in Queensland should allow flexibility such that a qualified nurse can undertake the assessment of applicants in rural and remote areas where a doctor or second independent doctor is not available to undertake the assessment and to administer the voluntary assisted dying medication if required”!
- mental illness does not automatically exclude someone from access to VAD/K.
- applicants seeking to access VAD/K are not required to receive counselling
- discussion with a medical practitioner about accessing voluntary assisted dying can be instigated only by the person wishing to access voluntary assisted dying
- health practitioners who may have a conscientious objection to participating in voluntary assisted dying may opt not to participate, provided that the rights of the patients to access the scheme are also protected

With Parliament in recess due to the corona virus, when these recommendations will be put before the Parliament in the form of a Bill is unknown. An election is due in Queensland in October but it too may be affected.

Introducing Our Supporter - Leila



Mrs Leila Steinborner from South Australia – Mrs Steinborner has been active for many years through her Lutherans for Life group. Leila recently hand wrote a letter to be sent to all South Australian MPs regarding the government’s impending abortion bill. Leila’s son

photographed her letter and forwarded it to all MPs on the list we provided. It was a novel approach!

Lutherans for Life’s (LFL) produces a biannual newsletter - Life News which is sent to every parish of the Lutheran Church of Australia (LCA), and to individual subscribers. Life News is available online. If you’d prefer a hard copy, contact lutheransforlife@lca.org.au or 08 8267 7300.

Thank you Leila for your wonderful work advocating for the unborn and vulnerable people in our community.

“The Wholly Innocent”

by Bruce Dawe

The poet Bruce Dawe died on 1st April at 90 years of age. To mark his passing we republish his beautiful pro-life poem, Bruce said of himself “I am for the little blokes.”

May there be many “little blokes” to welcome Bruce into Heaven!

The Wholly Innocent

I never walked abroad in air,
 I never saw the sky,
 Nor knew the sovereign touch of care,
 Nor looked into an eye.
 I never chose, nor gave assent,
 Nor voted on my fate
 Unseen I came, unseen I went,
 Too early and too late.
 This was my only life-line: trust,
 As absolute as blood,
 Now down into a bucket thrust,
 Anonymous as mud.
 Oh you within whose god-like power
 It lies to so decide,
 Remember me when some late hour,
 Talk turns to “genocide”,
 For I was part of that doomed race
 Whose death -cell was the womb
 - But who can clear that bloody space
 And call it “living room”?
 I never had a name, or cried
 That central cry, “I am!”
 But in a world -wide shambles died,
 Defenceless as a lamb.
 And many called it self-defence,
 And many ZPG,
 And all was done at my expense,
 At total cost of me.
 Remember me the next time you
 Rejoice at sun or star -
 I would have loved to see them, too.
 I never got that far.

Thank you Bruce Dawe for leaving such inspiration for those you leave behind!



Is euthanasia an essential service?

by Michael Cook editor of Bioedge

Is euthanasia an essential service? That is the question that Canadian health officials are grappling with in the coronavirus epidemic.

At least two clinics in Ontario have stopped providing euthanasia (or medical assistance in dying, as it is called in Canada) to prevent transmission and to free up health-care resources. Others regard it as essential and are relaxing the rules to allow “virtual assessments of eligibility”. “It’s not a decision that we have taken lightly,” said Andrea Frolic, of Hamilton Health Sciences, which has shuttered its program. “It’s heartbreaking for us, as it is for patients and families seeking this care.”

“I think it’s really unfortunate. I don’t know their rationale for having shut it down completely,” Chantal Perrot, a Toronto MAID provider, told the Globe and Mail. “I don’t understand how they could not see MAID as an essential service for people who are at end of life.”

The University Health Network in Toronto is continuing to provide MAID to inpatients during the pandemic. “We had to make some very difficult decisions with respect to other services and programs that were put on hold or shuttered during this pandemic,” said Mark Bonta, who is in charge of euthanasia at UHN. “Given that MAID is something that is listed as a human right for our patients ... we recognized it was important that this be deemed an essential service.”

Stefanie Green, a Victoria doctor and the president of the Canadian Association of MAID Assessors and Providers (CAMAP,) said the health authority on Vancouver Island has also deemed assisted dying an essential service. Officials there are even providing protective equipment to doctors who are still willing to help patients access euthanasia.

R.I.P. Denis Wood

We are saddened to hear of the recent passing of Denis Wood who was one of the indefatigable “Walkers for Life” having taken part in our Right to Life Walks over many years. May he rest in peace.



Battle over embryos leads to calls for personhood status

Marilyn Rodrigues, Journalist Catholic Weekly. First published in Catholic Weekly 4 March 2020. Reproduced with permission.

Experts say embryos should not be treated as property

A dispute over a Sydney couple's frozen embryos highlighted the fact that they are regarded as 'property' under the law.

Experts and pro-life advocates are calling for embryos to be regarded as persons under the law following recent court disputes.

This month a Sydney woman asked the Family Court of Australia to order the destruction of 11 embryos that were biologically linked to her same sex partner.

The application was made as part of an ongoing dispute over custody of their three children and property. The woman's ex-partner told media it was "cruel" for a person to seek to destroy embryos not from their own genetic material.

"It's horrifying that someone would try to prevent someone else from having children that are not in any way related to them," she said. She said she believed new, clear legislation was needed to give people certainty about what could happen to their embryos.



Ethicist - Margaret Somerville PHOTO: Robert Hiini

Australian-Canadian ethicist Margaret Somerville at the Varieties of Diversity conference on religious liberty at Notre Dame University, Sydney, on 19 August 2016. She says children, in their underdeveloped stages, must be at the centre of decision making

about IVF embryos. The applicant withdrew her case on 25 February citing concern about the effect of media attention on the couple's children. It follows court battles in WA, Canada and England where judges' decisions saw the destruction of embryos when one of the biological parents wanted them retained.

Professor Margaret Somerville, Professor of Bioethics at the University of Notre Dame Australia, told The Catholic Weekly that the recent case highlighted the problem of a situation where, apart from an exception in the United States, the courts do not recognise human embryos as persons for the purposes of the law.

"IT'S STRIKING THAT MOST OFTEN THE FUTURE CHILD IS NOT EVEN MENTIONED."

"I think it's helpful to remember that every living person is a former embryo," Professor Somerville said. "In all decisions regarding human reproduction we must put the child at the centre of the decision making.

"What we've done so far is we've put the adults who want to have a child by whatever means of with whomever, at the centre of decision-making. It's striking that most often the future child is not even mentioned."

Chief executive officer of Right to Life NSW Rachel Carling said that the law should be clear that human embryos are persons.

"While we do not agree with the unnatural creation of life through IVF, once life has been created we must acknowledge the worth of human embryos in terms of human life not in terms of property," she said.

"Treating human life – even at embryonic stage – as property equates to slavery and is a form of human trafficking."

Professor Michael Quinlan, Dean of the School of Law at the University of Notre Dame in Sydney, said that the IVF process is "in and of itself a confirmation of the scientific fact" that a human life is at stake in discussions about embryos.

"Treating an embryo as a person would mean bringing the law into line with that theological and scientific reality," he said.

"There is a very long way to go before our society can again understand the extraordinary gift that human life represents and the dignity that every human being deserves from the moment of his or her beginning at conception.

"The fact that current technology results in a multiplicity of embryos being created for a much smaller number to be selected for implantation is one of the horrors resulting from a rush to use technology without fully thinking through the consequences."

Professor Somerville said she would recommend that decisions about human embryos be made using a doctrine in ethics called anticipated consent.

"That says that when you're looking to do something that will have a major effect on someone else you have to ask 'Can I reasonably anticipate that if this person was here they would consent to what I'm going to do?'" she said.

EVERY LIFE IS PRICELESS AT PRICELESS HOUSE QLD

Priceless Life is a prolife organisation located in Brisbane, Queensland. The organisation is run by a team of accredited staff and offers telephone counselling, mentoring services and practical help to those in need of assistance



relating to problem pregnancy. A key aspect of their operation is their 'famous' Priceless House -located in central Brisbane. The house is their central engine room, used for offices and a base for giving practical assistance to mothers at risk of having an abortion.



Operations Manager, Luchi Miranda sent us an update as to what is happening at Priceless:

Luchi told us "In the last 3 months we have moved

locations, had a re-brand, created strategic and strong partnerships and welcomed new members to our team! We had a very difficult beginning of 2020 after suffering catastrophic storm damage over the 2019 Christmas period.

She continued.. " Our new facility, directly across from Westfields Garden City, has extremely high visibility and our signage on Logan Road, which is a major arterial road, will ensure that the community quickly becomes aware of what we do. The facility itself is almost brand new, with a gorgeous neutral colour palette, wood floors and we are excited to also show off our amazing brand new furniture, donated by a generous albeit anonymous donor! We have also had a major re-brand, with striking colours, that not only improve visibility at our facility, but also ensures that we are seen by our demographic on social media."



Luchi said finally " Our new social media manager has put together a video for us that has been seen over 12,000 times on social media and received multiple plays at the recent 'Church and State Conference'. We are ecstatic that so many community leaders saw the video and as a result we are now in the process of receiving support from them.

In order to support the level of growth we are experiencing right now; we are putting the call out for more volunteers. "

Well done Luchi and your committed team!

If you would like to support Priceless Life/ House Queensland in their wonderful work please contact www.pricelesslife.org

Mobile Helpline: 0413 888 613

Priceless House: (07) 3422 0643

For anyone in a crisis pregnancy call Free Helpline: 1800 090 777

RTLAs Vital helpline for Crisis Pregnancies

Times have changed dramatically for us all. I am very grateful to our phone counsellors who continue to give of their time to man the PCA phoneline, 1300 737 732 particularly those who have school-aged children and are now supervising their children's education at home.

We continue to offer that listening ear to women who need someone to help them navigate their decision-making like Jill *(not her real name).

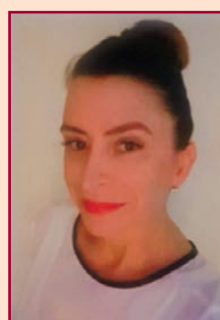
Jill called and wanted to make sure she had considered everything before going ahead with a decision to have an abortion. She wants her and her partner to both be happy with their decision. She already has 2 children from a previous relationship and was surprised but happy when she found out that she was pregnant again. Her current partner doesn't have any children and she was expecting him to be just as delighted as she was.

However, he is wanting her to terminate - he doesn't feel ready to be a father. More than once Jill said that she knew she could love and care for this baby and she was devastated when he was not excited by her pregnancy.

The counsellor helped Jill consider the effect of an abortion on her relationship, and how she would personally cope as well as whether she felt that she had been able to explain how she was feeling to her partner. At the end of the call, Jill said that she had been given a lot more to consider and she gladly accepted contact details for further face-to-face counselling. She was hoping her partner would also go with her.

It remains to be seen the effect of COVID-19 and the possibility of increased numbers of unplanned pregnancies. The commitment of our PCA volunteers is to continue to offer our support to those needing someone to talk to.

Lois Dean Co-ordinator Pregnancy Counselling Australia
www.pregnancycounselling.com.au



Welcome to Rebecca

We are delighted to welcome Rebecca Goodwin to Right to Life Australia. Rebecca is a young prolife woman and is very enthusiastic about writing about abortion from a young woman's point of view.

We are already working on articles for our website. Rebecca is also happy to help us with office administration for which we are

very grateful. Having a young woman as part of our team will enable us to stretch out to more women who are making critical decisions about their unborn babies' lives.

As a career Rebecca worked as a flight attendant and is now setting up her own business. She has a love of sport, having completed the gruelling "Iron Man" event in Hawaii. Rebecca is committed to educating young women about the real truth about abortion and making a difference in the prolife movement.

ABORTION IS A SYMPTOM OF A DEEPER PROBLEM

There is an ever-growing movement of women who have been conditioned to believe that abortion is a glorious right to be celebrated and protected at all costs. The message is distributed almost universally – by their favourite celebrities, at school, in their peer groups, social media, most news sources, as a recurrent theme on television shows created for them, and (in Australia) even on the publicly-funded ABC network. Pregnancy termination is viewed as a sterile, innocuous ‘healthcare’ procedure that should be freely and readily available to women all over the world.

I recently viewed footage of a group of young girls at a Women’s March in California jumping up and down, working themselves into a fervour, screaming and chanting “My body, my choice” over, and over again. It was frightening to watch – like a sad combination of wild animals crossed with toddlers throwing a tantrum. It’s difficult to understand how someone can be so young and possess that kind of rage, to be filled with a truly misplaced sense of injustice.

I wonder what kind of psychological gymnastics these young women must have to perform in order to convince themselves that they are on the side of goodness and virtue. The same generation that will campaign to protect calves from slaughter or start an online petition to save the eggs of a baby eagle, view ending the life of an unborn child as one of their own basic human rights. Fighting for the Pro-Choice movement is worn as a badge of honour. They have bought the same lie the pro-choice movement has been selling to women for 3 generations. ‘It’s not a baby. It’s just a clump of cells. It’s a parasite. It is part of their body.’ Birth control and then abortion were marketed as the key to freedom – a life where they could focus on their career, make their own decisions and have sex however and with whomever they pleased.

Fast forward fifty years and there are 125,000 abortions performed across the globe each day, the equivalent of the entire population of Australia being terminated every six months. Since 1973, almost 2 billion unique and irreplaceable lives that were never given the opportunity to take their first breath. At the Oscars Ceremony 2 weeks ago, actress Michelle Williams proudly declared that without abortion she would not be up on stage receiving her award and was met with cheers and applause for her ‘bravery’. We are quite literally living in a time where it is publicly acceptable to sacrifice a child for a shiny, gold, false idol.

In the Western world today, information and birth control are at our fingertips, yet millions of women are still having abortions. Unplanned pregnancies should be a thing of the past, but abortion is now used as birth control. It is taken for granted as a solution for being careless.

Abortion is not only fatal to the unborn, but incredibly traumatic for women on a physical, psychological and spiritual level. According to a 2011 study conducted by the British Journal of Psychiatry, following an abortion, women are 34% more likely to develop anxiety, 37% more likely to suffer from depression, 81% more likely to have mental-health issues, 110% more likely to abuse alcohol, 220% more likely to abuse marijuana and 155% more likely to commit suicide. If there was a medication with a list of side-effects like that of abortion, people would

lobby to have it banned, yet it is heralded as essential female healthcare. It also cannot be overlooked the fact that many women are pressured to have abortions by parents, health care providers and their partners.

So how do we combat the deceptive propaganda that has been forced to women since the 1960s? Beliefs that in many cases have become inter-generational and deeply embedded. It can feel overwhelming, like an unwinnable battle against a tidal wave of misinformation and immorality. The answer is simple. We start at grass-roots level. Reach one woman at a time. Save one child at a time. As parents, friends and community leaders, we need to instil young girls with unwavering self-respect. Help them to see that true empowerment and happiness are found by making real and lasting connections; with God, with others and yourself. Give them the gift of personal accountability. Teach them that abortion is not a magic delete button. It is not a right. The impact of making the decision to end a pregnancy will stay with them for life. The loss, the grief, the shame. We need to encourage women who have lived through it to tell their stories and protect other mothers and children from the same fate. Above all else, we must not lose hope. Regardless of how you contribute to the pro-life movement, if you can convince just one woman, save one innocent life, then you have impacted the world in an immeasurable way.

Rebecca Goodwin. February 2020

Student education and research project requests

Right to Life Australia receives many requests from school and University students asking about information for their student projects.

Requests also come from media students who are compiling projects or articles for online news. Most enquiries are about our stance on abortion



or euthanasia. Sometimes there is a request from many students at the same school at the same time as they are all completing the same assignment!

We direct students to resources on our own website: righttolife.com.au It contains comprehensive information on abortion and euthanasia. As an

example, when Professor Bill Toffler MD from Oregon USA was hosted by Right to Life Australia in 2017 we recorded his presentation at Victoria’s Parliament House. The video and transcript of his lecture on “10 euthanasia myths” are on our website, together with his radio interview with 3 AW.

We may also direct students to other pro-life websites, Facebook pages and twitter sites to follow e.g. www.australiancarealliance.org.au or www.noethanasia.org.au.

If you would like to send us any educational resource articles we could add to the website, we would be happy to receive them.

Send to rtl@rtlust.com

The Facts on Abortions in America during COVID-19 Epidemic

The GOOD and the BAD news



– Eugene Ahern

If killing babies by abortion is not bad enough America's abortionists are making money by doing more abortions fuelled by mothers' fears during the coronavirus pandemic.

While there is good news that five states have banned abortions during the pandemic most US states are allowing abortion numbers to surge fuelled by mothers' fears. In the pandemic most doctors are trying to save patients' lives but abortion doctors are killing babies in increased numbers so making millions of dollars.

Abortions banned as "elective surgery"

Abortionists in Ohio, Texas, Alabama, Oklahoma and Arkansas are fighting in the courts to have bans on abortions which are classified as "elective surgery" lifted. Mothers from Texas are flying across America to get their babies killed in Chicago, Atlanta and Granite City, Illinois.



Texas Gov. Abbott halted abortions

According to research by the Harvard Medical School, the risk of a mother passing on the virus to an unborn baby is very low. "Currently there is no evidence of any fetal malformation or effects due to

maternal infection with COVID-19", the Harvard study reports.

Obviously, the unborn baby cannot possibly be harmed when the mother does not even have COVID-19. Still, abortionists are exploiting the unfounded fears of mothers during this COVID-19 crisis to make even more dollars. Against this grim background, employees at abortion clinics have raised fears not about the extra babies being killed but about their own health and safety concerns while working in abortuaries.

Concerns are growing about the safety and protection of employees at America's biggest abortion clinics chain named Planned Parenthood. Employees at several so called "reproductive clinics" - that is abortuaries - complained about the clinics not providing a lack or, worse still an absence of personal protective clothing and protective equipment being used in medical clinics performing surgical procedures.

Many Planned Parenthood abortuaries do not even have provision for paid sick leave for their employees who contract COVID-19. The clinics not only do not care about the babies they are killing they do not care about protecting the lives of their employees.

Such is their hunger for bigger profits made out of the unfounded fears of pregnant mothers. All this is hard news barely being reported in the mainstream media which like in Australia is so pro-abortion.

Killings in America

A most disturbing fact is that a Californian abortionist is performing abortions in the State of Kansas while being exposed to the coronavirus. This abortionist has not had himself even tested. He is continuing to perform abortions and so expose mothers to the risk of contracting COVID-19 from him while is killing their babies. Such is his total lack of respect for the lives of the babies whom he is killing and also a lack of respect for the lives of their mothers.

American pro-lifers regularly expose unethical and unprofessional conduct by the abortion industry. During this pandemic, the clinic owners are desperately hiring doctors who do not even have state medical registration as doctors. One example is in Wichita, Kansas. An abortionist doctor has been working at a Wichita abortuary without a licence to practise medicine. The woman, Cheryl Chastine had allowed her Kansas medical licence to expire back in 2016. Cheryl Chastine had not renewed her licence so she is practising as an unlicensed doctor.

Furthermore, the abortuary employing her - the Trust Women facility - does not have her name listed on the official abortion consent form as is obligatory under the law in Kansas.

Two normally proabortion media outlets, the huge CNN network and the New York Times are actually stating the facts on the low risk of mothers passing on the virus to their unborn babies. They are trying to support and encourage pregnant mothers not to panic and not to have abortions.

On the dark side, many Planned Parenthood clinics, which claim their purpose is to help women prevent getting pregnant are not even doing what is their main activity. These Planned Parenthood clinics are not providing birth control, contraception, nor any legitimate medical services. No need – they are only doing abortions right now – profiting off the unfounded fears of mothers.

This is a window into the supposed "pro-choice industry". They are taking the money for abortions, killing the unborn babies and sending mothers back out into the world to deal with the problems which led the mothers to come to the clinics.

Fortunately, pro-life groups are increasing their work to support pregnant mothers during this COVID-19 crisis and then help the mother and their newborn babies. A US national prolife support group Embrace Grace in Texas is organising baby registries, virtual social gatherings of pregnant mothers and financial and accommodation support for mothers. They report increased demand on their services.

The well-known "Love Line" founded by the American Abby Johnson reports of a Texan pregnant mother who changed her mind and decided to let her baby live and not have the baby killed. The reason she changed her mind? She learnt of Texan Governor Greg Abbott's order halting elective abortions. Governor Abbott is saving many babies.

RTL
THE RIGHT TO LIFE AUSTRALIA INC.

www.righttolife.com.au
Follow us on @RightToLifeAust
on Facebook and Twitter..