

Right to Life of Michigan Annual Conference Will Meet in Kalamazoo on September 21.

WMU's Fetzer Center Picked as Conference Site.

Right to Life of Michigan announced that will hold its 44th annual state conference this year at Western Michigan University's Fetzer Center on Thursday, September 21 between 9 am and 3 pm. This is a great honor to showcase WMU's campus and conference center. We know Kalamazoo is a great place to visit. Now we can show off one of the premier conferences centers in the state to our pro-life friends and neighbors all over Michigan. Because of the close proximity, Kalamazoo Right to Life members and other local pro-lifers can take advantage of the short drive to enjoy the conference, meet people from other affiliates, hear great speakers, attend workshops, and enjoy a wonderful lunch.

After many years of having the conference held in Lansing, it is exciting to have it held in our own backyard. Please take advantage of this golden opportunity of seeing the strongest pro-life group in the nation in action. Michigan did not become the great pro-life state on its own. A lot of hard work made it happen, and Right to Life of Michigan is the main reason for the successes the past 40 years.

Guest speakers include Sarah Zagorski, the Executive Director of Colorado Citizens for Life, and Mary Rathke, the President of HELPeople. She will speak of her life experience of being conceived in rape. Workshop speakers will include RLM's Legislative Director Ed Rivet, and Nevada Right to Life President Melissa Clement.

The cost is \$25 for students, \$55 for individuals, \$45 for groups of four or more people. The price includes a continental breakfast and lunch. The deadline for registration is September 5, 2017.

The cost increases to \$65 after September 5. Anyone interested can register by going to the RLM website: rtl.org. Scroll down the menu on the left. At the bottom is the link to the conference and registration. For more information contact the Kalamazoo Right to Life office at 269-372-8123 or Rob Karrer (269-599-4954).

Kalamazoo Right to Life Annual Meeting Monday, September 18.

This year Kalamazoo Right to Life will hold its annual meeting in a different format from past years. On Monday, September 18 we will hold an open board meeting. All KRTL members are welcome to attend. The meeting will start at 5:30 pm. and end between 7-7:30 pm. We will meet in the lower level of the Alternatives of Kalamazoo building. This is your opportunity to join in the discussions, voice grievances, ask questions, and make suggestions. Perhaps some of you may come and be inspired to join the official board as well. We will also be conducting the election for our KRTL board officers for 2017-2018.

President: Rob Karrer
Vice President: Geneva Crawford
Treasurer: Stan Carra
Secretary: Ann Brissette

Everyone is welcome. We value your involvement.

Gov. Snyder vetoes Choose Life License Plate Law

In June the Michigan House and Senate approved a bill that would allow the state to issue license plates with a "choose life" message. The bill stipulated that plates could be purchased for an additional \$35, of which \$25 would go to the Choose Life Fund, and the balance would go to the state. The Choose Life Fund would distribute the money to organizations and projects that provide support for pregnant women, promote adoption, and suicide prevention educational efforts. Unfortunately, Governor Snyder vetoed the bill. Because neither House nor Senate have the votes to override the veto, the bill is now dead.

Pro-life News Round up

Oregon Passes Radical Abortion Law

In early July the Oregon legislature passed the Reproductive Health Equity Act. It would enshrine the right to abortion in state law. It would require insurance providers to cover 100 percent of all related services: contraception, vasectomies, prenatal and postpartum care, abortion, screenings for reproductive cancers and STIs, and counseling for survivors of domestic violence.

The bill covers sex-selection and partial-birth abortion. The bill would allocate \$500,000 over the next two years to expand cost-free reproductive health coverage to cover illegal immigrants who are currently ineligible under the Oregon Health Plan.

Oregon is already one of the most pro-abortion states in the US. It has no informed-consent law, no waiting periods, and no parental notification laws. State health officials provide virtually no supervision over abortion clinics. This new law just adds one more layer of protection for unlimited abortion rights.

Pro-Abortion Lawmakers Still After David Daleiden

Ever since pro-life activist David Daleiden and his Center for Medical Progress secretly taped conversations of Planned Parenthood officials about selling fetal body parts and extracting whole babies for fetal research labs, the pro-abortion community has been on a relentless campaign to destroy Daleiden and send him to prison. Immediately after the 2015 release of the videos, authorities in Texas began investigating PP for its questionable policy. Instead, investigators turned their focus on Daleiden. In 2016 all charges against him were dismissed. That year the state of California accused him of taping individuals without their consent and for making a false driver's license. That suit was also dismissed in 2017 on a technicality: the state did not provide specific documentation and dates of the alleged crimes. In June, the California Attorney General reissued the indictment and submitted the necessary evidence. Attorneys for Daleiden and Sandra Merritt, his co-defendant, claim that the attorney general's office has colluded with PP, and that its actions are politically motivated.

RLM Legislatives Goals for 2017

The following are some of the main pieces of legislation that RLM and pro-life lawmakers are focused on in 2017.

- 1. Heartbeat/Miscarriage Awareness Act:** the bill would require that prior to an abortion, the abortionist must attempt to confirm a fetal heartbeat. If one is detected, the woman must be offered the opportunity to hear the heartbeat. If one is not detected, she must be informed of the rates of miscarriage before and after a heartbeat is detected. This information will allow women the chance to avoid an unnecessary surgery and risk to her health if she has an elevated probability of miscarrying the baby. It also means that she will not have to pay out-of-pocket expenses versus treatment for a miscarriage which every insurance plan would cover.
- 2. Abortion Pill Reversal Protocol:** Since 30 percent of all Michigan abortions are chemical procedures (RU 486), this bill would require that prior to receiving the pill,

women be given information about the Abortion Pill Reversal protocol. The APR protocol is used, the chances of saving the pregnancy rises to over 50 percent, and maybe up to 70 percent.

- 3. Prenatally Diagnosed Conditions Awareness Act:** When parents receive the heart-breaking news that their unborn child has a life limiting condition, the Act would require that parents receive accurate medical information of the child's condition and also information about support groups associated with those conditions. It would include prenatal hospice services. The bill would establish a monitored website containing life affirming information.
- 4. Abortion Provider Funding Ban:** The bill would redirect state and federal funds from Planned Parenthood and other abortion providers. This legislation is on hold until Congress passes a defunding law at the national level.
- 5. Choose Life License Plate:** See page one.

Planned Parenthood's Annual Report: Declining Services, Abortions Increase

By Rob Karrer

In May, Planned Parenthood released its annual report for 2015-2016. What emerges from the data should come as no surprise. Services are down and abortions are up.

According to a June 4 article in the *Washington Examiner*, the abortion giant reported that since Cecile Richards became PP president in 2006 there has been a 22 percent decrease in the number of patients served. Cancer screenings have dropped 66 percent. Breast exams have decreased 63 percent. Total services are down 6 percent. Meanwhile, the number of abortions has increased by 13 percent and federal funding has gone up almost 65 percent. And while pro-life lawmakers have been trying to defund PP, the group moans and wails that it cannot survive without taxpayer assistance. Yet, since 2006 their total revenue has increased 33 percent. The data proves that while PP is helping fewer women they are making tons of money, most of which comes from its extensive network of abortion clinics and the taxpayer.

The *Examiner* took a closer look at PP of the Heartland, the Iowa affiliate with offices and clinics in four mid-western states. "As PP/Heartland gained more taxpayer funding, they dramatically reduced their non-abortion health care services. According to PP/Heartland's reports, between 2012 and 2015, the number of breast exams decreased by 69 percent; the number of pap smears performed decreased by 56 percent; and their total number of patients served decreased by 37 percent. Meanwhile, despite closing half of their clinics, [Heartland had 37 clinics in 2012, 26 in Iowa. PP voluntarily closed half of the Iowa clinics by 2015] the percentage of total patients...who were there for abortions grew from 9 percent in 2012 to 11 percent in 2015."

At the national level PP performed 328,348 abortions in 2015, up 4,349 from what it reported in 2014. When combining all pregnancy services (abortions, prenatal care, miscarriage services, and adoption referrals), abortions accounted for 96 percent of services to pregnant women. Prenatal services are down 46 percent from 2014, and are down 77 percent from 2009. Even contraceptive services have decreased 4.6 percent since 2014. The total number of patients visiting PP fell from 2.5 million in 2014 to 2.4 million in 2015.

Interestingly, according to the 2010 Census there were 73,873,000 women between the ages of 15 and 49. Yet, somehow we are expected to believe that 20 percent of all women will use PP for some reproductive service in their lifetimes. I'm no mathematician but I don't see how 2.4 million patients translates to 20 percent of almost 74 million women.

Smoke and mirrors. Meanwhile the mainstream media buys into everything PP states, no questions, no curiosity?

In addition to praying privately, with friends, or at church, below are opportunities to join others around the nation and the world in praying for an end to abortion.

Sept. 9, National Day of Remembrance for Aborted Children:
Go to www.abortionmemorials.com for more information.

Sept. 27- Nov. 5, 40 Days for Life - Although there is no official fall campaign for Kalamazoo, you are still encouraged to pray in front of our local Planned Parenthood.

Oct. 1, Life Chain 2017 - If your church doesn't have a station, join any group along Westnedge Ave and Milham Ave for an hour (2:30pm - 3:30pm) of silent, prayerful witness against abortion.

Also, please save the date, **Jan. 22, 2018**; Kalamazoo Right to Life will host a memorial commemorating the lives lost to abortion.

PRESIDENT'S CORNER BY ROB KARRER**Charlie Gard Dies After Parents Fight for His Life**

By now most people are aware of Charlie Gard, the almost one-year old British baby who suffered from a rare genetic disorder and died on July 28. Charlie had been in a London hospital since October hooked to a ventilator. The hospital decided that the boy's condition was irreversible and believed that Charlie be allowed to die a natural death. Chris and Connie Gard located a specialist in the US who was willing to treat Charlie. The hospital and the courts rejected the Gard's request to transport the boy to America for experimental treatment. On July 18 Columbia University neuroscientist Dr. Michio Hirano met with doctors at Great Ormond St. Hospital to explain the treatment. He was unable to convince the hospital that he could help Charlie. The story took another twist on July 19 when Congress gave Charlie temporary US

citizenship so that his parents could bring the boy to America. Chris and Connie Gard called into question the hospital's imposition into parental rights.

Did not Charlie deserve every chance for life? When does a hospital bureaucracy have the right to deny parents the right to be parents wanting the best for their child? The medical treatment the Gard's sought for their son may have worked. On the other hand, Charlie's condition was very serious and there was the likelihood that he would have died anyway. That is the nature of medicine and of life itself. But society should not prevent parents from making every effort to give children in this situation the chance and hope for a better future (however short). I commend the Gard's for seeing in Charlie great value and worth. He too, was made in the image of God. As we all are.

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