

is "medically necessary" to save a woman's life, said Dr. Anthony Levatino — an obstetrician-gynecologist and board member of the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG) — in an interview with Live Action.

Levatino, who worked at one of the top high-risk obstetrics hospitals in America for nine years, said he's "saved hundreds of women from life-threatening pregnancies" through early induction and C-sections, never once having to deliberately kill a child in the process.

Still, pro-abortion activists and their media allies flaunt stories of medical emergencies as grounds for abortion legalization while disregarding that the vast majority of abortions occur on physically healthy babies and mothers. Instead of working to find viable solutions for the small percentage of women facing emergency situations, radicals would rather keep abortion legal and allow hundreds of thousands of healthy babies to be killed annually.

A recent NPR story stirred public emotion with the story of Elizabeth Weller, a Texas mother whose water broke at 18 weeks. In this case, there was a major health concern when she was told she could not abort her still-living, but terminal, baby due to Texas heartbeat laws. The child, she was told, could give her a dangerous infection — but the unborn baby still held a "strong" heartbeat.

Because delivery was induced rather than the baby aborted, Weller actually got to see and hold her child. A terminal diagnosis for an unborn child is always tragic and traumatic, but would an abortion have made it less so?

Additionally, even with the health concern, abortion was never Weller's only option and was not

necessary in the first place. Plenty of OB-GYNs have attested it never is.

"A physician can always separate the mother and the baby in a way that gives them both the best chance possible," wrote Lila Rose of Live Action and Dr. Donna Harrison, OB-GYN and executive director of the AAPLOG.

In the Dublin Declaration, more than 1,000 doctors and maternal health care experts signed this statement:

As experienced practitioners and researchers in obstetrics and gynaecology, we affirm that direct abortion — the purposeful destruction of the unborn child — is not medically necessary to save the life of a woman.

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Eventually, when Weller began to show more severe signs of medical distress, she was induced and gave birth to a stillborn daughter. As Weller recalls:

They laid down this beautiful baby girl in my arms. She was so tiny. And she rested on my chest. ... I looked at her little hands and I just cried. And I told her 'I'm so sorry. I couldn't give you life.'

There are other ways to handle true emergencies, even in later-term stages of pregnancies when they often crop up — ways that don't require torturous poisoning or dismemberment of an unborn child.

In the case of Weller, it was possible to address her medical crisis and save her from harm without conducting an abortion. As Levatino described, C-sections and early induction are effective options for treatment. Although the baby did not live, Weller's early induction avoided the willful taking of human life.

Of course, the fact that Weller was forced to wait indefinitely while she was in pain and at risk, is troubling. State lawmakers and health care boards must clarify what constitutes the need for early induction so doctors can address situations like Weller's quickly and consistently.

Because *Roe v. Wade* was overturned only a year ago, there will, unfortunately, be a medical learning curve. But that does not mean we scrap the plan to reinstate legal abortions for any reason at any time.

No matter what they say, pro-aborts will not stop at allowing abortion strictly in the case of emergencies — only zero restrictions will do for these folks.

But abortion is always wrong, for any reason, at any time.

More than 32,000 babies are alive today because *Roe v. Wade* was overturned, and OB-GYNs like Levatino and Harrison who signed the Dublin Declaration have determined, in their years of experience, that abortion is never necessary to save a woman's life.

The argument for making abortion illegal is much stronger than its counterpart.

Ericka Andersen is a freelance writer and the author of *"Reason to Return: Why Women Need the Church & the Church Needs Women."* She is a columnist for *World Magazine* and reporter for *Christianity Today*.



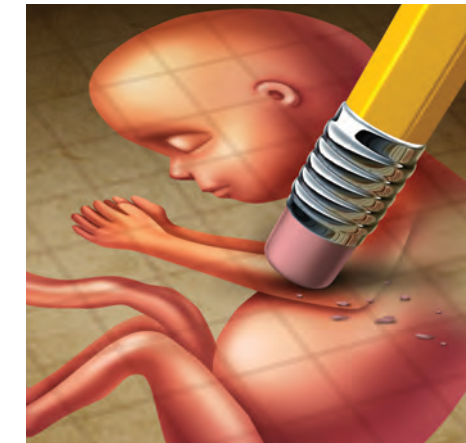
Cambridge Right to Life • 10 Water St., S., Unit 102 Cambridge, ON N1R 3C5 • 519.623.1850 • cambridgerighttolife@gmail.com • cambridgerighttolife.ca

ABORTION: A PHYSICIAN'S STORY

By Dr. Shelly Theobald (<https://rtl.org/abortion-a-physicians-story>)

As many of you know or can at least tell by my Facebook page, I am not one to "post" much and generally consider myself a non-Facebooker. Since first learning about the new legislative laws being passed on abortion in New York, I was immediately reminded of a wise friend's words, to me, 5 years ago as she urged me to make "my story" public. She stated that prior to hearing about my experience, she knew very little about what actually happens in an abortion and believed that most people do not understand and likely do not even think much about the actual abortive procedure.

She strongly felt that everyone should be made aware of what actually happens in an abortion and that only through education can there be change. At the time, I shrugged it off. I did not grow up in the United States and try to stay out of politics and social media as much as possible. But I do have a story: a story that still makes me feel sick and want to cry, 8 years later. I am



not sure it will make a difference or even be read by more than just my family and friends, but that is no reason to not speak out.

I was in my 3rd year of medical school in Beer Sheva, Israel and was excited to be starting my obstetrician and gynecology rotation at Soroka Medical Center. One day, we were told that we would be rotating through several clinical exam rooms to experience the various "fields" of OB/GYN.

I was switching with my classmates to enter a room where a "procedure" was taking place. There was a pregnant lady lying on a standard OB/GYN exam bed who was apparently consciously sedated. Next to her was an ultrasound machine and I smiled as I saw a baby about 17 weeks gestation floating peacefully in its amniotic sack, it's tiny heart beat flickering on the monitor screen.

I still had no idea what the "procedure" was until suddenly I saw

a long pointed object come into the triangular view of the ultrasound monitor and I watched in horror as the "tool" suddenly jabbed straight at the little baby. The baby immediately jolted violently as it reacted to the pain of the stab. I could not move: I felt paralyzed, dumbfounded. I remember thinking, "This mother needs to wake up and see what they are doing to her baby! She needs to know!"

The stabs kept coming and the baby continued to reel, its little arms and legs flailing and punching in the amniotic fluid as it fought to survive. It felt like an eternity but finally the movement stopped. The stabs kept coming, but the life was gone and the struggle was over. The little hands that only moments earlier seemed to wave at me from the ultrasound monitor were severed off!

Bit by bit, the baby was cut into indistinguishable pieces of tissue and the skull was crushed. Next came the vacuum, and as the doctor who performed the "procedure" pulled out the pieces of conception, I heard him chuckle. He turned to us, and with a grin I will never forget, he held up one of those tiny, perfect hands with forceps and reached it out to each of us saying, "high five, high five," and laughed each time! I looked at him with disbelief!

After my shock wore off I asked why the mother had chosen to have an abortion and he replied with a shrug that he was not sure, but said

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CAMBRIDGE
RIGHT to LIFE

APRIL 2023

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Insert: Ban Mifegymiso postcard
Walk for Life sponsor sheet



WE CAN SAVE A WOMAN'S LIFE WITHOUT ENDING HER UNBORN CHILD'S

BY: ERICKA ANDERSEN

[thefederalist.com/2023/07/31/
we-can-save-a-womans-life-without-ending-her-unborn-childs](https://thefederalist.com/2023/07/31/we-can-save-a-womans-life-without-ending-her-unborn-childs)

More than 1,000 OB-GYNs and health care experts have determined, in their experience, that abortion is never necessary to save a woman's life.

A recent report reveals there were more than 32,000 fewer abortions in the six months following the overturning of *Roe v. Wade* when compared to the average number of abortions performed in the months before the decision. Despite these many lives saved, pro-abortion activists say we need legalized abortion to save the lives of women.

Is abortion *needed* to save the lives of women? The data says no.

Even back in 2013, a study to determine "why women seek abortion in the US" found that only 12 percent of women cited "health-related reasons" for their decision to abort. These "reasons," though,

could be anything from back pain to mental health concerns — many times a far cry from "medically necessary." In fact, this study found that the "most frequently mentioned theme" mothers referenced for ending the lives of their unborn children was related to finances.

The reality is that women don't require abortion to save their lives. As of January 2023, the Charlotte Lozier Institute found that only 0.2 percent of abortions occurred due to "risk to the woman's life or a major bodily function" (emphasis mine).

"Nothing could be further from the truth" than the idea that abortion

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if he remembered right, she had possibly been exposed to a varicella zoster (the chicken pox), and therefore wanted an abortion. He shrugged again, then under his breath, he said, "you know, everyone needs their excuse," and left the room.

I have no idea what that young mother was going through or her reasons for wanting an abortion. I have no idea what she was told about abortion or if she had the procedure explained to her in any detail. I do not write this to judge or condemn this mother or any other mother. I only want to create awareness because I want to believe that if that mother was awake and was able to see her little baby waving to her from the monitor—if she saw the long "tool" and knew that was about to stab her baby to pieces—that she would never have chosen to abort her baby.

I understand this is not always the way babies are aborted, and often, at earlier gestations, chemicals are used. You could argue that chemicals are a more humane way, but even Hitler used "humaneness" to calmly kill Jews in gas chambers. The arguments about

when a life is a life are meaningless to me: that day I witnessed a baby literally fighting for its life, reacting to the jabs of death just like any "live" person would.

I do not claim to be political. I am neither a Democrat nor a Republican, as I do not like to be boxed in to any belief system and instead prefer to form my own. On one hand I am entirely against abortion in any form (with the exception of the extremely rare cases that you can ask me about), yet I also strongly believe in the necessity of social service programs to help that mother and her new baby. More than anything, I am prolife and believe that the little baby I saw stabbed to death that day had a right to say no!

Shelly Theobald, MD
Family Medicine with an emphasis in OB

Note: Varicella-zoster is a "TORCH" infection and could potentially cause harm to a baby in utero. If the mother had actually contracted the virus—not just been exposed—there would have been about a 0.5-2% chance of the baby having birth defects.

CONTACT MINISTER OF HEALTH

In our last newsletter (April 2023) we told you about the tragic death of a 19 year-old Canadian woman who died last year from septic shock after taking Mifegymiso to abort her pre-born child. Abortion advocates claim the abortion pill is "safer" than many widely consumed medications, including Tylenol, but in reality it has many risks for complications, including *fatal* sepsis.

The Mifegymiso product monograph warns of several serious potential complications associated with the use of the drug, including "serious and sometimes fatal infections or bleeding." See monograph warning (above).

How such a dangerous drug can remain on the market is beyond us. That's why we're asking you to contact the Federal Minister of Health to demand that this licensed drug be banned in Canada. Please fill out the enclosed postcard (sample pictured below). Postage is FREE!

FROM: _____

TO: Minister of Health
House of Commons
Ottawa, ON
K1A 0A6

ADVERSE EVENT #001010083

WHAT IF SHE HAD BEEN YOUR DAUGHTER, YOUR SISTER, YOUR FRIEND?

- Serious report - Serious
- Death - No
- Age - 19 years
- Gender - Female
- Report outcome - Fatal
- Product description - Mifegymiso
- Health Product Name - Sepsis
- Disease Name - KS
- Adverse Reaction Term - Septic Shock

CANADA MUST BAN MIFEGYMISO!

Dear Health Minister,

On July 4th 2022 a nineteen year old TEENAGER DIED FROM SEPTIC SHOCK having taken the first drug in the MIFEGYMISO KIT. Her life and death reduced to "01010083" in an adverse event report. Her tiny preborn child's life also ended that day - although it seems of no concern to many. Where is the outcry for this teenage girl? Her untimely death, by a licensed product is a tragedy. Medical abortion has 4 times the rate of serious adverse events compared to surgical abortion and places women's lives and health at significant risk. I demand that Health Canada revoke the licensing of Mifegymiso in Canada. She was someone's daughter, sister and friend, and she deserved better.

PROTECT WOMEN'S HEALTH

#001010083

CANADA MUST BAN MIFEGYMISO!

UPCOMING EVENTS

**CAMBRIDGE RIGHT TO LIFE
WALK FOR LIFE**

September 23, 2023
Registration begins at 9:30 am
Walk begins at 10:00 am

NEW LOCATION
Grace Bible Church
2 Grand Ave. South
See insert for details

**"BEING WITH"
VOLUNTEER TRAINING**

FREE Visitor's Training – Live and on Zoom!
Saturday September 23rd, 2023
10 a.m.- 12 p.m. & 1 p.m.- 3 p.m.

In person Session: Saint Joseph's Church,
409 Paisley Rd, Guelph, ON N1H 2R4

Description: Gain the confidence to journey and visit with those who are suffering, socially isolated, sick, or dying, to renew their hope and purpose in life.

INTERNATIONAL LIFE CHAIN

Sunday, October 1st
2:00 - 3:00 pm
Along Hespeler Road near the
Value Village Plaza
For more info visit
cambridgerighttolife.ca