The Infant Mortality Crisis

by Denise Leipold

Common sense would dictate that underdeveloped countries should have a much higher rate of infant mortality* than countries with advanced medical care. Unfortunately, that is not the case. The infant mortality rate in the United States has been rising, and Ohio has the dubious distinction of being one of the states with the highest rate. Tragically, the infant mortality rate is extremely high especially among black women, and three zip codes in black neighborhoods in the Akron area have some of the highest infant mortality rates in the state.

The primary causes of infant mortality include prematurity, low birth weight and poor prenatal care. At a 2016 community meeting held in Akron to discuss the high infant mortality rates among black women, it was suggested that racism should also be a factor.

On the good side, governmental agencies and affiliated groups are working together to find solutions. On the bad side, the effect that abortion has on infant mortality rates is being ignored.

Studies show that one of the risks associated with surgical abortion is the occurrence of prematurity and low birth weight in subsequent pregnancies. The most likely cause of this is possible damage to the cervix being forced open in a surgical abortion that causes it to be weaker, and increased risk of infection or bleeding in the uterus during subsequent pregnancies because of this. A July 2017 Journal of Maternal Fetal and Neonatal Medicine article referred to a large meta-analysis concluding that prior surgical abortion was an independent risk factor in pre-term birth. In November, 2017, the U.S. Library of Medicine/National Institutes of Health released a study from the Journal of Paediatric Perinatal Epidemiology stating that repeat abortions are associated with an increased risk of adverse outcomes in subsequent birth, and the information regarding the consequences of repeat abortions should be significant in sexual health education. Two years ago, PreventPreterm.org published a summary of more than 100 peer-reviewed published studies that identify abortion as a risk factor for preterm birth.

The city of Akron released information last year which stated that in Summit County, non-Hispanic black mothers were nearly 2.5 times more likely to experience an infant mortality event as opposed to non-Hispanic white or other races. In addition, non-Hispanic black mothers had a 19.4% chance of having a baby born preterm (less than 37 weeks) compared to 12% for a non-Hispanic white mother.

Both Summit County and the city of Akron were provided information by Right to Life of Northeast Ohio regarding abortion data for this same population, yet it has not appeared in any of the data that either group releases at public meetings regarding the infant mortality crisis. Data taken from both the Ohio Department of Health “Induced Abortions in Ohio 2017” report and the United States Census Bureau reveals that blacks make up 14.9% of the population of Summit County yet have 42% of the abortions. That is 2.8 times greater than the amount expected. The particular zip codes in Akron that have the highest infant mortality rates coincidentally also have high abortion rates.

Between 1980 and 2005, the preterm birth rate in the United States increased by 43%, which coincided with the increase in legal abortions. Studies show that the risk increases substantially with multiple abortions.

The government agencies and groups

(Continued on page 4)
Since Donald Trump was elected president, a level of incivility, rudeness, discourtesy and anger has blossomed in this country, manifested mainly by those who do not like him. Award shows, sporting events and other activities which used to provide entertainment have now turned into hotbeds of political commentary supported by liberals and liberal media in opposition to the conservative policies and values proposed by the president. Discussions about political views have turned into accusatory arguments, and conservative values and viewpoints are being chastised and penalized. The confirmation process for Justice Brett Kavanaugh was a political circus. The fact that Justice Kavanaugh could possibly be a deciding vote against the legality of abortion should a case come before the court to challenge Roe v Wade had liberals running to find anything and everything they could to stop him from being confirmed, whether accusations were true or not. The level of irony and hypocrisy that we’ve witnessed can make your head spin. We were told that we had to “believe the women” who accused Kavanaugh of sexual abuse despite the lack of evidence, but at the same time ignore the claims of women who made sexual abuse claims against former president Bill Clinton, Representative Keith Ellison and others. To me, it all boiled down to not whether Kavanaugh was guilty of anything, but to getting rid of him because he could be the swing vote in ending legal abortion.

A group of 97 leaders of the Pro-Choice Caucus and House Democrats, led by Rep. Judy Chu from California, sent a letter to every Senator that “a vote for Judge Kavanaugh is a vote against women’s autonomy and reproductive health.” Do they not see how hypocritical this is? More than 60 million human beings have been killed through abortion since 1973, and I would venture to say that a lot of those killed were females. Were any of those innocent females ever allowed to have autonomy over their bodies, or allowed to be born, develop, and someday be able to reproduce? Human biology is what it is. Women are the vessels that carry and protect a newly developed human being in the womb until birth. No one is denying women their right to reproduce. Women should have autonomy over their bodies, and if they don’t want to reproduce, then they shouldn’t....but make that decision BEFORE a new human being is created. To kill a human being in the womb because you don’t want it is every bit as vile and despicable as killing a human being at any stage of development from birth through natural death.

It’s been said that if you tell a lie long enough, you’ll start to believe it’s the truth. I firmly believe that is what has happened in our society. So many lies about life issues have been told that people really believe them.

• **The real truth** is that life begins at conception. The newly created life is a human being, not a blob of tissue.

• **The real truth** is that abortion kills a human being.

• **The real truth** is that abortion not only kills a human being, it can harm the mother both physically and psychologically.

• **The real truth** is that abortion can increase a women’s risk for breast cancer. We have the medical studies, but they are being ignored and women seeking abortion aren’t being informed.

• **The real truth** is that abortion can increase the risk of infant mortality in subsequent pregnancies. We have the medical studies, but they are being ignored, and women seeking abortion aren’t being informed.

• **The real truth** is that abortion is NOT reproductive healthcare. For both the child and the mother, it is anti-reproductive health endangerment!

• **The real truth** is that society has swallowed a bill of goods when it comes to the value of human life. When it comes to the unwanted preborn, those with perceived disabilities or abnormalities or those facing the end of life, we’ve been taught that it is compassionate to end that life. Nothing could be further from the truth.

Until we can undo the lies that are being taught, and until every single human being is given the right to life from conception through natural death with no exceptions, we’ll keep on fighting to make that happen.

For Life,
Denise Leipold, *Executive Director*
Assisted Suicide in the United States

Spurred on by advocacy groups like the Society for the Right to Die, The Hemlock Society, Concern for Dying, and Compassion & Choices, six states have passed “Death with Dignity” legislation, contributing to over 2,500 deaths through 2017, as indicated in the table below, based on state annual reports.

<table>
<thead>
<tr>
<th></th>
<th>Reporting Period</th>
<th># of Years</th>
<th># of Suicides*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oregon</td>
<td>1998 - 2017</td>
<td>20</td>
<td>1,275</td>
</tr>
<tr>
<td>Washington</td>
<td>2009 - 2017</td>
<td>8</td>
<td>867</td>
</tr>
<tr>
<td>California</td>
<td>6/2016 - 2017</td>
<td>1.67</td>
<td>374</td>
</tr>
<tr>
<td>Vermont</td>
<td>5/2013 – 6/2017</td>
<td>4</td>
<td>29</td>
</tr>
<tr>
<td>Colorado</td>
<td>2017</td>
<td>1</td>
<td>45</td>
</tr>
<tr>
<td>Hawaii</td>
<td></td>
<td>Law takes effect 1/1/2019</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td></td>
<td></td>
<td><strong>2,590</strong></td>
</tr>
</tbody>
</table>

Why Assisted Suicide is Bad Policy

1. Assisted suicide is fundamentally a moral/religious issue. But opponents simply assume it is a right without articulating a coherent philosophy why this is so. They assume that there is nothing after death, and that the individual’s final act has no eternal consequences.

2. Assisted suicide undermines the purpose of medicine: to heal, reduce pain, and save lives. It may retard work to discover new cures and improve palliative care. Moreover, existing and proposed laws require doctors and coroners to lie. That is, they are required to list the cause of death as the underlying condition that prompted the request for assisted suicide, and cannot list it as suicide.

3. Once the law is passed, doctors will be under pressure to assist at suicides themselves, or to refer for it, even if it violates their conscience. Some proposed laws require this participation or referral.

4. Legal assisted suicide also poses other ethical questions for doctors. Will some forego referring patients for a second opinion where a potentially curable malady exists and just prescribe a fatal drug? Should those who choose suicide be considered prospects for organ donation? The waiting lists are long.

5. Legal assisted suicide suggests that some persons are experiencing “a life not worth living.” Therefore, those with various maladies may be judged selfish if they do not choose it, and be seen as putting a burden on relatives, caregivers, and society.

6. Given rising costs, there have already been several cases of persons being denied required drugs or treatment, while being offered suicide instead.

7. Proponents of “physician-assisted suicide” (PAS) have suggested it would reduce the rate of other suicides. However, a 2015 study looking at “How Does Legalization of PAS Affect Rates of Suicide” in the Southern Medical Journal found that legalizing PAS was associated with a 6.3% increase in both types of suicide, and a 14.5% increase in individuals older than 65.

8. Finally, history’s clear lesson from nations such as the Netherlands and Belgium and our own states make two things clear. First, so-called safeguards built into initial laws (if they exist at all) are quickly ignored. Secondly, once we allow people to kill themselves, or to kill others motivated by “mercy,” the circle of who dies and the reasons justifying killing continue to expand. Thus, the “terminally ill” justification soon expands to include the elderly, the disabled, the mentally ill, and children. If dying is seen as an individual right, who can be denied it?

For more details on this topic, see our Winter through Summer issues.
The Ohio Department of Health released its annual report, *Induced Abortions in Ohio, 2017* in September. Statewide, total reported abortions increased by 1.6% from 20,672 in 2016 to 20,893 in 2017. Most of this increase was accounted for by a 13.2% increase in non-resident abortions, with just a 0.4% increase in Ohio resident abortions. Total abortions yielded a daily average of 57.2 abortions.

Results were even better for our local area. Abortions for residents of Medina, Portage, Stark, Summit and Wayne counties, those most likely to use the two abortion facilities in our area, were down by 4.9%. While there are probably other reasons for this decrease, the closing of the Akron abortion facility in July, 2017 was a contributing factor. Our media campaign, in concert with area pregnancy help centers, probably also contributed. This campaign recorded 10 “saves” in recent months.

**Client Characteristics**

Following is a summary of characteristics of women obtaining abortions in 2017:

- **Age**: Under 20, 10.0%; 20-24, 30.3%; 25 and over, 59.8%.
- **Race**: White, 47.8%; Black, 39.9%, Other, 7.2%; Not Reported (NR), 5.1%.
- **Education**: High School or less, 48.2%; Some college, 32.1%, College or higher, 13.6%; NR, 6.1%.
- **Marital Status**: Never Married, 72.2%; Married, 10.9%; Separated, Divorced, Widowed, 7.6%; NR, 9.3%.
- **Number of Living Children**: None, 36.5%; One, 25.4%, Two or more, 37.1%; NR, 1.0%.
- **Number of Prior Abortions by Ohio Residents**: None, 58.1%; One, 24.7%; Two or more, 15.9%; NR, 1.3%.
- **Using contraception at the time of conception?** Yes, 21.1%; No, 60.2%; NR, 18.7%. Of those reported: Yes, 25.9%; No, 74.1%.

**Observations**

Four observations may be made about these data. First, many men and women are not exercising their legitimate right to control their own bodies. Although they do not wish to become parents at this point in their lives, they engage in an activity that can have that result, whether or not they are contracepting. Having failed to control their own bodies, they resort to destroying the body of the human being they have conceived.

Second, as is true nationally, blacks in Ohio are overrepresented in the abortion count. Although they make up only about 12.8% of Ohio’s population, they account for 39.9% of its abortions, some 3.1 times more than their population numbers would lead one to expect. Ironically, those who believe “Black Lives Matter,” and work to reduce Black abortions are accused of racism.

Third, the fact that about three-quarters of women aborting were not using contraceptives when they conceived, and that some 62% had one or more children, suggests that many use abortion as birth control.

Fourth, it appears that our sex education and contraceptive approach to curbing unplanned pregnancies is not working, even with relatively well educated, adult persons. Almost 60% of these women were 25 years of age or older, and some 45.7% of them (and presumably most of their partners) had at least some college. We did much better earlier in our history when our accepted norm was “wait until marriage.” (See this issue’s article on the “Consequence of Sexual Norms,” page 5.)

Most of us have worked putting together “some-assembly-required” furniture and toys. We learned that if we did not follow the manufacturer’s instructions, we ran into trouble. As we live our lives, we should remember that God is the manufacturer, and not following His instructions will also result in problems.

---

*Infant mortality refers to the death of children before their first birthday.*

For more information (including references) about this topic, visit our website, click on "Issues", then "Abortion", then scroll down to the following articles:

1. Evidence That Legal Abortion Increases Health Risks for Future, Wanted Children
2. Legal Abortion Harms Women and Endangers Their Future Children: Why Aren't Women So Informed?
3. Impact of Abortion on the Black Community
Do Comprehensive Sex Education, Modern Contraceptives, and our “Be Protected” Norms Work?

In 1940, 20 years before the “pill” and other modern contraceptives, and before sex education in the schools, when our generally accepted cultural norm was “wait until marriage,” the U.S. government reported that the percent of births to unmarried women was 3.8 percent.

In 2016 (latest data available), with the pill and other modern contraceptives, with sex education in the schools, when the norm for many seems to be “do what you will, as long as it’s consensual, but be protected,” the U.S. government reports that the percent of births to unmarried women was 39.8%. By ethnic group, this breaks down to:

- Whites 28.5%,
- Blacks 69.8%,
- American Indians/Alaskan Native 68.1%,
- Hispanics 52.6%,
- Native Hawaiian/Other Pacific Islanders 47.8%,
- Asians 12.0%.

The Guttmacher Institute reports that in 2011, 45% of all pregnancies among U.S. women were unintended, and in 2014, 51% of abortion patients were using a contraceptive method in the month they became pregnant, most commonly condoms (24%) or a hormonal method (13%).

In 1966, the last year before the states began to pass more permissive abortion laws, the most comprehensive study done indicated there were some 125,000 abortions (legal plus illegal) in the U.S. The government reported there were 3,606,000 births in the same year, meaning that for every abortion, there were 28.8 births. In contrast, in 2014 (latest year available), the Guttmacher Institute reported that there were some 926,200 abortions. In 2014, births numbered 3,988,076 or only 4.3 births for every abortion. Abortions peaked at 1,608,600 in 1990, with births at 3,290,273, or only 2.04 births for each abortion.

Finally, an August 28, 2018 report by the Centers for Disease Control and Prevention indicates nearly 2.3 million cases of chlamydia, gonorrhea, and syphilis were diagnosed in the U.S. in 2017, with increases overall taking place for the fourth consecutive year. This included:

- Gonorrhea diagnoses increasing by 67 percent;
- Primary and secondary syphilis diagnoses increasing by 76 percent, with some 70% of these occurring among gay and bisexual men, where partner’s sex was known;
- Chlamydia cases diagnosed were 1.7 million, with 45 percent occurring among 15-24-year old females.

Our national programs of “comprehensive” sex education, widely available contraception and norms of “do what you want, but be “protected,” have failed miserably. Human beings make their own culture. Hence, it is possible for men and women to once again control their own bodies and wait until marriage, which will result in fewer sexually transmitted diseases and fewer abortions.

To view the this article including references, visit our website, click on “Issues”, then “Contraception”, and scroll down to the article.

---

Keep Christ in Christmas

and help save a life by supporting Right to Life of Northeast Ohio!

Share your faith! Right to Life of Northeast Ohio will once again be offering these 4’ tall yard displays for sale during the holiday season. A portion of all proceeds benefit our lifesaving mission. For more information or to purchase, visit our website.
Our work goes on....

On a very rainy September 8, more than 100 people attended the National Day of Remembrance for Aborted Children we sponsored at Holy Cross Cemetery in Akron. Participants included RTLNEO Executive Director Denise Leipold, Fr. Norm Douglas (St. Vincent Church), Pastor Daren Brake (House of the Lord), Lt. Gov. Mary Taylor, State Rep. Kristina Roegner, KSU Students for Life President Klara McKee, Planned Parenthood survivor Michelle Welden, musicians Jeff & Kira Andrea, and the Knights of Columbus.

Sarah’s Vineyard was the setting on September 10 for the movie “Fatal Flaws” about the threat of assisted suicide and euthanasia. Hosted by Right to Life of Northeast Ohio and Cleveland Right to Life, participants enjoyed the vineyard’s delicious wine and wood-fired pizza. Far right: Denise Leipold (RTLNEO Executive Director), Alex Schadenberg (Euthanasia Prevention Coalition Executive Director, and “Fatal Flaws” producer), Molly Smith (President Cleveland Right to Life.)

On September 25, Cecile Richards (former Planned Parenthood president) spoke at the Hudson Public Library. More than 80 people endured a torrential downpour to peacefully protest outside. Another 250 plus held a prayer service at St. Mary’s Church, and then were part of a Eucharistic Procession from the church to the library. More than half of the attendees inside at the event were pro-life supporters who sat in silent protest for the more than 3.5 million children who were killed through abortion during Richard’s tenure as president. The protest was a joint effort by Right to Life of Northeast Ohio, Cleveland Right to Life, Cleveland Prays for Life, Silent No More, St. Mary’s Catholic Church/ Hudson area churches and Students for Life.

Left: On September 10, Denise Leipold and many pro-life supporters testified before Summit County Council in opposition to the council resolution to support Planned Parenthood to receive Title X funds. The resolution passed despite overwhelming opposition, but will have no effect on the federal ruling.

Right: As part of “Respect Life” month, Denise Leipold spent the day at St. Vincent/St. Mary High School teaching apologetics and a philosophical approach to life to all the freshman theology classes.
Right to Life of Northeast Ohio will be hosting a one day trip to Washington, DC for the 2019 March for Life.

Our tentative schedule is as follows:

- Depart Akron at 12:00am, January 18, 2019. Parking is available in the Tangiers parking deck at 532 West Market in Akron. The bus will leave from in front of Tangiers.
- Arrive in Washington DC, approximately 8am at DAR Constitution Hall for annual National Prayer Service with Fr. Frank Pavone and other national speakers.
- March for Life Rally: 11:30am
- March for Life: 1:00pm followed by possible receptions at the Capitol or Congressional/Senate offices
- Depart Washington DC at approximately 5:30pm
- Return to Akron (Tangiers parking deck) at approximately 1am on January 19.

Cost of trip: $50 per person

Seating is limited. Reservations must be received by November 30, 2018.

For more details and/or online reservations, visit: www.rtlofneo.com/march_for_life_2019 or call our office at 330-762-2785
Our Mission
Protecting the sanctity of human life from conception through natural death...NO EXCEPTIONS

The Main Issues
Abortion
Embryonic Stem Cell Research & Cloning
Euthanasia & End of Life Decisions

Our Goal
Building the Culture of Life

Our Strategies
Educate with the facts concerning life issues
Legislate by promoting laws protecting innocent human lives
Advocate as a voice for the voiceless
Unify those seeking to defend life
Multiply our voices to increase in strength

PLEASE HELP US...
...to continue in our fight to protect innocent human life from conception through natural death...
NO EXCEPTIONS!
You can use the envelope enclosed with this newsletter to make a donation by mail

or

CALL
330-762-2785

or

make a secure online donation on our website by clicking on the “donate” tab.

April 6, 2019

with keynote speaker
Kristan Hawkins

Youth For Life of Northeast Ohio
is a program of
Right to Life of Northeast Ohio.
Life Education Fund is a 501c3 affiliate with Right to Life of Northeast Ohio.
Contributions to Life Education Fund are tax deductible under IRS rules.