



THE DIOCESE OF ROCKVILLE CENTRE

Office of Human Life, Family and Bioethics



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February 2022

Dear Friends for Life,

BUILDING A CIVILIZATION OF LOVE AND LIFE

MARCH FOR LIFE 2022

Once again, parishes, schools and ministry coordinators across the Diocese of Rockville Centre made an outstanding effort to bring the message “Life Is Sacred” to our communities here on Long Island. To mark the grim anniversary of *Roe vs. Wade*, our local/virtual March for Life included Masses for the legal protection of the unborn, Adoration, Rosaries, witness in the public square, special presentations, and two rallies—an *amazing* effort by all organizers and an exuberant response by all participants across Nassau and Suffolk counties. See more [here](#).

We did not miss the energetic presence of the young demographic which usually dominates in Washington, D.C. In fact, busloads of students from every Catholic high school in our diocese came to St. Agnes Cathedral for a special rally marked by Mass with Bishop Barres, Adoration, inspirational talks with a mini-rally including prayer on the lawn (our own Mall!), and even a march through the neighborhood! This showcased the best of our youth and represents our hope to build a true Culture of Life.

To all participants: I am grateful for your faithful witness to the sanctity of life which demonstrated a great tenacity and resourcefulness in the pall of COVID-19 restrictions. In the face of adversity, your witness was not diminished, but rather magnified in places where the message is often not heard on this somber day. In some ways, the difficulties of the last two years are a metaphor for a mother facing a challenging pregnancy: do not succumb to fear, hopelessness or despair, for together we can help each other and accomplish more than we can do alone. We are united in Christ Who gives us life! Thank you, thank you, thank you to all who made this a successful local March for Life as well as all the work you continue to do throughout the year to ignite a passion for life in the hearts of Long Islanders!

40 DAYS FOR LIFE

Although much preparation goes into organizing events for the March for Life, we know that one day acknowledging the intrinsic evil of abortion on the anniversary of *Roe v. Wade* is good but not sufficient in our crusade to protect and defend life. So, if we consider the March for Life as a Pep Rally to reignite our spirits and inspire others to join us in this effort, then we know there is hard work ahead of us to witness to the sanctity of life in our every day work. But how?

As many of you may already know, 40 Days for Life (40DFL) is an international, grassroots campaign centered on prayer, fasting, peaceful witness, and community outreach intended to end abortion, most especially at the local level. Its focus is the unborn, as well as conversion of heart for the mothers and the fathers contemplating abortion (and those who regret their decision), the abortion workers, and the community.

40DFL (and the weekly continued vigils by so many) is the natural extension then of the inspiration we derive from the March for Life. It is the hard work of daily practice. Often it is doing what is uncomfortable, inconvenient or seemingly useless at the moment—like an athlete doing innumerable reps, not to score now, but to lay the groundwork and be ready for the game opportunity. Without the athlete's sacrifice and preparation, there is no success on the field. Likewise, without the practice of sacrifice, example and perseverance for the protection of the unborn (so clearly exemplified in 40DFL), there is no conversion of heart and there will never be an end to abortion, let alone the support needed to save a life, one-by-one. Every person who prays, sacrifices and witnesses to end abortion is a lifesaver. I applaud you for this tireless undertaking.

During Lent we are called to prayer, fasting, and almsgiving. What better way than to join in a 40DFL campaign which incorporates all these hallmarks of Lenten preparation? This Lent, be a lifesaver and make an effort to join a local 40DFL campaign. One hour, one day a week. You will not regret it.

There are several campaigns across Long Island. Please join us for Kick-off events in Hempstead, Patchogue, and Smithtown this weekend and next. For information about the Kick-Off events and joining a campaign please see announcements in the main body of the newsletter.

“Take courage! Do not let your hands be weak, for your work shall be rewarded”

2 Chronicles 15:7

WALKING WITH MOMS IN NEED

Almost two years ago, the USCCB initiative “[Walking with Moms in Need](#)” was launched, but as with most things, progress was thwarted by the pandemic. It is time now to reinvigorate those efforts.

What is Walking with Moms in Need (WWMIN)? WWMIN is an initiative to identify, expand, develop, streamline, and promote resources to assist pregnant women and families in need. Obviously, this process takes some time and effort, but many of the programs already exist and merely need our coordination and promotion. Indeed, a primary goal of this effort is ***to ensure***

that everyone in a parish community knows exactly where and how to refer a pregnant mom to the help she needs to have the confidence and support necessary to give her child life. Moreover, we want every woman facing a challenging pregnancy, whatever the circumstances, to know she is not alone.

If the March for Life is like a Pep Rally that inspires a passion to win, 40DFL the daily sacrifice of practice that prepares us for success, WWMIN ushers us to the Finals game that brings us to victory – where we finally see the fruits of perseverance.

A GROWING THREAT TO LIFE: CHEMICAL ABORTIONS

The landscape of the abortion industry is changing quickly as chemical abortions (a combination of mifepristone and misoprostol) represent an increasing proportion of abortions reported each year.¹ In fact, the most recent data available from New York State indicate that 44% of abortions reported in Nassau and Suffolk Counties combined were chemically induced in 2019.²

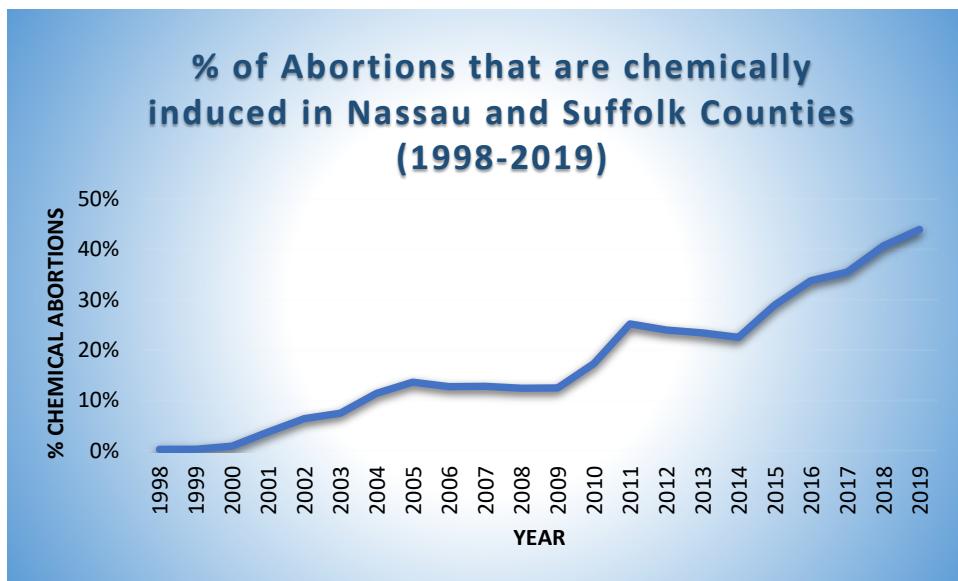


Table 1. Percentage of abortions that are chemically induced in Nassau and Suffolk counties, 1998-2019³

¹ Note that it is preferable to use the more accurate terminology “chemical abortion” because “medical abortion” implies the rendering of treatment or cure when, in fact, this cocktail of pharmaceutical agents is intended to terminate a human life and expel the remains.

² Vital Statistics of New York State 2019. Table 25: Induced Abortion by Operative Procedure and Resident County, New York State – 2019. (Accessed January 26, 2022)

[Table 25: Induced Abortion by Operative Procedure and Resident County, New York State - 2019 \(ny.gov\)](https://www.health.ny.gov/statistics/vital_statistics/2019/table25.htm)

³ This graph represents percentage of total abortions in Nassau and Suffolk counties (combined) that were induced chemically each year from 1998 to 2019. Data points were determined by combining Nassau and Suffolk abortion statistics from the New York State Vital Statistics database each year (Table 26) from 1998 to 2019 which was the last year for which statistics were available, https://www.health.ny.gov/statistics/vital_statistics/2019/table26.htm, et al. Data compiled by Lisa A. Honkanen.

In 2000, mifepristone and misoprostol were approved by the FDA for non-surgical abortions, but only under strict requirements intended as safeguards against well-known adverse events associated with this regimen (e.g. ruptured ectopic pregnancy, incomplete abortion, serious infection, and severe hemorrhage⁴—all of which can be life threatening). However, over the years these protections have been weakened considerably, and most recently in December 2021, the FDA gave permanent approval for telehealth access to the mifepristone/misoprostol combination. But this is not good for women: without proper physical assessment by a physician, requisite follow-up, and sure access to emergency services should there be complications, all mean a woman is much more likely to experience a bad outcome, including death. In fact, evidence suggests there are many more abortion-related Emergency Room visits after chemical than surgical abortions.⁵

Instead of this important information, the public is told that chemical abortions are more “natural” and “gentle,” that they are “safe.”⁶ But since 2016, the FDA requires only that *deaths* (not all adverse events) be reported under the Risk Evaluation Mitigation Strategy (REMS).⁷ It is no consolation that reporting requirements are even less enforceable in the on-line arena.⁸ Moreover, with permanent telehealth access, who knows who is really requesting the pills, who ultimately takes them, or who forces them on another? Exploitation of women is a distinct concern. Indeed, it seems that the push for telehealth abortions and mail-order access as a way to improve abortion access has the potential for a real return to the notorious, but mythical, stories of “back-alley” abortions.⁹

In an excellent summary issued by the Secretariat of Pro-Life Activities of the USCCB, expected consequences of telehealth abortions are enumerated.¹⁰ These include **INCREASED**:

1. **Reliance on chemical abortion** as an alternative to surgical abortion because the true risks are withheld.
2. **Serious complications** because even minimal screening is not required.
3. **Inability to access emergency care in remote areas** because pills can be delivered to places where there is not a lot of emergency medical access.
4. **Access by minors without parental knowledge or consent** because true identity can be misrepresented more easily on-line.
5. **Risks to maternal health and safety** because there is no actual medical oversight required.

⁴ Aultman K.A., Harrison D.J., Lockwood M.D. (2021). Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019 *Issues in Law & Medicine* 36(1): 12-13.

⁵ Studnicki J, Harrison D.J., Longbobs T. et al. (2021) A Longitudinal cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999-2015. *Health Services Research and Managerial Epidemiology*. 8:5-6

⁶ United States Catholic Conference of Bishops, Secretariat of Pro-Life Activities. 2021. *Why the Abortion Industry Wants Chemical Abortions via Telehealth*. <https://www.usccb.org/sites/default/files/2021-12/why-abortion-industry-wants-telehealth-chemical-abortion.pdf>

⁷ *Ibid.*

⁸ *Ibid.*

⁹ Nathanson, B. Confessions of an Ex-Abortionist. *Catholic Education Resource Center*.2013 <https://www.catholiceducation.org/en/>

¹⁰ United States Catholic Conference of Bishops, Secretariat of Pro-Life Activities. 2021. *What to Expect from the FDA’s Permanent Approval of “Telehealth” Abortions*. <https://www.usccb.org/sites/default/files/2021-12/what-to-expect-telehealth-chemical-abortion.pdf>

6. **Abuse potential** because the person ordering the pills may not be the one taking the pills.
7. **Number of websites selling these pills** because the FDA lifted the ban on mail order abortion pills.
8. **Variability in doses and other critical information** because there is no real oversight
9. **Sex-trafficking** of vulnerable women because sex traffickers can purchase bulk quantities and cover up their exploitation of women.
10. **Emotional toll** because telehealth abortions will not likely warn women adequately about what they might see or experience during the process of an intentional miscarriage.

The slippery slope is obvious. Since 1973 we have had legal surgical abortions, then closely regulated chemical abortions, soon followed by less-regulated chemical abortions, and now telehealth chemical abortions with questionably enforceable regulatory safeguards. It is not surprising that 30 websites (and even more on-line pharmacy websites) have stepped in to promote so-called “self-management” abortion kits.¹¹ Most of these websites circumvent all regulatory requirements, bypassing involvement of a medical practitioner and presenting important risks inconsistently.¹² One group reported a more than three-fold increase in abortion pill requests in the U.S. from 2017-2018 vs. 2018-2019, even before telehealth chemical abortions had any FDA approval.¹³ While some will attribute this increase in demand to a diversion created by more restrictive access to abortion across some states, the appeal of “privacy,” fear of surgical interventions, a way to deny what is happening in her life, and discounted prices also encourage a woman’s recourse to the do-it-yourself route.¹⁴ How much more will FDA approval of telehealth chemical abortions encourage this course? No matter—telehealth or self-management—the shame of abortion will go even further underground with chemical abortions, increasing in number and depth of pain, the damage done by abortion.

Let us not be complacent with falling abortion statistics. Not only are the tragedies of the new “back alley” abortions hidden, but also, as demand increases in a landscape devoid of mandatory reporting, we do not know the actual number of abortions really occurring.¹⁵ Therefore, as abortion vulnerable women increasingly seek solutions via the internet, it is even more important that the first place to which a pregnant woman knows to turn is life-affirming medical care and pregnancy resources. She needs to know who, what and where—and if she doesn’t know how, we should be able to tell her without skipping a beat.

¹¹ Charlotte Lozier Institute. 2018. *Fact Sheet: Online Sales of Mifepristone and Misoprostol for Self-Abortion*. <https://s27589.pcdn.co/wp-content/uploads/2018/04/Online-Sales-of-Mifepristone-and-Misoprostol-for-Self-Abortion-Fact-Sheet.pdf>

¹² *Ibid.*

¹³ Devlin, H. “Revealed: 21,000 US women order abortion pills online in past year” *The Guardian*, May 22, 2019. <https://www.theguardian.com/world/2019/may/22/revealed-21000-us-women-order-abortion-pills-in-six-months>

¹⁴ United States Catholic Conference of Bishops, Secretariat of Pro-Life Activities. 2021. *Why the Abortion Industry Wants Chemical Abortions via Telehealth*. <https://www.usccb.org/sites/default/files/2021-12/why-abortion-industry-wants-telehealth-chemical-abortion.pdf>

Charlotte Lozier Institute. 2018. *Fact Sheet: Online Sales of Mifepristone and Misoprostol for Self-Abortion*. <https://s27589.pcdn.co/wp-content/uploads/2018/04/Online-Sales-of-Mifepristone-and-Misoprostol-for-Self-Abortion-Fact-Sheet.pdf>

¹⁵ Berer M. (2020) Reconceptualizing safe abortion and abortion services in the age of abortion pills: A discussion paper. *Best Pract Res Clin Obstet Gynaecol*. 63:45-55.

Finally, women need to know that they are not alone during pregnancy. They are *with* child, and even when there is not sufficient family support, they are surrounded by a community that will help them. We declared such at the March for Life, we practice this in our daily witness with 40 Days for Life, and we will prove this truth by Walking with Moms in Need. No woman should believe her only choice is whether to walk into an abortion clinic, to use her smartphone for a telehealth chemical abortion, or to buy pills on-line for a do-it-yourself abortion.

This is the goal of WWMIN and why it is more important than ever before. We hope you will join us in truly building a culture of life and a civilization of love here on Long Island through our Diocese.

See our website for more information on upcoming 40DFL Kick-Off events, 40DFL campaign vigil sites, our new monthly Rosary for Life, participation in The International Gift of Life Walk in New York City, Pray for Dobbs, WWMIN, and more. **Everyone can do something.** Please join us! And most importantly, let us continue to pray!

A PRAYER FOR PREGNANT MOTHERS

O Blessed Mother, you received the good news of the incarnation of Christ, your Son, with faith and trust. Grant your protection to all pregnant mothers facing difficulties.

Guide us as we strive to make our parish communities places of welcome and assistance for mothers in need. Help us become instruments of God's love and compassion.

Mary, Mother of the Church, graciously help us build a culture of life and a civilization of love, together with all people of good will, to the praise and glory of God, the Creator and lover of life.¹⁶ Amen.

Sincerely in Christ,

Lisa A. Honkanen, M.D.

¹⁶ Cf. *Evangelium vitae* 105 © Libreria Editrice Vaticana, Vatican City. Adapted with permission. All rights reserved. Copyright © 2019, United States Conference of Catholic Bishops, Washington, D.C. All rights reserved.