

# ***Right to Life - LIFESPAN Educational Fund***



**“Let it not be said that I was silent  
when they needed me.”**

**William Wilberforce**

**Abolitionist**

## ***Resource Book 2025***



# Saint Sabina Parish

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**Jeremiah 1:5**

*"Before I started to put you together in your mother, I knew you.  
Before you were born, I set you apart as holy. I chose you to speak to the nations for Me."*

Thank your  
Mother for  
Not Choosing  
To Abort You



# St. Genevieve-St. Maurice Catholic Parish

## Mass Schedule

Saturday- 5pm

Sunday- 9am & 11am

Monday, Wednesday, Thursday, Friday- 9am

Tuesday- 7pm

Confession- 30min before every mass

Saturdays at 3:30pm

*We are grateful to our parishioners who generously donated to Right to Life-Lifespan*

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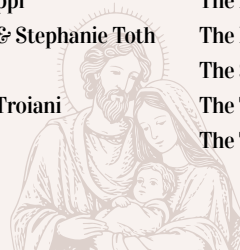
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*"Society as a whole must respect, defend and promote the dignity of every human person, at every moment and in every condition of that person's life." St. John Paul II*

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The Tworek Family



# *Right to Life - LIFESPAN*



*Life is like an arch.  
If you discard one segment  
as worthless, the span collapses—  
the value of all life brought low.*

*The oldest and largest pro-life organization in southeastern Michigan, LIFESPAN works tirelessly to re-affirm the sanctity of human life and to protect innocent human life from conception through natural death. LIFESPAN does NOT use graphic images of aborted babies, engage in picketing, civil disobedience or acts of violence. We focus our energies and resources on education and legislation to achieve our goals.*



## **MISSION STATEMENT**

*Right to Life - LIFESPAN advocates civil rights for innocent human life, emphasizing protection for those who would be victims of abortion, infanticide and euthanasia.*

*We educate by distributing credible pro-life information.*

*We are a non-profit, non-sectarian, grassroots organization founded in 1970.*

## **STATEMENT OF PRINCIPLES**

*We, the members of Right to Life - LIFESPAN, proclaim our reverence for life as a gift from God.*

*We oppose any legislation aimed at destroying defenseless human life, regardless of its imperfections any time in its natural cycle from conception to natural death.*

*We endorse and support efforts to enrich the lives of the mentally impaired, the handicapped, the infirm and the aged.*

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*We work diligently to find the most current and most topical articles to include in this Resource Book. We do not claim authorship of the articles included, unless noted, and endeavor to attribute all work to its original sources. This book is intended as a resource for those interested in pro-life information. If the reader seeks more information, we encourage him/her to go to the original sources. We also encourage you to patronize our advertisers, without whom this resource could not be produced.*



## **Thank You! Thank You! Thank You!** **LIFESPAN Volunteers and Supporters!** **You are truly Champions for Life.**

Dear Pro-life Friends,

**W**elcome, to our "Celebration of Life" Dinner. I am so grateful for your attendance. It promises to be a wonderful evening, and I am so glad those of us with a zeal for life come together to break bread and celebrate LIFE with joy.

Our struggle these past 55 years, to bring a respect for Human Life to metro-Detroit, and beyond, has been difficult and challenging. It is a movement which we thought would be temporary. Having our presence here and working at LIFESPAN some 55 years later, was never part of our thoughts when we first organized the pro-life movement in Southeastern Michigan. After all, we believed that if you just educate the public that abortion was the killing of our citizens, we would overwhelmingly be able to change hearts and minds. Respect for Human Life and the freedom to be born and live our lives freely was part of our country's fundamental rights from the beginning. Life is a gift from God. It is in the Declaration of Independence of the United States of America: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain inalienable Rights, that among these are Life, Liberty and the pursuit of Happiness."

But, as in every generation, there are those who want to control the masses. They especially want to control who should live and who should die. We just did not realize the financial strength of those attacking our principles, or their zest for power and control. As usual, the strong will attack the weak. In the late 60s and early 70s, the radical feminists found their weak hosts—Norma McCorvey (*Roe v. Wade*) and Sandra Cano (*Doe v. Bolton*). These vulnerable women were used to attack the fundamental rights of the pre-born child. The feminists succeeded with their beastly deeds. What they did not want, or suspected, were the millions of wonderful people like you who would rise and fight this evil.

Fight **you** did! Because **you** never gave up, LIFESPAN has laid the foundation, for generations to come. We all have worked to educate and change laws that would protect the most vulnerable of our citizens. We have worked to help moms and their newborns. The pro-life movement has become the Civil Rights Movement of our times.

So, I **thank** each one of **you** who have volunteered your time, money and prayers promoting life issues in the Metro Detroit area. We do not have government funds like Planned Parenthood, (that promote death) to push the cause of LIFE. But we have something much greater—that is resolute, God-loving volunteers, whose mission is to bring back a respect for all Human Life from conception to natural death. Without **you**, LIFESPAN, and hundreds of other pro-life organizations, would not be able to survive.

The ability to fight this evil has changed. The younger generation has ultrasound, fetal surgery and medical advances showing the humanity of the pre-born child. They have the internet, with all its social media sites, educating those who may never have heard the truth. This war against Human Life is not over. There will always be opposition groups. It will be up to us to continue the fight, to grow strong and grow large. May we all have the fortitude and strength to continue our work in the pro-life movement. May the merging of our past and present work, continue to create a world filled with love and respect, for all human life from conception till natural death. With all of us volunteering our time, money and prayers, there will be progress; hearts and minds will change. It may not be as fast as we would hope. It will take perseverance, hard work, money and time. This great civil rights cause of our time will be successful because of you, and all volunteers past, present and future.

May God give us the strength and courage to continue this most vital work. Thank you for supporting LIFESPAN. Thank you for your pro-life dedication to save God's children.

Yours in Life,

Diane Fagelman, President, Right to Life - LIFESPAN



*Though you may not have formally studied philosophy, though you may not have imagined yourself as a champion of inalienable rights and the common good or seen yourself as a defender of the intrinsic dignity of personhood within the culture, there is no one more suited to the task of rescuing the culture than you...Whatever our call might be, no matter how grand or small, we must commit ourselves to doing something, for this is true freedom.*

~ Rev. Robert Spitzer, S.J., *Healing the Culture* ~

**Welcome!**

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## Right to Life - LIFESPAN



### The Beginning

*Right to Life - LIFESPAN* was born on a frigid night in November 1970 at the Plymouth Grange Hall. Gloria Klein, a young housewife from Westland, chaired the meeting and became the founding president. About 100 concerned citizens who attended that first gathering formed the nucleus of the pro-life movement in Southeastern Michigan.

Originally called People Taking Action Against Abortion (PTAAA), the group adopted the name of its newsletter, *Lifespan*, in 1973. Even then it was obvious that infanticide and euthanasia were irrevocably joined together in philosophy with abortion.

In the late 1970s, "Right to Life" (RTL) was added to the beginning of *LIFESPAN's* name at the urging of the national organization. The idea was to have pro-life groups across the country easily identifiable by using the same prefix. Thus, the progression from PTAAA to *Right to Life - LIFESPAN*. However, whatever the name, the principles and goals have remained the same since that icy night in 1970.

### Who We Are

*Right to Life - LIFESPAN* is a non-profit, non-denominational and non-political organization dedicated to the protection of vulnerable human life from conception through natural death. Established in 1970, it is the largest and oldest pro-life organization in southeastern Michigan. *LIFESPAN* serves Wayne, Oakland and Macomb Counties.

*LIFESPAN's* members respect the dignity of all human life. They endorse and support efforts to enrich the lives of the mentally and physically impaired, the infirm and the aged. Its members stand in opposition to society's position that unwanted or burdensome lives of the preborn, newborn with disabilities, the elderly and the medically dependent can be discarded as a choice.

*LIFESPAN* seeks to protect human life through a concerted combination of educational, legislative and public awareness programs. Through the active work of its members, *LIFESPAN* aims at overcoming the anti-life philosophy existing in society. They speak for those who cannot speak for themselves.

### Educational & Public Awareness Programs

Human values form and develop through education. The educational programs of *LIFESPAN* strive to inform individuals and groups on life issues. They offer a broad range of information to help people make informed life-affirming decisions. The topics include abortion, euthanasia, assisted suicide and other life issues. Information and resources for individuals and groups are available in a variety of ways.

### Legislative Program

The legislative program of *LIFESPAN* works to pass laws protecting the most vulnerable members of society and change laws which take away that protection. The program includes: Identifying life issues before the legislature; training individuals to become involved in the legislative process; communicating with elected officials at local, state and national levels; publishing surveys on political candidates' positions on life issues; monitoring and publishing the voting records of elected officials; sponsoring a variety of informational meetings which are open to all.

### Membership

Membership in *Right to Life - LIFESPAN* brings with it not only a subscription to *LIFESPAN News* and timely updates on important pro-life activities, but an opportunity to join your voice with hundreds of other pro-life people in our area determined to restore respect and dignity to human life. Quite literally, your voice becomes the voice of someone who cannot speak for himself or herself. Without your membership voice, the pro-life movement falls silent, those who would deny the value of life prevail, and the fabric of our entire society is frayed.

### What You Can Do

We welcome new members. With your active participation, you can help continue the efforts of the Right to Life movement. The work of *LIFESPAN* continues at the grassroots level. Following are key areas that need help. Please let us know where you can help make a difference!

- *Practical Help*—In the *LIFESPAN* office or at home, there is a job for you
- *School Representative*—Represent *LIFESPAN* in your school
- *Legislative*—Write letters and emails
- *Educational*—Work fair booths and conduct school programs (K-College)
- *LIFESPAN Representative*—Represent *LIFESPAN* in your church
- *City Representative*—Work as a liaison within your community ♦

## Right to Life - LIFESPAN

In order to accomplish our goals through education and legislative action in Southeastern Michigan, *Right to Life - LIFESPAN* has many ongoing annual projects.

Membership in *Right to Life - LIFESPAN* includes a subscription to our newsletter. *LIFESPAN News* features educational articles, legislative updates and news about local pro-life activities.

In election years, we publish a **candidate survey** to inform our members on the positions of candidates on pro-life issues.

In January, *LIFESPAN's* **Generation Truth Movement in Motion Bus Trip** travels to Washington, D.C. for the March for Life. The youth were able to attend the 2025 March for Life Rally and stand up for life. Plans are currently being made for the 2026 March in January 2026. **Contact Lynn at oakmac@rtl-lifespan.org.**

*LIFESPAN* invites you to join us for the **2025 Michigan March for Life** on November 6th in Lansing. We will have charter buses going to Lansing for the day. Contact the **Oakland/Macomb Office at oakmac@rtl-lifespan.org** for more information.

*Right to Life - LIFESPAN*, continuing in the tradition of caring for mothers and their babies, born and yet to be born, sponsors an annual **Baby Shower** for local pregnancy resource centers. This year, our 36th annual shower was held on March 9th. Thirty-three baby showers benefited the many pregnancy help centers in Wayne, Oakland and Macomb counties (see list of pregnancy help centers (PHCs) on pages 59-64).

Additionally, *LIFESPAN's* **Wee Care Program** enables us to provide material help to women and their babies when their needs cannot be met by a crisis pregnancy center. The Wee Care program was born out of a desire to assist women and families on an emergency basis with infant clothing, bedding, diapers and formula. Hundreds of families are helped every year; see pages 28-30.)

Another one of our projects is our annual **Celebration of Life Fundraising Dinner & Auction** that was held on May 6th this year at the San Marino Club in Troy. Rachel Campos-Duffy, co-host of *Fox & Friends Weekend* on *Fox News* and outspoken pro-life advocate, was our guest speaker. Our Auction and Gift Card Raffle were a great success!

*LIFESPAN* also prints an annual educational **Resource Book**, supported by local churches and businesses. These books are distributed to attendees at our dinner and are available at other events throughout the year.

The Chapters hold educational meetings in different cities. These meetings are crucial for reaching not

only our members, but also the general public. Topics include such subjects as post-abortion syndrome, assisted suicide, adoption and fetal tissue research.

On October 19, 2024, *LIFESPAN* held our **Pro-Life Luncheon** at Laurel Manor in Livonia. Our keynote speaker was Jason Negri, PLLC. He is the Interim Director of the Patients Rights Council, and his presentation addressed end-of-life issues. We received State legislative updates from Representative James DeSana of District 29.

In September every year, *LIFESPAN* participates in the **National Day of Remembrance for Aborted Children** memorial at the gravesite of our five precious unborn children at White Chapel Cemetery in Troy. We spend just one hour together, praying and singing—remembering all those children who don't get a chance to be born. This year, we will be meeting on Saturday, September 13, 2025. Please join us.

We will again participate in the **National LIFE CHAIN** Sunday on October 5, 2025. Our communities stand together as a sign of solidarity to the news media and general public that abortion is wrong. **ABORTION KILLS CHILDREN. ABORTION HURTS WOMEN.** *Right to Life - LIFESPAN* sponsors this 38th annual event.

Even our fundraising projects contribute to spreading the pro-life message. Our **Mother's Day flowers** say, "Thanks, Mom, for Life!" and our **Father's Day candy and pens** say, "Life is Sweet! Thanks, Dad, for Life! Happy Father's Day!"

Our **Christmas Cards** are especially printed with a pro-life verse. Our **Lights for LIFE tree** is illuminated during the Christmas season on I-275 at Grand River with donations made in memory of, or in honor of, loved ones of *LIFESPAN's* members and friends.

*LIFESPAN* has a very active **Generation Truth Youth Outreach** program, with many activities for our young pro-lifers. See pages 31-49 for more information.

*LIFESPAN* also participates in local city, church and civic meetings with our speakers and educational displays. Our exhibits at local fairs reach thousands with information on fetal development, euthanasia and all life issues.

We wish to thank all of you who so generously and diligently support all of our projects and the pro-life movement. We couldn't do it without you! ♦

## *What We Do — Join Us! We Need YOU!*

*LIFESPAN News*  
*Rally for Life*  
*CIDER Walk for Life*  
*Baby Bottle Project, “Change for the Future”*  
*Pro-Life Christmas Cards*  
*Garage Sales*  
*2000 Crosses*  
*Motor City Caravan for Life*  
*Baby Showers to Benefit Pregnancy Help Centers*  
*General Meetings*  
*Pro-Life Luncheon & Legislative Update*  
*Speakers*  
*Educational Displays*  
*Luminaries on Eve of January 22*  
*Life Chain*  
*Wee Care Program*  
*Radio Ads*  
*Billboards*  
*Candidate Survey*  
*Celebration of LIFE Dinner & Silent Auction*  
*Mother’s Day Flowers*  
*Father’s Day Candy and/or Pens*  
*Lights for LIFE Christmas Tree*  
*Resource Book*  
*LIFESPAN Representatives*  
*Monthly Church Notes*  
*Email Correspondence*  
*Used Book Depot*  
*Seminars, including:*  
*Making Abortion Unthinkable—*  
*The Art of Pro-Life Persuasion*

*Youth Program, Generation Truth, including:*

*Movement in Motion Bus Trip*  
*Be the Change Student Training*  
*National Pro-Life T-Shirt Day*  
*National Day of Silent Solidarity*  
*National Pro-Life Cupcake Day*  
*National Pro-Life Sidewalk Chalking Day*  
*Facebook: #michiganLIFESPAN*  
*Instagram: #michiganLIFESPAN*  
*Website: miLIFESPAN.org*



**SMILE!**  
**Your Mom**  
**Chose**  
**LIFE!**

*LIFESPAN's Advisory Council is an excellent group of local and national leaders in the pro-life movement and highly respected individuals in their own field as well. Their expertise on the Council is a tremendous asset not only to LIFESPAN, but the entire pro-life movement, especially in southeastern Michigan.*

*Katherine Browne*

*Sr. Josamarie Perpetua, SV*

*Elaine Donnelly*

*Ronald Seigel*

*Jerry S. Fagelman, MD*

*Alexander Silva*

*Daniel J. Greene, MD*

*Phyllis Sullivan, RN, BSN*

*Julie A. Herridge*

*Rev. Msgr. Anthony M. Tocco*

*Charles Kleinbrook, PC*

*Diane Trombley, RN, BSN*

*Rev. Tony Massad*

*Malcolm E. Williamson, DO*



***Right to Life - LIFESPAN is a non-profit, non-denominational and non-political organization dedicated to the protection of vulnerable human life from conception through natural death. Established in 1970, it is the largest and oldest pro-life organization in southeastern Michigan. LIFESPAN serves Wayne, Oakland and Macomb Counties.***

***Let your voice be heard; write letters to the editor, protest anti-life shows on television, contact your legislators. Speak up! Educate people regarding life issues...inform people of legislative action needed to restore respect for human life.***

## Advisory Council

## POLICY STATEMENT - Right to Life - LIFESPAN

In 1960, building on 20 years of research by scientists worldwide, Dr. I. W. Liley developed the process called amniocentesis. This contribution proved to be a step in treating the blood disease in newborns caused by the Rh factor which had occasioned the deaths of many babies shortly before, or soon after birth. In the procedure, a long needle is inserted into the mother's abdomen and amniotic fluid withdrawn which yields clues to the baby's condition. Four years later, Dr. Liley did a blood transfusion on a baby in utero which kept it alive for further treatment after birth. Now, for the most part, the Rh problem has been solved.<sup>1</sup>

However, in the 1970s another purpose was found for this procedure in the field of birth defects. Amniocentesis is now being done as early as 11 weeks of gestation to identify babies suspected of birth defects. The cells obtained are cultured from four to six weeks and, according to the March of Dimes, abortion is performed in 95-97% of the cases following a positive identification. This advances the testing period previously used (of 14 to 18 weeks) and consequently the time of the abortion, which is the desired result of the testing community.<sup>2</sup>

This fact is further clarified by the "Medical Forum" of Harvard University Press, which says, **"The main purpose of prenatal testing is to detect birth defects early enough to allow the pregnancy to be terminated."** (Emphasis ours.) The test also reveals the sex of the child, and increasingly expectant couples are aborting because the "undesired sex" (usually a girl) is present in the womb.<sup>3</sup>

Whenever this or any test can lead to treatment of a fetal problem within the womb, or prepare for early treatment after birth, Right to Life - LIFESPAN embraces it. And Right to Life - LIFESPAN always sympathizes with parents fearful of accepting a helpless or semi-helpless child. We can only beg that these be allowed to live, and many of our members will attest that their own lives and those of their families have been enriched by the presence of such as these. They point out that a child with special needs

calls forth the best qualities in family members and touches them with a rare, unselfish grace.

It must also be said that the aggressive promotion of amniocentesis for birth defects carried on by the March of Dimes, the Federal Government, and the medical profession, is rapidly converting us to a society bent on eugenic perfection. This situation may be traced to the public conditioning of population alarmists who spread the "population bomb" rhetoric. Because, it is argued, if we have too many people already, how much less wanted and expensive are those with mental and physical defects.

We cannot forget that the Third Reich did not begin by killing Jews and political prisoners. It began by killing those with special needs, using "quality of life" and "compassion" language.<sup>4</sup>

When an entire nation adopts the callous philosophy of death as a solution to physical and / or mental differences, it becomes bloodless and heartless and takes on the image that Rev. Richard John Neuhaus calls "The Naked Public Square."

With the advent of "wrongful life" to legal vocabularies, courts are awarding high damages to couples whose doctors did not advise them of the availability of amniocentesis, and the resulting cost of malpractice insurance has already driven countless obstetricians out of their practices.

*Roe v. Wade* cast a long shadow. ♦

<sup>1</sup>Zimmerman, David R., see "Rh - The Intimate History of a Disease and Its Conquest" (McMillan, New York, 1973).

<sup>2</sup>Medical World News, "Newsbriefs," Feb. 8, 1988, p. 64.

<sup>3</sup>Medical Forum, "Health Letter," Harvard Medical School, Harvard University Press, Dec. 1979.

<sup>4</sup>Wertham, Fredric, M.D., "A Sign for Cain," (McMillan and Co., N.Y., 1966).

Adopted May 18, 1988  
Amended March 31, 2014

*According to Harvard Press, the primary purpose of amniocentesis is to detect birth defects early enough for termination of the pregnancy. Whenever any test can lead to treatment of a fetal problem within the womb, or prepare for early treatment after birth, LIFESPAN embraces it.*



♦ ♦ ♦  
*I remember a baby that had been aborted  
in our Houston center at 16 weeks.  
I remember its body lying in the glass Pyrex dish  
in the lab. And then its tiny little hand closed  
into a fist, as if to remind us of what had once been...  
a living human being.*

*~ Abby Johnson, former Planned Parenthood Director ~*

## POLICY STATEMENT - Right to Life - LIFESPAN

Some 3,000 babies a year are born with the absence of the higher centers of the brain (the cerebral cortex). This condition is called anencephaly. They do have a functioning brainstem. They can breathe, feel pain, cry and swallow at birth, but seldom do they live more than a week. As their life force runs down, their organs become increasingly unusable for transplants.

This fact is prompting specialists to develop protocols aimed at rendering the babies proper transplant donors by placing the newborns on respirators at the time of, or quickly after, delivery. They are given oxygen, thereby keeping the organs "fresh" until death is determined and the organs taken.<sup>1</sup>

Pioneering in this protocol is the Loma Linda Medical Center, and the activity has given rise to the criticism that they are "harvesting organs."

Concurrent with the above situation is the rising demand for transplant organs and the wide use of amniocentesis which identifies in the womb the child afflicted with anencephaly. Therefore, parents using amniocentesis have time to reflect on the condition and to decide 1) to carry the baby to term and care lovingly for his/her short life, 2) to abort, 3) to offer the child's organs for transplant. This last option has proven attractive to some parents who see it as a means of bringing good from their own suffering.

Yet there is a sizable obstacle facing parents and doctors. The Uniform Determination of Death Act, in force in most states, defines brain death in terms of permanent loss of function of the whole brain, including the brainstem. Scientists tell us, however, that **there is no clear way to determine brain death in children.**<sup>2</sup> The urgent question then becomes—will the baby's heart, liver, kidneys be taken while it is still alive? There seems to be no cogent answer, only nebulous ones, and it is at this point that ethical thinkers part company.

There are some, like Dr. Alexander Capron, a University of Southern California Professor of Law and Medicine, who object to using anencephalics as donors because brain death cannot be determined satisfactorily, and organs may therefore be taken from living donors. He points out that presently, the parties determining death are **committed to the well-being of the donor**, and to follow the Loma Linda way will confuse the rights of future donors, placing **their** lives in jeopardy.<sup>3</sup> He also points out that potential future donors (such as accident victims) will not be so quick to sign donor cards in the future, because, if hospitals will take organs from a still living baby, who will protect other donors from being so used?

Right to Life - LIFESPAN agrees with Dr. Capron and also argues that these babies will not in any way be valued for themselves, but rather as a source of

parts for others, and that the intrinsic worth of the human person, having already been denied by legal abortion, will be further negated.

Opposing Dr. Capron's ethics are those more inclined to the utilitarian view of the human person. Now there is a concerted effort afoot in several states to change the definition of brain death for these babies.

Until now, organ donors have been accident victims who signed donor cards prior to the accident, or whose families, upon a comatose condition and imminent death of the subject, permitted the organ transfer. But these transplants are made after death has been determined in accordance with state laws. It is upon the question of when death occurs that the debate over principle arises. Once organ transfer became widespread, the need for organs became critical. The temptation to get the donor declared dead as quickly as possible is severe because there is a patient across the hall dying for need of a heart, a liver, or kidney transplant. The moral exasperation is real.

In fact, in studying the Loma Linda protocols, the reader gets the sense that Loma Linda is not entirely comfortable with its own position, since it states, by way of summing up: "Given our society, variety of attitudes about death, dignity, intensive care, organ donation and personhood, it is not surprising that there is at this time **no clear consensus regarding the morality of modifying medical management for anencephalic infants to provide a chance for organ donation.**" (Emphasis ours) They go on to shift the enormous moral burden to the parents whose shattered hopes and grieving hearts hardly qualify them for the task.<sup>4</sup>

Right to Life - LIFESPAN believes that the time is here when respect for living persons—both before and after birth—must be held as an unyielding principle. If, as Loma Linda says, there is no consensus on the morality of its nebulous philosophy, let **us** strive to become part of that consensus. Let **us** articulate our position to the Congress and Legislatures where restraining laws may be made, and the affirmation of life is loud and clear. ♦

<sup>1</sup>"Considerations of Anencephalic Infants As Organ Donors - A Working Document," December 18, 1987, A Protocol written by the Anencephalic Organ Donation Committee of Loma Linda Medical Center.

<sup>2</sup>"Brain Death in Children," Part 1. Stephen Aswal, M.D. and Sanford Schneider, M.D. Loma Linda University School of Medicine, November 24, 1986.

<sup>3</sup>Dr. Alexander Capron, "Nightline," ABC News, Show #1713, December 16, 1987.

<sup>4</sup>See Note #1.

Adopted October 19, 1988

## POLICY STATEMENT - Right to Life - LIFESPAN

The issue of artificial contraception is of great concern to pro-life people. Right to Life – LIFESPAN shares those concerns. Those using artificial means of contraception should be aware that some contraceptives are abortifacient. An abortifacient can be defined as anything that interferes with the ability of the newly conceived embryo to implant on the wall of the uterus. If the embryo cannot implant, he or she will die.

Each contraceptive has a particular action that makes it effective. Fully understanding this action (or actions) will assure the user of any possible abortive properties.

Right to Life – LIFESPAN urges those considering artificial means of contraception to be fully informed as to the actions of that contraceptive and to reject those medications and devices that prohibit the newly conceived baby from implanting on the uterine wall, being nurtured there for the nine months of pregnancy and being born into the world. ♦

*Adopted January 16, 1990  
Amended March 17, 2008*



*Seven weeks  
from conception*



*Eight weeks  
from conception*



*Eleven weeks  
from conception*

## Human Development



*Fourteen weeks  
from conception*



*Sixteen weeks  
from conception*



*Twenty weeks  
from conception*

*—Lennart Nilsson Photography*



*...by her life within the home, woman gives to the State a support without which the common good cannot be achieved...the State should endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties in the home.*

*~ Irish Constitution ~*

## POLICY STATEMENT - Right to Life - LIFESPAN

The movement to support human life and to oppose abortion involves a great diversity of individuals and organizations with each contributing in different ways towards the goal of protecting the unborn child.

Right to Life - LIFESPAN, as a non-profit corporation, has decided through years of planning to focus its energies and resources on education and promotion of pro-life legislation to achieve our goals. We have chosen, as a corporation, not to be involved in civil disobedience as a means of advancing these goals.

Right to Life - LIFESPAN reaffirms its dedication to educational and legislative efforts to protect the unborn child and rejects any participation in civil disobedience.

The Board of Right to Life - LIFESPAN must be particularly concerned with the potential liability of the organization in the event of lawsuits surrounding civil disobedience activities. For this reason, it is essential that Right to Life - LIFESPAN and its members **avoid any involvement whatsoever of the organization in any of the following activities:**



1. Use of the Right to Life - LIFESPAN name or designation of individual participants in civil disobedience activities as members or leaders of Right to Life - LIFESPAN.

2. Participation in or support for civil disobedience activities as Right to Life - LIFESPAN representatives.

3. Raising money as Right to Life - LIFESPAN representatives or providing Right to Life - LIFESPAN funds or assistance to any group involved in civil disobedience.

4. Use of Right to Life - LIFESPAN membership or mailing lists for any activity involving groups participating in civil disobedience activities.

These policies do not preclude any individual from acting on the basis of his or her own conscience. ◆

*Adopted January 11, 1989*

*Amended August 15, 1989*

*Amended March 18, 2002*



On Saturday, September 14, 2024, the *National Day of Remembrance for Aborted Children*, dozens of people came to White Chapel Cemetery in Troy to remember the babies who were buried there by Right to Life - LIFESPAN in 1977.

Diane Fagelman, President of LIFESPAN, emceed the event last year.

Pastor Steve Husava led us in our opening prayer and reflection.

Colleen Beaton, a member of the LIFESPAN's Oakland/Macomb Chapter Board, led us in song, singing, "Let There Be Peace on Earth," and "God Bless America."

Thanks to Tony and Chris Hansen who served as greeters to the event and placed the well-known yellow LIFESPAN signs, directing all of us back to the site.

We remembered the life of Fr. Michael Green, OSB on this day. He was the officiant at the 1980 burial of our "Five Unknown Children of God."

This is where we leave red roses in memory of our five precious unborn children and the over 66 million babies lost to abortion in the United States since 1973.

Join us this year on September 13, 2025. (*See additional photos, next page.*)

## Civil Disobedience

## POLICY STATEMENT - Right to Life - LIFESPAN

**R**ight to Life – LIFESPAN encourages research on legal, ethical, non-destructive adult stem cell therapies and supports a ban on all human cloning for reproductive purposes as well as cloning of human embryos that are created and then killed for research.

Right to Life – LIFESPAN applauds the work of researchers who use life-giving, life-affirming adult stem cells and whose work has resulted in the treatment and/or cures of a growing list of human conditions or diseases. (Adult stem cells are any stem cells that come from non-embryonic

sources such as skin, fat, umbilical cords, placentas and other tissues).

Right to Life – LIFESPAN opposes the use of human embryos, their stem cells, or any other part of their substance, as raw material for research purposes, no matter how they are obtained or the level or stage of development of the embryo. To date, such research has resulted in no treatments or cures for any human condition or disease and has resulted in the deaths of countless human lives in their embryonic stage. ♦

*Adopted March 17, 2008*



*Remembering "Five Unborn Children of God"  
White Chapel Cemetery, Troy*

## POLICY STATEMENT - Right to Life - LIFESPAN

**R**ight to Life - LIFESPAN opposes all attempts to legalize or condone euthanasia (mercy killing), including assisted suicide, which is the intentional use of medical technology to cause death or speed up the dying process by withholding of ordinary, appropriate, reasonable and prudent medical care.

On the other hand, Right to Life - LIFESPAN supports the traditional Judeo-Christian ethic that holds that although one must use ordinary, appropriate means to maintain one's health, one is not bound to use extraordinary, and heroic measures. Thus death may be allowed to come naturally to the terminally ill when such heroic means only prolong the dying process and contain no hope for a reasonable return of health. This philosophy requires no legislation since it has been supported, without legal obstacles, by centuries of ethical practice.

These two concepts are vague and misunderstood by the majority of people. In recent years the terms "death with dignity," "passive" and "active euthanasia," etc. have only bewildered the layman who struggles to do the right thing for his afflicted loved ones.

Recently various groups and individuals have taken advantage of confusion to promote "natural death" legislation ("right to die," "living will," and the expansion of the durable power of attorney) and such bills have been enacted into law in many states. Although some individuals, promoting such legislation, are sincere in their desires to help the terminally

ill, others, such as the Hemlock Society and Choice in Dying, Inc. (previously known as the Society for the Right to Die, previously known as the Euthanasia Society of America) have as their goal the speedy passage of the "right to die" bills in as many states as possible, which may then easily be amended and expanded until they truly become active euthanasia laws. Even a cursory look at the literature published by these groups reveals that this is really their goal.

Right to Life - LIFESPAN believes that we owe our sick and dying something greater than unnecessary "right to die" bills, which would be first steps toward legalized euthanasia. There is a greater and clearer need to help the sick and dying to secure good health care. Right to Life - LIFESPAN also applauds advances in medical research which have produced effective pain killers which render the suffering more comfortable.

Right to Life - LIFESPAN alerts all citizens to the dangers of such "natural death" legislation and invites all concerned persons, including the news media, and other educational facilities to join in the compelling need to clearly distinguish between "the allowance of natural death to the terminally ill" and mercy killing. ♦

*Adopted June 17, 1987*

*Amended March 14, 1992*



***What is more humane—to eliminate the suffering in a person,  
or to eliminate the person who is suffering?***

*~ Brian Pollard, palliative care specialist ~*

**Euthanasia**

## POLICY STATEMENT - Right to Life - LIFESPAN

**R**ight to Life - LIFESPAN is very much aware that we live in a rapidly changing world in which the momentum for change is causing traditional values and ethics to be roughly discarded. Abundant evidence to this fact is offered by the rising divorce rate, suicide among the young, the drug culture, the abortion explosion, casual and carefree sex, AIDS and child abuse. Even now steps to the legalization of euthanasia are being taken in many state houses under the artful name of "Right to Die."

These trends contribute to and result in contempt for Life that is emerging as a national attitude, and which constitutes a frontal assault upon the Family and upon the sane and healthy development of our children. In view of the current acceptance of abortion as a means of birth

control and in sight of the explicit, gross, and crude materials being offered as teaching tools (especially many of the Planned Parenthood movies), we heartily recommend that parents take active part in monitoring such programs.

Wise civilizations have long understood that when strong family life prevails in a nation, it provides a citadel against attack from without, and decay from within. To our troubled fellow citizens, Right to Life - LIFESPAN issues a clear call for a return to sanity, a renewed dedication to building, rebuilding, and preserving vibrant family life, and its careful loving nurture of our greatest treasure—our children.

We are confident that such a renewal would be accompanied by surging reverence for Life, and we ask that it begin with each of us. ♦

*Adopted June 17, 1987*



***The Pogasic Family***

*Mary and Marcus with their little boys, Noah, Isaac and Michael and baby girl in the womb, due in May 2025.  
Mary was a part of many LIFESPAN youth events in her teen years.*

♦ ♦ ♦

***God of the family, You thought enough of the idea of family to send Your only Son to Earth to be raised by one. Certainly, You did not have to do that.***

***Today, I dedicate my family to You, Lord.***

***Help me to never forget how important we are to each other  
and how important we are in Your eyes.***

***Make us a family that prays together and plays together.***

***Make us a family that calls on You during rough times  
and remembers to praise You together in times of celebration.***

***Give this family strength and resiliency, Lord.***

***But most of all, give us faith in ourselves and in You. Amen.***

*~ Steve Givens, Prayers for a New Father, Liguori ~*

## POLICY STATEMENT - Right to Life - LIFESPAN

An avalanche of fetal experiments began worldwide with permissive abortion laws. Now, since *Roe v. Wade*, such experiments go on all over the United States. They appear to be a spin-off of the abortion industry with abortion mill operators acting as middle men in the sale of human tissue. In fact, in the words of Dr. Bernard Nathanson, former abortionist turned pro-lifer, "unborn children have become a cash crop."<sup>1</sup>

Right to Life - LIFESPAN has no objections to the use of fetuses obtained from miscarriage, ectopic or spontaneous abortions, but the practical problem is that, in order to be effective for Parkinson's or Alzheimer's, the tissue must be "fresh" so that it may grow in the brain of the patient. This increases the demand for aborted babies rather than those taken in miscarriage or spontaneous abortions, and deepens the fear that live fetuses will be used; that, and the

fact that brain death in fetuses is quite difficult to judge.

The scientific and professional communities have been vocal supporters of the transplants and experimentation mentioned above. We hear semantic tricks like the words "conceptus" or "blob of protoplasm" to cloak the realities, but it is precisely the unborn's humanity that is making him or her such an attractive laboratory specimen.

"In this age, more than ever before, science is too serious a business to be left to scientists. It requires policemen with an awareness of both ethical and environmental dangers."<sup>2</sup> ♦

Adopted April 15, 1992

<sup>1</sup>Bernard Nathanson, M.D. "The 700 Club," Show # 47-88.

<sup>2</sup>London Times, April 18, 1988.



**LIFESPAN'S  
GOLF OUTING 2024  
JOIN US!  
August 2025**

**Fetal Abuse**

## POLICY STATEMENT - Right to Life - LIFESPAN

According to the definition of the United Nations, HUMAN TRAFFICKING means: “The recruitment, transportation, transfer, harboring or receipt of persons for the purpose of exploitation.”

The UN further explains that traffickers are able to exploit their victims through different types of human slavery such as: sex work, forced labor or organ removal and selling. Sex trafficking, in particular, is a multi-billion-dollar industry, where the world is its market. Human beings who are trafficked get treated as disposable, human beings become comparable to raw material that can be bought and/or sold.

Traffickers are able to trick and/or lure their victims into slavery by taking advantage of poverty in their country, the individual’s lack of prospects and /or their hope for a better future.

The victims are then brought to another country, either legally or illegally, led by false promises of work or prospective marriages. Once they arrive, the victims are coerced into a position of dependency by their trafficker’s through debt, bondage, violence, and/or drugs. Therefore, the victims become exploited goods and are deprived of their personal rights, freedom of speech, independence and self-respect.

Michigan is ranked 7<sup>th</sup> in the nation in human trafficking. The number of major highways running through the state, as well as its proximity to Canada make it easier to transport victims from one place to another. Major national sporting events are also opportunities for trafficking.

Human trafficking is often thought of as being a crime against adults but children, some still infants, are frequently victims of this horrible abuse. Women and girls who become pregnant from the assaults on their persons may become victims of abortion as well. Their traffickers take them to the abortion clinic, often lie about their age, and how they became pregnant and pay for their abortions.

This incredible assault on the human person and the denial of dignity, respect and protection for its victims is not to be tolerated.

Nearly every county in Michigan has a task force dedicated to the prevention of human trafficking. Right to Life-LIFESPAN encourages everyone to learn to recognize the signs of human trafficking and to work closely with law enforcement agencies to rescue the victims of this horrible crime and to encourage swift prosecution of those responsible. ♦

*Adopted January 18, 2021*

## LIFESPAN’s Cross Display...

...provides a vivid visual reminder of the tragic loss of life from abortion. Make arrangements to display the crosses at your church or other organization. The crosses are available by calling LIFESPAN’S Oakland/Macomb Chapter for scheduling, 248-816-1546.



## POLICY STATEMENT - Right to Life - LIFESPAN

To protest negative treatment—

The members of Right to Life - LIFESPAN have been shocked and saddened by the ruling of the Indiana Supreme Court permitting denial of food and medical care to a newborn baby with a physical defect in the so-called “Infant Doe” case (April, 1982), Bloomington, Indiana. This opens the way to denying rights to people on the basis of handicap or defect and the possible denial of rights to whole races or economic groups that prejudiced judges may consider “naturally defective.”

We point out that the 1973 Rehabilitation Act forbids any discrimination against the handicapped by persons or organizations, including hospitals, and health care facilities benefiting from Federal Financial Assistance.

We urge the President of the United States to fully enforce all protection in this Act, and we urge all Michigan Congressmen to use their influence to support such enforcement. We are aware that the non-treatment and even starvation of babies born with physical and/or mental challenges is occurring with increasing frequency in medical institutions and we urge Congressional and Senate hearings to investigate such alleged discrimination to see if the law has been enforced in the past and to determine if new legislation is needed. We also urge our state legislators to study conditions in Michigan to see if legal protection and enforcement are adequate in this state. We declare our support for organizations working for the rights of those with physical and/or mental challenges.

We support measures to make a ward of the Court any minor with physical and/or mental challenges who appears to be singled out—by parents, hospitals, and/or any other relevant authority—for determined, life-threatening neglect.

We call upon fair-minded citizens of all races, politics, creeds, to protest the inhumane “Infant Doe” ruling of the Indiana Supreme Court. We believe that a nation which has conquered killer diseases (eg: diphtheria, tuberculosis, polio) and sends men into space will also conquer the killer mentality that sees death as a proper answer to the problems of life.

### Positive treatment

On the national scene, there is one bright and encouraging sign of reawakening respect for Life. This is embodied in widespread efforts to bring those with physical and/or mental challenges into the mainstream of society.

♦ The Special Olympics have given those with physical and mental challenges a chance to compete, to excel, to win...and take a praiseworthy step toward making these people accepted and understood.

♦ We strongly second the moves made by interested groups to upgrade the care of the elderly in nursing homes, and send forth a special plea to not let the whirlwind pace of our lives keep us from paying these elderly the attention and affection they deserve.

♦ These efforts give us reason to hope that we shall all move with one heart to embrace our brothers and sisters with physical and/or mental challenges, for these concerns will be the sturdy paving for the road back to a reawakening Respect for Life. ♦

*Adopted June 17, 1987  
Amended March 31, 2014*



**Pray to End  
Abortion.**

40DAYSFORLIFE

*25,386 babies have been saved since 2007.  
161 abortion centers closed  
and 268 abortion workers quit—worldwide.  
Watch for the next 40 Days for Life  
campaign this fall 2025.*

*~ 40 Days for Life ~  
[www.40daysforlife.com](http://www.40daysforlife.com)*

***Pregnant? Worried? Need Help?***  
*LIFESPAN'S Wee Care Program, pages 28-30  
Maternity Services, page 50  
Pregnancy Help Centers, pages 59-64*

**Mentally/Physically Challenged**

## POLICY STATEMENT - Right to Life - LIFESPAN

In the years before Drs. Salk and Sabin, the March of Dimes had endeared itself to the American people by its unrelenting drive to eliminate polio, and by its beneficent support for the victims of the dreaded disease. Those of us who remember the fears we entertained for our children then, will be forever grateful.

Since their efforts were crowned by the glittering successes of Salk and Sabin in the late 50s, polio has been swept from the American scene. This left the March of Dimes (MOD) with a sophisticated national organization that had shown itself gifted in attracting scientists of renown, and in the art of raising money. Its leaders, then, sought a worthy cause that would fill a need and arouse the public conscience. They settled on Birth Defects—tragic occurrences that are visited on many families. The MOD has contributed to much worthy research since, although new therapeutic treatments within the womb are rare.

A controversy erupted between MOD and the pro-life movement in the 70s that centered on the genetic testing that has searched out defects that are untreatable in the womb. The work of amniocentesis was to insert a long needle into the mother's abdomen during the 14th to 18th week of gestation and withdraw fluid which took four to six weeks to yield answers. According to MOD's own reports, when results were positive, 97% of the parents opted to abort. Such abortions, of time necessity, were therefore done in the second trimester.

At the same time, grantees from MOD, speaking around the country, left no doubt that they welcomed liberated abortion and some told their audiences that they would refuse to use amnio unless parents promised to abort if tests were positive. (Now amnio is done in the 11th week of gestation which accommodates earlier abortions and another test, chorionic villi sampling, is done earlier still and for the same reason.)

In January, 1976, Lifespan and our pro-life comrades in Michigan, adopted a policy of non-cooperation with MOD, and across the country the entire pro-life movement eventually followed suit. Then and always, we pointed out that whenever medical intervention in the womb could correct a defect, we welcomed that move. Then and always, we expressed our deep sympathy with parents of an affected child but that to kill is not to cure.

Although we had broken with MOD because of genetically triggered abortions, the facts of fetal experimentation, which followed speedily, had not yet come to the public view. Even today, the

public is largely innocent of how far down the ethical slippery slope our beloved country has fallen.

When *Roe v. Wade* legalized abortion in 1973, an abundance of aborted fetuses became available and a fast bandwagon of fetal research was set in motion onto which scientists leaped exultantly. At first, pro-life influences encouraged strictures to be placed against much experimentation in government-funded laboratories, but MOD is a private group and is not subject to the same rules.

In the use of fetuses for research purposes, the human fetus was divided into two classes: The first was the fetus as a patient, i.e., a "wanted" child, therefore, a person. And this is where medical intervention sometimes found happy solutions. The second class was the "abortus," the product of a planned or accidentally terminated pregnancy during the first 20 weeks of gestation. This second class was given no protection or status.

The ethical controversy sharpened when some abortion methods delivered a live baby (i.e., hysterotomy—a miniature Caesarean) and though first viewed as the "dreaded complication," some researchers noted that tissues from a live baby made a better laboratory tool and began to look around for an abortion method that would deliver a live baby with less trauma to the mother.

Dr. Kurt Hirschhorn of New York's Sinai Hospital, long time advisory Board member and grantee of MOD, author of its original Birth Defects Article Series, wrote, "With prostaglandins you can arrange the whole abortion...so the fetus comes out viable in the sense that it can survive hours or a day."<sup>1</sup> Thereupon, it can be said that "a new and deep relationship between abortion and fetal experimentation was formed. It heralded the concept of a fetus as an organ farm in the real sense."<sup>2</sup>

The drug, Prostin Alpha 2, manufactured by Upjohn Pharmaceuticals, when used in second-trimester abortions, sometimes delivered a live baby. "...In 1982 the National Right to Life Committee reported that, in separate studies, Prostin Alpha 2 resulted in 7 to 9 (live) births in 100 abortions, a rate 30 times higher than with saline."

It was found that this "fresh material" did offer viable tissues (as Dr. Hirschhorn predicted), and as two other MOD grantees wrote, this material "might be suitable for organ transplants...for vaccines, and for basic research." These researchers were Dr. Mitchell Golbus and Dr. Robert Erickson, who wrote while working on a 1973 grant from MOD.<sup>4</sup>

WELS Lutherans for Life, alarmed by a paper published by MOD (Strategies in Genetic Counseling: Reproductive Genetics and New Technologies) began

## POLICY STATEMENT - Right to Life - LIFESPAN

a dialogue with MOD about the use of aborted fetal tissue in their studies. They invited Dr. John Willke, (originally president of the National Right to Life Committee, now president of Life Issues Institute, Inc.) to study the MOD reply. He summarized his reaction to the MOD letter (4/15/97) in these words: "...the letter is a mixture of some truths, some half truths and some false statements. It certainly would have been better had the MOD limited its comments to issues directly relating to diagnostic, mid-trimester amniocentesis rather than mixing many issues and then drawing sweeping conclusions."<sup>5</sup>

WELS Lutherans then joined the established boycott of MOD and adopted the Michael Fund of Pittsburgh, PA for its research donations.

The strictures placed on government-funded laboratories were lifted by executive order of President Clinton the day he took office in 1992, thereby placing virtually unlimited freedom in the hands of scientists who believe that the end justifies the means. It must

be said, in justice, that some scientists stand tall in opposition.

In our original statement of protest to MOD policies, we absolved it of any close relationship to abortion itself. However, the passage of time and the literature have rendered this attitude extremely naive. A wealth of scientific articles places MOD hand in glove with the abortionists and reinforces Lifespan's original boycott of the March of Dimes. ♦

<sup>1</sup> Suzanne M. Rini: "Beyond Abortion," *A Chronicle of Fetal Experimentation*, TAN books and Publishers, Rockford, Illinois 61105, 1993, p. 81.

<sup>2</sup> *Ibid.*, p. 80.

<sup>3</sup> *Ibid.* p. 79, quoting Jeff Lyon, "The Doctor's Dilemma: When Abortion Gives Birth to Life, Physicians Become Troubled Saviours," *National Right to Life News*, September 16, 1982, p. 8.

<sup>4</sup> *Ibid.*, p. 80. Taken from the *American Journal of Obstetrics and Gynecology*, 1974.

<sup>5</sup> WELS Lutherans for Life, Milwaukee, Wisconsin 53222.

Adopted July 15, 1987

Amended January 19, 1998

***Thank you, ALL of our LIFESPAN VOLUNTEERS; we couldn't do it without you!***



### ***Dedicated Hearts***

*Dedicated hearts like yours are not so easy to find.*

*It takes a special person to be so generous and kind.*

*To care so much for your fellow man is a quality all too rare.*

*Yet you give of your time and talents, for all in need to share.*

*So thank you for being a volunteer; we're privileged to work with you.*

*We want you to know how appreciated you are,*

*Not just today, but the whole year through.*

For volunteer opportunities, call LIFESPAN'S Main Office 734-524-0162;  
Oakland/Macomb Chapter 248-816-1546; Wayne County Chapter 734-422-6230  
or Wee Care 734-524-0165.

## POLICY STATEMENT - Right to Life - LIFESPAN

### Membership Lists

Right to Life - LIFESPAN does not share, distribute, copy, or give its membership lists to outside groups or individuals under any circumstances. This is done in order to protect the value of these lists and the privacy of our members. Our volunteers, while working on a Right to Life - LIFESPAN project, are permitted to use the membership lists, but they are not to give the lists to any other individual or group. ♦

*Adopted June 15, 1988*

### Picketing

Reaffirming our position, as an organizational policy, Right to Life - LIFESPAN does not engage in the picketing of abortion clinics, political candidates, religious events, political events, etc. Further, Right to Life - LIFESPAN does not permit the use of its name, or its registered trademark by any person engaged in picketing abortion clinics, political candidates, religious events, political events, etc. ♦

*Adopted January 30, 1979*

## Membership Lists/Picketing



*March for Life 2025 - see more photos in Generation Truth, LIFESPAN's Youth Outreach*

## POLICY STATEMENT - Right to Life - LIFESPAN

The Planned Parenthood Federation of America (PPFA) is the leading abortion provider in the United States. **In its 2022-2023 Annual Report, PPFA reported performing 392,715 abortions in 2021-2022, and having nearly \$2.1 billion in income. The money it received in taxpayer funds (during the fiscal year 2021-2022) was \$699.3 million.**<sup>1</sup>

Dr. Bernard Nathanson, former abortionist who has since become pro-life, has dubbed this organization as “The Empire” and the point is well taken. It has coolly cast aside its declaration of 1963 which said in its own pamphlet, **“Abortion kills the life of a baby after it has begun; it is dangerous to your life and your health; it may make you sterile so that when you want a child you cannot have it.”** From this boldly truthful assertion, it has reversed itself to become the number one political force to make abortion legal and permissible for any reason and at any time in gestation, and no other organization has been nearly so relentless in court challenges to state and local attempts to regulate abortion.<sup>2</sup>

Planned Parenthood’s founder, Margaret Sanger, began her crusade for birth control in the early 1900s because of her compassion for the overburdened poor. Having been influenced by the British eugenicist, Havelock Ellis, Sanger returned to the United States, abandoned her initial sympathy for the poor and advocated selective breeding. Her rallying cry then became, “More children from the fit, fewer children from the unfit.”<sup>3</sup> Her unfit were the progeny of the Jews, people of color and the poor and uneducated whom she referred to as “human weeds.”<sup>4</sup>

Her concept of selective breeding found a natural embrace in the Third Reich philosophy but lost favor in America in the mid-1940s when the results of Hitler’s genocidal holocaust stunned the world. Previously called the American Birth Control League, the new name became a miracle of semantic creation—Planned Parenthood Federation of America (PPFA).

Always adaptable to an about-face, The Empire in the 1950s sought a respectable image, dispensing birth control information to married couples only. It had nothing to do with abortion then, and won such respect in this country that President Truman, upon his retirement, became honorary President. Subsequently, President Eisenhower, when he retired, did the same.

The sexual revolution began to surface in the 1960s when the contraceptive “pill” became widely available. The same decade saw sweeping legislation resulting from the Civil Rights Movement. A fear of the growing power of the black people, which coincided with Mrs. Sanger’s early prejudice against them, expressed itself in many legislative actions to bring PPFA information to welfare recipients at govern-

ment expense. During the same turbulent 1960s, Paul Erlich’s book, *Population Bomb*, emotionally charged the reading public and raised shrill voices of population alarmists to hysterical pitch. But PPFA was working quietly, with new allies in key government positions, to get abortion legalized. By the end of the 1960s it had already become a semi-public agency. In 1969 Harriet Pilpel, PPFA’s General Counsel, and Vice President of ACLU, along with Dr. Alan Guttmacher, President of PPFA, pushed through the organization’s first overt pro-abortion policy at its annual meeting in New York City.<sup>5</sup>

Meanwhile, PPFA was doing abortions and referring thousands to states that had already legalized abortion. Although several states did legalize between 1967 and 1970, pro-abortion referenda in North Dakota and Michigan in 1972 were soundly defeated. Nevertheless, on January 22, 1973, *Roe v. Wade* struck down all existing statutes and criminal laws regarding abortion, which was identical to the PPFA policy of 1969 in New York City. The PPFA Empire was clearly in charge nationally.

Using the “epidemic of teen-age pregnancy” as its prime **vocal** target, it lobbied successfully for the Title X government program which provided contraceptives to teenagers without respect to marital status or the physical and mental health of these young people. Throughout the 1970s, PPFA reached the young with such publications as, “The Heavy Facts About Sex” and “The Perils of Puberty” which titillated and encouraged unbridled sex, advising the uninitiated to ignore their parents’ advice and come to PPFA instead.<sup>6</sup>

In 1970, when Title X was enacted, 300,000 unmarried teens became pregnant, of whom 190,000 gave birth, and the remainder aborted their babies. Ten years after Title X started, 1980, 750,000 unmarried teens became pregnant, 250,000 gave birth and half a million aborted their babies.<sup>7</sup> Informed personnel in the contraceptive field generally agree that the younger a woman is, the more likely she is to become pregnant while using contraceptives, and 30% of all unmarried teens became pregnant while using them.<sup>8</sup>

PPFA pursues its sex policy worldwide through its international division, “Family Planning International Assistance” (FPIA) and PPFA is a founding member of the International Planned Parenthood Federation (IPPF) which is comprised of family planning associations in 120 countries.<sup>9</sup>

*continued*

## POLICY STATEMENT - Right to Life - LIFESPAN

A cooperative agreement with the U.S. Agency for International Development (AID) is the primary source of support for FPIA. But in 1985 the Reagan Administration instituted the "Mexico City Policy" which refused the use of U. S. government funds for overseas abortions. Planned Parenthood immediately sued the government. This case was resolved on June 3, 1991 when the Supreme Court upheld the government ban against overseas abortion funding.

On January 22, 1993, President Clinton, by Executive order, restored the funding cut of the Mexico City Policy. In October 1993, \$14.5 million was allocated to the U.N. Family Population Activities (UNFPA) and in 1994, \$40 million more was allocated to the same organization. This policy lasted for the eight years of the Clinton Presidency.

In January 2001, President George W. Bush, by his own Executive order, restored the Mexico City Policy, refusing again the use of American dollars to fund overseas abortion.

Since the pro-life movement began in this country, it has opposed the philosophy and actions of Planned Parenthood. Some individuals and groups have attempted to boycott the businesses who fund PPFA as part of their charitable donations. Many have met with absolute failure as the companies adhere stubbornly to the image of PPFA as compassionate big sister. Companies that have discontinued funding Planned Parent-

hood include General Mills, the Target Corporation, which owns the Dayton-Hudson, Marshall Field's stores and others, Home Depot, Mrs. Fields, Hewlett Packard and Pampered Chef.

This, upon the heels of President George W. Bush's return to the Mexico City Policy, gave the pro-life movement nationally a hope that respect might one day rise again for the incomparable gift of Human Life.

However, one of the first official actions Mr. Obama took after being inaugurated president was to rescind the Mexico City Policy on January 23, 2009. In so doing, he fulfilled a campaign promise and allowed organizations that provide and promote abortion in foreign countries (including countries which, as a matter of law, prohibit abortion) to use United States tax dollars to carry out these activities. ♦

<sup>1</sup>Planned Parenthood Federation Annual Report, 2022-2023.

<sup>2</sup>Daniel S. Light, *The Empire Strikes Out*, Rutherford Institute.

<sup>3</sup>Margaret Sanger, *Pivot of Civilization*, (N.Y.N.Y. Brentanos, p. 177).

<sup>4</sup>Ibid.

<sup>5</sup>Richard D. Glasow, *National Right to Life News*, 12:2, (Jan. 31, 1985).

<sup>6</sup>Heritage House '76 Inc. Box 730, Taylor, AZ 85939.

<sup>7</sup>Light, *op cit*.

<sup>8</sup>Ibid.

<sup>9</sup>PPFA Annual Report, 1988, p. 14.

Adopted August 20, 1991

Amended March 9, 1994

Amended March 18, 2002



*Never give in. Never give in. Never, never, never, never.*

*Never yield to force.*

*Never yield to the apparently overwhelming might of the enemy.*

*~ Winston Churchill ~*

## POLICY STATEMENT - Right to Life - LIFESPAN

The terms “population bomb” and “population explosion” were used increasingly in the 1950s, thereby linking normal human reproduction to the threat of violence. Aided by the zeal of such groups as Zero Population Growth, the schools began to teach our students that it was unpatriotic to bring babies into an over-crowded world. These voices copied the thesis promoted by the Rev. Malthus in 1798 that there are too many people on earth and nature does not provide enough food for all.

Defects of Malthusians—new and old—were that they underestimated scientific progress and natural resources. Frequently the problem of large scale starvation can be laid to political ineptitude (e.g. India), which allowed food to rot on the ground in one area while people starved in another. Or political malice which was seen recently in Ethiopia where tons of goodwill food supplies were diverted from the suffering to where the government wanted them to go. The Malthusians were given to preoccupation with the sex life of others and visioned a solution in the limitation of births. The “superfluous people” were seen to be the poor, the non-white, and the foreign.

The overpopulation theory lends itself to justification for letting people die. A tough thread of elitism runs through such populationists as Margaret Sanger and Planned Parenthood, Joseph Goebbels and the Third Reich, and more recently, Zero Population Growth.

Now, on the economic front, where many of the Malthusians based their claims, the birthrate of the U.S. is below replacement levels, and such demographic experts as Senior Fellow Ben Wattenberg of the American Enterprise Institute, call attention to the sad plight of our Social Security system because we do not have enough young workers coming along to support it.<sup>1</sup> Similarly, Dr. Karl Brandt, Director of Food Research Institute at Stanford, says the U.S. is **underpopulated** and will have a higher standard of living when the population increases greatly.<sup>2</sup>

The success of the populationists was achieved through the subtle power of language, and once the concept of “superfluous people” took hold in the human mind, the means for getting rid of these “superfluous” became more acceptable.

In the 1980s, and thus far into the 90s, there have been massive efforts to cut population in the Third World, which is identified, in general, as Africa, Asia (especially South Asia), India and, in this hemisphere, Central and Latin America. The conditions in this area have fueled some real concerns which should be shared by everyone: In Africa, more than half the mothers are not attended by trained personnel at

childbirth but rather by “traditional” personnel, and it is not made clear what this phrase means. Since women earn more than half the family support, when one is disabled or dies, chaos results. There is massive mortality of women from “pregnancy-related causes,” and the overwhelming majority of these are from “unsafe abortions.”<sup>3</sup>

The Guatemala Safe Motherhood Declaration reports that “one in every five Central American women has experienced a violent relationship with a partner,” and that “there is no adequate legislation to protect women in this area.” It is safe to assume that the above statistic testifies to the low social status women suffer in the Third World.<sup>4</sup>

Moved by the conditions described above, and stirred by the current literature viewing population as a potentially explosive enemy, a group of world-wide organizations emanating from the United Nations has assumed a candidly high profile in its zeal to cut population in this Third World. Chief among them are those listed below, which for brevity’s sake, will be referred to as The Network: World Bank, World Health Organization (WHO), UNESCO, Family Care International (FCI), United Nations Development Program (UNDP), International Planned Parenthood Fund (IPPF\*), United Nations Children’s Fund (UNICEF), U.N. Fund for Population Activities (UNFPA), U.S. Agency for International Development (USAID).

The Network subscribes to what is called the “Safe Motherhood Initiative.” Among its “First Tier activities are “family planning and abortion.”<sup>5</sup> (Implicit here is activity to legalize abortion where it is not already legal, in order to make it “safe.”)

The Second Tier addresses adolescent years by reviewing the laws on marriage and by altering “school curriculum to emphasize sexual and reproductive health education.”<sup>6</sup>

The Third Tier emphasizes education to encourage contraceptives and women’s “reproductive health role.”<sup>7</sup>

No thinking person enjoying the economy, health services, and protective laws in our own country can turn his/her head away with comfort from the conditions stated above. How does the Network propose to remedy these conditions? a) Sex education in the schools; b) contraceptive services; c) “safe” abortions. Some of the euphemisms used are “menstrual regulation” which means abortion in the first eight weeks; “population

*continued*

## POLICY STATEMENT - Right to Life - LIFESPAN

dynamics," which is formulation of "population policies," and "family life education," which means the spacing of children, which sounds innocent enough if it were not for the rest; "surgical contraception"—this is not explained. Does it mean tubal ligation, vasectomy, Norplant? Such euphemisms should be viewed with the question, "At what point do they become government fiat, given the strong image that population is looked upon as the enemy?"

The positive aspects of the program are those dealing with educating midwives and health personnel, with raising respect for women and concentration on child immunization and the importance of nutrition to the health of the people.

The *New York Times* reports that "the Clinton administration is seeking a substantial increase in spending ...on population control programs with the goal of providing birth control to every woman in the developing world who wants it by the end of the decade."<sup>8</sup> Timothy Wirth, main population spokesman for the Clinton administration, talks of raising the annual spending figure to \$1.2 billion to provide family planning services to the 600 million women of childbearing age in developing countries.<sup>9</sup>

However much Right to Life - LIFESPAN would rejoice in higher standards of living for our Third World neighbors, we must remind our fellow citizens that they will pay for these inefficient, ineffective, anti-life programs. The means proposed to carry them out have been forced through our own country—our own schools, our own adolescents, with the result that America

now has the highest teen abortion rate in the world, the highest teen illegitimacy rate in the world and reckless homicide has become the popular national sport. Sexually transmitted diseases, including AIDS have become rampant, especially among the young. Population control programs in this country have not solved the problems with which the Third World is plagued. It is difficult to see how, given this dismal picture, our country should presume to take on the role of number one world leader in population activities. ♦

<sup>1</sup>Ben Wattenberg, see *"The Birth Dearth"* (Pharos Books, New York, 1987).

<sup>2</sup>Fredric Wertham, M.D., *"A Sign for Cain"* (McMillan and Co., NY, 1966, p. 110).

<sup>3</sup>Dr. Mahbubul Hag, *"Why Does the Miracle of Life Become a Nightmare of Death?"* *The World Bank, Meeting of Partners for Safe Motherhood*, Washington, D.C., March 1992.

<sup>4</sup>Bulletin; Inter-American Parliamentary Group on Population and Development, *"Guatemala Safe Motherhood Declaration,"* Vol. 9, No. 3, March 1992.

<sup>5</sup>It should be noted here that, although the Reagan "Mexico City Policy" forbade the use of U.S. dollars to fund the IPPF for abortion overseas, in 1993, President Clinton, by Executive order, scrapped the Mexico City Policy for the eight years of his term. In January, 2001, President George W. Bush, by his own Executive order, reinstated the policy. Therefore, at this writing, the IPPF is forbidden to use U.S. dollars to fund abortions overseas.

<sup>6</sup>Dr. Fred T. Sai, *"Safe Motherhood Initiative: Getting Our Priorities Straight,"* *The Lancet*, Vol. 339, February 22, 1992.

<sup>7</sup>*Ibid.*

<sup>8</sup>*Ibid.*

<sup>9</sup>Steven Greenhouse, *"U.S. to Spend More on Birth Control,"* *New York Times (International)*, January 23, 1994, p. 5.

<sup>10</sup>*Ibid.*

Adopted May 18, 1988  
Amended March 9, 1994  
Amended March 18, 2002



### **LIFESPAN's Lights for Life Tree**

*Illuminated during the Christmas season, on I-275 near Grand River,  
in memory of, or in honor of, loved ones of members and friends;  
donations benefit LIFESPAN's educational programs*

## POLICY STATEMENT - Right to Life - LIFESPAN

There is nothing new about violence. The human race has known the evil of violence since Cain killed his brother, Abel, out of envy. Men and women of our own pioneering country used violent action in self-defense or in the cause of freedom and justice. The use of such action is still debated. But since *Roe v. Wade* legalized the killing of our most innocent and helpless brothers and sisters in the womb, we have seen a reckless escalation of **totally unprovoked** violence that has become a national scandal.

Children are shot at play on their streets or at school. Infants are killed in acts of rage by their parents or parent substitutes. Women are raped on college campuses by men they know, as well as in back alleys by strangers. Incidents of spousal abuse occupy the attention of our media and inspire plots for the movies and TV. Unknown fanatics have sometimes bombed abortion clinics in the vastly mistaken notion that two

wrongs will somehow make a right. Everywhere in the picture lurks the tragedy of people who have abandoned their personal responsibility for the whims and caprices of the moment.

The hatred generated by violence is an illness that feeds upon itself. It is epidemic in nature, finally destroying its own source and all those who are caught in its grasp.

Who will deny that *Roe*—with its strong promotion of self-gratification—has provided the subtle underpinnings for the senselessly violent society we have become?

Right to Life - LIFESPAN from its inception in 1970 has opposed violence as it does now. Let us be part of a solution by striving to create a nation of mutual respect for **all** members of our human family. ♦

*Adopted April 15, 1992*



### March for Life

*Thousands March in Washington, every January, to protest legalized violence in the womb.*

*Join the March for Life in Washington, D.C., January 2026*

*Join the March for Life in Lansing, Michigan, November 6, 2025*

*See fliers for details, pages 210 and 213.*

♦ ♦ ♦

*They also sin who only stand and watch.*

*~ Anne Perry ~*

Violence

# *Right to Life - LIFESPAN's* **WEE CARE PROGRAM**

*A Program of Right to Life - LIFESPAN Educational Fund*  
 32540 Schoolcraft Rd., Ste. 100; Livonia, MI 48150-4305

Phone 734-524-0165

*Office Hours: By appointment*  
*Karen Patrosso, Director*



**W**ee Care is LIFESPAN's very own outreach program that provides hundreds of moms and their precious little ones desperately needed

baby supplies.

Wee Care's humble beginning in 1990 (in a borrowed storefront with no heat or electricity) was born of a need to outwardly show our love for mothers and their babies.

And now, each year, approximately 600 mothers receive a package overflowing with sleepers, onesies, blankets, diapers and so much more.

Who are these moms? Some are teens who have been abandoned by their families because they refused to abort their baby. Some are homeless or in shelters for abused women. Some are grandparents whose son or daughter has dropped off their children and never returned. And some are moms who have never asked for or needed help before. They rejoiced with their husband and other children when they discovered they were expecting, and then jobs were lost, children needed to be fed and homes needed to be saved from foreclosure. There were no fun trips to the baby store and the months passed quickly and one day they had to make that reluctant call for help. These are just some of the moms we help. Each has a different story, but every baby is so very cherished.

Our families are referred to us by visiting nurses, social workers, hospitals, school counselors, churches, crisis pregnancy centers, charitable organizations and others. We have no public funding and all of the material goods that we are able to distribute are donated by very caring individuals. Some churches host baby showers and others organize Giving Trees at Christmas. Without their loving support, Wee Care could not exist.

Every year, we are able to give out over 5,400 sleepers, 6,000 onesies, 3,000 receiving blankets—and that is just three of the items that the moms receive!

A typical layette (valued at approximately \$600.00) is filled with:

- Sleepers/outfits (9)
- Onesies (10)
- Crib sheet
- Towel set
- Lap pad
- Crib blanket or afghan
- Receiving blankets (5)
- Diaper bag
- Bibs
- Sox/booties
- Blanket sleeper
- Snowsuit/sweater set
- Gown
- Diapers
- Wipes
- Lotions
- Pacifier
- Rattle
- Bottles
- Stuffed animal
- Bathtub
- Spoons, cups, grooming, health & safety items
- Gently-used clothes

Most importantly, along with the material goods, the moms receive gifts of hope and love. They are touched that strangers care about them and their precious baby and are assured of your love. If you know someone who needs Wee Care's assistance or would like to donate to help our babies, call Karen at 734-524-0165.



*All material and monetary donations to Wee Care are tax-deductible.*  
*Checks must be made payable to **Right to Life - LIFESPAN Educational Fund**.*



*Anne Byrne, St. Thomas More Church, arranges baby showers every year!*



*One of Betty Kramer's many shopping excursions for our babies!*



*Cecilia and Jack Massarello delivering their annual collection of wonderful baby items from St. John Neumann Parish*



*Mark Bowers presents a generous check to Wee Care from K of C Dr. Thomas A. Dooley Council*



*Marlene Vincent and Gloria and Ron Sulkowski delivering car loads of baby gifts from St. Sabina Church's Baby Shower*



*Dearest friends, Robbin, Jen and the late Howie Williams from Downriver New Covenant Church—they love our babies!*



*Lynn Gura hosted a beautiful shower at St. John Fisher Chapel*

## Who Are Some of the Families We Have Helped?

♦ A grandpa who stepped up when his son walked away from his girlfriend and his baby. Needless to say, grandpa had nothing, but provided a home for his grandchild and her mother...

♦ A mother who fled to an abuse center in the middle of the night with her baby and anything she could stuff in her diaper bag...

♦ A mom in labor who was dropped off at the hospital to give birth and then sent back to the homeless shelter with her newborn within 24 hours...

♦ A pregnant teenager who was living with a friend's grandmother after her family had thrown her out because she refused to have an abortion...

♦ A mom, with a toddler, who wasn't able to work because she was fighting cancer...

♦ A mom who lost everything in a fire...

♦ A mom who everyday rode two buses to the hospital to be with her 1-1/2 lb. preemie daughter...

♦ A secretary at a shelter who saw how we helped mothers and challenged us to talk her out of her scheduled abortion (we did!)...

Every story is different, but every baby so very precious! Thank you for your baby supplies, your love and your prayers that made all of this possible. You will never know how many lives you have touched.



*Mary Bonk, Patrick and Patricia Coughlin deliver baby supplies from St. Michael the Archangel School's Pro-Life Club!*



*It took three cars to deliver baby shower gifts from St. Edith Parish*



*A typical Wee Care layette (estimated value \$600)*



*By Lynn Gura, Youth Director*  
**Right to Life - LIFESPAN**

It was a real joy to help LIFESPAN send a total of 174 people—Jr. High and High School students, young adults, parents and chaperones to Washington, DC for the 52nd March For Life, the 3rd Post-Roe March. I heard a lot of good things about the trip and saw a lot of terrific pictures that we are sharing with you in this Resource Book! Thank you all for joining LIFESPAN and thank you all who gave support through monetary donations and your prayers for a safe and inspiring journey!

People ask “why do we still go to DC to March”? Well, our most important work as pro-life advocates is changing hearts and minds to save precious pre-born lives and save women from physical, emotional and spiritual harm.

The goal of the March for Life in DC is not only to change laws at the state and federal level, but to change the culture to ultimately make abortion unthinkable! Many of us are dedicated to march with hundreds of thousands of others in our nation’s Capital until a culture of life is restored throughout the whole United States of America!

It is very important to keep “Marching for Life” by being engaged in the pro-life movement in whatever ways you can! See the flyer for the 2026 March for Life on page 213.



## Right to Life - LIFESPAN's 2025 *Movement in Motion* Youth Bus Trip to DC



In a video message at the Rally before the March, the 47th President of the United States, Donald J. Trump, promised to “stand proudly for families and for life.” I wanted to share a small part of his message:

*We will work to offer a loving hand to new mothers and young families, and we will support adoption and foster care. We will protect women and vulnerable children.*

*Under my leadership, a reformed Department of Justice will finally investigate the radical left attacks on churches and crisis-pregnancy centers, and we will bring perpetrators to justice. We will get them to justice, one way or the other.*

*To all of the very special people marching today in this bitter cold, I know your hearts are warm and your spirits are strong because your mission is just very, very pure: to forge a society that welcomes and protects every child as a beautiful gift from the hand of our Creator.*

*Thank you for never losing hope and never giving up. Thank you for your tremendous support. God bless you, and God bless America.*

You can watch the whole video clip at:  
[https://youtu.be/k1\\_570XDQYw?si=6jI-5ZlaQ-g6aNK\\_F](https://youtu.be/k1_570XDQYw?si=6jI-5ZlaQ-g6aNK_F)

Right after the President’s video message, our Vice President JD Vance took the stage to a very excited large crowd! Part of his message included:

*We are proud to march with you; and, yes, we will be back next year.*

*continued*

*The excitement, the passion, the unwavering conviction that every single person here on the National Mall clearly feels. It is deeply moving to me and means more to President Trump and I than I could possibly say.*

*I want more babies in the United States of America. I want more happy children in our country, and I want beautiful young men and women who are eager to welcome them into the world and eager to raise them.*

*We need a culture that celebrates life at all stages, one that recognizes and truly believes that the benchmark of national success is not our GDP number or our stock market, but whether people feel that they can raise thriving and healthy families in our country.*

*Now yesterday, President Trump issued a strong endorsement of the Born-Alive Abortion Act, ensuring that those babies who survived botched abortions enjoy equal protection under law, which is the obligation of every citizen in this country.*

*With his return to office, no longer will the federal government direct FBI raids on the homes of people like Mark Houck and other Catholic and Christian activists who are fighting for the unborn every single day. And no longer will our government throw pro-life protesters and activists, elderly grandparents or anybody else in*



*prison. It stopped on Monday, and we're not going to let it come back to this country.*

*Thank you for being here, and thank you for marching here today; and most importantly, in your works, you remind us that the March for Life is not just a single event that happens on a frigid January day. The March for Life is the work of the pro-life movement every single day from this point forward. Now, it is a lifelong call to action, a moment in time; but every single day that you guys do what you do, from supporting young moms and dads to fighting for the unborn, to working with our legislatures at the state and federal level, you make it possible for us to stand here and say that America is fundamentally a pro-baby, a pro-life and a pro-family country.*

*It is a joy and a blessing to fight for the unborn, to work for the unborn and to march for life! God bless you all, and thank you for having me. It's an honor to be with you.*

You can watch the video clip at: <https://youtu.be/gGGJkvGIfaA?si=Inh19zTa5jsI9U0>

#### Comments from our Marchers:

*I had a lot of fun being with my classmates and helping to fight for a good cause.* — Student

*I really enjoyed the March. It made me feel good that I was standing up for life.* — Student

*It was cool to see how many people showed up and supported the cause.* — Student





Loved the March! So amazing to see so many people sticking up for the unborn. I loved chilling with my friends.  
—Student

This weekend we went to DC to march for the lives of the unborn. I hope to go next year, although I'll be graduating this year. During my senior year, this was extra special. We went to one of the most beautiful Masses I've ever gone to at the National Shrine of the Immaculate Conception, and it was so amazing to see the church filled with people, especially the youth who are our future for the unborn lives of the babies...our humanity.  
—Student

Sometimes I have no hope and lose my faith in humanity, until I see events like this which makes me trust God even more and I feel so comforted. Unfortunately, on our way back at a rest stop, we had a GROWN man argue with us students about the topic of abortion. As we stayed calm and collected, he was aggressive, but through God, we stood up for what was RIGHT and in the end, he was the one to walk away without peace.  
—Student

Thank you, LIFESPAN and Mrs. Gura, for making this trip happen. I will always be beyond grateful to experience an event like this!  
—Student

Great first-time experience! I had a lot of fun going with friends and meeting people. My favorite part was attending Mass at the Basilica. The Chaperones made it an enjoyable trip, and I hope to attend next year!  
—Student

This was the 52nd March and another opportunity to stand up for the unborn. The captains were excellent and displayed wonderful leadership. Thank you LIFESPAN for organizing the trip for the March!  
—Chaperone

I attended the March to support a cause I believe in. I wanted to march with others to support the cause and have our voices heard. For our future, it is so nice to have young people involved.  
—Chaperone

This was my first time to DC at the March. It was an awesome experience to get to stand up for life, especially being pregnant myself! Mass was so beautiful that it brought me to tears thinking about all the people there praying for the unborn. My favorite moment at the March was seeing a woman holding a sign that said, "I regret my abortion." I was in awe of the courage she had to share that experience. It was moving. I would love to go back again!  
—Chaperone

I had so much fun on this trip! I loved hanging out with my friends and getting to see all the monuments. I'm so glad I had the chance to come on the March. It's been a dream of mine for a very long time! Thank you LIFESPAN for putting this together!  
—Student

The reason I came to the March for Life is so that I can make a difference. Life means a lot to me and if I can help with speaking for the unborn, I will take that opportunity. I experienced joy and grace on this trip and really enjoyed my time with my friends and meeting new people. The Mass was so beautiful and seeing all the people genuinely there for God and Life made me happy. The March was beautiful and I loved

*continued*



seeing people march for life. Of course, I would join LIFESPAN again. God bless you! —Student

I went to the March for Life because I believe all life is truly the biggest blessing anyone can get. I wanted to march to fight for all the amazing babies that do not get a chance in life. Abortion has always been wrong to me. God is making a new life that is so worthy and should not be taken away because of lack of responsibility. I really enjoyed the Basilica and the Mass was an amazing way to pray for the unborn. The March was so moving and incredible to see all who support the babies. The rally was incredible to hear experiences and stories. —Student

I went on the March this year because we all need to have a voice for the voiceless. We all have human dignity and the right to live should not be stripped of those rights. I had an amazing experience. I thought the Mass was beautiful. The March was like something I have never experienced before. To see so many people come together and unite was amazing. I loved that I was able to do this with all my best friends at my side. In the future, I would like to travel with LIFESPAN again. Thank you for the memorable experiences! —Student

I came on the trip because ever since I was younger, I would always hear about it from my older friends and thought it would be a super cool experience, which it was. The March itself was extraordinary because it was amazing... seeing everyone come together for one cause. I loved it. —Student



I came on the trip to speak up for unborn babies lives since they cannot speak for themselves. It is a part of our faith to stand up for what is right and not allow people to freely go around disrespecting our faith. I had an incredible time, and it was so moving seeing the amount of people supporting this cause. I'd come back because I had a great time! —Student

This was my 4th trip to the March for Life and my 3rd one with LIFESPAN. What an inspiring joy it is to travel to DC and be energized by all those around us who love life as we do! The reason I go, is to re-energize myself and to show public witness to my convictions towards life. I want to proudly display my beliefs. This March enables me to do so. God bless the March for Life (DC and MI) and God bless LIFESPAN for providing the opportunity to attend. I would go again! —Mary, Adult

I wanted to participate in the March for Life because I wanted to give public witness to the value of life and the beauty and dignity of the human person. The trip was a great way to spend quality time with my mom and my two daughters and to support the pro-life cause together. Mass at the Basilica was inspiring and hopeful. Gathering with the pro-life community at the rally was the highlight of the trip for me. It was especially inspiring to see so many teenagers and college students! The March itself was a great experience, and the LIFESPAN hats helped keep us together and were warm and com-



life with words of conviction and admiration that we need to continue to fight for the right of those who have no voice. VP Vance, Bethany Hamilton, and the OB-GYN all delivered inspiring and moving testimonies about why they stand up for life. I was edified by all the young people who marched, many of them praying as a group, some dancing, some joyfully walking and witnessing the importance of the foundational right to life just by being there. The tangible sense of hope and conviction among the marchers made a lasting impression on me!

—Adult

*continued*

fortable. Thanks! If given the opportunity, I would be happy to join in the 2026 bus trip.

—Teresa, mom

This was my 4th time participating in the DC March for Life. (the first time with LIFESPAN) I really wanted to march this year because I felt that it was going to be extra special after the inauguration of President Donald Trump. My expectations were more than met at the pro-life rally! It was amazing to hear the speeches from prominent pro-life politicians IN PERSON, especially Governor Ron DeSantis and VP Vance! The recorded video of President Trump gave me new hope for the pro-life cause after four years of pro-abortion policies in the federal government and Michigan. The Mass at the Basilica was beautiful and spiritually refreshing. The bus trip was very pleasant. The high school students were earnest, respectful and full of the joy of Life! I encourage more families to travel and March for Life together next year! P.S. Praying that our witness bears fruit with more pro-life and pro-family sentiment in our country.

—Humble adult participant

This was my first time at the March for Life. I am so glad I came and had a very moving and impactful experience. At the rally, I thought all the speakers offered words of hope about the possibility that our nation could slowly but surely become more pro-



What an honor to have participated in this event alongside other adults and my students from Marian. This experience strengthened my resolve to be bold and courageous in sharing with others the importance of defending the right to life from conception to natural death and all the stages in between. I would consider attending with LIFESPAN again. I appreciated the planning, coordinating, and communicating done in a wonderful, timely manner. This was a great trip. Thanks so much, Lynn and LIFESPAN!

—Mary, Bus 2 Captain

Mary asked me to be a co-chaperone. She's one of my closest colleagues, so I really didn't hesitate! This trip was one I always admired. It was wonderful to be with so many like-minded people! Believers who love and appreciate the miracle of life. I was taken aback by the sheer number of young folks at the March. I was so encouraged by the smiles and camaraderie among all walks of life. I would help again next year. I learned a lot. Thank you for the bus, hotel rooms, ideas of activities, monuments, history, maps, lists, checking in with us, your passion for the cause, your love for the LORD and for helping to make America Great Again with so many others. May God bless you, Lynn, your family and Right to Life LIFESPAN.

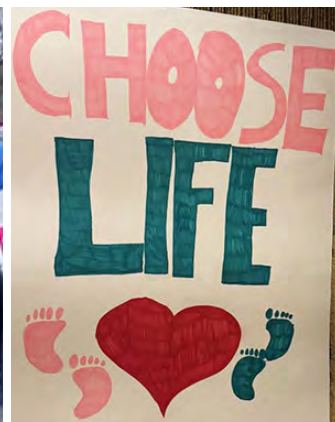
—Kelly, Bus 2 Co-Captain

Please contact Lynn Gura, Youth Director, if you want to get on the list for next year's trip. You will be notified by email whenever there are updates about the trip.

**Lynn Gura, Youth Director, Generation Truth  
Right to Life – LIFESPAN Ed Fund  
248-816-1546; oakmac@rtl-lifespan.org**



# Generation Truth LIFESPAN'S Youth Outreach



**Generation Truth  
LIFESPAN'S Youth Outreach**



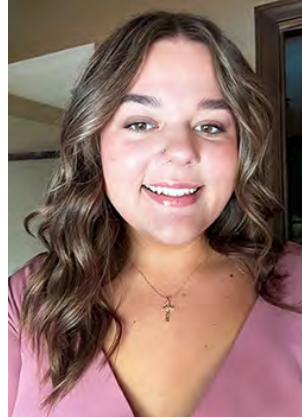
## Protect Life Michigan Life Advocate Intensive Training, April 2024



*Emily Hong Beaufait*



*Nick Hong*



*Lauren Taylor*



*Faith Demeniuk*



*Ian Beaufait*



*Sarah Voight*



*Elizabeth Leto*

**LIFESPAN** sponsored seven young people for the Protect Life Michigan (PLM) Life Advocate Intensive (LAI) training in August 2023 and 13 young people (high school students, college students and young adults) in August 2024. We plan to sponsor at least 20 young people in August 2025! In all the years we have been sponsoring young people to go to the PLM LAI training, everyone has gained a lot from their experience!

Through your generous monetary and prayerful support and your encouragement to continue LIFESPAN's Generation Truth Youth Outreach program, together we will provide young people with educational opportunities during the year where they can learn how to speak with others about the reality and value of human life in the most vulnerable stage of humanity—in the womb—based on scientific facts, truth and common sense. They will gain knowledge and guidance and be able to engage others in conversations, in their families, among their peers, at school, in their faith communities, at work and when meeting people in other situations. A huge heartfelt thank you!

Here is a peek into the PLM LAI 2024 training: [https://youtu.be/Mg\\_dS2Hj6Ow](https://youtu.be/Mg_dS2Hj6Ow)

Registration for the event will begin in May. The training is for 11th-12th grade students, college students and young adults (maximum age is 25).

Please contact **Lynn Gura, Youth Director**, at [oakmac@rtl-lifespan.org](mailto:oakmac@rtl-lifespan.org) or call 248-816-1546 for more information on the training that will take place in the Detroit area, July 24-26th, and in the Grand Rapids area, August 7-9th, and how you can sponsor a person! We are very grateful to you in helping to train up the younger generation to be strong Advocates for Life!

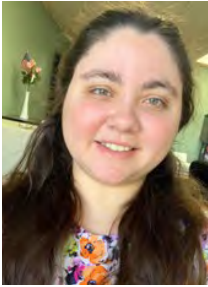
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**Generation Truth  
LIFESPAN'S Youth Outreach**



## Protect Life Michigan Life Advocate Intensive Training Reflections

By Julia Walrath, Former Associate Youth Director, Right to Life – LIFESPAN



Hello Pro-Lifers, I went to Protect Life Michigan's Life Advocate Intensive (LAI) Training last August through LIFESPAN's sponsorship. We won't always remember the words people use, but we remember how they make us feel!

We trained how to hit the streets, quite literally, and we learned how to argue the pro-life position in real-life with the murky middle and even hard pro-aborts. I learned many arguments to use.

I greeted people with the kindest voice possible because, in my opinion, they may not change their minds right away, but this may be the only Christian or pro-life person they'll interact with and my goal was to change their hearts not their minds alone.

The second day we went to Detroit I had a very successful day with ten conversations—two full-mind changes and five partial. It was successful, but I really played into heart apologies and wanted to bring humanity to the person and genuineness over the arguments.

The third day I remember the shocked face of a young adult woman whose voice muttered to her family...that's a baby! Pointing at the sign I saw the shock in her eyes. We dealt with real emotional people. This weekend I learned that delivery is always more important than the arguments we use. Heart-to-heart is more effective than shouting, and being kind is never unnoticed.

We are called to plant seeds and let God do the rest. We can have the best arguments, but if we aren't kind, we have no ground. We can only hope that in the end we will have a chance to say, when it counted, that we never hid the truth or were ashamed of doing the right thing. I can think of many times when I have hesitated to do the right thing and those moments haunt me and if I had saved one more life or helped someone I would have fewer regrets. If I can stand up always, maybe then I might have merit, but we fall and get up. Growth isn't always upwards and sometimes we regress...that's okay, but if you don't give up, you never fail at your mission.

A super heart-provoking video we saw was *Justice for the Five*. Five partial births that were intercepted by two women who asked for the waste bins. They now have the dismembered horrific bodies of the innocent victims and seeing the corpses was gruesome and shocking to me. They showed the actual children, not just a cartoon. Seeing these since I was young, I've been exposed, but this is nonetheless always sad.

I learned a lot at LAI, and I had the most rewarding experience standing up on the streets and approaching people I would honestly usually avoid. Sometimes I choose to be selfish in my bubble, but that day I can say, I stood up for those who are experiencing genocide and age-based discrimination. ♦

By Joshua Parker, College Student



LAI was an experience I will never forget. I have always been pro-life, and I did not know what to expect going into the weekend, but I never would have guessed how life-changing it would be.

LAI was the first opportunity I had in my life to truly have my eyes opened to the horror of abortion. I always knew it was wrong, but this weekend brought a new depth I never imagined. I can genuinely say that my life will never be the same after LAI.

During the talk called, "The Faces of Abortion," my heart was deeply broken for the unborn, more deeply than ever. Directly after that talk, I considered what this would mean for the rest of my life. No longer can I sit idle. I know that I need to stay involved and do something to save these children.

I still think about that talk to this day and I am considering working a job in the future that would involve this kind of work. I am so thankful to Right to Life - LIFESPAN for allowing me to participate in this life-changing experience. Thank you so much again. ♦



*God has created me to do Him some definite service. He has committed some work to me which He has not committed to another.*

*I have my mission. I may never know it in this life, but I shall be told it in the next.*

~ St. John Henry Newman ~

## Protect Life Michigan Life Advocate Intensive Training Reflections

*By Rebecca Wolf, College Student*



Attending the Life Advocate Intensive Training (LAI) was a transformative experience for me, and I am deeply grateful to Right to Life – LIFESPAN for sponsoring my participation!

Before attending, I had no particular expectations, but I can confidently say that the weekend left me with a renewed and invigorated perspective on the pro-life movement.

Growing up with a pro-life stance, I always believed abortion was wrong in all circumstances. However, LAI deepened this conviction and ignited a newfound passion within me to advocate for the unborn. The weekend was rich with talks and personal testimonies that offered valuable insights into discussing abortion effectively. The speakers didn't just present the facts and logic of the pro-life argument; they also provided practical strategies for connecting with people on a more emotional level. They emphasized addressing what they referred to as "heart" issues," which proved to be a crucial aspect of engaging with others on this sensitive topic.

Equipped with these new methods, we took to the streets of downtown Detroit to share the pro-life message. To be honest, I was initially terrified. The thought of confronting such a sensitive topic in a public setting was daunting, and I was anxious about how people would react. However, once the outreach began, my anxiety subsided as I reminded myself of the importance of my mission. The outreach was both challenging and rewarding. We faced hostility and encountered individuals who were unwilling to listen, but we also had the opportunity to reach many people through our conversations and the powerful abortion victim photography we displayed.

Each evening, we gathered for a debrief and dinner, which provided a valuable opportunity to share our struggles and successes from the day. These discussions fostered a sense of camaraderie and support among us. Despite the demanding schedule, the time spent together was profoundly impactful and allowed us to build lasting connections.

My experience at LAI was genuinely life-changing. It has rekindled a fire within me to advocate for the unborn with renewed vigor and commitment. I look forward to attending LAI in the future and am hopeful that this experience will continue to inspire and impact many others as it has me. ♦

*By Hannah Wolf, High School Student*

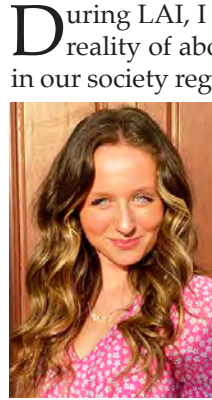


My experience at LAI was truly life-changing and eye-opening in so many ways. The weekend was packed with many talks from inspirational speakers, reaching out to people on the streets of downtown Detroit and surrounding cities, and spending time with teens/young adults all with the same mission.

We learned how valuable AVP (abortion victim photography) can be in apologetics to help people understand the pro-life movement. Doing outreach and asking people their opinions on abortion was so eye-opening to see other people's perspectives and to be able to utilize the apologetics they taught us during the talk sessions.

Overall, the experience was amazing throughout the whole weekend and worth every second of it to fight for the lives of the unborn. Thank you to Right to Life - LIFESPAN for sponsoring me and giving me this wonderful opportunity that I will never forget. ♦

*By Mary Wolf, High School Student*



During LAI, I was truly able to see the harsh reality of abortion and the need for change in our society regarding the issue. I was amazed by the speakers, who went in-depth about the pro-life movement and what we can do to advocate for the unborn who don't have a voice to stand up for their right to life. The AVP (abortion victim photography) was especially moving since it showed the brutality of abortion.

After the talks, we then moved into the streets of Detroit and did outreach. It was so touching and inspiring to be able to hear about and witness the minds that were changed through outreach and the future lives that would be saved.

I would like to thank Right to Life-LIFESPAN for funding my experience that was so life-changing and inspiring. I wouldn't change my experience at Life Advocate Intensive for the world! ♦

♦ ♦ ♦

*A small group of thoughtful people could change the world—  
Indeed, it is the only thing that ever has. ~ Margaret Mead ~*

## Protect Life Michigan Life Advocate Intensive Training Reflections

*By Luis Mata-Aguilar, College Student*



Each year, I make it a priority to plan my summer around LAI because I recognize how crucial it is for us young people to be actively involved in something so important.

Reflecting on my first experience at LAI three years ago, I'm amazed at the personal growth I've experienced, both as an individual and as a man of God. Despite attending for three years now, I'm still blown away by how much I continue to learn with each new conference.

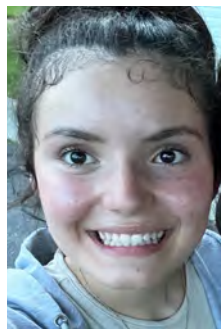
I owe a huge thanks to Lynn Gura from Right to Life - LIFESPAN for that simple invitation all those years ago, which opened my eyes to the harsh reality of abortion.

Since then, I've come a long way—from being terrified to speak out about abortion during outreach to now ensuring I don't let a single person pass by without sharing the truth. Thanks to Protect Life Michigan and the LAI conferences, I've become much more involved in the pro-life movement, and I continue to spread the message to my friends and people I encounter.

What truly inspires me is seeing so many teenagers and college students with such passion for this movement. It's vital because we truly are the Pro-Life Generation. ♦



*By Marianne Mata-Aguilar, High School Student*



My whole life people have told me that each person has been given an important purpose and mission on this earth that all leads to God's further glorification. That always struck me very deeply and ever since I can remember, I've been desperate to try and figure out what God is calling me to do in my life. I've heard many testi-

monies of people hearing the voice of God in their lives and His calling for them to a certain vocation. Being at peace knowing I am doing God's will is a state of mind I've always wanted to experience.

This year, as my faith and sincere love has grown for Jesus and Mary, they've helped me to understand more deeply that we are all called to accomplish God's will, but only some are chosen to hold the great responsibility of leading many souls straight to God with the example of their life. As God holds them close to His heart, He chooses some to undergo extreme suffering for His greater glory and as a testimony of light in the dark for others.

However, we are all here for a reason. I've always had the desire in my heart to do something. To help God's people in some way. God may have greater responsibilities for some, but first and foremost, we are all called to love.

So when I signed up for the Protect Life Michigan Life Advocate Intensive training this summer, I was thankful for the opportunity to help in the fight against abortion even if what I did was small. The opportunity to meet teens who have that same desire to make a difference in our broken world is beautiful and inspiring to me. Seeing minds change about abortion using the God-given tools of logic, compassion and understanding is a blessing that motivates me to keep going in this fight against evil.

It's easy to get stressed about not knowing what God desires for us in the future; but by the Grace of God and my experience in LAI, I've come to learn that in the present moment, He only wants us to fight for what is right and to do it with love. He will take care of the rest.

Thank you Right to Life - LIFESPAN for the sponsorship so I could be a part of this opportunity! ♦

♦ ♦ ♦

*God already thought of us before  
the creation of the world.*

*Not one of us is extra.*

*All of us are desired by God.*

*~ unknown ~*

# Generation Truth LIFESPAN'S Youth Outreach





# Be The Change 2025

Advocates for the Unborn  
Michigan's Best Pro-Life Youth Training  
Auburn Hills Christian Center, March 8, 2025



Haili Gusa  
Protect Life Michigan  
Speaking/Training  
Coordinator



Tacara McKay  
Let Them Live  
Public Relations  
Manager



Emily Berning  
Let Them Live Founder



Nathan Berning  
Let Them Live Founder



Joseph Tuski  
Protect Life Michigan  
Be The Change Emcee

## RESPONSES FROM STUDENTS

### Why did you attend the event?

To learn and to practice; to defend the unborn and teach others about the importance of life; to have conversations more easily with people who are pro-choice; it was enjoyable last year; my parents signed me up; to learn more about the pro-life movement; to learn how to defend the pro-life community and babies' rights in the right manner and with the right words; a group of friends invited me; loved being there in 6th grade and thought it would be a great way to grow in knowledge about pro-life arguments; every time I attend I learn more about this movement; because it's a cause that is very close to my heart; because defending the unborn is important!

### How did you hear about the event?

Parent: 21; Friend: 13; School: 4; Church: 5; LIFESPAN: 10; Social media: 3 (Lynn had posted on personal Facebook account); Other: 2

### What did you think about Haili's presentation called Pro-Life Apologetics 101?

It was great; helpful to know how to interact with people and get to know their opinions while saving lives; well thought up and helped



me feel better prepared to have conversations with others; easy to follow and remember, I will use those steps in the future; engaging; inspiring; logical; fun; informative and well-constructed in presenting a clear and reasonable way to debate with pro-choice supporters; it would be awesome to see something similar to this again next year—this provided good practice with abortion debate; I appreciated the structured arguments in defending the unborn and how to have effective conversations with abortion activists; she made starting a conversation with pro-choice advocates seem more approachable; made



me more confident on arguing against abortion; very organized with real world examples that helped to see how to apply the conversation method when talking with or debating someone; I liked how she made comparisons of a child in the womb to a 2-year-old and the rights they both have; I feel more equipped; it was very motivating!

**Are you interested in the Life Advocate Intensive Training she spoke about? Can I send you more information when registration begins in May?**

Twelve students are interested in learning more and would appreciate LIFESPAN sponsorships!!

**What did you think about Tacara's presentation called Foster Care or Abortion?**

It was very deep and helped me learn more about the foster home situations; good points, and the foster care/abortion questions helped a lot; very insightful and inspiring; I liked the tips she gave to inform people about foster care and abortion; she was understandable, one of my friends was adopted and sees her biological family at church; emotional, I always struggle with defending that topic for the unborn and she made me more confident; she brought the concept of foster care to a very personal level; I loved her story; she explained how to debate with people who believe abortion is a preferable outcome to sending a child to foster care; it inspired me to research more about foster care; her story and encouragement will have a great impact and influence on the youth of the pro-life movement; powerful, it showed how something that seems negative can have a positive outcome; very heartbreaking in the beginning

but ended with her life being spared and now she is caring for three beautiful children; it was amazing; her personal story is beautiful and eye-opening on how pro-choice people would use her story to promote abortion; she used very real examples which helped us relate more; even if some foster care is bad, it isn't worth losing an innocent life (through abortion).

**What did you think about Emily and Nathan's presentation called One Thousand Lives and Counting?**

All the tips were so helpful and the story was awesome; really, really good—a big eye-opener; very inspiring, a good reminder that we can do so much more; super-duper interesting and Nathan's story was so sad/crazy/interesting/cool; very powerful and emotional, most of all blessed by the way they are definitely reaching

*continued*



out, can't wait for the book and watching the movie; very emotional, I have no words, it showed me that God has our backs all the time and it is so worth every risk to save a baby's life; very engaging, so honored to meet



them; they were so fun; inspiring to hear how they help people by surrendering to God's will; brave; it was the most incredible thing I have heard in my life; Emily's talk was a demonstration of God's constant work even in the trials of life, Nathan's story gave much insight into the evils and corruption of society, which most importantly sparked an even stronger desire and determination to overcome these evils; Emily's talk was very good and Nathan's was the craziest story I have ever heard; it proved that there is more you can do than just converse and that a normal couple like them can take action; it was amazing...simple...emotional and about supporting women and their unborn babies and the story Nathan told about that girl—luckily, it ended well; powerful and spectacular; what a touching...insane story; Emily's story was presented with such compassion and love for this movement, it was thoughtful and beautiful, and

Nathan's story was crazy, but so inspiring, his love and humor made it really enjoyable; the best presentation ever; I like how Emily shared her breakthrough with her husband, Nathan, and how God is so good, Nathan was entertaining and amazing in telling his action story—soon to be a movie!

#### Any other comments?

I liked all of the stories; thank you, LIFESPAN, for the event—it was really interesting and helped me be better prepared; thank you to everyone dedicating their time and efforts to this event; hopefully I can come to more things like this; I can't wait for the next March for Life; I will surely come again to the next one, I feel much more knowledgeable, thank you; it was a great opportunity; put a greater push on attendees to refer other people (next time); thank you to everyone who put this on—it was wonderful as always; thank you for everything, I always learn so much at these events, you put on an amazing program!



**Tacara McKay, her husband, Edward, and their beautiful family**—Tacara spoke at *Be the Change* for the first time ever. She shared, right from her heart, her story of being born to a mother who was addicted. She chose life but she couldn't keep Tacara. When Tacara was a toddler, protective services came to get her and she went into the foster care system. At age 7, she was adopted. Her *Be The Change* presentation was "Foster Care or Abortion?" She talked about the argument people use that if a child ends up in foster care they should have been aborted. It's a discussion that happens often on social media. Tacara is thankful her biological mom didn't abort her! And that she was able to have a chance through foster care and then be adopted. She is wife, mother and works for Let Them Live to help defend the defenseless!



## Our Youth, Walking the Talk

**Ben Esshaki,** a 7th grade student, and a sibling to eleven brothers and sisters, did an advocacy project for English Language Arts at Highpoint Hybrid Academy. He and his family are parishioners at St. John Fisher Chapel in Auburn Hills. Ben was required to pick a charity / cause that he was passionate about and do a service project to help. He chose to help a pregnancy center. He organized a diaper drive at his parish and donated all he collected to



Wee Care, an outreach program of Right to Life - LIFESPAN.

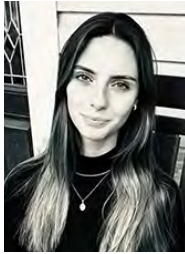
Lynn and Jeff Gura went to the Esshaki home and picked up the collection of diapers from Ben



In this family photo is Ben's dad, Pelar, his mom, Laura, his sisters, Madison, Sophia, Isabella, Fiona Evelyn, Anne and Juliette, and his brothers, Joseph, John Paul, Fulton and Augustine. The children range in age from 16-years-old, down to 1-year-old. One set of twins is in the family! Pictured in utero, Baby Essaki, 9-weeks gestation, due September 2025.

Generation Truth  
LIFESPAN'S Youth Outreach

**Sophia Page,** the sister of Isabella Page, who has worked with LIFESPAN the past two years, submitted this summary to Stand True Ministries/Priests for Life for a contest. She shares it with us below.



**How can those too young to vote positively influence people of voting age to vote for life?**

*If we took a moment of silence for each person lost to abortion, we would be silent for over 100 years. —Frank Pavone*

In the moment of conception a miracle occurs; a human being is created. As faith and reason complement each other, this miraculous event is verified by science; scientific research has confirmed that at conception, a fully formed, genetically distinct, living, and growing member of the human species is created. Whether credited to faith or sole human reason, most people agree that human life holds intrinsic value and deserves to be treated with dignity. Abortion intentionally and savagely ends newly formed human life and therefore is the ultimate violation of both human value and dignity. It brings merciless destruction upon the most innocent and vulnerable of humanity, in the very place God has perfectly designed and designated for their safety—in their mothers womb. All around our country, numerous pro-abortion initiatives and legislators will propose that we disregard the value and dignity of preborn life; they will propose abortion. People of voting age must realize the life and death ramifications of their votes. But what about pro-lifers that are too young to vote—should they know and care about these initiatives? If so, how can they best take action?

Even those too young to vote must know what these initiatives and elections entail, because this is the reality of our country: We, the people, get to decide who leads us and what we deem to be permissible through and under the law. America is known and admired for surpassing all other nations in freedom, by virtue of the essential rights written into our Constitution. The constitutional right to life is the foundation upon which all other American rights build; other rights are useless if you are not alive to exercise them.



Steven, Kaley, Isabella, Sophia, Kaden, Cole, Benjamin, Noah, Jonah and Lucia  
Pictured in utero, Baby Gabriella, 10-weeks gestation, due August 2025

If passed, upcoming pro-abortion initiatives in this country (proposal 139 in AZ, amendment 79 in CO, amendment 4 in FL, and many others) will authorize abortion up till birth. If passed, they will take away the right to life of preborn children in America; the Land of the free.

It makes one ponder, what has our nation become? Have we truly lost sight of the truth to the extent of violently killing the most precious of God's children? Yes, this is the reality of our country. Young people must acknowledge that abortion extinguishes innocent human life and that some legislators and their misdirected followers label it as "healthcare." Saint Mother Teresa said, "a nation that kills its children in the womb has lost its soul."

After learning the truth about abortion in our country, it is our duty to care. The society in which future generations will grow up is determined upon the action we take now. Abortion destroys a child's body and a mother's spirit. If we want to see a better, more stable society, we must be the change! This obligation is practical and affects our lives on earth.

On a moral level, we too are obligated, though the stakes are much higher. If we acknowledge that abortion takes the life of an innocent human, but don't fight against it, the consequences are eternal. Unlike children in the womb, we have voices to speak against injustice; they do not. The unborn need us. Their lives depend on how we react to the reality of abortion. Will we turn our eyes, hearts, and minds? Or will we spend a little bit of our life, to give someone a fighting chance at living theirs? The answer to this question will dramatically affect our salvation.

After acknowledging abortion kills an innocent human and deciding to fight against it for the sake of our society and salvation, there is only one step left: ACTION. It can be scary to stand up for life, as people can be very emotional when it comes to abortion. However, as St. Louis de Montfort said, "If we do not risk anything for God, we will never do anything great for him."

By taking the risk of standing up for life, we can influence voters to do the same; voting "no" on pro-abortion initiatives and voting out pro-abortion legislators. Some practical ways to stand up for life include: volunteering at local pregnancy centers, distributing pro-life literature, and taking part in outspoken, but peaceful protests outside abortion facilities. Remember, even a short conversation with another, if handled correctly, could change their

minds and their votes. Call upon the Holy Spirit to work through you and assume a calm demeanor. Stay humble and remember you are the mere vehicle by which God will illuminate the truth in His time. Uncover what abortion acts upon. When a person understands that abortion acts upon a human being, killing it, every other argument, justification or excuse simply falls to the wayside.

"Pray as though everything depended on God. Work as though everything depended on you" (St. Augustine). In addition to working for the end of abortion, we must also storm heaven with our prayers. The Blessed Mother has given us the Holy Rosary, which holds infinite power and will give us strength in difficult moments on this journey. Surely, the fight for life can be tiresome, but one day it will all be worth it.

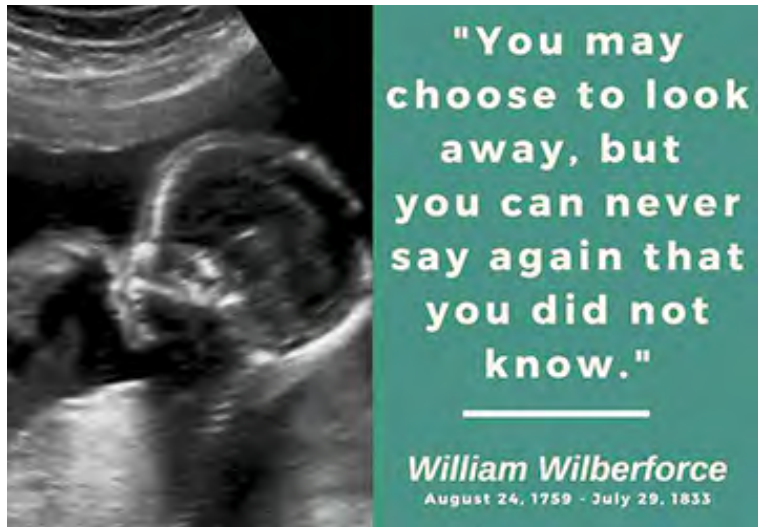
Very soon, a day will come when we will close our eyes to the world and open them, standing before Jesus. He will look into our eyes and not ask, "Did you succeed?" but, "Did you try?" ♦

#### Works Cited:

de Miranda, Fred. "When Human Life Begins." American College of Pediatricians, <https://acpeds.org/position-statements/when-human-life-begins>. Accessed 15 November 2024.

"Live Action Victory Voter Guide 2024." Live Action Victory, <https://liveactionvictory.org/live-action-victory-voter-guide-2024/>. Accessed 15 November 2024.

*There are detailed informational fliers on all of our youth projects as well as other LIFESPAN events for the coming year, located on pages 200-219 in this book. If you need more information about these events, please don't hesitate to call the phone number listed on the flier.*

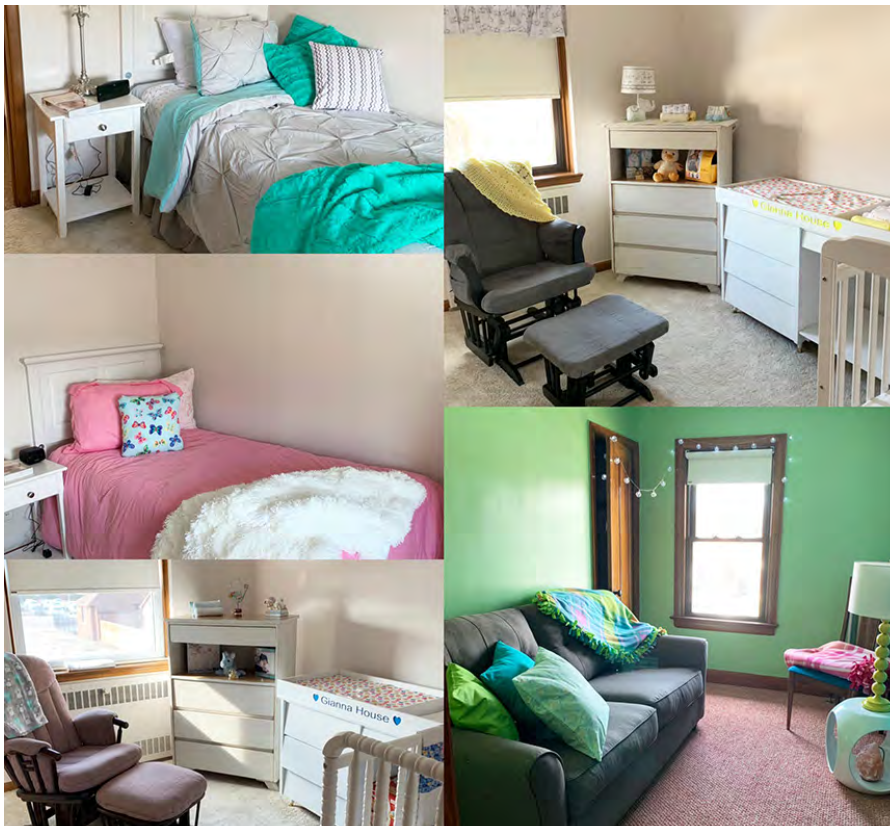


## Abigayle Ministries

Abigayle Ministries is a Christian inter-denominational residential program designed to help unwed pregnant women and their babies. Services include full-time house parents, social worker, counselor, labor coach, befriender and GED/educational tutor. Those eligible must be over 17 years of age, needing extended family support, desiring life for their babies and a fresh start in life for themselves. This program is offered in both a group and private home setting. Women seeking help must be interviewed. For more information, visit [www.abigayleministries.org](http://www.abigayleministries.org) or call 586-323-1411.

## Gianna House, Pregnancy and Parenting Residence

Gianna House Pregnancy and Parenting Residence is a sacred sanctuary for its residents, each of whom deserves to continue the life of her unborn child in an environment imbued with spiritual grace, emotional and social support and knowledge. Opened in March of 2019, we are dedicated to helping young mothers, ages 18-25, who are in need of housing and other supportive services for themselves and their children. Visit [giannahouse.org](http://giannahouse.org) or call 586-445-0440.



*Accommodations for moms and babies at Gianna House, Pregnancy and Parenting Residence*

## Mary's Mantle

Mary's Mantle is a residential program rooted in the Catholic faith. The home is designed to accommodate four expectant mothers at a time who are at least eighteen years old with no other children in their care, regardless of their religious affiliation. Mary's Mantle is a safe haven where expectant mothers can fully realize their potential as children of a loving God. Our expectant mothers experience and witness love and healthy relationships. They come to fully understand their responsibilities as mothers. With the help of staff and volunteers, Mary's Mantle works diligently to help plan for their future. The expectant mothers use community resources and local churches who welcome them as part of their faith community. No matter what the need is, the work will be done in the Lord's name and under the protective mantle of the Blessed Mother. For more information, call 248-376-5338 or visit [www.marysmantle.net/](http://www.marysmantle.net/).

## Infant Mortality Program

One out of every 50 babies born in Detroit dies before its first birthday. The Parent-Infant Partners program was developed by the Michigan Catholic Health Systems to help reduce this serious infant mortality problem. This program is for pregnant teenagers or women living in Wayne County who need support

during their pregnancy or would like to attend parenting-support groups. The Parent-Infant Partners program is made up of volunteers who provide education and support for parents on a number of topics. Volunteers are matched with expectant mothers who sign up to participate in the program. The volunteer begins as early in the pregnancy as possible and continues helping through the baby's first year of life.

To volunteer as a Parent-Infant Partner, or if you know any pregnant women who live in Wayne County who would benefit, or if you'd like more information about the program, call 313-369-5730. ♦

To give birth to your child is to take a longer time to realize that children are not an extension of you! To adopt your child is the quicker route to get to the same conclusion. Each child, whether by birth or adoption, is TRULY a gift from God. If you are led to adopt a child, whether through circumstance or desire, what a miracle it is to find each other, even if it may be halfway around the world. The path that is laid before us in giving birth to a child or adopting a child is not important in comparison to the end result. To hold your child, to look upon your child's face and feel your heart burst from the love you feel for this little person, is to catch a glimpse of the love God has for every one of us. Adoption is concrete testimony of true love, trust, hope and faith by the birth parents and by the adoptive parents.

**Adoption Associates, Inc.**

26105 Orchard Lake Rd., Suite #301  
Farmington Hills, MI 48334  
248-474-0990  
adoptionassociates.net

**Bethany Christian Services**

18000 W. 9 Mile Rd., Suite 950  
Southfield, MI 48075  
248-414-4080 or 1-800-BETHANY  
Bethany.org

**Catholic Charities of Southeast Michigan**

Serving the Counties of Lapeer, Macomb,  
Monroe, Oakland, St. Clair and Wayne  
Toll Free: 855-882-2736  
ccsem.org

**Catholic Social Services of Washtenaw**

4925 Packard  
Ann Arbor, MI 48108  
734-971-9781  
csswashtenaw.org

**Christian Family Services**

17105 W. Twelve Mile Rd.  
Southfield, MI 48076  
248-557-8390  
cfs-michigan.org

**Forever Families, Inc.**

17940 Farmington Rd. #301  
Livonia, MI 48152  
734-762-0909  
forever-families.org

**Keane Center for Adoption**

933 Melborn  
Dearborn, MI 48128  
313-277-4664  
keaneadoption.org

**The Law Firm of Michael J. Smith**

Michael J. Smith & Assoc., PLLC  
70 Macomb Place, Suite 200  
Mt. Clemens, MI 48043  
586-254-0200  
mikesmithlaw.com

**Morning Star Adoption Center**

15635 W. Twelve Mile Rd., Suite 100  
Southfield, MI 48076  
248-483-5484  
director@morningstaradoption.org

**Nighlight Christian Adoptions**

(Includes Snowflakes Embryo Adoption Program)  
Located in ten states  
502-423-5780

This list of adoption agencies is provided for those interested in adopting a child or those considering placing a child for adoption. LIFESPAN does not endorse any particular agency.



# Adoption: Thriving is better than dying



By Ryan Bomberger

No one is better off dead. We're all better off loved.

As someone adopted from the foster care system, I reject the pro-abortion rhetoric that abortion is somehow a better option than adoption. People invoke the "but-what-about-trauma" defense as if that should shut down any conversation. Killing another innocent human being is traumatic. Violently being deprived of life (whether the unborn child or the mother killed via a botched abortion) is traumatic. The ad to vote against Ohio's radical Issue One exposes fake feminism's willingness to look the other way when women die from abortion brutality.

Thankfully, Created Equal and the pro-life movement do not look the other way. We care about mother, father and child, born and unborn.

I could have been one of those nameless, faceless victims. I was conceived in rape but adopted in love. My birth mom's courage set off reverberations that will last for generations. The most beautiful reverberations are my family: my amazing wife and four kiddos (two of whom were also adopted).

I wasn't better off dead. Instead, I'm able to show how the beauty of adoption enables triumph to rise from tragedy. I have nine other siblings (out of the twelve) who were also adopted. Their broken narratives met breakthroughs with two parents whose love helped to change the trajectories of our lives.

No. It wasn't easy. Life isn't easy for biological children, unless of course, I missed the memo. Adoption is a challenge for many reasons, but I've witnessed how it brings wholeness and healing to trauma that needs to become a reference point, not a resting place.

It reminds me when Olympic gold medalist, Simone Biles, proclaimed in 2021 on Instagram that she was "very pro-choice." The most decorated gymnast in history, adopted out of the foster care system by her grandparents, supports the violence of abortion. It's hard to wrap my mind around that.

She is the tangible example of what I call the Beauty of Possibility yet uses her global platform to promote death over life for others. She gave some lame reasons for supporting abortion: "your body, your choice...adoption is expensive...foster care system is broken and it's TOUGH."

Yes, the foster care system is broken. So is our government. So are churches. So is the USA Gymnastics and the United States Olympic and Paralympic Committee (you know, the ones that allowed the now-incarcerated Dr. Larry Nassar to abuse female gymnasts for years).

But guess what? You don't punish the victims. You punish those who cause the injustice. You revamp broken human systems so that the innocent can flourish. You don't kill them.

Yes. Life is tough. Life isn't struggle-free. Quite honestly, adversity makes us better human beings, whether experiencing it ourselves or elevating others above it. It's why adoption is so precious to me.

In both the spiritual and the physical, it helps restore what's broken. And like anything else in life, it's not a quick fix. Sometimes it takes a lifetime, but the beautiful part is that person is alive.

Adoption is a mercy-filled expression of our humanity. Supporting birthparents before, during and after making an adoption plan is key. We can never forget them in the adoption triad. Adoptive parents need a network of family and friends to help strengthen them in their journey. And adoptees, like my children and me, need to know that we're loved, safe, and in a forever place.

My friend and colleague Melissa Ohden, a saline abortion survivor and adoptee, explains it beautifully: “Adoption is an option everyone can live with.”

Yet, mainstream media in its blatant pro-abortion advocacy has been demonizing adoption increasingly since the overturn of *Roe*. Academia has chimed in too. Anti-racism zealot and *NY Times* best-selling author, Dr. Ibram X. Kendi, refers to white parents who adopt “transracially” as “white colonizers” who use black children as “props.”

Since when do you have to be the same color to love another human being?

I was adopted by white parents who didn’t have some savior complex; they had a love reflex. This, apparently, is foreign territory for those like Kendi who pontificate academically regarding something they know nothing about personally. My selfless parents are the reason why many in my family, including several of my nieces and nephews, have opened their hearts and their homes to adoption.

When my father tragically passed away on January 22, 2021, our organization—The Radiance Foundation—created the Henry & Andrea Bomberger Adopted and Loved Fund to honor my parents’ legacy of love. We want to help Christian families seeking to adopt by awarding grants to help cover what are becoming increasingly exorbitant costs.

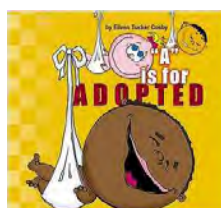
Yes, Simone. Adoption can, sometimes, be expensive. So are cars, houses, college tuition, and training to be an Olympian. What is the cost of an erased life? Imagine the world without a Steve Jobs, Faith Hill, Dave Thomas, Babe Ruth or a Simone Biles ever existing.

The National Adoption Council’s most recent stats show there were 95,306 adoptions in 2020 (due in large part to COVID), down from 115,353 in 2019. Sadly, these numbers have been falling due to drastically lower international adoptions for years as abortion numbers keep rising. In 2020, there were 930,160 abortions. For every one child adopted, there were ten children aborted. Violence doesn’t help the vulnerable thrive.

That could’ve been me. That could’ve been my children. It’s why I devote my life to fighting the injustice of abortion as I simultaneously help raise millions for pregnancy centers, maternity homes and adoption agencies across the nation. I was adopted and loved. And I want that victory for so many more.

*Ryan Bomberger is the Cofounder and Chief Creative Officer of The Radiance Foundation where this first appeared.*

*—National Right to Life News Today, December 6, 2023*



Eileen Tucker Cosby and her husband, David, have adopted two children. Eileen is the author of a great book called “**A is for ADOPTED.**” It is a wonderful, gentle way to introduce the concept of adoption to children.

## People Who Adopted Children:

- Al Roker - news anchor
- Andy Griffith - actor
- Angelina Jolie - actress
- Art Buchwald - comedian
- Arthur Ochs Sulzberger, Sr. - publisher
- Babe Ruth - athlete
- Barbara Walters - famous journalist
- Ben Stein - actor and game show host
- Bette Davis - actress
- Bob Hope - entertainer
- Brad Pitt - actor
- Brian Wilson - co-founder of Beach Boys
- Brooke Adams - actress
- Burt Reynolds - actor
- Calista Flockhart - actress
- Cate Blanchett - actress
- Cecil B. De Mille - film director
- Charles Bronson - actor
- Connie Chung - news anchor
- Dale Evans - singer
- Dan Marino - football player
- Dan Wilson - Seattle Mariners (baseball)
- David Kelley - television producer
- Diane Keaton - actress
- Dianne Wiest - actress
- Donna Mills - actress
- Ed McMahon - entertainer
- Emma Thompson - actress
- Erma Bombeck - comedienne
- Estelle Parsons - actress
- Eve Arden - actress
- Father George Clements - minister
- Faye Dunaway - actress
- Gail Sheehy - writer
- Gary Merrill - actor
- George Burns - comedian
- George Lucas - film director
- Gloria Swanson - actress
- Gracie Allen - comedian
- Hank Williams, Sr. - country music legend
- Harpo Marx - entertainer
- Harry Belafonte - singer
- Hawkshaw Hawkins - Jamboree/Grand Ole Opry
- Hedy Lamarr - actress
- Helen Hays - actress
- Henry Fonda - actor
- Horace George Hamilton - administrator
- Isabella Rossellini - actress
- Jamie Lee Curtis - actress
- Jane Fonda - actress
- Jane Wallace - TV personality
- Jane Wyman - actress
- Jann Wenner - publisher
- Jill Ireland - actress
- Jill Krementz - author
- Jim Caviezel - actor
- Jim Palmer - athlete
- Jo Beth Williams - actress
- Joan Crawford - actress
- Joan Didion - author
- Joan Fontaine - actress
- John DeLorean - entrepreneur
- John Denver - singer
- John Gregory Dunne - author
- Josephine Baker - singer and dancer
- Judy Woodruff - news anchor
- Julie Andrews - actress
- Karen Grassle - actress
- Kate Capshaw - actress
- Kate Jackson - actress
- Katherine Heigl - actress
- Kirby Puckett - athlete
- Kirstie Alley - actress
- Kris Kristofferson - singer
- Kurt Vonnegut - author
- Linda Ronstadt - singer
- Loni Anderson - actress
- Louis Gossett, Jr. - actor
- Louisa May Alcott - writer
- Magic Johnson - athlete
- Marcia Wallace - actress
- Marie Osmond - singer
- Mariska Hargitay - actress
- Maury Povich/Connie Chung - talk show host
- Meg Ryan - actress
- Mia Farrow - actress
- Michelle Pfeiffer - actress
- Milton Berle - comedian
- Natalie Williams - Utah Starz (WNBA)
- Nell Carter - entertainer
- Nicole Kidman - actress
- Oscar de la Renta - designer
- Ozzy (and Sharon) Osbourne - musician
- Parker Stevenson - actor
- Patti LaBelle - singer
- Paul Newman - actor
- Paula Poundstone - comedian
- Pearl Bailey - singer
- Peter Falk - actor
- President Ronald Reagan - politician
- Regina Belle - singer
- Rep. James Leach - politician
- Richard King Mellon - financier
- Robert Fulghum - writer
- Rosie O'Donnell - actress
- Roy Rogers - entertainer
- Sally Jessy Raphael - talk show host
- Sammy Davis, Jr. - entertainer
- Sandra Bullock - actress
- Sarah Purcell - entertainer
- Sen. Ben Nighthorse Campbell - politician
- Sen. Gordon Humphrey - politician
- Sen. Jesse Helms - politician
- Sen. John McCain - politician
- Sen. Lloyd Bentsen - politician
- Sen. Paul Simon - politician
- Sen. Paull H. Shin - politician
- Sen. Kay Bailey Hutchinson - politician
- Sharon Stone - actress
- Sir Christopher Guest - actor
- Stephen Spielberg - film director
- Steven Curtis Chapman - Christian musician
- Susan Ruttan - actress
- Taurean Blacque - actor
- Ted Danson - actor
- Teri Garr - actress
- Tom Cruise - actor
- Tony Shalhoub - actor
- Valerie Harper - actress
- Victoria Rowell - actress
- Walt (and Lily) Disney - founder of Disneyland
- Wayne Newton - musician
- William Delahunt - politician

# The Truth About Pregnancy Centers

## *What are pregnancy centers?*

## *What are the myths being spread about them?*

## *And what are the facts?*

**By Julia Payne**

"They saved my life," says ADF client Jean Marie Davis, human trafficking overcomer and executive director of Branches Pregnancy Center in Brattleboro, Vermont. "I am living proof that pregnancy centers love, serve, and commit ourselves to the men, women, and children of our communities who need our help." Pro-life pregnancy centers like Branches provide pregnant women with the support and resources they need to choose life for their unborn child.

Yet since the U.S. Supreme Court's landmark decision in *Dobbs v. Jackson Women's Health Organization*, overturning *Roe v. Wade*, pro-life pregnancy centers around the country have been threatened, vandalized, and even firebombed. They've also become the target of smear campaigns by those who profit from abortions and activists who claim to support choice. Some states have even passed laws impeding the centers' ability to help pregnant women, and others have tried to bury them in paperwork based on unfounded investigations. Former President Biden had proposed an HHS rule limiting pregnancy centers' funding.

As pro-abortion activists continue to spread lies about pregnancy centers, it's important to know the facts: pregnancy centers provide necessary, life-affirming care to women, children, and families in need.

### **What are pregnancy centers?**

Pregnancy centers serve women and families who may need support during or after their pregnancy. These centers offer pregnant women and new mothers, who may be feeling alone and hopeless, life-affirming alternatives and emotional, mental, material, and spiritual support.

### **What goods and services do pregnancy centers provide?**

Pregnancy centers offer a variety of services, including:

- Free pregnancy-related services, such as ultrasounds, pregnancy tests, STD testing and treatment, and abortion pill reversal
- Support for parents, including parenting and prenatal education classes, job training, and résumé building

- Counseling and mental health services, such as post-abortion support and recovery

- Resources and supplies for new mothers and fathers, such as diapers, clothes, car seats, strollers, transportation, food, and housing

### **How much do pregnancy centers give away?**

In 2022, pregnancy centers provided over \$358 million in goods and services including:

- over 510,000 free ultrasounds
- over 700,000 free pregnancy tests
- over 200,000 STI/STD tests
- over 970,000 free consultations with new clients
- over 3,590,000 packs of diapers
- over 40,000 new car seats
- over 30,000 strollers
- over 4,250,000 baby outfits

These pregnancy centers serve women and families across the United States and even globally. In 2022, pregnancy centers provided over four million baby outfits to mothers and their families.

### **How have pregnancy centers been threatened?**

In the months leading up to the Supreme Court's ruling in *Dobbs*—and in the years since—pregnancy centers around the country have been the target of vicious attacks and vandalism.

Massachusetts Sen. Elizabeth Warren threatened to "crack down" on pro-life pregnancy centers, introducing the "Stop Anti-Abortion Disinformation Act" that authorizes targeting the speech of pro-life pregnancy centers. Other pro-abortion members of Congress sent a letter to the CEO of Google, encouraging his company to censor pregnancy centers.

But threats like these are nothing new. For years, government officials have tried to silence pregnancy centers by forcing them to promote abortion or by punishing them for engaging in life-affirming speech. After *Dobbs*, threats to pregnancy centers have only continued.

The media has helped fuel hostility toward these centers. The *Associated Press*, for exam-

*continued*

## Support Your Local Pregnancy Help Center!



*Our Lady Queen of Martyrs, Beverly Hills, Michigan, Lenten Baby Shower 2024 to Benefit Pregnancy Help Centers*

ple, now directs journalists to put the term “crisis pregnancy center” in scare quotes or to use “anti-abortion center” instead.

Government officials have also continued to target pregnancy centers following *Dobbs*. The attorneys general in New Jersey and Washington have each opened investigations into pregnancy center networks, demanding that they produce thousands of pages of documents without citing any evidence of wrongdoing. Complying with these unconstitutional demands would not only impede pregnancy centers from helping women by diverting time and resources but also threaten the privacy and safety of their employees and donors.

In Vermont, Gov. Phil Scott signed a bill that censors pregnancy centers’ ability to advertise their services and prevents pregnancy center staff and volunteers who are not licensed health-care providers from offering even non-medical information, counseling, or services related to pregnancy, such as over-the-counter pregnancy tests or peer counseling about pregnancy options.

Amid these attacks, pregnancy centers and other state attorneys general have refuted pro-abortion lies and shown how pregnancy centers help women.

### Myths about pregnancy centers

Myths and lies about pregnancy centers are rampant. Below are a few of the misleading claims peddled by pro-abortion activists.

#### Myth #1: Pregnancy centers are ‘fake’ health clinics.

False. Most pregnancy centers offer both medical and non-medical services to clients in need. And pregnancy centers that offer medical services, such as ultrasounds, hire medical staff to do so. Nearly eighty-two percent of pregnancy centers offered ultrasounds in 2022, and nearly 36 percent offered STD testing. And non-medical pregnancy centers provide over-the-counter pregnancy tests, peer counseling, and material support, such as diapers and baby clothes.

The vast majority of pregnancy centers provide ultrasounds for pregnant women.



While some pregnancy centers provide select medical services, they do not pretend to take the place of a woman's OB-GYN physician. Instead, they offer limited medical services directed at helping women understand their unborn baby and their pregnancy. Then, these centers provide holistic services such as counseling, baby supplies, housing, education, employment support, and spiritual guidance. In 2022, 87 percent of pregnancy centers provided parenting or prenatal education, and 89 percent provided material items like diapers, strollers, and baby clothes.

### **Myth #2: Pregnancy centers deceive women.**

False. Pregnancy centers offer truthful, evidence-based, compassionate care and information to women about their pregnancy, their unborn child, and life-affirming alternatives. These centers clearly explain their mission of serving women through offering ultrasounds and pregnancy support on their websites.

And pregnancy center counselors offer only truthful information to the women they serve. In fact, at Care Net-affiliated pregnancy centers, over 99 percent of clients described their overall experience with the pregnancy centers as positive.

### **Myth #3: Pregnancy centers intimidate women.**

False. Despite what some abortion advocates may claim, pregnancy centers offer compassionate, non-judgmental, informed counseling to help women facing unplanned pregnancies consider their options. They do not intimidate anyone into choosing to keep their baby.

These centers share life-affirming alternatives to abortion with the women they serve. And even

if those women ultimately choose abortion, most centers also offer post-abortion care and counseling. In 2022, pregnancy centers provided post-abortion recovery and support to nearly 20,000 women and men.

### **Does Alliance Defending Freedom represent pregnancy centers?**

Yes! ADF frequently fights for the right of pregnancy centers to serve women in accordance with their pro-life beliefs. In 2018, ADF won a victory for pregnancy centers at the Supreme Court in *National Institute for Family and Life Advocates (NIFLA) v. Becerra*.

A law in California forced state-licensed pro-life pregnancy centers to offer free advertising for the abortion industry by informing pregnant women that the state offered free or low-cost abortion services. The law also required unlicensed centers to publish large disclosures on advertisements stipulating that they were not licensed by the state.

ADF represented NIFLA, a nonprofit network of pregnancy centers around the U.S., to challenge the law. In June 2018, the Supreme Court overturned California's unconstitutional law. Justice Clarence Thomas, writing for the majority, held that "the people lose when the government is deciding which ideas should prevail."

In a similar case, the city of Hartford, Connecticut, passed an ordinance forcing pregnancy centers to post signs and begin conversations with a government-scripted disclaimer. ADF challenged the ordinance on behalf of Caring Families Pregnancy Services, and in July 2020, the city agreed to no longer enforce the ordinance against Caring Families.

ADF defended Caring Families Pregnancy Services against an unconstitutional city ordinance.

Today, ADF continues to defend pro-life pregnancy centers in court.

Government officials in many states have enacted laws explicitly targeting pro-life pregnancy centers or medical providers. ADF has filed lawsuits in each of those states:

- In Washington, ADF attorneys represent the Obria Group, a network of medical centers that provide important care such as ultrasounds, pregnancy testing, STD testing, and more for

*continued*

women who need it. Washington’s notoriously pro-abortion attorney general unconstitutionally singled out Obria because of the group’s pro-life viewpoint. The AG’s “civil investigative demands” cited no supporting evidence to justify an investigation.

- In Vermont, ADF attorneys represent three pro-life organizations challenging a Vermont law that impedes the ability of pregnancy centers to provide help and support to women and families. First, the law censors the centers’ ability to advertise their free services. Second, it precludes centers from offering even non-medical services, information, and counseling unless provided by a licensed health-care provider.

- In New Jersey, ADF attorneys represent First Choice Women’s Resource Centers. The state attorney general selectively targeted First Choice—based on its religious speech and pro-life views—with a wide-ranging, unfounded, and burdensome subpoena.

- In New York, ADF is challenging a law that would force pro-life groups to hire pro-abortion employees. Our clients in that case are all dedicated to protecting life, but the law would force them to employ people who don’t share that vision.

- In Illinois, ADF represents multiple pregnancy centers challenging a law that would compel pro-life doctors and pregnancy centers to violate their pro-life and religious beliefs, by informing women of so-called “benefits” of abortion and referring them to abortion providers.

Pregnancy centers are worth fighting for. They provide much needed care for women and families, and they empower expectant mothers to make life-affirming choices for both themselves and their children. The government has no business steering women away from life-affirming care. ADF will continue to represent these centers and protect their right to serve women, children, and families in need.

*Julia Payne serves as legal counsel for Alliance Defending Freedom’s Center for Life.*

—Alliance Defending Freedom, February 8, 2024



## Foster Parenting

**Detroit-area agencies are in need of foster parents, people of “good moral character,” able to provide stable, supportive and temporary care for children who have been abused, neglected or abandoned.**

Bethany Christian Services .....	248-414-4080	The Orchards Children’s Services .....	248-258-0440
Catholic Charities of SE Mich. ....	855-882-2736	Samaritas.....	313-422-7133
Judson Center.....	248-549-4339	Spaulding for Children.....	248-443-0300
Methodist Children’s Home .....	313-531-4060	Wellspring Lutheran.....	248-968-0100
Michigan Dept. of Human Services			
Oakland County.....	248-975-5200		

# Pregnancy Help Centers - SE Michigan

## YOU ARE NOT ALONE!

*Find FREE help meeting the challenges of an unplanned pregnancy through emotional support, material goods, resources for medical, legal, educational, financial and social assistance*

### ALLEN PARK

#### **PLANNED CHOICES WOMEN'S RESOURCE CTR.**

plannedchoices.net  
4517 Allen Rd., Allen Park, MI 48101  
313-382-5941

### ANN ARBOR

#### **ARBOR WOMAN HEALTH★**

emmaushealthpartners.org/arborwoman  
24 Frank Lloyd Wright Dr., Suite 2200 L  
Ann Arbor, MI 48106  
734-994-8863 or 24 Hr. 800-712-HELP

### AUBURN HILLS

#### **CROSSROADS CARE CENTER★**

crossroadscarecenter.org  
3205 E. South Blvd., Auburn Hills, MI 48326  
248-293-0070

### BERKLEY

#### **CARE NET PREGNANCY CENTER BERKLEY★**

carenetberkleydetroit.org  
2826 Coolidge Hwy., Berkley, MI 48072  
248-545-6411

### BRIGHTON - FLINT

#### **PREGNANCY HELP CLINIC★**

pregnancyhelpclinic.com  
7743 W. Grand River, Suite 101  
Brighton, MI 48114  
810-494-5433

### CLINTON TOWNSHIP

#### **CATHOLIC CHARITIES OF SOUTHEAST MICHIGAN**

ccsem.org  
15945 Canal, Clinton Township, MI 48038  
586-416-2300

#### **COMPASSION PREGNANCY CENTER★**

compassionpregnancy.org  
37540 S. Gratiot Ave., Suite 100  
Clinton Township, MI 48036  
586-783-9620  
Text 313-666-7544  
1-800-712 HELP (24 hrs.)

### DEARBORN HEIGHTS

#### **LENNON CENTER★**

lennoncenter.org  
24275 Ann Arbor Trail  
Dearborn Hgts., MI 48127  
313-277-5637

### DETROIT

#### **CARE NET PREGNANCY CENTER★**

carenetberkleydetroit.org  
13864 Grand River Ave., Detroit, MI 48227  
313-243-1267

#### **IMAGE OF GOD CRISIS PREG. CTR.**

4151 Seminole St., Detroit, MI 48214  
313-923-8018

### EASTPOINTE

#### **PREGNANCY AID★**

pregnancyaiddetroit.org  
15847 E. 8 Mile Rd., Eastpointe, MI 48021  
313-882-1000 or Text 313-919-8124

#### **FARMINGTON - FARMINGTON HILLS ANOTHER WAY PREGNANCY CENTER★**

awpcfriends.org  
28552 Orchard Lake Rd., Ste. 300  
Farmington Hills, MI 48334  
248-471-5858

### LINCOLN PARK

#### **CRISIS PREGNANCY CENTER**

cpc4lp.com  
1760 Fort St., Lincoln Park, MI 48146  
313-386-4005

### LIVONIA

#### **AAA PREGNANCY RESOURCE CENTER★**

aaapregnancyinfo.org  
32080 Schoolcraft Rd., Livonia, MI 48150  
734-425-8060

#### **WEE CARE / RTL-LIFESPAN**

(Material Assistance Only)

miLIFESPAN.org  
32540 Schoolcraft Rd., Suite 100  
Livonia, MI 48150  
734-524-0165

### MADISON HEIGHTS

#### **MADISON FAMILY PLANNING (IMAGE OF GOD CRISIS PRG. CTR.)**

26040 John R, Suite B  
Madison Heights, MI 48071  
586-243-0747

### MONROE

#### **HEARTBEAT OF MONROE**

heartbeatofmonroe.org  
123 W. First St., Monroe, MI 48161  
734-243-6550

Pregnancy Help

*continued*

## OXFORD

### **OXFORD PREGNANCY CENTER**

oxfordpregnancycenter.org  
8 N. Washington St., Oxford, MI 48371  
248-969-2177 or Text 810-882-1394

## PONTIAC

### **NEXT STEP PREGNANCY CENTER★**

nextsteppregnancycenter.org  
263 Cesar Chavez Ave., Pontiac, MI 48342  
248-338-4357 or Text 248-860-5596

### **CHOICES PREGNANCY CENTER**

choicespontiac.org  
470 Huron St., Pontiac, MI 48341  
Call or Text 248-247-1130

## PORT HURON

### **SPERO CENTER PREGNANCY HELP★**

sperocenter.com  
1211 Griswold St., Port Huron, MI 48060  
810-985-4673

## REDFORD

### **REDFORD PREGNANCY CARE CENTER**

www.redfordpcc.com  
25545 W. Five Mile Rd., Redford, MI 48239  
313-952-2147

## ROYAL OAK

### **CATHOLIC CHARITIES OF SOUTHEAST MICHIGAN**

www.ccsem.org  
1424 E. Eleven Mile Rd., Royal Oak, MI 48067  
248-548-4044

## SOUTHFIELD

### **BETHANY IN SOUTHEAST MICHIGAN**

bethany.org/locations/us/michigan/  
southeast-michigan  
18000 W. Nine Mile Rd., Suite 950  
Southfield, MI 48075  
248-414-4080 or 1-800-BETHANY

### **PROBLEM PREGNANCY CENTER★**

problempregnancycenter.com  
24500 Southfield Rd., Southfield, MI 48075  
248-559-7440

## YPSILANTI

### **SIENNA WOMEN'S HEALTH★**

siennawomen.com  
840 Maus Ave., Ypsilanti, MI 48198  
734-390-9009

## **WAYNE, OAKLAND AND MACOMB COUNTIES**

### **Image Clear Ultrasound Mobile★**

icubirthchoice.com  
248-620-5353

### **PROJECT HOPE CABRINI CLINIC**

ccsem.org/campaigns  
313-961-6683, ext. 5

## FROM ANYWHERE IN MICHIGAN

### **BETHANY CHRISTIAN SERVICES**

800-238-4269

### **ABORTION PILL REVERSAL HOTLINE**

877-558-0333

## RESIDENTIAL PROGRAMS FOR UNWED PREGNANT WOMEN

### **ABIGAYLE MINISTRIES**

abigayleministries.org  
586-323-1411

### **GIANNA HOUSE PREGNANCY & PARENTING RESIDENCE**

giannahouse.org  
586-445-0440

### **GUADALUPE WORKERS**

734-262-6779

### **MARY'S MANTLE**

marysmantle.net  
248-376-5338

## POST ABORTION COUNSELING

Hope and Healing for those suffering from  
Post Abortion Syndrome because abortion affects  
every life it touches.

### **HEALING HEARTS MINISTRIES**

Terena Green 734-968-8666  
healinghearts.org

### **RACHEL'S VINEYARD**

Weekend Retreats for Men and Women  
Detroit: 248-494-6363  
877-HOPE4ME  
detroitrachelsvineyard.org

**ALL CALLS ARE STRICTLY CONFIDENTIAL**

★ Free ultrasounds available

—Right to Life - LIFESPAN, Inc. and Michigan Nurses for Life, 2025

# Michigan State-Wide Pregnancy Resource Centers

**Most Michigan pregnancy centers listed offer: free ultrasounds, free medical quality pregnancy tests, confidential services, abortion recovery and RU486 information.**

Care Pregnancy Center  
308 N. Broad St.  
Adrian, Michigan 49221  
517-263-5701

Michigan Family Life Center  
5945 Fillmore St.  
Allendale, MI 49401  
616-895-8336

Options Pregnancy Center  
526 W. Chisholm St.  
Alpena, MI 49707  
989-354-6089

Arbor Women's Center  
625 E. Liberty St. #10  
Ann Arbor, MI 48107  
734-994-8863

Crossroads Care Center  
3205 E South Blvd.  
Auburn Hills, Michigan 48326  
248-293-0070

Positive Alternatives  
132 E. Huron Ave.  
Bad Axe, MI 48413  
989-269-6760

Alternatives  
1346 W. Columbia Avenue, Ste. 106  
Battle Creek, MI 49015  
269-288-2890

Beacon of Hope Pregnancy Care Center  
2360 Midland Rd.  
Bay City, MI 48706  
989-922-5433

Michigan Resource & Pregnancy Care Center  
671 McAllister Ave.  
Benton Harbor, MI 49022  
269-925-1335

Care Net Pregnancy Information Center  
2826 Coolidge Highway  
Berkley, MI 48072-0923  
248-545-6411

Life Resources of Northern Michigan  
14321 Northland Dr., Ste 2  
Big Rapids, MI 49307  
231-796-4919

Sound Choices Medical Clinic  
14321 Northland Dr., Ste. 2  
Big Rapids, MI 49307  
231-527-9628

Pregnancy Help Clinic  
7743 W Grand River Ave., Ste. 101  
Brighton, MI 48114  
810-494-5433

Life Resources of Northern Michigan  
909 S. Carmel St., Ste. 2  
Cadillac, Michigan 49601  
231-775-1545

Sound Choices Medical Clinic  
909 South Carmel St., Ste. 1  
Cadillac, MI 49601-2586  
231-775-8000

Positive Alternatives  
1596 E. Caro Rd.  
Caro, MI 48723-9317  
989-672-4673

Alpha Family Center  
6 N. First St.  
Cedar Springs, MI 49319  
616-696-2616

AA Crisis Pregnancy Center  
520 N Main St.  
Cheboygan, MI 49721  
231-627-2626

Image Clear Ultrasound Detroit Mobile Unit  
PO Box 208  
Clarkston, MI 48347  
248-620-5353

Compassion Pregnancy Center  
37540 Gratiot, Ste. 100  
Clinton Township, MI 48036  
586-783-2229

Beginnings Care for Life Center  
213 N. Marshall St.  
Coldwater, MI 49036-1437  
517-278-3355

The Lennon Center  
24275 Ann Arbor Trail  
Dearborn Heights, MI 48127  
313-277-5637

**Pregnancy Help Centers**

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# Pregnancy Help Centers

Delton Women's Center  
503 S. Grove St.  
Delton, MI 49046-9485  
269-623-4061

Care Net Pregnanc Center Detriot  
13864 Grand River Ave.  
Detroit, Michigan 48337  
313-243-1267

Michigan Pregnancy Aid  
17325 Mack Ave.  
Detroit, Michigan 48224  
313-882-1000

Pregnancy Services of Greater Lansing  
1045 E Grand River  
East Lansing, Michigan 48823  
517-332-0633

Harbor Lights Pregnancy Information Center  
310 Newman St.  
East Tawas, MI 48730  
989-305-6308

Pregnancy Services of Delta County  
9100 Pleasant Hill Rd.  
Ellsworth, MI 49729  
231-588-2200

Pregnancy Services of Delta City  
1801 Ludington St.  
Escanaba, MI 49829-3502  
906-786-7474

A Woman's Pregnancy Choice  
31700 W. 12 Mile Rd., Ste. 102  
Farmington Hills, MI 48334  
248-471-5858

Answer Center for Women  
626 Stevens St.  
Flint, MI 48502-1721  
810-234-7777

Flint Crisis Pregnancy Center  
3404 S. Saginaw St.  
Flint, MI 48503  
810-767-7153

Pregnancy Care Center  
5154 Miller Rd., Ste. H  
Flint, Michigan 48503  
810-767-1262

New Life Pregnancy Resource Center  
705 S. Otsego Ave.  
Gaylord, MI 49735-1722  
989-732-1626

Lakeshore Pregnancy Center  
700 Washington, Ste. 150  
Grand Haven, Michigan 49417-1469  
616-842-7510

Alpha Women's Center  
1725 S. Division Ave.  
Grand Rapids, MI 49507  
616-459-9955

Help Pregnancy Crisis Aid  
705 Bridge St. NW  
Grand Rapids, Michigan 49504  
616-459-9139

PRC Grand Rapids  
415 Cherry St. SE  
Grand Rapids, MI 49503  
616-456-6873

New Beginnings Pregnancy Care Center  
112 NW 5th St.  
Grand Rapids, MI 55744  
218-326-0404

Alpha Family Center  
705 N. Hillcrest St.  
Greenville, MI 48838  
616-225-2265

Sawyer Care Clinic  
330 Fortress St.  
Gwinn, MI 49841  
906-346-2606

Hope Pregnancy Center  
498 N. Clare Ave.  
Harrison, MI 48625  
989-539-3917

Alpha Women's Center  
838 W. Green St.  
Hastings, Michigan 49058-1851  
269-948-9013

Alpha Omega Women's Care Center  
46 South Howell  
Hillsdale, MI 49242  
517-437-7020

Lakeshore Pregnancy Center  
339 River Ave.  
Holland, Michigan 49423-3355  
616-396-5840

Life Outreach Center  
300B Quincy St., Ste. B  
Hancock, MI 49930-0563  
906-482-8681

# Pregnancy Help Centers

Pregnancy Services  
330 Lovell St.  
Ionia, MI 48846-1617  
616-755-6077

Walk of Life Pregnancy Center  
1018 Cedar Ave.  
Iron Mountain, MI 49801-4707  
906-774-5683

New Beginnings Pregnancy Services  
126 W. Aurora St.  
Ironwood, MI 49938-2532  
906-932-0414

Birthline Pregnancy and Parenting Center  
1000 E. Porter St., Ste. 1  
Jackson, MI 49202  
517-784-9187

Center for Women  
434 Wildwood Ave.  
Jackson, MI 49201  
517-787-4673

Alternatives  
4200 W. Michigan, Ste. 100  
Kalamazoo, MI 49006  
269-345-1740

Pregnancy Services of Greater Lansing  
420 Elmwood  
Lansing, Michigan 48917  
517-580-8185

Pregnancy Services of Greater Lansing  
6180 S. Cedar, Ste. C  
Lansing, MI 48911  
517-889-5135

Shared Pregnancy Women's Center  
503 N. Walnut  
Lansing, MI 48933  
517-484-1882

Pregnancy Resource Center of Lapeer  
1715 Imlay City Rd.  
Lapeer, MI 48446  
810-667-0055

Problem Pregnancy Center  
27330 Southfield Rd.  
Lathrup Village, MI 48076-3409  
248-559-7440

Lincoln Park Pregnancy Center  
1760 Fort St.  
Lincoln Park, MI 48146-1904  
313-386-4005

AAA Pregnancy Resource Center  
32080 Schoolcraft Rd.  
Livonia, MI 48150  
734-425-8060

Alpha Family Center of Lowell  
517 W. Main St.  
Lowell, MI 49331-9504  
616-987-9533

West Shore Pregnancy Care Center  
603 E. Tinkham Ave.  
Ludington, MI 49431  
231-843-7094

Lighthouse Pregnancy Care Center  
215 Maple St.  
Manistee, MI 49660-1130  
231-398-7984

Care Clinic  
1213 N. Third St.  
Marquette, MI 49855  
906-228-2273

Melvindale Pregnancy Center  
17729 Flint St.  
Melvindale, MI 48122-1237  
313-382-5941

Pregnancy Aid of Midland City  
1025 E. Wheeler St.  
Midland, MI 48640  
989-835-7144

Pregnancy Resource Center of Mid-Michigan  
4818 N. Saginaw Rd.  
Midland, MI 48640  
989-835-1500

Family Resource Center  
203 S. Morenci  
Mio, MI 48647  
989-826-5817

Heartbeat of Monroe  
123 First St.  
Monroe, MI 48162  
734-243-6550

Muskegon Pregnancy Services  
904 E. Preston  
Mt. Pleasant, MI 48858-4515  
989-773-6008

Best Options Pregnancy Services  
1775 Wells Ave.  
Muskegon, MI 49441  
231-726-2677

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# Pregnancy Help Centers

Alpha Family Center  
25 E. Maple Ridge Rd.  
Newaygo, MI 49337  
231-652-1548

Pregnancy Care Center  
527 E. Main St.  
Niles, MI 49120  
269-684-6200

Women's Care Center  
621 E. Main St.  
Niles, MI 49120  
269-684-4040

Pregnancy Resource Center  
224 N. Bail St.  
Owosso, MI 48867-2836  
989-723-4025

Oxford Pregnancy Center  
8 N. Washington St.  
Oxford, MI 48371  
248-969-2177

Pregnancy & Resource Center  
2206 Mitchell Park Dr., Unit #9  
Petoskey, MI 49770  
231-348-3388

Women and Teens Pregnancy Center  
263 Cesar E. Chavez  
Pontiac, MI 48342  
248-338-4357

Blue Water Pregnancy Care Center  
1211 Griswold St.  
Port Huron, MI 48060  
810-985-4673

Pregnancy Counseling Center  
25545 West Five Mile Rd.  
Redford, Michigan 48239  
313-952-2147

Life Clinic Community Resources  
74364 State St.  
Saginaw, MI 48603  
989-754-0091

Michigan Pregnancy Counseling Center  
916 Gratiot Ave.  
Saginaw, MI 48602  
989-752-7664

Care Net Pregnancy Center  
1420 Ashmun St.  
Sault Ste. Marie, MI 49783  
906-635-1103



Problem Pregnancy Center  
245100 Southfield Rd.  
Southfield, MI 48076  
248-559-7440

Beacon of Hope Pregnancy Center  
512 US 27 (Whittemore St.)  
St. Johns, MI 48879-2003  
989-224-0328

Abigail Ministries  
12313 – 19 Mile Rd.  
Sterling Heights, MI 48313  
586-323-1411

Pregnancy Helpline of Three Rivers  
172 E. Michigan Ave.  
Three Rivers, MI 49093  
269-278-2211

Michigan Pregnancy Care Center  
121 S. Garfield, Ste. C  
Traverse City, MI 49686  
231-929-3488

Birthright  
8076 21 Mile Rd.  
Utica, MI 48318  
586-254-5930

Imago Dei Pregnancy Center  
30521 Schoenherr  
Warren, MI 48088  
586-751-3550

Life Choices Resource Center  
575 Court St.  
West Branch, MI 48661  
989-345-7398

Family Life Services Pregnancy Center  
840 Maus Ave.  
Ypsilanti, Michigan 48197  
734-434-3088

**If information for a Michigan pregnancy center that you know of is incorrect, or not listed, email: [updates@ramahinternational.org](mailto:updates@ramahinternational.org)**

**To see listings of pregnancy help centers in the rest of the United States, go to: <https://helpinyourarea.com>**



On June 26, 2000, Michigan approved the Safe Delivery of Newborns law with an effective date of January 1, 2001. While targeting desperate parents, the law encourages the placement of their newborns in a safe environment as opposed to an unsafe environment.

If you can't keep your baby, there is a safe place nearby where you can leave your newborn, without giving away your name.

Go to an on-duty employee in any fire or police station or hospital, or call 9-1-1.

**Within 3 days of birth.  
It's safe, legal and anonymous.**



To end the tragedy of newborns being abandoned and left to die, Michigan passed the Safe Delivery of Newborns law to make it legal for a parent to surrender the infant in a safe and anonymous way.

Within 3 days of the baby's birth, a parent can leave the unharmed newborn with an on-duty emergency service provider—that is, an employee who is inside a fire station, a police station, or a hospital; or to a 9-1-1 responder.

It's anonymous. No one else needs to know.

The parent can leave without giving a name. He or she doesn't have to answer any questions, but may choose to give basic health information to help the baby.

Surrendering a newborn is safe for both the mother and the baby.

The mother can ask for confidential medical and counseling services.

The infant will be examined by a doctor and given urgent medical care, if necessary.

Then the baby will IMMEDIATELY be placed with an approved prospective adoptive family.

Birth parents have 28 days to change their minds and petition the court to regain custody of the infant. After that, however, their parental rights will end and the baby will be eligible for adoption.



The plan is to make sure the baby has a loving family where he or she can grow up healthy and happy.

**Safe Delivery.  
Three days.  
Three places or 911.  
Three reasons.**

**It's safe.  
It's legal.  
It's anonymous.**

There are always options for someone unready to take on the responsibilities of parenthood. Allowing a baby to die should never be an option. Visit [WeeCare4Babies.org](http://WeeCare4Babies.org) for links to the DHS website.

**Safe Delivery Hotline:  
866-733-7733**

**PLEASE DON'T ABANDON YOUR BABY!**  
[www.Michigan.gov/mdhhs/safety-injury-prev/safe-delivery](http://www.Michigan.gov/mdhhs/safety-injury-prev/safe-delivery)

### National Safe Haven Alliance

The National Safe Haven Alliance (NSHA) supports states' efforts to prevent infanticide and newborn abandonment through safe-haven relinquishments. NSHA is dedicated to reaching these women and encouraging them to make the right choice for themselves and their babies, whether it is a safe-haven relinquishment, adoption, or parenting.  
**Toll Free Crisis HOTLINE 1-888-510-BABY**

**Safe Haven**

# Celebrate LIFE!

Author unknown

*I woke up early today...Excited about all  
that I get to do before midnight...*

*I have responsibilities  
to fulfill that are important.  
My job is to choose  
what kind of day I'll have...*



*Today, I can complain  
because it is raining...  
or  
I can be thankful  
the grass is getting  
watered for free!*

*Today, I can feel sad  
that I don't have  
more money...  
or  
I can be glad  
that my finances  
encourage me to  
Plan my purchases  
wisely and guide me away from waste!*



*Today, I can grumble about  
my health  
or  
Rejoice that I am alive!*

*Today, I can lament  
over all that my parents  
Didn't give me  
when I was growing up...  
or  
I can feel grateful  
that they allowed me  
to be born!*



*Today, I can cry  
because roses have thorns...  
or  
I can celebrate  
that thorns have roses!*

*Today, I can mourn my lack of  
friends...  
or  
I can excitedly embark  
upon a quest  
to discover new relationships!*



*Today, I can whine  
because I have to go to work...  
or  
I can shout for joy  
because I have a job to do!*

*Today, I can complain  
because I have to go to school...  
or  
I can eagerly open my mind  
and fill it with rich new knowledge!*

*Today stretches ahead of me,  
waiting to be shaped...  
I am the sculptor,  
ready to do the shaping...*



*What today is like is up to me  
because I get to  
choose  
What kind of day I  
will have...*

**Celebrate  
Life!!!**



# A simple sonogram can increase the emotional attachment of parents to their unborn children

By Maria Gallagher, Legislative Director, Pennsylvania Pro-Life Federation

Science has now confirmed what parents the world over have known in their hearts—that ultrasounds of preborn babies are important for parent-child bonding, including fathers.

An article in the *Journal of Reproductive and Infant Psychology* reveals that a simple sonogram can increase the emotional attachment of parents to their unborn children. As the team of researchers states, “Parents value working collaboratively with sonographers to be actively involved in the experience. Sonographers can help facilitate attachment by delivering parent-centered care tailored to parents’ emotional and knowledge needs.”

The researchers—Emily Skelton, Rebecca Webb, Christina Malamateniou, Mary Rutherford and Susan Ayers—conducted database searches of English language studies published since the year 2000. The 23 studies that were reviewed described measures of attachment in parents after they had seen ultrasound images of their preborn babies.

The majority of the studies were conducted in European nations. As the article notes, “Parents regarded scans as a milestone event, which they expected, and wanted.”

It is also interesting to point out that “one of the first-time mothers even considered the ultrasound examination to be an initiation rite into pregnancy, making it obvious not only to herself but also to others that she really was expecting a baby.”

But mothers were not the only ones to see their attachment to their babies enhanced as a result of ultrasounds. Fathers, too, bonded with their babies in what might be considered an unexpected way:

A cross-cutting theme was the importance of partners at scans. Scans help fathers to engage with the pregnancy and get to know the baby through visual cues. The baby represents a project shared between a couple and the scan is a pregnancy-related event that both parents can experience simultaneously. Knowledge about the unborn baby is acquired together, and physical movements can be witnessed in real time during the scan, providing fathers with a glimpse into the otherwise privileged access their partner has of the pregnancy. The “thrill” of being present can be fully felt through images shared afterwards and the scan experience may further support the intrapsychic dynamics of the expectant parents by enabling an encounter with their imagined child.

In addition, “partner behavior changed after the scan to be ‘more understanding and gentle’ towards mothers.”

It’s incredible when you think about it—a simple diagnostic tool bringing together a family in a unique and vital way. What a wonderful gift they are in the on-going effort to rebuild a culture of life!

—National Right to Life News Today, February 15, 2023



*Given the profundity and physical character of pregnancy, though,  
a woman’s continuing efforts to nurture a fetus  
should also be described as a moral act,  
her cooperation with God in bringing forth life.  
Indeed, the woman is particularly burdened  
and particularly honored in the process.*

*She is the first to witness the creation of the new human being,  
never before introduced to the created order but present in her.*

*“God creates the soul of the new child in her body,”*

*Alice von Hildebrand writes of this maternal privilege.*

*This implies a direct ‘contact’ between Him and the mother-to-be...”*

*~ In Moral Labor, Agnes Howard ~*



Ultrasounds

## Down Syndrome, Prenatal Diagnosis and Quality of Life: An Interview with Dr. Brian Skotko

By Mark Bradford

*Dr. Brian Skotko is a board-certified medical geneticist and the Director of the Down Syndrome Program at Massachusetts General Hospital in Boston. He has co-authored numerous books and articles on Down syndrome and other intellectual disabilities, and is a much sought-after speaker at conferences and events.*

*Dr. Skotko's most recent professional focus has been developing an innovative means for families that have no access to a Down syndrome specialty clinic to access world-class medical information through a virtual clinic called the "Down Syndrome Clinic to You."*



**Mark Bradford:** Brian, it was great to see you again in July at the National Down Syndrome Congress in Orlando. There are so many things we could talk about, but space is limited. I would like to focus on what drew you to this work, your quality-of-life research, and your important new project, Down Syndrome Clinic to You or "DSC2U."

So, let's get started with the first question. I know, like many of us that get involved in this kind of work, you have a sister with Down syndrome. However, not everyone takes their commitment to the point of attending Harvard Medical School and then becomes a board-certified medical geneticist through Harvard's Kennedy School and goes on to run a major program that serves individuals with Down syndrome in the Northeastern US that also attracts families from all over the world. What have been the greatest influences on your career, and how have your specific interests in Down syndrome care and research been formed?

**Brian Skotko:** I'm certainly grateful to my sister—and all my patients with Down syndrome—who have and continue to teach me important life lessons. They teach me to pause when I am tempted to rush, to feel when I want to rationalize, to cherish bronze when I am looking for gold. Yet the Down syndrome community pushes me beyond just happy life lessons; its families have gifted me a deep sense of purpose. Rather than focusing on my ego-centric dramas, I am reminded daily that our work is far from over in ensuring that all neurodiverse persons are valued. My clinical and research efforts are aligned toward this goal.

**Mark Bradford:** In reviewing your extensive list of publications, your research interests in Down syndrome partly include obstructive sleep apnea, autoimmunity and Down syndrome regressive disorder, Alzheimer's disease, thyroid disease, trials of drugs to improve cognition, and a specific area of interest to me, family experiences of Down syndrome.

What impact does having a child with Down syndrome have on a family dynamic?

**Brian Skotko:** Our society is quick to draw its own conclusions about people with intellectual disabilities, so my colleagues and I sent out a survey to people with Down syndrome and their families in the US. Families are not looking for pity. Quite the contrary: nearly 99% of people with Down syndrome state that they are happy with their lives; 88% of their brothers and sisters believe that they are better people because of their sibling; and 79% of parents feel that their outlook on life is more positive because of their child. The Down syndrome of today is not the Down syndrome of yesteryear. That's not because the genetics have changed; we have.

**Mark Bradford:** Back in Jérôme Lejeune's earlier days, Down syndrome was diagnosed after a baby was born. Now, there are many prenatal screens and testing options available to couples. Can you review what resources are available for expectant couples who have received a prenatal diagnosis of Down syndrome?

**Brian Skotko:** Gold-standard resources to support expectant couples are available after years of col-

laborative work between medical organizations and disability advocacy groups. In my opinion, we have an outpaced implementation challenge. The science of prenatal testing has been on a bullet train in recent years, but these resources and support for expectant couples trail behind on a Conestoga wagon. Expectant couples have indicated that the information that they do receive from clinicians about genetic conditions is often incomplete, inaccurate, and dated. Negative memories of these diagnostic conversations are often more vivid, intense, and visceral than people's recollection of tragedies like 9/11. So, how do we get the right information into the right hands at the right moments? Outreach programs from nonprofits need sustainable funding. Prenatal testing companies should adhere to reporting guidelines. Clinicians need training.

**Mark Bradford:** I know that you and your colleagues Gert de Graaf, Frank Buckley, and Ellen Skladzien have been doing lots of research on the changing demographics of people with Down syndrome. What have you been learning in countries around the world?

**Brian Skotko:** We estimate that in recent years, there were 36% fewer babies with Down syndrome than could have been born in the US because of selective terminations. Annually, in our country, this amounts to about 5,100 babies with Down syndrome being born, and 3,900 fetuses with Down syndrome being selectively aborted. The reduction of babies with Down syndrome has steadily risen in Europe over the past 40 years to over 50% today—as high as 83% in Spain, 80% in Portugal, and 71% in Italy. New Zealand and Australia closely follow, at 71% and 66%, respectively. We found that abortion coverage for a Down syndrome diagnosis was covered fully by government funding in 52.4% of these countries in 1990, and that number increased to 73.8% in 2021.

We are on a mission to democratize health care for people with Down syndrome around the globe.

**Mark Bradford:** We know how important specialized medical care is for individuals living with Down syndrome across the lifespan. I remember when you first began working on your Down Syndrome Clinic to You project. It was exciting to see it in action

during your presentation in Orlando. Tell us about your motivation for engaging in this huge project, what it is, and how it works.

**Brian Skotko:** With prenatal testing becoming ever more available, many parents in the Down syndrome community worry that the medical establishment will pass them by. They feel a critical and urgent need for adequate health care for their loved ones with Down syndrome. More than 95% of people with Down syndrome in the US do not have access to a specialty clinic like the one that my team and I implemented at Massachusetts General Hospital. They are simply seen by primary care providers, but it is unreasonable and impractical to think that today's providers can stay up-to-date on the medical guidelines for every genetic condition.

This is why we built Down Syndrome Clinic to You, an online platform that delivers automated, personalized checklists in English and Spanish for caregivers and local primary care providers. Parents can now enter in questions and concerns from the comfort of their own homes, and they will get instant suggestions and links to the best resources.

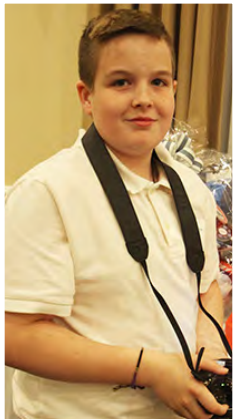
**Mark Bradford:** Brian, well said. Thanks so much for your commitment to improve the lives of those living with Down syndrome, and for all of your work to ensure that those who receive a prenatal diagnosis of Down syndrome have accurate information, and then the opportunity to access the best possible information to guide medical care through your innovative Down Syndrome Clinic to You. May God continue to bless your excellent work.

—Word on Fire, October 17, 2023



## *Celebrate LIFE Dinner 2024*





## My Special Son, Bruce...

*Lynn Ann Gura, Oak/Mac Chapter, Youth Director*

I was raised in a Catholic home, where going to Mass every week and participating in family prayer at home during the week was a normal part of my life. For me abortion was wrong because I was a Catholic. When I was about 14-years-old, my parish had an informational meeting one night about abortion, so my dad took me to it. A discussion took place about abortion procedures and a video was shown. It had an abortion in it. It showed the brutal reality of what happened in an abortion.

From that point on, abortion was wrong because I was a Catholic AND because it was a fact that a "Not Yet Born" child would die in a horrible and violent way, something that I knew was totally wrong for the child and for the woman.

At 18-years-old, I was married and then at 19-years-old, I gave birth, about 3-and-½ weeks early, to a beautiful son named Bruce. I had an easy pregnancy, Bruce was very active once I could start feeling him moving around, and everything looked fine on the one ultrasound I had received.

At 19-years-old, I was healthy and didn't drink, smoke or use any kind of drugs. I had no idea that he would be born with a chromosomal disorder known as Trisomy 18 or Edward's Syndrome. To hear the doctor say "he suspected that Bruce had Trisomy 18" was a total shock. Bruce looked perfect to me. I loved him in the womb and when I got to hold him after he was born, my love became even stronger.

"There is no cure, and your child will have a short lifespan," I was told. Wow! How do you wrap your head around that reality? I was told "only 10% of the children born with Trisomy 18 even live past one year." I was given a choice to leave Bruce in the hospital "because he probably would not live longer than one month." There was absolutely, positively NO WAY I would leave my son in the hospital to die, so I learned everything I had to do to care for him at home, including tube feeding.

Bruce was created for a wonderful amazing purpose. I know most certainly that his very special and precious life was shared with me as a gift from God and loving this son of mine cemented me even deeper into being pro-life because I now experienced firsthand being a mother of a child with a disability...one that would limit his lifespan. How much time would I have? I didn't know, but I embraced every day as a treasure with him! Thankfully, my parents and siblings and friends were able to meet him and spend time with him and love him and receive love from him. Something they all treasure!

Despite the struggles Bruce endured, there was much joy and laughter and love in his short lifespan and if I was given the privilege again to be his mom, I would accept it a million times over!

Bruce was never able to eat without tube feeding and he was not able to speak words to me or crawl or walk. But he did learn how to roll around all over the place and he could hold things like rattles if I placed them in his hands. He enjoyed bath time and playtime and listening to music and dancing with me, going out with me to church, to shop, to visit family and friends (he loved people!) and he did do a lot of "baby talk" (his voice was so sweet!).

I was graced with Bruce's presence in my womb for eight months and once born, for 2-1/2 years! He meant the world to me! And I am glad to have an opportunity to share him with you! ♦



# New Study Shows Perinatal Hospice a Great Alternative to Killing Disabled Babies in Abortions

By J.P. Duffy

On March 14, 2024, Family Research Council (FRC), together with Dr. Michael New, Assistant Professor of Social Research at the Busch School of Business at The Catholic University of America, released the first phase results of a study of 11 perinatal hospice programs surveying 82 mothers who participated in these programs.

The study found that perinatal hospices offered a range of valuable resources to women. These included counseling, sonograms, prayer, support groups, and a birth plan. High percentages of women found each of these services “very helpful.” Overall, women expressed a high degree of satisfaction with the care they received from perinatal hospices with 83 percent of women reporting the level of emotional support from the perinatal hospice as “very supportive” and 79 percent of women unable to note anything from the program that was not helpful in the grieving process.

Importantly, 55 percent of mothers in the study reported that when doctors informed them about their child’s diagnosis, the physician’s recommendation was to end the baby’s life. Sadly, only 19 percent received information about perinatal hospice when they were given this recommendation.

Yet, after receiving perinatal hospice services, 86 percent of women reported they were “very much” confident in their decision to carry to birth, and zero women reported they were “not at all confident.”

Family Research Council’s Director of the Center for Family Studies, Dr. Jennifer Bauwens, stated: “Our study addressed a large gap in the scientific literature by asking about the experiences of women who decided to carry their child to term in the face of an adverse perinatal diagnosis and advice to abort. Both receiving an adverse perinatal diagnosis and losing a child can cause tremendous grief that is not always acknowledged by the general public. Our findings suggest perinatal hospices are a source of support for women facing this challenging road.”

Dr. Michael New noted, “Increasing the awareness of perinatal hospice among policy-makers, healthcare professionals, and the general public is an important and worthwhile goal for the pro-life movement. It will give women who obtain adverse prenatal diagnosis more options and will hopefully result in a higher percentage of these women making the life-affirming choice of perinatal hospice for both themselves and their preborn child.”

FRC’s Director of the Center for Human Dignity, Mary Szoch, concluded, “The lives of people with disabilities, no matter how long or how short, are just as valuable as every other person’s. Americans must recognize this. Supporting perinatal hospice programs is a great place to start.”

To access the report, visit: [frc.org/perinatal-hospice](https://frc.org/perinatal-hospice)  
—LifeNews.com, March 14, 2024



## In Honor of Fathers

When I was young, I bought my father a cheap plastic statue of a fisherman with an oversized cartoon-like head. The statue read, “World’s Greatest Dad.” It was, in my ten-year-old mind, the highest award that could be conferred on a man. I wanted to give my father something more than another necktie or bottle of cologne he would never wear. I wanted to give him an honor. I wanted to tell him how I felt without actually telling him how I felt...because we didn’t do that much in my family.

Now, a father myself, I realize the honor of being a father really is (as the cliché puts it) “all mine.” To be a father—to watch my son grow into a husband and father and my daughter into a wife and mother—is an honor beyond any other recognition I might receive in my professional or personal life. God knew what he was doing when he allowed men to become fathers. He was giving us a glimpse of his own glory.

—Celebrate Fathers, Prayers and Reflections on Fatherhood  
Liguori Publications



## LIFE Begins at Conception



**The following is a step-by-step journey through the first chapter of human life.**

**D**uring the short nine months from conception to birth, a microscopic single cell evolves with amazing speed into a seven-pound, 20-inch, fully formed infant.

Not long ago, the first nine months of human life were a mystery to all. Only in recent years have scientific and technological advances allowed us to directly observe life as it develops within the womb. We now know, in great detail, how the preborn baby looks, acts and grows.

### The First Nine Months

**Day 1** Sperm joins with ovum (egg) to form one cell—smaller than a grain of salt. The new life has inherited 23 chromosomes from each parent, 46 in all. This one cell contains the complex genetic blueprint for every detail of human development—the child's sex, hair and eye color, height, skin tone.

**Days 3-4** The fertilized egg travels down the fallopian tube into the uterus.

**Days 5-9** During this time, the fertilized egg implants itself in the rich lining of the uterus.

**Day 18** The heart begins to beat.

**Day 20** Foundations of the brain, spinal cord and nervous system are already established.

**Day 28** The backbone and muscles are forming. Arms, legs, eyes and ears have begun to show.

**Day 30** At one month of age, the embryo is 10,000 times larger than the original fertilized egg—and developing rapidly. The heart is pumping increasing quantities of blood through the circulatory system. The placenta forms a unique barrier that keeps the mother's blood separate while allowing food and oxygen to pass through to the embryo.

**Day 35** Five fingers can be discerned in the hand. The eyes darken as pigment is produced.

**Day 40** Brain waves can be detected and recorded.

**Week 6** The liver is now taking over the production of blood cells, and the brain begins to control movement of muscles and organs.

**Week 7** The embryo begins to move spontaneously. The jaw forms, including teeth buds in the gums. Soon the eyelids will seal to protect the embryo's developing light-sensitive eyes and will reopen at about the seventh month.

**Week 8** At a little more than an inch long, the developing life is now called a fetus—Latin for “young one.” Everything is now present that will be found in a fully developed adult. The heart has been beating for more than a month, the stomach produces digestive juices and the kidneys have begun to function. Forty muscle sets begin to operate in conjunction with the nervous system. The fetus’ body responds to touch, although the mother will not be able to feel movement until the fourth or fifth month.

**Week 9** Fingerprints are already evident in the skin. The fetus will curve its fingers around an object placed in the palm of its hand.

**Week 10** The fetus can squint, swallow and wrinkle its forehead.

**Week 11** At this time, the fetus is about two inches long. Urination occurs. The face has assumed a baby’s profile, and muscle movements are becoming more coordinated.

**Week 12** The fetus now sleeps, awakens and exercises its muscles energetically—turning its head, curling its toes and opening and closing its mouth. The palm, when stroked, will make a tight fist. The fetus breathes amniotic fluid to help develop its respiratory system.

**Week 13** Fine hair has begun to grow on the head, and sexual differentiation has become apparent.

**Month 4** By the end of this month, the fetus is eight to ten inches in length and weighs a half pound or more. The ears are functioning, and the fetus hears the mother’s voice and heartbeat as well as external noises. The umbilical cord has become an engineering marvel, transporting 300 quarts of fluids per day and completing a round-trip of fluids every 30 seconds.

**Month 5** Half the pregnancy has now passed, and the fetus is about 12 inches long. If a sound is especially loud or startling, the fetus may jump in reaction to it.

**Month 6** Oil and sweat glands are functioning. The delicate skin of the growing baby is protected from the fetal waters by a special ointment called “vernix.”  
**If the baby were born in this month and given the proper care, he could survive.**

**Month 7** The baby now uses the four senses of vision, hearing, taste and touch. He can recognize his mother’s voice.



—Lennart Nilsson

**Month 8** The skin begins to thicken, with a layer of fat stored underneath for insulation and nourishment. Antibodies increasingly build up. The baby absorbs a gallon of amniotic fluid per day; the fluid is completely replaced every three hours.

**Month 9** The average duration of pregnancy is 280 days from the first day of the mother’s last menstrual period, but this varies. Most babies (85 to 95 percent) are born somewhere between 266 and 294 days. By this time the infant normally weighs six to nine pounds, and his heart is pumping 300 gallons of blood per day. He is fully capable of life outside the womb. ■



*...from my mother’s womb you have been my God.*

~ Psalm 22:10 ~

*...You know not how the breath of life  
fashions the human frame in the mother's womb. ~ Ecclesiastes 11:5 ~*



*Baby Ellie, 24-weeks gestation*



*Baby Ellie, three-days-old*

*Truly you have formed my inmost being; you knit me in my mother's womb.  
I give you thanks that I am fearfully, wonderfully made;  
wonderful are your works. My soul also you knew full well;  
nor was my frame unknown to you when I was made in secret...  
~ Psalm 139:13-15 ~*



*—Foetus 18 weeks, Lennart Nilsson Photography*

# The Mommy Poet

*D*o you know that feeling when you wake up in the middle of the night and it's cold and your diaper feels heavy.

*And there are so many strange sounds all around you, and it's dark and scary.*

*And you get a hit in your head and it's your hand that's on its own adventure. And you can't control it at all and it flings itself around and scratches your face and pulls at your hair.*



*And your legs start kicking off the duvet, even though you're cold as it is and you try to make it stop, but they have their own will.*

*And so, you're lying there completely helpless with flailing limbs that want to do everything, but none of the things you want.*

*And you can't find mom. And you call for her and you find yourself feeling really scared.*

*What if your beloved mom doesn't come for you?*

*You can't imagine anything worse and you start to cry because you miss her so terribly. You have never felt as alone as this very moment.*

*And then she is suddenly there. Standing right by your bed and looking at you with worry and love.*

*And she is the most beautiful thing you've ever seen. And you grin*

*up at her with happiness and relief. You don't think you've ever felt as happy as this very moment.*

*And she picks you up and holds you close. And she smells like herself, and also a bit like you.*

*Like milk and safety and love. And it's the best smell in the whole entire world.*

*And she is warm and safe and soft and her hands caress you and she feeds you and hums your favourite tune. And you love her voice. You've known it far longer than you've really known her. It has lulled you to sleep and made you laugh and calmed you when you were distressed. It is the most beautiful voice in the whole entire world.*

*And you get to lie right up against her and you feel your entire body start to warm up again. And your still cold hand starts stroking her and moves up towards her neck and accidentally scratches her. Stupid uncontrollable hand. But mom doesn't get angry. She takes your stupid hand in hers and it turns all warm again. And this is the best feeling in the world. Right here in mommy's arms, with your hand in hers. Even the diaper doesn't feel as horrible anymore.*

*And you feel your eyes getting heavy and you know that everything is okay now cause mommy is here. Your mom. Your wonderful, incredible mom who always looks after you. Night and day.*

*You look up at her one last time before you fall asleep. She looks tired and her eyes are closed, and yet she is still the most magnificent thing you know. How amazing that she wants to sit here with you in this moment. How amazing that she will always sit with you for a bit when you need her to.*

*You smile to yourself. How lucky you were that she became your mom. The most perfect mom anyone could have asked for.*

*You knew, even before you saw her, that she would be the best thing in the world.*

*Oh, how you love her. Your mom.*

— Anonymous

# The Truth About Chemical Abortion Drugs— Three Myths & Three Facts

*By Alliance Defending Freedom*

Since the initial approval of chemical abortion drugs by the FDA in 2000, government agencies and cultural voices have repeatedly claimed that the drugs are “safe and effective.”

But is that claim true? Or, did the FDA put women at greater risk by removing commonsense safety standards, beginning in 2016?

This is your guide to find out what the pro-abortion forces don’t want you to know about abortion drugs, commonly referred to as the “abortion pill.” Alliance Defending Freedom (ADF) is proud to be on the front lines of this issue, standing up for the health and safety of women and girls. ADF is committed to challenging the reckless actions of the government and the abortion industry to promote drugs that harm women and are designed to destroy innocent unborn life.

**LEARN MORE: Doctors are Standing Up to Protect Women  
Who are Suffering from the FDA’s Reckless Actions.**

<https://adflegal.org/support/truth-about-chemical-abortion-drugs/>

## MYTH # ONE

**MYTH – Abortion drugs are safe and effective.**

**FACT – Abortion drugs put women and girls at increased risk of harm.**

Simply put, abortion drugs present many risks to women.

According to the FDA’s own label, roughly one in 25 women who use these drugs may end up in the ER. Women and girls across the country have suffered serious, even life-threatening, complications such as severe bleeding, infections, or sepsis because the FDA stopped requiring doctors to provide vital in-person exams to women using these high-risk drugs.

Despite this, the FDA removed all in-person doctor visits, including necessary screenings for serious conditions and life-threatening complications, causing more women to end up in hospital emergency rooms. Data cited by the FDA showed that hospitalizations increased 300% with no in-person doctor visit.

Doctors and medical professionals are filling the care gap created by the FDA, caring for the many women who have been lied to and misled by the government agency supposedly dedicated to “protecting” their health.

Pro-abortion forces seem to be interested in protecting the industry’s profits and not the health and well-being of women and girls.

**Roughly one in 25 women who use abortion drugs will require emergency medical attention for serious, even life-threatening, complications.**

**BOTTOM LINE: Abortion drugs put women’s lives at risk of dangerous complications.**

**LEARN MORE: I Was Told Abortion Drugs Wouldn’t Hurt Me. It Was a Lie.**

<https://adflegal.org/support/truth-about-chemical-abortion-drugs/>

## MYTH # TWO

**MYTH – Removing safety standards for abortion drugs was a sensible, science-based decision.**

**FACT – The FDA put women at increased risk by removing commonsense safety standards that protected women from a high-risk drug.**

If the FDA was being true to its mission to “protect” the health and safety of women, it would be honest with the people it serves about the harm caused by abortion drugs. It would restore the safety standards that had been in place for 16 years—standards that the FDA once argued were necessary for “safe” use of the drugs.

For instance, doctors were previously required to provide ongoing care to women using the drugs, including an initial in-person visit and two follow-up visits to check for serious complications like severe bleeding and life-threatening infection.

That’s gone now. If the FDA was really prioritizing women’s health, it wouldn’t allow women to get these high-risk drugs without a single doctor’s visit.

The FDA seems to be more interested in pushing abortion drugs instead of protecting women’s health and safety.

**BOTTOM LINE: The FDA must be held accountable for recklessly-and-illegally-removing important safeguards that helped protect women from high-risk drugs.**

**LEARN MORE: Supreme Court Weighs Restoring Commonsense Safeguards for Chemical Abortion Drugs.**

<https://adflegal.org/support/truth-about-chemical-abortion-drugs/>

#### **MYTH # THREE**

**MYTH – Abortion Pill Reversal is ‘unproven’ or unethical’**

**FACT – Statistics show that taking the natural hormone progesterone before taking the second drug in the abortion drug process has likely saved over 6,000 unborn lives and has a 64-68% success rate.**

When they censor and target statements about Abortion Pill Reversal (APR), pro-abortion voices make clear that their claim to support “choice” for women is disingenuous.

The most common form of chemical abortion is a two-drug regimen—mifepristone, followed by misoprostol. Some women, after taking mifepristone, experience regret and change their minds about wanting an abortion. APR uses the natural hormone progesterone to counteract the life-ending effects of the first abortion drug.

**APR has been shown to have a 64-68% success rate.**

**To date, it’s estimated to have saved more than 6,000 unborn lives.**

The abortion lobby and their allies in government are trying to keep women from finding out about the option to save their babies after beginning the abortion drug process. Alliance Defending Freedom is challenging state officials who have tried to punish pregnancy centers for speaking about it. ADF is also standing for medical professionals in a state that has attempted to prohibit them from providing APR or even providing information about it to their patients.

**BOTTOM LINE: Abortion Pill Reversal is saving innocent lives, and women deserve to hear the truth about this available option.**

**LEARN MORE: Women Deserve the Opportunity to Choose Abortion Pill Reversal.**

<https://adflegal.org/support/truth-about-chemical-abortion-drugs/>

—Alliance Defending Freedom, ADF Legal.org

## **THE CASE AGAINST THE ABORTION PILL**

*By Rachel Roth Adlhizer*

**H**ere is how I buried the body of my fifth child: I took myself to the emergency room because I was in labor and bleeding. The baby on the ultrasound screen lay still in the curve of my belly, its heart silent. Fetal demise resulting from spontaneous abortion, the medical term for miscarriage. The room was quiet as I delivered the baby. At first I was afraid to hold my child, who fit the length of my hand, its clavicles and ribs delicate as strands of hair. Then I saw the face, and the features were perfect. I marveled. My baby was soft, its bones not yet hardened, and still warm from the heat of my body. In my grief, I was granted a glimpse into secret places. I am made, and I make. I was no longer afraid.

The room went black as I lost consciousness, hemorrhaging. I awoke breathing through an oxygen mask, surrounded by concerned nurses. I avoided emergency surgery because my physician manually extracted the retained placenta lodged in my cervix, a common complication of late-term miscarriages, and gave me a shot to stop the bleeding.

When I left the hospital, I signed a form stating that I was transporting human remains in the small cardboard box they gave me. Inside, the baby rested on a pillow. Some older ladies had knitted hats

*continued*



and booties to remember miscarried babies, and I kept the gift for my other children, aged six, four, two, and ten months. Escorted in a wheelchair from the hospital's antepartum unit, I was told to keep the form with me in case our vehicle was searched by police on our way home.

I opened the box one last time and looked at the child. Then my husband buried our baby in the corner of the garden. I sat, too weak to walk more than a few steps. Fetal demise as a result of spontaneous abortion—spontaneous as opposed to induced. I had been in the hospital, closely monitored for complications. The nurses made sure to call it a baby. They told me they were sorry.

My baby has a grave. Where are the babies dead from induced abortions? Do their mothers bury their bodies?

Abortion advocates tell us that abortion is safe. By becoming legal, so the story goes, hidden violence is made safe, and it must be protected because without abortion access, women will die. The **majority of abortions in the United States are now medical as opposed to surgical**, induced with the controversial medication mifepristone. The FDA claims this process is safe, with an extremely low complication rate.

But there is another story: one in which a child dies and a woman's body becomes collateral damage in the culture war. This is a story in which a woman is nearly **three times** more likely to die in the year following an abortion than in the year following a live birth.

In this story, medical abortions induce an unnatural process, one in which up to **20 percent** of women experience a complication—four times the complication rate of surgical abortion. The medical abortion process is designed to hide adverse events and discourage patient follow-up. Women seeking abortion receive lower standards of care than do women suffering miscarriage, despite advocates' claims that miscarriage and chemical abortion are the same physiological processes with an identical treatment regimen. This story starts with mifepristone and the dubious history of its development and approval.

This story is being told before the Supreme Court in the case of *U.S. Food and Drug Administration v. Alliance for Hippocratic Medicine*.

Medical abortion begins with a woman seeking a prescription for mifepristone and misoprostol, which together constitute the medical abortion regimen. Mifepristone blocks progesterone, the critical pregnancy hormone. Denied progesterone, which causes the nourishing uterine lining to grow, the baby dies. Misoprostol, taken after mifepristone has done its work, is a prostaglandin used off-label to produce uterine cramping and expel the fetal tissue.

Medical abortion occurs at home, with no oversight once the woman has received her prescription from an abortion provider. Mifepristone was developed to turn a public event, surgical abortion, into a private, self-administered one that could be confused with miscarriage. One young woman who participated in the original clinical trials for mifepristone told the *Wall Street Journal*, "At home it was just a private, personal thing...much better than waiting around in some doctor's office."

Originally called RU-486, mifepristone was developed in the 1980s by Étienne-Émile Baulieu, a French doctor working with the Swiss pharmaceutical company Roussel-Uclaf, a subsidiary of the German drug manufacturer Hoechst. The drug was controversial from the start. Hoechst was a member of the interwar pharmaceutical conglomerate IG Farben, infamous for developing Zyklon B, the gas used to exterminate prisoners in Nazi death camps. During a shareholders meeting, Baulieu recounts, anti-abortion protesters shouted, "You are turning the uterus into a crematory oven!"

In his 1991 book, *The "Abortion Pill,"* Baulieu theorizes that "fertility control is at the heart of the human condition." Baulieu saw mifepristone as a solution to "a demographic crisis that overwhelms us all." He recounts that in the 1980s, the World Health Organization became enamored with his invention and offered "not only to endorse the pill but also pay for testing." Roussel-Uclaf collaborated with WHO to perform trials in developing countries and provide mifepristone to "third-world public health services" at "a reduced price." Today, these drugs flow into the developing world through a variety of NGOs. Baulieu saw mifepristone as a tool, not only for thinning the herd in the developing world, but also for culling "mutants," the "deformed," and the "diseased." When mifepristone was approved for use in China in 1988, Baulieu writes that he was thrilled that his drug would be distributed "in a nation that constituted one quarter of humanity."

In 1994, Roussel-Uclaf donated the U.S. rights to mifepristone to the Population Council, a group committed to limiting births in both the developing and the industrialized world. The single U.S. study on mifepristone prior to FDA approval was funded by the Population Council. Though the study found that mifepristone successfully terminated pregnancies 92 percent of the time when combined with misoprostol at less than forty-nine days gestation, it also found that failure rates increased



with gestational age. For example, by a gestational age of fifty-seven days, the failure rate rose to 27 percent, necessitating further interventions to complete the abortion. The Population Council sponsored the New Drug Application for mifepristone before transferring the license to Danco Laboratories, a notoriously secretive company created by the Population Council to produce and distribute the drug. Danco received early funding from Warren Buffett and George Soros, among other population control enthusiasts.

In 2000, the FDA approved mifepristone for use in the United States, relying on Subpart H of the Code of Federal Regulations, created during the AIDS epidemic to accelerate approval of drugs that treat “serious or life-threatening illnesses.” In order to fast-track approval, the FDA classified pregnancy as a life-threatening illness, with abortion as a cure. It should come as no surprise that a majority of the Reproductive Health Drugs Advisory Committee, responsible for vetting mifepristone, had public pro-abortion affiliations, including the committee’s chair, Ezra Davidson, a member of Planned Parenthood’s advisory board.

A 2008 report by the Government Accountability Office (GAO) explains that approving mifepristone under Subpart H allowed the FDA to circumvent standard safeguards, moving the drug to market before “measures of effectiveness” from clinical trials were available. The Charlotte Lozier Institute reports that the FDA typically requires “two randomized, blinded, placebo-controlled trials demonstrating significant efficacy and minimal risks” to approve a pharmaceutical; mifepristone, however, was approved on the basis of a “single published trial that was non-blinded, non-randomized, and utilized only a historical, non-concurrent control.” The FDA also waived the requirement that mifepristone undergo a separate pediatric approval process in order to be used in women and girls under eighteen.

According to the GAO report, Danco and the Population Council promised the FDA they would perform two safety studies post-market. When they later reneged on their commitment, the FDA decided that post-market studies were unnecessary, despite their being required for drugs approved under Subpart H.

The FDA paid unusual deference to mifepristone’s sponsor, accepting the Population Council’s argument that requiring prescribers to perform follow-up procedures, such as surgery to resolve incomplete abortions, was unnecessary because “incomplete miscarriages were routinely handled by referring patients to outside providers with specialized surgical or emergency care training.” But an induced abortion is not a miscarriage.

Medical abortion needed to masquerade as miscarriage in order to bury complications that would threaten confidence in mifepristone’s safety. This cover-up was only possible if the breakdown of the patient-provider relationship—enacted through the requirement that nonprescriber physicians manage abortion complications—was baked into the drug’s approval.

According to the FDA, a woman need not confirm the date of her last menstrual period in order to receive a prescription for mifepristone and misoprostol. Nor is an ultrasound required to determine the baby’s gestational age or to rule out an ectopic pregnancy. The woman does not need an in-office visit to ingest mifepristone, nor must she take misoprostol under supervision. No final ultrasound exam is performed to confirm that all the tissue has passed, which is the only way to ensure that retained tissue doesn’t cause a life-threatening septic infection. A woman can obtain these drugs out of state and carry them back to her state, where abortion may be illegal. She can obtain a prescription through a telehealth appointment and have the drugs mailed to her, regardless of the legality of abortion in her state.

The system encourages women obtaining medical abortions to seek emergency care rather than follow up with their prescribers if they experience complications. (The name-brand version of mifepristone, Mifeprex, has a patient agreement form that presumes women are unlikely to be treated for complications by their prescribers and vaguely instructs women seeking care to head to the ER

## Abortion Pill

*continued*

rather than the clinic.) Abortion providers are not required to have admitting privileges at local hospitals. Some women are encouraged to hide the fact that they've taken drugs to induce an abortion. Franz Theard, one of the most prolific abortionists in the U.S., admitted to the *Washington Post* that he instructs women "to go to your favorite hospital and blame the cramps on—tell them you're having a miscarriage...just don't tell them about the pill. I recommend that you don't. They'll treat you like you killed Jesus or something."

In most cases, a woman's abortion complications will be miscoded as miscarriage complications, a consequence of either ignorance or intentional concealment on the part of the ER. Miscoding has resulted in a "large underrepresentation" of the true complication rate, according to a study by the Charlotte Lozier Institute (now retracted by Sage Journals in a bid to manipulate SCOTUS's deliberations). A woman who hides her use of mifepristone significantly increases her risk for hospitalization.

Emergency rooms are not required to record the identity of the provider who prescribed the drug regimen, or even the fact that the patient took the drugs. Women suffering complications from medical abortion average three ER visits before getting the care they need: surgery to remove retained tissue. Their abortions are recorded as miscarriages, and the women are lost to follow-up. The system is designed to disrupt continuity of care in order to conceal the dangers of taking mifepristone.

Miscarriage itself can be far from safe, as I discovered firsthand. The likelihood of adverse events such as hemorrhaging, tissue retainment, and infection increases with gestational age. Around 20 percent of miscarriages require surgical intervention to remove retained tissue. This is comparable to the adverse event rate for medical abortion we see in data from Europe, long considered more reliable than U.S. abortion data. If abortion advocates took seriously their claim that miscarriage and medical abortion are essentially interchangeable, they would acknowledge the potentially high rate of adverse events with the use of chemical abortion drugs. Yet the FDA's actions surrounding the approval of mifepristone and the continuous, systematic erosion of safety protocols around medical abortion demonstrate an intent to manufacture a low adverse event rate.

U.S. studies that conclude that medical abortion is safe are "frequently subject to design limitations such as the exclusion of an incomplete abortion as a complication." You read that correctly: The most common complication from medical abortion procedures, incomplete abortion, is often excluded from studies purporting to determine complication rates of medical abortion. Such bald manipulation of data occurs in popular reporting as well. For example, in an analysis of abortion data, the *New York Times* does not count needing surgery to complete a medical abortion as an adverse event.

Abortion advocates manufacture an extremely low complication rate by defining away the problem: They tell women that pain and bleeding severe enough to warrant a visit to the ER are normal, or that needing surgery to complete a failed abortion is typical. The FDA does not require providers to report mifepristone complications unless the patient dies—burying evidence of complications as a matter of policy. Reporting of all other adverse events related to chemical abortion is completely voluntary. The FDA regulations conceal from women the true risks of medical abortion.

I spoke to an attending physician at an emergency room to learn how medical abortion complications are triaged. He told me that he was trained to treat medical abortion and miscarriage as interchangeable. Even if a woman tells him she has ingested medical abortion drugs, he does not chart it. He was taught that the genesis of the event is irrelevant to the care he provides.

Another physician explained that it is common practice not to record medical abortion drugs on patients' charts, lest the patients face stigma. Another physician seconded this, telling me that when treating a woman for complications of an abortion, he doesn't record her use of chemical abortion drugs because he wasn't the prescriber and, he insisted, the fact has no impact on his triage care. But according to Mike Seibel, a malpractice attorney who represents women harmed by abortion complica-



tions, failure to record a patient's medication use is not protected by HIPPA and can even be grounds for revoking a medical license. And for good reason.

Ingrid Skop, an ob-gyn and physician-researcher at the Charlotte Lozier Institute, explained to me why it is critical for providers to distinguish between miscarriage and abortion, and to record an accurate medical history. "If a woman presents to the ER with pain and bleeding, and acts like she's miscarrying," Dr. Skop told me, "the doctor assumes expectant management, treats her for pain, and sends her home to pass tissue naturally, telling her to follow up with her ob-gyn." If the woman has attempted an abortion, however, "she is seeking emergency care because she most likely hasn't passed the tissue, and she should be evaluated for surgical intervention. She's already experiencing a complication." Failure to distinguish between medical abortion and miscarriage puts women's lives at risk.

Since the original approval of mifepristone in 2000, the FDA has made the chemical abortion regimen increasingly available. In 2016 it degraded Risk Evaluation and Mitigation Strategy (REMS) protocols, and it reaffirmed this decision in 2021. Mifepristone became available by telehealth, the prescriber pool was expanded to include non-physicians, and the gestational age cutoff was lengthened from seven weeks to ten. Prescribers are no longer required to maintain admitting privileges at local hospitals or "to report infections, hemorrhages, ectopic pregnancies, or hospitalizations."

Neither the FDA nor mifepristone manufacturer Danco felt they were "legally bound" to conduct trials to ensure the safety of these new standards. In an interview with the *Wall Street Journal*, a Danco spokeswoman claimed that the company "doesn't have the resources to do the clinical trials." The FDA and Danco had relied on trials conducted by activist-researchers to justify their sweeping changes to the drug's use in 2016.

The FDA flouted basic medical ethics in order to secure a political end. Guidelines for mifepristone use establish a standard of care well below what obtains for women receiving any other form of medical treatment. This is unconscionable, and the gravity is compounded by the risks associated with abortion more broadly. Compared to women who deliver their children, women who abort are more than twice as likely to die of any cause within two years, according to a systematic review of record linkage studies of pregnancy-related mortality. The same review found that women who abort are at significantly elevated risk of suicide and substance abuse, and that a woman's risk of premature death rises with each abortion she procures.

Danco stipulates use of mifepristone only until ten weeks of gestation and has distanced itself from off-label use of the drug. "Physicians are free to prescribe FDA-approved drugs as they wish," a representative told the *Los Angeles Times*. "Danco uses only the FDA-approved regimen in its labeling and promotional materials and does not promote any other regimens."

Yet abortion providers act without fear of repercussion, knowing that they have political cover, and they prescribe untested drug regimens that amount to "medical experimentation," according to malpractice attorney Seibel. He frequently sees cases in which women have been prescribed mifepristone near the end of the second trimester, well after the FDA's ten-week gestational age limit. The *Atlantic* reports that "women are using these pills even later in pregnancy" and encourages the United States to imitate the developing world, where mifepristone is routinely administered even in the third trimester in countries where abortion is illegal. According to data from Finland, the risk of requiring surgery to complete a medical abortion rises to 39 percent in the second trimester.

Seibel represented the family of Keisha Atkins, a young woman who died after a botched abortion turned septic. "Keisha was prescribed mifepristone along with a lethal injection to end the life of her second-trimester fetus," he told me. Her death certificate states her death was "natural"—pulmonary embolism from pregnancy. But death from an abortion complication is not natural. Seibel suspects that the University of New Mexico Health Sciences Center's medical examiner falsified the manner of death in order to protect the university hospital, which had referred Atkins to a late-term abortion provider. The University of New Mexico Health Sciences Center and the abortion provider settled with the family.

Holly Patterson died in 2003, also from a septic abortion complication. Holly is one of four California women who the FDA admits died as a result of mifepristone use between 2003 and 2005. The Planned Parenthood facility that administered mifepristone and misoprostol to Peterson did so off-label, instructing her to insert the drugs vaginally instead of orally, and at a lower dose than the FDA recommended at the time.

*continued*

In 2022, Alyona Dixon arrived at a Nevada emergency room with pain and bleeding, having obtained a medical abortion at Planned Parenthood days earlier. According to the lawsuit her family filed, Alyona was released from the emergency room without a pelvic exam or consultation with an ob-gyn, despite the ER physician's noting that she had a high white blood cell count and that an ultrasound had revealed retained products of conception. The next night, she returned to the ER with a septic infection. Her heart stopped while she was being intubated.

A complication need not be fatal to warrant evaluation of a drug's safety. But accurate safety evaluations of mifepristone cannot be made if triage care for complications is systematically cordoned off from the originating event and prescriber, or if the reporting of complications from mifepristone use is voluntary, or if there is no patient follow-up.

I asked the emergency room physician whether he would consider filling out an adverse drug event report for mifepristone if a woman came in with a complication from a medical abortion. He laughed. "I have never filled out an adverse drug event report, for any drug, ever," he said. "I don't know a single physician who's ever reported an event from a drug."

The physician plaintiffs in *U.S. Food and Drug Administration v. Alliance for Hippocratic Medicine* allege that the use of mifepristone combined with misoprostol is not a safe means of inducing self-managed abortions and has harmed not only their practices—by diverting time and resources to the treatment of dangerous complications, degrading their care of other patients—but also their consciences. They claim that the FDA should never have approved mifepristone and was wrong to relax standards for its use without the support of safety data. The FDA has consistently refused to review contradicting safety claims on mifepristone since the initial approval, the plaintiffs allege, and even delayed a response to petitions filed by plaintiffs for six thousand days, thereby "stonewalling judicial review."

In the spring of 2023, a federal judge in Texas ruled to invalidate the FDA's original approval of mifepristone in 2000, a ruling the FDA appealed. The appeal transferred the case to the Fifth Circuit Court, which ruled to keep mifepristone on the market but reinstate safety protocols that existed prior to 2016. The FDA then petitioned the Supreme Court to intervene. The Court's decision on this case is expected in June, marking the first time it will rule on abortion since the *Dobbs* decision.

The FDA contends in its petition that the physician plaintiffs do not have standing to bring this suit, arguing that the physicians cannot claim that "being presented with a patient in need of care" qualifies as an injury, since a physician's "chosen profession is treating patients in an emergency setting." The FDA claims that instances of the treatment of abortion complications by nonprescriber physicians are "isolated examples." But this is false. The FDA's mifepristone regulations assumed from the outset that nonprescriber physicians would bear the burden of treating complications. Just in the past few weeks, my own ob-gyn and the emergency room physician I interviewed have treated women for complications of incomplete chemical abortions—managing adverse effects from a pharmaceutical they did not prescribe, to complete a process they believe violates the Hippocratic Oath.

Those determined to make medical abortion readily available have intensified their pressure on the normal process of scientific review. During the writing of this essay, three peer-reviewed studies on the dangers of medical abortion published by physician researchers at the Charlotte Lozier Institute were retracted by Sage Journals. (Evidence from these studies has been included in this article.) Sage raised objections to the studies, which the authors refuted. Most concerning is Sage's assertion that the authors' "affiliations with pro-life institutes" present irreconcilable "conflicts of interest." Whereas Charlotte Lozier scholars are excluded for their political, moral, or religious commitments, pro-abortion researchers are allowed to promote or even perform abortions, often for professional and financial gain, without challenge.

Pro-life advocates should hope that the Supreme Court at minimum rules to reinstate the safety constraints for mifepristone that were removed in 2016. Those constraints required, among other things: a physician visit to rule out ectopic pregnancy and confirm that gestational age does not exceed forty-nine days, a second physician's visit for the administration of misoprostol, and a third visit to confirm passage of tissue. Mifepristone should not be made available through telehealth or mailed across state lines.

If the Supreme Court fails to hold the FDA accountable for first approving mifepristone and then eroding safety protocols as a matter of policy, abortion providers should be sued across the nation for continuing to prescribe the drug in ways that flout what few FDA guidelines exist.

Women should be encouraged to sue prescribers for malpractice over complications from mifepristone use. As Seibel reminded me, abortion has to be fought on the street: "It would be nice to

head right through the front door on this issue and win, but there is an option to hit abortion providers where it hurts now.” His suit against Curtis Boyd, the notorious late-term abortionist who performed the abortion that killed Keisha Atkins, did just that. Boyd no longer performs abortions past twenty-four weeks in New Mexico. Seibel suspects that Boyd’s insurance has threatened to drop him if he performs third-trimester abortions.

States should introduce legislation requiring that “informed consent” specify that women have the right to sue abortion providers for complications related to mifepristone. This measure would lay the groundwork for women to sue not only abortion providers, but also the drug’s manufacturer. State legislators should also ensure that triaging physicians face serious consequences for failing to record a patient’s use of chemical abortion pills, up to and including the loss of their licenses.

It can be challenging to convince women to sue abortion providers who have caused them pain and suffering. Seibel told me that for a typical medical malpractice suit, a client meets with him just once and then decides to file. But for women harmed by abortion, “they typically talk to me seven to eight times before deciding to file.” Skop explained their reluctance: “I’ve asked women why they won’t pursue a lawsuit or complaint against the abortion provider who harmed them. They will usually respond by saying, ‘This is what I deserve for the choice I made.’”

I started to bleed over Christmas. I was newly pregnant, and I was miscarrying for the second time in three months. This pregnancy had never developed. There was no fetus, just tissue in the trophoblastic stage and an empty gestational sac—an abembryonic pregnancy.

I delivered the gestational sac alone at home. My pain and bleeding were manageable. I could make out the chorionic villi, hundreds of tiny, featherlike fingers that reached from the gestational sac to embed in the uterine lining and receive nourishment. I witnessed what had been knit together in my womb. My body produces remarkable things. The gestational sac was beautiful. I was devastated.

Though I avoided hospitalization, I had four separate physician visits, three with ultrasound. I have the personal cell number of my ob-gyn, and he checked in with me frequently during the process. Someone cared, not only about the baby I lost, but about me.

—*First Things*, May 2024



## Abortion Pill Rescue Network CALL 24/7 HELPLINE: 1-877-558-0333

### It may not be too late to save a pregnancy

Nearly half of abortions in the U.S. occur through the “abortion pill.” As these numbers continue to rise, no woman should ever feel forced to finish an abortion she regrets. An unplanned pregnancy can be scary and many women make decisions to abort when they are terrified and stressed. After some time, many women change their minds about a chemical abortion.

The abortion pill comes in two parts and is approved for use up to 10 weeks of pregnancy. The first chemical, mifepristone (or RU-486) is the first pill used in a chemical abortion and blocks the effects of progesterone, a hormone necessary for a pregnancy to thrive. The second part, misoprostol, expels the baby. If a woman has regrets after taking the first pill, the pregnancy may be saved.

From the moment a woman takes the abortion pill, she has about 72 hours to change her mind and save her baby. The Abortion Pill Rescue Network’s 24/7 contact center answers more than 150 critical calls a month from women who regret their abortion decision. Statistics show that thousands of lives have been saved (and counting) through the abortion pill reversal protocol.

The Abortion Pill Rescue Network connects women who have taken the first dose of the Abortion Pill to a network of medical professionals trained to administer the Abortion Pill Reversal protocol. Time is precious, and so is your baby—call 1-877-558-0333.

—*AbortionPillRescueNetwork.com*



## AMA Article Pushes for Over-the-Counter Abortion Pills

By Wesley J. Smith

Taking abortion pills can lead to dangerous side effects, perhaps even death. Which is why the process of chemical abortion—called “medical” by pro-abortion advocates—is supposed to occur only under the guidance of a doctor. Indeed, post-*Dobbs*, women died because of improperly supervised chemical abortions, wrongly blamed by the media and pro-abortion advocates on pro-life laws.

But the medical establishment is so invested in unlimited abortion that *JAMA Internal Medicine* just published an advocacy article calling for the two drugs used in chemical abortions to be available over the counter (OTC):

*A growing body of evidence indicates that mifepristone and misoprostol meet the FDA’s criteria for OTC sale. The medications are not addictive, and the user determines on their own whether they have the condition needing treatment, in this case an unwanted pregnancy. The criteria that the FDA is likely to focus on are whether the user can appropriately self-select for use and whether they can use the product correctly over time, often referred to as actual use.*

*Regarding the former, research indicates that people can accurately self-assess their gestational duration and other eligibility criteria for medication abortion. In the event someone uses the regimen significantly past 10 weeks of pregnancy (for example, after 12 weeks’ gestation), it is less likely to be effective, but it is unlikely to cause serious medical complications for the pregnant person. For the question about actual use, even with facility-based medication abortion, patients generally take the medications on their own at home, manage adverse events, and determine when they need follow-up care. [Citations omitted.]*

*The authors admit that such a system would require the construction of a tremendous support infrastructure that does not now exist:*

*Undoubtedly, there will be challenges to equitable implementation of OTC medication abortion. It remains to be determined what additional resources (such as clini-*



*cian hotlines, materials, websites, or apps) will be necessary to ensure support throughout an OTC abortion process. Whereas facility-based medication abortion offers a direct line of communication between patients and clinicians, an OTC model would require mechanisms for timely access to clinician support or evaluation for individuals with questions, concerning symptoms, or rare complications such as incomplete abortion requiring uterine aspiration. Access to facility-based care also must remain available to support those who are unsure of their dating, are not candidates for OTC medication abortion, or desire procedural abortion.*

Like that would ever happen.

Chemical abortions are not like taking vitamins. The Cleveland Clinic website providing information on this form of abortion calls it “safe,” but that is in the context of medical supervision:

You’ll meet with a healthcare provider for an evaluation. While the specific steps depend on the state where you’re having the procedure, preparation may involve:

- Confirmation of pregnancy.
- Urine (pee) or blood tests.
- An ultrasound to determine how far along the pregnancy is.
- An explanation of the procedure, risks and side effects.

The site also indicates when this type of abortion should not be undertaken, which a woman buying an over-the-counter abortion kit might not understand:

- A medical abortion isn’t a safe option if you:
- Are too far along in your pregnancy.
- Are allergic to the medications used.

- Have a pregnancy outside of your uterus (ectopic pregnancy).
- Use long-term corticosteroids.
- Have an intrauterine device (IUD). (A medical abortion is an option if you have it removed.)
- Have a blood clotting disorder, significant anemia or chronic adrenal failure.
- Don't have access to emergency care.

Indeed, as Senator James Lankford and Dr. Christina Vance, an OB-GYN noted here last October:

"Contrary to the claims that chemical abortions are as safe as Tylenol, these pills can lead to life-threatening complications. According to the FDA's own warning label, one in 25 women who take abortion pills will end up in the emergency room. Without consulting with a doctor, evaluations to rule out ectopic pregnancies or other serious medical conditions expose women to significant risks, complications in future pregnancies, and even death."

One need not be a doctor to recognize the utter recklessness of this proposal. Allowing over-the-counter access to abortion pills values ending pregnancies over the safety of women. It should be rejected out of hand regardless of what one thinks about the moral propriety of abortion.

—National Review Online, February 5, 2025

## A tiresome but effective pro-abortion narrative that ignores established record of complications: medication abortions are not "safer than Tylenol"

By Dave Andrusko

After I re-read "What is a medication abortion? 5 people share their experiences," I wasn't surprised that "abortion providers" (aka "reproductive health clinics") congratulated Danielle Campoamor for her in-kind contribution to the cause.

Reporting for *TODAY Parents*, she prefaces her five accounts with the assurance that studies have shown that chemical abortions—which now account for over 60% of abortions performed in the US—are "are safer than Tylenol and Viagra, and 14 times safer than childbirth."

Dr. Rebecca Miller, a fellow with Physicians for Reproductive Health, also told Campoamor, "Serious complications that would require hospitalization happen in less than 1% of people who have a medication abortion."

This is the bogus Talking Point that is intended to end **all** discussion about safety.

Christina Francis is chair of the board of the American Association of Pro-life Obstetricians and Gynecologists (AAPLOG). She has written extensively about the real danger—that posed by mifepristone/misoprostol. One example:

**One of the largest studies to date, which analyzed high-quality registry data obtained from nearly 50,000 women in Finland, found that the overall incidence of immediate adverse events is four-fold higher for medical abortions than for surgical abortions. The same study showed that nearly 7% of women will need surgical intervention — a significant number when you consider there are nearly 900,000 abortions per year in the U.S., 40% of which are medication abortions.**

Dr. Randall K. O'Bannon, NRL Director of Education & Research, also noted,

**Other studies, even some by abortion advocates, have found something similar—that chemical abortions have a much higher failure rate, that more of these women have complications, that**



**more women show up in the emergency room needing surgical treatment for bleeding, to deal with "retained products of conception"—than what Dr. Miller reports here.**

Campoamor celebrates the decision by FDA to end the requirement that women meet in person to obtain the two-drugs used in medication abortion. But what about if "you're in one of the 19 states where this medication option is restricted through the mail?"

"In those states, you're forced to go in, in person," says Melissa Grant, chief operations officer for Carafem, a chain of abortion clinics.

*Every child begins the world again.*

~ Henry David Thoreau ~

*continued*

But Grant says “there are other ways to obtain a medication abortion—what is commonly referred to as a ‘self-managed abortion.’” These “alternative means, includ[e] ordering medications online or in stores from Mexico.”

Grant adds, “This avenue, however, comes with great legal risk” [true enough] but is incredibly cavalier about the medical risks to women of ordering from Mexico or any other place online.

As for the accounts, they are what you expect. One woman has had three “medication abortions.” She explains:

“The overwhelming reason for me choosing this method the first time was I wanted the privacy and comfort of the abortion happening at home and I was uncomfortable with the idea of a D&E procedure—it felt invasive and more uncomfortable since I would have to be in stirrups and undergoing a gynecological procedure, which I have never really enjoyed much. I chose the option for a second time because I was familiar with it and knew what to expect, and the third abortion I decided on a medication abortion mainly for privacy.”

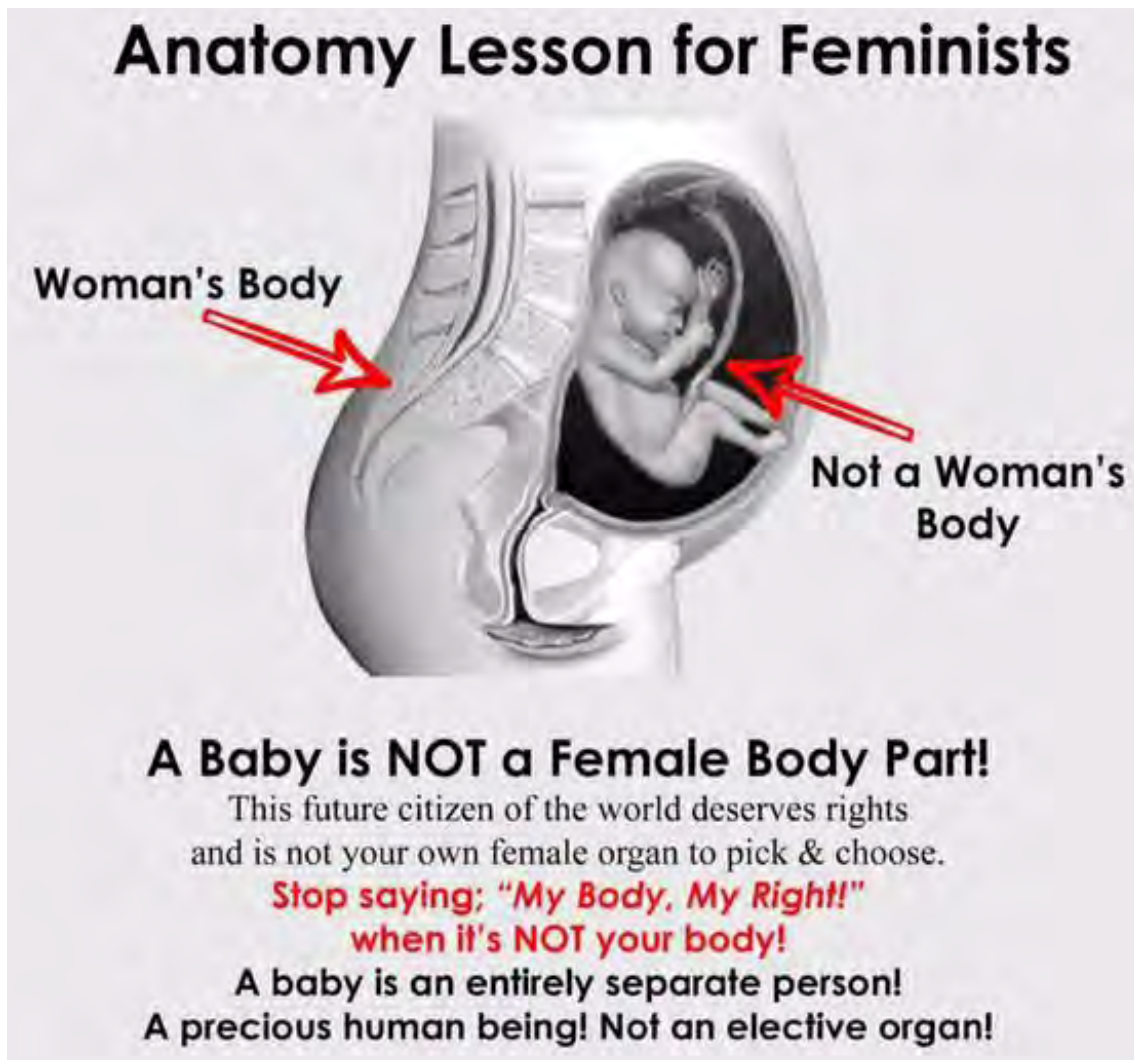
Another woman said the “narrative” of abortion “led her to believe care was always ‘intrusive and traumatizing.’ So, once she discovered medication abortion, she ‘immediately selected the option.’”

She concludes:

“As was my experience, not everyone has access to a private space but it is important to create a sacred space to safely have an abortion. Just like I support creating a sacred space for other birth or reproductive health services, it is important that we honor individuals as they are terminating a pregnancy.”

What can you say to the “need” for a “sacred space” and to “honor” the elimination of an unborn child?

—National Right to Life, February 27, 2025



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*Baby born at 34 weeks gestation*

## Is later abortion only 1% of all abortions?

*By Monica Snyder*

*Executive Director, Secular Pro-Life*

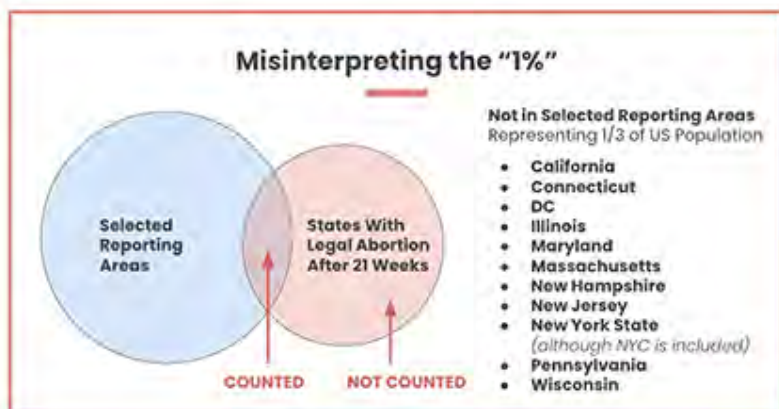
Secular Pro-Life regularly shares citations and statistics concerning later abortion, including the many reasons the topic is worth its own discussion. When we bring this up, pro-choice people will often counter with, “Later abortion is only 1% of all abortions performed.”

Of course 1% of approximately one million abortions a year is still an alarmingly large number, but it’s also not clear that the 1% stat is true in the first place.

Even some abortion advocates are questioning this statistic. On X, the abortion rights account RHA-vote recently shared:

**The claim that “Only 1% of abortions happen after 21 wks” is a junk stat based on a misreading of CDC data. And tragically has led to a kind of stigmatizing conventional wisdom that banning later abortion isn’t that bad because it doesn’t affect that many people.**

The account included this chart:



**States which have legal elective abortion after 21 weeks have higher percentages of later abortions.**

It’s not surprising that, compared to states with earlier gestational limits, those with later limits have higher percentages of later abortion. We see this trend

for those states with later limits that report to the CDC (<https://www.cdc.gov/mmwr/volumes/72/ss/pdfs/ss7209a1-H.pdf>).

The percentage of abortions after 21 weeks in Colorado was 1.5%, Vermont 1.6%, Minnesota 1.9%, Oregon 1.9%, and Washington 2.0%. In New Mexico in 2021 (when the Southwestern Women's Options clinic was still doing third trimester abortions) the percentage of abortions after 21 weeks was a massive 8.6%.

In general, states with later abortion limits have more later abortions. What does this mean for the states that don't report abortion data to the CDC?

**The CDC 1% stat doesn't account for about one third of the American population.**

The total US population is approximately 334M. Here are the populations of the following states:

- California: 39M
- Connecticut: 3.6M
- Washington DC: 0.7M
- Illinois: 12.5M
- Maryland: 6.2M
- Massachusetts: 7.1M
- New Hampshire: 1.4M
- New Jersey: 9.3M
- Pennsylvania: 12.8M
- New York State (excluding New York City): 11.4M
- Wisconsin: 5.9M
- TOTAL: 109.9M

So the CDC's 1% stat regarding later abortion **excludes about 33% of the US population.**

**The CDC 1% stat doesn't account for many states which allow elective abortion after 21 weeks.**

All of the above states allow elective abortion later in pregnancy. According to KFF their current gestational limits on elective abortion are as follows:

- California: 24 weeks/viability
- Connecticut: 24 weeks/viability
- Washington DC: no limit
- Illinois: 24 weeks/viability
- Maryland: no limit
- Massachusetts: 24 weeks/viability
- New Hampshire: 24 weeks/viability
- New Jersey: no limit
- Pennsylvania: 24 weeks/viability
- New York State: 24 weeks/viability
- Wisconsin: 22 weeks

**The CDC 1% stat doesn't account for many clinics which perform elective abortions even after 24 weeks.**

These states are home to many of the abortion clinics which provide elective abortion not only after 21 weeks, but even after 24 weeks, including:

- DC: Washington-Surgi Clinic and DuPont Clinic (the location of research such as the best way to induce fetal demise at 24 weeks or later)
- Illinois: Hope Clinic and Planned Parenthood St. Louis Region
- Maryland: Partners in Abortion Care and Clinics for Abortion and Reproductive Excellence (CARE)
- Massachusetts: Women's Health Services
- New Jersey: Cherry Hill Women's Center and Metropolitan Medical Associates

It's safe to expect that in states which don't report abortion data to the CDC, the proportion of abortions after 21 weeks is higher than 1% (though unclear by how much). It's therefore safe to expect that if the CDC had the data on these locations, the national statistic on abortions after 21 weeks would be higher. Some pro-choicers, like RHAVote, accept this and are happy to defend even post-viability abortion as an exercise of bodily autonomy. But others may find reason to pause and consider the implications.

—National Right to Life, November 12, 2024

## Story vastly underestimates the number of late-in-pregnancy abortions

By Laura Echevarria

Director of Communications & Press Secretary

Note: The following was submitted as a letter-to-the-editor to the New York Times.

Kate Zernike writing in “Late Abortions Rarely Happen, but They Still Dominate Politics” (October 31), uses data from the Centers for Disease Control’s (CDC) inadequate and incomplete reporting system to argue that late-in-pregnancy abortions are so rare as to be virtually non-existent.

The CDC passively collects abortion data volunteered by states. There are two significant problems with this system.

First, there are often only 47 reporting areas. States like California and Maryland—states that have the most liberal abortion laws in the nation—don’t provide abortion statistics to the CDC. Second, of those 47 reporting areas in 2021, 41 of the 47 reported abortions after 21 weeks of pregnancy— an estimated total of 9,300. The other six provided no abortion numbers.

To extrapolate from these thin, underreported statistics that abortions late in pregnancy are rare or performed in limited circumstances is a master class in circular reasoning. The abortion industry, and its supporters, oppose reporting requirements, but they challenge us to find the statistics that they don’t want to report and insist don’t exist.

They insultingly tell us, “Move along, nothing to see here.”

—National Right to Life News, November 2, 2024

## Abortionist Warren Hern wrecks narrative, says he does elective late-term abortions ‘all the time’

By Cassy Fiano-Chesser

Well-known Colorado-based abortionist Warren Hern has for years been one of the few abortionists willing to commit late-term abortions through all nine months of pregnancy for essentially any reason. Yet the media has consistently been pushing a narrative that late-term abortions are only committed in cases of medical necessity, despite the reality of the situation—and statements made by abortionists like Hern himself.

Hern recently appeared on *The Michael Shermer Show*, where he was asked about the kinds of women he sees in his abortion business. “Are people coming to you from other states now?” Shermer asked. “You’re in Colorado.”

“Yeah, I’ve had patients coming to me from all over the country since I opened my practice,” Hern responded. “And that’s been especially true since I developed the techniques and instruments and procedures for doing the later abortions, which are much more difficult and take a lot more expertise and experience.”

Hern was likely referring to the dilation and evacuation (D&E) procedure, which he says he pioneered in the 1970s, claiming it was safer for women than previous late-term abortion procedures, like saline abortions.

Shermer and Hern then discussed what leads women to have late-term abortions.

“Do you ever get any women in their second half of the second trimester or in the third trimester that say they have no medical problems, they just don’t want the baby, they change their mind?” Shermer asked. “Would you do it?”

Hern responded, “Well, of course, if the woman doesn’t want to be pregnant, there’s no justification for forcing her to continue the pregnancy.”

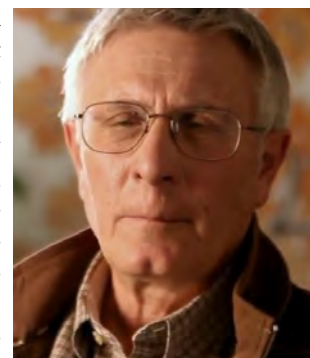
“Okay. Has that happened?” Shermer pressed.

“It happens all the time, of course,” Hern answered. “She has a potentially fatal illness, condition that can kill her—”

“No, no, I mean, if she has no medical problems,” Shermer interjected.

“The medical problem is that she’s pregnant!” Hern snapped.

In other words, the very fact that a woman is pregnant is “medical reason” enough for Hern to kill her preborn child. Planned Parenthood has also espoused this philosophy. Court documents



from a 2015 trial showed that Planned Parenthood abortionists in Alaska (if not elsewhere) had been uniformly classifying all Medicaid abortions as “medically necessary.”

Hern has previously addressed several of these issues. In a recent interview with *the New Yorker*, Hern repeated the claim that abortion is safer than pregnancy. He has also called human beings a “planetary cancer,” and said that pregnancy is a disease.

**“Pregnancy is not a benign condition. It can kill you. The treatment of choice for pregnancy is abortion unless the woman wants to carry the pregnancy to term and have a baby,” he said. “That is a view that is abhorrent to those who believe that the purpose of women, aside from giving men pleasure and doing the housework, is to have as many babies as possible.”**

Only one study has ever been able to find that childbirth is more dangerous than abortion (and has never been replicated), and it was authored by two pro-abortion researchers.

In his book “Abortion Practice,” Hern also admitted that most late-term abortions are not committed due to medical necessity. “At times, medical considerations enter into the picture,” he wrote, “but **decisions are usually made on the basis of such factors as desire or lack of desire for parenthood, stability of relationships, educational status, emotional status, or economic status, among others.**” (emphasis added)

Hern has been contradictory lately on this issue, telling the *New Yorker*, for example, that late-term abortions are committed because those women have “the most difficult circumstances.” Yet on occasion—such as in the Shermer interview—Hern lets the truth slip out. And that truth, as he well knows, is that most late-term abortions are committed on healthy babies.

A 1988 Guttmacher study found that just two percent (2%) of women who had abortions late in pregnancy did so because of a health problem with the baby. More than 20 years later, a 2013 study—also published by the pro-abortion Guttmacher Institute—said, “[D]ata suggest that most women seeking later terminations are not doing so for reasons of fetal anomaly or life endangerment.”



Another study from the pro-abortion group ANSIRH stated, “The reasons people need third-trimester abortions are not so different from why people need abortions before the third trimester... [T]he circumstances that lead to someone needing a third-trimester abortion have overlaps with the pathways to abortion at other gestations.”

That research also revealed:

There are thus many reasons—financial, logistical, and social—why third-trimester abortion care is exceptional compared to first-trimester abortion care. However, there is reason to believe that the circumstances that lead to

*continued*

## ***Abortion is...***

***One more heart  
that will never beat again.***

***Two more eyes  
that will never see light.***

***Two more hands  
that will never touch or feel.***

***Two more legs  
that will never run for miles.***

***Two more lips  
that will never speak a word.***

***One more mouth  
that will never know a smile.***

*~ Queen Susan the Gentle's friend ~*

someone needing a third-trimester abortion are not exceptional. Several studies have highlighted the importance of the timing of pregnancy discovery, with later discovery associated with later presentation to abortion care.

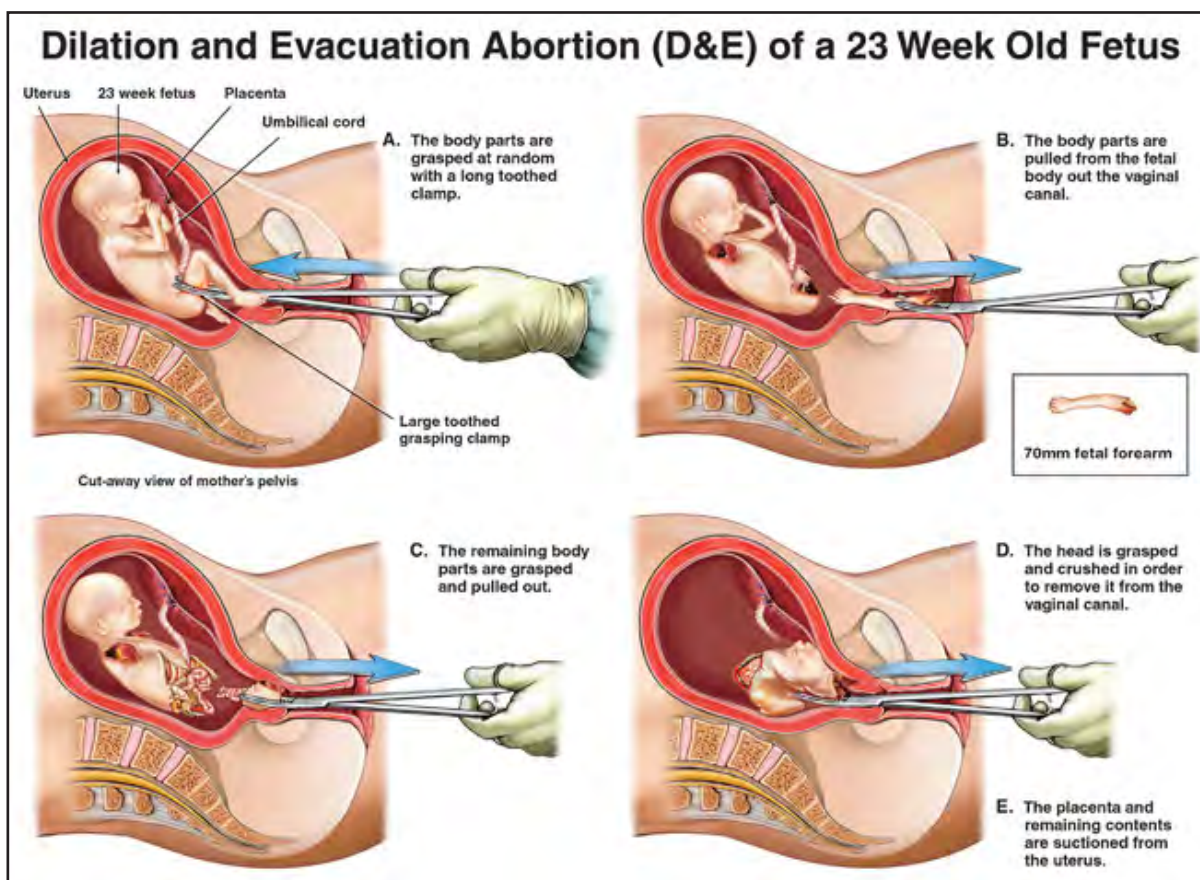
Other research has identified how laws that complicate people's ability to access abortion, including parental involvement laws and laws that contribute to the reduction of abortion clinics, are associated with later presentation to abortion care for patients.

Some women in the study reported that they didn't know they were pregnant until later in pregnancy, and this was why their abortions were sought late in pregnancy.

According to a report from the Congressional Research Service, pro-abortion researcher Diana Greene Foster stated that abortions for fetal abnormalities "make up a small minority of later abortion." In addition, a 2010 paper from Julia Steinberg of the pro-abortion Bixby Center for Global Reproductive Health said, "Research suggests that the overwhelming majority of women having later abortions do so for reasons other than fetal anomaly (Drey et al., 2006; Finer et al., 2005, 2006; Foster et al., 2008)."

Hern's statement—"the medical problem is that she's pregnant"—sums up the entire issue. Abortionists are not killing preborn babies because women *need* them due to medical emergencies. They're doing it, quite simply, *because they can*.

—National Right to Life News, November 14, 2024



Here is how a LifeNews article describes a Dilation and Evacuation, or D&E abortion:

... a pair of forceps is inserted into the womb to grasp part of the fetus. The teeth of the forceps twist and tear the bones of the preborn child. This process is repeated until the fetus is totally dismembered and removed. Usually the spine must be snapped and the skull crushed in order to remove them.



*Can a mother forget her infant, be without tenderness for the child of her womb?*

~ Isaiah 49:15 ~

*Babies who survive abortion attempts are not guaranteed care or protection—and can be left to die—denying them the basic right to life that every newborn deserves.*

## Americans Deserve to Know the Truth

By Carol Tobias, National Right to Life President

[On January 11, 2025], the **Born-Alive Abortion Survivors Protection Act** (Roll Call 29-Bill No. H.R. 26) came before Congress—a simple bill to ensure that babies who survive abortion attempts receive life-saving medical care.

**Here's the shocking truth:**

**ONLY 1 Democrat in the U.S. House voted to protect these innocent children.**

The abortion industry's extremism has been fully exposed. Key Democrat leaders refuse to support the most basic care for vulnerable, living babies.

- Rep. Hakeem Jeffries (D-NY):

"This legislation is part of the ongoing effort to roll back reproductive rights in this country. It's inflammatory and unnecessary."

- Sen. Chuck Schumer (D-NY): "This bill is the very definition of pernicious: It attacks women's healthcare using false narratives and outright fearmongering." (*Reproaction* praised Schumer's opposition.)

These are not just words—they are justifications for **leaving a living baby to die alone.**

JAN 11, 2023, 04:29 PM | 118TH CONGRESS, 1ST SESSION

Vote Question: On Passage

Born-Alive Abortion Survivors Protection Act

Vote Type: Yea-And-Nay

Status: Passed

VOTES

★ Yea: 220

Nay: 210

Present: 1

Not Voting: 3

### VOTES BY PARTY

PARTY	YEAS	NAYS	PRESENT	NOT VOTING
Republican	219	0	0	3
Democratic	1	210	1	0
Independent	0	0	0	0
Total	220	210	1	3

### A Voice of Compassion and Leadership:

We are deeply grateful for the courageous leadership of pro-life champions who stood up for the most vulnerable among us:

- Sen. John Thune: "This is about basic decency and compassion. Babies who survive abortion attempts are human beings who deserve medical care, not to be left to die. Thank you to every member who voted to protect these innocent lives."

- Sen. James Lankford: "Every life matters. No baby should be left to die, alone and abandoned. Today, we showed the world that we will stand for life, no matter the opposition."

- Congresswoman Ann Wagner: "I will never stop fighting for the voiceless and vulnerable. Protecting babies born alive is not a political issue—it's a matter of basic humanity."

- Speaker Mike Johnson: "Every child deserves a chance at life. The idea that this simple, life-affirming bill faced such resistance is unconscionable. But we remain committed to standing for life, no matter the challenge."

### The Facts They Don't Want You to Know:

We don't know how often babies survive abortion attempts in the U.S. because most states don't require doctors to report it. But in Canada, between 2013 and 2022, **1,155 babies survived abortion procedures.**

Even if it's rare, **every one of those babies deserved a chance at life.**

Most people in this country are unaware of just how extreme the radical abortion industry has become. Their focus is so intent on ending the life of a vulnerable baby that they refuse to help even those who survive abortion. These babies are left to die, cold and alone, on a metal table.

It's unconscionable. It's barbaric. And it must end.

**It is Clear Who Stood for Life—and Who Didn't.**

—National Right to Life, January 29, 2025

## Checking the Fact-Checkers

# “After-Birth” Abortions

### Modern Infanticide: Abandoning Babies to Die

*By the National Right to Life Communications Department*

Pro-abortion ideologues claim that there are no “post-birth” or “after-birth” abortions where babies survive abortions but are not provided with life-saving or life-preserving medical treatment and are allowed to die.

#### **They are wrong.**

##### **Fact-Checkers Fail on the Facts**

During the September 2024 presidential debate between Vice President Kamala Harris and former President Donald Trump, President Trump asserted that Harris’s running mate, Tim Walz, supported abortion “after birth” (infanticide).

ABC’s Linsey Davis “fact-checked” the former president claiming, “There is no state in this country where it is legal to kill a baby after it’s born.”

In a July 2024 debate between Montana Democratic Senator Jon Tester and Tim Sheehy, the GOP challenger pointed out Tester’s extreme record on abortion. Sheehy noted, “Elective abortions [are occurring] up to and including the moment of birth. Healthy, 9-month [full-term babies are] killed at the moment of birth. That’s what Jon Tester and the Democrats have voted for.”

*PoltiFact* reporters “fact-checked” this and claimed it was false.

#### **They are wrong.**

##### **History**

The press and pro-abortion groups have promoted several false narratives about babies born alive during abortion procedures but the documentation of babies born during or following an abortion procedure is extensive.

One of the most shocking was a 1981 investigation by *The Philadelphia Inquirer*. In it, the reporters wrote,

**In legalizing abortion in 1973, the Supreme Court said it was reserving the right to protect the life of a viable fetus—that is, one with the potential to survive outside the womb. But the court never directly acknowledged the chance of an aborted fetus being born alive. And it therefore never gave a clear guideline for dealing with what Dr. Thomas Kerenyi, a leading New York expert on abortions, has called “the dreaded complication.”**

In 1981, Dr. Willard Cates, the chief of abortion statistics for the Centers for Disease Control at the time, estimated that 400 to 500 live births following abortions occurred every year.

##### **Born-Alive Infants Protection Act**

In the U.S. Supreme Court’s decision in *Stenberg v. Carhart* striking down Nebraska’s law banning partial-birth abortions, the Court extended *Roe* beyond the unborn child and to the child who was partially born and moments from birth.

According to the U.S. House Judiciary Committee report (107-186) issued on the *Born-Alive Infants Protection Act* in 2001,

**The *Carhart* Court considered the location of an infant’s body at the moment of death during a partial-birth abortion—delivered partly outside the body of the mother—to be of no legal significance in ruling on the constitutionality of the Nebraska law. Instead, implicit in the *Carhart* decision was the pernicious notion that a partially-born infant’s entitlement to the protections of the law is dependent upon whether or not the partially-born child’s mother wants him or her.**

In response, Congress passed the Born-Alive Infants Protection Act. While the legislation recognizes that a baby born alive following an abortion is legally a human being, the law does not impose penalties on medical practitioners who violate the law.

## Born-Alive Abortion Survivors Protection Act

**T**he abortion industry and its sympathizers want to make this about abortion. It's not. **It's about infanticide**—something our society has always shunned as barbaric. **While federal law does recognize that a baby born alive following an abortion is a person under the law, there are no requirements to provide care for the baby following a failed abortion.** The Born-Alive Abortion Survivors Protection Act would require that the live baby born after an abortion be treated as a patient and given the same care that would be given to an infant of the same gestational age who was born not following an abortion. This legislation would also allow a mother to sue the abortionist if he or she fails to provide care for the newborn and harm results from a violation of the law. The mother is not penalized for any reason.



## Kermit Gosnell

**I**n 2010, investigators executed search warrants at the abortion facility of Kermit Gosnell on suspicion of illegal prescription drug activity. But investigators found something even more shocking: Gosnell routinely delivered live babies and then ended their lives by severing their spinal cords with scissors.

The Grand Jury Report estimates hundreds of babies met similar fates at Gosnell's Philadelphia abortion center. By April 2013, abortionist Kermit Gosnell was convicted on three counts of murder in the deaths of three newborn babies.

Gosnell preyed on vulnerable women with his abortion business and subjected them to dangerous and unsanitary conditions. One woman named Karnamaya Mongar died at Gosnell's center after an overdose of Demerol. After Mongar's death, a former employee said Gosnell reassured her that she'd done nothing wrong.

According to the Grand Jury Report, for political reasons, the Pennsylvania Department of Health ceased inspections of abortion centers allowing the atrocities to continue for years.

**"This case is about a doctor who killed babies and endangered women. What we mean is that he regularly and illegally delivered live, viable, babies in the third trimester of pregnancy—and then murdered these newborns by severing their spinal cords with scissors. The medical practice by which he carried out this business was a filthy fraud in which he overdosed his patients with dangerous drugs, spread venereal disease among them with infected instruments, perforated their wombs and bowels – and, on at least two occasions, caused their deaths. Over the years, many people came to know that something was going on here. But no one put a stop to it."**

—Grand Jury Report in the Kermit Gosnell case, January 2011

## Modern Infanticide

In 2019, in the Virginia General Assembly, Delegate Kathy Tran sponsored House Bill 2491, a bill that would loosen Virginia's abortion laws and allow abortion for any reason until birth. Under questioning by the majority leader, Todd Gilbert, Delegate Tran admitted that her bill would allow abortion even when the mother is showing imminent signs of giving birth:

**Gilbert: So, where it's obvious that a woman is about to give birth, she has physical signs that she's about to give birth, would that still be a point at which she could still request an abortion if she was so certified? [pause] She's dilating?**

**Tran: Mr. Chairman, you know, that would be a decision that the doctor, the physician, and the woman would make.**

**Gilbert: I understand that. I'm asking if your bill allows that.**

**Tran: My bill would allow that, yes."**

*continued*



***Deliver those who are drawn toward death, and hold back those stumbling to the slaughter.***

*~ Proverbs 24:11 ~*

“...if a mother is in labor, I can tell you exactly what would happen. The infant would be delivered. The infant would be kept comfortable. The infant would be resuscitated if that’s what the mother and the family desired, and then a discussion would ensue between the physicians and the mother...”

—Former Virginia Democratic Governor Ralph Northam in an interview with news radio WTOP regarding a baby born alive following an abortion. The question was concerning a bill introduced in the Virginia General Assembly by Democratic Delegate Kathy Tran.

## Abortions Late in Pregnancy

John McCormick, writing in “The Lesson of Kermit Gosnell” for *The Weekly Standard* in 2018, noted that abortions late in pregnancy do occur and are documented in interviews and statements from abortionists who do them,

Just take the example of what’s happening in Maryland. Dr. LeRoy Carhart says he will perform “purely elective” abortions 28 weeks into pregnancy. Another late-term abortionist named James Pendergraft has suggested he’ll perform even later abortions under Maryland’s health exception if a mother was experiencing “anxiety and stress.”

In August 2010, police searched a Maryland abortion clinic owned by a man named Steven Brigham after a woman was severely wounded during an abortion procedure. Police officers were shocked when they found a “chest freezer in the facility, which contained approximately 35 late term fetuses,” according to a report by the Maryland State Board of Physicians. “The latest fetal age is measured as being 36 weeks.”

“[Warren] Hern is reluctant to acknowledge any limit, any red line. He takes the woman’s-choice argument to its logical conclusion...Hern, though, believes that the viability of a fetus is determined not by gestational age but by a woman’s willingness to carry it.”

—Profile of Colorado abortionist Warren Hern in “The Abortion Absolutist,” by Elaine Godfrey, *The Atlantic*, May 2023

## How Many Babies Are Born Alive Following an Abortion?

John Solomon reported in *Just the News*,

In Walz’s state and on his watch, five infants were “born alive” in 2021 during failed abortions, and none was provided life-saving care though two got “comfort care,” the Minnesota Department of Health reported on July 1, 2022.

Three other infants were “born alive” during abortions in 2019, Walz’s first year as governor, and they too perished without life-saving care, according to a July 1, 2020 report from the same state agency.

As Solomon noted, Minnesota, like Florida and Arizona, has been one of only a handful of states—Arizona, Florida, Kansas, Michigan, Minnesota (no longer in effect), and South Dakota—that have or have had reporting requirements regarding babies born alive after abortions.

There are no national reporting requirements regarding abortion or the number of babies born alive.

State	Time Frame	Number of Babies Born Alive
Arizona	2017-2022	62
Florida	2019-2022*	30
Minnesota	2017-2022	14

\*Only 4 reporting years are represented for Florida.

## Abortion Survivors

Between 2003 and 2014, the Centers for Disease Control reported **588** infant deaths described as, “termination of pregnancy affecting fetus and newborn” with 143 deaths clearly resulting from a live birth following an abortion. In 2019, it was found that since the year 2000, over **1000** infants were born alive following failed abortions in Canada. In Australia, between 2005 and 2015, there were **204** live births following abortions. Despite assertions otherwise, reporting data shows that live births do occur and the CDC recognizes that here in the U.S., the number of live births following an abortion is probably higher than what is reported.

Today, the Abortion Survivors Network, founded by abortion survivor Melissa Ohden, notes that there are over **700 abortion survivors who have been located**.

...at perivable gestations and after fetal viability, inducing fetal asystole [stopping the heart] before abortion prevents the infrequent but **serious occurrence of unanticipated expulsion of a fetus with cardiorespiratory activity [a baby breathing and with a heartbeat]**.

—Diedrich, Justin, et al., “Induction of Fetal Asystole before Abortion.” *Society of Family Planning*, September 2024.

Most clinicians (69%) who report performing D&Es at 18 weeks past menstrual period or greater do not routinely induce fetal demise preoperatively.

—White, Katharine O., et al. “Second-Trimester surgical abortion practices in the United States.”

### LIFESPAN'S Annual Life Chain



## Find a Pro-Life Doctor

Go to any of the following links to find a directory of doctors near you. (Please note that the standards and methods by which a doctor is included in a list of "pro-life" doctors will vary with each of the groups listed below. Any questions about a particular doctor should be referred to the group that maintains the list.)

### **American Association of Pro-Life Obstetricians and Gynecologists - [www.aaplog.org](http://www.aaplog.org)**

AAPLOG number 2500 members and associates, and is recognized by the American College of Obstetricians and Gynecologists (ACOG) as a special interest group within the College. The purpose of AAPLOG is to reaffirm the unique value and dignity of individual human life in all stages of growth and development from conception onward.

### **Pro-Life Maternal-Fetal Medicine - [www.prolifemfm.org](http://www.prolifemfm.org)**

For these maternal-fetal medicine specialists, the fact that they have two patients when they help women through complicated pregnancies is more than a biological fact; it is a passionate commitment. The directory of pro-life maternal-fetal medicine doctors is an especially valuable resource to turn to for better advice when another doctor recommends abortion for health reasons.

### **One More Soul (OMS) - [www.onemoresoul.com](http://www.onemoresoul.com)**

OMS is dedicated to spreading the truth about the blessings of children and the harm of contraception. Their directory consists of physicians practicing medicine in accord with traditional Christian principles. Natural Family Planning (NFP)-Only Physicians do not prescribe, perform, or refer for contraception, sterilization, abortion, or in vitro fertilization. They promote NFP for achieving or avoiding conception. This directory includes not only OB/GYN doctors but also physicians of other specialties who support the moral values that OMS promotes, and also includes NFP Teachers and Centers.

### **Association of Pro-Life Physicians (APP) - [www.prolifephysicians.org](http://www.prolifephysicians.org)**

The APP seeks to employ medical expertise and influence in communities to educate the public and political leaders on the humanity and viability of the pre-born child, and to encourage alternatives to abortion. They have created a list of physicians who adhere to the pro-life language of the Hippocratic oath, who are convinced that life begins at conception and who will neither perform nor refer for abortions.

### **The Campaign for Ethical Vaccines Pro-Life Physician Database - [www.cogforlife.org/prolifephysicianlist.htm](http://www.cogforlife.org/prolifephysicianlist.htm)**

This group provides a list of doctors and pharmacies willing to provide ethical alternatives to aborted fetal cell line vaccines.

### **Fertility Care™ Centers of America - <http://www.fertilitycare.org>**

Locate A NaProTECHNOLOGY Medical Consultant in your Area.

### **Tepeyac Family Center - [www.tepeyacfamilycenter.com](http://www.tepeyacfamilycenter.com)**

### **Ask the Doctor**

Priests for Life is privileged to have a top-rated team of medical advisors. Along with the input and guidance they provide to the various facets of our ministry, they also take time to answer questions from the public about pro-life issues. Go to [www.priestsforlife.org](http://www.priestsforlife.org) (type pro-life doctors in the search option) for a list of questions and answers and to submit your own questions.

—*PriestsforLife.org*



## Father writes letter to his aborted baby: “My heart aches when I think of you.”

By Sarah Terzo

*I have thought about you so often. Something tells me that you would have been a girl. You would have been born in March 1964. Though, it's been at least forty one years since I had contact with your mother before she aborted you, it seems only yesterday that my psyche wrestled with the loss of you. I miss you so very much dearest child, because I never had the opportunity to know you.*

*You have a younger half brother, who I am certain would have wanted you as his older sister. He is now a grown man in his thirties. At the present time, he has no knowledge of you because in some ways, it would be too painful to tell him about you though he might eventually understand. However, my heart aches when I think of you, and it's difficult to share that pain.*

*It was not your fault that you were not born, because you had every right to come into this world...The conception of you, however, was tragically based, not on trust and commitment, instead, it was predicated upon irresponsible behavior by two young adults who at one time professed their love for one another yet, who, in actuality, were selfish, self-centered, disingenuous....Unfortunately, your mother and I were overwhelmed by our immaturity and lack of responsibility.*

*Sadly my child, this is the venue in which you were conceived. I ask now your forgiveness for both your mother and me...Your death made me feel so disconsolate, unclean, and unworthy for a long time. I have also forgiven your mother's parents, who agreed to the abortion of what would have been their grandchild, and took your mother to have it done. Yet, even after all these years, I wonder how your mother and her parents really felt after the abortion, and if they realized what their selfishness had done to people's lives?...*

*I left California to start a new life shortly after your mother ended her pregnancy. I have not seen her since before she had her abortion. Quite often, dear child, I have wished that she and I could have transcended the bitterness, fear and anger that came upon us during the pregnancy and, instead have reached out to comfort one another, and to have done the right thing; however, it unfortunately did not happen. I think that deep down in her psyche your mother knew that having an abortion was inimical to God's will, but thought that blaming me for her decision would justify her action, and mitigate her pain.*

*If she had only known that my pain for the loss of you was almost every bit as devastating and incomprehensible as hers might have been, she may have realized that aborting you was not the answer. My darling child, I still love your mother even after these many years because for a while she represented so many good things to me, and also, if for no other reason than for the fact that for a very short time, she carried a gift from God. That gift was you...*

*My faith is secure that you are happy, but please know how much I miss you. I thank the Lord that I was your father and as far as I am concerned, I am still your father. I plan to hold a short, private memorial service for you at my church...I will symbolically bury you, but will always have your spirit in my heart. I hope to see you someday in Heaven along with other loved family members and friends. Thank you for always having been my child.*

*I love you so very much. —Dad*

—National Right to Life News Today, November 15, 2022



### Abortionist Defines “Medically Necessary” Abortions

*“A medically necessary abortion is any abortion a woman asks for.” —Abortionist Jane Hodgson, quoted in Human Life International Special Report Number 83, August 1991, pages 6 and 7.*

—National Right to Life News Today, December 6, 2022



## Resources/Books for Healing—Men and Abortion

**Fatherhood Aborted** addresses the emotional devastation of men involved in abortion. Discusses the aftershocks of abortion, including violence, addictive behaviors, isolation, resistance to authority, and difficulty bonding with women and children. Includes personal accounts of post-abortive men's own experiences and shows that the path to forgiveness and healing is found in a vital relationship with Christ.

**Redeeming A Father's Heart** presents the powerful stories of 10 courageous men with the common desire to present the truth of their abortion experience and the consequences of this life changing decision.

**Men and Abortion: A Path to Healing** focuses on the problems experienced by post-abortive men, including anger, helplessness, guilt, relationship problems and grief. The steps toward healing are described in terms of each of these problems. An excellent aid not only for post-abortion men, but for all those who care for and counsel them.

**Sons of Adam** is a prayer and companion workbook to *Men and Abortion: A Path To Healing*. The central need is a safe place where a man can tell his story with neither complacency nor condemnation. Offers short scripture readings, traditional prayers, other men's stories, questions for reflection, and simple blessing prayers.

**The House of Esau** manual, written by a post-abortive father, details a process designed to alleviate some of the stresses experienced by a father who has lost a child to abortion. Some of the understanding gained by various Men and Abortion Network members is included.

Through letters written more than 40 years after the author lost his daughter to elective abortion, **Letters to Pilgrim** shares the author's life and the life he imagines his daughter might have lived. His pain and his hard-won peace are candidly shared with his readers.

In **Dearest Angel**, the author shares the depth of his pain as a post-abortive father. He has done a great service to those who walk where he has walked and those trying to understand the pain of a father who has lost his child to abortion.

In **Forgiveness: I Just Can't Forgive Myself**, Robert D. Jones identifies five possible assump-

tions behind the longing for self-forgiveness. In the process, he pinpoints a deeper problem—and a deeper solution to ongoing guilt. By dispelling a number of misconceptions, Jones clears the path to a joyful realization of complete forgiveness in Christ.

**Father's Choice:** Tony's life changes the moment he learns he's going to be a father. A casual relationship grows serious and he faces a choice that will ultimately be made for him. Tony tries to persuade his girlfriend to keep their baby but she chooses abortion and Tony blames himself. Did he say the wrong things? Was he just not good enough? Would he ever get another chance to be a father? Tony's experience shows that abortion isn't just a women's issue, but one that can also affect men in unexpected ways.

Each abortion involves both a man and a woman and often leaves them wounded and confused, immediately or even years later. Abortion causes multiple losses: the child, the relationship, self-worth, and hope. **Men and Abortion: Finding Healing, Restoring Hope** recognizes that abortion debases fatherhood as it violates a man's instinct to protect and care for those he loves.

**Swallowed by a Snake: The Gift of the Masculine Side of Healing** is an acclaimed contribution to the existing literature about coping with loss, blending folklore, cross-cultural analysis, and clinical advice to help men and women understand the specific context and needs of grieving men.

To order any of the above books, go to [menandabortion.net](http://menandabortion.net). Other resources are also available at this site.



## Post-Abortion Healing

### Option Line (800) 712-4357

Option Line offers a confidential live chat, text line, and toll-free hotline that is available 24/7. The website contains additional resources for women who are considering abortion, have had an abortion, or are seeking alternatives to abortion.

### International Helpline for Abortion Recovery (866) 482-5433

Provides confidential care 24/7 for those needing help after abortion. The helpline is staffed by consultants who have personally experienced the pain of abortion, but have also found hope and healing.

### Rachel's Vineyard (877) 467-3463; [rachel@rachelsvineyard.org](mailto:rachel@rachelsvineyard.org)

**In the Detroit area, contact: [wilson.kathleen@aod.org](mailto:wilson.kathleen@aod.org) or phone: 313-237-4691**

Rachel's Vineyard offers confidential, weekend programs and other services across the United States and Canada, with additional sites around the world, for anyone affected by abortion. Rachel's Vineyard is a safe place to renew, rebuild and redeem hearts broken by abortion. Weekend retreats offer you a supportive, confidential and non-judgmental environment where women and men can express, release and reconcile painful post-abortive emotions to begin the process of restoration, renewal and healing.

### Project Rachel ([www.hopeafterabortion.com](http://www.hopeafterabortion.com))

Serves anyone suffering from abortion in spiritual and psychological healing, offering tools to express grief, and counseling in how to talk to friends and family about your abortion.

### Entering Canaan ([www.enteringcanaan.com](http://www.enteringcanaan.com))

Ministry of healing from abortion, developed through the Sisters of Life and partnered with the Franciscan Friars of the Renewal. They serve women, men, and siblings suffering after abortion through dedicated healing retreats and monthly gatherings, and dedicated to a message of mercy.

### Support After Abortion ([www.supportafterabortion.com](http://www.supportafterabortion.com))

For anyone suffering from abortion, miscarriage, stillbirth, or adoption, or sexual assault, Support After Abortion offers virtual and in-depth healing groups and weekly meetings. They offer training for anyone interested in joining their mission to serve those suffering after abortion.

—LiveAction.org



◆ ◆ ◆

*Out of the depths  
I cry to you, O Lord;  
Lord, hear my voice!  
May your ears be attentive  
to my cry for mercy.  
If you, Lord,  
keep account of sins,  
Lord, who can stand?  
But with you is forgiveness...  
With the Lord there is mercy  
and fullness of redemption.  
~ Psalm 130:1-2, 7*

## *What is the Silent No More Awareness Campaign?*

**S**ilent No More Awareness is a Campaign whereby Christians make the public aware of the devastation abortion brings to women and men. The campaign seeks to expose and heal the secrecy and silence surrounding the emotional and physical pain of abortion.

The Campaign began November 11th, 2002. As of April 2022, the Silent No More Awareness Campaign has held 2,268 Gatherings in 17 countries and all 50 states with 6,926 women and men sharing their abortion testimonies. Testimonies have also been shared at 174 high schools and universities in the last 12 years.

There are 3,045 testimonies posted on the Campaign website with 635 that are shared via video! Currently there are 20,380 people registered with the Campaign representing 77 countries.

People who are not ready to join the Campaign, are invited to 'register their regret.' So far, 6,729 women and 716 men have said they regret their abortion or lost fatherhood. 612 women and men have posted memorials to their children.

248 women are listed whose deaths are documented as being caused by abortion. [www.SilentNoMore.com/DeathsFromAbortion](http://www.SilentNoMore.com/DeathsFromAbortion).

To learn more about healing programs in your area, please visit [www.abortionforgiveness.com](http://www.abortionforgiveness.com). To learn more about sharing your story, please visit [www.abortiontestimony.com](http://www.abortiontestimony.com).

In 2011, Campaign members were surveyed; 328 surveys were returned—310 women/18 men representing 450 abortions. More than ½ didn't begin looking for healing until after 20 years. The longest was 36 years and the shortest was 1 month. The majority shared their testimony and gave us permission to share it. Many people responding to the survey made comments of how the campaign has positively impacted their lives. The Campaign is a project of Priests for Life and Anglicans for Life.

## *What are the Goals of the Silent No More Awareness Campaign?*

- ◆ Reach out to people hurt after abortion, encouraging them to attend abortion after-care programs. Invite those who are ready to break the silence by speaking the truth about abortion's negative consequences and the path to healing.

- ◆ Educate the public that abortion is harmful emotionally, physically and spiritually to women, men and families, so that it becomes unacceptable for anyone to recommend abortion as a 'fix' for a problem pregnancy.

- ◆ Share our personal testimonies of hurt and healing to help others avoid the pain of abortion.

## *How does the Silent No More Awareness Campaign Raise Awareness?*

- ◆ Gatherings are held in public places nationwide featuring the voices of those who regret their abortions.

[www.silentnomoreawareness.org/events](http://www.silentnomoreawareness.org/events)

- ◆ Women and men share their testimonies at churches and other events.

- ◆ Individuals share their testimony in personal settings.

- ◆ Those who are silent no more publish articles, op-eds and letters to editors.

- ◆ The Campaign Celebrity Spokesperson Jennifer O'Neill (Actress, Model and Author) and Dr. Alveda King (niece of Dr. Martin Luther King) frequently appear on television and radio shows and speak before thousands of people sharing the negative impact of abortion in their lives.

- ◆ Campaign Billboards, Commercials, and Products promote the Campaign message.

- ◆ Campaign DVDs feature full-length testimonies, commercials and video presentations. Order copies at [Mail@SilentNoMore.com](mailto:Mail@SilentNoMore.com).

## *Why do we need a Silent No More Awareness Campaign?*

Many women and men are realizing the abortions they were involved in years ago are the source of the physical and emotional problems they have today. The Campaign gives them a forum to help others by sharing the painful consequences of abortion.

Women talk about feeling guilt, anger, shame and worthlessness; and how they struggled with suicidal thoughts, drug/alcohol addiction to numb the pain, eating disorders or depression. Men share how the abortion of their children caused them to feel pain, guilt, and anger. They also share their experience in finding peace and healing.

These voices of experience need to be heard so others can learn about the help that is available. They also want people who think abortion is a good solution for someone facing an unplanned pregnancy to understand the real long-term consequences their friend or loved one is likely to face in the future.

Contact:

website: [www.silentnomoreawareness.org](http://www.silentnomoreawareness.org)  
888-735-3448

For more information, contact  
Regional Coordinators, John and Mary Lockwood  
734-395-0677  
email: [plymouth@silentnomore.com](mailto:plymouth@silentnomore.com)

## IVF Creates Ethical Concerns and Imposes Risk Upon Children

*Dr. Bryan Moselle*

The decision made by the Alabama Supreme Court in February 2024 that embryos are to be considered children brought in vitro fertilization (IVF) to the forefront of political conversation this past year. In the decision, Associate Justice Jay Mitchell stated that “unborn children are ‘children’...without exception based on developmental stage, physical location, or any other ancillary characteristics.” Barbara Collura of RESOLVE: The National Infertility Association, expressed her recoil, arguing, “This ruling is stating that a fertilized egg, which is a clump of cells, is now a person. It really puts into question the practice of IVF.” It certainly challenges the practice, yet the critical inquiries remain unaddressed.

There is moral confusion that cannot be resolved by partisan politics, as evidenced by the pervasive ambiguity that transcends party affiliations. Christians and the Church’s testimony are uniquely positioned to offer the necessary clarity and guide the moral discourse regarding the utilization of reproductive medical technologies.

It is unethical to create a risk that could be harmful to future human beings. Medical technologies are associated with varying levels of risk that must be evaluated by individuals prior to their use. However, with the application of IVF, not all individuals are capable of providing consent. The lives of the most vulnerable are endangered to a significant extent, not by their own volition but by the volition of their parents and physicians. In doing so, harmful risk is created for children *ex nihilo*.

In her article, “A Christian’s Practical Guide to Reproductive Technology,” Emma Waters documents the prevalence of harmful outcomes for children born through IVF interventions:

*Children born through IVF have a higher likelihood of cancer, autism, minor cleft palate, or a congenital heart defect. As bioethicist Oliver O’Donovan argues, ‘There is a world of difference between accepting the risk of a disabled child (where that risk is imposed upon us by nature) and ourselves imposing that risk in pursuit of our own purposes.’ For Christians, who value and protect life from the moment of conception, such parents submit their own wishes to the wellbeing of children. That includes children who do not exist yet.*

The Catholic Church has historically maintained a more resolute stance against IVF and contraceptives than Protestant churches in terms of official doctrine, despite the fact that there is a range of dissent among members. Official Catholic doctrine views IVF as morally unacceptable. According to the *Catechism of the Catholic Church*, IVF separates the procreative act from the marital act, which is considered contrary to the dignity of the couple and the child. The Church teaches that human life should be brought into the world through the specific and exclusive acts of husband and wife, not through technological means.

*Is it justifiable to employ medical technologies that impose risks on the very lives they aim to create?*

The Vatican document *Donum Vitae* further explains that IVF involves the manipulation of human life and treats children as products of technology rather than gifts from God. The Church also raises

*continued*



*Every child who, rather than being born, is condemned unjustly to being aborted,  
bears the face of Jesus Christ, bears the face of the Lord, who even before he was born,  
and then just after birth, experienced the world’s rejection.  
And every elderly person...even if he is ill or at the end of his days, bears the face of Christ.  
They cannot be discarded, as the ‘culture of waste’ suggests! ~ Pope Francis ~*



**In Vitro Fertilization**

concerns about the potential for embryo destruction and the commodification of human life in the IVF market. The largest Protestant denomination in the United States, the Southern Baptist Convention (SBC), also passed a resolution in 2024 opposing IVF. Among its concerns are the following:

- IVF often results in the creation of more embryos than can be safely implanted.
- IVF leads to the freezing, stockpiling, and ultimate destruction of human embryos.
- Some embryos may be subjected to unethical practices such as sex selection.
- IVF involves the routine destruction of embryonic human life.
- IVF increasingly engages in methods for determining suitability for life and genetic sorting based on parental preferences.

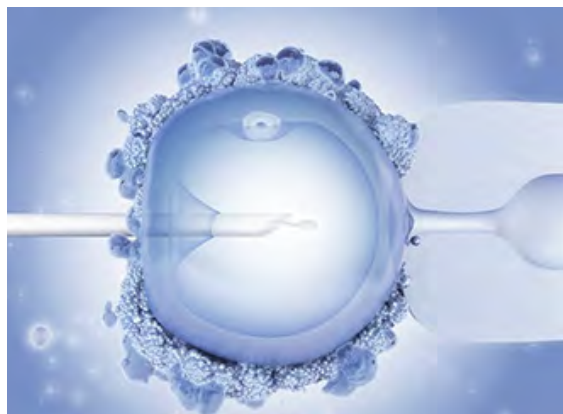
Some Protestant Christians have attempted to argue support for IVF by proposing a moral equivalency between IVF and medical technologies that treat problems onset by injury, disease, and the fall. This categorical error produces a false and dangerous equivalency. Not only does it ignore the autonomy of the child but also the ethical responsibilities that are to be applied for that child.

Medical technology aids *individuals* in their *own* recovery or fight against illness and injury. This is an important distinction not to miss and is one that pro-choice advocates consistently disregard. Technology that is employed to treat injury must not be morally comparable to technology that is employed to generate new life and subject it to danger. The human life created in an IVF procedure introduces another individual patient into the moral equation. Further, IVF medical technology can harm the child in vitro or in the womb while not presenting any physical threat to life for the mother. In contrast to other medical technologies like dialysis, which only consider one person, IVF must take into account the welfare of two patients. The medical technology argument disregards this involvement of two patients, reflecting a preference for a parent-first (or only) strategy rather than a child-first strategy.

Finally, the ethical compromises associated with sperm collection for IVF procedures are often overlooked. Sexual relations between husband and wife in a medical facility, proctored by an attending technician, violate the sanctity of the marriage union. If pornographic material is present, then that further complicates the moral compromise. As a result, sexually immoral situations develop for the following reasons:

1. It's a deviation of the created order for human sexuality and intimacy.
2. It invites others outside the conjugal union of one man and one woman into the sexually creative process.
3. It brings a child into a place of potential harm due to the high degree of risk of termination. This high-risk scenario is unique in that the risk level is created from no risk.

In sum, the widespread acceptance of IVF raises significant ethical concerns regarding the welfare of children conceived through this technology. The recent legal and political developments surrounding IVF have ignited a broader debate about reproductive rights and the moral responsibilities of parents and society. The potential risks, including higher incidences of serious health issues, the commodification of human life, the destruction of human embryos, and the moral implications of manipulating procreation, challenge the notion of IVF as a responsible choice for prospective parents. Both Catholic and Protestant denominations have expressed strong opposition to IVF, emphasizing the sanctity of life and the importance of natural procreation within the marital union. The ethical dilemmas surrounding IVF highlight the need for a child-first approach, prioritizing the well-being of the child over parental desires. Ultimately, the question remains: Is it justifiable to employ medical technologies that impose



risks on the very lives they aim to create? This inquiry calls for careful reflection on the moral responsibilities we hold toward the most vulnerable among us—those who cannot consent to the circumstances of their own conception.

*Dr. Bryan Moselle received his PhD in Old Testament Studies from the University of Pretoria, ThM in Old Testament and Semitics from Biola University, and MS Health Science from TUI. He is the senior pastor of University Bible Church in Los Angeles, California, and he previously worked in international disaster relief throughout Africa.*

—[www.wordonfire.org](http://www.wordonfire.org), January 25, 2025

# IVF Considerations

By Diane Trombley, Director, Oakland/Macomb Chapter, LIFESPAN

The Alabama State Supreme Court made headlines recently when the Justices ruled that human embryos, created in the laboratory for the purposes of in vitro reproduction, are human persons and as such cannot simply be destroyed as unwanted or “left-overs.”

My own personal bias will show when I ask what else these embryos could possibly be. They came from the union of a human ova and a human



sperm—fertilization—the begin of a new human life. The fact that this union takes place in a petri dish in a laboratory does not change its nature. This has moral implications for many, but from a secular viewpoint, IVF is a way for individuals dealing with infertility issues to be able to nurture a child and create a parental bond. As one website, Compassion Care, put it:

*For IVF to work, doctors usually retrieve 10-20 eggs. All viable eggs are fertilized (usually about 70% of those retrieved). The doctors do this so they will have enough strong embryos to implant and increase the woman's odds of becoming pregnant. Extra embryos that are not strong enough to implant are not preserved.*

Notice the carefully chosen word “preserved” in that last sentence. It can be translated to “thrown away, put in the dumpster, put into the biohazard waste container, incinerated or sent down the garbage grinder. The Alabama court recognized these embryos for what they are—human persons. What other result could this process be for. After all, the idea here is to become pregnant with a human baby—not a carrot, or a cabbage, or cat or a dog. It seems there are a large number of people who don't understand the biology and cannot recognize that the baby is human before birth.

The IVF industry is largely unregulated, but that is a topic for another day. For our purposes, we must set the record straight. The Alabama Supreme Court DID NOT ban the process of IVF. It did not prohibit anyone from using this process to achieve the creation of a family. They DID say that once you create life in a test tube, (something usually left up to the Creator), you cannot treat it like garbage and discard what is now a living, growing human person. ■

## Just when you think you have heard it all, something else pops up.

While researching information for this book, I stumbled upon something called IVF Embryo jewelry. Curious, and somewhat fearful, I clicked on the article and saw that one, and several other articles and purchasing opportunities, describing how the company/companies, could take your “left over embryos from IVF treatments” and turn them into beautiful necklaces, earrings, and pins. I had to read it twice because I could not believe what I was seeing. Printed below is the description by one company of what they do. (I have deliberately left out the name of the company).

Our team of skilled artisans carefully handles each embryo with the utmost care and respect. Using advanced techniques, we are able to encapsulate the essence of life within stunning jewelry pieces. From delicate pendants to intricate rings, each keepsake is meticulously crafted to reflect the beauty and significance of the journey it represents.

In this case, to this writer, there are no words to describe the total and utter lack of respect and dignity for these tiniest babies. I also can't wrap my mind around who would actually wear their unborn child's remains in a necklace.

—Diane Trombley

## 14 Questions for the White House on IVF

By Chuck Donovan and David Prentice

Kick-off has happened for a potentially revolutionary federal policy initiative on in vitro fertilization (IVF), and the clock is running. Thanks to a new executive order issued on February 18, the White House Office of Domestic Policy is charged to produce a set of policy recommendations on this particular infertility practice within 90 days.

The order carries out a promise President Trump made on the campaign trail last summer to, as the order states, “ensure reliable access to IVF treatment, including by easing unnecessary statutory or regulatory burdens to make IVF treatment drastically more affordable.” The order understandably cites empathy for the “emotional and financial struggle” faced by couples experiencing infertility who seek to “navigate their path to parenthood.”

At first appearance, the challenge to ease IVF through federal policies that assist with insurance, whether through private sector mandates or expansion of federal program coverage, seems straightforward. Lacking insurance coverage in most cases now, a cycle of IVF—stimulating egg production in the mother, harvesting and inseminating, screening for various purposes, and implantation in the hope of achieving pregnancy—can cost, the order states, between \$12,000 and \$25,000.

The Domestic Policy recommendations may only seek to address the coverage and cost issues of IVF, but even here there are many important questions to be answered in the short stretch of 90 days. Beyond those questions lie a raft of deeper ones about a practice that, in the United States at least, is very minimally regulated and severely under-analyzed.

As the White House begins its review, it might be helpful to lay out what some of those additional questions are, to test what we really know about IVF and what pitfalls lie ahead for a practice with the potential to both create and destroy millions of human lives and alter what we now mean by parenthood and family. Here is a starter’s list.

### 1. Will this policy review survey existing policies and identify the status of human embryo storage in the U.S.?

IVF has existed since the conception of the first “test tube” baby, Louise Brown, in the United Kingdom in 1978. Since then, IVF has spread globally and as many as 12 million babies have

been born worldwide via this methodology. In the process, additional tens of millions of embryonic humans are estimated to be in frozen storage around the world. In the United States, a 2020 study indicated at that time over 1.2 million embryos were being housed in storage freezers. The goal for them is future implantation, but case studies reveal a variety of potential statuses, including adoption by other couples, donation to research, and discarding.

### 2. Will the policy review international practice and the same set of questions overseas?

The United States has a virtually unregulated IVF industry in terms of legal protection for frozen embryos, rules on the number of embryos that can be created at one time, the resolution of disputes among couples, and other conditions. Rules vary significantly internationally, leading to nations that, in contrast with the United States, have very few embryos in frozen storage and fewer knotty issues with their disposition. Under Germany’s 1990 Embryo Protection Law, for example, egg donation for IVF is barred, embryos may be frozen only in exceptional cases, and a maximum of three embryos can be created per cycle and all embryos created, without genetic screening, must be implanted. Germany’s sensitivity to genetic selection has, of course, strong historical roots.

### 3. Will the policy support the creation of multiple embryos with concomitant freezing of “spares”?

The United States, without (until now) significant national policy, has no consistent public policy on the “quantity and quality” issues in embryo creation. With insurance coverage and federal subsidies, the wide variety of private sector practices become matters for policy review and potential boundaries. Will the Domestic Policy office review established policies on these practices, some of which are controversial even with people who advocate allowing IVF with guardrails like those in Germany and elsewhere?

### 4. Will the review examine existing studies on the health impact of egg retrieval procedures on women seeking IVF?

IVF relies on hyperstimulation of the ovaries to produce eggs for fertilization. Adequate studies exist on the short-term risks associated with this process, but what about long-term impacts like breast cancer? Schneider, Lahl and Kramer write, “[L]ong-term follow-up studies of egg donors are lacking and their health risks are unknown. The lack of information may be misleadingly interpreted as lack of risk.” Will the Domestic Policy recommendations cover this topic or take steps to ensure the kinds

of intensive health studies the administration has vaunted will be its hallmark?

## 5. Will the review examine existing studies on the health impact on children who were conceived via IVF?

Like the women affected, what steps will be taken to examine whether IVF results in differentials in health outcomes for the children conceived in vitro, whether frozen or transplanted immediately? Studies to date are limited by small sample sizes and relatively short follow-up periods. Jennifer Lahl of the Center for Bioethics and Culture Network detailed the concerns for a Senate briefing last summer. She cites one study that mentions such risks as “heart defects, musculoskeletal and central nervous system malformations, very severe preterm birth, and low birth weight. The risks seem to be based on maternal and paternal factors, but also on the IVF technique itself.”

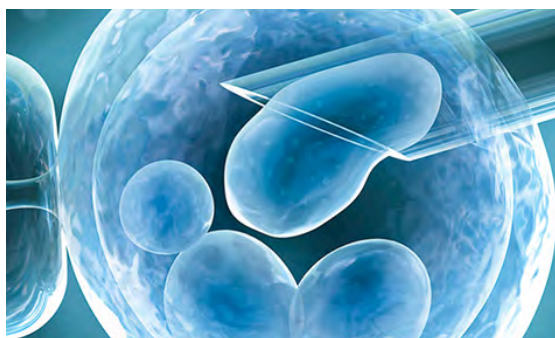
## 6. Will the policy recommendations require the number of created embryos be limited to those to be immediately implanted and will they exclude coverage for selective abortion of “excess” embryos?

Selective reduction is a process of reducing risk to the mother and perhaps the babies when multiple children are conceived via IVF. It is done by aborting one or more of the children. The American College of Obstetricians and Gynecologists guidelines on the practice acknowledge that “fertility treatments” have contributed to an increase in what it calls “multifetal pregnancies” and it recommends reducing the practice by transfer of fewer embryos. But will a new federal funding policy codify this advice or require coverage of reduction-by-abortion procedures?

A comprehensive committee opinion on IVF from the American Association of Pro-Life Obstetricians and Gynecologists adds: “While this might reduce maternal risks to some extent, multifetal pregnancy reduction can endanger all of the developing fetuses, does not completely eliminate risks associated with multiple pregnancies, and can have adverse psychological consequences for the mother. Additionally, multifetal pregnancy reduction is clearly the intentional ending of human lives.”

## 7. Will the policy bar sex selection and genetic screening of embryos for “best quality”?

Some families resort to IVF to avoid the conception of a child with a particular disease. Mapping of the human genome opens up a far wider vista, in theory available to all couples, to use IVF to select the baby’s sex or a whole range of other qualities deemed healthier or otherwise superior.



The destruction of embryos via these routes could occur on an industrial scale. Companies like Orchid and Gattaca Genomics make promises regarding the better babies they can help produce. Apart from the profound ethical questions at issue, questions persist about the accuracy of these better-baby claims.

## 8. Will the policy require all public and private U.S. insurers to cover IVF and will it have limitations on the number of attempts the insurers must cover?

This question relates to the overall cost of these procedures, which may be reduced for the users but result in higher overall costs for the taxpayer and other members of private insurance plans. If the practice is subsidized, experience teaches it will grow in frequency even if it declines somewhat in per-patient cost. Will these effects be quantified in advance?

## 9. Will the policy limit who may be covered to married, male-female couples or will it permit coverage for anyone?

This relates to the frequency of use of IVF but involves more sweeping subject matter about who may be eligible for private or public sector insurance coverage—in short, to the fundamental question about whether it is always and everywhere an exercise in family-building. Will subsidized or paid-for IVF be available to married couples only, to male-female couples, to same-sex partners, to individuals, to people regardless of age or income or other capacity? Will any legal limitation on eligibility pass judicial review? Will insurers exercising a conscience exemption be able to draw lines around who is insured, or will it merely be a yea or nay proposition?

## 10. Will the recommendations include coverage for conception and bearing of children by surrogates and any payments for such services?

One review article notes that surrogates who bear children, where IVF is typically involved,

*continued*

receive an extra \$5,000 payment if they agree to carry a multifetal pregnancy to term. Some surrogate arrangements require the surrogate to agree to abort the child under these circumstances or should an anomaly be detected in the baby. Will the Domestic Policy office recommendations address these issues?

The Obama-era Affordable Care Act purported to address concerns about abortion coverage by requiring a separate payment by the insured to cover the abortion rider. Would some finesse of this type be proposed to allow coverage of abortion of IVF babies under a similar provision? In addition, six states currently require all private insurance plans offered in the state to cover abortion. Will those mandates apply in these circumstances as well?

## **11. What will the policy cost in both private sector and public sector terms and will this cost be tracked, including its impact on other plan members' and taxpayers' premiums?**

Americans are generous people and the White House executive order echoes this sympathy for the one in seven couples unable to conceive due to infertility. Nonetheless, the potential exists under federal health insurance programs for the cost of implementing IVF affordability to soar. How much information will the Domestic Policy office make available about the budget impacts of its recommendations? The same question applies to private sector coverage.

## **12. Will information and coverage of other fertility repair approaches be included in the policy recommendations?**

This may be the most important question of all, since analysts across the spectrum agree that the rising demand for IVF is related to delayed marriage and childbearing, as well as to a host of behavioral and environmental factors that have fed the increase in infertility. In addition to these factors, recognition is slowly increasing that while IVF provides an ad hoc answer to couples seeking to have their own genetically related child, it is not restorative.

Groups like Facts About Fertility are expanding their presence in communities and at medical schools, with the goal of ensuring "women and couples everywhere have access to fertility awareness education and restorative reproductive medical services." In addition to cleaner ethical pathways, these services have major cost-saving potential and long-term application. Will they be vigorously pursued?

## **13. Will any other child-supporting policies be included in the recommendations, including expansion of the child tax credit, the unborn child tax credit, adoption, defunding of Planned Parenthood, or other reforms?**

Other policy initiatives promised by the administration, either in its first term or now, have not yet been unveiled. Planned Parenthood's business model of abortion promotion is in self-destruct mode. Expansion of child tax credits and creation of a new unborn child tax credit have been discussed but no action has occurred to date. The latter policies could have far more impact on family formation than expansion of access to and payments for IVF. Are these items on the Domestic Policy agenda as well?

## **14. Will untrammelled IVF with federal support tempt at least some actors to exploit embryos that are deemed unfit for implantation or designed for other uses?**

Under the Aderholt amendment first adopted by Congress in 2015 and reenacted each year since, federal funds may not be used for any gene editing or genetic alteration of human embryos. Would this same limitation reach embryos created via the new funding made available under the Domestic Policy office recommendations? What about the other temptations attending the tiny lives of embryonic human beings, for example, cloning experiments, single-sex-parent embryos, and three-parent embryos? Current policies tend to punt on these questions, but it is incumbent on White House policymakers to reflect on them and to consult at the level of expertise required outside the government to make wise and legally sound decisions.

The Domestic Policy recommendations are due just a week after Mother's Day. Completing the tasks and answering the questions outlined above represent a tall order in that time frame. America celebrates new life but owes itself a thorough and searching examination of issues that have the ability to renew, as well as to collapse, a regime of respect for the family and every human life.

*David Prentice, Ph.D., is an internationally recognized expert on stem cell research, cell biology and bioethics. He has almost 50 years' experience as a scientific researcher, professor, academic leader, and policy advisor. He has provided scientific lectures, policy briefings and legislative testimonies in 40 states and 21 countries, including before the U.S. House and Senate, numerous state legislatures, the U.S. National Academy of Sciences, the European Parliament, British and Canadian Parliaments, German Bundestag, and many more.*

*Chuck Donovan served in the Reagan White House as a senior writer and as Deputy Director of Presidential Correspondence until early 1989. He was executive vice president of Family Research Council, a senior fellow at The Heritage Foundation, and founder/president of Charlotte Lozier Institute from 2011 to 2024. He has written and spoken extensively on issues in life and family policy.*

*—The Washington Stand, February 25, 2025*

## Trump Admin Wants Pro-Life Policy Recommendations to Mitigate Ethical Concerns With IVF

By Steven Ertelt

On [February 18, 2025] President Donald Trump signed an executive order expanding IVF despite significant concerns from pro-life Americans about the process.

"The Order directs policy recommendations to protect IVF access and aggressively reduce out-of-pocket and health plan costs for such treatments," Leavitt said in a post on X.

The idea behind the executive order was to help birth more babies and support prospective parents. While that sounds great on the surface, IVF is fraught with multiple ethical concerns—chiefly how the process destroys the lives of human embryos.

However, Trump officials indicate the president wants pro-life groups to come forward with pro-life policy recommendations to help mitigate the ethical concerns associated with IVF.

As *The Daily Wire* reports:

Asked by *The Daily Wire* about concerns regarding conscience protections for religious Americans who object to IVF, as well as concerns about the discarding of embryos, a White House official pointed out that the executive order calls for policy recommendations. Part of that process will include getting input from the Hill and other stakeholders, including pro-life groups, the official said.

In October, Trump said that he was open to religious exemptions to his proposed in vitro fertilization (IVF) mandate that would require insurance companies to cover the costs of IVF treatments, telling EWTN's Raymond Arroyo: "It sounds, to me, like a pretty good idea, frankly."

Arroyo had pointed out to Trump that many Catholics and Christians object to the fertility treatments on moral grounds. The Catholic Church is opposed to IVF and says that it is "morally unacceptable."

"As you know," Arroyo pointed out, "some Catholics feel, and the Church believes, that when you implement this technology, you're killing embryos. Will you have a religious exemption to your IVF mandate for religious organizations and businesses that feel, 'This violates my religious principles?'"

"I haven't been asked that, but it sounds like a pretty good idea, frankly," Trump responded at the time, adding: "Even Catholics, a lot of them, they want IVF. It's fertilization, basically, they view that as helping the family, helping parents have a child, and it's a very

popular thing, but certainly if there is a religious problem, I think people should go with that. I really think they should be able to do that. But we'll look into that."

The full text of the order reads as follows:

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

**Section 1. Purpose and Policy.** Today, many hopeful couples dream of starting a family, but as many as one in seven are unable to conceive a child. Despite their hopes and efforts, infertility struggles can make conception difficult, turning what should be a joyful experience into an emotional and financial struggle. My Administration recognizes the importance of family formation, and as a Nation, our public policy must make it easier for loving and longing mothers and fathers to have children.

In vitro fertilization (IVF) offers hope to men and women experiencing fertility challenges. Americans need reliable access to IVF and more affordable treatment options, as the cost per cycle can range from \$12,000 to \$25,000. Providing support, awareness, and access to affordable fertility treatments can help these families navigate their path to parenthood with hope and confidence.

Therefore, to support American families, it is the policy of my Administration to ensure reliable access to IVF treatment, including by easing unnecessary statutory or regulatory burdens to make IVF treatment drastically more affordable.

**Sec. 2. Lowering Costs and Reducing Barriers to IVF.** Within 90 days of the date of this order, the Assistant to the President for Domestic Policy shall submit to the President a list of policy recommendations on protecting IVF access and aggressively reducing out-of-pocket and health plan costs for IVF treatment.

**Sec. 3. General Provisions.** (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

*continued*

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

IVF is a process that has led to the conception and birth of children to millions of infertile couples, as well as to single parents and same-sex couples via surrogacy. Worldwide between 1978 and 2022, some 12 million children are estimated to have been conceived and carried to term with the assistance of IVF.

But leading pro-life advocates have articulated moral problems with IVF—that unborn human beings are killed in the process, it commodifies babies, and it leads to surrogacy that has its own host of negative issues.

As Chuck Donovan, Family Research Council, notes:

“There should be no debate at all about the significance of this human being or the value of her life. On the other hand, provided it happens, the dramatic array of questions that arise about the status and treatment of “test-tube” babies can now be debated anew as half a century of experience with the practice has passed with little or no discussion in many countries.”

The questions are manifold, but first a look at what is known and unknown about IVF in the United States. The report is in the form of what AAPLOG calls a “committee opinion,” a document designed to guide medical personnel on what constitutes the best and most ethical practices. The opinion is titled “Ethical Treatment of Human Embryos,” and it underscores the considerable gaps in our knowledge about what is transpiring today in clinics and laboratories.

For example:

- “Approximately 50% of fertilized human eggs fail to develop during IVF treatment.”

- “Current estimates for the number of embryos that do not survive or are destroyed, discarded, or frozen for storage under usual IVF practices range from 90 to 98%.”

- “According to the Society for Maternal-Fetal Medicine, IVF is associated with increased risk for several adverse maternal and perinatal outcomes, including monozygotic twins (even with single embryo transfer), multifetal pregnancy, placental implantation disorders, hypertensive disorders of pregnancy, and stillbirth.”

- “The embryos that progress at least 2-3 days are graded for quality and either transferred to the mother, frozen or discarded.”

- “A 2020 study indicated over 1.2 million embryos were then in storage freezers. Some estimate that there are now 1.5 million embryos in freezers in the U.S. alone.”

All of this data is expressed in terms of estimates and ranges because of the lack of comprehensive reporting, which is an increasing issue with induced abortions as well. Other knowledge gaps exist around such practices as the creation of embryos for research. Though many researchers oppose the creation of embryos for experimental purposes and the 1996 Dickey-Wicker Amendment prohibits the use of any federal funds for the purpose, temptations for expansion of this activity to search for the cause of genetic anomalies or to test drugs continue to entice advocates. Genetic screening of embryos, including for sex selection in IVF, is also occurring.

The future holds an array of ominous practices where, in the name of science and humanity, more and more children are born via in vitro practices, genetic selection, and artificial wombs. Artificial intelligence, naturally or unnaturally enough, is making its entrance here.

As Americans hear or read about children being born who might otherwise not have joined us, the immense ethical challenges posed by these therapeutic and experimental techniques can slip behind the clouds. The rush of Republican and other voices to establish a permissive “Wild West,” no-liability framework for the IVF industry is heedless and unconscionable. The nation needs a full-scale debate on what and who we are and whether we all have the same worth.

—LifeNews.com, February 19, 2025



Watch: “IVF Access Expanded: Fr. Tad Pacholczyk with Raymond Arroyo” on YouTube—  
[https://youtu.be/ecGtjV\\_B578?si=ktwRqNMmAVWONLsK](https://youtu.be/ecGtjV_B578?si=ktwRqNMmAVWONLsK)

# Planned Parenthood hit with shocking expose from, of all publications, the *New York Times*

By Dave Andrusko

You're Planned Parenthood, the premier purveyor of death, and you know many Red States are coming after your funding, not to mention Congress and the Trump administration which has already signaled your federal funding is on the chopping block. At moments like this, you expect the media heavyweights who have carried your water for 60 years to stand firm.

And then, on Saturday, [February 15] *The New York Times*, among your staunchest allies, runs a long, long story written by Katie Benner under the petrifying headline, "Botched Care and Tired Staff: Planned Parenthood in Crisis." Interesting that Benner's beat is described as "writing primarily about large institutions that shape American life."

This comes on the heels of Planned Parenthood wiping clean its Instagram account. What this all means is fascinating but as yet a mystery.

It's important to know that in its latest report, PPFA performed 392,715 abortions in 2022, up from 374,155 in 2021.

"Planned Parenthood abortions now average 1,076 every day, nearly 45 every hour, and one every 80 seconds," according to Carole Novielli, of *Life Action News*.

Dr. Randall K. O'Bannon is NRLC's Director of Education & Research and an expert on Planned Parenthood. He is carefully studying Benner's report and will provide an in-depth look [in a succeeding article]. [In this article], I will hit some of the many, many lowlights.

#1. *The Times* evidently put a lot of time into this story. Question is, why now? Let's put that aside for the moment. Benner writes:

A *New York Times* review of clinic documents and legal filings, as well as interviews with more than 50 current and former Planned Parenthood executives, consultants and medical staff members, found that some clinics are so short of cash that care has suffered. Many operate with aging equipment

and poorly trained staff, as turnover has increased because of rock-bottom salaries. Patient counts have shrunk from a high of five million and 900 clinics in the 1990s to 2.1 million patients and 600 clinics today.

#2. This is strange considering the boom in fundraising following the *Dobbs* decision that overturned *Roe*. Benner agrees.

The lack of resources is startling: Since the U.S. Supreme Court overturned *Roe v. Wade* in 2022, Planned Parenthood has enjoyed a fund-raising boom, with \$498 million in donations that year. But little of it goes to the state affiliates to provide health care at clinics.

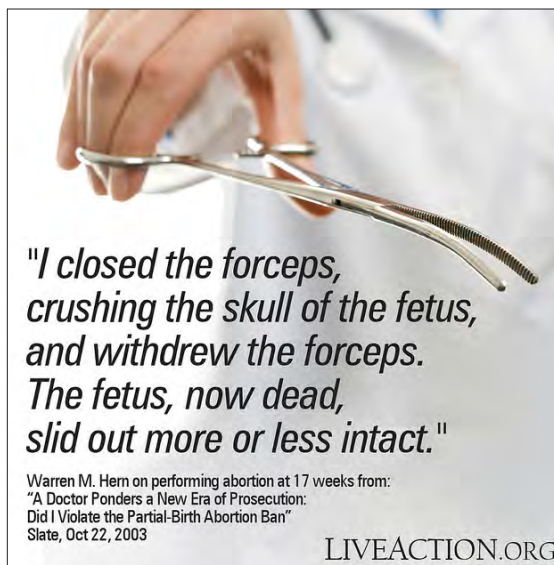
So, where did/does the money go?

Instead, under the national bylaws, the majority of the money is spent on the le-

*continued*

***Take no part in the fruitless works of darkness; rather expose them.***

~ Ephesians 5:11 ~



◆ ◆ ◆  
***I had to find four extremities (two arms and two legs), a spine, a skull, and the placenta, or my patient would suffer later from an incomplete abortion...***

***My attention was so focused on my perceived patient that I managed to deny that there were, in fact, two patients involved—the expectant mother and a very small child...***

***I had to wonder, how can having a child be so wrong for some people that they will pay me to end its life?***

~ Dr. McMillan, former abortionist, "How One Doctor Changed Her Mind About Abortion" ~

Planned Parenthood

gal and political fight to maintain abortion rights.

And when she says majority, Benner means a real majority. And, oh by the way, in 2020, Alexis McGill Johnson, president and CEO of Planned Parenthood Federation of America, made \$683,697, according to *Live Action News*.

#3. The story is filled with accounts of [largely former] employees who bitterly denounce the “non-profit” corporation.

But several former employees who have quit or were fired spoke openly about conditions in the clinics, and national leaders said that the organization is contending with tremendous challenges and still providing quality care in the vast majority of cases.

Note that only one of those “national leaders”—Johnson—would give *The New York Times* a “statement.” Too scared to give an interview?

#4. The money squeeze and consolidation:

In 2019, New York City agreed to become part of a new entity called Planned Parenthood of Greater New York, which included affiliates in Nassau County, the mid-Hudson Valley, Southern Finger Lakes and Mohawk Hudson.

But some of the chief executives of the five affiliates, who made a combined \$1.5 million a year before the merger, balked at taking pay cuts. Two of them left not long after the transaction closed in January 2020.

Later we learn—

Last year, Planned Parenthood of Greater New York—one of the few places where abortion is still legal up to 24 weeks—said that a budget shortfall would force it to restrict later-term abortion services, effectively implementing a 20-week abortion ban. It closed four clinics.

Planned Parenthood of Northern New England expects to run an \$8 million deficit over the next three years.

Planned Parenthood of Northern California made a hard funding choice last March when it ended a prenatal care program that served 200 to 250 low-income women a month.

There are many reasons many Planned Parenthood affiliates are in big trouble, including:

Over the last five years, the national office has distributed more than \$899

million to affiliates to help them deliver care, but **none of it went directly to medical services**. By charter, the mission of Planned Parenthood Federation of America is to “provide leadership, advocacy and education in the field of reproductive health care.” [Emphasis added.]

#5. Finally,

Employees said there has been constant pressure to more than double the number of patients seen from the present 2.1 million, to help bring in more revenues.

Planned Parenthood of Greater New York expects clinics to see more than four patients an hour, and for appointments to last about 10 minutes, according to an email sent by management to clinic staff obtained by *The Times*. The appointment times, set by Planned Parenthood Federation of America (PPFA), are in line with a trend in health care, widely unpopular with both patients and doctors, to keep primary care visits to about 15 minutes.

Grace Larson, “a former Planned Parenthood nurse in Minnesota who was fired while trying to unionize the staff”

said that employees sometimes administered expired pain medication or the wrong medications as they scrambled to move people in and out. She said it was not uncommon for patients to be taken to the wrong room and prepped for the wrong procedure.

And that just begins to chronicle the horror stories in Benner’s devastating account.

*Dave Andrusko is Editor of National Right to Life News.*

—National Right to Life News, February 17, 2025



## Did you know?

October is  
pregnancy and  
infant loss  
awareness  
month?

We remember  
those who were  
stillborn, those  
who were carried  
but never held,  
those who could  
never come home  
and those who  
came home but  
couldn't stay.



# NY Times Expose' Depicts Planned Parenthood as Organization in Crisis

By Randall K. O'Bannon, Ph.D.

NRL Director of Education & Research

Those who have followed Planned Parenthood for years know it as a formidable foe, a \$2 billion plus corporate empire responsible for more than a third of all abortions performed in America each year. The organization has clinics all over the country, is a worldwide exporter of abortion ideology, and remains a powerful political machine, responsible for keeping pro-abortion politicians in office at all levels of government.

Also, Planned Parenthood Federation of America (PPFA) is a media darling about whom reporters can never say a disparaging word.

Until now.

In its February 15, 2025, edition, *The New York Times* ran a long feature story, written by Katie Benner, revealing some of the organization's seamier side: "Botched Care and Tired Staff: Planned Parenthood in Crisis."

The surprise isn't so much that Planned Parenthood has problems—many which pro-lifers have known and shouted about to deaf ears for years—or that the organization has made abortion politics a priority over patient care—something else we've brought up repeatedly. It's rather that the media, and, in particular, even the ever-so-august *New York Times*, is finally acknowledging that the nation's premier abortion factory has feet of clay.

One might legitimately ask on the one hand whether this is a setup to push for yet more state and federal funding, part of a larger narrative of an evolving industry now dominated by abortion pill sellers rather than traditional brick and mortar clinics. Or, on the other hand, whether it represent a shocking falling out between the powerful *Times* and one of its oldest political soul mates.

Maybe this is the *Times* recognizing the group's shifting political fortunes or just the stunning re-emergence of good old fashioned investigative journalism. Whatever the reason behind the story, it is big news.

## Substandard Conditions, Suboptimal Care

Though Planned Parenthood likes to put forward the image of gleaming, modern megaclinics staffed by highly trained professionals, *Times* reporter Benner shows this is often far from the case.

There are the botched abortions where surgery was done but the baby remained inside. The *Times* also tells stories of IUDs inserted into women already pregnant, improperly placed con-



traceptive implants leading to nerve damage, unprocessed, unrecorded STD test results, and on and on.

Leadership dismissed these instances as isolated and "anecdotal" and argued that generally, with the groups Planned Parenthood serves, "health outcomes are fine." This is difficult to confirm, however, with *The Times* pointing out that Planned Parenthood "routinely requires patients who receive settlements to sign non-disclosure settlements."

Benner's story writes of cash strapped clinics reporting problems with old equipment and plumbing problems such as a toilet backed up at the Omaha clinic, with sewage seeping into the abortion recovery room. Then there are the broken air conditioning, and basic supply shortages such as running out of over-the-counter pain medication and fresh I.V. flushes.

Staff were often underpaid, overwhelmed, given tasks for which they were inadequately trained, leading to high turnover rates, substandard care, and reduced services. *The Times* pointed out one California affiliate that cut prenatal care while a New York affiliate dropped abortions after 20 weeks and closed four clinics.

## Money Devoted to Abortion Advocacy, Not Patient Care

Pro-lifers have known about the poor quality of care often obtained at Planned Parenthood for a long time. But the elevation of abortion advocacy and corporate revenues over patient care is news to a lot of people.

Benner quotes a former Planned Parenthood nurse from Minnesota who said that clinics were operating like a "conveyor belt" for patients. Another former clinic manager from Columbus, Ohio, told Benner patients were complaining that they felt like they were in a "factory."

*continued*

Planned Parenthood

Employees from one affiliate talked about being directed to reduce the amount of time spent per patient, to schedule more than four patients an hour, and pressured to double the number of patients seen to bring in more revenue.

Mistakes were common in all the rush and confusion, with things going so far that there were patients being “taken to the wrong room and prepped for the wrong procedure.”

The obvious question, one addressed by Benner, is what about all those millions and even billions of dollars taken in by Planned Parenthood in fees, donations, and government grants?

“Over the last five years,” *The Times* reports, “the national office has distributed more than \$899 million to affiliates to help them deliver care, but none of it went directly to medical services.” Benner continues, “Much of the national funding to affiliates went to legal support, public campaigns to expand abortion access and subsidies for patient navigators who help patients access abortions.”

Monies also went to help local affiliates expand telehealth services. The story doesn’t say so, but these have become key to online sales and prescription of mifepristone at Planned Parenthood and other abortion pill providers.

Though there are some big shiny regional megaclinics in some of the larger cities, there are too many old buildings or storefronts in run-down neighborhoods, with aging equipment, backed up plumbing and broken air conditioning, and maybe only abortion paying the bills.

## Unable to keep pace with the changes?

The abortion industry itself has undergone major changes in last few years, all affecting how groups like Planned Parenthood do business.

## At home chemical abortions replacing clinical surgical abortions

When Planned Parenthood got into the abortion business some fifty years ago, nearly every abortion was a surgical abortion. Every woman went to a clinic, a hospital, or a doctor’s office to have a trained physician use special surgical knives or equipment to enter her womb and kill and remove her baby. It wasn’t without pain, and it wasn’t without risk. But the “procedure” was generally over and done in a matter of minutes, followed by a short recovery period, all in one afternoon trip to the clinic.

All that changed with the advent of chemical abortion at the turn of the century. The most recent figures show chemical abortions with drugs like mifepristone now comprising at least 63% of all abortions performed in the U.S.

Though initially a multi-day procedure with a lot of careful screening and follow-up, recent years have seen drastic changes. In person screening and counseling are out, follow-ups are cursory, if at all, and the number of required clinic visits dropped to zero. As a result, many women now simply order their abortion pills online and have them mailed to their houses, so they can abort the child at home.

COVID also obviously accelerated this move to telemedicine, further facilitating the move from brick-and-mortar to virtual clinics.

Planned Parenthood has adapted, developing an abortion telemedicine program of its own. However, this new method has cut down traffic to its brick and mortar clinics, giving women the chance to avoid the Planned Parenthood sales pitch and seek abortion (and other services) elsewhere.

## Surprising impact of ObamaCare

Interestingly enough, Benner points out that ObamaCare had a similar effect. Women now had access to other healthcare providers.

Though Planned Parenthood actively campaigned for the “Affordable Care Act” and tried to position itself as a key community gatekeeper, some of the women they signed up apparently took advantage of the expanded access to choose these new options. With broad basic insurance, low-income women who had been limited to centers and services covered by state care could now get these services elsewhere, maybe from a better staffed, better equipped doctor or clinic.

Women who didn’t want to visit a short-staffed, dilapidated old Planned Parenthood clinic didn’t have to anymore.

## Dobbs resets the table

Clearly, the Supreme Court’s *Dobbs* decision in 2022 overturning *Roe v. Wade* had to have an enormous impact.

Initially, Benner said, it resulted in a big bounce in support, a “fund-raising boom” of nearly half a billion dollars in 2022. Most of this, however, went to “the legal and political fight to maintain abortion rights” rather than clinic health care.

Benner doesn’t say so directly, but new laws in many states limiting abortion impacted Planned Parenthood clinics. Previously, they had enjoyed a steady and profitable abortion business. After *Dobbs*, now lacking that income, many closed, with

skilled staff sometimes moving to clinics in other abortion-friendly states.

The clinics that remained open and those staffers who stayed behind had to generate income by sales of birth control or other services or make money by arranging travel for abortion patients going for abortions in other states.

All this combined together has put a real strain on local clinic staff charged with carrying out Planned Parenthood's bloody agenda, and some of that strain is clearly apparent in Benner's exposé.

### Abortion IS the bottom line.

In any case, *The Times* makes clear there are some real tensions at Planned Parenthood, particularly between the well-heeled national office—and upper level management—and some of its poorer, struggling affiliates and clinics.

In the past quarter century or more, Planned Parenthood has seen revenues more than triple, climbing from about \$660 million in 1998 to over \$2 billion in its most recent annual report. Yet during that same time frame, the number of clinics it operates has fallen by about a third, from more than 900 in the 1990s to "nearly 600" in that same 2022-2023 annual report.

The world, and the abortion business, has changed with ObamaCare, COVID, *Dobbs*, and mifepristone (the "abortion pill"). Some wealthier affiliates have adapted, building large regional megacenters to handle high volume and referrals from other states where abortion is largely illegal. This keeps those megaclinics busy, but smaller, older clinics struggle, especially with high numbers of women ignoring the old brick and mortar centers and getting their abortion pills online.

Whether some of these clinics will make it in this new business environment is an open question. It is apparent from Benner's piece that none of it is going to turn Planned Parenthood away from its primary mission.

It has just become clearer than ever that the corporation's most basic commitment never was medical care for the poor, but abortion.

Planned Parenthood's current slogan is officially "Care: No Matter What," but a more accurate one is probably "Abortion: No Matter What."

—National Right to Life February 18, 2025



***We live in a world where we have to argue  
that killing children is wrong.***

~ islandforlife ~

## Time to Deboard the Debacle of Planned Parenthood

By Chuck Donovan

The account of troubled conditions at Planned Parenthood clinics across the country reads like an investigative report from a pro-life action group. According to the 3,500+ word story, Planned Parenthood is a decidedly dispiriting and substandard place to work.

A sample:

"[A] former Planned Parenthood nurse in Minnesota who was fired while trying to unionize the staff, said that clinics were operating like 'a conveyor belt' for patients. She said that employees sometimes administered expired pain medication or the wrong medications as they scrambled to move people in and out."

"Employees at various affiliates said it was common to run out of over-the-counter pain medication and I.V. flushes. Salaries are so low that it is not unusual for staff members to qualify for Medicaid and federal food assistance."

"Turnover is hovering at around 50 percent a year in many parts of the country, and clinic workers complained that they were learning from inexperienced peers. More than a dozen said they did not receive adequate training for patient intake, blood draws and other tasks."

"Many clinics are in dire need of upgrades and repairs. In Omaha last year, sewage from a backed-up toilet seeped into the abortion recovery room for two days, according to interviews with staff members and photographs and text messages...Employees shoved exam table pads under the bathroom door to block the leak. Patients vomited from the stench."

"A Nebraska clinician in 2022 did not realize that a woman was four months pregnant when she inserted an IUD. Several hours later, the patient was rushed to an emergency room and gave birth to a stillborn fetus."

"Scores of former employees have sued Planned Parenthood, raising complaints that include refusing to pay overtime or provide breaks, pushing out employees who needed time off to deal with injuries or newborn babies, and firing people who complained about discrimination or clinic practices."

Appalling as these grim facts are, they are rendered all the more astonishing by where they appeared: *The New York Times* on February

continued

15 in an article titled “Botched Care and Tired Staff: Planned Parenthood in Crisis.” In this instance, at least, the self-styled nation’s paper of record deserves credit for drilling down on conditions at the nation’s number one abortion business at the very moment when its federal funding sources are being called into question by the cost-cutting Trump administration.

*The Times* does cite financial woes as a source of the clinics’ challenges with staffing and basic cleanliness, but its report is also frank about the reality that Planned Parenthood raises and spends vast sums at the national level on politics and abortion advocacy, as well as on extremely high salaries for executives at its various enterprises. But these putative reasons for Planned Parenthood’s dire straits are hard to square with what publicly available documents, including some cited by *The Times*, say about Planned Parenthood’s record revenue and sharply declining client base.

A fact sheet produced by Charlotte Lozier Institute based on Planned Parenthood’s most recent annual report states that, since 2010, the organization’s federal revenue has increased by some 43%. During that same period, its total services have decreased by 17%, with even larger percentage declines for particular services. Contraceptive services are down 39%, cancer screenings (affected by changing practice guidelines but still reflecting lower patient tallies) are down by 72% for breast exams and 74% for pap tests, and prenatal services are down by a whopping 80% (one California affiliate described by *The Times* dropped its prenatal services entirely due to what it cited as financial concerns). One “service” at Planned Parenthood continues to increase, however: abortion. In the most recent service year, Planned Parenthood carried out 392,715 abortions, a record toll. Overall, its net income for the service year was \$178.6 million, leaving it with net assets in excess of \$2.5 billion.

What, then, is going on in the house that Margaret Sanger built? One new factor in play seems to be the extent to which Planned Parenthood employees, and former employees, across the country are willing to speak about—and litigate over—their experiences. Another factor is the depth with which at least some reporters are willing to dig into these stories, including a raft of tort lawsuits by injured patients. Some of the problems are endemic to health care in 2025 America, especially the push by non-medical managers to speed up primary care and impose

time limits on medical staff interaction with patients. These limits can be 10 or 15 minutes per patient, and the limits become especially burdensome when they are further truncated by the paperwork and data entry requirements imposed on physicians that interfere with their opportunity to talk, examine, and observe.

With Planned Parenthood, these problems exist, but they are secondary to the fact that the group is on a mission, as its data on abortion show. For decades it was spurred on by Sanger’s eugenic vision and elite bigotry against people she viewed as intellectually inferior or socially unproductive—she referred to them as “human weeds” in her famous catchphrase. In the 1960s, under the leadership of Dr.’s Mary Calderone and Alan Guttmacher, Planned Parenthood kept up its eugenic themes and married them to demands for population control and the new client opportunities afforded by the Sexual Revolution.

One can be sure that even for a practice as novel as distributing puberty blockers, which Planned Parenthood has now embraced, the attraction was at least in part due to the sterilizing effect of these manipulations. Enhancing or restoring fertility is not on Planned Parenthood’s agenda, a ready explanation for its enormous appeal to billionaires worldwide like the Gates Family and Warren Buffett. Ninety-seven percent of the group’s pregnancy-related services involve abortion, and that is a figure that never declines.

Occasionally in the past, the media have been compelled to cover the disruption and dissension among Planned Parenthood’s leaders about the nature of its goals. In July 1995, then-PPFA President Pamela Maraldo was forced to resign from the group over her attempt to broaden its scope, increase primary care, and deemphasize abortion. *The Times* reported:

“Sources both inside Planned Parenthood and outside said that Ms. Maraldo had aroused opposition with her emphasis on reshaping Planned Parenthood into a broad health organization that could compete in the era of managed care—a focus that some of the group’s affiliates felt would inevitably diminish their role as advocates for abortion rights and low-income women’s access to health care.”

Twenty-four years later, Dr. Leana Wen left the presidency of PPFA for virtually the same reason, its unwillingness to reset its work in the context of primary and preventive care for women in need of a range of services, and not just, as she put it, PPFA’s desire to “double down” on abortion. Wen told the press, “I am leaving because the new Board Chairs and I have philosophical differences over the direc-

tion and future of Planned Parenthood.” Commenting on Wen’s departure and broader perspective on public health, Maraldo empathized, telling NPR [National Public Radio], “[I]t’s really rare that poor women have just one problem. It’s always accompanied by depression or hypertension or diabetes.”

*The New York Times’s* latest exposé could not come at a more sensitive time for Planned Parenthood. The Trump administration is subjecting federal spending of all kinds to withering scrutiny and has already taken steps to pull back from involvement in funding abortion advocacy overseas via grant practices. Domestically, Donald Trump promised in a 2016 letter to defunding Planned Parenthood “as long as they continue to perform abortions, and reallocating their funding to community health centers that provide comprehensive health care for women.”

In a policy context of multi-trillion-dollar federal deficits, massive abortion activity at Planned Parenthood, and national and international birth rates dramatically below replacement level, funding an institution like Planned Parenthood is the antithesis of sound public policy. Thanks to *The Times’s* reporting, it would seem that more than the question of federal funds is at stake. The organization is receiving a powerful message from its own staff that something is gravely wrong at an agency that disservices its clients and bows instead to the material interests of its leaders.

Planned Parenthood’s crisis is, in the final analysis, not about money. Planned Parenthood is a font of crisis, founded in fear and rooted in disrespect for life and contempt for the beauty of sex, the vocation of medicine, and the meaning of marriage and family. Its swath of destruction has now ended the lives of more than **7,000,000 children** directly and millions more here and overseas via the policy changes it has helped wreak across the globe.

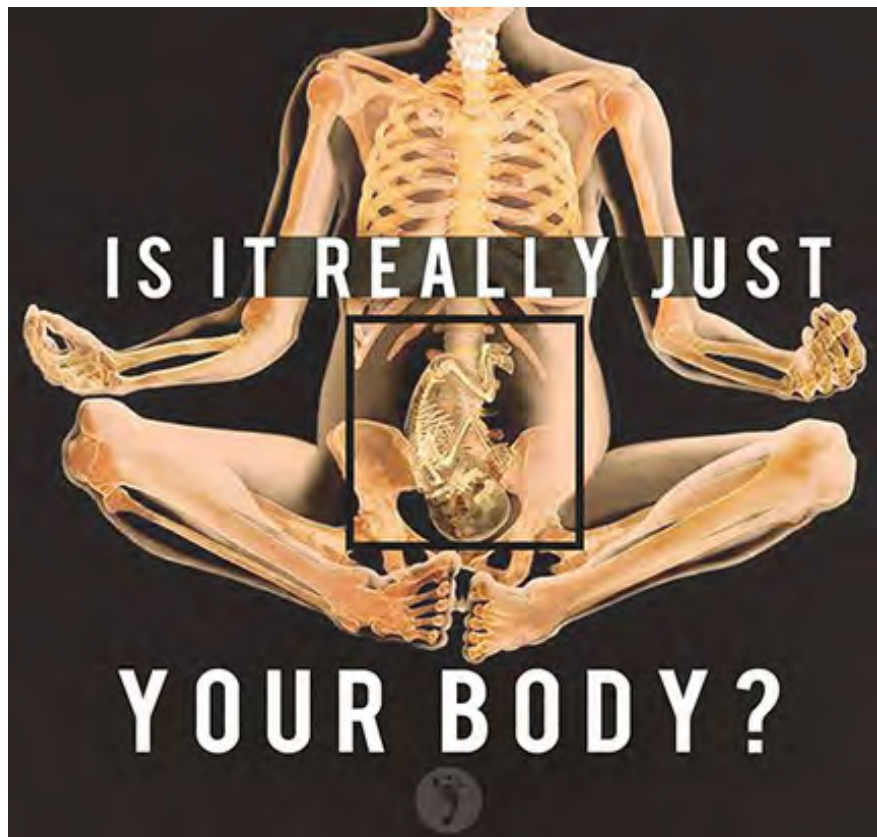
The Trump administration’s pledge in 2016 is among the most important it has made—something so clear even *The New York Times* can see the group’s reign is over. The Gray Lady has sung. *Chuck Donovan served in the Reagan White House as a senior writer and as Deputy Director of Presidential Correspondence until early 1989. He was executive vice president of Family Research Council, a senior fellow at The Heritage Foundation, and founder/president of Charlotte Lozier Institute from 2011 to 2024. He has written and spoken extensively on issues in life and family policy.*

— *The Washington Stand*, February 20, 2025  
 “. . . and having done all...stand firm.” Eph. 6:13



*The history of man for the nine months preceding his birth  
 would probably be far more interesting and contain certain events of greater moment  
 than all the threescore and ten years that follow it.*

~ Samuel Taylor Coleridge ~



Planned Parenthood

## Love Them Both

### 7 ways to help someone who has had an abortion



By Bettina di Fiore

As pro-life activists, we are called to do nothing less than transform the culture. Cultivating a pro-life vision for society involves not only promoting ideas and actions that are life-affirming, but also healing the wounds from the culture of death.

Second in woundedness only to those who have lost their lives are post-abortive women. These women are in great need of support and care, but can be difficult to reach, as they often hide their histories of abortion as a result of regret, shame, and fear of judgment.

It is possible for you to be a positive, healing presence in the lives of post-abortive women, however. These are a few simple ways for you to help:

**1. Be loving.** As Tori Shaw, Founder of Not Forgotten Ministries, states: "One of the purest demonstrations of love is to be aware of difficult situations and broken people and willingly choose to move towards them." Moving toward the wounded means presenting yourself in such a way as to not repel them—kindness and understanding are key. Shaw continues:

It's...tempting to keep those people at a distance or make it known that we believe they're wrong. But when we "turn a blind eye" or shout our opinions, it's like running away from those who need love the most. To have the greatest impact, we must run toward those who are broken, even if we disagree with them, even if they are making terrible choices, and even if the situation is complex and messy.

It is estimated that nearly 1 in 4 American women have had an abortion. What you say on social media and in seemingly casual conversations, and how you present yourself when engaged in pro-life activism can make a defining impact on whether or not you reach these women. Speak truth, but always with charity, remembering that abortion-wounded women who may be desperate for help but afraid to reach out are hiding in plain sight all around you.

**2. Listen without judgment.** If you are chosen as a confidante by a post-abortive woman, be there to listen when she needs to talk. You don't need to have all the answers, or be able to relate to everything she is going through—just be a loving, listening ear. Resist the temptation to interrupt with stories about situations you perceive to be parallel—she may very well feel like her pain is unlike anything else on this earth, and this strategy may therefore backfire and push her further away. The most important thing is simply to show you respect and care for her by allowing her to speak.

**3. Check in.** Self-imposed isolation is common among post-abortive women due to the prevalent belief that nobody else can understand or relate to what they are going through. The culture has told them hundreds of times in dozens of ways that abortion regret is not real and that they will be able to walk away from the abortion experience without a blip on their existential radars. When this promise fails to become reality, many women question themselves, feeling they must be anomalous in some way, which can cause them to feel disconnected from others.

Particularly if you haven't heard from a post-abortive friend for some time, take the time to reach out, and be persistent and consistent about following up. Make sure she knows you care for and are available to her.

**4. Familiarize yourself with post-abortive recovery resources.** If you are familiar with the resources that exist, it will be easier for you to direct those who are in need of help to the sources that provide it.

**5. Remind her that she is not alone.** Studies and meta-analyses have found an increase in the risk of mental health pathologies among post-abortive women, in the range of 45-81%. Anxiety, depression, suicidality, substance abuse, avoidance, guilt, and shame are all remarkably common experiences for women walking this path.

However, social problems and isolation are also common—often motivated by the post-abortive woman’s feeling that nobody else can understand what she is going through. Reminding her that she is not alone and helping to connect her with post-abortive support networks such as those mentioned in the list above can be exceptionally helpful to her healing process.

**6. Help her transform her pain to purpose.** Many post-abortive women’s testimonies speak to the powerful transformations that occur when they are able to share their stories, reach out to abortion-minded women, and encourage them to embrace life. You can help a post-abortive woman to find her voice and turn her pain to purpose. This can be done by accompanying her in doing outreach on the sidewalk outside of an abortion facility, by helping her to write her story, or simply by being a voice cheering her on along the way.

**7. Be patient.** Post-abortive women can provide formidable energy and evidence in support of the pro-life movement, and for that reason, you might feel a great sense of urgency about getting your post-abortive friend to speak out. But women who have made this grave of a mistake must work through an almost inconceivable amount of grief, shame, and fear before they can find their empowered voices. Give her the time and grace she needs for that process, and make sure she knows you are there for her every step of the way.

—National Right to Life News Today, March 8, 2022

## Unwanted Children

*Every child has the right to be wanted.*

*But why should any parent not want a child?*

*Should a child be unwanted because the parents fear a change in their lifestyle?*

*Should a child be unwanted because the arrival of another person  
in the home will throw the family budget out of balance?*

*Should a child be unwanted because a birth will upset some preset timetable?*

*Should a child be unwanted because, like Abraham Lincoln, he or she will be raised in poverty?*

*Should a child be unwanted because he or she might have some physical handicap?*

*Should a child be unwanted because the birth would reveal wrong conduct  
by the parents and shame looms larger than life?*

*How can any parent not want a child who is yet unseen?*

*How can a child be unwanted who has not yet had the opportunity to love or receive it...  
whose cry has never been heard...whose arms still wait to give their first hug?*

*Is it fair to deny birth to a child thought to be unwanted*

*when that child has never had the chance to convince the parent of his or her worth?*

*And who is this unwanted one?*

*One who bears the image of both parents. But more than that.*

*One who reaches back through generations, combining all family roots in one special person.  
Very special.*

*So unique that this child can never be replaced.*

*No other person will have the same appearance.*

*No other person will have the same temperament.*

*No other person will have the same ability to solve problems that trouble all of us.*

*No other person will have this child’s voice.*

*No other eyes will carry the same expressions as these.*

*No one will be the same mix of past and present.*

*So if this child is not allowed to live, we lose more than a statistic.*

*We lose a very special part of the past that is intended to be shared with this family.*

*We lose a family historian.*

*We lose one who seems to step out of old family portraits to walk among us.*

*We lose grandma’s beauty. And grandpa’s gift to build.*

*We lose great-grandma’s sense of humor.*

*And great-grandpa’s ability to invent or make the ground produce a bumper crop.*

*When a child is aborted, a family loses part of its heritage  
and we all lose the reward of that person’s presence in the world.*

—Rev. Roger Campbell

Love Them Both

# Sex Trafficking and Abortion

By Brad Mattes, President  
Life Issues Institute

Sex trafficking is one of the most heinous acts against children in America. If you thought there was universal support within the political and media realms to go after the filthy culprits exploiting children and adults, you'd be mistaken. Sex trafficking and abortion go hand-in-hand.

Abortion is a necessary cog that keeps the sex trafficking machinery humming. Without it, many victims would be sidelined by pregnancy.

In a paper titled, *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities*, the authors base their findings on a study of survey respondents—over 100 women and girls who were trafficking victims or survivors in the USA. The average respondent reported having 13 sexual encounters a day, some reporting as many as 30 to 50.

Of the 66 who gave an answer regarding the number of pregnancies they experienced, **71.2% said they had at least one** while being trafficked, **21.2% of these reported five or more pregnancies**. 55.2% of them reported at least one abortion and **29.9% reported multiple abortions**.

## Liberals lack the spine to go after traffickers

The popular film, *The Sound of Freedom*, took on sex trafficking, yet media moguls were intent on not letting it see the light of day. Disney refused to release it and Netflix, Amazon, and Hulu declined to stream it. In spite of these challenges Angel Studios has streamed it, and over 4,000 theatres showed the film.

It would be reasonable to ask why some declined to show the obviously popular film that made such a dramatic and definitive statement against human sex trafficking. I suspect we would be shocked and appalled by their honest answers.

## The divide between Republicans and Democrats

Idaho Governor Brad Little, a Republican, signed legislation meant to keep vulnerable minors and those who protect them one step ahead of "abortion traffickers." Governor Little said, "The 'abortion trafficking' provision in the bill seeks only to prevent unemancipated minor girls from being taken across state lines for an abortion without the knowledge and consent of her parent or guardian."

The law was signed one month after Planned Parenthood opened an abortion center a mere mile into Oregon past the Idaho border.



It's interesting to see who lined up for and against the legislation.

Planned Parenthood filed a suit against the bill. No surprise there. Many survivors of sex trafficking say they were routinely taken to Planned Parenthood because they didn't ask any questions. The welfare of trafficked victims takes a backseat to the money generated by abortions.

20 Democrat attorneys general signed an amicus brief in support of the lawsuit against the bill to protect young girls from abortion trafficking.

## The UN weighs in

On International Women's Day last year, organizations backed by the United Nations released a report outlining their approach to criminal laws regarding sex with minors. The report's stated goal is to address how criminal law can violate the rights of "vulnerable groups"—i.e., pedophiles—and pushes a "workable legal framework" to protect them, not their victims!

Abortion and sex trafficking are pure evil, and these forces of evil are getting bolder and more aggressive in how far they'll go. Evil has no limits. It does not say we will go this far and no further.

The forces of good must rise up and defend the victims of evil.

—Life Issues Institute, March 14, 2024



***Let not any one pacify his conscience  
by the delusion that he can do no harm  
if he takes no part, and forms no opinion.  
Bad men need nothing more to compass  
their ends, than that good men  
should look on and do nothing.***

~ John Stuart Mill, 1867 ~

## Sophie Lewis says “Abortion Involves Killing—and That’s OK!”

*Editor’s note—Why do words matter? Even as Sophie Lewis tries to justify her deadly position, she still cannot use the word BABY.*

**By Dave Andrusko**

**A**t historic moments, like the 2022 *Dobbs* decision reversing *Roe*, what pro-abortionists really believe is revealed in all its ugliness. I will never, ever forget the women who paraded, dripping in fake blood, with baby dolls protruding from their wombs to mimic abortion.

My thanks go out to Matt Vespa for alerting me to “Abortion Involves Killing—and That’s OK! To be pro-choice is to be against forced life,” by Sophie Lewis.

If I hadn’t seen the former, I’m not sure I would have believed the latter—that anyone could be this demented, this cruel, this in love with killing. Early in her essay, Lewis writes:

Furthermore, if the labor of pregnancy is productive of life, then interrupting that labor is—logically speaking—productive of death. Rather than shy away from this, I believe we should embrace it as part of an effort to give gestating the respect it deserves. In the intervening years since publishing my book, I have received dozens of reports of women who experienced the ideas in it as deeply salutary during pregnancy. Strangers have sent me photos of Full Surrogacy Now lying face-down in maternity wards. By the same token, I had drawn on heterodox pregnancy memoirs to bolster my claims.

Lewis approvingly quotes Maggie Nelson who, in 2015, had written “Never in my life have I felt more pro-choice than when I was pregnant.” [Brace yourself. The essay is filled with tiresome gobble-dygoon about “proto-person” and “product of our gestational labor.”]

**I agree with Nelson. There is something infantilizing about denying the fact that embryos die when we scrape them out of the bodies of which they are a part. It sentimentalizes pregnant or potentially pregnant humans as fundamentally nonviolent creatures to imply that we can’t handle the truth about what we are up to when we opt out. And it patronizes abortion-getters to insist that we are only making a health care choice, rather than (also) extinguishing a future child. In my view, recognizing that gestating manufactures a proto-person requires acknowledging that abortion kills a proto-person. A baby is completely dependent on human care in order to stay alive, but its needs**

**could be filled by any person—whereas a fetus, a proto-person, is ineluctably dependent on a specific person.**

Having next disposed of the “euphemistic, apologetic, placatory ‘pro-choice’ strategy, which has not worked thus far,” Lewis asks,

**Why not risk coming out for what we actually want, namely, abortion—a clearly documented public good?...Rather than cleave in desperation to the rearguard missions of defending the rights (to privacy, rather than abortion) enshrined in *Roe v. Wade*, we could consider this moment a chance to reset the terms on which abortion is fought.**

If possible, her op-ed goes downhill from there.

**What would it mean to acknowledge that a death is involved in an abortion? Above all, it would allow for a fairer fight against the proponents of forced gestating. When “pro-life” forces agitate against feticide on the basis that it is killing, pro-abortion feminists should be able to acknowledge, without shame, that yes, of course it is. When we withdraw from gestating, we stop the life of the product of our gestational labor. And it’s a good thing we do, too, for otherwise the world would sag under the weight of forced life. It is a hard pill to swallow for a misogynist society, sentimentally attached to its ideology of patriarchal motherhood, but the truth is that gestators should get to decide which bodies to give form to. This choosing is our prerogative. A desire not to be pregnant is sufficient reason in and of itself to terminate a gestatee.**

“Withdraw from gestating”; “stop the life of the product of our gestational labor”; “forced life”; “gestatee”; “patriarchal motherhood,” and so on.

For someone who prides herself on a willingness to admit abortion is killing, she evades what she is really doing to another real human being by hiding in *Women Studies Speak*.

Vespa concludes his critique by writing “I fail to see a reasonable argument for protecting the most vulnerable in society, our children via a variety of laws regarding rape, abuse, child pornography, and trafficking but stopping short of extending such legal protections while those children are in utero.”

That’s because there isn’t any.

—National Right to Life News, February 12, 2025

## Reproductive Freedom for All

*Another name change for NARAL Pro-Choice America,  
but the objective remains the same: increasing the number of dead babies*

By Dave Andrusko

What is NARAL Pro-Choice America trying to accomplish by yet another rebranding?

I wrote about this (belatedly, I must confess). My lame excuse for not catching the latest name-change is that the abortion group now known as “Reproductive Justice for All” changes so often it almost begs not to be seen—certainly not by the editor of *National Right to Life News*.

For veterans who’ve (like me) been around seemingly forever, we know that the original name was the National Association for the Repeal of Abortion Laws. Next its moniker was the National Abortion Rights Action League [NARAL] then the National Abortion and Reproductive Rights Action League—that became the NARAL Pro-Choice America in 2003 before settling in on “Reproductive Justice for All.”

The newest iteration became official on September 20, 2023, according to Kimberlee Kruesi of the *Associated Press*. “The rebrand was needed to better reflect how people think about abortion access little more than a year after the U.S. Supreme Court revoked the constitutional right to the procedure, according to the advocacy organization,” Kruesi wrote.

“‘The fight for abortion rights and access is at a critical moment. With the coalition of Americans who support reproductive freedom growing by the day, our leadership identified a clearer and more inclusive path forward to mobilize this new and expanded base of support,’ said Mini Timmaraju, president of the group, in a statement.”

In truth what that means is that abortion groups have expanded their outreach to include issues that have zero to do with abortion and lots and lots to do with potentially adding new members. The *AP*’s Kruesi explains this in a typically evasive manner:

“For decades, abortion-rights advocates used the term “pro-choice” while pushing for policies protecting reproductive rights and women’s health services. But when the nation’s highest court decided to overturn *Roe v. Wade*, supporters and opponents of abortion rights scrambled to adjust their messaging in a country where individual states now determine abortion laws.”

Lisa Lerer of the *New York Times* is much blunter:



“NARAL is incredibly resonant for the political world, but we’re not necessarily in the business anymore of just winning political opinion within elected officials and policymakers,” Ms. Timmaraju told the *Times*. “We are now in a much bigger fight for the heart and soul of the American people and those are folks who are brand-new to the abortion debate.”

Along with the new name, the group plans to increase its focus on state organizing and to adopt a broader approach, joining causes like eliminating the Senate filibuster, supporting voting rights and expanding the Supreme Court.

So how does the new name fit the changing environment? Kruesi writes elliptically:

“Reproductive Freedom for All reflects that abortion restrictions are just another form of the government intruding on individual freedom—an argument activists have increasingly focused on over the past year, the group said.”

Get it? The one thing that the pro-abortion heavyweights have learned is that the further away their name moves from telling people what they actually do—kill millions upon millions of helpless unborn babies—the better off they are. “Reproductive Freedom for All” is gauzy enough to persuade some people that they are not the awful people they truly, truly are.

**Finally, ask yourself this. What is it that pro-abortionists want Reproductive Freedom from? They want freedom from responsibility. They created that child; they seek a pass from caring for that helpless child.**

**They also want freedom from their own consciences which is why they insist we de-attach the stigma that comes from taking their own child’s life.**

But to be that blunt puts them on much shakier grounds. Pro-abortionists don’t like being put on the defensive.

It’s our job to make them own up to what they are doing—and to whom—almost 900,000 times a year. —*National Right to Life News Today*, January 4, 2024

*No child should be aborted for any reason. Undergoing a discriminatory abortion due to a prenatal diagnosis—whether that diagnosis is accurate or not—is a form of eugenics. Prenatal screening should be used in a pro-life manner to educate parents on how to best care for their baby, not as a search and destroy mission targeting innocent children.*

—Excerpt from LiveAction.org, April 21, 2022

## Now, an Embryo Is Mere “Pregnancy Tissue”

By Wesley J. Smith

**A**bortion politics has corrupted medical science. The establishment is so obsessed with promoting abortion that it is apparently willing to subvert scientifically accurate descriptions in the discussion.

For example, get this. Rather than call an embryo an embryo—which is a medical term—an article in *JAMA Insights* (*Journal of the American Medical Association*, published by the AMA) has coined a new de-personalizing term for unborn human life destroyed in the womb. From an article on so-called “medical” abortions (my emphasis):

The U.S. Food and Drug Administration (FDA) first approved a medication abortion regimen in 2000, which consisted of mifepristone (a progesterone antagonist that *causes pregnancy tissue to detach from the endometrium*) and misoprostol (a prostaglandin that induces cervical softening and uterine contractions)...

Although cramping and bleeding diminish after the *pregnancy tissue passes*, light cramping is normal for a few days and light bleeding is common for a few weeks...

Retained nonviable *pregnancy tissue* occurs in less than 3% of cases and can be managed expectantly with repeat misoprostol or with dilation and curettage based on patient preference...

Patients should be evaluated if they have unusually heavy bleeding (soaking >2 pads/h for >2 h in a row), fever more than 24 hours after using misoprostol, recurrence of severe abdominal pain *after passage of pregnancy tissue*, or *persistence of pregnancy symptoms* more than 1 week after medication abortion.

Good grief. “Mary, when is your pregnancy tissue due?” Progressive ideology corrupts everything.

—National Review, June 4, 2022



### *I’m Still Your Mom...*

*I am still your mom...when you no longer listen or care what I say.  
I’m still your mom...when you decide I’m old-fashioned and want to go your own way.  
I’m still your mom...when you talk back, complain and argue.  
I’m still your mom...when you figure you know more than I do.  
I’m still your mom...when you move away and take a piece of my heart with you.  
I’m still your mom...and I will love you still as much as the first day I held you in my arms.  
I’m still your mom...and I’ll pray for you and make sure your wings are strong enough to soar.  
I’m still your mom...I’ll want what’s best and will sacrifice my plans for yours.  
I’m still your mom...I’ll always have room for you and a hug to welcome you.  
I’m still your mom...and until my last breath, I’ll keep carrying your love with me.  
I thank God every day for the privilege and joy it’s been to be called...your mom.  
—We don’t know who wrote this, but if you do, let us know so we can thank her!*



*A pro-life campaigner holds up a model of a 12-week-old embryo during a protest outside a clinic in Belfast, Northern Ireland.*



# Pregnant on Campus Bill of Rights

In the interest of presenting young women with ALL of their options, especially those guaranteed to her by law, and to ensure that pregnant and parenting students are never discriminated against, schools need to understand and communicate the following:

- I. Pregnant students cannot be barred from activities enjoyed by fellow students, including but not limited to: club memberships, academic programs, and intramural activities.
- II. Pregnant students should not be barred from utilizing campus housing and, upon birth of her child, should be permitted to make her own decision about off-campus housing.
- III. Pregnant students cannot have their academic or athletic scholarships revoked due to pregnancy or be subject to penalty regarding any other type of financial aid.
- IV. Professors and other staff may not punish pregnant students as a result of a medically necessary absence. Concessions must be made to re-take tests and complete other assignments if necessary.
- V. Instructors cannot penalize a student because of his or her parenting status.
- VI. Recipients of scholarships, athletic or otherwise, are to be fully informed of their Title IX rights. Coaches or other school officials who fail to fully inform students are to be deemed negligent.
- VII. Athletic directors or coaches may not bully students into abortions by threatening loss of future or present opportunity.
- VIII. Campus Title IX offices are responsible for ensuring this law is followed. Too often, Title IX coordinators are either complacent or complicit in violations.
- IX. Student problems and concerns must be addressed in a timely manner to ensure an uninterrupted education.
- X. Failure to provide these protections to students must be reported.

## Franciscan University of Steubenville opens home to support pregnant students

By Bridget Sielicki

Franciscan University of Steubenville (FUS), a Catholic university in Ohio, recently announced that it has opened an off-campus residence to support pregnant students.

According to a university press release, the home, Guadalupe House, “will provide pregnant students who are enrolled at Franciscan University a nurturing and faith-filled environment, and the practical support they need to continue their education during their pregnancy.”

Pregnant students will be able to live in the home for up to two semesters while paying the on-campus housing rate, and will receive a private room along with services like diapers, nursery furniture, and baby clothing, along with the support of an on-site residence coordinator.

“For years, the University had an obvious desire to meet the unique needs of students who might find themselves with an unexpected pregnancy,” Heather Perry said.

“It was clear the Lord was answering my prayer to find a new purpose for the mission house as well as President Father Dave Pivonka’s hope to meet the needs of some of his students.”

“Knowing past students who could have benefited from a home like this made it clear the University had to come up with a better way to support a student living through an unplanned pregnancy,” said Dr. Daniel Dentino, vice president of Student Life at FUS.

“Guadalupe House will allow us to provide practical and pastoral support to young moms and to extend Franciscan’s commitment to human life from conception to natural death.”

—National Right to Life  
February 25, 2025

# Be Vigilant, Stand Up, Speak Up, Defend Life

YouTube corrected the “context” that it added to a pro-life video about chemical abortion pills after 16 attorneys general sent a letter to YouTube’s CEO warning that the false disclaimer is both illegal and dangerous.

“Women deserve to know the truth about the risks posed by abortion drugs, which is why first-hand accounts like the ones ADF posted on YouTube are so vital,” Alliance Defending Freedom Senior Counsel Erik Baptist stated after the disclaimer was updated.

“Thanks to the leadership of state attorneys general calling out false information, YouTube has corrected its previously misleading notice,” Baptist added.

Non-profit legal organization ADF posted a video on YouTube about a pregnant mother who took chemical abortion drugs at home and suffered “excruciatingly” from their effects. No doctor or professional helped her with the self-administered abortion.

YouTube flagged the video and added a notice providing “context” about abortion. The original notice read: “An abortion is a procedure to end a pregnancy. It uses medicine or surgery to remove the embryo or fetus and placenta from the uterus. The procedure is done by a licensed healthcare professional.”

16 attorneys general wrote to YouTube CEO Neal Mohan warning that the disclaimer was false and must be changed.

The first notice YouTube added to the video “minimizes and downplays some of the serious risks of abortion drugs,” wrote Iowa Attorney General Brenna Bird in the letter signed by 15 other AGs. “The last sentence of the notice is both false and misleading. It suggests that chemical abortions are performed by trained professionals. They are not.”

The notice “misleads women seeking information about abortion drugs, potentially endangering their lives,” Bird wrote. “We demand that you remove or correct the notice immediately.”

Shortly after the letter was sent, YouTube updated the notice to read:

*An abortion is a procedure to end a pregnancy. It can be done two different ways: Medication abortion, which uses medicines to end the pregnancy. It is sometimes called a “medical abortion” or “abortion with pills.” Procedural abortion, a procedure to remove the pregnancy from the uterus. It is sometimes called a “surgical abortion.”*

In a chemical abortion, pregnant women are given a two-pill regimen, consisting of mifepristone and misoprostol. Mifepristone blocks progesterone from the unborn child, starving and suffocating him or her to death. Twenty-four to 48 hours later, the mother takes misoprostol “to induce uterine contractions strong enough to expel the dead child and placenta,” according to a United States Conference of Catholic Bishops’ explainer.

YouTube’s first notice “contains false information about a central issue in a case pending before the U.S. Supreme Court,” Bird added, referencing the upcoming SCOTUS case that will determine the availability of the chemical abortion pill mifepristone.

The case is *U.S. Food and Drug Administration (FDA) v. Alliance for Hippocratic Medicine*. The Supreme Court heard oral arguments on March 26, 2024.

ADF is representing the plaintiffs in the case, who oppose the FDA’s hasty approval of the dangerous mifepristone abortion drug and the removal of safeguards in the drugs’ administering.

“Because of the FDA’s reckless decision to end the requirement that chemical abortions be done by a licensed healthcare professional, women are now typically on their own when taking the drugs, without any direct medical supervision,” Baptist added in his statement. That is why the YouTube disclaimer was flatly wrong and perfectly illustrates why we are suing the FDA on behalf of four medical associations, their members, and four doctors. The agency has discontinued virtually all safety protocols on abortion drugs, jeopardizing the health and safety of women.

—CatholicVote.org, March 8, 2024

Listen to this article: <https://catholicvote.org/youtube-fixes-disclaimer-on-chemical-abortion-video-after-16-attorneys-general-demand-false-informations-removal/>



## Destigmatized abortion increases the pressure to abort

By Monica Snyder, Executive Director, Secular Pro-life

*Most people recognize that stigmatizing abortion increases the cultural pressure for women to carry to term. There's a flip side to this coin: destigmatizing abortion increases the cultural pressure for women to abort.*

### The idealized abortion decision

There's a theoretical version of women's decision making processes leading to abortion. I've come to think of it as the "idealized abortion decision." The idealized abortion decision is the one in which a woman chooses abortion with sufficiently informed consent, high decision certainty, clear foresight, and no pressure, fear, or panic.

I appreciate that most pro-choice people *want* women to be able to make the idealized abortion decision. They don't want women to be pressured to either abort or to carry to term. They want women to be empowered to decide for themselves what is best for their situations. They want abortion to be a private medical decision between a woman and her doctor.

That's the theory, but it's often not the reality.

### Child-rearing "takes a village" but abortion "is between a woman and her doctor"

In many ways, child-rearing is *not* a private affair, nor would many women want it to be. Women (and parents generally) struggle or thrive based in large part on the support of their families and communities. But if child-rearing is more of a communal effort, it matters how the community responds to a woman's pregnancy. When deciding whether to abort, women consider what support they might have to carry their pregnancies and, often more importantly, to care for their babies once they're born.

"It takes a village" and "this is between a woman and her doctor" somewhat contradict each other. Women will look to partners, parents, closest friends and family, employers, coworkers, professors, classmates, all kinds of people to see what kind of adjustments and support they might be willing to offer as they consider the major undertaking of carrying and caring for a child.

How do those figures in womens' lives decide whether and to what extent they will contribute some of their own resources to supporting themselves and their children?

### Stigma influences communities, and communities influence the woman's decision

There are many factors that affect the community's response to unexpected pregnancy or to pregnancies in less than ideal circumstances. Two important ones will be the (1) legality and (2) ethics of abortion. And the two factors are related: many people look to the law as a proxy for what society considers morally acceptable.

Whether abortion is stigmatized or destigmatized affects the community's perception of abortion as an option. Just as a community might pressure a woman not to abort in a culture where abortion is considered gravely immoral, a community is more likely to pressure a woman to abort in a culture that treats abortion as morally neutral, and even more so in a culture that treats abortion as an act of female empowerment.

Women facing pregnancy in difficult circumstances need resources from their communities. Communities are more likely to feel obliged to generate and provide those resources when the alternative (abortion) is seen as a depravity or injustice. If the community perceives abortion as morally neutral or as a moral good, it has less incentive to contribute the time, finances, and energy needed to help women avoid abortion. When abortion is destigmatized, communities have less incentive to help women carry to term and parent their children.

Further, if abortion is morally neutral or even morally good, there's nothing inappropriate about suggesting abortion as the better option for women who get pregnant in difficult circumstances. In fact, if abortion is seen as morally neutral or morally good, community members are more likely to view a woman who refuses to abort as irresponsible, even selfish, for choosing to carry a difficult pregnancy and expect resources from the community in the process.

We can see examples of this interplay from the story-telling abortion rights advocacy group, Shout Your Abortion (SYA). (These quotes originate from longer testimonies which you can read at the URL listed on each quote graphic.)

When we destigmatize abortion, we decrease stigma not only for women considering abortion, but also for the people in their lives considering whether to advise or pressure us to get abortions.

**"I'm ok with your knowingly having a disabled child only if it affects just you and the child. But it actually costs society for you to have the child."**

— Anonymous

**"I was angry towards my mother for encouraging me to get an abortion. I was mad at my boyfriend for (unwillingly) giving me the feeling that he didn't want this child and therefore also encouraging me in the direction of getting an abortion. I was mad at people who would have liked it if I had the child but didn't pressure me enough."**

— Anonymous

**"My initial girlfriends who I told were unsympathetic. They told me to not tell the guy seeing as I didn't see a long-term future with him anyway, and so I shouldn't 'ruin his life' with this news and burden him. They told me to get an abortion."**

— Anonymous

**"I struggle with opening up about my feelings to my loved ones because they are so insensitive and think that it was a good decision because it wasn't under ideal circumstances."**

— Anonymous

— National Right to Life News, March 21, 2024



### **Project Rachel Ministry** *Find help, hope, healing, forgiveness after abortion*

*"It's normal to grieve a pregnancy loss, including the loss of a child by abortion. It can form a hole in one's heart, a hole so deep that sometimes it seems nothing can fill the emptiness. You are not alone..."*

Project Rachel is the church's ministry which operates as a network of professional clergy, licensed counselors and volunteers trained to provide one-on-one spiritual and psychological support for individuals suffering from the trauma of abortion. This confidential helpline offers clergy and counseling referrals and Rachel's Vineyard weekend retreats to help you move towards healing and reconciliation with yourself, your unborn child, your family, your church, and God.

*"For many people, abortion is the most traumatic experience in their lives. Dealing with the aftermath of an abortion can be one of the most difficult journeys a person will make. You do not have to walk this journey alone. Both before and after an abortion, feelings of panic, fear, anxiety, guilt, remorse and pressure are common not only for the woman who underwent the abortion, but also for the father of the unborn child, the grandparents, close friends, and even medical personnel.*

*"The pain and loss of abortion are often intensified by a sense of alienation from God and the church. "If you find yourself in such a place, we want you to know that the Catholic Church cares deeply and wants to be there for you. We extend to you the loving embrace, mercy and compassion of the Good Shepherd Jesus Christ. The Church welcomes you home with unconditional love and the forgiveness of God who loves you with an everlasting love.*

*"Welcome Home!"*

— Archbishop Allen H. Vigneron

**Detroit area email: [projectrachel@aod.org](mailto:projectrachel@aod.org); website: [www.aod.org/project-rachel](http://www.aod.org/project-rachel); phone: 313 237-5929**  
**Coordinator of Project Rachel Ministries: Kathleen Wilson 313-237-4691; [wilson.kathleen@aod.org](mailto:wilson.kathleen@aod.org)**  
**Project Rachel national helpline: 1-888-722-4355 or <https://hopeafterabortion.com>**

## Outrageous pro-abortion lies about the impact of *Dobbs* on ectopic pregnancies

By Dave Andrusko

As Nancy Flanders writes, “The overturning of *Roe v. Wade* on June 24, 2022, has opened the flood gates of pro-abortion propaganda and misinformation.”

That’s for sure. There is no shortage of “horror” stories coming out of the pro-abortion camp now that *Roe v. Wade* and *Casey* are no longer the law of the land. There are all foolish and the Supreme Court in *Dobbs* said so explicitly with respect to some of them.

That doesn’t stop the Abortion Industry.

As Prof. Jonathan Turley writes, “After the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization*, a common rallying cry for pro-choice advocates has been the endangerment of women with ectopic pregnancies who would now be barred in some states banning or severely limiting abortion services.” But “Pro-choice advocates’ talking point about ectopic pregnancies isn’t just false, it’s dangerous.”

Prof. Hurley begins by quoting from the likes of pro-abortion Reps. Judy Chu, Jan Schakowsky, and Alexandria Ocasio-Cortez, the latter of whom “even used the issue to justify hounding and harassing justices eating in public.” But “these ectopic pregnancies can be life-threatening and must be addressed as soon as possible,” he writes. “These interventions are not abortions and even restrictive states expressly state so.”

What are ectopic pregnancies?

“When a pregnancy implants in the fallopian tube, it is not a viable pregnancy but it creates a potentially fatal risk for the mother from tubal rupture and internal bleeding. Removing such a pregnancy is not an abortion,” Prof. Turley writes. “Indeed, as noted in a recent column, the procedures are vastly different, including the fact that ‘mifepristone and misoprostol, used commonly to provide medical abortions, specifically do not treat a pregnancy outside of the uterus.’”

That doesn’t stop pro-abortionists from insisting otherwise. From Turley:



*A woman reading such accounts or listening of Ocasio-Cortez might easily conclude that she could be charged with a crime or face other legal penalties if she sought treatment for an ectopic pregnancy in restrictive states. These politicians stress that time is of the essence and that such a loss of time in an ectopic pregnancy could prove lethal. Yet, their false claims could have precisely that effect.*

No matter how carefully the distinction is made between an abortion and removing an ectopic pregnancy, the Abortion Lobby will scream to high heaven that women’s lives will be at risk.

The irony is, he writes, “It is precisely the type of disinformation that many of these same leaders have called to be censored.”

Prof. Turley’s conclusion is spot on:

*President Biden and other Democratic members have called for censorship because social media companies are “killing people” with disinformation. That is precisely what could occur if women believe the claims of politicians and pundits on these ectopic pregnancies.*

State laws are clear. “Treatment for ectopic pregnancy is not an abortion, and no doctor is prohibited from performing the life-saving surgery.”

—National Right to Life News, July 11, 2022

## Don't Believe Pro-Abortion Misinformation: What to Know About Ectopic Pregnancy, Miscarriage and More

By Amanda Prestigiaco  
and Mairead Elordi

**D**isinformation about health care has ripped across social media in the wake of the Supreme Court's abortion decision June 24.

One of the most prominent claims is that newly implemented abortion bans in various states will hamper life-saving treatment for ectopic pregnancies and miscarriages. But that's not true. You won't be denied the necessary care for either condition under any state abortion ban.

And what about "medically necessary" abortion in the first place? We'll dissect that claim, too.

Here's what you need to know.

### **Ectopic pregnancy treatment is not illegal, and not considered an abortion by medical professionals**

In an ectopic pregnancy, a fertilized egg implants and grows outside the uterus, usually in one of the fallopian tubes. Ectopic pregnancies are never viable and always put the mother's life at risk because a growing fetus can burst the fallopian tube causing major internal bleeding.

Necessary treatment includes medication or surgery to remove the pregnancy and sometimes the fallopian tube.

Not a single pro-life law denies this care because the treatment is understood to be different than an abortion, morally and medically.

As highlighted by LiveAction, WebMD, Mayo Clinic, and even admitted by abortion mill Planned Parenthood, the treatment *is not an abortion*.

"Treating an ectopic pregnancy isn't the same thing as getting an abortion," Planned Parenthood says on its website. "Ectopic pregnancies are unsafely outside of your uterus (usually in the fallopian tubes), and are removed with a medicine called methotrexate or through a laparoscopic surgical procedure. The medical procedures for abortions are not the same as the medical procedures for an ectopic pregnancy."

Dr. Christina Francis, M.D., a board-certified OB/GYN and associate scholar at Charlotte Lozier Institute, explained the same.

"My heart is breaking that women are being made to feel fearful by the misinformation that's out there," she said. "Treating ectopic pregnancies or miscarriages or other life-threatening conditions in pregnancy is not the same thing as an abortion."

"Chemical abortions, which are being heavily promoted by the abortion industry and its allies, cannot treat an ectopic pregnancy according to the

FDA," Dr. Francis said. "The treatments for ectopic pregnancy are not the same procedures used by induced abortions, which even Planned Parenthood admits."

"As a pro-life OB/GYN who's practiced my entire career in hospitals that do not allow abortions, I have never been prevented from safely treating an ectopic pregnancy," she added.

Former abortionist Dr. Steve Hammond told *The Daily Wire's* Ben Shapiro that it's "ridiculous" to think ectopic pregnancies will be barred from being treated, noting that such pregnancies were treated back in the 1950s, *before Roe v. Wade*.

Notably, 13 states have "trigger" abortion bans that went into effect after *Roe* was overturned or are slated to take effect soon.

The language of all 13 new state abortion bans specifies that the bans do not apply in cases where the mother's life is at risk. Some of the new abortion bans even specifically mention ectopic pregnancies and miscarriages.

Georgia's new abortion ban, for example, which could take effect soon, prohibits abortion except in the case of rape, incest, or when the mother's life is at risk. Abortion was previously legal in Georgia for up to 20 weeks.

"Any such act shall not be considered an abortion if the act is performed with the purpose of removing a dead unborn child caused by spontaneous abortion or removing an ectopic pregnancy," the Georgia bill states.

### **Miscarriages are not illegal**

Miscarriages, where a baby tragically dies in a woman's womb, are not illegal. And there is no pro-life legislation seeking to criminalize women who suffer natural miscarriages.

Misinformation around this has spread online, since post-miscarriage, some women need a procedure also used in first-term abortions. Of course, in this case, the doctor is not ending the unborn child's life first.

A dilation and curettage, known as a D&C, is often a traumatic procedure for mothers, where doctors have to remove the deceased baby from inside the uterus.

In some abortions, doctors intentionally poison and dismember the unborn baby before removing it in a D&C.

These situations are not the same, and doctors know this. It will not be criminalized to receive treatment for a miscarriage.

*continued*

## Other medically necessary treatments that could result in an unborn child's death will not be banned

Pro-abortion activists and left-wing politicians were quick to spread ambiguous fear-posts about abortion and health care.

For example, some claimed you would be denied life-saving care if you have cancer because the treatment could kill your baby. There is not a single pro-life law that seeks to criminalize this because it's not an abortion.

Necessary early delivery, too, where the baby has no chance of surviving, is not an abortion and is not banned under any pro-life law. The baby is not preemptively and directly killed, as in an abortion.

What seems to be happening on the Left and with abortion doctors are games of semantics. Just because some care tragically results in an unborn child's death or uses similar medical procedures does not mean it's the direct and intentional killing of the unborn, which is how abortion is almost always widely understood. And these professionals and politicians know this.

Are abortions ever "medically necessary" to begin with?

There are scores of doctors who have come forward to challenge the claim that abortions are *ever* medically necessary.

"In the rare but tragic situations where a pregnancy puts the mother's life at risk, there are medical procedures for compassionately separating the mother and her baby and working to save both lives," Dr. Francis said. "The only intent of an abortion is to produce a dead baby."

"Women deserve to be empowered by medically-accurate information," she added.

Dr. Ingrid Skop, M.D., F.A.C.O.G., a board-certified OB/GYN who serves as senior fellow and director of medical affairs at Charlotte Lozier Institute (CLI), emphasized that the overwhelming majority of OB/GYNs do not perform abortions.

"Those of us who regularly treat women facing challenging and even traumatic pregnancies know that standard medical procedures are available to treat these situations without resorting to abortion," Dr. Skop said. "In fact, the overwhelming majority of OB/GYNs do not perform abortions, and that's good news for women's health, as it is much safer for the woman to be treated in a medical setting with access to emergency care than at an abortion facility."

And lastly, a former abortionist, Dr. Anthony Levatino, who performed some 1,200 abortions in his career before having a dramatic conver-

sion, dismissed the claims at length that abortion is a necessity to save a woman.

"We hear all the time how abortion, including especially late-term abortion, is necessary to save women's lives. Nothing could be further from the truth," Levatino told LiveAction founder Lila Rose in 2019.

"I spent nine years working at a tertiary medical center. There are only certain hospitals in the country that are designated to take care of the really, really high-risk pregnancies...Albany Medical Center in Albany, New York, where I worked, was one of them," he said. "I was faculty at the hospital for nine years, and I saw hundreds of cases of really severe pregnancy complications—cancers, heart disease, intractable diabetes...toxemia pregnancy, out of control. In those nine years, I saved hundreds of women from life-threatening pregnancies, and I did that by delivering them, by ending their pregnancy by delivery—either induction of labor or cesarean section."

"I always tell people, in all of those years, the number of babies that I had to, that I was obligated to deliberately kill in the process was zero, none," Levatino emphasized.

—DailyWire.com, June 30, 2022

## Miscarriage

A positive test, the joy engulfed my soul

No longer living for myself

A smile within my entire being

Red, body arched in pain

Dreams washed away in the tide

How can something so alive

be taken away in an instant?

It is just a fetus, tissue, they say

But I know better

It was my child, my baby

A living being

A part of my family

Tranquility turned to tempest

Joy turned to brokenness

Why? Why?

It can't be

I was already in love

I had already made plans

Why?

"You can try again"

like it is just that easy

Sadness, hopelessness

Is it worth another try?

Will my body give another child a chance?

Hopeful

—National Right to Life News

*Editor's note: Sometimes it boggles my mind!! What won't they think of next?  
For some "scientists," we are just commodities.*

## **'Fetal containers': Bioethicist proposes using women in vegetative states as surrogates**

*By Cassy Fiano-Chesser*

A bioethicist has argued for using women in a persistent vegetative state (PVS) as surrogates, calling it, "whole body gestational donation (WBGD)."

Anna Smajdor, of the University of Oslo, wrote in the journal *Theoretical Medicine and Bioethics* that women who are brain dead shouldn't have their wombs going to waste, when people who want children can use them.

"We already know that pregnancies can be successfully carried to term in brain-dead women," she said. "There is no obvious medical reason why initiating such pregnancies would not be possible.

But the ethics of such a decision seems to have been overlooked by Smajdor.

Though women with PVS could possibly recover, Smajdor argued this kind of surrogacy should still be allowed. "I suggest that—all other things being equal—it should be an option for anyone who wishes to avoid the risks and burdens of gestating a foetus in their own body," she said, adding, "I suggest that brain-stem-dead men would also have the potential to gestate, meaning that the pool of potential donors is further increased—and that certain feminist concerns might thus be assuaged."

The donor would have to give consent ahead of time, Smajdor said, but overall, she said government policies should support it.

"States and health services should adapt their policies and procedures to allow for WBGD among other donation options," she said. "If WBGD is viewed as a straightforward means of facilitating safer reproduction, and avoiding the moral problems of surrogacy, we should be ready to embrace it as a logical and beneficial extension of activities that we already treat as being morally unproblematic."

Smajdor acknowledged the process is "straightforwardly the use of the body as a foetal container." But like many apologists for surrogacy, she still argued it should be allowed if the donor agrees—despite the inherently exploitative nature of surrogacy.

Furthermore, in recent years, researchers have been able to restore brain function in a patient who had been PVS for 15 years, and have also found that as many as 20% of people declared PVS may actually not be PVS at all—and are fully aware of what is happening around them.

Though someone may have consented beforehand, there would be no way to ensure they still were willing to have their body used as an incubator, and it only further leads to the commodification of children—with women's bodies forced to be the tools to create the products wealthy adults want.

—National Right to Life News Today, January 26, 2023



*Total immersion in vitamin drops and baby blankets does things to a woman.  
Although she seldom notices it, she is garnering stares at the supermarket  
because of her linty-woolly appearance.*

*She sometimes elicits loud guffaws from bystanders—  
particularly if, at a company banquet, she turns to her husband  
and without blinking an eye, asks, "Is its din-din good?"*

*~ Teresa Blomingtondale ~*



## Recompose human composting facility “transforms your loved one’s body into soil”

*By Jennifer Hahn*

American startup, Recompose, has opened a funeral home in Seattle designed by architectural firm, Olson Kundig, where human remains are composted and turned into a nutrient-rich soil that can nurture new plant life.

Set in a converted warehouse in the city’s SoDo district, the facility is one of the first to make use of a burgeoning practice known as natural organic reduction—or human composting, which was legalised in the state of Washington in 2019.

This sees the body of the deceased placed on a bed of plant materials inside a stainless steel vessel, purpose-built to accelerate the natural process of decomposition.

Over the course of 60 days, their remains are converted into one cubic yard of fertile soil—enough to fill the bed of a pickup truck. Loved ones can then take this compost home and use it to nourish their garden, plant trees in memory of the deceased or donate it to a local conservation area.

*—Excerpted from [dezeen.com](https://www.dezeen.com), February 7, 2023*

## Harvesting Clones to Live Forever Would Be Monstrous

*By Wesley J. Smith*

Transhumanists believe that technology will allow them to live forever—or, at least, indefinitely—in the corporeal world. One scheme by which they think they might accomplish this goal is to create clones of themselves and then scavenge those clones’ bodies for parts to be transplanted. This idea was just featured in the *Daily Mail*.

Regardless of the huge strides scientists have made towards reaching the elusive goal, immortality remains a pipedream. But one researcher in the anti-ageing field believe we could get there—or at least extend human lives beyond the current biological boundaries—without any miracle pill or injection.

Dr Alex Zhavoronkov, head of biotech company Insilico Medicine, says human clones could offer the answer to eternal life. Theoretically, the sci-fi concept of growing bodies in labs would provide people with “spare” vital organs when theirs begin to fail in order to extend their life.

Be very clear. This proposal is not only immoral, it is monstrous. Why? Human cloning would create human beings asexually, meaning cloning for body parts would be to create slaves and treat them merely as harvestable crops.

The somatic cell nuclear transfer (SCNT) technique being discussed in the story is the same process that made Dolly the sheep. This is how it is done: An egg cell’s nucleus is removed. Next, the nucleus of the person to be cloned is removed from a skin cell and placed where the

egg’s nucleus used to be. The modified egg would then be stimulated and, if the cloning “took,” a new human embryo would come into being. (This has already been accomplished in humans, although the resulting embryos were destroyed after two weeks.)

From that point, it would develop in the same way as an embryo that comes into existence through fertilization does. In other words, the clone of the person seeking to live forever would be fully human. Adding to the immorality, these clones would presumably be gestated in artificial wombs—which would require repeated experimentation on living human embryos and fetuses to perfect. Wrong, wrong, wrong.

This dystopian proposal has already been depicted in several science-fiction novels and films. Indeed, it almost perfectly mimics a plot point in the *Dune* novels, in which women are rendered permanently unconscious so that their uterus can be used as “Axlotl tanks” for gestating. Dr. Alex Zhavoronkov, head of Insilico Medicine and the subject of the *Daily Mail* article, says:

“Cloning, in my opinion, is the only way to make a dramatic leap in life extension and turn longevity into an engineering problem.” Scientists would need to develop a way of successfully cloning humans and disabling their cognitive functions so they could only be used for organs, he noted.

Of course, Zhavoronkov’s lab is in China—the land where medical and other ethics might go to die. *Wesley J. Smith is an author and a senior fellow at the Discovery Institute’s Center on Human Exceptionalism.*

*—National Review, February 8, 2023*



*Are fetal cells sneaking into your makeup bag? Stop guessing and learn which skin-care products are tied to the abortion industry: [hli.org/cosmetics](https://hli.org/cosmetics)*



# What is Physician-Assisted Suicide?

**P**hysician-assisted suicide involves a physician prescribing lethal drugs for a patient with the knowledge that the patient intends to use the drugs to commit suicide. Refusing a ventilator, or some other life-sustaining machine or treatment is not assisted suicide and is legal. The intent of refusing medical treatment is not to end life, but to allow nature to take its course. With physician-assisted suicide, the intent is to kill the patient.

**Once assisted suicide is legalized, it becomes impossible to contain. Once assisted suicide is legalized, it becomes impossible to protect the vulnerable and mentally ill. Once assisted suicide is legalized, it becomes, essentially, death on demand.**

—Robert Powell Center for Medical Ethics, National Right to Life Committee

## Assisted suicide laws, once legal, inevitably expand

By Alex Schadenberg, Executive Director  
Euthanasia Prevention Coalition

When a jurisdiction is debating an assisted suicide bill, many organizations and individuals present information about the necessary safeguards that the jurisdiction must implement to "safely" legalize assisted suicide.

The Euthanasia Prevention Coalition knows that it is not possible to "safely" legalize assisted suicide and once legal the law will inevitably expand.

Great Britain is currently debating an assisted suicide bill sponsored by Kim Leadbeater. Many states have already introduced assisted suicide bills in 2025 and we anticipate many more legalization bills this year. We know that some states that have legalized assisted suicide will debate bills to expand their law.

This article focuses on the experience with assisted suicide in jurisdictions where it is legal.

### **Nearly every jurisdiction that has legalized assisted suicide, later expanded their law.**

The assisted suicide lobby groups know that it is more difficult to legalize assisted suicide than it is to expand the law once it is legal.

On June 5, 2024 Colorado Governor Gary Polis signed Senate Bill 24-068 which expanded their state assisted suicide law by: allowing advanced practice registered nurses to approve and prescribe assisted suicide; reducing the waiting period from 15 days to 7 days; and allowing the doctor or advanced practice registered nurse to waive the waiting period if the person is deemed to be near to death (same-day death).

### **In previous years, other states expanded their assisted suicide laws.**

In 2019, Oregon passed Bill SB 0579 which expanded their assisted suicide law by giving doctors the right to waive the 15-day waiting period when a person was deemed to be near to death.

In 2021, California passed Bill SB 380 which expanded their assisted suicide law by reducing the waiting period from 15 days to 48 hours. It forced doctors who oppose assisted suicide to be complicit in the act and it forced all medical institutions to post their policy on assisted suicide.

In 2022, Vermont expanded their assisted suicide law by removing the 48 hour waiting period, (allowing same day death), removing the requirement that an examination be done in person, (allowing approvals by telehealth), and it extended legal immunity to anyone who participates in the act.

In 2023, Washington State expanded their assisted suicide law by allowing advanced practice registered nurses to approve and prescribe lethal poison, by reducing the waiting period to 7 days and to force healthcare institutions and hospices to post their assisted suicide policies.

In 2023, Hawaii expanded their assisted suicide law by reducing the waiting period from 20 days to five days, by allowing the waiting period to be waived if the person is deemed to be near to death and by allowing advanced practice registered nurses to approve and prescribe lethal poison.

In 2023, Oregon expanded their assisted suicide law by passing House Bill 2279 which removed their state assisted suicide residency requirement.

In 2023, Vermont also expanded their assisted suicide law by passing Senate Bill 26 which removed their state assisted suicide residency requirement.

Oregon and Vermont removed their assisted suicide residency requirements in response to legal challenges by Compassion & Choices, an assisted suicide lobby group. By removing the state residency requirement, assisted suicide was expanded nationally because anyone in America can die by assisted suicide in Oregon and Vermont.

There is currently a lawsuit by Compassion & Choices challenging the New Jersey state assisted suicide residency requirement. On September 19, 2024, a U.S. District Court Judge upheld New Jersey's right to limit assisted suicide to state residents. This decision was appealed by Compassion & Choices on October 18, 2024.

It must be noted that Compassion & Choices support legislators' attempts to legalize assisted suicide, but once it is legal they soon go on the offensive to expand that law.

This was also true in Canada, where euthanasia and assisted suicide were legalized in June 2016 (Bill C-14) and the law was expanded by Bill C-7 in March 2021 by (among other things) removing the terminal illness requirement, removing the 10-day reflection period, allowing euthanasia for incompetent people who were not previously approved and allowing euthanasia for mental illness alone. The implantation of euthanasia for mental illness alone has been delayed until March 2027.

Groups that support euthanasia will state that Bill C-7 was related to the *Truchon* court decision in Quebec, but Bill C-7 expanded the law further than the *Truchon* required.

### **Push back to assisted suicide legal expansions in America.**

In March 2022 a group of California doctors launched a court case designed to protect the con-

science rights of medical professionals who oppose assisted suicide. In September 2022 U.S. District Judge Fernando Aenlle-Rocha ruled that the California End of Life Options Act that had been amended by Bill SB 380, violated First Amendment rights of doctors by requiring them to participate in assisted suicide.

In April 2023, The United Spinal Association, Not Dead Yet, the Institute for Patients' Rights, Communities Actively Living Independent and Free, Lonnie Van Hook and Ingrid Tischer launched a lawsuit to strike down the California assisted suicide law. The case asserts that the California assisted suicide law is a discriminatory scheme that contravenes the Americans with Disabilities Act. This case continues.

As noted above, it is harder to legalize assisted suicide than to expand the law after it is legal. No new state assisted suicide law has become law in the past three years, yet in that same time five states, that had legalized assisted suicide, expanded their law.

### Expansion occurs for many reasons

When we examine the expansions of the American assisted suicide laws, we recognize several key themes. There is the removal of waiting or reflection periods, allowing non-physicians to do the act, and allowing non-residents to die by assisted suicide.

Other expansions to assisted suicide laws include the redefinition of the language of the law.

In December 2017, Fabian Stahle, a Swedish researcher asked the Oregon Health Authority how they define terminal illness. Stahle learned that the Oregon Health Authority defined the six-month terminal illness prognosis as including someone who would have a six-month prognosis if they reject effective medical treatment. This was clearly an expansion of the law by redefining the language of the law.

A similar redefinition of the meaning of the law has occurred in the Netherlands. The Netherlands has never actually amended their law, but they have changed the interpretation of the meaning of the law.

For instance, originally the Netherlands did not consider euthanasia for people with psychological conditions. In 2009, an interpretation of the law suggested that euthanasia for people with psychological conditions was possible. Since that time, the number of deaths for psychological conditions has continuously expanded.

In Canada, most of the expansions to the MAiD [Medical Aid in Dying] law have been based on

equality. The *Truchon* court case in Quebec was decided based on the concept that preventing MAiD for people who do not have an irremediable medical condition was discriminatory. Justice Baudouin decided that it was unconstitutional to deny some people MAiD based on the person not being terminally ill.

### Once legal, expansion of the law is inevitable.

When a legislature debates an assisted suicide bill, they will do so based on the language of the bill. They will argue that the bill before them is tightly worded with effective "safeguards" but even if this were true, most often a bill that is legalized is expanded a few years later.

Once assisted suicide is legal, restrictions on the law become "discriminatory" or unjust. For instance, it becomes unjust to force a person to wait to die; it becomes unjust to limit it to terminal illness; it becomes unjust to limit it to physical conditions; it becomes unjust to force people to have to self-administer.

Before legalization, everyone is equal under the law. Everyone is equally protected from being killed or equally protected from suicide.

However, once legalized, people who "qualify" under the law are medically abandoned as they are told that they can have treatment or death. In other words, death becomes an alternative to treatment and care.

### Legislators need to know that we oppose killing people.

We don't just oppose killing people who are terminally or chronically ill, but we oppose killing all people. Legislators need to know that we support caring for people and not abandoning them to death.

—National Right to Life, January 23, 2025



PRO-LIFE means  
caring for EVERY life



## Oregon bill would expand assisted suicide law again Non-doctors could prescribe death

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

Will there ever be enough killing?

Will there ever be enough killers?

On January 30, I published an article concerning Vermont Bill 75 that expands Vermont's assisted suicide law for the third time.

Oregon is also debating a bill to expand their assisted suicide law for the third time. Oregon assisted suicide bill SB 1003 will allow non-doctors to prescribe death. SB 1003 changes the term "attending physician" to "prescribing provider" and "consulting physician" to "consulting provider."

Provider means:

(a) A physician licensed...

(b) A physician assistant licensed...

(c) A nurse practitioner licensed...

Therefore SB 1003 will allow non-physicians, such as physician assistants and nurse practitioners, to participate in killing.

The weak link for the assisted suicide lobby is that very few doctors are willing to be involved with killing their patients. By adding physician assistants and nurse practitioners, they will increase the number of providers who are willing to be involved with killing.

- SB 1003 also reduces the waiting period from 15 days to 48 hours while enabling the "providing prescriber" to waive the waiting period to essentially allow a same-day death.

- SB 1003 also requires hospices and hospitals to publicly disclose their assisted suicide policy. Hospices and other healthcare facilities will be required to inform patients of their assisted suicide policy and post their assisted suicide policy online.

- SB 1003 is the third time that Oregon is expanding their assisted suicide law.

In 2019, Oregon passed Bill SB 0579 which allowed doctors to waive the 15-day waiting period.

In 2023, Oregon passed Bill HB 2279 which removed Oregon's assisted suicide law residency requirement.

The 2023 Oregon assisted suicide report indicates that there were 367 reported assisted suicide deaths, up by 21% from 304 in 2022.

Will there ever be enough killing?

—National Right to Life News, February 13, 2025

## NO MERCY

In the summer of 2018, a group of individuals, who had been involved in various aspects of the pro-life arena for many years, started the Healthcare Advocacy and Leadership Organization. We were alarmed by the increasing numbers of intentionally caused deaths in healthcare settings. These were not just "cases;" these were human beings whose lives should have been respected and protected. We started with an ambitious goal—the restoration of reverence for every human life in our healthcare system.

It is staggering to hear, but stealth euthanasia—the intentional hastening of a patient's death while pretending to provide appropriate care—is a very real and present danger. And now there is a video available which features the stories of actual victims of stealth euthanasia. This is a very disturbing video and a powerful educational tool. Hopefully, it will open people's eyes to the humanity of those who are victims of euthanasia and its gruesome nature.

We urge our readers to watch "No Mercy" and share it with others. To view, go to: No Mercy on Vimeo—<https://vimeo.com/1022984107/a80abb04d7>.

*When the right to die becomes the duty to die, who will step in to save those most at risk?*

~ The Guardian ~

## A Two-Tiered Medical System

By Julie Grimstad

Assisted suicide and euthanasia are increasingly common causes of death in the United States, Canada, and elsewhere. Referred to by nice-sounding names such as "Death with Dignity" and "Medical Aid in Dying" (MAID), assisted suicide and euthanasia are "fundamentally incompatible with the physician's role as healer" according to the American Medical Association's Code of Medical Ethics (Opinion 5.7).

Call MAID what it is: killing the medically vulnerable. It is not nice. It devalues human life.

Deadly drugs become cost-saving prescriptions for people who are physically or mentally ill, disabled, elderly, or poor, or whose care is simply inconvenient. Also, the categories of people who can be killed are constantly expanding, and the so-called "safeguards" in MAID-type laws are being systematically removed. As Amy Paulin who sponsored the New York assisted suicide bill said, they need to get the bill passed first and then expand it later.

### Two Tiers of Patient Care

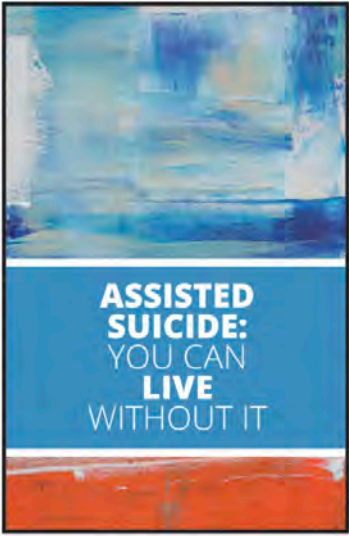
Legalizing assisted suicide/euthanasia creates a two-tiered medical system. Patients viewed as "better off dead" will be treated very differently from those viewed as having "lives worth living." The former group will be quickly dispatched rather than provided with the treatment, counseling, and other supports they need to continue to live and feel valued. Is this the kind of medical system you would trust to care for you and your loved ones?

Ten states and the District of Columbia already permit assisted suicide. And, currently, several state legislatures are considering bills to legalize assisted suicide. Is your state legislature one of them? If you don't know, find out. This is everyone's battle because everyone's life is on the line.

GREAT NEWS: On February 7, 2025, the Montana Senate passed SB136, a bill to criminalize physician-assisted suicide. The bill has been transmitted to the House. If this bill passes (please, Lord!), assisted suicide will be illegal in Montana! A physician who helps a patient kill himself or herself will no longer be allowed to use the defense that the patient requested assisted suicide. The prescribing doctor will be held liable for homicide.

NOTE: The ASSISTED SUICIDE: You Can Live Without It booklet (pictured below) is available for download (pdf form) at Resources, or you may order it by emailing: [feedback@halovoice.org](mailto:feedback@halovoice.org).

—February 17, 2025



**ASSISTED SUICIDE:  
YOU CAN LIVE  
WITHOUT IT**

**This brief but powerful booklet is designed to jumpstart your own education and help you talk with your loved ones, friends, colleagues, and others about assisted suicide. The pdf of this publication is available on our website's ASSISTED SUICIDE/EUTHANASIA page, <https://halovoice.org/assisted-suicide/>.**

◆ ◆ ◆

*This life in us; however low it flickers or fiercely burns, is still a divine flame which no man dare presume to put out, be his motives never so humane and enlightened;*

*To suppose otherwise is to countenance a death-wish; Either life is always and in all circumstances sacred, or intrinsically of no account; it is inconceivable that it should be in some cases the one, and in some the other.*

*~ Malcolm Muggeridge ~*

## Informed Consent at the DMV What Should Informed Consent To Organ Donation Look Like?

Every person, even a teenager as young as 14 in some states, is asked to be an organ donor when applying for or renewing a driver's license or permit.

A person should be—BUT CURRENTLY IS NOT—given honest and adequate information about the organ procurement process. Informed consent to be an organ donor is not possible without such knowledge.

Dr. Heidi Klessig, anesthesiologist, proposes requiring that the following information be read to driver's license applicants BEFORE they are asked, "Do you want to be an organ donor?" (With Dr. Klessig's permission, Healthcare Advocacy and Leadership Organization (HALO) added the third and fifth bullets.)

"I am required to read this informed consent statement prepared by the Surgeon General before you register as an organ donor."

- If you consent to be an organ donor, irrevocable organ procurement policies are set into motion to be sure your desire to be an organ donor will be honored. A legally appointed health care surrogate, spouse, or family member cannot stop this process.
- Even though you are declared legally dead, your heart is still beating, your lungs aerate with the help of a ventilator, and your vital body systems continue to function.
- In preparation for the surgery to procure your organs, it is likely that paralyzing agents will be administered to prevent you from moving.
- During the surgery to procure your organs, you are not guaranteed anesthesia to treat objective signs of bodily distress (e.g., muscle tensing, heart rate elevations, and blood pressure increases).
- Organ donors who are declared "dead" before their vital organs are removed are certainly dead after.
- You should also know that some people have recovered with ongoing medical treatment after being declared legally dead.

So, do you want to be an organ donor? —Healthcare Advocacy and Leadership, [halovoice.org](http://halovoice.org), March 11, 2025



## Eighty Today

Dear Lord, I am 80 and there's much I haven't done.  
I hope, dear Lord, you'll let me live until I'm 81.  
But if I haven't finished all I want to do,  
Would you please let me stay awhile, until I'm 82?  
So many places I want to go, so much I want to see—  
Do you think you could manage to make it 83?  
Many things I may have done, but there's so much left in store,  
I'd like it very much to live to 84.  
And if by then, I'm still alive,  
Then I'd like to stay to 85.  
The world is changing very fast, so I'd really like to stick  
And see what happens to the world when I am 86.  
I know, dear Lord, it's a lot to ask, and it will be nice in heaven,  
But I'd really like to stay around until I'm 87.  
I know by then I won't be fast and sometimes I'll be late,  
But it would be oh-so-pleasant to be around at 88.  
I will have seen so many things and had a wonderful time,  
So, I'm sure that I'll be willing to leave at 89. (Well—maybe.)

—unknown



# Interviewing a Hospice Agency

## What Questions Should I Ask?

Hospice programs are independent from one another and the level of services provided are not the same. For that reason, it's essential that you interview hospice agencies prior to signing on for care and allowing them into your home, and always take notes that you may refer to in the future if needed.

- ◆ Is the hospice licensed?
- ◆ Is the hospice Medicare certified?
- ◆ Is the hospice non-profit or for profit?  
What is the "mission" or business statement?
- ◆ Is the hospice part of a national chain, hospital/healthcare system, or stand alone?
- ◆ Has the hospice been caught committing insurance fraud? (We suggest ALWAYS Googling Medicare hospice fraud or the name of the hospice and Medicare fraud.)
- ◆ How many counties does the hospice serve?  
It is critical to know how far a nurse may be in an on-call emergency situation.
- ◆ Can I meet with or speak via phone with the hospice administrator prior to a hospice admission?
- ◆ Can I meet the staff who will be providing care prior to admission?
- ◆ In detail, what types of services are provided?
- ◆ How often will each of these services be provided to me or my loved one?
- ◆ Will services be provided by the same individuals throughout the course of my care?
- ◆ What kind of support is available to my family / caregivers?
- ◆ How are services provided after hours?  
How long may it take for an on-call nurse to respond to my call? How long may it take for an on-call nurse to get to my home?
- ◆ What do hospice volunteers do?  
Am I eligible for volunteer services?
- ◆ Can the hospice provide care in a nursing home or personal care home / assisted living?
- ◆ Must someone be with me at all times?
- ◆ Must I commit to a DNR (Do Not Resuscitate) status?
- ◆ Can I receive IV fluids and tube feedings?
- ◆ Will I receive a bill for expenses not covered by insurance?
- ◆ What should I do first if I am having a problem with the care my hospice is providing?
- ◆ What should I do if I feel the hospice hasn't addressed my concerns adequately?



◆ ◆ ◆

*Failing to name error because of some fear of offending the person in error is neither compassion nor charity. Confronting or challenging the error or evil of another is never easy, yet it must be done.*

~ Bishop Robert Vasa ~

# Thank your mom before it's too late

**By Mitch Albom**

**W**hen you came into the world, she held you in her arms. You thanked her by wailing like a banshee.

When you were 1-year-old, she fed you and bathed you. You thanked her by crying all night long.

When you were 2-years-old, she taught you to walk. You thanked her by running away when she called.

When you were 3-years-old, she made all your meals with love. You thanked her by tossing your plate on the floor.

When you were 4-years-old, she gave you some crayons. You thanked her by coloring the dining room table.

When you were 5-years-old, she dressed you for the holidays. You thanked her by plopping into the nearest pile of mud.

When you were 6-years-old, she walked you to school. You thanked her by screaming, “I’M NOT GOING!”

When you were 7-years-old, she bought you a baseball. You thanked her by throwing it through the next door-neighbor’s window.

When you were 8-years-old, she handed you an ice cream. You thanked her by dripping it all over your lap.

When you were 9-years-old, she paid for piano lessons. You thanked her by never even bothering to practice.

When you were 10-years-old, she drove you all day, from soccer to gymnastics to one birthday party after another. You thanked her by jumping out of the car and never looking back.

When you were 11-years-old, she took you and your friends to the movies. You thanked her by asking to sit in a different row.

When you were 12-years-old, she warned you not to watch certain TV shows. You thanked her by waiting until she left the house.

## Those teenage years

When you were 13, she suggested a haircut that was becoming. You thanked her by telling her she had no taste.

When you were 14, she paid for a month away at summer camp. You thanked her by forgetting to write a single letter.

When you were 15, she came home from work, looking for a hug. You thanked her by having your bedroom door locked.

When you were 16, she taught you how to drive her car. You thanked her by taking it every chance you could.

When you were 17, she was expecting an important call. You thanked her by being on the phone all night.

When you were 18, she cried at your high school graduation. You thanked her by staying out partying until dawn.



## Growing old and gray

When you were 19, she paid for your college tuition, drove you to campus, carried your bags. You thanked her by saying good-bye outside the dorm so you wouldn’t be embarrassed in front of your friends.

When you were 20, she asked whether you were seeing anyone. You thanked her by saying, “It’s none of your business.”

When you were 21, she suggested certain careers for your future. You thanked her by saying, “I don’t want to be like you.”

When you were 22, she hugged you at your college graduation. You thanked her by asking whether she could pay for a trip to Europe.

When you were 23, she gave you furniture for your first apartment. You thanked her by telling your friends it was ugly.

When you were 24, she met your fiancé and asked about your plans for the future. You thanked her by glaring and growling, “muuhh-ther, please!”

When you were 25, she helped to pay for your wedding and she cried and told you how deeply she loved you. You thanked her by moving halfway across the country.

When you were 30, she called with some advice on the baby. You thanked her by telling her, “Things are different now.”

When you were 40, she called to remind you of a relative’s birthday. You thanked her by saying you were “really busy right now.”

When you were 50, she fell ill and needed you to take care of her. You thanked her by reading about the burden parents become to their children.

And then, one day, she quietly died.

And everything you never did came crashing down like thunder.

And you wonder how you’ll ever repay all the loving, feeding, bathing, teaching, driving, guiding and caring you’ve received.

Well, as your mother might say:

You can start by saying, “Thank you.” ♦

# An Overview of Key Abortion Cases and Their Impact

By Alliance Defending Freedom

On June 24, 2022, the U.S. Supreme Court issued its decision in *Dobbs v. Jackson Women's Health Organization*, upholding Mississippi's 15-week restriction on abortion and overturning *Roe v. Wade*. This was a defining moment in the decades of legal and advocacy work by the pro-life movement, which has been dedicated to protecting the unborn, supporting mothers, and building a culture that values life—from conception to natural death.

To understand and appreciate the joy felt by pro-life Americans upon learning of the decision in *Dobbs*, it helps to have a firm understanding of the major Supreme Court cases that wrongly invented and sustained abortion as a "right."

In just a few minutes, you'll have a clear understanding of the impact of the major abortion-related cases, specifically *Roe v. Wade*, *Doe v. Bolton*, and *Planned Parenthood v. Casey*. You'll be better equipped to be able to discuss with family and friends the need to protect life and the harm caused by the abortion industry.

Several cases inserted and entrenched abortion into the laws of the United States, causing a nationwide regime of abortion on demand that led to us being in the company of North Korea and China. These erroneous decisions created a "right" to abortion that does not exist in the Constitution, along with various legal standards that proved to be unworkable and confusing. This bad precedent paved the way for the *Dobbs* case.

## Pre-Roe Landscape

As early as the 16th century, Western law recognized the humanity of the unborn and valued their lives. According to one examination of the legal history of abortion:

In both England and America and under both the common law and statutes, the law treated abortion as the homicide of an unborn child, with its classification, prosecution, and punishment reflecting current knowledge about prenatal life and development.

Going back even further, Hebrew law recognized the nature of pregnancy and treated the unborn child as a person. Exodus 21:22-23 notes that if two men fighting "hit a pregnant woman" and no serious harm is done to the woman or baby, no special punishment shall be applied. But if "serious injury" happens to the mother or baby, the punishment increases commensurately: "life for life." (NIV)

Though 1970s-era pro-abortion revisionists argued that American and/or Western law and his-

torical tradition on abortion had been more ambiguous, by the late 19th century:

Although movements in the early-to-mid 20th century—including the creation and spread of Planned Parenthood clinics—started to challenge these norms, the laws and cultural attitudes respecting life largely stayed in place into the 1970s.

## *Roe v. Wade* (1973) (7-2)

Case summary: Because abortion remained unlawful in almost every state, in the early 1970s, pro-abortion activists sought to circumvent the ability of states to protect the unborn, by securing a judicial ruling that would nullify state laws limiting abortion.

In 1970, attorneys for "Jane Roe" (later revealed to be Norma McCorvey) filed suit challenging a Texas law that prohibited abortion, except in cases that threatened the life of the mother.

McCorvey's attorneys prevailed in the district court, where a three-judge panel declared the law unconstitutional, arguing that it violated a right to privacy found in the unenumerated rights guaranteed by the 9th Amendment.

The court's ruling was affirmed by the U.S. Court of Appeals for the 5th Circuit, and Texas appealed to the U.S. Supreme Court. The Supreme Court issued its decision on January 22, 1973, a 7-2 ruling in favor of *Roe*.

## What impact did the decision have?

The Court's ruling overturned the existing Texas law—and all other state laws protecting life from abortion in the first trimester, as well as most laws protecting life in the second trimester. The majority opinion creating a "trimester framework," radically liberalizing abortion law, deeming abortion a newly discovered "fundamental right."

The trimester test was complicated and looked like legislative policy-making: During the first trimester, the government's interest in protecting the unborn and mothers was outweighed by the woman's right to "privacy," which the Court's majority said it derived from the Due Process Clause of the 14th Amendment. This was the first time the right of "privacy" was interpreted to include the intentional taking of a human life.

The Court's majority (seven male justices) also claimed that motherhood "may force upon the woman a distressful life and future."

*continued*

The *Roe* decision avoided the question of when human life begins:

“We need not resolve the difficult question of when life begins. When those trained in the respective disciplines of medicine, philosophy, and theology are unable to arrive at any consensus, the judiciary, in this point in the development of man’s knowledge, is not in a position to speculate as to the answer.”

Since 1973, more than 60 million unborn children have been killed through abortion.

## ***Doe v. Bolton* (1973) (7-2)**

**C**ase summary: *Doe v. Bolton* is a companion case to *Roe*, decided the same day. In *Doe*, Georgia’s law limited abortion, except in the case of documented rape, the health of the mother, or a likely serious and untreatable birth defect. The law also ensured that any abortions performed were done in a hospital setting. The legal arguments were similar to *Roe*, with the plaintiff arguing that the state law violated a right to privacy that includes abortion. The Court agreed.

## **What impact did the decision have?**

**T**he catch: while both *Roe* and *Doe* seemed to provide opportunity for states to protect the lives of the unborn from abortion at later stages of pregnancy, the Court’s definition of “health of the mother” in *Doe* allowed doctors and policymakers to justify abortion for nearly any reason, defining the factors contributing to the mother’s health as follows:

“We agree...that the medical judgment may be exercised in the light of all factors—physical, emotional, psychological, familial, and the woman’s age—relevant to the wellbeing of the patient. All these factors may relate to health.”

This broad definition meant that doctors could justify abortions when they could cite reasons like a pregnant mother feeling sad or already having another child.

## ***Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992) (5-4)**

**C**ase summary: The most significant abortion case after *Roe* and *Doe* was *Planned Parenthood of Southeastern Pennsylvania v. Casey*, in 1992. Since *Roe/Doe*, many states had taken the opportunity to legislate in the areas not explicitly covered by the rulings. Pennsylvania was one such state. The law permitted abortion, but included a waiting period, spousal notice, and parental consent (in the case of minors).

The Court had an opportunity in *Casey* to overturn *Roe*, which legal experts had widely regarded as poorly decided—even those who agreed with its outcome. Unfortunately, while the Court’s opinion was split, the plurality opinion stated that it was affirming the “essential holding” of *Roe*:

“The woman’s right to terminate her pregnancy before viability is the most central principle of *Roe vs. Wade*. It is a rule of law and a component of liberty we cannot renounce.”

One major development in the *Casey* decision was the rejection of the trimester scheme introduced in *Roe* in favor of viability (the point at which a baby can survive outside the womb) and an “undue burden” standard.

On viability, the Court recognized the arbitrary nature of the trimester standard, and that the advancement of medical technology made the unborn “viable” at earlier stages—23 or 24 weeks, instead of the 28-week standard in *Roe*. Once the child was considered viable, the state would have a legitimate interest in protecting him or her, and could restrict abortion—except in the case of the health of the mother (going back to *Doe*, this could be interpreted broadly).

The Court also placed emphasis on *stare decisis* (literally, “let the decision stand”), a judicial concept that holds that courts should respect the precedents of previously decided cases. This concept would continue to be utilized by defenders of *Roe* in the following years.

Despite the disappointing ruling in *Casey*, pro-life Americans and organizations remained committed to building a culture that would see abortion as unthinkable and make it illegal. That included devoting significant resources and effort into organizations like pregnancy resource centers, that help pregnant mothers see pro-life options for their children and provide practical assistance for mothers free of charge.

Pro-life advocates also worked to pass laws in states that would help pregnant mothers have an opportunity to see their baby (via ultrasound), before deciding whether to choose abortion or life. Some states ensured that adolescents don’t undergo abortions without their parents’ knowledge.

The holdings in *Roe*, *Doe*, and *Casey* remained the effective law of the land until the Court’s decision in *Dobbs v. Jackson Women’s Health Organization*.

Despite a frustrating loss in the case of *Planned Parenthood of Southeastern Pennsylvania v. Casey*, pro-life advocates continued to work tirelessly to find ways to challenge the infamous and wrong *Roe v. Wade* decision. Thirty years after the *Casey* decision was handed down, the pro-life movement received



an opportunity in a case challenging a newly-enacted state law limiting abortions at 15 weeks, before viability. The outcome of the case would dramatically alter the landscape and work of pro-life advocates.

## ***Dobbs v. Jackson Women's Health Organization* (2022) (6-3)**

**C**ase summary: Since the Supreme Court issued its decision in *Roe v. Wade* in 1973, more than [65] million unborn children lost their lives to abortion.

The past 50 years have also seen huge advances in prenatal medicine and technology. While viability was widely considered to be between 24 and 28 weeks gestation in 1973, it is now considered to be between 21 and 22 weeks gestation.

Ultrasounds have helped reveal developmental characteristics such as fetal heartbeat, movement, and pain perception, characteristics that weren't widely known back in 1973 when *Roe* was decided. It makes sense that states would want their laws to reflect our modern scientific knowledge.

That's why, with the assistance of Alliance Defending Freedom, Mississippi passed a law in 2018 limiting abortions after 15 weeks in gestational age, permitting them only in medical emergencies or for severe fetal abnormality.

After losing in the trial court and in the U.S. Court of Appeals for the 5th Circuit, Mississippi

asked the U.S. Supreme Court to weigh in to answer the question whether the Constitution prohibits states from passing laws like Mississippi's limiting abortion before the point of viability. The U.S. Supreme Court heard oral arguments on December 1, 2021, and issued its decision June 24, 2022.

The Supreme Court upheld Mississippi's law, overturned the *Roe* and *Casey* precedents, and affirmed, in the words of the majority opinion, that "the Constitution does not confer a right to abortion."

## **What impact did the decision have?**

**B**y overturning *Roe v. Wade*, the Supreme Court returned policymaking on abortion to the people and their elected representatives. State policy makers no longer have their hands tied, and they can now affirm that life is a human right and ensure that women have real support—not the kind that pits them against their children. In anticipation of the ruling in *Dobbs*, over a dozen states had passed laws designed to protect life that could go into effect when a ruling was issued that overturned *Roe*. Many other leaders had also expressed interest in passing similar protections in their states following the *Dobbs* decision.

*continued*

Following the decision in *Dobbs*, America entered a new period: one in which the people and their elected lawmakers can make laws that not only recognize that life is a human right, but also adhere to science and better support and empower mothers. This is a significant step toward a culture that values and cherishes human life from conception to natural death. The battle for life has not ended but has shifted ground. And pro-life advocates will continue to support and defend mothers and the unborn from efforts by the abortion industry.

While the victory in *Dobbs* is indeed a blessing from the Lord, and an answer to nearly 50 years of fervent prayer, much work remains to be done to protect life and support mothers. And just like many have done in the last 50 years, ADF will continue to pray and advocate for laws, precedents, and the building of a culture that protects the unborn, the integrity of the medical profession, and the health and well-being of women.

Pro-life Americans are right to rejoice at the recent victory at the Supreme Court in the case of *Dobbs v. Jackson Women's Health Organization*.

The ruling has once and for all put disastrous cases like *Roe v. Wade* and *Planned Parenthood v. Casey* where they belong: on the ash heap of history.

These cases should be remembered by future Americans alongside infamous rulings, such as *Dred Scott v. Sanford* (upholding slavery), as grotesque and shameful decisions that subjugated the rights of millions of innocent lives.

So, is abortion against the law now?

The overturning of *Roe* does not make abortion illegal in the United States. It returns the regulation of abortion to pre-*Roe* status. This is in accordance with the Tenth Amendment to the Constitution, which defined the concept of federalism:

"The powers not delegated to the United States by the Constitution, nor prohibited by it to the states, are reserved to the states respectively, or to the people."

The majority opinion, written by Justice Samuel Alito, states that "[i]t is time to heed the Constitution and return the issue of abortion to the people's elected representatives."

Each state can now affirm that life is a human right and ensure

that women have real support—not the kind that pits them against their children.

On a practical level, the abortion conversation and consequent actions return to state legislatures where they were before *Roe* and *Doe* were decided.

So where is the next battleground for the pro-life movement?

State by state: Since *Roe* seized and transferred much of the legislative control over abortion to the courts, the focus of the pro-life movement has been—rightly so—on achieving success in defending life in the courtroom.

Now, the majority of the focus will turn to statehouses across the country. With the demise of *Roe*, each state now has the opportunity to protect life.

For example, Texas passed a law in 2021 that protects life beginning at six weeks. In states like California, however, elected officials have pledged to "build a firewall" to defend the abortion industry. Some have perversely declared their intent to make their state or city a so-called "sanctuary" for abortion.

Many states had been anticipating the overturning of *Roe* and had passed "trigger" laws, designed to protect the unborn. These laws were designed to go into effect automatically, upon the overturn of *Roe*.

Another handful of states already have pro-life laws that are being implemented. Pro-abortion activists have already challenged nearly all of these laws, and pro-life Americans must be ready to help defend them, both in the court of law and the court of public opinion.

—Alliance Defending Freedom



## The Supreme Court & Assisted Suicide— A Brief Synopsis of Cases

In 1997, the U.S. Supreme Court upheld two state laws absolutely prohibiting assisted suicide. The Court found that Washington state's law does not violate constitutional guarantees of "liberty" (*Washington v. Glucksberg*) and that New York's similar law does not violate constitutional guarantees of equal protection (*Vacco v. Quill*).



### **Gonzales v. Oregon 2006**

In 2001, after the passage of the state of Oregon's Death With Dignity Act, then Attorney John Ashcroft issued the Ashcroft Directive. The Controlled Substances Act allows the attorney general to prohibit medical practices he or she deems are "inconsistent with public interest." Ashcroft's opinion was that "assisting suicide with the use of controlled substances was not a legitimate medical purpose." He authorized the prosecution of physicians who distributed drugs to patients for self-administration under the Oregon Death With Dignity Act. Originally known as *Ashcroft v. Oregon*, the name of the case was changed when Alberto Gonzales was named to replace John Ashcroft as Attorney General.

In a 6-3 ruling on January 16, 2006, the court ruled that Ashcroft exceeded his authority when he determined that assisted suicide was not a "legitimate medical use" of controlled substances without obtaining any information about the practice of medicine, assisted suicide, or other relevant matters necessary to come to that conclusion outside the Department of Justice. Consequently, the Court found Ashcroft's interpretation, while reasonable, was not persuasive because it exceeded his "expertise."

The findings of the Court were narrowly drawn. The Court did not endorse physician assisted suicide or uphold the Oregon statute as a matter of constitutional law. Nor did it address whether there is a constitutional right to die, or that Congress was powerless to override state laws that allow doctors to help their patients end their lives.

### **King v. Burwell 2015**

*King v. Burwell* was a decision by the Supreme Court interpreting provisions of the Patient Protection and Affordable Care Act (ACA). The Court's decision upheld, as consistent with the statute, the outlay of premium tax credits to qualifying persons in all states, both those with exchanges established directly by a state, and those otherwise established by the Department of Health and Human Services. ♦



*I will give no deadly medicine to anyone if asked,  
nor suggest any such counsel...  
~ Hippocratic Oath ~*



*I think it's very important for people who see the truth of these matters  
and who understand how evil this move is toward recognizing  
abortion and euthanasia as human rights...  
it is incumbent upon all people of all traditions of faith to join together.  
Even with euthanasia, we know that when a regime  
of medicalized killing is unleashed in society,  
it's not simply the people who wish to be killed who end up being killed.  
~ Robert George, Princeton Law Professor ~*

## Our Work Will Continue—No Matter What

By Diane Fagelman, President  
Right to Life - LIFESPAN

Michigan is now among the killing fields of the United States. The November 8, 2022 vote has given Michigan more permissive abortion laws than *Roe v. Wade* ever did, and this state now has the most permissive abortion regulations of any other state.

We, in Right to Life - LIFESPAN, are disappointed, but not defeated.

LIFESPAN will continue to work for all life, born and pre-born.

We will continue to educate on the real harm these new laws will do to women.

We will continue to help moms and their newborns.

We will continue to educate our youth about the pitfalls of the culture of death movement. Huge amounts of outside money were spent to change our Constitution which now will not protect our most vulnerable.

It is up to all pro-lifers to stay strong and seek to protect all Michigan citizens.

RTL-LIFESPAN will continue our work no matter how many obstacles are put in our way.

### *Once to Every Man and Nation*

Once to every man and nation  
Comes the moment to decide,  
In the strife of truth and falsehood,  
For the good or evil side;  
Some great cause, some great decision,  
Offering each the bloom or blight,  
And the choice goes by forever  
'Twixt that darkness and that light.

Then to side with truth is noble,  
When we share her wretched crust,  
Ere her cause bring fame and profit,  
And 'tis prosp'rous to be just;  
Then it is the brave man chooses  
While the coward stands aside.  
Till the multitude make virtue  
Of the faith they had denied.

Though the cause of evil prosper,  
Yet the truth alone is strong;  
Though her portion be the scaffold,  
And upon the throne be wrong;  
Yet that scaffold sways the future,  
And, behind the dim unknown,  
Standeth God within the shadow  
Keeping watch above his own.

~ James Russell Lowell, 1845 ~

## 10 Facts You Need to Know From Michigan's 2023 Abortion Report

The latest abortion report compiled by the Michigan Department of Health and Human Services (MDHHS) is very significant, both because of the worrisome spike in serious complications from abortion (up 38% in just one year) and because it is the last abortion report in our state.

Because of Proposal 3 and subsequent laws, our governor and radical pro-abortion legislators ushered in over the last year, Michigan abortion facilities are no longer required to report statistics. Indeed, they are now unregulated and unlicensed. The substantial increase in abortion complications represented below—in conjunction with pro-abortion elected officials simultaneously removing clinic health and safety standards and a judge halting enforcement of informed consent for a woman seeking an abortion—illustrates the increased dangers women face. There is no question women who seek an abortion now are at far greater risk than they have been in recent years.

There is no justification for removing abortion reporting, since no woman's privacy has ever been invaded in 40+ years of abortion reports in Michigan. Yet, moving forward, abortion will become a black box in the state of Michigan.

### #1: Abortions increased in Michigan

There were 31,241 reported induced abortions in Michigan in 2023. That's a 4% increase from 2022.

More abortions have happened every year since Governor Whitmer took office, increasing 17% since 2018.

### #2: Michigan's increase came from residents, not women from other states

Abortions on Michigan residents accounted for 100% of the increase in 2023.

For the first time ever, MDHHS included statistics on location for out-of-state women traveling to Michigan for abortions. As expected, Ohio (1,532) and Indiana (695) were the top states, with the top five also including Texas (138), Georgia (67), and Wisconsin (63).

### #3: Michigan abortions are increasing outside Metro Detroit

Most abortions are still performed on women living in Wayne, Oakland, and Macomb counties, accounting for 56% of abortions in 2023. However, it's other counties in Michigan that led to this year's increase.

Abortions in the three Metro Detroit counties increased by only 1%. Abortions in other counties with more than 100,000 residents increased by 8%. Though the Upper Peninsula represents a relatively small number of abortions in the state, abortions there increased by 21%.

Isabella County was the only county with more than 100 reported abortions in 2022 to see a decrease.

The abortion increase in rural and medium-sized counties is likely helped by expanded use of the abortion pill, which can be sent through the mail with no examination by a doctor. 55% of abortions in the state are now done with abortion pills. Most abortion facilities in Michigan are still located along or south of I-96.

### #4: Michigan is seeing the highest abortion rates since tax-funded abortions

When Michigan voters ended the use of tax dollars to pay for abortions in 1988, there was a large decrease. In fact, if you project the decrease in 1989 forward to 2023, there are 278,000 people alive today because of that single policy.

However, for a variety of reasons, including economic conditions and the pro-abortion policies of the Whitmer Administration, the long-term abortion decline in Michigan has reversed. In 2023, the abortion ratio and rate on Michigan residents were the second highest since 1988.

The abortion rate was 15.0, meaning 15 of every 1,000 women of reproductive age in Michigan had abortions in 2023. The abortion ratio was 271.3, meaning for every 1,000 live births in Michigan, there were 271 abortions. One in every five pregnancies in Michigan ends with an abortion. These numbers are slightly above national averages.

*continued*



*The pro-life cause is the pre-eminent cause of our time, and this struggle between the gospel of life and the culture of death will determine the destiny of mankind.*

*~ Peter Garrett, Member of Australian House of Representatives ~*

**#5: Abortion complications are increasing**

Since 2018, serious medical complications from abortion have increased dramatically. In 2017, there were 15 reported serious complications. By 2022, that number was 178, and it increased 38% to 247 in 2023.

Most of those 247 serious complications were “retained products” (83) and “failed abortion” (122). “Retained products” means body parts of the baby remained in the womb following the abortion, and “failed abortion” means the woman remained pregnant following the abortion. Many of those women likely were forced to undergo a second abortion.

Increasing complications could be due to increased use of the abortion pill, which has a larger risk of complications than surgical abortions, especially a failed abortion. 72% of the reported serious complications were from pill abortions.

These numbers are likely a large undercount, because most abortion facilities refuse to report all complications.

**#6: Abortion demographics continue aging**

For the first time, the number of abortions on Michigan women ages 30 and older surpassed 10,000, with 10,485 reported in 2023.

The increase is not due to Michigan’s aging population and fewer young people; the abortion rate for women 30 and older was 12.2 in 2023, up from 6.4 in 1989.

**#7: Repeat abortions are increasing**

For most women, abortion is not a one-time thing. In 2022, 51% of abortions were repeat abortions. That number increased to 52.1% in 2023. The number of women who had abortions who reported two or more previous abortions was 27.6% in 2023, up from 26.4%.

So, for every four women sitting in an abortion facility, one is there having her second abortion, and another is having her third abortion (or more).

**#8: Racial disparities with abortion persist**

53% of abortions in Michigan are done on Black women, despite them being only about 14% of the female population. The abortion rate for White women was 6.8% in 2023, but it was nearly seven times higher for Black women, at 47.3%.

The number of White women in 2023 who were having their third abortion or more was 14.5%, but it was 38.7% for Black women.

**#9: Abortions happening earlier in pregnancy**

Again, increasing use of the abortion pill continues to drive changes in Michigan abortion statistics. 70% of abortions in 2023 were done on women in their 8th week of pregnancy or earlier, up from 67% in 2022. For those seeking to help women through unexpected pregnancies, the most critical moment is right after a woman sees a positive pregnancy test.

**#10: Who’s having abortions?**

Though the facts above should give you a pretty good idea on who is having abortions in Michigan, let’s take a look at a profile of the “median abortion client” in Michigan to sum it up. The “median client” means for this hypothetical woman, more than 50% of women having abortions share these characteristics.

In 2023, the median abortion client was a 27-year old Black woman living in Metro Detroit. She is unmarried, already has one child, and she’s having her second abortion. She’s 6-weeks pregnant. She didn’t see a doctor for a referral, finding a local abortion business online to obtain abortion pills and paid with cash.

—Right to Life of Michigan, July 17, 2024



*If you believe in something, you support it.  
If you support something, the time comes when good wishes  
and cordial words are not enough...”*

~ Kenneth Irving Brown ~

# 10 myths about anti-abortion laws

By Monica Snyder, Executive Director  
Secular Pro-Life

Gallup finds the public's trust in the media is at an all-time low. And it should be. Since *Dobbs*, the bias and duplicity of journalists has increased seemingly without limit.

Secular Pro-Life (SPL) followers ask us to parse truth from fiction in the news all the time. Below are 10 myths about anti-abortion laws we've debunked.

**Myth 1:** Anti-abortion laws don't decrease abortions.

**Claim:** Total abortion numbers have increased since *Dobbs*, which implies abortion restrictions don't decrease abortions and may even paradoxically increase abortions.

**Reality:** Total abortion numbers result from multiple factors. Abortions have been increasing annually in the United States since 2017 (years before *Dobbs*), in part due to the expansion of abortion pills and telemed abortions. These numbers likely would have increased even more absent the pro-life laws so many states have passed since *Dobbs*. Other data indicate states with pro-life laws see increases in birth rates compared to states with lax abortion regulations.

**Myth 2:** An Idaho hospital stopped providing Labor & Delivery services because of an anti-abortion law.

**Claim:** An Idaho hospital closed its labor and delivery unit because of the state's anti-abortion law.

**Reality:** An Idaho hospital closed its labor and delivery unit because it didn't have enough patients to afford the department anymore. The county's population has overall aged and they've seen decreasing deliveries at the hospital for years, well before *Dobbs*.

**Myth 3:** Doctors are fleeing states with anti-abortion laws.

**Claim:** Medical residents and doctors are leaving or refusing to move to states with anti-abortion laws out of concern for their ability to safely practice medicine.

**Reality:** Medical residency programs continue to receive more applications than positions they can fill and continue to fill their positions at rates similar to years past. Even medical residents who say access to abortion training is "essential," continue to apply to programs in pro-life states. A journalist references research that finds medical residents are less likely to want to work in pro-life states, but neglects to mention the research surveyed only residents who had opted for advanced abortion training.

**Myth 4:** Doctors denied Christina Zielke miscarriage care because of Ohio's anti-abortion law.

**Claim:** Christina Zielke experienced a medical emergency because her medical team in Ohio was afraid to provide appropriate miscarriage care.

**Reality:** Zielke had a missed miscarriage and her ob/gyn in Washington, DC suggested she wait and see if she passed the remains on her own. While visiting Ohio she started bleeding a lot and went to the hospital. Staff checked her hemoglobin, said her situation was not concerning, and told her if heavy bleeding didn't stop, they'd perform a D&C. (Ohio law at the time explicitly stated removal of fetal or embryonic remains was not legally an abortion.) Zielke left the hospital, lost too much blood too quickly, and returned via ambulance, at which point they performed an emergency D&C.

**Myth 5:** Courts ruled that Texas can ban emergency abortions.

**Claim:** The Emergency Medical Treatment and Active Labor Act (EMTALA) is federal guidance which requires hospitals to provide abortions in emergencies where abortion is the stabilizing treatment. The Courts have ruled that Texas can ignore this guidance and ban emergency abortions.

**Reality:** The Courts ruled that EMTALA requires hospitals to provide the same medical treatments to patients regardless of a patient's ability to pay, but that EMTALA does not have the authority to specify what that medical treatment must be (whether abortion or otherwise). The Courts did not say Texas could ban emergency abortion; they noted Texas law already allows for emergency abortions.

**Myth 6:** Texas heartbeat law increased infant mortality rates.

**Claim:** The Texas heartbeat law has increased infant deaths by requiring women to carry "doomed pregnancies" to term.

**Reality:** Infant deaths increased because infant births increased, and some percentage of infants die. The overall infant mortality rate (number of infant deaths divided by number of live births) was not statistically significantly different. Abortions decrease infant deaths by increasing fetal deaths; they prevent the infant, not the death.

*continued*

**Myth 7:** Texas heartbeat law increased maternal mortality rates.

**Claim:** The number of women in Texas who died while pregnant, during labor, or soon after childbirth skyrocketed following Texas' 2021 heartbeat law.

**Reality:** Texas maternal mortality rate decreased from 2021 to 2022.

**Myth 8:** Doctors delayed miscarriage care for Ryan Hamilton's wife because of Texas heartbeat law.

**Claim:** Ryan Hamilton's wife experienced a medical emergency because doctors in Texas were afraid to provide appropriate miscarriage care.

**Reality:** The first Texan healthcare provider Hamilton and his wife saw (1) confirmed there was no fetal heartbeat, (2) told them they could get a D&C, and (3) prescribed them abortion pills. (Texas law explicitly states removal of fetal or embryonic remains is not legally an abortion.) Overall, medical professionals prescribed Hamilton's wife abortion pills three times and offered to schedule a D&C.

**Myth 9:** Amber Thurman died without access to legal abortion in Georgia.

**Claim:** Amber Thurman died because doctors in Georgia were afraid to provide appropriate care after an incomplete abortion.

**Reality:** Amber Thurman legally obtained and took abortion pills from a North Carolina

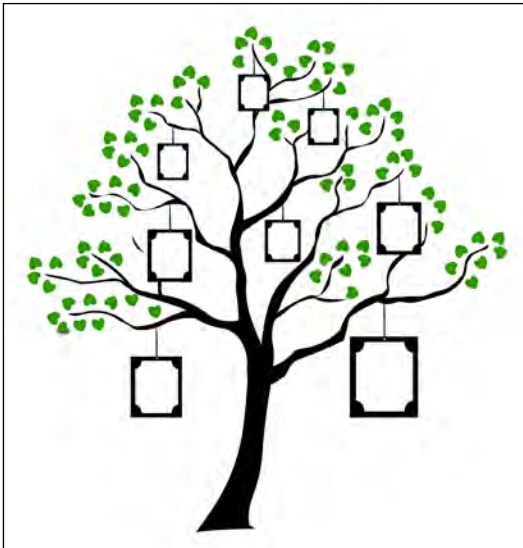
clinic. She then experienced lethal complications. In an egregious case of medical negligence, Georgia doctors failed to intervene despite Georgia's heartbeat law specifying (1) outlawed abortions are interventions reasonably likely to cause the death of an unborn child (Thurman's twins were already dead), (2) doctors can perform abortions in medical emergencies (Thurman was in the midst of a medical emergency when she arrived at the hospital), and (3) Georgia's heartbeat law only applies if there's a detectable fetal heartbeat (there was not).

**Myth 10:** Amari Marsh was charged with murder after a miscarriage due to South Carolina's anti-abortion law.

**Claim:** Anti-abortion laws criminalize pregnancy outcomes, which is how Amari Marsh ended up being tried for murder when she miscarried her daughter.

**Reality:** South Carolina law explicitly states women may not be criminally prosecuted for getting abortions. Amari Marsh experienced an early uninduced labor and her daughter was born alive. Marsh failed to render aid to her daughter despite emergency services repeatedly asking her to do so. First responders tried to perform life-saving measures, but Marsh's daughter died. Solicitor David Pascoe (a Democrat) emphasized the case had nothing to do with issues of abortion or reproductive rights.

—National Right to Life, November 4, 2024



## YOUR FAMILY TREE!

Next time you're feeling rather unimportant, try a little arithmetic trick based on the undebatable fact that it took two people, your parents, to get you here. Each of your parents has two parents, so in the generation just prior to that of your mother and father, there were four people whose pairing off and sharing love contributed to your existence.

You are the product of eight great-grandparents, 16 great-great-grandparents, 32 great-great-great-grandparents, etc. Keep on multiplying the number by two. If you figure an average of about 25 years between each generation, you'll discover that a scant 500 years ago, there were **1,048,576** people on this planet beginning the production of you!

—Rev. Gene Britton



*As you do not know what is the way of the wind, or how the bones grow in the womb of she who is with child, so you do not know the works of God who makes all things.*

~ Ecclesiastes 12:14 ~

## Heaven's Very Special Children

A meeting was held quite far from earth,  
"It's time again for another birth."  
Said the angels to the Lord above,  
"This special child will need much love."

"Their progress may be very slow,  
Accomplishments they may not show.  
And they'll require extra care  
From the folks they meet down there."

"They may not run or laugh or play,  
Their thoughts may seem quite far away.  
In many ways they won't adapt,  
And they'll be known as 'Handicapped.'"

"So let's be careful where they're sent.  
We want their lives to be content.  
Please, Lord, find the parents who  
Will do a special job for you."

"They will not realize right away  
The leading role they are asked to play.  
But with this child sent from above  
Comes stronger faith and richer love."

"And soon they'll know the privilege given  
In caring for their special gift from Heaven.  
Their precious charge, so meek and mild,  
Is heaven's very special child."

~ Edna Massimilla ~



"But, Lord, when did we see you in the womb?"

*God, our Father, you always hear the cry of the poor.  
How many times have Christians themselves not recognized you in the hungry,  
the thirsty and the naked, in the persecuted, the imprisoned, and in those incapable  
of defending themselves, especially in the first stages of life.  
For all those who have committed acts of injustice by trusting in wealth and power  
and showing contempt for the 'little ones' who are so dear to you,  
we ask your forgiveness: have mercy on us and accept our repentance.  
We ask this through Christ our Lord.*

~ St. John Paul II ~

# 10 Bills That Would Codify Trump's Executive Orders into Law

By Ben Johnson

President Donald Trump wasted no time enacting the agenda that won him the White House in the 2024 election, signing a series of executive orders and regulatory actions nearly every day of his second administration. Yet executive orders last only as long as a friendly president holds office. There is now a movement afoot to codify President Trump's executive orders into statutory law. Here are 10 bills members of Congress have introduced to make the 47th president's executive actions permanent.

## 1. Jamie Reed Protecting Our Kids from Child Abuse Act

Senator Josh Hawley (R-Mo.) re-introduced his Jamie Reed Protecting Our Kids from Child Abuse Act. The legislation would cut off federal funding to any medical institution or university affiliated with an institution that carries out transgender procedures on minors. It would also create a private right of action, allowing those who underwent such procedures to sue medical practitioners who administered them, as well as pediatric gender clinics and the hospitals/universities associated with them.

"Our children should no longer suffer from irreversible and dangerous child mutilation procedures, which the Biden administration enabled and promoted," said Hawley. "I welcome President Trump's strong action to reverse this child abuse and look forward to working with his administration to advance legislation that protects our kids."

Executive order(s) it builds on: **"Protecting Children from Chemical and Surgical Mutilation"**  
<https://www.whitehouse.gov/presidential-actions/2025/01/protecting-children-from-chemical-and-surgical-mutilation/>

## 2. No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act of 2025

Senator Roger Wicker (R-Miss.) and Rep. Chris Smith (R-N.J.) introduced the No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act of 2025 (H.R. 7). The bill would bar the U.S. government from funding abortion directly, underwriting abortion through federally-funded health care insurance plans (including Obamacare) and carrying out abortions at VA hospitals.

"Abortion violence must be replaced with compassion and empathy for women and for defenseless unborn baby girls and boys," Smith, co-chair of the Congressional Pro-Life Caucus, told *The Washington Stand* (TWS).

"No matter which party holds power in Washington, Americans should never be forced to fund the violence of abortion with their tax dollars," Marilyn Musgrave, vice president of Government Affairs at Susan B. Anthony Pro-Life America, told TWS. "Despite Americans' strong support of this policy, pro-abortion members of Congress attack the Hyde Amendment in every spending bill. The No Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act would finally apply Hyde principles permanently across the whole federal government, including stopping abortion subsidies in Obamacare."

Executive order(s) it builds on: **"Enforcing the Hyde Amendment"**  
<https://www.whitehouse.gov/presidential-actions/2025/01/enforcing-the-hyde-amendment/>

## 3. FACE Act Repeal Act

Rep. Chip Roy (R-Texas) reintroduced the FACE Act Repeal Act (H.R.5577) last month. The Supreme Court ruled in 2022 that activist justices wrongly invented a "constitutional right" to abortion in *Roe v. Wade*, yet the Biden-Harris administration continued Democratic presidents' decades-long practices of weaponizing the 1994 Federal Access to Clinic Entrances (FACE) Act against pro-life advocates until the day he left office. Roy's bill would purge this now-irrelevant bill from the federal register for good.

"We should make this a permanent change so that no future president has to pardon, as President Trump did...individuals who were unfairly politically targeted and charged under the Department of Justice," Roy told his former colleague, Jody Hice, the regular Friday host of "Washington Watch," on the day of the 2025 March for Life.

"Americans just spent the last four years being targeted by a weaponized justice system. The FACE Act was one of the primary weapons of abuse—being used to politically target, arrest, and jail pro-life Americans for speaking out and standing up for life" he said in a statement emailed to TWS upon re-introducing the bill.

Executive order(s) it builds on: **“Ending The Weaponization Of The Federal Government”**  
<https://www.whitehouse.gov/presidential-actions/2025/01/ending-the-weaponization-of-the-federal-government/>

**“Enforcing the Hyde Amendment”**

<https://www.whitehouse.gov/presidential-actions/2025/01/enforcing-the-hyde-amendment/>

**“Eradicating Anti-Christian Bias”** <https://www.whitehouse.gov/presidential-actions/2025/02/eradicating-anti-christian-bias/>

#### 4. No Taxpayer Funding for the United Nations Population Fund Act

Congressman Chip Roy (R-Texas) reintroduced the No Taxpayer Funding for the United Nations Population Fund Act (H.R.436) last month.

“The United Nations Population Fund is a globalist, Orwellian, propaganda machine that shills for the Chinese Communist Party its brutal mandatory abortion practices. President Trump was absolutely right to end taxpayer funding to this corrupt and anti-life organization during his first term and I look forward to him doing so again,” Roy told TWS. “At the same time, Congress has a duty under our constitutionally vested powers to ensure that U.S. tax dollars—regardless of which administration is in the White House—can never flow to this dystopian propaganda machine under any future administration. That’s why we need to put this bill on the president’s desk right away.”

For years, UNPF worked closely with the Chinese Communist Party’s population police, which brutally enforced the nation’s One-Child policy.

“The United Nations Population Fund (UNPF) has worked hand-in-glove with the abortion industry to promote unlimited abortion in other countries,” said Carol Tobias, president of National Right to Life. “Taxpayer dollars should never be going toward the Left’s anti-life, anti-family agenda,” agreed Terry Schilling of the American Principles Project. “We encourage all Republicans to support this effort and do whatever it takes to make it law.”

Executive order(s) it builds on: When President Trump signed three pro-life executive orders on January 25, the White House noted Trump “[c]ut all funding to the United Nations Population Fund, which supports coercive abortion and forced sterilization” in his first administration. This bill would help return global abortion policy to the pre-Biden status quo.

#### 5. WHO is Accountable Act

Rep. Jodey Arrington (R-Texas) has introduced the WHO is Accountable Act (H.R. 600). The bill would prohibit the use of funds to seek membership in the World Health Organization or to provide assessed or voluntary contributions to the World Health Organization unless the administration certifies:

- WHO no longer covers up the Chinese Communist Party’s (CCP) role in the COVID-19 pandemic and does not persist under the CCP’s control.
- WHO increases transparency and accountability to eliminate waste, fraud and abuse.
- WHO adopts meaningful reforms to end the politicization of humanitarian assistance.
- WHO grants observer status to Taiwan.
- No funds are diverted to such human rights abusers as North Korea and Iran.

“President Trump was right to pull the United States out of the CCP-controlled World Health Organization,” said Arrington. “Now, Congress must take action to ensure future presidents can’t foolishly rejoin this corrupt organization without major reforms. I have long said that I will fight against any attempt to surrender our sovereignty and cede regulatory power over the United States through a treaty, agreement, or arrangement. The World Health Organization aided and abetted China in covering up their incompetence with COVID-19, all while spending American tax dollars promulgating woke and radical ideology. This is why I’m proud to lead my colleagues in ensuring President Trump’s America First agenda endures.”

“The WHO is a globalist, CCP run entity that disproportionately charges the U.S. compared to other countries and pushes their CCP and progressive ideology on the American people and the world,” said Rep. Greg Steube (R-Fla.), who co-sponsored the legislation. “This ends now.”

Executive order(s) it builds on: **“Withdrawing The United States From The World Health Organization”**  
<https://www.whitehouse.gov/presidential-actions/2025/01/withdrawing-the-united-states-from-the-worldhealth-organization/>

*continued*

## 6. No Taxpayer Funding for the World Health Organization Act

Rep. Chip Roy (R-Texas) introduced the No Taxpayer Funding for the World Health Organization Act (H.R.401). The bill states that “The United States may not provide any assessed or voluntary contributions to the World Health Organization.”

“The World Health Organization (WHO) doesn’t serve our interests and doesn’t deserve our money. During the early days of the COVID-19 pandemic this body ran interference for the Chinese Communist Party—arguably helping that regime make the entire outbreak worse,” Roy told TWS.

President Trump withdrew from WHO in 2018, only to see Joe Biden rejoin the global governance body on his first day in office. Last month, President Trump withdrew again.

WHO, which regularly repeated CCP propaganda about COVID-19 at face value, attempted to foist a WHO Pandemic Agreement on the world which would limit national sovereignty, claim ownership of 20% of all U.S. vaccines and medications, implement a “One Health” philosophy equating human well-being with animal and plant life, and embolden social media companies to suppress alleged “misinformation.” Family Research Council warned the controversial accord creates “a web of freedom-strangling entities, legal regulatory mandates, and relationships” that could be “switched on to function as a ‘turnkey totalitarian state.’”

“Taking money from hardworking families struggling with the aftermath of Biden’s inflation crisis to send it to a bunch of leftist ‘health experts’ and bureaucrats in Geneva is unacceptable. I have full confidence that President Trump will cut the WHO’s funding off—as he did last time—but this legislation will ensure that no future administration can restart it,” Roy told TWS. “Let’s get this done.”

Executive order(s) it builds on: **“Withdrawing The United States From The World Health Organization”**  
<https://www.whitehouse.gov/presidential-actions/2025/01/withdrawing-the-united-states-from-the-worldhealth-organization/>

## 7. R.1123: “To abolish the United States Agency for International Development, and for other purposes”

Reps. Marjorie Taylor Greene (R-Ga.) and Chip Roy (R-Texas) introduced a bill “To abolish the United States Agency for International Development, and for other purposes” (H.R.1123). Investigators at the Department of Government Efficiency (DOGE) uncovered billions of dollars in wasteful and often-offensive grants made by USAID, a body intended to supply foreign aid to the world’s most vulnerable populations, including funding of transgender propaganda around the world.

“As chairwoman of the DOGE Subcommittee,” which held its first hearing [recently], “I’ve launched the War on Waste, and USAID is a major culprit lighting over \$40 billion on fire each year. It’s time to do what DOGE does best: cut the waste,” said Greene.

“I am pleased that the rot and corruption is finally getting the attention and action it deserves from the Trump administration, but Congress needs to back this effort up and end this problem permanently,” said Roy. “With \$36 trillion in debt, we have to get our fiscal House in order; but we can start right now with getting rid of USAID.”

Executive order(s) it builds on: **“Reevaluating And Realigning United States Foreign Aid,”**  
<https://www.whitehouse.gov/presidential-actions/2025/01/reevaluating-and-realigning-united-states-foreign-aid/> as well as numerous executive actions, such as a mass firing reducing USAID from more than 10,000 employees to just 294.

## 8. Dismantle DEI Act [Diversity, Equity, and Inclusion]

Senator Eric Schmitt (R-Mo.) and Rep. Michael Cloud (R-Texas) introduced the Dismantle DEI Act. The bill terminates all DEI-based programs, offices, trainings, and grants—including identity-based quotas and anything rooted in critical race theory (CRT)—and does not allow the government to rename or repurpose them. Significantly, the legislation extends beyond government entities themselves to include federal contractors and accreditation bodies. It also creates a private right of action for individuals to sue offenders.

“Diversity, equity, and inclusion (DEI) programs have plagued our federal government, academic institutions, and other aspects of our society, cheapening standards while disregarding merit,” said Schmitt in a written statement emailed to TWS. “Moreover, taxpayer dollars should not be wasted on this poisonous, divisive ideology.”

“The DEI agenda has no place in our federal government,” agreed Peter Holland of the Foundation for Government Accountability.

"DEI was never about fairness or opportunity—it was a Trojan horse for left-wing political social engineering that fosters division, not unity," noted Cloud. "Hiring and promotion should be because of someone's merit, excellence, and hard work, regardless of race, religion, or creed."

"I'm grateful to President Trump for reversing these harmful policies on day one of his administration," Cloud told TWS. "His leadership put an end to these divisive, un-American programs, and it's now Congress's job to follow through and codify the permanent elimination of DEI from our government."

Should it reach the president's desk, it should face little opposition. The Dismantle DEI Act's Senate sponsor in the last Congress was then-Senator J.D. Vance.

Executive order(s) it builds on: "**Ending Radical And Wasteful Government DEI Programs and Preferences**," <https://www.whitehouse.gov/presidential-actions/2025/01/ending-radical-and-wasteful-government-dei-programs-and-preferencing/>

"**Ending Illegal Discrimination and Restoring Merit-Based Opportunity**," <https://www.whitehouse.gov/presidential-actions/2025/01/ending-illegal-discrimination-and-restoring-merit-based-opportunity/> as well as a memo from the Office of Personnel Management firing DEI officials and closing DEI programs.

### 9. R.899: "To terminate the Department of Education"

Rep. Thomas Massie (R-Ky.) reintroduced a bill "To terminate the Department of Education" (H.R.899).

Conservatives have proposed eliminating the U.S. Department of Education since its founding under President Jimmy Carter, which was widely seen as a kickback to teachers unions for dependably supporting Democratic candidates. President Ronald Reagan campaigned on eliminating the agency and repeated his desire to shutter the Education and Energy Departments during a televised address on September 24, 1981. "Education is the principal responsibility of local school systems, teachers, parents, citizen boards, and State governments. By eliminating the Department of Education less than two years after it was created, we can not only reduce the budget but ensure that local needs and preferences, rather than the wishes of Washington, determine the education of our children," said President Reagan.

"Unelected bureaucrats in Washington, D.C. should not be in charge of our children's intellectual and moral development," agreed Massie, who supports a strict constructionist reading of the U.S. Constitution. "Parents have the right to choose the most appropriate educational opportunity for their children, including home school, public school, or private school."

[On March 20, 2025, President Trump signed an executive order closing the Department of Education. <https://www.whitehouse.gov/fact-sheets/2025/03/fact-sheet-president-donald-j-trump-empowers-parents-states-and-communities-to-improve-education-outcomes/>]

### 10. H. Res. 9: "Resolution reaffirming that the United States is not a party to the Rome Statute and does not recognize the jurisdiction of the International Criminal Court (ICC)"

Rep. Andy Biggs (R-Ariz.) reintroduced his "resolution reaffirming that the United States is not a party to the Rome Statute and does not recognize the jurisdiction of the International Criminal Court" (H. Res. 9). President Bill Clinton signed the Rome Statute, creating the ICC, shortly before leaving office on New Year's Eve 2000 but never submitted the treaty to the Senate for ratification, as required by the Constitution. Article 125 of the Rome Statute states that it is "subject to ratification, acceptance, or approval by signatory" nations. In 2002, President George W. Bush said the U.S. had no intention to join the body.

The ICC created international controversy last November when it issued arrest warrants for Israeli Prime Minister Benjamin Netanyahu and Minister of Defense Yoav Gallant for committing war crimes against Palestinians, including starvation and the intentional targeting of civilians. On February 6, President Trump sanctioned the ICC via executive order.

The latest resolution, which does not have legally-binding authority, expresses the sense of Congress that the U.S. "does not recognize the jurisdiction of the International Criminal Court." It also formally condemns the ICC's arrest warrants against Netanyahu and Gallant, and it proclaims America's "unwavering support for the State of Israel and its right to defend itself and its leaders from unwarranted international legal actions."

*Ben Johnson is senior reporter and editor at The Washington Stand. —The Washington Stand, February 12, 2025*

## Fact Sheet: President Donald J. Trump Enforces Overwhelmingly Popular Demand To Stop Taxpayer Funding Of Abortion

**ENFORCING THE HYDE AMENDMENT:** On Friday [January 21], President Donald J. Trump signed an Executive Order to end the use of Federal taxpayer dollars to fund or promote elective abortion.

- The Order recognizes that, for nearly five decades, Congress has enacted the Hyde Amendment and a series of additional laws to protect taxpayers from being forced to pay for abortion. Contrary to this longstanding commonsense policy, the previous administration embedded federal funding of elective abortion in a wide variety of government programs.
- To restore this longstanding policy, the Order rescinds two executive orders from President Biden that violate the Hyde Amendment:
  - Executive Order 14076 imposed a whole-of-government effort to promote and fund abortion and to politicize enforcement of the Freedom of Access to Clinic Entrances (FACE) Act.
  - Federal statutes protecting access to emergency medical care for pregnant women under the Emergency Medical Treatment and Labor Act (EMTALA) and protecting personal health information under the Health Insurance Portability and Accountability Act (HIPAA) remain in full effect.
- Executive Order 14079 re-categorized abortion as “healthcare” in order to provide taxpayer funding for elective abortions. This included using Medicaid funding to pay for travel costs for elective abortions.

**ENDING FEDERAL FUNDING OF ABORTION OVERSEAS:** President Donald J. Trump also signed a Presidential Memorandum reinstating the Mexico City Policy to stop the use of federal taxpayer dollars for abortion overseas.

- The President’s policy from 2017 is reinstated to ensure that no U.S. taxpayer money supports foreign organizations that perform or actively promote abortion in other nations.
- The first Trump Administration also extended this policy to global health assistance. A 2020 report by the United States Agency for International Development found that this life-affirming policy in no way diminished women’s health around the world.

**PROTECTING TAXPAYERS FROM FUNDING ABORTION:** For the first time in nearly fifty years, President Trump returned the issue of life to a vote of the people, from within the States.

- *Dobbs v. Jackson Women’s Health Organization*, 597 U.S. 215 (2022), overturned *Roe v. Wade* and returned the power to regulate issues of life and safety to the people. Three of the justices deciding the case were appointed by President Trump.
- Federal overreach and taxpayer dollars will no longer force violations of faith and conscience or impede the ability of states to determine life policies through a vote of the people.
  - For example, under President Biden, the Department of Defense reimbursed abortion-related travel expenses, the Department of Veterans Affairs allowed hospitals to provide abortions, and the Department of Health and Human Services paid for abortions for illegal immigrants.

**PRESIDENT TRUMP PROMISED AND DELIVERED:** President Trump promised to protect and defend a vote of the people, from within the states, on the issue of life. [These] executive actions build on the long list of accomplishments from the first Trump Administration to support the sanctity of every human life and prevent taxpayer funding of abortion. Select highlights of the first Trump Administration’s work include:



*The care of human life and happiness and not their destruction  
is the first and only legitimate object of good government.*

~ Thomas Jefferson ~

- Reinstated and expanded the Mexico City Policy, ensuring that taxpayer money is not used to fund abortion globally.
- Issued a rule preventing Title X taxpayer funding from subsidizing the abortion industry. Cut all funding to the United Nations Population Fund, which supports coercive abortion and forced sterilization.
- Signed legislation overturning the previous administration's regulation that prohibited states from defunding abortion facilities as part of their family planning programs.
- Fully enforced the separate payment requirement for abortion coverage in Obamacare exchange plans.
- Stopped the Federal funding of fetal tissue research.
- Worked to protect healthcare entities and individuals' conscience rights, ensuring that no medical professional is forced to participate in an abortion in violation of their beliefs.
- Issued an executive order reinforcing the requirement that all hospitals in the United States provide medical treatment or an emergency transfer for infants who are in need of emergency medical care—regardless of prematurity or disability.
- Led a coalition of countries to sign the Geneva Consensus Declaration, committing to protecting women's health and declaring that there is no international right to abortion.
- First president in history to attend the March for Life.

—The White House, January 25, 2025

#### WITHDRAWING THE UNITED STATES FROM THE WORLD HEALTH ORGANIZATION

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered:

Section 1. Purpose. The United States noticed its withdrawal from the World Health Organization (WHO) in 2020 due to the organization's mishandling of the COVID-19 pandemic that arose out of Wuhan, China, and other global health crises, its failure to adopt urgently needed reforms, and its inability to demonstrate independence from the inappropriate political influence of WHO member states. In addition, the WHO continues to demand unfairly onerous payments from the United States, far out of proportion with other countries' assessed payments. China, with a population of 1.4 billion, has 300 percent of the population of the United States, yet contributes nearly 90 percent less to the WHO.

—Excerpt from [whitehouse.gov/fact-sheet](https://www.whitehouse.gov/fact-sheet), January 20, 2025

***"I fear the power of choice over life or death at human hands."***

*"...I fear the power of choice over life or death  
at human hands.*

*I see no human being whom I could ever trust  
with such power—not myself, not any other.*

*Human wisdom, human integrity  
are not great enough.*

*Since the fetus is a creature already alive  
and in the process of development,  
to kill it is to choose death over life.*

*At what point shall we allow this choice?*

*For me the answer is—at no point, once life has begun.*

*At no point, I repeat, either as life begins  
or as life ends, for we who are human beings cannot,  
for our own safety, be allowed to choose death,  
life being all we know."*

Pearl S. Buck. Foreword to Robert E. Cooke and others, ed., *The Terrible Choice: The Abortion Dilemma* (New York: Bantam Books, 1968).

—National Right to Life News Today, May 2, 2023



Editor's Note: If you have never read ***The Child Who Never Grew***, by Buck, it is stunningly good!

—Diane Trombley, Oakland/Macomb Chapter Director

## First Efforts by President Trump to Protect Life

By Carol Tobias, President

National Right to Life Committee

Recent events made me think of the opening lines of a song written 90 years ago:

*What a difference a day makes.*

*24 little hours brought*

*the sun and the flowers*

*where there used to be rain.*

Those “24 little hours” occurred on January 20 when Donald Trump was sworn in as the 47th president of the United States of America. That one day turned a dreary four-year period of torrential rain into bright sunshine and glorious flowers for preborn babies and their moms.

The “rain” was a steady, nonstop approach by the Biden-Harris administration, pouring millions of dollars into making abortion as easy and readily accessible as possible. They employed multiple federal departments and agencies—“whole-of-government”—to advance the killing of our innocent unborn brothers and sisters.

Not only did the administration push abortion, it worked diligently to prevent or stop any pro-life efforts, at a state or national level, to protect the babies and help their mothers.

But the “24 little hours” of January 20 brought a bevy of executive orders by President Trump aimed at reversing the anti-life policies of the Biden-Harris administration.

♦ Trump reinforced the Hyde Amendment so that our tax dollars could not be used to fund abortions in the US. The Hyde Amendment is conservatively estimated to have saved two million lives.

♦ Trump reinstated and expanded the Mexico City Policy so that our tax dollars are not given to international organizations that promote and/or perform abortions in other countries.

♦ Trump initiated the Geneva Consensus Declaration. This group of countries works together to present a united front, fighting back against pro-abortion pressure from the United Nations. Biden withdrew our name from the document and Trump put the US back in.

♦ Trump pardoned pro-lifers who had been imprisoned by the Biden administration for their peaceful presence outside abortion facilities while violent pro-abortion attacks on pregnancy centers and other pro-life groups went unpunished.



♦ The White House issued an official statement in support of the Born-Alive Abortion Survivors Protection Act in Congress. “The Administration strongly supports H.R. 21 the Born-Alive Abortion Survivors Protection Act, and applauds the House for its efforts to protect the most vulnerable and prevent infanticide.”

♦ The Department of Defense issued a new policy, assuring that tax dollars would not be used to pay travel expenses for members of the military to obtain an abortion.

♦ Vice President JD Vance was present, and spoke at, the annual March for Life rally on January 25. He said:

“The excitement, the passion, the unwavering conviction that every single person here on the National Mall clearly feels, it is deeply moving to me, and means more to President Trump and I than I could possibly say....The task of our movement is to protect innocent life, it’s to defend the unborn. And it’s also to be pro-family and pro-life in the fullest sense of that word possible.”

♦ President Trump provided an extremely encouraging and uplifting pre-recorded message, declaring,

“In my second term, we will again stand proudly for families and for life. We will protect the historic gains we have made and stop the radical Democrat push for a federal right to unlimited abortion on demand up to the moment of birth... We will work to offer a loving hand to new mothers and young families, and we will support adoption and foster care. We will protect women and vulnerable children.

To all of the very special people marching today in this bitter cold, I know your hearts are warm and your spirits are strong because your mission is just very, very pure: to forge a society that welcomes and

protects every child as a beautiful gift from the hand of our Creator.

Thank you for never losing hope and never giving up. Thank you for your tremendous support. God bless you, and God bless America."

President Trump has surrounded himself with men and women who believe that every human life, born and unborn, is precious.

Everything that has already been done is welcome and will truly make a difference. But while the future definitely looks brighter at the federal level—and we may sit back and take a big sigh of relief—there is still much to do.

As we have already seen with the Born-Alive Abortion Survivors Protection Act, getting pro-life measures passed in Congress will still be difficult.

While the House of Representatives voted to pass the bill, a motion to bring the bill to the floor for a vote failed to get the necessary 60 votes in the Senate to overcome a filibuster. **Every Democrat senator voted against even allowing a vote on the bill.**

Recognizing that most women want support rather than an abortion, we help to defend the lives

of babies by helping their mothers. Many in Washington, as well as state legislatures, are looking for ways to provide information and/or support for moms and couples so they aren't pushed into believing that killing their baby is the best or only solution to a temporary situation.

Much of the legislative action will be at the state level, as states work to protect or strengthen their pro-life laws. But we also have several states who have to work against, or work around if possible, a radically pro-abortion state government—legislatures, governors, and attorneys general.

As always, we need to continue our educational work. Our mission is to help more people to understand the value of human life and to realize that every abortion ends the life of an innocent member of the human family.

It's true that rain clouds still hover over this great nation, but it's no less true that we've been given a great opportunity to plant and nurture more flowers.

—LifeNews.com February 10, 2025



**LIFESPAN'S CIDER Walk 2024 — Children In Utero Deserve Equal Rights**

## LIFESPAN'S Oakland-Macomb Chapter Volunteer Appreciation Luncheon - 2024



**David Robinson**, received the **Jane Condon Volunteer of the Year Award**. He has been helping us at the Oakland-Macomb office each month for the past 1-1/2 years or more, doing whatever we need help with, like counting and repairing our Life Chain signs, filling Christmas card orders and then counting/restocking cards leftover after Christmas, researching on the computer, making up spreadsheets and printing out labels, putting together mailings, sorting in our pamphlet closet and other office-type needs. Thank you, to all our volunteers. We couldn't do it without you!

# Abortion Was the Leading Cause of Death Worldwide in 2024, Killing 73 Million People

By Steven Ertelt

More human beings died in abortions than any other cause of death in 2024.

A heartbreaking reminder about the prevalence of abortion, statistics compiled by Worldometers indicate that there were over 73 million abortions worldwide in 2024. The independent site collects data from governments and other organizations and then reports the data each day, along with estimates and projections, based on those numbers.

Worldometers bases its daily abortion figures on a May 2024 fact sheet from the World Health Organization, which estimates a tragically high number of babies killed in abortions.

"Around 73 million induced abortions take place worldwide each year," the WHO says.

Abortion is also the leading cause of death in the United States.

"In the USA, where nearly 30% of pregnancies are unintended and 40% of these are terminated by abortion, there are between 1,500 to 2,500 abortions per day. Nearly 20% of all pregnancies in the USA (excluding miscarriages) end in abortion. Guttmacher Institute reports 930,160 abortions performed in 2020 in the United States, with a rate of 14.4 per 1,000 women," Worldometers reports.

When contrasting the abortion numbers to other causes of death, including cancer, HIV/AIDS, traffic accidents and suicide, abortions far outnumbered every other cause. By contrast, an estimated 10 million people died from cancer in 2024, 6.2 million from smoking, 17 million from disease, and 2 million died of HIV/AIDS. Deaths by malaria and alcohol are also recorded.

With 67.1 million people dying last year from a cause other than abortion and 140 million people dying in total from abortion and all causes, that means abortions accounted for almost 52% of every death around the world last year.

Unborn babies are not recognized as human beings even though biology indicates that they are



unique, living human beings from the moment of conception and they die brutal, violent deaths in abortions.

The abortion number is incomprehensible, but each of those 73 million abortions worldwide in 2024 represents a living human being whose life was violently destroyed in their mother's womb. Each unborn baby already had their own unique DNA, making them distinct from their mother. That DNA indicated if the child was a boy or girl, their eye and hair color, their height, possible genetic disorders and other disabilities, and much more. In most cases, the unborn babies' hearts are beating when they are aborted, too.

In America, just under 1 million babies are aborted every year. Though abortion rates have been dropping in the past decade, abortion remains the leading cause of death in the United States as well.

An estimated 66 million unborn babies have been killed in abortions in the U.S. since *Roe v. Wade* in 1973. In January, pro-life advocates gather for the annual March for Life in Washington, D.C. to remember the anniversary of that infamous decision and call for restored protections for the unborn.

—LifeNews.com, January 2, 2025



*There are none so blind  
as those who will not see.*

~ John Heywood ~

Statistics

## Registering to Vote

You can register to vote through Election Day. Some clerk's offices have opened satellite offices for voter registration. You must show proof of where you live. Documents must have your name and current address. You can show a digital copy of any document. Acceptable documents include:

- Michigan driver's license or State ID card
- Current utility bill
- Bank statement
- Paycheck or government check
- Other government document

After registering, you can vote an absent voter ballot at the clerk's office or you can vote at your polling place on Election Day. Military and overseas civilian voters have additional options to register. For more information, visit this page: [https://www.michigan.gov/sos/0,4670,7-127-1633\\_8716-511653--,00.html](https://www.michigan.gov/sos/0,4670,7-127-1633_8716-511653--,00.html)

To be eligible to register to vote you must be:

- A Michigan resident (at the time you register) and a resident of your city or township for at least 30 days (when you vote)
- A United States citizen
- At least 18 years of age (when you vote)
- Not currently serving a sentence in jail or prison

Check to see if you are registered: <https://mavic.sos.state.mi.us>. If you are already registered, your voting record has links to:

- Your sample ballot
- Your polling place address for voting on Election Day
- Tracking the status of your absentee ballot
- How to contact your clerk

### Deadlines

#### Registration deadlines

**Online:** 15 days before Election Day

**By mail:** Must be postmarked 15 days before Election Day

**In person:** Available up to and including Election Day

#### Mail and absentee deadlines

Request ballot by Friday before Election Day

Return ballot by mail or in person: Must be received by Election Day

## Absentee voting allows you to vote by mail

All registered voters in Michigan have the right to vote by mail. It's a safe way to vote and protect your health, and the process is secure and accurate.

To vote by mail, fill out the simple application, print and sign it, and then mail or email it to your local clerk at: <https://mavic.sos.state.mi.us/Clerk>. When filling out the application, if you check the box to be added to the permanent absent voter list, you'll get an application mailed to you before every election. But there's no commitment. Even if you apply to vote by mail, you can change your mind and vote in person.

### Absent voter ballot applications

#### Download an absent voter ballot application:

[https://www.michigan.gov/documents/sos/AVApp\\_535884\\_7.pdf](https://www.michigan.gov/documents/sos/AVApp_535884_7.pdf)

#### Download an absent voter ballot application - Fillable Version:

[https://www.michigan.gov/documents/AbsentVoterBallot\\_105377\\_7.pdf](https://www.michigan.gov/documents/AbsentVoterBallot_105377_7.pdf)

**Download an absent voter ballot application - Spanish/Español Version:** [https://www.michigan.gov/documents/sos/Spanish\\_Absent\\_Voter\\_Ballot\\_Application\\_-\\_March\\_Nov\\_2\\_681319\\_7.pdf](https://www.michigan.gov/documents/sos/Spanish_Absent_Voter_Ballot_Application_-_March_Nov_2_681319_7.pdf)

**Download an absent voter ballot application - Large Print Version:** [https://www.michigan.gov/documents/sos/Absent\\_Voter\\_Ballot\\_Application\\_-\\_large\\_print\\_Presidential\\_Primary\\_680764\\_7.pdf](https://www.michigan.gov/documents/sos/Absent_Voter_Ballot_Application_-_large_print_Presidential_Primary_680764_7.pdf)

**Locate your clerk then send your absent voter ballot application to that office:** <https://mvlc.sos.state.mi.us/Clerk>

## All registered voters are eligible to vote by mail

Due to the passage of the statewide ballot proposal 18-3, all eligible and registered voters in Michigan may now request an absent voter ballot without providing a reason.

Check your voter registration: **Michigan Voter Information Center** [Michigan.gov/Vote](https://Michigan.gov/Vote)

## Requesting an absent voter ballot

Your request for an absent voter ballot must be in writing and can be submitted to your city or township clerk. (For assistance in obtaining the address of your city or township clerk, see **Michigan.gov/Vote**). You must request an absent voter ballot by submitting the **application, large print application**, a letter, a postcard, or a pre-printed application form obtained from your local clerk's office. Requests may be returned by hand, via postal mail, fax, or email, as long as a signature is visible.

Requests to have an absent voter ballot mailed to you must be received by your clerk no later than 5 p.m. the Friday before the election. If you're already registered at your current address, you can request an absent voter ballot in person at your clerk's office anytime up to 4 p.m. on the day prior to the election. If you're registering to vote or updating your address by appearing at your clerk's office on Election Day, you can request an absent voter ballot at the same time you register. If you request your AV ballot the day before the election or on Election Day, you must vote the ballot in the clerk's office.

Once your request is received by the local clerk, your signature on the request will be checked against your voter registration record before a ballot is issued. You must be a **registered voter** to receive an absent voter ballot, but you can register and apply for an absent voter ballot at the same time. Requests for absent voter ballots are processed immediately. Absent voter ballots may be issued to you at your home address or any address outside of your city or township of residence.

After receiving your absent voter ballot, you have until 8 p.m. on Election Day to complete the ballot and return it to the clerk's office. Your ballot will not be counted unless your signature is on the return envelope and matches your signature on file. If you received assistance voting the ballot, then the signature of the person who helped you must also be on the return envelope. Only you, a family member or person residing in your household, a mail carrier, or election official is authorized to deliver your signed absent voter ballot to your clerk's office.

If an emergency, such as a sudden illness or family death prevents you from reaching the polls on Election Day, you may request an emergency absent voter ballot. Requests for an emergency ballot must be submitted after the deadline for regular absent voter ballots has passed but before 4 p.m. on Election Day. The emergency must have occurred at a time which made it impossible for you to apply for a regular absent voter ballot. **Please contact your local clerk** for more information about emergency absent voter ballots.

## Spoiling an absent voter ballot

If a voter has already voted absentee and wishes to change their vote (because the candidate has dropped out of the race, or for any other reason), a voter can spoil their ballot by submitting a written request to their city or township clerk. The voter must sign the request and state if they would like a new absentee ballot mailed to them or if they will vote at the polls. This request must be received by 2 p.m. the Saturday before the election if received by mail. An absentee ballot may be spoiled in person at the clerk's office until 4 p.m. the Monday prior to the election. The voter can obtain a new absentee ballot there or vote at the polls. There is no option on Election Day to spoil an absentee ballot that has been received by the clerk.





*Many pro-life web sites are available. By accessing any one of these, you can be linked to others.*

## **MICHIGAN PRO-LIFE ORGANIZATIONS**

At **Right to Life - LIFESPAN's** website, you will find articles from current and previous newsletters and information on current LIFESPAN events.

[www.miLIFESPAN.org](http://www.miLIFESPAN.org)

**Right to Life of Michigan's** website includes information on statewide legislation, political action and events.

[www.rtl.org](http://www.rtl.org)

## **NATIONAL PRO-LIFE ORGANIZATIONS**

The **American Life League** website provides current news, publications, life issues and a pro-life store.

[www.all.org](http://www.all.org)

The public interest law firm, **Americans United for Life**, offers law links, court decisions and articles.

[www.aul.org](http://www.aul.org)

**Charlotte Lozier Institute** is America's #1 source for science, data and medical research on the value of human life. [www.lozierinstitute.org](http://www.lozierinstitute.org)

Sponsored by **Heritage House '76**, this information-packed site presents up-to-date evidence on the abortion issue. [www.abortionfacts.com](http://www.abortionfacts.com)

**Human Coalition** works everyday to save innocent pre-born babies from abortion.

[www.humancoalition.org](http://www.humancoalition.org)

**Human Life International** offers information and research on defending life and the family around the world. [www.hli.org](http://www.hli.org)

**Life Issues Institute** serves the educational needs of the pro-life movement. [www.lifeissues.org](http://www.lifeissues.org)

**National Right to Life's** site has up-to-date information on pro-life issues, federal legislation and voting records. [www.nrlc.org](http://www.nrlc.org)

**The Radiance Foundation** exists to inspire people to embrace their intrinsic value and live a life of meaning; great videos. [www.theradiancefoundation.org](http://www.theradiancefoundation.org)

## **ACTIVISM**

**Feminists for Life** are dedicated to systematically eliminating the root causes that drive women to abortion.

[www.feministsforlife.org](http://www.feministsforlife.org)

**40 Days for Life** is a focused pro-life campaign with a vision to access God's power through prayer, fasting, and peaceful vigil to end abortion in America. [www.40daysforlife.com](http://www.40daysforlife.com)

**Life Decisions International** provides information to challenge the radical agenda of Planned Parenthood worldwide and distributes a boycott list of corporate supporters of Planned Parenthood. [www.fightpp.org](http://www.fightpp.org)

The annual **March for Life** in Washington, D.C. marks the anniversary of *Roe v. Wade*. [www.marchforlife.org](http://www.marchforlife.org)

**Sidewalk Advocates for Life** train, equip and support local communities across the U.S. and the world in "sidewalk advocacy": to be the hands and feet of Christ, offering loving, life-affirming alternatives at the abortion center, thereby eliminating demand and ending abortion.

[www.sidewalkadvocatesforlife.org](http://www.sidewalkadvocatesforlife.org)

## **DISABILITY GROUPS**

(some not formally against abortion)

**The National Down Syndrome Congress** has long held that abortion for the sole reason that a fetus has Down syndrome borders on eugenics; promotes a full, meaningful inclusion of all people, with and without disabilities in every aspect of society. [www.ndsccenter.org](http://www.ndsccenter.org)

**National Down Syndrome Adoption Network** aims to ensure that every child born with Down syndrome has the opportunity to grow up in a loving family. [www.ndsan.org](http://www.ndsan.org)

**Not Dead Yet** is a national, grassroots disability rights group that opposes legalization of assisted suicide and euthanasia as deadly forms of discrimination. [www.notdeadyet.org](http://www.notdeadyet.org)

**Trisomy 18 Foundation** has the resources and answers needed to understand a child's diagnosis and connections to other families who have faced these challenges.

[www.trisomy18.org](http://www.trisomy18.org)

**Simon's Law** believes no child's medical chart should have a "do not resuscitate order (DNR)" and/or the withholding of life sustaining treatments without parental knowledge or consent. [www.simonslaw.org](http://www.simonslaw.org)

## **GOVERNMENTAL SITES**

Maintained by the Library of Congress, this site offers a searchable database of congressional activity from 1969 to the present. [www.congress.gov](http://www.congress.gov)

**Michigan House of Representatives** is a valuable resource for the workings of state government. [www.house.mi.gov](http://www.house.mi.gov)

**Michigan legislation:** [www.legislature.mi.gov](http://www.legislature.mi.gov)

The official **State of Michigan** website with links to the Legislature, Courts and Executive Offices. [www.michigan.gov](http://www.michigan.gov)

**Michigan Senate:** find contact directories and legislative information. [www.senate.michigan.gov](http://www.senate.michigan.gov)

**National Committee for a Human Life Amendment** provides background information on extensive legislation and voting records. [www.humanlifeaction.org](http://www.humanlifeaction.org)

**National Conference of State Legislatures** offers information on current state legislation and lists of all state legislature internet sites. [www.ncsl.org](http://www.ncsl.org)

The **U.S. House of Representatives** site offers contact and legislation information. [www.house.gov](http://www.house.gov)

The **U.S. Senate** provides contact information for senators and legislation records. [www.senate.gov](http://www.senate.gov)

**Susan B. Anthony List** works to elect pro-life women to Congress, educates voters on critical pro-life issues, trains activists to run successful political and grassroots campaigns and advocates passage of pro-life legislation. [www.sba-list.org](http://www.sba-list.org)

## **PRO-LIFE LEGAL GROUPS**

**Alliance Defending Freedom** is the world's largest legal organization committed to protecting religious freedom, free speech, the sanctity of life, marriage and family and parental rights. [www.adflegal.org](http://www.adflegal.org)

**American Center for Law and Justice** focuses on constitutional and human rights law worldwide. It is pro-life and dedicated to the ideal that religious freedom and freedom of speech are inalienable, God-given rights; it engages in legal, legislative, and cultural issues, representing clients before the U.S. Supreme Court and international tribunals. [www.aclj.org](http://www.aclj.org)

**Center Against Forced Abortions—The Justice Foundation** was created to provide educational resources to empower women who are being forced, unduly pressured, or coerced into an unwanted abortion. [www.thejusticefoundation.org](http://www.thejusticefoundation.org)

**Life Legal Defense Foundation** gives innocent and helpless human beings of any age, particularly babies in the womb, a trained and committed defense against the threat of death and supports their advocates in the nation's courtrooms. [www.lifelegaldefensefoundation.org](http://www.lifelegaldefensefoundation.org)

**The Thomas More Society** passionately champions the causes of everyday individuals confronting remarkable injustices, from the sidewalks and town squares to the Supreme Court. [www.thomasmoresociety.org](http://www.thomasmoresociety.org)

## **MEDICAL / HEALTHCARE**

**American Association of Pro-Life Obstetricians and Gynecologists** reaffirms the unique value and dignity of human life in all stages of growth and development from conception onward. [www.aaplog.org](http://www.aaplog.org)

**Association of Pro-Life Physicians** seeks to employ medical expertise to educate the public on the humanity and viability of the pre-born child and to encourage alternatives to abortion. [www.prolifephysicians.org](http://www.prolifephysicians.org)

**HALO (Healthcare Advocacy and Leadership Organization).** A voice for the medically vulnerable; defending the lives and safety of persons facing the grave consequences of healthcare rationing and unethical practices, especially those at risk of euthanasia and assisted suicide. [www.halovoice.org](http://www.halovoice.org)

**Hospice of Michigan** details hospice locations, services for patients and families and clinical resources. [www.hom.org](http://www.hom.org)

**Institute for Patients Rights** conducts research, educates the public and works to expand and implement tools of empowerment for older adults, people with disabilities, marginalized persons and their families to combat policies and medical practices that devalue some people's lives, putting them at greater risk of deadly harm. [www.instituteforpatientsrights.org](http://www.instituteforpatientsrights.org)

**Michigan Nurses for Life** provides information on its quarterly meetings and annual conference, their newsletter and opportunities for contact hours. [www.mnfl.org](http://www.mnfl.org)

**National Association of Pro-Life Nurses (NAPN)** encourages all nurses to join and visit its Facebook page. [www.nursesforlife.org](http://www.nursesforlife.org)

**Patients Rights Action Fund** is a leading national, non-partisan single-issue organization that protects the rights of patients, people with disabilities, older adults, and other historically underrepresented groups from deadly harm and discrimination inherent in assisted suicide laws. [www.patientsrightsaction.org](http://www.patientsrightsaction.org)

**Pharmacists for Life International** offers information and resources on topics such as abortifacients and assisted suicide. [www.pfli.org](http://www.pfli.org)

**Stem Cell Research** has background information and up-to-date reports on ethical issues and includes substantial resources in support of non-destructive stem cell research. [www.stemcellresearchfacts.org](http://www.stemcellresearchfacts.org)

**Terri Schiavo Life & Hope Network** provides a national network of resources and support for the medically-dependent, persons with disabilities, and the incapacitated who are in or potentially facing life-threatening situations. [www.lifeandhope.com](http://www.lifeandhope.com)

*continued*

## **PREGNANCY RESOURCE CENTERS**

**Abortion Pill Reversal** Have you taken the first dose of the abortion pill? Do you regret your decision and wish to reverse the effects of the pill? Call the **24/7 Helpline: 1-877-558-0333**.

**Birthright** provides love and support to women facing unplanned pregnancies and offers free, non-judgmental support 24/7. [www.birthright.org](http://www.birthright.org)

**Carenet** offers compassion, hope and help to anyone considering abortion by presenting them with realistic alternatives and Christ-centered support. [www.care-net.org](http://www.care-net.org)

**Perinatal Hospice & Palliative Care**—Continuing your pregnancy when your baby's life is expected to be brief. [www.perinatalhospice.org](http://www.perinatalhospice.org)

## **POST-ABORTION HEALING**

**Elliott Institute** conducts scientific, evidence-based research on abortion's effects on women, men, families and societies. They are dedicated to advocacy for women traumatized by abortion and how to provide healing support. [www.theunchoice.com](http://www.theunchoice.com)

**Healing Hearts Ministries** provides confidential one-to-one email and support group counseling to anyone suffering from the effects of an abortion. [www.healinghearts.org](http://www.healinghearts.org)

**Hope After Abortion** offers background information on abortion's aftermath and Project Rachel, as well as resources and diocesan contact information. [www.hopeafterabortion.com](http://www.hopeafterabortion.com)

**Project Joseph** is a men's-only program providing healing and hope to men wounded by abortion. *Search: Project Joseph*

**Project Rachel** It's normal to grieve a pregnancy loss, including the loss of a child by abortion. You are not alone. [www.hopeafterabortion.com](http://www.hopeafterabortion.com)

The **Silent No More Awareness Campaign** is an effort to make the public aware of the devastation abortion brings to women, men and their families. [www.silentnomoreawareness.org](http://www.silentnomoreawareness.org)

## **PRO-LIFE E-MAIL NEWS**

**LifeNews** is an independent news agency devoted to reporting news that affects the pro-life community. [www.lifenews.com](http://www.lifenews.com)

**LifeSiteNews** reports regular news via email on life, family and culture issues. [www.lifesitenews.com](http://www.lifesitenews.com)

## **RELIGIOUS**

**Citizens for a Pro-life Society** is an activist organization, founded on Catholic principles of morality and social justice, dedicated to advocacy of the sanctity of human life. [www.prolifesociety.net](http://www.prolifesociety.net)

**National Catholic Bioethics Center** has commentary on news, publications and current issues and offers consultations with staff ethicists. [www.ncbcenter.org](http://www.ncbcenter.org)

**Priests for Life** provides educational resources for Catholic clergy and also promotes networking among other pro-lifers. [www.priestsforlife.org](http://www.priestsforlife.org)

The **WELS Lutherans for Life** site deals with a variety of topics including the family, social life and medical ethics. [www.christianliferesources.com](http://www.christianliferesources.com)

## **YOUTH / STUDENTS**

**Abort73** offers abortion facts, information, arguments, videos, evidence and materials all for students. [www.abort73.com](http://www.abort73.com)

**Generations for Life** empowers teens to be effective pro-life leaders by inspiring and helping them establish lively pro-life clubs within their own school communities and youth groups. [www.generationsforlife.org](http://www.generationsforlife.org)

**Live Action** is a youth-led movement dedicated to building a culture of life and ending abortion. [www.liveaction.org](http://www.liveaction.org)

**Project Rosie** connects students to pregnancy and parenting resources on campus. [www.projectrosie.com](http://www.projectrosie.com)

**Pro-Life America** offers advice from experts, celebrities, sports heroes and peers on dating, sex, love and life. [www.prolife.com](http://www.prolife.com)

**Protect Life Michigan** helps pro-life students change hearts and save lives on campus. [www.protectlifemi.org](http://www.protectlifemi.org)

**Students for Life of America (SFLA)** aims to educate students about issues of abortion, euthanasia and infanticide; identify student leaders and equip them with training, skills and resources. [www.studentsforlife.org](http://www.studentsforlife.org)

**Teen Breaks** deals with issues of interest and concern to teens, including pregnancy, abortion, adoption. [www.teenbreaks.com](http://www.teenbreaks.com)

## **OTHER SITES OF INTEREST**

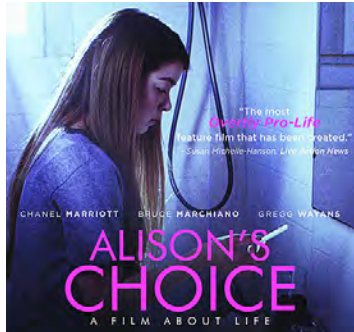
**Secular Pro-Life** is committed to religious neutrality, with information on secular reasons to be pro-life. [www.secularprolife.org](http://www.secularprolife.org)

**Stand to Reason** is a resource for equipping pro-lifers with reasonable arguments. [www.str.org](http://www.str.org)

**Survivors of the Abortion Holocaust** is a young people's site, engaging the public with a no-holds barred pro-life message. [www.survivors.la](http://www.survivors.la)

## Powerful Pro-Life Movies to See

We are sharing information about movies that uphold the dignity of life in one way or another—choosing life in an unexpected pregnancy, recognizing the humanity of the preborn baby and those who are already born (of a different tribe, race or religion). If you haven't seen some or any of these movies, you can check them out online or try your local library. Also, if you would like to borrow *Bella*, *Come What May*, *Sarah's Choice*, or *October Baby*, call **248-816-1546** (LIFESPAN's Oakland/Macomb office).



**Alison's Choice—**Alison, a teen, is facing pregnancy. With nowhere to turn, she finds herself in a "clinic" about to end her baby's life. Suddenly a man appears. He's holding a mop, so she believes he's the janitor. But

in conversation with him, she quickly realizes that this man is no mere janitor, but Jesus manifest. And he's come to save the life of her baby. *Alison's Choice* is a drama about protecting the life of an unborn child, no matter the circumstances. Faith Friendly Seal for ages 12+.

**Amazing Grace—**In 18th-century England, House of Commons member William Wilberforce (Ioan Gruffudd) and his close friend and a future prime minister, William Pitt (Benedict Cumberbatch), begin a lengthy battle to abolish Great Britain's slave trade. Rating: PG

**The Appointment—**Subtle yet powerful six-minute film on life, abortion and choices by Brandon Rice.

**August Rush—**A musically-gifted boy (Freddie Highmore) was given up for adoption by his single mother at birth. When he sneaks away from the orphanage to find his parents, he discovers that his musical gift was no accident and that his mother (Keri Russell) never forgot him. Rating: PG

**Because of Gracia—**Chase Morgan (Chris Massoglia) would love to live up to his own name and pursue something great. It's his senior year, and he's still as insecure as ever, but Eastglenn High's newest student is about to turn that around. Gracia (Moriah Peters) is a girl with charisma, intelligence and conviction, but she's not as put together as Chase and his best friend might think. A dark past gives her a unique connection with a misunderstood classmate who has a pushy boyfriend (resulting in promiscuity and an unplanned pregnancy) and a disconnected father. Rating: PG-13

**Bella—**When a pregnant woman (Tammy Blanchard) finds herself alone and out of a job, she starts considering an abortion. Her caring new friend (Eduardo Verastegui) tries to come up with a different solution—one that will help both mother and preborn child. PG-13



**The Butterfly Circus—**An encouraging short film showing the value and beauty of all life.

**Come What May—**What you believe...determines what you will do. Caleb teams up with Rachel to lead Patrick Henry College to the National Moot Court Championship. Along the way, he is caught in a moral tug-of-war between his parents—a newly Christian father and a constitutional attorney mother. As the PHC moot court team and the U.S. Supreme Court simultaneously grapple with legal cases involving abortion, Caleb clashes with his mother and his own conscience as he struggles to internalize his beliefs and stand on Biblical values.

**Crescendo—**Crescendo is a short film about the life and struggle of a pregnant woman in the late 1700s. It made international headlines, won a multitude of prestigious movie awards, and raised millions of dollars for pregnancy resource centers. Not rated.

**The Drop Box—**After finding an abandoned infant on his doorstep in the winter and seeing many babies abandoned in the streets, a pastor builds a special drop box to keep any future foundlings safe. This is a touching drama/documentary.

*continued*



## Dying to Be Heard

Rachel is a high-powered executive striving to climb the corporate ladder, however, she suddenly finds herself thrown into an emotional crisis when she discovers she is pregnant. Having to choose between her blossoming career, versus a life of unexpected sacrifice, her world seems to be closing in around her, as her spiritual perspectives start to become challenged as well.

## EWTN's Who Was The Real Margaret Sanger?

30-minute documentary on the life and works of Margaret Sanger. Eye-opening facts about her thoughts on eugenics, birth control, and dignity of the human person.

**The Gift of Life**—A touching film exploring the value of life through the stories of individuals who were nearly the victims of an abortion.

**Gimme Shelter**—A troubled 16-year-old flees life with her abusive mother, a drug-addicted prostitute. Agnes “Apple” Bailey is sure she wants a life different from the one she’s known with her mother, so she sets out to find the birth-father she’s never known. Along the way, she learns she’s pregnant. Based on a true story, “Gimme Shelter” tells of one girl’s desperate struggle against the odds—as she seeks hope, shelter, and a family to call her own. PG-13

**The Giver**—Jonas (Brenton Thwaites) lives in a seemingly idyllic world of conformity and contentment. When he begins to spend time with The Giver (Jeff Bridges), an old man who is the sole keeper of the community’s memories, Jonas discovers the dangerous truths of his community’s secret past. PG

## Gosnell—Trial of America’s Biggest Serial Killer—

A true story that was under-reported. Dr. Kermit Gosnell (James Earl Jones) performed many abortions in his facility, but didn’t care much for the rules. When charges are finally pressed against him, the truth comes out regarding abortion, his facility, his ethics, and the cover-ups. This eye-opening drama provides its audience with the truth of abortion from an unbiased standpoint. PG-13

**The Great Gilly Hopkins**—Twelve-year-old “Gilly” is a girl with plenty of attitude who’s been in too many foster families already. Now, placed in a new one, she comes up with a plan she hopes will bring her birth mother running to “rescue her.” Will it work? Or, does God have a better plan for Gilly? PG

**Hotel Rwanda**—Paul Rusesabagina (Don Cheadle), a Hutu, manages a hotel and lives a happy life with his Tutsi wife and their three children. But when

Hutu military forces begin a campaign of ethnic cleansing against the Tutsi minority, Paul is compelled to allow refugees to take shelter in his hotel. As the U.N. pulls out of the area, Paul must struggle alone to protect the Tutsi refugees in the face of the escalating violence later known as the Rwandan genocide. PG-13

**Life is Beautiful**—When a charming Jewish-Italian waiter named Guido (Roberto Benigni) sweeps a lovely schoolteacher named Dora (Nicoletta Braschi) off her feet, they become happily married. But five years later, when Italy has been overtaken by the Nazis and they are put into a concentration camp, Guido and their little boy, Giosue, are separated from Dora. So in order to keep up Giosue’s spirits, Guido uses his charm and imagination to make his son think it is all just a game. PG-13

**Lifemark**—David’s comfortable world is turned upside down when his birth mother unexpectedly reaches out to him, longing to meet the 18-year-old son she’s only held once. With the encouragement of his adoptive parents, David embarks on a journey of discovery that leads to a staggering truth from his past.



**Lion**—Based on the book entitled A LONG WAY HOME (aka-LION) by Saroo Brierley, the movie tells of a 5-year-old Indian boy who gets separated from his older brother, ends up riding in an empty train across India, and survives for months on the streets of Calcutta. After being placed in an orphanage, he is later adopted by an Australian family. And yet, he fiercely holds onto his memories—of his “first family” and the town where he had lived. Then, fast-forward 25 years to when the adult Saroo learns about the possibilities of Google Earth...Is there a chance that the grown man can figure out where “little Saroo” came from? Can he possibly locate his family of origin? LION tells an amazing and true story of family, loss, adoption, search for identity, persistence, and joyful triumph.

**Martian Child**—David Gordon, a successful, but lonely, science-fiction writer (recently widowed) is drawn to adopt an equally lonely boy (Dennis) who claims to be from Mars. (Young Dennis has a number of unusual quirks. Fortunately, David isn’t easily daunted by them.) He’s a great listener and a patient, loving dad who’s determined to break through his new son’s emotional force field. He works hard to help Dennis see that the “world of earthlings” can be a place filled with mystery, wonder, and, above all, loving security. PG

**October Baby**—Hannah (Rachel Hendrix) always knew that her health problems were a result of her premature birth, but she couldn’t find a reason for the emotional pain and emptiness she was secretly ex-



periencing. When she finds out that she survived an attempted abortion, she embarks on a trip with her friends to find her birth mother. PG-13

**Old Fashioned**—A reformed “frat boy” owns an antique store in a college town and falls for the free-spirited girl who moves into the apartment above his shop. Gradually, she gets to know her reticent landlord—and a courtship develops. Can these two very different people enjoy an old-fashioned romance in a social milieu that discourages values like chastity and modesty? Along the way, we learn about each of their pasts and meet some who have influenced them, for better and worse—and see some of the challenges of modern dating. PG-13

**Paper Dream**—Christy had a dream...For as long as she can remember, Christy Davis has wanted to be a mom, but things haven’t worked out the way she imagined them. When hopes of getting pregnant fall through, she and her husband Matt turn to adoption, but will that be enough to fill their longing for a child? American Family Studios is proud to present a story of hope in the midst of difficult circumstances. Do unfulfilled dreams define who we are, or is God enough to give us fulfillment? This is a great story! It makes the point that sometimes our dreams come in forms we would not have thought of. In this case, Christy Davis wants to be a mom but can’t have children. She and her husband Matt try adoption. Despite various tests and trials in their lives and questioning if God cares, they move forward and it is amazing the difference a year can make. For all ages—although due to the subject matter it would not be suitable for the very young.



**Roe v. Wade**—produced by Alveda King, this is the story behind the controversial 1973 court case over the issue of abortion. The all-star cast, including Academy Award winning actor Jon Voight, Nick Loeb and John Schneider, did a superb job bringing this untold, true story to life. There have been other films that have claimed to tell the story behind the 1973 Supreme Court decision that struck down the laws prohibiting abortion. Unfortunately, these liberal Hollywood versions have been one-sided and have buried the truth. This movie holds nothing back about the most corrupt court case in U.S. history. Part fact-based political thriller and part shocking expose, it pulls the curtain back on the lies, dirty tricks, phony claims and manipulations that set the stage for this ghastly decision.

**Sarah’s Choice**—*Pure Flix, 90 minutes, starring Rebecca St. James, Andrea Logan White and Brad Stine.* When life becomes reality...Sarah Collins is a young woman on the elevator of success, poised to attain her dream of an executive corner office. There’s only one thing that’s going to keep her from getting it, an unexpected pregnancy. Sarah is now faced with a moral and potentially career-ending choice. She is torn between keeping the life growing inside her and her legal right to abort the baby. In the midst of her turmoil, a mysterious stranger foretells the coming of three visions that will challenge her heart. What will Sarah choose?

**22 Weeks The Movie**—Based on a true story, follows a woman locked in the bathroom of an abortion clinic when her baby was born alive during an abortion procedure.

**Unplanned**—As one of the youngest Planned Parenthood clinic directors in the nation, Abby Johnson (Ashley Bratcher) was involved in more than 22,000 abortions and counseled countless women on their reproductive choices. Her passion surrounding a woman’s right to choose led her to become a spokesperson for Planned Parenthood, fighting to enact legislation for the cause she so deeply believed in. Until the day she saw something that changed everything. R



**Voiceless**—Jesse Dean (Rusty Joiner), a young, reserved war veteran, begins his new ministry job in an inner city. Tired of seeing women going into the abortion clinic across the street, Jesse finally decides to do something about it and begins to do sidewalk counseling. He finds opposition, however, not just from the clinic, but from his church. PG-13

**Volition**—Short film connecting the issue of abortion to historical tragedies where other groups have been labeled as “not human” or “not a person.”

**Where Hope Grows**—It’s about a former pro-baseball player with some serious problems...a surprising friendship that develops between him and “a special young man” who works in the local grocery store and goes by the name “Produce”...the man’s teenage daughter, who wants her dad to get past his problems and start acting like a grown-up, and the God who works in all their lives to bring HOPE to some seemingly hopeless situations. (Note: “Producer” has Down Syndrome.) PG-13

# Be Informed!

## **20 Answers: End of Life Issues, by Jason Negri**

This booklet unravels the controversies and confusion surrounding euthanasia, assisted suicide and the rights of patients in our uncertain health care future.

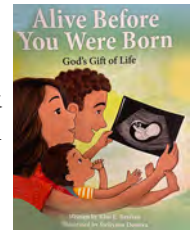


## **Abortion Questions and Answers, by Dr. and Mrs. John C. Willke**

The basic pro-life primer. A necessity for all those new to the pro-life movement and a refresher for those who have been seeking protection for all human life for years.

## **Alive Before You Were Born—God's Gift of Life by Kim E. Bestian, illustrated by Steliyana Doneva**

Before you were born, God knew you and loved you...This beautiful concept book helps adults lay a foundation for belief in the sanctity of life, reinforcing a biblical truth that will stay with children and guide their lives as adults.



## **Choice, by Martina Marie Parisi**

A full color, fully researched book designed by the author to educate people. She spent countless hours collecting reliable information from court documents, doctors, medical reports and diagrams, published reports from scientific studies and other primary sources.

## **Culture of Death: The Age of "Do Harm" Medicine, by Wesley J. Smith**

Included in this new edition of *Culture of Death* is an update on assisted suicide and euthanasia, futile care theory and health care rationing. Discussion is included on medical conscience protections and the threat to health care professionals.

## **Defenders of the Unborn, by Daniel K. Williams** The pro-life movement before *Roe v. Wade*.



## **Everything You Need to Know About Abortion—For Teens, by Janet Morana**

Women and girls are told they need legal access to abortion to be successful and liberated. Everywhere they turn, today's youth are bombarded with the pervasive message that abortion is normal, healthy, and even good. These dangerous lies are exposed for what they are in *Everything You Need to Know About Abortion—For Teens*. Janet Morana, a thirty-year veteran of the pro-life movement, with a direct but compassionate tone, introduces readers to the unborn child and to the brutal methods used to kill this most innocent victim.

## **The Future of Assisted Suicide and Euthanasia, by Neil Gorsuch**

A scholarly work written by Supreme Court Justice Gorsuch that provides a thorough overview of the ethical and legal issues raised by assisted suicide and euthanasia, as well as the most comprehensive argument against their legalization.

## **Gosnell: The Untold Story of America's Most Prolific Serial Killer, by McElhinney and McAleer**

The story of the abortion doctor who was considered a pillar of his community, an advocate for women's "reproductive health," and a respected member of Philadelphia's professional elite. Actually, Gosnell was casually murdering born-alive infants, butchering women, and making a macabre collection of severed babies' feet. Gosnell was sentenced to life in prison for causing deaths of women and unborn children and an additional 30 years for running a pill mill out of the clinic.

**I Can Hear Music, by Brendan Lyons and illustrated by Missy Johnson** is a rhyming book with a simple theme: children in the womb can hear. They can hear their mother's heartbeats, speaking voices, and the sounds of a marching band. "And when I am born, you might be surprised, the voice that you sing with is one I recognize." *I Can Hear Music* is a good introduction for toddlers and a particularly good fit for young ones who are awaiting the birth of a younger sibling and want to know more about what's going on in there!



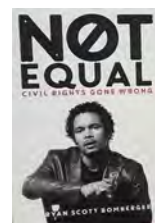
## **Made to Live, by Dr. Paul Saba**

*Made to Live* depicts a physician's journey to save lives. Dr. Paul Saba begins his story with the battle to save the life of his baby girl, Jessica, who was born with a severe congenital cardiac malformation. He describes the challenges of facing difficult diagnoses through both his personal experiences and those

of his patients. This book debunks the myths of euthanasia and assisted suicide. Dr. Saba believes no one can know what the future holds. Hope and loving support can overcome many obstacles in life's journey. In the end, we are all "made to live," as his daughter Jessica inscribed on one of her paintings at seven years old.

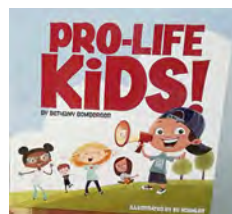
### **NOT EQUAL, Civil Rights Gone Wrong, by Ryan Scott Bomberger**

*NOT EQUAL* is a powerful look at Equality and Justice from someone whose life escaped the social injustice of abortion. Ryan Scott Bomberger, an adoptee and adoptive father, is proof that triumph can rise from tragedy. He is the co-founder, along with his wife, Bethany, of the life-affirming Radiance Foundation—an unconventional, educational non-profit organization.



### **Prescription Medicide, by Jack Kevorkian**

For many years Dr. Kevorkian was at the center of the red-hot debate over physician-assisted suicide. His much-publicized campaign to assist the terminally ill to commit suicide eventually led to his prosecution and imprisonment. *Certainly not a pro-life book, but clearly shows how the ground work was laid for today's push for physician assisted suicide and euthanasia.*



### **PRO-LIFE KIDS! by Bethany Bomberger, Illustrated by Ed Koehler, book editing, design and layout by Ryan Scott Bomberger**

Children are naturally pro-life. But they don't stay that way unless they are educated about what it means to value every human life—planned or unplanned, able or disabled. The Radiance Foundation exists to creatively illuminate that every human life has purpose and wants to empower parents, teachers, faith leaders, and any teen or adult who would like to convey an age-appropriate pro-life worldview to children. It is a beautifully illustrated journey that helps anyone teach a pro-life worldview to children.

### **The Shape of the Eye, by George Estreich**

*The Shape of the Eye* is a memoir of a father's love for his daughter, his struggle to understand her disability, and his journey toward embracing her power and depth. "This book is beautifully written, poetically insightful, and personally transformative. To read it is to rethink everything and to be happy because of the journey." —Timothy P. Shriver, Ph.D., Chairman and CEO, Special Olympics

### **'Tis but Thee, by Kathleen M. Spayd**

*'Tis but Thee* is a charming little faith-based fable of a baby's sojourn, beginning amidst the angels of heaven and the very presence of God to the final passage through the misty veil to a mother's waiting heart below. This imaginative story not only sanctifies the precious birthday of every newborn, but also reminds every child, no matter their age, that to each is given a divine purpose.



### **Stuck, by Justina Van Manen**

*Stuck* is a complete guide to answering tough questions about abortion.

### **Students for Life, by Ensor and Klusendorf**

A guide for students at the high school and college level on how to establish a Respect Life group on their campuses and bring the pro-life message to the students.

### **The Walls are Talking - Former Abortion Clinic Workers Tell Their Stories by Abby Johnson with Kristin Detrow**

This book narrates the harrowing and life-changing experiences of former abortion clinic workers, including those of the author, who once directed abortion services at a large Planned Parenthood clinic.

### **When You Became You, by Brooke Stanton and Christiane West**

This is a gorgeously illustrated children's book for teaching children about the continuum of life. Illustrated with deep colors, it depicts human beings in the womb so that children can see what they looked like when they were beginning to grow and how they have grown into the child they are today. It explains so beautifully that from the moment your life begins, you are the same human being throughout your entire life.





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*Tony & Chris Hansen*

*Paul & Susan Kowalski*

*Eugene & Darcy Mazza*

*Paul & Joan Moses*

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*David & Nancy Daly*

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*Michael & Annette Schefke*

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# *A Nurse's Prayer*

*Let me dedicate my life today to the care of those who come my way.  
Let me touch each one with healing hand and the gentle art for which I stand.  
And then tonight when day is done,  
Let me rest in peace if I've helped just one.*

*Jeanne Barrett, BSN*

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*Marte Bewick, RN*

*Brandon McAleer, BSN, MSN, NP-BC*

*Rose M. Boyll, MSN, Med*

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*Alice Jean Maher, RN, BSN, MSN*

# *In Loving Memory*

*In Memory of Baby Chris  
& All Aborted Babies*

*Douglas Bradley*

*Dr. Joseph Burtka*

*Walter & Mary Dominik*

*Joe & Sally Ehlen*

*Mr. & Mrs. Al & Barb Kirtek*

*Theodore & Stella Konopka*

*Sister Mary Ruth Koralewski*

*Jozef & Stella Majcher*

*Paul Mallie*

*Char & Bill McCulley*

*Michael Millington*

*Baby Christine Oster*

*Thomas H. Oster*

*Mr. Gary Pruse*

*Robert E. & Audrey J. Ralko*

*Florence S. Remski*

*Marc E. Rinke 1969-2020*

*Leonard & Nancy Rucinski*

*Margaret Spas*

*Mr. Mike Stack*

*Leonard & Clementine  
Sulkowski*

*John Telka*

*Stanley & Zofia Telka*

*Colette Trevarthan*

*Virginia & Herman Wagner*

*Bob & Millie Warner*



For we are God's  
handiwork,  
Created in Christ  
Jesus to do good  
works, which God  
**PREPARED IN  
ADVANCE** for us  
to do.  
**Ephesians 2:10**

**D.J. CONLEY** 

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*because they chose life for their babies and not abortion.*

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*Every story is different—but every baby is so very precious.*

*To everyone who has knitted an afghan, bought a baby gift,  
washed and sorted gently-used clothing, attended a baby shower,  
sent a monetary donation or prayed for our little ones and their moms—*

*we thank you from the bottom of our hearts*

*for making it possible for us to help these special families.*

*—Karen Patrosso, Director*

**Wee Care — A Program of Right to Life - LIFESPAN**



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and  
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In memory of all mothers  
whose physical presence is no longer with us,  
but whose spirit and love  
live on in their children.

## *We Remember Them*

*In the rising of the sun and in its setting; we remember them.*

*In the blowing of the wind and the chill of winter; we remember them.*

*In the opening of buds and the warmth of summer; we remember them.*

*In the beginning of the year and when it ends; we remember them.*

*When we are lost and sick at heart; we remember them.*

*When we have joys we yearn to share; we remember them.*

*So long as we live, they too shall live.*

*For they are now part of us, as we remember them.*

—From the Jewish Prayerbook

# THANK YOU!

TO ALL OUR VOLUNTEERS, MEMBERS, & DONORS 1970-2025

**THE RIGHT TO LIFE-LIFESPAN**  
**WAYNE CHAPTER BOARD OF DIRECTORS**



**A Psalm for the  
Unborn Child in the Womb**  
Psalm 59



Deliver me from my enemies, O God;  
protect me from those who rise up against me.

Deliver me from evildoers  
and save me from bloodthirsty men.



See how they lie in wait for me!  
Fierce men conspire against me  
for no offense or sin of mine, O Lord.



I have done no wrong,  
yet they are ready to attack me.  
Arise to help me; look on my plight! ...

Proverbs 31:8



Open your mouth for the speechless,  
in the cause of all who are appointed to die.



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So God created humankind  
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God he created them; male  
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**Fr. Maurice Veryser**

**Council #13810**

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***"Every life is precious, which is why the work that Right to Life - LIFESPAN does is so important to women and families across Michigan."***

***I am proud to support Right to Life - LIFESPAN and encourage you to support their mission. "***

***Tom Barrett***  
**CONGRESSMAN TOM BARRETT**



***The Jerry and Diane Fagelman Family***

*Jerry and Diane Fagelman, Michelle and Aleks Petrovski, Darryl and Laura Fagelman, Judith Vigliotti, Melissa and David Rosales, Jessica and Cole Paarfusser*

*Great-Grandchildren: Chase and Mia Rosales and Baby Paarfusser (in her mother's womb)*

*Inset photo: Kurt and Amanda Fagelman*

*Life is an opportunity, benefit from it.  
 Life is beauty, admire it.  
 Life is a dream, realize it.  
 Life is a challenge, meet it.  
 Life is a duty, complete it.  
 Life is a game, play it.  
 Life is a promise, fulfill it.  
 Life is a sorrow, overcome it.  
 Life is a song, sing it.  
 Life is a struggle, accept it.  
 Life is a tragedy, confront it.  
 Life is an adventure, dare it.  
 Life is luck, make it.  
 Life is too precious, do not destroy it.  
 Life is life, fight for it.  
 ~ Saint Mother Teresa ~*

***What can you do to promote world peace?  
 Go home and love your family.  
 ~ Saint Mother Teresa ~***



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*"The value of life does not depend upon the place we occupy.  
It depends upon the way we occupy that place."*

*— St. Therese of Lisieux*



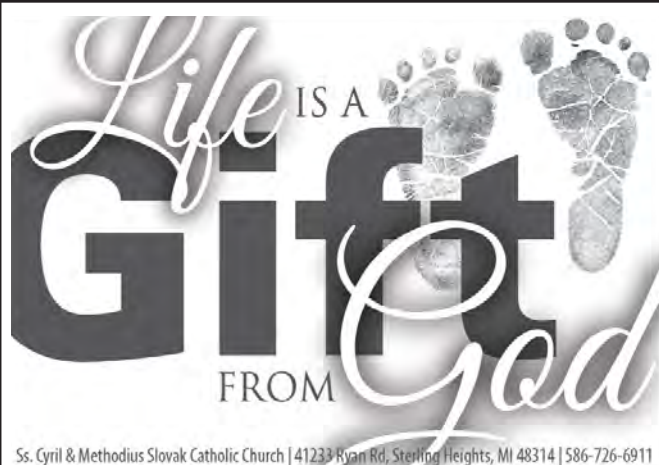
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*Happy 50th Anniversary, Mom and Dad, from your loving Cascos family!*



*In Honor and in Memory of our Grandparents,  
Helena Nabozna and Felix Konopka,  
Karolina Makowiec and Michal Firlit,  
and our Parents, Theodore Konopka and Stella Firlit  
With everlasting love and gratitude, Margie & Susie*



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*In loving tribute to my steadfastly  
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**“The right to life is the first among human rights.”**

**- Pope Francis**



May God continue to bless the efforts of all those who work tirelessly to ensure that all stages of human life are respected in both our nation and throughout the world.

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For more information on our Parish, please visit us online at  
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# ***RTL-LIFESPAN *Defending Life**** ***from Physician Assisted Suicide***

## ***Intensive Training***

***With Presenter Jason Negri***

**When: Saturday, May 17 9am-12pm**

**Why:** To educate yourself about the realities and dangers of Physician Assisted Suicide (PAS) & Euthanasia and prepare to speak publicly against PAS in your community. All participants receive 3 hours of expert presentation & hands-on training and take home a PAS training manual.

**Who:** Dedicated pro-lifers, Medical Professionals (especially those involved in Palliative Care), Estate Planning Attorneys, Disability Rights' activists. Other concerned community organizations are encouraged to sponsor ONE committed member to attend this training. (Space is limited to 30 participants.)

**Where:** St. Owen Parish Center

*6869 Franklin Rd., Bloomfield Hills, MI 48150*

**Contact:** Tim Pruse ([tpruse@milifespan.org](mailto:tpruse@milifespan.org)) or the Wayne Chapter Office (734) 422-6230 to register or with questions

**Cost to Attend:** \$40 (*LIFESPAN* sponsors the bulk of the cost).

Coffee & Continental Breakfast included.

# LINKS FOR LIFE 2025

**“Fore” Life this August!**

Represent your family,  
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## **LIFESPAN'S 5th Annual Charity Golf Outing**

### **Right to Life— LIFESPAN**

**Invites you to join us in August 2025 for a Best  
Ball Golf Outing including Shotgun Start, Lunch,  
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**Registration Opens May 19**

**Contact Wayne Chapter 734-422-6230 / [wcdrrtl-lifespan.org](mailto:wcdrrtl-lifespan.org)**

*To Honor the Gravesites of our Unborn Brothers and Sisters*



## *National Day of Remembrance for Aborted Children*

**Saturday, Sept. 13, 2025 • 1:00 pm**  
**White Chapel Cemetery**

### *Our Five Unborn Children of God*

"In 1980, the bodies of 5 pre-born infants were found in Oakland County. Four bodies, found in a self-serve storage locker, were said to be 5 months or less in gestation. The fifth child found in a plastic container behind a medical clinic, was found to be approximately 8 months in gestation.

In both instances, those responsible stated that the bodies were mistakenly placed where they were found and that it was "error" or "accident" that caused them to be improperly disposed of.

Regardless of how the 5 preborn children met their deaths, it was felt by Right to Life - LIFESPAN that a more fitting place for the bodies was imperative. These children were not able to experience their right to life and we felt that at least, in death, their humanity should be recognized and burial be provided as should and would be provided for any other member of our human family.

Through the courtesy of A.J. Desmond and Sons, Funeral Directors, and White Chapel Cemetery, the bodies of these preborn children were laid to rest in a brief and simple ceremony on May 2, 1980."

- LIFESPAN Newsletter, May 1980



On Saturday, September 13th, LIFESPAN will join other pro-life Americans across the country to honor the memory of the more than 66,000,000 pre-born victims of abortion during the National Day of Remembrance for Aborted Children.

### ***Date & Time:***

September 13th - 1:00 pm

### ***Location:***

White Chapel Cemetery  
621 W. Long Lake Road  
Troy, Michigan 48098

### ***For More Information:***

Right to Life - LIFESPAN  
734.524.0162  
[miLIFESPAN.org](http://miLIFESPAN.org)

National Day of Remembrance for Aborted Children is a joint project of Citizens for a Pro-Life Society, Priests for Life and the Pro-Life Action League.

# 2025 CIDER Walk

Because Children In-utero Deserve  
Equal Rights!



**Coming SEPTEMBER 2025!**

The CIDER Walk is a simple way for people of all ages to walk a mile so that all preborn children can someday walk a mile in their own shoes!

CIDER Walk Pledges are tax deductible & support LIFESPAN Wayne Chapter

All pledging attendees receive a CIDER Walk T-shirt, Cup, Cider, & Donuts!



# 38<sup>th</sup> Annual Life Chain

Sunday, October 5, 2025

2:00 – 3:30 PM\* (\*unless otherwise noted)

## **2024 LIFE CHAIN Locations Sponsored by LIFESPAN:**

• **Auburn Hills:** Walton Blvd., east of Squirrel Rd. (\*11:30 – 1:00)  
 • **Belleville:** Main St. and Five Points  
 • **Dearborn:** Michigan Ave., in front of Old City Hall  
 • **Dearborn:** Telegraph Rd. & Wilson Ave.  
 • **Dearborn Heights:** Ann Arbor Trail & Kinmore Street  
 • **Dearborn Heights:** Telegraph Rd., one block south of Joy Rd.  
 • **Dearborn Heights:** Telegraph Rd., just north of Ford Rd.  
 • **Ferndale:** Woodward Ave., between 8 & 9 Mile Roads  
 • **Fraser:** 14 Mile Road at Utica Road (\*2:00 – 3:00)  
 • **Lake Orion:** Lapeer & Indianwood (\*1:30 – 3:00)  
 • **Livonia:** 7 Mile btw Merriman & Farmington (\*1:30 – 2:30)  
 • **Livonia:** 7 Mile, in front of the Carl Sandburg Library  
 • **Livonia:** Middlebelt Rd. at & between Jamison & 6 Mile Rd.  
 • **Livonia:** Plymouth Rd., between Farmington & Merriman  
 • **Macomb Twp:** 24 Mile Rd. at Romeo Plank  
 • **Novi:** Novi & Grand River Roads  
 • **Plymouth:** North Territorial and Beck Road  
 • **Redford:** Beech Daly & 6 Mile Roads

• **Rochester Hills:** John R and Auburn (\*12:30 – 2:30)  
 • **Royal Oak:** Woodward Ave. at 11 Mile Road  
 • **Shelby Township:** Schoenherr btw 21 & 22 Mile Road. (\*1:30)  
 • **Sterling Heights:** Ryan & 18 Mile Roads  
 • **Taylor:** Telegraph and Northline  
 • **Walled Lake:** Pontiac Trail between Maple & Walled Lake Dr.  
 • **Warren:** 12 Mile Road, east of Dequindre  
 • **Warren:** 26440 Ryan Road  
 • **Westland:** Intersection of Ford & Wayne Roads  
 • **Westland:** Wayne Road, north of Warren Road



## **2024 Co-Sponsored by:**

♥ AHG Troop MI 0413 St. Anthony, Belleville  
 ♥ Brightmoor Bible Missionary Church, Detroit  
 ♥ Church of the Divine Child Church, Dearborn  
 ♥ Church of the Holy Family, Novi  
 ♥ Covenant Community Church, Redford  
 ♥ Detroit Catholic Singles, Warren  
 ♥ Four Winds Church, Livonia  
 ♥ Full Gospel Temple Assembly, Westland  
 ♥ Knights of Columbus Council #13810, Dearborn Hts.  
 ♥ LifePointe Church of God, Belleville  
 ♥ Merriman Road Baptist Church, Garden City  
 ♥ Northville Christian Assembly, Northville  
 ♥ Our Lady of Good Counsel Church, Plymouth  
 ♥ Our Lady of Loretto Church, Redford  
 ♥ Our Lady of Perpetual Help Sodality, Wixom  
 ♥ Our Lady of Victory Church, Northville  
 ♥ Our Mother of Perpetual Help Church, Ferndale  
 ♥ Plymouth Global Methodist Church, Plymouth  
 ♥ Ss. Cyril & Methodius Church, Sterling Hts.

♥ St. Anthony Catholic Church, Belleville  
 ♥ St. Barbara Church, Dearborn  
 ♥ St. Genevieve-St. Maurice Church, Livonia  
 ♥ St. John Fisher Chapel, Auburn Hills  
 ♥ St. John Lutheran Church, Fraser  
 ♥ St. John Lutheran Church, Taylor  
 ♥ St. John Neumann Church, Canton  
 ♥ St. Joseph Church, Lake Orion  
 ♥ St. Joseph Church, South Lyon  
 ♥ St. Louise de Marillac Church, Warren  
 ♥ St. Mary of the Hills Church, Rochester Hills  
 ♥ St. Michael the Archangel Church, Livonia  
 ♥ St. Peter Lutheran Macomb Church, Sterling Hts.  
 ♥ St. Priscilla Church, Livonia  
 ♥ St. Sabina Church, Dearborn Heights  
 ♥ St. Therese of Lisieux Church, Shelby Township  
 ♥ St. Valentine Church, Redford  
 ♥ St. William Church, Walled Lake

Want to Participate  
 in 2025?  
 Call 734.524.0162 to  
 Reserve your spot!

As of 10/2/24

Thousands of participants across the United States and Canada will stand on the sidewalks in witness to their commitment to love and protect the preborn and their mothers. LIFE CHAIN challenges the community to be aware and to care. The signs deliver messages that *Abortion Kills Children*, *Adoption is the Loving Option*, *Abortion Hurts Women*, *Pray to End Abortion*, and *Life-The First Inalienable Right*. This peaceful event will provide a visual statement of unity. For more information about the National movement, go to [www.lifechain.org](http://www.lifechain.org)



Sponsored by **Right to Life – LIFESPAN Educational Fund**

Visit our website at [miLIFESPAN.org](http://miLIFESPAN.org), find us on Facebook at [www.facebook.com/miLIFESPAN](https://www.facebook.com/miLIFESPAN) or Call the Main Office at 734.524.0162

Photos/video may be taken at this event by LIFESPAN and may be used by us on the web, in publications and/or other media. If you would prefer that your image not be included, please contact us.



# PROLIFE T-SHIRT DAY

OCTOBER 6, 2025

**THIS NATIONAL EVENT TAKES PLACE TWICE A YEAR  
AND IS A DAY FOR THOSE WHO CARE ABOUT THE  
UNBORN TO MAKE THEIR CONVICTIONS KNOWN IN  
A POSITIVE, FUN WAY! WEARING T-SHIRTS WITH  
PRO-LIFE, PRO-BABY, PRO-WOMAN, AND PRO-  
FAMILY MESSAGES CAN ACTUALLY SAVE LIVES!**

**WWW.STANDTRUE.COM/SHIRTDAY**



☆☆ *Save the Date* ☆☆



NATIONAL  
PRO-LIFE

Cupcake Day

Share a Cupcake &  
Start a Conversation



Cupcakes are a great way to introduce  
non-hostility into an otherwise difficult  
conversation about abortions.

Pro-Life Cupcake Day is a reminder of the  
number of uncelebrated birthdays that  
occur due to abortions.

What is Cupcake Day?



CupcakesForLife.com

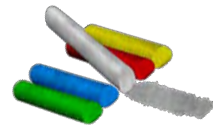
Watch for more information on [www.miLIFESPAN.org](http://www.miLIFESPAN.org)  
or contact Lynn at 248-816-1546/[oakmac@rtl-lifespan.org](mailto:oakmac@rtl-lifespan.org)

# *Right to Life - LIFESPAN*



## Autumn Pro-Life Sidewalk Chalking Day

Wednesday, October 15, 2025



ON THIS DAY, STUDENTS TAKE TO THE STREETS,  
SCHOOLS AND COLLEGE CAMPUSES. PRO-LIFE WORDS  
AND SLOGANS ARE WRITTEN ALL OVER THE SIDEWALKS.

ABORTION  
HURTS WOMEN  
Love them both!  
*A baby's heart begins to  
beat at 21 days!*



THIS EVENT IS A WONDERFUL WAY TO DRAW  
ATTENTION TO PRO-LIFE FACTS AND SHED  
LIGHT ON WAYS TO FIND HELP.

Does your group need chalk?

Contact:

Oakland/Macomb Chapter: 248-816-1546

Wayne County Chapter: 734-422-6230

Email: [oakmac@rtl-lifespan.org](mailto:oakmac@rtl-lifespan.org) or [wcdl@rtl-lifespan.org](mailto:wcdl@rtl-lifespan.org)





# *Right to Life - LIFESPAN Legislative Breakfast Returns in 2025!*

**Save the Date:**  
**Saturday,**  
**October 18, 2025**  
**9-11am**



*In 2023, Fr. Frank Pavone discussed our need to force the abortion movement to "Describe what it Defends" while they attempt to hide behind euphemisms.*

*In 2024, Jason Negri discussed the grim reality of the coming push from Michigan's Cult of Death to legalize Physician Assisted Suicide and Euthanasia.*

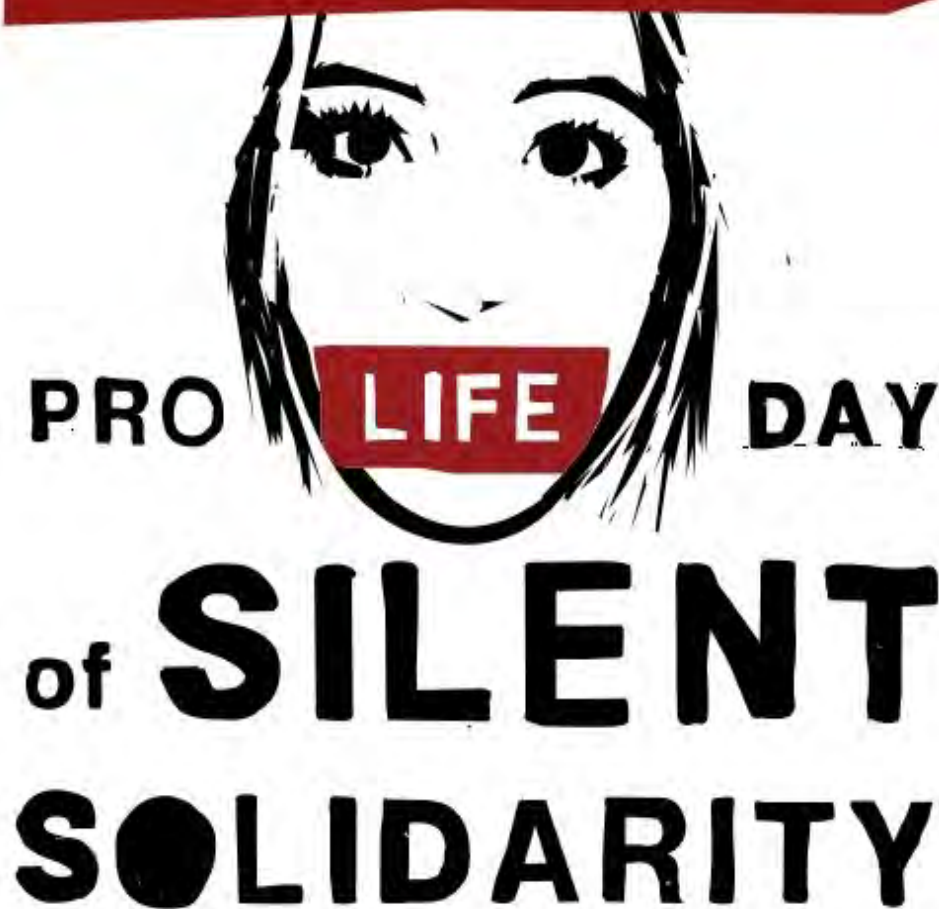
*In 2025, we intend to focus on the disturbing reality of Human Trafficking.*

**WHAT CAN PEOPLE OF GOODWILL DO AGAINST SUCH EVIL?**

**Our former Legislative Luncheon returns to its traditional roots as a Legislative Breakfast. We will serve a Continental breakfast with low-cost tickets.**



**Tuesday, Oct. 21, 2025**



**CAN YOU **LOSE** YOUR VOICE  
FOR A DAY FOR THOSE WHO  
WILL NEVER HAVE **ONE?****

**FOR MORE INFORMATION, CONTACT:**

**LYNN AT [OAKMAC@RTL-LIFESPAN.ORG](mailto:OAKMAC@RTL-LIFESPAN.ORG)**

**<https://nationaltoday.com/pro-life-day-of-silent-solidarity/>**





# Right to Life – LIFESPAN

invites you to join us for the

**2025 *MICHIGAN March for Life* in Lansing, MI**  
**Thursday, November 6<sup>th</sup>!**



**We will have up to six charter buses going to Lansing for the day  
picking Marchers up in different locations:  
Wayne, Oakland and Macomb Counties!**

**The trip is for singles, couples, families, friends, people of all ages.**

**The cost per person will be \$35.00.**

**Bring your own lunch (BYOL).**

**Mark your calendar!**

**For more information, call 248-816-1546 or email us  
at [oakmac@rtl-lifespan.org](mailto:oakmac@rtl-lifespan.org).**



2024 Card

# **2025**

## ***Right to Life - LIFESPAN***

### ***Christmas Cards***



2024 Card

*Your purchase of LIFESPAN Christmas Cards represents support for the pro-life activities, education and materials offered during the coming year.*

To place an order, sell at your church, arrange for pickup,  
or for more information: call one of our chapter locations:

**Oakland/Macomb Counties Chapter (Troy): 248.816.1546**

**Wayne County Chapter (Livonia): 734.422.6230**

***All cards are made in the U.S.A.***



***Right to Life - LIFESPAN***

***Educational Fund***

*Help illuminate*

*LIFESPAN's*

## ***Lights for Life Tree***

*Donate a light in honor of,  
or in memory of,  
someone you love!*

### ***Place a Light on the Lights for Life Tree***

*Celebrate with us this Christmas Season, remembering those you love. In keeping with the Christmas spirit of giving, caring and sharing, LIFESPAN invites you to help illuminate our **Lights for Life Tree** by donating a light in honor of, or in memory of, someone you love. Your tax-deductible contribution may be made throughout the Christmas Season. The Tree will be illuminated **early December through the first week of January**. The Tree will be located on the grounds of Weingartz at 39050 Grand River Ave. in Farmington Hills, Michigan. Contributions will be used to benefit **LIFESPAN** programs, like **Wee Care**, an outreach program for moms and their babies and our **Generation Truth** Youth Outreach program. Honorees' names will appear in **LIFESPAN News**. For more information, call **734-524-0162**.*

In Honor of \_\_\_\_\_ In Memory of \_\_\_\_\_  
In Honor of \_\_\_\_\_ In Memory of \_\_\_\_\_  
In Honor of \_\_\_\_\_ In Memory of \_\_\_\_\_

Given By \_\_\_\_\_

Number of Lights to "shine" \_\_\_\_\_ Total amount enclosed: \$ \_\_\_\_\_

Any contribution will be greatly appreciated. If you need additional space, please attach another sheet of paper.

☐ Check made payable to **LIFESPAN Educational Fund** (Note **Lights for Life** on your check memo)

☐ MasterCard ☐ VISA ☐ Discover ☐ American Express \*Your credit card will be charged by **LIFESPAN Educational Fund**

Bill To:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Signature (for Credit Card only) \_\_\_\_\_ Card Verification Code \_\_\_\_\_

Email Address (if receipt is requested) \_\_\_\_\_

**Send form and payment to:**

**LIFESPAN Main Office, 32540 Schoolcraft Rd., Ste. 100, Livonia, MI 48150-4305 • 734.524.0162 • [mainoffice@rtl-lifespan.org](mailto:mainoffice@rtl-lifespan.org)**

3/15/24 v1



## Right to Life - LIFESPAN January 2026 *Movement in Motion* Bus Trip to DC



### *Why do we still March?*

Our most important work in the pro-life movement is changing hearts and minds. The goal of the 4th Post-Roe, 53rd March for Life in Washington, DC is not only to change laws at the state and federal level, but to change the culture to ultimately make abortion unthinkable! We are dedicated to march until a culture of life is restored throughout our entire country!

Departure: early morning of Thursday, January 22nd

Day of March: Friday, January 23rd

Return: Buses 1, 2, and 3 will return before midnight on Saturday, January 24<sup>th</sup> (staying two nights at a host church) and Bus 4 will return by evening of Sunday, January 25<sup>th</sup> (staying three nights at a hotel - will add more cost to the trip)

Pick up locations: Oakland, Macomb and  
Wayne Counties

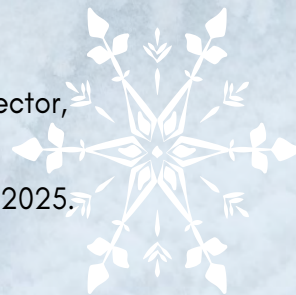
Cost: to be determined



For more information, please contact Lynn Gura, Youth Director,  
at 248-816-1546 or oakmac@rtl-lifespan.org

Online registration will take place from September 1-November 1, 2025.

Stay tuned for a registration link!





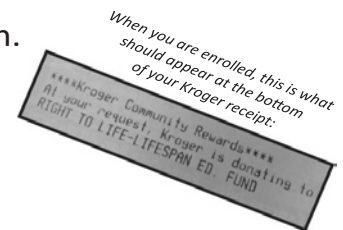
## Attention: Kroger Shoppers!



Want to help LIFESPAN while you shop?  
Please choose **"Right to Life-LIFESPAN Ed. Fund"**, organization **#UC352**,  
as your selection to set-up your Kroger Community Rewards.  
There is **NO** cost to you. It will **NOT** effect your fuel rewards and Kroger  
will donate a portion of all your purchases to LIFESPAN!  
Last year, Kroger donated more than **\$1,000 to LIFESPAN** because of **YOU!!**

**FIRST TIME** registration: you will need to set-up an account first.

- If you are a member and want to enroll your card, simply go to [www.krogercommunityrewards.com](http://www.krogercommunityrewards.com).
- Click "create an account" link.
- Put in your email address and password. Confirm your password.
- Enter **plus card** OR **alt ID** number.
- Go to Community Rewards (near bottom).
- Follow through the steps (name, address, etc.).
- Put in group number or part of the name of organization.
- Choose the correct organization.
- Click Enroll.



**You are now enrolled in Kroger Community Rewards!**

**\*\* If you are having an issue with your password and or email address, please call 1-800-KROGERS, press 5 for customer service, and press 5 to speak to a customer service representative.**

- Re-enrollment is no longer necessary. Once you select LIFESPAN as your charity, you don't need to do anything else.

## 2026 Rose Ceremony:

### A Mass for the Pre-Born

**Wednesday 6pm Mass in January 2026**

Commemorating 53 years of legal abortion in Michigan  
and *66 million preborn lives* lost due to abortion in the USA.



### Our Lady of Good Counsel

47650 North Territorial, Plymouth, MI 48170

For more information or to host a Rose Ceremony at YOUR church, contact:

**Right to Life - LIFESPAN, Wayne Chapter**  
(734) 422-6230 [wcdrr@rtl-lifespan.org](mailto:wcdrr@rtl-lifespan.org)



# Right to Life – LIFESPAN's 37<sup>th</sup> Annual Baby Shower

Sunday, March 8, 2026\*

(\*unless different date noted)

to benefit local Pregnancy Help Centers

Baby showers were held at the following locations in 2025.

To schedule a shower at your church in 2026, call LIFESPAN's Main Office at 734.524.0162

## Gift Drop-Off ONLY – After Church Services (unless noted otherwise) In alphabetical order by City:

Auburn Hills Christian Center  
Auburn Hills  
2592 E. Walton Blvd.

Sacred Heart of the Hills  
Auburn Hills  
3400 S. Adams Rd. \**May 3-4*

Our Lady, Queen of Martyrs  
Beverly Hills  
32340 Pierce \**March 1-2*

St. Hugo of the Hills  
Bloomfield Hills  
2215 Opdyke

St. Owen  
Bloomfield Hills  
6869 Franklin Rd.

St. John Neumann  
Canton  
44800 Warren Rd.

St. Daniel  
Clarkston  
7010 Valley Park Dr. \**March 8 & 9*

Guardian Angels  
Clawson  
581 E. 14 Mile Rd.

Sacred Heart Ladies Tabernacle Sodality  
Dearborn  
22430 Michigan Ave. \**Thursday, March 6*

St. Alphonsus  
Dearborn  
17650 Outer Drive W

St. Anselm  
Dearborn Heights  
17650 Outer Drive W

St. Sabina  
Dearborn Heights  
25555 Ann Arbor Trail \**March 8-9 (Before Mass)*

St. Fabian  
Farmington  
32200 W. 12 Mile Rd. \**March 8-9*

St. Thomas the Apostle  
Garden City  
31530 Beechwood Ave. \**March 10-31*

St. Joseph  
Lake Orion  
715 N. Lapeer Road \**June 7-8*

Four Winds  
Livonia  
31840 W. Seven Mile Rd.  
\**March 2 & 9 8:30a-12:30p*

St. Colette  
Livonia  
17600 Newburgh Rd.

St. Edith  
Livonia  
15089 Newburgh Rd.

St. Genevieve-St. Maurice Women's Sodality  
Livonia  
29015 Jamison St.

St. Mary, Our Lady of the Snows,  
Milford  
1955 East Commerce Rd. \**May*

Our Lady of Victory  
Northville  
707 Thayer \**Lenten Collection*

Our Lady of Refuge  
Orchard Lake Village  
3750 Commerce Rd. \**Lenten Collection*

St. Anne  
Ortonville  
825 S. Ortonville Rd. \**March 8-9*

Our Lady of Good Counsel  
Plymouth  
47650 N. Territorial

St. Kenneth  
Plymouth  
14951 Haggerty \**March 15-16, 22-23, 29-30*

St. Damien of Molokai  
Pontiac  
120 Lewis Street

Our Lady of Loretto  
Redford  
17116 Olympia \**March 1-2 & March 8-9*

St. Mary  
Royal Oak  
730 S. Lafayette Ave. \**8:30a-12:30p*

Ss. Cyril & Methodius  
Sterling Heights  
41233 Ryan Rd. \**March 22-23*  
*In-Person Baby shower: March 23, 10:30 am*

Christ Our Light  
Troy  
3077 Gloucester \**March 9 - Easter*

St. Elizabeth Ann Seton  
Troy  
280 E. Square Lake Rd. \**May 17-18*

St. Thomas More  
Troy  
4580 Adams Rd. \**Apr 5-6*

St. Josaphat Ukrainian,  
Warren  
26440 Ryan

V9 2/12/25

Choose a location near you, drop off some items and help our local moms and their babies. Sometimes, just knowing that there are resources available through local pregnancy help centers means the difference between aborting a baby and giving a baby LIFE!



# Wee Care Program

## Who we help

Homeless Moms  
Teen Moms  
Jobless Moms  
Etc.



## We distribute every year over

5,400 Sleepers & 5,000 Onesies  
3,000 Receiving Blankets & 1,200 Pkgs. of Diapers  
& so much more



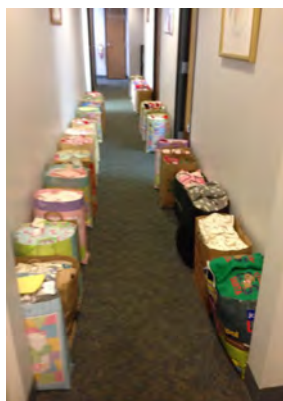
## What they Receive

Layette filled with clothing,  
bedding, diapers, etc.  
Value approximately \$600

## No Public Funding

We rely on individual  
monetary & material  
goods donations & Baby  
Showers & Giving Trees

*This is a daily view of  
our layettes. Each  
mom gets 2 bags filled  
with baby items & of  
course all our love.*



*Our donors are so  
generous!*

## Wee Care

Director: Karen Patrosso

32540 Schoolcraft Road, Suite 100, Livonia, MI 48150-4305

Phone: 734.524.0165 • Email: [mainoffice@rtl-lifespan.org](mailto:mainoffice@rtl-lifespan.org)



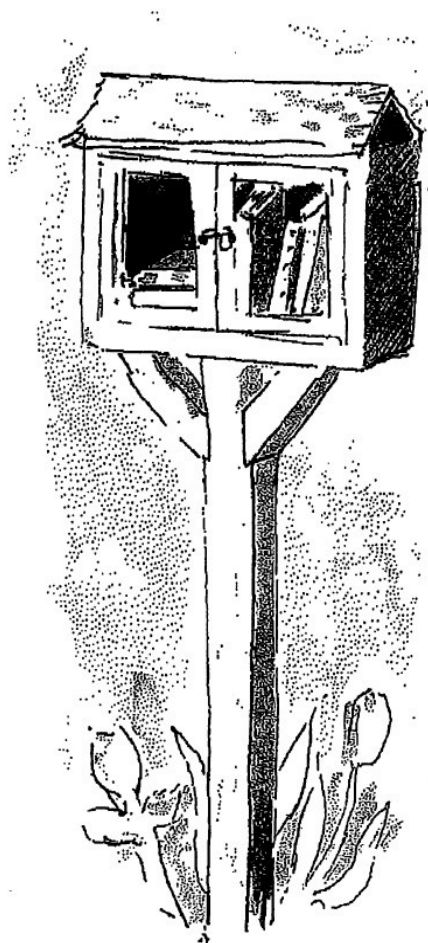
# Right to Life - LIFESPAN's *Be the Change*

Join us to learn effective ways of being an  
**Advocate for the Unborn and Their Moms**  
at our 7th annual training event!

**MARCH 2026**

This event is for ages 12 and up  
through adulthood!

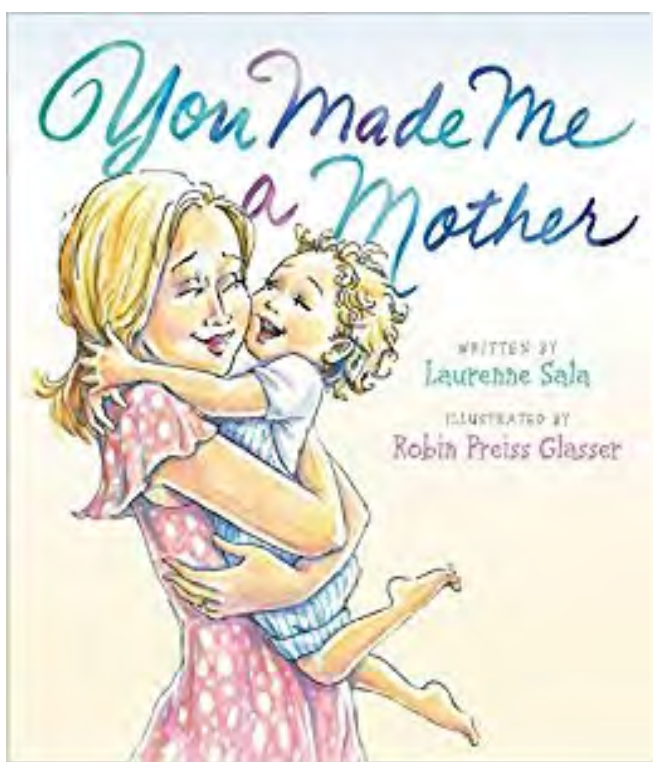
For more details, please contact  
Lynn Gura, Youth Director, at  
[oakmac@rtl-lifespan.org](mailto:oakmac@rtl-lifespan.org) or call  
248-816-1546



## **LIFESPAN's Lil' Library Project**

Share the *knowledge of life* through our grassroots approach by supplying your neighborhood "Lil' Libraries" with two pre-selected books appropriate for children of pre-school and primary grades - books that celebrate the joy of life.

Call (734-524-0162) or email (mainoffice@rtl-lifespan.org) the LIFESPAN Main Office to obtain two (2) books for each location that you have discovered in your town. Be prepared to report the address of the location(s). This is an ongoing event that you can participate in at any time.



# Membership That Can Save a Heart!

Where else can you spend \$30 and help save a heart? Your membership in LIFESPAN helps us to remain the strong, local, pro-life voice in southeastern Michigan for those who have no voice. By renewing your membership and inviting your family and friends to join, you become part of a local movement that CAN effect change and mold a more pro-life future.



Thank You  
for your  
support!

Your support and membership are critical to LIFESPAN, your hometown pro-life organization. For over 50 years, we have accomplished a lot, but this is NOT the time to stand still, particularly in the

current political climate.

Together, our pro-life voice needs to be heard, to educate and inform on the decisive life issues before us.

The abortion industry hopes we will get tired and give up. We can't—because precious lives are in the balance. By your support of LIFESPAN, you show

that you are here with us for the long haul, and you help your pro-life family grow for the fight in the years ahead.

## Right to Life - LIFESPAN Membership Form

Right to Life - LIFESPAN believes that human life has value in all stages of development from conception until natural death, and is committed to speaking on behalf of those who cannot speak for themselves—the unborn, the aged, the incapacitated. Won't you please help in our struggle to preserve respect for human life? A contribution brings you our newsletter as well as educational materials and special mailings.

_____ Individual/Family	\$ 35.00
_____ Student/Senior Member	\$ 25.00
_____ Other	\$ _____

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Please complete this form and return with your donation to: **Right to Life - LIFESPAN Educational Fund**  
32540 Schoolcraft Rd., Suite 100, Livonia, MI 48150-4305

For more information, call 734-524-0162

Donations are tax-deductible

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# In Memory of Over 66 Million



*You were a miracle, a reflection of the majesty of God.  
You were unique and irreplaceable,  
a gift of immeasurable worth.  
You were love itself, a manifestation of divine Love.  
You were the embodiment of hope, promise,  
possibility, and joy.  
You were beauty beyond that of a sunrise,  
and nobility exceeding royalty.  
You were a mother who never lived to see her children...  
a father who never held his son in his arms.  
You were the missing sister...the mystery brother.  
You were the victim of a legal ruling  
you never had a chance to read.  
You died while trying desperately to live.  
You were important, you mattered,  
even though no one knows your name.  
You had incredible gifts that the world never got to see.  
Your death severed an entire branch of the family tree.  
You were, simply, a treasure,  
and our nation is much poorer without you.  
Today, you number 66 million.  
You are the children lost to Roe versus Wade.  
While your face is unknown, you will never be forgotten.  
And I can only pray that the tear-streaked memory  
of you may prevent at least one more child  
from joining your ranks.*

*—Maria Gallagher, Executive Director  
Pennsylvania Pro-Life Federation*