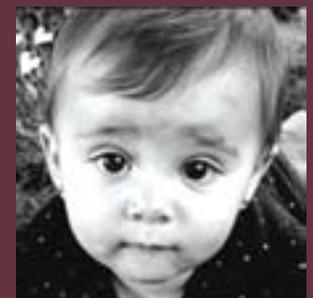
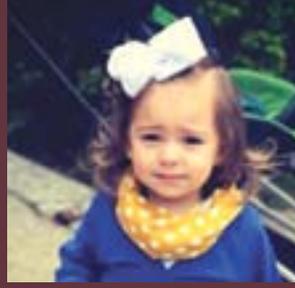


# MASSACHUSETTS CITIZENS FOR LIFE



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Cover: 2017 Massachusetts March Contest Baby Winner Benjamin

Clockwise from top left: Alisia, Clare, Francesca, Daniel, Toby, Emma, Londyn, Thomas, Phil, Jordan, Juliette, Finn



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# A Message From President Anne Fox

I just returned from the funeral of Betty Paulin. Betty was a wonderful pro-lifer. Her son, Fr. Jeremy, said she died at peace. Raising ten wonderful children and working as a nurse, Betty always seemed to live at peace. I am thinking of true humility and how it is the hallmark of right to lifers. Betty was proud of Clarence, her very special husband and of her wonderful, gifted children. I'm sure she would have been proud to have had so many priests celebrating her funeral, proud to know that priests of the Oblates of the Virgin Mary all over the world are praying for the repose of her soul. But Betty was never Proud. She had the beautiful virtue of true humility.

Thinking of that reminded me of *The Power of Silence* by Robert Cardinal Sarah, which I am reading. Cardinal Sarah has a prayer in the beginning of the book which is not simply appropriate for pro-life workers ... it is absolutely necessary. Let me share a few selections from his prayer.

*From self-will deliver me, O Lord.*

*From the desire of being esteemed, deliver me, O Lord.*

*From the desire of being honored, deliver me, O Lord.*

*From the desire of being approved, deliver me O Lord.*

*From the fear of being humiliated, deliver me, O Lord.*

*From the fear of being calumniated, deliver me, O Lord.*

*From the fear of being despised, deliver me, O Lord.*

*That others may be loved more than I,*

*Lord, grant me the grace to desire it.*

*That others may be praised and I go unnoticed,*

*Lord, grant me the grace to desire it.*

*That others may be preferred to me in everything,*

*Lord, grant me the grace to desire it.*

*When people do not even think of me,*

*Lord, I want to rejoice.*

*When they assign to me the meanest tasks,*

*Lord, I want to rejoice.*

*When they do not even deign to make use of me,*

*Lord, I want to rejoice.*

*When they never ask my opinion,*

*Lord, I want to rejoice.*

*When they blame me in season and out of season,*

*Lord, I want to rejoice.*

Do these and Cardinal Sarah's other goals make us doormats? No, they make us the most effective we can be.

We have many things of which to be proud: every time we convert or convict another to the value of all human life, every time we save a woman and baby at an abortion facility, every time we make the life issue visible at a fair or school, every time we see the numbers of abortions decreasing rapidly, every time we defeat an anti-life ballot question, every time we elect a candidate who will help to save lives, every time a court decision comes down in favor of life.

We can also be very proud that top people in science, law, and pro-life action are willing to come from all over the country to our events because they are pro-life and we are pro-life. When we hear speakers say, over and over, "You won't hear this anywhere else", we can be proud they are sharing with us their expertise and proud that we now have better tools to help convince people.

The English language has the most words of any language, but we don't seem to have words for different kinds of pride/Pride. I guess, when we say we are proud of the work of other pro-lifers and of their achievements, what we really mean is that we are grateful. And we are humble and peaceful because we are not, as they say "in

it for ourselves". Indeed, this is an entirely altruistic movement which must be why it attracts such fine people as you.

Later in this magazine, you will read about lambs being raised in artificial wombs. I remember right after *Roe v Wade* when we couldn't believe that people really wanted to kill their babies. We challenged the pro-abs that we could develop artificial wombs that would solve the abortion problem. Then we realized that, for many, the "right" to abortion meant the right to a dead baby. It is awful, but that is being born out.

I. Glenn Cohen, a professor at Harvard Law School, wrote in the essay, "[Artificial Wombs and Abortion Rights](#)" for the Hastings Center, "Part of what makes all of this so hard is that, both legally and ethically... the abortion right has been most vigorously defended as a right not to be a gestational parent, not as a right not to be a legal or genetic parent. That is, the right enjoyed by women is a right to stop gestating, not a right to end the existence of the fetus. The artificial womb would allow women to exercise the first right without the second. Defending a right to abortion when transfer is possible would change the moral terrain... 'My body, my choice' would instead become a right to terminate the life of the fetus."

It is like the pro-euthanasia people decrying a cure for cancer.

We can all be grateful that we are accomplishing so much and doing it in the company of such fine people!

**“We have many things of which to be proud: every time we convert or convict another to the value of all human life, every time we save a woman and baby at an abortion facility, every time we make the life issue visible at a fair or school, every time we see the numbers of abortions decreasing rapidly.”**

# MCFL Student Profile

## 2016 Oratory Contest Winner Isabelle Germino

### How did your growing up affect your pro-life formation?

I'm originally from Norwood, the oldest of four siblings. Being raised as a devout Catholic with a core group of family and friends, the notion of community was ingrained in me at a young age. In sixth grade, I read an article on sex-selection abortion in China. My understanding grew of what was going on. The roots took. The idea that everybody has a right to life isn't just what I believe. It's a part of who I am.

### You talked about school pro-life clubs to the students at the Summer Academy

I had attended the March for Life in Washington, D.C. with my aunt. Then, in my sophomore year at Bishop Feehan High School in Attleboro, I started attending our pro-life club. I became co-president my senior year. Our club would pray and witness at the abortion facility Four Women. We raised money for Abundant Hope, a pregnancy resource center. We had a full bus going to the March for Life. The club laid the foundation for me to understand how to speak to members of my generation who don't share the same perspective. I learned how to speak respectfully and logically and to be prepared with pro-woman, compassionate answers.

### What was the Oratory Contest experience like?

I choose the topic of the slippery slope between doctor-prescribed suicide and euthanasia because I wanted to have a topic different from abortion. MCFL's [Dr. Mildred Fay Jefferson Oratory contest](#) is for juniors and seniors, though it's good practice for younger students. You can choose topics on a variety of life issues. My research included the use of reliable internet sources. I had to comb through articles and read the studies cited.

Going to compete at finals at the Na-

tional Right to Life Committee (NRLC) Convention was awesome. I had so much fun meeting contestants from all over the country. I was amazed at how everyone was so well prepared and professional.

I was fine until two minutes before my speech and then I was shaking and sweating. I stumbled a little bit. It's about pushing through the nervousness. You get past that hurdle, and then you know you've done it once and you can do it again. You become a good public speaker by pushing through that wall, keeping calm, and focusing on what you have to do.

### How did MCFL's involvement in the Oratory Contest help you?

I heard about the contest through a friend at Bishop Feehan who thought I would be interested. My first year, [MCFL let me practice as a sophomore](#). Being the contest winner and going to Washington was a wonderful experience. Anne Fox was fantastic and took care of all the details.

I'm so grateful to have had a chance to participate at Nationals, where you know all the contestants believe the same things. It's heartwarming to know normal people are in the fight with you.

### You have a pro-life club at college

I'm currently a communications major at High Point University in North Carolina. My school has a very small pro-life club. The problem with this issue for young adults is that people get fired up about it one way or the other. You turn people away at this level if you get seen as confrontational. You have to approach it in a gentle, yet persistent, manner and be able to frame the issue in a way that is most receptive to your audience. We use science and reason to show that abortion and assisted suicide are wrong.

Just recently, a girl emailed the former president of the club. She was pregnant and wanted to come back to school, but didn't know if she had the resources. That



2016 Dr. Mildred Fay Jefferson Oratory Contest winner Isabelle Germino recounted her pro-life experiences to the students at this year's Summer Academy

was awesome because it coincided with our club's petition drive asking our school to provide resources for mothers and fathers on campus. When she reached out to us, it was a validation of the work that we do – even if we think it's not working, or think no one is listening, or that you're not doing anything – there are people who are listening and seeing what you are doing. Even if people don't reach out right away or never reach out, you've got that idea that there's another option besides abortion planted in their minds. It may be because they saw you with your feet pin, or at a bake sale. People hear a positive message that you can attend school and have a child, especially when everyone else is telling them they can't do it. This is an awesome affirmation of that the value of standing up for life, to get the feedback that the work we are doing is invaluable.

### What is your dream job?

I've honed my skills with another public-speaking class in college. I'm in my second year at college, though I plan to graduate in three years instead of four. My future career or ideal job is to create documentaries on social issues involving the prison system, the educational system, and life issues, such as abortion and euthanasia.

# Volunteers Needed for Signature Campaign

## Would keep taxpayer money from funding of abortions

**T**he Massachusetts Alliance to Stop Taxpayer Funded Abortions is conducting a signature campaign to take the initial step to stop publicly funded abortions in Massachusetts. 64,750 signatures on an initiative petition must be gathered and submitted between the dates of Sept. 20 and Nov. 22. Hundreds of dedicated pro-life volunteers have stepped forward to help gather signatures. But more volunteers are needed!

For the past 36 years, because of a 1981 court decision which ruled that publicly funded abortions were a right under the Massachusetts Constitution, Massachusetts taxpayers have been paying for the abortions of indigent women. And whatever happens at the federal level, even if *Roe v. Wade* should be overturned, Massachusetts taxpayers would continue to be legally obligated to pay for abortions. The only way that this can be rectified is to amend the Massachusetts Constitution. The gathering of the 64,750 signatures is the first step in amending that constitution.

The wording of the petition is: *Nothing in this Constitution requires the public funding of abortion.* Of significance, this amendment would not immediately ban taxpayer funded abortions, but would remove it from the courts and make it an issue for the state legislature. The amendment would lay the groundwork so that in the future the legislature could vote to stop that funding. It now essentially does not have that power.

**The wording of the petition states:  
*Nothing in this Constitution requires the public funding of abortion.***

Attorney Tom Harvey, chairman of the Massachusetts Alliance to Stop Taxpayer Funded Abortions, stated: "Nationwide polls show that an overwhelming majority of Americans are opposed to having their tax dollars pay for abortions. So it is on that issue where the abortion industry is most vulnerable - and that is where we want to concentrate our efforts." He added, "We have to start dismantling the legal protections for abortion providers that have been built up over the years in Massachusetts. Besides protecting their money-making, those barriers have also served to stifle debate on the abortion issue."

One of the original signers of the petition, Representative Jim Lyons, said, "Taxpayers of Massachusetts should no longer be asked to pay for abortions. Planned Parenthood and other abortion businesses receive millions in private donations that they spend on political purposes. They don't need our tax dollars."

"There are a great many Mass. residents who view abortion as morally wrong," petition supporter Lori Kelly of South Boston stated. "Even their fellow citizens who disagree understand we shouldn't be forced to pay for a procedure that ends a life."

Anyone **interested in assisting in this pro-life campaign** should go to the Alliance's website at [www.stoptaxpayerabortion.org](http://www.stoptaxpayerabortion.org) or call Attorney Harvey at 617-710-3616.

## Pro-Life 2017-2018 at a Glance

**Sept. 8:** Board of Directors meeting, Boston

**Sept. 15- Oct. 1:** MCFL Booth Big E, Springfield

**Sept. 26:** Hearings on Doctor-Prescribed Suicide Bill, State House, Boston

**Oct. 1:** Massachusetts March for Life, Boston Common

**Oct. 13:** Board of Directors meeting, Boston

**Oct. 26:** Annual Fundraising Banquet, Norwood

**Nov. 11:** Board and Chapter officers meeting, Boston

**Dec. 8:** Board Christmas Party

2018

**Jan. 19:** March for Life, Washington, D.C.

**Jan. 21:** MCFL Assembly for Life Keynote speaker, Fr. Frank Pavone,

The MCFL Board of Directors meets at the Boston office, 529 Main Street. All MCFL members are welcome to attend.

Chapters meet monthly or on other schedules. Please check: [www.mass-citizensforlife.org](http://www.mass-citizensforlife.org) for dates and times. Everyone living in the area of a chapter is welcome.

MCFL **Speakers' Bureau** reaches more than 10,000 people every year. To arrange a local presentation, call (617) 242-4199 or (413) 583-5034

# Against Doctor-Prescribed Suicide

Coalition prepares for State House hearings on Sept. 26

Coalition forces are gearing up to present testimony before the Joint Committee on Public Health at hearings at the State House on Sept. 26 against bill S1225/H1194, the [End of Life Options Act](#), which would legalize doctor-prescribed suicide. The bill's primary sponsors are Rep. Louis Kafka of Stoughton and Sen. Barbara L'Italien of Andover. MCFL asks members and supporters to attend the hearings en masse to show their opposition.

MCFL's summary of the bill states, "This law would overturn the will of the voters as expressed in 2012 when they voted against [Question 2](#), the doctor-prescribed suicide referendum. Kafka has introduced a version of this bill each year since 2009. It would allow doctors to prescribe suicide pills to terminally ill patients with 'six months to live', but doesn't address all the same concerns about coercion of patients, the imprecision of terminal diagnoses and time to live, and the rest. MCFL will be asking members to vigorously oppose these bills just as they have previous attempts to force this legislation on Massachusetts. If passed, this bill would place the elderly, infirm, sick, disabled, and vulnerable at grave risk and radically change the nature of our healthcare system. The bill's sponsoring organization, Compassion and Choices (formerly the Hemlock Society), recently moved Massachusetts to the top of its priority list. H.1194 has 45 sponsors this session, up from 39 in the last session, while S.1225 has 11 sponsors.

Fifteen states have rejected doctor-prescribed suicide bills since the beginning of 2017. The [Patient's Rights Council](#) noted, "This year so far has been hugely disappointing to assisted suicide activists and supporters who have spent lots of money and time pushing bills to legalize doctor-prescribed suicide in states across the country. Legislators in 27 states – states targeted by the pro-assisted suicide groups Compassion and Choices and the Death with Dignity National Center – have had to consider prescribed-suicide measures since the beginning of the year." Failed attempts to pass

doctor-prescribed suicide legislation in Massachusetts include bills proposed in 1995, 1997, 2009, 2011, 2012 Question 2 (voter initiative), 2013-2014 and 2015-2016.

Sen. John McCain's recent announcement that he is suffering from glioblastoma, recalls the tragic case of Brittany Maynard, a young woman diagnosed with the same aggressive form of brain cancer. Compassion and Choices exploited Maynard's cancer to sway public opinion in favor of the deadly practice in order to pass legislation in California. However, [glioblastoma survivor JJ Hanson](#) argues that legalization takes hope away from patients.

Hanson recounted his ongoing battle against glioblastoma speaking at MCFL's Mother's Day Dinner in 2016. Hanson said, "The narrative in my case was, 'Give up. You can't fight this. It's easier if you do this.' I got mad. I know people who have survived a long time with this disease and have beaten the odds. When there's a choice between hope and hopelessness, it's no longer the person's decision. It's a doctor's decision or an insurance company's decision. People can influence you in a negative way. It's society changing, becoming a culture of death.

"I learned more about legislation allowing doctor-prescribed suicide. I understood that the issue is not just about one individual. It affects a lot of other people. Statistics say 50% of Americans will have cancer in their lifetime. Doctor-prescribed suicide is being promoted as the best alternative for the end of life. It becomes a great danger for those of us who want to fight to survive. If DPS was legal in my state, I would have had lethal drugs available when I was at my lowest point emotionally.

He continued, "Since 1999, the general suicide rate nationwide has increased 24%. In states where DPS is legal, there's a 6% increase in suicide rates above the national average. You're seeing suicide contagion in those states. The societal norm is changing. The value of life diminishes when others see life as a burden. That's the danger of this type of legislation."

The Patient's Rights Council says that the proposed Massachusetts legislation creates loopholes that place vulnerable patients at risk and exacerbates the existing inequality in the healthcare system. "Government bureaucrats and profit-driven health insurance programs could cut costs by denying payment for treatment that patients need and want, while approving payment for less costly assisted suicide deaths. Patients may find that their insurance will not cover the 'feasible alternatives' their doctors informed them about but, instead, will pay for doctor-prescribed suicide.

"If doctor-prescribed suicide becomes just another end-of-life option, and a cheap option at that, the standard of care and provision of health care changes," they report. "There will be less and less focus on extending life and eliminating pain, and more and more focus on the 'efficient and inexpensive treatment option' of death. If doctor-prescribed suicide is legalized in Massachusetts, it could become the only 'medical treatment' to which many people have equal access. The last to receive health care could be the first to receive doctor-prescribed suicide."



# Coerced Abortion's Ugly Truth: It's Not Choice

## The Back Door

What is a door, really? For most, it is just an architectural assemblage, a means of egress – either a way in, or a way out.

For countless millions of women in abortion clinics, however, it is both a physical and mental checkpoint. It is the intangible moment she leaves behind the world of carrying an unborn child within her womb; it is the solid structure that bars, then opens, the way to the abortionist. Passing through the door is a defining act that forever shifts the focus of the woman's life, and never more so than when abortion is coerced.

*Roe v Wade* was supposed to be all about “choice”. But, what choice is there when the decision to abort is not that of the pregnant female? When it belongs, instead, to parents who are ashamed their daughter is pregnant; or to a boyfriend who won't have an unwanted pregnancy on his hands; or to a husband, who decides he does not want this child in his life?

For those in the “coercion camp,” it can all fade very quickly and conveniently into blackness, for a mere \$450. But, what remains for the woman after those four hours spent within a space she will likely never re-enter and where she never wanted to be? The hidden but resoundingly statistical truth is this: the woman is never the same. Forevermore, there is only life before the abortion and life after the abortion. Daily she lives with the shattered dreams of the child who is missing from her family, whose hugs she will never feel, whose cry she could not console, and whose laughter she will never hear.

I am writing this personal narrative of a woman caught between honoring her husband's wishes and wanting to protect her unborn child. He demanded the wife abort because she refused to take a gender test at eleven weeks and the gender makeup of their family was not what he had hoped for.

Entering an abortion clinic, pregnant women are greeted at the main entry by a security guard, who comes from behind his bullet-proofed glass office window and immediately waves a metal-detector over

the woman's belly. Why? Because we have become a society where there is the greater concern for protecting the abortionist from potential, imagined harm than to protecting the woman and her unborn child from the real harm of coerced abortion.

The pregnant female passes clearance. The wife makes her way into the waiting room. For those there of their own volition, it is the final decision zone – does she stay or go? But, for the woman who is seated within six inches of the one who has demanded the abortion, there is no option, and the waiting room takes on a surreal and utterly terrifying dimension.

She looks passively, yet very intently, at the room around her, surveying the women lined up in chairs around the perimeter of the room. Some alone, some accompanied. In these moments, she thinks to herself, “How on earth and in God's name can I go through with this? Won't anybody save me? Won't my husband save me from what he is demanding I do?”

A social worker, a grey-haired woman with a fox-like expression cautiously approaches the pregnant woman, witnessing her visible and palpable distress, and says to her, “You should not be here.” The pregnant female, looks up plaintively at the social worker, but not once does her husband raise his head from the *Sports Illustrated* magazine into which he is seemingly engrossed. The social worker's words, acknowledging his wife's very apparent distress, fail to register. He remains silent; he does nothing. The social worker, seeing him silent next to her, does nothing.

Herein lies the grotesque underbelly of *Roe v Wade*: because the coercer is present, next to the soon-to-be patient, this is not a “safe space” to voice her concerns. The woman cannot speak. She has no voice. No choice.

She wonders, “What brought each of these women here today? Was it by choice, or not?” She sits pondering. The universal truth is that these women are pregnant, but at that point, it does not even factor in. The sheer terror of entering an abortion clinic, for a woman who does not want an

abortion, sends the body into overdrive. To simply live with herself at that moment, she experiences her own kind of amnesiac shock because she is acutely aware that these women are here for one purpose – to end a life.

Each waiting woman glances furtively as each new woman enters the waiting room and others pass to the next room through “the back door” - the door that marks the beginning of the end of her former life and the life within her. It is a door through which neither parent, nor boyfriend, nor spouse must pass. It is a door reserved for her and her unborn child.

Her heart races uncontrollably when it's her turn through the back door.

Written by a mother of three daughters from the North Shore, MA

## MCFL Proposed Legislation

H.3119 [Protect Women from Coercion Act](#)

Primary Sponsor: Rep. Elizabeth Poirier, R-North Attleboro

Committee Assignment: Joint Committee on the Judiciary

Summary: This bill requires facilities performing abortions to inform a pregnant woman seeking an abortion that no one can force her to have an abortion against her will. It requires both verbal notification and the posting of a sign in the abortion facility notifying patients of these rights. Failure to post the required sign carries a fine. An individual injured by the failure to post the sign or to provide verbal notification to the pregnant woman may bring a civil action for damages.

Bill Status: 1/23/2017 – Referred to the committee.

Quick Facts: As many as 62% of post abortive women report that they felt forced into making the abortion decision.

# Summer Academy Brings Speakers to Youth Leaders

BY JACQUELINE TETRAULT

Massachusetts Citizens for Life held its seventh [Summer Academy](#) this year at Saint Mary of the Sacred Heart Parish in Hanover. This six-week program is designed for high school students, but the grades of attendees ranged from finishing middle school to beginning college. The goal is to teach students to be pro-life ambassadors, by equipping them with information for better discussion and education in their communities and to provide leadership in those communities. One way of doing this is to provide students with objective information that can help people understand the value of life. Another way is to learn personal stories of people who have suffered because of abortion or have worked with parents considering abortion.

MCFL President Anne Fox said the Summer Academy is modeled after a similar program in Rhode Island. Since its inception seven years ago, it has been held all over the state, though Fox said she would like to have it in even more locations. Speakers chosen are always from within Massachusetts, bringing a sense of locality to the sessions.

Several students said they had experienced situations in which their teachers or peers applauded pro-choice philosophy or lambasted their pro-life views. Fox noted that some pro-life speakers feel they have failed if they do not fully convince every person in the room. Her view is that “every time you put it out there, you have won.”

Olivia Colombo, 16, an incoming high school senior attending the Summer Academy, already has a track record as a pro-life speaker. “I truly hope to gain more facts and opportunities to speak out,” she said via email. “We are the pro-life generation, and nothing will stop me from speaking out and speaking up. It’s a movement of love, and we need to share that love.”

Two speakers presented at the July 19 session. First, Cori Connor-Morse shared her personal experience of abortion. Then,



[Macayla Danier](#) observes as Joan Bailey, executive director of Friends of the Unborn, uses a scientifically accurate fetal model to illustrate the development of an unborn child to students at the Summer Academy.

Photos By Jacqueline Tetrault

Joan Bailey talked about Friends of the Unborn.

Connor-Morse gave out copies of her testimony, entitled “Scar Tissue,” after reading it aloud. “I call this testimony ‘Scar Tissue,’” she said “because people who have suffered from abortion may look fine on the outside, but the wounds on the inside can’t heal properly: They leave scars—scars that get worse, not better, over time because the wounds reopen quite often. They reopen as friends, family, and neighbors have children, put them on the school bus, celebrate birthdays, attend their graduations and weddings, and have grandchildren. Abortion doesn’t just take one life. It takes generations of lives. It changes history by its very nature.” Connor-Morse returned to this theme of changing history at the end of her talk, professing that the whole world changes when a baby is born, and the whole world changes when a baby is aborted.

Connor-Morse had an abortion in 1983, when she was twenty years old. At the time, she had left her childhood faith and consid-

ered herself an atheist. She was married but wanted to finish college and become an accountant and believed a child would prevent her from doing so. “I would have a child according to my own schedule—not anyone else’s—and certainly not God’s.”

As the procedure began, she felt a dreadful knowledge that she had made the wrong decision. She later learned that the reason she felt this way was because God has written His natural law on our hearts and the Holy Spirit offers the gift of understanding. “Had I been receptive to receiving this gift earlier, my choices might have been vastly different...Because I had no faith, I rejected a miracle,” she confessed.

In the years that followed, Connor-Morse struggled with failed marriages, depression, panic attacks, overeating, and suicide attempts. She resented her work because her career prospects had driven her to abort her child. She felt unworthy of being a mother, so she never had more children. She sought counseling, but her therapists only tried to convince her that there was nothing

wrong with having an abortion. This, of course, did nothing to help.

In 2008, Connor-Morse heard a radio interview with a woman who described her tragic experience with a late-term abortion. Connor-Morse wanted to talk to a priest, an impulse she now attributes to God because “God makes the first move in matters of faith.” She received the sacrament of Reconciliation for the first time in decades and went through Project Rachel as part of her penance.

Connor-Morse said she considers herself one of the luckier post-abortive women because she eventually felt forgiveness by returning to the Catholic faith. She said forgiveness—even forgiveness of oneself—is not a feeling but a decision, an act of the will. “If [Jesus] could forgive His torturers, who are we to not forgive?” she opined.

In addition to speaking from her personal experience, Connor-Morse also shared statistics about abortion, and brought models of unborn babies to show the size of a fetus at different gestational ages. She believes she would have chosen life for her child if she had known more about fetal development and advised, “the science is all you need to convince others of the truth.”

What options are there for a woman who chooses life instead of abortion? Joan Bailey, executive director for [Friends of the Unborn](#), knows the answers firsthand. Friends of the Unborn is a faith-based nonprofit that provides housing, counseling, education, and other services to homeless women who are pregnant or new mothers.

Marilyn Bernie founded Friends in 1984, when she and her then teenage daughters first opened their home to homeless pregnant girls. A pregnancy is only considered an emergency after 22 weeks, but Friends takes women in at any point during pregnancy. Women can stay until their child’s first birthday, since housing older children would require different safety standards. Veterans of their residency programs are matched with new mothers to act as mentors.

Bailey said she dislikes the term “crisis pregnancy” because pregnancy should not be considered a crisis. Bailey herself experienced an unplanned pregnancy at age 21 while she was in college. When her daughter was pregnant with a baby who had only one kidney, the doctors treated the unborn child



Joan Bailey explained the range of services available to pregnant women at Friends.

as if it were already a person distinct from its mother. Bailey said, “Being prolife is a lifestyle choice,” a day-to-day commitment that people live out every time they show compassion to a human being.

During the Q & A session following the talk, one student asked how to convince people that the United States Constitution does not cover abortion. Bailey recommended being firm but gentle, and sometimes turning to prayer rather than argument. Later, she noted that asking questions in return is an effective, non-confrontational way to help people reexamine their views.

*Jacqueline Tetrault is a recent graduate of Gordon College. She writes from Beverly, Massachusetts.*



Cori Connor-Morse and Joan Bailey



Summer Academy students Eddie Flanagan and Tim O'Brien.

Online videos of speeches by:  
[Olivia Colombo](#)  
[Sarah Ryan](#)

# MCFL 2017 Annual Fundraising Banquet

With Keynote Speaker: Peter Kreeft, Ph.D.



**Tiffany  
Ballroom  
Four Points  
by  
Sheraton**

1125 Boston Providence Turnpike  
(Rte. 1 Southbound)  
Norwood, MA

**Thursday,  
October, 26**

**VIP Reception 6:00 PM  
Dinner 7:00 PM**

Tickets: \$75/ticket

\$65/ticket if purchasing 10 or more

### *Menu*

Salad: Tiffany salad of mixed field greens with honey chive dressing, tomatoes, bell peppers, asparagus spears, cucumbers, ripe olives and red onion

Entree: 12 oz. Prime Rib of Beef with au jus and horseradish cream

Dessert: Strawberry Grand Marnier cake

*Entree is gluten free. Vegetarian entree and gluten free dessert options available upon request before event.*

RSVP by Friday, October 17. Seating is limited, so don't wait!

For more details call 617-242-4199

# 2017 Annual Fundraising Banquet Award Winners

## State Award Recipients

**Robert W. Joyce, Esq.**

*Ignatius O'Connor  
Award*

**John “Jack” Rowe**

*Peggy McCormack  
Award*

## Regional Award Recipients

**Joan Bailey**

*South Shore  
Chapter*

**Rev. Andrew Johnson**

*Greater Fall River  
Chapter*

**Paul Williams**

*Peggy McCormack  
Braintree/Weymouth  
Chapter*

## About Peter Kreeft

MCFL Fundraising Banquet Keynote Speaker



There is one and only one reason why people argue about whether [human personhood](#) begins at conception: because some people want to justify abortion. The issue, the personhood of the fetus, is triply crucial. It is crucial for abortion, abortion is crucial for medical ethics, and medical ethics is crucial for the future of our civilization.

Abortion is a clear-cut evil. Anyone who honestly seeks “peace on earth, good will toward men” will see this if only he extends it to include women and children. Especially Christians should see this very clearly, for their faith reinforces their natural reason and conscience, a faith that declares that every human being is sacred because he or she is made in the image of God. The fact that some people controvert a position does not in itself make that position intrinsically controversial. People argued for both sides about slavery, racism and genocide too, but that did not make them complex and difficult issues.

First, the personhood of the fetus is clearly the crucial issue for abortion, for if the fetus is not a person, abortion is not the deliberate killing of an innocent person. All other aspects of the abortion controversy are relative to this one; e.g. women have rights—over their own bodies but not over other person’s bodies. The law must respect a “right to privacy,” but killing other persons is not a private but a public deed. Persons have a “right to life,” but non-persons (e.g. cells, tissues, organs, and animals) do not.

Second, abortion is a crucial issue for medical ethics because the right to life is the fundamental right. If I am not living I can have no other rights. The two sides on this issue are more intransigently opposed to each other than on any other issue—rightly so, for if pro-lifers are right abortion is murder, and if pro-choicers are right pro-lifers are fanatic, intolerant and repressive about nothing.

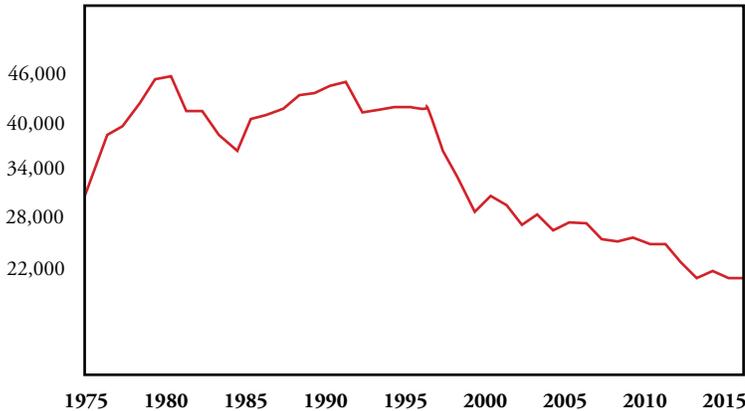
Third, medical ethics is crucial for our civilization, for our lives are more closely touched here than by any economic, political, or military issue.

*From Featured Writing at [peterkreeft.com](http://peterkreeft.com)*

# Abortion Drop in Massachusetts Exceeds National Average

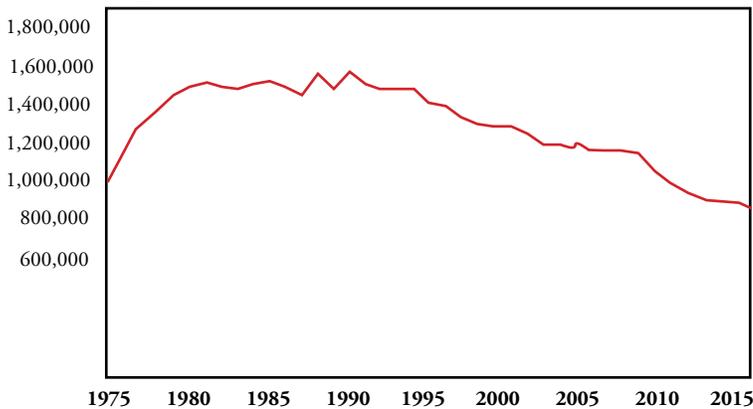
## Comparison: Massachusetts vs. National Statistics

Reported Annual Abortions Massachusetts 1975-2015 \*



\* Data reported by the Guttmacher Institute

Reported Annual Abortions in the US 1975-2015 \*



\* Data reported by the Guttmacher Institute

## Mass. Dept. of Public Health Abortion Data 2016

### Abortions by Previous Induced Abortions 2016

Number of Previous Abortions	1	2	3	4	5	6	State Total
None	1027	753	591	46	862	5377	8656
One	608	614	318	23	499	2266	4328
Two	320	256	143	8	261	1042	2030
Three or More	266	232	86	3	211	793	1591
Unknown	218	614	10	58	7	389	1296
Total	2439	2469	1148	138	1840	9867	17901

### “In Your Face”

The numbers are incredibly encouraging! Nationally, the number of abortions per year is down by 38% since the high. In Massachusetts the number is down by 60%! The national abortion rate (abortions per 1000 women) is 14.6, half what it was in 1981, the lowest it has been since *Roe v Wade*. There are 18.8 abortions for every 100 pregnancies – lower than any time since *Roe v Wade*. The number of abortion providers nationally is about half what it was at the height in 1982.

The Associated Press noticed the huge drop in abortions in Massachusetts. Their article was picked up by newspapers across the country. When they interviewed us they had already interviewed Planned Parenthood who claimed their educational programs were responsible. After laughing heartily at the idea that a business would intentionally cut into its profits, we can look at the facts. Planned Parenthood claims that more available contraceptives are the cause for the drop. For many years contraceptives have been every bit as available as they are now. In any population, it is a fact that greater contraceptive use is linked to more abortions (the “contraceptive mentality”). As we saw above, the number of abortions per 100 pregnancies is the lowest it has been. So Planned Parenthood’s is not the answer.

We have the answer: education in the broadest sense. We know that people do not want to think about abortion – obviously. We also know that, when they do think about abortion they tend to come down on the side of life. That is why elections help us because they bring abortion to the foreground. The better job we do putting abortion “in your face” the more people will be opposed. We know there are at least 3 million people in Massachusetts who are opposed to abortion. Our job is, and always has been, to keep abortion in their faces. While it is wonderful to turn a woman around at the door of a clinic we want to build a world where no women are going to clinics.

Some of the actual reasons that explain the reductions are education, laws, and fewer facilities. In Massachusetts, all we have is education. As you know from reading this quarterly, we are constantly educating. We have just finished the Summer Academy, the Big E Booth is going on, Linda will start speaking to her annual 10,000 students, we have the Banquet, the Caucus in DC, the DC March for Life, the Convention, the Rose Drives, to name a few things that keep abortion on the front burner. Every time you wear the precious feet, speak up among friends or relatives you are helping.

All this news is wonderful. We must remember, however, that approximately 1.5 million babies have died in Massachusetts since 1973. Of course we cannot give the exact number, because it increases by the minute.

We need people to know! That is why we March -to commemorate the lives of these babies and to let people know - to make them face the carnage. The more people know, the fewer abortions there will be. The Massachusetts March is Sunday, October 1 on the Boston Common. Come March for Life!

**Massachusetts Department of Public Health Abortion Data for 2016**

**Abortions by Previous Induced Abortions** - Women who have had at least one previous abortion make up 52% of those having abortions. Those admitting to three or more make up almost 10%.

**Abortion by Gestational Age** - Note there are 442 abortions on babies who are 19 – 23 weeks when many babies could survive and 24 abortions over 24 weeks!

**Abortions by Age of Patient** -The ages are sickening: 0-14 years, 25 abortions; 15 years 53 abortions; 16 years; 107 abortions; 17 years 188 abortions. You will notice that the bulk of the abortions are done to women between 20 and 34 years old, which has been the trend for many years now.

**Abortion Facilities by Type** - There are 1300 abortions performed at locations the state calls “Physicians”. Most of those facilities are the unlicensed facilities that MCFL has been trying to get licensed, which 70% of the voters called for in 2014. Note that a gynecologist who does occasional abortions on his own patients will do them in a hospital so these facilities are like the one where Laura Hope Smith died.

[See website at masscitizensforlife.org](http://masscitizensforlife.org)

**Abortion by Education of Patient** is very interesting. Studies have been showing that people with college degree or higher are more likely to get married and have children and are less likely to have abortions. Well, the Massachusetts numbers bear that out. Given the percentage of people in Massachusetts who have bachelors and post graduate degrees, the number of abortions should be twice as high for bachelor and four times as high for post graduate degrees. Of course, a girl who is 14 will not fall into the higher education brackets

**Abortions by Procedure** - About 1/3 of the abortions are Medical (Non-Surgical) which are easier to hide but can be very dangerous and traumatic for the mother. Another 1/5 are Dilation and Evacuation, which brutally rips the baby apart.

**Abortions by Previous Live Births** - Those who already have children make up 60% of the women having abortions.

**Abortions by Gestational Age 2016**

Number of Weeks	1	2	3	4	5	6	State Total
0-8 Weeks	1797	1803	867	83	1295	6799	12644
9-12 Weeks	469	498	168	33	327	2052	3547
13-18 Weeks	123	126	105	17	187	686	1244
19-23 Weeks	46	37	8	5	31	315	442
24+ Weeks	4	5	0	0	0	15	24
Unknown	0	0	0	0	0	0	0
Total	2439	2469	1148	138	1840	9867	17901

**Abortions by Marital Status 2016**

Marital Status	1	2	3	4	5	6	State Total
Married	100	311	180	46	206	1471	2314
Not married	1098	2084	889	90	1589	7589	13339
Unknown	1241	74	79	2	45	807	2248
Total	2439	2469	1148	138	1840	9867	17901

**Abortions by Age of Patient 2016**

Age of Patient	1	2	3	4	5	6	State Total
0-14 Years	6	2	1	0	2	14	25
15 Years	9	9	4	0	7	24	53
16 Years	21	18	4	0	10	54	107
17 Years	30	25	10	4	19	100	188
18 Years	56	71	35	0	41	243	446
19 Years	91	96	37	6	68	378	676
20-24 Years	773	721	356	29	535	2727	5141
25-29 Years	741	721	336	30	545	2965	5338
30-34 Years	424	471	205	32	348	1879	3359
35-39 Years	216	239	120	23	178	1073	1849
40-44 Years	70	86	36	13	77	367	649
45+ Years	2	8	4	1	9	29	53
Unknown	0	2	0	0	1	14	17
Total	2439	2469	1148	138	1840	9867	17901

**Abortions by Facility Type 2016**

Facility Type	1	2	3	4	5	6	State Total
Hospital Inpatient and Outpatient	203	89	47	74	0	1960	2373
Licensed Clinic	2091	2380	10	0	1840	7907	14228
Physicians	145	0	1091	64	0	0	1300
All Facilities	2439	2469	1148	138	1840	9867	17901

# Massachusetts March for Life

Rally and  
Live Music  
1:00 pm



Walk  
Begins at  
2:30 pm

2017 March Baby Benjamin

**Sunday, Oct. 1, 2017**  
**Boston Common**  
**Parkman Bandstand**

**Help mothers and babies in need**  
[masscitizensforlife.org](http://masscitizensforlife.org)

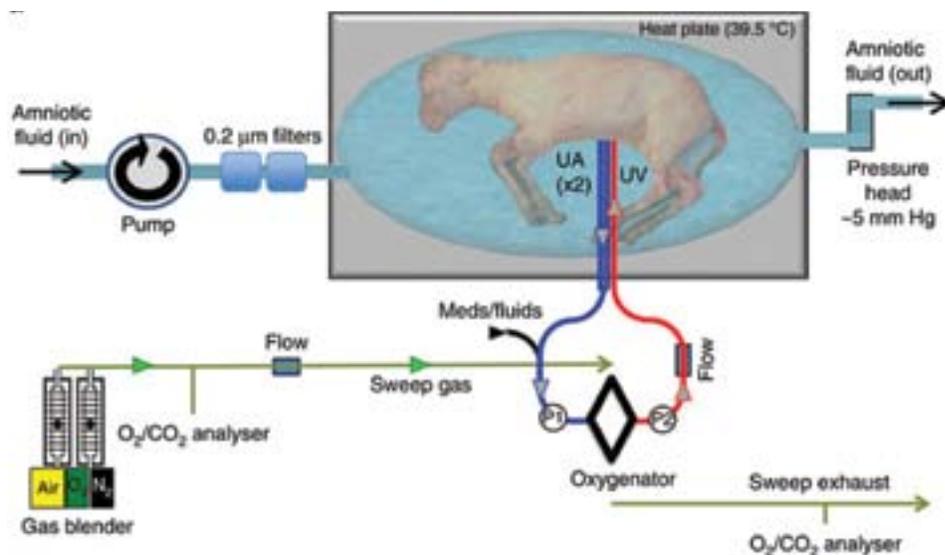
# New Technology Comes with Promises and Caveats

New tools and technologies are tricky things. While pro-lifers acknowledge the good of new life-saving technologies, we become uneasy with the trade-offs that technology seems to impose on our common humanity. What should we make of scientific advances that may potentially supplement maternal gestation with machines? These potential advances are particularly relevant in light of the [presentation by neonatologist Dr. Martin McCaffrey](#) at the MCFL Convention in April, concerning the crisis of premature birth and its association with abortion.

On April 25, *Nature Communications Today* [NCT] published a report by scientists at the Children's Hospital of Philadelphia Research Institute on the [development of an artificial womb](#) that physiologically supports the extreme premature lamb. Fetal lambs, who are developmentally equivalent to extremely premature human infants, were supported in the device, which connected the lambs' umbilical cord to machinery, enabling fluid gas exchange to their developing lungs for up to four weeks. Could this advance one day lead to an effective treatment for premature human infants?

Dr. McCaffrey had highlighted the devastating problems associated with the rise of preterm birth. In 2015, almost ten percent of all babies born in the United States were preterm, a percentage that has risen twenty percent in the last 20 years. Premature birth is defined as birth prior to 37 weeks with very preterm birth defined as babies born at less than 32 weeks. In 2015, 63,000 births were very preterm births. McCaffrey had remarked, "These constitute 1.6% of all births and are associated with the highest risks for death and morbidity: respiratory distress, brain bleeding, blindness, hearing loss, mental retardation, and cerebral palsy. The annual cost of care for very preterm babies, just for their first year of life, is \$26 billion."

The team at Children's Hospital said that advances in neonatal intensive care have improved survival and improved the limits of viability to 22 to 23 weeks of gestation, just the age that Dr. McCaffrey noted had the lowest probability of survival outside



Components of the artificial womb consisted of an oxygenator circuit, a closed (amniotic) fluid environment with continuous exchange and an umbilical vascular interface.

From: *Nature Communications Today*

the womb. The NCT report continued, "However, survival has been achieved with high associated rates of chronic lung disease and other complications of organ immaturity, particularly in infants born before 28 weeks. In fact, with earlier limits of viability, there are actually more total patients with severe complications of prematurity than there were a decade ago. Respiratory failure represents the most common and challenging problem, as gas exchange in critically preterm neonates is impaired by structural and functional immaturity of the lungs."

"The development of an 'artificial placenta' has been the subject of investigation for over 50 years, with only limited success," said the research team. "The primary obstacles have been progressive circulatory failure due to imbalance imposed on the fetal heart, the use of open fluid incubators resulting in contamination and fetal sepsis, and problems related to umbilical vascular access resulting in vascular spasm. Here we demonstrate that extreme premature fetal lambs can be consistently supported for up to 4 weeks without apparent physiologic derangement or organ failure. These results

are superior to all previous attempts at extracorporeal support of the extreme premature fetus in both duration and physiologic well-being."

Researchers said they were in a preliminary phase of development and not in a position to offer the therapy, since possible human trials are coming three years in the future. "We have been gratified that in a few presentations to lay people and multiple presentations to neonatologists and maternal fetal medicine groups, there have been few objections raised, and in general, the response has been overwhelmingly supportive," they said. "The clinical device will resemble a standard nursery incubator. While the parent cannot touch the fetus, the unit will have 3D ultrasound capability, as well as a real time darkfield camera (because light will be very limited in the device) to allow the parents to visualize the fetus on a continuous basis if they wish. In addition, we plan to play maternal abdominal and heart sounds and allow the parents to speak to the fetus, etc. within the device if they wish, so there will at least be some connection."

# Stem Cell Science Keeps Making Progress

## Charlotte Lozier Video Series Highlights Success

It wasn't that long ago that embryonic stem cells were touted as lifesaving research that merited funding with billions of taxpayer dollars. Pro-life objections to the destruction of human embryos were categorized as cold-hearted, anti-science sentimentality. Then, in 2007, [Dr. Shinya Yamanaka](#) discovered a way to reprogram adult cells to act as embryonic cells. Called induced pluripotent stem cells (iPSCs), Yamanaka's discovery made the destructive science virtually obsolete. There is still not a single validated case of lifesaving results with embryonic stem cells.

Dr. David Prentice, Vice President and Research Director for the [Charlotte Lozier Institute](#) (CLI), reports that over 1.5 million people have been treated with adult stem cells, resulting in lives saved and health improved for dozens of diseases and medical conditions. Prentice said, "Within the past year there have been many advances in adult stem cell science, including new strategies and advances using adult stem cells to treat stroke, even years after the stroke event; multiple sclerosis, putting people into remission, not just stopping progression of the disease; and improving repair of both knee joints as well as damaged hearts."

Stem cells are unspecialized cells that give rise to other cells that are capable of becoming more differentiated cell types in the body, such as skin cells, muscle cells, or nerve cells. They comprise the natural repair mechanism for tissues in the human body. [Adult stem cells](#) can come from several places: pregnancy-related tissues such as the umbilical cord, placentas and amniotic fluid; body tissues such as bone marrow, fat, or blood; or from cadavers. Embryonic stem cells come from harvesting cells from the inner cell mass of an early embryo, the blastocyst. Harvesting these cells requires destruction of an embryonic human being.

CLI reports that nearly [70,000 adult stem cell transplants were performed worldwide](#) with nearly 20,000 adult stem cell transplants performed in the United

States in 2014 alone. More than 30,000 umbilical cord blood transplants in patients were performed. Patients in 75 countries worldwide had undergone adult stem cell transplants.

"Currently, there are nearly 3,500 ongoing or completed clinical trials using adult stem cells, with at least 73 conditions that were being treated by adult stem cell transplants," says CLI. "Peer-reviewed, scientific publications have documented therapeutic success using adult stem cells in clinical trials for dozens of conditions, including, for example: heart damage, stroke, sickle cell anemia, spinal cord injury, multiple sclerosis, juvenile diabetes, retinal/optic nerve disease, and systemic lupus."

"For many conditions, including multiple myeloma and leukemias, adult stem cell transplants have moved beyond clinical trials to become standard medical practice for these patients. HSCT (also known as blood and bone marrow transplant) is most often used to treat diseases of the blood and several types of cancer such as multiple myeloma or leukemia. For many people with these diseases, the only possibility of a cure is to have a HSCT."

Successful research includes an experimental procedure at Duke University in North Carolina to treat cerebral palsy which impacts as many as 10,000 newborns each year. Children with cerebral palsy are being infused with their own cord blood stem cells to heal and repair damaged brain tissue.

Recently the Charlotte Lozier Institute released its seventh in a series of videos: "Stem Cell Research Facts," which updated the life of [lupus survivor Jackie Stollfus](#). Diagnosed with the autoimmune disease systemic lupus at the age of 21, Stollfus suffered organ damage and debilitating pain. Jackie Stollfus and her husband wanted to have children. However, complications from the disease caused her to miscarry.

Stollfus was treated by Dr. Richard Burt at the Northwestern University School of Medicine in Chicago, who has been successfully treating a variety of autoimmune

diseases with adult stem cell transplants. After harvesting and storing her bone marrow adult stem cells, chemotherapy removed from them the autoimmune cells that caused the lupus. The stem cells were then injected back into her body with a repaired immune system that would not attack her own organs.

Seven years later, Stollfus is healthy and remains free from lupus. The video reports, "Jackie is extremely active, especially in chasing after her two little girls, Tenley and Taryn. 'Adult stem cells saved my life, gave me a chance to have a life, gave me that chance to be a mom,' says Jackie. She says given the chance, she would do it all over again."

More of Dr. Burt's successful work is highlighted on another video in the CLI series. [Bryan Hinkle](#) was suffering from tingling and numbness in his legs, fatigue, and excruciating pain. He was eventually diagnosed with an autoimmune disease known as Chronic Inflammatory Demyelinating Polyneuropathy (CIDP). With medication, Hinkle controlled the pain and the CIDP symptoms for many years. He eventually suffered a severe relapse and lost almost all of the feeling in his legs and feet, requiring a wheelchair for mobility.

Hinkle's treatment for CIDP resembled that for Jackie Stollfus. Healthy adult stem cells were harvested, then chemotherapy killed off the damaging autoimmune cells. Afterwards, the healthy cells were injected back into his body.

"The results were positive and almost immediate," the CLI video notes. "Within two days he felt the cold tile of a bathroom floor, something he never thought he'd experience again. That sensation paled in comparison to what was coming in the weeks ahead. Feeling and mobility returned to his legs and feet and he began walking again.

"Today Bryan leads a happy, healthy normal life thanks to an adult stem cell discovery that's changing the face of regenerative medicine and giving men and women real hope in their fight against dozens of

diseases and conditions. 'I'm a year post-transplant and I sometimes have to wake up and I ask myself, is this really my life? I've regained my independence. I'm helping take care of my children, you know. I'm being the husband and the father, that I dreamt about not too long ago. And for that, I'm just thankful--thankful and amazed.'

"Lost Memories, Opening Doors" recounts how [Dr. Burt's insight into the potential of adult stem cells led to treatment for autoimmune diseases](#). "While working at Johns Hopkins Hospital in Baltimore, Dr. Burt noticed that the leukemia patients needed to be re-vaccinated because the protection from childhood diseases like the measles and mumps was being lost. The cells impacted by transfusion treatments were losing the 'memory' of these original childhood vaccinations. Dr. Burt wondered if it were possible to get bad, diseased cells to lose their memory, then perhaps they could be reprogrammed with 'good' memories and help patients with autoimmune diseases." Healthy adult stem cells would do the reprogramming.

After successfully trying his idea on animals in the research lab, FDA approval led to an effective treatment for multiple sclerosis. Fourteen years later, Burt and his team of researchers at Northwestern University are using this technique to help treat patients suffering from some 23 different diseases.

"Adult stem cell therapy is ongoing in centers around the world," says Dr. Burt. "So it's turned out to be very rewarding. Very rewarding to see people coming back and see how much they've improved. And very rewarding that other centers are doing it. There's an old adage that success has many fathers, failures and orphans. So the very fact that this is now being done around the world--in South America, Asia, Europe, and here in America--it just means that I've helped, in some small way, to change this world."

Amy Daniels is another of Dr. Burt's grateful patients. [Daniels suffered from systemic scleroderma](#), an autoimmune disease, a painful and potentially fatal disease that stiffens the skin and appears to turn the sufferer's body to stone. Today, after treatment with her own stem cells, Daniels lives a normal, healthy life with her husband and two daughters.

**“Within the past year there have been many advances in adult stem cell science, including new strategies and advances using adult stem cells to treat stroke, even years after the stroke event; multiple sclerosis, putting people into remission, not just stopping progression of the disease; and improving repair of both knee joints as well as damaged hearts.” - Dr. David Prentice**

"We are in the midst of a revolution in cancer medicine right now," says [Dr. Joseph McGuirk](#) of the University of Kansas Cancer Center, who has been treating cancer patients for 27 years. "Every day is an exciting day," he declares. Chance Runnion, one of Dr. McGuirk's patients, can attest to that. His video tells the story of his battle with leukemia and the adult stem cell transplant that left him free of the disease.

CLI reports, "Dr. McGuirk remembers a time when most patients who came to his clinic with Chance's form of cancer, died in a relatively short period of time. Today, he says, more than half of them will live, thanks to adult stem cell transplants. Still, Dr. McGuirk knows that there is much more to be done, and that the promise of adult stem cells is not close to being exhausted."

Has the word that adult stem cells outperform embryonic stem cells reached the public? Gene Tarne, Senior Analyst for CLI, said that the research world has taken notice resulting in an [almost complete absence of clinical trials using human embryonic stem cells](#). "In 2013, the California Institute for Regenerative Medicine (CIRM) – the nation's largest funder of stem cell research outside of the federal government – authorized a new program, the Alpha Stem Cell Clinics Network," Tarne said.

"The Network's goal, 'is to accelerate the development and delivery of stem cell treatments to patients.' To achieve this, CIRM approved \$70 million 'to create a new statewide network of sites that will act as a hub for stem cell clinical trials.' CIRM's website lists 36 ongoing clinical trials at the three

Alpha Clinic locations. Of the 36 ongoing Alpha Clinic clinical trials, just two utilize human embryonic stem cells."

Paul Wagle, advisor on the Board of the Midwest Stem Cell Therapy Center Advisory Board and an associate scholar with CLI, has [personally experienced the life-saving power of adult stem cells](#). Diagnosed with leukemia at the age of ten, he endured a four-year battle with the disease that included an adult stem cell transplant. Wagle has been cancer-free for ten years and discussed the importance of promoting ethical approaches to medical research.

"The reality is that research funds are limited," Wagle says in his video. "We need to be good stewards and get the biggest bang for our buck by supporting science with proven track records. Those are the treatments that will make the biggest difference in the lives of patients who face life-threatening illnesses.

"Not only is adult stem cell research more effective, it is also moral. Human embryos are not harmed in adult stem cell research. If you want to support effective and ethical research, then you should support adult stem cell research. At the end of the day, adult stem cell research saves lives, it does not sacrifice them."

The entire Charlotte Lozier Institute video series is available at: [stemcellresearchfacts.org](#). The site provides a wealth of information on stem cell basics, ongoing research, and inspirational stories. CLI's website: [lozierinstitute.org](#) includes a detailed informational section entitled "[Stem Cells and Therapies](#)."

# Rose Drives 2017

## **Peggy McCormick (Braintree/Weymouth) Chapter**

Immaculate Conception, Weymouth \$606.00

## **Fitchburg/Leominster Chapter**

Our Lady of the Lake, Leominster \$548.25

St. Anna Parish, Leominster \$1200.00

St. Cecilia Parish, Leominster \$622.25

St. Francis of Assisi Parish, Fitchburg \$388.00

St. Joseph Parish, Fitchburg \$218.00

St. Leo Parish, Leominster \$414.23

## **Greater Fall River Chapter**

Espirito Santo, Fall River \$532.80

Good Shepherd Parish, Fall River \$300.00

Holy Name Parish, Fall River \$507.00

Holy Name of the Sacred Heart, New Bedford \$415.00

Holy Rosary Chapel \$57.00

Immaculate Conception, New Bedford \$679.00

Our Lady of Grace, Westport \$525.00

Our Lady of Mount Carmel, New Bedford \$763.00

Santo Christo, Fall River \$563.00

SSPP/Holy Cross Chapel \$130.00

St. Anne Parish, Fall River \$320.00

St. Anthony of Padua, Fall River \$280.00

St. Bernadette Parish, Fall River \$492.00

St. Bernard Parish, Assonet \$364.00

St. Dominic Parish, Swansea \$385.00

St. Francis of Assisi, New Bedford \$76.00

St. Francis of Assisi, Swansea \$255.00

St. George Parish, Westport \$232.00

St. John of God, Somerset \$445.00

St. John Neumann, E. Freetown \$300.00

St. Joseph Parish, Fall River \$175.00

St. Julia Billiard Parish, North Dartmouth \$609.00

St. Louis de France, Swansea \$207.00

St. Michael, Fall River \$237.00

St. Stanislaus, Fall River \$375.00

## **Greater Lawrence Chapter**

St. Augustine/St. Joseph Parish, Andover \$210.00

## **North Adams Chapter**

St. Elizabeth of Hungary, N. Adams \$782.00

St. John Paul II, Adams \$548.00

St. Mary of the Assumption, Cheshire \$191.16

## **North Suburban Chapter**

Immaculate Conception, Revere \$1375.35

St. Anthony, Everett \$614.86

St. Francis Parish, Medford \$410.00

St. Joseph Parish, Medford \$503.00

St. Raphael Parish, Medford \$473.00

St. Mary of the Annunciation Parish, Melrose \$838.00

St. Patrick Parish, Stoneham \$1366.00

## **Norwood Chapter**

St. Catherine Parish \$1128.00

## **Pioneer Valley Area**

Christ the King, Ludlow \$854.85

Divine Mercy, Three Rivers \$350.00

Immaculate Heart of Mary Parish, Granby \$152.00

Our Lady of the Valley, Easthampton \$596.10

Shrine of the Divine Mercy, Stockbridge \$150.00

St. Cecilia, Wilbraham \$740.00

St. Elizabeth, Ludlow \$757.01

St. Elizabeth Ann Seton, Northampton \$487.25

St. John the Evangelist, Agawam \$100.00

## **South Shore Chapter**

Our Lady of the Assumption Parish, Marshfield \$441.00

St. Christine Parish, Marshfield \$410.00

St. Helen Parish Norwell \$547.00

St. Mary of the Sacred Heart Parish, Hanover \$200.00

St. Paul Parish, Hingham \$800.00

## **Springfield Chapter**

Holy Cross Parish, Springfield \$467.00

Holy Name Parish, Springfield \$244.00

Immaculate Conception Parish, Indian Orchard \$215.00

Mary, Mother of Hope Parish, Springfield \$430.00

Our Lady of Mount Carmel Parish, Springfield \$382.00

St. Catherine of Siena Parish, Springfield \$414.00

St. Michael's Cathedral, Springfield \$302.00

## **Unassociated**

Immaculate Conception Parish, Marlborough \$488.00

Knights of Columbus, Woburn \$400.00

Our Lady of Mt. Carmel/Our Lady of Loretto,

Worcester \$185.00

Sacred Heart Parish, N. Attleboro \$ 79.00

St. Agnes, Arlington \$1870.00

St. Bartholomew Parish, Needham \$225.00

St. Ignatius, Chestnut Hill \$720.00

St. Joseph Parish, Needham \$900.00

St. Joseph Parish, Holbrook \$530.00

St. Mark Parish, Attleboro Falls \$555.00

St. Mary of the Assumption Parish, Milford \$504.00

St. Mary Parish, Mansfield \$848.50

St. Mary Parish, N. Attleboro \$471.25

# MCFL Announces New Pro-Life Social Doctrine Certificate Program

## An opportunity to advance a pro-life revolution

“This is an historic hour,” says Dr. David Franks, Chairman of MCFL’s Board of Directors. “Americans stand at a crucial juncture in the trajectory of the Republic. We the people are divided. The American proposition to the world has become obscured, the proposition that government exists to secure the God-given rights of life, liberty, and the pursuit of happiness.

“The pro-life movement is the tip of the spear when it comes to the defense of human dignity and human rights, and it is the best hope for the renewal of the American experiment in ordered liberty,” he continued. “We must be intentional in training a pro-life cadre capable of meeting the demands.”

Dr. Franks has proposed a first-in-the-nation Pro-Life Social Doctrine Certificate Program. “This program is pedagogically innovative, taking seriously the fact that education must be holistic to forge the kind of creative and expert pro-life activists needed to defend those threatened by abortion and euthanasia. It draws in particular on the body of teaching known as Catholic social doctrine, appropriating in it the spirit of the liberal arts, incorporating Scripture, theology, philosophy, political theory, American history, and literature.

“Though grounded in Christianity, this course is designed to be accessible to those of any faith, as well as the non-religious,” said Dr. Franks. “All questions and viewpoints are welcome. People of all generations hunger for this kind of training, but the younger generations in particular will appreciate an approach that seeks to rebuild a social consciousness from the pro-life perspective, that is, from a commitment to the preferential option for the most powerless human life. We will not be shy about reclaiming ‘social justice’ and ‘solidarity’ from those who use the terms heedless of the most vulnerable victims of history.”

Dr. Franks was a professor of theology at Saint John’s Seminary for nine years, which

included tenures as vice president for mission and director of certificate programs for the seminary’s Theological Institute for the New Evangelization. He received his Ph.D. in theology from Boston College in 2006.

The course will examine the basic principles of social ethics: the dignity of the human person, the common good, solidarity, and subsidiarity; the American Republic and the future of freedom; why politics matters and what is social justice; bioethical science and reasoning; and how love and suffering stand at the heart of human action.

The program reading list includes: *The Compendium of the Social Doctrine of the Church, Night* by Elie Wiesel, *The Person and the Common Good* by Jacques Maritain, *Lincoln: A Very Short Introduction* by Allen Guelzo, the “Treatise on Law” from the *Summa Theologiae* by St. Thomas Aquinas, *The Waste Land* by T.S. Eliot, *Embryo: A Defense of Human Life* by Robert George and Christopher Tollefsen, as well as writings from Pope St. John Paul II and Pope Benedict.

The course is tentatively scheduled to begin Oct. 7th. The eight monthly Saturday sessions will run from 9:00 am – 3:00 pm and will be available as video recordings for participants who cannot attend in person. Dr. Franks asks that MCFL members think of people who might be, either as donors or as participants, interested in supporting this initiative. “Think in particular of certain target populations: young adults and others who want to reconnect to the pursuit of the common good, teachers, priests who would like to bear a greater prophetic witness when it comes to abortion and euthanasia but who feel unprepared to make the case in a merciful way, parishioners hungry for a socially relevant theology. I can guarantee an exhilarating intellectual experience for anyone taking the course!”

For more information on the certificate program see MCFL’s web site at: [masscitizensforlife.org](http://masscitizensforlife.org).

## Memorials

**Sr. Connie Gemme, MSOLA**

Peggy Bradford.

**Katherine (Kay) Hill**

Jean and Bob Mullen

**Ann Naughton**

Ken and Anne Fox

**Elizabeth Ann (Daley) Paulin**

Mary Donahue

Ken and Anne Fox

**Dr. Richard Sprinthall**

Pioneer Valley MCFL

**Tom Whearty**

Ken and Anne Fox

**Mary Young**

Anne Fox

Dick and Joan Carey

“In memory of an aborted grandchild”

## Congratulations

**Mike and Ann Goonan** on their 50th

wedding anniversary

Peggy Bradford

Welcome to **Benjamin Michael Rose**, son of Michael and Angie, grandson of Mike and Jackie Rose, great grandson of Russ and the late Eileen Rose, all active pro-lifers.

Welcome to **Clara Magdalene Cohn**, daughter of Peter and Danielle Cohn. We look forward to seeing Clara at MCFL Board meetings with her Mom.

Happy Birthday to **Russ Rose** (101), **Mary Daggett** (100), **Natalie Andersen** (93), **Msgr Francis McGann** (93) from Needham pro-lifers.

A donation made in memory of a loved one or in honor of a loved one's birthday, wedding, anniversary, or new baby, will help us continue our life-saving work.

Mail to: MCFL, 529 Main St., Suite 1M9, Boston, MA 02129-1122

The Schrafft Center  
529 Main Street, Suite 1M9  
Boston, MA 02129-1122

## Coming Events

### Hearings on Doctor-Prescribed Suicide

September 26

State House, Boston

### Massachusetts March for Life

October 1

Boston Common

### MCFL Annual Fundraising Banquet

October 26

Four Points Sheraton, Norwood  
Keynote Speaker Professor Peter Kreeft

### MCFL Assembly for Life

January 21, 2018

Keynote Speaker Fr. Frank Pavone, Priests for Life

### Collect Signatures to Stop Taxpayer Funded Abortion

September 20-November 22

### Pro-Life Social Doctrine Certificate Program

October-November

#### *Mission*

In recognition of the fact that each human life is a continuum from conception to natural death, the mission of Massachusetts Citizens for Life is to restore respect for human life and to defend the right to life of all human beings, born and preborn. We will influence public policy at the local, state, and national levels through comprehensive educational, legislative, political, and charitable activities.



## 2017 Fundraising Banquet Keynote Speaker

### Professor Peter Kreeft, Ph.D.

Peter Kreeft, Ph.D., is a professor of philosophy at Boston College. He loves his five grandchildren, four children, one wife, one cat, and one God.

His 75 books include: *Handbook of Christian Apologetics*, *Christianity for Modern Pagans*, and *Fundamentals of the Faith*.

Professor Kreeft is notable for such courses as the Philosophy of Religion, Ethics, C. S. Lewis, and Philosophy in Literature. His books cover an enormous variety of subjects that include: logic; metaphysics; science fiction; Greek, Medieval and Modern philosophy; *The Unaborted Socrates*; *Abortion as a Philosophical Problem*; Socrates, and Jesus. His enlightened presentations have inspired audiences far and wide. We are honored to have him as this year's keynote speaker.