Moment of conception
Beginning of a new human life
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Cover: “The zinc spark is an inorganic signature of human egg activation” (Duncan, F. E. et al. Sci. Rep. 6, 24737), published by Professors Teresa K. Woodruff’s and Thomas V. O’Halloran’s research groups at Northwestern University in Chicago. The flash of light refers to the “inorganic signature” of the “zinc spark” detected with fluorescence microscopy in the laboratory—an analytical technique.

You do so much to protect life now. Please help us make sure your work continues.

Order the booklet, “How a Will Works For You” Free with no obligation.  
Call us at 617-242-4199 or email: action@masscitizensforlife.org

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A Message From President Anne Fox

Human life begins at conception.

When we say so in public, the pro-abortion pseudo-elites look down their noses, claiming that conception is a process (which we know they want to last long enough to allow for abortifacients and in vitro fertilization). It was a marvelous gift a few weeks ago when scientific outlets released pictures of the actual moment of conception signaled by a flash of light – so we shared it with you on our cover.

Some pretty disheartening things have happened recently but they, too, will fall. David Daleiden, whose Center for Medical Progress videos exposed Planned Parenthood as the body snatchers they are, was indicted on ridiculous charges. Those charges have been dropped. The Supreme Court overturned a perfectly sensible safety law in Texas. Planned Parenthood plans to use that decision to challenge any laws regulating abortion facilities. We are going to continue working for our Women’s Safety Act here in Massachusetts however, because the Court based its decision on “accessibility” in Texas. No woman in Massachusetts is more than an hour from a licensed facility, so accessibility does not apply here.

The right to lifers in Vermont are suing over their doctor prescribed suicide law because the regulations put out by the state to implement the law actually force doctors to participate. Lower courts have turned down new laws to protect babies from abortion based in sex, race, or disabilities. That is typical of what has happened with new laws which went on to be upheld, like the Partial Birth Abortion Ban.

At a recent planning session, the MCFL Board was looking at the organization long term. I was stuck by a consistent characteristic. The day after Roe v. Wade was announced, Mass Citizens incorporated, getting the pro-life movement right out in front in Massachusetts! In 1972, the pro-lifers had put petitions on ballots in liberal districts across the state. Local pro-lifers mobilized to fight the ballot questions. Those people were in place, experienced, and ready to go on Jan. 22, 1973. That is the way Mass. Citizens has continued for 43 years – doing what needs to be done – which makes us prepared and capable for the next battle, whatever it may be. When we had a chance in 2010 to elect a U.S. Senator who would vote pro-life, we were able to make 440,000 phone calls and distribute 180,000 pieces of literature. Now that doctor-prescribed suicide presents such a threat, we are the ones who are able to produce thousands of phone calls to committee members from their own constituencies.

I mention these things because it seems to me that 2016 has turned into a very unsettling year. I think people are questioning whether their efforts make any difference. I want you to know the difference your efforts make.

Since the high point in the early 1990’s, the number of abortions in Massachusetts has dropped by more than 50% from 44,000 to 19,000. The educational efforts of Mass Citizens (speaking to 10,000 students a year), the MCFL Magazine, other media, Conventions, and a wide variety of events, have certainly contributed.

Michael New analyzes the results of the recently published Marist Poll which “…clearly show that the abortion plank in the Democratic party’s platform – opposing all pro-life laws and supporting Medicaid funding of abortion – is clearly out of step not only with the American public, but also with a large number of self-identified Democrats.”

New’s analysis continues, “53 percent of Americans think that abortion should either be illegal or legal only in the cases of rape, incest, or to save life of the mother; 52 percent of young adults (18-34) and 53 percent of women share this view; 58 percent of African Americans and 59 percent of Hispanics also think abortion should be either illegal or legal only in cases of rape, incest, and to save the life of the mother.

Prof. New observes, “many incremental pro-life laws enjoy a great deal of support: 62 percent of Americans oppose taxpayer funding of abortion; well over 70 percent support stronger regulations for abortion clinics – including requirements that abortion doctors have admitting privileges at nearby hospitals; 56 percent of respondents support the conscience rights of health-care professionals who do not wish to participate in abortions. Perhaps most interestingly, the Marist poll indicates that a substantial number of Democrats espouse pro-life views: 26 percent of Democrats identify as pro-life; 36 percent think abortion should either be illegal or only legal in cases of rape, incest, and [to save the] life of the mother; 46 percent oppose taxpayer funding of abortion. Clear majorities of Democrats support both stronger regulation of abortion facilities and the conscience rights of health-care professionals.”

You will find an article comparing the platforms of the parties on page 7. The Democratic opposition to the Hyde Amendment is shocking. By not funding abortion through Medicaid, the Hyde Amendment has saved the lives of approximately 1 million babies. Now they want your tax dollars and mine to pay to kill future babies!

This election cycle has been disquieting. Putting things in perspective, it boils down to the “Supreme Court, stupid”, as they say. Wanda Franz, former President of National Right to Life Committee, explains that the election of Hillary Clinton would destroy the pro-life movement. She would appoint young, rabid justices, thus ensuring that any pro-life laws would be struck down for generations. That would wipe out most of the laws in the country which have been saving so many lives. Then, of course, she would go after any groups like Mass. Citizens with whom she disagrees (remember the records in the White House) and so on.

I just finished a book-length essay by the late Justice Antonin Scalia. He divides judges into three categories: those who go by the text of the legislation (“textualists” as he considered himself), those who go by what they think the legislators meant when they wrote the law, and those who rule on what they themselves think the law should be. Of course, only the first makes any sense and would result in “pro-life” rulings. Roe v. Wade is a classic example of the third as all of the rulings of a Hillary Court would also be.
Tell us a bit about your background

I am originally from Dorchester, the youngest of nine, whose parents were from the “Greatest Generation” and instilled in us the values of honesty, integrity, and accountability. My Dad, a WWII Marine vet and Boston Police Officer, along with my Mom, a Navy vet and nurse’s aide at St. Margaret’s Hospital, taught us to love God, country, and each other (even if we didn’t like each other!). I attended Catholic schools, graduated from Suffolk University, and currently work as Executive Director at Friends of the Unborn. I have been blessed with three incredible children, the best son-in-law, the greatest daughter-in-law, and the cutest grandson ever born! We have a large, close-knit extended family which is happily growing – we have recently welcomed three new babies in less than 11 weeks!

How did you become pro-life?

My brother was active in the pro-life movement attending rallies and fundraisers, collecting signatures, distributing pamphlets, and I usually tagged along. Growing up in Dorchester, everyone got involved in community and politics and everyone had an opinion. I valued my brother’s opinion and respected the idea that every life deserves a chance. As a young college student, I had to put those values to the test. I found myself in an unplanned pregnancy. Some suggested an abortion because it was not a convenient time in my life. I gave birth to a beautiful baby girl and knew the moment I held her in my arms I had made the right choice.

Soon after, I found myself with a newborn, another pregnancy, and a pending divorce. Many advised me to simply get an abortion, finish school, and get on with my life. The situation seemed bleak, but with a supportive family and the grace of God, I am happy to say, I did not get an abortion. I finished college, survived the divorce, and chose to give birth to a healthy, little boy who has grown to proudly serve his country in the Marines and is now 4th generation in law enforcement, working as a Massachusetts State Trooper.

Later, I was blessed with a third child but dismayed that it was suggested to perform
a number of tests on the fetus so I could make an informed choice regarding my pregnancy because of my age. That “fetus” was my child and would be perfect in my eyes whether the medical field agreed or not. I gave birth to a healthy baby boy, and the joy I have experienced through motherhood while witnessing my children’s weddings and the birth of my grandson has far surpassed any inconvenience of an unplanned pregnancy.

How did you become involved with MCFL?

Over the years, I had attended various MCFL events, but did not become an active member until I began working for Friends of the Unborn. As the director of a pro-life ministry, I wanted to stay informed and up to date on current events in the pro-life community. I was humbled by the tireless efforts of MCFL’s South Shore Chapter and had the opportunity to meet so many courageous warriors for the right to life. I was amazed and inspired by MCFL and wanted to join the ranks.

On what are you currently working with MCFL?

I was recently elected to the Board of Directors and look forward to networking and brainstorming with other members to further educate and involve the community in various activities, as quoted on the MCFL website, “to restore respect for every human life from conception until natural death.” I will be that voice for the voiceless. According to the MCFL website: “We’ll be in the fight until the job is done.” I am ready and willing to join the front line!

What do you enjoy doing in your leisure time?

I love sharing in family activities such as running 5k’s, hiking the Blue Hill, leisurely enjoying beach days, taking in a Red Sox game, watching the Boston Marathon or attending the Holiday Pops. We call them “Family Fun Days”. We can prepare a simple picnic or celebrate an elaborate holiday feast. I am happiest when celebrating Life with my family!

Friends of the Unborn is a sheltering home for women in a crisis pregnancy. Friends can be reached at (617) 786-7903 or toll-free at (888) 761-8538.

Visit the web site at: www.friends of the unborn.org

Joan Bailey and family attend a wedding accompanied by her new grandson.
Surgical Abortion and the Risk of Subsequent Premature Birth

A new meta-analysis showing a 5.7% increased risk of prematurity for women with a prior history of surgical abortion may help states with right to know laws for women considering abortion. The study, “Prior uterine evacuation of pregnancy as independent risk factor for preterm birth: a systematic review and meta-analysis,” was published in the May 2016 *American Journal of Obstetrics and Gynecology* by Dr. Gabriele Saccone of the University of Naples Federico II in Italy and Drs. Vincenzo Berghella and Lisa Perriera from Thomas Jefferson University in Philadelphia. Their meta-analysis of 36 international studies of more than one million women found surgical abortion associated with significantly higher risk of subsequent premature birth and a greater risk of lower gestational and birth weights in subsequent pregnancies. Premature birth is the leading cause of perinatal mortality.

Currently, one in ten babies in the United States is born prematurely. The National Institutes for Health commented on the failure of public policy in developing programs to lower the rate of preterm birth saying, “For the 30 years prior to 2007, practitioners and policy-makers seemed powerless to reduce—or even stabilize—the rate of preterm birth in the United States. Between 1980 and 2006, the percentage of births that were preterm rose from 9.4% to 12.7%—a rise of nearly 30%. International comparisons further highlighted the failure of policy: the preterm rate in the United States is among the highest in the world and is similar to the rate in the least developed countries.”

The Saccone study noted that “Prior surgery on the cervix is associated with an increased risk of pre-term birth (PTB). History of uterine evacuation, by either induced termination of pregnancy or spontaneous abortion, which involve mechanical and/or osmotic dilatation of the cervix, has been associated with an increased risk of PTB in some studies but not in others.” While the exact mechanism is unclear, it is thought that both surgical abortion and dilatation and curettage (D&C) after a miscarriage may damage the cervix by stretching it too quickly. Narrow instruments in varying sizes called dilators are inserted to allow surgical instruments to pass through the cervix. Laminaria, narrow rods made of natural or synthetic material, absorb water to expand the cervix. Dilators can cause scarring and infection. The March of Dimes Foundation, a leading organization dedicated to preventing preterm birth, said “the body’s natural immune response to infection may trigger labor specific immune cells in the mother’s body.”

Complications of surgical abortion or D&C after a miscarriage include: laceration or weakening of the cervix, scarring of the uterus or cervix, infection in the uterus, and bleeding. Many second trimester miscarriages result from an incompetent cervix, where the weakened cervix is unable to stay closed under the weight of the growing baby. The Mayo Clinic notes that while complications of a D&C are rare, perforation of the uterus from a surgical instrument happens more often in women who were recently pregnant and may lead to cervical damage, scar tissue on the uterine wall, and infection. “In some cases, your doctor may start the process of dilating your cervix a few hours or even a day before the procedure. This helps your cervix open gradually and is usually done when your cervix needs to be dilated more than in a standard D&C, such as during pregnancy terminations.”

Mainstream organizations including the March of Dimes and the American College of Obstetricians and Gynecologists (ACOG) have ignored abortion as a risk factor for years despite the wealth of epidemiological studies attesting to the association. In 2006 the Institute of Medicine published a comprehensive review of preterm birth. The IOM called abortion an “immutable risk factor for preterm birth,” meaning a woman having an abortion always has an increased chance for future preterm birth. This information was buried on page 625 in appendix B. The IOM also reported “African-American women deliver their infants before 37 weeks of gestation twice as often as women of other races, and deliver their infants before 32 weeks of gestation three times as often as white women.”

The Saccone study is the fourth mega study showing the association between surgical abortion and prematurity. Women considering abortion must be given this information as required by informed consent or “Right to Know” law in the state of Texas. The study’s co-author, Dr. Vincenzo Berghella, Director of Maternal Fetal Medicine at Thomas Jefferson University Hospital, agreed that surgical abortion patients should be told about the potential risk. Another large study, authored by Dr. Pim Ankum of the Academic Center of the University of Amsterdam in 2015, examined 21 previously published studies of over 2 million women. Compared to women who had never had a D&C, women who had the procedure were 29% more likely to deliver before the 37th week of pregnancy and their risk of very preterm birth, before 32 weeks, increased by 69%.

Randall O’Bannon, Ph.D., Director of Education and Research for the National Right to Life Educational Trust Fund commented on the costs of prematurity saying, “Some of these premature babies will die, especially if born exceptionally early, others will have permanent disabilities. In 2012, researchers estimated that the hospital costs alone associated with prematurity connected to previous abortions were more than $1.2 billion a year. This did not include other costs involved with the cerebral palsy, deafness, vision, breathing difficulties and other conditions often associated with premature birth.”
Presidental Race Presents Contrasting Pro-life Views

The MCFL Federal Political Action Committee hails the 2016 Republican platform as, “the most pro-life platform in history,” says Federal PAC Chairman Jack Rowe.

The Republican platform calls for the defunding of Planned Parenthood and the repeal of Obamacare. It calls for the repeal of the 1954 Johnson Amendment that has prevented churches and pastors from endorsing candidates. In a remarkable but little reported line in Donald Trump’s speech announcing pro-life governor Mike Pence of Indiana as his running mate, Trump made a statement to the effect that we must allow religious leaders to speak freely in our society and in their churches – and he promised the repeal of the Johnson Amendment.

Back in 1954, when future president Lyndon Johnson was still a senator, he helped pass a change in the US Tax Code called the Johnson Amendment. The amendment among other things, prevents tax-exempt institutions and churches from endorsing or opposing political candidates. In a recent speech, Trump stated, “We’re going to get rid of that horrible Johnson Amendment and we’re going to let Evangelicals, Christians, Jews, and people of religion talk without being afraid to talk.”

Further the Republican platform asserts the sanctity of human life and affirms that the unborn child has a fundamental right to life that cannot be infringed. It declares, “We support a Human Life Amendment to the Constitution and legislation to make clear that the 14th Amendment’s protections apply to children before birth. We oppose the use of public funds to perform or promote abortion or to fund organizations, like Planned Parenthood.”

The Indy Star newspaper in Indianapolis observed that pro-lifers can be assured that Governor Mike Pence brings many talents to the VP job and will provide a disciplined counter to Donald Trump's improvisational campaign style. Marjorie Dannenfelser, president of the Susan B. Anthony Life List said, “Mr. Trump’s selection of Gov. Mike Pence is an affirmation of the pro-life commitment he’s made and will rally the pro-life grass roots. Gov. Pence has proven to be a pro-life champion both during his time in Congress and as governor of Indiana. It was Mike Pence who led the effort to defund Planned Parenthood in Congress, and it was Gov. Pence who signed into law a historic bill protecting unborn children from lethal discrimination in the womb. Mike Pence is a pro-life trailblazer and Mr. Trump could not have made a better choice.”

On Nov. 8, the fate of unborn babies, the nation, and the world, will be determined by the American voters. Pray that God will give them the grace to vote pro-life!

The National Right to Life Committee (NRLC) compared the views of the candidates for the presidency, Republican Donald Trump and Democrat Hillary Clinton asking, “Where Do the Candidates Stand on Abortion?”

Abortion on Demand

Trump: “Let me be clear -- I am pro-life. I did not always hold this position, but I had a significant personal experience that brought the precious gift of life into perspective for me.”

Clinton: In 2003, Hillary Clinton voted to endorse Roe v. Wade, which allows abortion for any reason. In 2016, Clinton said, “The unborn person doesn't have constitutional rights,” later adding she believed this to be true even on the unborn child’s due date.

Partial-Birth Abortion

Trump: In 2000, in his book The America We Deserve, Donald Trump wrote that after consulting with doctors about the partial-birth abortion procedure, he concluded that he would support a ban on that method.

Clinton: In 2003, Hillary Clinton voted against the Partial-Birth Abortion Ban Act (voted to allow partial-birth abortions to continue) every chance she got.

Nominations to the U.S. Supreme Court

Trump: In May 2016, Donald Trump released a list of eleven conservative judges whom he would consider for a Supreme Court vacancy, saying, “By the way, these judges are all pro-life.”

Clinton: Hillary Clinton has said she would only nominate Supreme Court justices who would uphold the decision that legalized abortion on demand. “I would not appoint someone who didn’t think Roe v. Wade is settled law.”

Vice Presidential Candidates

Trump: Mike Pence had a solid pro-life voting record on abortion during 12 years in the U.S. House, including votes for passage of the Partial-Birth Abortion Ban Act. As governor of Indiana, Mike Pence championed many pro-life measures.

Clinton: Tim Kaine voted against the pro-life position in the U.S. Senate every chance he got. He voted against the Pain-Capable Unborn Child Protection Act. Tim Kaine co-sponsored a bill (S. 217) that would nullify virtually all state limits on abortion, including late abortions.

Party Platforms

Trump: The Republican Party Platform affirms “that the unborn child has a fundamental right to life,” opposes using government funds to perform or promote abortion or to fund abortion providers, and supports laws that assist babies who survive abortion.

Clinton: The Democratic Party Platform supports abortion on demand, and calls for repeal of the Hyde Amendment (which restricts the use of federal funds for abortion). The platform also supports government funding of abortion providers, including Planned Parenthood, the nation’s largest abortion provider.

Check the positions of the candidates in your area at: www.masscitizensforlife.org.
With Keynote Speaker: Dana Scallon

International Performing Artist

Tiffany Ballroom
Four Points by Sheraton

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

Thursday, October, 27

VIP Reception 6:00 PM
Dinner 7:00 PM

Tickets: $75/ticket
$65/ticket if purchasing 10 or more

Menu

Salad: Tiffany signature blend of mixed field greens with honey citrus dressing, vine ripened tomatoes, bell peppers, asparagus spears, cucumbers, ripe olives and red onion.

Entree: Roasted Statler Chicken with roasted vegetables, creamed potatoes, topped with rosemary jus.

Dessert: Carrot cake with cream cheese frosting.

Vegetarian and other dietary options available upon request before event.

RSVP by Friday, October 21. Seating is limited, so don’t wait!
For more details call 617-242-4199
# 2016 Annual Fundraising Banquet Award Winners

## State Award Recipients

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<th>Award</th>
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<tr>
<td>Dr. Joseph Stanton Award</td>
<td>Dr. William &amp; Patsy Lawton</td>
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<td>Peggy McCormack Award</td>
<td>Rosalie Berquist</td>
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## Regional Award Recipients

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<tr>
<td>Greater Lawrence Chapter</td>
<td>Doug Hayman</td>
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<tr>
<td>W. Roxbury/Roslindale Chapter</td>
<td>Marie O'Donnell</td>
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<td>Greater Fall River Chapter</td>
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# About Dana Scallon

**MCFL Fundraising Banquet Keynote Speaker**

As a schoolgirl Dana became an overnight star as Ireland’s first winner of the prestigious Eurovision Song Contest, beating out international superstars such as Julio Iglesias. A highly successful music career and award winning television appearances followed, including her own hit series for the BBC – *A Day Out with Dana* and *Wake Up Sunday*.

In the midst of her flourishing career in secular music, Dana and her husband Damien began writing Christian songs together, including “Totus Tuus,” inspired by Pope St. John Paul II’s motto; “Lady of Knock”; now the official hymn for the Marian Shrine of Knock in Ireland; “We Are One Body,” which was chosen as the theme song for World Youth Day in Denver, Colorado, where she led over 280,000 young people in singing for the pontiff; and “Little Baby (Yet Unborn)” a pro-life song dedicated to their first child. Dana sang for Pope St. John Paul II on six occasions.

During the 1990’s, Mother Angelica invited Dana, Damien and family to come live in Birmingham, AL so that Damien could set up the pilgrimage and retreat program for visitors to her Monastery. While there Dana hosted her own music and talk-show television series.

Dana was elected as a Member of the European Parliament in 1999, representing her Irish constituency until she left elected office in 2004. In the spring of 2004, she became the first woman to be awarded the highly acclaimed San Benedetto (St. Benedict) Award in Subiaco, Italy for her “outstanding work in defending Family and Life”.

In early 2006, Dana and Damien founded their own music ministry, DS Music Productions, releasing both music and prayer albums. The website is www.dsmusicproductions.com. Through it all, Dana has remained close to her Irish roots, working tirelessly for peace, Christian family values, and respect for Life. We are thrilled to welcome her as our Keynote Speaker!
Social Media as Pro-Life Work

BY DOMENICO BETTINELLI, JR.

When Massachusetts Citizens for Life was founded over 40 years ago, grassroots organizers met in kitchens and church basements to educate themselves, to encourage each other, and to plan their strategy for the protection of life. Networking, like most everything else in life, was done face-to-face with a handshake.

Times have changed. While there is still value in getting people together in the same room—and arguably it’s even more important today—the reality is that for virtually everyone under the age of about 45, much of their day-to-day communication is done through text messages, mobile phone calls, email, and social networking. We’re all working more hours each week and then spending our non-work hours shuffling kids to practices and games and taking care of errands and chores, so social media is how we stay connected.

In the current climate, how does Massachusetts Citizens for Life connect with and help form the next generation of pro-life leaders? We simply have to go where the most people are and use the tools best suited for that environment, and 82 percent of 30- to 49-year-olds use social media. That is a huge potential audience.

Why so much emphasis on that 30-49 year-old group? While MCFL’s membership rolls skew toward an older age group, in Massachusetts as a whole 50% of the population is under 40, while 27% are between 22 and 39. These are key and growing age groups of people who are digital natives, those for whom internet use and social media are as natural as using the television was to their parents. It is their primary source of news, information, and how they connect with friends and family.

To engage with this large potential pool of pro-lifers, we need a variety of tools. Not everyone will want to connect with us in the same medium or they may prefer different media for different contexts of their lives: on-the-go, at-home relaxing, and so on.

Of course, we will continue to use the traditional media of telephone, print and direct mail because they are still effective when used as part of a larger coordinated strategy. But their downside is that they are all expensive. On the other hand, the new digital tools are inexpensive and, in some cases, free.

Our web site, MassCitizensForLife.org, is our home base, our home on the Internet. Over the years, the web site has become an unparalleled educational resource on pro-life topics available to any who search them out. But in the past few months, we’ve been working to make the site a daily destination for content and commentary on current events, whether it’s the latest legislative effort to push doctor-prescribed suicide or a new insight into how national pro-life efforts affect us in Massachusetts. Our goal is to use our presence in other social media venues always to invite people back to our web site. We encourage all of our members and supporters to visit the site regularly as well.

We also have a strong presence on Facebook, the most popular social network today. About 4 million of the 6 million people in Massachusetts are on Facebook and nearly all of the pro-lifers aren’t currently reaching in other ways are present there. What’s important to understand is that Facebook users don’t see everything that their friends and the organizations they follow, like MCFL, put online. Instead, Facebook tries to guess the content you want to see and only show you that. So in order to see more of what MCFL posts, you have to “Like” our Page at Facebook.com/MassachusettsCitizensforLife, and then whenever you are on Facebook, click “Like” on our updates as you see them, then “Share” them to your own friends, and write a “Comment” of any kind on our posts. Not only does this tell Facebook that it should begin to show you our content more often, it also signals them to show it to other people who Facebook thinks might be interested in it. In this way, you’re helping spread the pro-life message.

It’s similar for Twitter, the social network that specializes in quick links and live events, and Instagram, a social network built around photos and visual content. Instagram is particularly popular among young people. You can find us on Twitter at Twitter.com/MassProLife and Instagram at Instagram.com/MassProLife.

You’re probably already familiar with our emails, but if you’re not on our email lists, please visit MassCitizensForLife.org/Email and sign-up for free. Not only will you receive our breaking news and “take action” alerts, each week you will receive our Weekly News Roundup. It’s a great resource to pass along to pro-life friends and family as you encourage them to become more active in pro-life advocacy.

Now, I understand that some people find social media off-putting or a drain on their limited resources of time and attention. For many of us, we’re not digital natives; we’re digital immigrants, making our way in a strange land, learning a new language and new customs. But, as most of our grandparents and great-grandparents did when they came to America, we can adapt and make this our new home, if we take the time.

And we must make that effort if we’re going to pass on the mantle of pro-life leadership to the next generation as well as the culture of life we are building. We can lament the loss of the neighborhood gatherings and community social life we once enjoyed, but even so, we must deal with the world as we have it now. It’s time for us to be role models of pro-life leadership and to model what an attractive and charitable pro-life culture looks like. We have to show a new generation of pro-lifers that each one of them is valuable and necessary to the work of protecting innocent human life from conception to natural death. And we can meet them online to do so.

Domenico Bettinelli, Jr. is Director of Community Engagement for Massachusetts Citizens for Life. He can be reached at: www.MassCitizensforLife.org@MassProLife
MASSACHUSETTS MARCH FOR LIFE

October 9, 2016

Boston Common
Parkman Bandstand

Rally and live music 1:00 PM
March steps off at 2:30 PM

masscitizensforlife.org
CRISPR

Biotechnology’s newest tool gives scientists the power to reshape mankind’s genetic destiny

Recent advances in biotechnology present pro-lifers with new challenges. The latest advances in the editing of DNA in living cells known as CRISPR-Cas9 has the potential to radically fight diseases, but may also fundamentally change the biology of human life itself. New biotechnologies hold the promise that by correcting defective genes, conditions such as Huntington’s disease, muscular dystrophy, hemophilia, HIV/AIDS, and some types of cancer, could be successfully treated. However, the specter of eugenic enhancement in the form of “designer babies” clouds the hopeful horizon.

CRISPR (Clustered regularly-interspaced short palindromic repeats), a “cut and paste molecular scissors system,” is revolutionizing genetic engineering by allowing scientists to edit the genome (an organism’s complete set of DNA, including all of its genes) with “unprecedented precision, efficiency, and flexibility.” CRISPR-Cas9 comes from the streptococcus bacteria. It comprises the bacteria’s defense system against viruses. By keeping bits of the virus’s DNA around the bacteria is able to recognize an invader. Cas9 (CRISPR associated proteins) is the enzyme that snips DNA and CRISPR is a collection of DNA sequences that tells Cas9 exactly where to snip. Fr. Nicanor Austriaco, associate professor of biology at Providence College explained, “Imagine an organism’s genome as a multi-volume encyclopedia. CRISPR would allow anyone with the right technical skills to edit a single letter on page 124 of volume 8 of the genome, replacing the ‘d’ with an ‘r.’”

Carl Zimmer writing in Quanta further described how CRISPR and Cas9 work together to disable viruses. “The bacteria copies the genetic material in a spacer into an RNA molecule,” Zimmer wrote. “Cas enzymes then take up one of the RNA molecules. Together, the viral RNA and the Cas enzymes drift through the cell. If they encounter genetic material from a virus that matches the CRISPR RNA, the RNA latches on tightly. The Cas enzymes then chop the DNA in two, preventing the virus from replicating.”

To repair a defective gene with a working gene, scientists utilize a cell’s ability to repair broken DNA. By injecting a DNA sequence that is highly similar to the cut region, the cell’s DNA repair mechanism may fill in the cut with the injected DNA sequence. Genes may be disabled by introducing a cut without injecting a complementary DNA sequence. The cell will delete or insert random bases at the cut site and stitch the DNA together with errors, thus disabling the gene. The original CRISPR-Cas9 system had a major flaw, but has since been made more precise. Said Fr. Nicanor, “Cas9 has a propensity to make undesired edits elsewhere in the genome, a phenomenon called ‘off-target’ editing. CRISPR-Cas9 pioneer Dr. Feng Zhang of MIT, genetically engineered the Cas9 protein to reduce off-target editing to undetectable levels.”

This super-efficient system drastically cuts the time required to develop research mice with disabled genes, known as “knockout mice.” Typical development takes over a year, beginning when an altered DNA sequence is injected into mouse embryos. The first generation will have only some of the mutated cells, the mutated mice are bred again hoping for mice that carry the mutated gene in every cell. It takes at least three generations of mice to get an experimental mutant for research. When researchers inject CRISPR-Cas9 sequences into mouse embryos, both copies of the selected gene are edited at the same time, producing a knockout mouse in only one generation. CRISPR-Cas9 can be used to modify any organism: bacteria, yeast, mice, rats, fruit flies, or human beings, and is already revolutionizing the genetic engineering of plants and animals. Scientists are developing extra-muscular beagles, cows without horns, malaria-resistant mosquitoes, and food crops that require less pesticide, fertilizer and water. Researchers at Harvard used CRISPR-Cas9 to inactivate viruses in the genomes of pigs that could cause disease in transplant recipients.

Problems begin with the public’s uneasiness about the unforeseen consequences of genetically-modified organisms and germ line engineering that changes DNA in sperm, eggs, or embryos, becoming hereditary characteristics. Fr. Nicanor noted, “The most significant distinction to keep in mind is the difference between genome editing for therapeutic purposes to correct or cure a genetic defect, and that for enhancement purposes to augment human capacities.” Current therapeutic research looks at modifying the genetic material of somatic (body) cells and are not designed to affect sperm or eggs. Researchers say heritable genetic modifications pose serious risks without therapeutic benefits and fear objections may spark a backlash against gene modification. Canvassing of public opinion shows support for the repairing of genes involved in serious diseases, but indicate much less support for genetic enhancements, such as increased intelligence.

Current technologies may have unpredictable effects on future generations and it may not be possible to know the precise effects of genetic modification to an embryo until after birth, or for years later. Fr. Nicanor said, “Any proposed therapeutic intervention will also need to respect the dignity of the human patient.” He ruled out work involving the genetic editing of human

The United Kingdom’s Human Fertilisation and Embryology Authority contend that their research protocol on the genetic modification of human embryos is justified because the embryos are “ leftover” from assisted reproductive technology attempts.
embryos as unethical saying it would “lead to the large scale manipulation and destruction of immature human persons.” Eugenic interventions aimed at producing human beings selected for a predetermined quality, “inherently treats the unborn person as an object to be manipulated and designed according to the dictates of parents. Genetic enhancement presumes that ‘enhancement’ can be objectively determined without consulting the individual who is to be enhanced.”

Scientists in labs in Cambridge and Boston are among the forefront of researchers who think it may be easier to edit the germ line through the use of stem cells. By first editing the genes of stem cells, the stem cells could then be turned into egg or sperm cells. Infertile women could thus generate hundreds of eggs and could pick the healthiest ones. The technique would be performed in animals first, then later tried in humans.

Researchers in China made history in 2015 by being the first to genetically modify human embryos in an attempt to modify the gene responsible for beta-thalassemia. Scientists used a technique Dr. David Prentice called “Nuclear DNA Genetic Modification.” Enzyme complexes, such as CRISPR-Cas9, can be used to find and cut specific mutated DNA sequences, and replace them with non-mutated DNA sequences. “This technique could also be used to alter or enhance normal, non-mutated DNA,” Prentice said. The Chinese experiment was stopped after the development of the embryos was badly disrupted resulting in a number of unintended mutations.

Human genetic engineering is currently prohibited or discouraged in many countries. In Western Europe, 15 of 22 nations prohibit the modification of the germ line. Unsurprisingly, Europeans also have reservations about the use of genetically-modified food organisms. Although the United States has not officially prohibited germ line modification, the US National Institutes of Health’s Recombinant DNA Advisory Committee stated that it “will not at present entertain proposals for germ line alterations.”

However, the United Kingdom’s Human Fertilisation and Embryology Authority (HFEA) in Feb. 2016, authorized CRISPR-Cas9 research on human embryos by the Francis Crick Institute. The National Catholic Bioethics Center objected commenting that, “Institute researchers claim to have addressed the significant ethical issues inherent in this research. They contend the research protocol is justified because the embryos are ‘leftover’ from assisted reproductive technology attempts; because the parents of these embryos have given informed consent; and because the embryos will be destroyed after seven days (well within the HFEA’s 14-day window for human embryo research) rather than being allowed to be born with significant birth defects.”

The acceptance of in vitro fertilization techniques, such as pre-implantation genetic diagnosis where the healthiest embryos are selected before being transferred to the mother’s uterus, has prepared the way for further modifications. George Dvorsky writes in Gizmodo.com, “Germ line modifications are poised to become a part of the human future, as already witnessed by the introduction of three parent in vitro fertilization for the purpose of eliminating mitochondrial diseases,” he said. “The exact nature and appropriateness of germ line interventions has yet to be determined, but the path to its development must begin somewhere.”

An article by Antonio Regalado in the MIT Technology Review, “Engineering the Perfect Baby,” found many scientists concerned about the power of CRISPR in crossing the germ line. Geneticist Jennifer Doudna, of the University of California, Berkeley who co-discovered the CRISPR system, suggested that American scientists agree on a moratorium on the use of CRISPR to generate gene-edited children. “It cuts to the core of who we are as people, and makes you ask if humans should be exercising that kind of power,” Doudna said. “There are moral and ethical issues, but one of the profound questions is just the appreciation that germ line editing will change human evolution. Most of the public does not appreciate what is coming.”

When a previously unseen virus infects a bacterium, it copies the genetic material from the virus in a spacer into an RNA molecule. Cas enzymes take up one of the RNA molecules. The viral RNA and the Cas enzymes drift through the cell. If they encounter genetic material from a virus that matches the CRISPR RNA, the RNA latches on. The Cas enzymes then chop the DNA in two, preventing the virus from replicating.

Figure: Harvard University, adapted from Molecular Cell
Students Take PULSE for Education

Sarah Mary Toce, New England Life and Leadership Director, gathered teens from across Massachusetts to host PULSE, a fun-filled, hands-on training experience. Students enjoyed small group discussion, large group trainings, a “jam” session and games. Most importantly, students left feeling better equipped to firmly and compassionately articulate the stance of the pro-life movement. Students agreed that, “This class really opens your eyes.” There is no doubt these students are truly the Pro-Life Generation of today and tomorrow.

Top Row: PULSE Immersion at the Dane Street Church in Beverly on Friday July 15. Middle and Bottom Rows: Students participate in PULSE Immersion at Boston College’s Simboli Hall on July 23 under the direction of Sarah Mary Toce.
Teacher’s Luncheon at Wellesley Club

MCFL hosted a luncheon for teachers at the Wellesley Club on June 30. Left: West Roxbury’s Cathy Carrigan and Shrewsbury’s Christine Lehane. Right: Linda Thayer, MCFL Vice-President of Education (left in photo) leads a discussion on how teachers can use their skills in outreach for the pro-life movement.

Hush Screens in Leominster

A large audience of pro-lifers from the Leominster/Fitchburg area came out to view the movie Hush on June 29 at the Leominster VFW. Hush, a remarkable collaboration between a pro-choice writer/director and a pro-life producer, investigates the effects of abortion on women’s health. The movie covers a variety of topics including the links between abortion and breast cancer, prematurity, and psychological trauma. Viewers agreed that Hush can pave the way to positive outreach to women who need this important information.
Growing regulations regarding the labeling and marketing of genetically modified food reflect the public’s concern for health and safety in the face of unknown consequences. However, few people are aware that the creation of genetically modified human beings is now a reality in the form of mitochondrial replacement techniques (MRT). In 2015, the United Kingdom changed the definition of “genetically-modified” to circumvent the law prohibiting human germ line modification and approved MRT for fertility clinics. These techniques eliminate the risk of passing mitochondrial disease to babies of women carrying a genetic mutation in their mitochondrial DNA. One process, maternal spindle transfer, is done by removing the nuclear material from the egg of one woman, putting it into the enucleated egg of another woman, and fertilizing it with a man’s sperm. This produces an embryo with three parents. (See Figure 1)

In February 2016, a committee of scientists and ethicists in the United States recommended that the FDA approve two mitochondrial replacement techniques. Besides the technique approved in Britain, they endorsed a second technique – pro-nuclear transfer – that uses two embryos: one embryo with defective mitochondria and one donor embryo with healthy mitochondria. The nucleus of the healthy embryo is removed and replaces the nucleus of embryo with defective mitochondrial DNA (mtDNA). (Two intact embryos are destroyed to create a third.) (See Figure 2) The committee recommended long-term follow-up to make sure the children are healthy and do not suffer long-term negative effects.

Mitochondria are the organelles (structures) within every cell that convert oxygen and nutrients into ATP (adenosine triphosphate) that transports chemical energy within cells for metabolism. Egg cells (oocytes) carry genetic material outside the nucleus in the mitochondria called mtDNA. By donating the nucleus biological motherhood becomes possible for women who can pass along mitochondrial disease. MRT is a form of germ line modification meaning that the maternal mtDNA of all subsequent generations is replaced by that of a donor.

Cell biologist Dr. David Prentice submitted written testimony at the British House of Commons Science and Technology Committee hearing on mitochondrial donation in October 2014 arguing against approval. “These are all non-therapeutic interventions,” Prentice wrote. “These techniques all create new human embryos with altered genetic composition, genetically designed individuals who will not inherit mitochondrial disease. The proposed techniques manipulate young human life, treating new individuals as experiments. The Pro-Nuclear Transfer technique relies on destruction of two embryos (one completely healthy) to manufacture a third, recombined embryo. All of the proposed techniques rely on a significant number of donor eggs, with healthy mitochondria. The typical procedures used for the donation of eggs expose young women to significant health risks from ovarian hyperstimulation syndrome, including uncertain long-term health risks due to lack of follow-up study of healthy egg donors.”

Rebecca Taylor of LifeNews commenting on the sex-selection of embryos, notes that a committee in the US recommended

**Figure 1: Maternal Spindle Transfer**

Eggs from the intended mother (with mutated mitochondria, Mom 1) and eggs from a donor (with non-mutated mitochondria, Mom 2) are harvested. The nucleus from Mom 1, which at this stage is arranged as chromosomes on a mitotic spindle, is removed from the egg of Mom 1 and from the donor egg (Mom 2). The nucleus from genetic Mom 1 is placed into the ooplasm containing non-mutated mitochondria of the donor egg (Mom 2), and the genetically reconstructed egg is fertilized with the genetic father’s sperm. The newly-created embryo is a “3-parent embryo.”

Figure by Dr. David Prentice
that the FDA approve only the transfer of male embryos to their mother’s uterus. “The committee is concerned about negative effects, not just for the children produced but for their children and grandchildren,” Taylor says. “They want the modification to stop with the child modified. Since mtDNA is passed from mother to child, transferring only male embryos ensures that the modification isn’t passed on. Female embryos will be frozen or discarded.”

Fr. Tad Pacholczyk, biologist and Director of the National Catholic Bioethics Center, writes, “It should be obvious how any approach that weakens or casts into question the integral connection between parents and their offspring will raise grave ethical concerns.” He notes significant health problems for children born from IVF and other assisted techniques, including an overall doubling in the risk of birth defects. “For retinoblastoma, a childhood eye cancer, a six-fold elevated risk has been reported. Assisted reproductive techniques are also associated with heightened risks for a number of rare and serious genetic disorders, including Beckwith-Wiedmann syndrome, Angelman’s syndrome, and various developmental disorders.

“A growing number of young adults are vocalizing their strong personal concerns about the way they were brought into the world through techniques like anonymous sperm donations because they find themselves feeling psychologically adrift and deprived of any connection to their biological father,” Pacholcyzk continues. “Whether it be three-parent embryos, anonymous sperm donations, or surrogacy, we need to protect children from the harmful psychological stressors that arise when they are subjected to uncertainties about their own origins.”

Bioethicist Wesley Smith writes that MRT starts a slippery slope towards designer babies. He responds to the idea that objectors deny the rights of people who wish to have their own biological children but are incapable of having healthy babies. “If we have learned anything, biotech very quickly becomes a tool to facilitate lifestyle desires, not just treat medical dysfunction,” Smith says. “For example, IVF moved very quickly from allowing infertile married couples to have a baby to a consumerist service used by fertile women to have babies via surrogacy if they don’t want to gestate.”

He continues, “IVF has also become a means of eugenics, for example, couples paying beautiful and brilliant college women for their eggs and embryo selection. Is there any doubt that once this is done for women with disease, it will very quickly move on to lifestyle facilitation? Indeed, won’t that eventually become the primary use?”

Federal funding of research that creates or destroys a human embryo is prohibited by the Dickey-Wicker Amendment. However, it does not prevent the creation of genetically modified embryos. In February 2016 Congress passed the Aderholt provision as part of the latest funding bill that prevents the FDA from approving “research in which a human embryo is intentionally created or modified to include a heritable genetic modification.”

Fr. Pacholcyzk reflects, “When the first three parent baby is born, which will likely take place in the next year or two, we will have stepped right into the middle of that hubris-filled brave new world of manipulating the genetic traits of future children. We will have transitioned to a paradigm where biomedical experimentation on future generations is seen as acceptable and justifiable.”

The Aderholt provision is part of the latest funding bill that prevents the FDA from approving “research in which a human embryo is intentionally created or modified to include a heritable genetic modification.”
Rose Drives 2016

**Beverly Chapter**

**Peggy McCormick (Braintree/Weymouth) Chapter**
- St. Jerome’s Parish, N. Weymouth: $361.00

**Fitchburg/Leominster Chapter**
- Holy Family of Nazareth, Leominster: $150.00
- Our Lady of the Lake, Leominster: $470.00
- St. Anna Parish, Leominster: $883.25
- St. Bernard Parish, Fitchburg: $276.00
- St. Francis of Assisi Parish, Fitchburg: $445.00
- St. Joseph Parish, Fitchburg: $272.00
- St. Leo Parish, Leominster: $600.76

**Greater Fall River Chapter**
- Espirito Santo, Fall River: $551.00
- Good Shepherd Parish, Fall River: $523.80
- Holy Name Parish, Fall River: $538.76
- Holy Name of the Sacred Heart, New Bedford: $523.00
- Immaculate Conception, New Bedford: $1,031.75
- Our Lady of Grace, Westport: $400.00
- Our Lady of Mount Carmel, New Bedford: $727.00
- Santo Christo, Fall River: $582.00
- St. Anne Parish, Fall River: $161.00
- St. Anthony of Padua, Fall River: $1,269.00
- St. Bernadette Parish, Fall River: $520.00
- St. Bernard Parish, Assonet: $325.00
- St. Dominic Parish, Swansea: $405.00
- St. Francis of Assisi, New Bedford: $105.00
- St. Francis of Assisi, Swansea: $269.00
- St. George Parish, Westport: $118.00
- St. John Newman, E. Freetown: $500.00
- St. Joseph Parish, Fall River: $180.00
- St. Julia Billiart Parish, North Dartmouth: $665.00
- St. Louis de France, Swansea: $213.00

**Greater Framingham Chapter**
- St. Stephen’s Parish: $500.00

**Greater Lawrence Chapter**
- St. Augustine Parish, Andover: $1,250.00
- St. Monica Parish, Methuen: $1,250.00

**Natick Chapter**
- St. Patrick and St. Linus Parishes: $1,834.00

**Newton Chapter**
- St. Ignatius Parish: $725.00

**North Adams Chapter**
- St. Elizabeth Parish, N. Adams: $580.00
- St. John Paul II, Adams: $520.00
- St. Mary Parish, Cheshire: $205.00
- St. Patrick and St. Raphael, Williamstown: $256.00

**North Suburban Chapter**
- Immaculate Conception, Revere: $1,895.91
- St. Francis Parish, Medford: $334.00
- St. Joseph Parish, Medford: $395.00
- St. Raphael Parish, Medford: $649.00
- St. Mary of the Annunciation Parish, Melrose: $1,093.00
- St. Patrick Parish, Stoneham: $1,320.00

**Norwood Chapter**
- St. Catherine Parish: $1205.00

**Pioneer Valley Area**
- Christ the King, Ludlow: $961.55
- Divine Mercy, Three Rivers: $329.00
- Immaculate Heart of Mary Parish, Granby: $252.00
- Our Lady of the Valley Parish, Easthampton: $714.55
- St. Cecilia Parish, Wilbraham: $920.00
- St. Elizabeth Anne Seton, Northampton: $560.00
- St. John the Evangelist, Agawam: $375.00

**South Shore Chapter**
- Our Lady of the Assumption Parish, Marshfield: $450.00
- St. Helen Parish, Norwell: $719.00
- St. Mary Parish, Marshfield: $890.00
- St. Mary of the Sacred Heart Parish, Hanover: $350.00

**Springfield Chapter**
- Holy Cross Parish, Springfield: $306.00
- Holy Name Parish, Springfield: $232.00
- Immaculate Conception Parish, Indian Orchard: $228.00
- Mary, Mother of Hope Parish, Springfield: $455.00
- Our Lady of Mount Carmel Parish, Springfield: $377.00
- St. Catherine of Siena Parish, Springfield: $356.00
- St. Michael’s Cathedral, Springfield: $251.00

**Margaret O’Hara (West Roxbury) Chapter**
- St. Theresa and St. John Parishes: $1575.00

**Unassociated**
- Immaculate Conception Parish, Marlborough: $630.00
- Our Lady of Czestochowa, Worcester: $110.00
- Our Lady of Mt. Carmel/Our Lady of Loretto, Worcester: $50.00
- Sacred Heart Parish, Waltham: $148.00
- Sacred Heart of Jesus Parish, Milford: $620.00
- St. Bartholomew Parish, Needham: $420.00
- St. Joseph Parish, Needham: $1,200.00
- St. Joseph Parish, Holbrook: $500.00
- St. Mark Parish, Attleboro Falls: $550.00
- St. Mary of the Assumption Parish, Milford: $492.00
- St. Mary Parish, Mansfield: $890.00
- St. Mary Parish, N. Attleboro: $605.00
- St. Mary Parish, Shrewsbury: $650.11
- Woburn Knights of Columbus: $400.00
Memorials

Lois Butler
Ken and Anne Fox
The Needham Pro-Lifers

Rev Francis Garrity
Ken and Anne Fox

Arthur DiTore
The Fox Family

Loretta Vecchiarelli,
Daughter of Terry Vecchiarelli
Peggy Bradford

Congratulations

Welcome to Anthony Francis Golden, adorable son of Jim and Gabi and grandson of Jim and the late Ellie Golden

Congratulations to George and Judy Wilson on their 40th wedding anniversary, from the MCFL Board

Needham Pro-Lifers wish Happy Birthday to pro-life stalwarts:
Mary Daggett, 98
Natalie Anderson, 92
Msgr. Francis McGann, 92

Letters to the Editor

I must share with you my admiration for the Massachusetts Citizens for Life Magazine! Whenever my magazine arrives, I put down whatever I am doing and spend the rest of the day reading it. I learn so much new information from every issue. Besides being very interesting to me, it is so helpful when I speak to others, contact my legislators, etc.

Keep up all the good work you do at MCFL!
N.A., Needham, MA

ELECTIONS 2016

This year, besides electing a new President, we in Massachusetts will be electing State Senators, State Representatives, and members of the Governor's Council, all of whom will play an important role in the future protection of life, or lack thereof, in the state.

MCFL has sent Candidate Questionnaires and will be posting the results. Before you vote, be sure to check the positions of the candidates in your area at:

www.masscitizensforlife.org.
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.

Coming Events

Massachusetts March for Life
October 9
Parkman Bandstand, Boston Common

MCFL Annual Fundraising Banquet
October 27
Four Points Sheraton, Norwood
Keynote Speaker: Dana Scallon
Popular Irish pro-life singer and member of the European Parliament, 1999-2004