

MASSACHUSETTS CITIZENS FOR LIFE



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Photo by George Martell



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A Message From President Anne Fox

“Babies are not the sum of their body parts. Babies are not meant to be bought. Babies are not meant to be sold. Babies are just that – babies. They’re meant to be welcomed and rejoiced over, held and nurtured”

– Sen. Ben Sasse (R-Nebraska) addressing the House Energy and Commerce Committee’s Select Investigation Panel on Infant Lives” on April 20, 2016.

The hearings were about the buying and selling of baby parts which is taking place in abortion facilities across the country. The Committee staff produced materials that proved every allegation that had come from the Center for Medical Progress videos.

We have already known so much of this at least intuitively, but having it out in the open is sickening. Even more sickening is the fact that we are killing each of these wee ones.

In 1993, Congress passed the National Institutes of Health Revitalization Act of 1993, making it unlawful to sell baby parts. Rabidly pro-abortion sponsor, Henry Waxman stated (D-CA), “It would be abhorrent to allow the sale of fetal tissue and a market to be established for that sale.” End of story, you might think. Then Planned Parenthood officials admitted on camera that they are breaking the law.

Investigators have begun to find evidence of a significant market for fetal organs. They know that there are profitable procurement businesses that have exploded in growth in recent years. They know that hundreds of abortion facilities are partnered with these procurement businesses. And they have evidence that abortion facilities are paid for the organs from aborted babies, even though the procurement business

handled all of the costs. Yet the abortion businesses claim they do not profit.

Investigators released evidence of guidance given to procurement technicians showing that they alone manage the entire organ procurement process — from targeting specific women for baby parts based on order demands to shipping the body parts to the customer. There was no evidence shown that abortion clinics incur costs as part of the process.

Evidence was presented at the hearing showing a drop-down menu order form where researchers can order any and all baby body parts, including: brain, heart, lungs, liver, gallbladder, pancreas, esophagus, tongue, or scalp. *The Federalist* blog noted, “One of the most interesting things about the revelation that abortion clinics sell fetal body parts is that the unborn child is not considered a valuable human when it comes to ending her life prematurely, but her body parts are considered incredibly valuable precisely because of her humanity. Invoices regarding the sale and transfer of fetal organs were presented at the hearing. One customer paid \$22,610 for 38 fetal brains. Another paid \$3,340 for a fetal brain, \$595 for a ‘baby skull matched to upper and lower limbs,’ and \$890 for ‘upper and lower limbs with hands and feet.’”

In spite of all this, no state investigation has involved forensic auditing, and no federal investigation has thus far. The hearing showed that the procurement

business technicians, after consulting their order forms, obtain consent from the women and girls waiting for their abortions. This means a third party has access to the woman’s medical information, which is a violation of federal regulations. Many abortion clinics perform abortions on minors, raising a question of whether the minor even can consent to the tissue “donation.” Also, according to regulations, parents are only allowed to consent to experiments on their child if the experiments are designed to help the individual child. Another point which is not legal but troubling: these women go to the abortion facility to renounce motherhood, so how can they agree to something concerning the aborted child?

David Daleiden said, after the hearing, “The undercover video admissions by senior-level Planned Parenthood officials only scratch the surface of this barbaric trade. The financial documents uncovered by the Select Investigative Panel on Infant Lives prove that Planned Parenthood profited from trafficking fetal organs and tissues. We now know the criminal trade in body parts is spread nationwide throughout the abortion industry, with nearly one in five abortion clinics selling baby parts to StemExpress. Even the pro-Planned Parenthood witnesses called by the panel minority agreed that a robust investigation should seek testimony and accounting documents from Planned Parenthood.”

“The unborn child is not considered a valuable human when it comes to ending her life prematurely, but her body parts are considered incredibly valuable precisely because of her humanity.” – *The Federalist*

MCFL Staff Member Profiles

Domenico Bettinelli Jr., MCFL's New Director of Community Engagement



MCFL's new Director of Community Engagement Domenico Bettinelli, Jr., wife Melanie, and children Sophia, Anthony, Lucia, Benedict and Isabella

Tell us a bit about your background

I grew up in Canton, Mass., the fourth of five children. I also have three sisters from my dad's second marriage. Today, my wife Melanie and I have five children and my parents now have 24 grandchildren and 1 great-grandchild. So there's a lot of life in our family!

I've mainly worked in church-related organizations throughout my adult life, including helping found *Catholic World News*, the first online Catholic news service; becoming managing editor and then editor of *Catholic World Report* magazine; working for the Archdiocese of Boston, first in fundraising and then in new media, where we became a recognized leader in the Church in that area; producing and hosting a daily

radio program, *The Good Catholic Life*; and most recently, working in a Catholic parish collaborative in Walpole as communications director.

How did you become pro-life?

I was raised with a strong Catholic faith by my parents and especially my mom, but I wouldn't say I was strongly pro-life in my teens. That's probably because I hadn't really confronted the issue. As a young adult, more than 20 years ago now, my brother and I once went into Brookline to be part of a pro-life demonstration in front of the abortion clinic there. It was a very raucous affair, as a national pro-life group had come into town for this event. But what I observed was that the pro-lifers were

quiet and prayerful and looked like my neighbors and people from my church. Meanwhile, the other side was angry and abusive and represented groups that I was puzzled would care about abortion, like the Socialist Party and gay and lesbian groups. On the TV news that night, the reporter showed footage of people fighting with the police, leaving the distinct impression that it was pro-lifers who were involved, when I knew quite well that it was the other side. That was eye-opening.

But I would say that my real pro-life awakening came when I went to college. I attended Franciscan University of Steubenville in Ohio, and the pro-life movement is a way of life there. Not only do students go into Pittsburgh every Saturday to pray before an abortion clinic there, but they also travel in immense numbers to the March for Life and work in their own town helping to provide for crisis pregnancy centers. It was during those years that I first attended the March in Washington and began to understand what the movement is really about.

How did you become involved with MCFL?

In my work for the archdiocese, I often came into contact with the work of MCFL, especially when we worked on [the doctor-prescribed suicide] Ballot Question 2 in 2012. I have also known a variety of people connected to MCFL over the years, including our current chairman, David Franks, and former president, Phil Moran, among others. But the impetus for my coming to work for the organization came through a little miracle.

In March, Anne Fox told a mutual friend she was looking to bring in someone who could raise MCFL's profile through the innovative use of new media, including social media. When asked the sort of person she'd like, she mentioned my name, assuming I was unavailable. (Anne knew of me because she'd met my wife Melanie at a gathering a few years ago, and my work had come up in the conversation.)

Coincidentally, I had just gotten word that the collaborative where I was working in Walpole was making some budget cuts and unfortunately my job was among them. I happened to tell that mutual friend, he put me in touch with Anne, and the rest is history.

What are you currently working on with MCFL?

My primary focus right now at MCFL is getting a handle on all the ways we connect with people, both those who are already members and supporters, but also those we'd like to reach and encourage to become members and supporters. To that end, I've started regularly posting interesting articles to our social media accounts on Facebook, Twitter (@MassProLife), and now on Instagram

(MassProLife); I'm making a comprehensive review of the Web site, with an eye toward making it an even more useful tool for education that encourages people to come back every day; I'm looking for people who would like to blog for us, writing once every couple of weeks or so on a topic of their choosing that provides their unique perspective on an aspect of the pro-life cause; and looking to how we can make our emails an even better tool for communication and grassroots activity. By the way, if anyone is interested in blogging for us, be sure to email me.

What do you enjoy doing in your leisure time?

In the summer, my family loves going to the farmers' market at Hingham's bathing beach on Saturdays. We make a whole day of it with a picnic of the things we buy. We also love going to museums and zoos in Boston.

Personally, I enjoy making podcasts with some friends on several different topics, including science fiction TV shows and movies. I also have maintained a blog at Bettnet.com for nearly 20 years now.

You can help Mass. Citizens for Life promote our pro-life message online with just a few simple steps

1. If you have a Facebook or Twitter account find us on those online services at <http://www.facebook.com/MassachusettsCitizensforLife/> or <http://www.twitter.com/massprolife> (and if you don't have a social media account, they're easy to get and help you stay in touch with your family too.) Once you find us on those services, "Like" our page (on Facebook) or follow us (on Twitter).
2. Go to our Facebook and/or Twitter pages each day and on Facebook on each item we post, click "Like," write a Comment, and then click the Share link. On Twitter, click on "Favorite" and then click on "Retweet."

Pro-Life 2016 at a Glance Calendar

June 10: Annual Meeting and Elections, MCFL Office, Boston

July 15: PULSE Immersion
Beverly

July 23: PULSE Immersion
Boston

Aug. 6: Board Meeting and Planning Day, MCFL Office, Boston

Sept. 16 – Oct. 2: MCFL Booth at the Big E, Springfield

New Date!

Oct. 9: Massachusetts March for Life
Boston Common

Oct. 14: MCFL Board Meeting
MCFL Office, Boston

Oct. 27: Annual Fundraising Banquet
Four Points Sheraton, Norwood
Dana Scallon, Keynote Speaker

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.masscitizensforlife.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

CONVENTION 2016

Exposing Abortion Industry Secrets

Business relies on high pressure sales practices

Catherine Adair's unexpected pregnancy at 19-years of age put her on a career path to the abortion industry. "My mom arranged for an abortion telling me that a baby would ruin everything," Adair said. "I didn't really want to do it, but I was scared. I felt pressured. I had no other choice if I wanted to graduate from college and continue with my career plans.

"When I awoke from the abortion procedure," Adair continued, "I burst into tears. I felt empty physically, emotionally, and spiritually. I decided to never speak about it again. I felt relief at the time, but the abortion industry doesn't tell you about aftereffects of abortion: the lifetime of regret, shame,

and anxiety; the inability to form relationships. I buried the experience so deeply that I couldn't admit that I'd killed my baby. Instead I decided to be the world's greatest feminist."

Newly armed with a degree in women's studies, Adair started working for Planned Parenthood. "They had this self-proclaimed reputation for being on the forefront of helping women," Adair explained. "Abortion was a woman's rights issue. But, I didn't have any idea what I was getting into. My job was to check in women who were coming in for an abortion and collect payment. The industry makes women pay up front. They've already paid before they talk to anyone, before they see a doctor."

Despite a lack of training and with no medical background Adair became a counselor for Planned Parenthood. "I would take a woman's medical history, blood pressure and pulse, and record her last menstrual period. When I answered the phone, I'd ask if the woman had a positive pregnancy test and 'When was your last period? Are you using insurance?'"

The abortion procedure was described in vague terms. Said Adair, "I'd tell the woman 'The doctor will gently extract the contents of your uterus.' Then we would discuss birth control. There's an assumption; this is a grown woman. If she's here, she doesn't need options counseling. Planned Parenthood trained us to overcome any objections a woman might have because they don't see any negative consequences to abortion. During the two years I worked there not even one woman left without having an abortion.

"The patient signs a form describing what the procedure entails, the risks and possible aftereffects including rupture of the uterus and excessive bleeding. It's small print; no one read it," Adair said. "The women are scared, ashamed, and nervous. I never asked if a woman was being pressured. Even in cases where we suspected abuse, we sent women home with their abusers.

"I'd hear the nurses discussing follow-up birth control saying, 'Make sure the black girls get depo' (the contraceptive shot depo provera), the implication being that they were too dumb to remember to take the pill. Even with the racism and the way they treated women



Catherine Adair recounted her experience while working for Planned Parenthood

“Planned Parenthood trained us to overcome any objections a woman might have because they don’t see any negative consequences to abortion.”

like cattle, I retained my cognitive dissonance. I was not going to admit this was wrong.

“Next, I was trained to be a medical assistant. I would set the woman up on the table in the exact position for the abortion before the doctor came in. A technician does an ultrasound, but the woman doesn’t get to see it. Then the doctor comes in. He may or may not even greet his patient. After opening the cervix and scraping the uterus, the doctor inserts a tube and puts on a suction machine connected to a jar. It sounds like a garbage disposal. When the switch is turned off, there’s a silence, the moment of death.

“I had to take the jar and pour the contents through a strainer table. You look for arms, legs, pieces of skull or rib cage to make sure nothing is left behind to cause an infection. Then the contents are put into a baggie we called a ‘POC (products of conception) bag.’ My job was to count the number of POC bags at the end of the day. We use to joke calling them ‘pieces of children’ bags.”

Adair still couldn’t admit what she was doing even after sifting through the remains of aborted babies on a regular basis. This changed after she viewed the aftermath of a later-term abortion. “I was called to clean up after a 2nd trimester abortion. I walked into the room and saw a table. Next to the table was a jar with the arms and legs of a baby. I

wasn’t sure what I was seeing, the hands and toes were so beautiful. I backed out of the room and explained that I couldn’t go back into that room. But, I still couldn’t say why was this different from the other abortions.”

“A second-trimester abortion is a two-day procedure. I’d tell the woman on the first day, they would insert laminaria into the cervix to open it. The second day, ‘The doctor will gently extract the contents of the uterus.’ I didn’t know that the baby was going to be aborted by dismemberment.

“After learning this my whole world was completely turned upside down. I didn’t have anyone to talk to. I couldn’t understand why I felt so burdened, so horrified. Why did I have this sick feeling when I came to work? Planned Parenthood told me their facility was safe. We had an armed guard. They said pro-lifers were violent and crazy, the sidewalk protesters were dangerous. Planned Parenthood was there to help women.

“I would wake up screaming from nightmares. I was anxious and afraid, but I still didn’t deal with being involved in the destruction of children. If you leave, you’re betraying the cause. Instead, I said I was leaving to continue my education. I got married and had children, and I never talked to anyone about abortion, ever.

Adair’s walls finally began to break down when she started going back to church. When her priest in confession said, “God loves you,” she began to cry. Adair said, “I thought, how could God love me? I killed my own child and participated in the murders of thousands of children. How could he forgive me?”

“Until I returned to God, the aftermath of abortion affected every aspect of my life. I was filled with self-hatred and self-loathing. This made it hard bonding with my son and interfered with my relationship with my husband.



Patricia Jay listens to Catherine Adair

Convention photos by
George Martell

I put on a front that I was a great mom, but inside I didn’t think I was.

“Sharing my story has been very healing, but I’m still troubled by things I’ve said. Women do suffer after abortion. Planned Parenthood says that women who have problems had issues beforehand. If it’s true that women who suffer have problems, then why aren’t they being screened beforehand? The abortion industry doesn’t offer proper counseling because it reduces profit, and any counseling they do offer comes after women have paid for the abortion.

“Abortion clinics should not get a free pass by claiming that abortion is ‘women’s health care.’ Planned Parenthood is in the business of making money. They are not providing a service, they are selling a product, and they’re using women to do it.”

The Reversal of Mifepristone with Progesterone

Dr. Mark Rollo reported on the results of a new study, “Abortion Pill Reversal,” by Dr. George Delgado of the Culture of Life Family Services in San Diego. The study shows that chemical abortion may be reversed by the use of progesterone.

Progesterone prepares the lining of the uterus for the implantation of the embryo, making it a nourishing environment, and promoting development of a part of the placenta called the decidua. Progesterone relaxes the uterus and prevents premature labor by keeping the cervix closed. Mifepristone (Mifeprex, RU 486), an anti-progesterone, attacks the decidua, depriving the placenta of nourishment, and thereby preventing nourishment from getting to the baby. “The baby literally starves to death,” explained Rollo. “Mifepristone is used from nine weeks of pregnancy to almost the end of first trimester. A second drug, misoprostol is given two days later causing uterine contractions that expel the dead baby.”

Available in the US since 2000, mifepristone is currently used in 18-25% of abortions, numbering between 200,000-300,000 a year. In FDA trials, rates of incomplete abortion, cases where the uterus did not completely empty, were between 5%-8%. Rates of the embryo surviving were less than 1% before 49 days and 9% at 57-63 days. If the uterus fails to empty, then surgical abortion becomes necessary.

Molecularly, mifepristone is structurally similar to all steroid hormones, such as progesterone, estrogen, and cortisone, but has an extra group of molecules that enable it to block progesterone receptors. After oral ingestion, mifepristone outcompetes progesterone by binding twice as well to a progesterone receptor. Dr. Rollo noted, “Progesterone and pro-



Dr. Mark Rollo called progesterone the “pro-life” hormone

gesterone receptors work like a key and lock. Mifepristone is like a false key in a receptor. The reversal protocol works by flooding the lock with the true key.

“We give the woman seeking reversal 200 mg intra-muscularly as soon as possible, and perform an ultrasound for viability. The protocol for a patient less than 6 weeks is to: monitor HCG levels, repeat the same dose of progesterone for two more days and then every other day for 14 days. We continue the treatment with progesterone twice a week until the end of the first trimester. The less far along a woman is and the longer she waits for progesterone, the greater the likelihood that an abortion will happen. Statistics from 2012 -2016, gathered from calls to the abortion reversal hotline, show a success rate consistently around 55%.”

Dr. Rollo explained the many difficulties with chemical abortion reversal. “Many patients have mixed feelings. Some have taken misoprostol, even after starting progesterone. The influence of

family and friends can be positive or negative, and the discomfort of progesterone shots can be a deterrent to continuing. Many patients are young and immature. They may not answer calls or return text messages while they discern what to do. Women can lack emotional support, especially from families who want them to abort. They may be kicked out of their homes or abandoned by their boyfriends. Many lack financial resources.”

The study also noted the pressures exerted by abortion clinics. “A recent patient said she was just going for a consultation, before she knew it, she was given a pill and a glass of water,” Dr. Rollo said. “Numerous patients have been told they have to, ‘Finish what you have started.’ They have been told there is no chance of reversal. Birth defect risks are exaggerated. Abortion clinics make it hard for a woman to bond with the unborn baby and will only tell them pregnancy is intrauterine and the gestational age. Patients often do not

look at an ultrasound monitor and are not encouraged to do so.”

Dr. Rollo continued, “If the patient lives in an area where there is no abortion pill reversal (APR) doctor, it can be time intensive. Office staff may not know if the doctor is in the APR network. Sometimes doctors in our network are not prepared when we need them. Offices that do not routinely use injectable progesterone may not always have it or forget to order it.”

Opposition to abortion pill reversal also comes from the medical establishment. Dr. Rollo said, “Critics contradict themselves by stating that reversal is unlikely and that mifepristone is ineffective. They exaggerate the mifepristone failure rate and state there is no proof that progesterone is effective despite the case studies of live births. They dismiss the possibility of a woman changing her mind.

“Studies show that mifepristone leads to 'incomplete abortion' 20-40% of the time. However, 'incomplete abortion' means only that the uterus has not completely emptied; it does not imply embryo survival. In early studies, continuation of pregnancy rates were 7-40%. These women then had surgical abortions; therefore, it is not known what percentage would survive to birth.”

Dr. Rollo noted that the new science of abortion pill reversal is based on solid statistics, “We know that mifepristone causes a complete abortion 20-40% of the time and that the embryo may survive 7-40% of the time. Our success rate of 60% is far better than 7% and much better than 40%.

“It's vital to expand our network of 300 APR physicians,” Dr. Rollo said. “We can grow with getting our message out to the media, our Web site and hotline at abortionpillreversal.com, and by working with crisis pregnancy centers so women can get support.”

Silent No More

Healing After an Abortion Experience

Kathy Hill, Massachusetts Regional Coordinator for Silent No More, echoed the experience of women like Catherine Adair. “I supported my college roommate in her decision to have an abortion, despite my inner voice telling me not to. I told her, 'I will support you whatever you do'. I drove my friend to the abortion clinic, and then, we didn't talk about it for 28 years.”

“When a woman chooses abortion, she chooses silence. That is what imprisons her in a place of isolation,” Hill said. The Silent No More Campaign, a project supported by Priests for Life and Anglicans for Life, has held more than 1,500 gatherings nationally and internationally with almost 6,000 women and men sharing their testimonies of hurt and healing.

Said Hill, “We want to educate the public as to abortion's harmful impact, emotionally, spiritually, and physically, and to help others avoid the pain of abortion.” National events such as the March for Life in Washington, D.C. include Silent No More participants sharing a three minute personal testimony. “The structure for the testimonies includes: why we had an abortion, what we experience during the abortion procedure, how we felt immediately afterwards, what long-term impact the abortion had on our life and behavior, and how we found peace and healing,” Hill said. “Women can't tell their abortion story unless they have been healed. The pain just doesn't go away by itself.”

Hill talked about results of research showing the impact of abortion on women. “Almost all women report experiencing emotional deadening, a feeling of being less in touch with their emotions or feeling a need to stifle them,” she explained. “The fear of other people learning about the abortion leads to intense feelings of loneliness and isolation. Many women experience denial, doubts, or negative feelings about the abortion. The denial of any negative effects of the abortion lasts for over five years, in those women who have acknowledged negative feelings. Insomnia, nightmares, and the increased use of alcohol or drugs is not uncommon, as well as women who express suicidal feelings and may actually attempt suicide.”

Hill played a video of a man giving testimony in Washington, D.C. about his experience of losing two children to abortion when he and his girlfriend were teenagers. “Planned Parenthood only talked about abortion,” he said. “They told us our child wasn't human. It was just a clump of cells, a mass of tissue. They made us feel like bringing a child into a world was the most foolish thing we could do. They told us, 'You are too young to be parents' and brought out an appointment book to schedule the abortion. Since then, I've suffered depression and alcoholism. Forty years later, the memory is still painful. That is why I am silent no more.”



Pro-Life Youth Education

Students asked to “Check Your PULSE!”

While pursuing a Master of Divinity Degree at the Boston College School of Theology and Ministry, Sarah Mary Toce continues her work with Louisiana Right to Life as the New England Life and Leadership Project Director. Toce collaborates with National Right to Life affiliates to foster youth education and training initiatives in New England.

“There’s an art to the discussion of abortion,” Toce said. “We teach students how to have a productive dialogue. They learn how to ask and respond to questions and how to stay on topic. A lot of pro-abortion reasoning ignores the child and puts pro-lifers on the defensive. Instead we teach students to go on the offensive. Take, for example, the argument that poor women need abortion because they can’t afford another child. We acknowledge that poverty is an issue that needs to be addressed. But we counter with the idea that abortion doesn’t offer a woman the help she needs.”

Toce says that compassion is a better approach. “Facts don’t convert,” she explained. “Pull on the heart with a truthful, loving, and compassionate message. Dialogue instead of debate. Focus on real solutions. Poor and minority women have been targets of the abortion industry. However, abortion has not succeeded in reducing poverty. We advocate that students get involved in ministries that help and heal.

“We encourage our students to understand both sides of the abortion issue, but to present the truth,” Toce said. “Young people are apt to believe that relativity is compassion, ‘whatever you think is right is right.’ This belief is illogical. They are shocked when they meet pro-life advocates who stand up

for their beliefs, but handle tough topics in a loving and compassionate way.”

Toce has several pro-life workshops for youth. PULSE, originally named Camp Joshua, partners with secular pro-life groups and stresses abortion as a human rights issue. PULSE programs vary from one hour presentations to a five day complete immersion.

The PULSE Immersion three day course is a high energy program starting with pro-life basics (Pro-life 101) and persuasion skills study. Students tour the state capitol learning about the law and how to communicate with legislators. Peaceful prayer is conducted outside of an abortion clinic.

“The five day program is seat and feet work,” said Toce. “We go to college campus and engage in conversation with their students. Our students feel empowered by these dialogues, especially that they planted seed with students they talked with. Afterwards we share testimonies. We have a mock trial and students prepare a one minute speech on why they are pro-life. A tour of the capitol gives students a feel for lobbying. The immersion process sparks a vocation for the pro-life mission.”

Pro-life 101 presents the core message and logic of the pro-life movement in a one hour program. “We discuss why pro-life position is reasonable and remind students that we are called to be compassionate when discussing this issue,” she said. “Students get the basics of fetal development and the scientific evidence that the unborn is human using an acronym, ADH. ADH means alive and distinctly human; that what is in the mother is not a part of her body; it is a different entity. Another acronym emphasizes that the differences between



Sarah Mary Toce

the unborn and born are not moral distinctions. SLED stands for: size, level of development, environment, and degree of dependency.

“For older students, the course includes an optional discussion of abortion procedures. Our approach is non-graphic. A description of the procedure in a textbook is enough. Students have permission to step out of the classroom or look away. We talk about it afterward. The students probably know someone who has had an abortion, so we talk about healing and compassion.”

Pro-life 101 shows students the connection between euthanasia and abortion. “Abandoning the humanity of the unborn leads to disregarding the humanity of the elderly,” Toce said. “We conclude with a call to action. We want students to identify with the good guys and find out what they can do to save lives.”

PULSE Immersion one-day training will be offered on July 15 at the Dane Street Church in Beverly and at Boston College on July 23. For more information contact Sarah Mary Toce at: SarahMary2@gmail.com or check the MCFL web site: masscitizensforlife.org

Thayer: Health Frameworks Deny Parental Involvement in Sexuality Education

In November 2015 the Massachusetts Senate passed Bill 2062 establishing the Massachusetts Health Curriculum Frameworks as the standard for sexuality education. The bill is currently in committee awaiting recommendation and a vote in the House.

For many years Linda Thayer has warned that the portion of the Frameworks regarding sexuality education disregards parental authority and guidance in the family. “The public schools and state agencies of Massachusetts have become more aggressive in presenting alternative messages to young people,” said Thayer. “These messages contradict traditional religious and social values, condone teenage sexual activity, and explain how to access reproductive services such as contraception and abortion without parental awareness or approval.”

The Mass. Health Curriculum Frameworks are currently the guidelines for all health education/Wellness courses and are widely used throughout the state. Said Thayer, “The Frameworks would have health teachers explain to students as young as 14 years-old how to get an abortion without parental knowledge. Middle school students would be told how to get contraceptives without telling their parents and about ‘behaviors for pregnancy prevention.’”

The mandated policies and programs are a continuation of failed public strategies. Thayer cited several examples, “In spite of nearly universal advocacy of ‘safer sex’ practices, one in four American teenage girls are estimated to have a sexually transmitted infection. Massachusetts has the 16th highest teen abortion rate in the United States. Condoms have a likely failure rate of 17% in preventing pregnancy and the failure rates for disease prevention are even



higher. Given a false sense of security, young people have taken greater risks and experienced more failures.

“Young people can be effectively taught to abstain and seek a life-long commitment,” she said. “Successful strategies include: clear parental expectations, communication and values; religious practice; and abstinence education in the classroom. Studies have shown that true abstinence education is more effective in reducing the initiation of sexual activity among high risk young people as compared with ‘comprehensive sex ed’ and ‘safer sex’ programs.”

Thayer urged parents to find out what is being taught in their school systems. “It is your right by law to exempt your child from sexuality courses which violate your values,” she said. “Contact your elected officials and express your objections to the type of sexuality education in the public schools that is a violation your parental rights. Insist that discussions of sexuality issues be made part of a separate, elective course and advocate for adoption of the more successful abstinence programs.”

Germino Wins Oratory Contest

Isabelle Germino will travel to Washington, D.C. to compete in the oratory finals at the National Right to Life Convention in July. Germino won the Dr. Mildred Fay Jefferson Oratory Contest and delivered her winning speech at the 2016 MCFL Convention. She received a standing ovation with a speech that reflected on the loss of respect for life that results in abortion and euthanasia.



Protecting Yourself and Your Loved Ones in Today's Medical World

Recent studies show that while Americans care about end of life planning, few have put their wishes in writing or talked to loved ones about what they want when the time comes. “With advanced care planning you have the power to protect yourself and your loved ones in today's medical world,” said Sandra Kucharski, R.N. Advanced care planning includes: living wills, a durable power of attorney, various end of life planning tools, MOLST form, or an advance directive/health care proxy. Kucharski noted, “The intent of these tools is to think about what is important to you and what you want for yourself.”

Kucharski warned that all advance care planning tools are not equal. She took examples from three Web sites, starting with “Prepare for Care,” from the University of California. Said Kucharski, “Question three is problematic. It asks, 'Can you imagine health situations that would make your life not worth living? What is most important in your life? Living on your own and caring for yourself? Not being a burden? Feeling that life is always worth living, no matter how serious the illness, disability, or pain?’

“By describing situations that would make your life not worth living, the questionnaire plants seeds,” Kucharski explained. “Look at how the phrases are worded and be careful of the words: always, never, and or. These terms are vague and are open to multiple interpretations. If you have a physician in agreement with doctor-prescribed suicide

(DPS), he will interpret it in his way.”

She continued, “The problem is: who is going to define what qualifies as extreme care? Who defines what is end of life? These questions prey on your fears, such as dying in extreme pain. We can control pain effectively. Medicine is changing. The healthcare system in the United States today is forcing people into places where they don't want to be.”

Kucharski noted problems in another Web site called “Value Options.” “It asks three questions and you check off boxes for care you would want to have and care you don't, such as being put on a ventilator. But, it asks how you want to be treated before finding out what you need to be treated for. This puts the cart before the horse. Don't check off boxes before you have conditions where certain treatments may be appropriate.”

The “Conversation Project” asks three questions using a sliding scale to indicate importance. Kucharski again warned, “If you say that quality of life is more important than quantity, you will not get treatment from physician who believes in DPS.”

Kucharski used an ingenious exercise to show the drawbacks of a Medical Orders for Life-Sustaining Treatment (MOLST) form. She instructed the audience to make a grocery list for an upcoming event. Once the shopping lists were complete, Kucharski revealed that the event was for a barbeque in July 2020. “Your list is useless. You didn't buy the right groceries. When the event



Sandra Kucharski, MS, RN

comes you will be unprepared,” she said. “MOLST is another example of putting the cart before the horse where someone checks boxes to reject treatment before knowing what may happen in the future.”

A MOLST form concerns receiving or forgoing life-sustaining treatment. Printed on brightly colored paper, the form is placed in the front of a patient's chart, ready in case of emergency. MOLST is not affected by a patient's capacity to make decisions and takes effect immediately. Interventions addressed include: cardiopulmonary resuscitation (CPR), antibiotics, artificially administered nutrition and fluids, blood transfusions, dialysis, future hospitalization, and comfort measures.

Kucharski explained how MOLST differs from routine medical orders. “MOLST is only about life-sustaining treatment. It is signed by a health care provider (HCP) or 'facilitator' and the patient. The signing HCP is not required to have admitting privileges

“Who is going to define what qualifies as extreme care? Who defines what is end of life? These questions prey on your fears.”

Legislative Updates

Massachusetts

H. 1991

“Doctor-Prescribed Suicide”

The latest Massachusetts Doctor-Prescribed Suicide bill is in the Joint Committee on Health Care. The Committee must decide by June 30 whether or not to report the bill onto the floor for a vote. Please watch your MCFL emails for latest news and action items.

Federal

H.R. 4059, S. 2297

“Medicare Choices Empowerment and Protection Act”

The Act would give Medicare beneficiaries and others online access to a website with state-specific model advance directives that choose life-saving treatment, food and fluids equally with those that reject them.

A statement in the *Medicare and You* handbook would encourage seniors to resist pressures that violate their values and preferences.

It would ensure that online providers of advance directives provide access to the website and provide only forms that comply with the relevant state law. This would safeguard people in states that have effective informed consent requirements – like those that require a specific check off in order for a patient to be denied assisted food and fluids, instead of lumping nutrition and hydration in with all forms of life-preserving treatment.

In cases of dispute over treatment, family members would have access to the patient’s actual advance directive. *From the Robert Powell Center for Medical Ethics*



Convention participants discuss life issues during a break in the program

where the patient is located, and it is valid anywhere in Massachusetts. There are options about who can sign. The facilitator can be anyone who takes a facilitator course. It's not necessarily a doctor; it could be a nursing assistant who signs the form.”

“The MOLST form is defaulted for no care,” said Kucharski. “For example, the 'do not resuscitate' box comes before 'resuscitate'. The POLST paradigm task force in Oregon said, 'The form is appropriate for seriously ill persons with life-limiting or terminal illness, advanced frailty, significant weakness, or difficulty with personal activities.'”

“Does MOLST accurately express the patient’s wishes or that of the person completing the form?” Kucharski asked. “Was someone steered toward a particular preference? And if you recover, the treatment you refused will not be provided. It will carry over to other illnesses. MOLST can be used to deny ordinary care or beneficial treatment to people who are chronically ill, but not terminal; the frail elderly; and those in persistent vegetative state. A physician

must follow these orders, even if he is not the original signer of the form.”

While no one is required to sign a MOLST form, a patient may be pressured by doctors who receive compensation to present end of life options. “Under Obamacare, physicians will be paid for these discussions,” Kucharski said. “The life issues are impacted by money. A recent article concerning medical economics titled, 'Ten Top Ways to Increase Profit,' recommended having physicians discuss end of life care. Medicare regulations and electronic templates for end of life planning are steering doctors into talking with patients, including younger people with disabilities.”

Kucharski advises insuring future medical care by preparing a health care proxy and naming a health care agent who can speak for you in the event you cannot speak for yourself. An advanced care directive, the “Will to Live,” is available from the National Right to Life Committee. For more information on end of life issues and a guide on preparing a health care proxy see MCFL’s Web site at: masscitizensforlife.org.

Adult Stem Cell Success Continues

On May 4, 2016 the Association for Research in Vision and Ophthalmology reported the [first successful skin to eye transplant in humans](#). Researchers modified a piece of skin from the patient's arm into induced pluripotent stem cells (iPSC). The iPSCs were manipulated to become eye cells, and were transplanted into the patient's eye resulting in improved vision for a patient with macular degeneration.

Do No Harm, the Coalition of Americans for Research Ethics, recently noted that [non-embryonic stem cell alternatives account for a majority of grants awarded by the Michael J. Fox Foundation \(MJFF\)](#) for stem cell research. "That MJFF is funding such research is noteworthy, because Michael J. Fox himself has been a leading public proponent of human embryonic stem cell research (hESCR) since 1998," they wrote.

In the early 2000s, embryonic stem cells were promoted for their supposed great potential in curing disease. States, including Massachusetts, legislated billions of dollars for research while ignoring significant scientific, economic, and ethical concerns. [Sound Choice Pharmaceutical Institute \(SCPI\)](#) described the problems. "To generate adult organ, tissues or cells, the embryonic stem cell must 'fast forward' the process of years of maturation in a matter of weeks in order to create financially-valuable products. The second fundamental point is the propensity of embryonic stem cells (ESCs) to form tumors called teratomas."

Adult cells, also known as somatic or body cells, are a natural source of [stem cells](#). Umbilical cord blood is especially rich in stem cells, as are the placenta and amniotic fluid. iPSCs can also be produced from a patient's own cells, avoiding the potential problem of developing therapies that are incompatible with the immune system.

A giant leap for ethical medicine was a 2007 discovery by Dr. Shinya Yamanaka. He found that [adult cells can be reprogrammed to become embryonic-like cells](#). Called induced pluripotent stem cells (iPSCs), these cells had great therapeutic potential and eliminated the need to destroy human embryos for research.

Research scientist and [SCPI president Theresa Deisher, Ph.D.](#), explains the excitement of stem cell science. "Stem cells have the potential to be curative," Deisher says. "They are cells that can remake themselves, can also differentiate becoming a functioning mature cell, and can replace cells that are damaged in your body. To treat disease, a patient's own stem cells are used to induce regeneration and recovery. They're safe. They work. They are affordable."

"Stem cells from human embryos have failed to create any significant cures or treatments."

[Diseases and conditions already being helped through adult stem cell research](#) and/or therapies include: cerebral palsy, Parkinson's disease, leukemia, and multiple sclerosis; many types of cancer; auto-immune diseases such as: diabetes type 1, systemic lupus, rheumatoid and juvenile arthritis; acute heart damage, and chronic coronary artery disease. A recent experiment using microvesicles generated from bone marrow cells was effective in shrinking tumors in glioma, the most common type of malignant brain cancer tumor which has a poor survival rate.

"There's a [paradigm shift in medicine now](#), using cell therapy to treat diseases, and it's just a very exciting time in medicine," said Dr. Robin Smith. "Today there are 4,300 adult stem cell trials, and there are over 70 diseases where adult stem cell therapies are part of clinical care, while stem cells from human embryos have failed to create any significant cures or treatments."

In an [article for the Charlotte Lozier Institute](#), [Gene Tarne](#) wrote, "Scientific advances in stem cell research continue to make use of embryos outdated and unnecessary. Diabetes has long been one of the main diseases for which human embryonic stem cell (embryo-destroying) research, or hESCR, was claimed to hold the greatest promise of curing. In 2014, researchers published an article in *Cell* describing how they had, for the first time, successfully used hESCs to create insulin-producing beta cells that were also responsive to changes in glucose in their environment." However, the researchers were also [able to generate insulin-producing beta cells from iPSCs](#) identical to those generated from hESCs, saying that embryonic stem cells are not needed.

"In 2007, [Dr. Richard Burt](#) led a groundbreaking study that used adult stem cells to reverse Type 1 (juvenile) diabetes in patients. In addition, [Dr. Denise Faustman](#) of Massachusetts General Hospital has had promising results in treating Type 1 diabetes without using stem cells at all," said Tarne. "The treatment involves a vaccination made from an inexpensive generic drug that destroys the rogue cells responsible for attacking the insulin-producing cells found in the pancreas. Using this method, Faustman succeeded in reversing Type 1 diabetes in mice, and she has also completed a Phase 1 clinical trial in human patients."



Two Events Coming This Fall

ENTER NOW!

March for Life Baby Contest

MCFL is accepting digital entries for 2016's "March Baby." The contest winner and his or her parents will lead the Massachusetts March for Life through the streets of Boston on October 9. Voting will be conducted online.

To be eligible for the contest, babies must be between 6 and 24 months of age when the photo is submitted. Your photo submission is non-returnable, becomes the property of MCFL, and gives permission to MCFL to use the photo. Photos may be submitted from June 19- July 4, 2016.

Babies entered in the contest will be identified on the Web site by first name only. Parents can contact their families and friends through telephone, email, Twitter or Facebook and ask them to check out our Web site and vote!

Send digital photos to marchbaby@masscitizensforlife.org

Annual Fundraising Banquet



Save the date for MCFL's Annual Banquet on Thursday, October 27 at the Four Points Hotel by Sheraton, Norwood. The banquet will feature international performing artist Dana Rosemary Scallon.

State level award winners include: Rosalie Berquist receiving the Peggy McCormick Award and Dr. and Mrs. William Lawton receiving the Dr. Joseph Stanton Award.

Regional Award Winners are: Douglas Hayman of the Greater Lawrence Chapter, Marie O'Donnell of the West Roxbury/ Roslindale Margaret O'Hara Chapter, and Jane Wilcox of the Greater Fall River Chapter

Justice Antonin Scalia's Pro-life Legacy

The jurisprudence of the late Supreme Court Justice Antonin Scalia relied on a reading of the actual text of the Constitution and understanding how it was originally understood by the Framers. The Framers had designed a system of government in which individual liberty could be safeguarded by the restriction of governmental power. Within the limits of the Constitution, the people could exercise the power to govern themselves. Scalia's reasoning uncovered the underlying principles behind the text of the Constitution that implied a natural law foundation.

Scalia's appointment to the Court in 1985 countered the prevailing judicial notion of a "living Constitution," the idea that judges could view the Constitution in a way that furthered social progress, by defining what the words meant in their own time. Under originalism, because the law is established according to what the text meant to the original framers, Scalia argued for a judiciary with limited power, existing to interpret the law but with no authority to change it. "The question of whom to appoint to the court is polarizing because the questions of what the court is and does has become subject to drastically conflicting understanding on the part of the judges themselves," wrote L. Joseph Hebert, commenting on the difficulty of choosing a successor to Scalia.

Scalia faulted the Supreme Court's *Roe v. Wade* decision for declaring that abortion could not be prohibited and for locating an abortion liberty in the 14th Amendment. He said, "My view is that regardless of whether you think prohibiting abortion is good or whether you think prohibiting abortion is bad, regardless of how you come out on that, my only point is the Constitu-

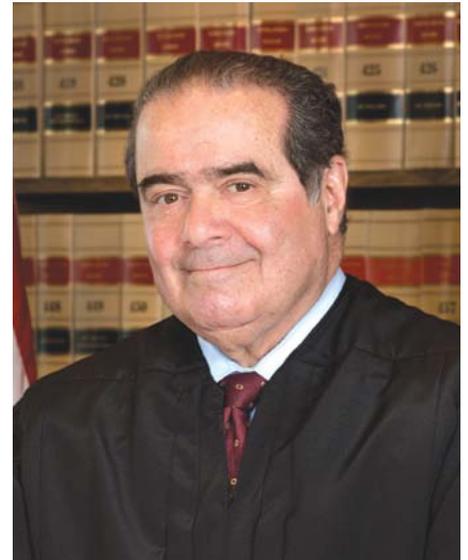
tion does not say anything about it. It leaves it up to democratic choice. Some states prohibited it, and some states didn't. What *Roe vs. Wade* said was that no state can prohibit it. That is simply not in the Constitution.

"But some of the liberties the Supreme Court has found to be protected by that word, 'liberty,' nobody thought constituted a liberty when the 14th Amendment was adopted. Abortion? It was criminal in all the states," Scalia explained.

His dissent in *Planned Parenthood v. Casey* (1992) reiterated that abortion had never been a liberty protected by the Constitution and had always been legally proscribed by long-standing traditions in the United States. Scalia wrote, "The permissibility of abortion and the limitations upon it are to be resolved like most important questions in our democracy: by citizens trying to persuade one another and then voting."

Scalia also wrote the dissenting view in *Stenberg v. Carhart* (2000). The Court struck down a state ban on partial-birth abortion. He wrote, "The notion that a Constitution designed to establish justice and secure the blessings of liberty to ourselves and our posterity would prohibit the states from simply banning this visibly brutal means of eliminating our half-born posterity is quite simply absurd."

In *Cruzan v. Missouri Department of Health* (1990), Scalia supported the constitutionality of state laws prohibiting assisted suicide. "American law has always accorded the State the power to prevent, by force if necessary, suicide ... [T]he point at which life becomes 'worthless,' and the point at which the means necessary to preserve it become 'extraordinary' or 'inappropriate,' are neither set forth in the Constitution nor known to the nine justices of this



Justice Antonin Scalia passed away on February 13

Court any better than they are known to nine people picked at random from the Kansas City telephone directory."

He continued this line of reasoning in *Gonzales v. Oregon* (2006). "Unless we are to repudiate a long and well-established principle of our jurisprudence, using the federal commerce power to prevent assisted-suicide is unquestionably permissible. If the term 'legitimate medical purpose' has any meaning, it surely excludes the prescription of drugs to produce death."

Shortly after Scalia's passing George Will wrote, "Scalia lived 27 years after the person who nominated him left office, thereby extending the reach of Ronald Reagan's presidency and reminding voters of the long-lasting ripples that radiate from their presidential choices. 'A teacher,' wrote Henry Adams, 'attains a kind of immortality because one never knows where a teacher's influence ends.' Scalia, always a teacher, will live on in the law and in the lives of unnumbered generations who will write, teach, and construe it."

THE PRESIDENTIAL ELECTION and the Supreme Court

Lest the unpleasant political rhetoric, outright lies, or intentional partisanship of the media in this Presidential race cause you to lose interest or consider opting out, please rethink this from a life point of view. We have already killed close to 60 million babies in this country and now we are aiming for that many and more people who are disabled, terminally ill, or, simply older. We are looking at the new presidency lasting for eight years! Remember, if we are not active, we will have one of the Democrats, both of whom think abortion is a great idea up to the moment of birth and beyond.

Why is the president, who does not vote on legislation or rule on its constitutionality so important? A quick example that comes to mind is partial birth abortion. For many years, Congress, supported by the people, voted to ban this grisly procedure. President Clinton vetoed the bills time and time again. It was not until President George Bush was elected that the ban on partial birth abortion became law. It has saved babies and has had a huge impact as a teaching tool showing the general public the real face of abortion. Another example: on the day President Obama was inaugurated, he ended President Reagan's Mexico City Policy, banning non-governmental organizations (NGO's) that received federal funds from using NGO funds to promote abortion in other countries, thus putting you and me back in the business of paying to force abortion on other countries.

Right now Congress has passed a funding ban on Planned Parenthood, a ban on abortion when the baby is 20 weeks and older and feels excruciating pain, and a ban on dismemberment abortion. These will all become the law

of the land with a pro-life president! A pro-abortion president will not only veto them all, but will do as Obama has done and punish states which pass such restrictions as he is doing now to states which have defunded Planned Parenthood.

We need a president who genuinely supports overturning *Roe v Wade* and can argue that position in an informed manner. We need a president who will use the "bully pulpit" as President Reagan did so effectively. Also, this year we need a presidential candidate who will have coat tails for Senate and House races! Most of all, we need a president who will appoint truly qualified judges, especially to the Supreme Court of the United States, SCOTUS.

After the death of Justice Antonin Scalia, the Supreme Court heard oral argument in a case about a Texas law (similar to the bill MCFL has filed in MA), which would require abortion facilities to pass the same inspections as other surgical day facilities and to have doctors with hospital admitting privileges. The *Boston Globe* reported gleefully that the "conservative" justices used to work in concert to control hearings, but at these hearings (with Scalia gone), the "liberal" justices controlled the room.

SCOTUS literally has the power to hand down a ruling that would overturn all of the hundreds of pro-life laws in all of the states and put the country in an even worse position than we were in

immediately following the *Roe v Wade* decision in 1973. When we say we would like to see another Scalia take his place, we need to be able to elaborate. Remember Harriet Myers, who was a nice, pro-life woman but not up to being a SCOTUS justice. So being "pro-life" is not enough. The person we need will be pro-life because he or she intelligently applies the Natural Law and the principle of originalism as Scalia did.

The new book, *Our Republican Constitution*, by law professor Randy Barnett, has some thoughtful reasoning which may cause you to look at the role of the legislature and the judiciary in a new way and help you to explain your position.

We know "unalienable rights" derive from the "laws of Nature and of Nature's God," which create a natural law, providing an ethical standard for governments and for human life. The known content of rights is discussed in both the Declaration of Independence and the U.S. Constitution. In the Declaration, they are listed as "life, liberty, and the pursuit of happiness" which the Ninth and Tenth Amendments to the Constitution codify.

Barnett maintains that our rights more than pre-exist government; they inhere in us as integral parts of our humanity, so much so that "you cannot give them up even if you want to and even if you consent to do so." Barnett describes two different interpretations

"We need a president who genuinely supports overturning *Roe v Wade* and can argue that position in an informed manner."

of the Constitution: the “Democratic Constitution” claims that the government represents the people, while the “Republican Constitution” rejects this claim, proclaiming instead, government is merely a “servant” with limited, delegated powers to perform limited, particular tasks. These tasks go back to the Republican Constitution’s commitment to individual sovereignty: the government must protect the possession and exercise of each person’s individual sovereignty from outside threats. Cast in this light, the possession and exercise of individual sovereignty is the exercise and possession of individual rights. Thus, the Republican Constitution reverses the Democratic Constitution’s relationship between government and rights, claiming that “first comes rights and then comes government.”

The judiciary often does seem to act upon a particularly wrong form of majority will—its own—in creating previously unheard of rights. If the Supreme Court creates new rights instead of simply protecting existing ones, it subverts the other branches’ own responsibility to legislate or execute for rights’ protection.

Instead, all three branches are meant to serve the individual sovereigns through the fixed task of protecting rights. Thus, Barnett contends that “like legislators, judges too are servants of the people” with the same purpose, to “protect the individual rights ‘retained by the people.’” Given the purpose of government, courts should not defer to the other branches. They should vindicate individual rights whenever such cases come before them, including by “holding democratic legislatures within the proper scope of their just powers.” There are plenty of prospective justices out there who could do the proper job. None of them will get the chance unless we elect a pro-life president!

Memorials

Alice Brennan
Anne Fox

Deborah Byrne
The members of the MCFL
Speakers’ Bureau

Clara Clements
Needham Pro-Lifers

Ruth Collins
The MCFL Board

Marguerite Ryan
The Needham Pro-Lifers

Justice Antonin Scalia
The entire MCFL Community

Jean Svagzdys
Anne Fox, Madeline McComish,
and the Board of Directors

Rose Thoman
Anne Fox and Family
The MCFL Board of Directors

Congratulations

Welcome to **Phineas Kenneth White** from big sisters Amelia, Beatrice, Clara, and Darcy, parents Betsy and Brian, and grandparents Anne and Ken Fox

Congratulations from Everyone at Mass Citizens to **Dan Avila** on earning his Masters in Theology.

Donations to Dr. Jefferson Oratory Contest
In Honor of **Patricia Jennings** from Tom Rizzo

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



Man of Steel

Cancer survivor JJ Hanson keynotes Pioneer Valley dinner

JJ Hanson was living the American dream - married, father of a one-year-old son, with a great job. A sudden grand mal seizure landed him in the hospital, where he was diagnosed with stage 4 glioblastoma, the deadliest form of brain cancer. Doctors told him the tumor was inoperable. He was given four months to live.

Hanson refused to accept their prognosis and eventually found a surgeon who could remove the lesions on his brain. After the surgery he endured nine seizures and lost the ability to walk and talk. He battled through a clinical trial with an experimental drug that left him painfully sick, bedridden, and struggling emotionally with his wife and father.

"I started to wonder if it was worth it," Hanson said. "Statistics told me I was going to die, but I decided to keep fighting for as much time to be with my family as I could."

Hanson was inspired while reading a study of terminally ill patients, *Love, Medicine and Miracles*, by Dr. Bernie Siegel. "Siegel calls the top 20% 'exceptional patients.' They do whatever they can to fight," he explained. "The bottom 20% won't go through the process. That leaves 60% who don't know what to do. They're looking for advice. The 60% is persuadable. You can bring them up to be in the top 20%. You can bring them down to the bottom 20%, where they lose their momentum in the fight to survive."

At the same time Hanson was reading Siegel's book, he learned about Brittany Maynard, the young woman who had the same type of brain cancer as Hanson and had moved to Oregon to end her life with a lethal prescription. "I said, 'This is hurting that 60%. This is taking their hope away.' 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 (DPS). I understood that the issue is not just about one individual. It affects a lot of other people. I became involved with the Patient's Rights Action Fund, an organization working across the country fighting doctor-prescribed suicide legislation in the states.

"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



JJ Hanson

lethal drugs available when I was at my lowest point emotionally.

"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.

"I fight this battle to protect my son, so that in thirty years, he doesn't have to battle to protect his son. Every single day I wake up. I look out and see the green trees and the blue sky, and I am so thankful to be alive. Every single day."



MCFL President Anne Fox, JJ Hanson, and Msgr. Christopher Connelly

Coming Events

PULSE Immersion

July 15

Dane Street Church, Beverly

July 23

Boston College

Massachusetts March for Life

October 9

Boston Common

MCFL Annual Fundraising Banquet

October 27

Keynote Speaker Dana Scallon

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.



Meet Dana Scallon

Dana, Ireland's first winner of the Eurovision Song Contest, quickly became an overnight singing sensation. Dana and husband Damien wrote the popular Christian classic "Totus Tuus," inspired by the motto of Pope John Paul II and sung during the Pope's 1997 visit to New Orleans. Dana and Damien's pro-life songs include a song dedicated to their first child, "Little Baby (Yet Unborn)." Dana was a candidate in the 1997 Irish Presidential Election and was elected as a Member to the European Parliament, serving from 1999-2004.