

MASSACHUSETTS CITIZENS FOR LIFE



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Cover: MCFL 2018 Oratory Contest Winner Gabrielle Landry
Photo by Edward Boylan



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action@masscitizensforlife.org

Anne Fox

President, Publisher

Helen Cross

Editor

Edward Boylan, Domenico Bettinelli, Helen Cross

Photographers

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

(617) 242-4199, fax (617) 242-4965

www.masscitizensforlife.org

Pioneer Valley Office:

P.O. Box 96, Ludlow, MA 01056

(413) 583-5034

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A Message From President Anne Fox

Recently a writer at the *Huffington Post* called pro-lifers “white supremacists”. I was asked by *Crux* to respond. This is the response I submitted.

This playground taunt got me thinking about the work that pro-lifers do. Of course, our mission is to restore legal protection to life at all stages of development. We think in terms of the pre-born, the elderly, people who are very sick, are disabled, or are poor – those on the edges of life. We have never thought in terms of race, just in terms of need. As Alveda King, niece of Rev. Martin Luther King, says, “We are all the same race – the human race.”

Previous abortions lead to a higher risk for prematurity, maternal death, and breast cancer. Every abortion that does not occur saves the mother from these risks. When one looks at meta studies of countries around the world, it becomes obvious that maternal mortality and previous abortions directly correlate. Ireland, where abortion is currently illegal, has the lowest maternal mortality rate in the world. Countries like the US, which have high abortion rates, have high maternal mortality rates.

Numerous studies show that “Surgical methods used in a common form of abortion ... appear to significantly increase the risk of a later preterm birth,” according to research compiled by Thomas Jefferson University. China and India were known for being countries virtually without breast cancer. Now that abortion is becoming common in those countries, the prevalence of breast cancer is rising along with the rise in the abortion rate. Every abortion that does not occur saves the life of a baby and lowers the risk of future health problems for her mother.

People are rightly concerned about the health care in Washington DC. It is our capitol and yet infant and maternal mortality are very high. They look at the overwhelming percentage of minority people and wonder if we are discriminating in our health care. In DC, 38% of pregnancies end in abortion versus 19% nationally. In DC, the abortion rate per 1000 women of child-bearing age is 32.7 versus 14.6 nationally. These problems occur more often there.

In the US, there are 1,793 facilities that perform abortions (including hospitals). There are 2,752 pregnancy help centers with 81,630 volunteers who put in five million hours a year providing free help to pregnant women in the form of material assistance, counseling, obtaining medical care, etc. This is done with no federal funds, in contrast to Planned Parenthood’s more than half a billion dollars in tax money.

When the Hyde Amendment, which blocks funding for most Medicaid abortions, was first passed, some said it discriminated against poor women because it deprived them of the right to abortion. Our response was that, even if we couldn’t save some rich babies, we could save the lives of some poor babies. Maybe we cannot save all the babies but **Hyde has saved more than one million poor babies!**

In Massachusetts there are 16 facilities, which do more than 10 abortions a year, which are not licensed or inspected. When a (minority) woman died in one such facility recently, authorities discovered that it lacked basic medical equipment and the staff was not trained, although the doctor was on staff at Harvard Medical School. Pro-lifers are working hard to require that all facilities be licensed. We find it shocking the pro-abortion community is fighting hard to keep open what may be dangerous facilities.

The abortion rate in this country among African American women is almost four times that of white women, with the Latino rate in between. More than half of all abortions are done on minority women. This is because of poverty, broken families and, probably, the fact that most abortion facilities are located in minority communities.

Rev. Martin Luther King, Jr. said, “The Negro cannot win as long as he is willing to sacrifice the lives of his children for comfort and safety...”

In 2016, approximately 457 Hispanic children, 914 black children, and 964 white children were aborted each day in this country. As of July 2017, the black population in the U.S. was about 40 million, which means that abortion has reduced the size of the black community by more than 30%. 18 million black babies have died and that

statistic doesn't include the children and grandchildren who would have been born to those aborted more than a generation ago.

Abortion is the leading cause of death in the African American community. The fact is that more African American babies have been killed by abortion during the past 45 years of legalized abortion than the total number of African American deaths from all other causes combined.

Supreme Court Justice Ruth Bader Ginsburg, in 2009, said of *Roe v Wade*, “Frankly I had thought that at the time *Roe* was decided, there was concern about population growth and particularly growth in populations that we don’t want to have too many of. So that *Roe* was going to be then set up for Medicaid funding for abortion”.

The pro-life movement worked to defeat the passage of the Affordable Care Act in 2010. Two of the reasons we opposed it were the rationing and denial of care which it mandated. Obviously, it is not the rich white person with top insurance coverage who would be hurt by rationing and denial of care – it is the poor person.

We are fighting very hard to prevent the legalization of doctor-prescribed suicide. Our allies in the fight are people with disabilities, people who are poor, and minorities. We all work together because we know that doctor-prescribed suicide threatens these groups, not rich people who can cover their medical care. When doctor-prescribed suicide appeared on the ballot in Massachusetts in 2012, it lost because large majorities in all the minority communities across the state voted against it.

Since the high point in the late 1980’s, the number of abortions per year in the US has dropped by almost one third. In Massachusetts the drop is more than 60%. The white rate of abortion has been essentially level during those years, so the huge declines in abortion numbers have been in the minority communities. That means our work has saved the lives of lots of minority babies.

The babies and women saved from abortion are mostly minority. The people protected by keeping doctor-prescribed suicide illegal are mostly minority. And that is all wonderful in our eyes!

MCFL Mourns the Passing of Bea Martins

A True Pro-life Heroine



Bea and her husband Joseph

Please let us confide that we at MCFL have found it very difficult to find words that are adequate to pay proper and full tribute to Beatrice Martins who went to eternal life on March 5, 2018.

Bea a woman of deep faith and exquisite humility, she was devoted to her family, her neighbors and her community. She had the courage to convey truth with compassion, by word and example. She did this with serene courage that all too few possess. Adhering to the Gospel of Life, she had devoted herself to our mission since the very beginning, serving tirelessly and effectively in crucial capacities at the state level and local Greater Fall River Chapter. She led or contributed to substantive educational programs throughout the region on matters of bioethics, life, faith. Bea answered the call to many other agency, committees and churches in Fall River Diocese to help serve and do whatever she could to protect human life from moment of conception to natural death.

Bea's hallmark expression of pure joy, her exuberant three-word with infectious exclamation –“God is Good!” sums up everything so well!



Bea and ladies from Fall River waiting to see Rep. Barney Frank at the 2010 March for Life in Washington D.C.



As 2013 Fundraising Banquet Chair Bea not only announced the award winners (above) but posed as Chapter Chair with the Greater Fall River Chapter's recipient Joseph Levesque (left)



Getting ready to board the Fall River bus for the ride to the 2008 March For Life



Bea and former MCFL Board member June Newman clowning around in Washington



Bea with Greater Fall River Chapter award winner Dorothy Nicolau and Anne Fox at the 2012 Banquet

Pro-Life 2018 at a Glance

June 8: Annual Meeting and Election

June 17: Massachusetts March for Life, Boston Common

June 28-30: National Right to Life Convention, Overland Park, Kansas

July 10, 17, 24, 31, Aug 7, 14: Summer Academy St. Stephen's Framingham

Aug. 4: All day Board planning meeting

Sept.-Oct.: MCFL Booth, Big E, Springfield

Oct. 12: Board of Directors meeting, Boston

Oct. 25: Annual Fundraising Banquet, Norwood

Nov. 9: Board and Chapter Officers meeting

Dec. 7: Board Christmas Party

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

David Reardon, Ambassador of Hope

Acknowledging the hurt allows for post-abortion healing



Dr. David Reardon gave the keynote presentation at MCFL's 2018 Convention. He said that pro-life advocates must expose the 'poor choice' lie that abortion is beneficial to women.

Photos by Edward Boylan

Elliot Institute Director David Reardon calls abortion the UnChoice. Women are coerced, rushed, and misinformed into making an abortion decision. Afterwards, they are left to deal alone with feelings of shame, grief and regret. Reardon addressed these issues in his keynote presentation to the MCFL 2018 Convention.

"It's a cultural lie that abortion is choice is between having the baby or not having the baby, that having an abortion is simply turning the clock back so that the woman's life will go on the way it was," Reardon said. "The real choice is between having a baby and having an abortion."

"If you have lost a child then you are already a mother," he continued. "The question becomes asking whether you going to be the mother of a living child or a dead child. How are you going to integrate that decision into the rest of your life? Once she

is pregnant, a woman's life is profoundly changed. That's the lie, that the abortion will have no impact."

Pro-life arguments need to counter the assumption of pro-choice advocates that abortion is good for women. "The big problem isn't unwanted children, it's unwanted abortions," Reardon said. "We need to answer the idea that abortion is needed and freely chosen. Statistics show that abortion doesn't solve the problem for which it is chosen."

Studies of post-abortive women reveal that 70-80% say that they would have kept the baby if supported by loved ones. 70% of these women say they believe that abortion is immoral. "A person's opinion on the legality of abortion doesn't necessarily give you clear insight into their views personally if they had an abortion whether it was right or wrong," Reardon explained. "Most women in an abortion facility are acting

against their consciences. They are doing it for a trade-off, such as avoiding the shame of having to tell their parents, making their boyfriend happy, or advancing their career. Abortion goes deeply into self-identity, self-worth, and identification as a good person."

Reardon's research includes identifying situational and interpersonal pressures on women to abort. While many of the women surveyed originally felt happy about their pregnancy, 64% felt coerced into an abortion decision. The decision may be driven by circumstances such as economic hardship or relationship changes. Over half of women felt forced by the wishes of others. 79% of women received no information on alternatives to abortion.

Many people can pressure a pregnant woman: the father of the child, parents, siblings, or a sexual exploiter in the case of rape or incest. Doctors, abortion clinic staff, employers, landlords, welfare case workers, religious leaders, and authority figures can influence a woman into believing that abortion is her best choice. "Abortion clinic staff have a financial incentive to sell their product," Reardon noted. "They are trained to work on a woman's fears that she won't be able to care for multiple children. They also make the judgment that a woman is too young, too poor, too mentally unstable to make a good mother, so they think abortion is doing the world a favor. In a conscientious society, even if you had no qualms with abortion, you shouldn't push the needs of others above what the pregnant women wants."

The tragedy of abortion continues because our culture lacks the means of spiritual renewal. Instead of renewal, the culture delves into the depths of destruction, loss, and bad choices. "The dropping of abortion rates is one of the ways that more and more men, women, and families who have been through an abortion experience tell future generations 'Don't go this way again.'"

Reardon contrasted attitudes about abortion as a way to help pro-life activists understand pro-abortion rationale. Pro-lifers define the issue as the killing of an inno-

cent, defenseless baby. Pro-choicers see the issue as abortion being helpful to women. “The pro-choice position hardens the heart against the baby because they believe abortion helps women,” Reardon said. “The pro-choice position tolerates killing babies, but believers can shift their mindset if they learn it doesn't help women. It's a false dichotomy to see the issue as the rights of the woman versus the rights of the fetus. There's a spiritual truth that the best interests of the mother and child are always intertwined. You cannot hurt one without hurting the other.”

Reardon said the key to an abortion free world is holding doctors accountable for [post-abortion problems](#). Following an abortion the risk of miscarriage doubles for a subsequent pregnancy. A previous abortion doubles the risk of preterm birth (at a cost of \$1.2 billion for the first year alone.) There is an eight-fold increase in the risk of ectopic pregnancy. Studies show women seek medical help more frequently post-abortion. [Doctor visits increase 80% for physical health problems and 180% for psychosocial reasons.](#)

A [study in Finland](#) studying the first year after a pregnancy outcome found that women who had abortions had twice the mortality rate compared to women who had not been pregnant. Abortion is associated with an increase in the risk of death and compared with giving birth [abortion is associated with a six-fold increase of death by suicide.](#)

Reardon underscored the necessity of understanding obstacles to post-abortion healing and the role of the pro-life advocate as healer. “Pain impacts how you relate to other people,” Reardon noted. “Women feel trapped. They need someone to acknowledge their grief, but our culture does not allow for post-abortion healing. There is a spectrum of reactions: self-blame, fear, defensiveness, blame of others, resentment, hatred and anger. The projection of anger allows a woman to relieve feelings of self-blame.

“Shame is a trap. Post-abortive women feel trapped between pro-choicers who won't acknowledge their pain and pro-lifers



Participants listen to David Reardon at the 2018 MCFL Convention held at Cardinal Spellman High School on March 24

who condemn them. Women need to be able to grieve without the fear that they are being judged. It is the job of pro-life advocates to be ambassadors of hope. Compassion is more powerful than outrage. The same despair that drives women to choose abortion also prevents women from seeking help.

“How will the abortion battle be won? It will be won when we are able to show that abortion is hurting, not helping women. This doesn't mean that pro-lifers forget about the life of the baby. Post-abortion research, education, and healing are the key to exposing abortion as the 'poor choice' lie. It doesn't benefit most women. Once we get people to question that assumption, that abortion is good for women, we can work for the time when people will say 'if abortion isn't good for women, why are we killing babies?’”

“The recipe for post-abortion healing is to recognize the despair, the grief, the loss, the aching souls. If we can rise up with our compassion on our sleeves and create a culture where post-abortion healing is

expected, offered, and well-known, we will become a pro-life society. Abortion will become unthinkable when women and men are able to talk about what they've been through.”

Reardon summed up the task before pro-lifers inspired by the prayer of St. Francis. It is a prayer for peace-makers. The prayer expresses confidence that all darkness of hatred, injury, doubt, despair, sadness, can be overcome by their opposites: love, pardon, faith, hope, light, and joy.

‘Grant that I may not so much seek to be consoled as to console. To be understood as to understand. To be loved as to love. For it is in giving that we receive. It is in pardoning that we are pardoned.’

“Be not afraid,” Reardon concluded. “Step forward. Remember that the blood of Christ can remove guilt and the acceptance of others can remove the shame.”

Hope, Challenges, Unmet Needs

The Demographics of Abortion

Marianne Luthin, Director of the Pro-Life Office of the Archdiocese of Boston, told the Convention audience that the current demographics of abortion follow trends that have been developing over a period of years. These trends contain hope and present many challenges. “The greatest sign of hope is the significant and continuing decline in both the numbers and rates of abortion in the United States,” said Luthin. “The rates of abortion (defined as the number of abortions per 1,000 women aged 15-44) has dropped an amazing 50%. This seismic downward shift took place at a time and in a culture where the leading academic, legal, and media giants were almost exclusively 'pro-choice.'”

“The most significant decline occurred among teens. Between 2008 and 2014, the [total rate of abortions among adolescents declined by 32%](#). The decline among minor teens (17 and under) was even higher at 44%. The decline is consistent with the continuing downward trend of teen abortions which dropped 66% between 1988 and 2010.”

Luthin said that advocates should rejoice that pro-life education has been successful in changing minds and hearts on abortion. Millennials, those born after 1985, are more pro-life than their parents. This younger generation also includes a higher percentage of pro-life Latinos than previous generations. However, millennials present a political puzzle. While not self-identifying as being pro-life, 53% of millennials say they believe all abortion should be illegal.

The pro-life movement has stepped up to the challenge of providing practical help to pregnant women. Pregnancy care centers now outnumber abortion facilities by a wide margin.

“However successful we have been, the tragedy of abortion still exists,” Luthin continued. “While we have seen that the total numbers and rate of abortion have been steadily decreasing, those taking place point to a disturbing interweaving of abortion, poverty, non-marital births and children being raised in single-parent households.



Director of the Pro-Life Office of the Archdiocese of Boston, Marianne Luthin explained how abortion demographics have changed over the years. While abortion has dropped drastically over the years, it disproportionately affects poor families and women of color.

Many in our society have lost a sense of the essential connection between love, marriage, procreation, and family life.”

“Currently, teens account for 12% of all abortions. Fewer than 4% of all abortions are obtained by teens under the age of 18. The drop is explained by the fact that so many teens are getting pregnant. When they are pregnant they are still very likely to choose abortion.

“The majority of abortions are performed on women in their 20's. The next largest proportion are obtained by women in their 30's. While accounting for 40% of all births in the United States, unmarried women account for 85% of all abortions. Cohabiting couples account for a third of all abortions with an abortion rate twice the national average.

“Poverty and abortion continued to be related with 75% of abortion patients reporting family incomes of less than 200%

of the federal poverty level (\$48,500 for a family of four). 60% of poor women seeking abortion already have other children. The rate of abortion among blacks is about four times as high as among whites.”

Luthin said that the pro-life movement needs to help pregnant students continue their education. A quarter of the women obtaining abortions were students. Most of them were attending college or other post-secondary programs.

Unmet needs include adoption awareness and post-abortion healing. “The testimony of healing from women who have participated in programs such as [Project Rachel](#) show that recovery is possible when women are able to acknowledge their feelings of hurt and grief,” Luthin said. “Every woman needs to be able to tell her story. Every woman's story is different,”



Catherine Morrissey wants to change the face of the birth mother. “In our society the birth mother is looked down upon,” she said. “The woman is considered cold-hearted and unloving for giving her child away.”

Morrissey was a sophomore in college in 1982 when she became pregnant calling it her worst nightmare. “I was so ashamed. I felt trapped and I didn’t tell my parents. When I told my boyfriend he said ‘have an abortion or I’ll have no part in this.’”

She decided to have a secret abortion, but decided she couldn’t do it. “I told my parents and they let me know me it was going to be okay. I wanted to give my baby two loving parents and realized that my boyfriend and I weren’t going to be those parents. He just wanted it to all go away.”

After the birth of her son Morrissey was stung by feelings of loss. “I felt hollow,” Morrissey said. “I signed the adoption papers three weeks later, leaving two letters, one for my son and one for his adoptive family. My biggest fear was that he would think I didn’t love him or didn’t want him, but it was because I loved him. I loved him more than myself. I wanted him to have a life of love with a family of faith. I prayed every day that God would keep him safe and happy and healthy.”

Morrissey went back to school, found a wonderful man and got married. Her son wanted to meet her. “I’ll never forget how he walked up to me. He had a baseball hat on with this curly hair. We hugged. He asked, ‘why did you have me? Why didn’t you abort me?’ I said I couldn’t. He said ‘thank you for not aborting me. I love my life. I have wonderful parents, wonderful friends. I’m playing college hockey and have a wonderful girl friend.’”

“My son is now 34 years old and just got married. He attends the talks I give to youth groups. It’s good for the kids to see

the product of my decision standing there. You don’t have to tell kids that abortion is cutting off the limb of a family tree.”

B.C. High teachers Gib and Sheila Gailius always imagined having a family of both biological and adopted children. After marriage and parenthood the family of five felt like someone was missing from their lives. With their backgrounds as foreign language teachers, Gib and Sheila explored international adoption bringing home an orphaned child from Russia in 2001. “Our culture teaches us that kids need things, and they do need the basics,” Gailius said. “But we learned from our trip to Russia how important love is.”

“Sheila’s unexpected pregnancy at age 43 was worrisome initially,” Gailius continued. “We received so much support that everything was okay. The idea for a sixth child coming into the family through foster care arose from a family conversation during Lent. After receiving our license in 2005 we got a foster baby, Kevin, to take care of while his foster mother was on vacation. When Kevin’s foster mother died suddenly, the Department of Children and Families (DCF) asked us if we were willing to take Kevin permanently.”

“In 2012 we asked DCF about fostering again. Fostering is not about wanting a child, but being there when you are needed.” In July, they were notified that a baby needed placement. “He was heroin addicted, but happy. We fell in love with him.”

“In May 2013 Sheila was diagnosed with ovarian cancer. She needed major surgery and chemotherapy. We decided we couldn’t keep the baby because of his special needs and Sheila’s cancer. A colleague at BC High was interested in adopting him. I am his godfather,” Gailius said.

Sheila died in March 2014. “I am still joyful because Sheila is still with us spiritually,” Gailius said. “She had much love

her witness to the children she did not give birth to. Sheila was a living example of unselfish and unconditional love. It is a tremendous consolation to see that our children view life as precious and everyone as a potential brother or sister.”

Kate French was born in Korea in 1992 and adopted at three months old. “Even in modern day Korea it is extremely frowned upon to be an unwed mother,” French said. “It is also extremely frowned upon to be the child of an unwed mother. Unless you carry your father’s name you are a non-person.”

“Growing up hearing the abortion debate made me confused. I was only hearing two competing messages: have an abortion or give birth to a baby and become a parent before you are ready. I thought ‘Hey I’m here. Adoption exists. Why is no one talking about this?’”

“I realized that people don’t have a point of reference. Their concept of being adopted is the thought of not knowing one’s parents and being given to strangers. Popular culture frames the story as one of rejection where a kid finds out he is adopted and it causes all kinds of trauma. This is confusing to me because that was not my experience.”

“With an adoptive older brother and the fact that I’m Asian while my parents are white, adoption wasn’t a secret. My parents told me ‘Before you were born God knew you were supposed to be a part of this family.’ I always felt that adoption was a sign I was loved.”

“My parents told me that my birth mother loved me so much she made this great sacrifice for you. She was able to see beyond herself and she knew you were your own person with your own life.”

“I’m very grateful for my life and my wonderful family and friends. Adoption means that you are giving your child a life with opportunities and chances and for that I couldn’t be more happy.”

Our Uncomfortable Truths

Convention panel discusses coercion and why abortion shouldn't be a secret

A panel discussion on a variety of topics included: coerced abortion; the effects of abortion on family, friends, and siblings; and what a doctor needs to know about previous abortions. David Reardon began the discussion by telling the Convention audience how to become more effective advocates and how to welcome more people to the pro-life movement noting that post-abortion healing frees people to be pro-life.

A guest panelist shared her compelling story on being coerced by her husband into a sex-selection abortion. "An abortion choice is not always that of a pregnant woman," she said. "Women get pressure from their husbands, their boyfriends, and from society."

She previously presented testimony at the State House on MCFL proposed legislation, [H.3119 Protect Women from Coercion Act](#), and on gender selection abortion. "Tests to find out the gender of the baby can be done at 5-7 weeks. These tests have a 77% reliability rate. Women can be forced into an abortion if the baby is of the 'wrong' sex.

"A woman needs protection from the people who are pressuring her. She has no one to advocate for her once she is inside an abortion facility. Her abuser is right there. What she needs is to be brought into a private space and asked if she is there by her own choice. A number of states have enacted legislation protecting women against coercion."

Kathy Hill is Massachusetts Regional Coordinator for [Silent No More](#), an organization that educates the public as to abortion's harmful impact. Men and women share their testimonies attesting to their hurt and eventual healing. Hill said the shockwaves of abortion leave a hole in a family that affects everyone: mothers, fathers, relatives, and grandparents. "They know they have missing relatives," Hill said. "The death of a child impacts the family bringing grief and despair. We call the key to post-abortion healing 'surrendering the secret.'"

Silence surrounding abortion also affects the doctors, nurses, and abortion clinic

workers who need to dehumanize the baby in order to cope with killing. Silence denies women the ability to deal with emotionally with their abortions. "Women won't tell their doctors or therapists they've had an abortion," Hill said.

Helen Jackson, M.D., board certified physician in Obstetrics and Gynecology, discussed pregnancy loss. Pregnancy loss is not only devastating to the parents but is also difficult for the doctor. Counseling needs to explain the loss in a non-threatening manner.

"It's hard to say why a pregnancy loss occurred at 10-12 weeks," Dr. Jackson said. "With a loss in the second trimester, at 16-28 weeks, a doctor may suspect an incompetent cervix."

The uterus is a pear-shaped organ with the cervix, or neck of the uterus, holding tight during pregnancy. An incompetent cervix may have different causes such as congenital deformity. DES (diethylstilbestrol) a drug formerly used to prevent miscarriage has been shown to cause cervical deformity. A D&C (dilation and curettage) used for an abortion procedure or to clear the uterus after a miscarriage may cause loss of a future pregnancy.

Dr. Jackson said it is standard procedure to measure the length of the cervix at 12-14 weeks. Cervical funneling is a sign of cervical incompetence. It is associated with an increased risk of preterm delivery. A woman with cervical funneling will be monitored. Treatment may include helping the cervix stay closed with a suture known as a cerclage, progesterone therapy, or restricting activities. "We then evaluate the cervix at 24 weeks," Dr. Jackson said. "An incompetent cervix can be diagnosed early on in pregnancy and early intervention can help."

David Reardon concluded the panel discussion with a commonsense observation. "Asking about pregnancy loss should be routine for doctors and therapists. Don't ask her specifically if she's had an abortion. Lump together all kinds of pregnancy loss, miscarriage, abortion, etc. The woman has to know she won't be judged," he said.



Dr. Helen Jackson looks on as Kathy Hill talks about the impact of abortion on families as part of a panel discussion at the 2018 MCFL Convention

H.3119

Protect Women from Coercion Act

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

Committee Assignment:

Joint Committee on the Judiciary

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

Latest Bill Status: 8/31/17 - Hearing scheduled for 9/12/2017 1-5pm in Hearing Room A1

Quick Facts:

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

The Choice of Chemical Abortion Reversal

An opportunity for a change of heart



MCFL Board member Dr. Mark Rollo updated Convention attendees on the progress of Abortion Pill Reversal (APR) in saving the lives of unborn babies. Chemical abortions now constitute 30-45% of all abortions.

Board-certified family physician Mark Rollo, M.D. presented exciting news on the progress of the [Abortion Pill Reversal](#) (APR) protocol. Developed by Dr. George Delgado, APR gives abortion-minded women the choice of potentially reversing the effects of the abortion pill.

Nationwide chemical (medication) abortions account for 30-45% of all abortions, totaling 300,000-450,000 per year. In 2016, chemical abortions accounted for one third of the total abortions in Massachusetts.

The most common process uses two steps. The woman is first given the abortifacient drug mifepristone (Mifeprex or RU-486). One or two days later, the woman takes the second drug misoprostal (Cytotec) to expel the baby. Research indicates that mifepristone is not always effective in ending the life of the baby, the woman may still have a viable pregnancy.

Dr. Rollo explained how the drugs work. “Mifepristone is a progesterone receptor antagonist that works by blocking the effects of the hormone progesterone. Hormones need receptors. They work together like a key and lock combination. Mifepristone is a false key. Progesterone is important for preparing the endometrium for the implantation of the embryo and for developing the placenta. The decidua basalis lining the uterus is the foundation of the placenta that allows nutrients to flow from the mom to the baby. Mifepristone starves the baby to death. After [mifepristone kills the embryo, misoprostol causes uterine contractions that expel the baby.](#)”

The FDA recently extended the use of mifepristone to 70 days (10 weeks) after a woman's last menstrual period. The survival rate after mifepristone use is 23%. 40% are not completely expelled.

APR protocol can help women who change their minds between taking the first pill and the second pill. It [works by using progesterone to out compete mifepristone.](#)

Statistics from May 2012-August 2017 show that progesterone intramuscular injection and high-dose oral protocols are most effective with success rates of 60-70%. It can be difficult to get intramuscular progesterone to a distant patient in time. Doctors are increasingly using prometrium, which is oral or vaginal progesterone, and is available by long-distance prescription.

In April 2018 [a new medical study by Dr. Delgado was published](#) in the peer-reviewed medical journal, *Issues in Law and Medicine*. The study, looking at 261 successful mifepristone reversals, showed that the reversal success rates were 68% with the high-dose oral progesterone protocol and 64% with the injected progesterone protocol. Both were significantly better rates than the 25% survival rate if no treatment is offered. There was no increased risk of birth defects or preterm births.

“There are still challenges and barriers to the acceptance of APR,” Dr. Rollo said. “There is the fear that the reversal drugs can cause birth defects. An abortion-minded woman may experience ambivalence and indecision. She may lack of support for the reversal decision or face abortion clinic pressures to complete the abortion. It may be difficult to find a doctor, or for doctors to find progesterone in order to help the patient.

“300 successful mifepristone reversals show the same incidence of birth defects as the general population. APR protocol is safe and effective,” Rollo said. “We invite medical professionals to become part of the APR network. [Women are grateful and appreciative for the help they receive.](#) Over 300 babies have been born following use of the APR protocol. There are currently over 351 doctors and 41 pregnancy medical centers who offer APR protocol. Four states have approved legislation that requires notification that chemical abortion can be reversed.”

Photo Helps a Birth Mother Find a Loving Family

Deirdre and I were home one evening in June of 2017 when my mother called. She had a very serious tone and told us about a friend of hers, a woman she knew through her prayer group, whom she met in church after Mass. She asked my mother for prayers for her daughter who came home from college pregnant. Adoption was her plan and she had strong convictions for this. My mother shared with her friend that we had a good experience with adoption and that our whole family is very grateful that our son Michael's birth mother chose life for him. Our lives are so full and blessed as a result.

Soon after my mother's friend asked her if we would be interested in adopting another baby! This young woman wanted her baby to have a mother and father and to be raised in a Catholic family. My parents wondered whether or not to even call us. We had tried for years to adopt again. At one point we and our son were very sad. We had decided to stop trying though we didn't rule out the possibility of one day trying again. For years I had prayed for another baby but now my prayer was that all things were possible with God. I thought about St. Elizabeth and I prayed that if we were to ever have another baby we would need someone to knock on our door and ask us to adopt their child.

My mother did call. It was an answered prayer but it was a lot to take in and we needed time to pray about it. My mother ran into her friend again at church. She had a copy of the *MCFL Magazine* which had a picture of us from the March for Life in January. Magazine editor Helen Cross took our picture at the Caucus before the March. My wife and son and I along with my sister and two of her sons were all together. We all rode the bus to Washington and didn't look our best but that picture made it into the Magazine. I think it helped give comfort to this young woman as she was considering



This photo originally ran in the Spring 2017 issue of the *MCFL Magazine*. Mike's sister Mary, her sons Eoin and Donal, Deirdre, Mike, and their son Michael attended the MCFL Caucus before the January March for Life in Washington, D.C.

us to become the parents of her baby. She had been advised to choose abortion but her pro-life convictions were strong and I think she appreciated that we would raise her baby with those values as well.

Adopting our son was a tremendous blessing for us and we will always be grateful to his birth mother for choosing life. She had told us that it was a picture of us that she saw that led her to select us for her baby.

We got to meet my mother's friend and her daughter last summer and everything has worked out well. We have been blessed again with a little girl named Mary. Our prayers have been answered and we are forever grateful for the people who have been part of God's plan for our family – especially the birth mothers of Michael and Mary.



Baby Mary at home with her big brother Michael and parents Deirdre and Mike.

“We are forever grateful for the people who have been part of God's plan for our family – especially the birth mothers of Michael and Mary.”

Looking to learn more about life?



2018 MCFL Summer Academy

Location: St. Stephen's, Framingham

Dates: Tues. July 10, 17, 24, 31, Aug 7, 14.

Duration: 2 Hours

(3 Hours for the last sessions)

Time: 6 - 8 p.m.

(6 - 9 p.m. for first and last sessions)

Tuition: Free to pro-life high school students

For Rising 9th – 12th Grade Students

- The goal of these sessions is to form and engage high school students as workers in the pro-life movement. More specifically and immediately, we intend these students to become Ambassadors of MCFL Life in their respective schools, churches, or homeschooling communities during the 2018-2019 school year, both as a leaven and liaison in their respective pro-life clubs.
- To enable the students to get the most out of the program, participation is limited to 25.
- In order to provide a thorough formation, our preference is for students who can and will commit to attending all, or at least most, of the sessions.
- In view of our goal of having “ambassa-

dors” during the 2018-2019 school year, our preference is for students who will still be in high school next year.

- An award certificate will be conferred during the last session, which will also serve as a “commissioning ceremony” for these MCFL Life Ambassadors.
- In order to present a thorough overview of the main life issues, the pro-life movement, and the various ways that these students can and should get involved, we will hold six weekly sessions. With the exception of the last, sessions will normally consist of a 45 minute expert presentation of content, and a 45 minute interactive workshop, with 30 minutes allotted at the beginning for informal fraternizing over pizza and soft drinks.

Topics will include:

- Anthropology, Ethics & Human Rights;
- What do we mean by “personhood”? (theological, philosophical, legal);
- The ethical status of the unborn child, the disabled, the elderly;
- Human Rights /Rights & Duties / Conflicting Rights;

- Workshop: Questions and Answers
It’s my body, the right to choose, personally opposed but..., safe-legal-rare, hard cases (rape, incest, life of mother), the “common ground” fallacy;
- Fetal Development & Abortion
The humanity of the unborn child from the moment of conception (fertilization) presented from a biological point of view;
- Alternatives to Abortion and Consequences of Abortion;
- Counselors from pregnancy resource centers and Project Rachel; and post-abortive women;
- Stem Cells, Cloning, the newest scientific developments, and the intentional distortion of language used when discussing life issues;
- Euthanasia & End of Life Issues;
- Civics & Political Action;
- Call to Ambassadorship

More information and registration information will be posted on the MCFL website, www.masscitizensforlife.org

Spring Sees Massachusetts on the Move

MCFL Holds Town Hall Meetings Across the State

Encouraged by the drop of more than 60% in the number of abortions in Massachusetts since the high in the late 1980's, MCFL recognizes the primary role played by its educational efforts. The educated pro-lifer is the effective pro-lifer. Aiming to reach more and more people with education about the important life issues in the state and nation, we have instituted "MCFL on the Move," a series of Town Hall Meetings across the state.

Speakers are Anne Fox, President, Linda Thayer, Vice-President of Educational Affairs, and Helen Cross, Outreach Director. The presentation is structured so that any member of the Board can be a presenter. Recently David Franks, Chairman of the Board, joined Anne.

Topics include: Current abortion data in Massachusetts; Latest statistics on abortion's effects on women; Successful reversal of chemical abortions; Trump pro-life accomplishment; Supreme Court; Planned Parenthood, tentacles, funding, how to un-fund; Federal Legislation; MCFL Legislation; Doctor-Prescribed Suicide; and MCFL activities, events, social media

While the topics are pretty much the same at each meeting, content is being updated constantly as things change, especially in science and legislation.

So far, the Town Halls have been available to people in much of the state east of Worcester as well as in the Berkshires. By the end of September, these annual events will have been available to the whole state. The speakers are very excited about being with long-time warriors as well as many new pro-life faces.

Attendees are very excited, with many saying they were well-informed but have learned so much more. Coverage in local media has been good. It looks as though the Town Halls will be an important component in our over-all educational efforts.



Bill Gilmore and Linda Thayer listen as MCFL President Anne Fox makes a point at an Town Hall at the Brockton Public Library in April



Town Hall in Waltham



Anne Fox talks with MCFL Board member Ron Gengo



Finding an attentive audience at Resurrection Church's Read Hall in Hingham

Dr. Mildred F. Jefferson Oratory Contest Announces Winner at 2018 Convention

After lunch the Convention audience heard the winning entry in the [Dr. Mildred F. Jefferson Oratory Contest](#) for high school youth. During the morning, a panel of judges heard from high school juniors and seniors who gave 5 to 7 minute speeches on a pro-life topic.

The winner of this state competition will be sent to the [National Right to Life Convention in Kansas City](#) to compete in the national competition. Massachusetts has a good shot at winning the contest this year based on the amazing speech by Gabrielle Landry, a student at Montrose School in Medfield and one of 10 children in her family. She was incredibly poised, confident, and mature as she engaged the audience and presented a clear and compelling defense of life.

Besides Landry, 2018 Oratory contest participants included: Liam Siegler, Zoe Henderson, and Tim O'Brien who submitted his speech by video.



Marie O'Donnell, Mary Ellen Siegler, Liam Siegler, Jackie Rose, Gabrielle Landry, Donna Henderson, Zoe Henderson, and Robert Joyce at the Oratory Contest finals. O'Donnell, Joyce, and Edward Boylan (not shown) served as Contest judges.

Celebrate the Beauty of Every Child Prayer and Newborn/Toddler Campaign

Barbara Wenc, Chair of the Greater Fall River Chapter reports on MCFL's involvement in a multi-organizational event to benefit families.

Meeting the need for new clothing and items for babies and toddlers exists all year and can put a great strain on families. Several parishes in the Diocese of Fall River will participate in [Celebrate the Beauty of Every Child](#) (Prayer and Newborn/Toddler Campaign) on the weekend(s) of June 2-3, and/or June 9-10.

New items such as diapers, wet wipes, bibs, teething rings, receiving blankets, onesies, sleepers, and outfits for infants and toddlers (through 5T) are being collected.

Items will be distributed to local families and area centers where assistance is provided to those in need. Members of Massachusetts Citizens for Life, St. Vincent de Paul, the Diocesan Pro-Life Apostolate, Catholic Social Services, and the Knights of Columbus have joined forces sponsor this event.

Celebrate the Beauty of Every Child is also a call to prayer. Young families need our prayers, and we are all being encouraged to pray as a family. Everyone is a child in the eyes of God, and we are all members of God's family. Thousands of prayer cards are being distributed throughout the Diocese of Fall River as a means of being unified in prayer through this event and beyond.



Pro-Life High School Students Enjoy MCFL Student Lobby Day



Students learn about State House lore and history from MCFL President Anne Fox

On April 13, 2018, a group of high school-age homeschoolers gathered at the Massachusetts State House to learn the history of the grand building, how our legislature works, and to learn how to lobby their legislators on issues that are important to them.

Anne Fox, president of Massachusetts Citizens for Life, welcomed the young people to the hearing room on the fourth floor of the State House and gave them some background. She told them that the [Massachusetts Constitution is the oldest working constitution in the world](#) and is the model for many other constitutions, including our own. She also gave some brief background on the work of Massachusetts Citizens for Life, including our work empowering pro-lifers across the state to take action and ask their elected representatives and senators to vote for or against legislation related to pro-life matters.

The group was then joined by William Buckley, chief of staff to Rep. John Rogers of Norwood, a longtime member of the House and a pro-life Democrat. Mr. Buckley talked to the students about what it's like to be a staff aide and work in the State House as well as how the legislature works and how bills get passed.

Following that presentation, Domenico Bettinelli, Director of Community Engagement for MCFL, introduced the group to three bills that MCFL is supporting in this

session, the [Women's Safety Act](#), the [Women's Right to Know Act](#), and the [Protect Women from Coercion Act](#), and explained how MCFL educates pro-lifers across the state about the issues before the Legislature, as well as filing legislation to advance the cause of life.

The group then took a tour of the State House, led by Mrs. Fox, pointing out the historical details of the various parts of the building, as well as, showing them the various chambers and important offices, including the House of Representatives and the Governor's Office.

Finally, the group had lunch in the State

House cafe and then went their separate ways to visit their own legislators' offices and to lobby for pro-life legislation.

Massachusetts Citizens for Life runs [Student Lobby Days](#) at the State House on a regular basis at the request of any school group. The day is open to all ages, but is most appropriate for high school students. The ideal group size is 15-25, so we suggest members of a U.S. History or a biology class or members of a pro-life or other club or a homeschooling co-op group.

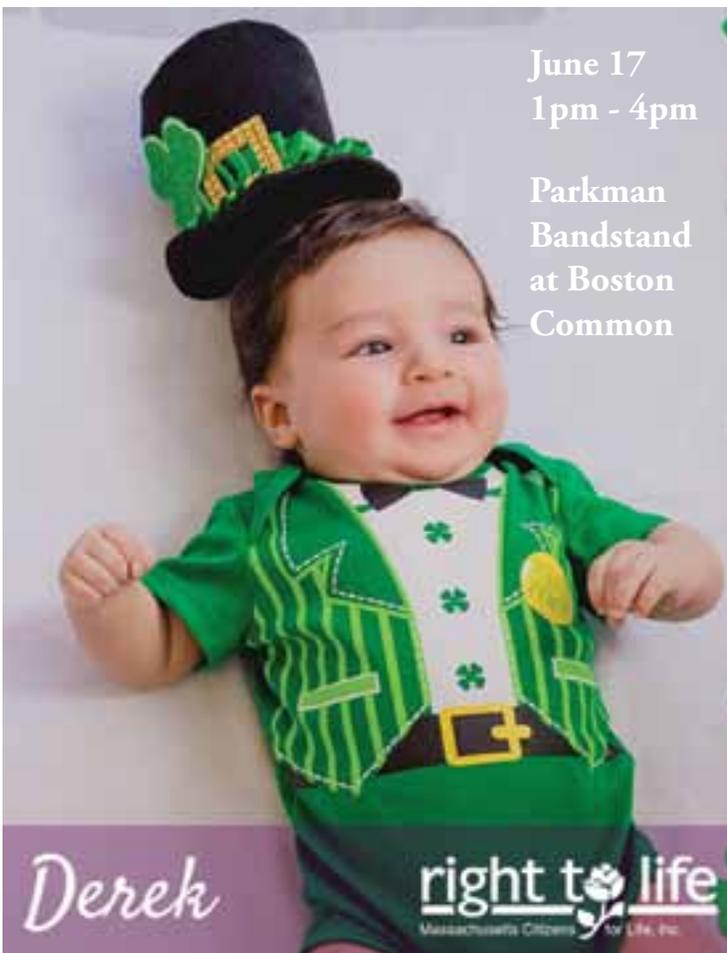
If you are interested in arranging a lobby day, contact MCFL at: action@masscitizensforlife.org



William Buckley, chief of staff to Rep. John Rogers of Norwood



Come March With the Babies on Father's Day



June 17
1pm - 4pm

Parkman
Bandstand
at Boston
Common

Continuing a long tradition, but moving to late Spring, Massachusetts Citizens for Life will hold our [Annual Massachusetts March for Life](#) around Boston Common on Sunday, June 17, 2018 from 1 to p.m.. We'll be celebrating Fathers Day by honoring the invaluable contribution of fathers to the pro-life movement.

The day begins with a brief pre-march rally at the Parkman Bandstand with musicians and pro-life speakers to energize the crowd before we set off on a joyful march around the perimeter of the Boston Public Garden and Boston Common.

Various Massachusetts organizations dedicated to supporting the physical and emotional needs of pregnant women and children in crisis will benefit from the proceeds raised at the March.

The March is an inspiring opportunity for pro-life supporters of all ages to give public witness to their belief in the value and sanctity of all human life. We can also celebrate the gains we have made in the respect for life, including a decrease in the numbers of annual abortions in Massachusetts by half over the past couple of decades.

Please come join us for a day you will always remember and send a clear message to the world that we value life in Massachusetts!

You will get a chance to meet Derek and his family at the 2018 Mass. March for Life on Sunday, June 17 on Boston Common. Please make plans to attend.

Visit 2018massmarchforlife

Congratulations to 2018 March Baby Derek and his family and to all the babies and their families and thank you for taking part in this fun contest. Your participation helps remind us of why we work to end abortion and how precious and beautiful all children are.

Dr. Jefferson Receives Hometown Recognition

By John Curry

How do I begin to write about Dr. Mildred Jefferson? I could mention [her many accomplishments](#): receiving a double promotion twice, graduating summa cum laude from Texas College in Tyler, Texas, or receiving a Master's degree from Tufts University, or her being the first African-American woman to graduate from Harvard Medical School, the first female surgical intern at Boston City Hospital, and the first female to be admitted to the Boston Surgical Society. She was highly regarded by her patients and many fellow doctors, a legend in her time as a magnificent speaker for life, and the first woman to receive the prestigious Lantern Award for Patriotism from the Mass. State Council of Knights of Columbus.

Instead, I am writing about her being honored in her home town of Carthage, Texas. On February 21, 2018, I received an e-mail about the Bust Unveiling Ceremony in Anderson Park located in downtown Carthage, Texas. After researching the ceremony and how it came to be, I found an article in the local newspaper, the *Panola Watchman*, that gave the [details about the events leading to this dedication](#). The article mentioned David Parker, a local attorney, who was be-

hind the movement to honor Dr. Jefferson. I called Mr. Parker and explained that I was a friend of Dr. Jefferson and was happy to hear that she was being honored with a bust and plaque. I asked him how he came to be involved in this project and he said that after reading her obituary, he could not let this wonderful woman from Carthage be forgotten. David Parker has practiced law in Carthage for many years and had never heard of Dr. Jefferson. He began his research into her life and was soon in contact with her cousin. David contacted a well known local artist and sculptor named Bob Harness who agreed to help with the bust and plaque of Dr. Jefferson. The committee contacted the County Commissioners' Court for permission to place the bust in the public park and received enthusiastic support.

Plans were made to raise funds and place the bust in Anderson Park. It was decided that not only would a bust be commissioned, but [a scholarship to Panola College in Carthage would be named the Dr. Mildred Fay Jefferson Memorial Scholarship](#). As this is an endowed Scholarship, \$10,000.00 must be raised before it can be established. At this time only pledges are being requested. When the total is reached, the donors will be notified and the money will be sent

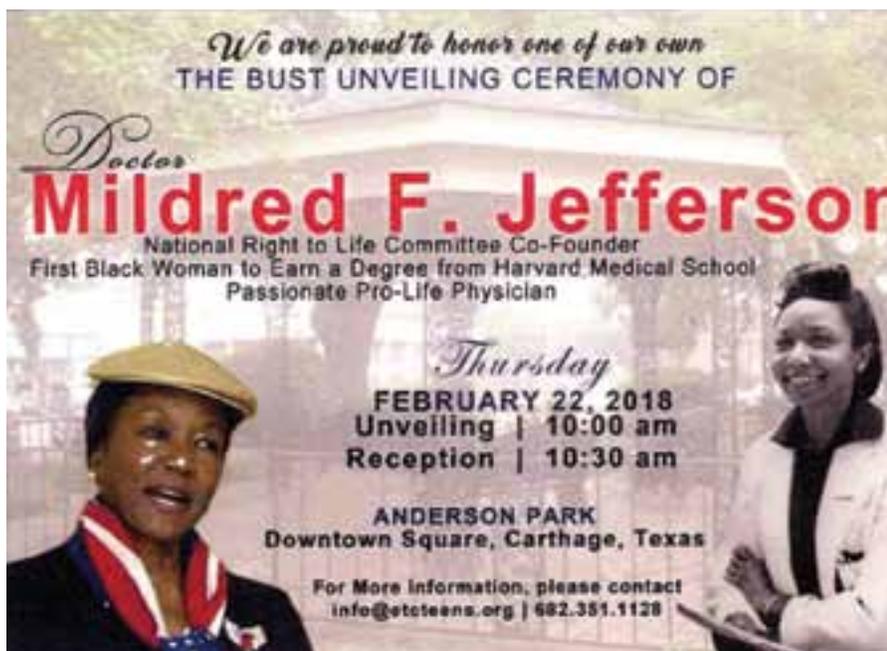


Bust of Dr. Jefferson created by sculptor Bob Harness

to the college at that time. Anyone wishing to donate may contact the MCFL office and the pledge will be recorded.

Dr. Jefferson [helped found The National Right to Life Committee](#) where she served as president three times. She was one of the founding members of MCFL and a former president. Dr. Jefferson was the first member of Black Americans for Life. Most importantly for America was her being responsible for changing the position on life of then governor of California Ronald Reagan who later became an outstanding and staunch pro-life president. As a resident of Boston and Cambridge, she was, also, one of the original hosts of the Boston-based TV show Life Matters and then host of Vital Concerns. As a well-known doctor she shared profoundly important pro-life information on these shows reaching so many viewers. Dr. Jefferson passed away on October 15, 2010.

The work of David Parker goes far beyond the norm and we of MCFL owe him a debt of gratitude. At [the unveiling of Dr. Jefferson's bust](#), David made a comment that resonated with me when he spoke about putting aside Dr. Jefferson's many achievements we can only think of the many people who are alive today due to her work in the pro-life cause. Most notable about David is his appreciation for someone he never knew but for whom he holds a great respect and admiration. Mr. Parker, Dr. Jefferson's family, and all others responsible for this beautiful tribute demonstrate why Carthage was so special to this remarkable lady.



Jim Miceli

Defender of the Most Vulnerable

By Patrick J. Flood

State Representative **James R. Miceli**, who went home to God on April 21, was a strong, consistent champion of the right to life of unborn children and the rights of the disabled and ill of all ages. During his 42 years of service in the House, Jim worked tirelessly to honor and defend these values. Referring to himself as a “traditional Democrat,” he was not afraid to challenge successive party leaders when necessary.

The MCFL State PAC was proud to endorse Jim time and time again. As one of his constituents, I can affirm that Jim was accessible and generous with his time when anyone approached him. He genuinely wanted to hear what people had to say and to share his perspective on the issues.

As a relatively recent example of his concern for the vulnerable, when budget cuts threatened to halt vitally needed care for many patients at the Tewksbury State Hospital, Jim led the successful fight to restore full funding to provide the services they require. In this area as well as in his advocacy for the unborn, he served as a clear, strong voice for the voiceless.

We are deeply grateful for Jim Miceli’s contributions to the cause of life and for his courage and skill in serving that cause.



Rep. Miceli spoke passionately at a presentation on the dangers of Doctor-Prescribed Suicide to members of the MCFL Wilmington Chapter on April 17, 2012.

He was thrilled to see the Chapter taking charge of the educational effort on doctor-prescribed suicide. “People need to know about this bill,” Miceli said. “We need to get the word out about how bad this bill is. It’s a dangerous proposal for Massachusetts.”

Memorials

Stephanie Barton
The Needham Pro-lifers

Charles Hanafin
Matthew Hanafin

Mary Boen
Bill Gilmore

Marilyn Jones
The Needham Pro-lifers

Robert Berlo
Anne Fox
The MCFL Board
MCFL South Shore Chapter

Bea Martins
Anne Fox
The MCFL Board
Agatha Bodwell
Madeline McComish
Madeline Lavoie
Matthew Hanafin
Helen Stager
Dianne Fontaine
Deborah A. Furtado

Eileen Buckley
The Fox Family

Janet Callahan
Matthew Hanafin

Emily Doyle
D.L. Demers

Joanne Stanley
Stephen M. Zykosky

Maria Olohan Flanders
Betsy and Brian White
Anne Fox

Margaret Sullivan
MCFL West Roxbury Chapter

Jeanne Gilmore
Anne Fox
The MCFL Board

Congratulations

Honoring **Fr "Dick" Riemann** for his 60 years as a priest
The Fox Family

Rejoicing with **Bridget Fay** on her engagement to **Matthew Howell**
The MCFL Board

Ken and Anne Fox welcome Fox granddaughters:
Josephine Ellen, sister of Charlie and Andrew, daughter of Nevin and Molly, and **Abigail Grace**, daughter of Rob and Kim

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

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

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

Coming Events

Massachusetts March for Life

June 17

Boston Common

MCFL Summer Academy

July 10, 17, 24, 31, Aug 7, 14

St. Stephen's Framingham

MCFL Annual Fundraising Banquet

October 25

Four Points Sheraton, Norwood

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.

March for the Babies & Celebrate a Pro-Life Fathers' Day

Let people know that more than a million babies have been aborted in Massachusetts

Help pregnancy care centers raise money

