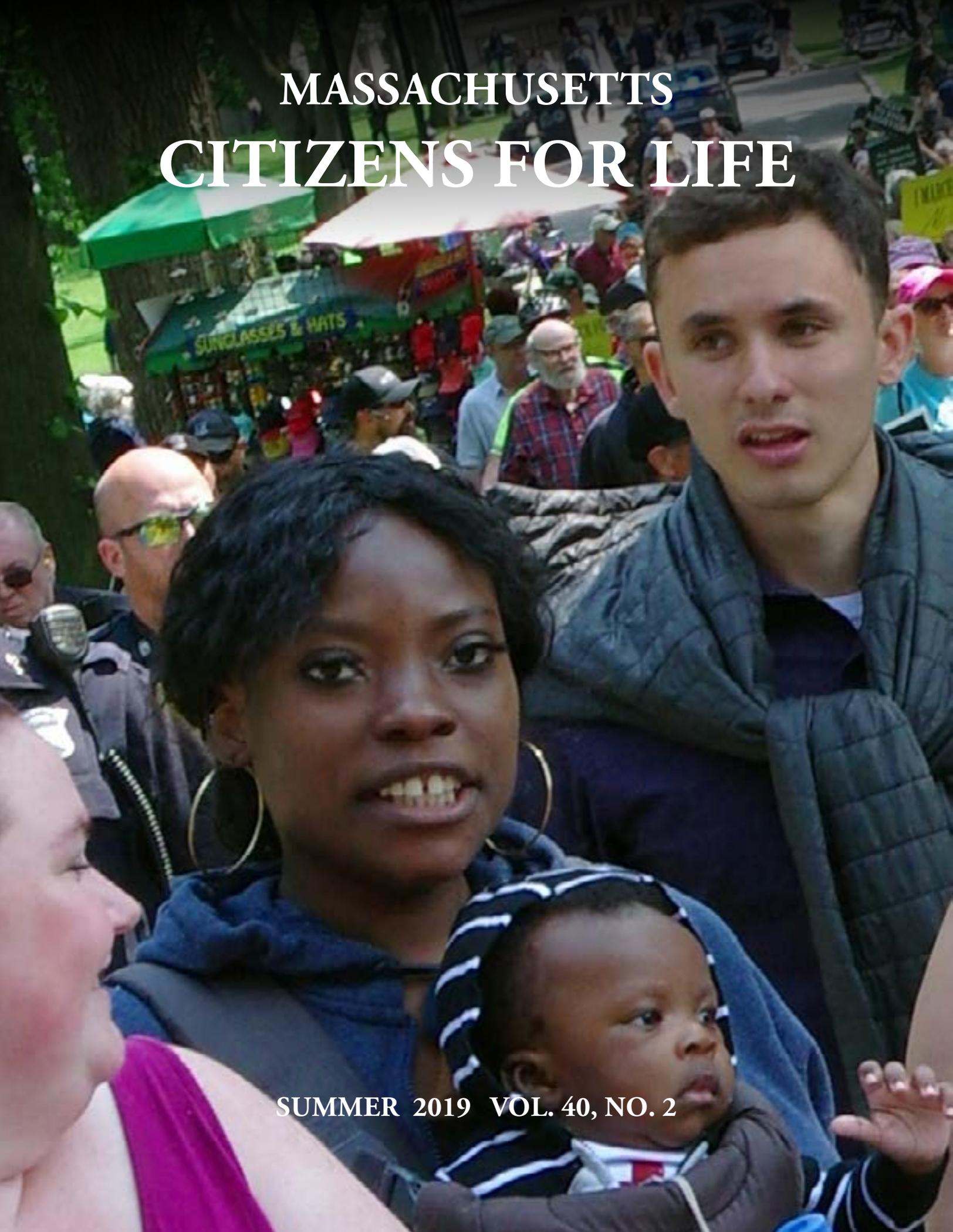


MASSACHUSETTS CITIZENS FOR LIFE



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Photo by Edward Boylan



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A Message From Vice President Myrna Maloney Flynn

A Conversation with Senator Jo Comerford

As a resident of the Hampshire County city of Northampton, [Jo Comerford](#) is my state senator. Comerford won her first senate race last fall and was soon named Chair of the Senate Health Committee. She's also a cosponsor of S.1209.

Western Massachusetts, particularly Hampshire County, is known for being radically liberal and, for aspiring politicians like Comerford, reliably pro-choice. The pro-life minority here is both miniscule and muffled. With S.1209 and its companion House bill, H.3320, quickly moving through the legislature, I decided it was time for the minority to make its presence known.

So, last month, I organized MCFL's first-ever Northampton rally. The theme: "Senator Jo, do You Know?" I sought a response from Comerford about implications for residents of the Commonwealth if the so-called "ROE Act" passes. Despite uncooperative weather, a determined group of MCFL members and nonmembers turned out on May 28 and got the message out. The Diocese of Springfield's news team covered the rally.

A week later, the senator called me, asking to move the meeting we had scheduled for July to June 10. We met days after the Senate Health Committee discharged S.1209 to the Joint Committee on the Judiciary. Comerford noted her committee never formally discussed the bill.

After fellow pro-life advocate Pat Grenier and I spent more than an hour with her, discussing many aspects of S.1209, we left Comerford's office impressed with her gentle sincerity and eagerness to listen to our questions and concerns, yet disheartened by most of the responses she provided. A summary of those responses follows:

Q: Why did you cosponsor this bill?

A: "I believe in a woman's right to choose. Abortion is a medical decision that should



MCFL Vice President Myrna Maloney Flynn chats with West Roxbury Chapter Chair Mike Murray at MCFL's Annual Banquet held last October.

be made between the woman making the decision and her health care provider."

Q: "ROE" stands for "Remove Obstacles and Expand" access. There were over 18,000 abortions in our state last year alone [according to state figures provided upon request to the Charlotte Lozier Institute]. Wouldn't that suggest that access exists?

A: "I don't know that number. . . I don't see this as promoting more, I see it as strengthening existing law and access. In this era, with Donald Trump in the presidency, Brett Kavanaugh on the Supreme Court, and a wave of what I'll call pretty conservative policies sweeping the country, I do believe that Massachusetts has to be a line of defense for reproductive rights, and I believe that pieces of this bill are that. When I talk about pieces, I think about the cleaning up of some language, the old unenforced policies, much like the NASTY Woman's Act."

Q: S.1209 changes section 12M of current abortion law, and would allow elective abortions up until birth, noting a physician may exercise medical judgment, "in the light of all factors—physical, emotional, psychological, familial, and the person's age—relevant to the well-being of the patient." Why not maintain the current language which permits abortion after 24 weeks "only if it is necessary to save the life of the mother, or if a continuation of her pregnancy will impose on her a substantial risk of grave impairment of her physical or mental health."

A: Senator Comerford said that, in broadening the factors that can be considered when a woman has a discussion with her doctor, the bill strengthens the right to the procedure. She also acknowledged the concerns pro-lifers have about this provision and promised to "get Senator Chandler's feedback." (Harriette Chandler introduced the bill.)

Q: This legislation eliminates a current requirement that physicians take action to save the life of a baby born alive after an attempted abortion. S.1209 notes that this, Section 12P, will be stricken and does not replace current language; it simply omits any reference to preserving the life of a child born alive. Can you provide a reason for this omission?

A: *Just like all other health care professionals, abortion providers must comply with medical ethics and guidelines, and respond ethically to the situation in front of them, that includes providing appropriate care in any case in which a child is born.*

Q: S. 1209 also strikes section 12Q of current law, which requires abortions after 13 weeks to be performed in hospitals. Why? Won't women be less safe?

A: "We're not talking about poor healthcare alternatives. We're not saying [abortions] can't be performed in hospitals, we're saying they can be performed in clinics. I don't think it endangers a woman's life. This is about access, and making sure a hospital isn't the only place a woman can go."

Q: Don't we have enough hospitals?

A: "I don't have an answer for you." Senator Comerford then reiterated that the intent of S.1209 is access.

Q: Section 12S of current law, which mandates that one parent or a judge provide consent for a minor to obtain an abortion, is removed from S. 1209. How is this responsible or in the best interests of the child?

A: "I have had to search myself long and hard about that. . . I came out believing that I would want daughters to have the right to make a quality medical decision on their own if [parents] weren't available to make that with her."

Q: Critics assert this opens the door to sexual predators.

A: "I come at it from a different level of concern; a woman from an anti-choice family, forced to travel or carry a pregnancy she doesn't want to carry. We trust our quality healthcare providers. Judicial review is pretty onerous, and most young women don't have the wherewithal to fight it."



"Senator Jo, Do You Know?" Pro-lifers came out for MCFL's first-ever Northampton rally organized by Vice President Myrna Maloney Flynn on May 28.

Abortion providers, like all other medical providers, are trained mandated reporters under state law. Judges are constitutionally bound to keep judicial bypass proceedings confidential, and therefore cannot report suspected abuse or harm to the state in order to help a young woman. The ROE Act will ensure young people seeking abortion are able to access the a supportive network of providers and resources just as minors who seek any other pregnancy-related care currently can.

Q: So a girl's choice trumps a parent's rights?
A: "Over her own body, yes."

Q: The ROE Act would expand taxpayer funding, compelling all health insurance contracts to completely cover 100% of the cost of abortion; Section 4 of H3320 adds free abortion coverage to MassHealth (Medicaid). Why should we have to pay for these extreme provisions?

A: The senator said that, in a democracy, we contribute tax dollars to the government. The government apportions where taxes go.

Q: But you are the government.

A: "I don't know where in this bill this is financed. That's the job of the Finance Committee. It's a secondary piece. This is about a medical decision. . . My job is to do due diligence and to decide whether representation is adequate."

Q: The fact that the legislature seems to be rushing this bill through seems like it is, in fact, revenge against the current administration.

A: "It's not revenge. I didn't sign on to tell the president to go pound sand somewhere. . . I hear you. I hear you. This isn't against Trump. It's a defense against the kinds of scary things happening at the federal level and in other states."

Note: Italicized text sent by Comerford via email two days after the in-person interview took place.



Senator Jo Comerford

MCFL Prepares for Hearing on Doctor-Prescribed Suicide

AMA Votes to Retain Opposition to the Deadly Practice

On June 10, the American Medical Association (AMA) voted to retain its long-standing opposition to assisted suicide despite a concerted effort by euthanasia advocates, reports *Lifenews*. "The AMA affirmed CEJA 2, the report which recommended that the AMA retain its opposition to assisted suicide," said Steven Ertelt. "The vote was 65-35, a huge margin of victory for doctors who want the AMA to continue treating patients, not killing them. The vote is notable because the AMA is one of the largest medical organizations in the country, and medical societies are influential when it comes to legislators making policy decisions and in shaping public opinion."

"The AMA policy states: It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, would pose serious societal risks."

This comes as a welcome aid as MCFL prepares for a June hearing in the Massachusetts legislature on the [End of Life Options Act \(H. 1926, S. 1208\)](#). Says John B. Kelly, director of [Second Thoughts](#) Massachusetts, "The bill, despite its promise of 'end-of-life options,' ultimately takes choice away from people. Because assisted suicide would immediately become the cheapest 'treatment' offered, it would encourage insurers to reject traditionally covered treatments. That's already happening in states where assisted suicide is legal. It sets up a two-tier system, in which 'quality of life' judgments by others steer some people to suicide prevention services and others toward death."

The [Patients Rights Council \(PRC\)](#) recently published an article entitled, "[Is anyone paying attention to Oregon's assisted suicide reports?](#)" The Council states, "According to the latest figures

released by the [Oregon Public Health Division \(OPHD\)](#), a record number of lethal prescriptions were written by a record number of individual Oregon doctors. Supporters claim the Oregon law has worked flawlessly and without abuse for 20 years, but it is a claim that cannot be substantiated.

"The OPHD does not have the funds or the authority to investigate cases. The sheer amount of 'unknown' data listed in the OPHD's reports makes it impossible to assess whether the law is working flawlessly without abuses. The 2018 report says 8 patients experienced complications after ingesting the lethal drugs, but the complication status for 105 patients is listed as 'unknown.' The OPHD say it doesn't know if anyone was present when 67 patients took the lethal drug cocktail in 2018. There is no way to know if those patients voluntarily ingested the drugs or were forced to take them by a greedy heir – a clear abuse of the law. But the public will never know what really happened."

The PRC further reported on a study, published in the journal *Anaesthesia*. "An international research team found that [euthanasia and assisted-suicide deaths can be inhumane](#) because some patients can be awake and conscious but unable to move or communicate that they are

experiencing serious pain or distress. Researchers compared these assisted dying cases to 'accidental awareness during general anesthesia' cases, which can occur during surgery when doctors fail to notice that the patient is actually awake and in agony but paralyzed by the anesthesia. This has happened during executions as well, forcing states to stop using certain drugs or methods.

The study continued, "It is striking that the incidence of 'failure of unconsciousness' is approximately 190 times higher when it is intended that the patient is unconscious at the time of death, as when it is intended they later awaken and recover after surgery.' It was expected that the researchers would find one 'optimum' method for achieving unconsciousness at the point of death without patient distress or pain—given the many years of Dutch euthanasia practice and assisted-suicide practice in Oregon. Instead, they discovered many variations of methods. They further found: [F]or all these forms of assisted dying, there appears to be a relatively high incidence of vomiting (up to 10%), prolongation of death (up to 7 days), and reawakening from coma (up to 4%), constituting failure of unconsciousness. This raises a concern that some deaths may be inhumane."





Sam said that learning how [abortion disproportionately affects African Americans](#) changed his mind to the pro-life position.



The 2019 MCFL March for Life on June 2 showed the pro-life movement's enduring commitment to the value of human life.

Photos by Edward Boylan

March for Life Demonstrates Love in Action



MCFL Vice President Myrna Maloney Flynn delivers a portion of her speech despite ongoing interruptions from abortion-rights supporters at this year's March for Life. [Read more of her speech on page 18.](#)



Top left: The March parade joyfully winds its way through the Common.
Left: Many March goers said that men need to show women that they are willing to share the responsibilities of pregnancy and child-rearing.



The pro-life crowd at Boston Common, estimated by the Boston Police Department at over 600 marchers, demonstrated exceptional courage and dignity, acting peacefully despite attempts at intimidation.



Protesters from Antifa occupied MCFL’s space at the Parkman Bandstand and tried to drown out pro-life expression with loud chants and the use of bullhorns. Seven people were arrested for assaulting a pro-life speaker. Center photo by CJ Williams



MCFL Board Chair Dr. David Franks’ passionate defense of human dignity acknowledged that the equality of all is among our nation’s founding principles. He cited Abigail Adams, who in writing to husband John Adams, exhorted him to, “Remember the ladies!” Franks spoke of dreams embodied in that notion of American liberty, “We dream of a city where there will be no more killing, no more death.”



Analysis of 2017 Massachusetts Abortion Data

Inadequacies of report include lack of data on complications, informed consent, reasons for abortion, born-alive survivors

Massachusetts' annual abortion report is not easily available for public viewing. Researchers must make requests for aggregate abortion data from the Department of Public Health (DPH) Vital Records Department. Each year, MCFL member Lee Crowley makes this request and passes along the information. In addition to the data from 2017, we have included totals from 2009 for a quick look at recent abortion trends in the state.

In 2017, 18,285 abortions were reported in Massachusetts, an increase of 2 percent from 2016. However, abortion numbers in the state have dropped significantly since peaking at 45,590 in 1980, a 60 percent reduction.

Tessa Longbons of the Charlotte Lozier Institute analyzed the Massachusetts data. "6,577 – or 36 percent – were chemical abortions," Longbons noted. (Table 4) "Chemical abortions rose by 17 percent from 2016 and by 500 percent from 2001, the first year after the U.S. Food and Drug Administration approved the use of Mifeprex as an abortion drug. Over the same time period, reported abortions overall have declined by 30 percent in Massachusetts. Massachusetts does not report the state abortion rate, but CLI estimates that the 2017 abortion rate was relatively unchanged from the previous year at 13 abortions per 1,000 resident women of childbearing age."

While the drop in total abortion numbers is good news, troubling trends remain. Many women having abortions had other children. (Table 6) 3,619, or 20 percent of abortions, were performed on women who reported giving birth to one live child. 4,523, or 25 percent of abortions, were performed on women who reported giving birth to two or more live born children. Of these, 196 of the women getting abortions reported having five previous live births.

9,086, or roughly half of the women reported having no previous abortions,

meaning that half are repeat abortions. (Table 5) 4,919, or 27 percent of women reported having one previous abortion. 3,538, or 19 percent of women reported having more than one previous abortion. Of these, 1,478 women reported obtaining three or more abortions.

Almost half of the women obtaining abortions have children already. Almost half of the women obtaining abortions have had previous abortions which indicates that the pro-life movement must do a better job of building public awareness about what abortion is and educating citizens about its harmful effects and available alternatives.

Is there a connection between abortion and marital status? (Table 8) 12,985 or 70 percent of the women reported their status as unmarried. 3,408, or 19 percent reported their status as married. Clearly, the pro-life movement must also provide long-term resources to assist women who lack support for themselves and their children.

Abortions in all age groups are down from 2009 with the exception of women aged 30-34 years and 35-39 years. A positive trend is the drop in abortions performed on teens 14 years of age and younger. These abortions have decreased 64 percent from 72 to 26 just since 2009. (Table 2A). Would teen abortions rise if the proposed S. 1209 or "ROE Act" eliminates the requirements for parental notification and judicial bypass? It will be important to track this data.

Most abortions in Massachusetts are done at eight weeks or earlier. (Table 3) Later-term abortions have risen. 2009 recorded 431 abortions performed between 19 and 23 weeks. In 2017, that number was 470. 2009 saw no abortions performed after 24 weeks. 2017 recorded 23 abortions after 24 weeks.

Longbons noted that Planned Parenthood is the largest abortion provider in Massachusetts. "In 2017, Planned Parenthood's Massachusetts centers were responsible for 10,503 abortions, more than 57 percent of the state total," Longbons

Table 1: Abortions by Facility Type 2017

Facility Type	State Total	Total 2009
Hospital Inpatient and Outpatient	2700	3013
Licensed Clinic	14447	16891
Physicians	1138	3041
All Facilities	18285	22945

Table 2A: Abortions by Patient Age 2017

Age of Patient	State Total	Total 2009
0-14 Years	26	72
15 Years	44	180
16 Years	79	297
17 Years	155	534
18 Years	362	968
19 Years	707	1359
20-24 Years	4941	7673
25-29 Years	5364	5434
30-34 Years	3629	3260
35-39 Years	2207	2187
40-44 Years	701	901
45+ Years	64	80
Unknown	6	0
Total	18285	22945

Table 2B: Abortions by Education of Patient 2017

Education	State Total	Total 2009
8th Grade or Less	141	299
9th-12th Grade/No Diploma	752	1393
High School Diploma	2259	4015
Some College/No Degree	2043	3620
Associate's Degree	462	638
Bachelor's Degree	1177	1056
Post Graduate Degree	709	390
Unknown	10742	11534
Total	18285	22945

writes. "Massachusetts' report reveals that 14,447 of the abortions reported in the state were performed in clinics, with the remainder performed in hospitals and doctor's offices. (Table 1) Planned Parenthood performed 73 percent of clinic abortions. Currently, Planned Parenthood operate five centers in Massachusetts, of which three advertise abortions. The other two give abortion referrals."

Longbons commented on the inadequacies of abortion reporting in Massachusetts. "The state does not report any data on abortion complications, even as chemical abortions – which have a higher rate of complications than surgical abortions – continue to rise. Massachusetts also does not report how abortions were paid for and whether women gave informed consent. Massachusetts does not collect or report any information on women's reasons for abortion, the physical characteristics of the babies killed by abortion, or whether any babies were born alive. By reporting these and other data points and making them more accessible, Massachusetts could make its abortion reporting more useful for citizens and researchers alike," she said.

There are philosophical reasons why Massachusetts does not collect data on women's reasons for choosing abortion. Abortion rights supporters claim that women should not feel judged, or made to feel guilty, for their decision. Whatever their reason is, they say it is private and needs no justification. However, the abortion industry is never challenged when it asserts that late-term abortion is necessary by claiming it is chosen for reasons of severe fetal anomaly or to save the life of the mother.

How do they know this if there is no data to support their claim? How do we know that the industry's assertion of abortion safety is correct, if we do not collect data on complications? Pro-abortion supporters, legislators, and industry officials in Massachusetts cannot have it both ways. You cannot make a sound argument predicated on data that you prohibit from collecting. The most honest answer the abortion industry can give on complications, informed consent, the reasons for choosing abortion, whether the baby was healthy or not, whether there are any born-alive survivors, is: "We don't know. We didn't ask."

Table 3: Abortions by Gestational Age 2017

Number of Weeks	State Total	Total 2009
0-8 Weeks	12264	15163
9-12 Weeks	4134	5177
13-18 Weeks	1394	2174
19-23 Weeks	470	431
24+ Weeks	23	0
Unknown	0	0
Total	18285	22945

Table 4: Abortion by Procedures 2017

Procedures	State Total	Total 2009
Suction Curettage	7756	12621
Medical (Non-Surgical)	6577	5037
Dilation and Evacuation	3567	4981
Intrauterine Saline Instillation	0	8
Intrauterine Prostaglandin Instillation	1	5
Intrauterine Prostaglandin Instillation	4	0
Sharp Curettage	101	118
Other	279	175
Total	18285	22945

Table 5: Abortions by Previous Induced Abortions 2017

Number of Previous Abortions	State Total	Total 2009
None	9086	9328
One	4919	4404
Two	2060	2245
Three or More	1478	1594
Unknown	742	5374
Total	18285	22945

Table 6: Abortions by Previous Live Births 2017

Number of Previous Live Births	State Total	Total 2009
None	7793	6949
One	3619	3740
Two	2827	2461
Three	1098	999
Four	402	398
Five or More	196	200
Unknown	2450	8198
Total	18285	22945

Table 8: Abortions by Marital Status 2017

Marital Status	State Total	Total 2009
Married	3408	2417
Not married	12985	11920
Unknown	1892	8608
Total	18285	22945

Table 9A: Abortions by Race 2017

Race	State Total	Total 2009
White	8682	8866
Black	3314	3330
Asian	1132	713
Other	3644	3073
Unknown	1513	6963
Total	18285	22945

Additional Table: Total Abortions Performed by Planned Parenthood 2017

Number of Abortions	State Total	Total 2009
Planned Parenthood	10503	14738
All Other Providers	7782	8207
Total	18285	22945

Thirty-six percent of abortions in 2017 were chemical abortions. Chemical abortions rose by 17 percent from 2016 and by 500 percent from 2001, the first year after the U.S. Food and Drug Administration approved the use of Mifeprex as an abortion drug.

Invisible No More: Abortion Survivors Share Their Stories

Claire Culwell says her life is a miracle. She had always known that she was adopted, but it was not until Culwell met her biological mother that she discovered the harrowing circumstances of her birth.

When Culwell's birth mother, Tonya, became pregnant at thirteen, Tonya's mother took her for a D&E (dismemberment) abortion. Several weeks later however, Tonya's belly was still growing, and her mother realized that her problem hadn't been fixed. Returning to the abortion clinic Tonya learned that she had been pregnant with twins. One baby was successfully aborted. The other baby survived. Her mother then attempted to find a second abortion for her daughter in Kansas. Due to the risk for infection after leaking amniotic fluid for four weeks, the young girl was denied a second abortion.

Two weeks after Tonya realized she was still pregnant, Culwell was born ten weeks early weighing only three pounds. The rupture of the amniotic sack during the abortion procedure caused dislocated hips and club feet. Culwell had to endure casts on her feet and eventually a body cast. She is still affected today.

Tonya told Culwell of the humiliation of being pregnant at thirteen, and that the abortion was her mother's choice, not hers. Her mother said she was too young to be a mother and that things would go back to normal. Tonya said giving her baby up for adoption was a good decision, and that she hoped her child would find her someday.

Why did Culwell's mother go along with an abortion she didn't want? "A woman gets taken to a clinic by the people who love her the most, and they tell her it is her only option," Culwell explains. "She is told that this is what is best for her. She is being coerced and manipulated from many directions. My mother suffered many traumas: when she had the initial abortion, when she was told she would need another abortion to make up for the failed one, when she had to give birth to the baby, and then when she decided to give that baby up.

"This was my mother's deepest, darkest, most painful secret. If she had had someone



Claire Culwell (left) with her birth mother, Tonya. Culwell was born-alive after a failed late-term abortion and later adopted. Tonya was coerced into abortion by her own mother.

who told her she could keep the baby, she would have done it. Abortion not only hurts women, like my birth mother and like me, it certainly does not empower us. Abortion tells us we 'can't,' and that women aren't strong enough. Abortion is the only circumstance that tells a woman to turn against and take the life of her own child so that she can have a more convenient life or have better circumstances. Abortion tells women it will fix their problem, but it never does and steals their happiness for years to come."

Even after the conviction of abortionist Dr. Kermit Gosnell for murdering three born-alive aborted babies, the abortion industry continues to insist that there are no abortion survivors. "It's the only way that their position is consistent," Culwell says. "Their position is that the mother's life trumps the baby's life. If they acknowledge the humanity of the abortion survivor, acknowledge that it's a baby ten minutes after it's born, then they'll have to acknowledge that it's a baby ten minutes before it's born.

"What makes a person like me, who has survived an abortion, any less human than someone who was 'wanted' or 'planned?' Culwell asks. "I was a human being deserving of medical care, and I certainly deserved better than to be left to die after my birth mother's abortion. I'm thankful that I was born weeks after my birth mother's abortion and because of that, I was given medical care.

"The abortion industry can get away with denying the existence of abortion survivors because of the lack of data. There is no reporting required to report abortion survival. There are no requirements for an abortionist to report abortion complications. We know the industry is violating health inspections. It is absurd. We know better, but people want to believe what is convenient for them at that moment."

Tonya now shares her story. "It's been a lifetime of healing," Culwell says. "She needs to speak the truth and let go. We have a good relationship. My sister just got married, and my mom was there.



Culwell with her adoptive mother.

"My children know my story, and they know what abortion is. The big message they get is that it is best to do what is right. You can make a difference. Run after what is right and don't back down. I have forgiven my birth mother. God forgives us all. My children know that I speak highly of my birth mother. She deserved better and she has allowed me to tell my story."

The Abortion Survivors Network says that, although the exact number of abortion survivors is unknown, there are far more abortion survivors than people suspect. One pro-life estimate, based on the failure rate of late-term abortions, says there could be as many as 44,000 survivors of late-term abortion in the United States alone. "I know of 286 others through my work at the Abortion Survivors Network," says founder Melissa Ohden.

Ohden was fourteen-years-old when she learned the details concerning her birth. In 1977, her mother was a pregnant nineteen-year-old college student forced by her own mother to have an abortion. On the fifth day of the saline infusion abortion, a procedure that works by scalding the unborn child to death, Ohden's mother instead delivered a live infant weighing almost three pounds. She was told not to look at the baby, not told whether the baby was a boy or a girl, not told that the child was alive. Despite her grandmother's wishes to let the child die, two nurses kept Ohden alive.

Ohden was adopted and says her parents were not deterred by the prospect of their child suffering multiple disabilities as a result of her surviving the abortion. "I was blessed to be loved wholeheartedly," she says. "My life has been a set of many miracles, which includes being the mother of two daughters, and now even being united with my biological mother and members of her family and my biological father's."

Ohden and Gianna Jensen are the only two saline infusion abortion survivors who have their medical records. "My medical records actually state, 'a saline infusion for an abortion was done, but was unsuccessful,'" Ohden says. "Live births are an embarrassment to the abortion industry. If the industry admitted that survivors exist it would force them to stand by their words—they're powerful—'It's a baby and we don't care.'"

"My mother lived with regret. Her family did not tell my mom that her daughter was alive. I started to look for my birth mother when I was nineteen and finally found her when I was thirty. We experienced relief, but it does not change what was done to her or done to me. She loves me and is interested in doing speaking events with me. She has forgiven her family and is learning to let go of the anger."

Ohden reiterated Claire Culwell's point about the difficulty of obtaining data on the number of abortion survivors. "Only six states require the reporting of statistics on children marked for abortion who were born alive during abortion procedures, and only five of those states have reported this information in the last few years: Arizona, Florida, Michigan, Minnesota, and Oklahoma. In those five states alone, at least 25 children were born alive during attempted abortions in 2017.

"The abortion industry can get away with denying the existence of abortion survivors because of the lack of data. There is no reporting required to report on abortion survival. We know better, but people want to believe what is convenient for them at that moment."

"Data that the CDC collects also confirms babies are born alive after attempted abortions," Ohden says. "Between the years 2003 and 2014 there were somewhere between 376 and 588 infant deaths under the medical code P96.4 which keeps track of babies born alive after a 'termination of pregnancy.' The CDC concluded that of the 588 babies, 143 were 'definitively' born alive after an attempted abortion and they lived from minutes to one or more days, with 48% of the babies living between one to four hours. It also admitted that it's possible the number is an underestimate. We know it is an underestimate because these are just reported numbers from hospitals, not abortion facilities. Gosnell is only one abortionist who was responsible for 'hundreds of snippings' of born-alive babies, yet he did not report even one. His numbers alone exceed the 'definitive' numbers of the CDC."

Ohden's children know that their mother travels the country speaking about human rights for women and children. "My four-year-old says that I'm going to help the mommies and their babies. They know their grandmother. My biological father is deceased, but I have a relationship with his family," Ohden says.

The Abortion Survivors Network hopes that by putting a face to the statistics of abortion survivors, people can see a perspective of abortion that is frequently ignored—that of the child. The Network gives a voice to survivors in a society that is often unaware of their existence and provides support for those who may feel alone in their survival. "Not every abortion survivor is called to be public," Ohden says. "Some survivors want to keep their stories private."

Born Alive Legislation: We've Been Here Before

In the 46 years since the Supreme Court decisions in *Roe v. Wade* and *Doe v. Bolton*, state and federal courts and legislatures have attempted to define the scope of abortion rights. While *Roe* prohibited any restriction in the first trimester, the ruling allowed for certain state regulations in the second trimester, such as the requirement that only doctors may be permitted to perform abortions. In the third trimester, states can limit or restrict abortion based on the viability of the fetus, except in cases where the woman's "health" is the issue. The companion ruling in *Doe v. Bolton* defined the health exceptions so broadly that they meant virtually nothing.

The Supreme Court's 1992 decision, *Casey v. Planned Parenthood*, permitted states to enact restrictions along a new standard. Regulations were permissible as long as they did not constitute an undue burden to a woman seeking an abortion. A further complication was *Roe's* ruling based on fetal viability. Medical progress moved viability younger and younger to where it currently stands at 20-22 weeks gestation. Whenever late-term abortion is performed, there is a chance of a baby surviving the procedure. Hadley Arkes' 2002 book, *Natural Rights and the Right to Choose*, recounts the struggle to enact protection for those survivors.

In 1995, the National Right to Life Committee (NRLC) proposed legislation banning partial-birth abortion. Abortionist Dr. Martin Haskell, who had developed the procedure known as [Dilatation and Extraction \(D&X\)](#), claimed it improved a woman's safety compared to Dilatation and Evacuation (D&E) for later abortions (20-26 weeks). A [D&E abortion](#) entails dismembering the unborn child and then removing the body parts. Sharp pieces of the skull and other fetal remains may be left behind in the uterus after a D&E abortion, causing laceration and infection. In a D&X abortion, the unborn child is almost completely delivered, with only the baby's head inside the mother's body. When the child's brain is suctioned out, the skull collapses, and the dead child is removed in one piece.

In proposing this legislation, the NRLC hoped that people would recoil over the brutality of the procedure. Would they see a D&X abortion as more akin to infanticide than to abortion? The NRLC was correct. Americans did recoil on learning the barbaric nature of the D&X procedure and partial-birth abortion legislation passed in the House and Senate. The bill was vetoed by President Bill Clinton in March 1996.

By the Spring of 1998, twenty states had passed legislation banning partial-birth abortion. However, federal courts were consistently striking down these laws. By 2000, Arkes says, "It was wondered whether the Court that created the right to abortion would be willing to admit that there must be a limit to this liberty." He called for testing the waters of this limit in the courts and proposed a "modest first step," a law to protect survivors of abortion.

In 1999, [Jill Stanek](#) was a nurse at Christ Hospital in Oak Lawn, Illinois, where she discovered the involvement of the hospital in a method of later term abortions (16 to 23 weeks). A drug was used to cause to cause the cervix to dilate, after which "the small, preterm baby drops out of the uterus, oftentimes alive," recounted Stanek. "If they survived, they were shelved to die in a soiled utility room. One night, a nurse and coworker was taking a little abortion survivor, aborted at 21 weeks with Down syndrome—that's why he had been aborted—to the soiled utility room to die. I couldn't let him die alone, so I watched him for the 45 minutes that he lived. In the course of 45 minutes I became a pro-life activist."

Stanek's testimony was crucial in the enactment of the 2002 Born-Alive Infants Protection Act. It was approved by Congress without a dissenting vote. The law states that "every infant member of the species homo sapiens who is born alive at any stage of development" is a "person" for all federal law purposes. The bill defines "born alive" in terms of explicit criteria – "complete expulsion from his or her mother . . . at any stage of development, who after such expulsion or extraction breathes or has a beating heart, pulsation of the umbilical

cord, or definite movement of voluntary muscles, regardless of whether the umbilical cord has been cut, and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section, or induced abortion."

On April 2, 2019, the NRLC announced that 2019 House [Republican Whip Steve Scalise had filed a discharge petition for the Born-Alive Abortion Survivors Protection Act](#) (H.R. 962, sponsored by Rep. Ann Wagner). If the petition is signed by a majority of House members, it will force a vote on the House floor. If enacted, the bill would extend federal legal protection to babies who are born alive during an abortion. As of June 2019, Democrats have continued to refuse a request to allow a vote on a new proposed bill for the 56th time.

Stanek explains, "This bill is a definitions bill. It says that you are a legal person when you are born, and it says that you should be protected. The Born Alive Abortion Survivors Act adds teeth to the Born-Alive Infants Protection Act. The abortionist and staff can be prosecuted and fined, and mothers can file civil lawsuits. The 2013 Gosnell case highlighted the need for this bill. He was convicted of murdering three born alive babies, although the staff said there were many more."

[Lifenews reported remarks by Rep. Cathy McMorris Rodgers](#), a leading House member, discussing the discharge petition in a interview with the *Daily Signal*. "It's just heartbreaking. I was disheartened by the vote, 44 senators that voted against legislation that would protect babies who were born alive, babies that had survived an abortion, were outside the womb, and yet they were not willing to bring in the insurer under law that they would bring in the doctor's care," Rodgers said. "In years past, this is passed with unanimous consent in the Senate. So it really exposed the extreme position that the left is taking right now, that Democrats are saying they reject legislation to protect babies born alive."

It is worth reflecting that Massachusetts is proposing legislation to eliminate protections for babies who survive abortion.



GET READY TO STAND UP FOR LIFE

2019 MCFL SUMMER ACADEMY

St. Mary of the Sacred Heart,
392 Hanover St., Hanover

Wednesdays: July 10, 17, 24, 31,
Aug 7, 14 from 6 - 8 p.m.

Free to pro-life high school students.
All materials, pizza, and soft drinks
provided.

Massachusetts Citizens for Life
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saver," to become a defender of
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Academy, learn how to become an
effective advocate for those whose
very lives are most at risk, the
children who are waiting to be born.

Join with the pro-life generation to
learn:

- The facts of prenatal development
- What the Supreme Court said in *Roe v. Wade*
- How to provide support for women with an unplanned pregnancy
- How abortion is harmful to women
- Other threats to life...and much, much more!

Won't you join us? For more
information call our office at
(617) 242-4199, or visit our website
and register online at
www.masscitizensforlife.org

Proposed Bill Creates an Unrestricted Right to Abortion

In his [white paper analysis](#) of Senate Bill 1209, which supporters call the **ROE Act** (An Act to Remove Obstacles and Expand Abortion Access), MCFL Board Chair Dr. David Franks calls the legislation, “A grim love letter written by the abortion industry to itself. ROE completely overhauls the abortion code contained in the Massachusetts General Laws, creating a right to unrestricted abortion.”

An overview:

- It eliminates the parental consent requirement for a minor girl seeking abortion (no matter how young); parents do not even have to be notified. No adult at all (except perhaps an adult impregnator) need be involved before, for example, a pregnant 13-year-old enters an abortion facility—not even a judge, as provided for under the current “judicial bypass” option.
- It expands taxpayer funding of abortion.
- It refuses legal protection to a child who survives an abortion attempt.
- It eliminates all criminal penalties for the performance of any abortion—whether coerced, sex-selective, eugenic, incompetently executed, performed by a non-physician, inflicted on a victim of sex trafficking, statutory rape, or other sexual abuse, etc. Literally no abortion could be performed in Massachusetts that might become a matter for state law enforcement.
- It eliminates the requirement that abortions after the first trimester be performed in hospitals.
- It removes current language that theoretically prohibits late-term, or even full-term, abortion.
- It makes outlawing any abortion procedure, no matter how gruesome (such as partial-birth abortion), impossible in Massachusetts.
- It eliminates every single mention that there is another human being involved; it even eliminates any mention of “woman.” [Roe v. Wade’s inclusion of a possible state interest in protecting prenatal human life and the state’s interest in regulating later-term abortions for the sake of the health and safety of mothers is absent.]

“This does not represent the American, or even the Massachusetts, consensus on

abortion,” Franks writes, “This is abortion absolutism.”

S. 1209 creates a right to unrestricted abortion stating: “*The Commonwealth shall not interfere with a person’s personal decision and ability to prevent, commence, terminate, or continue their own pregnancy consistent with this chapter. The Commonwealth shall not restrict the use of medically appropriate methods of abortion or the manner in which medically appropriate abortion is provided.*” Says Franks, “The majority of Americans do not wish the agonizing and complex question of abortion to be settled in terms of the brute simplicity of abortion-industry radicalism, which is not pro-choice, but pro-abortion (the more abortion, the more profit for them). This legislation was drafted by the abortion industry, for the abortion industry. The mother and her difficulties disappear; the human being in the womb disappears.

“Abortion in the Commonwealth is even now hardly subject to any real constraint. Yet it would take no great prognosticating capacity to see that some of the bill’s provisions would in fact increase the number of abortions. Above all, the elimination of the parental-consent requirement for minors seeking abortion (with concomitant elimination of the provision of a “judicial bypass,” in which a superior court judge authorizes the performance of an abortion on a minor in lieu of parental consent) means that the many girls, including sex-trafficked and otherwise abused girls, who are trapped in desperate situations have one less chance to escape. More alienation from parents will certainly mean more abortion. Remove parents, remove judges: the field is clear for the abuser and the sex trafficker.”

S. 1209 redefines or eliminates the terms “abortion,” “unborn child,” and “pregnancy.” The current definition of abortion under section 12K of chapter 112 of the General Laws is “*The knowing destruction of the life of an unborn child or the intentional expulsion or removal of an unborn child from the womb other than for the principal purpose of producing a live birth or removing a dead fetus.*”

The redefinition of abortion in this bill reads: “*Any medical treatment intended to induce the termination of a clinically diagnosable pregnancy except for the purpose of producing a live birth.*”

Deleted entirely is the current legal definition of an “unborn child” as: “*The individual human life in existence and developing from implantation of the embryo in the uterus until birth.*”

Rather than defining “pregnancy” as “*The condition of a mother carrying an unborn child,*” the new definition is “*The presence of an implanted human embryo or fetus within a person’s uterus.*”

The provision of care for a child born-alive after an abortion is eliminated under MGL chapter 112, §12P. Current law reads, with regard to an abortion attempted on a possibly viable child: “*The physician performing the abortion shall take all reasonable steps, both during and subsequent to the abortion, in keeping with good medical practice, consistent with the procedure being used, to preserve the life and health of the aborted child. Such steps shall include the presence of life supporting equipment, as defined by the department of public health, in the room where the abortion is to be performed.*”

“ROE countenances at least passive infanticide by eliminating the current provisions of section 12P, as well as by erecting an impenetrable wall against state criminal police power to regard any abortion whatsoever,” writes Franks. Also eliminated are criminal penalties for infant deaths or failure to consider the method of late-term abortion least dangerous for the mother.

The abortion industry would also benefit from increases in taxpayer-funding by extending Healthy Start Program coverage to include abortion. Healthy Start ensures that uninsured, low-income women will receive comprehensive maternity care.

No protection for minor girls, no resuscitative care for infants, increased taxpayer funding, no accountability. Senate Bill 1209 gives the abortion industry a free pass while women, children, and the citizens of Massachusetts pay.

MCFL Annual Fundraising Banquet

Starring

★ *Stacey Dash* ★

Thursday
Oct. 24

SHOWTIME
6:00 pm

Sheraton Four
Points Hotel

1125 Boston-Providence
Turnpike, Norwood

10.24.2019

10.24.2019



The MCFL Annual Fundraising Banquet is the signature event of the year, where pro-life activists from across the state can gather for encouragement and celebration. This year, we are honored to welcome one of Hollywood's premier actresses, Stacey Dash, who has a special connection to MCFL in that she'll play the role of founder and national trailblazer Dr. Mildred Jefferson in the upcoming film *Roe v. Wade*, slated for release this fall.

Best known for her roles in *Clueless* and *Mo' Money*, the Hollywood heart-throb is a proud champion for the unborn and traditional, conservative principles as a recent Fox News contributor and cultural commentator. With a film and television career spanning three decades, Ms. Dash is not only an accomplished American actress, but also a mother of four. She and her husband Attorney Jeffrey Martin reside in Florida.

Says Stacey Dash:

"Trust in the Lord with all thine heart; and lean not unto thine own understanding. All thy ways acknowledge him, and he shall direct thy paths." Proverbs 3:5-6 KJV

I grew up in the South Bronx, born to Linda Lopez and Dennis Dash. They were both drug addicts. I loved them dearly and are now departed. My mother left us in November. Thankfully we made our amends and came to place of forgiveness in New York before she left. I am forever grateful for this.

I was a good student but because of my dysfunctional family life my studies fell to the wayside. I left home when I was 17 and pursued my acting career in New York City. My father passed away in 1990 the day before my son was born. I've been a single parent for more than half of my life. I was blessed with my daughter in my second marriage.

I am a movie star, a conservative Mexican black woman and former FOX contributor who always made my opinions clear and was heavily criticized for it. A lot has happened in my life to give me a new perspective and the ability to self-examine. I am not the same Stacey Dash who came to Hollywood so many years ago. I am not the "Clueless" Stacey Dash so many think they know.

I have forged my own path, and I have my own vision. I speak with my own voice. I think with my own mind. I stand on my own two feet. I love with my heart and soul. This is a race not to be won. It is a challenge to prevail.

Getting Connected in Connecticut

By Rob Hale

I've been a fairly active member of Massachusetts Citizens for Life for over twenty years, but when I moved back to my home state of Connecticut in 2010, I had a difficult time finding a pro-life organization to join. That was until this January, 2019, at the March for Life in Washington, D.C., where I chanced to meet Ed Gales. Ed is the founder and Chairperson of the pro-life ministry of Saint Patrick's Church in Farmington, Connecticut. He told me about the [Connecticut Right to Life Corporation](#) and invited me to attend its convention.

The 45th Annual Connecticut Right to Life Convention was held at a hotel in Waterbury on Saturday, April 27, 2019. Featured speakers included former State Senator Len Suzio, who related his experiences as a pro-life legislator; Attorney Rita Lowry Gitchell, who had authored an amicus curiae brief for a soon-to-be decided Connecticut Supreme Court case on the question of whether a divorced couple's frozen embryos were persons or property; and [Catherine Glenn Foster, M.A., J.D., President and CEO of Americans United for Life](#).

Foster spoke, as an attorney and a post-abortive woman, about restoring laws that not only protected unborn babies from being aborted but also protected women from having abortions. "If it had been illegal, there's no way I would have done it," she said. Foster also related how, at age 19, she had been denied the right to see the ultrasound of her own baby, prior to the abortion. "I asked to see it, she said, "but they told me it was "against their policy." Foster, who now lives in the Washington, D.C. area with her husband and children, also spoke about the need to "challenge the idea that women cannot succeed in society without abortion."

At the convention, I shared a table with Michelle Reinert and other members of the [UConn Students for Life](#) organization. I was also privileged to be seated next to Sarah Lynch of Saint Paul's Catholic High School, who received the Agnes Giannini Youth

Award for her pro-life activities, and who showed a short video documenting her high school pro-life club's trip to the March for Life in Washington.

I also met Jeremy Bradley of the Caring Families Pregnancy Center in Willimantic, Connecticut, which had filed a lawsuit against the City of Hartford, claiming that a city ordinance regulating speech by pro-life pregnancy centers is unconstitutional. Jeremy explained that the Hartford ordinance applies to his clinic, because it has a mobile unit with an ultrasound machine that can travel to Hartford. He explained that a bill extending similar restrictions on speech by pro-life pregnancy centers, H.B. 7070, was pending in the state legislature.

Gales also introduced me to John Waite, president of Connecticut Right to Life, and Bill O'Brien, its vice president. I also met Keith Brilliant, executive director of Hope Pregnancy Center in Cheshire, who received the Frank Haggerty Award for his pro-life work.

After the convention, a small group of us, including Foster, walked up to Congresswoman Jahana Hayes' office to ask her to sign a petition to bring a version of the Born Alive Infant Protection Act up for a vote in the U.S. House of Representatives.

Three days after the convention, on Tuesday April 30th, I attended oral arguments in the Connecticut Supreme Court case of *Bilbao v. Goodwin*, in which the father of the frozen embryos was seeking to void a contract that he and his former wife had signed with the fertility clinic, because the contract had said the embryos should be destroyed in the event the couple divorced. This was the case in which Attorney Gitchell had filed her *amicus* brief.

On Thursday, May 9, I met Ed Gales again at a rally at the state capitol in Hartford to [oppose Connecticut House Bill 7070](#), which would regulate so-called "deceptive advertising" by pro-life pregnancy centers and give broad powers to the attorney general to prescribe "remedial measures." According to the Family Institute of Connecticut and several persons who spoke at the Rally, the bill is unnecessary, vague and unconstitutional. Connecticut



Catherine Glenn Foster accompanied Connecticut Right to Life Convention attendees to the office of U.S. Rep. Jahanna Hayes. They encouraged Hayes to sign a petition to open debate in the House on a bill mandating that care be provided to infants who survive abortion.

already has a Department of Consumer Protection which polices claims of deceptive advertising. According to the same sources, no consumer complaints have been filed with the Department against any pro-life pregnancy centers. The bill, which did not apply to pregnancy centers that provide abortions, was later passed in the State House of Representatives, but was not brought to a vote in the State Senate before the end of the legislative session.

At the rally Ed introduced me to Judith Mascolo, M.D., the president and medical director of Saint Gerard's Center for Life, the pro-life clinic that was targeted by the Hartford City Council in their ordinance. I also met Peter Wolfgang, a lawyer who serves as director of public policy for the Family Institute of Connecticut, a pro-life, pro-family advocacy organization, that had helped organize the rally

In a few short months, I now feel like I'm in the thick of pro-life activity here in Connecticut, thanks to Ed Gales. And to think that he was someone I just happened to meet at the March for Life!



Michelle Reinert, founder and outgoing president of UConn Students for Life, with Sean Oppenheimer.



Sarah Lynch, a junior at Saint Paul's Catholic High School, was honored for a video she had made memorializing her pro-life club's trip to this year's March for Life.



Ed Gales with three members [Saint Gerard's Center for Life](#), at the rally to defeat H.B. 7070, at the state capitol in Hartford. Left to right: Gales, board member Constance DeLoreto, president and medical director Judith Mascolo, M.D. and volunteer Jacqueline Pelland. The bill would have regulated so-called "deceptive advertising" by pro-life pregnancy centers.



Above and bottom left: Pro-lifers of all ages came out to rally against HB 7070 on May 9 at Connecticut's state capitol in Hartford.

Love in Action

An ongoing theme at MCFL this year is “Love in Action,” a topic that was put to the test at this year’s March for Life. When hundreds of pro-life advocates arrived for the annual event, held on the Boston Common, they were met with as many abortion rights supporters—adamant, loud, and at times, threatening violence. So clamorous were the shouts, taunts, chants, and jeers of the pro-choice crowd, every one of MCFL’s speakers had to shout into a microphone in an attempt to be heard.

Doubtful that the complete set of remarks she’d intended to deliver would be appropriate given the circumstances, Vice President Myrna Maloney Flynn read only a portion of her prepared speech. Many who managed to hear a few lines amidst the din asked for a copy. It is reprinted in its entirety here.

A couple years ago, I travelled to the Yucatan Peninsula to spend a few days at the beach. When I arrived, my hotel manager reminded me that it was [nesting season for the region’s sea turtles](#)—beautiful creatures that have been around for millions of years. Between May and November, the female turtle buries between 85 and 200 eggs in the sand, safely away from the water’s edge. She then makes her way back to the Caribbean, leaving her babies to fend for themselves once they hatch and crawl toward the sea.

The baby turtles hatch within a couple of months. Until they do, they remain unseen, in a highly vulnerable location, just beneath the sand’s surface. Without their mother’s protection, it’s up to the locals to keep them safe: Property managers gingerly put a circle of rocks or wooden stakes around each nest, so passersby won’t inadvertently walk over it and crush the precious eggs. A travel website implores readers, to “please be mindful and help us protect these magical creatures and the hatching process.”

It’s not tradition that drives the effort to protect the lives of these animals; it’s the culture. During my stay, I witnessed tourists from around the world respecting that culture without hesitation: Whether trudging down the beach with armloads of toys, coaxing sunburned children through blistering sun, or hopping along scorching

sand with snorkeling gear, everyone went out of their way to protect life beneath the surface.

Taking a new path wasn’t easy or convenient or preferred. It also wasn’t about the law. It was about respect for innocent, defenseless life. Acting to protect it was simply the right thing to do. Love in action isn’t often easy or convenient or comfortable. But it’s the right thing to do.

To love is to act.

I knew a girl many years ago, one of my students when I taught high school, and she was newly pregnant. One day I overheard her talking to a friend about her plan to have an abortion. I didn’t want to get involved; didn’t think she’d want to hear from me. She was absent for a few days then returned, no longer pregnant. I occasionally think about her, hope she’s OK, and wonder: what if I had taken action?

I knew a girl, also a high school student, who babysat for my friend. The girl mustered enough courage to confide in my friend that she was pregnant and planned to abort. My friend told me she simply told the

girl, “that’s fine.” My friend took no other action.

I knew a girl, a pro-life student at an overwhelmingly pro-choice college, who bravely posted “all lives matter” signs around campus. She was asked to meet with an administrator who scolded her and called her “disturbed,” as she handed the girl a box of tissues. Love in action?

Love IS action.

I know a woman, once divorced with two teenage daughters, struggling to put herself through college, when her youngest got pregnant. Not knowing how they’d manage, the woman told her daughter, “We’ll be OK. You can do this. I’ll help you raise the child.” That is love in action!

I know a woman, homeschooling three young kids and putting her oldest through college. The woman turned 44 last week, hours before giving birth to her unplanned but not unwelcome fifth child. That is love in action!

I know a couple who, in their mid-50s decided to adopt a little girl from China. Friends warned them, “You’re going to be



For this Midwestern family, love in action means sharing their lives with 17 adopted Chinese children. (Three of those children not shown in this photo).



For Cathy Weikert, love in action meant helping her daughter, a young single mother, to raise her own daughter, Nina

really old by the time she's in college." To which the adoptive mother replied, "If we don't bring her home, she's not going to college!" That is love in action!

I know another woman with five grown children. At 50, she and her husband heard a call from God to "Help My Children." Over the past nine years, they have adopted 17 children from China. They hadn't planned on that many. But they continually heard the call, and they answered the call again and again. That is love in action x 17!

I know two women. They share their home with four adopted children whose mothers chose life. That is love in action!

I know a man in his early '20s whose girlfriend wasn't ready to be a mom. So he told her he'd raise their daughter, which he's doing with the help and support of his parents, who thought they were close to a peaceful retirement. That is love in action!

I know a woman, a Nigerian immigrant who, when she bought her first car here, selected our "Choose Life" licence plates. I asked why. Her eyes filling, she said she thought maybe a woman who needed a sign might see them and not make the same mistake she'd once made. That is pain soothed by love in action!

My friends, we live among real-life superheroes who perform, literally, death-defying feats of selfless love. They are brave. They are stronger than their circumstances. And they advance a culture of life. The love of the men and women we know dares us to act, too.

Saint Paul beautifully wrote, "Love is patient. Love is kind." I'd add: Love is action.

So I ask you to think of a way to save a life by acting with love. And if you have been hurt by abortion, know that you are loved, that the pro-life movement cares as much about protecting a woman's life and a father's rights as it does about the life and rights of the preborn.

Love in action requires us to go out of our way. Like tourists in Mexico, we will experience "inconvenience." We may have to do something we hadn't planned on, perhaps walk awhile in the draining heat. But it will all be for something greater, something that lies just beneath the surface, unseen, yet with unimaginable potential—potential realized because of our love in action.

Memorials

Anne
Paul Brennan

Catherine Barrett
Laurie Dusel

Helen Cushing
Mary Forrester

Donald Joseph Hamel
Brian and Margaret O'Connor

George and Stella McKittrick
Aram Topian

Eduard Nichols III
Mr. & Mrs. Christopher J. Gamble

Mary and Richard O'Connor
Julie LeDuc

Margaret Sheehan
Wallace and Karen Dobrick, Richard and Pauline Sheehan, Beverly Golden, Felice and Maria Dimichele, James Dumble and Joan Ann Miller

Dorothea Zanetti
Doris Zalucki, Ms. Pauline Wright, Judith and George Wilson, Lorraine McDarby, Deborah and Brian Martell, Cathy and Ed Lamoureux



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 205, Boston, MA 02129-1122



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The Schrafft Center
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Coming Events

MCFL Summer Academy

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

St. Mary of the Sacred Heart, Hanover

MCFL Annual Fundraising Banquet

Stacey Dash

October 24

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.

A close-up portrait of Stacey Dash, a woman with long, wavy brown hair, smiling warmly at the camera. She is wearing a dark top. The background is a green and white pixelated pattern.

Save the Date

October 24

MCFL Banquet

with

Stacey Dash