



VOLUME LII No. 2 ♦ SPRING 2026

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Diane Moriarty ♦ Victor Lee Austin ♦ Jason Morgan ♦ David Yves Braun ♦ Matt Lamb

Appendices:

Kathryn Jean Lopez ♦ Mary Kenny ♦ Lord Nigel Biggar ♦ Rachel MacNair

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by Madeline Fry Schultz

“Leo and the Label ‘Pro-life’”
by David Poecking





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INTRODUCTION

What exactly is a pro-life journal? This is more than a practical question for our editors; it bears crucially on our shared identity as proliferers, the strategies used to convince others about the inherent dignity of human life and the dire need for protections, and the unity of our efforts.

It quickly leads to other questions: What issues are truly pro-life concerns? Does the movement share any consensus on strategy? Is the pro-life effort mainly legal and political, or can we embrace care for individuals, religious faith and practice, and literary or artistic expression of human dignity?

We are living in an environment that is putting increasing pressure on the label “pro-life.” One reason is that relevant topics are proliferating with new scientific and technological developments. What, for example, is a pro-life stance regarding experiments that develop early-stage human embryos in laboratories using sperm or eggs that were previously formed out of human skin cells (a process called gametogenesis)? Considerations of human dignity in its physical, spiritual, and relational dimensions have never been so complex.

We have also recently heard rhetoric, including from the staunchly anti-abortion Pope Leo XIV, that seeks to expand the category of “pro-life.” This is not entirely new; many proliferers recognize the need for a holistic approach to pregnancy care and for a general stance of loving concern in all areas of life. Unfortunately, the conceptual fragmentation of “pro-life” is simultaneously a strategy of pro-abortion extremists who hope to discredit the pro-life movement for being insensitive to a variety of perceived threats to human dignity other than abortion.

As a self-described pro-life journal, there are many ways that the pages of the *Human Life Review* reflect these questions about pro-life identity and focus. For example, we actively strive to cover a wide variety of issues and topics related to human dignity, reproduction, and the family even as we keep the primary focus on those direct threats to life like abortion, assisted suicide, euthanasia, and fetal and embryonic research. Our commitment to a variety of perspectives as well as literary mediums for expressing them, combined with protecting the core identity of the pro-life effort, is on display in this issue of the *Review*.

In Patrick Mullaney’s article “God and the New Originalism,” we see an emphasis on the flagship pro-life concern about abortion as well as a combined legal and religious argument. Mullaney wonders why there has not been sufficient advocacy for a due process protection of unborn life. For Mullaney, the problem is, ironically, the very same constitutional theory of Originalism that was used to overturn *Roe v. Wade*. You will want to learn why.

The next article, “A Pro-Life Principle: The Right to Migrate,” by the well-known leader and activist John Cavanaugh-O’Keefe, makes the case for inclusion of immigration policy as a pro-life concern—and not just a peripheral one. He does this not only by appealing to core principles of human dignity but also by linking immigration to abortion and eugenics. While both policy and moral debates over immigration are

raging, the *Human Life Review* is pleased to publish such a work that is grounded in considerable thought, historically developed philosophy and theology, and principles that help define the pro-life effort.

Next, Gerard Mundy offers us a hard-hitting piece entitled “Against Suicide—Except Assisted Suicide? New York’s Contradiction.” Mundy addresses the traditional pro-life concern over the legalized killing of persons under the watchful eyes of doctors, but he adds a twist by highlighting New York Governor Hochul’s (and New York City’s) hypocrisy in her otherwise laudable support of suicide prevention initiatives. Mundy declares, “Regardless of what any ideological rhetoric might claim, a city is known for world-class healthcare when its health services aim for health and life.”

We follow with another article about threats to life in the medical context, a warning from Ed Mechmann. In “A Living Will Is a Pathway to Euthanasia,” Mechmann offers some well-supported, practical advice about our own vulnerability to a traditional concern—euthanasia via medical professionals. This is an important caution and an opportunity for proactive education.

Diversity and depth of artistic expression are on display in the poem “Sojourner” by Richard Hurzeler. In few words, Hurzeler helps us to “scale the mountain” of faith along with the suffering and heroic subject. Human life in its fullest!

Next, Dr. Donald DeMarco explains an important difference in the way we perceive life as either *bios* or *zoe*: as simply natural life or a life that is freely shared with others. This connection extends to and from the person in the womb. “The *zoe* aspect of the unborn makes them easier to recognize as human beings and members of the human family.”

In the article “No Regrets? Understanding the Reality of Abortion-Wounded Women,” Liam Siegler provides a review of Vitae Foundation research into abortion and women’s experiences in making abortion-related decisions as well as productive pro-life strategies. The insights are both powerful and poignant. Siegler tells us that, “many women aware of their abortion grief are led to believe their pain does not matter. As a result, many end up believing that their lives don’t matter. Injustice perpetuates injustice.” But we can make a difference.

In keeping with our promise to share more positive, life-affirming content, our “Life Stories” contribution is from Avail, a non-profit that is having amazing success in using online formats and technology to reach and persuade women facing an unintended pregnancy. The account in “Amber: Searching Online for Pregnancy Help Changed My Life” inspires true joy.

Jason Morgan brings us yet another perceptive and extended book review in “Losing Sight of the Person in *Personhood*.” His critique of the author’s product is more broadly a statement on the history and identity of the pro-life movement itself. The topic is personhood, referring to both the status of inherent dignity of the human being and the legal and philosophical effort for recognition of such dignity.

In our “Booknotes” section, John M. Grondelski reviews the book *Abortion Pill Reversal: A Second Chance at Choice*, written by reversal pioneer George Delgado,

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M.D. The book is important for its defense of the life-saving therapy as well as its description of the proponents' strenuous efforts to gain wider acceptance and promote abortion pill reversal. Grondelski takes doubters to task for their irrational resistance: "One would think this would be a recognized benefit, given that abortion is defended as a matter of 'choice.' One would be wrong. The only legitimate choice for the 'choice' crowd is abortion."

Our website HumanLifeReview.com features weekly articles and essays that pack either an emotional punch or deep insights. In "On Rape, Prolifers Should Show Humility as Well as Heroics," Diane Moriarty tackles the emotionally difficult concern over rape and its association with "the somewhat mildly percolating but ever on the verge of a furious boil 'battle of the sexes' element within the pro-life community."

Rev. Canon Victor Lee Austin provides us with a well-deserved "aww" moment in "Celebrating Babies in Public Spaces." Jason Morgan also tugs on our heart-strings in "The Goodness of Life, Even Unto Death"; the topic is not entirely what you'd expect! We mark a closing chapter in a monstrous part of history, one that has been covered in the pages of the *Review* many times, with "Kermit Gosnell, Prolific Abortionist, Dies at 85." Lastly, Matt Lamb shows us that "Abortion Supporters Focus on Economics, Not Morality" in their arguments.

A recurring treasure in the pages of the *Review* is the inclusion of a few reprinted articles as appendices. This Spring, we share with you excellent pieces from Kathryn Jean Lopez, Mary Kenny, Lord Nigel Biggar, and Rachel MacNair. Be sure to take a look.

As the works printed in this issue of the *Human Life Review* illustrate, the domain of a pro-life journal is not only diverse, but it is responsive to the ever-morphing challenges to human life and dignity in contemporary society. **The interests and opinions of our readers will range widely, but our passionate attention to loving—and energetically protecting—our vulnerable human neighbors will continue to unite us and distinguish us from those who share our political and legal objectives but lack conviction regarding the plight of the vulnerable.**

In a sense, the core of our efforts as a pro-life journal is not in the cerebral analysis of issues and strategies, but in the way that our hearts reach out in loving concern for human lives as well as joyful celebration of the dignity that we all share, if we can only live our lives to their fullest. In every issue of the *Human Life Review*, our writers are touching the hearts of our readers, in emotional appeals, thought-provoking reflections, literary expressions, and stories about the lived experiences of ordinary individuals and heroes.

Please reach out to us with your thoughts and concerns as we navigate the fluid and varied, yet always distinctive terrain of the pro-life effort—for you are the heartbeat of that effort.

CHRISTOPHER REILLY
EDITOR

God and the New Originalism

The author would like to dedicate this article to his sister Mary Mullaney Kearney who passed away in June of 2024. Former attorney for the National Conference of Catholic Bishops, Notre Dame Law School graduate, mother of 7, grandmother of 13—with more sure to come—and sibling to 7, Mary’s love of life’s value was an example to us all.

Patrick Mullaney

In his 1994 book *C. S. Lewis for the Third Millennium*, Peter Kreeft, professor of philosophy at Boston College, notes that “every civilization in history has had a religious base” and that “without religion [there are] no moral absolutes, no real morality; and without real morality no survival of civilization.”¹ Bearing Professor Kreeft’s thoughts in mind, in this article I will examine America’s more than five-decade struggle with abortion, taking into account associated moral issues and the obligation of political communities to them. Throughout this struggle we will see a growing recognition and protection of unborn life in both American law and advocacy, at first nominally consistent with these moral obligations as evidenced by an increasingly broad scope of state authority on behalf of unborn life. More recently, however, an Originalist advocacy has been presented that, for reasons described below, argues the unborn child is properly viewed as a constitutional “person,” entitled to recognition as a rights-bearing entity and, with that status, to a due process protection of its life.²

In his 1988 encyclical *Fides et ratio*, John Paul II wrote:

*... God desires to make himself known; and the knowledge which the human being has of God perfects all that the human mind can know of the meaning of life.*³ [Emphasis added.]

God’s desire to “communicate” can be seen within both the material world and mankind’s interior life. In fact, within the material world his “messaging” is what makes life at all possible. Consider the case of Alex Loce, a young man from Queens, New York, who in April 1991 was tried for trespassing at an abortion clinic in Morristown, New Jersey. At the time of his trespass Alex was aware that his fiancé had scheduled the abortion of their

Patrick Mullaney is a New Jersey attorney who represented Alexander Loce from 1990 through 1994. Mr. Mullaney considers his pro-life efforts the best use he’s managed to make of the talents the good Lord has given him.

unborn child at the clinic. The night before the procedure he had gone before the Supreme Court of New Jersey in an unsuccessful attempt to enjoin the abortion, believing that his unborn child had a right to live, a right he believed should be protected by the Due Process Clause of the Fourteenth Amendment. The courts having failed him, his actions at the clinic—entering and actually chaining himself to the door where the abortion was to take place—were a final attempt to save his child’s life. Despite his efforts, he was unsuccessful; his child was aborted, he was arrested, and he was put on trial.⁴

At his trial Alex again raised his unborn child’s right to life, this time in his own defense. Toward the end of demonstrating the existence of a life entitled to due process protection—and with the help of John Cardinal O’Connor of New York—the now Venerable Dr. Jérôme LeJeune traveled from Paris to Morristown to lend his expertise to Alex’s case.⁵ The testimony of this remarkable man—though offered in 1991—remains relevant today. At the outset of his testimony Dr. LeJeune was asked, “When does life begin?” He answered by describing what life is—a combination of “spirit” and “matter.” The “spirit” is the source of the information written on the DNA contributed by mother and by father to the new being at conception. This information is “read” by the fertilized ovum and its “message” immediately begins to animate the matter constituting this new being into a uniquely human form. At conception, he told the court, not only is this being demonstrably human, it is unique within the species—an individual—a product of procreation which has never existed before and which will never exist again. As Dr. LeJeune explained, life is not entirely material. In fact, there is no such thing as living matter. Matter is matter. What exists is animated matter, alienated from its prior form in response to the information that commands its response, a material fidelity to the “message” of life. This fidelity commences at conception and continues until the “symphony of life”—as Dr. LeJeune described DNA’s processes—has been fully played, at death.

Dr. LeJeune made the whole thing understandable by way of example. On a recording tape containing Mozart’s serenade known as “Eine kleine Nachtmusik,” there are written tiny bits of information. When the tape is placed in a tape recorder, the recorder reads that information. Of course, the information does not produce musicians or notes of music. Rather, from this information the recorder produces vibrations of air that transmit to us the genius of Mozart. Similarly, the information written in our DNA is “read” by the recipient cell, matter is animated in response to that information, and what is communicated and responded to is the genius of life’s composer, the *Creator*, in the form of a human life. It is only through this fidelity—matter’s response to God’s transmitted message of life—that life is at all possible.

Dr. LeJeune was clear that when the “message” contained in human DNA is a human message, life exists, and that life is a human life. More important, though the existence of a new individual member of the species can be determined by its genetic message from conception—much like a supermarket scanner can identify the object scanned and its price—nothing in science can tell us the *value* of the new being.

According to St. John Paul II, man, being naturally rational, has the capacity to reason, to search for truths through the use of intellect. Guided by faith, reason serves to afford man knowledge of a “universal moral law,” communicated as a kind of “grammar” written on the human heart and setting forth the fundamental moral principles concerning what Pope St. John Paul II described as the “goods of existence,” those things in Creation which are undeniably good, such as life itself. We have a moral obligation to recognize and protect these goods. John Paul II goes on to consider a second characteristic of human nature—*freedom*: the ability to be faithful to this “message” of the “universal moral law” or to rebel against it. Freedom thus gives man a moral agency, an ability to willfully further or thwart the Creator’s intended order of reality. Further, and important to us, in possessing this unique nature, every man is endowed with a dignity unique in Creation—a specifically human dignity emerging from man’s interior life being imprinted with the image and likeness of God. And within that dignity is an inalienable right to life.⁶

In his 1995 encyclical *Evangelium vitae*, John Paul II considered this morally grounded inalienable right to life within the fields of politics and law. He began in Note 2 by recognizing the right’s original character: that it is not the product of an act of government:

Even in the midst of difficulties and uncertainties, every person sincerely open to truth and goodness can, *by the light of reason and the hidden action of faith, come to recognize in the natural law written in the heart the sacred value of human life from its very beginning until its end and can affirm the right of every human being to have this primary good respected to the highest degree.* [Emphasis added.]

In Note 20, he first notes the purpose of a subsequent political community (“Upon recognition of this right, every human community and the political community itself are founded”) and then proceeds to consider the position of a democracy assuming an authority to violate the right to life by placing its recognition to a vote:

[If] the original and inalienable right to life is questioned or denied on the basis of a parliamentary vote or will of the people—even if it is the majority . . . the right ceases to be such, because it is no longer founded in the inviolable dignity of the person, but is made subject to the will of the stronger part. *In this way democracy, contradicting its own principles, effectively moves towards a form of totalitarianism . . . when this*

happens the process leading to the breakdown of a genuinely human co-existence and a disintegration of the State itself has already begun. The State is no longer the common home where all can live together on the basis of fundamental equality, but is transformed into a tyrant state, which arrogates to itself the right to dispose of the life of the weakest and most defenseless members, from the unborn child to the elderly, in the name of a public interest which is really nothing but the interest of one part. The appearance of the strict respect for legality is maintained, at least when the laws permitting abortion and euthanasia are the result of a ballot in accordance with what are generally seen as the rules of democracy. [Emphasis added.]

Finally, Note 20 contrasts such an authority with a proper democratic purpose, writing:

Really, what we have here is only the tragic caricature of legality; the democratic ideal, which is only truly such when it acknowledges and safeguards the dignity of every human person, is betrayed in its very foundations: how is it possible to speak of the dignity of every human person when the killing of the weakest and most innocent is permitted? [Emphasis added.]

In sum, John Paul II has provided a complete spectrum of life's place in human law: from the dignity of the human person as the moral basis for an inalienable right to life, to the purpose of a subsequent political community being to safeguard that right, and, finally, to the disastrous consequences of its being violated as part of a democratic process, *a disintegration*. All flow from the "message" of the Creator's "universal moral law," communicated through human reason and grounded in religious truths.

There is a remarkable similarity in Dr. LeJeune's testimony, John Paul II's teachings, and America's foundational ideals. In our Declaration of Independence, the Founders held as self-evidently true that the *Creator* endowed "all men" with the inalienable rights to Life, Liberty and the Pursuit of Happiness. Within the American experiment, we might view these rights not only as political aspirations, but as religiously based moral ideals establishing a national obligation to the "goods" of mankind, among them life and liberty.

In his 1990 book *Natural Law and Natural Rights*, former Oxford Professor John Finnis wrote that the purpose of any system of government is to bring about the realization—the practical effects—of the subject nation's ideals.⁷ This leads us to ask: How has America done in bringing about the practical realization of the right to life of the unborn child, a known member of the class of "all men"? Has America been faithful? Certainly not. Beginning with *Roe v. Wade* in 1973, the Supreme Court not only found a constitutionally grounded right to abortion, it also limited the authority of states to democratically provide affirmative protection to unborn life. Arguing that it was unable to determine when life begins and unwilling to "speculate" on a starting date, the Supreme Court declared unborn life to be "potential," a status providing a

very limited basis for protective regulatory state action and in practical terms sanctioning abortion on demand. The Court then went on to consider the independent question of the unborn child's inclusion within the Fourteenth Amendment's Due Process right to life. Noting that such a right, if established, would cause the case for legalized abortion to "collapse," the Court conducted an infratextual analysis, examining fourteen unrelated uses of the word "person" within the Constitution ("persons" being the class entitled to due process protection)—for example, the age requirements for "persons" to serve as president or member of Congress. Noting that all such uses were post-natal, and again without taking into account whether the unborn child possesses the enumerated due process interest of life and the law's obligation to it, the Court held the unborn child to be a "non-person," serving to exclude the entire class of humanity from protection of the law on its own account.

Post-*Roe* cases, including *Akron v. Akron* (1983),⁸ *Webster v. Missouri Reproductive Services* (1989),⁹ and *Planned Parenthood of Southeast Pa. v. Casey* (1992),¹⁰ began to show a slightly greater fidelity to the "universal moral law" by recognizing the "actuality" of unborn life in terms of states having "compelling" or "substantial" interests in furthering its protection. However, these state interests, post-*Casey*, remained subordinate to *Roe*'s abortion liberty, as they were limited to the extent that they did not impose "undue burdens" upon the exercise of the liberty itself. In effect, life was subordinated to the right of its being taken.

Most recently, in *Dobbs v. Jackson Women's Health Organization* (2022), the Court moved further, not only striking down *Roe*'s constitutional basis for abortion, but also allowing states to restrict or entirely ban the practice based upon, among other interests, a "respect for preservation of prenatal life at all stages of development."¹¹ Thus, today a state may act without qualification to protect unborn life, a great improvement over prior law, but still the state remains under no obligation to do so. Some states have acted to restrict or ban abortion, others have chosen to allow it. And as women may travel from one state to another to obtain the procedure, doubt is cast upon *Dobbs*' practical effects.

We might here take a moment to consider some practical effects of *Dobbs*, which, ironically, may present a greater danger of violating America's ideals than its predecessors. For almost 30 years after *Casey* was decided, states were prohibited from materially restricting abortion so as not to impose an "undue burden" upon its availability. That limitation is no longer applicable, based upon an acknowledged value of unborn life, and therefore states affirmatively allowing abortion—or even failing to protect unborn life by affirmative legislation—do so as democratic mandates of the people themselves, not

as imposed by judicial fiat. Any such laws or omissions thus reflect the ethic of the entire body politic—a collective will—in violation of the moral mandates spoken of by John Paul II and (again according to John Paul II) corrupting the moral fiber necessary for the nation to exist as an integrated whole.

America might also consider *Dobbs*' new democratic freedom in terms of its experience with prior democratic violations of declared inalienable rights. Shortly before the Civil War, Abraham Lincoln also warned that America, being animated by its emphasis on equality and inalienable rights, *could not survive* if sustained by state-sanctioned enslavement. Describing pro-slavery legislation as *democratic despotism*, he predicted that its continued practice "doomed the Nation to failure."¹² And in fact the breaking out of civil war demonstrated the failure of America as a group of united states tolerating state-sanctioned slavery. It is noteworthy that the major contributor to the nation's re-integration—and subsequent flourishing—after the Civil War has been a recognition of *liberty* as an individual constitutional right in the Fourteenth Amendment ratified in 1868. It has thus been America's experience that its ideals concerning life and liberty—grounded in moral obligation—are only practically realized if they are recognized in law as individual rights possessed by "all men" and protected from the dangers of the democratic process. Failure to do so has resulted (and, we are warned, will again result) in a national instability.

Still, despite these warnings and experiences, our nation has not yet seriously considered that the unborn child's life is entitled to due process protection on its own account. Today the State—not the Creator—is in effect the font of unborn life's value, and as such possesses an authority exempted from any moral limitations, leaving to the shifting sands of politics the discretion to protect or violate that life.

Why is this? Why have those who since *Roe* have seen the abortion liberty as constitutionally illegitimate and abortion as a moral wrong failed to advocate a due process protection of unborn life? Such a protection would certainly be consistent with the nation's ideal of the inalienable character of the right to life as well as any applicable moral obligation. Ironically, the answer (at least in part) lies within the tenets of the constitutional theory relied upon by *Dobbs* to overturn *Roe*'s abortion liberty, *Originalism*. Originalism argues that each provision of the Constitution becomes fixed at the time of its framing and ratification. As such, any such provision must be conserved and interpreted today according to its *original public meaning* at ratification, and this original public meaning today has the force of law. The doctrine holds that "original public meaning" is discovered through examination of a subject provision's place in Anglo-American common law tradition and how

it has been historically interpreted in cases with precedential value.¹³ Thus, Originalism’s purpose is to conserve an original intent in constitutional law, allowing for a fixed standard of review of constitutional questions and protecting against the undemocratic imposition of an activist Court’s social or political agenda, such as *Roe’s* abortion liberty.

Despite its laudable effects in *Dobbs*—its rejection of an abortion liberty as having had no original public meaning at the time of the Fourteenth Amendment’s ratification in 1868—Originalism also advocates the exclusion of the unborn child from the scope of due process protection, a position long supported by prominent Originalists such as the late jurists Robert Bork and Antonin Scalia. In an October 2003 *First Things* article entitled “Constitutional Persons: An Exchange on Abortion,” Judge Bork wrote:

That reading [the prenatal life right] seems to me *absurd*. The constitutional question is not what biological science tells us today about when human life begins. *No doubt conception is the moment. The issue, instead, is what proponents and ratifiers of the 14th Amendment understood themselves to be doing.* [Emphasis added.]¹⁴

Justice Scalia made essentially the same point in an April 24, 2008, CBS news interview with Leslie Stahl:

There are anti-abortion people who think that the constitution requires a state to prohibit abortion. They say that the equal protection clause [due process clause] requires that you treat a helpless human being that is still in the womb the way you treat other human beings. I think that’s wrong. I think when the constitution says that persons are entitled to equal protection [due process] of the law, I think it clearly means walking-around persons.¹⁵

With all respect to Justice Scalia, Judge Bork, and Originalism’s part in *Dobbs*, Originalism so limited seems to omit as much as it seeks to conserve. By conceding the fact of prenatal life but denying it the law’s protection, the theory today renders the fact of life constitutionally irrelevant, an infidelity to the nation’s ideals and, according to John Paul II, to the moral grounds defining the obligation of America as a political community, to *safeguard* the “good” of life.

However, a new form of Originalism seems to be taking shape. Professor Finnis and Princeton’s Professor Robert George—two current prominent Originalists—filed amicus and enhanced amicus briefs with the Supreme Court as it was considering the *Dobbs* decision. These briefs were later supplemented in the *Harvard Journal of Law and Public Policy* in an article entitled “Equal Protection of the Unborn Child: A *Dobbs* Brief.”¹⁶ There the authors conducted an exhaustive Originalist analysis of the original public meaning of the word “person” at the time of the Fourteenth Amendment’s ratification. Their analysis included consideration of foundational treatises (including Black-

stone's Commentaries),¹⁷ the criminal law protections of the unborn child in American common law (including state court cases during the Antebellum and Ratification Eras),¹⁸ the unborn child's status in American civil law,¹⁹ and relevant state abortion statutes during these time periods.²⁰

Summarizing the "sources marshalled" in their research,²¹ Professors Finnis and George concluded that all historical evidence "point[s] in a single direction." Namely, that "among the legally informed public at the time, the meaning of 'any person' . . . *plainly encompassed unborn human beings.*" [Emphasis added.]²² They went on to state:

a future Court could (as it should) hold that *prenatal children are constitutional persons*, protected by the Equal Protection Clause [Due Process Clause], . . . a future decision of the Supreme Court could adopt everything that, on the arguments of our Brief and this Article, is required by fidelity to the constitutional text and history in order to do justice to the rights given constitutional status in 1868, rights (as we have argued) . . . *of persons prior to their birth* . . . [Emphasis added.]²³

Harvard law student Joshua Craddock conducted a similar analysis, drawing similar conclusions, in his 2017 *Harvard Journal of Law and Public Policy* article entitled "Protecting Prenatal Persons: Does the Fourteenth Amendment Prohibit Abortion?"²⁴

Professors Finnis and George are advocating not only radical change in the Originalist position on abortion (which identified it as an issue to be resolved by the state democratically), but a radical change to American jurisprudence more generally. In extending a constitutional protection to unborn life, they are necessarily redefining the nature of the freedom relied upon by the Supreme Court in sanctioning abortion and are doing so on moral grounds, even if unstated. Let's consider that freedom, its essence having been set forth by the *Casey* Court: "*At the heart of liberty* is the right to define one's own concept of existence, of meaning, of the universe and the mystery of human life." [Emphasis added.]²⁵

The French existentialist Jean Paul Sartre once said ". . . there can be no eternal truth because there is no infinite and perfect consciousness to state it." If there are no eternal truths—because there is no God—each individual may define his or her own truths, including the limits of one's own freedom. *Casey's* abortion liberty is a godless existentialism, leaving individuals—subject only to their own similarly unrestricted consciences—free to extend their freedom to the taking of human life. Exactly this liberty is now extended to the states by *Dobbs*. Being exempt from the reason-based limitations imposed by the "universal moral law," the abortion liberty, exercised either by an individual or by the state, may best be described as a liberation from human nature.

As might be expected, John Paul II viewed human freedom differently, writing in *Veritatis splendor*:

The Commandments . . . represent the basic conditions to love of neighbor . . . at the same time they are proof of that love. They are the *first necessary steps on the journey to freedom, its starting point*. [Emphasis added.]²⁶

A true freedom is thus constrained by pre-existing moral standards attached to “an essential and constitutive relationship to [religious] truth.” These standards precede an individual’s or political community’s existence and serve to limit any freedom sought to be exercised, in particular as would bear upon the treatment of human life. As to *Casey’s* existential vision, John Paul II disagreed, writing in *Veritatis splendor*:

Certain currents of modern thought have gone so far as to exalt *freedom* to such an extent that it becomes an absolute, which would be the source of values. (Emphasis in Original.) The *individual [or collective] conscience is accorded the status of a supreme tribunal of moral judgment which hands down categorical decisions about good and evil*. [Emphasis added.]²⁷

In advocating a prenatal life right—although on Originalist grounds only—Professors Finnis and George have necessarily abolished *Casey’s* freedom, an abolition that can only be justified on religiously based moral grounds, even if those grounds are not explicitly stated. But Daniel Dreisbach, professor of law at American University, has pointed out that America lives in the presence of a First Amendment “wall of separation,” which “not only prohibits the civil state from intruding upon the religious domain, *but also prohibits religion [or its moral mandates] from influencing the conduct of civil government*.” Today “*the ‘wall of separation’ is the sacred icon of a strict separationist dogma intolerant of religious [or its moral mandates] influences in the public arena. It has been used to silence religious views in the public marketplace of ideas and to segregate faith communities behind a restrictive barrier*.”²⁸

However, Professors Finnis and George have managed to avoid the “wall of separation” by not advocating an articulated moral basis against either abortion or the liberty that has allowed it.²⁹ Rather, their advocacy is based only upon the “sources marshalled” in their amicus and enhanced amicus briefs. From these sources they make the case that the unborn child—for the relevant time periods prior to ratification of the Fourteenth Amendment—has been historically recognized in American law as a proper object of the law’s protection. This is evidenced by their research that, not only has the unborn child’s civil interests been recognized and protected in law, the American criminal law has also provided recognition and protection of these interests

by rendering punishment for injuries and death suffered from intentional acts prior to birth. In effect, they have argued that the unborn child, but for the abortion cases, has always been recognized as a legal “person,” its interests having been protected in law solely by virtue of its humanity. In doing so, and also without explicitly saying so, they make the points that *Casey*’s and now *Dobbs*’ existential liberty has never had a proper place in American law, that our law has always recognized the human dignity of the unborn, and that that recognition must now be extended to the Constitution—the “original public meaning” of the word “person” having encompassed unborn life in 1868. Using Originalist principles, they have successfully avoided the “wall of separation” *sub silentio*, in the process defending a foundational national cultural identity, the inalienable character of the right to life.

It might be said that Professors Finnis and George are attempting to redefine Originalism, in the process presenting a new and possibly powerful force in the evolution of America’s abortion laws. And as might be expected, their advocacy—at least initially—will not be well received, not only by abortion’s advocates, but also by those within the Originalist community. As to the latter, we have seen that Justice Scalia and Judge Bork disagreed with the case for a prenatal due process life right according to “conservative” Originalist interpretations. Other commentators have disagreed as well. Paul Linton, in his Summer 2007 *Human Life Review* article entitled “Sacred Cows, Whole Hogs and Golden Calves,” described its pursuit as a “counsel of despair dressed up in the guise of a false hope,” his disagreement being that its practical realization is unlikely given current law and judicial leanings.

But in parting ways with Originalism’s solely “conservative” character on the issue, Professors Finnis and George are recasting the theory on the more general basis that America has historically recognized the “universal moral law” is the only legitimate basis of public authority. This paves the way on principled legal grounds for what can be called progress; the extension of constitutional protection to unborn life; and the practical realization of America’s ideal of life through fidelity to that “universal moral law.”

We might describe America’s steps on its journey to the Truth of Life by way of metaphor. In his work *America’s Constitution: A Biography*, Yale Law School Professor Akhil Reed Amar described America’s pursuit of a more perfect union in terms of the Great Seal of the United States. He wrote: “That Seal contains a giant yet perpetually unfinished pyramid, gesturing upward with a blank space through the apex.”³⁰ That blank space is constantly added to as America pursues perfection. With all credit to Professors Finnis and George, the next addition to that pyramid might one day be the practical realization of the inalienable character of the right to life by bringing

unborn life within the scope of constitutional protection. That expansion, an acknowledgment of God’s “messaging” of the source of human life spoken of by Dr. LeJeune and the obligation to it spoken of by John Paul II, could well be called progress: progress by returning to values long lost in the abortion cases; progress as C. S. Lewis might see it: “We all want progress, but if we are on the wrong road, progress means doing an about-turn and walking back to the right road; in that case, the man who turns back soonest is the most progressive.”

NOTES

1. *C.S. Lewis for the Third Millennium*, Kreeft, Ignatius Press (1994) at 47.
2. The Due Process Clause of the Fourteenth Amendment reads: “. . . nor shall any State deprive any ‘person’ of life, liberty, or property without Due Process of law . . .” [Emphasis added.]
3. *Fides et Ratio*, N. 7.
4. The author was Alex Loce’s attorney. For a description of the *Loce* case and the issues presented, see Mullaney, “*State of New Jersey v. Alex Loce: A Father’s Trial and the Case for Personhood*,” *Human Life Review*, Spring 2001.
5. Cardinal Fiorenza Angelini of the Pontifical Academy for Life proposed Dr. LeJeune for beatification on February 20, 2004. Paris Archbishop Andre Vingt-Trois commenced the process in April 2007. Dr. LeJeune was declared Venerable by Pope Francis on January 21, 2021.
6. See “Pope John Paul II and the Dignity of the Human Being,” Rev. John J. Coughlin, O.F.M. 27 *Harv. J. L. and Pub. Pol.*, 65 (2003–2004).
7. See *Natural Law and Natural Rights*, Chapter IX, “Authority,” Chapter X, “Law,” John Finnis, Clarendon Press, Oxford (1980).
8. *City of Akron v. Akron Center for Reproductive Health*, 462 U.S. 416 (1983); see also *Thornburgh v. American College of Obstetricians and Gynecologists*, 476 U.S. 477 (1986).
9. *Webster v. Missouri Reproductive Health Services*, 492 U.S. 490 (1989).
10. *Planned Parenthood of Southeast, PA v. Casey*, 505 U.S. 833 (1992).
11. *Dobbs v. Jackson’s Women’s Health Organization*, 597 U.S. 215 (2022).
12. White, Ronald C., *Lincoln in Private* (Random House). See also “Lincoln in Private Review: Confidential Ruminations,” Bookshelf, *Wall Street Journal*, Page A15 (May 4, 2021).
13. See Antonin Scalia, “Originalism: The Lesser of Two Evils,” 57 *U.Cin. Law Rev.* (1989).
14. At the time of Judge Bork’s 2003 *First Things* article, the Originalist standard of constitutional protection was the intent of the proponents and ratifiers as opposed to today’s original public meaning.
15. CBS News, Justice Scalia, On The Record (Apr. 24, 2008), <http://www-cbsnews.com/news/justice-scalia-on-the-record>.
16. 15 *Harv. J. L. and Pub. Pol.*, 928-1031 (2022).
17. *Id.* at 942.
18. *Id.* at 948.
19. *Id.* at 965.
20. *Id.* at 969.
21. Readers are referred to *Equal Protection of the Unborn Child: A Dobbs Brief* for the analysis undertaken and the conclusions drawn by Professors Finnis and George, which are beyond the scope of this article.
22. *Id.* at 931-932.
23. *Id.* at 1030-1031.
24. 40 *Harv. J. L. and Pub. Pol.* 539 (2017).
25. *Planned Parenthood of Southeast, PA v. Casey*, 505 U.S. 833 at 852 (1992).
26. *Veritas splendor*, N. 12.
27. *Ibid.*, N. 32.
28. See *First Things* December, 2006, P. 67.
29. It might be noted that as the *Loce* case made its way to the United States Supreme Court in 1993, some 170 friends of the Court from 70 nations around the world joined in its effort to see the unborn

child's recognition as a constitutional "person." One such amicus was Mother Teresa of Calcutta. In her amicus brief, Mother Teresa noted that America's fidelity to its ideals of equality, life and liberty, more than its wealth or military might, have made it "an inspiration to all mankind." Urging a further fidelity, she requested:

the Court to take this opportunity [the Loce case] . . . to consider the fundamental question of when human life begins and . . . to declare without equivocation the inalienable rights which it possesses.

Mother Teresa's attorney in 1993 was Professor Robert George, then assisted by his able colleague, William Porth. To date, more than 30 years later, the same Professor George (now working with Professor Finnis) continues to make the same points and the same requests, this time not in the simple words of Mother Teresa, but in the academic language of Originalism.

30. *America's Constitution: A Biography*, P. 406, Amar, Random House (20025).



A Pro-Life Principle: The Right to Migrate

John Cavanaugh-O'Keefe

The right to migrate is a principle that draws on the core tenets of the pro-life movement. Asserting this right has also been a key part of challenging enemies of human life who have advocated for eugenics, population control, and abortion. It is therefore important for proliferators to be aware of the twentieth-century development of a commitment to migrants in the Catholic Church.

In Catholic teaching, the “right to migrate” goes back to Pope Pius XII, who declared its existence in the 1952 apostolic constitution *Exsul Familia Nazarethana*. After World War II, the world was facing the largest migration crisis in world history. But the common assertion that the declaration was a response to the flood of postwar refugees is a misleading half-truth; there’s more to the story. The basis of this right to migrate was explained in Pius’s “Pentecost 1941 Radio Message” during the war.¹ There’s a longish excerpt from the 1941 message in the 1952 apostolic constitution, enough to alert the reader to the existence of an argument, but not enough to understand it easily.

Pope Francis called *Exsul Familia Nazarethana* the Magna Carta of the Church’s teaching on immigration. But Popes John XXIII (in *Mater et magistra*) and John Paul II (in *Centesimus annus*) included the Pentecost 1941 radio message in their lists of the papal documents that developed the late 19th century social encyclical of Pope Leo XIII, *Rerum novarum*. Both of these Pius XII documents are therefore significant, perhaps two halves of a single proposition. The later document is eloquent, but the earlier document is clearer about the basis of the right to migrate.

In 1952, Pope Pius said that he had asserted that there is a right to migrate in 1941. He didn’t use the phrase in 1941, but did explain the idea. He attached it to a concept that deserves careful unpacking, the “right to living space.” In the view of Pope Pius, the right to living space is based on the nature—the meaning, the origin, the teleology—of land. He had Genesis in mind. It’s as if a Pentecost blessing was added to the Lenten caution: “Remember, man, that thou art stardust, and unto the stars of heaven thou shalt return.” The earth, and all its lands—indeed, all the universe and everything in it—were created with mankind in mind.

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Lebensraum and Spazio Vitale

The immense power and drama of his assertion may be clearer with a bit of translation. “Living space” is *lebensraum* in German and *spazio vitale* in Italian. Those words may not mean much to us today, but they were bumper-sticker slogans of the 1930s and 1940s, as well known as “MAGA” today. The Nazis in Germany and Fascists in Italy justified their wars of aggression by asserting their right to *lebensraum* and *spazio vitale*. Hitler justified World War II by reference to *lebensraum*, and Mussolini justified Italy’s wars of aggression in the Balkans and in Ethiopia by reference to *spazio vitale*.

So it is initially shocking that Pope Pius XII agreed that there is a right to *spazio vitale*. But then, he promptly upended the idea, declaring that this right belongs to individuals and to families, not to the state.

In 1941, at his proud little broadcasting studio on Vatican Hill behind St. Peter’s, perhaps two miles from the halls of power of the dictator Benito Mussolini, the bespectacled geek pope defied two violent dictators and denounced their justification for war, dismissing all the works and pomps of Europe’s conquerors. With great courage, he confronted their brutality, diplomatically but with clear intent. The Church had offered massive programs of social service to migrants, but now spoke of service and justice, advocating for the inalienable right to migrate. *Spazio vitale!*

In 1952, after the war, the pope saw a crisis of migration and advocated for the migrants. In 1941, during the war, it was different: He was looking at the arguments offered by violent, aggressive, and greedy imperialists to justify massive bloodshed and arguing that migration was a better way to solve the problems that the murderous regimes pretended to solve. That is, in 1952, migration seemed to be a *problem to be solved*. By contrast, in 1941, the pope focused on the problem of population growth, and he saw migration as the *solution*. To understand the great significance of the pope’s teaching, we need to see that he declared a personal and family right to living space *during* World War II, not just *after* it.

But we also need to understand this population debate: who else was addressing the problem, and what their solution was. Pius XII was responding to Hitler and Mussolini, but also to the Malthusians or eugenicists of his time. To grasp this, we need a sketch of the history of eugenics.

In 1798, Thomas Malthus published *On Population*, arguing that the world’s food supply was limited but the population grew exponentially; therefore, the world was mathematically certain to run short on food at some point. His idea was picked up by a mathematician, Francis Galton, who argued that controlling population was necessary and that it should be done

with intelligent planning to breed a better human race, encouraging births among people with good genes and discouraging births among the weak and feeble-minded. In 1883, Galton invented the word “eugenics” to describe his proposal. The eugenics movement grew, and in the 1920s eugenicists were successful in passing laws in Europe and America supporting their aims: laws prohibiting miscegenation (marriages between eugenic Whites and dysgenic non-Whites), permitting the compulsory sterilization of the “feeble-minded,” and restricting the immigration of racially inferior people (non-Whites) into the United States.

For the eugenicists, the holy grail they sought was some way to control births effectively. When they spoke of “birth control,” the word had two very different meanings. It referred to the specific methods a woman or couple might choose to prevent birth, including contraception or sterilization or abortion. It also referred to social policies of eugenics—for example, their compulsory sterilization campaign.

The reasons that a woman or couple choose contraception or abortion are generally very different from the reasons that abortion clinics exist. Women seeking abortions are not thinking about birthrates; they are struggling to keep control of their own lives. But historically—and still today, globally—the people who open and run birth control clinics have been intent on decreasing population, or at least driving the birthrate down.

Margaret Sanger, the founder of Planned Parenthood, is often portrayed as a champion of women’s rights, as though she freed women from domination by men and from the travails of unwanted pregnancy. She did indeed work on that. But a deeper goal, and her great success, involved birth control in both senses of the word. She tied the feminist movement to the eugenics movement, harnessing the energy of feminism to serve population control. You can see this even in the titles of her two books: *Woman and the New Race* is about feminism (woman) and eugenics (the new race); *The Pivot of Civilization* is about feminism (the pivot) and eugenics (the new civilization).

Consider Sanger’s argument in *Woman and the New Race*, chapter 13, entitled “Battalions of Unwanted Babies the Cause of War”:

We have our choice of one of three policies. We may abandon our science and leave the weak and diseased to die, or kill them, as the brutes do. Or we may go on overpopulating the earth and have our famines and our wars while the earth exists. Or we can accept the third, sane, sensible, moral and practicable plan of birth control. We can refuse to bring weak, the helpless and the unwanted children into the world. We can refuse to overcrowd families, nations and the earth. There are these ways to meet the situation, and only these three ways.

She continues:

The world will never abandon its preventive and curative science; it may be expected to elevate and extend it beyond our present imagination. The efforts to do away with famine and the opposition to war are growing by leaps and bounds. Upon these efforts are largely based our modern social revolutions.

She concludes: “There remains only the third expedient—birth control, the real cure for war.”

Margaret Sanger said that the “pressure of population” forces a choice: (1) euthanasia for the weak, OR (2) famine and war, OR (3) birth control. She urged that responsible national leaders everywhere “accept the third, sane, sensible, moral and practicable plan of birth control.”

A major eugenics organization of her time, the Malthusian League, shared her view that the pressure of population and the international competition for land were great dangers to world peace. Sanger found support for her argument for birth control by quoting a resolution from their annual meeting in 1919, a resolution which they urged on the leaders of the Allied Powers who were working towards the Versailles Treaty.

The Malthusian League desires to point out that the proposed scheme for the League of Nations has neglected to take account of the important questions of the pressure of population, which causes the great international economic competition and rivalry, and of the increase of population, which is put forward as a justification for claiming increase of territory. It, therefore, wishes to put on record its belief that the League of Nations will only be able to fulfill its aim when it adds a clause to the following effect:

“That each Nation desiring to enter into the League of Nations shall pledge itself so to restrict its birth rate that its people shall be able to live in comfort in their own dominions without need for territorial expansion, and that it shall recognize that increase of population shall not justify a demand either for increase of territory or for the compulsion of other Nations to admit its emigrants; so that when all Nations in the League have shown their ability to live on their own resources without international rivalry, they will be in a position to fuse into an international federation, and territorial boundaries will then have little significance.”

Note that the Malthusians opposed migration—not in all cases, but when the numbers are large enough to impact population control. In their view, emigration lets nations cheat in their depopulation measures. Effective population control depends in part on restrictive immigration policies.

This is the context in which Pope Pius XII approached the questions of population, land, and immigration. Margaret Sanger and other eugenicists said that population growth was a hazard that would lead to war, and that the solution was birth control. Pius agreed that population growth was a hazard, but said that the solution was migration.

Note that the pope not only resisted the Fascists and the eugenicists, but also prodded Americans gently. In 1941, it was already clear that the migration catastrophe was not the responsibility of the Nazis alone—the Americans were also implicated, fussing and putzing about welcoming potentially large numbers of refugees. Measured against other smaller nations, Americans were indeed generous; measured against their ability, they were being lazy, and their lackadaisical approach had deadly results. One clear example of the links between the German slaughter and American immigration policy was the fate of the ship *St. Louis* in 1939—refugees sailed from Germany to America, saw the lights of Miami, were refused entry, and sailed back to death in Germany.

The 1941 Pentecost message was broadcast in Italian, then printed in French—the world’s *lingua franca* at that time, the language understood in every continent—and then also printed in the language of a principal target audience, in English. He wanted *Americans* to focus on the rights of immigrants.

Pope Pius XII asserted that the social doctrine included ideas about labor (*Rerum novarum*), and about politics (*Quadragesimo anno*, the 40th anniversary of Leo’s encyclical), and—he adds deliberately—about *lebensraum* (in his Pentecost message on the 50th anniversary of *Rerum novarum*). The fundamental principles of the Church’s social doctrine today speak of the common good, and the universal destination of all goods. Pope Pius pointed out that the most obvious of all common goods is the earth itself, given to all mankind. “Of all the goods that can be the object of private property, none is more conformable to nature, according to the teaching of *Rerum novarum*, than the land . . . If today the concept and the creation of vital spaces is at the center of social and political aims, should not one, before all else, think of the vital space of the family . . . a homestead of one’s own?”

Pope Pius did not accept the idea that the world as a whole was overpopulated; he insisted that there were some overcrowded areas—and also some underpopulated areas. And so, he argues, our planet has “habitable regions and vital spaces, now abandoned to wild natural vegetation, and well suited to be cultivated by man to satisfy his needs and civil activities; and more than once *it is inevitable that some families, migrating from one spot or another, should go elsewhere in search of a new homeland.*”

Immigration and Abortion

Prolifers sometimes dismiss questions about immigration because the right to life is absolute, and the right to migrate is not. This is a valid point, but the right to property is not absolute either; it is negotiable when it conflicts with

someone else's rights, but it's still a right. A negotiable right is not a weak right. Note that of the six commands of the Lord in his sermon about the Last Judgment (Matthew 25:31-46—feed the hungry, give drink to the thirsty, etc.), none are absolute, all are negotiable.

In that context, the arguments put forth by Pope Pius XII were relevant. He said that population was distributed unevenly, and migration could make the distribution of wealth and land more equitable and just. He proclaimed:

If the two parties, those who agree to leave their native land, and those who agree to admit the newcomers, remain anxious to eliminate as far as possible all obstacles to the birth and growth of real confidence between the country of emigration and that of immigration, all those affected by such a transference of people and places will profit by the transaction:

- The families will receive a plot of ground which will be native land for them in the true sense of the word;
- the thickly inhabited countries will be relieved, and their peoples will acquire new friends in foreign countries;
- and the states which receive the emigrants will acquire industrious citizens.

In this way the nations which give and those which receive will both contribute to the increased welfare of man and the progress of human culture.

The ideas of Malthus, that the world could not possibly provide for all of humanity, had immense power in Europe and America. The pope's hopes did not flower and fruit promptly. The eugenics movement had immense power in the 1920s and 1930s, and then it diminished somewhat after World War II, but the idea that population was "exploding" did not quiet down. The fear of growing population was the driving force for population control, including contraception, sterilization, and abortion.

Michael Schwartz, an influential pro-life advocate for decades, offered an insight about the seductive power of population control. Speaking at Loyola University Maryland in the 1990s, he said that "poverty" and "population explosion" refer to the same thing—an imbalance of people and goods. But the former phrase touches the Christian conscience; we all know that Jesus asked us to help the poor. The latter phrase, on the other hand, gives us permission to blame the poor; they can help themselves.

Pius XII's ideas about immigration as the solution to population concerns undercut Planned Parenthood. You have to look back at history or look abroad at less developed nations to understand the problem clearly. The abortion fight, globally and historically, is not principally about women's rights, but rather about population. Perhaps the quickest way to separate a concern for women from a concern for population is to look at Chinese family planning during the time that they had a one-child-only family policy. The policy in-

cluded coercive abortion and was an assault not only on prenatal life but also on women's privacy;² consequently, attitudes towards that policy offer a clear and dramatic way to separate pro-choicers who support women's rights from eugenicists who want population control. In the spring of 1989, the quarterly journal of the London-based International Planned Parenthood Federation (IPPF), *People* magazine, had a remarkable issue devoted almost entirely to praising the Chinese program, with 16 separate glowing articles about it. So the pope's insistence that overpopulation is a myth is a hugely significant pro-life argument, undercutting the strongest pro-abortion argument.

In 1941, on the 50th anniversary of *Rerum novarum*, Pope Pius XII set forth the third major piece of the Church's emerging social doctrine. In his ideas about the most obvious common good—the earth itself—and his assertion of the right to own living space and the obvious corollary, a right to migrate, he defied the violent dictators who were then in control of Europe, including Rome. But he also undercut Malthusian theories. His ideas about population are relevant in debates about migration and abortion.³

Pius XII's teaching is solidly pro-life and pro-immigration. The pope's views on abortion and immigration are not just happily consistent; they are tightly linked. His pro-immigration views emerge from his pro-family views on population. He was pro-immigration because he was pro-life and pro-family.

NOTES

1. *Acta Apostolicae Sedis* 33 (1941), 216-227.

2. Michael Weisskopf, "Abortion Policy Tears at China's Society," *Washington Post* (January 7, 1985).

3. Regarding contemporary debates about the authority of nations to regulate their borders, the Catholic Church has not taught that such authority is eliminated by the right to migrate. Nations retain the right and duty to safeguard the common good, to enforce just laws, and to ensure public order. But that authority is not arbitrary. It must be exercised in light of the prior truth Pope Pius XII articulated: that the goods of the earth are ordered to the human person and the family and that migration is a legitimate means of securing that end.

Against Suicide—Except Assisted Suicide? New York’s Contradiction

Gerard T. Mundy

In February 2026, Governor Kathy Hochul signed a bill that will legalize physician-assisted suicide in New York State.¹ Going into effect in August 2026, the legislation will allow physicians to prescribe lethal doses of drugs to New York State residents with active suicidal ideation and who, it is speculated, have six or less months to live.²

Paradoxically and irrationally, however, the legalization of physician-assisted suicide in New York State stands in opposition to the state’s own initiatives aiming to save lives from suicide.³

The New York Governor’s “Suicide Prevention Month”

In New York, claims by physician-assisted suicide (also to be abbreviated “PAS” in certain mentions in this essay) ideology conflict with other societal claims surrounding suicide, bemoaned in most quarters and across thought spectrums as a tragic death of despair.

Consider Governor Hochul’s proclamation dedicating September 2025 as “Suicide Prevention Awareness Month” in New York State.⁴ In recognition of this Suicide Prevention Month, on September 2, 16 landmarks and bridges around the state were ordered to be illuminated in purple and teal, including Manhattan’s Freedom Tower, the tallest building in the United States.⁵

Governor Hochul’s proclamation declared:

[S]uicide is a tragic event that affects families, friends, coworkers, and communities, leaving a lasting impact on those left behind; significant risk factors for suicide include mental health conditions, substance abuse, trauma, social isolation, and loneliness . . .⁶

Hochul’s proclamation further claimed that New York State “. . . is committed to advancing a public health approach that consistently aims to save lives and reduce the trauma impact of suicide on individuals, families, and communities . . .”⁷

In addition to the rhetoric surrounding anti-suicide social initiatives, New York State government also has in place a broad anti-suicide initiative under

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the banner of the Suicide Prevention Center of New York State (SPCNY).⁸ The initiative includes a 77-page document for healthcare providers on the state's "Aim for Zero Suicides" Implementation Guide.⁹

Consider the following announcement, aimed toward the medical profession, located on the main webpage of the state Suicide Prevention Center:

Suicide deaths for individuals under the care of health and behavioral health systems are preventable. Find the tools and resources you need to prepare the workforce and prevent suicide within your healthcare system.¹⁰

This message from the state to healthcare providers squares with Hochul's Suicide Prevention Month proclamation's mention of the intended purpose of the SPCNY, stating that the initiative "promotes, coordinates, and strategically advances suicide prevention across New York State with the goal of reducing suicide attempts and deaths . . ." ¹¹

A State Considering the Facilitation of Suicides While Promoting Strong Anti-Suicide Initiatives

There is now, however, an extremity of irreconcilable logic at play in New York with impending legalized PAS in the state. For one cannot square a "Suicide Prevention Month" and a state "Suicide Prevention Center" with the active promotion, endorsement, and facilitation of suicide.

In New York, both supporters of, and assenters to, PAS legalization cannot hide behind, or obfuscate by using, "individual choice" rhetoric. For it is indisputably the case that state government, state government's administrative apparatus, and the state healthcare industry will all be actively, directly, and persistently involved in carrying out what is wrongly alleged to be individually-decided physician-assisted suicides. The healthcare industry does not consist of one person in an autonomous, isolated bubble.

Indeed, the PAS legislation will, among many other things, legalize state pharmacies to dispense legal cocktail drugs, all while the state's medical licensing will be training healthcare practitioners in the prescribing of lethal cocktails for their patients.¹² Further, the state health apparatus will be monitoring and disseminating guidelines for this new, sponsored suicide industry in New York, within both public and private healthcare facilities, all of which must, of course, satisfy state regulatory demands in order to operate legally. Hochul's own press release details her implementation plan, stating that she pushed for an amendment "extending the effective date of the bill to six months after signing to allow the Department of Health to put into place regulations required to implement the law while also ensuring that health care facilities can properly prepare and train staff for compliance."¹³ Hochul's delayed effective date is included in the bill's amendments.¹⁴

For the pharmaceutical industry also, both on the macro level and on down to the drugstore clerk who hands customers their prescriptions, the definition and end of “medicine” is being corrupted.

Medicines, understood rightly, cure, alleviate pain, treat, and heal. Medicine, understood rightly, does not kill. Now in New York, however, with the improper first principles that legalize suicide-by-physician, the corrupt logic gets applied subsequently. In layman’s terms, when a New York State resident goes to the pharmacist to fill a prescription, he is doing so for healing—if he has cold, he seeks to treat the cold; if he has allergies, he desires to stop the allergies. Now, as a result of the twisted logic sanctioning intentional self-murder as “medicine,” the man waiting for an allergy prescription to be filled could conceivably be standing next to a customer not waiting, say, for an antibiotic to treat an infection, but for a lethal suicide cocktail “prescription” to be filled.

In sum, government and the healthcare industry will be anything but silent observers standing at a distance while neutrally observing a person’s so-called “individual choice.”

Intentional killing is not a medical treatment, and assistance with a suicide is antithetical to the medical profession’s proper end to bring a patient to health. The mere possibility of a legal suicide-by-physician as a so-called “treatment” changes the dynamic of the healthcare-patient relationship in those circumstances in which PAS is a legal option.

Further, consider the cases of non-virtuous practitioners who might seek easy work, who seek quick money, who hold personal biases, or who have a deficiency of human compassion. How might these practitioners, when presented with a difficult, costly patient, respond now that one of the available so-called medical “choices” is simply to write a lethal prescription?

These practitioners, legally speaking, will have the positive law option to prescribe a lethal prescription, which permanently removes the patient from one’s caseload, or to provide complex, costly healthcare requiring long-term treatment and investment of time and money. Publius argued in *Federalist* 51 that “If men were angels, no government would be necessary. If angels were to govern men, neither external nor internal controuls on government would be necessary.”¹⁵ Likewise, if all medical practitioners were angels, no laws, no regulation, and no oversight of the healthcare industry would be necessary. True healthcare is guided by principles of true good that orient all involved toward the true good, and in so doing, contribute toward a taming of the human passions that may not be oriented to the good of the whole person.

The Good Is Not Determined by the Passions' Dictates

In Plato's *Gorgias*, Socrates argues: "For no one who [is not] totally bereft of reason and courage is afraid to die; doing [what is] unjust is what [he is] afraid of."¹⁶ The moral endeavor for Socrates, then, entails avoidance of the unjust action.

When it comes to the legalization of physician-assisted suicide, the focus must not, as Aristotle and Thomas Aquinas would argue, be on what the passions and sentiments of any one person or a collective are dictatorially claiming at a particular moment are the *seemingly* pleasurable or good, as calculated by an untamed passionate part of the soul. Rather, the discernment must be in view of discovering what the good decision is, *in truth*, and only discoverable when the rational part of the soul properly tames the passions and then engages in its proper operation.

An appeal to autonomy, as in, this choice is good because one desires this or that object, does not prove the goodness of this or that action toward that object. Additionally, in the case of medical ethics decisions, these actions necessarily involve multiple parties, adding yet another consideration in the discovery of the justice or injustice of an act. Appeal to an autonomy principle as the sole basis for biomedical ethical decisions is implausible. For if the autonomy principle is the sole barometer of biomedical actions, then the biomedical fields must actively act, and participate in, whatever action a person desires and whenever a person desires it.

Hochul already is one of the most fervent public supporters for what she alleges is the "healthcare" consisting of the elective murder of children in the womb. Now, Hochul's alleged "healthcare" will consist of more killing—just at a different stage of life. This perverse sanctioning of killing, meanwhile, is in total discord with the basic end of medicine.

When the media headlines end, PAS will still be lining up persons for suicides facilitated by government and wayward "medical" professionals. The regularization of PAS allows the damage to continue while the many, who do not think deeply and simply follow society's shifting mores, go along as a result of the social legitimization of this anti-medical practice. The realities of PAS will also be glossed over so as not to alarm the many and ensure that the many are not led to truth. Indeed, the legislation explicitly instructs that death certificates of New Yorkers who commit suicide-by-physician will not indicate that the true cause of death was PAS.¹⁷ PAS, then, will even impact public health research insofar as increased death rates or increased rates of death for specific ailments cannot be accounted for adequately.

The New York governor followed passions—not reason, and not the true good. Rather than align herself with thinkers who follow truth, understood

rightly, Hochul's direction leads persons—among them, the patients and the medical establishment assisting with the killings (not to mention herself),—to a path more likely to lead to eternal nothingness than eternal beatitude.

Regardless of claims by the moment's societal trends, ideologies, and passions, not to mention political campaigns and election cycles, physician-assisted suicide ideology faces the insurmountable dilemma that many of its premises and conclusions are faulty. Bad principles, bad premises, and bad conclusions can never become good, in truth, simply by one's desire. Rightness, in truth, is not impacted by any one person's sentiments, claims, speculations, individual will, or by some human being's ink signature on a bill printed on a piece of paper.

True Healthcare Heals

The impending legalization of physician-assisted suicide in the state means that, come August 2026, New York City, a world leader in medicine, will be a city in which health care institutions will be legislatively permitted to help kill their own patients. Regardless of what any ideological rhetoric might claim, a city is known for world-class healthcare when its health services aim for health and life. A city is not known for world-class healthcare because its "healthcare" consists of the cessation of medical treatment and the intended deaths of patients.

True healthcare practitioners, and true healthcare, deliver health and life. Understanding health care practitioners' role as healer, the *world's* highest-ranked oncology hospital in *Newsweek's* 2026 rankings, Memorial Sloan Kettering Cancer Center (MSK) in Manhattan, will have nothing to do with killing their patients. Memorial Sloan Kettering states explicitly that:

MSK does not participate in [physician-assisted suicide] for any patient, even if they live in a state where [physician-assisted suicide] is legal . . . None of our doctors, nurses, or staff members at any MSK location can participate in [physician-assisted suicide]¹⁸

Governor Hochul's decision might ultimately end lives and severely jeopardize New York City's reputation for world-class healthcare, but the world's highest-ranked cancer hospital, located in New York City, is stating that it—at least now, and all truth-lovers would hope for always—aims to continue being the world's top cancer hospital—which, quite simply, is done by doing what all true healthcare does: providing medical treatment to the sick.

MSK is not declaring anything radical in its refusal to engage in PAS. The true physician does not kill, but cures; the true physician cares for and accompanies his patient; the true physician does not give up on his patient and confirm his patient's despair by facilitating the actualization of his patient's suicidal ideation.

Suicide Is Suicide

New York's "Aim for Zero Suicides" plan will be illogical if it is not simultaneously decommissioned upon PAS's legal enactment when state government will begin active, direct facilitation of suicides within state healthcare networks.

One cannot logically square on the one side state government attempting to halt suicides and on the other the simultaneous promotion, endorsement, and help in carrying out this same act of intentional self-murder by way of physician-assisted suicide.

Neither can it be logically squared that an initiative attempting to prevent suicides in healthcare systems will, potentially, be active in the very same healthcare systems in which simultaneously occurring is the facilitation of suicides. The state's Suicide Prevention Center announcement for the healthcare field that "suicide deaths for individuals under the care of health and behavioral health systems are preventable"¹⁹ is illogical if the state will be facilitating suicides in those very facilities.

How Governor Hochul's proclamation for Suicide Prevention Month, that ". . . we honor the lives lost to suicide, support the survivors of suicide loss, and reinforce our commitment to mental health and wellness for all . . ." ²⁰ would conflict with the act of physician-assisted suicide, is not a difficult logical comparison. The illogic is instantly recognizable, for, as Thomas Aquinas' Aristotelian argument goes, a most basic ability of a rational being is the ability to understand that something cannot be and not be at the same time.²¹

If New York State claims that its intention is to prevent suicides, then PAS legalization is illogical and inconsistent with this claim, as the act of a physician-assisted suicide is the act of a suicide, regardless of what ideologies may attempt to claim. Patients with suicidal ideation are persons who are experiencing hopelessness and despair. Serving PAS as an answer to this loss of hope and submergence into despair normalizes suicide as an option in response to what is, in actuality, some combination of spiritual hopelessness with psychological, emotional, or existential malaise. The lethal response of PAS, eliminating the patient himself, at any rate does nothing to treat nor to cure the patient's ailment or contribute to the whole patient; quite simply, PAS eliminates the whole patient.

With physician-assisted suicide legalization on the horizon, there will be more victims of suicide in New York—and these victims will not be taking their own lives univocally, which would be tragic enough. In these cases, the victims will be aided in their suicides by a profession whose proper end is the exact opposite of death and a state government that—allegedly—seeks

to end suicide. (If the previous sentence seems to make no rational sense, the reader is correct, for the whole PAS scheme is illogical and cannot be made less confusing and contradictory by any writing attempting to convey (irrational) ideas by way of language.)

There are also ancillary effects that cannot be measured—like a teenager struggling with emotional issues and bullying who finds the final justification needed to kill herself because a family member committed a facilitated suicide-by-physician and it was applauded. How bad could suicide be, thinks the girl to herself one day after her family member committed a physician-assisted suicide in celebratory fashion? The Catholic bishops of New York State, in a joint statement following Hochul’s announcement, ask, pointedly, a similar, logical question: “How can any society have credibility to tell young people or people with depression that suicide is never the answer, while at the same time telling elderly and sick people that it is a compassionate choice to be celebrated?”²²

In a recorded press conference mired in, and with, illogic, contradiction, shameless sophistry, and twisted rhetoric with no relationship to truth, Hochul called the pro-PAS special interest groups, sponsoring politicians, and advocates gathered with her to announce the legalization agreement between her and the legislature as “heroes” and “great champions.”²³ Hochul further claimed that for those advocates who supported PAS because of a loved one’s death, the living loved ones can be assured that those who died are now memorially “honored” by this legislation.²⁴

One is anything but “honored” by the legalization of a bill that will end lives and have both quantifiable and non-quantifiable deleterious effects on both broader society’s and healthcare practitioners’ mindsets on the meaning of life and the aim of healthcare. (One should also be wary of any so-called loved ones who would rather see one dead than alive.)

Rather than, as governor of New York, seeking to align her constituents with a proper moral compass, understood rightly, on basic issues, Hochul chose passions, special interest group rhetoric and pressure, and momentary cultural, political, and ideological sentiments that are approving of the objectively abhorrent act of a so-called medical profession actively assisting vulnerable healthcare patients with their own suicides.

Hochul’s declaration for Suicide Prevention Month last year lit Lower Manhattan’s Freedom Tower in the anti-suicide colors of purple and teal. For the sake of logical consistency, it will be necessary for Governor Hochul, upon PAS’s legalization, to promulgate another proclamation declared specifically for “Physician-Assisted Suicide Prevention Month.”

A “Physician-Assisted Suicide Prevention Month” would aim to raise

awareness against suicide-by-physician and to denounce those alleged “healthcare” practitioners who aid and abet suicides in their so-called “health clinics.” Rather than illuminated in purple and teal, for this new “Physician-Assisted Suicide Prevention Month,” the Freedom Tower could be directed to be lit in red and orange. Red and orange are common tablet colors of two drugs of the five-drug lethal cocktail combination “DDMAP” (diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital) with which PAS victims most commonly killed themselves in New York’s sister state of New Jersey, where the practice is already legal, in 2024.²⁵

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A Living Will Is a Pathway to Euthanasia

Edward Mechmann

In 2014, a controversy erupted in the United Kingdom over a new policy in their national health care system. Called “the Liverpool Care Pathway,” it was touted as a way to ensure that people receive high-quality end-of-life care. The reality turned out to be far different and terribly sinister. Whatever its designers may have intended, in practice it was killing patients by denying them basic care—it was a pathway to euthanasia.

There have been many suggestions that the Liverpool Care Pathway continues to guide end-of-life care in the UK, albeit unofficially and *sub rosa*. Its mirror image certainly thrives here in the United States in the form of “living wills” that—however well-intentioned—serve as pathways to euthanasia for untold numbers of patients who are nearing the end of their natural lives. These legally binding documents often bind the unsuspecting patient to an unwanted and immoral death at the hands of medical professionals.

Definitions

The term “living will” is often misunderstood and confused with other end-of-life planning documents. We also have to understand the correct definition of euthanasia.

A living will is a form of advance directive that sets forth a person’s wishes about what medical treatments should be provided or withheld, in the event that they are incapacitated and cannot give consent.¹ Every state has different legal requirements for the valid execution of a living will. But all share the underlying legal principle that, if validly executed, its provisions are binding. Physicians who violate the terms of the living will—by providing unwanted treatment or denying required treatment—can be held legally liable for battery.

A living will is different from a health care proxy or medical power of attorney. Those documents appoint an agent to act on behalf of an incapacitated patient. The proxy form can include instructions about the patient’s preferences. But the appointed agent has the authority to make decisions in the patient’s best interests.²

Euthanasia is defined as “an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated.”³ It

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can be termed “active” if an affirmative action is done to cause death, such as an intentional administration of a lethal dose of opiates to a patient. It would be “passive” if death is caused by inaction, for instance by deliberately withholding food or water from a patient with the intent of causing death.

Although euthanasia is formally illegal in every jurisdiction in America as a form of homicide, the reality is that euthanasia takes place all the time, facilitated by incautious use of living wills and other flawed advance directives.

Anti-Life Cultural Values

To understand how this is possible, it is vital to understand how cultural values that are strongly biased against life have become pervasive in the American health care system. This has a profound effect on the way chronically or terminally ill patients and people with disabilities are treated.

One of the best and most succinct diagnoses can be found in the Vatican letter from 2020, *Samaritanus bonus*. The document points to three major “cultural obstacles that obscure the sacred value of every human life.” The first is worth quoting at length because it lies in the background of any discussion of end-of-life care:

the notion of ‘dignified death’ as measured by the standard of the ‘quality of life’ . . . In this perspective, life is viewed as worthwhile only if it has, in the judgment of the individual or of third parties, an acceptable degree of quality as measured by the possession or lack of particular psychological or physical functions, or sometimes simply by the presence of psychological discomfort. According to this view, a life whose quality seems poor does not deserve to continue. Human life is thus no longer recognized as a value in itself.⁴

It is undeniable that modern society does not see human life as sacred and certainly does not see any sacredness in frailty or sickness. Instead, our culture’s ethical values are depressingly utilitarian, dominated by an emphasis on economic value or productivity. Anyone’s life that does not measure up to those standards is denigrated.

This bias is particularly dangerous given that a large percentage of the population will at some point be considered “disabled” due to illness, injury, or just age. The health care system has consistently underserved people with disabilities.⁵ Large percentages of doctors harbor implicit ableist bias that leads them to routinely underestimate the value that disabled people place on their lives and their “quality of life.” A 2022 study found that persons with disabilities “often receive substandard care, and in some cases are refused care,” with the result of “worse physical health and greater burden of chronic disease.” The study concluded that “physicians’ biases and discriminatory attitudes appear to play a significant role” in these disparities.⁶

People whose lives are not valuable in worldly terms or who have lost functionality are easily dismissed as “better off dead.” The United Nations Special Rapporteur on the Rights of Persons with Disabilities put it bluntly in an annual report: “The hegemony of ableism in society has perpetuated the idea that living with a disability is a life not worth living.”⁷

The second cultural obstacle identified by the Congregation is a false compassion that leads to a rejection of “unbearable suffering.” Since that term is inherently subjective, this really means a rejection of any kind of suffering that an individual does not want. This leads to the wicked idea that if we can’t eliminate the suffering, it is better to eliminate the sufferer.⁸ Euthanasia and assisted suicide then become attractive “solutions” to this perversely created “problem.”

The slipperiness of this concept can be seen in the official statistics from the jurisdictions that have legalized assisted suicide or euthanasia. For example, in Canada, over 95 percent of patients who requested “medical aid in dying” cited “loss of ability to engage in meaningful activities” as a form of “suffering that is intolerable to them.” High percentages cited other subjective factors like “loss of independence” or “loss of dignity.”⁹ While much of this suffering is the result of an underlying illness, such a loose definition provides an open door to death on request.

The last cultural obstacle identified by the Vatican is individualism. An ethos of radical autonomy perceives limits or rules as oppression. It encourages people to view themselves in isolation from others, with no obligations to anyone else or any standards of morality. This leads to “the most hidden malady of our time: solitude or privacy.” This is particularly dangerous as people age in isolation from family or friends. It makes them susceptible to despair over the value of continued life.

Radical individualism also necessarily feeds the idea that anything—including ending one’s own life—is permissible if you consent to it, including liberation from one’s own body when it is fragile or ill. This finds expression in a legal right to decline any kind of unwanted health care, even if it will cause your death as a result.¹⁰ This right to decline life-sustaining treatment is the bedrock legal principle that underlies living wills and other advance directives.

Anti-Life Biases in Living Wills

Living wills are deeply embedded in typical end-of-life planning¹¹. They are routinely suggested by attorneys and by Medicare as part of advanced care planning. But living wills share the anti-life bias that is so prevalent in society at large and thus function as a pathway to euthanasia.

The danger is inherent in the nature of the living will and how it operates. It is usually completed well ahead of any terminal illness, often many years before it will come into effect. With very few exceptions, there is no way that a person can make a balanced and rational decision about all the potential benefits and burdens that a treatment might present at a specific time, much less a decision that is properly guided by sound moral principles.

Nobody would ever recommend that a person make important financial decisions in such an uninformed and speculative way. We all understand that nobody can foretell the future of the stock market, interest rates, etc. Yet it is indicative of the anti-life bias of living wills that people are encouraged to make life-and-death decisions based on pure speculation about what they might want, despite the total lack of pertinent timely information.

This plays directly into the pervasive social fear and bias about disability discussed above. Living wills play on those fears. The term “living will” is itself a misnomer, since the documents really encourage people to plan for death rather than for continued life.

This can be seen in four living will forms that are readily available online:¹²

1. The New York Living Will from the New York State Attorney General’s Office.¹³
2. The New York Advance Directive from CaringInfo, which is the form that is linked from the websites of both AARP and Compassion and Choices (the leading national pro-euthanasia organization).¹⁴
3. “My Particular Wishes” from Compassion and Choices.¹⁵
4. “Five Wishes” from Aging With Dignity.¹⁶

All of these documents share the same fundamental flaw. They encourage the executor to issue unconditional and utterly inflexible instructions to decline potential treatments. There is no openness to a careful contemporary evaluation of benefits and burdens, which is not only the rational way to make momentous decisions about life and death but is also the best way to make sound moral choices.¹⁷ This can lead to the deliberate denial of treatments that would benefit a patient with the effect, if not the intention, of deliberately and directly ending their life—euthanasia.

These documents also give a great deal of power to those who will interpret their terms. This opens the door to a person acting against the patient’s well-being by refusing beneficial treatments and causing their untimely death.

For example, the Five Wishes document uses a term “life-support treatment,” which it defines vaguely as “any medical procedure, device, or medication to keep me alive” and specifically includes assisted food and hydration and antibiotics. It then goes on to say, “I want to have life-support

treatment if my doctor believes it could help. But I want my doctor to stop giving me life-support treatment if it is not helping my health condition or symptoms.” Yet the document never defines what is “helpful,” which could mean anything from “alleviate my symptoms” to “cure my disease” to “give me more time with my family.”

It is extremely risky to leave that calculus in the hands of a doctor who shares the anti-life mentality described above. This empowers the doctor to implement the deeply anti-life “futile care theory,” which involves an inherently subjective judgment that “cannot be meaningfully defined.”¹⁸ A doctor who follows this approach decides that a treatment is ineffective in improving a patient’s quality of life and withholds life-sustaining care, often without even discussing it with patients or their surrogates.¹⁹ Futile care theory is a fancy way to dress up euthanasia in intellectual clothing.

The principal reason all these living wills can lead to a patient being euthanized is the failure to recognize the special case of medically assisted food and hydration. Unlike many other kinds of medical interventions, food and water are a form of care for basic human needs.²⁰ They rarely present any real burdens on a patient and provide benefits that are obviously essential for life.

Under virtually all circumstances, we would be horrified to cause a person’s death by dehydration or starvation. Yet each of these living wills explicitly presents the patient with the choice to refuse assisted nutrition or hydration and would thus explicitly permit euthanasia by starvation or dehydration.

This reflects the fact that, for many years, it has been standard practice for incapacitated patients to be denied food and water, even when they are not imminently dying and unable to assimilate it.²¹ It is very common for people who have been in the position of making decisions for an elderly or terminally ill patient to be offered—or even encouraged—to cease providing food and water as an act of “mercy” to allow an easy and quick death. The patient is often given a dose of opiates to induce unconsciousness, which conceals the effects of dehydration.²²

In such cases, denial of food and water is euthanasia by definition—failing to provide an ordinary means of sustaining life with the specific intent of causing death. “Death by starvation or dehydration is, in fact, the only possible outcome as a result of [the withdrawal of food and water]. In this sense it ends up becoming, if done knowingly and willingly, true and proper euthanasia by omission.”²³ The cause of death is not any underlying condition, but rather a human decision and act to withdraw an essential life-sustaining form of care. Since the traditional legal principle is that one is presumed to intend the natural and foreseeable consequences of their actions, it is hard to see how the deliberate denial of food and water to a non-terminal patient is

anything other than intentional euthanasia.

This flaw is exacerbated in two of the living will forms that offer the choice of denying food and water without any conditions or limits (from the New York State Attorney General and CaringInfo). Five Wishes suggests it for patients who are in a coma or have “permanent and severe brain damage . . . and life-support treatment would only delay the moment of my death.” But neither a coma nor brain damage is invariably fatal, so the document would allow the intentional death by starvation and dehydration for a non-terminal patient—again, euthanasia by effect and implicitly by intent.

Interestingly, the living will from the adamantly pro-euthanasia organization Compassion and Choices suggests that the patient could choose nutrition or hydration under a “trial period.” However, it defines the purpose of that period as evaluating whether the care “quickly reverses my condition.” That is an impossible qualification for food and water to satisfy, since they sustain life and cannot cure a person.

Even worse is Compassion and Choices’ “Dementia Values and Priorities Tool,” which is intended as an addendum to the living will. It calls for the denial of food and water if the patient merely shows that “I no longer appear to desire food or drink turn my head or otherwise avoid being fed or giving fluids” or “I do not open my mouth to accept food or drink without prompting and all food or drink must be provided by a caregiver (hand or spoon-feeding).”²⁴ Anyone who has spoon-fed a baby or an elderly person knows how common those events are.

Only one of the living wills explicitly rules out euthanasia. The Five Wishes document states that “I do not want anything done or omitted by my doctors or nurses with the intention of taking my life.” But the document permits the patient himself to decline “life support treatment,” which is defined to include “food and water supplied by medical device” as well as antibiotics and “anything else meant to keep me alive.” That language by definition would permit the patient to require euthanasia in the event of incapacity.

Certainly, a person can use a living will in a morally and pragmatically responsible way that shows esteem for human life in principle. But in general, living wills reflect a profound pessimism about the value of human life. They embody all the anti-life social attitudes about end-of-life care identified in *Samaritanus bonus*. They fail to uphold the inherent worth of human life but instead reflect an attitude of disdain for life when it is weak or impaired. They communicate that suffering is an evil that can never have any value and that any means are legitimate to eliminate it. And they give full legal effect to absolute patient autonomy and individualism without regard to any external moral standards.

What Is the Alternative?

This criticism of living wills should not discourage people from planning ahead for the possibility that they may become incapacitated. There is a better alternative—the health care proxy.

Every state has some kind of legal framework for the appointment of a person (the “proxy” or surrogate) who can make medical decisions for us if we are unable to do so. Ironically, the living will forms discussed above all offer the option of appointing a proxy.

The best approach, though, is to execute a proxy without a living will. That does not tie the hands of the surrogate but still gives clear directions about the patient’s moral and personal beliefs. It allows a person who is or may someday be a patient to enlist the help of someone who cares and who respects the patient’s values.

Responsible use of a health care proxy involves some good formation in moral values. The Catholic approach is probably the most fully formed and coherent body of bioethics and offers good guidance for Catholics and non-Catholics alike who are seeking sound pro-life advice.²⁵

Legalization of assisted suicide is advancing in America, and we are witnessing the disaster of legalized euthanasia in Canada and other countries. The general acceptance of living wills contributes to these trends, and they should thus be avoided by anyone dedicated to the cause of life. We must be vigilant about anything that will take us further down that pathway.

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13. New York forms were chosen because the author is a New York attorney. Other states have comparable forms.
14. <https://ag.ny.gov/sites/default/files/livingwill-template-fillin.pdf>.
15. https://www.caringinfo.org/wp-content/uploads/New_York.pdf.
16. <https://compassionandchoices.org/wp-content/uploads/2024/03/My-Particular-Wishes-Only-FINAL-6.29.20.pdf>. This is one component of a much larger advance directive planning tool. This section was chosen because it focuses on life-sustaining treatments.
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Sojourner

Richard Hurzeler

Patsy was grounded in the bed
with Parkinson's—she could
no longer talk, only grunt softly.
I, the volunteer, made eye contact
and abided her slight head motions
for yes or no answers. Yet in that
frail frame I sensed a strong Faith
as I offered her songs, prayers, and
words. I detected a will as tough
as green briar roots. Her eyes
had a steely focus. Though she
could move her head only slightly,
she did with the determination of a
skipper threading through a storm.
You knew—you knew that her 'Yes'
was clearly 'Yes' and her 'No' was
undeniably 'No.' It went on like
this for weeks—with songs, scripture
reads, prayers, and pauses.

And then one day I told her that
I thought she could be a missionary.
She didn't have to go to some far off
place. She could be a prayer warrior,
praying for me and all the persons
in the nursing home. And for more
months I'd thank her for her prayers
and assure her of mine. I met her son
the day she died. I told him what a

RICHARD HURZELER

great model of faith his mother was.
He seemed surprised and smiled.
I believe she has gone to the Most
High One where she can put in a good
word for me. She had so little. Yet giving
all she had, she scaled the mountain.

Richard Hurzeler is grateful for the gift of Life; for a most wonderful wife for 58 years, for blessings of four children and eight grand children. All this by the Grace of God!

Two Meanings for the Word Life:

Bios, Zoe, and the Unborn Child

Dr. Donald DeMarco

Celebrated author C. S. Lewis, who built a career on the basis of his love for words, distinguishes in *Mere Christianity* (1952) between two radically different meanings that the ancient Greeks had for the word “life.” The Greek word *bios* (from which we derive the word *biology*) refers to individual biological life, the life that pulsates throughout any living thing. *Zoe*, on the other hand, refers to life that can be shared, life that expresses itself beyond the biological existence of the individual. Attending to this important distinction, Lewis states that *bios* is “the Biological sort which comes to us through Nature, and which (like everything else in Nature) is always tending to run down and decay so that it can only be kept up by incessant subsidies from Nature in the form of air, water, food, etc. The Spiritual life which is in God from all eternity, and which made the whole natural universe, is *Zoe*.”

In order to express the gap between *bios* and *zoe*, Lewis compares them to a statue and a living being. With Christianity in mind, he says that, “We are the statues and there is a rumor going around that some of us are some day going to come to life.” Here, for C. S. Lewis, is the vital difference between a person who sleeps through life and one who is animated by the grace of God. It is the difference between a person who lives only for himself and the Christian who shares his life with God and neighbor.

In John 10:10, when the Gospel writer cites the words of Christ—“I came that they may have life, and have it more abundantly”—he employs the word *zoe*. It is clear from the text that the life that radiates from God can be given to others, so that human beings and God can share the same life. Creation also exemplifies how God can spread His life throughout the cosmos. *Zoe* is life enriched far beyond *bios*, which, by comparison, is static. This important distinction in the Greek language provided the context in which the life of Christ could be understood and appreciated. According to Christian theology, the life that Christ gives transforms a person from a mere individual to a person who awakens to a world beyond himself and thereby lives on a broader level, as a person who shares himself with others.

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Given this important distinction between *bios* and *zoe*, a question of utmost importance may be asked: What type of life characterizes the unborn child? The Christian answer to this question is found in Luke 1:40-42, when Mary “entered the house of Zachary and saluted Elizabeth. And it came to pass, when Elizabeth heard the greeting of Mary, that the babe in her womb leapt . . . For behold, the moment that the sound of thy greeting came to my ears, the babe in my womb leapt for joy.” The “babe,” John the Baptist, was enjoying something more than a self-enclosed life (*bios*). His response to Mary’s voice was a clear example of *zoe*, a life that reached out beyond his biological individuality.

What happened during the Visitation is an account that is acceptable to Christians. We ask, then, whether we can find examples in the secular world in which there is evidence that the unborn can participate in a *zoe* form of life.

Tom Verny, a Toronto psychiatrist, penned *The Secret Life of the Unborn Child* (1981, Simon & Schuster) with John Kelly. It was the product of seven years of clinical study on 300 patients and documented medical research from European and North American scientists. It is evident from Verny’s investigations that more is going on in the psychic life of the unborn than most people realize. “Within the past decade,” he writes, “the unthinking infant I learned about in medical school during the late 1950s has suddenly given way to an amazingly resilient, resourceful creature who emerges from the womb with what—to physicians of my generation—seems like a breathtaking array of emotional, intellectual and physical capacities.”

Scientists are perennially discovering realities that have always been there. Oxygen was always there, but it was not “discovered” until Carl Wilhelm Scheele confirmed its presence around the year 1772. (Joseph Priestley usually gets credit for the discovery of the gas in 1774 because his work was published first.) How much more there is to the unborn child remains to be discovered. It is very likely that considerable insights will be found in this small but wondrous creature.

Verny cites an interesting study done by Dr. Michelle Clements, an audiologist. She found that the unborn child has distinct musical likes and dislikes. When the music of Vivaldi or Mozart was played, fetal heart rates invariably steadied and kicking declined. On the other hand, rock music “drove most fetuses to distraction,” causing them to “kick violently.”

Boris Brott, conductor of the Hamilton Symphony Orchestra, confessed in an interview that, “music has been a part of me since before birth.” He was mystified that he knew musical pieces sight unseen. His mother was a cellist. “All the scores I knew sight unseen,” he averred, “were ones she had played

while she was pregnant with me.” In another example, a mother found her two-year-old daughter sitting on the living room floor chanting, “Breathe in, breathe out, breathe in.” These were the very words that were part of her Lamaze exercise.

Dr. Alfred Tomatis, a Parisian professor of psycholinguistics, treated an autistic child. What was baffling, however, was that the child’s comprehension improved markedly whenever her parents spoke to her in English instead of French. This was especially puzzling since no one before had ever spoken to her in English. It was finally ascertained that, for most of her pregnancy, the mother had worked in a Paris import-export firm where only English was spoken. The child was more adept at learning a language before she was born than after she was born. Sir William Liley, the founder of fetology, found that a fetus from the twenty-fifth week on will literally jump in rhythm to the beat of an orchestral drum. A pregnant mother may defer going to a concert that features Ravel’s *Bolero* until her third trimester.

The famous English philosopher Thomas Hobbes (1588–1679) attributed his premature birth to his mother’s panic over the Spanish Armada’s impending invasion. He famously stated in his autobiography, “my mother gave birth to twins: myself and fear.” It is a matter of conjecture as to what extent his traumatic delivery (on Good Friday, no less) affected his pessimistic philosophy. Nonetheless, fear played a decisive role in Hobbes’s thinking. It seems that he found it difficult to make the transition from *bios* to *zoe*. His most celebrated quote in *Leviathan* is that the life of man is “solitary, poor, nasty, brutish, and short.” We find affirmation of the mother and her unborn child’s shared life in Leonardo da Vinci’s *Quaderni*: “the same soul governs two bodies . . . the things desired by the mother are often impressed upon the child which the mother carries at the time of the desire . . . one will, one supreme desire, one fear that a mother has, or mental pain has more power over the child than over the mother, since frequently the child loses its life thereby.”

The evidence that Verny collected indicates that the life of the unborn is more than *bios*. It enters into that realm of *zoe*, in which there are specific forms of communication relayed from one person to another. The *zoe* aspect of the unborn makes them easier to recognize as human beings and members of the human family.

Verny’s book was controversial. No Canadian publisher would touch it. “People in this country want nice safe ideas. They aren’t willing to take any risks,” Verny stated to the press. It was, however, published in the United States by Simon & Schuster. The book was controversial not because it was unscientific, but because it ruffled the feathers of those who do not want women to be discouraged from having an abortion. Presumably, a mother

would hesitate to undergo an abortion if she knew more about the extraordinary being she was carrying. Verny became a pariah to his peers. “In the beginning,” Verny stated, “I wanted to do a modest job of extending the boundaries of psychiatry. But I wasn’t prepared for the anger, criticism and hostility of my colleagues.” So many of his colleagues were taking a bow to political correctness. But the direct consequence of suppressing information about the life of the unborn was that fewer women would know about the *zoe* life of their unborn, and more unborn children would perish due to that absence of information.

While science is always opening the door to new discoveries, some of these discoveries do not meet with cultural approval. Science itself is not at fault, but some scientists are. Being a scientist and being human are inseparable. We praise science but sometimes forget that scientists are cultural beings and as susceptible as anyone else to the influence of the *Zeitgeist*. We are, so to speak, enveloped within a cultural mist and, like embryos, are affected by that mist. In a Christian sense, we are all waiting to be born, to emerge from the cocoon of culture and enjoy the freedom to be ourselves.

Science, in exploring the life of the unborn child, confirms what people throughout the ages have known through intuition; namely, that this developing entity is far more than an insensate being limited to a *bios* quality of life. The fact that a *zoe* life can be attributed to the unborn is an affirmation of its dignity and status as a human being. It has the innate capacity to share its life with another—notably, its mother. This may be a disturbing fact to some, but it is a truth, and it is only through truth that we can best serve the needs of justice.

There is a bitter irony in the fact that the unborn child is capable of sharing its life with its mother, whereas informed scientists can refuse to share their knowledge of the unborn child with mothers. It is not uncommon in the present culture for the notion of sharing to be misunderstood as “imposing.” A teacher does not want to impose ideas on students. He wants to share what he knows. Gnosiophobia is the technical term for “fear of knowledge.” Ignorance, however, is not a blissful refuge. Knowledge may clash with a person’s preference. Abortion is often chosen simply because it is preferred. There are times when it takes courage to accept the truth.

Actress Michelle Williams delivered a fiery speech (January 6, 2020) about reproductive rights on the occasion of receiving a Golden Globe award, saying, “I wouldn’t have been able to do this without employing a woman’s right to choose, when to have my children, and with whom.” It was an antiseptic way of referring to her abortion. She “employed a choice.” It is the

timing that is propitious, not the child. But she abandoned a shared life with her child so that she could possess an object which has no capacity for sharing. We cannot enjoy a shared life with an object. One can hug a trophy, but it remains unresponsive. How little society appreciates the unborn child who reminds us, by its very nature, that life is to be shared. *Zoe* is the life that liberates us from being incarcerated in *bios*. The unborn is witness to this as it enriches the *zoe* dimension in the pregnant woman.

Dr. Tom Verny deserves high praise for bringing to light additional and pertinent information about the nature of the unborn. He also deserves plaudits for putting up with the animosity of some of his colleagues. It is now up to others—obstetricians and pregnant women—to be willing to profit from his discoveries.



"Primitive."

No Regrets? Understanding the Reality of Abortion-Wounded Women

Liam Siegler

Names have been changed to protect privacy.

Pressured. Afraid. Alone. Rachel wanted to have her baby, but the father of the child, her mother, and her stepfather were pressuring to abort. As a young college student, the lack of support made her feel as if there were no other options. She had previously visited an abortion facility in Huntsville, Alabama, to learn more about the procedure. It terrified her. But with all her major relationships hanging in the balance, she felt like she had no choice.

Before making an appointment at the abortion facility, Rachel visited a pro-life pregnancy center called the Lighthouse Women’s Center (TLWC) in Demopolis, Alabama.¹ According to Tanya Carter, executive director of the center, “One of her biggest concerns was, medically, physically, what are they going to do?”

Rachel was at TLWC for hours. The staff performed an ultrasound and discovered she was 20 weeks pregnant, at the halfway point in her pregnancy. They gave her resources and counseling for continuing with her pregnancy. But the pressure from her family remained constant.

So Rachel underwent an abortion procedure in Atlanta—she immediately felt regret. Less than a week later, she returned to TLWC “an absolute mess.” Carter recalls that Rachel shared how “she was bawling in the lobby of the abortion facility. Someone from the front office coldly snapped, ‘If you don’t stop crying, the doctor is not going to do this.’”

In the months that followed, Rachel ended up in the hospital several times on suicide watch. TLWC stayed in contact with her, providing gifts and offering support. Eventually, Carter explained, “We did lose contact with her because of the unique dynamic of the way that [the abortion] affected her mental health. I felt like I could not reach out to her anymore. She could come to us, and she could call us, but I didn’t want to be the one initiating that, [being] that trigger for her.”

Rachel’s story was one of the “extreme cases that we were directly connected to,” said Carter. But her abortion experience is by no means unique.

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“We just hear story after story from girls coming in with a new pregnancy that share a past abortion experience. Every once in a while, they will say, ‘I don’t regret it.’ But I would say 9 out of 10 walk in and say, ‘I regret it, and I could never do that again.’ That’s our experience.”

The Reality of Post-Abortion Suffering

Pregnancy resource centers like the Lighthouse Women’s Center regularly hear stories from women with negative abortion experiences. While the women who come are not representative of the general population due to self-selection bias, they nonetheless speak to the negative impact abortion has on many women seeking options.

Evidence on the relationship between negative mental health outcomes and abortion is largely minimized in popular discourse despite the data being well established. High-quality studies² link abortion to higher rates of anxiety, depression, eating disorders, substance abuse, and suicidality. Research shows that some women are predisposed to negative outcomes. Two important risk factors that correlate with these negative outcomes are the woman’s experiencing pressure to abort and perceiving the pregnancy as wanted or meaningful. In other words, stories like Rachel’s are not uncommon among women who desire to parent their child, but for one reason or another, whether due to coercion or shame, end up getting an abortion. A recent study further confirmed the relationship between negative mental health outcomes and coercion, with 24 percent of women reporting that their abortion was either unwanted or coerced.³

Despite this evidence, people watching pro-abortion media might conclude that women don’t ever experience regret or negative mental health outcomes following an abortion. Most prominently shared is the claim that 95 percent of women don’t regret their abortion. This statistic comes from the abortion advocacy group Advancing New Standards in Reproductive Health (ANSIRH). The famous “Turnaway Study”⁴ sought to compare the experiences of women after having an abortion to those of women who carried an unwanted pregnancy to term. The study claims to have found that “women who have an abortion are not more likely than those denied the procedure to have depression, anxiety, or suicidal ideation.” Being turned away from abortion, they claim, leads to higher levels of anxiety and financial insecurity.

The Turnaway Study, however, suffers from major methodological flaws and several misleading claims that make its findings inapplicable to the general population of women who abort. Director of the Elliot Institute Dr. David Reardon, who has critiqued the study in several detailed articles, concludes

the Turnaway Study “is based on a non-random, non-representative sample of women that grossly underrepresents the experiences of the majority of women undergoing abortions.”⁵ The study features an abysmally low participation rate (31 percent after the first interview) and a 50 percent attrition rate. The result, writes Reardon, is:

... clearly biased toward a subset of women who expected the least negative reactions to their abortion, experienced the least stress relative to discussing their abortions, and perhaps may even have experienced therapeutic benefits from talking about their abortions with researchers who affirmed the “rightness” of their abortion decisions.⁶

Further, of the women who turned away from an abortion and carried to term, 88 percent reported after six months that they were happy *not to have received an abortion*. After 5 years, 96 percent were happy. In another Turnaway report, after one week,⁷ the majority of aborting women reported negative feelings: sadness (64 percent), guilt (53 percent), regret (41 percent), and anger (31 percent). ANSIRH obfuscates these findings by conflating women’s perception of decision rightness with mental health, although the two are not the same. Given the Turnaway Study’s sample bias toward women who have positive perceptions of their abortion decision, its frequently cited statistics in media suggest that the number of women with negative outcomes is far greater than reported.

ANSIRH and pro-abortion media consistently reveal bias against identifying and acknowledging women who *do* experience negative mental health outcomes after abortion. This narrative is so pervasive, it effectively gaslights women who carry abortion wounds into compartmentalizing and minimizing their pain. What they are often left with is disenfranchised grief. ANSIRH has refused requests to examine and re-analyze their survey data, contrary to standard research practice.⁸

Helping the Rachels of the World

To address the needs of women who suffer mentally from abortion and end up regretting their decision, we must first acknowledge that they exist. For these women, the need for healing is vital.

In response to this dilemma, the Vitae Foundation conducted their eleventh study on the emotional effects of abortion, titled “No Regrets?: How to Reach People with Healing Resources after an Abortion Decision.”⁹

The goals of the study were threefold: (1) to understand the grief patterns after abortion; (2) to discover effective messaging approaches that encourage women to seek healing and to help pro-life organizations reach out to these women; and (3) to identify common characteristics of the ideal abortion healing center or program.

Vitae Foundation has been researching the emotional dimensions of abortion decision-making for over 30 years. Their first study, “Abortion: The Least of Three Evils,” sought to understand the psychological factors that drive women to seek abortions.¹⁰ The study received greater attention in a *First Things* article by Paul Swope¹¹ and soon became instrumental in the success of Vitae Foundation’s efforts to assist the outreach of pregnancy centers across the nation.

Like other Vitae studies before it, “No Regrets?” used a consumer research methodology called “Emotional Research.” Emotional Research is a type of qualitative research that seeks to understand the emotional reasons behind consumer decision-making. In the context of abortion, Emotional Research focuses on abortion as it functions as a brand, asking questions to discover the emotional needs and barriers that make abortion more or less appealing.

For the study, Vitae conducted in-depth interviews with individual participants, gathering crucial insight into the psychological dimensions of abortion decision-making, abortion regret, and mental-health harms induced by abortion. In reviewing women’s experiences, the study identified four trends: (1) women who say they don’t regret, but reveal strong and discernible defense mechanisms related to their decision; (2) women who say they don’t regret, but have clear sadness and/or other issues related to their abortion decision; (3) women who admit regret, but use minimization and rationalization to try to move past it; and (4) women who admit regret, and hide/avoid their pain through compartmentalization, a psychological defense mechanism in which thoughts and feelings that appear to conflict with one another are separated and contained in distinct mental compartments.

The Findings: Understanding Abortion-Wounded Women

Compartmentalization was the most prominent defense mechanism found in the “No Regrets?” study. This response was observed in women from all four groups. Women with any level of regret revealed attempts (some more successful than others) to disassociate abortion from their lived experience. For some women, the one-on-one interview was the first time in years that they had shared about their abortion. Many used phrases signaling compartmentalization. The reality for many women is that the pain associated with abortion is too much to bear. For those unable to handle the emotional stress, it’s easier to try to forget.

“I just hold it inside. There’s nothing really I can do,” one woman said, who only confided in her husband. “I never told a friend. I never told my sister. I never told anybody about it.”

Another woman who didn’t tell anyone for years shared, “I tried to ignore

[it] for many years and would push aside and not deal with the feelings I was having from it because of the shame and the guilt. I didn't tell anybody I did it. It wasn't something I was going around sharing. So, I didn't seek help with it."

Women from all four groups expressed a variety of emotions related to abortion regret; sadness and guilt were the most prominent. Many women expressed loneliness, loss, grief, disappointment, shame, and worry over possible judgment from others. Some expressed fear that they would never be mothers again. "I wonder if I'll ever have another chance . . ." one woman reflected. "You know, you could have taken care of it. Why were you so selfish?"

Of those who experienced sadness and guilt, regardless of their perceived decision-rightness, many women would visualize the life of the preborn child lost to abortion. Some women expressed an innate sense of whether the child was a boy or girl: "Sometimes, deep down, I feel like I knew it was a little girl . . . All my kids, all five of my kids look just like their dad. I mean, he's there, all the spitting image of their dad . . . I wonder if that one kid was one that would have looked like me."

Another woman was reminded of her abortion while watching her two younger daughters play at the park with an older girl. When the three of them were holding hands one day, she somberly reflected, "that's what I should have had . . . it just felt like that's how it was supposed to be."

Other common defense mechanisms revealed in women's accounts were justification and rationalization. The reasons women gave for choosing abortion and/or the situations in which they said it is acceptable were varied and diverse. They included things like timing, poor relationships, finances, health problems, and a lack of social support. These justifications and rationalizations varied in emotional intensity, but they were especially high in the group of women who, although they say they don't regret, reveal strong and discernible defense mechanisms related to their decision. (Previous Vitae studies have explored in greater depth why women choose abortion.¹²)

Many women expressed an intellectual understanding of the preborn child as a developing life. Some even used the word "killing." But the reasons given for abortion were so emotionally powerful that this knowledge was overridden. One such woman, Beth, reflected upon her decision as something she would do again in the same circumstance, yet throughout the interview revealed evidence of regret. For example, after attending a baby shower, she remembered going to the bathroom to cry. In that moment, she explained, "I'm feeling guilty because I feel like what I did was kind of unfair to my baby and just feeling really like I kind of made the wrong decision."

Two and a half months after her abortion, Beth recalls leaving a party in

Washington, DC: “I am just completely crying my eyes out. I’m drunk. I have a full-on realization that I was bottling this abortion up . . . I really realized that there’s no way I can keep going on with my life without really talking about it.” What followed was excessive crying and daily drinking. “I was a complete mess . . . Now that I understand, I was really grieving.” Still, during the interview, Beth justified her decision to get an abortion, saying, “it made me the person I am today.” While she eventually sought therapy and, upon reflection, articulated no decision regret, it was apparent her abortion heavily contributed to serious behavioral and mental problems.

This is an important finding, because Beth’s story was by no means unique. Many respondents said they had no regrets, but their emotional responses, mental-health issues, relationship problems, drug and alcohol abuse, and other problems point to abortion-related distress. If Vitae had conducted their study like ANSIRH’s Turnaway Study, however, they would have captured an admission of decision-rightness as evidence that a woman doesn’t regret abortion. But as Vitae’s “No Regrets?” study found, decision-rightness alone does not sufficiently measure the role of abortion-induced harm. The reality of abortion regret is far more complex.

When Regret Is Minimized or Hidden

Minimization was most prevalent in the first three identified groups. It was especially strong in the third group of women identified, those who admit regret but focus on minimizing their abortion to avoid the emotional discomfort associated with the experience. Women who minimized said things like: “I just don’t think abortion is that big of a deal anymore. I don’t know . . .”; “we were raised to deal with our own stuff. You process it, and you let it go. And that’s kind of like how I did my abortion”; “I made the best decision I made for myself. . . I don’t have any traumatic hang-ups about [the abortion] . . . It’s a traumatizing thing to experience.”

Women in the fourth identified group were far less likely to minimize their abortion experience. These women regularly used the word “regret,” indicating a negative view of their decision. These women frequently said things like: “the abortion is impossible to forget,” “stays with you forever,” and “still hurts after many years or even decades.” Those who experienced guilt expressed a desire for emotional resolution and forgiveness. Some felt like abortion was “unforgivable” and that the guilt was a punishment they must carry for the rest of their lives. Many talked about asking God for forgiveness.

This group of women was the most aware of their emotional wounds and were the most open to healing, either in the form of counseling, therapy, or a program focused on abortion-specific trauma.

The openness of many women to pursue healing reveals a profound need. How can we better help these women?

Nicole's Story

Many women recounted the important role post-abortion healing played in their lives. One such woman was Nicole.

As a child, Nicole had a very unstable family life. By the age of 12, her family had moved 21 times. By the age of 15, she had lost both her father and stepfather. As a response to the instability and grief around her, Nicole started to drink and participate in high-risk behavior. "I knew there was a decent chance I was going to get pregnant, and I'd probably have an abortion," she said. In her mind, it was an empowering thing. It was 1988, "abortion is just normal. It's just what you do." And at 15 years old, Nicole became pregnant and had an abortion.

"It was a clear demarcation in my life before and after," she recalls. "I woke up, and I remember maybe a day or two later, standing on the sun porch of our house, watching the sun go down and thinking, 'I should think that's beautiful, but I don't feel anything.'"

Nicole started to experience intense feelings of depression and anxiety, leading her to ask for help. She met with a high-school counselor who shared his faith, setting her on a path to explore her own relationship with God.

Looking back, Nicole said it took a while to figure out the connection between abortion and her mental health. "Here I was having all of this anxiety and pain and all this depression . . . grief. I was grieving, but I didn't know I was grieving. What was I grieving?"

In college, Nicole became pregnant again. This time she was dating, and both she and the father (who is now her husband) wanted to have the baby. Dreadfully, upon finding out, both her mom and stepfather pressured Nicole to abort.

"They were horrible to me," Nicole explained. "They were like, 'You have to have an abortion . . . And at one point, I said, 'I cannot have another abortion. I won't survive it. I don't know why, but I can't do it.'"

But the pressure and emotional abuse were too much, and Nicole ended up at Planned Parenthood. "I felt alone. It was like I sacrificed my baby to my mom," she said.

While at the abortion facility, she said, "I knew what I was doing. I just laid there waiting for God to kill me. I was like, he'll just strike me dead. That's what's going to happen."

Not long after her second abortion, Nicole decided to get pregnant again. Defiantly, she planned not to tell her mom until it was too late. "I was living

with her still, but I managed to hide it.”

After the birth of her daughter, Nicole continued to struggle mentally. She knew the previous abortion experiences were affecting her. “I was just desperate,” she said. “I need[ed] help.”

Taking the advice of the high-school guidance counselor who led her to faith, Nicole visited a pregnancy center and enrolled in their post-abortion counseling program. This decision helped change the course of her life. Nicole recounts that the counselor gave her “one-on-one, essentially—therapy every week for years . . . For the first time I knew I wasn’t alone and I wasn’t crazy.” The counselor helped Nicole understand and move past the deep wounds she experienced from abortion. “She helped me process the feelings and experiences, accept God’s forgiveness, forgive others and myself, grieve my babies, and entrust them to God, knowing we would meet again someday. This all helped me heal and move on.”

Nicole started to share her abortion experience at church services, pro-life groups, and other events. When she tells her story, she explains, “it’s often not just about the abortion. It’s also about the saving power of the Lord.”

“It’s a terrible thing to know that you took the life of your own child. There is no answer for that in this world—no justice, no relief, no comfort, no hope,” she said. “I was so racked with guilt and shame, I would have settled for a loveless pardon. But God is a good father, and He wanted more for me . . . When I repented and gave my life to God, God gave me back the life I had lost; and he gave me back my voice, my babies, my community, and my hope. He has blessed me in ways I never would have dared to ask.”

Nicole now works with an abortion-healing ministry, Deeper Still,¹³ to help women with similar experiences find healing.

Paths to Healing

Organizations like Deeper Still are part of a widespread pro-life effort to help women with abortion stories like Rachel’s and Nicole’s. Nonprofits like Support After Abortion, Rachel’s Vineyard, Project Rachel, Abortion Recovery and Care, and Save the One offer free resources, retreats, and programs with the specific goal of healing. Abortion recovery programs are becoming a significant feature of most pregnancy centers in the United States. In their last annual report, Heartbeat International reported that 71.4 percent of its 3,100+ network providers offer abortion recovery services. Unfortunately, the “No Regrets?” study found that most abortion-wounded women don’t know about these resources.

As a result, the study makes several marketing recommendations, such as crafting messages that resonate with different groups’ emotional experiences

in the hope of helping more women find abortion healing ministries and programs.

In addition, the Vitae Foundation worked to identify common characteristics of the ideal abortion healing center or program. Surprisingly, most participants' descriptions of the ideal counseling center sounded much like programs that already exist. This should be both an encouragement and a motivator for abortion healing providers to creatively brainstorm new outreach strategies. We already have services that many abortion-wounded women say they need and desire; better marketing and outreach can help bridge the knowledge gap.

The pro-abortion lobby has spent considerable resources to promote the narrative that women do not suffer from abortion. We know this is not true—there are many Rachels and Nicoles in the world.

Even pro-abortion websites dedicated to post-abortion help (the few that exist) reveal the profound desire many women have for healing. One organization, Pro-Voice Exhale, has an “After-Abortion Stories Hub” full of heartbreaking, first-hand accounts from remorseful women. Their stories are tragic: “For weeks, maybe months, after my abortion I was suicidal and hated myself for what I had done”; “At first, I was completely okay with our decision—or at least I lied to myself well enough to think I was. Now, 5 months later and it eats at me every single day. I wish I would’ve never made the decision I made.” Testimonies like these reflect the emotional realities uncovered in “No Regrets.”

It is deeply wrong that these women suffer while the source of their pain goes unacknowledged. Because of the mainstream narrative on abortion regret, many women aware of their abortion grief are led to believe their pain does not matter. As a result, many end up believing that their lives don't matter. Injustice perpetuates injustice.

Identifying and reaching out to these women are vital steps toward creating a pro-family society—a society where healing and love suffocate the demand for abortion. Studies like “No Regrets?” play a significant role in helping the pro-life movement understand the women most impacted by abortion. In helping them, we help thousands of young women and girls know that their lives are valued and cherished, regardless of prior decisions they have made.

It is through these efforts that the pro-life movement demonstrates and will continue to demonstrate why the pro-life cause is pro-woman. No one deserves to be cast aside.

NOTES

1. For more information about the Lighthouse Women's Center, see <https://lighthousewomenscenter.com/>
2. Consider, for example: David M. Fergusson, L. John Horwood, and Joseph M. Boden, "Abortion and mental health disorders: evidence from a 30-year longitudinal study," *British Journal of Psychiatry* 193, no. 6 (2008): 444-51, <https://pubmed.ncbi.nlm.nih.gov/19043144/> Also:
David M. Fergusson, L. John Horwood, and Joseph M. Boden, "Reactions to abortion and subsequent mental health," *British Journal of Psychiatry* 195, no. 5 (2009): 420-6, <https://pubmed.ncbi.nlm.nih.gov/19880932/>
David M. Fergusson, L. John Horwood, Elizabeth M. Ridder, "Abortion in young women and subsequent mental health," *Child Psychology and Psychiatry* 47, no. 1 (2006): 16-24, <https://pubmed.ncbi.nlm.nih.gov/16405636/>
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3. David C. Reardon, Katherine Rafferty, and Tessa Cox, "The Effects of Abortion Decision Rightness and Decision Type on Women's Satisfaction and Mental Health," *Cureus* 15, no. 5 (May 11, 2023), DOI: 10.7759/cureus.38882
4. The Turnaway Study, conducted by a team of scientists from the University of California San Francisco, resulted in ANSIRH (Advancing New Standards in Reproductive Health) publishing over 50 research papers on which pro-choice proponents have based their argument that abortion does not cause regrets or adversely affect the mental health and wellbeing of any but a small and anomalous minority of women. <https://www.ansirh.org/research/ongoing/turnaway-study>
5. David C. Reardon, "Turnaway Study Report Unethically Violated Participants' Privacy and Misleads Public with a Non-Representative Sample, Selective Reporting, and Overstated Conclusions," *Issues in Law and Medicine* 39, no. 2 (Fall 2024), <https://doi.org/10.70257/TWGF1217>
6. David C. Reardon, "The Embrace of the Proabortion Turnaway Study: Wishful Thinking? or Willful Deceptions?" *The Linacre Quarterly* 85, no. 3 (June 20, 2018): 204-212, <https://doi.org/10.1177/0024363918782156>
7. Corinne H. Rocca, Katrina Kimport, Heather Gould, Diana G. Foster, "Women's Emotions One Week After Receiving or Being Denied an Abortion in the United States," *Perspectives on Sexual and Reproductive Health* 45, no. 3 (September 2013):122-131, <https://onlinelibrary.wiley.com/doi/10.1363/4512213>
8. David C. Reardon, Diana Greene Foster, "Email communications between David Reardon and Diana Greene Foster regarding the Turnaway Study," <https://doi.org/10.5281/zenodo.10850034>
9. Vitae Research Institute, "Abstract of No Regrets?: How to Reach People with Healing Resources after an Abortion Decision (2023)," <https://vitaeresearchinstitute.org/research/no-regrets/>
10. Vitae Research Institute, "Abstract of Abortion—The Least of Three Evils (1994)," <https://vitaeresearchinstitute.org/research/abortion-the-least-of-three-evils/>
11. Paul Swope, "Abortion: A Failure to Communicate," *First Things* 82 (April 1998): 31-35, <https://vitaeresearchinstitute.org/wp-content/uploads/2025/03/First-Things-Article-for-Web.pdf>
12. Vitae Research Institute, Dr. Charles Kenny and Right Brain Research, "Its Own Time and Its Own Season," "The Dilemma of Choosing Life," "Choosing a Life for Vitae," "Ready for Responsibility?" "A Higher Calling," <https://vitaeresearchinstitute.org/research/>
13. See Deeper Still website, deeperstill.org

LIFE STORIES

Amber: Searching Online for Pregnancy Help Changed My Life

Avail Staff

Published on March 5, 2026

Avail is a national nonprofit that offers free, confidential support to women and men facing an unintended pregnancy or processing a past abortion. For 30 years, Avail has helped people move from feeling overwhelmed and alone to feeling seen, supported, and confident. Avail combines an evidence-based digital platform and personalized virtual care to help people in all 50 states process unintended pregnancies or past abortions with greater clarity, confidence, and support. We believe in a world where people facing unintended pregnancies are never alone and will aim to empower 1 in 5 people impacted by an unintended pregnancy in the US by 2035.

The Moment I Saw the Positive Pregnancy Test

I remember standing in my bathroom, staring at the pregnancy test as if it might change if I looked at it long enough. Two lines. Clear as day. And yet my mind couldn't process what my eyes were seeing.

I wanted to cry, but I didn't even know why. Was I happy? Had I just ruined my life? The shock was so intense it felt physical, almost traumatic. It pulled me backward into a season of my life I had fought hard to leave behind. Everything felt loud and silent at the same time.

I was scheduled to leave the country in a few weeks. I was already anxious about my health. And now this.

I didn't know what to do next.

Feeling Completely Alone

I didn't feel safe telling anyone. Not my friends. Not my family. Not even the baby's father. We had only been together about six months, and there were already red flags I couldn't ignore. He didn't seem concerned about me or the baby. His behavior made me uneasy. Instead of feeling supported, I felt more alone than ever.

So I did what so many women would do in that moment. I Googled: "free pregnancy test" and "cheaper pregnancy help." That's how I found Avail.

An Unexpected Experience

I expected a clinical approach. Cold, busy, uninterested in me. Instead, I felt warmth. I felt welcomed. I felt safe.

No one rushed me. No one judged me. No one minimized what I was carrying—physically or emotionally.

When I met with my Care Expert, I couldn't believe the words coming out of my mouth. I was saying things I hadn't even admitted to myself. I felt embarrassed, and I questioned whether I even deserved support. But she didn't flinch. She didn't correct me or shame me. She just listened. *Really* listened.

And somehow, in that moment, I started to believe that maybe I could do this.

Finding Support and Stability

Avail encouraged me to take delivery support classes, conflict resolution classes, and financial education classes. They connected me to legal help when I needed it.

Their network of referrals changed my life. Through Avail, I was able to receive free counseling sessions. I worked through trauma I didn't even realize was still shaping me. I learned how to become the kind of mom my daughter deserves—not just someone surviving, but someone healing.

Things with her father aren't perfect, but I've learned how to pause, process, and respond instead of react. I've learned to set boundaries. I've learned to ask for help. I'm not the scared, isolated woman I was in that bathroom.

Continued Support that Makes a Difference

And Avail is still there. I continue to meet with my Care Expert. She checks in, encourages me, and reminds me that I'm not alone.

This past Christmas, they sent us a box of Christmas presents. My daughter adored the book inside. I loved the journal. They even included gift cards so I could buy my daughter a present. It may sound simple, but to a mom trying to rebuild her life, it meant more than I can explain.

Looking Ahead with Hope

Sometimes I still struggle. Some days are heavy. But when I look at my daughter, I see hope. I see purpose. *I see the life that felt almost impossible.*

Avail didn't just help me through a pregnancy. They helped me become a mother. And because people chose to support this work, my daughter and I are standing here today—stronger, steadier, and not alone.

Losing Sight of the Person in *Personhood*

Jason Morgan

There is a lie at the heart of most positions in support of abortion. In pursuit of a touted political, social, economic, or biological equality, the child who grows in his or her mother's womb is said to be something other than what that child plainly is and must logically be. The word "fetus," for example, denotes (for those who use words honestly) a stage of human development, like "toddler" or "adolescent." It is akin to the words "puppy" and "kitten," words for little dogs and cats, respectively, which do not in any way connote a separate species, only a smaller size. Pro-abortionists, however, use "fetus" to mean "non-person," indicating something that is, by the sheer willpower of the observer, an entirely different entity than either of the parents from whom that fetus received his or her DNA or the adult that he or she will grow to become. By this fundamental dishonesty, many pro-abortionists depersonalize humans in order to arrive at some nonexistent universe in which human sexual activity makes fetuses, not babies.

Mary Ziegler is the Martin Luther King, Jr. Professor of Law at the University of California, Davis, School of Law. She is the author of many books and essays on legal, political, and social aspects of abortion history in the United States. You may have seen her face or name in the mainstream media, where she is known as an authority on American abortion history and policy. Rightly so. I reviewed her 2022 book *Dollars for Life: The Anti-Abortion Movement and the Fall of the Republican Establishment* in these pages ("Campaign Finance and the Right to Life," *HLR* Winter, 2023). I noted there Ziegler's mastery of her subject. Ziegler is a good archivist and is also good at contextualizing her finds in the wider historical moment. But I also warned potential readers about her framing. Ziegler's position in *Dollars for Life* is that anti-abortion is politics as usual for the GOP, with money sloshing through Super PACs and politicians getting elected on empty promises made to true believers in the dignity of human life. What Ziegler seems not to have understood is that dollars for life, the pittances that little people like myself donate to pro-life causes, are meant to stop innocent blood from flowing. Dollars for life, for Ziegler, is a political story; dollars for life, for pro-lifers, is about saving lives. The distinction is one that Ziegler never seems to understand.

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Professor Ziegler is back with a new book about abortion history, this one tracked with fresh footprints from current events. When *Roe v. Wade* was remanded to the states with the *Dobbs* decision in the summer of 2022, many in the ivory towers and media studios that Ziegler and her colleagues dominate were appalled. The lie on which *Roe* hung was that preborn babies are not persons with rights any adult is bound to respect. Many proliferers thought the *Dobbs* court could, and should, have gone much farther, overturning *Roe* as not just bad procedure and based on bad legal reasoning and history, but as contrary to the plain moral fact that human beings are human beings and ought to be treated as such. In her new book, Ziegler zeroes in on this staunch assertion, rightly positing that personhood is the crux of the pro-life/pro-abortion standoff. While “in vitro fertilization,” “interstate travel for abortion,” and “abortions that rely on mifepristone” are important sub-issues, Ziegler argues that “we cannot understand any of them without understanding that the reversal of *Roe* was never the U.S. anti-abortion movement’s ultimate goal. From its inception in the 1960s, it has always been a fetal-personhood movement” (Ziegler vii). Ziegler’s timely *Personhood: The New Civil War over Reproduction* (Yale University Press, 2025) is an intellectual history of the idea over which proliferers and pro-abortionists have always been fighting. As Ziegler intuits, the struggle over personhood seems destined only to escalate henceforth. As she teaches, “personhood” is a multifaceted term that deserves to be seen in all its historical and legal complexity.

And yet, as in *Dollars for Life*, there is something off about Ziegler’s approach to her subject. It is impossible to know, of course, whether Ziegler has trouble telling the truth or is just remarkably good at reproducing the prejudices of her subjects, but on page after page of *Personhood* I was reminded that many who support abortion seem incapable of honesty about basic facts of history, biology, law, or moral philosophy. Perhaps it is because Ziegler’s theme, personhood, is top-dead-central to the clash between those who want to dehumanize babies and those who want to stop them from being killed, leaving little breathing room for nuance or candor, but throughout almost all of *Personhood* I had trouble separating the anti-personhood lies from the scholarly reporter of them.

Take, for instance, Ziegler’s treatment of the Fourteenth Amendment, the landmark 1868 Reconstruction document meant to make chattel slavery legally impossible in the United States. The word “person” appears five times in the Fourteenth Amendment: three times in Section 1, which lays out citizenship standards, and once each in Sections 2 (which deals with representative apportionment and suffrage rights) and 3 (concerning eligibility for elected office). As Ziegler notes, the personhood debate before the Civil War,

centering on the 1857 *Dred Scott v. Sandford* decision, was “about whether constitutional rights applied only to citizens or if some were also available to ‘persons’” (Ziegler 8). This was a political question, but one with grave import socially, morally, and even culturally. “Lincoln and other Republicans did not think that the Constitution guaranteed Black Americans equality in all spheres of life,” Ziegler reminds us, “but nevertheless argued that personhood itself provided them with some protection. Frederick Douglass, the most well-known abolitionist of the era, maintained in 1860 that the key determinant of constitutional rights was whether enslaved Americans were ‘persons, or . . . beasts of burden.’ If they were persons, Douglass wrote, ‘then all the thunders of the constitution may be launched at the head of him who dares to treat them contrary to the rights sacred to persons’” (Ziegler 9).

All of this analysis from Ziegler is true, but it is also true that the Fourteenth Amendment explicitly gave “persons” the rights of citizens, as follows (Section 1):

All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the state wherein they reside. No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

The fact of humanity is a given. The Fourteenth Amendment does not define “persons,” as its authors had no need to. Once the baleful fiction of “chattel” had been jettisoned, it became impossible to speak of Black Americans as anything other than the human persons they had always been.

Ziegler chooses, however, to write in this context about Horatio Storer (1830–1922), “a young Boston doctor [who] saw the abortion issue as a way to set regular physicians apart” (Ziegler 5). Storer was the founder of the American Medical Association, which was at pains to impose standards on a wildly unregulated profession. Many claiming to be doctors were just butchers in suits, and those who claimed to be able to end pregnancies for a fee were often the worst of all. Real doctors, those with training who took seriously the duty of care, wanted nothing to do with such bloody charlatans. As an 1859 AMA report put it, “‘physicians have long been united in condemning the act of producing abortion’ which was nothing less than ‘an unwarrantable destruction of human life’” (Ziegler 6). This is important to know. The view of babies held by Storer and his colleagues impinges on the personhood history we are supposed to learn from Ziegler’s book. And yet, Ziegler paints Storer and “many of the AMA’s early recruits” as “white, Protestant men from well-to-do families,” in what reads like a very familiar

tactic among Ziegler's professorial cohort to discredit an argument by emphasizing that some White Christian guy once made it (Ziegler 5-6).

Even more disingenuous is Ziegler's linking of fetal personhood, with which Storer and his fellow physicians were concerned, with the Fourteenth Amendment, which is not about babies but about former slaves. In a representative paragraph on page seven, for example, Ziegler begins by stating that "if a fetus was a rights-holding person, it was not clear how much of a practical difference that would make. Before the Civil War, courts, politicians, and even activists did not approach rights claims in the way their twentieth- or twenty-first-century counterparts would" (Ziegler 7). Referring to debates about the relevance of constitutional rights to Black and Native American residents, Ziegler says that Storer, "in his antiabortion rhetoric, never talked about the Constitution, only about biology and morality. He treated the fetus as a biologically separate human being and insisted that abortion violated a 'higher than human law' that treated 'the willful killing of a human being, at any stage of its existence, as murder'" (Ziegler 9). The author then throws shade on Storer, claiming, rather cattily, that he was just concerned that "Catholic immigrants [were] having many more babies than native-born Protestant women" (Ziegler 10). In case you have not been awake for the past decade, the translation of Ziegler's academic-ese is this: *Storer was just a racist, so whatever he said or thought or did is anathema.*

The truly important point, though, is obvious—if only Ziegler would dig deeper into history and natural law, beneath the thin crust of contemporary prejudices on which much of her scholarship rests. Whatever Storer's views on demographics and civil rights, the salient fact is that he did not argue that babies in the womb were persons in the same way that enslaved or formerly enslaved people were persons, because it would have been nonsensical to do so. When Roger Taney (1777–1864), the Supreme Court justice, delivered the notoriously racist line in the *Dred Scott* verdict that Blacks have "no rights which the white man [is] bound to respect," he was addressing a political question about citizenship and rights stemming from the 1820 Missouri Compromise, which was in turn a political decision about the territorial expansion of the United States and the condition of servitude of the people who would reside in the new parts of the country. Taney was not talking about whether children in the womb are human beings or not. Storer may have been a racist. Certainly Taney was. But the upshot of personhood in the nineteenth century is that the personhood of babies in utero was never in question. Nor, to put an even finer point on it, was the basic humanity of the slave.

Not far down the page from where Taney delivered his hateful dicta about not having to respect any rights that might be claimed to attach to

Black people, he mentions, in support of his argument, a Maryland statute about the intermarriage of races and a Massachusetts law about mixed-race children. Taney cites these to prove that Blacks do not have rights, not that Blacks are not human persons. Taney admits that the plaintiffs who have brought suit, namely Dred Scott (ca. 1799–1858) and another “negro slave” named Harriet (ca. 1820–1876), were married in 1836—with the consent of their “master and owner,” Dr. Emerson, no less—and became “husband and wife,” later bringing into the world “Eliza and Lizzie,” whom Taney refers to as “daughters,” as the “fruit of [the] marriage” between Harriet and Dred. It would have been absurd for Taney to cite laws about interracial marriage, and even more absurd for him to speak of the marriage of “negro slaves” and the “daughters” that were born to “husband and wife,” were he trying to argue that White people and Black people were separate species, that one of those groups was not human, or that Black people were incapable of entering into the same human relations and having the same human children as anyone else. Not even Roger Taney, in other words, was so blinded by politics as to dare to argue that Black babies are not babies at all.

Storer, for his part, does not embed his fight against abortion in such arguments as Taney makes, because both Taney and Storer agreed that human persons are pre-political—raw material for political will, Taney might have thought, but persons all the same—and that denying citizenship and other rights was something that affected political standing but had no effect, and could not, on whether the person whose rights were stripped was a fellow human being. “Personhood” as the Fourteenth Amendment has it, and “personhood” as doctors like Storer see it, are fundamentally different things. Until, that is, twentieth-century courts began denying that preborn babies are persons, at which point proliferators had need to argue that the opposite is true.

Ziegler displays a similar seeming inability to parse various strands of personhood when she takes up the notion of personality for corporations. In a section on the controversial 2010 *Citizens United v. Federal Election Commission* Supreme Court decision, for instance, Ziegler returns to one of her favorite punching bags, *Dollars for Life’s* target and attorney James Bopp, Jr., to mock him for viewing both corporations and babies as “victims” in his drive to get the Supreme Court to recognize free-speech rights for associations. Yet Bopp, as Ziegler notes, did not even “focus on the personhood of corporations” in his *Citizens United* work (Ziegler 168). Ziegler chides personhood crusaders for not glomming on to the fact that “those insisting on corporate personhood [have] often contended that personhood gave corporations *fewer* rights”; she cites the 1839 Supreme Court case *Bank of Augusta*

v. *Earle* to demonstrate the folly of tying “constitutional rights” to “human genetics” (Ziegler 162-163, emphasis in original). But as with her *Dollars for Life* book, Ziegler seems still not to understand the various tactics that proliferators try in order to protect innocent children from those who deny their humanity. Bopp wants to save lives. He maps out ways to do that, playing the long game of interacting with electorates, politicians, and courts. The small stuff is tactical. The big prize is strategic.

If only Ziegler could work on these two registers at once. The bulk of Ziegler’s *Personhood* book is about the ways in which proliferators have adapted to prevailing arguments of the day—feminism, civil rights, free speech, corporate personhood, and more—in pursuit of what even she admits is the goal: recognition of the humanity and associated rights of the preborn. And yet, along the way, Ziegler refuses to countenance what this means, both at the tactical and the strategic level. James Bopp was not being insincere or mendacious when he adopted certain tactics in advance of his cause. He was being just. Babies are denied personhood on the basis of political lies, and those who counter those lies must work within the constraints the dominant powers set down. In the end, however, personhood is not a political question but a moral one, something that Ziegler seems, for some reason, unwilling fully to admit.

This is the crucial pivot on which *Personhood* fails to turn. Bopp works for justice, at least as he sees it. He is a political operator, yes, but in pursuit of a higher order achievement. The fulcrum by which to pry apart personhood as a legal and political tactic and personhood as a definitive statement about human persons is the natural law. As we saw even with Roger Taney, people are persons before they are citizens. The difference is one of moral philosophy. Most proliferators are not rank materialists. We don’t think, as Ziegler mischaracterizes our view, that constitutional rights are the product of genetic code, but we do think that human beings have dignity. Ziegler’s book would have been much stronger had she taken the time to engage with natural law counter-arguments instead of dismissing them.

Unfortunately, time and again Ziegler does her readers the disservice of neglecting to provide good background to debates and to make important distinctions among logically separate strands of “personhood” ideas. To cite just three examples of many, Ziegler gives—for a scholar, I think, unconscionably—short shrift to Joseph W. Dellapenna, Hadley Arkes, and Robert George. Dellapenna gets a scant two mentions in *Personhood*. Both times Ziegler, again being catty, backhands him as “an expert on water law” (Ziegler 86, 203). But water law, as I think Ziegler knows full well, is not why Dellapenna is part of the personhood debate; Ziegler herself acknowledges that Dellapenna “believed *Roe* got the

history of abortion wrong and was planning to write a book about it” (Ziegler 86). Ziegler cites that book, Dellapenna’s *Dispelling the Myths of Abortion History* (Carolina Academic Press, 2006). There, he breaks with the “scholarly consensus” on which Ziegler places great importance because, apparently, he is one of the few people in American academia who has read extensively about abortion history. Had Ziegler taken Dellapenna seriously, instead of rolling her eyes at him as a moonlighting water law scribbler, then she might have produced a much more enlightening volume. The missed opportunity forms the empty core of *Personhood*.

And so with George and Arkes. Robert George, a famed philosopher and moral thinker whom Ziegler caricatures as “the son of a West Virginia liquor broker,” showed at length, in a brief he wrote for the *Dobbs* court with another natural law philosopher named John Finnis, that Dellapenna got the abortion history right in his meticulously researched book. (See my review of George’s most recent work on this subject in the Summer 2025 issue of *HLR*.) At no point does Ziegler cite any of George’s substantial writings on natural law or legal history, however. Apart from a handful of George’s pieces for the popular press, as well as some sniffy wind-ups of George by her friends in the liberal media, Ziegler gives us no indication of the richness of George’s thought or the rock-solid grounding in legal, social, and political history that Dellapenna, George, and other scholars have given us.

Perhaps most disastrous is Ziegler’s treatment of Hadley Arkes, the towering moral philosopher who has been arguing for the humanity of children in the womb for much of his career. Ziegler says that Arkes “founded the James Wilson Institute in 2000 to promote the argument that the framers of the Constitution abided by natural law” (142-143). Ziegler might have engaged with the natural law as Arkes explicates it, might have dug deeper into why Arkes and so many other proliferators in America and elsewhere insist that human beings be treated with dignity and respect regardless of physical or mental ability. But Ziegler, in what seems to me to be but one of many cowardly performances in *Personhood*, shifts gears, giving us the book’s last mention of Arkes in a pique of disingenuity. After telling us that, following the 9/11 attacks, “hate crimes against Muslims in the United States increased dramatically,” “Bible sales surged in 2001, as did purchases of American flags,” and a “record 90 percent of Americans approved of George W. Bush’s performance in the White House in the immediate aftermath of the September 11 attack,” while “the figure among conservative Christians was almost certainly higher,” Ziegler concludes: “Bush signed Arkes’s born-alive bill into law in 2002” (Ziegler 144). Are we to believe that Hadley Arkes is an anti-Muslim religious nut whose rah-rah jingoism got him in good with GW?

If Ziegler thinks this is a fair reading of Arkes' body of work, then I feel she might need to go back and read it again.

It is not just the petty point-scoring at which Ziegler excels that gets old by the end of the book. To wit: Ziegler tells us that Donald Trump's press secretary exaggerated the size of Trump's January 2017 inauguration parade, but doesn't also report that the pro-abortion media virtually ignore the massive March for Life every January running (Ziegler 180). Much more important is that Ziegler appears to be afraid of the natural law, unwilling to meet powerful intellectual adversaries head-on, incapable of admitting the extent of the darkness of pro-abortion ideology (*Personhood* whitewashes Margaret Sanger, for instance), and almost obsessively opposed to attributing any human aspects and experiences to fetuses at all. In her brief discussion of Bernard Nathanson (1926–2011), for example, Ziegler describes him as a former abortionist who joined the “antiabortion movement,” but says nothing about *Silent Scream*, the blood-curdling 1984 film showing a tiny fetus fighting for his life against an adult abortionist wielding a scalpel. Ziegler also dwells at length on murdered abortionists, seemingly desperate to paint “antiabortionists” as zealous would-be felons, but says nothing of Kermit Gosnell, a prolific in utero serial killer, or of the dozens of millions of human beings thrown out in the trash in the name of a political ideal to which Ziegler and her friends subscribe.

That one word, “antiabortionists,” repeated throughout *Personhood*, lays bare the intellectual and moral bankruptcy of Ziegler's cause. The term “antiabortion” makes it seem as though proliferators are somehow against a procedure—railing against abortion on Mondays, maybe, and against tonsillectomies, chiropractic massage, and dental implants the rest of the week. People, however, fight for personhood because babies are being killed in the womb. That is the plain fact. Biologically, morally, and, yes, legal-historically, fetuses are human persons, full stop. *Personhood* could have been about arguments on this level, but instead it is a rather inelegant skirting of central truths in favor of a political ideology.

If only Mary Ziegler had had the courage to tell the truth about humans in the womb, or even the integrity to treat her opponents' arguments as worth understanding, *Personhood* would have been a splendid intellectual history. As it is, though, it's a failure—much like the attempt to deny the obvious humanity of children in the womb.

BOOKNOTES

ABORTION PILL REVERSAL: A SECOND CHANCE AT CHOICE

George Delgado, M.D.

(Ignatius Press, 2025, soft cover, 254 pp., \$18.95 and e-book, \$12.32)

Reviewed by John M. Grondelski, Ph.D.

A growing number of abortions worldwide are pharmaceutically rather than surgically induced. Various reasons account for this trend. Many abortions occur in the first trimester, and “medication abortions” (a favored Guttmacher Institute term) can be performed at least through the seventh week of pregnancy. (Heartbeat can be detected at six.) American culture also tends to think a “pill” can fix almost everything, including sexually. There’s a reason the anovulant contraceptive is known as “*the Pill*.” The “abortion pill” hopes to glom onto the popularity of the “Pill” while further blurring the line between contraception and abortifacients. “I could take a few pills and pretend this had never happened” (p. 115).

Chemically induced abortions also lower abortionists’ overhead: Clinics can become dispensaries, with medical “exams,” “counseling” by teleconference, and automated or mail distribution of drugs that make abortion largely a “do-it-yourself” procedure. Pro-abortionists see in the latter a way to evade restrictions adopted post-*Dobbs* by various states.

The “abortion pill” is actually two drugs—mifepristone and misoprostol—initially introduced in the United States by an arguably political decision of the Clinton Food and Drug Administration, which bypassed its usual protocols. Mifepristone, the first drug, blocks the hormone progesterone. Progesterone is responsible for two things: promoting solid and continuing implantation of the embryo/fetus to the uterus and suppressing the action of prostaglandins, which cause uterine contractions. Firm implantation is essential to the unborn child’s survival by allowing exchange of nutrients, oxygen, and waste removal. The reason for stopping the uterus from contracting prior to delivery is self-evident. Mifepristone essentially “undoes” implantation, depriving the developing child of nutrition. With mifepristone having launched the child’s death, misoprostol (taken 24-48 hours later) finishes the job by inducing contractions, by which the woman (usually alone) delivers her dead baby as well as the developed uterine contents that supported it. The “abortion pill” essentially induces miscarriage. The question is: Once induced, can that miscarriage process be stopped?

Dr. George Delgado has shown it can. His book *Abortion Pill Reversal: A Second Chance at Choice* explains how, as well as how we got here.

The “how” is relatively simple. If mifepristone blocks the action of progesterone, by which the body naturally and normally supports a pregnancy, then one should be able to counteract mifepristone’s blockage by rapidly increasing a mother’s progesterone levels so that mifepristone is ineffective. The key is time: As long as additional progesterone is supplied and misoprostol is not taken, Delgado has shown such treatment effectively stops the medication abortion at least 65-80% of the time.

One would think this would be a recognized benefit, given that abortion is defended as a matter of “choice.” One would be wrong. The only legitimate choice for the “choice” crowd is abortion.

George Delgado, a physician, medical director, and researcher, is one of the pioneers of abortion pill reversal therapy, and his book is a history of that movement. “History” and “movement” are special descriptions. This book is not a boring “history” of the medical treatment but a clear and engaging documentation of how abortion pill reversal came about and spread. It originated with a pregnant woman’s call for help to Dr. Delgado after taking mifepristone and his quickly putting 2 + 2 together: If increased progesterone dosages had been successfully used for decades to prevent natural miscarriage, they might work against mifepristone, too. They did, and Dr. Delgado is author of several peer-reviewed articles documenting this treatment. It’s a “movement” because established voices in “mainstream medicine,” ideologically committed to abortion, were intent from the start on marginalizing abortion pill reversal and keeping it out of the “standard medical care” toolkit. Abortion pill reversal spread because Dr. Delgado not only developed the medical protocol but started a national hotline and built a network of physicians ready to help women wanting to stop the medication abortion process they had begun.

The book is, therefore, a grab bag of information that traces the history of abortion pill reversal efforts from 2008–2024. It includes an explanation of how the abortion pill and reversal procedures work; the research that backs Delgado’s procedures; the spread of the procedures worldwide; and how pro-abortion ideologues and their allies in government have sought, in the name of “science,” to stifle the abortion pill reversal procedure’s spread. A separate part of the book includes personal testimonies from Dr. Delgado, peer colleagues, nurses involved in his abortion pill reversal hotline, and women actually helped by the procedure, speaking of their experiences. Some common threads there include the ambivalence women have about undergoing medication abortion; their despair that abortion might be their

immediate “least bad choice”; their frequent recoiling from their “choice” almost as soon as they have swallowed the pill; the race against time to save their babies; and their satisfaction in the end at having undergone abortion pill reversal.

An honest medical establishment would, at the very least, admit that some women may decide not to “go through” with a medication abortion and have the alternative to back out. This fact contradicts abortion orthodoxy, which claims post-abortion regret and trauma are but figments of pro-lifers’ imaginations. That abortion pill reversal has not yet been acknowledged as standard medical care says much about the ideological grip pro-abortionists have on that establishment. The procedure continues to be slandered by disinformation, from its alleged ineffectiveness when regulatory bodies block research to the commonplace claim by abortion clinics that one must “finish” the medication abortion regime or risk fetal deformity, even though even the FDA acknowledges that mifepristone does not have teratogenic—deformity-inducing—effects. This shows why Delgado et al. have had to show decades-long tenacity. America’s experience with COVID sheds some light on Delgado’s experience: One reason many people are suspicious of “public health” claims—even those they probably shouldn’t doubt—is because a lot of things were proclaimed and imposed in the name of “believing in science” that in retrospect represented blind if not misplaced faith. Happily, modern communications offer ways of circumventing ideological groupthink, even when declaimed by “authorities” in white lab coats.

The book is thorough and detailed, but very accessible. Delgado makes medical and research issues understandable, while affording the reader a thorough grounding in how abortion pill reversal originated and grew and where it seems headed. The author’s style and pace keep the reader engaged and wanting more.

One can hope that abortion pill reversal procedures become admitted standard medical practice, though one should have no illusion that will happen without a fight. Still, the writing is on the wall: At least 15 states now require discussion of abortion pill reversal as part of informed consent requirements for medication abortions, while to date only one—Colorado—has tried to ban it (and been stopped, at least partially, in federal court).

As Delgado shows, abortion pill referral sits at a unique place in medical care. On the one hand, because of the time factor for counteracting mifepristone, it is emergency care. On the other, progesterone as an inhibitor to miscarriage is so standard it can be general practitioner, and not just OB-GYN, care.

For pro-abortionists, chemically induced abortion is a talisman by which

they hope to ground abortion as an uncontroversial “medical procedure” that can evade hostile state restriction while opening a whole new market. For proliferers, abortion pill reversal may be our new barricade. Delgado’s book is a go-to reference about this new procedure that belongs in every proliferer’s and physician’s library.

—*John M. Grondelski (Ph.D., Fordham) is former associate dean of the School of Theology, Seton Hall University, South Orange, New Jersey. All views are his own.*



“Well, don’t they put the ‘grim’ in pilgrim.”

FROM THE WEBSITE

ON RAPE, PROLIFERS SHOULD SHOW HUMILITY AND HEROICS

Diane Moriarty

When you Google “Battle of the Sexes,” the first thing that comes up is references to the 1973 Billie Jean King–Bobby Riggs exhibition tennis match which was held at the Houston Astrodome. Televised internationally, the match was viewed by roughly fifty million people in the United States and ninety million worldwide.

It was a media spectacle and a spectacle in itself as much as an athletic event; King made a Cleopatra-style entrance on a gold litter carried by men, while Riggs arrived in a rickshaw pulled by female models. Emotions between the genders ran high, both sides “throwing down the gauntlet” for their own reasons—for females it was a bold challenge; for males it was an ultimatum. The hype was such that you would think the very future of feminism and the very survival of a patriarchal natural order was at stake.

King won in straight sets. Women celebrated wildly, and men suddenly found the competitors’ age difference a significant factor (Riggs was fifty-five; King was twenty-nine). But enough of that.

A “Battle of the Sexes” environment is ever present in society to one degree or another, whether mildly percolating as expressed in sayings like “can’t live with ‘em, can’t live without ‘em,” or at a furious boil such as when the pro-life movement is reduced to hyperbolic theatrics as found in *Handmaid’s Tale* dystopian fiction, with men framed as quasi-religious authoritarian ogres turning women into brood mares gussied up like weird red nuns (a truly unfortunate fashion decision none the less embraced and strutted on pro-abortion runways while holding “blood”-stained dolls in front of their private parts). But enough of that.

What this essay is really about is what I perceive as the somewhat mildly percolating but ever on the verge of a furious boil “battle of the sexes” element within the pro-life community, and it centers on rape. I dealt with this subject matter in an article I penned last year, “Rape is a Pro-life Issue,” and I feel called to expand on it.

In that essay, I wrote: “The rapist is playing God with the woman’s body. Bad enough he robs her of her most basic self-possession, but the attack has the potential of creating life itself, and something so profound in the hands of a brute scoffs at sanctity.”

In other words, the sanctity of life has more than one angle. The biology angle is that life begins at conception, which of course it does. (If not then, when? An arbitrary and capricious man-made time line?). And because a life begins at conception, the child's humanity governs from the beginning, no matter the circumstances of his or her origin. Whether produced in a petri dish or from an act of rape, the result is still a child of God who deserves protection.

Got it. All pro-life women do, even though in the case of rape, the burden of living this truth is borne by women alone. Meanwhile, men seem to have the luxury of being armchair philosophers. From this position of comfort, it's all too easy for them to believe they're being gallant by, after providing a cursory acknowledgement of her trauma, reminding us all that it's still life—no matter what! He's a beast! Even a monster! But hey gals, ultimately the only thing that really matters here is that this sperm met her egg and made life. Like it or not.

This can sting for some pro-life women, because isn't this attitude another way of playing God? That it suggests the rapist's contribution to making new life, his sperm, is somehow justified once it does, and so cancels out his criminally uncivilized act? And can't it foster ambivalence toward men from women in the pro-life community, and deep resentment and suspicion from women at large? Hello crazy red nuns.

Perhaps one of the most breathtakingly thoughtless examples of a professed pro-life guy "not getting it" came to us courtesy of the late Todd Akin, who died in 2021. The Republican US congressman, who served from 2001 to 2013, said during a 2012 television interview: "if it's a legitimate rape the female body has ways to try to shut that whole thing down." First off, it sounds like he's talking about the boiler in his basement, not a flesh and blood human being, and to say "legitimate rape" implies there's the illegitimate kind. So, if it's a "real" rape she won't get pregnant (an old wives' tale, ironically enough), and if she doesn't get pregnant, raping matters less?

Unfortunately, the downplaying of rape isn't just anecdotal evidence of one conservative congressman's gaffe. There is evidence that many people with pro-life and conservative values fall short of appreciating the gravity of rape. According to a 2023 study surveying participants about described rape scenarios with varying levels of alcohol involved, those who scored higher on a scale of Conservative views and Rape Myth Acceptance "attributed less responsibility to the perpetrator and more responsibility to the victim across all conditions." Further, a 2025 study investigating trends in perceptions of rape found "statistically significant and substantively meaningful gender and partisan gaps in the acceptance of rape myths," with men on both sides of the political spectrum showing "statistically similar predicted level of acceptance across all rape myth statements."

Again, the humanity governs from the beginning, whether it begins with sperm and egg in a petri dish or a rapist's sperm and his victim's egg, he or she is still a child of God who deserves protection, and it's noble to insist on it. But in their insistence, do some proliferators, perhaps unconsciously, elevate a man's sperm to dominate the narrative and damage the pro-life cause, alienating more women?

Before You Speak of Life, Speak of Justice

What to do? I humbly offer the following mental exercises.

Firstly, in Philippians 2:6–7, St. Paul emphasizes that: “Jesus, though he was God, did not think of equality with God as something to cling to.” OMG! What did I just imply! It is NOT, I repeat not to suggest men are like God. Suffice to say the male ego tends to be healthy enough. What I'm alluding to is that fellows might reflect on how if Jesus, who actually was (is) God, had the humility to not brag about it, then perhaps they could bear that in mind when expounding on rape (some might say “man-splaining”) and not fixate on the acceptability of sperm simply because of its biological standing, and in the process come off sounding like they're exonerating a despicable act.

Secondly, when advocating for pro-life causes, “Don't Scare the Horses.” This is an old saying that evolved over time, from Victor Hugo saying he didn't care what congress did as long as they didn't scare the horses, to society mavens remarking on bad behavior in public. Another example of its usage, and fitting for my purposes here, is an 1897 article in *The Spokesman-Review* of Spokane, Washington, about members of the Salvation Army taken to police headquarters for violating an ordinance by playing instruments—tubas, trombones, and tambourines!—while marching in a busy part of the city. The paper reprinted the pertinent law, which was: “The ordinance says no person shall do anything upon the streets or sidewalks which shall have a tendency to frighten horses.” The gist of it is, in a time when horses were the main form of street transportation, spooking them could have unfortunate repercussions. Be mindful of nature. So in the interests of fostering a better understanding between men and women on the enormously sensitive subject of rape, I might suggest here, “Don't Scare the Horses.” And don't carelessly piss off the ladies.

But there's something else. It takes a lot of guts and immeasurable charity for a woman to be able to get past her own pain and disgust and agree to carry a rapist's child. What she needs is support, not pity. What better way for pro-life men to support women than to unequivocally do gallant battle against the rape culture that percolates through society, be it tawdry jokes, blaming women, or pornography. Be a hero, please, not a scold.

—*Diane Moriarty is a freelance writer living in Manhattan.*

CELEBRATING BABIES IN PUBLIC SPACES

Victor Lee Austin

By the time you read this, my local airline will have abandoned its “open seating” policy of letting people sit wherever they want as they board the plane. The money crunchers have decreed that there are greater profits in being an airline where people pay more for assigned seats. I liked the open-seating policy because, once I put my bag in the overhead bin, I could check out the seated folks to see whom I’d like to sit beside. I’d tend to gravitate toward people who had a book in their lap. I have to say, it was otherwise with people who had a baby in their lap.

Midway through a recent flight I noticed that the row ahead had a couple with a baby and a young fellow—four people in the three seats. I had not noticed them! They were casually dressed and lovely. The young fellow was by the window, the two adults side-by-side, armrest raised, nestling and dozing with their baby, shoulder to shoulder.

We heard from other babies in other rows of that airplane, which put me in mind of churches, another public place in which babies’ cries can fly through space. A high-ceilinged church which is well-constructed for sound to travel: What better place could there be for a baby to practice vocalizing! A church that is built to hold five hundred people allows a lot of sound-wave experimentation.

As a pastor, I have always wanted children, including the youngest ones, to be present in church, to experience the special actions of worship. It is hard to think of any other public space where we do what we do in church. We sit, then stand together. We listen, then we speak together. We sing. We hear loud music and quiet music. Imagine you are from Mars and you have no idea of what church means: You would notice these things people come together to do which they don’t do in their homes or in stores or restaurants, things done in church, more or less every week, which are unlike everything else in the week.

I have imagined that children, even before they can understand words, are nonetheless able to have a pre-verbal understanding of the worship of God that happens when we gather in our worship assemblies. God can reach them, and therefore they ought to be there.

Many years ago, before I went to seminary, my wife and I and our not-quite-toddler son were at a sparsely attended Easter vigil. I had gone to the back with our son, to hold him and whisper to him as the service went on. We were pacing back and forth. Way up front a baby was being baptized. In the midst of the questions and answers and prayers that precede a baptism, that baby cried out. Our son cried in response. The baby up front cried again. So did our son. It was as if they were having their own communication, carried through that space by

the Holy Spirit, in a language that only they—and God—knew.

Yes, despite difficulties in managing occasional disruptions, it is very good to have babies around.

—*The Rev. Canon Victor Lee Austin, theologian-in-residence for the Episcopal Diocese of Dallas, is the author of a handful of books, including Friendship: The Heart of Being Human.*

THE GOODNESS OF LIFE, EVEN UNTO DEATH

Jason Morgan

A few weeks ago I watched one of our beloved animals die. Our companion and friend for more than twenty years, one of our kitty cats, wizened with old age, lay on our bed with us and breathed his last. We wept over him. I prayed that he would be allowed to go peacefully. By the grace of God, he was.

For months we had known that any day might be his last one with us. I have had a dog or cat near me, often many, ever since I first came home from the hospital as a newborn, but with the joy that animals bring comes the heartbreak when they reach the end of their days. More times than I care to remember I have seen the nodding head, the sunken haunches, the grizzled muzzle that means that time is running short. More times than I care to remember I have seen the final hour, seen one of God's creatures suffer bravely as the end draws nigh. Last Christmas, my wife and I steeled ourselves for what we knew was coming. We were grateful that our kitty was with us for the new year. Not long after that we asked the vet to make a house call. He told us what we already knew—there was nothing more that could be done. A couple of days later and our precious family member was gone.

Our kitty was holding on because he wanted to be with us and his other kitty family for as long as he could. But as I watched him fight for each extra hour on earth, I began to marvel at the strange separation between the creature and the life it's been given. Our cat fought for his life, and then we watched as that life slipped away. The life and the living of it are different. So, too, are the life and the life-force—the power beyond us all that animates our world but which none of us access except indirectly, through the life that makes our own hearts beat and lungs fill, but which is not ours, and which is not us, either. Someone who is not his or her life holds on to that life because the life-force from which it springs is good, is all that we have. All good things in life come from that source of life. It is good to be alive, no matter how much it costs us in suffering, because of the infinite goodness that all life in the universe confesses.

There is goodness in life, but bitterness in death. How I hated the death that took my friend from me. How I hated not knowing where animals go when they die. There are theological disputes about it, I know, but my Heaven, I hope, will be jumping and yelping with critters. All of my dogs and cats of years past will be there, alive eternally, waiting for me. Down here, where death still has a say, I have seen the lives of many animals fade out and flicker away, leaving the body still and cold. Humans, too, are subject to this terrifying triangulation. We can will ourselves to go on living for reasons that go far beyond the self. We can hold on to our lives, mindful of our souls. We know, in a way that we know nothing else, that our lives are not ours forever, and are not even ours while we are alive. When there is pain we can feel ourselves holding on, fighting through. But that self, and the will that steadies it, are merely participating in a life-force that is infinitely bigger than anything we, in our human minds, could imagine.

Animals don't tell us what they think, but in one of the great miracles of our universe we humans can communicate with animals in our own ways. As I stroked the drooping head of my emaciated feline friend and watched him silently struggle to stay alive for just a little while longer, I understood that he must also sense that the life he has is not his own. Still, he held on to life.

When the end comes for me, I will probably hold on, too. Whatever is good here, where death has stolen in, is life, and life is from the place where there is only goodness forever. It is worth holding onto. It is all that we or any other living thing have.

—*Jason Morgan is associate professor at Reitaku University in Kashiwa, Japan.*

KERMIT GOSNELL, PROLIFIC ABORTIONIST, DIES AT 85

David Yves Braun

The abortionist Kermit Gosnell died in Pennsylvania at age 85. Although his death occurred March 1, it was not made public until March 23. Gosnell was serving three life terms without possibility of parole for his involvement in the post-birth deaths of three babies. He was also convicted of third-degree murder in the death of a mother.

Gosnell came to notoriety in the period between 2010 to 2013, when a grand jury described what went on in what District Attorney Seth Williams dubbed the “house of horrors” Gosnell ran at 3801 Lancaster Avenue, Philadelphia. The report detailed a catalog of abuses, from unsanitary conditions such as blood-stained floors and recliners to a cat wandering the premises to Gosnell’s

extensive collection of aborted babies preserved in jars in the cellar.

The paradox was that Gosnell was raided not for his abortuary but because Pennsylvania authorities and the federal Drug Enforcement Agency suspected him of running a “pill mill,” dispensing illegal prescriptions of drugs. Only when they arrived for a drug investigation did they discover the scope of Gosnell’s filthy abortion business.

That’s not to say the Keystone State should have been surprised. Gosnell had been in the abortion business since 1979. In addition to working in Philadelphia, Gosnell was also a typical carpetbagger, an abortionist who traveled from clinic to clinic which, in his career, included Delaware, Louisiana, and New York. Numerous reports were filed about Gosnell’s lax “standards,” but under pro-abortion governors Republican Tom Ridge and Democrat Ed Rendell, state regulators turned a blind eye to Gosnell’s “clinic.”

It should be noted that Gosnell was not an obstetrician or gynecologist. He was a family practitioner who developed his own “specialty” in abortion.

And it was a unique Gosnell specialty. He specialized in late-term abortions which, in theory, were regulated in Pennsylvania but for which, nevertheless, Kermit Gosnell developed a lucrative business. He also perfected his own unique “abortion procedure”: delivery of late-term babies followed by “snipping” with scissors of their spinal cords. There was testimony of more than 100 such killings, but three were sufficiently documented to convict the abortionist.

Sloppy medical care of the mothers was also a Gosnell clinical “standard.” Perforated uteri and hemorrhages occurred. One refugee woman from Bhutan died in 2009 from an anesthesia and painkiller overdose administered during her abortion (which was the grounds for Gosnell’s third-degree murder conviction). Another woman had died in 2000 from a perforated uterus and sepsis following a Gosnell abortion, but that case was settled by a civil court judgment.

No doubt through most of his life Gosnell trafficked in his “care” for “poor women” in a poor Philadelphia neighborhood. It’s a favorite abortion trope: concern for the poor and minorities. Only when the scope of Gosnell’s “house of horrors” became evident, however, did the abortion establishment disavow him. The window that the Pennsylvania grand jury report opened onto the abuses of unregulated abortion resulted in prompt efforts to turn Gosnell into a “non-person” in the abortion world. His case was simply ignored and unreported; when forced to confront Gosnell’s abuses, Big Abortion simply declared that he was an “aberration” who did not represent their “mainstream.” The truth is he rendered their practices all too evident.

Pennsylvania still nominally had protective pro-life legislation in place, but, post-Bob Casey Sr., a combination of 15 years of “moderate Republi-

can” Ridge and mainstream Democrat Rendell rendered those laws nugatory. Those horrors, however, were hardly confined to the Quaker State.

In the roughly 13 years since Gosnell’s final sentencing and imprisonment, the scandal of Planned Parenthood’s trafficking in fetal body parts broke—and the organization remained protected. Indeed, Democratic officials in California, including Kamala Harris, rose in defense not of the whistleblowers but of the abortionists, alleging that evidence of the actions was somehow “doctored” and untrustworthy. Kermit Gosnell keeping pickled baby feet in his Philadelphia basement was repugnant; Deborah Nucatola bargaining about the price of organs over cabernet was suddenly “protected.”

Gosnell was convicted for bringing late-term babies (whose abortions were prohibited under Pennsylvania law) to birth and then cutting their spinal cords, i.e., murder. Ex-Virginia Governor Ralph Northam calmly described making a disabled newborn “comfortable” while conversing with parents about how to eliminate him, and Northam was defended. On January 22, 2025, every Democrat then in the U.S. Senate—47 of them—voted against legislation to declare that a baby born alive after abortion must be afforded medical care and be protected from infanticide.

Gosnell was no OB-GYN but a general practitioner. No problem: Off-label use of doctors and drugs (digoxin is a cardiac drug now used to stop fetal hearts in late-term abortions to prevent that pesky “born alive” problem) is no barrier to “abortion rights.” Consider the number of states willing to farm the performing of abortions out to nurses, midwives, and other “medical personnel,” telehealth medical exams for abortions, or remote dispensing of abortion drugs.

In those states where abortionists have rammed through state constitutional amendments to “protect” abortion post-*Dobbs*, the scope of those amendments, if they do not practically forbid effective regulation of abortionists, nevertheless chills and deters states from getting involved. Such amendments replicate the climate in 1995–2010 Pennsylvania: See no evil. And, likewise post-*Dobbs*, in the spirit of protecting abortionists from accountability in pro-life states, there’s been a proliferation of “shield laws” in various states that (unconstitutionally I would argue) immunize doctors from legal liability in other states (even if they practice their trade there, by television or mail). Let’s admit what it is: immunity against answering for malpractice.

The abortion establishment would like to ignore Kermit Gosnell. Until the evening of March 24, America’s paper of record, *The New York Times*, source of “all the news that’s fit to print,” felt no need to record Gosnell’s demise. When at last it did, it still crowned him as “imprisoned abortion doctor convicted of murders,” as if his homicides were but the “rallying cry of anti-abortion

activists.” Does that mean the “abortion doctor” has been rehabilitated? The truth is even if the abortion establishment won’t admit it, it acts a lot like Kermit Gosnell (with sometimes slightly better hygienic standards).

Speaking of a man’s passing, Jewish and Christian practice long counseled not to speak ill of the dead. I hope that in his nearly decade and a half in jail, Kermit Gosnell may have repented of his “career,” but I certainly have not heard that in any public forum. Thirty-one years ago, on March 25, 1995, Pope St. John Paul II spoke of the epic contemporary struggle between the “culture of life” and the “culture of death.” If one wants to see the ugly side of the latter, consider the life, times, and patrimony of the late Kermit Gosnell of 3801 Lancaster Avenue, Philadelphia.

—*David Yves Braun writes from Virginia.*

ABORTION SUPPORTERS FOCUS ON ECONOMICS, NOT MORALITY

Matt Lamb

In the past several weeks, researchers have published papers that claim to show dire economic consequences when states restrict abortion. Abortion supporters are hoping that proliferators can be swayed by focusing on economics and the financial consequences of prohibiting abortion.

Pro-life states reportedly saw a slight increase in rental vacancies and a corresponding decrease in monthly rents, according to a recent working paper from the National Bureau of Economic Research.

The researchers “found that between July 2022—the first month after the fall of *Roe v. Wade*—and June 2025, housing markets with abortion bans experienced a 2.2 percent decline in rental prices, compared to similarly trending markets in states without bans,” as reported by the 19th News. “Rental vacancies went up by an average of 1.1 percent in housing markets with abortion bans compared to similar markets in states without bans.”

The authors argue this shows people are moving due to laws against abortion. The underlying message is states should not restrict abortion because they will lose citizens.

The results show abortion prohibitions “move the needle significantly when it comes to the real estate market,” economist Jason Lindo told the 19th News. The news outlet does not mention Lindo and co-author Daniel Dench wrote the paper after receiving financial assistance from the pro-abortion Center for Reproductive Rights. It is noted in the National Bureau of Economic Research’s full publication, however.

Lindo suggested different reasons might play a role in why people move, but argued abortion bans “signal” to women that state leaders do not value them.

“It could be about the social message or about the broader policy climate or concerns regarding bodily autonomy or concerns around how issues concerning women are treated in the state,” Lindo said. “Abortion bans affect abortion access, but also it’s possible the effects we find could be a result of what the abortion bans signal more broadly.”

This is not the only recent paper to use an economic argument to attempt to sway proliferers. Another paper from a University of Kentucky graduate student suggests welfare usage and birth rates increased in pro-life states.

“The increase in monthly WIC participation translates to a total additional \$6.9 million in food costs for the states that implemented a total abortion ban by the beginning of 2023,” Lilly Springer wrote. She credited Dench, the co-author of the rental market paper, for helping her on this study. Springer did not disclose Dench’s connection to a pro-abortion organization.

Springer said the increase in welfare use means some people may not be able to receive food assistance because of a wait list driven by increased births.

The researcher wants her study to “help public officials and policymakers address and mitigate potential spillover effects from policies such as abortion bans that were previously assumed to be unrelated.”

While put in the academic language of an economist, this paper and the rental market study obscure the real, underlying issue about abortion: the humanity of preborn babies and their worthiness for protection. Abortion supporters want to turn a heartbeat and a face on an ultrasound into a faceless cost on a state budget.

But pro-life activists know all human beings have inherent value and dignity by virtue of being conceived, and this cannot be taken away by punching numbers into a calculator. Society has seen via slavery what happens when human beings are turned into products with their own calculated costs and values.

We should not be fooled into reducing humans into mere objects again, no matter how smart the so-called experts seem.

—Matt Lamb is an associate editor for The College Fix and a contributor to Washington Examiner’s Beltway Confidential blog. He also works as a reporter for LifeSiteNews. He previously worked for Students for Life Action, Students for Life of America, and Turning Point USA.

APPENDIX A

[*Kathryn Jean Lopez is a senior fellow at the National Review Institute and the religion editor of National Review. She writes the monthly newsletter, The Lifeline. The following column was originally posted on February 25th by National Review Online. Copyright 2026 by National Review. Reprinted with permission.*]

When Trump Mentioned IVF at the State of the Union, He Said More Than He Intended

Kathryn Jean Lopez

Once again, for anyone in the back who couldn't hear: The Republican Party is not pro-life.

It was notable—maybe even once again instructive—that the president's only mention of so-called reproductive health-care issues during Tuesday's State of the Union address was about his promise to make in vitro fertilization more affordable. His administration is not oblivious to people's moral concerns. (I know this for a fact.) It also is not ignorant of the scientific reality (this, too, I know): IVF is not as successful as it's made out to be in his seemingly endless hyping of it (the rollout of the policy press conference in the White House was embarrassingly naïve and obnoxious).

It's not just expensive; it can be a heartbreaker more often than not and lead to the death of human life in the process of creating—or trying to create—new life.

The president, of course, doesn't have much to show on the pro-life front in his second term. He once needed pro-life groups and voters to get through primaries and be nominated and elected. But many, probably most, have been lobbying the administration to review the safety of the abortion-pill cocktail that is ever-more available—these drugs cause the majority of abortions in the United States now—and to roll back the Biden administration policy to allow mail-order abortion pills. JD Vance could have made an announcement at the March for Life in January. The president could have issued one last night. There clearly is not interest.

It's up to the states now. Yes, how did that work out for us with slavery?

On Tuesday night, Donald Trump didn't even try to self-congratulate, as the vice president did at the March for Life, with what little they had to offer.

And it's hard to continue to give yourself credit for supposedly overturning *Roe v. Wade* when you were taking the time to attack some of the justices you appointed who were basically your pro-life credibility.

Because tariffs are more important to Donald J. Trump than ending abortion in America.

That's fine. But let's all be honest about what we are dealing with here.

Some voted for him because they believed they had to vote for one of the two major party choices. And as a matter of moral prudence, they voted for Trump because

Kamala Harris was actually on-site visiting an abortion clinic, promising to do what she could to make abortion as accessible as humanly possible. You think women and girls are pressured and coerced now into abortions? We ain't seen nothing like a Kamala Harris administration.

And that's the thing: Some of us believe we are going to have to answer for what happened on our watch, in our lifetimes. We all have a role to play—right in our own homes, backyards, churches, temples, religious congregations, schools . . . and, yes, nationally. It's not enough to just say "Leave it to the states." I'm a broken record, but this is the human-rights issue of our lifetime. We need to act like it is. It means constantly challenging ourselves to do more, be more creative, reach the people who don't have the resources they need to choose life when faced with an unplanned pregnancy.

And we need to not pretend about the Republicans. The Democrats are a disaster, and have been for a long time, and getting worse. But the GOP has abandoned ending abortion in America. And by their inaction and miseducation they are adding to abortions in America.

APPENDIX B

Mary Kenny is an experienced journalist, author and broadcaster working in England and Ireland. She has written for over 30 newspapers and magazines over the course of her career; and was for many years the Human Life Review's European editor. She was the Human Life Foundation's Great Defender of Life in 2006. The following was published on July 24, 2025 in The Tablet and is reprinted with the author's permission.

The Abortion Papers: an archive.

Mary Kenny

In the early 1980s, over 500 letters from women (and some men) on the subject of abortion came into my possession. A 35-year-old woman, Lynn, wrote a personal article in the Daily Mail asking "should I have an abortion?" She was unsure, and her boyfriend was reluctant to be a father. Most letters in response urged Lynn to have the baby and very many also wrote about their own feelings and attitudes. One of the consistent themes was the way men can react to an unexpected pregnancy; other pressures too were often brought to bear.

"My husband never wanted children and refused to discuss the matter although our relationship was of eleven years' standing," wrote a woman from Lancashire. "So you can imagine his reaction when I discovered I was pregnant. Quite honestly, it was hellish and in fact he didn't speak to me for the first three months of pregnancy. However, since our child was born, my husband is a changed man. He is totally besotted with our son . . . yet he wants no more children and throws up the same old arguments against."

"Even at seven months [pregnancy] my boyfriend was still screaming at me to go to a clinic in Roehampton, in west London. "They'll still do it for you there if you plead insanity," wrote Anon. "But I have my lovely baby boy now", although her boyfriend "has neither spoken to me nor seen me since."

A woman from Staplehurst in Kent wrote that "enormous pressure was put on me" to have an abortion by her boyfriend and a family friend. She resisted and wrote of "the great relief I experienced when it was too late to have an abortion." There was a complex family situation involving a parent's death and a dispute over family property. She felt very alone and "my unborn child was all I had."

An older woman from North Yorkshire wrote of her unmarried daughter's pregnancy. "Neither my daughter nor I wanted the abortion but went along with it for the sake of my husband, who was quite convinced it was the right thing to do. I bitterly regret allowing it to happen—the heartache and trauma of that time remains with me . . . No man is worth the sacrifice of a child."

The urging of some husbands and boyfriends to choose abortion might be considered "coercive" or "controlling" today. A woman from Ramsgate in Kent said her husband "insisted" on an abortion, threatening to leave her. She complied with his wishes, but he left her anyway. Many correspondents underlined that husbands and boyfriends could be "horrified" at the announcement

of a pregnancy, particularly if contraception had been used. A single mother from Kent wrote that her husband couldn't accept that her affection might be focused away from him. A woman from Rochdale in Lancashire wrote that "most men feel threatened by an unseen baby." A man writing from Twickenham, in Greater London, wrote that he "found the idea of a small child repulsive" and loathed his wife cooing over babies. A woman from Lincolnshire wrote that her husband "brooded and sulked" when a pregnancy occurred and finally she had an abortion to appease him and save the marriage; but she cried "tears by the ocean" because "I grew to love the child I was carrying."

"Many men, my dear husband included," wrote a woman from Surrey, "feel fairly detached about babies. Some think babies are dreadful. But then when that tiny tot starts walking and talking dads usually feel oddly drawn by him/her." A woman from Bristol wrote that "men can be difficult and demanding, especially if they are an only child, and baby takes away the love due to them." Several instances were cited where the man became attached to the child once born and developing.

Men also expressed their grief at an abortion (which they'd reluctantly paid for, in one case by installments). A man from Plaistow, East London wrote "Abortion broke me up or broke my heart." A man confessed he was "responsible for two abortions", but when his partner "came back from the procedure producing milk" he had "this awful feeling that it was my baby's milk and I felt sorry for the dead baby."

* * * * *

"Choice" and "autonomy" are concepts often applied to abortion but it's striking, in real experience, how much context matters when choices are made. A theme that also emerged was the impact on a marriage or a relationship that a pregnancy can have. The Lincolnshire woman who went through with an abortion although she herself had come to love her unborn child, did so for the sake of her marriage. As a Christian she felt she could "never be forgiven" and stayed away from church for two years, yet in the end she felt she had "made the right decision" to keep the family together.

Motherhood, reflected a correspondent from Norfolk, "can break up a marriage." The notion that marriage itself, once embedded in all Christian values, was itself a natural condition for procreation had become weaker. (Princess Anne once briskly called motherhood "a professional hazard of being a wife.") That each pregnancy was a choice was now the norm. "Don't lose your boyfriend," wrote a woman from Malvern, "have the abortion."

The role of family and friends in considering personal choice could be crucial. A young woman in Chatham, Kent lost her fiancé to a drowning tragedy, while finding she was pregnant. "Everyone" advised her to have an abortion, and start afresh. But she was supported by her family, and some good friends and continued the pregnancy: she subsequently married, was successful in her work and had two more children.

A woman from Newport Pagnall, Buckinghamshire, who "bitterly regrets an abortion" wrote that "choice is often something more limited in reality than it

seems in the abstract . . . Freedom of choice, in the abstract, is presuming a limitless range of possibilities: many women simply ‘choose’ abortion because it is a practical solution—and practical it certainly is. But if their choice were limitless . . . perhaps it would be different.”

Attitudes to marriage and single motherhood were changing during the 1980s, and many correspondents underlined the fading of stigma attached to being an unwed mother. Nevertheless, some correspondents said that a child needs two committed parents, and if that is lacking, abortion may be preferable. The hardship in bringing up a child alone was also noted. One woman from London S.E.¹⁹ suggested that children of single parents would have no model for marriage.

Family planning and contraception had also changed attitudes. Women who became pregnant on the mini-Pill expressed anger and resentment: their expectations were that “taking precautions” would protect them from an unexpected pregnancy.

Yet there was a strong, perhaps almost instinctive “pro-baby” majority. Many of the letters started with the phrase “I am not anti-abortion—but . . .” while urging the 35-year-old Lynn to take her chance of motherhood now. “It’s such a final decision,” wrote a woman from Margate on the Kent coast. “Life can be taken but never given back.” The ambivalence that can accompany the subject was often expressed. One woman, writing from Paddington in London, recalled having an illegal “backstreet” abortion “to save my family from shame” and nearly died in the process, nevertheless wrote “please think of it as a life”. Some correspondents could refer to an earlier abortion as a practical measure that was justified, and yet, at the same time, mourn for an aborted child. “I am now remarried with two lovely girls,” wrote a woman from Port Talbot, Wales “but I have never forgotten my unwanted child and feel the burden of guilt every day of my life.”

I had also solicited other correspondence through advertising (in the *Daily Telegraph*, the alternative magazine *Private Eye* and in *Nursing Mirror*) and sent out questionnaires to doctors and nurses. There was general support among medics for respecting a patient’s choice, but also a strong emphasis urging better contraceptive services—except from one doctor, who suggested that contraception actually increased demand for abortion. (Incidentally, all doctors accepted a cut-off point for legal abortion, variously suggesting 12, 14, 18, and 20 weeks—one at 24.)

A radical obstetrician who campaigned for free abortion, the late Professor Peter Huntingford, told me that abortion had one great benefit over contraception: it allowed a woman to decide whether she wanted a pregnancy *after* she became pregnant, rather than before. “Accidental” pregnancy also allowed a woman to test for fertility, he said.

As abortion has risen very markedly in the last four decades (162,454 in 1981 for England and Wales: 251,377 for 2022—the highest ever recorded), it would seem that Peter Huntingford’s assessment was bleakly correct: abortion can be preferred, as retrospective contraception, and used to test fertility.

People seldom respond with hand-written letters now, so this collection is a snapshot in time, and, though anecdotal, an insightful archive into personal witness.

APPENDIX C

Britain Decriminalises Killing Babies Up to Birth: We Must Not Avert Our Eyes from What Just Happened

[Re-printed from blog The Biggar Picture, <https://www.nigelbiggar.co.uk/> Nigel Biggar is the Emeritus Regius Professor of Moral Theology at Oxford University. He is also an Anglican priest and Conservative peer in the House of Lords in Great Britain.]

Lord Nigel Biggar

As the hands of the clock passed 11pm on Wednesday 18 March, I was still in the chamber of the House of Lords listening to a debate about decriminalising abortion by the mother up until the eve of birth. This was the import of Clause 208, which a Labour MP had tacked onto a vast Crime and Policing Bill and had received just 46 minutes of consideration in the House of Commons. The rationale for the clause is that women who commit late abortions do so under duress and therefore deserve support and counseling, not police investigation and the threat of punishment.

Since the debate took place at the Report stage of the bill, there was no formal list of speakers. I was advised that convention has it that every peer who had laid an amendment or put their names to one should be allowed to speak first. Since I had done neither, I should wait before rising. So, I waited. And waited.

Because Clause 208 is part of a huge bill, there were four hours devoted to other clauses—not least on terrorism—before we arrived at it at 8.40pm. Then, following two hours of debate, the Chief Government Whip, who controls the process and interprets the mood of the House, decided it was time to move to the closing speeches given from the Government and Opposition front benches.

So, the noble Lord Biggar never got to deliver his speech and the six hours he'd spent crafting it came to naught. Well, not quite. For, that speech comprises this week's episode of The Biggar Picture.

MY LORDS, I rise to speak in favour of amendment 424, tabled by my noble friend, Baroness Monckton of Dallington Forest. I have two comments to make.

First, in recent weeks I've read lots of speeches, statements, and letters urging support of Clause 208, which would decriminalise abortion up to birth in the case of the mother. Without exception, every one of them told only half the truth.

Each talked as if the only consideration is whether a mother should have the right to “end her own pregnancy” up to the eve of birth, without having to suffer the distress of a police investigation. Without exception, it failed to mention that what's involved in “ending a pregnancy” is the deliberate killing of a well-developed fetal human being.

Now, my lords, I'm not against killing human beings as such. Whether it's right or wrong depends on the circumstances. Sometimes, tragically, it can be morally right. Indeed, some of your lordships may think it morally right for a mother to kill her

human fetus on the eve of birth and escape criminal liability. So be it.

But can we at least be frank that that is what we are talking about? Can we not avert our eyes from the moral question, Does the mental wellbeing of the mother justify the killing of her fetal child?

Yes, my lords, it is true that Clause 208 would leave unmoved the legal limit of abortion at 24 weeks, still making abortion a crime when conducted by anyone other than the mother. Nevertheless, to make such maternal killing no longer a crime would be to imply that it's an act of no consequence. And that, in turn, implies that the life of the human fetus is a thing of no consequence. But if that's the case, why should there remain any limit on the killing of the unborn at all?

Secondly, my lords, there's not a noble person in this chamber who wasn't a well-developed fetal human being. All that separates us from our fetal selves are time, good fortune, and being supported rather than killed. With a fair wind, the human being's development—from about a fortnight after fertilisation—is a continuous process.

That's why some people take the very conservative view that we should treat the human being from the very beginning exactly as we treat adult humans, possessing the same rights against deliberate harm.

I don't myself take that position. But those of us who don't take it have to face the fact that, shortly after fertilisation, it becomes impossible to draw a thick black line before which we can say with confidence that there doesn't exist a person with rights, but after it, suddenly, there does.

There is, for example, no significant difference between a human fetus on the eve of birth, and its infant self the day after. Yes, the fetus is physically attached to the mother by an umbilical cord. But the detached infant remains no less radically, physically dependent upon the mother. If she doesn't feed and protect it, it'll die.

So, my lords, if we approve Clause 208, decriminalising abortion by the mother up to birth, we will breathe down the neck of decriminalising maternal infanticide. If the law permits a mother to kill her late-term fetus, there's no strong reason why it shouldn't also permit her to kill her infant.

Now, your lordships might protest that legalising infanticide is unthinkable. You might even be tempted to consider the noble lord Biggar provocatively alarmist. If so, I imagine the noble lord Biggar might be tempted to consider his colleagues recklessly complacent.

And that, for three reasons.

1. First, plenty of societies have found, and do find, infanticide—especially of females—not just thinkable, but perfectly doable.
2. Second, what's unthinkable now can easily become thinkable later. After all, to our predecessors on these red benches a few decades ago it would have seemed unthinkable to contemplate decriminalising late-term abortions.

And yet here we are.

3. And third, it's now fourteen years since arguments advocating the morality

of infanticide first gained admission to the respectable pages of the *Journal of Medical Ethics*.

My lords, humane society corrodes by increments. To permit the killing of human beings up to the eve of birth by anyone would be one more increment, and not the last.

So, that's why I support amendment 424, to exclude Clause 208.

Throughout the debate, not one of those speaking in support of Clause 208 mentioned the inconvenient truth that late-term abortion involves the killing of a well-developed fetal human being. And speeches against the clause were subjected to aggressive interventions. When it came to a division, amendment 424, which would have removed Clause 208, was defeated by 185 votes to 148.

On the Saturday following the House of Lords debate, the Times newspaper published an article by Janice Turner, entitled, "Left has a moral blindspot on human life" (20 March 2026). Although she describes herself as a "lifelong pro-choice advocate," Turner's viewpoint echoes my own:

The body of an almost full-term newborn baby is found in a skip, and the mother is traced. After the Crime and Policing Bill gets royal assent later this year, an investigation would take two courses. If she is believed to have, say, smothered the child after birth, she may be charged with infanticide, an offence which, taking into account postpartum mental illness and distress, is tried (if at all) as manslaughter not murder.

But if the mother claims the child died in utero, because she took abortifacient drugs, the case will close. Whatever her reasons for doing this, the baby's death is not a crime. Indeed, thanks to Clause 208 of the bill, which removed women who end their own pregnancies from the criminal code, it isn't even a baby. It is nothing at all.

I'm a lifelong pro-choice advocate, have defended abortion rights many times on these pages, yet I find this decision—whose passage in the Lords this week was hailed a feminist triumph—viscerally upsetting. It is one thing to argue that police protocols should change or prosecution guidance appreciate that women who abort late and alone often do so in extremis. It is a huge leap to decriminalise the taking of a fully viable human life.

APPENDIX D

[The following is a guest post published in Sarah Terzo's *Secular Seamless Garment, Substack*, on April 8, 2026. Rachel MacNair is a director of the Institute for Integrated Social Analysis, the research arm of the Consistent Life Network. Reprinted with the author's permission.]

The Record on Women's Post-*Dobbs* Abortion-Related Deaths

Rachel MacNair

I had just turned 14 when *Roe v. Wade* came down. I reacted positively—it would get rid of back-alley butchers. Soon I realized it actually put a back-alley butcher back in business. The problem wasn't the legal nature of abortion, but the nature of abortion, period.

There were arguments before *Dobbs* that abortion bans wouldn't have dire back-alley impacts that we didn't already have before. But now we don't have to speculate about what would happen. We can observe what did happen.

I commented right after *Dobbs* that we were about to have a “natural experiment”—unlike a lab experiment, it's not set up on purpose, but it's still set up, so we can collect data. My post's first section made predictions on women's deaths. I document below that my predictions were just about right.

ProPublica has been chomping at the bit to show abortion bans have deadly consequences for women. It won a 2025 Pulitzer Prize for Public Service for its coverage.

If abortion bans are deadly for women, that would be alarming to those of us advocating for them. So—is it true?

ProPublica List (to date, April 2026; in chronological order by death date)

Name Date of Death	Condition	Malpractice?
Josselli Barnica 09.07.2021	wanted pregnancy. miscarriage	delayed antibiotics for sepsis, etc.
Amber Thurman 08.19.2022	legal abortion	delayed D&C at emergency visit 5 days later
Candi Miller 11.12.2022	abortion pill from online	from the online source, sloppiness
Porsha Ngumezi 06.11.2023	natural miscarriage	delayed, treated with misoprostol when should have been D&C
Nevaeh Craine 10.29.2023	wanted pregnancy, infection	two hospitals and three visits, ignored symptoms

Name Date of Death	Condition	Malpractice?
Tierra Walker 12.26.2024	difficult pregnancy	several ways of not following protocols

Josseli Barnica

- ProPublica: “A Woman Died After Being Told It Would Be a ‘Crime’ to Intervene in Her Miscarriage at a Texas Hospital.”
- Secular Pro-Life Video: Does Texas require doctors to wait until there’s no heartbeat to intervene in emergencies? (Josseli Barnica)

Before *Dobbs*, with a Texas abortion ban, Josseli had a wanted pregnancy but suffered a miscarriage at 17 weeks. They delayed intervention until there was no heartbeat, citing the Texas heartbeat law. Unlike the following cases, ProPublica had the word of the medical team. They misinterpreted the law; the remedy is to educate doctors on this.

After the D&C was finally done, doctors didn’t confirm the fetal parts were all removed and sent her home with them still inside her. She got an infection. It caused her death. The doctors should have taken her concern seriously when she reported symptoms. There’s certainly no abortion ban that keeps doctors from properly monitoring and treating an infection.

Amber Nicole Thurman

- ProPublica: Abortion Bans Have Delayed Emergency Medical Care
- Secular Pro-Life: Georgia Woman Dies After Delayed Treatment of Abortion Pill Complications (Amber Thurman)
- LifeNews.com: Leading OBGYN Believes Woman Died From Abortion Pill, Not Pro-Life Law

Amber was a Georgia resident, past the state’s gestational limit. She went to North Carolina to get the abortion pill regimen. Returning to Georgia, five days later, she had complications. The doctors discussed but didn’t do a clearly-indicated D&C to remove fetal remains. Since the twins were already dead, there was no legal issue. ProPublica attributed this delay to doctors’ fears of the Georgia heartbeat law, without asking them what the reason for delay was.

Candi Miller

- ProPublica: Candi Miller Died Afraid to Seek Care Amid Georgia’s Abortion Ban

- LifeNews.com: Candi Miller Died From the Abortion Pill, Not From an Abortion Ban

This involved an online order of abortion pills. Of course, that's dangerous. No check for ectopic pregnancy, which the pill wouldn't treat? No check for negative blood type to see if she needs a Rho-gam shot? Those who argue it shouldn't be banned should at least insist on better regulation and monitoring.

Porsha Ngumezi

- ProPublica: A Third Woman Died Under Texas' Abortion Ban
- Secular Pro-Life: ProPublica tries again: responding to claims about Porsha Ngumezi's death

Porsha Ngumezi bled heavily from a miscarriage and went to the emergency room. She wasn't seen for seven hours and then was given misoprostol instead of a proper D&C. After she died, the doctor's notes claim her bleeding was minimal, contradicting nurses' notes. Delaying the D&C for fear of the abortion ban? Administering misoprostol would also be against that ban.

Nevaeh Craine

- ProPublica: A Pregnant Teenager Died After Trying to Get Care in Three Visits to Texas Emergency Rooms
- Secular Pro-Life: Nevaeh Craine's family says her death is being used for politics
- and ProPublica can't see malpractice, only abortion bans (Nevaeh Craine)

LifeNews.com: Nevaeh Craine Died Because of Poor Medical Care, Not From an Abortion Ban and Nevaeah Craine's Family Blame Hospitals for Her Death, Not Texas Abortion Ban

Nevaeh was happily 6 months pregnant. With symptoms of infection, she made three different visits to two different emergency rooms and couldn't get them to take her reports of symptoms seriously.

Tierra Walker

- ProPublica: In Texas, Tierra Walker Wasn't Offered an Abortion Before a High-risk Pregnancy Killed Her
- Secular Pro-Life: Interview with Dr. Christina Francis regarding the case of Tierra Walker
- LifeNews.com: Abortion Activists Exploit Pregnant Woman's Tragic Death to Lie About Abortion Bans

Tierra had a high-risk pregnancy and so should have received better coordinated care than she did. ProPublica claims that at 20 weeks, she asked about terminating and was turned down.

But at 20 weeks, terminating a high-risk pregnancy has its own medical risks. It's not like getting rid of the pregnancy gets rid of the risk. So doctors' judgment on the medical issue alone may have been correct. What we do know suggests that the medical risk management could have been better coordinated.

Not on the List Because There Was No Ban to Blame

Alexis Aguellos died February 6, 2025, from an amniotic fluid embolism as a complication of a 22-week abortion at Fort Collins Planned Parenthood. State legislature testimony, heard in the video clip below,* shows the ambulance was called much later than it should have been.

This fits the pattern of the *Roe* era. Abortion-related deaths were only kept track of by pro-life groups (see lists from Feminists for Life, Students for Life, and Operation Rescue). Women's deaths from abortions when there's no ban don't count in "pro-choice" eyes. Literally—they don't count them.

Baseline

Here are the most recent numbers on abortion-related women's deaths from the Centers for Disease Control when *Roe* was reigning:

	types of abortion			
	induced			
year	leagal	illegal	unknown	total deaths
2013	4	0	0	4
2014	6	0	0	6
2015	2	0	1	3
2016	6	1	1	8
2017	3	0	0	3
2018	2	0	0	2
2019	4	0	0	4

To reasonably conclude that abortion bans, introduced in 2022 or soon thereafter, caused a spike in abortion-related maternal deaths, there would have to be more such deaths than in preceding years. ProPublica mentions six cases in three years. Only the two from 2022 would count as abortion-related, and no previous year had fewer deaths than that.

The concept of making a before-and-after comparison, basic to science, hasn't

*<https://www.youtube.com/watch?v=nLT0iqsC3FM>

been done. These are journalists, not scientists, and it shows. But even journalists should take into account a comparison to what happened previously before declaring a change, for fear of discovering that they're only finding the situation is about the same after *Dobbs* as it was before.

Dobbs didn't stop malpractice. Separate from abortion, it's been a longstanding problem in the medical field to dismiss women's reports of pain or symptoms.

Conclusion

We now have well over three years of experience of a post-*Dobbs* world in which 13 U.S. states have banned abortion, and 28 more have gestational limits. We have a publication that's pouring resources into trying to find these bans hurting women.

They find cases that fit the narrative, find pro-abortion doctors to bolster their case, ignore what the actual doctors involved in the cases have to say, and assert what they know to be true because it's supposed to be true.

ProPublica and others of similar advocacy claim women wouldn't get proper treatment for natural miscarriages as doctors delayed needed treatment for fear of abortion bans.

There are thousands upon thousands of women suffering natural miscarriages every year. They get the needed treatment. If this were actually a widespread problem, ProPublica reporters should be able to come up with many more cases.

I'm grieved for the loss of the lives of all the women they named and the one they didn't. I also grieve for the amount of harm that's been done to women by abortion businesses.

I personally have found a flood of problems just at Planned Parenthood since the year 2000 that dwarfs the evidence they give:

- Well over a hundred malpractice lawsuits, an average of over four a year.
- Hundreds of ambulance calls.
- Some of the health inspection reports detail horrifying clinic conditions.
- Many of the patient and employee online reviews indicate medical dangers, including emergency room visits.

Those mainly don't involve deaths, though there are 11 cases of patient deaths. They include a lot of complaints that don't have to do with abortion. So these findings aren't comparable.

But the point is that finding risky practices among abortion providers is easy to do. ProPublica weakens its case by being unaware of how meager their cases are in comparison.

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The term “antiabortion” makes it seem as though proliferators are somehow against a procedure—railing against abortion on Mondays, maybe, and against tonsillectomies, chiropractic massage, and dental implants the rest of the week. People, however, fight for personhood because babies are being killed in the womb. That is the plain fact. Biologically, morally, and, yes, legal-historically, fetuses are human persons, full stop.

—Jason Morgan, “Losing Sight of the Person
in *Personhood*,” page 67