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ABOUT THIS ISSUE

In his lead article, "Building an Enduring Majority for Life," Clarke Forsythe surveys post-*Dobbs* America and promotes a path forward. "The *Dobbs* decision moved control of abortion from the Court to public sentiment," he writes; no surprise, then, that in this time of "stark ideological divisions" and two generations of *Roe*'s negative impact on Americans, the country is sharply divided on abortion. *Dobbs* sent the abortion question back to the states and the democratic process—so, to majority rule. But "the cause for life in America has yet to launch a concerted and sustained effort to build an enduring majority for life." We need to "build a movement strong enough to induce politicians to follow." But how?

In a crucial reminder of how the American republic was constructed, Forsythe details the necessity and potential of majority rule, but *with the limits* on it provided by our Constitution. He looks to the wisdom of the great President Abraham Lincoln to illuminate how moral passion and the virtue of prudence can work *together* to turn the tide in the majority, to laws that align with natural law and the promises of the Declaration of Independence. This effort will necessarily take time; "Those who are desperate for immediate success and pursue desperate measures, like prosecuting women for abortion," writes Forsythe, "will burn out or fade away."

We hope so, because as Eric Scheidler writes, in "Not Like Any Other Homicide: The Case Against Prosecuting Women for Abortion," the pro-life movement is being challenged from *within* by calls for "equal protection"—meaning, prosecuting women for murder. "Once a fringe position in the pro-life movement, calls to prosecute women are growing," writes Scheidler. "Former Planned Parenthood manager Abby Johnson, who has a massive online following, is now advocating for these measures in testimony before state legislative committees, insisting that anyone who opposes them isn't serious about ending abortion." Of the many compelling moral and practical reasons to oppose such laws is the difficulty in establishing a woman's *mens rea*, or state of mind. "After five decades of legal abortion, we know how often women are pressured into abortion by boyfriends, husbands, parents, employers, and others." What about the abortion providers? With the woman a co-conspirator, she can't identify him or her without immunity; with immunity, the whole "equal protection" premise falls apart.

Such proposed laws, as legal scholar Paul Benjamin Linton writes next, are "flawed, counter-productive, and probably unconstitutional." The "pregnant woman herself may be acting under stress or pressure"; and without the assistance of a third party, acting "out of ideological or pecuniary interests or both" she would not be able to have an abortion. "As the more culpable party, the person who makes it possible for a pregnant woman to terminate her pregnancy through an illegal abortion should be the focus of law enforcement." Linton gives us valuable historical perspective and explains why the advent of mail-order chemical abortions makes the proposal to prosecute women even more unjustified.

In his article, Scheidler asks what "equal protection" laws would do to the

life-saving work of pregnancy centers. Women considering an abortion would "avoid them at all costs" of course, or risk arrest. Rather than limit the work of pregnancy centers, what we need is what Edward Short writes next: "Good News from a Truly Model Pregnancy Care Center." Short shares "the charism and efficacy" of *A Caring Center for Women* in Vero Beach, Florida, operated by an "extraordinary married couple, Gerri and John Rorick." Since its 2013 founding, the center has grown exponentially in the number of women seen and the services it offers, including programs for fathers, and medical services like mammograms and STD testing. *A Caring Center for Women* is truly a model to be replicated.

Short writes that those who establish and sustain pregnancy care centers do so propelled by conscience and a sense of justice, most often based in religious faith. Cardinal Timothy Dolan, who recently retired as the Archbishop of New York, and who will be our Great Defender of Life honoree this year, contributed to a symposium we published in 2012, "Truth-Telling in the Public Square," which discussed whether prolife arguments ought to be argued from secular or religious terms. We reprint his entry here. "The Transformation of Hearts" is as relevant now as it was then, if not more so. "Our culture is currently undergoing a crisis, in which the sense of God has been eclipsed and people have lost the understanding that they have a responsibility to something higher than themselves . . . The exclusion of religious content from the public square will inevitably lead to the dominion of ethical relativism, in which no human rights can be guaranteed with certainty."

Should embryos have human rights? President Trump disappointed his pro-life supporters when he promoted and supported IVF, which often destroys live embryos, because, he said, "We want more babies." Hold on, writes Richard Doerflinger in "Why Promoting IVF Will Not Reverse the Birth Dearth." The moral issues are clear, but practically, "efforts to address the birth dearth by maximizing the use of IVF ignores three important facts." Facts that we have *not* seen put together elsewhere. I won't give them away because this article is a *must-read*; but here's a hint—the lack of babies has much *less* to do with infertility than you might think. Doerflinger concludes by asserting that the real problem we face with reproducing cannot be solved by the government, but by "a revived appreciation for family, community and values that transcend politics."

Attending to true human values and marveling at the transcendent is necessary for hope, as Ellen Wilson Fielding writes in her uplifting essay, "What a Piece of Work Is Man." "Recently," she wrote, "I have noticed an upsurge in my levels of negative speech and thinking regarding the world and its sorry condition." A friend suggested she try reciting the Psalms of Praise, and that led Fielding to think of poems that lift the spirits, including Hamlet's famous "meditation on man . . . (his) awe before the marvelous heights that human beings have been created to attain." Whereas in science, with AI, in medicine, there is a temporary need to "see through" a person, to get a diagnosis, for example, this two-dimensional look blinds us to the true marvel that *is* a human. "Appreciating, admitting, wondering at, marveling to behold—these are ways of attending to someone in a manner that does not seek to

exploit or restrain or reduce or disable that person." This is a small taste of what is a restorative essay on the dignity of each human life—not "because of what each of us does but because of who and whose we are."

From despair to the restoration of life and hope—this is "Rebecca's Story," in *Life Stories*, from a pregnancy center on the New Jersey Shore. I'd ask that you pay attention to the large sum the National Abortion Federation was willing to fork out so that this woman could get an all-expenses-paid trip for an abortion! But the center's director, Tricia Bradberry, reached out with life-saving (this time for *mother* as well as baby) help; you will read the blessed result.

This September will mark the 25th anniversary of September 11th. Our faithful contributor Brian Caulfield remembers the horror, in "25 Years of Never Forgetting." *He* will never forget: ". . . to us who lived in lower Manhattan, the sights, the sounds, the fear, the horror, the wrack and reek of those days are always close by." Yet he fears others are already forgetting, or are uncomfortable remembering perhaps, as that day is clouded by "what even close supporters consider a failed aftermath: the invasion of Iraq, the search for WMDs, the eight years of war and seemingly endless, repeated tours of duty of a volunteer military." Still, he says, "9/11 is unique, set apart from whatever followed, a world-historic attack on our homeland that stands as singular as the bombing of Pearl Harbor did for my parents."

In *Booknotes*, John Grondelski reviews *Abortion and America's Churches: A Religious History of* Roe *v.* Wade, by eminent historian Daniel K. Williams, who looks at "how religion shaped legal and social attitudes towards abortion." In this "provocative book worth an engaged reading," Williams argues that the ideas of three major groups—liberal protestants, Catholics, and Evangelicals—"had consequences for the American debate about abortion" from the 1960's to *Dobbs*.

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In our collection *From the Web*, you will read: Christopher Reilly on "doubling down" on faith in arguments for life; Madeline Fry Schultz on a Democratic candidate for Congress who had an abortion "after planning her perfect family size with IVF"; Jason Morgan on the sad story of Wendy Duffy, who sought assisted suicide because of grief over her lost son; and new contributor Alyssa Glasgow on how *effective* attention to poverty would reduce the abortion rate. Appendices A to C report on MAiD in Canada: Terry O'Neill writes about a priest who was offered assisted death after he fractured his hip; Chuck Donovan shares the *better* news that a parliamentary committee has recommended *not* extending MAiD to those suffering from mental illnesses; and Wesley Smith laments the Anglican Church of Canada's shocking "pastoral liturgies blessing euthanasia." Back to the U.S. and our last two contributions, Ellie Gardey Holmes shares Planned Parenthood's new strategies to pump up cash flow, and Michael New, in "*Dobbs* at Four," provides his expert analysis of where we are and what challenges we face in the future. Finally, we are, as ever, exceedingly grateful to Nick Downes for his mischievously clever cartoons.

Maria McFadden Maffucci
Editor in Chief

Building an Enduring Majority for Life

Clarke D. Forsythe

Roe v. *Wade*'s negative impact on American law, medicine, and culture was deep and pervasive. For two generations, the Supreme Court told Americans that elective abortion was a "fundamental right," that "the unborn have never been recognized in the law as persons in the whole sense," and that abortion had no significant risks and was safer than childbirth. All that in addition to imposing for 49 years a right to abortion for any reason, at any stage of pregnancy, across all 50 states. The disappointing politics and policy outcomes of the past four years prove the point.

By 1996, Gallup polling data showed that 64% of Americans supported abortion *before* 12 weeks, while 65% thought abortion should be "generally illegal" *after* 12 weeks. Just as *Roe*'s impact was imposed for two generations, it would be reasonable to expect that erasing *Roe'*s negative impact will take generations more.

It should have been no surprise that sending abortion back to the people has sparked divided politics and debate in an America which was *already* marked by stark ideological divisions, narrow party divisions in Congress, and thin margins in the popular vote for presidential elections over the past three decades.

The *Dobbs* decision moved control of abortion from the Court to public sentiment. Where the Court previously controlled the legality and the politics of the issue, public sentiment now controls what can or cannot be done in Congress and in the States. The Court sent a clear message in *Dobbs* that it intended abortion to remain with the states permanently, stating at least three times that abortion must be "returned to the people and their elected representatives."

Ironically, at a time when public sentiment governs the abortion issue for the first time since January 1973, many Americans, on the Right and the Left, question the morality of majority rule.

Why should the majority be able to legalize or prohibit abortion in any State?

The question assumes majorities are static and permanent. Instead, the question for pro-life Americans should be how majority rule can be used in

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our republic to improve pro-life politics and policy.

Three recent books provide a rich, detailed portrait of Abraham Lincoln's defense of majority rule, his recognition of its moral and practical limits, and its necessity for political change during the battle over the most divisive issue of the 1850s—slavery—including Allen Guelzo's *Our Ancient Faith: Lincoln, Democracy, and the American Experiment* and James Read's *Sovereign of a Free People: Abraham Lincoln, Majority Rule, and Slavery*, a finalist for the 2025 Presidential Leadership Book Award. Matthew Pinsker's *Boss Lincoln: The Partisan Life of Abraham Lincoln* (2026) adds new evidence of Lincoln's leading role in the 1850s in building the Republican Party as an anti-slavery party in Illinois and beyond. Each holds lessons and inspiration for the practical work of building political majorities today.

The Declaration

Until the American Declaration of Independence, the question was *Why shouldn't the majority rule*? As Harry Jaffa observed, "the divine right of kings, in the comprehensive sense of the right to rule others without their consent, predominated within Western civilization until the American Revolution."

There were some early critics of the divine right of kings: Richard Hooker, Robert Bellarmine, and Francisco Suarez—political theorists during the 15th and 16th centuries—held that "equality *requires* consent in being ruled"—as Robert Reilly documented in *America on Trial: A Defense of the Founding*.

In 1776, the Declaration made a decisive difference that was enduring. The Declaration set forth three moral propositions that supported self-government. The Declaration contended that there are "self-evident" truths—that "all Men are created equal, that they are endowed by their Creator with certain unalienable Rights," and that "to secure these Rights, Governments are instituted among Men, deriving their just Powers from the Consent of the Governed. . . ."

Abraham Lincoln's political convictions were anchored in the Declaration of Independence, the U.S. Constitution, and the rule of law. He referenced the Declaration in his political speeches as "my ancient faith," and characterized the Declaration as "a standard maxim for free society, which should be familiar to all, and revered by all; constantly looked to, constantly labored for, and even though never perfectly attained, constantly approximated, and thereby constantly spreading and deepening its influence, and augmenting the happiness and value of life to all people of all colors everywhere."

Lincoln consistently emphasized the importance of consent as "the leading principle—the sheet anchor of American republicanism." As he reiterated in his Peoria Speech in October 1854, "the just powers of government are

derived from the consent of the governed." Equal creation leads to consent, which leads to majority rule—that is, rule by the larger or greater part. James Read describes majority rule as "a decision rule intended to resolve…disagreements . . . That the majority must ultimately rule . . . was for Madison and Lincoln the first principle of free government." The necessity of consent was the core of Lincoln's moral criticism of slavery.

Natural Law and Majority Rule

Both Read and Guelzo look to natural law for guidance to Lincoln's thinking. Guelzo writes: "in a liberal democracy, there is always the risk that the positive laws a society enacts might fall short of what natural law demands. The great advantage of a liberal democracy is that, with the persistent application of reason, defective laws can be changed as majorities change." The majority that voted in 2024 will not be the same majority in 2028 or 2032.

Natural law cannot solve these prudential questions by itself. It does not dictate specific rules or processes for determining specific outcomes in political disputes or provide a specific remedy for its violation. What mechanism could guide or override majority rule when it violates natural law or natural rights?

That is the function of prudence—practical wisdom oriented toward the moral good in politics. And prudence—through the long experience of anarchy, chaos, religious wars, and tyranny before the 18th century—led to republican government and majority rule in the American colonies, setting the stage for the Declaration.

Guelzo adds that "natural law does not exist in a vacuum; it is expressed through statute and legislation," and "Majorities don't create natural rights but . . . majorities are necessary to formulate reliable means of embodying it." Majorities are necessary to make that expression a reality, and *stable* majorities are necessary to perpetuate it.

Constitutional Checks on Majority Rule

The first answer to skepticism about majority rule is that the American Founders recognized the problem and established constitutional checks on majorities. Indeed, many of them had personally experienced the reality that majorities can and do act unjustly. They recognized the risk of a possible tyranny by the majority and sought to preserve minority rights. Despite the risk, they adopted republican government, because they concluded that "there is nowhere else that final decision-making authority can be legitimately placed."

America does not have a system of *unlimited* majority rule. There are real

constraints on majority rule built into our Constitution. These include the separation of governmental powers, the Bill of Rights, and the Constitution's establishment of an extended republic rather than a small republic. James Madison defended this in *The Federalist Papers* (#10, #51), arguing that an extended republic would increase the number and diversity of interests, which would reduce the risk of majoritarian tyranny. (And changes in public opinion, the Civil War, constitutional amendments, and statutory changes have gone a long way toward erasing racial discrimination in the practice of majority rule.)

The Constitution also sometimes divides power, or requires *super*-majorities for approval, or requires *concurrent* majorities (with House and Senate both requiring approval for legislation).

Another constraint is the Electoral College which reflects and preserves our federalist system, checks pure majority vote as the basis for a presidential election, requires that the vote be spread over more states, restrains direct democracy and thereby checks majority tyranny. As a result of the constitutional mechanisms, our system is one in which majorities, as Read writes, must "act through constitutionally specified processes."

Public Sentiment

Public sentiment was a common political phrase used by public officials and writers during the 1850s. For Lincoln, public "sentiment" was not simply opinion or passing fancy, it was more like formed convictions. In his First Inaugural, for example, Lincoln cited the "sentiments" published in the Republican Platform of 1860.

Guelzo and Read make clear, as have prior Lincoln biographers, that Lincoln studied public sentiment carefully and thoroughly, and understood it better than most, with the aim not of following it but shaping it. Lincoln looked to "time, events, careful political organization, and effective political persuasion" as "necessary for voter preferences to shift" in a positive direction.

How Lincoln Used Majority Rule

Six decades after the Founding, defenders of slavery rejected majority rule if it threatened slavery. It was in that new political context that Abraham Lincoln uniquely addressed the justification for majority rule.

Through political experience, Lincoln grappled first-hand with majority rule. For more than three decades—from 1830 to his reelection as president in 1864—Lincoln was running for office, or helping others get elected, or speaking at political meetings. Lincoln believed that natural law should guide majorities but recognized that political majorities could rule unjustly

or violate natural rights.

Guelzo affirms that "Lincoln understood majority rule as one of the building blocks of democratic self-government. . . ." Read concurs that Lincoln "knew that majorities could violate those [natural] rights, yet without majority support, there was no effective way to realize them in practice."

As Lincoln stated in his First Inaugural Address, "Unanimity is impossible; the rule of the minority, as a permanent arrangement, is wholly inadmissible, so that, rejecting the majority principle, anarchy or despotism in some form is all that is left."

For Lincoln, according to Read, "action in the public good required the practice of majority rule . . . A key function of majority rule is to resolve disagreements that neither the explicit text of constitutions nor the unwritten principles of natural right can resolve."

Congressional passage of the Kansas-Nebraska Act in 1854 was a turning point in Lincoln's political career. Lincoln admitted that before 1854 he had "rested in the hope and belief that slavery was in the course of ultimate extinction." The Act repealed the Compromise of 1820 and opened up the Northwest territories to slavery, which Lincoln took to mean, as Read writes, that "the institution was being placed on a new basis . . . for making it perpetual, national and universal," with the implication that "it would be beyond the power of the majority of Americans to contain, shrink and ultimately extinguish the institution."

Political Parties

What is the remedy if majorities disregard natural rights?

At least part of the answer is political parties and elections. Elections serve as practical limits on majority rule—electoral campaigns and elections may change majorities.

Lincoln "regarded broad-based political parties as essential to the creation of stable, effective electoral majorities on critical issues" and "he recognized that local antislavery majorities were the indispensable building blocks of any national antislavery majority."

Lincoln knew that majorities are not static but often shifting, depending on the time, the conditions, the candidates, and the issues. People age, people move. But change comes not just by accident or happenstance. Lincoln believed, in Read's words, that "majorities, and the opinions and sentiments of the individuals composing them, were capable of deliberate change." New elections, shifting legislative coalitions, and new political issues can alter majorities.

In the 1850s, Lincoln was critical of violations of majority rule, such as Senator Stephen Douglas's platform of "Popular Sovereignty," because it

was used to perpetuate and extend slavery and because Lincoln believed it was not *true* majority rule. Likewise, Lincoln rejected the Kansas-Nebraska Act of 1854, in which Douglas played a key role as a sponsor, even though passed by a Congressional majority, because Lincoln saw it as a "perversion of majority rule."

After the Whig Party collapsed in 1854-1855, Lincoln poured his political experience into building the Republican Party, as the vehicle for building an anti-slavery majority.

An effective political party was critical to Lincoln's political vision. He recognized, as Read writes, that "stable majorities on contested public issues did not form spontaneously but required political organization and public persuasion." Working through the "procedural mechanism" of majority rule was crucial to building an anti-slavery majority.

He envisioned the Republican Party as a broad anti-slavery party, even if the members had different motives for their anti-slavery convictions. A party was a matter of addition, not moral or political purity, focused on principles not personalities. Prolifers can learn from this: A party united in support of human life need not agree on every legislative limit or the reasons for those limits. Pro-life people may agree that abortion is bad for different reasons.

As Matthew Pinsker tells us in *Boss Lincoln*, "party organization was . . . Lincoln's life work." He had a "peculiar talent for party management" which was "the driving force in his political career." His goal was "to forge and maintain a winning partisan strategy organized around enduring principles."

Lincoln's House Divided Speech in June 1858, Reed writes, was "intended to facilitate the creation of an effective and enduring anti-slavery electoral majority out of several constituencies, that shared a distaste for slavery but otherwise had little in common." The political mechanisms were outlined in his House Divided speech. It was majority rule that would enable antislavery leaders to enact limits on slavery to put slavery in "the course of ultimate extinction" by halting its expansion, believing it either had to expand or die.

Building the Republican party as a majority antislavery party would require coalition-building, including "cooperation among many mutually hostile constituencies, including former Whigs, former Democrats, politically oriented abolitionists, immigrants, nativists or Know-Nothings, temperance activists, and others who had little in common beyond their opposition to the continued expansion of slavery." As Read writes, "[Lincoln] sought to construct an enduring antislavery majority able to withstand the disruptive impact of crosscutting issues such as immigration and alcohol prohibition."

Political freedom allowed space for diverse anti-slavery strategies. "Abolitionists chose to speak the truth without compromise and leave the outcome

to God. Lincoln focused on those battles that he believed could be won."

This is demonstrated by the constitutional policies that Abolitionists espoused, that Republicans adopted in the 1850s, and that the first Republican Congress enacted in large part in 1861-62, as James Oakes has documented in *The Scorpion's Sting*.

The Republicans succeeded. Guelzo emphasizes that "assembling a majority that would agree to give opposition to slavery the primary political place no matter what they thought about other issues was one of the great achievements of Lincoln and the Republicans in the North in the 1850s," which "represented a triumph of natural rights over appeals to self-interest, and a reassertion of the fundamental logic of the Declaration of Independence."

Read writes:

> Lincoln . . . opposed the idea that a political party should serve as an instrument for the political ambitions of one individual . . . [P]olitical parties made majority rule itself possible by performing the difficult but essential work of converting a majority in sentiment into an electoral majority; by creating stable middle ground and a sense of common purpose among constituencies with extremely diverse backgrounds, interests, and views; by enabling complex issues like slavery to be addressed through a sequence of dichotomous votes on which majority and minority stances could be clearly ascertained; and by directing strong political passions into peaceful electoral channels when they might otherwise take violent, democracy-threatening paths . . .

Lincoln worked to build the Republican Party outside Illinois during the 1850s because a Republican President of anti-slavery convictions, backed by an anti-slavery party, was essential for a political solution. When the secession crisis of 1860-1861 came, Read writes, "Lincoln . . . was offering a fresh, wide-ranging, and in many respects innovative account of the interplay between majorities and minorities in the context of crosscutting issues and shifting public opinion."

Lincoln's First Inaugural gave a principled defense of majority rule. He declared: "A majority, held in restraint by constitutional checks, and limitations, and always changing easily, with deliberate changes of popular opinion and sentiments, *is the only true sovereign of a free people*." If civil war did not erupt, Lincoln held out hope "that slavery could be peacefully and gradually extinguished through the action of a committed national majority" and hoped to build that majority during his time as the first Republican and first anti-slavery president.

Policies

What moves public sentiment?

In Read's words, "the *recursive* interaction of public action and public

opinion over several election cycles" was a primary mechanism in Lincoln's political strategy. In other words, policy proposals and specific, concrete bills get publicized and public opinion is formed in response. Bills are modified, defeated, or passed. Governors veto or sign legislation. Parties run for or against those public acts. New bills or policies get proposed. If, for example, a six-week limit on abortion can't garner majority support in a state, a 12-week limit should be proposed (or some other gestational limit that can garner majority support). A stable beachhead is necessary before any further progress can be made.

Contrary to the notion that Republicans had no effective strategy against slavery before the Civil War, Read argues that Lincoln and other Republicans "had in mind a fairly specific menu of peaceful and gradual middle-range policies designed to weaken and shrink the institution of slavery after the initial, critical, and politically difficult step of halting its expansion had been accomplished."

As historian James Oakes has set forth in two books, *The Scorpion's Sting* and *The Crooked Path to Abolition*, the antislavery agenda before the Civil War identified a number of policies. These included concerted federal policy designed to get the southern states to abolish slavery, petitioning Congress to shift the bias of federal policy from slavery toward freedom, the abolition of slavery in the District of Columbia, a ban on slavery in the western territories, state rather than federal enforcement of the fugitive-slave clause, suppression of the Atlantic slave trade, and the withdrawal of all federal support for slavery on the high seas. By the mid-1850s, local Republican organizations urged the federal government to adopt many of these policies.

Oakes records that the first Republican Congress in its first year abolished slavery in D.C., banned slavery from the western territories, stopped enforcing the fugitive-slave clause almost everywhere, approved a treaty (unanimously ratified by the U.S. Senate) with Great Britain to suppress the Atlantic slave trade (on the high seas), and required the new state of West Virginia to abolish slavery as a condition for admission to the Union. These were independent of military emancipation.

When the Civil War began, there were 15 slave states and 18 free states. By the time the war ended in April 1865, as Oakes records, "five states had abolished slavery, West Virginia had been admitted to the Union, and 2 new free states were added." The result: 26 free states, 10 slave states. "*Abolition in one more state would create a Union in which three-fourths of the states were free*." That created the foundation for the ratification of the Thirteenth Amendment eight months later.

Conclusion

Was the cause for life "ready for *Dobbs*"? The Court didn't ask, which reflects the Court's role as a legal and not a political institution. Within days, however, elected officials in 13 states announced their intention to enforce or began to enforce early gestational limits on abortion. Add to that Texas and Oklahoma, in which early limits were already in place. By August 12, 16 states had early limits in effect—nearly a third of the states. That exceeded reasonable expectations about the political ability and willingness of states to enforce abortion limits before *Dobbs* was decided, and is the best evidence of whether the cause for life—facing existing obstacles—was ready. The subsequent loss of 15 ballot initiatives—many of which were in blue or purple states and effectively preserved the status quo of unlimited abortion—requires a different analysis (and a different time).

Four years after *Dobbs*, however, the cause for life in America has yet to launch a concerted and sustained effort to build an enduring majority for life. As it did in the immediate aftermath of *Roe* between 1973-1978, the cause for life may once again have to build a movement strong enough to induce politicians to follow.

Incrementalism, alone, provides neither a goal nor a strategy. It identifies only a step-by-step process. The steps must be directed by the essential political virtue, which is also the preeminent cardinal virtue: prudence—practical wisdom oriented toward the moral good in politics. Prudence is making good decisions *and* implementing them effectively. Prudence is necessary to make zeal effective. As an intellectual virtue, prudence has four necessary stages: deliberation, judgment, decision, and execution.

As a political virtue, those facets translate into four essential questions that challenge public officials (and voters). Are public officials:

- pursuing good goals in politics?
- exercising wise judgment as to what's possible?
- successfully applying means to ends?
- preserving the possibility of future improvement when all of the good cannot be immediately achieved?

These questions require working effectively through majority rule in our republic because it is necessary to successful action in the public good, "to resolve disagreements that neither the explicit text of constitutions nor the unwritten principles of natural right can resolve."

Majorities are not necessarily static but often shifting, depending on the time, the conditions, the candidates, and the issues. New elections, shifting legislative coalitions, and new political issues can alter majorities. And stable

majorities are necessary over a substantial period to settle political issues.

To shape public sentiment, candidates and parties can utilize "time, events, careful political organization, and effective political persuasion" as "necessary for voter preferences to shift" in a positive direction.

Public sentiment is built with both action and opinion: Policy proposals and specific, concrete bills get publicized and public opinion is formed in response.

Elections can serve as practical limits on majority rule—electoral campaigns and elections may change majorities.

A political party is a matter of addition and building coalitions, not pushing people out to establish moral or political purity, focused on principles not personalities.

Movements rise or fall by the number and strength of organizations and institutions. We need to build institutions that are "perpetual, national and universal" and "beyond the power of the majority of Americans to contain, shrink and ultimately extinguish the institution."

In some states, progress will require "a fairly specific menu of peaceful and gradual middle-range policies designed to weaken and shrink the institution of" elective abortion after its expansion has been halted.

Those who are desperate for immediate success and pursue desperate measures, like prosecuting women for abortion, will burn out or fade away. Because of the legacy of *Roe*, and the fact that zealous supporters of abortion did not fade away with *Dobbs*, this will take generations.

But what is new is that *Roe* is gone as a constitutional and political impediment, which serves to level the playing field, and the debate is more decentralized and less subject to centralized control. Numerous historians have noted that the abortion "reform" movement stalled by the end of 1970, after four years of success in the states, but 30 states—despite political and legislative challenge—retained their traditional prohibition of abortion except to save the life of the mother on the eve of *Roe*.

Working effectively in our system of majority rule to change public sentiment, implementing a "*recursive* interaction of public action and public opinion over several election cycles," and building a party committed to the inviolability of human life are essential building blocks for creating an enduring majority for life in America.

Not Like Any Other Homicide: The Case Against Prosecuting Women for Abortion

Eric J. Scheidler

On the evening of May 24, 1704, a serving woman named Agnes Catherina Schickin walked through the gates of Schorndorf, a fortified town in the Duchy of Württemberg. She approached the first townsfolk she encountered and confessed that she had just murdered a seven-year-old boy in the forest. Schickin was taken into custody and authorities began to investigate her horrifying crime.

Schickin informed the town magistrates that she had met the boy, Hans Michael Furch, earlier that day, playing by the roadside with three other "beautiful little boys." She asked directions to Schorndorf, and offered Hans a gift to walk her home. The other boys wanted to come along, too, but she dissuaded them. Over the course of the day she was seen with the boy by several witnesses. One described her kneeling before him and delousing him.

But it was Schickin herself who described the murder. When Hans, weary of wandering the woods with her, essayed to head back home, she violently threw him to the ground. He begged for mercy, reciting the Lord's Prayer, and twice she relented. But the third time, feeling "embittered," as she put it, she drew her knife and slit his throat, declaring, "May God protect you, you sweet angel, you are an angel before God." Schickin told the authorities that young Hans had been "saved," and she could now "leave the world," since the certain penalty for such a crime was public execution.

Schickin killed innocent young Hans because she wanted to end her own life, but believed—along with the rest of society—that committing suicide would mean not only the loss of her life, but the loss of her soul: eternal damnation for the crime of self-murder. But killing an innocent child, who had not yet sinned, would dispatch him to eternal bliss while affording her the opportunity to repent of her sins, be forgiven before God, and be released from her miserable life by the executioner.[1]

What Can We Learn from "Suicide by Proxy"?

Schickin was not alone in making this macabre but—by the reasoning of her time—theologically and legally valid calculation. Historian Kathy Stuart

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has documented hundreds of such "suicide by proxy" cases, beginning at the end of the sixteenth century and running through the first part of the nineteenth century. Curiously, the vast majority of such cases were perpetrated by women.

This phenomenon persisted for over 200 years, among Catholics and Protestants alike, despite every effort the early modern state could devise to stop it. When Nuremberg authorities saw that beheading was not deterring such murders, they reintroduced the medieval punishments of amputation and the wheel in addition to beheading. Not only was this ineffective, it may even have made things worse. The Duchies of Schleswig and Holstein tried a contrary approach, dispensing with the death penalty for this crime and replacing it with branding, torture, hard labor, and annual public shaming. That didn't work either.

I begin this discussion of so-called "equal protection" bills with the case of Agnes Schickin and the largely forgotten early modern epidemic of "suicide by proxy" because this historical episode teaches two important lessons for the pro-life movement today.

First, we must recognize that criminal law cannot be designed as if its only purpose were to express our convictions about the gravity of an offense or the value of its victims. When Schleswig and Holstein downgraded the penalty for this crime from execution to torture and shaming, that wasn't because they came to value the lives of child victims less. On the contrary, public horror over these crimes was persistent through the whole period, with victims memorialized in pamphlets and ballads.

Second, we must not naively assume that harsh penalties will always work as a deterrent to crime in the way we hope, especially when it comes to acts of desperation. When Nuremberg added amputation and public torture on top of execution for these child murderers, they may actually have made the crime more attractive, allowing perpetrators to be the principals in a grand public drama concluding with the death by beheading that they sought.

These two lessons confront the two central arguments made by advocates of "equal protection" bills: (1) if we really believe the unborn child is a human being, we must prosecute all involved in its demise as we would for any other homicide and (2) this is the only way we can effectively deter women from getting abortions.

Calls for "Equal Protection" Are Growing

So far this year, bills have been introduced in at least twelve states that aim to "abolish" abortion, including changes to the criminal code that would prosecute women who get abortions with murder.[2] In some states, they could

get the death penalty. Advocates of these bills invoke the principle of "equal protection," the idea that killing an unborn baby is no different from killing anyone else.

Once a fringe position in the pro-life movement, calls to prosecute women for abortion are growing[3]—and not just from the self-described "Abolitionists" who have long denounced the mainstream incremental approach to protecting unborn children in the law. Former Planned Parenthood manager Abby Johnson, who has a massive online following, is now advocating for these measures in testimony before state legislative committees—and insisting that anyone who opposes them isn't serious about ending abortion.[4] In a recent debate at Yale with former Catholics for Choice president Francis Kissling, prominent pro-life personality Lila Rose advocated for criminal penalties for women who get abortions unless they can show they were coerced.[5]

These bills often include moving language about the value of the unborn child that will resonate with all of us in the pro-life movement. And we all share the goal of protecting the lives of these children to the fullest possible extent in the law. But despite the lofty language and good intentions, we must oppose any measure that would prosecute women for abortion.

It's not just that pursuing these bills is a waste of resources, with even very conservative states like South Carolina and Oklahoma resoundingly rejecting them. Nor is it that the American people overwhelmingly oppose the idea, which conjures the ugliest stereotypes of our movement as vengeful and anti-woman. Prosecuting women isn't just imprudent—it's bad policy, and would only serve to shield abortionists from the law and drive their grisly business underground, while causing real harm to the women we claim to serve.

Pre-*Roe* Laws Targeted Abortionists, Not Women

It would be helpful to review the history of abortion law in the United States. Before *Roe* v. *Wade* swept away every state law protecting life in the womb, only a handful of state anti-abortion laws included any provision for prosecuting the woman. Lawmakers realized that the real culprit was the abortionist—the one who kills in cold blood, exploiting a desperate woman for money—and that to catch the abortionist, they would need the woman as a witness. Even when the law allowed for prosecuting the mother, the threat of prosecution was only used to get her to identify the abortionist.[6]

Those early anti-abortion pioneers recognized that women were being exploited by abortionists. They did not consider her innocent of all *moral* culpability, but still saw her involvement to be fundamentally different from the abortionist's. They knew that a woman seeking an abortion doesn't have the mindset of a murderer. As pro-life advocate Frederica Mathewes-Green put it, "No one

wants an abortion as she wants an ice cream cone or a Porsche. She wants an abortion as an animal caught in a trap wants to gnaw off its own leg."[7]

There is real wisdom in this understanding—ancient wisdom. As far back as the fourth century, the Council of Ancyra reduced the penance for the sin of abortion from exclusion from communion until the hour of death to exclusion for just ten years. This was the same penance as for involuntary homicide, but half that for murder. And lest we attribute this framing to ancient ignorance about fetal development, St. Basil of Caesarea clarified that this penance applied "whether the embryo were perfectly formed or not." Ten years: That's a serious sin. But the ancient church didn't equate it with murder.[8]

Unwanted Abortion and *Mens Rea*

Today we have even more reason to see the woman as something other than a cold-blooded killer. After five decades of legal abortion, we know how often women are pressured into abortion by boyfriends, husbands, parents, employers, and others. New peer-reviewed research shows that only one-third of women who had abortions describe them as a free choice, with one in four describing their abortions as unwanted or even coerced. Sixty percent said they would have preferred to give birth if they had received the emotional or financial support they needed.[9]

This helps to explain the palpable ambivalence we hear from women about their abortion decisions, which is grimly on display on the website ShoutYourAbortion.com, launched to destigmatize abortion by allowing women to share their abortion stories. The site is replete with stories of women seeking forgiveness from their unborn children, begging them to return at a better time, even while justifying their choice. One woman quotes from a letter she wrote to the child she was about to abort: "I'm so sorry, little one. You deserve everything and I hope to be the one to give it to you." This may be twisted logic, but it's not malice aforethought.

We must also consider the issue of "informed consent," especially in the age of abortion drugs, which can be acquired online and are often marketed as "missed period pills," as if all they do is restore a woman's regular cycle. And women are still being told that the child in the womb is just a "clump of cells"—propaganda from the abortion industry and their media allies that reaches into every state with anti-abortion laws on the books.

All of this means that it would be very difficult, if not impossible, for prosecutors to establish the *mens rea* or "state of mind" of the woman on trial for abortion. *Mens rea* is a key component in any homicide case. It's one of the reasons we have different categories of homicide. Another reason is that under our system, convictions require solid evidence of criminality—evidence

that must be collected by police detectives.

Advocates of "equal protection" measures overlook this crucial point. They have the idea that if you don't prosecute the mother for homicide, you don't really value the unborn child. But that's not how our legal system works. The law is not primarily an expression of how much we value crime victims, but of how we can best address problems in the real world. A prosecutor doesn't indict someone with first-degree murder because of how valuable the victim is, but because of how strong a case they can make for conviction.

And the case against women who get abortions has proven very hard to make. In general, women who participate in the deaths of their own children—nearly always an act of desperation—make sympathetic figures to juries. All-male juries in early twentieth century Britain were so reluctant to convict women who killed their newborns that Parliament created the new crime of "infanticide" to give more weight to these crimes. Those same juries were even less willing to convict women for abortion.[10]

Abortion Is Not Like Other Homicides

One reason that prosecutors would struggle to get convictions for abortion is that abortion is just not like other homicides. Advocates for prosecuting women sometimes make a comparison between hiring a hitman and getting an abortion, but this comparison actually reveals how different abortion is. The person who hires a hitman does so in cold blood, seeking to end the life of someone they can see, name, and interact with, for their own selfish reasons.

A woman who gets an abortion is rarely doing so for purely selfish reasons, as our growing understanding of unwanted abortions shows. Even without another person pushing her to abort, she worries about caring for the children she already has, holding down her job during pregnancy and the months after birth, paying higher rent for the additional space needed to care for a child. These are not "selfish" reasons.

Moreover, unlike the victim of all other forms of homicide, the victim of abortion cannot be seen or heard, has no name, has never smiled or cooed or cried. The unborn child is a total stranger to the mother. She doesn't conceive of the child as her enemy—though it does compete with her for nutrients; the placenta, that common organ she shares with the mysterious life within her, will generally prioritize her unborn child when levels of calcium, iron, and folate are too low for both to get what they need.[11] There is a kind of competition between mother and child that we in the pro-life movement are reluctant to admit. But it is real, and part of what makes this relationship unique.

No matter how singularly burdensome pregnancy may be, the mother has no animus towards the actual person that her child already is and would one day be

revealed to be. She just wants to be "unpregnant." To demand that she be considered an accessory to murder ignores the unique aspects of abortion and how pregnancy and childbirth impact women, especially disadvantaged women.

"Equal Protection" Is Not Equal

Even if we could ignore the uniqueness of abortion, the penalties of an "equal protection" law would not be meted out equally. Instead, those penalties would fall disproportionately on women—specifically on poor and minority women, who undergo a disproportionate number of abortions despite being, by every available measure, more pro-life than their wealthier counterparts. The gap between their stated convictions and their behavior reveals how often abortion is chosen against a woman's own moral commitments.[12]

Every single abortion prosecution would target the mother; she is the one who is always visible to the law, while others—the father, the provider, anyone who pushed her to abort—can remain hidden. It will be the mother showing up at the ER suffering abortion complications, or the mother being turned in by someone she has confided in.

It's appropriate here to consider the impact "equal protection" laws would have on the work of pregnancy care centers. What woman would confide to a pro-life counselor that she's considering abortion when such a statement could be seen as a confession that she plans to commit a felony? What woman would share her story of abortion regret if it could trigger her prosecution for murder? Under the "equal protection" regime, pregnancy centers would be cast as evidence-gathering operations to be avoided at all costs.

Meanwhile, what happens to the father? He would only face prosecution if the mother turned him in. But even then, it would be her word against his. What of the father who opposes the abortion, but is now faced with the prospect of turning in his wife or girlfriend to the police—just like anyone else who has knowledge of a planned felony? What does that do to his hopes of changing her mind?

As for the abortion provider, the only one who can identify him to the authorities is the woman. But now she's a co-conspirator, who has a Fifth Amendment right not to incriminate herself. The only way to get her cooperation is to grant her immunity—and then the whole "equal protection" premise collapses.

That said, she's not even likely to be able to identify the provider when nearly all abortions in states with abortion bans are done via mail order abortion pills—many of them coming from outside the United States. The abortion provider gets off scot-free, or is actually shielded from prosecution when the only witness against him has been silenced by the threat of her

own prosecution.

A final point worth making here is that the reality of prosecuting women for abortion in the era of abortion pills would be an evidentiary nightmare, with miscarriage and medication abortion being clinically indistinguishable. Monica Snyder, the executive director of Secular Pro-Life with a background in forensics, has powerfully made the case that there is no way to enforce such a law justly. Either tens of thousands of women who miscarry would be swept into criminal investigations, or the law would go almost entirely unenforced.[13]

Prosecuting Doesn't Work: Brazil

Let us put these hypotheticals to one side and look at an actual case of a jurisdiction with criminal penalties on the books for women who get abortions. Abortion is illegal in Brazil, with the law penalizing both women and abortion providers. And yet at least half a million unborn babies are aborted every year.[14]

In Brazil, rich women know where to go for relatively safe abortions, and poor women know where to go for dangerous abortions—with an extremely high rate of complications that require emergency care.[15] As might be expected from the foregoing discussion, indictments for the crime of abortion are rare in Brazil—only about 300 cases a year, with a conviction rate of about 10 %. Even so, women prosecuted for abortion in Brazil are overwhelmingly if not exclusively poor, and most often black.[16]

Our legal system may be more equitable than Brazil's, but it's hard to imagine that the impact of prosecuting women—in both prison time and dangerous botched abortions—would not fall overwhelmingly on the most disadvantaged among us. There's nothing "equal" about that.

We Must Oppose These Bills

Thankfully, none of these horrors will come to pass, because none of these bills has any hope of being enacted by any state in the Union. But the campaign to introduce and rally behind these bills is already doing real harm to the pro-life movement.

Though less than 3 percent of Republican state legislators support such measures, Republican caucuses and state pro-life organizations face backlash whenever they're introduced.[17] Headlines like "Four States Consider Bills To Treat Women Who Get Abortions as Murderers" tar the entire pro-life movement as vengeful and out of touch.[18] More than that, they can make pro-life lawmakers reluctant to touch the issue—as in South Carolina, where battles over such bills have scuttled the effort to protect children from abortion before

the sixth week of pregnancy.[19]

Our public officials have little appetite for punishing women—a quality sometimes shared by their predecessors in early modern Germany, whose efforts to curtail "suicide by proxy" we opened with. Agnes Schickin was never executed for killing seven-year-old Hans Furch; the Tübingen scholars who reviewed her case found her so deranged by despair that they recommended she be spared the scaffold, and she was flogged in prison instead.[20]

The epidemic of suicide by proxy didn't end when magistrates finally worked out the right formula for punishing perpetrators of these heinous crimes of despair. Every penalty had been tried; none had worked. Suicide by proxy only disappeared when the incentive structure that brought it into being was finally dismantled: the public executions, the entanglement of church and state, the theological terror surrounding self-murder.[21] The crime stopped when the conditions that produced it were no longer operative.

That is the lesson advocates of "equal protection" have inverted. Abortion will not end when we find the right punishment for the women who seek it. It will end when we dismantle the social conditions that push and pull women towards abortion—poverty, lack of housing, job insecurity, male abandonment, intimate partner violence, an overall lack of support for marriage and family, and social disdain for the sacrifices of parenthood. That also includes the supply side of abortion, where the threat of prosecution actually works: providers in abortion-ban states have closed up shop. That's where we must concentrate our law enforcement efforts—not on women desperate enough to seek abortion.

I invite you to join me in standing firmly against any measure that would prosecute women for abortion. It's up to God to judge their moral culpability. And it's up to us, with His help, to work towards a world where no woman feels abortion is her only choice.

NOTES

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Proposals to Prosecute Women for Abortion:

Legally Flawed, Counterproductive, and Probably Unconstitutional

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Introduction

Since the pro-life movement first undertook the effort, many decades ago now, to counter the efforts of pro-abortionists to legalize abortion, those on the pro-abortion side have used scare tactics and false accusations in their efforts to consolidate and extend their gains. Throughout the years that *Roe* was the law of the land, they developed a double-pronged argument: First, they told the public that if abortion were banned women who procured abortions would be charged with abortion, or perhaps even murder. When pro-lifers replied that this had not been the practice under the old state laws prior to *Roe* and that there was no such expectation of doing so if *Roe* were overturned, our opponents claimed this was proof that we (and the 19th-century reformers who campaigned for the laws outlawing abortion) did not really believe that the unborn were human beings on a par with those born; otherwise, they argued, we would seek parity in the treatment and sentencing of everyone involved in killing the unborn, including not only the abortionist but the woman seeking his services.

However, as this article explains, there is more to the law than the pro-abortionists' rather simple equation suggests. In particular, treating both the abortionist and the woman seeking an abortion as equally guilty in the offense of abortion not only muddies the very real differences between them, but has unintended consequences that interfere with the true aim of anti-abortion laws, which is protection of the unborn.

Over the past few years, the Foundation to Abolish Abortion and other "abolitionists" organizations have supported legislative proposals that would treat abortion as a form of homicide (more specifically, murder) and subject women who have abortions to the same penalties that would apply to the unjustified killing of a born person including, where otherwise allowed by state law, the death penalty.[1] These proposals appear to have been based on

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what is, in my opinion and the opinion of others who are more qualified to comment on it, a misreading of the only biblical text on abortion—Exodus 21:22 (NEB). Abolitionists are understandably frustrated with the incidence of pregnant women obtaining abortifacients through the mail to end their pregnancies, particularly in states where abortion is illegal. To date, none of their proposals has passed. But their introduction into state legislatures, and the divisions they have caused in the pro-life movement, call for further reflection.

The practical difficulties in investigating and prosecuting women for having illegal abortions—especially those caused by the ingestion of abortifacients like mifepristone and misoprostol—have been explored in great detail by Monica Snyder and others.[2] And the political consequences of pursuing a legal strategy of prosecuting women have also been widely discussed.[3] It is not my purpose in this article to address either the practicalities of enforcement or the politics of prosecuting women for abortion. Rather, I would like to bring some historical perspective on the subject and discuss why these proposals are legally flawed, counterproductive, and probably unconstitutional.

Prosecution of Women under Pre-*Roe* Abortion Statutes

Unlike contemporary abortion statutes, which expressly exempt pregnant women from prosecution for undergoing an abortion,[4] pre-*Roe* abortion statutes, with the exception of Vermont's statute,[5] did not, by their own terms, state whether women were subject to prosecution. As a result, state courts had to decide whether women could be prosecuted for abortion. This issue most often came up in the context of a prosecution of an abortionist.

The defendant abortionist would argue that the woman upon whom he performed an abortion was an accomplice in the crime with which he had been charged. As an accomplice, so the argument went, the woman's testimony (at least in some states) would have to be independently corroborated by other evidence, and (in all states) the defendant would be entitled to a cautionary jury instruction on the credibility of an accomplice's testimony. In thirty-one of the thirty-three states where this issue was decided, the courts held that the woman was *not* an accomplice in her own abortion.[6] As such, apart from any other statute that might require corroboration in certain cases, her testimony did not need to be corroborated by independent evidence, and the defendant was not entitled to a cautionary jury instruction. Although state courts in Alabama and Ohio held otherwise,[7] there is no reported case of any woman being prosecuted for abortion in either state.[8]

State courts provided several rationales for rejecting the argument that women were accomplices in their own abortions. First, several state courts held that their abortion statutes applied only to transitive action by one person

acting upon another, in other words, A doing something to B, not A doing something to herself. Accordingly, neither self-abortion nor consenting to an abortion performed by another fell within the scope of the statute.[9]

Second, at one time or another, nineteen states enacted statutes that expressly criminalized the pregnant woman's conduct in soliciting an abortion or in consenting to an abortion performed on her by another. In several of these states, courts reasoned that the woman was legally culpable for her conduct only under those specialized statutes, not under the general abortion statute with which the abortionist had been charged.[10] These specialized statutes may have been enacted not for the purpose of prosecuting the woman, but to preclude an abortionist's argument that she was an accomplice in the same crime with which he had been charged. This supposition is supported by the fact that there is only *one* recorded case in which a woman was charged under one of these solicitation statutes, and that charge was dismissed by the trial court.[11]

Third, women were regarded as *victims* (along with their unborn child) of an illegal abortion. There are more than 150 reported cases where the woman upon whom an illegal abortion was performed was described by a reviewing court as a "victim" of the offense of abortion. In sixty-nine of those cases, the woman died as a result of the abortion; in thirty-eight of the other eighty-two cases, where she survived, she had to be hospitalized.[12]

Finally, a number of state courts, while recognizing the pregnant woman's *moral* culpability in undergoing an abortion, stated (or clearly implied) that her culpability was less than that of the abortionist and, therefore, it was reasonable to subject him, but not her, to prosecution.[13] The Maryland Court of Appeals explained that

> [w]hile it may seem illogical to hold that a pregnant woman who solicits the commission of an abortion and willingly submits to its commission upon her own person is not an accomplice in the commission of the crime, yet many courts in the United States have adopted this rule, asserting that public policy demands its application and that its exception from the general rule is justified by the wisdom of experience.[14]

The Pre-*Roe* Rationales for Not Prosecuting Women Today

Do any of these rationales still apply? Contemporary abortion statutes have been drafted expressly to exempt women from criminal liability. As a result, the first and second rationales offered by pre-*Roe* courts—whether the statute applied only to transitive action or whether there was a separate statute criminalizing the woman's conduct—need not be discussed further.

As for the third rationale, while the risks to women from illegal *surgical* abortions are far less now than they were before *Roe* was decided, most illegal

abortions are now *medically* induced by various drugs, including mifepristone. The widespread use of mifepristone, especially mifepristone obtained through the mails, carries a number of risks for the woman. Mifepristone is contraindicated in cases of ectopic pregnancy or after ten weeks' gestation, yet the woman taking the drug may not know that she is experiencing an ectopic pregnancy or how far along in pregnancy she is. Also, with respect to pregnant women with Rh-negative blood types, the failure to diagnose her blood type and give her a "RhoGAM" shot late in pregnancy may pose severe risks to any child she conceives in a future pregnancy.[15] Obviously, these risks do not materialize in most medically induced abortions, but the risks remain. And there is a much higher reported incidence of complications with medically induced abortions, even ones under the supervision of a physician, than with surgical abortions.[16]

The fourth rationale—that the pregnant woman who undergoes an abortion procedure or who takes an abortifacient is less culpable than the person who performs the abortion on her or who provides her with an abortifacient—is still valid, for three reasons. First, the pregnant woman herself may be acting under stress or pressure—from a husband, a boyfriend, her parents, or others—to end her pregnancy, while the third party who assists her in ending her pregnancy is not subject to such pressures. This is not to suggest that women are not morally responsible agents or that they are coerced (in legal terms) into obtaining an abortion. Rather, as between the woman who seeks to end her pregnancy and a third party who makes that possible, the third party is more culpable.

Second, without the assistance of a third party, the pregnant woman would not be able to terminate her pregnancy safely. It is the third party who makes it possible for a woman to end her pregnancy by abortion, and it is the third party who, we can reasonably assume, is assisting other women in doing so as well. Finally, the third party who performs or facilitates abortion is typically acting out of ideological or pecuniary interests or both, neither of which applies to the pregnant woman herself.

As the more culpable party, the person who makes it possible for a pregnant woman to terminate her pregnancy through an illegal abortion should be the focus of law enforcement. In the vast majority of cases, it would not be possible to prosecute the third party without the cooperation and testimony of the woman herself. If, however, the woman could be charged with murder (or any other offense related to her abortion), the state could not force her to testify against the third party, because her testimony would tend to criminate her in the same offense.

She would have a constitutional right against self-incrimination. Her testimony

could be obtained only if she were given immunity from prosecution. But giving the woman immunity would create the problems identified earlier in this article—she would be regarded as an accomplice (or perhaps even a principal) in her own abortion. As a result, as explained above, at least in some states, her testimony would have to be independently corroborated, and in all states the defendant against whom she would testify would be entitled to a cautionary jury instruction on the credibility of an accomplice's testimony. A witness who has been given immunity or who has been promised immunity in exchange for her testimony is less credible than one who has not been given or promised immunity.[17] If the objective is to prosecute and convict the more culpable third party who enables a pregnant woman to have an abortion, why make the third party's prosecution more difficult by treating the woman herself as a criminal?[18]

Criminal Defenses to Abortion Treated as Murder Under Abolitionists' Proposals

Under the proposals we've been discussing, as far as the woman's criminal liability is concerned none of the defenses to criminal conduct that may apply in other circumstances would apply to the woman herself if abortion were treated as homicide. In the case of homicide, a person has the right to use deadly force to prevent an imminent threat of death or serious bodily injury.[19] But self-defense applies only to using such force against an *aggressor*.[20] The unborn child, however, is not an aggressor and cannot be said to be "acting" in any fashion to threaten the mother's life or physical health.[21]

The defense of necessity would not apply either. As Professor LaFave has explained, the defense of necessity "is often expressed in terms of choice of evils. When the pressure of circumstances presents one with a choice of evils, the law prefers that he avoid the greater evil by bringing about the lesser evil. Thus the evil involved in terms of the criminal law . . . may be less than that which would result from literal compliance with the law . . . ."[22] In the Model Penal Code's formulation, "Conduct that the actor believes to be necessary to avoid a harm or evil to himself or to another is justifiable provided that . . . the harm or evil sought to be avoided by such conduct is greater than that sought to be prevented by the law defining the offense charged."[23] This standard would not justify an abortion to save the life of the mother. This is because "the harm or evil" sought to be avoided by the abortion—the death of one person (the mother)—is not *greater* than "the harm or evil" sought to be prevented by the law defining the offense charged—the murder of another person, the unborn child. They are equivalent evils.

Phrased somewhat differently, if the life of an unborn child is equal in value to the life of a born person, intentionally causing the death of the unborn

child could never be regarded as the *lesser* of two evils (the other evil being the death of the pregnant woman).

Finally, in the absence of a statute providing otherwise, the defense of duress (or coercion), where one is compelled by another's threats into committing a crime, never excuses the use of deadly force. Summarizing the applicable case law, Professor LaFave states that "duress cannot excuse murder—or, as it is better expressed . . . , duress cannot excuse the intentional killing of (or attempt to kill) an innocent third person."[24] Nevertheless, many of the legislative proposals to criminalize the woman's conduct carve out an extremely limited duress (or coercion) defense for a pregnant woman, but the defense applies only when she is threatened with the imminent infliction of death or serious physical injury if she does not terminate her pregnancy. While such scenarios are not unheard of, they are extremely rare and certainly not the principal problem posed by the use of abortifacients to end pregnancies.

In sum, under the legislative proposals that have been introduced in many states to criminalize the woman's conduct in having an abortion—treating her conduct as murder—the woman would have *no* defense, even if continuation of her pregnancy would likely result in her death.[25] A law that would not allow abortion under such circumstances would almost certainly be unconstitutional, as (then) Justice Rehnquist said in his dissent in *Roe* v. *Wade*,[26] and as Justice Kavanaugh implied in his concurrence in *Dobbs* v. *Jackson Women's Health Organization*.[27]

Conclusion

The problem of the widespread availability of abortifacients that enable women to end their pregnancies illegally is a serious one that needs to be addressed in thoughtful and creative ways (for one, by enforcing the Comstock Act). But proposing to criminalize a woman's conduct in taking an abortifacient, in particular treating her conduct as *murder*, is not a serious solution to the problem.

NOTES

1. Most, if not all, of these proposals are accessible on the Foundation to Abolish Abortion's website, https://faa.life/states
2. See, e.g., Monica Snyder, "6 Reasons Equal Protection Laws Can't Be Enforced Justly, Secular Pro-Life, April 29, 2026, https://secularprolife.org/2026/04/6-reasons-equal-protection-enforcement/ John Gerardi, "Prosecuting Women for Abortions Would Be an Evidentiary Nightmare," *National Review*, March 3, 2026, https://www.nationalreview.com/corner/prosecuting-women-for-abortions-would-be-an-evidenti ary-nightmare/
3. See, e.g., Scott Klusendorg, "Why Equal Protection Bills Harm Pro Life Efforts," *Current*

Affairs (May 10, 2026) https://www.thegospelcoalition.org/article/equal-protection-harms-pro-life/

4. See the author's article, "Prosecuting Women for Abortion: A Reality Check," 37 Regent U. L. rev. 341, 354-55 & nn. 83–86 (2024–2025). An older Nevada statute, which prohibits abortion after twenty-four weeks, see Nev. Rev. Stat. § 200.220 (2023), criminalizes the woman's conduct, but, to date, no woman has been convicted under the statute.

5. See VT. STAT. tit. 13, § 101 (1972).

6. In addition to the cases cited in Jonathan M. Purver, Annotation, *Woman upon Whom Abortion Is Committed or Attempted as Accomplice for Purposes of Rule Requiring Corroboration of Accomplice Testimony*, 34 A.L.R.3d 858 (1970), see *Heath* v. *State*, 459 S.W.2d 420, 422 (Ark.1970); *People* v. *Gallardo*, 257 P.2d 29, 33 (Cal. 1953); *People* v. *Young*, 75 N.E.2d 349, 352 (Ill1947); *Joy* v. *Brown*, 252 P.2d 889, 892 (Kan. 1953): *Simmons* v. *Victory Industrial Life Insurance Co. of Louisiana*, 139 So. 68, 70 (La. Ct. App. 1932); *State* v. *McCurtain*, 172 P. 481,482 (Utah. 1918); *Miller* v. *Bennett*, 56 S.E.2d 217, 221 (Va. 1949). On occasion, a woman upon whom an illegal abortion had been performed was characterized as a co-conspirator, See. *e. g*., *Solander* v. *People*, 2 Colo. 48, 62-63 (1873); *State* v. *Crofford*, 110 N.W. 921, 922 (Iowa 1907); *State* v. *Hunter*, 154 N.W. 1083, 1085 (Minn.1915); *Fields* v. *State*, 185 N.W. 400 (Neb. 1921); *Kraut* v. *State*, 280 N.W. 327, 332–33 (Wis. 1938). This characterization was made not for the purpose of prosecuting her (indeed, in most of these cases the woman had died as the result of undergoing an illegal abortion), but to allow statements she made or conduct she engaged in to be admitted into evidence against an abortionist.

7. The Alabama and Ohio cases may be found in the American Law Report cited in the previous note.

8. In fact, there are only *five* reported pre-*Roe* cases where a woman was charged with abortion (or homicide based upon abortion). In four of those cases, the woman was not convicted and in the fifth case, her conviction was reversed on appeal. The five cases are *State* v. *Prude*, 76 Miss. 543 (1899) (affirming trial court order dismissing an indictment charging woman with the murder of her unborn child); *People* v. *Weible*, 45 Pa. Super. 207 (1910) (jury verdict finding woman guilty of self-abortion overturned by trial court, whose ruling was affirmed on appeal); *Grissman* v. *State*, 245 S.W. 438 (Tex. Crim. App. 1922) (in reversing conviction of abortionist, court noted that the woman upon whom he had performed the abortion had been indicted in the same case, but there is no evidence that woman was ever prosecuted or, if prosecuted, convicted); *People* v. *McAlpin*, 270 N.Y.S.2d 899 (Nassau County Ct. 1966) (dismissing homicide charge based upon self-abortion); *Wheeler* v. *State*, 263 So.2d 323 (Fla. 1972) (reversing conviction of woman upon whom abortion was performed). These cases must be distinguished from infanticide cases where the child was born alive and was then killed by the criminal agency of the mother (or other actor).

9. "A reading of the statute indicates that the acts prohibited are those which are performed upon the mother rather than any action taken by her. She is the object of the acts prohibited rather than the actor. The class of persons against whom the statute is directed does not include those upon whom abortions are performed. Most similar state statutes are so construed." *State* v. *Barnett*, 437 P.2d 821, 822 (Ore. 1968). See *also Hatch* v. *State*, 459 S.W. 2d 420, 422 (Ark. 1970) (same); *Hatfield* v. *Gano*, 15 Iowa 177, 178 (1863) (same); *Simmons* v. *Victory Industrial Life Insurance Co. of Louisiana*, 139 So. 68, 69–70 (La. Ct. App. 1932) (same); *People* v. *Weible*, 45 Pa. Super. 207, 209 (1910) (same).

10. See, e.g., *People* v. *Clapp*, 151 P.2d 237, 239–40 (Cal. 1944); *State* v. *Carey*, 56 A. 632, 636 (Conn. 1904); *State* v. *Proud*, 262 P.2d 1016, 1019 (Idaho 1953); *State* v. *Tennyson*, 2 N.W.2d 833, 836 (Minn. 1942); *People* v. *Vedder*, 98 N.Y. 63, 632 (1885); *Wilson* v. *State*, 252 P. 1106, 1107–08 (Okla. Crim. App. 1927); *State* v. *Cragun*, 83 P.2d 1071, 1073 (Utah 1934).

11. See *People* v. *McAlpin*, 270 N.Y.S.2d 899 (Nassau County Ct. 1966).

12. Research results based on a review of all pre-*Roe* state abortion cases in which the word "victim" appears (Nexis-Uni).

13. See, e.g., *Dunn* v. *People*, 29 N.Y. 523, 527 (1864) (woman upon whom abortion was performed "did not stand legally in the situation of an accomplice, for, although she no doubt participated in the moral offense imputed to the defendant [abortionist], she could not have been indicted for that offense; the law regards her rather as the victim than the perpetrator of the crime"); *State* v. *McCurtain*, 172 P. 481, 482 (Utah 1918): "While, no doubt, the female who requests or consents to a criminal operation with a view of producing an abortion is morally in fault, yet she is not guilty of the offense, and cannot be prosecuted under the statute. She therefore is not an accomplice." *Watson* v. *State*, 9 Tex. Crim. 237, 244, 245 (1880) ("The rule that [the woman upon whom an abortion is performed] does not stand legally in the situation of an accomplice, but should rather be regarded as the victim than the perpetrator of the crime, is one which commends itself to our sense of justice and right, and there is

certainly nothing in our law of accomplices which should be held to contravene it") (recognizing that the woman is implicated in an abortion in a moral sense).
14. *Basoff* v. *State*, 119 A.2d 917, 923 (Md. 1956) (citing cases).
15. "When an Rh negative woman is pregnant with an Rh positive child, her blood develops antibodies which do not affect the [existing] pregnancy, but can cause damage to later conceived Rh positive fetuses. An injection of RhoGAM during the first pregnancy can prevent the formation of these antibodies." *Walker* v. *Rinck*, 604 N.E.2d 591, 593, n. 1 (Ind. 1992) (citing 3 Attorney's Dictionary of Medicine at p. R-84 (1986)). RhoGAM "is a trademark of a preparation of Rh immune globulin" which "is used to prevent the formation of antibodies [to RH positive blood] in Rh negative women." *Id*. (citing 3 Attorney's Dictionary of Medicine p. R-92 (1986)). For a comprehensive discussion of this phenomenon, see *Rye* v. *Women's Care Center of Memphis*, *MPLLC*, 477 S.W.2d 235 (Tenn. 2015).
16. See Maarit Ninimaki, *et al.*, *Immediate Complications After Medical Compared With Surgical Termination of Pregnancy*, 114 *Obstetrics & Gynecology* 795, 795 (Oct. 2009) (reporting that "[t]he overall incidence of adverse events was fourfold higher in the medical compared with surgical cohort") (study covered 22,368 medical abortions and 20,251 surgical abortions performed during the first 63 days of gestation over the period 2000–2006 in Finland). See *also* Ushma D. Padhyay, *et al.*, *Incidence of Emergency Department Visits and Complications After Abortion*, 125 *Obstetrics & Gynecology* 175, 181 (Jan. 2015) (reporting that "[m]edication abortions were 5.96 . . . times as likely to result in a complication as first trimester aspiration abortions") (study covered 54,911 abortions performed on Medi-Cal patients in 2009 and 2010).
17. "We believe . . . it was error for the trial court to restrict the defendant's cross-examination of the witnesses who were granted immunity. The defendant has a right to bring out the motives of the state witnesses on cross-examination. [Citations]. The defense has a right to know the basis for the immunity; what other promises were made, if any; and whether the witness has been influenced or coached by the prosecution." *State* v. *Gresens*, 161 N.W.2d 245, 248 (Wis. 1968). See also *State* v. *Madden*, 201 N.W. 297, 297 (Minn. 1924) (citation and internal quotation marks omitted): "It bears against a witness' credibility that he is an accomplice in the crime charged and testifies for the prosecution; and the pendency of any indictment against the witness indicates indirectly a similar possibility of his currying favor by testifying for the state; so, too, the existence of a promise or just expectation of pardon for his share as accomplice in the crime charged."
18. One response to this is that while it might be appropriate in some or even most cases to grant the woman immunity in order to secure her testimony against the more culpable third party, she should not be entitled to "blanket immunity" so that she could never be charged. It is not at all unusual, however, for a statute to be drafted in such a way that one party who participates in a criminal act is not subject to prosecution while another is. "When Congress assigns guilt to only one type of participant in a transaction, it intends to leave the others unpunished for the offense." *United States* v. *Amen*, 831 F.2d 373, 381 (2d Cir 1987) (citing *Gebardi* v. *United States*, 287 U.S. 112 (1932) (acquiescing woman not guilty of aiding and abetting Mann Act violation) (the Mann Act, 18 U.S.C. § 2421, prohibits the knowing interstate transportation of any individual with the intent that the person engage in prostitution or any sexual activity that is illegal under federal or state law), and *United States* v. *Farrar*, 281 U.S. 624 (1930) (liquor purchaser not guilty of aiding and abetting illegal sale). Further, if in the overwhelming majority of cases, it would be appropriate to grant the woman immunity in order to pursue the more culpable party, why jeopardize prosecution of those cases simply for the purpose of preserving a largely theoretical ability to prosecute her in a small minority of cases?
19. See Paul H. Robinson, *et al.*, *The American Criminal Code: General Defenses*, 7 J. *Legal Analysis* 37, 52–53 & nn. 37-42, 49, 117 (table 2) (2015) (forty-nine out of the fifty States allow the use of deadly force against threats of death or serious bodily injury).
20. See Wayne R. LaFave, *Criminal Law* 710–20 (6th ed. 2017).
21. "The complete 'innocence' of the fetus makes it radically distinguishable from the actual or apparent aggressors with whom self-defense law has always been designed to deal. Legally speaking, the fetus is more 'innocent' than even an insane aggressor, who is innocent for purposes of criminal law, yet liable in tort for the harm insanely (and unlawfully) done to others. The fetus is not only not acting voluntarily; it is not acting at all. Instead, it is *developing* according to a natural progression. The complete absence of both mens rea and actus reus leaves the fetus innocent of *any* responsibility for the predicament in which it and the woman now find themselves. It is therefore axiomatic that in *no* pregnancy can the fetus be more responsible for the dilemma than the woman." Stephen G. Gilles, *What Does* Dobbs *Mean for the Constitutional Right to a Life-or-Health-Preserving Abortion?*, 92

MISS. L. REV. 271, 313–14 (2022) (emphasis in original).
22. LaFave, *Criminal Law* 689.
23. Model Penal Code § 3.02(1)(a) (American Law Institute 1962). See also Robinson, n. 18, *supra*, 7 J. *Legal Analysis* at 42 & n. 44 (at least forty-four of the fifty States "recognize a lesser evils [*i.e.*, necessity] defense").
24. LaFave, *Criminal Law* 650–51.
25. Most of the "abolitionists'" proposals provide that the offense of homicide does not apply "to the *unintentional* injury or death of an unborn child when resulting from . . . the undertaking of procedures to save the life of the mother when accompanied by reasonable steps, if available, to save the life of her unborn child . . . ." Georgia H.B. 441 (2025–2026 Sess.), p. 3, lines 54–57 (emphasis added). While this exclusion might apply to *non-abortional* conduct (*e.g.*, providing radiation treatment to the mother to prevent her death from cancer), it would not apply to abortions, as such, where the injury or death of the unborn child is seldom, if ever, *un*intended. It is a well-established principle of criminal law that "a person intends the natural consequences of his acts." *Ex parte Thompson*, 179 S.W.3d 549, 556 n.18 (Tex. Crim. App. 2005).
26. 410 U.S. 113, 173 (1973) (Rehnquist, J., dissenting).
27. 597 U.S. 215, 339 n. 2 (2022) (Kavanaugh, J., concurring) (citing Justice Rehnquist's dissent in *Roe*). See Gilles, 92 Miss. L. Rev. at 292–99 (arguing that there is a federal constitutional right to a life-preserving abortion, but not a health-preserving abortion).

Good News from a Truly Model Pregnancy Care Center

Edward Short

Many things propel the pro-life movement forward, even in what must often seem the most inauspicious of circumstances. Certainly, no factor is more importunate than conscience—what St. John Henry Newman called in one passage "The guide of life, implanted in our nature, discriminating right from wrong, and investing right with authority and sway . . ." and in another "the rule of ethical truth, the standard of right and wrong, a sovereign, irreversible, absolute authority in the presence of men and Angels."

Then, too, the sense of justice always wins new converts to the cause of life because it is that moral virtue that focuses on the well-being of others, not on one's own wishes or convenience. For Servais Pinckaers, OP, the brilliant expositor of Thomistic moral theology, the sense of justice "is a quality that perfects man in his most personal aspect" because it arises so directly from "his free will and his relationship with others." As St. Thomas says simply and eloquently in his commentary on St. Matthew: "He who acts because obliged by justice does not act simply from himself but because he is bound by something other than himself."

Combined with this sense of justice, we should add the recognition of what St. John Paul II referred to as "the value of human life and its inviolability," which lay at the heart of his "pressing appeal addressed to each and every person: respect, protect, love and serve life, every human life!" Why? For the author of *Evangelium vitae*, "Only in this direction will you find . . . true freedom, peace and happiness!"

Yet, taking into account all these factors—conscience, the sense of justice, recognition of the value and inviolability of life—we can readily see that nowhere do they work together more effectively than in our pregnancy care centers, where what the pope memorably extolled as the "civilization of love and life" finds its most practical, imperative expression.

In this essay, I will share with my readers the charism and efficacy of a truly extraordinary pregnancy care center in Vero Beach, Florida, called *A Caring Center for Women*, founded and operated by an extraordinary married

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couple, Gerri and John Rorick. As we all know, pregnancy care centers are often beleaguered in a culture in which disrespect for life is all too rampant, but for that very reason it is always encouraging, indeed, fortifying to hear of any pregnancy care center, like *A Caring Center for Women*, that has found genuinely replicable ways to thrive for the benefit of mothers and babies and our culture as a whole.

II

The first thing I notice about Gerri Rorick is that she is an elegant, shrewd, deeply faithful lady. A wisdom of experience tempers and enriches all she does. Yet if she has not been spared the world's slings and arrows, they have not ruffled her native gentleness. She exudes gentleness, though there is also a fair toughmindedness about her. Being around her is being around someone constantly speaking good sense. Consequently, I quote her lavishly. As my readers will see, she merits quoting.

Here, I should also say that my first impressions of Gerri's faithfulness are borne out by her giving me a copy of Leisa Marie Carzon's *Sister, Social, Surgeon: The Life and Courage of Sister Deidre Byrne, M.D.,* the splendid pro-life convictions of which nicely dovetail with her own. Yes, Gerri is adamant that she does not engage in any uncharitable judging of the women she serves. Charity and love, not any pharisaical censoriousness, govern her pro-life work. But this does not mean that she does not make altogether warrantable judgments of the pro-abortion culture that so tragically misleads so many women faced with unplanned pregnancies. In reading Dr. Carzon's response to this reprehensible culture, I could readily see Gerri warmly concurring with it. First, Carzon quotes *The Code of Canon Law*, which reminds readers that "Since the first century the Church has affirmed the moral evil of every procured abortion. This teaching has not changed and remains unchangeable." Secondly, she quotes *The Catechism of the Catholic Church*:

> Ignorance of Christ and his Gospel, bad example given by others, enslavement to one's passions, assertion of a mistaken notion of autonomy of conscience, rejection of the Church's authority and her teaching, lack of conversion and of charity: these can be the sources of errors of judgment in moral conduct (1792).

To this withering dossier, Carzon only adds: These and other factors "have resulted in dull consciences that lead people to believe that they may behave as they choose rather than as they ought. This is evidenced by the many patients Sister Dede sees who are unaware that the behaviors in which they engage undermine the happiness they so desperately seek." Of course, this has been Gerri's experience as well, though she would doubtless include

more than "patients" in such an analysis. After all, Planned Parenthood, the largest U.S. abortion provider, most recently reported over $2 billion in total annual revenue, with 2023-24 data showing over 402,000 abortions committed. It cannot only be the "dull consciences" of "patients" that sustain this diabolical trade.

Nevertheless, heartbreaking numbers of this magnitude summon Gerri to works of mercy, not anger or despair—and certainly not to any defeatism. "It was on June 17, 2013," Gerri tells me with understandable pride, "that our *Caring Center for Women* began a journey of faith to create a mission where every woman would find the love and compassion she so desperately needs when faced with an unplanned pregnancy. And with God's grace we continue on that journey—only now it is with many more mothers, babies and whole families."

Within its first six months, the Center had served 303 women from Indian River Country with 973 visits and 300 ultrasounds. The need for their services proved considerably greater than Gerri and John anticipated, and the demand has never abated since. By their fifth year of operation, the Center had seen over 2,000 women and 41% of the babies born in Indian River Country were beneficiaries of the Center's "soup to nuts" services. By their 10th year, the Center had served, on average, 773 unique individuals each year with a total of 5,600 babies born as a result of the Center's ministrations. By any chalk, these are impressive numbers.

Yet, 13 years after the Center was founded, the number of unique women seen each month continues to grow—at last count, the Center is administering services to 484 women a month—and Gerri and John are moving into a new, purpose-built, expanded facility expressly to serve this burgeoning demand, about which more anon.

The services *A Caring Center* offers are as innovative as they are beneficial. Their main programs are two-fold: *Free Pregnancy Confirmations* and the *Earn While You Learn Educational Program*. The first offers clients free medical grade pregnancy testing, free ultrasounds to determine the age of the baby-to-be, and free assistance with initializing the application process to obtain Medicaid for Pregnancy, WIC, and mental health counseling, as well as parenting and adoption planning.

The Center's *Earn While You Learn Program* gives women the resources they need to become the most loving, responsible parents they can be. Clients "earn" essential items for their babies from the Center's prodigiously well-stocked Baby Boutique, which offers everything from cribs and car seats to strollers and clothes. Free Education Programs are taught in both Spanish and English to over 2,700 women a year, including instruction in safe sleep

practices, car seat safety, SIDS prevention, healthy nutrition, and more. The Center's educational partners include Indian River County Healthy Start, Treasure Coast, Community Health, Learning Alliance, Indian River State College, and other local agencies. In all of their classes, the Center's staff stress how vital the lessons of education are to encouraging and strengthening the family, which St. John Paul II nicely called the "sanctuary of life."

The correlation between the efficacy of the Center's educational program and its highly impressive numbers is compelling. "We teach that education is power and provides the ability to create lasting effects on the trajectory of the entire family," Gerri tells me. "Our impact on the women and babies in our community over the last 13 years is astounding, even to us! Since 2013, we have provided over 11,000 pregnancy tests, 14,500 ultrasounds, 77,000 services, and almost 500,000 diapers to the underprivileged women and children of Indian River County."

III

A deeply innovative aspect of the Center's educational program is its *DadUp Program*, which encourages husbands and partners to take a more conscionable part in the care of their spouses or partners. Of course, in *Evangelium vitae*, St. John Paul II recognized the indispensability of males stepping up to the plate. He certainly recognized the calamity that follows when males eschew or reject the responsible part that God means fathers to play in the care of their wives and children in the womb.

> As well as the mother, there are often other people too who decide upon the death of the child in the womb. In the first place, the father of the child may be to blame, not only when he directly pressures the woman to have an abortion, but also when he indirectly encourages such a decision on her part by leaving her alone to face the problems of pregnancy: in this way the family is thus mortally wounded and profaned in its nature as a community of love.

The success of the *DadUp Program* is one of the most heartening aspects of John's and Gerri's innovative approach to the conduct of *A Caring Center for Women*. The urgent necessity of ensuring that men play a more supportive role in the pro-life education of any pregnancy care center is borne out by a recent article that appeared on mifepristone, the abortion pill, in *The Wall Street Journal* ("The Abortion Movement Is Turning on Trump" by Philip Wegmann, 5/4/2016).

> Sen. Bill Cassidy (R., La.) . . . said a review [of the medical safety of the pill] is necessary because he worries easy-to-access abortion pills have led to women taking them at later stages of pregnancy, resulting in more dangerous complications such as hemorrhage. He is also worried about women being coerced into taking the pills by boyfriends or others.

When I ask Gerri to elaborate on her highly differentiated *DadUp Program*, she becomes impassioned.

> We made a decision to include the men/fathers in our outreach with daily staffing two years ago, and secured a grant for the program. Our society has told men they have no voice in pregnancy—by women, who tell them, "my body, my choice." Our goal is to erase that lie and empower the men to use their voice and become the strong father their partner and baby need. It will change the world if we can get the men involved in the future of the family unit! Men who accompany their partner/spouse for a pregnancy test are immediately invited into a counseling room designed for men by one of our "Dadvocates" where he starts the relationship with no judgment and the same compassion we show every client who enters our Center. After trust is built, he is then asked what his plan is for this possible pregnancy and whatever obstacles are there, they begin work on each one using all our vast resources to accompany them on this journey into family life and fatherhood. Weekend group workshops are also held on Saturday morning and Sunday evenings for men only, who often bring their babies. Since our beginning this men's outreach, we have had over 600 encounters with fathers, proving the need of empowering our fathers to take an active role in decision making and taking responsibility for their child. Building the family unit is the core of many problems and the goal of our *DadUp Program*.

To give my readers a sense of the persuasiveness of the Center's educational program I should share with them that 94% of its clients choose life. At *A Caring Center for Women*, the proof of the pudding is always in the babies whose birth they make possible. Since their founding, the Center has saved more than 8,000 at-risk babies from the abattoirs of abortion.

IV

Another investment-worthy aspect about the Center's educational work is that its efficacy flows naturally from its being trained not simply on present but future families as well. "Our hearts are full," Gerri tells me, "knowing we have not only cared for and educated the mothers of Indian River County today, but ensured a brighter future for generations to come." Taking this long-term perspective into account, we can enter into the true replicable force of the Center's approach to pro-life healthcare. We can also see that there is a great affinity between Gerri and Sister Deirdre Byrne, MD, the heroic disciple of Christ, who told the Republican National Convention in 2022: "I'm not just pro-life: I'm pro-eternal life." The same could be said of Gerri.

One of her signal accomplishments is that her Center has won the respect of the major medical facility in Indian River County, the Cleveland Clinic, which collaborates with the Center on several medical fronts for the benefit of both their clients. Identifying areas of missing healthcare, they "stand in the gap" for underserved women, who often go without medical care—with

the result that serious illness can go undiagnosed. Their goal is to provide free, true women's healthcare so no woman is forgotten. Indeed, the wide range of medical services offered by the Center is one of its most highly differentiated hallmarks. The pro-abortion lobby might claim that they respect the medical well-being of pregnant women but, as the Co-Editor of *The Human Life Review*, Mary Rose Somarriba, shows so irrefutably, their claim is hollow. Apropos the current debate over the abortion pill, for example, Somarriba writes:

> The battle over the abortion pill is ultimately a battle over truth—about medical data, regulatory responsibility, and the real costs borne by women when abortion is reframed not as a serious medical event but as a consumer product to be self-administered. In a strange full-circle moment, the abortion lobby that once invoked the horrors of self-managed abortion and demanded doctor-directed procedures now promotes at-home abortion as a comparable solution. It's as if the hanger has simply been rebranded and distributed, leaving women to bear the burden on their own bodies, manage the aftermath in isolation, and seek medical intervention only when things go wrong. Abortion advocates today often claim we are going backward in women's health. On that point, they are right—though the regression is of their own making . . .

In contrast, the comprehensive medical expertise that *A Caring Center for Women* brings to the women and families they serve is nothing short of inspiring. "Each day we hear stories from our pregnant clients of how they are unable to obtain early prenatal care and we receive calls from women searching for a provider who can perform their annual exams," Gerri tells me, "but the supply of providers is declining as the population is growing. In August 2024, we decided we could no longer sit on the sideline ignoring the desperate pleas for medical care that eludes our clients, and we formed a Medical Advisory Board to create a plan of action and this project came to life. Our Medical Advisory Board makes these crucial services available every day at our expanded facilities."

Accordingly, the Center's nurse practitioner has developed policy manuals and overseen the purchase of necessary medical supplies. Well-Woman exams are also conducted by qualified staff, which comprises well-respected APRNs, RNs, Medical Assistants, Phlebotomists, and RDMS certified ultrasound technicians.

Moreover, head doctors of Cleveland Clinic's OBGYN department work together with their Medical Advisory Board to create a smooth "hand off" plan for clients ready to continue their pregnancy through labor and delivery. For example, the Center offers first trimester prenatal visits, which are so crucial to the well-being of our ladies. "Such early prenatal care," Gerri tells me, "is vital for our pregnant women." Long experience has schooled the Center in this crucial priority.

> Too many of the pregnant women we serve have been constrained to wait until their second trimester for care, which is simply not acceptable. We have heard over and over the difficulties in obtaining early prenatal appointments and growing babies cannot be put on a "cancelation" list waiting to be seen. First trimester care is vital in addressing health concerns early, ensuring positive outcomes for both mother and child.

Fortunately, the new expanded facility into which the Center has recently moved came kitted out with 10 medical exam rooms equipped with state-of-the-art equipment enabling timely access to women's healthcare. As Gerri tells me: "Many more services will now be offered by our credentialed medical staff as we continue to identify areas of need in our community. Medical services offered will include: medical grade pregnancy testing, STI testing and onsite STI treatment for men and women, OB ultrasounds, educational classes, early prenatal exams, woman-wellness exams and follow-ups, screening services, onsite bloodwork draws, mammogram vouchers, hCG services, UTI treatment onsite, referrals for abnormal GYN findings—all with life-affirming counseling." What pleases Gerri most about this expansion of services is that it enables her to serve her clientele more lovingly than ever before. "Our women are seen, heard, and cared for now more than ever," she tells me. "By giving them such well-coordinated support, guidance and, above all, hope, we are giving them the confidence and the strength they need to see their families flourish. Our new facility transforms lives with dignity, compassion, and access to healthcare, which, for many of the women we serve, is truly unprecedented. The full impact of our mission is yet to be seen, as the need continues to increase and we are poised to fill those needs! Each expansion we have taken has increased the clientele, and we are ready to advocate for the families who so desperately need us."

When I ask Gerri why she has devoted so much care and attention to her medical services, she is emphatic:

> I believe offering medical services is the future of successful pregnancy resource centers and gives us all credence with the medical field. It truly is a natural progression for any PRC, as the pregnant women come here first for initial proof of pregnancy. Since in many areas of the US, finding prenatal care is a growing issue for women faced with unplanned pregnancies, offering early prenatal care before they can be seen by an OBGYN is crucial. We developed a "blueprint" of steps to set up licensing, insurance, grants, credentialed staff, protocols, and lab necessities, which, at first, seemed unsurmountable, but like anything, one step at a time, it happens. We first hired a respected APRN with years of experience in labor and delivery with Cleveland Clinic and she set up one exam room to begin with. Honestly, things just fell into place after taking this first step and making the commitment to offer true and compassionate medical care to our established prenatal clients. Momentum just keeps us growing our services!

Scaling hurdles only reconfirms Gerri's sense of the providential character

of her pro-life work. "Again, this Center belongs to God," she insists with a kind of saintly succinctness, "and He takes care of the obstacles. Roadblocks will always be there, but there are always ways to go around or through them if one cooperates with God's good providential grace. We at the Center cooperate with His grace, and there is no obstacle we have not scaled." Fortunately, for the ladies of Indian River County facing unplanned pregnancies, the facts bear out this boast. For example, the Center became a respected medical partner in the community in just two years of its medical operation, collaborating with Cleveland Clinic and area hospitals. As Gerri confirms, "I received an email of congratulations as our Center was reported as leading the way with 440 monthly Medical Visits in the Florida Pregnancy Center Network of 104 Centers in Florida. Only 14 other PRCs in the state offer true medical services to the extent that we do. Our experienced staff—all of whom have excellent reputations in their respective fields—have naturally been key to this welcome distinction."

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When I first met and visited Gerri, I asked her what had put her on the road to helping pregnant mothers in need. Obviously, she and John have a vocation for their pro-life work. Where did that come from? Her answer is eloquent of Aquinas' understanding of the selfless sense of justice that impels so many prolifers. "From our beginning, we have always believed that our Center belongs to God, not us, and He has blessed it from day one." Indeed, what became her vocation in life was not one she sought.

> John and I were both at very difficult times in our lives: we both lost spouses of 40-year marriages very unexpectantly and suddenly. At the time, I felt totally lost and prayed desperately that God would give me something to occupy my time and mind. And I have to say, I am the epitome of God preparing the called! My background was in ministry and pastoral administration, and I was blessed to be an adoptive mom, but had never actually given birth, so a pregnancy center was never on my radar and I told God, "Can you give me something else?" His answer was to give me a strength I never knew I had and a desire to take a strong stand against abortion! Still unsure of my ability, I encouraged the Board to begin a search for a Director, but one day a box of business cards arrived in the mail with my name on them as Director! When I questioned them, they said, "we found our director: she just doesn't know it!"

When I ask Gerri what has enabled her to achieve self-sustainability for the Center, what has enabled the Center to attain what often proves so elusive for others, she again gives credit to others, not herself.

> We have had many obstacles, more than I could ever tally. We could have given up, but fortitude, tenacity and leadership saw us through. John's background was in finance with IBM, possessing all the skills necessary to run a nonprofit. Together, we

> make one terrific director, and it does take the both of us. We say this vocation is also a love story, as we met here building this Mission together, every day, and were married two years after we met, sharing this Mission in life. We laugh, saying we never worked this hard in our lives, as even our weekends are spent donating our time to this Mission! It is an honor to donate our lives to this Mission.

Since I know John's financial savvy has played an enormous role in the Center's success, I ask her to elaborate on that. Pregnancy care centers may be nonprofits, but that never means that they can succeed without good vigilant financial management, not to mention good development and marketing. Gerri's response will hearten all those in the pro-life vineyard:

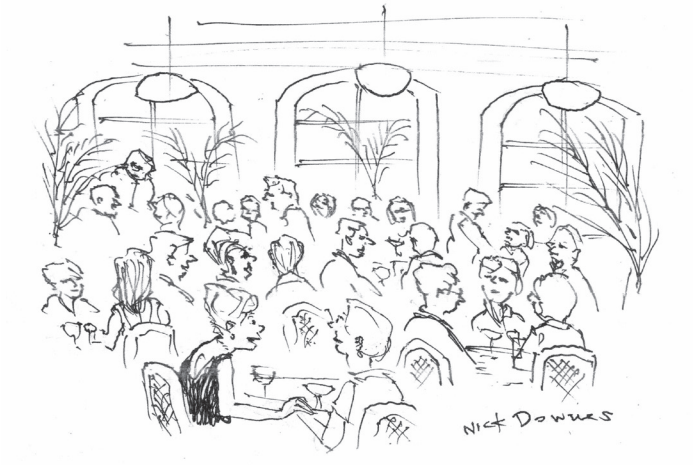
> John has all the skills to set up a nonprofit and be fiscally responsible. When we first leased a space for this Mission, we had no money at all. The Board members pooled their money every month to pay the rent and obtain office supplies, so our beginning was meager. We trained our staff to be fiscally responsible to the point of asking if they could order toilet paper, even! John keeps his eye on expenses every single day and is aware of all expenditures! Our initial development fell to Board members to begin, as they are all pillars of our Catholic community and well-respected businessmen & women. These Board members not only donated their time, but their treasure. I work on grants and outreach to our four Catholic churches, which I continue today. In addition, we now have a strong, full time media marketing professional who concentrates on website, emails, Instagram videos, Facebook, and Google postings. His contribution has sharpened and improved our footprint in the community immeasurably!

When Gerri confirms how consistent she and the Center are in making the well-being of their clients their top priority, I ask if word of mouth does not redound to her success, and her response could not be more joyful. "We pride ourselves on our best advertising has always been word of mouth! Our dedicated, compassionate, loving staff are our mission's best ambassadors. In hiring, we only take on board carefully chosen advocates who have a heart for ministry and understand what I would call the "Mother Teresa Approach" to community outreach: 'Do small things with great love.' Why? Because the depth of the love behind our acts matters deeply. We also draw continual strength from that magnificent quote from St. Joan of Arc: 'I am not afraid: I was born to do this!' Every time we enter a counseling room, every time we enter an educational class or lab or exam room, there are lives at stake, mothers as well as the babies they are carrying, and my staff and I have sworn not only to love but to serve and protect those precious mothers and babies!"

Readers who are themselves dedicated to advancing the cause of life will not be surprised to hear from Gerri that it is her Center's staunch pro-life dedication that makes for its continuing success. "Marketing-wise, we have amazing Google reviews that keep our phones ringing!" she attests. "Women read our reviews and call saying, 'we will only come to your Center because

of over 500 5-star amazing reviews on Google.' A recent *Heartbeat International* ranking of pregnancy care centers in the United States rank us number 1 in centers for our geographical community size and number 19 of ALL population-sized cities. The other 18 higher-ranked centers are all located in cities with larger populations than Vero Beach, Florida, making us the highest-reviewed pregnancy care center relative to our population size. This only happens with sincere and loving care of each woman who walks in our door." *Hear, hear!*

When I introduced Father Gerald Murray, a stalwart friend of *The Human Life Review,* to Gerri and John recently, and they gave him a tour of their gleaming new facility—equipped not only with educational, counseling, exam, and lab rooms galore but the vital space necessary to accommodate the growing demand for their vital ministrations—he was deeply impressed. "What Gerri and John have done with their *Caring Center for Women* is wonderfully replicable. Here is the pregnancy care center of the future, thanks be to God!" Since we all know we have prolifers throughout the country invested in that pro-life future, we can all be grateful indeed to the truly transformative work of Gerri and John Rorick and *A Caring Center for Women*.



"We're the only people here I've never heard of."

The Transformation of Hearts

Timothy Cardinal Dolan

Editors' note: The following appeared in our Spring, 2012 issue, in the Symposium, "Truth-Telling in the Public Square." We are pleased to reprint it here in tribute to Cardinal Timothy Dolan, our Great Defender of Life honoree, 2026. His words resonate as much today as they did then.

The question of how best to frame arguments defending the sanctity of human life in the public square is not merely a matter of preparing for a debating contest. It goes to the very essence of what it means to be human and how we are to live with one another.

Indeed, the value and dignity of human life is not a sectarian issue only for Catholics or Christians, nor is it just a question of pragmatic politics. While these are areas of particular interest and expertise for the Church, it is vital for a healthy society that all participate robustly in the debate.

Even in this secularized age, most people welcome the contribution of religious organizations in the public square. But sadly, more and more, we hear people say that religion is inherently divisive, or that a faith-based perspective is not even rational. They believe that only neutral secular principles can provide a valid basis for public policy, and that appeals to transcendent values—such as religion—cannot be legitimately part of the debate. Participants in public discourse are expected to set aside their religious convictions, as a condition of joining the discussion.

We reject these arbitrary limitations on our ability to participate in the marketplace of ideas. There is no conflict between faith and reason, and our theology is just as rigorous and rational a body of thought as any field of secular learning. Interestingly, these limits never seem to be imposed on any other philosophical or value-based point of view—just imagine even suggesting that those who believe in modern gender theory must be excluded from an important public debate, because their position is a transcendent value and thus the secular equivalent of religious belief.

This anti-religious assumption has dire consequences. It betrays who we are. It asks us to deny our very identity as believing persons, and pretend that we are atheists. But we cannot divide ourselves—we cannot act in private

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Cardinal Timothy Michael Dolan is Archbishop Emeritus of New York, having served as Archbishop from 2009 to 2025. He was made a Cardinal by Pope Benedict XVI in 2012. On February 10, 2026, Dolan was appointed co-chief chaplain of the New York City Police Department.

as a religious person, but as a secularist in public. How can we truly engage others on a human level, if we must deny who we are, and who they are?

The contribution of religious voices and religious values is essential if we are to have a discussion worthy of the human person and a truly human society. We are not mere creatures of reason or appetite or interest. Science alone cannot speak the full truth about human nature. We are necessarily spiritual beings, concerned about transcendent values. Our culture is currently undergoing a crisis, in which the sense of God has been eclipsed and people have lost the understanding that they have a responsibility to something higher than themselves. This is a spiritual crisis that demands a spiritual response. Indeed, all great reform movements in American history—the Revolution, abolition, temperance, progressivism, civil rights, and the pro-life movement—have been religiously inspired.

The public discussion must therefore engage these ultimate values, even when there is profound disagreement about them. The only way to genuinely respect divergences of opinion, and to express true tolerance and understanding for those with whom we differ, is to be open to a discussion of the ultimate questions of the purpose and meaning of human life. Religion cannot be excluded from that conversation, if we are to live together in a fully human way.

As a practical matter, the exclusion of religious content from the public debate will inevitably lead to the dominion of ethical relativism, in which no human rights can be guaranteed with certainty. Without an understanding of the relationship between law and ultimate truth, lawmakers will inevitably base their decisions on power politics, or the whims of raw utilitarian and consequentialist calculations. By denying the transcendent, this positivist approach to law "diminishes man, indeed it threatens his humanity" (Pope Benedict XVI, Address to the Bundestag, 2011). Nobody will be safe, and society will be a dangerous place, as we can see by looking around us at the modern world and recent history—genocide, terrorism, warfare, euthanasia and suicide, human trafficking, and abortion, just to name a few.

As a result, when the Church steps into the public square, we cannot do so as if we were just another secular institution or association—a social service agency, a school system, a network of hospitals, or even a collection of voters. It is certainly true that we are all of those things, and they give us broad experience and a particular perspective in the debate, particularly when it comes to issues involving the poorest and most vulnerable.

But the Church is more than this. We always and primarily are evangelists, with a mission to proclaim the Gospel and to call people to a conversion of heart. To do this, we must address the issues—and our audience—on several

different levels, each of which involves an appeal to the truth about human life and the human person.

The first approach involves the moral norms written in the human heart, which can be discerned by reason through reflection upon human nature. This is the *natural law*, which is the best point of departure for civil discourse and forms the necessary foundation for all just civil laws. Its principles are universal, binding upon all, and independent of any particular cultural or historical traditions.

The exceptional nature of humanity, and the dignity and inviolability of every human life are bedrock principles of the natural law. We understand that each human being is unique and irreplaceable, that human life begins at the moment of conception, and that human beings are qualitatively different from other animals. This is confirmed by both biology and philosophy. We understand that there are universal qualities that make us human, but also that our human nature and dignity are not lost in the event of a temporary or accidental loss of function or qualities. Contrary to some of the dark eugenic impulses in modern society, one never stops being human, merely because one is disabled, old, or in the womb.

The natural law is the common moral lexicon of Western civilization. It allows us to engage in a fruitful discussion, for instance, about the appalling fact that over 40% of all pregnancies in New York City end in abortion. It enables us to join with philosophers and bioethicists in considering the meaning and potential consequences of human cloning and embryonic stem-cell research. It permits us to defend the unborn and disabled against those who would dismiss their humanity or rights because of their condition of dependency or a "quality of life" deemed "unworthy."

The next, deeper level of our argument stems from the fundamental core of our religious faith itself—that every human being has been made in the image and likeness of God, that we have been placed in a special position of responsible stewardship over the rest of creation, that we have been redeemed by Jesus Christ who was both true God and true man, and that we are all called to a vocation of love through the service of others.

We should thus have no qualms about making the argument that human beings are unique in creation, that all human beings are brothers and sisters under God, and are members of a common family that transcends all superficial differences of race, sex, age, and so on. A great number of people in our society share these beliefs, and we can—we must—appeal to this consensus. This approach was followed by many leading Christian social crusaders, like Rev. Martin Luther King and Dorothy Day. We should be proud to follow their example.

There are many who may not accept our religious beliefs, but who nevertheless see them as valuable contributions to the public debate. After all, the teachings of our Church are reflected in many ways in the beliefs of other faith traditions, and we can appeal to this common ground. St. Paul would be familiar with this situation, since it is similar to his appeal in Athens to the philosophers' openness to hearing about "an unknown god" (Acts 17:16). Our final contribution to the public debate must always be directed to the innate human vocation to love. Our mission is ultimately not just about convincing, but it is always about converting. In Pope John Paul's great encyclical letter, *Evangelium vitae*, he said that our aim is "a general mobilization of consciences and a united ethical effort to activate a great campaign in support of life." The goal is not just the enactment of good laws that protect human life, but the transformation of hearts so that threats to life are simply unimaginable. Love is essential to this conversion.

This is made explicit when we call others to compassion for those who are most vulnerable to the various threats to life and dignity. Within the heart of every person is an understanding of the ties that bind us, and that differentiate us from the animal kingdom. An appeal to this innate solidarity of all people was a common feature of all the great reform movements—one need only recall the famous "slavery medallions" of the British abolitionist movement, which depicted a man in chains asking the poignant question, "Am I not a man and a brother?" We have the tools for this at hand—modern science has opened a window to the womb so that we may see our unborn brethren, and we have so many examples of the beautiful dignity in the lives of our elderly and handicapped friends. This is an emotional appeal to basic human empathy, and we should never hesitate to make it.

But we also make this argument by the way that we serve others in love. Here is where the Church truly comes into her own. As Pope Benedict notes in his encyclical, *Deus caritas est*, "The entire activity of the Church is an expression of a love that seeks the integral good of man . . . Love is therefore the service that the Church carries out in order to attend constantly to man's sufferings and his needs, including material needs."

Every act of love and charity reflects the luminous beauty and uniqueness of human dignity, both in the actor and in the one who is served. This is an indispensable part of our argument—without it, no other appeal, however powerfully reasoned, can possibly succeed.

In the end, then, the most effective way to frame our arguments on behalf of human life is by reaching out with reason, faith, love, and empathy. That is also the only way to build a truly human society.

Why Promoting IVF Will Not Reverse the Birth Dearth

Richard M. Doerflinger

"We want more babies," said candidate Donald Trump in August 2024.[1]

He was not wrong. Birth rates in developed nations, including the U.S., have been declining for almost two decades. According to the U.S. Centers for Disease Control, 3.6 million babies were born in 2025, the fewest since 1979 when the country had fewer potential parents.[2] While demographers say a stable population would require 2.1 children born to each woman in that age group, we are now at 1.6 and declining. And as each generation has fewer people of reproductive age, the problem will accelerate. Some analysts speak of developed nations as self-eradicating in a few generations.[3]

This reality is said to have enormous economic and social consequences: A rapidly aging population, with fewer young adults working to support their parents and grandparents; a potential collapse of Social Security, retirement pensions, and the nation's health care system; declining creativity and innovation in science, technology, and commerce; and so on.[4] This "birth dearth" is a public crisis, deserving government's attention.

So President Trump is right as far as this goes. But he has proposed that his Administration solve this problem by promoting in vitro fertilization (IVF), such as by mandating its coverage in health insurance and/or subsidizing it with tax dollars.[5] He has solicited plans for implementing this policy, and several bills have been introduced in the current Congress to do so.[6]

This effort has rightly been criticized on moral grounds, especially due to the very large number of newly conceived embryos discarded or frozen in the IVF process. Concerns are also raised about the eugenic selection of children, and how the procedure facilitates the buying and selling of children through "surrogate motherhood." But on practical grounds alone, efforts to address the birth dearth by maximizing use of IVF ignores three important facts.

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IVF Failures and Problems

First, among all treatments for infertility, IVF is the most exotic, expensive, and wasteful—wasteful of resources as well as of nascent human lives. Its problems have been well documented.[7] It fails far more often than it succeeds in producing a live-born child. The U.S. Centers for Disease Control report that IVF clinics presided over 435,426 reproductive "cycles" in 2022, of which only 22% led to a live-birth delivery. Writing in 2018 to "celebrate" 40 years of IVF, two British medical experts said its effectiveness remains "limited" and asked rhetorically, "can you imagine any other branch of medicine or surgery accepting and working with a 70% failure rate?" Countries where the government subsidizes up to three cycles of IVF have found that about two-thirds of patients abandon the effort to have a child this way before the third attempt.

The surviving children are also more likely than naturally conceived children (or those conceived after other treatments) to have significant health problems. And women undergoing IVF are more likely to have complications in giving birth, and are at risk of serious harm (including, ironically, infertility) from the superovulatory drugs stimulating production of several ova at a time for IVF attempts. Reports of "mixups" in which women give birth to an unrelated couple's child, of scandals in which fertility doctors secretly use their own genetic material to father multiple children, and of lawsuits against IVF clinics that negligently allow large numbers of frozen embryos to thaw and die, have been prominent in news media.

President Trump may think IVF is an effective response to infertility because former advisor Elon Musk reportedly used it to engender at least twelve children with three different women.[8] But these women, one of whom was a professional colleague, did not have fertility problems. They resorted to IVF in order to have a child with the genes of a brilliant entrepreneur. This was about eugenics, not medical treatment.

IVF Coverage Mandates: No Solution

A second inconvenient fact: IVF's irrelevance to birth rates has been demonstrated by experience with statewide insurance policies. The Centers for Disease Control report that the birth rate has been declining fairly steadily since 2007—with an historic low of "53.1 births per 1,000 females ages 15-44" in 2025, 1% lower than in 2024.[9] CNN has published a breakdown by state for the 2024 figures, making it possible to compare birth rates with the presence or absence of an IVF coverage mandate.[10]

The ten states with the highest birth rates in 2024, beginning with the highest, are: South Dakota (66.7), Nebraska (62.9), Alaska (60.8), North Dakota

(60.4), Kentucky (60.3), Utah (59.9), Texas (59.3), Indiana (59.1), and Iowa and Arkansas (tied at 58.8).

Only one of these states, Arkansas (tied for 9th highest birth rate), had a broad IVF coverage mandate in 2024. Kentucky required coverage only of "fertility preservation" efforts, preserving the gametes of people whose medical treatment has caused or is expected to cause infertility (e.g., cancer treatment). Texas has a mandate with many limitations: Insurers must offer the coverage but employers can choose not to purchase it; the procedure must involve only the policyholder and policyholder's spouse; the fertility problem must have existed for five years or be due to specified medical conditions; and other treatments must have been tried first. Utah had a pilot project for public employees, but it expired in 2024.[11]

The ten states with the *lowest* birth rates, beginning with the very lowest, are: Vermont (41.7), Rhode Island (45.0), New Hampshire (45.9), Oregon (46.1), Maine (46.3), Massachusetts (46.8), Connecticut (48.9), Illinois (49.7), California (49.8), and Nevada (50.1).

Seven of these ten states had broad IVF coverage mandates in 2024. One might guess that a low birth rate was perhaps a state's *reason* for establishing the mandate, but most of these mandates existed for years or decades before 2024, with no apparent effect. Massachusetts enacted its policy in 1987; Rhode Island in 1989, with amendments in 2006 and 2017; Illinois in 1997; Connecticut in 2005, with amendments in 2017; New Hampshire in 2020. Mandates in Maine and California began in 2024, but experience in the other states provides no reason to believe they will significantly affect the birth rate.

CNN remarks that these differences are chiefly regional, with Northeastern and West Coast states having the lowest fertility and Southern and Midwest states having the highest. One might also compare CNN's map of birth rates with a map identifying "blue" and "red" states—or with estimates of attendance at religious services, often seen by demographers as a factor in family size. Clearly access to "free" IVF is *not* a major factor.

Misreading the Underlying Problem

The third fact is that the current "birth dearth" does not even have much to do with infertility. Once again, federal data tell the tale.

In 2013, the National Survey of Family Growth showed that from 1982 to 2010, infertility among married women of reproductive age in the U.S. had *declined* from 8.5% of these women to 6.0%, at the same time that a previously robust national birth rate had begun its slide toward the current crisis.[12] By 2019 infertility had risen again, but only to about the same level as in 1982.[13] Trends on infertility and on low birth rates do not correlate at all.

To understand this we must cite the government survey's definition of infertility as "a lack of pregnancy in the 12 months before the survey, despite having had unprotected vaginal intercourse in each of those months with the same husband or cohabiting partner." It covers only people who we can assume, based on their actions, are *willing* and *trying* to have a child. What has drastically changed nationwide is not the ability but the willingness.

In short, this is a problem that will not be solved by technology. It is a social, cultural, and yes, a spiritual problem.

What *Can* Government Do to Help?

It might start by ceasing to do things that make the problem worse. Surely it is no coincidence that the states with the lowest birthrates also have some of the most expansive laws for allowing and funding abortion. For example, despite the federal ban on Medicaid funding of elective abortions, eight of the ten states with the lowest birth rates (all but Rhode Island and New Hampshire) subsidize them with state funds. Of the ten states with high birth rates, only Alaska does so, under court order. Withholding federal funds from Planned Parenthood, which performs abortions on 97% of its pregnant clients, would be a step in the right direction.[14] If you want more live births, stop encouraging women to eliminate their offspring before birth.

Some conservatives may not welcome a mention of immigration policy in this context. But until recently, immigration was the only thing preventing the U.S. from joining European countries in sinking below replacement level. Immigration has brought in more people, including people whose culture welcomes larger families. Whatever else it does, deporting millions of these residents will make the problem worse.[15]

A third factor is economic pressure. Funds saved by defunding the abortion industry can be channeled toward pregnancy aid centers empowering women to accept their unborn children, a larger and refundable child tax credit, affordable housing, and other forms of support. More generally, a faltering and unstable economy evoking fears of a recession can make many young people hesitate before bringing a child into the world.

But the fundamental problem lies deeper. Sociologist Robert Bellah and philosopher Charles Taylor told us a long time ago that the dominant view of the human person in Western industrial nations has become one of "expressive individualism." Each individual presents as an isolated bearer of aspirations for self-aggrandizement, even self-definition. Relationships with others are contractual and inherently changeable, depending on whether they advance one's personal goals—even romantic bonds are "situationships." The sexual revolution has reflected and magnified that view, as freeing sex

from procreation tends to free it from mutual respect and commitment. How this view of the person distorts attitudes toward assisted reproduction and abortion has also been analyzed.[16] Lasting vows to spend life with a spouse, and the willingness to sacrifice time and resources for years to raise a dependent child, simply make little sense in this view. Secularization has added fuel to the trend, as it is often by religious faith that people readily accept, and find profound meaning in, such sacrifice for the sake of others.

Ironically, IVF is the perfect reproductive technology for accommodating this model of the person. All the people involved may be strangers. Sperm and egg "donors" (or vendors), contracting couple, and woman hired as a "surrogate womb" need never have met each other. An ad for the Colorado IVF mandate, the "Building Families Act," emphasized its benefit for same-sex couples and "unpartnered individuals."[17] For that matter, IVF works equally well (or badly) if both genetic parents have died, provided that their gametes were frozen beforehand.

If this view of the person is the fundamental problem, our current president—who has been called, fairly or not, "the president of expressive individualism"—may not be in the best position to lead us in solving it.[18] But then, government in general is not well equipped for healing this kind of cultural wound, which requires a revived appreciation for family, community, and values that transcend politics. At any rate, it should be clear that promoting IVF is, at best, irrelevant to the problem.

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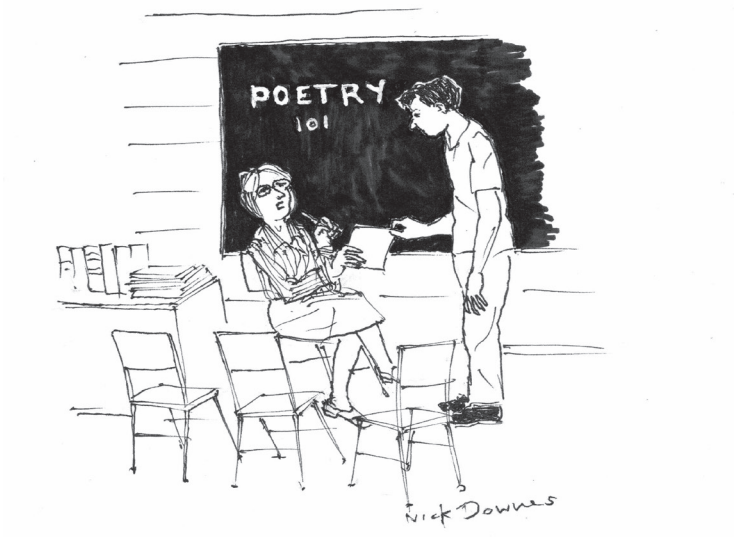

"You're getting close, Robert, but, it still makes sense."

What a Piece of Work Is Man

Ellen Wilson Fielding

> *What a piece of work is a man! How noble in reason! How infinite in faculty! In form and moving how express and admirable! In action how like an angel! In apprehension how like a god! The beauty of the world! The paragon of animals! And yet, to me, what is this quintessence of dust?*
>
> *Hamlet,* Act 2, Scene 2

Recently, I have noted a contradiction: an awareness of the beauty around me and a simultaneous upsurge in my levels of negative speech and thinking regarding the world and its sorry condition. (Perhaps some of you have, too.) I see the sun is shining, spring flowers are blooming, little children are tugging their parents' hands as they head for the park. The world is almost forcibly raising my spirits from the dust where gravity has let them settle. And then I latch onto another news item regarding the job market or the rise in inflation, or read another study about the dire effects of AI on education, or I glance at a news feed full of worldwide death and destruction, or hear more mutual name-calling in the spheres of politics, religion—you name it—or (sigh) I catch a glimpse of my neighbor, the father of a young boy, emerging from his house in one of his recently acquired dresses, and I lapse back into brooding.

To elevate my thoughts to more exalted regions, a friend suggested I should try reciting to myself a song of praise or one of the Psalms, composed when things were going well for David, whenever I find myself descending into a psychological sinkhole. Surprisingly, that has proved somewhat helpful. In the course of rehearsing candidates, snatches of poems have also come to mind, including Hamlet's famous meditation on man quoted at the beginning of this article.

The character Hamlet opens his monologue by rejoicing in humanity's position at the pinnacle of material creation, singling out our capacity for reason and understanding. But the dominant note is awe before the marvelous heights that human beings have been created to attain. Hamlet is not evaluating so much as admiring. We do not need all the exclamation points to tell us that this is a panegyric rather than a scientific treatise on human biology or neuroscience.

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Appreciating, admiring, wondering at, marveling to behold—these are ways of attending to someone in a manner that does not seek to exploit or restrain or disable or reduce that person, but to comprehend and enter into a kind of relationship with him or her. Something similar occurs when we marvel at a sunset or a flower or a tree, or delight in a cathedral. Both the natural world that we inhabit and the things we make or buy for our use—the clothes we wear, the chairs we sit upon—can arouse something of that same delight.

I was reminded of this human reaction of appreciation when the photo of a colleague's newborn baby arrived in my email inbox the other day. The natural, unpremeditated response to the image of that newborn was wonder and awe: "How beautiful! How wonderful!" Immediately we are back with Hamlet's superlatives and exclamation points. To respond to such a photo by detailing, in an effort to determine the baby's ontological status, the characteristics the newborn shares with more mature human beings would strike most of us at such a time as, well, inhuman.

Likely, the minority reacting differently would include Princeton ethicist and animal rights philosopher Peter Singer and his cohort, who don't seem to think babies are much to marvel at, arguing that higher mammals more clearly qualify for personhood status than a human newborn. Singer exemplifies how, in William Wordsworth's words, "Our meddling intellect/Mis-shapes the beauteous forms of things:—We murder to dissect." This is a good description of the misuse of reason we are drawn into if (against healthy human instinct) we succumb to weighing the pros and cons of babies, like those women we see in social media and up-market articles defending their choice to remain childless. Okay, they concede, babies are cute when they are sleeping or smiling, but they cry a lot, they need near-constant attention, they are expensive, they tie you down, they wake you up at night, and so on.

It is not that their list of "cons" is untrue. But the whole exercise is inadequate to the decision. After all, it isn't as though the baby-lover needs to compile a competing list of benefits even longer than the loudly proudly childless influencer's list in order to "win." Rather, reducing the worth of a baby to a cost-benefit analysis or a set of bullet points in a PowerPoint slide presentation is wrongheaded from the start, because it considers the wrong sorts of things in the wrong sort of way in determining the baby's worth. It fractures the observed experience of caring for a child and the perceived benefits of having a child into a seemingly unrelated assortment of items, and that is not a method that can succeed in conveying the goodness of the child. As the makers of the old Mastercard commercial would have told you, that baby's value is "priceless." It cannot be grasped by accountant's methods, and it cannot be broken up into bits and pieces. The whole is greater than the sum of its parts.

This Solomon also knew, as did the true mother in the story exemplifying Solomon's wisdom in the first book of Kings: Two women lived together, each with a newborn baby. One baby died in the night, so the mother of the dead baby snuck the live one from his sleeping mother and left her the dead one instead. Both women came before the king to claim the remaining baby as her own. "Cut the baby in half," decreed Solomon, knowing that the true mother would reveal herself by her willingness to relinquish her claim to save her living child.

And in all such questions of the worth of persons or of sublime experiences that are not given us to be exploited, mined for profit, or used in a transactional way, we see a similar elemental mismatch that seeks analysis over appreciation. There are situations in which it is useful and permissible to take a surgical knife to human flesh, but we can only properly see beautiful people and things as wholes, and as wholes with whom we can engage, with whom we can enter into a relationship of some kind. This is true, derivatively, even of beautiful inanimate goods like a sunset or an ocean or a mountain.

These two ways of looking at and responding to people and objects in the world about us have been explored in the writing of British psychiatrist and researcher Dr. Iain McGilchrist, author of *The Master and His Emissary* and *The Matter With Things.* In two hefty books, McGilchrist has set out the two basic ways of perceiving that humans (as well as the lower animals) are equipped with and deploy at need, and what happens when we use the more analytical and two-dimensional one (the Emissary of his title) where the Master is needed.

The aspect of McGilchrist's thesis that struck me most forcibly while I was reflecting on babies and other priceless goods was attentiveness. For we only truly see what we attend to. We've all had the experience, once we've learned a new term or bought a certain item, of thereafter being bombarded by references to it. We buy a particular model of car and find commercial parking lots full of them. It is not that they suddenly came into being once we purchased our own, but that we only then became attentive to their presence.

It follows that, to an extent we are ordinarily unlikely to realize, the world we see partly depends upon what we are willing to see—and how. It is not that the world is a figment of our imagination; it is not "all in our heads." But the world is so teeming with sensory impressions, all competing for our notice, that we cannot attend to more than a small number of them at one time. And what we selectively attend to, both consciously and unconsciously, builds itself up into the world as we see it. All of it is grounded in reality (unless we ourselves are *not* grounded in reality—that is, unless we

are hallucinating or catatonic or refusing to accept what we see). And partly because, at bottom, human beings have similar needs and interests and vulnerabilities, much of what we attend to matches the kind of thing most other people attend to—a mouth-watering smell, for instance, or the screeching tires of a car. But sometimes an individual is specially primed to attend to particular sensory data because of idiosyncratic circumstances or desires or more narrowly imprinted predispositions, or because of something that once happened to us. Or because we were indoctrinated into doing so.

You may recall from a distantly remembered college psychology class the famous gorilla experiment, featuring research subjects instructed to watch a video of two people tossing a basketball back and forth and told to count the number of times the white-shirted subjects passed the ball. Midway through the video, as clear as day, a person in a gorilla suit walks across the field of vision, beats his chest, and walks off. About half of the subjects of the original experiment failed to notice the man in the gorilla suit, because they had so obediently focused closely on one thing—the ball passes—that they failed to take in the anomalous man in the gorilla suit.

Similarly, when it comes to how we attend to human beings, we lack the observational bandwidth to simultaneously study a baby scientifically while also relating to that baby. This is not a criticism of scientific study, which produces useful results for us all when operating in its proper sphere. We all benefit from the explosion of knowledge about human biology, chemistry, and medicine leading to the prevention, treatment, and cure of so many diseases. Only slightly less significant in its effects was the Industrial Revolution and subsequent scientific and information revolutions. Today we are observing the unfolding of the artificial intelligence revolution, which also promises powerful effects.

The mention of AI, however, and the widespread recognition that it is shaping up as a two-edged sword, raises questions. Consider that the goals underlying scientific and technological research—satisfaction of natural curiosity, betterment of human conditions, augmentation of comfort and amelioration of pain, expansion of our choices, greater control over the vicissitudes of life, including birth and death—all instrumentalize the material world, including other human beings. Though scientific studies are typically undertaken in the hope that they will yield benefits to "humanity" down the road, to the extent that they involve human beings, they are *using* them. As C.S. Lewis put it in *The Abolition of Man*, "For the power of Man to make himself what he pleases means, as we have seen, the power of some men to make other men what *they* please." For "Each new power won *by* man is a power *over* man as well."

Now, often enough those studied human specimens are quite willing to be studied on others' behalf. So the point is not whether people are used and studied willingly or unwillingly, but what kind of attention is directed towards someone being analyzed somewhat as an object instead of related to as a subject—a *person*. Again, Lewis captures something important in Chapter 3 of *The Abolition of Man*.

> The regenerate [reformed] science which I have in mind would not do even to minerals and vegetables what modern science threatens to do to man himself. When it explained it would not explain away. When it spoke of the parts it would remember the whole. While studying the *It* it would not lose what Martin Buber calls the *Thou*-situation. . . .

Lewis concludes this chapter (and the book) with these words:

> You cannot go on "seeing through" things forever. The whole point of seeing through something is to see something through it. It is good that the window should be transparent, because the street or garden beyond it is opaque: How if you saw through the garden too? . . . To "see through" all things is the same as not to see.

So, though there will be a temporary or limited need to "see through" the patient to the source of a medical problem, this still entails a kind of flattening of vision for a select, though worthy, purpose. The difference between the two ways of seeing is beautifully expressed by an exchange in Lewis's *The Voyage of the Dawn Treader* between the prosaically brought up Eustace and a star that once inhabited Narnian space: "In our world," said Eustace, "a star is a huge ball of flaming gas . . . . Even in your world, my son, that is not what a star is, but only what it is made of."

In the case of the unborn child, however useful and necessary it is for medical researchers to properly study the phases of human development and prenatal biology to determine how to medically intervene when things go awry, they should not blind either the researcher or those enlightened by his or her discoveries to the marvels of human development and the sensitive interplay between the mother's body and that of the developing child over the course of nine month's gestation. And switching back and forth between these two ways of seeing is quite possible—many scientists have groped for words to express their awe before the material world.

However, if the distancing necessary for scientific analysis is weaponized to inhibit recognition of the unborn as fellow human beings, then its effect is more harmful than helpful. It has distorted a necessary but temporary "forgetting" of the human connection between the unborn and those who have passed through the birth canal in favor of a willed blindness, a kind of voluntary amnesia toward the youngest of us.

Depersonalization through distancing oneself from the object of analysis often occurs in the social sciences as well. Economics, demographics, political science, sociology—all acquire the information pertinent to their varied subject matters by flattening the distinctions between individual human beings and breaking up their lives into subtopics of study they label political, economic, or social.

These two modes of viewing people, then, are both necessary for our thriving and developing but are ordered to different purposes. To devise taxonomies of species, you must deal in wholesale generalizations. To make a friend, fall in love, or enter into the mind and heart of your child, you must take in and respond to the particular gift of this one-of-a-kind person. And these friends, lovers, or children are not only *particular* human beings but, so to speak, human beings in the round. They have depth, they encompass contraries; on different days or in different moods of the same day they can overwhelm us with their insight and self-forgetfulness or repel us with their insensitivity and egotism. This is what it means to relate to another human being, as opposed to studying one aspect of a great many human beings with large-scale goals such as curing illness or organizing just policies.

For the study of humanity in the aggregate cannot be undertaken safely without first having known and loved and bumped into the sharp corners of individual human beings. Without such deep and contoured relationships with this person and that person and the other person over there, we are tempted to make or accept reductive statements about people-in-general and to accept to a greater or lesser extent a valuation of human beings according to their usefulness, cooperativeness, health, or even productivity. Without such relationships, for example, we might be tempted to believe in Economic Man, instead of employing the concept as a schematic tool with limited application and a tendency to lead us astray if overly or exclusively depended upon. In fact, without cultivating and bearing in mind those person-in-the-round relationships, we will fail to understand the full meaning and purpose of work itself, and what our human relationship to it is.

Of course, in one sense the relationship to work could not be clearer: We work to eat (that is, to provide for ourselves and our families). If our species had stopped there, we could have abandoned further human development after achieving the most basic level of subsistence. But even Stone Age man, with his cave paintings and ornamental statues and simple musical instruments, gives evidence of greater ambitions. Otherwise, why the artwork? Why, later on, the wealth of Bronze Age artifacts—including painted pottery and jewelry? Why did ancient cultures bother feeding and housing their bards and poets, instead of telling them to find a real job?

It seems clear that, as far back as we can discern, more was involved in our relationship to work than merely the human version of the wolf pack's pursuit of dinner—not that work isn't *also* that.

In a poem entitled "Mythopoeia," J.R.R. Tolkien argues that man is (uniquely in the material world) endowed by God with the secondary capacity and desire to be a "sub-creator":

Man, Sub-creator, the refracted light
Through whom is splintered from a single White
To many hues, and endlessly combined
In living shapes that move from mind to mind . . .
We make still by the law in which we're made.

Tolkien suggests this sub-creative bent goes so deep that even in Paradise:

Be sure they still will make, not being dead,
And poets shall have flames upon their head,
And harps whereon their faultless fingers fall:
There each shall choose for ever from the All.

That may strike you as an almost absurdly exalted way of understanding our labors here on earth, which for most of us may more modestly be characterized as "earning one's keep." Still, despite the lack of enthusiasm with which most of us greet Monday mornings, we still recognize in ourselves a certain drive toward a life of purpose and derive satisfaction from whatever it is we do, if done well.

Pope St. John Paul II considered work from a somewhat different angle in his 1981 encyclical *Laborem excercens,* explaining the interplay between the worker and his or her work in these words: ". . . the basis for determining the value of human work is not primarily the kind of work being done but the fact that the one who is doing it is a person. The sources of the dignity of work are to be sought primarily in the subjective dimension." He concludes from this that "in the final analysis it is always man who is the purpose of the work." Read in our own era of an emerging AI -based economy, these lines are startling; they challenge some of our assumptions about what makes work—and the worker—valuable.

Though most of us would not characterize the kind of work we do as a form of "sub-creation," a notable exception lies in the labors we perform in fathering and mothering our offspring. In gazing upon these living, moving sub-creations whom God has almost recklessly entrusted us with, we

recognize their incalculable value and mysterious, ever-developing potential more clearly than we recognize these qualities in ourselves. Those who champion the right to abortion speak dismissively of the unborn as "potential life." The truth is that we are all, throughout our lives, unwinding the thread of our initial potential. Even the hour of death finds us laden with the potential for eternal happiness, depending upon our final surrender of our mortal life to God. On earth, only that which is dead lacks potential. The unborn at the very earliest stages are growing, developing, unfolding. That's not potential life; that's *life.*

Earlier I reflected on the importance of exercising attentiveness, extending an open and loving gaze upon the world and its inhabitants in order to justly and properly appreciate their value. Over the many decades since its birth in the 1960s, the pro-life movement has enlarged its own expansive gaze in many areas, responding, for example, to threats to the very old and feeble, those with disabilities, and those suffering from severe mental illness.

Along the way the pro-life movement has also come to see ever more clearly the humanity—and the worth, and the potential—of the women who turn up at the clinic doors seeking abortion. We have learned more about the varied stories that bring each of them to this point. They too are human beings with potential—including the potential to recover from a wrong choice. They too need support to bring that potential to actuality. And, however long the road to a change of heart and mind may be, each one of these women remains throughout an individual unrepeatable human being—as unrepeatable as their aborted offspring.

Likewise, even the pro-abortion activists who work against us and those who perform abortions have the potential to see the unborn in a different way. We know from the history of our movement that even abortionists have the potential to change. That doesn't mean we don't fight these opponents in the courts and the legislatures and in making our case in the public square. It simply reminds us, as C. S. Lewis put it in haunting words from *The Weight of Glory*: "You have never talked to a mere mortal. . . . it is immortals whom we joke with, work with, marry, snub and exploit—immortal horrors or everlasting splendors."

Created by God, like us and like each child in the womb, both our friends and our foes are—like every other human being in this most basic sense—sacred ground, not because of what each of us does but because of who and whose we are. All of us are conceived and born and live out our lives with the potential to recognize who we are, and who each one of those we encounter is, and to marvel at the one who made us, stammering in grateful awe, "What a piece of work is man!"

LIFE STORIES

Rebecca's Story

Jersey Shore Women's Center

Jersey Shore Women's Center, founded and directed by Tricia Bradberry, provides support to all women and their families in a loving environment, connecting them to the resources and services they need. Through all stages of life, we walk alongside women providing education and promoting strong, healthy families. Since 2021, our center has served hundreds of women with our high-touch approach that includes ultrasounds, baby showers, parenting classes, adoption information, counseling, and outreach to women.

The following is the transcript of a video, Rebecca's Story—"I Can't Believe this is My Story," which can be viewed on the Friends of JSWC YouTube Channel, @ FriendsofJSWC. For more information, go to jerseyshorewomenscenter.org.

I still can't believe this is my story. I had a normal, happy childhood and I was definitely a daddy's girl. My father was such a strong man and he taught me to be a strong woman. But when I was away in college, my father passed away suddenly and I had a very hard time grieving. At first I started using Adderall to help focus on school, but soon I was abusing Adderall.

Eventually, I found myself in the drug scene. It still doesn't seem real, but I ended up addicted to meth. I dropped out of school, moved home, but I fell into the drug scene there as well. Then I found out I was pregnant. I knew right away I wanted an abortion. This time in my life . . . . the drugs . . . that was all just supposed to be a temporary escape.

I thought eventually I'd go back to my normal life, and I thought a baby would be like an anchor in this other life that wasn't really mine. So I scheduled an abortion. But truthfully, I was afraid of the procedure. Of course, my drug use was a cloud over all of my decisions at this time, but really my hesitation was about my own fear.

I kept scheduling abortions and I kept canceling them. Finally, I was 35 weeks along when I started researching late term abortions. I found a place in Washington, D.C. that would take me. Those procedures are very expensive, but the clinic connected me with funding from the National Abortion Federation. They emailed me a packet with all the information I would need; they set me up with travel in a hotel . . . in all, the National Abortion Federation put up $10,000 for my abortion.

Nothing about any of this felt real to me until I was sitting on that table in the clinic, and they told me that they just needed to use a needle to stop the fetal heartbeat. For the first time, it wasn't just about my own fear. I was finally faced with the reality of my situation. I told them, "I don't think I can do it. Can I think about it? Can I come back tomorrow?" Their reaction was

strong and cold. They said something like, "I don't think we're open tomorrow." I think they know once you end up leaving that table, you probably aren't going to come back.

I left. I went back to the hotel. I called my mom. Somehow there were women who showed up to drive me back home. I found out later that my mom had called Jersey Shore Women's Center and talked to Tricia. She was the one who found people to come get me. The women brought me directly to Jersey Shore Women's Center, where I met Tricia.

In the beginning, my addiction was so bad that I wasn't able to have custody of my daughter. Tricia had offered to get me into a rehab program right away while I was still pregnant, but I had turned her down. When I wanted to start working toward custody, Tricia got me into another program, but I left early. Throughout this time, my mom was bringing my daughter to the Women's Center so they could support her, and Tricia was texting me every day asking me if I was okay. She cared about me.

In the chaos of addiction, I became homeless. All I can say is that eventually I was walking through Atlantic City alone, without even a proper pair of shoes. Desperate, I called Tricia from some random person's phone. She Ubered me into the Jersey Shore Women's Center immediately. Even after I turned her down when I was pregnant, even after I left the first rehab, she was there for me, even for a third time. She was there to help the minute I was ready to ask. When I was finally ready to get sober, Tricia got me into a program, and I want to be clear: I ended up going to rehab because I had something to live for.

I wanted to have an abortion because I thought having a baby would tie me to this other life, this life on drugs. But it was having my daughter that actually pulled me out of it. Jersey Shore Women's Center didn't just save my daughter's life, they saved mine.

Interested in lending a hand? The center would be most grateful. Donations can be made at https://friendsofjswc.org/

25 Years of Never Forgetting

Brian Caulfield

What comes to mind before any specific image of the day is the smell—acrid, intense, invasive, unique. A mix of incinerated steel, glass, concrete, paper, plastic, jet fuel, and, yes, human remains, criminally cremated at a thousand-plus degrees. The sphere-saturating reek would strike every sense and enter even the skin before the eyes could take in the scene and the mind seek to unwrap the wrong, the ruin, the aching loss, shrouded in the lethal plumes arcing over lower Manhattan on a sunny, suddenly glum Tuesday—a noxious flue forming from the once twice-tall Towers that was spread out now as a massive human pyre.

Such was the scene at the quickly designated Ground Zero 25 years ago—or, to shroud the day in the mists of time, a quarter of a century ago. For too many, the terror attacks do seem long in the past; so much of national and global import has happened since, and a whole generation-plus has moved from infancy to majority. An equivalent time period would be from the end of World War II to the first term of Richard Nixon, with the staid ’50s and revolutionary ’60s in between. Our older son was not quite 1-year-old when the planes plowed down the Towers; he turns 26 in late September, a college grad, a working man, walking in a different world.

Yet to us who lived in lower Manhattan, the sights, the sounds, the fear, the horror, the wrack and the reek of those days are always close by—just say 9/11 or September 11, or Ground Zero, or terror attack, and we are there in an instant, with images more immediate than memory and the smell rising in our nostrils.

But the recall is not universal. Moving our younger son out of his college dorm last spring, I chatted with another dad who had a “Choose Life” license plate on a big family car. “I wanted to get that, but they were out of stock at the DMV,” I told him, “so I went with a 9/11 memorial plate.” The dad, some 20 years younger than I, looked blankly for a long moment, so I added, “An image of the Twin Towers with the words, ‘Stop Terrorism.’” He caught on eventually, but I realized that simply saying “9/11” may not hit a sure nerve of recognition anymore.

We said back then, endlessly, “Never Forget.” Yet 9/11 seems to be among

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Brian Caulfield spent the first 44 years of his life in New York City and now lives with his wife in Virginia.

the events we as a people are not quite comfortable remembering these days. Perhaps this is because that day is closely associated with what even early supporters consider now a failed aftermath—the invasion of Iraq, the search for WMDs, the eight years of war and seemingly endless, repeated tours of duty of a volunteer military. The tragedy of 2,997 individuals in three locations who were killed that day, many of them first responders dying in heroic sacrifice, has become meshed in some way with the thousands more senseless-seeming deaths of young men and women engaged in a distant desert storm of roadside bombs and IEDs, launched by enemies dressed like ancient nomads yet strangely well-armed. They fought an asymmetrical war of attrition, and we, avid Americans out for blood and justice, stepped far too deep into a Middle East morass we had little preparation or stomach for in the end. It was as though our leaders had learned nothing from Vietnam, where we fought to an uncertain stalemate.

Memories of 9/11 are also distorted by inside-job conspiracy theories that take the focus off the evil hijackers to implicate government actors domestic and foreign. Such theories have been abetted by the unseemly infighting and indecision over how to replace the fallen towers, with developers changing plans from two buildings to one, dubbed the Freedom Tower, which itself fell short of the projected height until a spire was added to reach a symbolic 1,776 feet.

Living now a few miles from Marine Base Quantico in Virginia, my wife and I hear the nearby firing ranges booming with discharges from dozens of light and heavy guns, and see the 'copters flying just above the treetops in rescue drills, and wonder about our current Middle East engagement two decades after the last one. I walk our new development of 200 homes and see many DV (Disabled Veteran) license plates and Marine bumper stickers of brave men and women who have paid the often unseen wages of war.

Still, in my mind, 9/11 is unique, set apart from whatever followed, a world-historic event and attack on our homeland that stands as singular as the bombing of Pearl Harbor did for my parents. More Americans died on 9/11 than on the Day of Infamy, yet Pearl Harbor is not as clouded in the modern mind, because the US went on to crush the Japanese as well as the Nazis. Even the dropping of two atomic bombs, judged by many to be an immoral targeting of civilians and a civilization, does little to dim the overall view that America was on the right side of a just war against evil aggressors.

Although I am far from alone in holding 9/11 close to heart, I think my witness vital and perhaps unique, along with many other equally unique witnesses who were touched on that day. I grew up six blocks from the World

Trade Center, saw the buildings rise floor by floor, wholly unimpressed with the steel-and-glass architecture, yet transfixed by the size and symbolism. It was bold, brash and somewhat garish, as the city styled itself to be shortly before descending to near bankruptcy in the 1970s.

I saw Philippe Petit walk the highest wire between the towers, and George Willig scale its shiny, slippery sides. I covered the first Trade Center basement bombing in 1993 when I was a reporter for *Catholic New York*, and was living with my wife and our infant in an apartment with a full view of the buildings when the new day of infamy came in 2001. As I wrote in this journal at the time, and in other outlets since, the attack felt personal, a gut punch, an invasion of my neighborhood which few saw as a real dwelling place, swallowed up as it was in the canyons of skyscrapers and the hyperdrive of the Financial District. But to me it was still Old New York, the streets winding to the whims of former cow paths, the noble steeples of Trinity Church and St. Paul's Chapel rising higher in my mind than the Twin Towers' antennas. On Sundays there was a choice of four walkable churches: St. Peter's, the first Catholic parish of Manhattan, where St. Elizabeth Seton and Venerable Pierre Toussaint attended; St. James, where a sign on the parish school announced that the first Catholic candidate for president, Alfred E. Smith, received all his formal education there; Our Lady of Victory, the Wall Street parish with lunchtime Masses upstairs and down, and St. Andrew's, built near the site where Cardinal Patrick Hayes was born. That was the neighborhood I saw attacked when the hijacked planes lowered their noses to suicide setting.

I knew well the first recorded casualty of 9/11, Fire Department chaplain Father Mychal Judge, whose lifeless body was carried two blocks by his brothers in uniform and laid in the sanctuary of St. Peter's Church. Another Franciscan priest, Father Brian Jordan, who baptized my godson some years later, was a constant presence at the site and blessed the girders still standing as the Cross at Ground Zero.

To me, remembering 9/11 is more than the annual reading of the names of those who perished, as important as that event is in keeping alive an awareness of just who and what was lost. More even than the memorial pools within the marble perimeters etched with the victims' names that mark the footprints of the two towers, again as vital as that indelible marker is. It is more than even memory, so central to cultural cohesion, the writing of history, and the passing on of meaning to the next generation. In fact, the day lives in my DNA. Geneticists say that trauma, such as Ireland's 19th century Great Hunger, is etched not just in the mind but in the genes for generations,

causing physical effects. Evidence indicates that for decades after the potato famine, the Irish were shorter and less resilient than their forebears, a result not just of malnutrition but of damage to the gene pool. In such a way, too, I experience 9/11 (in the present tense) as a genetic disturbance, affecting memory, yes, but also hitting more to my core, to my identity. The reek and flame of the day run fresh in my blood.

How to respond? I pray. My wife—who had worked previously in the North Tower and saw the early flames from our apartment on the 17th floor—prays. Together, we pray. We tell stories too of the day to our older son, who breathed in the first toxic billows before he learned to walk. We inform our younger son, born in the aftermath yet more aware of the day than his peers. In appropriate settings, when the moment seems right, I talk about 9/11 with the sober insistence of one who has an umbilical cord extending through time and change over these 25 years. I feel a bit like the messengers to Job: "I alone have escaped to tell thee."

Yet I am far from alone. There are families who lost loved ones who have far more wrenching, grieving, bone-basic stories. There will be memorials and solemn ceremonies and truth-telling and name reading at the 25th anniversary that will be watched, no doubt, by millions. We will bring all our stories, trauma and precious, altered DNA with us as we gather in common ritual, in person or virtually, around the Twin Towers footprint pools that seem to swallow tears, and say with forceful assurance, "Never Forget."

And by God's grace, "Never Again!"

BOOKNOTES

ABORTION AND AMERICA'S CHURCHES: A RELIGIOUS HISTORY OF *ROE* V. *WADE*

Daniel K. Williams
(University of Notre Dame Press, 2025, hardback, 360 pp., $35 and e-book, $27.99)

Reviewed by John M. Grondelski, Ph.D.

One of the constant shibboleths about the pro-life position is that it represents and is driven by sectarian dogmatic considerations impermissible in a religiously pluralistic democracy. In the days before *Roe,* that claim was usually fueled by or exploited residual anti-Catholicism. The portrayal of Catholics as the primary opponents of abortion "liberalization" synergized with the "papist" threat that haunted a Protestant America. In our day, the "religious" claim is different: In a secularized and increasingly unchurched society, attribution of a principle—like the sanctity of life—to Judeo-Christian roots is often enough to paint it as an impermissible, perhaps even unconstitutional, intrusion. See *Anonymous Plaintiff* v. *Individual Members of the Medical Licensing Board of Indiana* (2026).

Daniel Williams' book is not about how religion functioned as a scarecrow for pro-abortionists. It is rather about a more interesting idea: how religion shaped legal and social attitudes towards abortion before and after *Roe.* As Richard Weaver is famous for saying, "ideas have consequences." Williams argues how the religiously formed ideas of three major groups—"liberal Protestants," Catholics, and Evangelical Protestants—had consequences for the American debate about abortion from the 1960s through the 2022 *Dobbs* decision that overturned *Roe.*

Across six chapters, Williams (associate professor of history at Ohio's Ashland University) divides the thinking of each of those groups into two periods. Abortion discussions began in the period before *Roe* around state legislative debates to change abortion laws. After *Roe*, they took place in the context of trying to cope with the more rigid restrictions of abortion as a federally imposed Constitutional "right." The final chapter discusses the coalescence of a "conservative Christian coalition" that reversed *Roe* as well as its strengths and weaknesses.

The author opens with the views of "liberal Protestants" from roughly the mid-20th century through *Roe* in 1973. By "liberal Protestants," Williams means what Richard John Neuhaus once called the "Protestant

Mainline"—the five or six denominations that constituted the core of generic American "Protestantism" and which was treated as American "civil religion": Baptists, Church of Christ variants, Episcopalians, Lutherans, Methodists, and Presbyterians.

Once solidly grounded in the Protestant theological rallying cry of *sola Scriptura*—the Bible alone as the ground for Christian faith and practice—many of those same groups began to be divided in the 19th/20th centuries by liberal biblical approaches to scriptural interpretation and exegesis. That, in turn, generated the counterreaction of "fundamentalism" that arguably fueled much of the modern Evangelical movement. The divisions those liberal approaches to biblical studies caused, however, were hardly limited to the "Mainline/Evangelical" split. They are arguably responsible for the internal fractures within many of the "mainstream" denominations, especially over questions of sexual ethics. Lack of communion within the Anglican Communion, disunited United Methodists, and splits within Lutheranism all originated in large part from how "modern biblical approaches" have eroded the groups' internal doctrinal and moral unity. Nor are the effects limited to those internal rifts; those divisions most likely also undermined their groups' continuity with the larger Christian tradition preceding it (arguably retained by Catholics) and left them bereft of unity and shrunken in membership and especially in socio-cultural influence—the reason Neuhaus maintained that the Protestant "Mainline" became the "Old Line." If a generic Protestantism once guided popular American culture and thought, that influence is gone.

Abortion is one example of how that Christian continuity was eroded within the Protestant "Mainline." Because classical Protestantism was less inclined to unite philosophy and theology, reason and faith, it had less of a philosophical basis to ground fetal personhood. Lacking a strong philosophical anthropology to support its theology, it was open to losing a substance-grounded concept of the person in favor of more limited criteria, like "consciousness" or "relationality." Couple those approaches with the mobilization of some young liberal Protestant clergy in the "clergy counseling" abortion movement (a group of clergymen who served as a clandestine network connecting women who wanted abortions with those who performed them), then co-opt the "civil rights" movement, and—*voilà!*—you have a liberal Protestant "consensus" inclined to accept abortion for various reasons, typically threats to maternal life or "health," rape, incest, and/or fetal deformity.

This was not the smoke-and-mirrors indulgence of abortion later promoted in the name of *Roe.* It was the thinking behind Bill Clinton's famous phrase: Abortion should be "safe, legal, *and rare.*" Pre-*Roe* liberal Protestants did not think abortion was unproblematic, an unqualified good to "shout" about.

They generally did not even think it was neutral. The fact that they wanted women to "consult" with their pastors and doctors, rather than just make unilateral decisions, suggests that. And this weak concern was what drove good Methodist Harry Blackmun (according to Professor Williams) to ground *Roe* in the rationale that abortion was a matter between a woman *and her doctor.*

Catholics, on the other hand, had articulated a concept of personhood from conception that encompassed both the born and unborn. They could adduce Scriptural arguments but, at the time of *Roe,* framed their arguments using natural law, a non-sectarian category capable of grounding a civil rights argument to protect unborn human life and binding on all persons irrespective of creed. That focus was especially prominent in the first years after *Roe,* e.g., in the push for a Human Life Amendment.

Williams subsequently traces the bifurcation of Catholic approaches to the abortion issue. If one takes seriously the claim that abortion is a civil rights issue about a human being's right to life, that claim has precedence over others: Being protected from extinction trumps being protected from poverty. The bishops, claims Williams, largely pursued that prioritization during the first post-*Roe* presidential campaign in 1976.

But by the late 1970s, abortion had become an ever more partisan divider, with the Democratic Party increasingly marginalizing its pro-life minority. Some bishops (e.g., Joseph Bernadin), uncomfortable with the political realignment away from the contemporary Democratic-Catholic alliance that a consequential pro-life ethic entailed, began articulating ideas of a "seamless garment" or "consistent ethic of life" that reduced the ethical issue of prenatal murder to one political judgment among many (e.g., social welfare programs, anti-death penalty, and anti-war activism) that a voter should make. The "seamless garment" afforded cover to various Catholic Democrats, who could wave their "consistent life ethic" while hewing faithfully to increasingly aggressive pro-abortion policy positions. Williams traces the twists and turns of intra-ecclesial debate as pro-abortion Democrats sought national office (Geraldine Ferraro, John Kerry, Joe Biden) and Catholic bishops sparred among themselves over what the "preeminent issue" of abortion meant in terms of effective, concrete political action.

Evangelicals, Williams claims, came late to the pro-life camp. Their presence ahead of the 1980 election, arguably fired by disappointment with "born again" Jimmy Carter, permanently altered the face of the American pro-life movement. According to Williams, Evangelicals were not so much attracted by questions of the humanity of the unborn as by a conviction that overall American public morality was degenerating and that abortion was a symptom of the decay. Only later did the human rights aspect of the pro-life fight

grow among Evangelicals.

The readiness of some (mostly lay) Catholics—especially in the United States—to build what might be called a "moral ecumenism" with those Evangelicals forged the "conservative Christian coalition" that finally toppled *Roe.* Williams criticizes that coalition as too politically narrow: It was strong enough to bring *Roe* down but not to staunch efforts that reestablished *Roe* legislatively in several states. But let's not lay the blame so squarely on conservative Catholics and Evangelicals. One might also attribute responsibility to "old line" liberal Protestants who, increasingly secularized, have made peace with abortion as a good that need not be rare. Blame should also be shared by "seamless" Catholics whose politics afford some politicians cover not to deliver political results that safeguarded the unborn from what Vatican II called "unspeakable crimes against God and man."

If one takes seriously abortion as the killing of a human being, that death is a far more serious and irrevocable "dignity" offense than an underfunded social program or even aggressive illegal immigration enforcement. Dilution of Catholic pro-life efforts by debates over "seamless garment" approaches are also arguably responsible for the partisan narrowing of the pro-life coalition: By affording political cover to Catholic Democrats unwilling to stand up for unborn life, the bishops of the United States arguably helped politically eviscerate the moderate-to-liberal pro-life community that once existed. In the end, it was the efforts of lay Catholics who allied with Evangelicals—*not* the United States Conference of Catholic Bishops—that ended *Roe's* abortion-on-demand license.

Still, this book reminds us that ideas—*including theological ideas*—do have consequences in law, culture, and politics. A provocative book worth an engaged readership.

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FROM THE WEBSITE

DOUBLING DOWN ON DIGNITY, FOR LIFE

Christopher M. Reilly

The struggle to defend human life in all its developmental stages and biological conditions, particularly for defenseless and discarded persons, will not find its footing in the drifting sands of uncertain moral intuitions that guide our secular society. While emotional or relational appeals are powerful, ultimately a culture of life depends on a secure and clearly understood commitment to the inherent dignity of the human person. In our justification and rhetoric regarding the defense of human life, we should not shy away from, but double down on passionately affirming a specifically religious faith in human dignity.

This is not to deny that the emotional and relational appeals, whether communicated in secular language or not, are legitimate and important. We have to trust that there is a pre-rational, universal intuition of the intrinsic worth of human persons that drives the intimacy, respect, empathy, and especially love that connects people. This manifests on both the individual and societal levels.

When the American founders, for example, wrote of inalienable rights to life, liberty, and the pursuit of happiness, they were not just spouting an Enlightenment philosophy of property and the conventions of natural law, but they were expressing a deeper, eternal sense of purpose and destiny for human beings. It is that profound, multi-layered intuition that spurred public support for the American rebellion and continues to motivate the masses' fervent advocacy of various contemporary social movements.

Emotional responses to the plight of human persons suffering from indignities and, occasionally, to the soaring rhetoric of virtuous pride in human nature are essential to the pro-life cause but not its exclusive domain. We even have to recognize that feminist empathy, often a simultaneously charitable and outraged concern for the widespread mistreatment of women throughout our culture, can stimulate misplaced endorsement of the legality of abortion despite the self-interest, libertine values, financial greed, and distorted rationalizations that saturate the pro-abortion lobby.

For the pro-life cause, the intimate relationships between mother and child, father and child (too often overlooked), and the younger generations with their aging or ailing elders is more than an opening for dialogue; it is a core argument in itself. These natural relationships have their own pre-rational "logic" as well as a cogently reasonable link to human dignity. That dignity

is enhanced and celebrated, for example, when parents nurture their child. The individual experience of dignity, for both parent and child, is powerfully dependent on their active, caring relationship.

Championing loving parental relationships relies, in turn, on sound insights into the foundations of human dignity. When a pregnant woman is burdened with significant, practical obstacles and fears and, perhaps, finds it difficult in the moment to relate personally or emotionally to her preborn child, what will motivate her to nevertheless embrace motherhood? It will likely be a lucid awareness of her own, individual human dignity as a woman, mother, and moral being. But on what basis will we communicate that dignity to a woman in these circumstances and state of mind?

In individual and communal contexts, when much of our culture is predisposed to engaging in such practices as abortion, physician-assisted suicide, discarding or abandoning embryonic persons in IVF, and more, we find that emotional and relational appeals for a defense of human life quickly fall back on some core notion of universal human dignity. If a pro-life effort is to be successful, either the individuals involved must recognize and embrace their own, personal dignity as well as the behavioral integrity that truly expresses that dignity—or they must adopt an inclusive approach to human dignity that extends empathy and protection to the victims. In both cases, if the emotional or relational appeal has not already moved people to a pro-life perspective, it is no longer a likely means of triggering their crucial perception of human dignity when practical and self-interests spur resistance.

There is no substitute for a bold, concise, and rational—but inspiring—case for the universal dignity of the human person. You may get a somewhat logical and long-winded defense of human dignity through secular philosophy, often based on the self-interest of individuals (e.g., Locke) or the supreme value of human reasoning (e.g., Kant), but the only concise expressions available will be fragmented and easily distorted sound bites that are also touted by the culture of death. When it comes to human dignity, it is religion that comes to the rescue.

There are, for example, many faith-based approaches to the unassailable dignity of a nurturing mother. The "theology of the body" of Pope St. John Paul II explains how a mother "discovers herself" in her sacrificial and loving conception and birth of a child. With a secular mindset, we may interpret this as primarily a psychological affirmation of her identity; it is, however, related directly to the final purpose of humanity and its relation to God: "Motherhood has been introduced into the order of the Covenant that God made with humanity in Jesus Christ. Each and every time that motherhood is repeated in human history, it is always related to the Covenant which God

established with the human race through the motherhood of the Mother of God" (John Paul II, *Mulieris dignitatem*, no.19).

The Christian faith also proclaims the inherent dignity of every human being (as does nearly every contemporary religious tradition). The Christian foundation of that dignity is the favored creation of each human being—a nature that is both spiritual and bodily—by God; the special relationship of humanity with God in loving friendship, worship, and stewardship of the created world; the history of covenants between God and His chosen people; and especially the New Covenant promising redemption and resurrection through Christ. This account of human dignity is intuitively ontological (on the fundamental level of Being), historical, relational, personal, awe-inspiring, and backed by the authority and personal witness found in the Bible as well as deep theological scholarship.

I acknowledge the fact that, even among religious believers, there are many who willfully develop justifications for practices that favor death for certain classes of people, often motivated by a complex fusion of misdirected compassion, inclination toward self-interest, and secular buzzwords like "freedom," "rights," and—frustratingly—"dignity." Religious faith, however, is fundamentally built upon the relationship between human persons and the divine. As such, it highlights the spiritual destiny and uniqueness of humanity, a transcendent nature that profoundly resists reduction to the characteristics that certain people use to reclassify others as unworthy of life or its protection: preborn, early-stage, disabled, ill, old, irrational, unconscious, etc. Religious belief that is consistently and faithfully asserted is therefore, by its essence, a strongly positive force for embracing universal human dignity without exceptions, despite those who resist it with falsely logical obstacles to the fullness of divine revelation.

Is a religious message about human dignity the right kind of language for pro-life rhetoric in a largely secular, hyper-technological, and multicultural society? When that society is overwhelmed with a rotating assortment of moral declarations and values, captivated by online social media, increasingly frustrated by a shallow and often distorting sense of community, and humiliated by the supposed superiority of machines in cognitive abilities, the religious experience of human dignity offers an anchor in communal celebration and worship as well as eternal and transcendent truth. The religious experience embraces various cultural traditions and identities even while it supplies the content for a more meaningful, intimate connection with the deeply held intuitions and moral principles that underlie those traditions. The religious encounter with human dignity is also more than words; in contemporary lingo, it is a "multi-channel" experience that includes artistic, musical,

and iconic expression; ritual; community gatherings; charitable outreach; and interpersonal expression of commitment and love—all of which accompany its written authority and verbal, textual, and multimedia interpretations.

The pro-life effort needs an explicit, confident, repeated, and loud commitment to the principle of human dignity for all. The specifically religious expression of this commitment is essential to both the integrity, defense, and passionate communication of that principle.

"And God saw that it was good" (Genesis 1, seven times).

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DEMOCRATIC CANDIDATE USES IVF, THEN HAS AN ABORTION FOR THE "ENVIRONMENT"

Madeline Fry Schultz

The pro-life concerns about in-vitro fertilization are manifold, but this might be a new one: For parents with a specific family size in mind, it could lead to successful pregnancies followed by a natural pregnancy that ends with abortion. A Democratic candidate for Congress confessed on a podcast this month that she had an abortion after planning her perfect family size with IVF.

Esther Kim Varet, who's running to represent California's 40th District in the U.S. House of Representatives, talked about abortion on "The Happily Never After" podcast for nearly 45 minutes. She told the host that she had abortions at 21 and 41 and she chose to have the second abortion because she had already achieved her ideal family size of two kids, one boy and one girl.

"We have a plan," she said to justify her decision.

The plan, she explained, was that Varet didn't want to have any more children because of the environment.

"We're big environmentalists," she said of herself and her husband. "For us, philosophically, we don't want to overburden our footprint, like, on the world. And we're not the kind of people that are like, 'I just want a lot of children and I don't know how to explain it.' Like, I know exactly why we just wanted two. We wanted just to replace ourselves and not overburden anybody else or the world that we leave them with."

Morality aside, none of this makes practical sense. Having two children is still just below the replacement rate of 2.1 children per woman, and, if anything, America needs bigger families to make up for our current replacement

rate of 1.6. Not to mention that creating more human life means more human ingenuity and creativity to solve environmental problems.

Even if these things weren't true, it obviously wouldn't justify abortion. What's really disturbing here, though, is to hear an aspiring leader speak so casually and definitively about her approach to family "planning." It fits in with a broader approach to normalizing abortion. No longer should it be safe, legal, and rare; now it should be available for any reason at all, even if you've simply met your target family size and don't want any more kids. Even better if you can appeal to the environment to justify your decision.

Varet also noted that she still has five embryos on ice after going through IVF. She said embryos are not "disposable" but justified the excess embryos by saying that's the way IVF works; after achieving the pregnancies they want, many parents have embryos left over.

She's right that she's not unique in this situation, but that doesn't make the problem of frozen embryos any less disturbing. There are a million frozen embryos in the U.S. today, just waiting to be carried to term. Most of them probably won't be.

A culture that is cavalier about human life will be dismissive about elective abortion and hundreds of thousands of embryos waiting to see the light of day. None of these things are normal, or healthy, or good. And we shouldn't let politicians off the hook for talking about human life as if a parent's preferences supersede the lives of her unborn children.

—Madeline Fry Schultz is the Upstream Editor for The Daily Wire and a contributing editor for Human Life Review*'s NEWSworthy.*

WILL TO LIVE, WILL TO LIFE

Jason Morgan

I recently read news about a British woman named Wendy Duffy, who died in April at an assisted suicide clinic in Switzerland. Duffy's son, Marcus, passed away some four years ago in a freak accident at their home. Since then, Duffy said, she has wanted to join him in death. She attempted suicide once and was almost in a permanent coma. After that, she explained to journalists, she decided to travel to Switzerland to be sure to die as she wished.

The reasoning that Duffy gave for her decision was straightforward and heartbreaking. Without her son, she explained, she had lost the will to live. And there was nothing anybody could do to dissuade her from the course of action she had chosen, she insisted. "My life," she emphasized, "my choice."

At the assisted suicide clinic, many media outlets reported, Duffy, and not

a physician or clinic attendant, was required to turn with her own hands the valve allowing the death-dealing chemicals to flow into her veins. In accordance with Swiss law, the suicidal person, and no one else, must complete the final, finalizing act of his or her earthly existence.

But in this care taken with the will of the suicidal victim, this deference to a self-destructive volition, can be seen the refutation of suicidal logic. It is not just a legal technicality that no one but Wendy Duffy was allowed to end her life. No matter how much Duffy might have asked to be killed, almost every other human being, with the possible exception of the criminally insane, would have hesitated to grant her wish. This is because, at the core of our being, we know that the will and the life are not in an equal relationship. The will may claim primacy over the life-force. The will can, indeed, cut life short, as Duffy's case sadly demonstrates. But the fact is that life is prior to the will, and infinitely beyond it in stature. When the will forces its whims onto life, life yields, but that does not change the superiority of life to the will. The inversion of this hierarchy is the grotesqueness of suicide.

"My life, my choice." When Wendy Duffy glibly told a reporter that her life was her choice, she was speaking both the truth and a falsehood at the same time. Yes, as events bore out, Duffy's life was subject to her choice, meaning her will. But that does not mean that Duffy's life was *her* life. Wendy Duffy was willed into existence, but not by her. Although her parents were the proximate cause, Duffy's life was willed into existence by God. Her life was not hers to do with as she wanted. Her life was hers only to cherish and to live. The reason that she loved her son and mourned his death, namely that he was irreplaceable and clothed in a dignity that no human could fashion, was also the reason that she should not have taken her own life. It is true that Duffy had a choice. It is not true, however, that all choices are equal.

The life we have is not our own. The life we have is an unearned, unfathomable gift, which comes with the condition that we are to use it, not for ourselves, but for others. This orientation of the life-force away from the person to whom it gives life is a mute confession of the otherness of the life we are all given. It is why we shall not murder (including murdering ourselves). It is why the Swiss doctors and nurses stopped short of dripping poison into Wendy Duffy's bloodstream. It is why there are multiple psychiatric examinations prior to the suicide, so that doctors and legislators and everyone else involved, remotely or directly, can be sure that their will has not mixed with and influenced the will of the suicide.

It is also why those who do the grim work of pulling switches for electric chairs work in groups, with only one switch electrified, so that the act of taking a life will be separated from the will. And it is why we catch our breath,

awe-struck, when someone lays down his life for another. The will in each of us acts according to a higher purpose when it moves to give back the life-gift for the good of someone whose own life is in danger. The will is an interloper in our lives. It moves us, but what it moves is not, in the final analysis, ours. The will either recognizes that the vehicle it drives, the life it moves here and there, is borrowed, or it oversteps its place and goes where it ought not to go. The will quails at killing because life is a sacred thing, a thing that we know intuitively must be consecrated by sacrifice–of life itself, or of the will. Everything else, such as Wendy Duffy's plea that her life was hers to do with as she wished, falls far short of what life is and why we have it to begin with.

That Wendy Duffy lost the will to live I do not doubt for a second. In our grief, our pain, our brokenness, we all sometimes face the terrible choice between a living and an actual death. Whether we give up the will and respect the sacred otherness of life, or let the will take life and so transgress the dignity that comes from infinitely outside ourselves, is up to us. But the life-force itself, the gift we have been given–that is not, under any circumstances, ours to do with as we please.

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

HOW THE EFFECTIVE CHARITY MOVEMENT CAN SUPERCHARGE THE PRO-LIFE CAUSE

Alyssa Glasgow

The choice to abort a baby is often driven by poverty and isolation. One study states, "Sixty percent [of women who aborted their children] reported they would have preferred to give birth if they had received more support from others or had more financial security.[1]" Another study found that half of women seeking an abortion had incomes below the Federal Poverty Level and three-quarters did not have enough money to pay for basic necessities.[2] In this Guttmacher Institute study, the top reasons listed for seeking an abortion were, "a child would interfere with a woman's education, work or ability to care for dependents (74%); that she could not afford a baby now (73%); and that she did not want to be a single mother or was having relationship problems (48%)."[3] Clearly, the women behind these numbers feel isolated and trapped in an endless cycle of desperation.

A 2022 article from the *Georgetown Journal on Poverty Law & Policy* argued that "Overturning *Roe* is a Poverty Issue."[4] In the article, Hope Sheils cites numerous studies demonstrating the financial strain an unplanned

pregnancy has on a person, especially someone already in poverty. 72% of women who were turned away from a wanted abortion lived in poverty after 5 years, versus the 55% of those living in poverty who did receive the abortion. It's no surprise that having children can add financial burden, especially without the proper support and preparation. But rather than asserting that the solution to maternal poverty is abortion, shouldn't the church and civil society help these moms bear their new responsibility? Ensuring they are supported financially and relationally could prevent their desire to ever seek out an abortion.

Given this, pro-life ministry must extend its reach beyond protecting the unborn to providing a safe community for those facing an unwanted or unplanned pregnancy. Not only that, but preventing crisis pregnancies by addressing a woman's relational and support needs early on enables us to intercede before poverty and isolation pressure her into making a tragic decision. As many in the pro-life space have already proclaimed, advocating for life includes supporting mothers so they can have a flourishing, abundant life, even after keeping their pregnancies.

Such anticipatory intervention—and the lasting change it brings—will come from pro-life laws and the application of relationship-driven, effective charity, which not only treats symptoms, but the root causes of poverty and isolation. In their book *When Helping Hurts*, authors Brian Fikkert and Steve Corbett define poverty as the result of brokenness in four foundational relationships: with God, self, others, and the rest of creation (p. 58).[5] While an individual has significant control over those relationships, this model also acknowledges that the relationships interact with economic, political, social, and religious systems outside of an individual's control. Yet, in most cases, the basic path out of poverty for an individual will involve strengthening relationships in these broad categories.

What's really going on?

Focusing on those relationships means resisting the temptation to simply remedy the situation. For instance, when faced with poverty's symptoms (typically, lack of money, homelessness, and food insecurity) we tend to react logically, reasoning the solution is to hand out cash, provide a house, or donate food. Situation addressed, problem solved, right?

As easy and convenient as it would be to believe that, the answer is "no." Until we help mothers facing abortion or poverty restore those relationships, we'll continue treating the symptoms and never solve the real issues.

The good news: Upstream solutions are already underway.

While not every self-described poverty alleviation program gets this right, there are many organizations working upstream to restore those relationships.

In many cases, the leaders of these organizations don't think of themselves as a part of the pro-life space per se, yet they are stepping into tumultuous environments to provide the stability necessary for every life to thrive.

A great example is Better Together. This True Charity Network member based in Florida has been helping families flourish since 2015, offering long-term development opportunities rather than just crisis relief.

Regarding the foster care crisis and families being fractured, founder Megan Rose noticed, "Families weren't falling apart because they didn't love their children. They were breaking down because they didn't have support systems of their own—because poverty, job loss, or a health emergency pushed them past the breaking point. They had no one to call for help."

So she explored the question, "What if the church got there first to catch families before they fall?" That's why Better Together provides a safety net for parents in their time of need through trusted volunteers. According to their website, they've created a network of host families, fully vetted, to temporarily care for children. This gives parents time to get back on their feet without the fear of losing custody looming over them. They also get to know each of these families so they can determine their unique needs and find empowering solutions.

Given job loss is one of the greatest threats to family stability, they partner with churches to host job fairs, helping young families overcome barriers to finding work. Most importantly, they cultivate a lasting community where volunteers build long-term relationships with those families for continued support after the crisis has passed. In other words, they help families build their social capital.

By targeting the foster care crisis, families they help stabilize are far less likely to seek an abortion. That means the same relationship building strategies can be applied successfully in pregnancy resource ministries and churches.

What is the effective charity movement?

Many churches and nonprofits are caught in a cycle of giving relief without seeing any difference in the lives of the people they serve—limiting their impact on poverty and abortion reduction. The effective charity movement was born out of a desire to reverse that trend by accomplishing lasting change through relationship-based poverty alleviation. Books like *Toxic Charity*, *When Helping Hurts*, and *The Tragedy of American Compassion* have given voice to this dilemma and provided the alternative relational frameworks that drive the movement's success.

In the same vein, True Charity is an equipping organization that grew out of the practical experience of our founding rescue mission, Watered Gardens

in Joplin, Missouri. Over the years, we've learned two very important lessons.

First, a one-size-fits-all approach does not work. Loving our neighbors with our hearts and minds means rather than solving problems through public and private bureaucracies unfamiliar with a person's true needs, affiliations and subsidiarity are key relational components that lead to successful long-term outcomes.

The former solicits help from those closest to the person because they know his or her true needs. The latter seeks solutions at the most local level possible—starting with the individual and working out through concentric rings of responsibility including family, friends, church, and community nonprofits. Employing both prevents charities from stepping between a person and their natural affiliations (resulting in inaccurate care and disturbing the right order of their relationships).

Second, empowering people toward self-sufficiency means helping them recognize they have the ability to make a positive contribution to society. Thus, effective charity involves equipping those we serve with the skills and tools they need to lay hold of that capacity. Enabling them to exchange work for necessities restores their dignity so they can avoid the shame handouts alone often bring. Granted, providing a hand-up rather than a handout takes much more time and energy. But it has a much better chance of leading someone to a flourishing life.

Apply these strategies to support life.

Rather than starting from scratch, the direct care providers in the pro-life sector should link arms with the effective charity movement by partnering with existing empowerment programs and, where new programs are needed, creating those programs in line with best practices. As a clearinghouse for some of the best ideas and organizations in the movement, we're confident you'll find the True Charity Network a useful entry point for either kind of collaboration.

Our network organizations range from church food pantries and homeless shelters to pregnancy resource centers. One of note is LifePlan in Niles, Michigan. Through its innovative "give-back" program, clients can earn items they need by serving in LifePlan's Boutique. Not only does it provide practical support for clients, it also gives LifePlan more opportunities to build relationships with them, increase their social capital, and encourage their dignity and agency.

While we have documented dozens of effective models, basic ideas for partnerships could involve offering a young mom material assistance in exchange for her participation in a local church's mentorship program. Another would be connecting an expectant mother to a local food co-op where she

and her family can receive the food they need, but also give back in some capacity and plug-in to a loving community. Holistic case management could combine goal-setting with developmental classes that help a father learn the skills he needs to raise kids with confidence.

If you have grown weary of seeing little lasting change among those you serve, you are not alone. Members of the effective charity movement have experienced the same discouragement. But take heart. There is another way. By applying effective charity principles pre and post-crisis, transformation is possible for those we serve. Together, we can introduce people to something they may have never known—love, hope, stability, new ideas and opportunities, and paths leading to the flourishing life we all hope for.

—Alyssa Glasgow is Graphic Design Manager at True Charity, where she creates visually compelling materials that support True Charity's groundbreaking work in teaching organizations how to engage in more efficient charity.

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APPENDIX A

[*Terry O'Neill is a contributing writer for* The B.C. Catholic *in Vancouver, British Columbia. The following appeared in* The B.C. Catholic *(bccatholic.ca) on April 21, 2026, and is reprinted with permission.*]

MAiD Raised With Vancouver Priest During Hospital Care—Twice

Terry O'Neill

A Vancouver priest recovering from a hip fracture at Vancouver General Hospital says he was twice offered assisted death by health-care staff who knew he was a priest and opposed to euthanasia—a practice critics say is growing as medical professionals are increasingly encouraged to initiate such conversations.

"There are some things you just don't talk about to some people," said Father Larry Holland, who has completed studies in health-care chaplaincy in addition to serving at numerous parishes in the Archdiocese of Vancouver.

He described his reaction when a doctor brought up the option of MAiD should his condition deteriorate. "I think I was very shocked," he said. "It is such a sensitive subject."

Father Holland, 79, is currently convalescing at VGH after suffering a hip fracture from a fall in his bathroom on Christmas Day. He spoke to *The B.C. Catholic* about the offers of medical assistance in dying (MAiD) from two health-care professionals, despite their knowing he was a Catholic priest.

Father Holland said he wasn't dying then or now and that the doctor's mention of MAiD left him "kind of silent" for a moment. The doctor then raised the subject again, saying it's "something they have to discuss with someone who's been given a terminal diagnosis."

Father Holland recalled telling the doctor he was morally opposed to euthanasia. The doctor explained that "he just wanted to make sure that, if a [terminal] diagnosis came up or not . . . I knew of the different services I had access to."

Weeks later, a second offer of MAiD came from a nurse who the priest said seemed uncomfortable raising the topic and was likely doing so out of compassion because of the pain he was enduring.

"It's a false compassion, really," he said.

A spokesman for Vancouver Coastal Health, which operates VGH, told *The B.C. Catholic* in an email that "staff may consider bringing up MAiD based on their clinical judgment, provided they possess the necessary knowledge and skills to do so."

Staff are also "responsible for answering questions when patients bring up the topic of MAiD," the spokesman said.

The two incidents arise as Canada approaches 100,000 assisted dying deaths, a milestone explored in a *B.C. Catholic* series starting this week. Over the next several

weeks, the paper will look at how a decade of legalized killing has reshaped health care, ethics, and attitudes toward life and death in Canada.

Father Larry Lynn, the Archdiocese's pro-life chaplain, said he was shocked to hear about Father Holland's case.

"This must surely be among the most appalling examples of Canada's coercive and insensitive euthanasia regime," Father Lynn said in an interview.

He said it's disturbing that a health-care provider suggests euthanasia with any patient, and particularly when the patient is a consecrated religious known to be morally opposed. "It places the medical practitioner into the role of the devil, tempting a vulnerable person into mortal sin."

He's equally troubled that Canadian euthanasia providers aren't ruling out initiating discussions with Roman Catholics about MAiD. In a document titled "Bringing up Medical Assistance in Dying (MAiD)" as a clinical care option, the Canadian Association of MAiD Assessors and Providers recommends against assuming patients oppose MAiD because of their faith.

The document says, "Health care professionals may draw incorrect assumptions about a person's views on MAiD; e.g., they may assume that a patient objects to MAiD because she is a Roman Catholic nun, and yet Roman Catholic nuns and others dedicated to a faith-based way of life have requested MAiD." The booklet does not provide a source for the information.

An updated version published in March removes the Catholic reference but gives the same advice regarding people of a "faith community" and even those of "strong faith."

Father Lynn called it "diabolical" to use a nun as an example for overcoming a patient's moral objections.

The booklet reflects a recent trend of encouraging health-care personnel to initiate MAiD discussions with patients. In November, *The B.C. Catholic* reported on a little-known 2023 Health Canada document urging health authorities and professional bodies to adopt "practice standards" requiring doctors and nurse practitioners to raise MAiD with certain patients.

The MAiD assessors and providers document similarly says physicians and nurse practitioners involved in care planning and consent processes "have a professional obligation to initiate a discussion about MAiD if a patient might be eligible for MAiD." However, Health Canada does not have the authority to require provinces or health authorities to adopt such guidelines and *The B.C. Catholic* found no evidence of any public agency or professional body in B.C. doing so.

The Canadian Association of MAiD Assessors and Providers uses the example of a Catholic nun to warn against assuming patients oppose MAiD because of their faith.

Amanda Achtman, creator of the anti-euthanasia project Dying to Meet You and ethics director of Canadian Physicians for Life, says initiating MAiD discussions in a medical setting is a form of coercion that attacks patients' deepest convictions when they're vulnerable. To "torment" someone who has deeply held beliefs with an offer of MAiD is "an attack on their identity," Achtman said.

Miriam Lancaster, shown with Amanda Achtman, went to VGH for severe back pain and said the first doctor she spoke with in the emergency room raised MAiD. (Amanda Achtman Instagram)

Father Holland admitted he was in so much pain that he could "feel the temptation" to accept MAiD. "It's a human reaction. We always look for the easy way out."

Conservative MP Garnett Genuis has introduced Bill C-260, An Act to Prevent Coercion of Persons Not Seeking Medical Assistance in Dying, which would prohibit federal employees from proactively offering or recommending MAiD. The bill resulted from incidents of bureaucrats such as veterans counsellors trying to steer vulnerable people toward assisted dying.

The Alberta government introduced legislation in March that would restrict regulated health professionals from providing information about MAiD to their patients unless the patient brings it up. The Safeguards for Last Resort Termination of Life Act would also restrict the public display of MAiD information, such as posters, within health-care facilities.

The bill is worth supporting, said Achtman, who lives in Calgary. "Simply being offered euthanasia already kills the person, because it defeats and deflates their sense of self-worth and value."

The unwanted initiation of MAiD discussions in Canada made international headlines in March after Achtman shared the story of an 84-year-old woman, Miriam Lancaster, who went to VGH last year for severe back pain. She said the first doctor she spoke with in the emergency room raised MAiD before any diagnostic work had been done. Lancaster's daughter was present and confirmed the incident, adding her mother eventually responded to rehabilitation and rest.

The Catholic chaplain at VGH, Father Ronald Sequeira, said it's a constant struggle to help suffering patients not lose hope. He tries to offer them "some kind of encouragement and comfort," but many give up.

"The moment you lose hope, the devil comes in, in different personalities, and says, 'Do you want MAiD? I don't want people to suffer.'"

Patients often don't realize that suffering is redemptive, he said. "God makes us more pure, more strong, through the suffering when we offer it up," Father Sequeira said. "So we give hope—help them not to lose hope."

Father Holland said turning down an offer of death opens one to new experiences. Even enduring pain "can encourage growth," he said. "It can motivate you, it can open up new worlds, new vistas, new opportunities," including enriched relationships.

He said he is sharing his story in the hope it will help others. "I went through it; you can go through it too."

APPENDIX B

[*Chuck Donovan served in the Reagan White House as a senior writer and as Deputy Director of Presidential Correspondence until early 1989. He was executive vice president of Family Research Council, a senior fellow at The Heritage Foundation, and founder/president of Charlotte Lozier Institute from 2011 to 2024. He is now co-president of the Science Alliance for Life and Technology (SALT). He has written and spoken extensively on issues in life and family policy. The following appeared on June 24, 2026 in* The Washington Stand *(www.washingtonstand.com), published by the Family Research Council, and is reprinted with permission.*]

Unmaking MAiD for Mental Disorders in Canada

Chuck Donovan

On Wednesday of last week, a special joint committee of the Canadian Parliament released a landmark report that may save tens of thousands of lives from succumbing to medical assistance in dying (MAiD).

The 88-page report to the government examined an expansion of Canada's decade-old assisted suicide laws to allow the practice to be carried out on individuals whose sole reason for seeking it is mental illness. The report comes as Canada has reached a major milestone in the application of its evolving MAiD law—at the 10-year point, Canada has carried out 100,000 MAiD-induced deaths, and assisted suicide has become the nation's fifth leading cause of death, amounting to some 45 deaths a day.

As has happened in several European countries with legalized assisted suicide, Canada has seen a steady, and by some measures swift, evolution of legal and moral standards. And, as has happened in the United States with respect to abortion on request and same-sex marriage, interjections by the judiciary forced legislatures to abandon centuries-old legal standards and follow a permissive agenda. The process accelerated in 2015 when the Canadian supreme court unanimously ruled in *Carter* v. *Canada* that Canadian adults possessed a right to MAiD and that its denial violated the Canadian Charter of Rights and Freedoms. In the following year, Parliament adopted Bill C-14 which established a process for assisted suicide that made it available to people whose death was reasonably foreseeable due to "a grievous and irremediable medical condition that causes them enduring and intolerable suffering."

The law took the form of an exemption from criminal prosecution for anyone who aided in suicide under the specified condition. From the beginning, a request for assisted suicide based solely on mental illness was not afforded an exemption and thus remained illegal. But the murky waters of assisted suicide continued to lap against the protections afforded vulnerable Canadians, and once again the courts played a key role. In the 2019 Truchon decision in Quebec province, the court struck down the requirement for "reasonably foreseeable death" but retained the exemption for

mental illness conditions. In 2021, the Parliament further ratcheted up the exemptions from prosecution and used the more expansive language of "chronic and irremediable" conditions, making already subjective predictions of looming mortality even hazier. The same law postponed the implementation of MAiD in cases featuring only mental illness until March 17, 2023.

This allowed an "expert panel" to complete and submit a report in March 2022 on how to administer MAiD to patients whose sole condition is mental illness. In response, the Canadian government requested another year to review changes in the law, extending the exemption to March 17, 2024. In October 2023, the committee was reestablished and issued another report, on January 29, 2024, concluding that the Canadian legal and medical systems were not ready to administer assisted suicide to people now designated as MD-SUMC, which stands for mental disorder-sole underlying medical condition.

While court challenges to the law's limitations and policy action in several provinces continued, Parliament in February 2024 adopted C-62, another extension—this time for three years until March 17, 2027. Another review panel was established, while groups like Canada's Dying with Dignity expressed frustration that the total delay in allowing assisted suicide for this potentially broad group of Canadians would now extend to a full six years.

Now, however, just nine months out from the 2027 implementation date, the newest Parliamentary review committee has issued a stunning report asking that the allowance of assisted suicide for solely mental health conditions be delayed "indefinitely." The committee formally recommended the amendment of the criminal code to exclude these individuals from eligibility for help taking their own lives.

A variety of factors drove the committee's recommendation. Under the law as it exists, the underlying illness prompting a request for MAiD must be found to be irremediable. This is difficult to do with mental disorders. As the report notes, "witnesses testified that it would not be possible—either at this moment or at any future time—to reliably determine irremediability in mental illness or 'reliably distinguish in practice those rare cases where suffering is truly irremediable from those where despair may yet be treatable.'" Another witness, Dr. Harvey Max Chochinov, testified that "the availability of MAiD may undermine the therapeutic relationship. The strength of that relationship is," he argued, "the most helpful factor for predicting successful outcomes" for troubled individuals.

Polling on the subject in both Canada and the United States continues to indicate public support for assisted suicide for certain medical conditions, but there is significant opposition to it in the event of mental disorders as the sole underlying condition. In 2025 the American Psychiatric Association issued a position paper opposing MD-SUMC. Polling in 2023 done by Angus Reid for the Association for Reformed Political Action Canada found that 50% of Canadians oppose assisted suicide solely for mental illness, while only 28% support it. More than 80% of Canadians agreed that MAiD should not be expanded without first improving mental health care in the country. More recent polling from Angus Reid found that 43% of

Canadians now support MAiD for mental disorders and 39% oppose it.

The call for improved mental health care in Canada and the evident rise in mental health concerns in the United States are widespread, making any expansion of MAiD particularly dangerous at this time in the West. In Ontario, Canada, for example, witnesses told the committee that mental health service volumes have increased by 66% over the last four years. Some 52% of young adults with mental health conditions in Canada told the Canadian Institute for Health that they had been able to find none or only limited help with their condition. In the United States, men die by suicide at a rate four times higher than women, though men are diagnosed with depression and mood disorders at a lower rate than women. Other committee witnesses cited data showing that MAiD in the past, when pursued under existing law where mental disorders are not the sole factor for seeking it, has disproportionately resulted in deaths among women, and even in neglect of efforts to account for mental health issues in women who were victims of abuse. Disabled women were also disproportionately affected.

The cost of mental health care is also a factor. The Canadian committee heard that one in three Canadians say they are unable to afford psychiatric care. Finally, some witnesses expressed concern about suicide contagion, a societal phenomenon of individuals concluding that a decision for suicide is reasonable, beneficial to others, or approved by social thought leaders.

The report of the Special Joint Committee on Medical Assistance, or AMAD, has no direct policy authority. Its impact will come from the strength of its opposition to opening the door to assisted suicide next March. All but three of the 17-member House and Senate panel recommended maintaining an exemption for MD-SUMC persons and making that exemption indefinite.

The Bloc Quebecois also opposed limiting assisted suicide for mental disorders. The committee listed three other options, including proceeding with the current March 17, 2027 expiration of the exemption, making the exemption permanent law, or referring the matter to the Canadian Supreme Court for a determination on whether disallowing assisted suicide in cases of mental disorder violates the Canadian Charter of Rights and Freedoms. That charter speaks of the right to life and the security of the person, but that has not prevented it from being applied to guarantee legal abortion and the opening of the door to assisted suicide just over a decade ago.

The ball is now in the government's court. Prime Minister John Carney and, particularly, Justice Minister Sean Fraser have the task of evaluating the Special Joint Committee's report, examining testimony, and determining whether to introduce new legislation into Parliament to carry out the committee's recommendation; alter it to another, shorter timeline; create some form of implementation scheme to allow assisted suicide; or just retain the March 17, 2027 date. Minister Fraser has acknowledged what he says "isn't easy work" that must be "informed by people's personal experiences." The phrase sounds perhaps a bit ominous, but it is true that MAiD policies are no abstraction and real lives are at stake.

It is difficult to imagine that the outright failure of the Leadbeater bill in the

British Parliament, where opponents in the disability and medical communities heroically fought and defeated assisted suicide for now, did not encourage the major resistance to expanded MAiD in Canada. So too are the stories constantly emerging about the "personal experiences" of Canadians being offered MAiD or dying under conditions that are not remotely medically dire. Most recently, a Canadian priest reported in May that he was twice offered euthanasia after suffering a fractured hip. The pressure on the health care system costs can't be ignored for aging populations in nations like Canada and the United States that claim to have safety nets but that in fact face gaps in care and growing costs to care for the elderly.

The government's decision on the Special Joint Committee report is due on July 11. It is a moment of high drama for the fate of some of the most vulnerable people in our midst.

APPENDIX C

[*Wesley J. Smith is an author and a senior fellow at the Discovery Institute's Center on Human Exceptionalism. The following was posted June 24, 2026, on National Review Online (www.nationalreview.com).Copyright 2026 by National Review. Reprinted with permission.*]

The Anglican Church of Canada Publishes Pastoral Liturgies Blessing Euthanasia

Wesley J. Smith

The Anglican Church of Canada has authorized clergy to bless people being euthanized just before, during, and after being lethally jabbed (when permitted by the bishop). From "Pastoral Liturgies at the Time of Death in Contexts of Medically Assisted Dying":

> It is not our intent to enter into the ethical arguments regarding MAiD, nor to provide a moral argument for or against MAiD. . . . No matter where people are in their life journey, we as a Christian community and Christian leaders in particular are called to respond pastorally to the needs and concerns of the people before us. Wherever the church serves, we are the Body of Christ reaching out to the suffering, the sick, and the dying. When someone reaches out for pastoral care, the church responds: there is a duty of pastoral care.

If the Anglican Church can't enter into an ethical argument about euthanasia what is the point of being a church? And given that suicide has always been considered an egregious sin in Christianity from its very early days, wouldn't "Christian" pastoral care be obligated to at least try and help the suicidal person decide not to be made dead?

Here is another justification for blessing a euthanasia killing in the document:

> Death is a natural part of life, and in the spirit of the Church's continued ministry, we are called to walk alongside health care agencies and practitioners to offer a pastoral response and presence to those who are dying. As the Book of Alternative Services notes, "if the sick could not get to church, then the Church [. . . should] come to them."

Natural death is "a natural part of life." Being killed is not. Moreover, is it really properly a Christian act to "walk alongside" a doctor or nurse practitioner who kills? The earliest Christian ethical writing dating from about 100—the Didache—explicitly condemns "murder" as profoundly sinful. True, Canada has legalized this particular form of homicide, but the issue with regard to a church is not statutory legality, but rather, ethics and morality.

The document spouts false premises and shallow rationalizations for supporting being euthanized:

> People who choose MAiD freely and without coercion may indeed be ready to go. They have been living with and suffering through complex health challenges and they

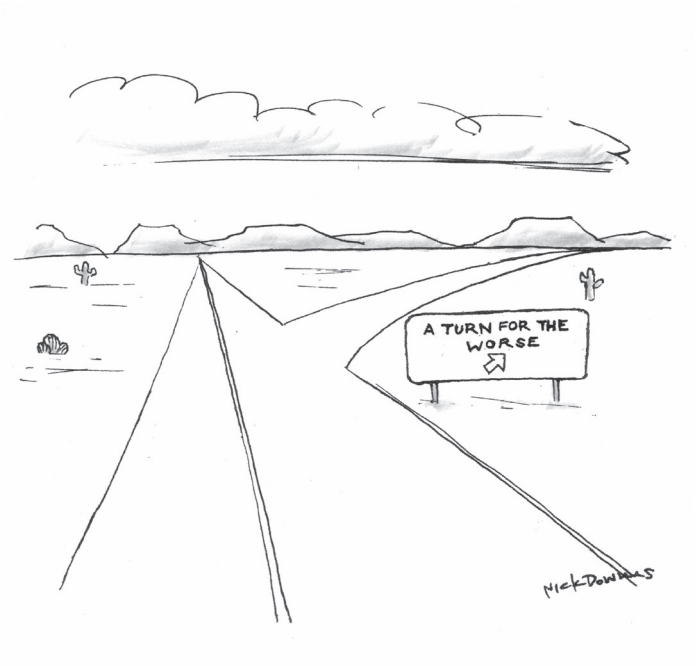
> want the pain to stop. They want to be able to sleep. They desperately do not want their families and loved ones to watch and wait, wondering how much longer? They have exhausted all medical options, and they know, everyone knows, that there is no cure. Some wish, most of all, not to be alone at the time of their death, and to die well. Some, who are Christian, also desire not to be alone at the time of their death, and to die well, and with the grace and blessing of God and with the presence of the Church at their side.

The law in Canada does not require that "all medical options" be exhausted. And how can putting oneself out of their loved ones' misery be blessed? Moreover, every suicidal person is "ready to go." If someone who is disabled or ill can be supported spiritually in having themselves made dead, why not also any other suicidal person?

The rite, which can include Communion, contains the litany to God, "We put our trust in you." Considering the context, many Christians will find that prayer deeply ironic.

By offering the supposed imprimatur of Christ—because that is whom the church is supposed to represent as His mystical body—to being euthanized and euthanizing, the Canadian Anglican Church has further normalized killing as an answer to human suffering. Perhaps even worse, its validation could result in deaths that might have been prevented as receiving the blessing could become the tipping point for some suicidal persons choosing lethality over struggling on.

This will be of no consequence to those who are not believers. But for Christians throughout history, blessing euthanasia would be a most profound scandal.



APPENDIX D

[*Ellie Gardey Holmes is Reporter and Associate Editor at* The American Spectator.*The following first appeared on March 3, 2026 in* The Washington Stand *(www.washingtonstand.com), published by the Family Research Council, and is reprinted with permission.*]

Planned Parenthood's New Strategy

Ellie Gardey Holmes

Planned Parenthood abortion clinics have faced a reckoning since they were blocked last year from receiving Medicaid reimbursements by way of a provision in the One Big Beautiful Bill Act. But the nation's largest Planned Parenthood affiliate, Planned Parenthood Mar Monte, is rolling out a novel strategy to keep the cash flowing so that it can subsidize its mission of aborting children.

Some of its clinics are now providing BOTOX®, a neurotoxin that minimizes the appearance of wrinkles. The affiliate is also planning to add additional cosmetic procedures. These include dermal fillers—which are injected into lips, cheeks, or jawlines—and laser hair removal. Planned Parenthood Mar Monte clinics are becoming, in effect, medspas to prop up child killing.

Stacy Cross, president and CEO of Planned Parenthood Mar Monte, told *The Wall Street Journal* [in March], "We know we have to face reality to keep our doors open. … That's where these new services come in."

The Wall Street Journal chronicled the visit of Sacramento resident Nasim Adeli to one of Planned Parenthood's abortion clinics to get BOTOX® injections. Adeli had previously visited medspas for BOTOX® but found that the cost at Planned Parenthood is about 25% less than nearby aesthetic clinics.

The Planned Parenthood affiliate's chief medical operating officer explained that the lower cost is due to the fact that "we don't have the same profit-margin expectations as a medspa." Rather, Planned Parenthood has a mission of aborting children, and any money that helps it achieve that mission is welcome.

Chillingly, *The Wall Street Journal* documented how medical tools and spaces typically used for killing unborn children have been repurposed to cater to women's cosmetic desires. Chairs women sit in to recover after their babies have been killed are instead used for women to receive IV hydration, a trending medical service that supporters believe boosts wellness and enhances immunity. And medical supplies kept in rooms often used for abortions are hidden away to contribute to the "spa vibe."

Planned Parenthood Mar Monte, which operates 30 abortion clinics in central California and Nevada, even has a new director solely for its aesthetics program, Samantha Pohlman.

Abortion clinics have proven surprisingly immune to Medicaid funding losses. The Guttmacher Institute, a pro-abortion research organization, said [in February] that the number of brick-and-mortar abortion clinics in the U.S. had declined by

only 2% by the end of 2025 compared to March 2024. Seventy-three percent of abortions in the U.S. were provided in-person during the first half of 2025, according to the Society of Family Planning, though this number has continued to fall as telehealth abortions increase in popularity.

Planned Parenthood has struggled more than other abortion businesses. The organization said in January that it closed 51 clinics in 2025, 20 of which were closed directly as a result of the loss of Medicaid reimbursements. Planned Parenthood President Alexis McGill Johnson has claimed that the loss of Medicaid funding is "unsustainable," and a report from the organization said its clinics are "being pushed to the brink."

Planned Parenthood clinics have largely been able to cover their funding gaps through an increase in private donations and state funding. California Gov. Gavin Newsom (D) announced last month, for instance, that the state would provide $90 million in additional funding to Planned Parenthood and other abortion clinics.

One thing that may help abortion businesses survive is the fact that the One Big Beautiful Bill Act's pause on Medicaid reimbursements is only for one year. If Congress does not renew the prohibition on funding for abortion centers, many of these Planned Parenthood locations will go on to continue their mission of aborting children.

In addition to providing BOTOX® and abortions up to 23 weeks gestation, Planned Parenthood Mar Monte offers birth control to girls 12 and older without their parents' knowledge as well as "gender affirming hormone therapy."

"You're only as dead as you feel."

APPENDIX E

[*Michael J. New is an Assistant Professor of Practice at the Busch School of Business at the Catholic University of America and a Senior Associate Scholar at the Charlotte Lozier Institute. The following was posted June 24, 2026 at National Review Online (www.nationalreview.com). Copyright 2026 by National Review. Reprinted with permission.*]

Dobbs at Four

Michael New

Today marks the four-year anniversary of the Supreme Court's decision in *Dobbs* v. *Jackson Women's Health Organization*. The *Dobbs* decision remains an important victory for prolifers. The reversal of *Roe* v. *Wade* finally made it possible to enforce laws protecting preborn children.

Currently, 13 states have largely banned abortion, and seven others have gestational age limits that would have been struck down before *Dobbs*. Overall, prolifers are right to celebrate *Dobbs* and the resulting pro-life laws as a monumental victory. However, the past four years have also taught prolifers that we need to be clear-eyed about the challenges we face in the future.

First, it is important for prolifers to recognize the good that *Dobbs* has done. Estimates released by the Guttmacher Institute and the Society of Family Planning claim that abortion numbers have increased since *Dobbs.* However, the prevalence of telehealth abortions makes accurate abortion estimates difficult. Furthermore, a growing body of research shows that recently enacted pro-life laws are correlated with state birth rate increases. My new Charlotte Lozier Institute policy analysis summarizes that research.

Three separate studies of the Texas Heartbeat Act show it is correlated with a birth rate increase of several hundred lives a month. Additionally, three other studies analyzing a range of recent pro-life laws find that they are associated with tens of thousands of more births. Overall rigorous analyses of birth data suggest that pro-life laws have saved thousands of lives.

Of course, during the past four years, many pro-abortion advocacy groups and their allies in the mainstream media have worked overtime to claim that pro-life laws are causing a range of public health and economic problems. To put it charitably, they have not found much.

Overall, rates of infant mortality and maternal mortality have been declining in recent years. Multiple studies have found that maternal mortality trends are similar in pro-life states and in states with permissive abortion policies. Another study found that there have been larger increases in practicing ob-gyns in states with strong pro-life laws. Finally, census data have found that 14 of 17 states with strong pro-life laws in place in 2024 saw a population increase. Pro-life laws have hardly been a public policy disaster.

That said, prolifers are certainly facing some important political and policy

challenges. Pro-life elected officials have generally fared well since *Dobbs*. In fact, not one pro-life incumbent has lost a statewide race since the *Dobbs* decision.

However, state-level ballot campaigns remain a challenge for prolifers. Pro-abortion direct democracy campaigns have nullified strong pro-life laws in both Missouri and Ohio. Successful efforts to place abortion in state constitutions have also threatened incremental pro-life laws in these and other states. With abortion on the ballot in Nevada, Virginia, and Missouri this fall, prolifers need to be vigilant.

Additionally, telehealth abortions remain an important challenge. The most recent abortion estimates released by the Society of Family Planning shows that approximately 28 percent of abortions that took place in 2025 were done by telehealth. These telehealth abortions weaken many of the strong pro-life laws that have been passed since the *Dobbs* decision.

Telehealth abortions were approved by the Food and Drug Administration as a temporary measure during the Covid-19 pandemic. Unfortunately, neither the Biden FDA nor the Trump FDA has been willing to restore previous rules requiring that women seeking chemical abortions have an in-person visit with a medical professional.

Prolifers are wisely pursuing other legal and political strategies to prevent telehealth abortions. Separate legal challenges filed by attorneys general in Louisiana, Texas, and Florida are worth following.

As prolifers reflect on the fourth anniversary of the *Dobbs* decision, we should take heart. Overturning *Roe* v. *Wade* was a hard-fought and monumental victory for the pro-life movement. Furthermore, the reversal of *Roe* occurred much earlier than many seasoned prolifers anticipated.

That said, there are many important battles for prolifers to fight. We need to make gains in the court of public opinion, win elections, and perhaps most important, change the culture. Like other social conservatives, prolifers face powerful cultural headwinds that can make progress challenging. For over 50 years, the pro-life movement in the United States has been incredibly dedicated and persistent. We have succeeded in overcoming many obstacles. That, by itself, should give us hope for the future.

The Human Life Foundation gratefully thanks the members of

the Defender of Life Society:

Mr. & Mrs. Andrew Bean
Mr. Robert G. Bradley
Miss Martha Brunyansky
B G Carter
Miss Barbara Ann Connel
Mr. Louis R. De Prisco†
Mr. Patrick Gorman
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Patricia Tischauser†
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The individuals listed above have remembered the Human Life Foundation in their estate plans.

To learn more about the Defender of Life Society, and how you can leave a legacy for the Human Life Foundation, contact us at 212-685-5210.

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"Four years after *Dobbs*, however, the cause for life in America has yet to launch a concerted and sustained effort to build an enduring majority for life. As it did in the immediate aftermath of *Roe* between 1973-1978, the cause for life may once again have to build a movement strong enough to induce politicians to follow."

—Clarke D. Forsythe, "Building an Enduring Majority for Life"

"[Abortion] will end when we dismantle the social conditions that push and pull women towards abortion—poverty, lack of housing, job insecurity, male abandonment, intimate partner violence, an overall lack of support for marriage and family, and social disdain for the sacrifices of parenthood.

I invite you to join me in standing firmly against any measure that would prosecute women for abortion. It's up to God to judge their moral culpability. And it's up to us, with His help, to work towards a world where no woman feels abortion is her only choice."

—Eric J. Scheidler, "The Case Against Prosecuting Women for Abortion"