International Life Services

LIVING WORLD ONLINE MAGAZINE

SPECIAL FEATURES INCLUDE:

WORLD EVENTS

NEW ILS PROJECT INTRODUCTION

SPRING 2017

Making A Difference Together

About Us

International Life Services (ILS) is a 501(c)(3) non-profit organization founded in 1985 to promote Judeo-Christian values applied to family life, sexuality, and bioethical issues.

Our Purpose

We seek to carry out our basic philosophy in a compassionate, practical and effective manner through research, information, service, and education.

Our Principles

- God is the Author of Life and God alone may terminate life.
- Promotion of the sanctity of and respect for human life includes protecting the unborn, abused, aged, handicapped, suffering, dying and needy members of our society.
- Alternatives to abortion are of paramount importance.
- The family is held in high esteem as the cornerstone of society.
- Premarital chastity is seen as a necessity for moral, spiritual, emotional, and physical well-being.
- We support the proper use of Natural Family Planning and oppose contraception or any other form of reproductive technological interventions which separate the unitive and procreative aspects of marriage, or which violate the natural right to life.

INTERNATIONAL LIFE SERVICES

Contact Us
Living World Publications
International Life Services
2606 ½ West 8th St.
Los Angeles, CA 90057-3810
t/213-382-2156
f/213-382-4203

Visit us online at:
InternationalLifeServices.org

FEATURES

A New Project for International Life Service

Dear Friends,

It is projected that up to 90% of all Down Syndrome pregnancies are aborted. This is a totally unacceptable practice. People believe that there is no treatment for babies with Down Syndrome and they will not be productive members of society. These two beliefs are not true.

There is a new discovery about Down Syndrome. It may be possible to minimize the neurological damage. I am very proud to be able to tell you that International Life Services is now sponsoring Dr. Paddy Jim Baggot's work on Down Syndrome. His research has become a part of our agency.

As you may know it was Dr. Jerome LeJeune who discovered that there was an extra chromosome with Down Syndrome babies. He spent his life trying to find a treatment. His work was continued by a few dedicated Doctors including Dr. Paddy Jim Baggot. Dr. LeJune also has spent years studying the amniotic fluid of Down Syndrome babies and their development after birth. He and his fellow researchers have some positive and exciting news (see our Special Features article).

Since it is now possible to detect fetal abnormalities in the womb, all Ob Gyn's test for these. If a doctor fails to inform the patient about such an abnormality, the Doctor stands the risk of being sued for "wrongful life". Since our society has now determined that there is such a thing as "wrongful life" doctors must notify patients of the possibility of fetal problems and then the parents decide if the child can be allowed to live.

This is not an acceptable practice. As you know ILS is dedicated to the whole pro-life spectrum from fertilization to natural death. One of our big concerns is the attitude of society towards valuing all human life. As we are able to detect fetal abnormalities we have seen an increase in abortions whenever there may be an abnormality.

But there really is no "abnormality" in being a human being. What we consider to be the "perfect" human being may be far from what God considers perfect and many of our very disabled or abnormally looking humans may be the perfect human in God eye judging from His standards.

I have noticed that for every disability there is a compensation that we are able to see. For example, we once had a person volunteering in our office who had a rare genetic disorder where everyone was born with a cancer of the eye and became blind. People with this disorder also were above average in intelligence and didn't get any other kind of cancer. Down's syndrome children are often exceptionally loving and kind. People with sickle cell anemia are resistant to malaria, etc. God always seems to find a way to compensate for what we, in our limited view, see as an abnormality.

Dr. Baggot's work was supported for many years by the Michael Fund. When the fund recently closed down Dr. Baggot asked to join us. We were very happy to sponsor him and now we are happy to introduce him to you.

Sister Paula

President's Message

On Thursday May 11th the Canadian National March for Life held its 20th annual gathering in Ottawa. This year's motto, taken from a phrase in the Canadian national anthem, was "**We Stand on Guard for Thee**". Their website reads, "Welcome Canada's newest citizen…she too is a natural wonder, glorious, and free. From her tiniest beginnings, she has felt a sense of hope, of promise and equality. But her future is under threat by those who think that her life is less valuable than others. **We stand on guard for her, we stand on guard for him**. For the lives of our country's most vulnerable, for all human beings… **Life – we stand on guard for thee**".

The March for Life commemorates the May 14, 1969 Omnibus Bill that legalized abortion in Canada, passed when Pierre Elliott Trudeau was prime minister. As reported on ***Life Site News*** "The country's current [declared] Catholic Prime Minister, Justin Trudeau [Pierre Trudeau's eldest son] has made abortion a defining issue for his leadership, expanding the deadly service both at home and abroad". Canada has been called the world's most pro-abortion country.

A March 13, 2017 article in ***America Magazine Online*** reported, *"In a biting letter to Prime Minister Justin Trudeau, Bishop Douglas Crosby of Hamilton, Ontario, president of the Canadian Conference of Catholic Bishops called the government's new overseas abortion policy "a reprehensible example of Western cultural imperialism."*

"In a separate letter to Trudeau, Cardinal Thomas Collins of Toronto expressed "deep concern and disappointment" and called it "arrogant for powerful, wealthy nations to dictate what priorities developing countries should embrace."

"Cardinal Collins and Bishop Crosby … were responding to a March 8 announcement that the government would "invest" $650 million (US$483 million) over three years to provide abortion and other services in the developing world. In addition to funding abortions and other sexual health initiatives, Canadian money will now be earmarked to support foreign advocacy organizations working to make abortion legal in nations that currently ban the practice.

"Such a policy…exploits women when they are most in need of care and support and tragically subverts true prenatal health care. It negates our country's laudable efforts to welcome refugees and offer protection to the world's homeless, when the youngest of human lives will instead be exterminated and the most vulnerable of human beings discarded as unwanted human tissue." Cardinal Collins said that…the prime minister's "public comments suggest that unless a woman has access to abortion or contraception, she is not empowered or able to realize her full potential."

So many times we think all we can do is stand guard to protect and defend the most vulnerable. Sometimes it seems all we do is **stand guard for thee** against what seems an unceasing barrage.

We know however that it isn't just guarding that we do. We educate, counsel, nurture, pray for, empower and love.

As a result, life triumphs.

In Gratitude,
Dennis De Pietro
President of the Board

Introducing - Dr. Baggot's Work on Down Syndrome

Children with Down Syndrome Can Develop Twice as Fast

Contributed by Paddy Jim Baggot, MD.

This is the first in a forthcoming series of articles on Down Syndrome and Dr. Paddy Jim Baggot's work in support of Pro-Life issues.

In the old paradigm, children with developmental cognitive disabilities ("mental retardation") were too often considered uneducable and incurable, write obstetrician/gynecologists Patrick James ("Paddy Jim") Baggot and Rocel Medina Baggot in the summer issue of the Journal of American Physicians and Surgeons. But analysis of a 25-year longitudinal data base containing 248 children with Down syndrome showed that special training could double the rate of intellectual development.

The method, developed at the Institutes for the Achievement of Human Potential (IAHP), includes movement exercises, "patterning," early reading and mathematical education, and athletic activities. Baggot explains that physical exercise promotes brain development in several ways.

IAHP staff train parents and caregivers to perform the therapy. The staff performs a standardized developmental assessment before initiation of therapy and at a follow-up visit an average of 13 months later.

The rate of change of the neurological age vs. change in chronological age was compared for the two assessments. The authors explain that the speed of development approximately doubled after therapy began. For example, a child with a neurologic age of about 8 months at age 13 months was making about 6 months of neurologic progress in a 10-month interval. That child at his first follow-up might have made 13 months of neurologic progress over 7.5 months, a rate of 17 months neurologic progress per 10 months, or nearly twice as fast as before treatment.

The authors state that these results, which show strong positive effects from environmental enrichment, are consistent with findings of animal research, as well as studies of children adopted from deprived circumstances.

Combined mental and physical training stimulate nerve cell growth. "Development is a physiologic process,

and can be manipulated, just like pulse or blood pressure," they write.

"Down syndrome children have much greater potential for development than many realize. Methods discussed here for environmental enrichment should be studied for their potential to enhance brain development in other conditions, and in normal children as well," they conclude.

Contact: Paddy Jim Baggot, M.D.,
pjbaggot@hotmail.com,
or
Jane M. Orient, M.D., (520) 323-3110,
janeorientmd@gmail.com

Source: The ***Journal of American Physicians and Surgeons*** is published by the Association of American Physicians and Surgeons (AAPS), a national organization representing physicians in all specialties since 1943.

You Are Invited

International Life Services

Advanced Training Institute 2017

Changing Hearts and Minds

7

New Ideas - New Skills - New Solutions

A 3-day study program for those in life-affirming ministries.

July 13th, 14th and 15th

Austin Baptist Church Conference Center
7016 Ribelin Road
Austin, Texas 78750

Visit our website for more information:

www.internationallifeservices.org

Is Being Pregnant Riskier than the Pill?

By Michel Accad, MD

Yes hormonal contraception has risks, but pregnancy is even more risky!"

No doubt, readers of the CANFP *NEWS* are familiar with this argument or a version of it. What may be less familiar is the "evidence" that pill pushers use to advance that claim.

While preparing a CANFP talk on the physical harms of contraception, I came across the following table that claims to compare the risks of childbirth-related deaths to the risks of death from methods of "fertility control" employed by women, broken down by age group. Not surprisingly, the table indicates that to use oral contraception is generally much safer than to be pregnant.

I found the table in the package insert of one of the pills but, as far as I can tell, the table seems to be included in the package insert of every single oral contraceptive. That surprised me, since each package insert is prepared independently by the manufacturer before being sanctioned by the FDA. But that also told me that, in all likelihood, the table represents the strongest possible evidence pill advocates can muster to support the claim that pregnancy is more risky than contraception.

So I examined the table and the paper to find out how strong the evidence really was, and the first thing that I noticed was that the reference from which the table was adapted was published in 1982. Not exactly the most current information!

The second thing I noticed was that the name of the journal in which the paper was published, *Family Planning Perspectives*, didn't sound like a major medical publication that would have the highest standard of scholarship. In fact, the name seemed to betray a certain point of view on the question…Well, you may have guessed it already, but *Family Planning Perspectives* was in fact a journal published by no other than the Guttmacher Institute, the "research" arm of Planned Parenthood! How is that for an unbiased perspective?!

More importantly, the idea that one could accurately compare mortality rates from pregnancy to those of contraception struck

me as likely to be fraught with great methodological difficulty. To begin with, any paper that purports to make a meaningful mortality comparison between different groups must ensure that the groups are reasonably similar in all aspects, except in regards to the variable of interest (e.g., in this case, the method of fertility control). Did this paper rise to the challenge?

As you might expect, the article didn't even attempt to address this difficulty. The author,

a physician of the Center for Disease Control (CDC), simply plucked mortality rate estimates from a handful of studies, each of which looked at a given group, and each of which had its own follow-up period, its own particularities, and its own methodological limitations. The data thus extracted could not possibly be used to make any meaningful comparisons between the groups.

The paper made no attempt to control for various factors that might affect the mortality rates. In fact, one could argue that the mere attempt to compare "childbirth related death rates to "method related" death rates is scientifically suspect, if not ludicrous, since using or not using a method of fertility control is a choice, and human choices are influenced by an unfathomable number of personal and socio-economic factors. Any of these factors could have an independent influence on mortality rates, and there is really no good way to attribute the difference in mortality to the use or method of fertility control.

And if we must compare "method-related" death rates to "birth-related" death rates, one would also think that the time frame for follow-up would be important. Shouldn't long term survival be the variable of interest as opposed to annual mortality? For example, we know that using hormonal contraceptives and delaying childbirth are associated with increased breast cancer risks. Did the article take this into account?

As it turns out, in those studies chosen to estimate oral contraceptive-related deaths, only deaths from blood clots, strokes and heart attacks were counted against the pill. Yet we know that the use of the pill can alter a woman's behavior and circumstances in a multiplicity of ways, some of which could very reasonably be a factor in lethal outcomes. In addition to increased cancer risks, some studies have shown increased suicide rates among current or former pill users. Yet none of these outcomes were counted against the pill here.

One of the most egregious way in which the article skewed the data in favor of oral contraceptives can be appreciated in the following quote from the paper:

"Estimates of maternal mortality published here are those deaths related to ectopic pregnancy and childbirth, and are based on US vital statistics from 1972 through 1978, *inflated by 33 percent* to account for well documented under-reporting." (italics mine)

…continued……

Pregnancy- Riskier than the Pill?

ANNUAL NUMBER OF BIRTH-RELATED OR METHOD-RELATED DEATHS ASSOCIATED WITH CONTROL OF FERTILITY PER 100,000 NONSTERILE WOMEN, BY FERTILITY-CONTROL METHOD ACCORDING TO AGE

Method of Control and Outcome	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years
No fertility control methods \1\	7	7.4	9.1	14.8	25.7	28.2
Oral contraceptives non-smoker \2\	0.3	0.5	0.9	1.9	13.8	31.6
Oral contraceptives smoker \2\	2.2	3.4	6.6	13.5	51.1	117.2
IUD \2\	0.8	0.8	1	1	1.4	1.4
Condom \1\	1.1	1.6	0.7	0.2	0.3	0.4
Diaphragm/ spermicide \1\	1.9	1.2	1.2	1.3	2.2	2.8
Periodic abstinence \1\	2.5	1.6	1.6	1.7	2.9	3.6

\1\ Deaths are birth-related
\2\ Deaths are method-related

Adapted from H.W. Ory, *Family Planning Perspectives*, 15:57-63, 1983. In the above table, the risk of death from any birth control method is less than the risk of childbirth, except for oral contraceptive users over the age of 35 who smoke and Pill users over the age of 40 even if they do not smoke. It can be seen in the table that for women aged 15 to 39, the risk of death was highest with pregnancy (7-26 deaths per 100,000 women, depending on age). Among Pill users who do not smoke, the risk of death was always lower than that associated with pregnancy for any age group, except for those women over the age of 40, when the risk increases to 32 deaths per 100,000 women, compared to 28 associated with pregnancy

While it may be the case that US vital statistics under-report childbirth deaths (public health statistics of this sort are notoriously unreliable), it is a scientific sleight-of-hand to selectively increase those numbers, while keeping mortality rates from oral contraceptives to an obviously misleading bare minimum.

And I am barely scratching the surface here. I will spare the readers how mortality rates for women using "periodic abstinence" were determined…

In conclusion, the claim that pregnancy risks are greater than contraceptive risks has no basis in sound scientific evidence. But the evidence that Planned Parenthood and the Guttmacher Institute are playing a game of pure deception, is there for all to see.

Originally published in CANFP NEWS, Winter 2016 edition. Reprinted here with permission of the California Association of Natural Family Planning www.canfp.org info@canfp.org 1-877-33-CANFP

Michel Accad, MD, *is board certified in internal medicine and cardiology and practices in San Francisco, where he holds clinical appointments at UC San Francisco and San Francisco Heart and Vascular Institute. Dr. Accad blogs about medical matters at* http://AlertandOriented.com *and can be followed on Twitter* @michelaccad

Natural Family Planning – Part of God's Master Plan

By Lynn Keenan, MD

Over the years I have heard many reasons why natural forms of family planning are good. They empower the woman with knowledge of her health and fertility, they encourage better communication and bonding between spouses, are more economical, and the dangers of synthetic hormonal contraception are avoided, to name a few. Although these are all good reasons to learn natural family planning, none of these are the core reason why the Church has always taught that love and life must always be connected. And yet, if I ask a group what the real reason as to why contraception is wrong, the room often becomes silent.

If you could humor me a bit, we need to review the most basic elements of faith. Who is God? What do we know about this intangible being? From the time we were children, we were taught that He is the All-Knowing, All-Loving, All-Powerful Creator of the universe. Why are we here? God has revealed his master plan that He created us out of love, and desires all of us to spend an eternity with him. These are powerful words, and sometimes hard to imagine, especially since we cannot see, hear, or directly touch this God who loves us so much. But He gave us great lesson plans. From the beginning to the end of the bible, He chose the image of marriage as one of his key lessons to teach us of His great love for us. He loves us intensely. Mad, crazy love...forever.

From the start, 'God created man in his image; in the divine image he created him; male and female he created them'. Some lessons in life we learn from reading, some from examples, but I believe our strongest lessons are gained from experience. So, within our bodies, he wove the lesson plan that love and life are meant to be connected. Love creates. Life should be born out of love, protected by love. Authentic marital union reflects the love out of which God created us, and the promise of an eternity of loving union with Him.

It is no coincidence that Christ's first miracle was at a wedding feast. And the fact that the miracle was to change water into wine, reflects that marriage was meant to be a celebration of great joy, not just a way to survive. The wedding feast as a key lesson, showing the exuberant love of spouses consummating eternal fidelity as a reflection of God's love for us.

In Second Corinthians, Paul tells us that Christ is always Yes to his beloved. Every action has an intrinsic meaning or truth. In all the sacraments, Christ brings love, truth and his life giving spirit. Can you imagine if Christ contracepted his life giving words and we only received bread during the Eucharist? Or only empty words in the Sacrament of Reconciliation?

God's Master Plan

Every act of marital embrace should reflect the truth of the act, of truly loving the person how God created them, fully male and fully female. With contraception, an intrinsic part of one or both of the spouses is broken or suppressed, with an intrinsic meaning of the contraceptive act that closeness occurs at the cost of changing a person away from the natural state--- that to be loved, a modification of God's design of the beloved's body is needed. The contracepting couple express through their actions that they do not believe that the all knowing, all loving creator knows what He is doing when it comes to human love and reproduction.

In Ephesians 5, Paul speaks of marriage: "Husbands should love their wives as their own bodies. He who loves his wife loves himself. For no one hates his own flesh but rather nourishes and cherishes it, even as Christ does the church. For this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one flesh. This is a great mystery, but I speak in reference to Christ and the church."

Again, marriage is a reflection of the great love Christ has for the church, his beloved.

What happens when we alter God's design for married love? Will the world miss the lesson that God is trying to teach us? Does the world see the love of God as sterile?

God desires all to share an eternity of love with him. God values each of us so immensely that Christ poured out his life to save us. Although every form of contraception is saying "no thanks" to God's gift of being made in His image of love and creator, there are some forms that bring more serious harm. Hormonal contraception works part of the time to end life at its earliest stages by preventing the new life from implanting in the uterus. It seems a far disconnect to be saved for all eternity through God's mercy, and then to choose a family planning method where another human life is casually created and discarded because it's inconvenient to have a child---a life that, once created, would also be called to eternity with God. Authentic marriage loves and protects each life from the moment of creation.

Most methods of contraception modify the body, either through suppressing a woman's hormones with the synthetic pill, patch, ring or shot, destroying part of the healthy anatomy, with tubal ligations or vasectomies, or impeding the function with the IUD's that thin and irritate the uterus lining to prevent implantation or sperm migration.

The core of medicine has always been to fix what's broken, but in contraception the goal is to break what's healthy and all have serious health risks.

What does that say between spouses? That the other was not created right to begin with and needs modification? That the omniscient creator did not understand human sexuality and made a mistake when creating us? Or that the purpose of the spouse is for sex, rather than the purpose of sex is to show love to the spouse. If the spouse is the highest treasure, then refraining from sex during the fertilie time is a much stronger expression of love than risking harm to one's spouse in order to satisfy sexual desire. Authentic marriage cherishes the life giving union of man and wife, in accordance with how God created us.

Natural Family Planning will always be upheld by the Church, because it is God's master lesson plan that teaches us about Him and his great love for us. Contraception is not just considered a less than optimal choice – Pope Paul VI called it an intrinsic evil. And if an evil one wanted to steer us away from an eternal life of love with God, what better place to focus attacks than on the lesson plan that so powerfully reflects God's love for us. With self imposed sterile marriages, human life created in the lab, and same gender unions, the lesson plan is being rewritten as the culture tries to make a god in their own image.

Remember how the Bible ends – with the wedding feast of the Lamb with his Beloved. Authentic marriage is His master lesson plan – Do not mess with the plan! Now more than ever the world needs to know the truth of the strength, wisdom, and life giving love of our Creator.

Our hope at CANFP is to help more and more couples reflect authentic marriage to the world, a world in great need of the abundant love of God.

Reprinted with permission of the California Association of Natural Family Planning. Available from CANFP in brochure form:
info@canfp.org www.canfp.org
1-877-33-CANFP

About the Author

Lynn Keenan, MD *serves as President of the California Association of Natural Family Planning and is a Certified FertilityCare Medical Consultant. Dr. Keenan is a Clinical Professor of Medicine at the UCSF Fresno Medical Education Program, and is Board Certified in Sleep and Internal Medicine. She is the mother of four children.*

EMPATHY – A Core Element in Counseling

By Sister Paula Vandegaer, L.C.S.W.

Whenever pregnancy service workers help someone, it is essential that they have **empathy** with the client they are trying to help. Empathy is the ability to *feel with* the client, but instead of feeling *with*, we can end up feeling *like* the client, depressed, overwhelmed, insecure or angry.

We only have our own experiences to relate to and it is very easy for a person to say, "I know how you feel when you say…" The pregnancy service worker then remembers her own feelings in a similar situation, or projects onto the client how she would feel in a similar situation. This is not good. There are many nuances to feeling and many different combinations of feelings mixed together. It is important for the counselor to empathize (feel with) this young woman's feelings, not to project what she thinks the woman ought to feel.

I learned this very early in my counseling experience. A young woman came to me after she delivered her baby. No one in the family knew she was pregnant. Her parents had discovered the situation in the hospital. The young woman's mother, who was quite ill, also came to the interview. She was crying and screaming about what had happened.

She said she was becoming more ill because she was so traumatized by what her daughter had done. The girl sat silently, with her eyes down, listening.

After dealing with the mother, I was finally able to see the young woman alone. I was quite exhausted by the mother's hysterical outbursts. My first words to the daughter were, "You must feel terrible about this." "No," she said, "I feel good. She deserved it." She then went on to tell me of a very unhappy home life where she felt used and abused by her mother but unable to defend herself. The pregnancy was a passive/aggressive act to get back and she was quite pleased that her mother was that upset. I learned from this never to assume what a person's feeling are. Always ask.

If a counselor has experienced a difficult pregnancy or the loss of a significant male figure in her life, being with another person facing these same issues can dredge up old feelings. The counselor may identify with her own feelings rather than the feelings of the client. She may be unable to distinguish which is which.

This may be particularly true when a counselor has had a prior abortion. In these cases it is critical that sufficient healing and grief resolution has occurred so that the counselor can relate to her client's feelings and not her own feelings.

Insecurity

A second element that will interfere with the ability to empathize and counsel effectively is insecurity.

You must have sufficient training to keep yourself from feeling overwhelmed with insecurity. You must read, study, and consult with experts. You must do everything that you need to do to train yourself to counsel. Some people feel exhausted after interviews because they are so personally insecure about what to say, that they wear themselves out.

EMPATHY – A Core Element in Counseling

Even with good training you will need experience. Your counseling experiences should be well supervised for your own protection and that of your client. Good supervision is a necessary adjunct to good training to give you the security you need to use your intuitive kills.

Balance

A third element that a new counselor must consider is a balance in her life. Don't show up for an appointment exhausted or preoccupied with other matters and then wonder why your counseling tires you out. Your body must be in shape, so you should eat well, sleep and exercise sufficiently, and have a daily rhythm of exercise, rest, work, and fun. Overworking and over worrying about your cases does not put you in the proper frame of mind to have a true empathetic relationship with your client.

Your mind must also be free from other concerns. If you are worried about your family, you must stop and take the time that is needed to pay attention to your own children, husband, or wife. Your work in a prolife pregnancy service must never be a deterrent to your family. If it is, your mind will not be at peace and your actions will not demonstrate your pro-life and pro-family commitment.

Your mind must also have time for rest, prayer, reflection, recreation, and time with friends and loved ones. It is in this way that you receive positive energy to give to others.

Prayer

Finally, you must have a full prayer life. Whatever religion you are, be a good participant in your church and pray daily. Pray for your clients. You will receive inspiration from God as to how to proceed and what to say. Truly, it is His work that we are expressing. We must remain very close to God in prayer to be effective counselors.

We are truly trying, in the biblical sense, to "free captives." We attempt to free people from depression, lack of forgiveness of past hurts, misunderstanding of past and present experiences, poor and self-defeating habits and attitudes, poor self-concept, and other evils that entrap us. These evils keep us from being vibrant, joyful, loving, fully alive people.

But healing doesn't take place because we are good counselors. It takes place because God enters in and heals His people through us.

Summary

Empathy is critical for good counseling. This means we must be attentive to the client's feeling and not overwhelmed with our own. Good counselors must have a balance of work, play, and prayer for good mental health. If a counselor has had a previous abortion, divorce, separation, or other traumatic event in her life, she must have resolved that issue prior to doing pregnancy counseling. She should not use her clients to resolve her own issues, or project her own feeling onto them.

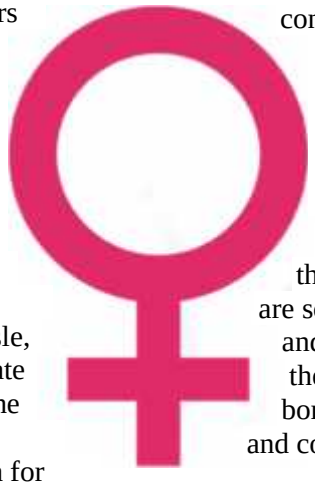
Blessings!

Sister Paula

How Abortion Divides the Feminist Movement

By Stephanie Pacheco

On a Monday afternoon, a panel of seven women, some dressed in blazers, others in colorful skirts and sporting hair colors from blue to purple to gray to black, sat on stage to discuss–civilly–a topic that tends to ignite irresolvable arguing: abortion, and its place within feminism.



The discussion, hosted by the Institute for Human Ecology at the Catholic University of America, included activists from across the aisle, seeking to understand and contemplate feminism and life issues in light of the two January 2017 marches in Washington DC. One was the March for Life; the other was the March for Women, an event which came to center on abortion rights.

The disagreement in starting points and perspectives remained a major barrier, but the willingness of all to hear each other revealed at least three areas of consensus:

1. **Abortion Has Structural Roots – No one wants women to be forced into abortion.**

One of the pro-abortion panelists, Prof. Klein-Hattori, defended abortion as socially constructed. However, her stance did not stop her from acknowledging the problematic cultural values which pit individual achievement versus parenting, and wage labor against fertility, motherhood and nurturing. The social conditions of labor often lead women in hard situations to feel like there is no other choice.

Destiny H. de la Rosa of New Wave Feminism and Aimee Murphy, two of the pro-life speakers, likewise condemned the lack of social support for women facing unplanned pregnancies and how the scarcity of resources: financial, childcare, medical or otherwise, is a terrible situation that they want to make obsolete.

2. **Women's empowerment is good for women and for society.**

Though they disagreed on the definition, all the panelists called themselves feminists–they wanted to see the value of women in society increase to be treated as fully equal. They called out to recognize women's unique gifts and contributions, something Pamela Merritt, a pro-abortion panelist, added while still diverging on the inclusion of pro-life within feminism.

Pro-life Cessilye Smith of Doulas for Life sounded the clarion that "We birth the nation," and that the contributions of this essential but overlooked "superpower" are something we should pay more attention to and celebrate. She also brought emphasis to the problem of losing more black babies, born and unborn, and mothers to abortion and complications of labor and delivery.

3. **Unjust violence against all people matters – Across the board, the panelists wanted every person to be treated with justice.**

Murphy and de la Rosa brought particular emphasis to the ideal of human equality; that all life matters and that no one should be subject to unjust violence including capital punishment, unjust war, or because of their nationality or legal status.

Among the pro-abortion panelists, both Klein-Hattori and Merritt seemed genuinely surprised– and pleasantly so– by the language of the pro-life women on the panel with their whole life ethic, including calls to end all violence against innocents and their cries to meet and aide women in challenging situations in addition to their celebration of women's unique life-giving potential.

This part of the dialogue went a long way toward dispelling some of the stereotypes of pro-life people as only caring about the unborn and being inconsistent about valuing the lives of immigrants or non-Americans.

Still, key definitions and practicalities divided the six-woman panel.

1. **Whether abortion counts as murder of an innocent person**

How Abortion Divides the Feminist Movement

The question of personhood or when a developing baby becomes a "person" with rights was a point of contention with abortion supporters and almost became a major diversion. Pro-life Murphy easily extended rights to the developing embryo, pointing out the person sitting in the chair today was the same being that grew in the womb years ago.

Merritt and Klein-Hattori believed that the adult woman still mattered more and should be granted rights over the fetus. Dr. Knobel skillfully brought the discussion back to the role of abortion in feminism by pointing out that some abortion defenders philosophically grant the fetus full personhood and still defend the practice.

2. Whether abortion contributes positively or negatively to women's empowerment

Then they addressed whether abortion is good for women. Merritt, who works for a pro-abortion advocacy non-profit, argued that abortion was good for women. Klein-Hattori echoed the call to "trust" women and added that giving women control over their reproduction was key to women's empowerment.

De la Rosa, from the pro-life camp, agreed that a woman should be charge of whether she had children or not, but that abortion was not the right path to do that. She emphasized autonomy, and alluded both to the value of big families and to the importance of choosing to conceive. She thought that valuing fertility as opposed to ending it would benefit the perception of women's unique value.

3. Whether abortion was inevitable and how that affects its legality.

All the pro-choice speakers agreed that because abortion happened historically and across cultures, that it simply would always happen, and that it was a necessary option that was inseparable from women's empowerment. The idea of absolute moral prohibitions such as we have against murder did not sway them.

Aimee Murphy argued that regardless of its apparent inevitability abortion should still be illegal, presumably because like, murder, it is inherently wrong. De la Rosa added a pro-life counter point that saw banning abortion as unnecessary, just as banning suicide is unnecessary. Her focus was to find ways to help people avoid it rather than use legal means.

Take-Away

Best, was both sides recognizing the structural factors lead to the demand for abortion and agree that those are problems. The demands of caring for young children can prevent hard-up women from supporting themselves. As pro-life Catholics, glossing over these realities makes us lose our credibility.

Meanwhile, hearing the abortion supporters articulate the philosophical worthlessness of the person: whether born, developing, dying or suffering was the most tragic part. This mentality that easily permits physician-assisted suicide, abortion in general and abortion of the disabled, poses a rapidly-eroding threat to the value of life which must undergird a healthy society, one that values all its members.

The focus of the pro-life movement has its work cut out: show the humanitarian value of those whose lives are said not to matter: the disabled, the dying, the very young, the ill and the homeless, and others who find themselves alone. Functioning in a way that values women, children and that supports people through difficult circumstances is one way to show the fruits of a better philosophy that can hopefully work a revival in our cultural towards valuing all people.

Contributing Editor:

Stephanie Pacheco is a freelance writer and convert from Northern Virginia. She earned a M.A. in Theological Studies, summa cum laude, from Christendom College and holds a B.A. from the University of Virginia in Religious Studies with a minor in Government and Political Theory. Her work has been featured in America Magazine, Crisis Magazine, Soul Gardening Journal and syndicated by EWTN and Zenit. She blogs about making sense of the Catholic Faith in modern life at theoress.wordpress.com and lives with her husband and two young children.

Millennials Viewpoint – More Pro-Life?

Contributed by **LifeNews.com**

A significant body of polling data dating back to the 1970s finds that young adults are less likely than their older counterparts to identify as "pro-life." The mainstream media often gives these surveys plenty of attention. They often like to portray the pro-life position as unpopular among the young and argue that the pro-life position is poised to lose ground in the future.

However, last week Students for Life of America (SFLA) released a series of surveys conducted by the Barna Group which show that young adults are actually more opposed to abortion than many realize. It found that 53 percent of Millennials (individuals between 18 and 31) think that abortion should be either illegal or legal only in cases of rape, incest, or to save the life of the mother. This is a nine-point gain from a similar survey SFLA commissioned four years ago. There SFLA survey also indicates that only 47 percent of Millennials think that Planned Parenthood should receive taxpayer funding.

The results of these surveys are similar to the results of the General Social Survey (GSS) which is released every two years and is widely used by social scientists. The GSS has asked the same six survey questions on abortion since the early 1970s. It asks whether abortion should be legal option: 1) if the woman is raped, 2) if there is a strong chance of a fetal defect, 3) if the pregnancy poses a risk to the woman's health, 4) if the woman is low income, 5) if the woman is unmarried and does not want to marry the man, and 6) the woman is married and does not want more children.

During the 1970s and 1980s, young adults were more likely than other demographics to think that abortion should be a legal option in these circumstances. However, starting around 2000 the opinions of young adults shifted. The GSS surveys taken after the year 2000 consistently show young adults are more likely to ***oppose*** abortion as a legal option in these specific circumstances.

This shift in the attitudes among young adults on the abortion issue has puzzled social scientists. Some people think that popular culture's depiction of single motherhood as non-disruptive in television shows such as ***Friends*** and ***Murphy Brown*** and movies such as ***Juno*** has reduced support for abortion among those between the ages 18 to 29. Others think that development of ultrasound technology has played a role in this opinion shift.

Millennials Viewpoint – More Pro-Life?

At any rate, there is a nice body of survey data which indicate that young people are not necessarily embracing the pro-life label, but are increasingly opposed to abortion in a range of circumstances. Translating this opposition to abortion into effective political action will be an important challenge for pro-life activists in the future.

LifeNews.com Note: Dr. Michael New is a professor at Ave Maria University. He is a former political science professor at the University of Michigan–Dearborn and holds a Ph.D. from Stanford University. He is a fellow at Witherspoon Institute in Princeton, New Jersey.

New HHS Director

Contributed by Steven Ertelt of LifeNews.com

President Donald Trump has named a pro-life leader to a top post at the Department of Health and Human Services, which often oversees and implements policies related to abortion.

But the good news doesn't end there, as the new pro-life appointee replaces a staunch abortion advocate who is now a vice president at the Planned Parenthood abortion business.

President Donald Trump on Friday said he would name Charmaine Yoest, the former president of Americans United for Life, one of the most prominent pro-life organizations in the county, to a top communications post at HHS. Yoest would become the assistant secretary of public affairs — a position that shapes communications efforts for the entire agency.

"Yoest is an HHS political appointee but her appointment does not require Senate confirmation. She succeeds Kevin Griffis, who was recently named vice president of communications for Planned Parenthood," Politico reports.

Yoest, a former vice president at Family Research Council, is well-respected within the pro-life movement. and has frequently spoken out against the Planned Parenthood abortion business.

"Over the last 45 years, Planned Parenthood has become the expert in making money from ending lives,"she has said.

Yoest stated: "Unlike the national trend observed by the ***Associated Press*** last week, the Centers for Disease Control, and everywhere else that abortions are on the decline, at Planned Parenthood abortion sales are up – meanwhile its overall patients and other services are down. This is as a result of a move to create abortion mega-centers to mass-produce abortions at an even deadlier rate.

"Planned Parenthood deceptively holds itself out as protecting women's health, as it cuts legitimate health care in favor of abortion sales, while lobbying for more taxpayer largesse," she said. "The time is now for Congress to defund Planned Parenthood and invest taxpayers' hard-earned money in real healthcare that saves lives and safeguards women's health."

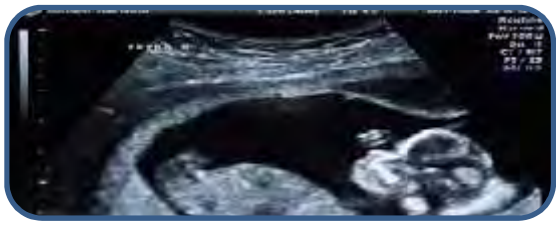
My Mission

Contributed by William Feaster

As acting Editor for this eMagazine, I am privileged to support Sister Paula and the entire ILS community. While we struggle at times to create each quarterly edition, I stand back in awe of the amazing works continually undertaken by all the PCC's and the dedicated, tireless individuals that are committed to the Pro-Life movement.
I am humbled by the love I see in the stories we write about, the movements throughout the nation, and the achievements that I witness in admiration from the sidelines.

So while I am of course, a raging fan of Sister Paula and the ILS, I am continually looking for ways to somehow contribute. The quarterly eMagazines not-withstanding, I find the need to do more. Not just for the sake of supporting the Pro-Life mission and the people who are in the trenches every single day, but because I have been a witness to the moral indignities that abortion has heaped on our society ….and in my search for meaningful contribution, I've created what I modestly refer to as the Ultrasound Project.

We all know the benefits of the Ultrasound machines to the Pregnancy Care Centers. The use of Ultrasound machines has saved countless lives and encouraged thousands of young women, and men, to avoid abortion and carry their baby to full term. The challenges we face today however are the availability of this technology in each PCC. Combined with the training needed and staffing demands, having an Ultrasound available to any PCC can be a daunting endeavor.



I am committed to is the procurement of these machines in as many PCC's as possible. Ultrasound machines can range in cost from $10,000 to even $40,000 each. Thankfully, there are a number of solid organizations out there that can help us raise the necessary funds through grants and individual contributions.

My mission is to be a conduit to these resources for you. To first identify the need and then to work to secure the funding. Some of the organizations that I've established relationships with include Knights of Columbus, Project Ultrasound, Mission Preborn and Ultrasounds for Life.

Does your PCC need an Ultrasound machine? Call me and let's talk. I will assess your needs and work to find the right funding with the right organization. My commitment to you is that I work free-of-charge and take no commissions or payments. My goal is to help you help your patients, save lives and support the Pro-Life movement today.

Contact me, Wm. Feaster, at 401-742-9001 or feasterwilliam@gmail.com, or through Sister Paula at the ILS office.

John 14:12: Amen, amen I say to you, whoever believes in me will do the works that I have been doing, and they will do even greater than these, because I am going to the Father.

Pain Medication - Is It Terminal or Is It Palliative?

by Elizabeth Hanink RN

Just as the English use the word "tea" in a variety of ways, so the medical and ethics professionals use the word palliative or terminal in a variety of ways. The only one sure thing to say about this particular area of end of life discussion is that no three people use the same terminology for the same thing.

But without a common definition, how can we draw any conclusions about the rightness of our actions? We really can't if we rely just on the words: terminal sedation, palliative sedation, total sedation, sedation therapy, controlled sedation, deep sedation, and sedation in imminently dying patients. Any and all of these can mean the same thing or something different.

So what we have to do is look at the actions themselves and our intentions: what we are doing and why. One identical action, such as giving extraordinarily high doses of morphine, can be perfectly legitimate or morally wrong. How we give that morphine and why tells us the morality of the matter.

In one case, say, we are faced with a person who is very, very ill, close to the end of his life, and in severe, unremitting pain. Pain medication has been given in steadily increasing doses, but relief has become elusive. It takes a long time and is not adequate. If the medication is now given in even higher doses, what ordinarily might be fatal will, in most cases, not be. People become accustomed to the drug, and it requires more and more to achieve the same level of relief. It might be that the higher dose that now seems necessary will lead not only to relief of the pain, but also might make the person somnolent, unresponsive for a while. It might even, in rare cases, hasten the death of the person, an unfortunate, but unintended result. This type of event is what classically would be called "palliative sedation."

Now take a different scenario. A person is in the same pain and requiring the same heavy regimen of medication. Caregivers decide or the person decides that all of this has become too much to bear.

They decide to bring the whole process of dying to an end, because now the patient, to his way of thinking or theirs, no longer has a life worth living. In their effort to orchestrate a "peaceful death," more and more of the medication is given over a short period of time without regard to the patient's respirations, level of consciousness, or other measurements of safe administration. There is no intention for the person ever to regain consciousness. The intent here is to hasten, even cause death. Unlike in our first scenario, there is no interruption when the person has periods of less sleepiness and inability to communicate. The whole process is one continuous one without reversal: enough medication to secure coma and then death.

Many clinicians see this method as preferable to physician-assisted suicide and the Hospice Patients Alliance notes that it is becoming more and more common in hospice situations. Outwardly, this scenario of "terminal sedation" may appear to be a peaceful death, and yet be without the patient's consent or knowledge.

Depending on your viewpoint, either course of action may seem compassionate or callous. But those designations have nothing to do with moral actions. In some circles to rely on the principle of double effect invites charges of hypocrisy or claims that an argument is based on a specific religious belief. And while Thomas Aquinas did articulate the principle quite clearly, perhaps earlier than any other, its application really reflects a common sense approach to moral reasoning and is by no means limited to any particular faith.

To use an analogy that is frequently cited in these discussions, consider this. When General Eisenhower gave the order for Operation Overlord, D-Day, he knew many soldiers would die. Did he murder them? No. When King David ordered Uriah the Hittite to the front line of battle, and then called back his other men so Uriah would surely be killed, did David murder Uriah? Yes. The difference is in intent. When doctors order aggressive pain relief or palliative sedation in the truest sense, the intent must be only to ease the patient's suffering. That the patient might inadvertently die in the process is regrettable. But a physician who assists a patient to receive medication so that death will necessarily and undoubtedly occur, has killed the patient, not the pain, and this is never acceptable.

Now most people and families will want a person who is close to death to remain lucid, able to eat and drink, able in other words, still to interact with his surroundings. If, as with some levels of sedation a person can no longer swallow safely, it is vital to ascertain whether or not such levels of sedation are really necessary. In those cases where it is, if death is not imminent, every effort still is made to be sure the patient is hydrated and fed, even if artificially, and every effort must be made that overdose does not occur. Any unresponsiveness should be carefully monitored and reversible.

If a person is within hours of death (and this is very difficult to determine accurately), he might naturally refuse food and water. This is very different from rendering the person incapable of swallowing. True, on rare occasions, pain relief is not possible without compromising the patient's ability to do certain things. If a deep level of Unconsciousness is necessary to achieve pain relief or to assist with delirium in a patient who is actively dying, that degree of pain relief and sedation is appropriate, but it does not cause death.

Deep sedation is often administered to patients who for whatever reason (sometimes psycho). The difference is in intent. When doctors order aggressive pain relief or palliative sedation in the truest sense, the intent must be only to ease the patient's suffering. That the patient might inadvertently die in the process is regrettable. But a physician who assists a patient to receive medication so that death will necessarily and undoubtedly occur, has killed the patient, not the pain, and this is never acceptable…

Elizabeth Hannick is a nurse with forty years experience in hospitals and the community. She is a member of the Scholl Institute of Bioethics board and she is also on the board of California Nurses for Ethical Standards. Elizabeth is the Scholl Speakers Bureau coordinator. To arrange for a speaker call: 310-671-4412 or 310-365-9220

Scholl Institute of Bioethics
A Bioethical Division of International Life Services, Inc.
18030 Brookhurst PMB 372
Fountain Valley, CA 92708
Email: profodello@hotmail.com
or ehanink@aol.com or info@schollbioethics.org
Tel:714-964-1284, 818-880-4331, 310-671-4412

Resources

24

The complete set of tapes and individual CD's & DVD tapes are available at the ILS Office. (213-382-2156).

The complete set of tapes: CD's $110; DVD's $160.; Individual CD's $10;. Individual DVD's $15.

Parting Shots - *Trending on the Internet*

You Are Invited

International Life Services

Advanced Training Institute 2017

Changing Hearts and Minds

New Ideas - New Skills - New Solutions

A 3-day study program for those in life-affirming ministries.

July 13th, 14th and 15th

Austin Baptist Church Conference Center
7016 Ribelin Road
Austin, Texas 78750

Visit our website for more information:
www.internationallifeservices.org