



CONNECTOR

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LIFE ISSUES INSTITUTE, INC.
SERVING THE EDUCATIONAL NEEDS OF THE PRO-LIFE MOVEMENT

WHAT HAPPENED TO INFANT ADOPTION?

By J. C. Wilkie, M.D.

The number of domestic infant adoptions in the US is at an all time low, and presents a dramatic contrast to the overall fertility of this country. In round numbers there are 4,000,000 live births annually in the US. Add to this, 1,250,000 induced abortions and about 500,000 spontaneous miscarriages. In 1996 there were 23,537 domestic infants adopted in the US. By 2002, it had declined to 22,291.¹ For every 1000 non-marital live births in 1996 there were 18.7 adoptions. In 2002 it was down to 16.3.² How many are there compared to induced abortions? Compared to 1,000 abortions in 1996, there were 19.4 adoptions. In 2002, it was 17.³ Are babies unavailable? Well, this is the first thing we would think of. But there are 114,000 children in foster care waiting to be adopted, and as the number of infant adoptions declined, the number of children in foster care rose sharply.⁴

There is a myth that the only babies that are adoptable are white, healthy, newborns from college-educated mothers. However, there are even waiting lists for babies with Down syndrome, and with spina bifida. There are waiting lists for children of African-American parentage.

Why are there so few babies? The main reason of course is abortion. Before abortion was available, often her only choice was to place her baby for adoption.

But with the legalization of abortion, maternity homes across the nation collapsed like houses of cards. Probably the other major factor in limiting the number of adoptive infants has been the rather radical societal change in attitudes toward unmarried mothers. Increasingly there has been widespread acceptance of non-marital births in our society.

Let's look at other reasons why she may not want to place her child for adoption. She may well feel that to not keep her child would make her an unloving or incompetent mother. She may worry that her child will later feel that she abandoned him, that she did not love the child. She may worry that having "given away" her child, he will think poorly of her as he grows. She may worry that adoptive parents would not take good care of the child, would not love the child, or at worst, might even abuse him. She may feel that in her whole lifetime she will never be able to get over the pain of relinquishing the child. She may also think that other people will condemn her for abandoning her child.⁵

No single one of the above is usually even true, much less the dominant reason, but cumulatively, they often have a profound effect on her decision-making.

On the other hand, she may have very mixed feelings about keeping and raising the child. Often she is young, imma-

ture, or in no position, by her judgment, to parent a child. She may well feel that a child must have a mother and a father, and there is no father in this picture. Even though acceptance of single motherhood has certainly improved, she may still have very real feelings that others will look down on her for being a single mother. The economic future could be scary. Will she be able to provide for herself and for her child? Might this mean she must drop out of school? Will she be able to spend enough time with her child if she is employed full-time? Will she be able then to nurture the child, to give the baby the love that a child needs? Might she basically drop out of the society that she is in as she sees it? Will she lose her identity or future? Will this child monopolize her life, changing her entire lifestyle?⁶

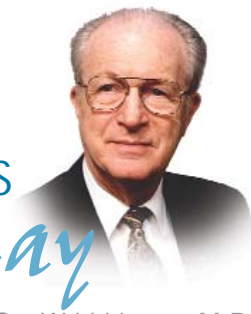
The conflicting feelings continue. Basic to all of this is a question of what is best for her and what is best for her baby? If she tilts toward choosing what is best for her baby then what are the positives of making a plan for adoption? In a single word, it can be, and often is what's *best* for the baby. This gives the baby a mother and a father. She will feel good about fulfilling the dreams of the adoptive parents. In recent times, she often has a part to play in choosing the adoptive parents. Placing the

Continued on page 3

THE YOUNGEST SURVIVING PREEMIE?

LIFE ISSUES
Today

with J.C. Willke, MD



Recently there has been considerable worldwide publicity announcing the birth of “the world’s most premature baby.” Little Amillia Taylor, of Miami, Florida, was born in October, 21 weeks and 6 days after conception. In multiple press reports, we continue to hear that she is the youngest known baby worldwide to survive such an early “premature birth” and that “no baby born before twenty three weeks has survived at length.” This little miracle has gone home with her parents and is apparently healthy.

At birth she weighed 10 ounces (284 grams) and was 9 ½ inches long (24 centimeters). Further “information” given out is that this may affect the abortion debate because she was younger than the age limit on abortion, which is typically not allowed after twenty-four weeks. This continues to be repeated even though most of our readers know there is no age limit and that abortion is legal for the full nine months of pregnancy in all fifty states.

Allow me to first join in the rejoicing that this couple has taken their little “miracle” home alive and healthy. I can’t resist however commenting about this situation. In a way, it is like Columbus discovering America long after the Vikings colonized parts of North America, for in fact; she is not the first and not the youngest. As readers of our book, *Abortion Questions and Answers* (Dr. and Mrs. Willke, 2003) already know, there is quite a track record of other tiny survivors. Let me elaborate.

There are two ways of calculating age. One is “gestational” age, which is calculated from the first day of the last normal menstrual period. In a twenty-eight day month, ovulation and fertilization occurs about day 14. “Fetal” age is calculated from the date of fertilization. So a prototypical, full-term baby is delivered at gestational age of 40 weeks, but at fetal age of 38 weeks. Tiny Amillia Taylor was born at 21 weeks and 6 days after fertilization, so I will keep using this measurement below.

One other factor is that age and weight, while usually tracking together, are sometimes dissimilar e.g., a full-term, nine-month baby sometimes weighs as little as 5 or 6 pounds or as much as 10 pounds. Two babies born at five months, while being the same age, might differ in weight by as much as a half a pound (225 gm).

So let’s look at previous births. In my files, I have six cases born at 21 weeks. Their weights range from 16 ounces to 24 ounces (540 - 810 gm).

I have eleven cases of survivors at 20 weeks. Their weights varied from 12 to 22 ounces (339 to 663 gm). There are two cases at 19 weeks including baby Kenya King who weighed 18 ounces (510 gm) and was 10 ½ inches (26.5 cm) long. She dropped to 13 ounces (370 gm), had heart surgery, survived and went home with her mother. We have her photo from the *Miami Herald* in our book. Our last contact with her was when she was about five-years-old, at which time she was a normal, healthy little girl. (*Abortion Questions and Answers*, pp. 98, 99, 2003.)

Finally, we have two cases at 18 weeks. Note: For a listing of eleven such early survivors, see the 1989 edition of *Abortion Questions and Answers* (Willke. Hayes Pub. Co. pp. 60, 61).

All of the tiny babies in our listing were publicized in local newspapers or other publications, but none of them received national or international publicity.

So happily, finally, one such early survivor has been publicized and we may all now rejoice that this conscientious (or inadvertent) boycott of such information has finally been broken through. 🌀



Amillia at birth



Amillia at 4 months

INFANT ADOPTION? *from page 1*

baby allows her to regain control of her life and her future, stay in school, pursue her job, etc. She is certainly entitled to see it as a responsible decision that will enable her to reconcile with her family and community. If she sees the baby as a gift from God, then doing what is the best thing for the baby follows directly. By doing what she sees as the best thing, the most loving thing for her child, she then regains her self esteem, and can see herself as a good mother. She made a mistake in becoming pregnant. This redeems that mistake and turns a negative into a very positive development in her life. She is a good mother and a heroine.⁷

The requirement or desirability of lifetime-confidentiality in the adoption process works both ways. Many mothers do not want to place their children unless they have some future contact or continuing knowledge of them. On the other hand, unless guaranteed lifetime-confidentiality, some women who require this will rather choose abortion than risk having their illegitimate pregnancy revealed later in life.

The negative side of what is called open adoption was taken to its extreme in Great Britain. There the birth mother has continued access throughout the entire childhood and life of the baby. This has resulted in a precipitous drop in adoptions, which are now considered in effect only long-term foster care.

Not too many years ago, "surrendering" a baby meant that she would never see or hear about her child again. Sometimes this was not done with her full and generous blessing, and rather than leaving her with good feelings, she was left with a great void inside. Much has been done to correct this. Today it is common for her to select from a list of potential adoptive parents. Sometimes she will even meet the couple, and, for several years, share future exchanges and photographs.

The above, however, has a less

positive side to it if pursued too far into the child's development. One of the worse things for the mature development of a child would be to have two mothers.

There is an answer for open adoption, mutual consent registry, now available in most states. If a mature child (plus 18 years) wishes to seek his or her birth mother, they go to the probate court and sign a document attesting to this. If a birth mother in later years would like to seek her child, she also signs such a document. If a match occurs, both are notified and a reunion arranged. If however only one seeks and the other does not, then confidentiality is retained. This has been the answer to the often-fought issue of open records.

Another issue that needs to be faced is the putative father issue. There was a time when only the mother had rights to keep or to place, and the putative father had none. This has been changing and now fathers often also have rights.

There is no question that adopting a child into a secure mother-father home is, in most cases, far and away the kindest and most beneficial thing you can do for this baby. Taking nothing away from the hard-working, sincere and competent single mother (or father), nevertheless, two parents are better and more desirable. As an adoptive father myself, and adoptive grandfather of two more children, I can personally attest that adoption is not just a marvelous thing for the child, but a deeply fulfilling thing for the adoptive parents. We also remain forever grateful to that unselfish birth mother who loved her baby so much that she did what she felt was best for the child. 🌀

¹ National Council For Adoption, *Adoption Factbook IV*, p. 6, 2007.

² *Ibid.*, p. 10

³ *Ibid.*, p. 9

⁴ *Ibid.*, p. 333

⁵ Published in, *Birthmother, Good Mother: Her Story of Heroic Redemption*, 2007.

⁶ *Ibid.*

⁷ *Ibid.*

SAVE THE DATE

Celebrate a Legacy of Life!

Thursday Evening,

September 13, 2007



Mr. Barnes is the executive editor of *The Weekly Standard*, cohost of the *Beltway Boys* on the Fox News Channel and appears regularly on Fox's *Special Report* with Brit Hume. He has also appeared on *The McLaughlin Group*, *Nightline*, *Meet the Press*, *Face the Nation*, and *The NewsHour* with Jim Lehrer.

FRED BARNES, KEYNOTE

Join us for the Life Issues Institute fundraising banquet held in Cincinnati, Ohio.



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BATTLE CONTINUES FOR PATIENTS LIKE TERRI

B y B o b b y S c h i n d l e r

Subsequent to my sister Terri Schiavo's death, my family made the decision to continue to advocate for persons in situations similar to Terri. Sadly, we have found that two years after Terri's death, we are still battling the same lies and confusions while fighting for the lives of others.

The mission of Terri's Foundation, therefore, is to develop a national network of resources and support for the medically dependent, persons with disabilities and the incapacitated who are in, or might face, life-threatening situations.

One of the primary goals of the Foundation is to establish a support network of attorneys and physicians at the state or regional level who could provide help to those faced with circumstances my family experienced, where a family member or loved one might be in harm's way. What happened to Terri continues each and every day in hospitals, nursing homes and hospices around our country.

Terri's Foundation is continually dealing with cases in which families are desperately seeking help in dealing with medical professionals and facilities that are refusing to provide life-sustaining treatment for their loved ones. For example, we were involved in the case of a 63-year-old Vietnamese woman whose life was about to be taken by decree of an "ethics committee" at a leading hospital in Austin, Texas.

The woman had been receiving dialysis since 2003 and was admitted to the hospital after falling ill in early 2006. She was not brain-dead, nor in a coma and was being fed through a tube. According to her family, she was responsive and they wanted to continue medical treatment. But the hospital — using so-called "care rationing" — decided that her's was a "futile case" and that she should die. The hospital was trying to impose this decision on the family when their attorney contacted Terri's Foundation. We responded by not only working to find another hospital in the state of Texas to accept the woman as a transfer, but we conducted a campaign to try to bring her story to the public. The ensuing negative outcry

and dedication of the family's attorney caused the hospital to continue treating the woman. The family has since been able to care for her at home.

Sadly, this type of scenario is not rare and is becoming quite common in hospitals across America today.

Even more frustrating is that we are also fighting against a media that has, in large part, prejudged these types of cases. They don't want to report the facts of the situation, having decided in advance that people like Terri should not be allowed to live. As a result, they dehumanize them and sell to an indifferent public that a "quality-of-life" standard should be established to measure the value of a person. The media did this very same thing in Terri's case and, sadly, the general public is buying into it.

To this day I read that Terri was either "brain-dead," "unresponsive" or in a "persistent vegetative state" (PVS). Just recently, for example, there was an article by Steven Pinker, "The Mystery of Consciousness," which appeared in an issue of *TIME* magazine. Pinker stated that my sister was unresponsive. I wrote to him explaining that his assertion was patently false and gave him the facts to prove he was wrong. He never responded.

Several months prior, national columnist, Ellen Goodman, wrote an editorial for the *Boston Globe*, "Playing Vegetative Mind Games," in which she tried to use Terri's dehydration death to justify her own agenda. Goodman was disturbed by the latest scientific evidence that people diagnosed as being in a PVS are actually quite aware of their surroundings.


For someone like Goodman, who supported the starvation and dehydration of my sister, this raised some concerns. But rather than admit that she was wrong, Goodman shifted to another level of bigotry, surmising that someone like Terri was suffering "a fate worse than death." So the real question is not, "Is this a human being?" but, in Goodman's own words, "Would you want to live like this?"

I also responded to Goodman's

misinformation that Terri did not fit the diagnosis of someone in PVS. I pointed out that a recent study in the *British Medical Journal* concluded that there is a more than 43% rate of misdiagnosis in regard to alleged PVS cases. And just as with Steven Pinker, she never responded.

There are more than 40 affidavits from doctors, and videos of my sister, available to the public, which confirms that Terri was, in fact, responsive and trying to communicate as best she could. Additionally, the media refused to report that many of these doctors believed Terri could have been helped — significantly — if provided the rehabilitation that was denied her for over 12 years. It leads me to believe the mainstream media has completely abandoned any type of objective and ethical reporting regarding this issue. It becomes clear their only objective is to continue to try and persuade the public that the needless and horrific death of my sister was justified. They routinely continue to do this by inaccurately labeling Terri in these erroneous conditions and ignoring significant facts of her case.

Despite these reports and offensive, dehumanizing labels, my family has always held that our only intention was to care for and love my sister just as she was. This level of care and compassion should be the same for any person, whether they are disabled, elderly or incapacitated.

In the 2 years since my sister's court-ordered death by dehydration and starvation, my family has worked very hard to bring attention to the growing threat of euthanasia in our country. Our hope is that, through Terri's Foundation, our family will someday be able to stop the growing attitude that some lives are not worth living and our society will learn to treat those most vulnerable with the compassion and love we are called as humans to provide. They deserve nothing less. 

You can contact the Terri Schindler Schiavo Foundation at: 5562 Central Ave., Ste. 2, St. Petersburg, FL 33707. Phone 727.490.7603 or www.terrisfight.org

New Effort to Reach African-American Community with Pro-Life Message



Do you know what the leading cause of death is in the African-American community? Some would guess AIDS, others might say heart disease, while still others would guess cancer, violent crimes or accidents. Although these are key causes of death within the black community, they are not the leading reason. Unbeknown to many, the number one cause of death in the black community is abortion. Since the 1973 legalization of abortion, statistics show that more than fourteen million unborn black American babies have been killed by abortion. This exceeds the total number of deaths from all other causes combined (source, US Center for Disease Control). Not only is this truth staggering in itself, it is also significant to note that this represents approximately one-fourth of the potential population of African-Americans (source, US Census Bureau). Today, African-Americans account for 12.3% of the US population, but black women receive 36% of all abortions done. They are three times more likely than white women to have an abortion (source, US Center for Disease Control).

Life Issues Institute has been actively engaged in the battle to protect innocent human life from fertilization until natural death. To more fully realize this mission, we are now embarking on a journey to specifically reach the black community with pro-life education. It is our intent to share this alarming information and to assist them in developing effective strategies to combat this deadly dilemma. Therefore, Life Issues Institute created the position of Urban Outreach Director and began the search for a well-qualified person to fill it. Finding the right individual was not easy and actually took fourteen months to successfully complete.

Today we are pleased to announce that Arnold M. Culbreath joined the Life Issues Institute team as our Urban Outreach Director. Culbreath, 45, is a native of Cincinnati and has served in pulpit ministry for 21 years, spending the last 16 years in various pastoral capacities. He and his wife, Barbara, have been married for 21 years. Together they have 2 children: a daughter, Elise, who is twenty years old, and a son, Joshua, 13. Arnold possesses a lifetime of strong connection to the African-American community in Cincinnati, a passion for people, and a commitment to join in strategically protecting babies and their parents from abortion.

As Urban Outreach Director, Arnold will be responsible for reaching the African-American community by building relationships with community leaders and pastors. His duties also include developing pro-life educational literature, organizing educational groups and events, and designing a pro-life website as an

educational resource exclusively for the African-American community. Arnold will be speaking at local and national gatherings and operating educational booths, as well as developing effective tools to facilitate mass communication with the African-American community.

“I am extremely excited about stepping into this incredible undertaking,” says Culbreath. “To become aware of the damaging effects of abortion, and the abortion industry’s targeted efforts upon the black community, is one thing; but to be strategically placed in a role and given tools and resources having the potential of correcting the problem is something altogether different. It goes beyond merely talking about the problem and moves into collaborating with others, developing strategies and implementing solutions.”

Planned Parenthood, the nation’s leading promoter and provider of abortions in America, has 60% of their abortion facilities strategically located in communities with surrounding black populations that are measurably higher than either the city or state averages. Many do not know that the founder of Planned Parenthood, Margaret Sanger, was a devout racist who created the “Negro Project” in 1939 designed to sterilize unknowing black women and others she deemed as undesirables of society. The African American community is largely unaware of Planned Parenthood’s targeted efforts to limit the growth of the black population. Theirs is not a mission of mercy, but rather one to reduce infant mortality through birth control and abortion, particularly in the black community.

“I am convinced the black community needs to not only become aware of this deadly information, but something must be done to counteract this problem. Margaret Sanger originally collaborated with ‘unknowing’ black ministers to promote abortion. We intend to reverse this damaging trend by helping black ministers to ‘fully know’ about this horrendous problem, as well as collaborate with them and other community leaders in an effort to counteract this problem in the black community” says Culbreath. “Although we are in the early stages of our outreach, we are already beginning to develop relationships with several people and groups in Cincinnati and across the country who share a common passion for the protection of unborn babies and their parents from abortion. Simply put, this issue is a matter of life and death, and Life Issues Institute chooses life!” If you are interested in having Mr. Culbreath speak or network in your community, please contact him at the office of Life Issues Institute or by email at arnold@lifeissues.org.



Arnold Culbreath

She Knew Only Love

M e g h a n G r a c e C o n w a y

Meghan Grace Conway was born July 20 and went to heaven July 22. This is a story of love and courage that will encourage others to follow a similar compassionate and loving path if confronted with the same situation.

Last summer Rebecca and John Conway were expecting their third child, their first baby girl. Half-way through the pregnancy, an ultrasound exam told them that the little girl had a very serious heart condition; it was an atrioventricular septal defect. This is a rare and extremely grave situation. She did not have the normal four-chamber heart. There were more ultrasounds and then amniocentesis, which confirmed that she had a

rare, genetic condition called Trisomy 13. Instead of having two, she had a third 13th chromosome. This condition is not compatible with life outside of the womb. Approximately one-third of these babies die in utero, and the others almost immediately after birth. Not surprisingly, the Conways were

subjected to heavy pressure by various medical personnel to kill their baby in a late-term abortion. For them, however, abortion was not an option and they elected to carry to term.

Meghan was born by C-section weighing almost six pounds and in the words of her parents, "Our little miracle lived forty-four hours, which was a true blessing to us as we were able to spend the most wonderful quality time that any family could spend with their child." According to her aunt, Laurie Mann, "Meghan Grace was a beautiful little girl. She was so precious and had the cry of a little kitten. She was never put down, except to be changed. She was held by her parents, her

brothers, all seven of her aunts, her grandparents, great-grandmother, uncles and close friends. She was photographed more than any infant I know. I cannot explain it, but in the midst of the painful reality that her hours were so limited, she brought the gift of joy and peace. I know that God had His plan for intrusting Meghan to John and Rebecca." Her father was a city councilman and therefore there was much publicity about her birth. Also, the nurses and doctors at the hospital were very touched by this sweet little child.

In a short letter distributed at her funeral, her parents stated, "It is difficult for us to put into words the joy and sorrow we experienced during our time together with her as a family. We had been on an incredible journey as we prepared to bring her into this world. Please trust us when we tell you that she was always at peace and she was always surrounded by love. Knowing only love, Meghan Grace entered into God's hands and went to heaven after being in our arms for forty-four hours." They went on to say, "The memories that we experienced over the last three days will never be forgotten. We have often been reminded that every life, no matter how short, forever changes the world."

Rebecca and John Conway wanted to share this picture of their daughter, as well as the details surrounding her birth and brief life. They would be happy to communicate with other families going through a similar situation. They can be contacted at 216.732.8241 or johnconway53@sbcglobal.net.

What could have been a totally tragic memory, a profound negative in their lives, was turned into a very warm and beautiful event. This is true both for the parents, but certainly also for her two siblings and all of those who surrounded her.

In comparison, we grieve for those parents who, often pressured by doctors and nurses, succumbed and had their baby aborted. Contrast the Conway family's memories with those of only being able to say, "We killed our baby." 🌸



Meghan Grace Conway
July 20th - July 22nd



Taking "Pro-Choice" to "Forced Choice"

Bradley Matthews

Thirteen-year-old Valentina lives in Turin, Italy (called Torino by the locals). You probably remember this city, located in the northwest part of the country, as the host of the 2006 Olympic Winter Games. Now it's known for something far less noble - forced abortion.

Valentina had sex with her fifteen-year-old boyfriend and became pregnant. Facing an unexpected pregnancy at such an early age is difficult at best, but Valentina believed the best decision would be to give her baby life and deliver the child. However, her parents had other plans. They didn't want the daughter, in their words, "ruining her life." She told Valentina, the "father [of the baby] will never have to know."

So what was the parents' solution? They and a judge *forced* her to have an abortion. Yes, you read that right; they forced her to abort her baby.

How, in this day and age, you ask, can they legally get away with forcing a mother to abort her own child? The second question on your mind may be, "How can the parents be so heartless and cold?!" Well, I have an answer to the first question.

The law in Italy gives parents the ultimate decision about the outcome of a child's pregnancy. The parents or guardian can decide whether the child keeps her baby, places the baby for adoption or has an abortion. In this case, the parents tragically decided on the latter.

Cruel and inhumane as it seems, Judge Giuseppe Cocilovo of the Court of Minors, ruled Valentina *must* abort her unborn baby. Despite the girl's desperate pleas to her parents, an Italian news agency, *La Stampa*, reported that the abortion was indeed forced upon the young mother.

The story doesn't end there. Poor Valentina had an immediate and dramatic psychological reaction to the compulsory

abortion. She cried, "You have made me kill, and now I kill myself!" She was then confined to the psychiatric unit of the Regina Margherita Children's Hospital in Turin. To her objection, both her baby and her freedom had been taken from her.

Upset that she had been confined against her will, Valentina said, "I am not crazy. I am only evil like a dog for what my parents and the judges have obliged to make me." Valentina isn't the villain. She urgently needs compassionate, post-abortive counseling — something that is unlikely to happen considering the situation. This brave young girl needs the assurance that she is not evil. She, more than anyone else, tried to do the right thing about the pregnancy.

So what is the response to this travesty of justice by the so-called "pro-choice" abortion industry and its hard-core allies? Even they would find the situation deplorable and speak out, right? Wrong. At this writing, I've seen no media reports quoting any pro-abortion spokesperson. I've also checked both the websites of Planned Parenthood and the National Abortion Rights Action League (NARAL). Neither had even a mention of Valentina's forced abortion.

During my search on the Planned Parenthood website, I did notice they reported on a Milan, Italy march in support of abortion-on-demand. But it appears their commitment to women's "reproductive freedom" is extremely limited. Pro-abortion activists, by their deafening silence, demonstrate they're only concerned about one side of the "choice" equation. This is an outrage and the very definition of hypocrisy!

Before you assure yourself that forced abortion can't happen in America, allow me inform you it already has. Several women have reported being forced

to undergo abortions against their will by boyfriends, husbands or parents. Others have described changing their minds in the abortion chamber, only to be physically restrained while the abortionist carried out his deadly trade. Here are a couple of specific situations where, thankfully, the babies and their mothers were spared.

Nicholas and Lola Kampf, of Maine, were reportedly furious that their nineteen-year-old daughter, Katelyn, was pregnant. They forced her into their car at gunpoint, planning on driving her to New York for an abortion. Katelyn persuaded her parents to stop at a mall along the way and allow her to use the bathroom. She managed to get their cell phone and used it to call the police. The Kampfs were then arrested and could face thirty years in prison if convicted.

A sixteen-year-old Columbus, Georgia girl is in protective custody. Her mother, Rozelleta Blackshire, and two of the girl's cousins, Shonda Blackshire and Monica Johnson, have been charged with attempting a forced, illegal abortion. They twice made the young girl drink turpentine mixed with sugar to forcibly abort the girl's baby. Both the girl and her baby appear to be fine.

We don't need a crystal ball to see where legalized abortion is taking us. Abortionists have physically killed babies that survive abortion, or cruelly left them to die in a soiled linen closet, desperately gasping for air. Now, some women are having abortion foisted upon them, regardless of their wishes. How far does the failed human experiment of abortion have to go before elected officials step up to the plate and protect women and their babies from these horrors? There's no place in society for this "pro-choice if it's my choice" attitude. Women deserve better. 🌀



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IN THIS ISSUE

- 1 *Infant Adoption?*
- 2 *Youngest Preemie*
- 4 *Battle Continues*
- 5 *Urban Outreach*
- 6 *Knew Only Love*
- 7 *Forced Choice*
- 8 *Deluxe Counseling*

STATES

X
C
H
A
N
G
E

Deluxe Sidewalk Counseling

It's being touted as the first of its kind in the nation. Expectant Mother Care (EMC) is a long-established women help center in New York City. Its founder and president, Chris Slattery, has developed the 22-year-old ministry into the largest and most effective pregnancy resource center in the New York metropolitan area. EMC serves over 4,200 young women per year in fifteen different locations. Chris says their calling is to serve the distraught and disadvantaged.

What's new and unique about this center is they now have a mobile pregnancy clinic with a couple of added twists. The renovated mobile home features a portable ultrasound unit and qualified staff members will provide assistance to women facing an unplanned pregnancy. Here's another really cool part. EMC plans to park the mobile clinic at major abortion mills six days a week. This is desperately needed in New York City where 88,000 abortions are done each year.

EMC will provide a constant presence to counsel women going into the facilities for an

abortion. You might call it deluxe sidewalk counseling. All of these abortion-minded women will be given free ultrasounds, hot or cold drinks depending upon the weather, and crisis counseling. These free services will be provided in a judgment-free environment, without pressure or coercion, which will allow them to reflect on their impending abortion.

EMC already offers women free group housing, pre-natal care, professional adoption counseling and material aid. It is very pro-woman oriented, while helping to protect the lives of their unborn babies.

If you're interested in this cutting-edge pro-life counseling, Expectant Mother Care would be happy to share their wealth of experience with you. This new project is, in part, the result of Chris reading about another mobile counseling unit that Life Issues Institute previously highlighted in this publication.

You can contact EMC by phone at 914.224.5773, or www.expectantmothercare.org. You can email Chris: SlatteryNY@aol.com. 