



# Historic Book to be Published

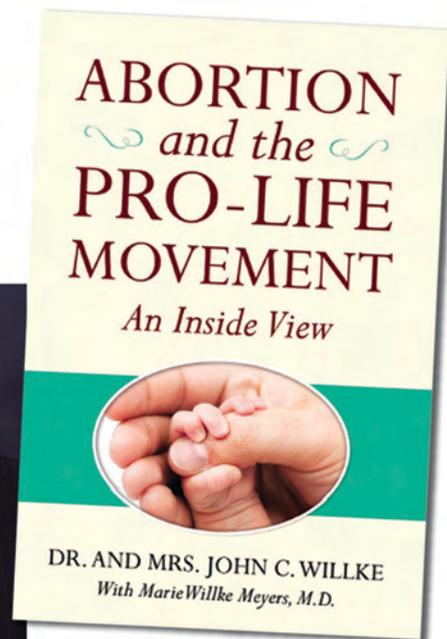
Life Issues Institute is pleased to announce the publishing of *Abortion and the Pro-Life Movement: An Inside View*. Written by Dr. and Mrs. Willke, it offers an autobiographical look and a unique front-line perspective of the history of the pro-life movement that only they can document.

Dr. and the late Mrs. Willke are often affectionately referred to as the “mother and father of the pro-life movement.” The book begins with the early years before legalized abortion, and follows the explosive growth of what would become the pro-life movement. What first started as kitchen-table activism soon grew to greater influence nationally and internationally.

This book chronicles their remarkable journey of protecting the sanctity of life. Inside, you’ll go behind-the-scenes and experience the grassroots of the movement. They share never-before-told stories that helped to set the foundation of the pro-life movement. The history

is fascinating; the personal commentary is engaging; and the Willkes’ passion is evident throughout.

Releasing in spring 2014, *Abortion and the Pro-Life Movement: An Inside View* has been well received by Steve Forbes, Dr. James Dobson, Congressman Chris Smith and others. It is certain to be the premier authority on the history of the pro-life movement. 🌀



## Bradley Mattes Honored with National Pro-Life Award



Fr. Frank Pavone & CEO Bradley Mattes

On January 22, the National Pro-Life Religious Council presented Bradley Mattes, CEO of Life Issues Institute, with the prestigious honor of the National Pro-Life Recognition Award. Bradley received the award during the 20th annual National Memorial for the Preborn and Their Mothers and Fathers.

Father Frank Pavone, President of the National Pro-Life Religious Council, made the presentation saying, “Each year, this award is given to someone who has served the pro-life movement in an exemplary way. Bradley has devoted his life

to making sure the truth about abortion is known throughout the country and across the globe.”

Grateful for the opportunity, Bradley stated, “After 41 years of legalized abortion-on-demand, I’m humbled by the work of all who’ve dedicated their lives to protecting the unborn. I consider myself privileged to be counted among them. God bless the National Pro-Life Religious Council, as these are admirable individuals who set an example by living their faith and tirelessly defending the right to life.” 🌀

<b>You Should Say</b>	<b>You Should Not Say</b>	<b>Why</b>
Pro-life/Right to Life	Anti-abortion/Anti-choice	This is their effort to reframe our position as a negative. We must affirm we stand for life.
Abortionist	Abortion doctor	These hired killers do not deserve the dignity of the title doctor. Call them abortionists.
Abortion mill/Chamber/Killing center	Abortion clinic	A “clinic” calls up an image of a place of healing, which it is not.
Abortion	Procedure	Using the word, procedure, is an attempt to diminish that abortion is killing.
Abortions committed	Abortions done	Committed carries a very specific judgment.
Fertilization	Conception	Fertilization is an exact biologic term. The term conception has been changed in many peoples’ minds to be after implantation at one week of life.
Living human embryo implants	Fertilized egg implants	The fertilized egg stage lasts one day. Using this term dehumanizes this single cell human being. On day two, cell division occurs, and the proper term is “embryo” or best of all “living human embryo.”
Kill an unborn baby	Destroy/Terminate a pregnancy	We destroy things. When you say kill, you emphasize humanity.
Baby/Unborn Baby/Preborn	Fetus/Embryo/Potential Life	Our choice of words should always affirm the baby’s life and humanity.
Human life	Person	Human life is definitive—this is human, this is alive. Person can be defined in 14 different ways and a government, by its laws, can define who is a person.
Mother	Pregnant woman	Mother is a much softer word, calling for love and compassion by the reader.
She is carrying a child	She is expecting a child	She’s not expecting, she is already carrying the child in her womb.
Womb	Uterus	Womb is a warmer, maternal term. Uterus is coldly medical.
Abortifacient pills	Emergency contraceptives	Call them what they are. They are abortive.

*Continued on page 4*



1821 W. Galbraith Rd., Cincinnati, OH 45239 • Phone: 513.729.3600  
E-mail: [info@lifeissues.org](mailto:info@lifeissues.org) • [www.lifeissues.org](http://www.lifeissues.org)

J.C. Willke, MD (President & Publisher), Bradley Mattes (Editor in Chief), Heather Gims (Editor), Kevin Shelton (Design)  
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You Should Say	You Should Not Say	Why
Chemical abortion	Medical abortion	Chemical abortion, i.e. RU 486, is accurate and has a negative connotation. Medical abortion insinuates healing, which it is not.
Protective legislation	Anti-abortion laws/Restrictive laws	Pro-life people aren't against anything; they are for the life of the mother and the child, so protective is proper.
Permissive/Radical abortion laws	Liberal abortion laws	Liberal originally meant concern for the poor person. Permissive abortion does not care for the baby.
Fetal disability	Fetal deformity	Disability brings to mind, "I want to help." Deformity calls forth revulsion, turn away, "I don't want to look."
Make a loving adoption plan/ Place baby into loving arms	Give up for adoption	To "give her baby away" sounds negative, almost calloused.
Assault rape, forcible rape	Rape	Using the word rape alone includes statutory rape, which is intercourse, consensual or otherwise, with a minor. To use assault or forcible also separates it from more vague terms.
Research cloning/Clone and kill	Therapeutic cloning	Cloning is cloning. In this case, a living human is experimented upon and then killed. It is certainly not therapeutic.
Brain injured	Persistent Vegetative State	We don't dehumanize people by referring to them as vegetables.
When a doctor kills the patient	Death with dignity	There's nothing dignified about killing a patient through euthanasia or assisted-suicide. Call it what it is—a doctor killing a patient.

# What Would You Do to Save a Life?

Protecting innocent human life is a priority for so many of us, yet how can we truly make a difference in this momentous fight? Several supporters of our efforts have joined us on a monthly basis. These faithful friends are at the heart of what we do.

Today, we invite you to join this special group of supporters we've rightfully called our Saving Babies Club!

The funds you give today are critical in ensuring that we have the resources to fight back against the dangerous abortion industry. With your support, we can end the killing of innocent human life.

**Would you give \$5, \$20, or even \$50 a month knowing it would save babies' lives every month?**

We've made it easy for you to donate with your credit card or bank account, simply go to <https://www.lifeissues.org/sbc> or call our office 513.729.3600.



## Save a Life Today!

# The Sisterhood of Birth Mothers

By: Heather Gims,  
Director of Communications



Birth mothers who place their children for adoption are courageous souls who selflessly give their children unconditional love, a family and the gift of life. But after the adoption, the path can be lonely and emotional. I believe we have a responsibility to provide care and support to birth mothers, not just when they're pregnant, but also after birth as they learn to adjust to their life after making an adoption plan. They have unique needs that can only be served through a birth mother support group.

Unfortunately, finding such a program is difficult. An Internet search reveals some informal online support forums. But there are very few professional organizations that actually provide necessary, reputable counseling, as well as peer support.

Adoption Professionals, an adoption agency in Cincinnati, Ohio, is striving to be a model for birth mother support groups across the nation. Mary Adams is the facilitator of GEMS (Giving Each Mother Support). In 2009, while employed as a paralegal at Adoption Professionals, Mary launched GEMS in response to a birth mother who wanted to form a support group to help her process emotions regarding her adoption placement. As a birth mother herself, Mary was familiar with the sense of loss that can come post-adoption. And she felt a calling to help other birth mothers. The focus of GEMS is to provide a caring, confidential and non-judgmental place where birth mothers can openly express themselves. Through the mutually supportive atmosphere, the women can find hope and healing, as well as learn positive and effective ways to cope with post-adoption emotions. The group is open to all birth mothers and is

quite diverse. It has members who have recently placed, to some who are 20 or 30 years in their adoption journey. Both open and closed adoptions are represented. The group meets on a monthly basis and is an open and process-oriented environment. Attendees are encouraged to ask questions and share their stories. A special bond is created as the women connect with one another. Mary calls it "a sisterhood."

Beth Coleman's story begins when she was a senior in high school. She and her boyfriend didn't have the best relationship when she discovered she was pregnant. However, she knew she wanted to have her baby. A few months into the pregnancy, she saw a television program about open adoption, which prompted Beth to investigate. After some time, she made the decision to choose adoptive parents for her daughter. Beth says the hardest day of her life was when she had to sign the adoption papers. She was heartbroken and struggled for several months. There were times when she wouldn't get out of bed or she wouldn't eat. She had the support of friends and family, but still felt very alone. Her daughter's adoptive mother was the one who introduced her to GEMS. After months of making excuses, she was hesitant but attended her first meeting. There she found the support she'd been longing for. Beth has been a part of GEMS for over a year. She now feels confident she made the best choice for her daughter. Even years after the adoption, there are sad days on occasion. But without GEMS, Beth wonders how she would be able to cope.

When Jerusha Klayman was 19, she found out she was pregnant. She felt alone and overwhelmed, yet she knew that abortion was not an option for her. As her pregnancy progressed, she began

to prepare to raise her child. She was four months along when God opened her heart to the possibility of adoption. It was not an easy decision. She wanted to raise her daughter, but even more, she wanted what was best for her child. Jerusha had the desire to give her baby a loving home with a mother and a father. She prayed God would bring her the right couple and eventually she met the man and woman who would become her daughter's parents. She stresses that the adoption was a sacrifice for her because she loved her baby more than her own desires. Jerusha has been a part of GEMS since the first meeting. "Birth mothers often feel very alone in their decision. And this group helps them to realize that they're not," she shares. "It reinforces the fact that we made this choice because of how much we truly love our babies." Connecting with people who understand the love and heartbreak is necessary. In fact, when Jerusha travels for work, she has Skyped with the group just to stay connected. "GEMS brings so much hope and shows it's better when we stand together."

Programs like GEMS can be a lifeline of support and understanding—a safe haven for birth mothers. To learn more about GEMS, I encourage you to watch their feature on our TV program, *Facing Life Head-On*. You can view the episode online at [www.facinglife.tv](http://www.facinglife.tv). (The show can be found in our Episode Guide, Season 7, Episode 6.) If you'd like to find out more information about starting a birth mother support group in your area, please contact Adoption Professionals at 513.321.2229 or visit [www.adoptionprofessionals.net](http://www.adoptionprofessionals.net). 

# International Pro-Life Activities

By: Bradley Mattes

My role as president of the International Right to Life Federation (IRTLF) could easily be a full-time job and more. It would be if I were able to travel to every country that desperately needs help promoting a culture of life and turning back the purveyors of death. Hit hardest are third-world nations and countries that have laws protecting their most vulnerable citizens—preborn children. Pro-abortion activists demonstrate a never-ending zeal to prevent the poor and downtrodden from reproducing, while constantly assailing the protective laws of nations that protect their young and infirm.

It's frustrating, at best, that a few million dollars could go so far in protecting the vulnerable around the world, while at the same time Planned Parenthood of America gets over one-half-billion of our tax dollars each year to promote their radical agenda of abortion-on-demand. Tens of millions more are funneled through organizations and governments to extend and entrench the reach of abortion.

Even against such great odds, the board of the IRTLIF and I are dedicated and determined to do all within our power to protect innocent human life around the world. It is both humbling and exhilarating to serve as the president in a volunteer capacity.

This year I spent time in Ethiopia filming multiple episodes of *Facing Life Head-On*, Life Issues Institute's half-hour weekly TV program. During this time, I was able to network with pro-life leaders in this impoverished country. The level of poverty in Ethiopia and throughout the continent of Africa is impossible to fully convey in this limited space. Yet, Africans are a joyful and content people who value life.

This fall I was able to speak at an

international conference on post-abortion issues, held in Guayaquil, Ecuador. This is a large city near the Pacific coast. The hot and humid climate is offset by its happy and outgoing people. I have come to love the cheerful culture of Central and South America. Latinos have a zest for life and are pleased to share it with whomever they interact.

Representatives from various Latino countries came together to learn more and share what they know about ministering to mothers and fathers who spiritually and emotionally struggle after abortion. One minute we were laughing and encouraging one another and the next, wiping tears from our eyes as a few colleagues dramatically shared the pain of their own abortions.

I presented information about helping fathers who have lost a child to abortion. They were eager to receive and translate a resource in development at the time from the Men and Abortion Network. It's fully explained on page seven.

Early December brought a trip to Europe. My first stop was in the Netherlands to speak at a rally in The Hague, the seat of government for Holland, after which I joined Dutch pro-lifers in a march of impressive numbers. Later I spoke at an international conference of pro-life leaders in Hilversum.

Initially, I had planned to use some of my time in Europe to visit a very dear friend, Alison Davis. She was born with spina bifida and spent her life in a wheelchair. She became a bold and effective spokesperson on behalf of individuals with disabilities within the organization, Society for the Protection of Unborn Children (SPUC).

I first met Alison and her caregiver, Colin Harte, several years ago in Lon-

don at an anti-euthanasia conference, and the three of us became fast friends. That relationship with "Ali" deepened over the years.

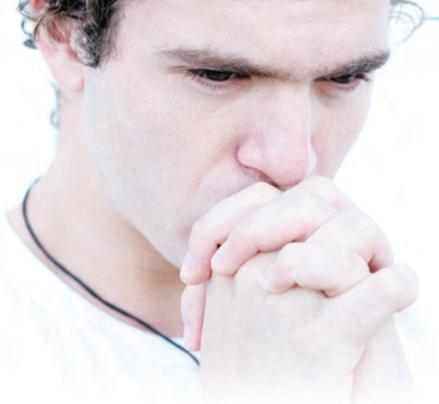
Alison suffered from a variety of chronic conditions in addition to her spina bifida: osteoporosis, arthritis and chronic obstructive pulmonary disease. Life was painful and hard for my dear friend, so I wanted to spend time with her and Colin, as we didn't know how long she would be with us.

As the time neared for my trip across the pond, Ali took a turn for the worse and died days before I got there. Instead of a visit, I served as a pallbearer for her funeral. She was one of the sweetest, yet feistiest, people I've ever had the privilege of knowing.

While in London, I met with John Smeaton, head of SPUC and a vice president of IRTLIF. We held a few strategy sessions and I spent time with his staff, sharing my experience in filming and production.

Just like the pro-life movement in America is tirelessly working to end the modern-day holocaust of abortion, equally dedicated and passionate individuals are faithfully toiling to protect innocent human life in their own countries. I feel an extra obligation to end abortion here, because in many nations that I've visited, local pro-life leaders implore us to end abortion in the US so that it will be an example for their governments to follow. You see, America has exported a culture of death to which other nations have fallen victim. America truly leads in the world—in both good and deadly ways. 🌟





## GROWING NETWORK TO HELP HURTING FATHERS FROM THE CEO BRADLEY MATTES

Many people are familiar with the emotional trauma experienced by millions of women after abortion, but are far less aware of the pain fathers feel after losing a child to abortion. Research shows that men also suffer psychological ramifications. That's why the Men and Abortion Network (MAN) was established. It consists of twelve experts in the field of helping men cope after abortion, of which I am a founding member. Our goal is to create awareness of why men are affected, what their symptoms are and how to treat these symptoms.

Working toward this goal, my colleagues and good friends, Catherine Coyle, RN, PhD and Vincent Rue, PhD, have developed a set of guidelines and suggestions for pro-life pregnancy resource centers (PRCs) to incorporate or enhance assisting men while helping women as it relates to pregnancy, parenting, relationships and abortion. Catherine and Vince are two of our most highly credentialed members of MAN.

Dr. Catherine Coyle is one of the few individuals who has scientifically studied abortion's effects on men. She was one of the founders of *Care Net Pregnancy Center of Dane County* in WI and is co-director of the *Alliance for Post-Abortion Research and Training*. Vincent Rue, PhD, a researcher and lecturer, is a practicing psychotherapist with over thirty years experience, and co-director of the *Institute for Pregnancy Loss* in Jacksonville, FL.

I want to share with you the highlights of their latest work entitled, *Building a Men's Ministry: A Guide for Pregnancy Resource Centers*. It's my hope and prayer that many PRCs will use this excellent resource to add men to their mission to not only heal grieving hearts from abortion, but also help in other key areas of their lives. Men play a critical role in whether or not a woman chooses to abort her baby. Therefore, it's important to include a father while in the process of helping the mother.

Adding the element of help-

ing men will impact three significant areas of the PRC: environment, staff and resources.

Once you get inside a PRC, it's often visually obvious that their priority is on women because of the feminine décor. A few relatively easy and inexpensive ways to make your environment welcoming to men is to have men's magazines available in the reception area, as well as gender-neutral art and décor. If the budget allows, a flat screen TV is a plus. Men's brochures related to pregnancy, parenting, relationships and abortion should be easily accessible.

It's important that the PRC communicate three key messages to a potential male client as he enters the front door: 1) he is *welcome*, 2) he is *important* and 3) his *participation* is central.

The authors of these guidelines caution that PRCs should be aware that some female staff or volunteers have a personal history of abortion. It's vital that they have sufficiently healed so as not to display resentment or negativism toward male staff, volunteers or clients.

Obviously, financial resources will need to be dedicated to this new aspect of ministry work, and PRCs usually operate on very tight budgets. It's suggested that the center form a *ministry development committee* that includes a member of the staff and men. This staff member will serve as a liaison between the committee, the staff and board. The committee is responsible for determining which aspects of a men's ministry will be deployed, recruiting the needed male volunteers and raising the initial required funds. The committee will also need to develop a plan for training these new volunteers.

The center's mission statement may need to be amended to reflect this expansion of outreach, and the center's website should also reflect this change. Here's an example of a webpage describing PRC services for men: <http://www.caretndane.org/for-men/>

Just the fact that a male is pres-

ent in the center when a man enters, communicates a great deal. Men volunteers may feel more comfortable greeting men in the center, while others may choose to be mentors to younger male clients.

Central to the success of encompassing help for men is genuinely and fully including him in counseling with the woman if she so agrees. It means recognizing and respecting men's legitimate rights and roles. He too will be experiencing insecurity and anxiety, which must be adequately addressed.

Drs. Coyle and Rue point out four areas of focus within a men's ministry: crisis pregnancy, parenting, sexual health and post-abortion issues. When fleshed out, this may include parenting classes and education on sexually transmitted infections, as well as teaching refusal skills.

The authors also address the need to be aware of warning signs that indicate the need for a professional counselor. A list of these warning signs is included in the guidelines. They have also included a rich list of resources that will help you assist men with these four areas of focus. You can access the entire document at: <http://tinyurl.com/BuildingMensMinistry>. In addition, if you have questions, you can directly access Dr. Coyle via email: [ctcoyle@hotmail.com](mailto:ctcoyle@hotmail.com).

Please remember that MAN has a website [www.MenAndAbortion.net](http://www.MenAndAbortion.net) exclusively to assist fathers who have lost a child to abortion. This regularly-updated site includes a number of resources, research and monthly articles addressing the latest developments in this field. Additionally, a hurting father or those assisting him can request and receive a free counselor regardless of his location. This request can be made anonymously if needed.

The pro-life movement has grown to now be an effective source of helping both mothers and fathers facing an unexpected pregnancy or related issue. Let's use it to profoundly impact the aftereffects of abortion. 🌀



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1821 W. Galbraith Rd.  
Cincinnati, OH 45239

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# States Exchange

## Embrace the Journey

Planning for end-of-life is a necessary, but difficult topic to discuss. Whether for yourself or a loved one, it is imperative to be as prepared as possible. A variety of concerns exist—among them are health care decisions, medical ethics and legal issues, as well as personal aspects that are emotional and spiritual in nature.

A comprehensive course called, *Embrace the Journey*, is an eight-week program available to churches or other life-affirming organizations. Using video, discussion and reflection, it helps to give a deeper understanding of end-of-life concerns. It discusses the reality of euthanasia and assisted-suicide becoming more prevalent and accepted in our society. In addition, it raises awareness about hastening death through methods such as dehy-

dration or terminal sedation. The program defines in detail the different types of care that may be needed in advanced age. It also provides a helpful guide for funeral planning. In a spiritual nature, participants will learn about the biblical perspective on aging, dying and heaven.

One topic that we feel is highly valuable, explains how to be your own health care advocate. It addresses the concerns and problems with Living Wills and provides life-sustaining alternatives. This type of planning could be life-saving. It's critical to share with your loved ones.

*Embrace the Journey* is offered by Anglicans for Life. You can order online at [www.anglicansforlife.org](http://www.anglicansforlife.org) or by calling 1.800.707.6635. 