

CONNECTOR



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

February 2004

Euthanasia — Where is it Today?

By J. C. Wilke, MD

Many thought that the euthanasia movement would find a more fertile ground in most countries than abortion did. Many (including myself) thought that opposition to it would be much more difficult and that it would slowly become legal throughout the Western world. As of this writing, however, it is only legal in Oregon, The Netherlands, Belgium and Switzerland. Up front attempts to legalize it in the United States have failed, with the exception of Oregon.

The first attempts were in the liberal Pacific coast states. The proposals were to legalize the direct killing of patients by their doctor. These attempts failed. Pro-euthanasia activists retrenched and came back with a softer proposal. Doctors would not directly kill but could write a prescription for a lethal dose. The patient would then voluntarily take the medicine. This is now legal in Oregon. A recent similar attempt in Michigan was soundly defeated by a 4 to 1 margin in a statewide referendum. Another also failed in Maine by a much smaller margin. All attempts to legalize euthanasia through the state courts have so far failed. Most importantly, two cases failed by 9 to 0 votes before the US Supreme Court. It ruled there was no right in the federal Constitution to euthanasia but said states could so legislate. Further, the entrance of disability rights groups opposing euthanasia has added major pro-life fire power.

So it seems that most frontal assaults on the protection of human life in the US have failed at least to date. What we

are facing now are more subtle movements in hospitals, nursing homes and now hospices to “get people dead,” who are too old, infirm, dependent and expensive for the likes of government planners and the financial balance sheets of health care institutions and organizations.

Oregon

Oregon’s law became operative in 1998. Under it, a licensed physician was allowed to write a prescription for a lethal dose of medication. The patient then was to voluntarily take this medicine and thus commit suicide. Promoters claimed the main reason why it was needed was to relieve pain — severe pain, unremitting pain, uncontrollable pain, etc.

By 2002, 58 such prescriptions were written with 38 suicide deaths. It is important to remember that the law does not require reporting, so it is quite possible that this represents only a fraction of the actual cases. Also, the law does not require reporting complications. Certainly in the absence of a requirement, a physician whose assisted — suicide patient had complications has no compelling reason to report something that would reflect negatively upon his or her own practice.

A major revelation in Oregon mirrored findings earlier in the Dutch situation. What were the reasons given by patients who wanted to end their lives? They were: losing autonomy (84%), decreasing ability to participate in activities they enjoyed (84%) and losing control of bodily functions (47%). Almost no one even men-

tioned pain.

Several unofficial reports have surfaced in print of situations where the lethal drug did not kill the patient. In one case, the patient had convulsions, vomited, and was disoriented and uncontrollable. The son-in-law put a pillow on her head and sat on it until she smothered. The district attorney investigating the case reported that what he did was not criminal. Since 10% to 20% of assisted suicides in Holland fail to kill the patient, the practice there has been to then give a single lethal injection. Will this be needed in Oregon? Further, if an able-bodied person has the right to “choose” to kill himself, then what of a patient with Lou Gherig’s disease, who is unable to perform this physical function? It would only be a matter of one court case to allow a family member to administer a lethal drug, i.e., to kill grandmother. This would break down the wall between passively watching her do it and actively doing it to her. At this time, a challenge to the law by the US Justice Department is in process. It carries the potential of negating this Oregon law.

The Dutch Situation

The situation in The Netherlands remains the classic example of the slippery

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Comfort Finally Found in the Strings of a Harp

The following is a true story I shared with my radio audience while hosting "Life Issues." These are the words of the physician involved. We had such a positive response from listeners; I thought you would also be moved by his account.

This fragile young woman was in labor and the baby was breech, coming out both feet first. The death rate for breech babies is comparatively high, so everyone in the delivery room was tense.

I gently drew down one little foot, I reached for the other, and to my consternation, I saw that the entire thigh from the hip to the knee was missing, and this leg reached down only to the opposite knee.

Then followed the hardest struggle I have ever had with myself. I knew what a dreadful effect this would have on the nervous system of this unstable mother. Most of all, I saw this little girl sitting sadly by herself while other girls laughed and danced, ran and played, and I suddenly realized there was something that would save all this trouble, and it was in my power.

One breech baby in 10 dies in delivery because it is not delivered rapidly enough. If I could make myself delay only a few short moments, she would be brain dead. No one would ever know. The mother, after the first shock of grief, would probably be glad she had lost a child so sadly handicapped. She could try again. A small voice within me said, "Don't bring this suffering on them. This baby's never taken a breath — don't ever let her take one. You probably can't get her out in time anyway."

I motioned to the nurse for a towel to conceal from the attending nurses what my eyes alone had seen. With the touch of that pitiful little foot in my hand, a pang of sorrow for the baby's future swept through me, and my decision was made.

I glanced at the clock. Three of the eight minutes had already gone, after which fatal brain damage occurs. Every eye was upon me and I could feel the tension in their eagerness to do instantly what-

ever I asked. Two or three more minutes would be enough. I drew the baby down a little lower to deliver the arms and, as I did so, the little pink foot on the good side bobbed out from the protecting towel and pressed firmly against my hand.

There was a sudden convulsive movement of the baby's body, a feeling of strength of life and vigor. It was too much. I couldn't do it. I delivered the baby with her pitiful little leg.

All my forebodings came true. The mother had a nervous breakdown and was in the hospital for months. I heard of them indirectly from time to time. They had gone to Rochester, Minnesota, to seek help for the girl. They had been to Chicago and Boston. Finally I lost track of them altogether.

As the years went on, I blamed myself bitterly for not having had the strength to yield to my temptation. But that was then, and today our hospital was staging an elaborate Christmas party. In came the nurses in uniforms and caps, their capes tossed back on their shoulders, showing the deep red lining. Each held high a lighted candle, while through the auditorium floated the familiar strains of *Silent Night*. And then a great blue floodlight at the back was turned on very slowly, gradually covering the tree on the stage, brighter and brighter, until every ornament was almost a flame.

On the opposite side of the stage a curtain was slowly drawn. There sat lovely musicians, all in shimmering white evening gowns. They played very softly an organ, a harp, a cello and a violin. I am quite sure I was not the only old sissy there whose eyes were wet. I was especially fascinated by this young harpist. She played extraordinarily well, as if she loved it. Her slender fingers flickered across the strings. Her face was made beautiful by a mass of auburn hair; it was upturned as if the world at that moment were a wonderful and holy place.

When the program was over, I sat

alone thinking, when running down the aisle, came a woman I did not know. She came to me with arms outstretched. "Oh, you saw her, you must have recognized your baby. That was my daughter who played the harp; I saw you watching her. Don't you remember the little girl who was born with only one good leg 17 years ago? We tried everything first, but now she has an entire artificial leg on that side — but you would never know it. She can walk, swim and can almost dance. But, best of all, through all these years when she couldn't do those things other girls did, she learned to use her hands so wonderfully. She's going to be a great harpist. She's my whole life, and now she's so happy... and here she is!"

This sweet young girl had quietly approached, her eyes glowing. She stood beside me. "This is your first doctor, dear." Her voice trembled. I could see her literally swept back, as I was, through all the years of heartache to that day when I first showed her daughter to her.

Impulsively, I took the child in my arms. Across her warm young shoulder, I saw the creeping clock in the delivery room 17 years ago. I lived again those awful few minutes when her life was in my hands, when I had decided on deliberate infanticide, and then changed my mind. I held her away from me and looked at her. "You'll never know, my dear — you'll never know, nor will anyone else in all the world know, just what tonight means to me. Go back to your harp for a moment and please play *Silent Night* for me alone. I have a load on my shoulders that no one has ever seen, a load that only you can take away."

Her mother sat beside me and quietly took my hand as she played. Perhaps she knew what was on my mind. And as the last strains of *Silent Night*, *Holy Night* faded again, I found the answer, and the comfort that I had waited for so long. 

Euthanasia *continued from page 1*

slope toward euthanasia. Two decades ago, one judge refused to punish a doctor who had killed her ailing mother. That set a precedent. Then, one by one, judges recognized other reasons that allowed doctors to kill. Finally, the judge-made law was crystallized. It allowed a licensed physician to directly kill a patient under rigid conditions.

- The request must come from the patient, and be entirely voluntary.
- The patient's request must be well considered and persistent.
- The patient must be having intolerable physical or emotional pain with no prospect of improvement.
- It must be performed by a physician.
- The physician must consult other doctors.
- It must be "force majeure" (We've tried everything. This is a last resort).
- Euthanasia must be reported on death certificates to proper authorities.

Reports in the media continually repeat these stringent requirements.

I have an office in The Netherlands and have spent many hours with Dutch pro-life physicians. They all tell me that every one of these requirements is routinely ignored. Particularly ignored is the "requirement" that the patient's request be voluntary.

There are three ways of killing patients in Holland. One is direct killing by an injection from the physician. The second, and much more common method, is performed in a hospital. They increase the dosage of morphine in an IV until the patient dies. A third is to withdraw food and water and allow the patient to die of starvation and dehydration.

Now for numbers. To date there have been two formal investigations by the Dutch government of its euthanasia program — one in 1990 and the other in 1995. The 1995 investigation reported the following reasons for death: "direct euthanasia"

3,200, "physician-assisted suicide" 542, "ending life without request" 948, and "opioids given to end life" 1,896. Dr. Herbert Hendin's analysis concludes that these add up to 6,368 killed by "active intervention by a physician." (*Issues in Law and Medicine*, Vol. 17, No. 3, Spring 03, p.223-247)

But there is more, 60% of such deaths are not reported. In "termination without request" there was no psychiatric consultation in 97% of the cases. Of the 6,368 deaths, there was no request to die from 48% of the patients.

The problem with the above is that the definitions of these categories continue to be blurred. The practice of turning up the morphine dose in a hospitalized patient is common and often not reported. Dr.

EUTHANASIA

...when the doctor kills the patient!

Gunning of Rotterdam is the dean of the Dutch pro-life movement. He is convinced and continues to report that more likely 20,000 are given "aid in dying," half involuntarily. Two years ago the Dutch Parliament finally officially legalized euthanasia

with the same tight restrictions as above. Based on my sources, nothing has changed.

According to a 1997 study in the British medical journal *Lancet*, almost 10% of Dutch infant deaths today result from lethal injections — this sometimes even over parental objections.

Belgium

One year ago Belgium passed a Dutch-style euthanasia law with similar "strict" guidelines. It took Holland almost two decades to go down the slippery slope. However, it has taken Belgium only one year. The government reports only 203

confirmed euthanasia deaths. But at a recent meeting of hundreds of Belgian doctors, individual interviews revealed that almost all the physicians there estimated the total at 1,000 or more. Most of these deaths technically violate the new law, but nothing is being done to stop it. Further, at this meeting, pro-euthanasia forces publicly requested that minors be allowed to request euthanasia, as well as people with neurologic degenerative diseases, before they become too totally helpless. These forces also requested that doctors who oppose euthanasia should be required by law to refer patients to those who will kill.

Switzerland

The situation here is slowly being exposed and reported. Assisted-suicide is legal. Various sources indicate there are about 500 such cases annually. Two organizations, EXIT and Dignitas, facilitate "suicide tourism" from other countries. There have been no prosecutions.

America

Recently, a very insidious practice has begun to rear its ugly head in the US. One example will suffice. In May 2001, Daillyn Pavia, a mature registered nurse, was charged with the death of an 86-year-old woman who was under her care at St. Louis University Hospital. She pleaded guilty to voluntary manslaughter. Her punishment? A five-year probation from practicing medicine. This would seem to have been first-degree murder, but all she got was a slap on the wrist. This sends shivers

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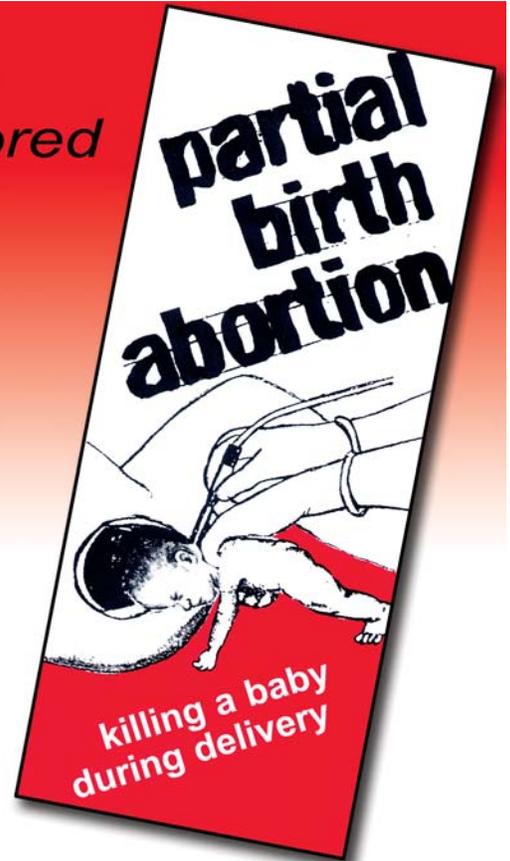
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President & Publisher.....J.C. Willke, MD
Editor in Chief.....Bradley Mattes
Design.....Andrew Mellish
The official quarterly publication of Life Issues Institute.
Vol. 13 Number 1 Subscription \$25.
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down my spine, for this is exactly what was happening in the early years of the Dutch situation. It only requires an arrogant judge (of whom the US has far too many). It reflects many judges' attitudes that there are lives not worth living and that to help this patient die is a beneficent act. The prejudiced judge in the Terri Schiavo case is a perfect example of judicial arrogance.

This is a frightening attitude of mind. If it continues and grows, we will have given this sled a strong push down the beginning of a familiar slippery slope. This can happen while euthanasia is still technically totally illegal, but becoming more and more tolerated by the simple fact that it is not punished.

Hospice

I helped to introduce hospice into the United States twenty-five years ago by sponsoring one of its originators from England on a speaking tour in the States. When it became evident that hospice was less expensive than a hospital, the government announced that it would pay for such care. With this, hospices spread rapidly through the US. These institutions have since become highly respected, almost sacred. Their purpose is to make a terminal patient comfortable and pain free. They

treat not just the physical discomfort, but also expedite the healing of psychological, domestic and family problems, so the patient may die in peace. No extraordinary measures are taken to keep a patient alive who is in the process of dying. But also, nothing is to be done to kill the patient.

Our problem now is that, increasingly, we are hearing stories from many parts of the country that hospice personnel are in fact killing patients. The pattern repeats itself frequently. This man was admitted to a hospice quite aware, relatively pain free and certainly not dying. Three days later the family is notified that he died. There are stories of the nurse even telling the family that she was increasing the dose of morphine and within a few hours the patient would be dead.

Prosecutions or investigations of such stories are almost nonexistent. It would seem there is probably pressure from government and HMO agencies not to investigate, for a terminal illness can be costly, and a rapid death saves them considerable money. Sometimes the family is complicit. They may be glad that a burdensome relative is gone, and his estate can now be divided amongst them. Is this true of all hospices? Of course not! But there are apparently some bad apples that coop-

erate in this. Prudent advice at this point would be to very closely examine the hospice in your area before committing your loved one's care to that institution.

Conclusion

This fight has only begun because our population is growing older. The number of taxpayers at the bottom of the demographic pyramid is dwindling as our birthrate remains under replacement level. It is so low that, at present rates, in a few years we will have only two taxpayers to pay for social services and medical care of every one older person. Something will then have to give, as there simply will not be enough taxes available to take adequate care of the aging generation. One expeditious answer to this bind is to find new ways to "empty hospital beds."

One final thought. If and when your state or our nation does legalize euthanasia, please do not allow or make doctors do it. Hire an executioner. Once it is known that doctors no longer only cure, but that now they can also kill, you and I will lose that indispensable and absolutely necessary trust in our physician. 

Partial-Birth Abortion Ban — Will it Survive Court Challenge?

No one can predict how the US Supreme Court will rule on this bill. Court decisions are not necessarily based on logic and facts. In any case, this issue will be with us for a long time. The media has done its best to disguise what partial-birth abortion actually is by describing the procedure in ways that range from partially accurate to outright falsification. Dr. Willke has many years of experience in delivering thousands of babies, many of them breech. He provides the following medically accurate description of partial-birth abortion.

Preparation for the Abortion

The mother is examined. Then laminaria are inserted into her cervix (the mouth of her womb). These are sterile, dried pieces of seaweed. She is usually sent to a nearby motel over night. The seaweed absorbs water. As it does so, the seaweed swells up, slowly stretching open the cervix.

After 24 hours, she returns. The abortionist removes the swollen seaweed and repacks the now partially open cervix with more laminaria. She is sent back to a motel or home for another 24 hours.

The Routine

The third day she is placed on the operating table, after having been given some oral sedation and pain medicine. Sometimes she is given a general anesthetic. The abortionist reaches through her vagina, through the now open cervix and finds a leg of the baby. Using his grasping forceps, he pulls the foot and leg down, through the cervix, through the vagina and out into the air. Returning, he locates the other foot and pulls that foot and leg also through the cervix, through the vagina and out into the air.

Breech Delivery

Now using both hands, he pulls on the legs, bringing the body of the baby out into the air until the

body “hangs up.” At this stage, both arms are wrapped up along side of the head. He then inserts a finger into the vagina, curls it about the shoulder and sweeps the one arm down and out into the air. Pulling on it gently he also delivers the shoulder. He repeats this for the other side.

Now he exerts a gentle pull, delivering, at this point, the entire body, except the head, out into the air.

At this point, the baby is kicking his legs, waving his arms, and very likely has urinated. The abortionist now turns the baby so that his nose is facing the mother’s tailbone. He pushes the edge of the birth canal away from the base of the skull, all the while holding the head inside.

The Killing

The Abortionist jams a scissors into the base of the skull. With this the baby instantly rigidly extends all four extremities in spasm (decerebrate rigidity). He then spreads the blades enough to allow him to place a catheter between the blades and up into the skull. Turning on a powerful suction, he sucks out the baby’s brains. This kills the baby and he becomes limp. The abortionist removes the catheter and the scissors and then pulls and delivers the head of the dead baby.

This method of killing a baby should not be called an abortion, for four-fifths of the body has been delivered into the air with only the head remaining in the birth canal before the infant is killed. Pro-abortion forces have renamed this “intact dilatation and extraction” or “D & X”. These sterile terms hide what is being done. We probably should not even call it “partial-birth abortion,” rather, always speak of “killing a baby during delivery,” for that is precisely what occurs.

In 1998, two state laws, Nebraska and Wisconsin, reached the US Supreme Court. Its decision, by a 5 to 4 vote, declared the laws to be unconstitutional. Their rationale was that they were vague and did not contain an exception for the health of the mother.

The court stated that this procedure can be confused with Dilatation and Evacuation (D&E). The D & E abortion dismembers the body while he or she is still in the uterus, and then pulls the body parts piece by piece through the vagina. A partial-birth abortion delivers the entire body through the birth canal and out into the air. The 2003 federal ban is quite clear about this.

The recently passed Congressional law banning PBA included many detailed pages of medical, legal and scientific proof that a health exception is not needed. The latest Ohio law, recently okayed by the federal Sixth Circuit, has the “health” exception accepted by the US Supreme Court in “Casey.” 

There's a lot of false information out there on abortion.

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From the Executive Director

Bradley Mattes

The Truth is More Ghastly Than Fiction

Political rhetoric on the presidential campaign trail is heating up. Now that we're into the Democratic caucus and primary season, verbal vitriol is accelerating. It's easy to find yourself waist-deep in campaign rhetoric, so let's cut through the chase and examine some of the candidates' (past and present) positions on innocent human life.

Howard Dean, a physician and the former governor of Vermont, had been considered the Democrat frontrunner. He is joined at the hip to the abortion industry's hard-core pro-abortion philosophy. While an intern, Dean worked at Planned Parenthood, even though the rotation was not required for his medical training. Before becoming governor, he served on the board of Planned Parenthood of Northern New England for five years.

The following may tell us much about Howard Dean the man. During a speech to NARAL, he relayed a previous experience as a doctor. A pregnant twelve-year-old girl came into his office. After a consultation, he determined the girl's father had impregnated her. He touted this example to his radical, pro-abortion audience as a reason to oppose parental notification.

Most people would take great exception to Dean using this example. At the time he spoke to the NARAL attendees, he knew that the girl's father was not responsible for the pregnancy and that someone else had been convicted. Dean admitted this blatant misrepresentation to Tim Russert on MSNBC's *Meet the Press*. In another interview, he admitted failing to report the incident to authorities, even though Vermont state law required that he do so. If this president thing doesn't work out, Howard Dean can be inducted into the Pete Rose Honesty Hall of Fame.

As governor, Dean proposed universal health care that included \$5.00 abortions for everyone. During his administration, Vermont had one of the highest abortion rates in the nation.

Now, Dean has his sights set on

the Bible belt. Reporters have called his campaign one of the most "aggressively secular" in recent history. To counter this, he's announced plans to begin talking down South about his faith. Recently, Dean began a conversation with reporters this way: "If you know much about the Bible – which I do," so a reporter asked him which New Testament book was his favorite. Dean responded that Job was. Of course Job is in the Old Testament.

“If this president thing doesn't work out, Howard Dean can be inducted into the Pete Rose Honesty Hall of Fame.”

Wesley Clark is a retired army general. Sadly, his patriotism doesn't extend to America's most vulnerable segment of society – innocent unborn babies. On the contrary, Clark supports abortion until birth. When asked when life begins, he said, "Life begins with the mother's decision. Until the moment of birth, the government has no right to influence a mother's decision on whether to have an abortion."

Clark believes that society should ignore medical science and allow women having abortions to choose when life begins and when it should be protected. This is an extremely radical, pro-abortion position. Further, any federal court appointment would have to pass an unyielding, pro-abortion litmus test. Clark said, "I'm not going to be appointing judges who are pro-life."

In addition, he castigated pro-life

President Bush, saying that the Commander in Chief doesn't share his values on abortion. Still, Clark isn't concerned that his callous position will diminish his chances for election, claiming his values are "American values."

Senator Joe Lieberman wouldn't waste a minute as president before kowtowing to the abortion crowd. He proudly announced, "The day I walk into the Oval Office, the first thing I'm going to do is rescind the Bush administration restrictions on [embryonic] stem-cell research." Lieberman described the President's regulation protecting human embryos from death by experimentation as "cruel." Cruel for whom? Certainly not the millions of babies who would die.

Word on the street has it that arrest warrants have been issued for current congressmen, Dick Gephardt from Missouri and Dennis Kucinich of Ohio. They are wanted on suspicion of "Political Prostitution." Prior to running for president, both politicians had solid pro-life voting records in Congress. They have since abandoned unborn babies and their mothers and embraced a rabid pro-abortion philosophy. It seems they have sold their souls for a chance (iffy at best) at the political golden ring.

Every Democratic presidential candidate, including John Edwards, supports abortion-on-demand. John Kerry is supported by Ted Kennedy. Enough said. Somewhere along their political careers, all have made a calculated decision to worship at the altar of the abortion industry. There are millions of pro-life Democrats in America. It is unrealistic to believe they will hold their noses and vote for a candidate that represents their own party, but has so little regard for innocent human life. 🌀



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Ecumenical Effort to Register Voters Underway

Three organizations — the National Pro-Life Religious Council, Priests for Life and the Christian Coalition — are working together to register pro-life voters during 2004. National Christian Voter Registration Sundays have been set for March 7, May 2, July 4, and September 5, although churches can set aside any Sunday they choose. Churches throughout the nation are encouraged to take this opportunity to register members of their congregations. Voter registration drives fall within the activities that are permitted to tax-exempt organizations and churches.

The coalition is encouraging pro-life Christians to not only register but to make voting a priority. Father Frank Pavone, said, “All our activities are totally non-partisan, but non-partisan doesn’t mean timid or half-hearted.” Father

Pavone said that it isn’t the job of these groups to tell people who to vote for, but he added, “It is our job, however, to give them moral guidance in exercising their civic responsibilities, and we intend to carry out that job with clarity and vigor.”



They have made it easy for you or individual churches to register voters in your local community. Simply go to the links provided. There you will find answers to all of your questions.

Specifically, documentation on the legality of registering voters in churches is provided. In addition, you will find instructions on how to carry out a Voter Registration Sunday in your church, as well as voting and election details for every state.

These pro-life organizations are providing a tremendous service to help Christian citizens vote pro-life. We recommend you utilize the fruits of their efforts to help protect innocent human life. It’s only a click away!

Use the following links to begin registering pro-life voters in your community. Priests for Life at <http://priestsforlife.org/vote> or The National Pro-Life Religious Council at www.nprcouncil.org/vote. 