



## Serious Obamacare Rationing Provision Again Under Fire

By Jennifer Popik, JD

Robert Powell Center for Medical Ethics

National Right to Life Committee

A renewed push back is underway against one of the most serious of the multiple rationing provisions of the five-year old Obama Health Care law — the “excess benefits tax.” The original law deliberately delayed the provision’s implementation until 2018 because of its controversial nature.

According to a story by Brian Faler in *Politico*, “Many expect it to be the next protracted battle over Obamacare — one that threatens to become a headache for Democrats, many of whom never liked the tax despite supporting the law more generally.”

Obamacare imposes a whopping 40% excise tax on employer-paid health insurance premiums above a governmentally imposed limit that does not allow for medical inflation. The “excess benefits” tax will have its intended result of effectively imposing a price control on health insurance premiums.



Consequently, insurance companies will be forced to impose increasingly severe restraints on policy-holders’ access to medical diagnosis and treatment — limits that will not prevent setting broken legs and giving flu shots, but will make it harder and harder to get the often expensive medicines, surgery, and therapy essential to combat such life-threatening illnesses as cancer, heart disease, and organ failure.

Unions, including the AFL-CIO and

the National Education Association, long known for tough negotiating with employers that has been successful in securing employee-friendly health insurance benefits for their members, are calling for a repeal of the tax. They assert their members’ employers are already faced with having to reduce benefits if the tax is not repealed.

As Faler explains, even if a company ducks the tax in 2018 — and many have been trying to wring savings out of their plans in anticipation of the new rules — they may only get a temporary reprieve. That’s because Congress pegged the tax threshold to a relatively slow measure of inflation. It’s linked to the consumer price index plus one percent, even though medical costs typically grow much faster.

Frequently cited employer surveys by Mercer, a health care consulting firm, show that about one-third of employers will be hit by the tax in 2018 with current plan benefits and nearly 60% would be subject to the hefty tax by 2022.

A recent analysis published in the prestigious journal *Health Affairs* concluded that most companies won’t wind up offering insurance in an amount that would become subject to the tax, but instead will simply cut benefits. With the coming in 2018 of the [excess benefits tax], both collectively bargained and employer-based plans that exceed these thresholds will probably reduce the generosity of their benefits to reduce premiums. Consequently, the comprehensive plans offered today by some unions and employers will likely become scarcer.

This hefty tax might even be meant to have the long-term effect of driving all Americans into the frequently skimpy plans of the government health care exchanges, pushing employers out of providing health care benefits altogether.

Obamacare is slowly beginning the process of destroying much that is valu-

able in the health care system which has evolved to serve Americans. It is wrong to suppose — as does Obamacare — that in order to provide health care to those with low incomes, the government must limit health care for others, or that the government must “protect” ordinary Americans from using too many of their resources to save the lives of their family members by imposing arbitrary limits on what they are allowed to spend for health insurance and health care.

But that is just what the excess benefits tax intends to do ..... to squeeze out plans that allow people access to sometimes expensive, but lifesaving, medical care.

Contrary to conventional wisdom, in the aggregate and over the long term Americans can afford to devote an ever growing proportion of our income to saving our lives and promoting our health, because increasing productivity in producing other goods and services frees up resources that enable us to do so. See [www.nrlc.org/uploads/medethics/AmericaCanAfford.pdf](http://www.nrlc.org/uploads/medethics/AmericaCanAfford.pdf).

As more money is spent on health insurance by employers and individuals, cost-shifting keeps pace in making available health care for those who cannot themselves afford to pay its full cost. As National Right to Life has proposed, incorporating the cost of subsidies for growth in health care spending on behalf of those who genuinely cannot afford it into what employers and individuals pay for their own health insurance would result in a self-executing restraint on unsustainable growth in health care spending, while avoiding Obamacare-type arbitrary government limits that suppress what we are collectively able to, and desire to, spend to preserve the lives and health of our families.

*Condensed from an article by Jennifer Popik, JD. Access the article at <http://www.nrlc.org/uploads/NRLNews/NRLNewsMay2015.pdf>.*



## **'Bully bill' requiring pro-life centers to advertise abortion passes CA Assembly**

A bill that violates the free speech rights of privately-funded pro-life pregnancy centers in the state of California by forcing them to advertise and promote abortion has now passed the state Assembly and advances to the Senate.

AB 775 passed its last Assembly hurdle when it was approved by the members with a straight party-line vote, with Democrats in support of the bill.

The mandated government speech required by AB 775 includes a statement that all pro-life pregnancy centers must post publicly:

"California has public programs that provide immediate free or low-cost access to comprehensive family planning services (including all FDA-approved methods of contraception), prenatal care, and abortion, for eligible women. To determine whether you qualify, contact the county social services office at [insert the telephone number]."

The bill's authors, David Chiu (D) and Autumn R. Burke (D), found vocal support from NARAL Pro-Choice and Planned Parenthood California, as well as from California's Democratic attorney general, Kamala Harris, who defended their bill as a righteous cause. As co-author Burke said, "It's hard to understand how those who claim to care about women find it so threatening to inform them about accessing affordable health care."

But Burke's deceitful comment and attitude was already addressed by Assemblyman James Gallagher (R), who previously asked co-authors Burke and Chiu questions challenging their motives:

"Why doesn't your notice say, 'adoption' in it? 'Free or low-cost access to comprehensive family planning services, prenatal care, adoption, counseling.' I don't see any of those services listed in your notice.

"You're saying that these private (entities) who receive no funding -- no government funding whatsoever -- they're completely private, they have to tell about the government-funded programs that are out there, but the same is not true of the government programs. They don't have to say, 'There's these groups out there who have qualified, licensed people.'"

The obvious answer remains that pro-lifers are being excluded from having full rights, but abortion advocates may continue to focus on abortion without having to promote choosing adoption, or to advertise the variety of options for free prenatal care and support.

Instead, AB 775 strips people of their religious liberties and free exercise of speech by demanding government-mandated speech that requires these private pro-life agencies and their workers speak out against their own moral and religious values or be fined.

The bill, while absurd in its requirements, has been on the fast track to passage, and now advances to the Senate which houses 25 Democrats and 14 Republicans.

[liveactionnews.org](http://liveactionnews.org) 5/27/15

## **On-Line Pharmacy Selling Strawberry, Chocolate, and Marijuana Flavored Abortion Pills**

In the pharmaceutical industry, as soon as someone makes a widely selling drug, it usually isn't long before there are lots of companies trying to figure out the formula and sell knockoff generics.

To gain a foothold in a highly competitive market, though, you've got to have some gimmick – lower prices, a memorable name, a good marketing program, free delivery, etc. – to stand out and make a profit.

Cipla, a major pharmaceutical maker and exporter from India, thinks they've found a way to distinguish their MTP single pack kits – add popular flavors like strawberry, chocolate... and cannabis.

The "MTP" stands for "medical termination of pregnancy." Unbelievable as it sounds, Cipla is selling flavored abortion pills.

It is unclear if the motivation is to appeal to a younger crowd, to deal with the

bitter, chalky taste of the misoprostol, or just to draw attention to their "product."

The packets contain a single tablet of mifepristone (RU-486) and four tablets of the prostaglandin misoprostol. The mifepristone acts to block the action of progesterone in the mother's body, shutting down the small unborn child's life support system. The misoprostol stimulates powerful uterine contractions to expel the child's tiny corpse.

The entire process is painful, bloody, and arduous, with side effects alone enough to put some women in the hospital. More than a dozen deaths of chemical abortion patients have been reported worldwide, but there are groups and individuals promoting that women buy the pills online and use them on themselves at home.

Cipla's own website tells women the mifepristone is to be given to a woman by or under the supervision of a doctor, though not every on-line website selling Cipla's MTP Kits are as explicit.

Different on-line pharmacies sell the kits for different prices, but the ones featuring the flavors sells for about \$155.

The packaging indicates the flavoring but does not explain whether this applies to the mifepristone, the misoprostol, or both. Mifepristone is generally taken orally, but different protocols have misoprostol taken buccally (dissolving in the cheek or under the tongue) or vaginally.

As any parent knows, flavors are sometimes added to children's medicines to make them more palatable, so that a child will be more willing to take his or her medicine and get better.

But these drugs are used to take the lives of innocent children, children who will never grow up to experience the tart sweetness of a fresh strawberry, the delight of chocolate ice cream, or just the love of another human being.

And nothing can sugarcoat that reality.

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**Missouri Right to Life News**

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Thanks for being part of our pro-life family. You're an angel!



*From the Executive Director ~*

Dear Friend of Life,

Last October I celebrated my 25th year with Missouri Right to Life. When I was at Mizzou getting my MBA, primarily so I could make lots of money and travel the world, who knew that I would give much of that up to spend many years fighting for the right to life of all vulnerable people. All I can say is, it's been quite a journey and be careful what you pray for...



Patty Skain

As an adult I watched as my mom struggled with a failing marriage and being left with many burdens from my father's irresponsibility. As a result, I came to the conclusion that we women have to take care of ourselves. And so began my many years as a passive women's rights advocate. At that time abortion was not yet talked about in the general public as a pillar of the feminist philosophy.

All through my twenties I continued to be concerned about the rights of women and that eventually led me to accept what was called the "pro-choice" position. In the late eighties, after marriage, the birth of two children and witnessing the arguments and beliefs of pro-life friends and family, and understanding that abortion is not good for women, I was converted to the pro-life position. I prayed for God to show me what he wanted me to do with this new vision for my life. He sent me to Missouri Right to Life.

Dedicated people have come to pro-life work for many reasons ... conviction, outrage, stunned disbelief, anguish, compassion, dedication. Regardless of the reason, they make many sacrifices in family time, personal time, relationships, employment income (either because they work for the pro-life cause or because they are pro-life volunteers and lose clients and opportunities because of their pro-life work,) sleep, peace of mind, ridicule from friends and sometimes even their fellow parishioners and pastors. The sacrifices only strengthen our commitment.

When I came to work for Missouri Right to Life in 1989, I had no idea how an abortion was done. I had no idea what it looked like. I had no knowledge of the huge numbers of abortions. I had no idea that women were being harmed and even killed in abortion clinics. I had no idea that babies 20 weeks and earlier in the womb can feel intense pain. When I saw my first photographs of aborted unborn babies, I was horrified and physically ill. I remember this overwhelming feeling of the violation of these babies. Here was the aftermath of a procedure that I had spent years passively supporting. What kind of a society would allow this to go on? I vowed to be a person that would no longer sit on the sidelines and look the other way.

In this very short life that God gives us, we have defining moments that change our lives forever. I resolved to be a person of action and purpose. I resolved to be a person that doesn't just look the other way. Missouri Right to Life gave me that opportunity. Whether or not you've had a similar journey, I hope you will join us in this fight for the protection of innocent human life.

*I can do all things through Christ who strengthens me. Philippians 4:13*

In respect for Life,

*Patty Skain*



## U.S. House Passes Landmark Bill to Protect Pain-Capable Unborn Children and Live-Born Abortion Survivors

### Missouri's Senator Roy Blunt Co-Sponsors Bill

With the support of a vast majority of House Republicans, on May 13 the U. S. House of Representatives passed landmark legislation, 242-184, to extend federal protections to unborn children who have reached 20 weeks of fetal age and those who are born alive during late abortions.

Now the bill moves to the U. S. Senate where Missouri's own Sen. Roy Blunt is a co-sponsor.

The bill was developed from model legislation developed by National Right to Life in 2010, enacted thus far in 11 states.

"This bill would save thousands of unborn babies annually from terribly painful deaths," said Carol Tobias, president of National Right to Life. "It is now clear that the overwhelming majority of House Democrats believe that painfully dismembering babies, in the sixth month and later, is just fine – now let them try to explain that to their constituents."

The Pain-Capable Unborn Child Protection Act has been the right-to-life movement's top congressional priority for the 114th Congress. Like state bills, the proposed federal law would generally extend legal protection to unborn humans beginning at 20 weeks fetal age, based on congressional findings that by that point (and even earlier) the unborn child has the capacity to experience great pain during an abortion.

Douglas Johnson, legislative director for NRLC, notes the bill also contains important new federal protections for babies who are born alive during abortions.

Johnson expressed puzzlement that the Associated Press refers to a human who is born alive during abortions at 20 weeks fetal age as "the fetus," but referred to humans at exactly the same stage of development (20 weeks fetal age, 22 weeks of pregnancy) as "premature babies" and "preemies" in a story about a major new study showing that one-fourth of these babies survive long term when given active medical treatment.

"Apparently, some journalists think if a baby is born alive during an abortion, he or she remains a 'fetus' indefinitely," Johnson commented.

In a nationwide poll of 1,623 registered voters in November 2014, The Quinnipiac University Poll found that 60% would support a law such as the Pain-Capable Unborn Child Protection Act prohibiting abortion after 20 weeks, while only 33% opposed such legislation. Women voters split 59-35% in support, while independent voters supported it by 56-36%.

Some of the extensive evidence that unborn children have the capacity to experience pain, at least by 20 weeks fetal age, is available on the NRLC website at [www.nrlc.org/abortion/fetalpain](http://www.nrlc.org/abortion/fetalpain) and also here: [www.doctorsonfetalpain.com](http://www.doctorsonfetalpain.com).

## 2015 Legislative Session Bittersweet...

Together we stand and lives are saved,  
divided we fall and lives are lost.

The 2015 legislative session was a tumultuous year with multiple issues that took center stage over the passage of pro-life legislation.

While the overwhelming pro-life majorities in the Missouri House and Senate passed bills funding multiple pro-life social programs like Alternatives to Abortion (\$2,158,561.00), Increased Funding for Alternatives to Abortion Program through the Temporary Assistance for Needy Families Program (\$4,300,000.00), Show-Me Healthy Babies Insurance Program (\$13,672,790.00), and continued tax credits for pregnancy resource centers, they failed to address the horrors that go on in abortion clinics. While MRL supports these programs, our decrease in abortion numbers can be attributed to a cohesive picture that includes pro-life and anti-abortion legislation.

We applaud the giving of state money for programs that help women keep their babies, but we are disappointed that legislation requiring annual inspections that would give protection to women who walk into an abortion facility sat in the Senate the entire session with no action.

In the final week of the legislative session all efforts to pass legislation in the Senate stalled due to the procedural move to call for the previous question (PQ) on right to work legislation. While some would point to the filibuster to blame for not passing other legislation, the reality is that the Republicans have a super veto proof majority that was used to benefit the issues that they chose. And, anti-abortion legislation was not one they chose.

Reproductive Health Services of Planned Parenthood St. Louis Region has had an inconsistent inspection history according to public records. In addition, complaints have been filed against the St. Louis abortion facility based on multiple documented reports of the presence of emergency medical personnel and ambulances. The ambulance visits have numbered over two dozen in just 5 years. One such ambulance visit was as recent as this past February.

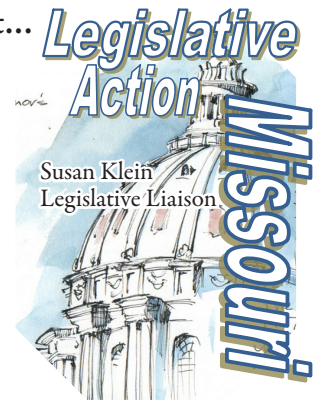
Missouri Right to Life and pro-life groups around the state have advocated for this necessary legislation due to the lack of oversight by the Department of Health and troubling inspection history at the St. Louis abortion facility. The horrendous crimes that have been committed in other abortion facilities across this nation, especially the Gosnell clinic in Pennsylvania and the Karpen clinic in Texas, have brought the need for more scrutinized abortion clinic inspections to a critical level. And now we wait for another entire year before women can expect a level of safety that should be guaranteed to them by the state.

Write your legislator and let them know that you are disappointed and that you want abortion restriction legislation passed in 2016!

Mark your calendar now and plan to attend 2016 Pro-Life Action Day on April 5, 2016!

Please, pray for us as we prepare for the 2016 legislative session and the critical 2016 elections!

Thank you for your continued support! Together we are decreasing abortion numbers! The latest abortion numbers for 2013 are out and we show another 3% drop in abortions ... which means innocent little ones saved!



# Death By Dehydration Is Death Without Dignity

## The Matter of Nutrition and Hydration

Artificially-provided nutrition and hydration (ANH) is ordinary care which enables a person to receive adequate food and water when he or she is unable to take these by mouth. People are told it's a matter of "choice" whether they accept or refuse ANH. But this is a matter of life and death.

Inserting a feeding tube into the stomach or intestines is a life-saving procedure for a person who has a working digestive system but is unable to eat by mouth. Tube-feeding is not burdensome, costly, or difficult to manage. People insert feeding tubes at home every day and many people who depend on ANH go to work or school, play sports, and live normal lives.

Food and water taken by mouth or through a feeding tube is routine ordinary care that every person needs to stay alive. Doctors have a moral obligation to provide their patients with ordinary care.

## Just Plain Common Sense vs. Just Plain Evil

There are situations in which providing nutrition and hydration is no longer morally obligatory. For instance, when the body is no longer able to absorb nutrients and fluids or when their provision will physically harm a patient, it is medically appropriate to stop administering nutrition and hydration while continuing to provide whatever care is necessary for the patient's comfort. In such circumstances, the cause of death will be the patient's disease or injury, not starvation and dehydration.

With these exceptions noted, ANH accomplishes the exact purpose for which it is given—it sustains life. Stopping it, then, is nothing more than intending to cause the patient's death. Also, death by starvation and dehydration is often totally non-voluntary. At other times, it is supposedly voluntary because patients have checked a box refusing "life-sustaining procedures" in their Advance Directive or a facilitator has checked "no artificially administered nutrition and hydration" on a Physician Orders for Life-Sustaining Treatment (POLST) form. In recent years, death caused by withdrawal of food and fluids while medically sedated has become a "choice" available to patients who want to die. This is called voluntary stopping of eating and drinking (VSED) and is, in essence, medically-facilitated suicide.

## The Brutality of Death by Dehydration<sup>1</sup>

"Death with Dignity" is the bumper sticker slogan of the "right to die" movement. There is no way to dignify death by dehydration, which takes from 1-3 weeks and is a brutal experience for both the patient and those keeping watch. The patient's mouth dries out and lips and tongue crack and bleed; the lining of the nose dries out and bleeds; skin becomes dry and scaly; urine becomes highly concentrated, burning the bladder; the stomach lining dries out, causing dry heaves and vomiting; brain cells dry out, causing convulsions; thick secretions plug the lungs as the respiratory tract dries out; and heart muscle is consumed as the body searches for protein and finds it in muscle tissue. Finally, the patient dies.

## Healthcare Professionals Who Refuse to Kill are Heroes

Dedication, compassion and high moral standards are sometimes tested when a doctor or nurse refuses to dehydrate a patient to death. Conscientious physicians and other healthcare professionals need support and protection for their conscience rights.

Dr. Allen Jay, a California cardiologist, refused to withdraw the feeding tube from a patient with dementia, 91-year-old Anna Hirth, at her daughter's suggestion that he let her "die with dignity." Dr. Jay thought that "removing her feeding tube would lead to an excruciating death." The daughter went to court. A Superior Court judge ordered Dr. Jay to remove Anna's feeding tube or find a doctor who would. Dr. Jay felt that to obey "would be to betray the trust" placed in him by his patients, so he defied the order. He was supported by the staff of Anna's nursing home and his fellow physicians. The judge next amended his order, allowing the daughter to move her mother. She took Anna from the nursing home to an undisclosed location. Nine days later, Anna was dead.<sup>2</sup>

Men and women like Dr. Jay will continue to make the practice of medicine a noble profession. They are heroes.

1. A person who is denied both nutrition and hydration will succumb to dehydration, not starvation. However, the process of starvation is equally miserable and enhances organ (especially kidney) failure, which in turn speeds up dehydration.

2. "The Judge Ordered Me to Kill My Patient," Julie Grimstad, CRTI Report, 09/1987. Death By Dehydration Is Death Without Dignity

*From "Informed" a publication of Pro-life Healthcare Alliance, A Program of Human Life Alliance. For information or assistance, reach them at 651.484.1040.*



**good news!**

## Missouri Abortion Numbers Continue to Drop!

The preliminary number of abortions in 2013 has finally been released

by the MO Dept. of Health. The total numbers of abortions in 2013 was 8,740, a decline of 287 abortions or over a 3% drop in one year. This continues an almost steady downward trend since 1980 -- a decline of over 59% -- thanks to pro-life activists!

## Abortion Facility in Kansas City KS Gone Forever!



Kansas City Coalition for Life is spreading the good news that God has removed one of the last three Kansas City, KS, abortion facilities from the face of the earth ... as if a tornado struck or a mighty wave came and took it under.

After Central Family Medical (also known as Aid for Women) closed for good on July 26, 2014, it didn't take long for the property to sell. But the ramshackle, outdated abortion building located on the corner of 7th and Central in Kansas City, Kansas, did not fit in with the new owner's plans. On May 18, a demolition crew arrived and began to bulldoze the former abortion facility to the ground.

We pray that a similar fate awaits the two remaining strongholds of evil in that city -- and everywhere.

"After all the lives lost and human misery that was inflicted at that abortion business, it seemed appropriate for it to be leveled," said Operation Rescue President Troy Newman

At press time, we've also learned that Planned Parenthood closed its facility in Grandview, MO. The Grandview facility didn't provide abortions, but abortion referrals to its Overland Park, KS, business.

The Kansas City Coalition for Life continues their presence on the sidewalk outside the Hodes abortion facility at 4840 College Blvd. They'd love to have you join them. See their website for further information, <http://www.kccoalitionforlife.com/>.



**Celebrate  
a  
lifetime  
of  
giving...**

**...by giving  
beyond a  
lifetime!**

**"One life,  
a little  
gleam  
between  
two  
eternities."**

*~ Thomas Carlyle*

A planned gift to Missouri Right to Life through your will, trust, or an annuity is a gift that lives on -- and saves lives.

For information or to request a confidential consultation, contact Patty Skain at 573.635.5110 or email [patty.s@missourilife.org](mailto:patty.s@missourilife.org).

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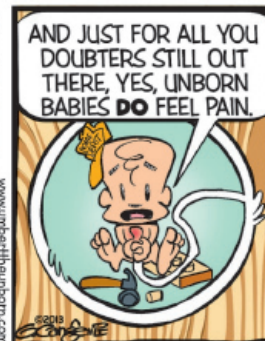
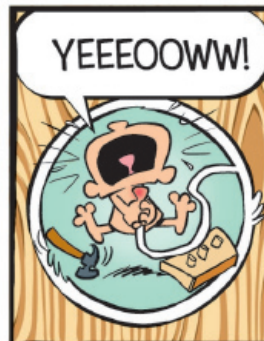
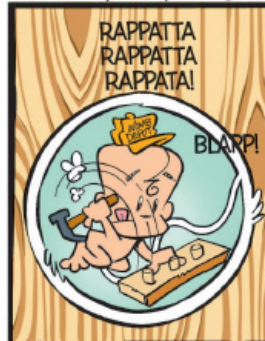
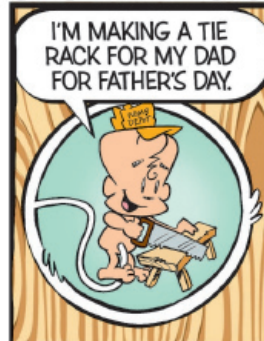
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## Umbert the Unborn

by Gary Cangemi



# Pro-Life Across Missouri

## save date

June 20

**Missouri Right to Life Statewide Education and Leadership Meeting**  
All are welcome. Immaculate Conception Parish, Pleus Hall, 1206 E. McCarty, Jefferson City, 10:00 a.m. Lunch provided with free-will offering. In addition to updates on state and federal legislative actions, we will have a panel discussion on end-of-life issues. RSVP to [righttolife@missourilife.org](mailto:righttolife@missourilife.org) or call 573.635.5110.

June 25, 26, 27

**Shelby County Right to Life Annual Garage Sale** - Starts June 25, 4-8 PM, \$1 donation for early shopping. June 26 from 8AM-8PM. June 27 from 8 a.m.-12 p.m., St. Mary's Church, 103 S. 4th St., Shelbyville MO. Anyone wanting to donate items should bring them to the Fr. Buhman Center June 22-24.

July 9, 10, 11

**National Right to Life Convention**, New Orleans. Three days of dynamic speakers, educational workshops, and a chance to meet with national, state, and local leaders of the pro-life movement. Information and registration at <http://nrlconvention.com/register/>

Aug. 13 - 23

**Missouri State Fair - Sedalia**  
If visiting the state fair, be sure to stop by our Missouri Right to Life booth. It is staffed by MRL-Sedalia Chapter members. They'd love to see you!

Sept. 11

**Eastern Region Fore Life Golf Tournament** - Benefits Missouri Right to Life Education Fund.  
The Links at Dardenne, 7000 Brasel Dr., O'Fallon MO. Four person scramble. Registration & lunch begins at 11:30 am, shotgun start 1pm. \$90/person, includes lunch & dinner. To register, mail name(s), contact information & check to: Missouri Right to Life Ed Fund, 1000 Executive Pkwy, Ste 229, St. Louis 63141. For information, call 314.434.4900, or email [mrl.eastern@yahoo.com](mailto:mrl.eastern@yahoo.com)

*In the rush to do all that must be done in our fight for life, we often stop and remind ourselves that you and we together are Missouri Right to Life, and without you the work would be so much more difficult.*

*So . . . thank you for all you do in defending life, keeping this special mission in your prayers, responding to our pleas, and making the donations that keep the doors open and the mission progressing.*

*God bless you mightily!*



## MRL-Hannibal Chapter Yard Sale



As the lights go out on the 35th and final Hannibal Chapter Right to Life Yard Sale, the chapter members are amazed at how it has grown from its infancy.

The sale started in the front yard of Bob & Mary Welch's home on St Mary's Ave in Hannibal. From there it went to the basement of Blessed Sacrament Church, then to the Knights of Columbus Hall, growing in size each year. For about the last 10 years, it has been held at Hannibal-LaGrange University.

Each May folks donated many great and unusual household items that were then sold to the public. The proceeds from the sale helped to pay for many pilgrimages to Washington DC for the March for Life. In addition, these dollars have helped to educate the public on the sanctity of human life thru educational materials and events.

Hannibal Chapter Chair Kelly Stevenson notes that Florence Fohey and her husband Jim have helped with every sale since the beginning. Florence says "It was quite an experience. I believe we've saved some babies along the way!"

The Hannibal Chapter thanks Hannibal-LaGrange University for the use of their gym for these many years and their support of the life issue. And they extend special thanks to the many volunteers and faithful shoppers who made this sale successful.

## Inside ~

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## *Memorials & Honorariums*

*In memory or in honor of loved ones or friends,  
these gifts were made to Missouri Right to Life.*

### *In memory of ~*

Joe Coleman  
Robert Henry Gnade

### *Given by ~*

Hannibal Chapter ~ MRL  
Linda R. Briner  
Butch & Betty Westhoff  
Dennis Heitman  
Dave & Barb Mennemeyer  
Sonny & Elaine Creech  
Dan & Barbara Eggering  
Ron & Janet Schieffer  
Mary & Michael Blevins Trust  
Mr. & Mrs. Jim Rothermich  
Mr. & Mrs. Randall Henke  
Tom & Judy Sachs  
Victor & Joan Brown  
Melvin & Kathy Burkemper  
James & Kimberly Bauer  
Donald & Sallie McGlinn  
James & Rebecca Summers  
Patricia Filley

### *In memory of ~*

James Herr  
  
  
  
  
  
Robert Linsenbardt  
Betty Miller  
Robert Rudolph Neils  
Tony Trautman

### *Given by ~*

Dave & Sue Bazzell  
Richard & Lorilee Geisman  
Robert & Carol Beck  
Leo Determan, Jr.  
Laura Evdo  
Randall & Cynthia Forgy  
James & Susan Rollin  
David & Joyce Bono  
Phillip & Victoria Krupa  
Michael & Jean Weber  
Nancy Chettle  
Gene & Christine Miller  
Jerry Nieters  
Robert & Norma Padella

*Missouri Right to Life thanks those who honor their deceased loved ones  
or who celebrate an important event by making a gift to MRL.*