

Lessons of baby Joseph

Medical case is a reminder of potential pitfalls of government-run health care

~ by Colleen Carroll Campbell

What do you do when a patient or his family wants a life-enhancing or life-sustaining treatment that a hospital refuses to provide? In the United States, the patient or family sees another doctor or hospital. If the request is legal, ethical and reasonable, and they can find a way to pay for it, they usually will find someone to fulfill it.

In Canada, the patient and his family lose.

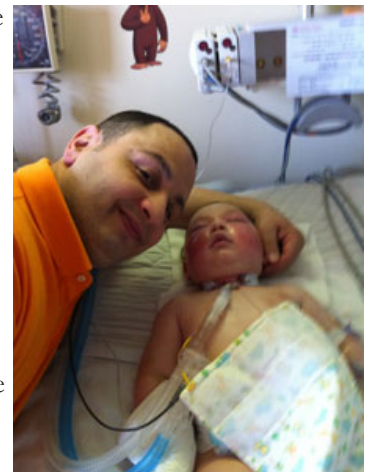
That's what happened to the parents of 13-month-old Joseph Maraachli, the sweet-faced, severely ill Canadian boy airlifted on Sunday (March 13th) to SSM Cardinal Glennon Children's Medical Center in St. Louis. Joseph suffers from a neurological condition that doctors have described as progressive and terminal, similar to one that killed his older sister. Since October, he had been surviving on breathing and feeding tubes at Ontario's London Health Sciences Centre.

When it became clear last fall that Joseph probably would not recover, his parents asked the doctors in Canada to perform

a tracheotomy, a common medical procedure that entails inserting a small tube directly into the patient's windpipe to allow for easier breathing and avoid the less comfortable breathing tube inserted through the nose or mouth. A tracheotomy requires light anesthesia, entails minimal discomfort and often allows patients to speak, eat or drink normally.

Doctors had performed the procedure on Joseph's sister, which helped allow her to live at home for six months before she died. But when his parents requested the same for Joseph, his doctors declined. They said a tracheotomy would extend Joseph's life but not improve its quality. The decision left his parents anguished.

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Baby Joseph and his father, Moe

Missouri House, Senate Pass Pro-life Bills

On April 7, the Missouri Senate passed The Ban on Late-Term Abortions, sponsored by President Pro-Tem Sen. Robert Mayer, on a vote of 27-5. The ban prohibits abortions on unborn children after 20 weeks gestation, a point at which an unborn child is fully capable of feeling pain. It now moves to the House where a version of this bill, sponsored by Rep. Tim Jones, passed on March 17.

"Missouri Right to Life applauds the Missouri Senate for their timely passage of SB 65. Scientific evidence tells us that an unborn baby at 20 weeks of age has all body systems working, reacts to stimuli, can hear noises outside the womb, and recognizes her mother's voice. Testimony from the medical community tells us that unborn children of this age are able to feel pain," said Pam

Fichter, President of MRL.

"Missouri Right to Life began working on the passage of SB 65 in mid-2010. We were motivated by the passage of the Nebraska Pain-Capable Unborn Child Protection Act in 2010. That legislation, written by The National Right to Life Committee, banned abortion in Nebraska past 20 weeks and caused abortionist Roy Carhart to move his late-term abortion business to other states. Missouri Right to Life considers this its primary piece of legislation," Fichter continued. "While abortion at any stage of development is an offense against human dignity, certainly we can all agree that subjecting unborn children to the horrible pain of abortion is unacceptable in a civilized society. Unborn children are the most vulnerable members

of the human family and cannot speak for themselves. Our shared humanity compels us to protect the most vulnerable among us, and we are grateful to Sen. Mayer, Rep. Jones, and all the legislators who supported this legislation," concluded Fichter.

The Missouri House also passed HB 28, The Pharmacy Protection Bill. It protects pharmacies from being forced, through threat of lawsuit, to carry abortion causing drugs. The bill sponsor is Rep. David Sater. HB 328, sponsored by Rep. Andrew Koenig, was combined with HB 28. HB 328 regulates the distribution of the dangerous abortion drug RU 486. The combined bill passed with bipartisan support by a vote of 118 to 38. It now moves to the Senate for consideration.

Lessons of baby Joseph (cont.)

"I lose my baby," Joseph's father, a Lebanese immigrant to Canada, told the Toronto Sun. "They take him from me. I don't lose my baby like God take him. They take him."

After fighting the hospital and losing appeals to a government-run health care panel and the Canadian courts, Joseph's parents drew the attention of Priests for Life, a non-profit, pro-life organization that offered to pay his medical expenses if a hospital in the United States would perform the tracheotomy. Cardinal Glennon admirably answered the call. Just hours before his Canadian hospital would have withdrawn life support, Joseph was transferred here.

Decisions in medical cases like baby Joseph's rarely are easy. But a hospital's refusal to allow a reasonable procedure so that a terminally ill child can die at home under the conditions requested by his grieving parents is disturbing.

Even more disturbing is the way Canada's government-run health care system and its courts rebuffed Joseph's parents in their search for alternatives. That Joseph's parents could find a satisfactory resolution only by turning to the United States reminds us that America's health care system has safeguards against state-sponsored rationing and health care monopolies that the government-run systems of other countries often lack.

It's unclear if those safeguards will survive Obamacare. If implemented in its current form, they very well may not. The law will bring about a great deal of consolidation in health care, leaving fewer insurers and hospital systems and putting them all under the thumb of public cost-control imperatives.

"Replacing competitive pressures with government cost controls inevitably takes some decisions about care away from doctors and patients," said health care policy analyst Yuval Levin of the Ethics and Public Policy Center in Washington, D.C.

All that grand talk of patient autonomy and quality-of-life improvements may take a back seat to cost control. And the opponents of "death panels" once derided for their alarmism may look prophetic, given that the new "Independent Payment Advisory Board" created by the law will have the power to deny Medicare payments for services not deemed cost effective, and its decisions for Medicare will reverberate throughout the health sector.

Even in our current health care system, serious threats already exist. The bias toward extending life that sometimes drove doctors to pursue extraordinary and burdensome measures in the care of the dying increasingly is giving way to another, more problematic bias: a tendency to allow subjective evaluations of a patient's "quality of life" to disqualify him from receiving even basic care, including food and water. It's a dangerous trend and we only need look to the Netherlands to see where it leads. There, child euthanasia is legal and regulated by the Groningen Protocol, which cites such subjective measures as "hopeless and unbearable suffering" as reasons for parents and physicians to put sick infants to death.

The leader of Canada's Euthanasia Prevention Coalition has said that baby Joseph's case does not involve euthanasia. Yet the coalition has helped Joseph's parents raise awareness and funds because it regards their case as emblematic of authoritarian excesses of Canada's health care system.

Such systems too often err on the side of saving a buck rather than saving — or, at least, extending or enhancing — a life. Given the creeping loss of respect for the intrinsic value of human life in many corners of medicine and still unclear implications of health care reform, little Joseph's plight portends trouble for patients on both sides of our northern border.

Colleen Carroll Campbell is a St. Louis-based author, former presidential speechwriter, and television and radio host of "Faith & Culture" on EWTN. Her website is www.colleen-campbell.com. This column was published in the St. Louis Post-Dispatch on March 17, 2011.

THOUGHT YOU'D LIKE TO KNOW . . .



40 Days for Life has 253 babies saved - so far!

Mondays are the best days during the campaign. Monday means that it's time to report the number of saves.

Thus far in the current 40 Days for Life campaign, there have been 253 babies saved from abortion — that we know of! It's the "that we know of" part that gives the greatest hope. Who knows but the Lord Himself how many lives have been saved because Planned Parenthood can't find an abortionist in Columbia, Missouri, where a 40 Days for Life vigil is going on? Abortions have not taken place there since January!

Who knows how many lives have been spared because Golden Gate Health Care closed its abortion centers in San Francisco and San Mateo, where 40 Days for Life vigils have

been held? They locked the doors right before this campaign began — and have thus far not been able to re-open!

The bottom line is that prayer works!

LifeNews.com 4/4/11

Cord blood stem cells used to help cure girl of brain cancer in Spain

A four-year-old girl has become the first patient in Spain to recover from brain cancer after being treated with stem cells from her own umbilical cord blood.

Alba was born healthy in 2007, but at age two she was diagnosed with a rare form of brain cancer. Her treatment consisted of extracting the majority of the tumor from her brain. She was given chemotherapy to reduce and finally eliminate the remainder of the tumor.

Alba's blood system was destroyed during

the final round of chemo, thus requiring a transplant of cord blood stem cells. The procedure was carried out in 2009 by Dr. Luis Madero of Nino Jesus Hospital in Madrid.

Sixty days after the transplant, Alba was given new stem cells taken from her peripheral blood in order to accelerate the production of platelets. Fourteen months after the transplant, her blood system was completely restored.

Dr. Madero called her case unique in Spain. "The use of stem cells to regenerate the blood system is an extended treatment for this form of cancer," he said. What makes her case unique, he added, "is that for the first time in our country, the stem cells came from a patient's own umbilical cord, preserved from birth."

Today, four year-old Alba is a healthy girl.

Catholic News Agency 3/8/11

Thanks for your support!

From the President ~

Missouri Right to Life's focus - a mission for life

Educating, legislating, and activating citizens

At a recent meeting, someone asked, "What is Missouri Right to Life's primary focus - education or legislation?"

While these are fundamental aspects of our mission, our effectiveness stems from the integration of our three-fold mission stated on our website: "educating, legislating, and activating citizens for life." Each of these aspects is singularly important, but the integration of the three is crucial for success in our battle to restore protection under the law for unborn children.

Educating citizens on the truth about abortion and the life and humanity of pre-born children builds the needed support to activate citizens to elect pro-life candidates who will pass pro-life legislation.

Missouri Right to Life strives to fulfill our educational mission by providing literature, videos, and speakers. Through our chapters' distribution of educational materials at fairs and local events, we educate citizens in their communities. We also provide educational articles in newspapers across the state and in our own newsletters, websites, and e-mail communications.

Legislation often serves as an educational tool. The battle to ban partial-birth abortion (PBA) in Missouri and nationally brought attention to a gruesome method of killing a child inches from birth. Nation-wide polling shows that it was after the national debate on partial-birth abortion, that for the first time since Roe, a majority of Americans considered themselves pro-life. This legislation also activated our grassroots network who rallied at our State Capitol to encourage the legislature to overturn a governor's veto of Missouri's ban on PBA. So here we have legislation serving to educate and activate the public.

Missouri citizens like you, outraged at legalized abortion on demand, gave birth to Missouri Right to Life shortly after the passage of Roe v Wade. We wouldn't be here if pro-life citizens, again like you, hadn't become active in their own communities and sought a unified voice for life in Jefferson City, and it is only with your support that we continue our lifesaving work.

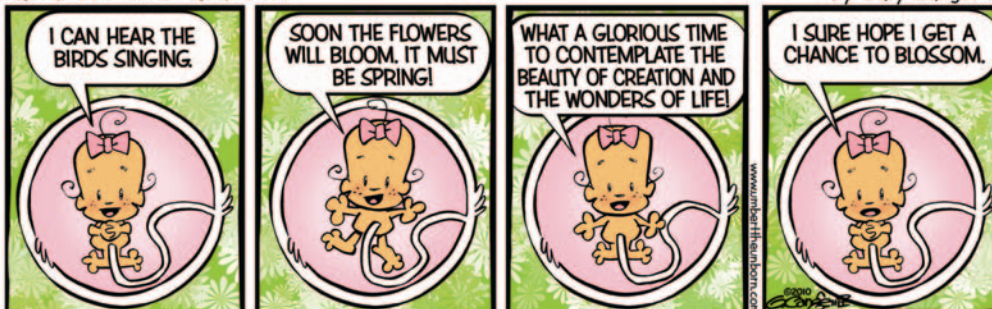
Education, legislation and grassroots activation: this is a formula that allows us to have influence in the legislature, in local communities, and also in the voting booth. Educating citizens and legislators and activating voters to prioritize life issues is vital to ending the scourge of abortion.

We pray that the hand of God will guide us and strengthen us, that He will bless our legislators and each of you in your support of our work.

*Blessings,
Pam. Fichter*



Umbert the Unborn



Missouri Right to Life

P. O. Box 651

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573-635-5110 or www.missourilife.org

facebook.com/group.php?gid=75211091784

blog with us at missourilifenews.wordpress.com/

Missouri Right to Life News

Pam Manning, Editor

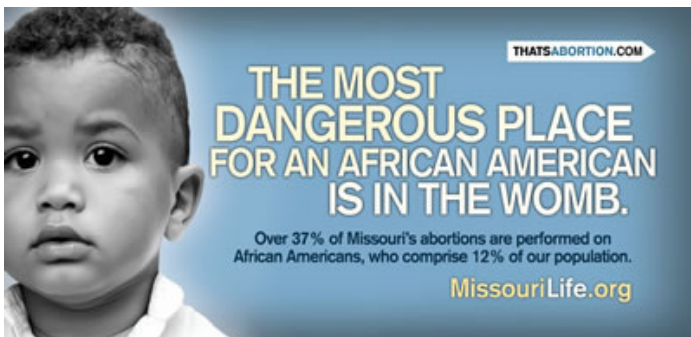
573-635-5110

A Billboard ... A Story!

A few weeks ago, several members of Missouri Right to Life (MRL) met with Thrive, the pregnancy resource center near Planned Parenthood in St. Louis. We were there to discuss what we might be able to do for them and what they might be able to do for us. God had other ideas.

We never got to the Thrive PowerPoint presentation. Instead, God led us on a path to unify all of the various pro-life efforts in Missouri with one singular objective — to end abortion in Missouri. Plans are being developed to do just that.

When we left, very inspired, we were given a Thrive bookmark with a picture of Davin, the cutest little boy you've ever seen! We were told that his mother was contemplating aborting her son, but did not.



Missouri Right to Life's billboard highlights the devastating impact of abortion in the African-American community.

A few days later MRL received a call from a young man who wanted to donate a billboard to MRL to put up a "powerful pro-life message." I asked if this was prompted by the pro-life billboard in New York that was taken down after two days because of cries of racism from pro-abortion activists like Whoopie Goldberg and Al Sharpton. He didn't know anything about the billboard that created an international incident with its message, "The most dangerous place for an African American is in the womb."

I suggested that we put that same message on his billboard, which will be in a predominately African-American neighborhood. After a short pause, he said, "Let's create an international incident!" The billboard will soon be up and located

on Cass Avenue just east of Jefferson Avenue in St. Louis.

The New York billboard was put up by an African-American church in Texas. So much for the billboard being racist! They used an image of a cute young girl that they purchased from an

image company. The girl's mother went to the press objecting to her daughter being featured on a pro-life billboard. How sad.



Steve Rupp

We would need a different picture. I thought that would be easy, but lying in bed that night, I had a sudden knot in my stomach. What picture could we use without running into the same problem? Would we find parents who would allow us to feature their little one? While I was agonizing over the decision, I rolled over to turn off the light and saw the Thrive bookmark sticking out of a book. And there was Davin looking up at me with those huge eyes. That was it. Davin was perfect!

I spoke with Davin's mother, and she wholeheartedly agreed to let us use Davin's picture. She told me that she had contemplated aborting him because he was conceived at a low point in her life. She had been raped and sexually abused when she was young. The pain was covered up with drug and alcohol addictions. Davin delivered her from that lifestyle and led her to Christ. She is now on the Board of Directors of Thrive and getting married in April. Davin really is the perfect child to feature on a pro-life billboard.

Isn't God great!

Memorials

In memory or in honor of a loved one or a friend, these gifts were made to Missouri Right to Life.

In Memory of:

Edwin Juengel
Velma Unterremer
Joyce Keller
Laurie and Jimmy Keller
Mary Kay Snyder

Given by:

Karen Hallsten
Velda Keller
Velda Keller
Velda Keller
Sally & Ron Barlow
Susan Thilking
Dennis Duer
Bev Duer
Susan Brown
Gary Haynes

Mary Kay Snyder

Bill & Patrice Whaley
Pat Gates
Barbara Owens
Kimberly Hedges
Pam & Tom Fichter
Timothy & Stephanie Lohmar
Peerless Energy Systems
Dr. & Mrs. Rocco Fiordelisi
Mary Lou & Terry Wittenberg
Keith & Ellen Lynch
Michael Dell'Orco
Mark & Sally Petty

Mary Kay Snyder

Upper Cumberland Physicians
Surgery Center,
Sherry Hardee & Staff
Joe & Catherine Barman
Eric & Daphne Hedges
Joe & Eileen Weyerich
Steve & Joann Rull
Jack & Crissy Chartrand
Michael & Linda Funk

In Honor of:

Michael & Emma Forget

Given by:

Louise Belt



Komen Planned Parenthood grants questioned after mammogram expose'

Now that an expose' has revealed Planned Parenthood abortion centers do not do mammograms on site but merely refer women to legitimate medical centers that do, a key organization that funds it is facing questions.

After concerns earlier this year that Planned Parenthood president Cecile Richards made false claims in defending its taxpayer funding that it provides mammograms for women, the organization Live Action released videotape footage of calls to 30 Planned Parenthood centers nationwide in 27 different states where abortion facility staff were asked whether or not mammograms could be performed on site. (Ed. note: included were Planned Parenthood's St. Louis and metro Kansas City abortion facilities.) Every one of the Planned Parenthood centers admitted they could not do mammograms. Every Planned Parenthood, without exception, tells the women calling that they will have to go elsewhere for a mammogram, and many clinics admit that no Planned Parenthood clinics provide this breast cancer screening procedure.

"We don't provide those services whatsoever," admits a staffer at Planned Parenthood of Arizona while a staffer at Planned Parenthood's Comprehensive Health Center clinic in Overland Park, Kansas tells a caller, "We actually don't have a, um, mammogram machine, at our clinics."

That information is now raising questions about the millions of dollars the Susan G. Komen for the Cure Foundation has given in grants to the abortion business, which it says is partly for mammograms.

Komen's own figures show 20 of Komen's 122 affiliates have made donations to Planned Parenthood and, last year, those contributions totaled \$731,303. Komen spokesman John Hammarley also confirmed Komen affiliates contributed about \$3.3 million to the abortion business from 2004-2009.

In a March 2011 statement about Planned Parenthood, Komen claims the grants to the Planned Parenthood abortion business are meant to help women with breast health.

"Early screening through mammograms and education is critical to end the suffering from this disease: 98 percent of women treated for early stage breast cancer, before it spreads, are alive five years later. The widespread use of mammography and heightened public awareness of breast cancer both contribute to these favorable statistics," Komen says. "And while Komen Affiliates provide funds to pay for screening, education and treatment programs in dozens of communities, in some areas, the only place that poor, uninsured or under-insured women can receive these services are through programs run by Planned Parenthood."

With Planned Parenthood not offering mammograms for women, SusanAnne Hiller of the conservative website Big Journalism wonders why Komen is making the grants.

"Now that LiveAction has proved that Planned Parenthood does not provide mammography services to its clients, what is the money being used for, because clearly is not for mammography screenings?" Hiller wonders. "Education, treatment? Are these questions we can expect our mainstream media propagandists

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Don't forget that now you can support Missouri Right to Life Education Fund with your Schnucks eScrip card or at 1,000s of your favorite online merchants.

The eScrip program is a simple, automatic way to direct a percentage of your Schnucks purchases to the MRL Ed Fund.

For those that have Schnucks in their communities, ask for an eScrip card from any Schnucks store.

And

Please think of us when you shop online.

It's free to you and valuable for us!

Simply click on the eScrip Online Mall logo on our website, www.missourilife.org. By shopping at the Online Mall, MRL Ed Fund will earn contributions automatically.

Shop . . . for LIFE!

to divulge in their articles? Or will the discovery stop with these citizen investigators and go unreported by the networks?"

Hiller also notes that Planned Parenthood only provides breast exams of the self-exam type women can do on their own or with a trusted friend or family member at home.

"However, the Komen memo links mammography, screenings, education, and treatment of breast cancer as their list of reasons it contributes to PP. It's perpetuated all across the media without validation," she says. "The Komen Foundation needs to come clean on specifically what those PP contributions are designated and why they really continue to support Planned Parenthood."

~ LifeNews.com 3/31/11

The Live Action videotape may be viewed at www.youtube.com/watch?v=aq0kBgkUZbQ

Missouri Right to Life on Missouri Susan G. Komen Foundation affiliates

It appears that the local chapters in Missouri of the Susan G. Komen Foundation do not contribute *directly* to Planned Parenthood or other abortion advocacy organizations, but a minimum of 25% of the net income from each domestic affiliate race supports the national Komen for the Cure Grant Program.

Until the Susan G. Komen Foundation renounces its support of Planned Parenthood and any other pro-abortion advocacy organizations, Missouri Right to Life considers it to be anti-life in actuality. We urge citizens to consider carefully whether to support the Race for the Cure and other activities of the Susan G. Komen Foundation in light of the Foundation's anti-life activities.

Whatever Happened to Common Sense at the End of Life?

~ by Nancy Valko, R.N.

Withdrawal of treatment, “living wills,” terminal sedation, assisted suicide, organ donation, etc. Currently, it’s virtually impossible to escape all the death talk in the media and elsewhere. For example, if you are admitted to a hospital for almost any reason, you or your relatives will be asked if you have or would like information about documents formalizing your “end-of-life” choices.

But despite all the hype, not every situation involving end-of-life issues has to involve wrestling with big ethical dilemmas. Many times, there are relatively simple considerations or strategies that actually used to be commonly employed until the introduction of the so-called “right to die.” Accurate information, common sense and a good understanding of ethical principles can cut through the “right-to-die” fog and make a person’s last stage of life as good as possible both for the person and his or her family.

Here are just four examples:

Prolonging Death or Providing Comfort?

I once cared for Mary (all names have been changed), an older woman who was near death with cancer. Her loving family took her to the doctor when she became confused and severely short of breath. An x-ray showed a fluid buildup near her lungs. The doctor inserted a long needle, aspirated the fluid and Mary immediately improved. However, the family was still worried. They asked me what they should do if the fluid built up again because they were afraid that this would prolong her death. I told them that the primary question now was comfort. If, for example, fluid did slowly build up again but Mary was comfortable, it could be burdensome to aspirate the fluid. However, if Mary did develop severe breathing problems that could not be controlled by medication, they might want to consider another aspiration since the goal was to make Mary as comfortable as possible during the short time she had left.

“Why, that’s just common sense,” the daughter exclaimed. Exactly!

Mary soon peacefully died at home with her family, never needing another medical intervention.

Families often suffer undue fear about prolonging death when a family member is dying and this can spoil what can be one of the most meaningful times in life.

After almost 40 years as a nurse, I have found

that barring murder or other such situations, people generally die when they are ready to die even regardless of medical interventions. When death is imminent, the big priority should be comfort rather than whether a person might live a few hours or days longer.

What if an Elderly Person Doesn’t Want Treatment?

One of my friends was very worried about his elderly grandmother whose health seemed to be declining. She ate very little and said she was ready to die. Efforts to improve grandma’s nutrition didn’t work and she refused a feeding tube. My friend was finally able to persuade her to at least try a small feeding tube inserted through her nose.

Within a short time, there was a dramatic improvement in grandma’s mood and physical functioning. According to my friend, she was back to where she was 10 years before and the feeding tube was removed.

Too often, doctors and even families assume that an elderly person who doesn’t feel well is just dying of old age without exploring possibilities such as depression, poor nutrition, loneliness, treatable physical problems, etc. Sometimes the answer may be as simple as antidepressants or better nutrition. At the very least, it is worthwhile to explore the options. If an elderly person is truly dying, he or she will die but the family will have the comfort of knowing that they did what they could do.

For example, in a similar situation, another friend was caring for her frail, elderly mother with chronic lung and heart problems. Ann’s mom agreed to try a feeding tube but after a short initial improvement, her mom started going downhill again. Fluid began to build up and the feedings were stopped. Ann’s mom was given what little food and fluid she wanted and she eventually died of natural causes.

Particularly in the frail elderly, it can be difficult to determine whether or not a person is truly dying. And while we are never required to accept treatment that is medically futile or excessively burdensome to us, sometimes this can be hard to determine. Far too many times, feeding tubes and other interventions are automatically assumed to be futile and/or burdensome or reasonable options are presented as just a yes or no choice. But there is another alternative that is often ignored: trying an intervention with the option of stopping it if it truly is futile or burdensome.

There are no guarantees in life or death but even finding out that something doesn’t work can be a step forward.

Shouldn’t We Be Allowed to Die?

Years ago, I received a phone call from a distraught fellow nurse living in California. Her sister, Rose, was comatose from complications of diabetes and had been in an intensive care unit for three days. Now the doctors were telling the family that Rose’s organs were failing and that she had no chance to survive. The doctors recommended that the ventilator and other treatments be stopped so that she could be “allowed to die”. My nurse friend was uncomfortable with this even though the rest of the family was ready to go along with the doctors.

As I told her, back when I was a new nurse in the late 1960s, we would sometimes see patients in the intensive care unit who seemed hopeless and we would speak to families about Do Not Resuscitate (DNR) orders. However, the one thing we didn’t do was to quickly recommend withdrawal of treatment. We gave people the gift of time and only recommended withdrawing treatment that clearly was not helping the person. Some patients did indeed eventually die but we were surprised and humbled when an unexpected number of these “hopeless” patients went on to recover, sometimes completely.

About six weeks after the initial phone call, my friend called back to tell me that the family decided not to withdraw treatment as the doctors recommended and that her sister not only defied the doctors’ prediction of certain death but was now back at work. I asked her what the doctors had to say about all this and she said the doctors termed Rose’s case “a miracle”.

“In other words,” she noted wryly, “these docs unfortunately didn’t learn a thing.”

Cases like this are usually not miracles. Virtually every doctor and nurse has seen at least one surprising recovery and almost every day brings a new media report about yet another unexpected recovery. However when such considerations as cost, a poor prognosis or low quality of life intersect with the “right to die,” people can literally be forced to die prematurely. When doctors and ethicists decide to play God - even with good intentions - that arrogance can be fatal.

A Time to Live, a Time to Die

When I worked as a hospice nurse years ago, our guiding principle was that we neither prolonged nor hastened dying. I totally

~ continued next page

Whatever Happened ...
(cont.)

supported this and I felt great satisfaction helping my patients and their relatives live as fully as possible until natural death. We nurses not only made sure that people were as physically comfortable as possible, we also helped with spiritual, emotional, and practical concerns.

Unfortunately, the “right-to-die” enthusiasts have had way too much success in trying to convince both medical personnel and the public that choice in dying is really the ultimate principle. However, trying to micromanage death by such measures as withdrawal of basic treatment, terminal sedation, lethal overdoses, etc. profoundly changes the medical system, even for people who may recover or who may live with disabilities.

The “right-to-die” movement is really more about despair rather than hope or true justice. People deserve the best in health care and that includes the right to both excellent care and a natural lifespan.

It's just common sense.

Nancy Valko is a contributing editor for Voices, the publication of Women for Faith and Family, in which this article appeared. She is a spokesperson for the National Assn. of Pro-life Nurses and past co-chair of St. Louis Archdiocesan Pro-Life Committee as well as a full-time ICU nurse. For over 34 years, she has also worked in home health, hospice, oncology, and hemodialysis.



The greatest gift that mothers give to their children is the gift of life.

*They bring us into the world, feed us, clothe us, care for us.
When they have done all they can do, they just hug us in our joy
and sometimes in our pain. They love us. They pray for us.
This Mother's Day be sure you say thank you!*

Honor Your Mother on Mother's Day

*One of the ways you can do that is with a Gift of Life donation to
Missouri Right to Life Education Fund in honor of your mother.*

*Honorees will receive a "Thank You for the Gift of Life" Mother's Day card
and be honored in the June Missouri Right to Life News.*

*The Mother's Day Tribute sign-up form is on our website at:
<http://missourilife.org/secure/mothersday.html>*

You make it happen!

Former Planned Parenthood Clinic Director turned Pro-Life Advocate challenges Pro-Life Action Day crowd

They came -- young and old, men and women, boys and girls, students and families. They came, pro-lifers dressed in red for Missouri Right to Life's Pro-Life Action Day at the State Capitol.

Over 500 filled the Capitol Rotunda and the mezzanine to hear Abby Johnson, former Planned Parenthood Clinic Director turned pro-life advocate, challenge them to continue the pro-life crusade in their homes, on the street, and in the voting booth.

They also visited legislative offices,

urging their state senators and their state representatives to be pro-life, to support pro-life legislation, and to vote pro-life.

“It's gratifying to see so many people who care enough about pro-life legislation to take their valuable time to participate in this event,” said Pam Fichter, Missouri Right to Life State President. “I'm particularly thrilled to see so many families participating. Besides voting, there's no better way to participate in the process than to call on your elected representatives in person.”



The pro-life crowd filled the Capitol Rotunda and the mezzanine during the noon rally at Missouri Right to Life's Pro-Life Action Day



Former Planned Parenthood Clinic Director Abby Johnson and pro-life sidewalk counselor Elizabeth McClung (middle left and right) met with Missouri Right to Life President Pam Fichter (far left) and Ex. Director Patty Skain (far right) during Pro-Life Action Day.

Inside ~

Lessons of Baby Joseph

MRL's newest billboard

Problems with the Komen Foundation



Save The Date ~

- May 5 The Silent No More Awareness Campaign
7:30 p.m. A personal testimony of hope and healing
 Immaculate Conception Catholic
 Church, Dardenne Prarie MO
- May 20 Missouri Right to Life Education Fund
12 noon Golf Tournament
 Eagles' Landing Golf Course, Belton MO
- May 27 31st Annual Right to Life Yard Sale
8a.m. - 7p.m. Hannibal LaGrange University
May 28 Mabee Sports Complex
8a.m. - noon Hannibal MO
- Nov. 12 Statewide MRL Chapter Meeting
10:30a.m. For current MRL chapter leaders and
 those interested in starting a chapter
 Missouri Right to Life State Office
 Jefferson City MO



Missouri Right to Life-Eastern Region "old timers" enjoying each other's company at their Christmas get together.



Ann & Allan Verhulst at this year's Missouri Right to Life-Western Region Stand Up For Life Banquet. Allan received the Joe Palermo Award for his many year's of service to the pro-life cause.

Are you a member of Missouri Right to Life?
Or haven't sent a donation for awhile? Or ever?
You should join -- or rejoin -- us! Be on our lifesaving team.
It's as easy as returning the envelope in this MRL News.