

# MASSACHUSETTS CITIZENS FOR LIFE

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  - New session, new MCFL bills to support -- and others to oppose.
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## The ProLife Legacy Society

Email us at [Action@MassCitizensForLife.org](mailto:Action@MassCitizensForLife.org),  
or call Myrna Maloney Flynn at 617-242-4199 x 224



### Myrna Maloney Flynn

President, Publisher

### Helen Cross

Editor

### Edward Boylan, Helen Cross, Juan Perfetti

Photographers

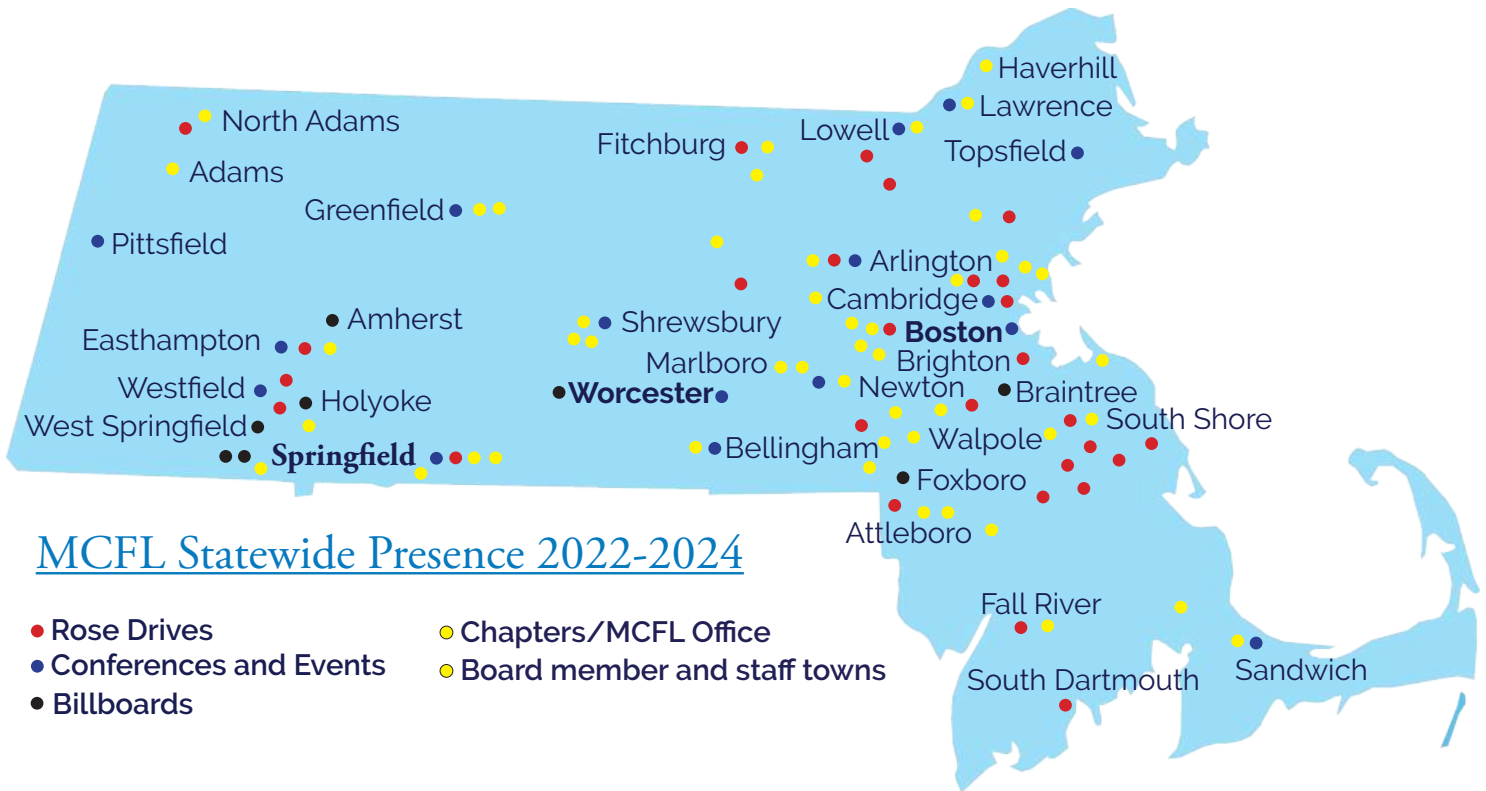
Massachusetts Citizens for Life  
231 Norfolk Street, Walpole, MA 02081  
(617) 242-4199, fax (617) 242-4965  
[www.masscitizensforlife.org](http://www.masscitizensforlife.org)

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# A Message From President Myrna Maloney Flynn



*We will influence public policy at the local, state, and national levels through comprehensive educational, legislative, political, and charitable activities.*

So reads the final sentence of the Massachusetts Citizens for Life (MCFL) mission statement, a directive that guides every operational decision we make. Throughout its 52-year history, hundreds of dedicated men and women have led varied and influential initiatives in every corner of the Commonwealth, on Beacon Hill and in our nation’s capital.

Since the overturn of *Roe v. Wade* nearly three years ago, my team and I have successfully responded to statewide challenges that arose post *Dobbs*. Most of these required us to swiftly double down on our commitment to protect innocent human life (reflected in the impact map above) and defend against pro-abortion zealots’ retaliatory attacks, whether against our pregnancy resource

centers or introduced by our legislature, from our governor and from within her administration. We asked for your help along the way. You responded with a determination that, I believe, caught a few of those folks off guard. What a sweet delight to be underestimated.

It’s said that you shouldn’t let a good crisis go to waste. So as pro-abortion groups strengthened their rhetoric and edged to new extremes in the past couple of years, we didn’t just continue to fight back. We used the opportunity to gain ground. MCFL launched several new programs, including the Pregnancy Care Alliance, APRScience, our activist-minded Young Adult Chapter, fetal development booklet distribution to both students and women in crisis, a petition, virtual speaker series, and pro-life communication skills training.

What’s more, we obtained bipartisan support for our life-affirming bills in the last legislative session and this new one, and we recruited thousands

of constituents to engage with their representatives.

Donors in 2024 approved of these shrewd responses, responsible investments and cost-effective efforts. And, on December 31, we closed the books on our most financially sound year in more than a decade.

Similarly, during the 2024 election across the Commonwealth, President Trump expanded his vote share to over 1.2 million people while increasing gains in nearly each region. That’s not to “endorse” the president but to acknowledge the growing acceptance of the person and party responsible for *Roe’s* reversal and, as we’ve seen in the first two months of Trump’s second term, several federal pro-life wins. The MassGOP reports that, “Massachusetts was the second largest gain in vote share for President Trump in the nation, after Florida . . . voters are open to change.”

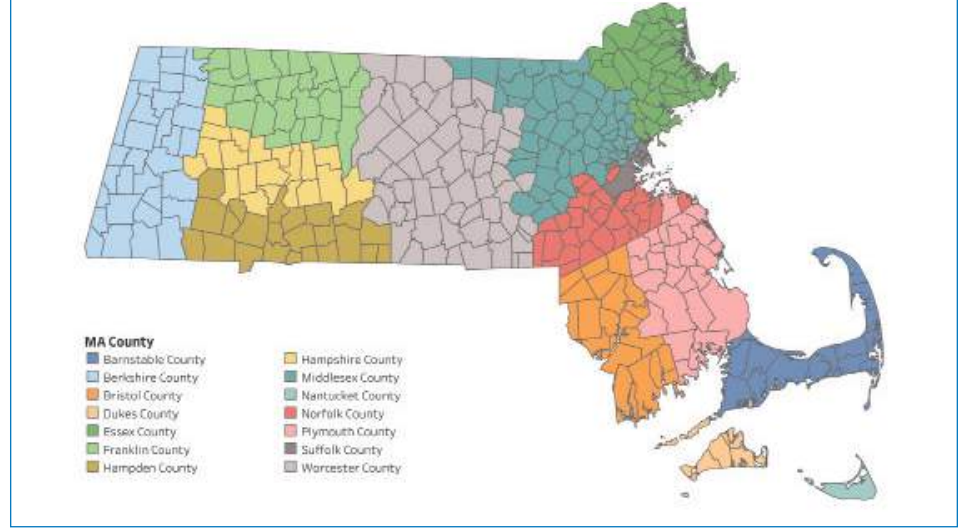
It's that willingness to hear new, and especially pro-life, perspectives that MCFL must harness over the next two years. **These are the conditions we've long needed to begin changing hearts and minds.** So I am thrilled to announce the newest of our grassroots initiatives to capitalize on those conditions: an MCFL Action Team in each of our 160 legislative districts.

Because you know your community better than we do, the purpose of each Action Team will be to educate those closest to you and build pro-life awareness, mobilization and support by engaging on a hyper-local level, and, in doing so, increase the pro-life presence – and power – across the Commonwealth. MCFL will provide the structure, tools, and introductory content. As teams grow, each will enjoy freedom to tailor their messaging, create projects and hold events. And in the spirit of healthy competition, we may just launch a lighthearted contest or two between teams. There's glory in fighting for life, but fun should be a key ingredient, too!

We've begun this admittedly significant undertaking by recruiting volunteer Action Team leaders in each of our 14 counties. Soon, each county will have a webpage on the MCFL site, which will serve as the county's central information hub and, over time, will help to launch district teams within every county.

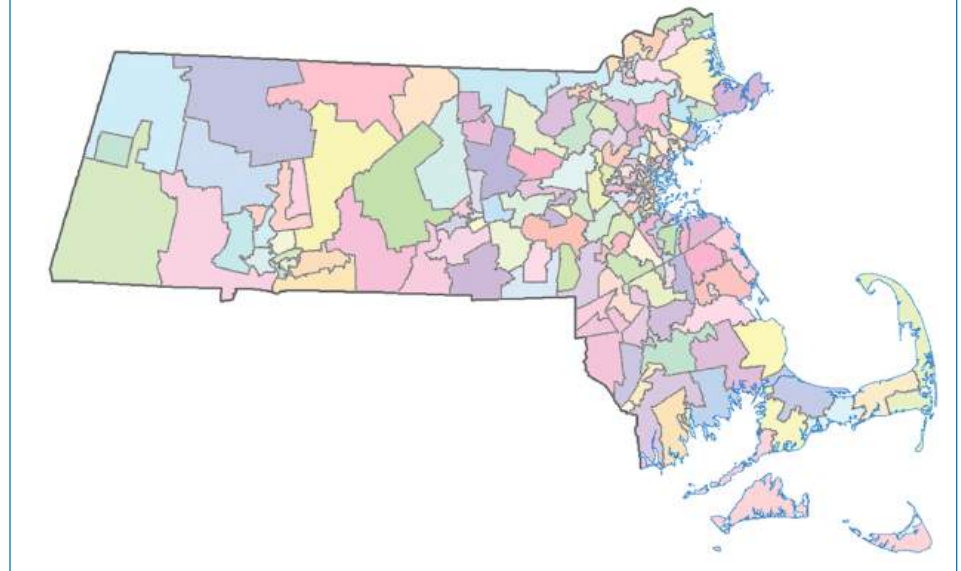
**We need dynamic individuals of all ages.** Team leaders should be comfortable using email and possess basic internet skills. Team members must simply be pro-life and willing to help build a culture of life, offering whatever skills they might have. Time commitments will vary wildly. So even if you don't have much time but are interested to learn more about this historic project, **send us an email at [teams@masscitizensforlife.org](mailto:teams@masscitizensforlife.org)** **Let us know in which Massachusetts county you reside.**

## Massachusetts' 14 Counties



MCFL will first recruit volunteer Action Team leaders in each of our 14 counties.

## Massachusetts House 160 Legislative Districts



By 2027, MCFL seeks to have an MCFL Action Team in each our 160 legislative districts.

The vulnerable depend on your participation. Time is critical. We've got life-or-death bills to advance or to oppose and another election in about 18 months. **We have a profound opportunity before us today to efficiently inform voters in our communities and move their hearts**

**to protect lives around the state. Let's make the most of this once-in-a-generation chance!**

**Join your county's MCFL Action Team today at: [teams@masscitizensforlife.org](mailto:teams@masscitizensforlife.org)**



**MASSACHUSETTS  
CITIZENS FOR LIFE**

**INVITES YOU TO JOIN YOUR COUNTY'S**

# **ACTION TEAM**

**OUR HISTORIC ENDEAVOR ALLOWS YOU TO RESHAPE  
YOUR COMMUNITY IN PARTNERSHIP WITH YOUR  
PRO-LIFE NEIGHBORS**



**Inform voters, empower women,  
educate influencers**



**Engage in pro-life advocacy through  
hyper-local team projects**



**Organize & mobilize your community  
using MCFL's digital infrastructure**



## **Contact Us**

**Send email to:  
[teams@masscitizensforlife.org](mailto:teams@masscitizensforlife.org)**



# Legislation for 2025-2026

## MCFL Sponsors Four Bills for the 194<sup>th</sup> General Court

MCFL has sponsored four bills for the next session of the General Court. These bills include: (1) protecting women from coerced abortions, (2) ensuring resources and support for pregnant women and families, (3) protecting pregnancy resource centers from taxpayer-funded negative ad campaigns, and (4) protect unborn children diagnosed with Down syndrome from being terminated based on their condition.



### **Bill HD. 879** **An Act relative to coerced abortion**

Presenters: David F. DeCoste, Jeffrey Rosario Turco, Colleen M. Garry

This legislation seeks to protect women from the harmful and often hidden practice of coerced abortion.

A peer-reviewed study by the Charlotte Lozier Institute revealed that nearly 70% of women who had abortions reported feeling pressured or coerced, often by partners or family members. Of these, 45% faced significant pressure, leading to lasting effects such as stress, grief, and disrupted lives. These findings demonstrate the urgent need to address coercion and ensure that every woman's decision is truly her own.

This bill would criminalize coercion, empowering a pregnant woman to make a free and informed choice—including the choice to embrace life for her child.

The bill states, “Any private office, freestanding ambulatory surgical center, hospital, clinic or other facility in which abortions are performed shall

MCFL President Myrna Maloney Flynn spent December 3 on Capitol Hill advocating for pregnancy resource centers.

conspicuously post a sign in a location so as to be clearly visible to patients, which reads: **Notice: It is against the law for anyone, regardless of his or her relationship to you to force you to have an abortion. By law, we cannot perform an abortion on you unless we have your freely given and voluntary consent. It is against the law to perform an abortion on you against your will. You have the right to contact any local or state law enforcement agency to receive protection from actual or threatened physical abuse or violence.”**

### **Bill HD.3995** **An Act Relative to Ensuring Resources and Support for Pregnant and Parenting Families**

Presenters: David F. DeCoste, Jeffrey Rosario Turco

The bill's goal is to advance pregnancy equality, provide comprehensive support to pregnant and parenting families, and

ensure fair treatment of all organizations offering these vital resources.

This bill would guarantee that pregnant women and families receive unbiased information about all available pregnancy and parenting resources, while promoting both government and nonprofit services equally. It prohibits state agencies from discouraging access to these essential supports and strengthens resources like food assistance, counseling, and material aid. Additionally, it offers legal protection for nonprofit organizations providing these services.



Arianna and Annyaira, clients at Your Options Medical in Revere

**Bill HD.4193**  
**Protecting PRCs from Taxpayer**  
**Funded Ad Campaigns**

Presenters: Joseph D. McKenna, John J. Marsi

This bill is expected to face significant opposition from pro-abortion lawmakers, so we need your help to build more support on Beacon Hill. Your voice is essential to ensure that this important legislation has a strong chance of passing.

The bill aims to ensure that pregnant women are provided with a variety of supportive resources and are not discouraged from considering pregnancy resource centers. It will also guarantee that state resources are used fairly to promote a range of options, without bias or negative campaigns targeting these centers.

**HD.2115**  
**An Act Related to Down Syndrome**

Presenter: David F. DeCoste

This bill is a critical piece of legislation designed to protect unborn children diagnosed with Down syndrome from being terminated based on their condition. It also holds accountable those who perform such abortions. However, we anticipate strong opposition from pro-abortion lawmakers, making it crucial that we recruit more allies on Beacon Hill to co-sponsor this bill.

If passed, the bill would impose legal and professional penalties for anyone involved in performing an abortion based on a Down syndrome diagnosis. It would also prevent grave discrimination against otherwise perfectly healthy babies and open dialogue about prenatal diagnoses in general, encouraging our citizens to value all human life in the

womb.

The bill states: “No person shall purposefully perform or induce or attempt to induce an abortion on a pregnant female woman, if the person has knowledge that the pregnant female woman is seeking the abortion, in whole or in part, because of any of the following: a test result indicating Down syndrome in an unborn child; a prenatal diagnosis of Down syndrome in an unborn child; or any other reason to believe that an unborn child has Down syndrome.

“Any physician, physician assistant, certified nurse practitioner, certified nurse midwife, or other individual whether or not licensed by the Board of Registration in Medicine, the Board of Registration in Nursing, the Board of Registration of Physician Assistants, or otherwise authorized by law to practice medicine within the Commonwealth of Massachusetts, who violates section 3(a), is guilty of performing or attempting to perform an abortion that was being sought because of Down syndrome, a crime punishable by imprisonment in the state prison for not more than fifteen years or by imprisonment in a jail or house of correction for not more than two and one-half years or by a fine of not more than fifteen thousand dollars, or by both such fine and imprisonment.

“The Board of Registration in Medicine, the Board of Registration in Nursing, and the Board of Registration of Physician Assistants shall revoke the medical license to practice medicine or nursing in this commonwealth of the physician, physician assistant, certified nurse practitioner, certified nurse midwife, or other medically licensed individual who violates section 3(a).

“Any physician, physician assistant, certified nurse practitioner, certified nurse midwife, or other individual who violates section 3(a) is liable in a civil action for compensatory and exemplary



damages and reasonable attorney’s fees to any person, or the representative of the estate of any person, who sustains injury, death, or loss to person or property as the result of the performance or inducement or the attempted performance or inducement of the abortion. In any action under this section, the court may also award any injunctive or other equitable relief that the court considers appropriate.

**“A pregnant woman on whom an abortion is performed or induced or attempted to be performed or induced in violation of section 3(a) is not guilty of violating section 3(a) or of attempting to commit, conspiring to commit, or complicity in committing a violation of section 3(a).”**



Former PRC client Britt with her son Brayden

Legislative Action Center  
[masscitizensforlife.org/legislation](http://masscitizensforlife.org/legislation)



## Bills MCFL supports

Bill	Summary/Title
HD.879	An Act Relative to Coerced Abortion
HD.3995	An Act Relative to Ensuring Resources and Support for Pregnant and Parenting Families
HD.4193	Protecting PRCs from Taxpayer-Funded Ad Campaigns
HD.2115	An Act Related to Down Syndrome

## Bills MCFL opposes

Bill	Summary/Title
HD.1317	Eliminating parental consent or notification from minors to get an abortion - "An Act relative to abortion care for young people"
HD.2989	Abortion access expansion - "An Act enhancing access to abortion"
SD.1665/ HD.2540	Physician-Assisted Suicide - "An Act relative to end of life options"

### Tips for Effective Lobbying:

Whether you're making a phone call or visiting your legislator in person to make your case, **telling a personal story** about an important issue is much more effective than any town hall mob or purely intellectual fact sheet you choose to use.

- Identify yourself. Start by telling them who you are and where you live so they know you're a constituent.
- Be polite and professional. Ask questions first. Be friendly and courteous, even if/when the legislator disagrees with your position.
- State a clear and concise objective. Stay focused on the purpose of your phone call or meeting, and don't wander off in too many directions. Let them know upfront what you are asking them to do, and refer to bills by their numbers and names—such as, "I want Representative Smith to remove his sponsorship of S.B. 1209."
- Explain why this issue is important to you personally. Lawmakers are interested in data and statistics, but they're much more interested in how an issue affects their constituents personally.
- Use the web and email effectively. Visit legislators' official websites before your meetings, so you can learn in advance about their background, biographical information, and positions on issues. You can follow up with a phone call.
- Work with legislative staff. Listen to elected officials' comments and questions. Always thank a staff member who took the time to meet with you.
- Be persistent. Keep communicating for the benefit of the most vulnerable citizens in our state: our women, infants, children, and marginalized.

# Pro-life Laws and Maternal Health

Maternal deaths misrepresented: Even when no abortion is sought, even when a baby has already died, abortion laws are blamed as the reason

*When the media misrepresents maternal deaths, it can discourage other women from seeking the care they need.*

Leah Sargeant's Commonplace article examines the consequences of misinformation on state abortion laws post-Dobbs. Expectations that pro-choice advocates would try to blame maternal deaths on state abortion bans came true in 2024 when Stephania Taladrid, writing for *The New Yorker* posed the question: "Did an Abortion Ban Cost a Young Texas Woman Her Life?" Although Taladrid reveals that the answer is no, the story "was the first of what has become a genre of attempted abortion exposes featuring vulnerable women who face medical neglect that is cast as the fault of abortion laws," Sargeant says.

These misstatements about the law in abortion reporting may put women at risk. "A woman reading these abortion death stories could be left to conclude that one doctor's personal and severe negligence was in fact what her state requires of all doctors," she continues. "This is false, and at least one woman appears to have died due to believing there was no hope in seeking care."

One example of a woman dying from substandard care was Yenifer Alvarez-Estrada Glick who had a high-risk pregnancy. Glick had diabetes and hypertension and was overweight. Would Glick qualify for an abortion due to risks that her life or health were in danger? These questions were irrelevant, Sargeant says because Glick wanted her baby.

"When Glick and her baby girl made it to 23 weeks, the point of periviability,

she was in the hospital again because her blood pressure and pulmonary edema were dangerous for them both. Again *The New Yorker's* reporting raised the question of whether Glick should have been offered an abortion at this point. She could feel her baby moving, and had already named her Selene. She told her mother, if it came to a question of her life or the baby's, she wanted her mother to save her daughter."

"At 31 weeks, Glick slipped into a medical crisis. The paramedics who came to meet her dawdled in her driveway. Her heart stopped beating by the time she got to the local ER. When the doctors delivered Selene by Caesarean, she was dead, too. Her baby shower had been scheduled for that weekend.

"For Glick, her care was constrained by her poverty, her lack of insurance, and her distance from competent doctors. Even if no one raised abortion explicitly, her instructions to her mother made it clear she didn't want to end her child's life to improve her own prognosis. Framing her case as the fault of an abortion ban presumes that abortion is the escape clause for bad medical care. The stories that have followed Glick's have continued to misrepresent on the law and the standards of care for pregnancy, miscarriage, and complications of abortion.

"Across the country, not a single state sets penalties for a woman who procures an abortion or for a doctor who treats complications that follow from abortion after the baby has died. Not a single state prohibits the removal of a baby from the fallopian tube in an ectopic

pregnancy to save a mother's life.

"In some cases, poor care was interpreted as universal policy, and misinformation spread virally on social media. Ryan Hamilton and his wife sought medical care in Texas when she began bleeding at 13 weeks. The first doctor they saw confirmed their child had died, and prescribed misoprostol to medically manage the miscarriage. She took the medicine, and then the second dose prescribed, but it didn't appear to be helping.

"He went with his wife to a hospital he did not name, and the doctors there confirmed that the child had died, but said that the situation did not, in their estimation, require a dilation and curettage (D&C) to remove the baby's body and placental tissue to complete the miscarriage. These doctors did feel comfortable prescribing more misoprostol. After taking the prescribed medicine, Hamilton's wife began bleeding more and collapsed, unconscious, in their bathroom. He rushed her to the emergency room, and she was stabilized.

"As Hamilton tells it, doctors at both places confirmed that his child no longer had a heartbeat, and thus the Texas law on abortion was irrelevant to their care."

Sargeant says it is important to share stories of poor or confusing care to prevent doctors' mistakes from being repeated, but it's also essential to be clear about patients' rights and recourses so patients don't conclude that there's no point in seeking medical attention.

(Sargeant's full article is available at *Pregnancy Help News*)

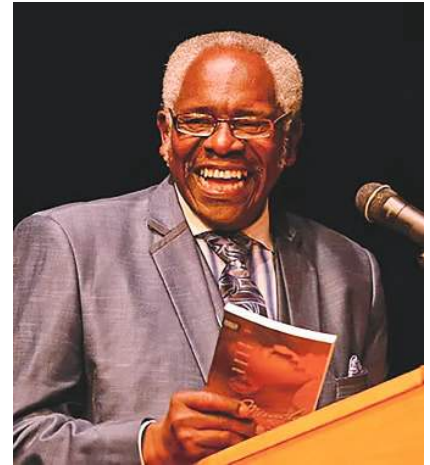
# Events

## *Annual Mother's Day Dinner*

### Bishop W.C. Martin, May 8 at the Log Cabin

As Angel Studios described last year, the film, "Sound of Hope: The Story of Possum Trot" "follows Donna and Reverend Martin as they ignite a fire in the hearts of their rural church to embrace kids in the foster system that nobody else would take. By doing the impossible—adopting 77 children—this East Texas community proved that, with real, determined love, the battle for America's most vulnerable can be won."

We are incredibly lucky that Bishop Martin has made time to join us for our beloved western Massachusetts tradition! You'll get to listen as he tells his story of not just adopting but establishing a community of adoptive families that has since served as a model for foster parents nationwide – including here in Massachusetts.



#### **Sponsorship Opportunities**

##### **Platinum Rose \$5,000**

12 Dinner tickets (1 table), 2 VIP tickets at head table with Bishop W.C. Martin and recognition at the Dinner.

**Program recognition:** Full-page ad; First placement on sponsor list, logo included.

**Website recognition:** First placement on sponsor list, logo included with link to website.

**Event signage:** Stand alone.

##### **Gold Rose \$2,500**

10 Dinner tickets (1 table) and recognition at the Dinner.

**Program recognition:** Half-page ad; Prominent list placement, logo included.

**Website recognition:** Secondary placement on sponsor list, logo included with link to website.

**Event Signage:** Shared.

##### **Silver Rose \$1,000**

4 Dinner tickets.

**Program recognition:** Quarter-page ad; Prominent list placement.

**Website recognition:** Secondary placement on sponsor list.

**Event Signage:** Shared.

##### **Bronze Rose \$500**

2 Dinner tickets.

**Program recognition:** Quarter-page ad, included on sponsor list.

**Website recognition:** Inclusion on sponsor list.

**Event Signage:** Shared.

Scan for Mother's Day Dinner  
webpage

[MaProLife.org/mothersdaydinner](http://MaProLife.org/mothersdaydinner)





## Kayleigh McEnany to Keynote Annual Banquet on September 26

**K**ayleigh McEnany is the former White House press secretary and current co-host of Outnumbered on the Fox News Channel. Prior to serving in the White House, Kayleigh worked as the national press secretary for the Trump Campaign and formerly the national spokesperson for the Republican National Committee. Before joining the RNC, Kayleigh worked as a political commentator at CNN.

Kayleigh graduated from Harvard Law School with a Juris Doctor and Georgetown University School of Foreign Services with a degree in international politics. She also studied politics and international relations at Oxford University, St Edmund Hall. Kayleigh is a recipient of the Department of Defense Medal for Distinguished Public Service and the Department of Homeland Security Secretary’s Public Service Award.



Kayleigh is the author of the New York Times bestselling books, “For Such a Time as This” and "Serenity in the Storm: Living through Chaos by Leaning on Christ."

### Sponsorship Opportunities

#### Platinum Rose \$10,000

20 Dinner tickets (2 tables), 20 VIP tickets, 2 VIP seats at head table with Kayleigh McEnany, recognition at the Dinner.

**Program recognition:** Full-page ad, first placement on sponsor list, logo included.

**Website recognition:** First placement on sponsor list, logo included with link to website.

**Event signage:** Stand alone.

#### Gold Rose \$5,000

10 Dinner tickets (1 table), 10 VIP tickets, and recognition at the Dinner.

**Program recognition:** Half-page ad, Prominent list placement, logo included.

**Website recognition:** Secondary placement on sponsor list, logo included with link to website.

**Event Signage:** Shared.

#### Silver Rose \$2,500

10 Dinner tickets (1 table) and recognition at the Dinner.

**Program recognition:** Quarter-page ad, Prominent list placement.

**Website recognition:** Secondary placement on sponsor list.

**Event Signage:** Shared.

#### Bronze Rose \$1,000

4 Dinner tickets and recognition at the Dinner.

**Program recognition:** Prominent list placement

**Website recognition:** Inclusion on sponsor list.

**Event Signage:** Shared.

#### Red Rose \$500

2 Dinner tickets and recognition at the Dinner.

**Program recognition:** Included on sponsor list.

**Website recognition:** Inclusion on sponsor list.

**Event Signage:** Shared.

[MaProLife.org/banquet](https://MaProLife.org/banquet)



# Could Changes to Federal Chemical Abortion Policy Save Lives in Massachusetts?

A new Marist poll shows strong public support for the Trump administration to create policies strengthening conscience rights and limiting chemical abortion. Chemical abortion accounts for 63 percent of the nearly one million abortions in the United States and 70 percent of the 24,355 abortions in Mass. in 2023.

Writing in *The Federalist*, Dr. Christina Francis and John Mize noted, “The removal of Food and Drug Administration safety measures on the pill during Covid lockdowns, including the in-person visit and follow-up care requirement, has created significant risks for women, and pro-life groups are urging the reinstatement of critical safety measures.

“Abortion pills are not benign. The FDA itself acknowledges severe risks, including hemorrhage, sepsis, and even death, with some 36 fatalities linked to the drug mifepristone. Tragically, these dangers are not theoretical. One tragic example is the death of Amber Nicole Thurman, a mother of twins, who died after taking abortion pills she obtained without a followup visit. Had REMS [Risk Evaluation and Mitigation Strategies] protocols been in place, the abortion facility could have identified and quickly treated the complications she suffered from the drug, and her life might have been saved.

“By requiring medical oversight for abortion pills, the federal government would take a bipartisan step to protect women from avoidable harm. Reinstating REMS would not ban the abortion pill but ensure it is used with the same safety standards applied to other high-risk drugs.”

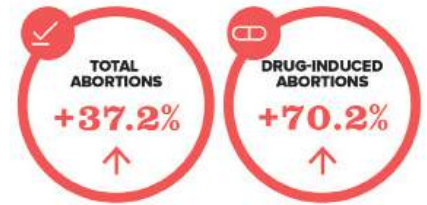
In “Why RFK Jr. Must Restrict the

Abortion Pill” for National Review John Gerardi said, “The FDA could start with reviewing and rescinding its original approval of mifepristone in 2000, or its subsequent 2016 and 2021 deregulations. In 2023, the Fifth Circuit Court of Appeals held that the 2016 and 2021 regulations violated the Administrative Procedures Act. These findings could give the FDA ample ground for rescinding its prior policies, reinstating robust safety requirements, or eliminating mifepristone’s FDA approval altogether.

Gerardi continued, “The Trump administration, alone or with Congress, could crack down on American companies in blue states shipping the abortion pill to states where abortion is illegal. It could pursue punitive funding restrictions against states such as California and New York that shield such companies and doctors from civil or criminal penalties for their violations of pro-life states’ laws. The DOJ could enforce the Comstock Act (a Ulysses Grant-era law prohibiting the shipment of abortifacient drugs through the mail) to shut down such activity. These practices endanger women who are ‘self-managing’ their abortions, getting mifepristone without a doctor visit or an ultrasound.”

“America’s Cross-Border Abortion War,” an article for First Things by Jonathon Van Maren, talks about the blue state/red state divide. “A West Baton Rouge grand jury indicted Dr. Margaret Carpenter of New York and an unnamed thirty-nine-year-old Louisiana mother on charges of criminal abortion by means of abortifacient drugs. The mother ordered the abortion pills from Carpenter and allegedly coerced

Charlotte Lozier: Mass. abortions increase in 2023 over 2022



her daughter—who had a wanted pregnancy—to take them.

“Despite the fact that a teenage girl was coerced into an abortion, New York Governor Kathy Hochul immediately framed the indictment as an attack on ‘reproductive rights,’ although she did not mention that in this case, it was the victim’s ‘reproductive rights’ that were clearly violated. ‘Louisiana is attempting to prosecute a New York doctor for providing reproductive health care,’ she posted on X.

“Louisiana Attorney General Liz Murrill responded to set the record straight: ‘It is illegal to send abortion pills into this state and it’s illegal to coerce another into having an abortion. The allegations in this case have nothing to do with reproductive health care, this is about coercion. This is about forcing somebody to have an abortion who didn’t want one.’ Eighteenth Judicial District Judge Alvin Batiste has issued warrants for the arrest of both the mother and Carpenter, but New York’s shield law, signed by Hochul in 2023, prevents New York from cooperating with other states in the prosecution of New York doctors in the provision of abortion.

“In Louisiana and Texas, pro-life legislators are determined to create a safe harbor for unborn children and their mothers. In New York and likeminded states, pro-abortion legislators are determined to create a safe harbor for abortionists and black-market dealers in illegal abortion pills. No collateral damage—not even a teenage girl mourning her dead child, aborted against her will—is too great a price to pay for these extremists.”

# Charlotte Lozier Fact Sheet: Risks and Complications of Chemical Abortions

## Physical Risks

- Chemical abortion has a **complication rate four times that of surgical abortion**, and as many as **one in five women will suffer a complication**. Three to seven out of every hundred women who choose chemical abortion early in pregnancy will need follow-up care to finish the abortion, with as many as 7-10% needing follow-up care in the first trimester after 63 days of pregnancy and up to 39% requiring surgery if the regimen is accidentally taken in the second trimester.
- As many as 15% of women will experience **hemorrhage**, and 2% will have an **infection**. The risk of incomplete abortion and infection **increases with increasing gestational age**.
- Chemical abortion drugs are increasingly **likely to send women to the emergency room (ER)**: in a study of the Medicaid population in states that fund abortion for low-income women, the **rate of chemical abortion-related emergency room visits increased over 500%** between 2002-2015.
- Chemical abortions are over **50% more likely than surgical abortions to result in an ER visit within 30 days**, with one woman experiencing an abortion-related ER visit for every 20 chemical abortions.
- Some abortion advocates encourage women to lie to their doctors if they need urgent care following a chemical abortion and to say that they are having a miscarriage. However, **if a chemical abortion is miscoded as a miscarriage** in the ER, which occurred 60% of the time in one study, **the woman is at significantly greater risk of needing multiple hospitalizations and follow-up surgery**.

## Abortion By Mail

- When abortion pills are ordered online and sent through the mail with **no medical oversight, no ultrasound** is provided to confirm gestational age. Many pregnant women do not accurately estimate their gestational age, and chemical abortion **complications increase as pregnancy advances**.
- Only ultrasound can rule out an ectopic pregnancy. **Mifepristone cannot treat an ectopic pregnancy and mask the symptoms of tubal rupture, putting women at risk of severe bleeding and death**. Approximately 2% of all pregnancies are ectopic and half of women have no risk factors.
- If an Rh-negative woman is not administered Rhogam at the time of her chemical abortion, she could experience isommunization, which would **pose serious risks to future pregnancies**.

## Social and Emotional Risks

- With no medical oversight, abortion pills can **fall into the hands of traffickers and abusive partners**. Already, there are accounts of women being given abortion pills without their knowledge or consent. The risk of forced abortions will increase if the pills are available online without an in-person visit with the woman's doctor, visits during which it might be **determined whether the woman is being coerced in an abusive situation**.

## Data Issues

- U.S. abortion data is generally very poor. A key **analysis of abortion-pill-related adverse events submitted to the FDA shows significant underreporting**. Planned Parenthood independently reported over twice as many adverse events as the FDA in 2009-2010, despite the fact that the FDA's data is supposed to reflect complications from all abortion providers. **FDA's data is estimated to be missing as many as 95% of all serious adverse events**. Since 2016, FDA no longer requires abortion providers to report any complications other than death.
- Even with the data known to be incomplete, there is enough data to show **multiple deaths and many serious complications** resulting from chemical abortion.

## Maternal Mortality Rate Declines 17 Percent Between 2022 and 2023

Media ignores data showing positive public health trends in the first full year post-*Dobbs*

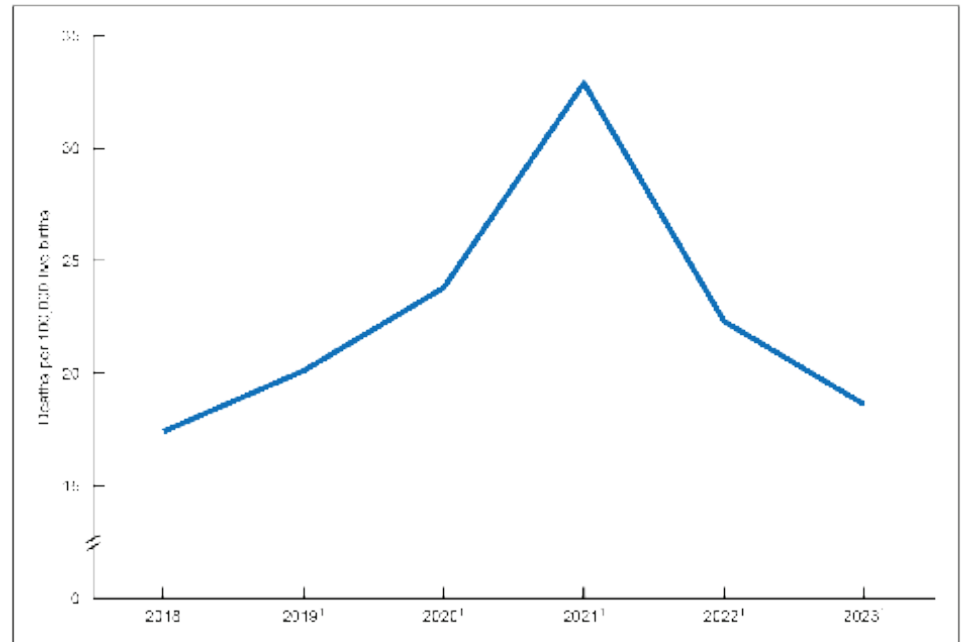
In February, the Centers for Disease Control (CDC) released updated data on the U.S. maternal mortality rate. The report, "Maternal Mortality Rates in the United States, 2023," showed that between 2022 and 2023, the rate fell from 22.3 per 100,000 live births to 18.6, a decline of nearly 17 percent.

The World Health Organization defines maternal death as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes."

The report notes, "In 2023, maternal mortality rates decreased significantly for White non-Hispanic (subsequently, White) and Hispanic women. The observed decrease for Asian non-Hispanic (subsequently, Asian) and increase for Black non-Hispanic (subsequently, Black) women was not statistically significant. In 2023, the maternal mortality rate for Black women was 50.3 deaths per 100,000 live births and was significantly higher than rates for White (14.5), Hispanic (12.4), and Asian (10.7) women."

In an article for *National Review* Professor Michael New laments that "much of the media coverage of this new CDC maternal mortality rate data has focused on racial disparities rather than the overall decline. Indeed, the

Figure 1. Maternal mortality rate: United States, 2018–2023



Estimated from best change in risk from previous year (CDC).  
SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file

In 2023, 669 women died of maternal causes in the United States, compared with 817 in 2022. The maternal mortality rate for 2023 decreased to 18.6 deaths per 100,000 live births, compared with a rate of 22.3 in 2022.

headlines from Yahoo!, the Associated Press, PBS, and CBS News all mentioned either racial disparities or an increase in the maternal mortality rate among African American women. None of the headlines from these news outlets even mentioned the overall maternal mortality rate decline."

New called the data showing the U.S. maternal mortality rate falling by nearly 17 percent in 2023 "extremely newsworthy." He continued, "This was the first full year after the Supreme Court's *Dobbs* decision. By the end of 2023, 15 states had either effectively banned abortion or had laws in place protecting preborn children after six weeks gestation. Countless mainstream media pundits predicted that strong pro-life laws would hurt public health.

"However, CDC data show a decline in maternal mortality since 2022 and a decline in infant mortality since 2023. Overall, it is sad, but unsurprising,

that many media outlets have chosen to downplay the positive public health trends that have occurred post-*Dobbs*."

"It really is unfortunate that a 17% decline in the US maternal mortality rate is not huge news," said National Right to Life Executive Director Scott Fischbach. "This decline happened after many states had restored protections for the unborn. It is important to remember that we had just had the highest maternal mortality rate in our country in over 50 years in 2021. Legalized abortion does not decrease maternal mortality rates. These CDC numbers confirm what we have always said – when we prioritize healthy reproductive outcomes, babies and their moms can both do well. No mom should die giving life. Providing maternal care and protecting lives for the win."

## Young Adult Meetup Hosts Dr. Michael New



Dr. Michael New, Senior Associate Scholar at the Charlotte Lozier Institute and Catholic University of America faculty member, spoke at MCFL's Young Adult Meetup on the state of America's pro-life movement. The February 11 event was held at Mick Morgan's Irish Pub in Sharon. More information on future activities for the Young Adult Meetup is available at: [masscitizensforlife.org/meetup](https://masscitizensforlife.org/meetup)

## Paul DeBeasi to Present APRScience at Heartbeat International 2025 Conference

Paul DeBeasi will present a workshop, "Debunking Common APR Myths Using APRScience.org," at Heartbeat's International 2025 Conference in May. DeBeasi is the director of APRScience.org and a member the Massachusetts Citizens for Life Board of Directors.

DeBeasi's peer-reviewed article on APR won the 2024 Linacre Award, presented by the Catholic Medical Association for best medical research. He received his master's degree in healthcare bioethics from the University of Mary and holds engineering degrees from Cornell University and Boston University.

DeBeasi wants his presentation to raise awareness of APRScience. The workshop description says, "Widespread



APR myths cause confusion, suppress APR awareness, and prevent women from exercising their right to choose life. This workshop will help you refute these myths using APRScience.org."

The workshop has two main objectives: (1) Debunk common Abortion Pill Reversal (APR) myths with facts, figures, and data, and (2) Introduce APRScience.org, an educational project that fosters APR understanding.

The conference has two methods of attendance: in person or virtual. For more information about Heartbeat's 2025 Conference go to: [heartbeatservices.org/conference-2025](https://heartbeatservices.org/conference-2025)

## Memorials

**Benjamin Mark Bruno**  
Richard & Connie Bruno

**Andrew Geracoulis**  
Alexandra Gonzalez

**Valerie Jones**  
Mark Harrington

**Peter Nascembeni**  
Carissa Nascembeni

**Albert Palumbo**  
Mary Hazlett  
Keller Elementary School

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### Mission

In recognition of the fact that each human life is a continuum from conception to natural death, the mission of Massachusetts Citizens for Life is to restore respect for human life and to defend the right to life of all human beings, born and preborn. We will influence public policy at the local, state, and national levels through comprehensive educational, legislative, political, and charitable activities.

## Coming Events

### BOSTON CATHOLIC MEN'S CONFERENCE

March 22

Boston Marriott, Quincy

### WORCESTER CATHOLIC MEN'S CONFERENCE

April 5

DCU Center, Worcester

### MOTHER'S DAY DINNER

May 8

The Log Cabin, Holyoke

Keynote Speaker: **Bishop W.C. Martin**

"The Story of Possum Trot"

### SOULFEST

August 14-16

Greenfield

### PRO-LIFE BOOTH AT THE BIG E

September 12 - 28

West Springfield

### ANNUAL FUNDRAISING BANQUET

September 26

Newton Marriott

Keynote Speaker: **Kayleigh McEnany**

Former White House Press Secretary



Hear Bishop Martin's incredible story on May 8!

New York Times bestselling books by Kayleigh McEnany, "For Such a Time as This" and "Serenity in the Storm: Living through Chaos by Leaning on Christ."

