

MASSACHUSETTS CITIZENS FOR LIFE

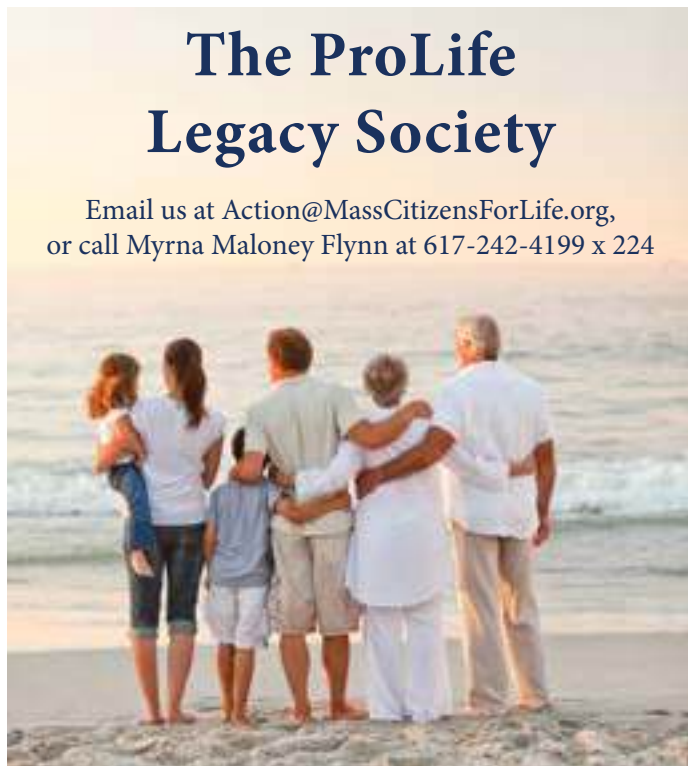


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Cover: Kayleigh McEnany keynotes the MCFL 2025 Banquet
Photo by Bryan Trench



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A Message From President Myrna Maloney Flynn

“Everything in life is somewhere else, and you get there in a car. - E.B. White

I just *had* to have a garage. At the top of my house-hunting wish list several years ago, I prioritized this homeowner’s feature. In my mind, keeping my car out of the elements outweighed a few extra dollars tacked on to an asking price. I quickly learned that a garage adds way more than “a few extra dollars” to a home’s value; too much for my budget, as it turned out. So I begrudgingly traded a garage for the trusty \$10 ice scraper and soon closed on a house, on January 22, of all dates, when we memorialize the 1973 *Roe v. Wade* Supreme Court decision.

We settled into our new home, located on a popular cut-through street dubbed by my town as a “Scenic Road.” Scenic or not, living close to the corner and adjacent to a major roadway, I quickly became accustomed to wrong turn-ers: drivers who discovered errors in their routes, pulled into my driveway and back out again, ready to reverse course.

I saw them, right outside my home office window, many times each day. Inevitably, I’d be in deep-work mode only to hear their arrival on my property. “How annoying!” I complained after a while, as I watched yet another lost driver pull into the driveway behind my parked car, pause at the wheel long enough to glance at his phone, then look up again and leave. Admittedly, the entrepreneur in me began to sense opportunity; I had customers, I just needed a compelling value proposition. Lemonade stand? Used books?

Just when we’d found a routine after our move, Providence disrupted us.

There was no way to avoid the deer on our way back from school one evening. Despite my best efforts, he and his antlers plowed into my van at full speed and totaled it. (Yes, I looked for the deer to make sure he was alright. Yes, we were alright . . . though my kids heard a few new words tumble out of my mouth as wildlife and Chevy collided.) A week later, I found myself at a used car dealership, with an insurance check deposited and a desire to make the best of the whole situation through the purchase of a long-overdue accessory: a pair of [Choose Life license plates](#).

I’d always loved [the story behind the plate](#). It’s a modern-day epic: one woman’s unlikely success in generating sufficient grassroots support across radically pro-abortion Massachusetts that resulted in our very own pro-life license plate. And, just as wonderful, Merry Nordeen structured her nonprofit so that money from every plate purchase directly supports our state’s charitable pregnancy resource centers through [Choose Life’s grant program](#).

Here’s how it works: When I purchased a Choose Life License Plate, I paid \$40 more than my regular registration fee. The Motor Vehicle Registry kept \$12 to pay for the cost of manufacturing the plate, and Choose Life, Inc. received \$28. When I have since renewed my plate, Choose Life received the full \$40. With thousands of plates sold since 2012, Choose Life has provided more than \$1 million to our [pregnancy resource centers](#).

Turns out, there are intangible benefits of plate ownership that are just as worthy. With Choose Life plates, I gained membership in an elite club of pro-life road warriors, a network



of ambassadors for the good, true and beautiful that no other plate or bumper sticker offers. We wave to each other, unknown allies in today’s greatest battle. Plus, tooling around with Choose Life plates has done wonders for my generosity as a driver. It’s delicious to take the high road in any given situation, knowing others might be sneering at me and my plates, as I smile and allow them to turn first or take the parking spot I also wanted.

Our mission is love. And my plates challenge me to out-love every other person on the roads, chin up, proudly representing our movement along with my peers. I have never experienced vandalism nor heard about any from other plate owners.

In fact, the best part about my Choose Life plate is that, exposed in my garageless driveway, it continues to do its job on my parked car. Errant drivers swing in and find themselves face to face with its simple, compelling sales pitch. “Choose Life” awaits those who just might be looking for direction. For my money, that’s the greatest value proposition on the market, even more refreshing than lemonade.

[Order your plate today](#) and join the club. We know that a pro-life future lies ahead on the horizon. Who knows? We just might get there in a car.

Bill H. 217: Ensuring Resources for Pregnant Women and Families



On October 21, MCFL President Myrna Maloney Flynn testified (1:41) in favor of H. 217, a bipartisan bill supporting pregnant and parenting families. Said Flynn, “This legislation ensures that women and families in need know how to access cost-free resources they want before, during, and after pregnancy . . . including counseling, prenatal education and material goods.

“You’d think that these kinds of free resources would already be available for pregnant women in a state like Massachusetts. The unfortunate reality is that the state actively works to prevent women from accessing free pregnancy support resources – again, the resources women want if they choose to continue a pregnancy.

“Last year, our Department of Public Health used taxpayer dollars to fund this statewide ad campaign. Its goal was to scare women away from charitable pregnancy resource centers – simply because they do not provide abortions. Yet abortion providers don’t offer the help available at pregnancy resource centers.

“If we are a state that claims to endorse reproductive choice for women, then we need to make sure women have freedom to choose the support they want. This bill promotes choice, fairness and equity, ensuring that government resources promote both abortion clinics and pregnancy support organizations.

“And the support that charitable pregnancy centers provide is considerable: In 2024 alone, a network of 13 centers served more than 4

Testimonies of women helped by Massachusetts PRCs speak for themselves

thousand women, providing one point eight million dollars worth of pre natal care and postpartum resources, too.

“Pregnancy centers have provided cost-free services to women in need for 4 decades. Recently, Massachusetts Citizens for Life filed public records requests related to claims that centers endanger women. The results: no complaints have been filed against pregnancy resource centers that warrant attacks like the state’s ad campaign.

“The most powerful voices of support for pregnancy centers have come from women like these, who have found compassion and care inside our pregnancy resource centers.

“All women have a right to hear where they can go to receive this kind of support. Please advance H. 217. We have a responsibility to inform and support families at every stage of pregnancy. This legislation ensures that every family learns how to access the resources they desire.”

MCFL adds that families need clear and unbiased information about

available resources. This bill requires all state agencies to provide accurate guidance on pregnancy and parenting resources, including non-profits, community centers, churches, shelters, and medical centers. Every family deserves access to essential support without confusion or discouragement. This would correct the misinformation of last year’s state sponsored “Avoid Pregnancy Centers” smear campaign.

H. 217 would be added to Section 51. “Local boards of health, hospitals, dispensaries or other agencies may establish and maintain clinics or other services for pregnant girls and women for the purpose of carrying pregnancies to full term and delivery. For the purpose of this section, such other services may include medical treatment for such pregnant persons and, their unborn or newborn children, and reasonable transportation costs to and from the place where such treatment is given, subject to the rules and regulations...”

Analysis Shows Why Women Need the Support of PRCs

“In 2022-23, 96.9% of the time, women seeking help related to their pregnancy at Planned Parenthood were sold an abortion rather than given prenatal care, provided care for a miscarriage, or helped to make an adoption plan. Prenatal services, miscarriage care, and adoption referrals accounted for only 1.7% (7,008), 0.9% (3,598), and 0.5% (2,148), respectively.”

- Charlotte Lozier Institute

S. 340 “Healthy Youth” Act Teaches Students About Sex and Abortion, Leaves Out Prenatal Development

MCFL Offers to Fund Resources for Every School in the State



MCFL President Myrna Maloney Flynn testified against S. 340, The “Healthy Youth” Act at a September 16 hearing by the Joint Committee on Education.

“One reason I oppose S340,” said Flynn, “is because it claims to provide students with ‘comprehensive’ information on human reproduction, but it omits fetal development – the very thing reproduced during sex.

“My child’s school district dedicates a whole semester to sex ed – it covers masturbation, STDs, sexual orientation, abortion and contraception. It seems to me that the state should also require the high school to include at least one lesson on fetal development.

“I propose that you amend S340 so that prenatal development becomes a required part of the physical education framework. Massachusetts Citizens for Life offers to collaborate with the Department of Elementary and Secondary Education to determine unbiased resources and medically accurate content.

“Our nonprofit organization will fund this entire set of resources, so that every one of our public schools is equipped to provide truly comprehensive sex ed instruction. Such resources could include these pocket-sized fetal development booklets, which include 32 pages of facts and images of preborn human life. These booklets were designed by a pediatrician and Rhodes Scholar along with a veteran public school educator. These pieces are geared for ages 10 and up.

We can also deliver fetal model sets like this to every public school in the state. The set includes lifelike models from 12 to 21 weeks gestation.

“We want to help educate our students, and we are more than happy to pay for classroom resources that cover the biology of fetal development.

“So I urge you to, at minimum, amend S340 to include prenatal facts as part of the sex ed curriculum. I have free copies of our booklet with me, if anyone here would like to have one. Thank you.”

After concluding her testimony Flynn handed out a number of booklets for the Education Committee members. Committee Chairman Jason Lewis then

asked, “Wouldn’t fetal development, human development, be include in the biology curriculum Framework already?”

Flynn responded, “To my knowledge fetal development is not required in any of our state frameworks.”

If you would like to donate to the effort to bring free fetal development resources to schools across Massachusetts go to: masscitizensforlife.org/donate



During a [Joint Committee on Education hearing](#) on the Healthy Youth Act, MCFL President Myrna Maloney Flynn showed the fetal development resources that MCFL will provide free-of-charge to any school in the state who would like them.

Banquet 2025



MCFL held its Annual Banquet on September 26, marking 52 years of pro-life advocacy. creating an evening full of energy, inspiration, and community. Former White House [press secretary Kayleigh McEnany](#) shared [insights from her faith and public service](#), encouraging attendees to continue defending the dignity of life. The banquet highlighted that despite Massachusetts' pro-abortion state administration, the pro-life movement in the state continues to grow and thrive. Attendees left energized by the vision and plans for the future, demonstrating that defending life in Massachusetts remains a dynamic and expanding effort.



Left: Banquet emcee Raimundo Rojas, Outreach & Events Director for [National Right to Life](#). Rojas praised MCFL as, "The standard bearer for what a good state organization should do."

Photos by Bryan Trench



Young Adult co-president John Skalko recounted his experience testifying at the State House.



St. Francis Xavier in Acushnet, Fr. Ryan Healy (next to me) is our pastor. The others are Jacob and Nicole Stanley, Michael and Michelle Russo, Philip and Colleen Martin, and Seminarian from our parish, Lucas DeCosta.



Krystle Arce shared her story of how Abortion Pill Reversal saved the life of her son.



Young adult groups show the enduring strength of the pro-life movement.



President Myrna Maloney Flynn shared MCFL's educational efforts: Action Teams, the Big E, fetal development resources, the *MCFL Magazine* and Abortion Pill Reversal.



David with his wife Julia and daughter Madeleine.



Outgoing Board Chairman Dr. David Franks remarked on his tenure of 15 years at MCFL saying, "What a blessing to have watched MCFL not only survive, but quicken in this consequential decade and a half we have seen through the overturning of Roe and Casey." We will miss you, David!



Tom Harvey, Esq. and Matt Libertini gather petition signatures.



Students pose with MCFL President Myrna Maloney Flynn.



Larry and Pat Grenier with Juan Perfetti, MCFL Director of Communications.



Julie and Gina Koss-Stephany



Pro-life flag distribution was promoted by attorney Bob Joyce.



Kim Anderson, Bethany, Kirsten and Todd Ondrick



Board members Catherine Roman and Alice White with Rich and Ann Ryan.



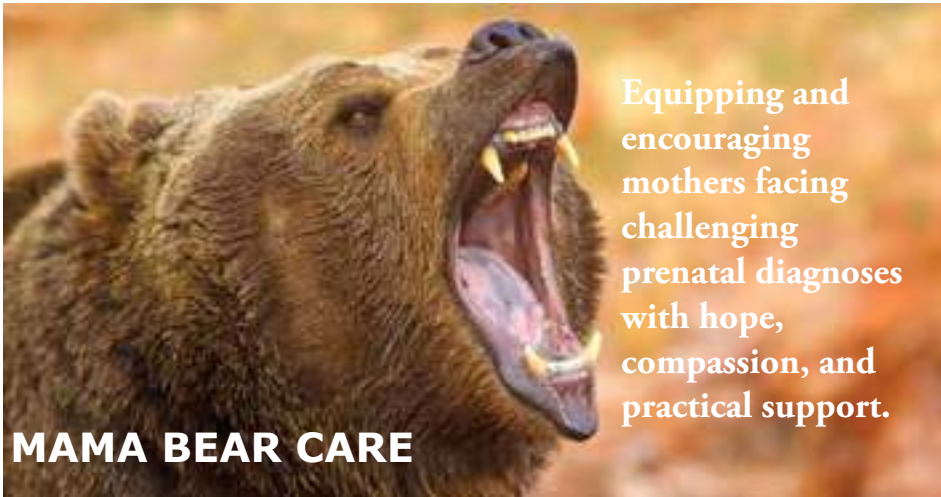
Eric Estano, Melanie Morin, Gabriel Dionisi, Skyler Acconcio and Mark Carpentier



Mary and Teresa enjoy their night.



Lynne Winans, Roseann and Douglas Furbush, Carly Gasco, Angela Montalbano



Equipping and encouraging mothers facing challenging prenatal diagnoses with hope, compassion, and practical support.

MAMA BEAR CARE

Beverly Jacobson, a homeschooling mother of eight, learned she was pregnant again. “We were waiting for the 20-week ultrasound so we could find out the sex of the baby and choose a name,” Jacobson remembered. The phone rang. The clinic was calling. “I was not prepared to hear words like ‘elevated risk,’ ‘Edwards syndrome,’ ‘genetic anomaly.’ My stomach dropped. She scheduled the ultrasound, filled with dread.

In the office later to learn the test results, the doctor’s demeanor was cold and detached. “Even though we had just found out that our baby was a girl, she kept referring to the baby as ‘it’ and ‘the fetus,’” Jacobson said. “She kept asking us questions we didn’t know how to answer. Questions that included phrases like ‘hospice care’ and ‘quality of life.’ She saw our baby as a problem to be solved, not as a life to be cherished. Edwards syndrome is considered ‘incompatible with life.’ We spent the next weeks planning to bury our baby.”

Jacobson went to meet with a specialist. “I needed hope. I needed someone to show me that there was a path through this, even if it was hard. Instead, the first words out of this doctor’s mouth were these: ‘So. You’re here to talk about your retarded daughter.’ I was stunned. I was there by myself, no one to advocate or speak for me. I was frozen as he kept talking. He didn’t actually use the word abortion,

but he made it clear that he didn’t believe that my baby’s life had value. He warned that our daughter would be a drain on the family, mentally, emotionally, and financially.

“As I sat in the car afterward, I felt something rise in me, a fierce love that is God-given, natural for a mama for her baby. We had chosen the name ‘Verity’ for our baby. The name means ‘truth.’ The truth was, whatever happened, I would be her voice. **That was the day that Mama Bear woke up.** Something inside me had shifted after that horrible appointment because I no longer saw myself as a helpless victim. I was still scared, but I was no longer powerless.”

Jacobson found online support groups. “I connected with other families who were on a similar path, families who were raising children with the same condition as my daughter.” There were doubts. With the needs of eight healthy children, how would she care for a child with a disability?

Verity was born on Feb. 28, 2017. “She was born alive, which is a miracle in itself,” Jacobson said. The family faced the most challenging year of their lives. While handling numerous medical difficulties, needs for surgeries, therapies, and mountains of Medicaid paperwork, the family faced an unrelenting question: Would this be the day that they would lose Verity? “We were told that only 5-10% of babies with Edward’s syndrome would live to



see their first birthday,” Jacobson said. Weeks passed. Then months. “We threw our biggest first birthday party ever.”

Jacobson had connected with another mother, Kathryn, whose unborn baby also had been diagnosed with Edwards syndrome. She faced unrelenting pressure to end her pregnancy. Baby Indiana only lived for six weeks after birth. Jacobson said, “Knowing the pressure Kathryn had faced during her pregnancy, how doctors dismissed the value of Indiana’s life, I realized I couldn’t sit back and do nothing. I had seen the Mama Bear rise in Kathryn through her tears, her grief, her fear, her fierce love. She was such an advocate for her baby. God was lighting a holy fire.

“That’s how **Mama Bear Care** was born. **We walk alongside mothers who are carrying babies with a life-limiting diagnosis.** We offer life hope in the ups and downs of their journey. No mother should face this alone. We love to send care packages to them. Our personalized outreach has evolved into walking with hundreds of families in the US and across the globe. The need is enormous. There are far more Mama Bears than we can reach.”

Jacobson suggests putting the acronym “CARE” into action. **C:** Come alongside. Don’t worry about not knowing what to say. Be present. **A:** Acknowledge the pain. Weep with those who weep. Be sad with them. **R:** **Respond with practical help.** Help with meals, child care, cleaning, etc. **E:** Enter their story. Be there for the long haul. Be the person who sticks around. Helping to bring hope into heartache points to the hope found in Christ. Be willing to step in with love and compassion.”

Said Jacobson, “Verity is eight years old. Life is not easy, but it’s worth it. Verity has not only changed our lives, but the lives of hundreds of others.”

How Assisted Suicide Endangers Psychiatric Patients

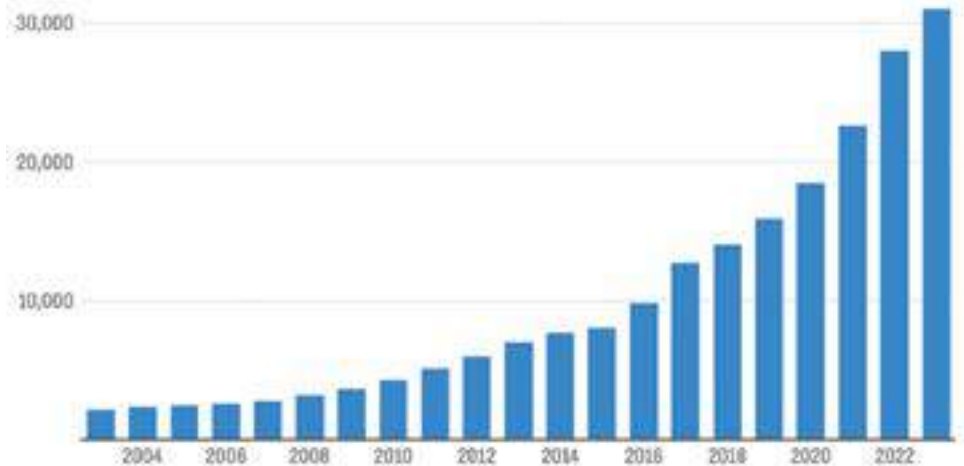
A November 13 Patient's Rights Action Fund [webinar](#) featured psychiatrist and medical ethicist Dr. Mark Komrad, who revealed the hidden dangers psychiatric patients face when assisted suicide becomes accepted medical practice. "Value systems and priorities are being rewritten before our eyes," Komrad said. Radical changes in normative values lead to an increasing concentration on consequentialist ethics, which holds that the ends justify the means.

"Suicide is a word that advocates want to run away from the centuries-old meaning of taking one's own life," Komrad said. "The Centers for Disease Control (CDC) definition of suicide is 'Death caused by self-directed behavior with an intent to die.' That definition is what psychiatrists use in their daily work and have long recognized. In 2017, the [American Association of Suicidology](#) redefined the definition, saying, 'Legal physician-assisted deaths should not be considered to be cases of suicide because they do not want to die, but want to end their suffering.' Terminating the life of the sufferer is terminating their suffering."

"Thinking about suicide in this way creates two tiers: the bad suicide and the good suicide. Suicide we should prevent, and suicide we should provide. Bad suicide is a pathology, something we should intervene with medically. Good suicide, we intervene with a medical treatment. This puts doctors in two positions. Being able to distinguish these two different kinds of suicide in the real world, in the clinical trenches, is absolutely impossible," Komrad said.

Medically administered suicide scenarios for people with psychiatric disorders are actually taking place across the world. The [Netherlands legalized assisted suicide and euthanasia](#)

**Physician Administered Deaths Worldwide 2003-2023
(Assisted Suicide/Euthanasia)**



in 2003 for cases of "untreatable" or "unbearable" illness. Not distinguishing between physical and mental suffering opened the door for people with psychiatric disorders to be eligible.

"Since 2003, there's been over a 500% increase in the number of people who have died each year by euthanasia. Last year, we had nearly 10,000 people who died from euthanasia alone. In 2024, 5.7% of all deaths in the Netherlands were euthanasia, with the rate of one in ten in some cities. About [one out of every six of those people was young, under age 30](#). A professor of ethics stated, 'I'm observing euthanasia becoming some sort of acceptable option, especially for young people with psychiatric disorders where the healthcare professional seems to give up on them more easily than before.'"

"A study found that in 2022, 781 requests came from psychiatric patients for euthanasia. 50% of psychiatrists in Holland have received requests to provide them with suicide as a treatment plan for their disorder. In 2023, the number rose to 900 people.

In this particular study, of 72 cases, in those years, over half were actually euthanized by a psychiatrist. "As a matter of fact, data suggests that of these cases, between one quarter and 1/3 of them were euthanized by their own treating psychiatrist," said Komrad.

Even though only 1% of the euthanasia in the Netherlands are for psychiatric conditions such as depression, autism, or personality disorders, [psychiatric patients account for 29% of all organ donors](#). They are seen as less likely to have diseased organs. "The thought that 'My life is worthless, but I can give life to somebody else' draws psychiatric patients into the organ donation pipeline."

Komrad gave an example quoting a 30-year-old patient who said, "I thought the knowledge of having full autonomy by way of MAID (medical aid in dying) was comforting, but when the possibility of organ donation was added to it, the sense of elation is the only appropriate word for me." He added, "Perhaps it's no wonder that such a large

percentage of people with psychiatric disorders who are having euthanasia for psychiatric conditions are actually under the age of 30 in the Netherlands.”

Belgium has had a 1400% increase in euthanasia from 2003 to 2024. In 2024, euthanasia accounted for 3.6% of Belgian deaths. In both the Netherlands and Belgium, the majority of patients who are euthanized for psychiatric conditions are women.

In 2020, Belgian law was modified, requiring psychiatric patients to comply with evidence-based treatments until they are declared untreatable. Primary diagnoses are personality disorders (mostly borderline personality), mood disorders, schizophrenia, and autism.

After 20 years, 75% of all psychiatrists in Belgium endorse euthanasia, with 8% willing to perform euthanasia on their own patients.

In the United States, physician-assisted suicide is legal in 12 states for terminal illness only, although psychiatric illness is not explicitly excluded. Oregon law, which is the ‘model’ for U.S. States and other countries, recommended a referral for psychiatric evaluation, stating that “If, in the opinion of the attending physician, the patient is suffering from a psychiatric illness or depression causing impaired judgment, they should be referred for counseling.”

“Fewer than 1% of patients are ever referred for psychiatric evaluation,” Komrad said. “There is a tremendous overlap between terminal illnesses and mental illness. About 50% of patients with advanced cancer, for example, actually also meet the criteria for a psychiatric disorder. In one Oregon study, they took 58 patients who had already been granted their assisted suicide prescription and studied them. It turned out that 31% of them had clinical depression. The diagnosis was missed by the evaluating physician.”

“Serious mental illness undermines a patient’s personal autonomy, the capacities of a person that enable them to live a meaningful life of their own making, and indeed, some illnesses absolutely corrupt decision making.”

Komrad refuted three ethical arguments in favor of assisted suicide and euthanasia for psychiatric patients: autonomy, justice/fairness, and futility. “Principles of Biomedical Ethics’ by Beecham and Childress is used in almost every healthcare educational setting around the world. They define autonomy as ‘self-rule that is free from both inner interference and interference by others and from inner limitations.’ The illnesses and the conditions that people suffer from very much constitute inner limitations. Serious mental illness undermines a patient’s personal autonomy, the capacities of a person that enable them to live a meaningful life of their own making, and indeed, some illnesses absolutely corrupt decision making.”

Any limitation will be resisted as unjust, arguing that it is unfair to exclude those just outside the margins. “Once assisted suicide is legalized, the goal posts get moved, and that is how psychiatric patients come to be included,” Komrad said.

Futility is the hardest to define for psychiatric conditions. “Unpredictability is the rule, not the exception,” Komrad said. “Diagnostic reliability ranges between 66%-76%, so if the diagnosis is unreliable, so is the prognosis. You cannot reliably predict that someone may never recover. It’s hard to get treatment. There are not enough resources, especially for the socially marginalized.”

Komrad said that psychiatrists suffer from “moral outsourcing as ‘medicalizing’ suicide moves responsibility for suicide, a socially

forbidden act (taboo), to a physician as a ‘medical procedure.’ This is problematic because it is basically removing something significant in suicide prevention, and that is that suicide is a taboo. Taboo is not the same as stigma; it means it’s not good, it’s something you shouldn’t do. I cannot emphasize how important that is to suicide prevention.”

Legitimizing suicide undermines suicide prevention efforts, leading to suicide contagion. In 1998, Oregon legalized assisted suicide. In the subsequent 20 years, there was a 28% increase in suicides in general in the United States, but an almost 50% increase in ordinary suicides in Oregon. Since the legalization of physician-assisted suicide, Oregon now has nearly double the rate of suicide.

“These procedures invert the fundamental ethos of psychiatry,” Komrad said. “What do we do? We ameliorate symptoms. We help build coping mechanisms to help people who are demoralized and discouraged. We help to mobilize their support systems. We understand the context of suffering. We help people find a path to a better future, and indeed, if we can’t ameliorate all suffering, we even have the skill set to make meaning of unresolved suffering. We have a skill set, and all physicians should. We, in particular in the mental health professions, have the skills to deeply listen and accompany people in their journey of suffering, offering presence and hope.”

Summer and Fall Events

Action Teams Safe Haven Project

“Last week, my wife Karen and I attended the MCFL Banquet and took a Baby Safe Haven sign for our local fire station,” writes Ron Fortino. “We contacted Chief Nelson in Reading who told us that they used to have signs at both fire stations but the one at the main station had been removed some time ago for some work being done and was never replaced. He hadn’t noticed that it wasn’t still there and thanked us for pointing it out. Chief Nelson gladly accepted a replacement sign from us and will be having it mounted on the front of the building.”

“Our son in law is a firefighter/paramedic in Mansfield and we’ve also asked him if they have signs. If not, we’ll be back in touch to get more!”



Reading Fire Chief Richard Nelson accepts a Safe Haven sign from Karen and Ron Fortino.

“Data suggests that safe haven laws have led to a fall in infanticide rates in the U.S. From 2008 to 2017, when most states passed safe haven laws, infanticide incidence saw a 66.7% decrease from the incidence between 1989 to 1998. 5,068 infants have been relinquished since 1999, the year of the first safe haven law.”

– Charlotte Lozier Institute “Safe Haven Laws: A Primer”



Learn how to distribute Safe Haven signs in your community at masscitizensforlife.org/safe_havens

Fire Chief Christopher Beecher and Deputy Chief Linehan from East Longmeadow with Christine Farrell. Farrell spoke about the life-saving potential of the signs at the MCFL Banquet.



Vickie Cohen brought signs to the Attleboro Fire Department on West Street and to Sturdy Memorial Hospital.



Volunteer helps out at MCFL's pro-life booth at the Big E in September.

Volunteers and Chapters in Action

Pro-life activity continued into the fall months. The Eastern States Exposition, the Big E, attracted 1.5 million visitors this September. Thanks to the volunteers, staff and Board members who helped coordinate this effort!

Members of the MCFL Roslindale/ West Roxbury Chapter participated in the annual Roslindale Parade proudly stepping off with their trademark purple banner and decorated muscle car.

The MCFL South Shore Chapter hosted Linda Thayer speaking on respect life education for young teens, Sylvia Fernandez del Castillo, Director of the Pro-Life Office of the Archdiocese of Boston, explaining the services available through Pregnancy Help and Project Rachel, and Dr. Richard Ashburn addressing palliative care and hospice.

Send pro-life photos to: helencross@masscitizensforlife.org



West Roxbury Chapter Director Mike Murray with Marie O'Donnell and chapter members on Oct. 4.



Ready for the Roslindale parade.



Dr. Rick Ashburn and Sylvia Fernandez (left) were featured presenters at a South Shore Chapter workshop at Resurrection Church in Hingham on Oct. 18.



Pro-life literature table at St. John/St. Paul Church in Wellesley in October.



Young Adult Chapter Going Strong

MCFL Young Adult Chapter members: John Skalko, Eric Estano, Gabriel Dionisi, and Peter Leo conducted a pro-life literature drop on Nov. 8

The [MCFL Young Adult Chapter](#), led by co-presidents John Skalko and Eric Estano, hosted a meetup with Krystle Arce on Sept. 17 in Boston. Arce shared her powerful testimony about abortion pill reversal (APR) therapy.

At 27, while working as a General Manager in retail, Krystle chose abortion, but almost immediately felt deep regret. Guided by the APR hotline and supported by Attleboro Women’s Health Center, she decided to reverse the abortion and ultimately welcomed the birth of her son. Her story of courage, hope, and the life-saving potential of science left a lasting impact on all in attendance.



Chapter members enjoy company and a meal before listening to Krystle Arce’s presentation on Sept. 17



Krystle’s story captivated the audience

PS FORM 3526: STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION

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How does Choose Life use your money after you've purchased a plate? One way is by [offering grants to pregnancy resource centers](#). These grants include:

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- In-house guest speaker training

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New Center Grant

Choose Life, Inc. offers new center grants in the amount of \$5,000 to qualifying center that have recently opened, moved or performed major renovations.



Jean Marie Davis will be eligible for a New Center Grant for Branches in Greenfield, Massachusetts. Jean's story will be featured in our next MCFL webinar on December 10.

Jean Marie Davis is the Executive Director of Branches Pregnancy Resource Center in Brattleboro, Vermont. She has overcome sex trafficking and is an advocate for those facing trafficking, homelessness, and unplanned pregnancy. She is the mother of a nine-year-old son whose life was saved with the help of a pregnancy center. Davis is now a published author and a graduate of Northpoint Bible College.

Learn more about Jean at: jeandavis.org/

Memorials

Brent T. Bowers
Michael Manley

Janet Callahan
Gerald Bates

Mary Elizabeth DeWinter
Eva Murphy

Carl Dirkes, husband of Rita Dirkes
Margaret Serra

Anne and John Katilus
Lisa Katilus

Jim Kilcoyne
John Kilcoyne

Mildred Therese Moynihan, mother of Michael '85 and Timothy '86
Manny Pacheco
Smith, Gambrell & Russell

Dr. Mark Rollo
Annette Rollo

Jack Rowe
MCFL Board of Directors

Mary Jo Salvon
Elizabeth & Christopher Gamble

Claire (Babin) Sullivan
Sara Milillo

In Memory of the Lives Lost to Abortion

In Memory of Little Bean
Jeanne Jones

In Honor Of

Randy and Robin McDonald's 40th wedding anniversary
Marlene McDonald

Massachusetts Citizens for Life
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Needham, MA 02492-9998



**MASSACHUSETTS
CITIZENS FOR LIFE**

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Walpole, MA 02081



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Postage Paid
Boston, MA
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USPS #25329

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

WORCESTER CATHOLIC MEN'S CONFERENCE

March 21

"TRUTH ABOUT CHOICE"

April 12

Pioneer Valley

May 2, 2026

Boston Common

ANNUAL FUNDRAISING BANQUET

September 25, 2026

Newton Marriott

Photo Credit: Kansans for Life