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A review and analysis of worldwide population control activity

Pro-Abortion Lawmakers Pressure the G7 to Push Abortion Worldwide

By Steven Mosher and Jonathan Abbamonte

Leaders of the world’s most powerful countries met in May at the 2016 Group of Seven (G7) Summit in Ise-Shima, Japan. The 2016 Summit, like previous G7 meetings, has focused on some of the most pressing issues in the modern world. Items discussed included China’s bogus claim to the entire South China Sea, the Syrian refugee crisis, ways to rebuild a war-torn Ukraine, and formulating a strategy to defeat ISIS. But now, G7 leaders are committing to advancing “sexual and reproductive health, rights, and services,” a term that for pro-abortion activists is synonymous with abortion on the international stage.

A group of lawmakers pushed for access to abortion and “sexual



Photo Credit: iStock

and reproductive health” to be included as a topic of concern at this year’s Summit. A recent conference sponsored by the United Nations Population Fund (UNFPA) and the International Planned Parenthood Federation (IPPF) paid for a gaggle of pro-abortion lawmakers to assemble in Japan to pressure the G7 to support radical pro-abortion policy.

This so-called “Global Conference of Parliamentarians on Population and Development Toward the 2016 Ise-Shima Summit” (GCPPD 2016) took place in Tokyo in April. The 100 or so left-leaning politicians in attendance predictably called upon world leaders to repeal laws in defense of life and increase access to abortion.

The GCPPD 2016 declaration calls on the G7 to “remove legal barriers preventing women and adolescent girls from access to safe abortion, including revising restrictions within existing abortion laws, and where legal, ensure the availability of

safe, good-quality abortion services by ensur[ing] the availability of... abortion.”

In countries where abortion is already legal, the GCPPD 2016 declaration calls for laws put in place to protect unborn life—such as mandatory waiting periods or requiring that sonograms be made available for women considering abortion—to be thrown out. These and other protective measures put in place on the state level in the U.S. have been effective in saving lives and reducing the number of abortions.

As abortion is available on-demand in most G7 nations already, the GCPPD is really interested in having these countries use their foreign aid programs to promote abortion elsewhere.

Here the conferees follow the UNFPA in lockstep in calling for pro-life countries to “remove legal barriers” to abortion. The GCPPD declaration calls for pro-life countries

INSIDE THIS ISSUE

| | |
|--|----|
| <i>G7 Pressured to Push Abortion</i> | 1 |
| <i>A Conversation with Trump</i> | 2 |
| <i>From the Countries</i> | 3 |
| <i>May I Send You This Gift?</i> | 4 |
| <i>Happy Birthday, Humanae Vitae!</i> | 6 |
| <i>The Anti-Life Strategy</i> | 7 |
| <i>California’s Assisted Suicide Law</i> | 8 |
| <i>PRI in the News</i> | 10 |
| <i>Development Desk</i> | 11 |
| <i>Correspondence</i> | 12 |

CONTINUED ON PAGE 5

The President's Page

A Conversation with Donald Trump

On Tuesday I was invited up to New York City to meet with Donald Trump. It's not every day that you get to be up close and personal with a presidential candidate, so I immediately accepted. Before going, I had asked all of you for suggestions as to what kind of questions I should put to him.

(By the way, I'm still waiting for my invitation to meet with Hillary Clinton. I would certainly go. I have a lot of questions I would like to ask her as well, beginning with "Mrs. Secretary, how can you support the killing of full-term infants in America, China's Planned Birth policy, and call abortion on demand a 'human right?'" It might be a short conversation.)

Several hundred of you responded by e-mail, phone, and letter, with a wide range of proposed questions. But nearly all of you wanted Mr. Trump to nominate pro-life justices to the Supreme Court and to the federal bench, bring an end to abortion, and promise to defund Planned Parenthood. So I asked him.

On the Supreme Court, he said—emphatically, as is his style—that he will nominate justices like the late Antonin Scalia. Of course, as he pointed out, he has not only been saying this repeatedly since Scalia's untimely death, he has actually released a list of 11 people who he would nominate to the Supreme Court to fill the vacancy.

He went on to say that he had turned to the Federalist Society and the Heritage Foundation to find good judges. Both of these organizations are well known to me (I spent a year

at Heritage as a Visiting Scholar) and are generally pro-life.

The judges on the list, about whom I have written, have an excellent track record. They are strict constructionists (that is, those who bother to actually read, rather than simply read into, the Constitution) who would vote to overturn *Roe v. Wade*.

Mr. Trump also pointed out to us, correctly, that the next President will have the opportunity to nominate as many as three, four, or even five Supreme Court justices. This means that he or she will determine the direction the Court takes for a generation or more.

This would move us a long way towards ending abortion in our country by returning the issue to the states, if the right kind of justices are appointed. It would also put us in a better position to pass a Human Life Amendment to the U.S. Constitution. This would protect the right to life of the unborn and end abortion on demand once and for all.

Donald Trump has also pledged on numerous occasions to defund Planned Parenthood.

Much of Trump's time was spent explaining to our group, which included many pastors, his views on religious liberty. He not only assured the attendees that he was determined to protect our Judeo-Christian heritage ("We will say 'Merry Christmas' again, folks"), he was surprisingly specific about exactly what he would do.

The "Johnson Amendment", he said, needed to be repealed, and that he would work with Congress to ensure that this happened.



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What is the "Johnson Amendment" and why is it so important?

The Johnson Amendment to the U.S. tax code, passed in 1954, prohibits tax-exempt organizations like churches and nonprofits like PRI from endorsing or opposing political candidates or specific legislation.

The practical effort of this "gag order" was to silence Christian

President's Page Continued

leaders. Pastors, priests, and other leaders became afraid to speak their mind in the pulpit or in public for fear of losing their tax-exempt status.

This is a real fear, shown by the misbehavior of IRS employee Lois Lerner. As we all know by now, her office targeted groups with conservative, Christian views.

Trump's promise received a standing ovation from the pastors who were present, who are all afraid of falling afoul of the IRS. As the head of a Catholic Christian organization that itself has been investigated—and finally cleared—by Lois Lerner's office, I was on my feet as well.

What would be the effect of letting Christian leaders speak freely in the public square about the great moral issues of the day?

Governor Mike Huckabee, who emceed the event and who is himself a pastor, pointed out that if priests and pastors were free to publicly support pro-life laws and pro-life candidates, and mobilize Christians, much of the cultural rot now afflicting this country could be undone. I believe that abortion, euthanasia, population control, and other evils could be ended, and quickly.

And that is, I believe, what we all pray for daily.



FROM THE COUNTRIES

Canada

In a vote of 44 to 28, the Senate passed law C-14 which allows Canadians to legally undergo assisted suicide or euthanasia. In order for someone to qualify for assisted suicide or euthanasia the overseeing doctor or nurse practitioner must "be of the opinion" that "natural death [is] reasonably foreseeable," wording that both pro and anti-euthanasia advocates oppose as being too ambiguous. One of the main problems with the bill for anti-euthanasia advocates is that it does not require a psychiatric evaluation for someone who may be mentally ill. Nor does it require that the patient requesting assisted suicide be terminally ill or at the end of life. Many believe that the ambiguity of the wording has destined the bill for a constitutional challenge.

Source: <https://www.lifesitenews.com/news/breaking-canadian-senate-passes-euthanasia-bill>

Japan

Good news for Japan! It's national fertility rate just hit an all-time high for the first time in 21 years. The fertility rate is up 1.46 from 1.42 in 2014. The small spike in fertility has been linked to monetary incentives for parents. In Tokyo, for example, parents in Minato City receive the equivalent in yen of up to \$1,684.00 per birth. Japan's greatest increase in fertility rate over the past year came from the town of Ama on the island of Nakanoshima, where parents receive about \$940.00 for their first baby, but \$9,400.00 for their fourth child. The town's fertility was at 1.66 in 2014, but increased to 1.80 by 2015. Japan's implementation of

monetary incentives for giving birth may be the much-needed solution to it's own looming demographic crisis.

Source: <http://www.businessinsider.com/japan-babies-cash-incentive-2016-6>

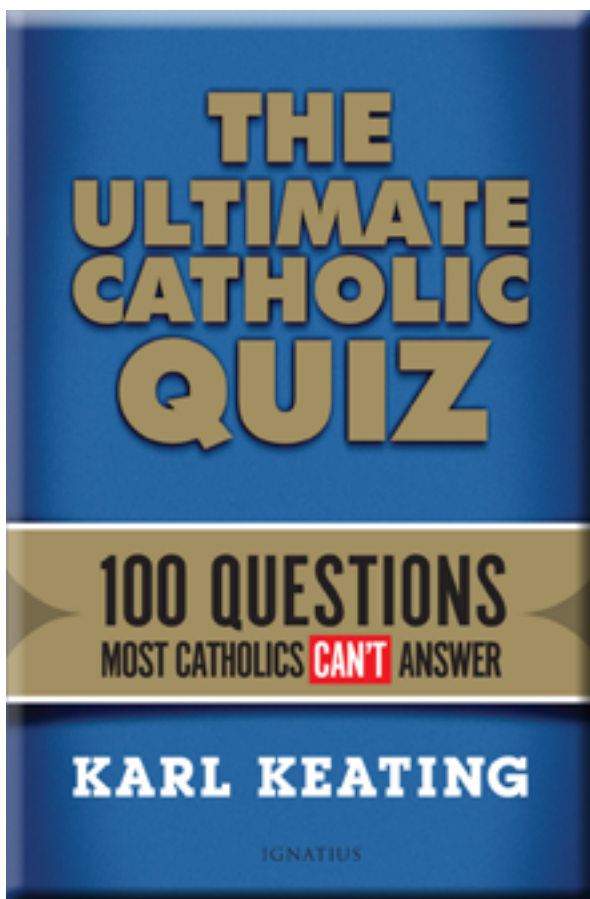
New Zealand

Both the New Zealand birth rate—as well as the abortion rate—are continuing to decline. For the eighth consecutive year, New Zealand's teenage pregnancy rate has decreased. Since 2007, the number of abortions among women ages 15 to 19 has also decreased by a massive 60%, from 4,173 down to 1,635 this past year alone. Births also dropped from 5,185 in 2008 to 2,841 in 2015. Some research groups have suggested that the decreases are due to an increase in the use of long-acting reversible contraceptives (LARCs), as well as delayed sexual activity. The 2014/2015 annual report from Family Planning, an affiliate of IPPF, reports that "27 percent of LARC appointments are for women under the age of 22." Dame Colleen Bayer, Founding Director of Family Life International NZ, believes that the recent decrease in the number of teenage pregnancies, teenage births, and teenage abortions may be overestimated since conception can still take place with the use of some contraceptives, like IUDs, for example. In this way, LARCs are being used as abortifacients, it's just that those early pregnancies are now going unnoticed.

Source: <https://www.lifesitenews.com/news/teen-abortions-decline-dramatically-in-new-zealand>

May I Send You This Gift?

Test Your Knowledge of the Catholic Faith with this Gift from PRI!



Prepare to be stumped, have fun and—most importantly—learn more about our Faith with this gift from PRI: *The Ultimate Catholic Quiz—100 Questions Most Catholics Can't Answer*.

The author of this very challenging quiz is best-selling author and founder of Catholic Answers, **Karl Keating**. It's published by **Ignatius Press**.

The Ultimate Catholic Quiz—100 Questions Most Catholics Can't Answer tests your knowledge on . . .

- Catholic doctrine
- Catholic History
- Morals
- Catholic personalities
- Catholic customs

And the questions in *The Ultimate Catholic Quiz* aren't "give-away" questions. Author Karl Keating tells us that he tested his quiz on several groups of intelligent, well-educated Catholics and not one person scored 100%. In fact, Keating says, most people could answer only about half the questions correctly! (And no, I won't tell you my score!)

Here are just a few of the many dozens of topics you'll be quizzed on when you receive your copy of *The Ultimate Catholic Quiz—100 Questions Most Catholics Can't Answer*: a priest's power to confect the Eucharist, circumincession, miraculous cures at Lourdes, the seven deadly sins, apologetics, ecumenical councils,

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"G7 Pressured to Push Abortion" Continued

to either legalize abortion or, at the very least, to interpret laws in defense of life to make abortion as easily accessible as possible under the current laws and restrictions.

The pro-abortion movement is well aware that, even where laws are in place to protect unborn life, abortion can still be made widely available if those laws are interpreted loosely. In Ethiopia, for example, abortion is legal only in a few narrow cases such as life and health of the mother, rape or incest, serious and incurable fetal deformity, or in cases where the mother is physically or mentally "unfit" (so-called) to raise a child. Yet despite these restrictions, abortion is de facto available on-demand in Ethiopia.

Why? Because when the technical guidelines for performing abortion were put in place by the Ethiopian Federal Ministry of Health (FMOH), the FMOH was "assisted" by the pro-abortion groups Ipas and the Family Guidance Association of Ethiopia, an IPPF member association. Their "experts" ensured that loopholes were written into the regulations that prohibited any accountability measures from being included in the abortion law. As a result, most women seeking abortion are able to simply claim the rape exception in order to gain access to abortion services.

Citing the 2030 Agenda for Sustainable Development, the pro-abortion lawmakers who took part in the GCPPD 2016 also committed themselves to advancing "universal access to sexual and reproductive health." The 2030 Agenda, adopted by 193 nations through a United Nations resolution late last year, sets a target for increasing access to abortion as "sexual and reproductive health" over the next 15 years.

Many countries continue to exercise their sovereign right to reject any notion that sexual and reproductive health includes a "right" to access abortion, but the international cabal of abortion groups led by IPPF and UNFPA continue to push.

The Sustainable Development Goals laid out in the 2030 Agenda, much like the now expired Millennium Development Goals, will serve as the framework for international cooperation for aid and development, dictating the focus of foreign aid for the next decade.

We at PRI have predicted that Sustainable Development Goal 3.7, which includes a commitment to "sexual and reproductive health," would be interpreted by activists to advance abortion. That has now happened, even though abortion is not mentioned in Sustainable Development Goals 3.7.

The GCPPD 2016, one of the first instances where an alliance of lawmakers has met to carry out the 2030 Agenda, has now made it clear that they believe that "sexual and reproductive health" includes a mandate to increase access to abortion.

The 2030 Agenda calls upon parliamentarians to play a crucial role in implementing Sustainable Development Goals. Parliamentarians who were self-selected to attend the GCPPD meeting in Japan are now playing their assigned role to a "T." They are creating the impression, through their declaration addressed to the G7, that the "parliamentarians of the world" believe sexual and reproductive health should include increased access to abortion.

Although this year's G7 Summit has not explicitly addressed access to abortion, G7 leaders have nonetheless committed to "ensuring

sexual and reproductive health and rights without discrimination of any kind" and to "provide access to sexual and reproductive health, rights, and services." As many activists consider "sexual and reproductive health" to include access to abortion, the adoption that language in the G7 Ise-Shima Leaders' Declaration is troubling.

GCPPD's call for increased access to abortion builds-up momentum among pro-abortion allies. One of the two groups organizing GCPPD 2016, the Japanese Parliamentarians Federation for Population (JPFP), is a population control-minded group of members of the National Diet who promote abortion, birth control, and population control in Japan and abroad. JPFP has worked closely with IPPF for over 40 years. And they are enough of a political force in Japan that they count Former Prime Minister Yasuo Fukuda as its Honorary Chair. Current Japan Prime Minister Shinzo Abe, the host of this year's G7 Summit, delivered the keynote address at the GCPPD 2016.

An agreement among G7 leaders to promote abortion by promoting "sexual and reproductive health"—could well lead to increased funding for abortion overseas. It might also see G7 leaders using their influence with lawmakers in their home countries to loosen restrictions on abortion there as well.

Agreements among world leaders at the G7 Summit are not legally binding, to be sure. But even as G7 leaders agreed only through a non-binding declaration to promote "sexual and reproductive health" funding for abortion will continue and perhaps increase. The womb will become a more dangerous place.

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Happy Anniversary, *Humanae Vitae*!

By Dr. Christopher Manion



he continues, noting especially the Pontiff's plea to his priests: "And now, beloved sons, you who are priests, you who in virtue of your sacred office act as counselors and spiritual leaders both of individual men and women and of families—we turn to you filled with great confidence. For it is your principal duty...to spell out clearly and completely the Church's teaching on marriage." (HV, No. 28)

In the years that followed, as the "sexual revolution" ravaged the culture of the West, the fundamental truths about marriage have indeed become what Pope Benedict called "a hard teaching." In fact, many among the clergy and the laity simply ignored *Humanae Vitae*, while some even publicly rebelled against it.

The results are, alas, profoundly evident today. While the Moslem President of Turkey instructs his 75 million citizens to marry and have a minimum of three children per family, member countries of the European Union suffer from an almost irreversible demographic collapse because of the "birth dearth" of the past two generations. These countries now find themselves virtually powerless to prevent the arrival of millions of refugees—new Europeans who will eventually replace those generations of European children never born.

Turkey is not the only country whose leaders are attempting to control the most intimate decisions of families. Communist Chinese leaders now allow two children per family, but still insist on regulating all aspects of family life, however intimate. And the U.S. is not far behind.

How so? Well, while Blessed Pope Paul saw the beauty of the Church's teaching, he was a realist.

He knew that the siren song of the "new morality" was seductive. So his warning to those who succumbed was as dire as it was prophetic:

"Let them first consider how easily this course of action could open wide the way for marital infidelity and a general lowering of moral standards," he wrote. It is evil, he insisted, to make it easy for the young to break the moral law. The consequences? Men "may forget the reverence due to women... [and] reduce her to being a mere instrument for the satisfaction of his own desires, no longer considering her as his partner whom he should surround with care and affection."

Once our moral guard is down, governments "who care little for the precepts of the moral law" will make their move, Blessed Paul VI predicts. And Cardinal Sarah sees that power play at work not only in the West, where the insidious "gender ideology" seeks to destroy human dignity, but also in Africa, where Western countries use foreign aid to corrupt and coerce the people's long-standing moral traditions that revere family and children.

Cardinal Sarah is faithful to *Humanae Vitae* and to the Pope who promulgated it, and who appointed him as a shepherd who would teach it and defend it. We are grateful for his loyalty to the Faith and to the faithful.



The Strategy Against Life in the 21st Century

By Carlos Polo and Carlos Beltramo

In recent years, pro-abortion advocates have changed their strategy. No longer are they content with advancing legalized abortion. Abortion advocates these days are focused on promoting an ever expanding anti-life, anti-family, and anti-Christian ideology. They have fully embraced the culture of death by advocating for licentiousness, promiscuity, transgenderism, and so-called gay "marriage." They attempt to eliminate the relevance of Christianity in public life altogether, especially in politics. As pro-lifers, our challenge now is to shine the light of Christian values in a culture that has become darkened by an anti-life, anti-Christian worldview. Only by remaining a light to those around us will Christian values become prevalent in public life once again.

Historically, the teachings of the Catholic Church have been the most important defense in preventing the spread of the culture of death. Those who promote an anti-life ideology have realized that if they can scrub any reference to Christ and the teachings of His Church from political speeches, campaigns, the media, and even in our conversations with friends, then they can easily open the floodgates for legalizing everything that the anti-life movement proposes. In order to respond effectively to the culture of death, the pro-life movement must change its strategy.

Here are the three steps used by the anti-life, anti-family movement to exclude Christian values in public life:

Step 1. To impose what Benedict XVI described as the *dictatorship of relativism*. The anti-life movement will repeat over and over that the truth and the absolute good do not

exist. They contend that any opinion, however absurd, must be considered equally valid. They seek to relativize Christian doctrine, claiming that it is merely a private feeling, and not something to be acted upon. It is for this reason that they marginalize Christians and attempt to prevent us from speaking and acting on what we know to be right. The only "belief" that proponents of the culture of death advocate is relativism. Because Christian truth is directly opposed to relativism, anti-life advocates seek to impose their irrationality on everyone like tyrants—much the same way that the likes of Stalin and Mao imposed their own ideas on their people.

Step 2. To sow confusion and to shame Christians for being people of faith. Anti-lifers seek to instill doubt into society concerning Christian morality. Poorly catechized believers are questioned and shamed. Dissidents of the faith are honored in the public square, and political figures exalt themselves as "Catholic" while publicly scorning the teachings of Christ.

Those who disavow Christianity or live in a manner contrary to Christian ethics are automatically showered with approval for being "tolerant." Those who try to live as Christians, on the other hand, are smeared and derided as "hateful." A society steeped in the culture of death calls what is "evil good, and good evil" (Isa. 5:20). The goal is for people to find no contradiction between believing in God and having an abortion, or believing in God and promoting gay "marriage."

Step 3. Proponents of the culture of death want to remove anyone from political life or the public square that does not bow to the dictatorship of

relativism. They want to impose a kind of practical atheism as the price to pay for entering politics. The ultimate goal is to erase every social, political, and cultural value that is rooted in the Christian faith. They seek to make Christians "invisible" and to prevent them from living their faith as a pro-life and pro-family people.

Until recently, Christians were only described as "pushy" or as trying to "impose" their beliefs. To attack us, we were called "fascist," "obscurantist," and "reactionary." Now, however, our political opponents have found that the most effective strategy is to simply ignore opposing viewpoints. Our goal as Christians is therefore to remain visible in a world that is trying to deny our existence.

Once the tyranny of relativism is instituted, anything can be made into a right as long as you agree with their ideology. This tyranny will last until we as a Christian people dare to challenge it. Thus, we need to have the urgency to establish ourselves visibly in the public square and in the political realm. Being present, being *visible*, in public life is the key to protecting the values of life, family, and freedom. Today, more than ever, the way we communicate our faith must be new, faithful, charismatic, and compassionate.

Truthfully, we have lost some recent battles. That is why it is of utmost importance that we remain in this fight. We need to continue to repeat victories like the recent SCOTUS case won by the Little Sisters of the Poor. Like the Little Sisters, we must say through our actions that "we are here, our faith matters and we have the right to

CONTINUED ON PAGE 12

California's Assisted Suicide Law: Lives Not Worth Living?

By Jonathan Abbamonte

At what point can we say that a life no longer matters?

Is it at the point when medical expenses become too costly or burdensome for relatives? Is it at the point when someone feels they have outlived their usefulness, or are just not able to do the things they love to do anymore?

For California lawmakers, it seems that their answer to all these questions would be a resounding "yes." The assisted suicide law passed by the California legislature last year, euphemistically titled the "End of Life Option Act," takes effect this month. The law makes it legal for doctors to prescribe lethal drugs to patients who request them. And it's not hard to "qualify" for them either.

While assisted suicide has been legal for decades in Oregon, and for several years in other states like Washington, Montana, and Vermont, the new California law escalates assisted killing to an unprecedented level. It is estimated that the number of assisted deaths will now triple as a result, given that California is home to nearly 40 million Americans.

To qualify for the lethal drugs, patients only need to be a resident of the state, have a terminal illness with an estimated less than six months to live, and must be capable of making an informed decision free of any mental disorders or obvious outside pressure from relatives to end their life. The law also requires patients to make two verbal requests fifteen days apart and one written request in order to receive the life-ending drugs.

California's new law is flagrantly unethical and will have a number of extremely harmful consequences.



Photo Credit: iStock

First, and most importantly, the law authorizes a state-sanctioned procedure for ending the life of the terminally ill. It arguably authorizes murder since murder is defined as the killing of an innocent human being. Doctors, hospitals, patients, family members of patients, and society at-large will all be complicit in the murder of the terminally ill.

Legalizing assisted suicide will fundamentally change medical ethics not only in the state of California, but in the rest of the country as well. Assisted suicide is diametrically opposed to the principle of refusing to hasten death which at one time defined medical ethics. The original version of the Hippocratic Oath specifically prohibited assisted death. For millennia, doctors have sworn

to "not give a lethal drug to anyone if I am asked, nor will I advise such a plan." That is all about to change now; the Oath will either be changed or ignored, defeating its purpose.

Doctors and medical ethicists will be forced to re-evaluate where they stand on the issue. Those who choose to become involved with helping to kill the terminally ill will undoubtedly need to invent a new standard of ethics to justify their killing.

Where will the line will be drawn between what is acceptable and what is not? Wherever that line is drawn, odds are it will shift over time. Will the line remain at patients with an estimated six months to live? But why six months? The number is rather arbitrary in the grand scheme of things. Why not nine

months? Twelve? Why won't patients who are completely paralyzed and unable to self-administer the deadly barbiturates qualify? Mental disorders like bipolar disorder are commonly diagnosed on a spectrum. How far along the bipolar spectrum must patients be in order to qualify?

These new lines will not be drawn by the cautious, but by the most active of the assisted suicide providers. (I hesitate to call them "doctors.") Once these providers grow accustomed to deciding who can and cannot be killed, they will begin adding exceptions to the list of people who qualify for assisted death.

The law's proponents often point to the fact that assisted killing will only be made available for the terminally ill who want to die and will not affect people like the elderly and the disabled. But why is it acceptable to target the terminally ill? Who made the California state legislature the arbiter of which lives may or may not be worth living?

Rather than selecting a subset of the population—in this case the terminally ill—for assisted death, all life should be defended and respected, without regard to age, socioeconomic status, or health condition. All people, especially the terminally ill, have dignity and the right to not have society tell them that they might want to kill themselves. Doesn't this just increase their suffering? It would for me.

Supporters of the law claim that there are numerous "safeguards" written into the law. But how sufficient are these supposed "safeguards?"

One of them involves screening patients for mental disorders that could impair their judgement. Patients who request assisted death must have the "physical and mental ability to self-administer" the lethal drugs.

Correct diagnosis of a mental disorder, however, can be tricky. According to the California law, it is up to the attending physician to determine whether it is necessary to refer their patient to a specialist to screen for mental disorders. In other words, if the attending physician does not think a mental evaluation is necessary, no evaluation will ever take place.

How many people with mental disorders could be killed as a result of this policy? It is difficult to say. But a recent study published in *The Lancet* found that general practitioners, on average, were only able to correctly diagnose major depression in their patients less than 50% of the time, and incorrectly determined that their patients were not suffering from depression (when in fact they really were) almost 15% of the time.

The California law also attempts to prevent patients from regretting their decision by requiring that the verbal requests be spaced at least fifteen days apart. Fifteen days, however, is not a sufficient length of time to establish a consistent intention. Studies show that the average length of a major depressive episode lasts about 3 months. Episodes last longer than 21 months for every one out of five people living with depression. Even depressive moods for people not suffering from major depression can last over two weeks.

But even if no symptoms of depression are present, those who take lethal drugs eventually regret their decision—if they survive. People who survive suicide attempts are nearly always thankful that they survived, and often say the worst part of the whole experience is the regret they felt after having made the decision, and having no way of avoiding death.

Panic is a common symptom people experience after ingesting the deadly barbiturates the suicide pills contain. Unfortunately, after ingesting the lethal drugs there is nothing a patient can do to take back their decision. So much for providing safeguards against regret.

Another so-called safeguard concerns conscience rights. While the California law includes a few limited conscious protections they fail to go far enough, especially for faith-based institutions like Catholic hospitals.

Health care providers who object to assisted suicide are not required to administer lethal drugs or to give referrals. Hospitals that object to assisted suicide can prohibit their employees or independent contractors from participating in assisted suicide, and can terminate or censure employees that violate the hospital's policy.

At the same time, however, health care providers are not allowed to prohibit employees from participating in assisted suicide at other institutions that they may be affiliated with and cannot prevent them from making referrals.

So, for example, a Catholic hospital that decides not to offer assisted suicide services because it violates Catholic moral teaching would not be able to disassociate themselves from a certain employee who is involved with assisted suicide at a public hospital on the other side of town. The same Catholic hospital would also not be able to prevent their employees from offering patients referrals or information on how to obtain lethal drugs. Forcing institutions to act as middlemen in assisted suicide cases constitutes a clear violation of conscience rights

CONTINUED ON PAGE 11

PRI IN THE NEWS

Crisis Magazine—The teen abortion rate in the United States has fallen to an all-time low since Roe versus Wade was passed in 1973. Research from the Guttmacher Institute shows that teen abortion rates fell by nearly 70 percent between 1988 and 2011. The Guttmacher Institute claims that this is due to increased usage of long-acting reversible contraceptives (LARCs) such as IUDs, as well as increased usage of the morning after pill. IUD usage among women in their late teenage years did increase from 1 to 4 percent between 2007 and 2009, while use of the morning-after pill has increased significantly since 2002. At the same time, use of the pill and Depo-Provera have declined, while use of the patch and the ring have remained consistent. Condom use has also increased slightly, as has withdrawal, but condoms have a high failure rate, and withdrawal is not associated with a lower risk of teen pregnancy. To claim, as the Guttmacher Institute does, that the decline in teen pregnancy rates is due entirely to the increased use of LARCs and the morning after pill “is simply not supported by the evidence,” says Jonathan Abbamonte, research analyst for the Population Research Institute. “The very linchpin of Guttmacher’s IUD argument is not true either,” he continued, “The percentage of teens (15-19 years) using IUDs has actually declined since 2009 down to approximately 3 percent between 2011 and 2013.”

Data from the CDC shows that more and more teens are practicing abstinence, a fact that the Guttmacher Institute conveniently omits in its research. “Since 1988, the percentage of never-married teens who have ‘ever had’ intercourse has gradually

decreased,” said Abbamonte. “By 2013, premarital teen sexual debut had fallen by nearly 14 percent for girls and by almost 22 percent for boys.”

Source: <http://www.crisismagazine.com/2016/the-left-has-it-wrong-when-it-comes-to-sex-ed>

Crossmap—The former chief rabbi of the United Kingdom—Rabbi Lord Jonathan Sacks—recently warned that the West will collapse if it does not address both its moral decline as well as its falling birthrate. Sacks drew upon the histories of Greece and Rome, whose collapses were foretold by “falling birthrates, moral decay, self-indulgence on the part of the rich, hopelessness on the part of the poor, unintegrated minorities, and a failure to make sacrifices in the present for the sake of the future.” And then there are the consequences. Sacks explains that the collapse of marriage has led to child poverty and depression, and this breaking down of the natural family has thus created a greater reliance on the government. The collapse of birthrates has then forced many countries in the West to accept mass immigration as the only solution to a sustainable population, and how the West has failed to integrate those immigrants.

Steven Mosher, head of the Population Research Institute, says that history supports Sacks: “Lord Sacks is absolutely correct. Contemporary Europe is reliving the decline and fall of the Roman Empire because its populations have stopped replacing themselves,” he said. “Even at the time their civilizations were collapsing, both the Greeks and the Romans attributed it to falling birth

rates because nobody wanted the responsibilities of bringing up children.”

Source: <http://www.crossmap.com/news/former-uk-chief-rabbi-warns-of-collapse-of-western-civilization-as-birth-rates-plummet-28559>

LifeSiteNews—Together with the Shaanxi Normal University, Stanford University has launched a Rural Education Action Program (REAP) in China that teaches China’s family planning officials the importance of early childhood development. Thus far, the program has trained about 100 family planning officials, whose job it is to travel to rural villages with books and toys for young children. The program has helped establish classrooms and play centers which seek to educate parents on the importance of positive parent-child interaction in relation to early cognitive development. However, some wonder if the REAP program isn’t simply a way for the Communist party to paint its population control police in a better light. “It is amusing to think that after decades of coercive planned birth policies that programs like REAP will transform this brutal police force into something resembling government nannies,” says Steven Mosher, President of the Population Research Institute. “Any ‘child development expert’ who, in the course of handing out toys and advice, comes across a mother pregnant with her third child, will report her to his former colleagues. It’s hard to imagine that the ‘child development expert’ will be welcome in the village after that.”

Source: <https://www.lifesitenews.com/opinion/chinas-population-control-police-should-be-abolished>

Development Desk

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“California Assisted Suicide” Continued

and constitutionally guaranteed religious liberty rights.

One safeguard sorely lacking is that the law ignores the real reasons why many people seek assisted suicide in the first place.

California lawmakers assume that someone is giving informed consent of their own will simply because they sign a form. Motives can often be disguised, and a signature on a form does not suffice to assure that a patient’s decision is not coerced on an issue as important as taking one’s life.

The law’s provision for a single private meeting with a doctor to discuss the patient’s motives in asking for assisted suicide is also insufficient. Expecting doctors to get to the bottom of what is causing patients to ask for assisted suicide in a five-minute conversation is not only foolhardy, it’s irrational. How can a doctor assess the numerous complex factors that lead some terminally ill patients to ask for assisted suicide in a brief conversation?

Patients may be unwilling or uncomfortable to discuss their true

motivations. Patients may not even be aware of some of the underlying causes leading them to consider suicide. What patients say they want and what they actually want can be two very different things, especially when a depressive mood is involved.

People can also be manipulated and controlled. Some may have been conditioned by family, friends, or society to think that death is the best option for them, even if it is not really what they want. The coercion does not have to be overt. People can be coerced through implied thoughts and views expressed in attitudes or suggestive manners of speech from relatives, friends, or health care providers. Those suffering from terminal illnesses can be made to believe that they are a burden to their family without a word being said.

Legalizing assisted suicide places some of the most vulnerable members of society at risk. Terminally ill patients suffering from even a brief depressive episode can sometimes “see” signs that their relatives are tired of caring for them even when

this is not the case. People know when they are unwanted, but the emotionally weak often believe they are “unwanted” even when it isn’t true. For the terminally ill, especially those saddened or afraid of what lies ahead, these are powerful and coercive motivators to consider assisted death. Patients who ask for assisted suicide in these scenarios cannot be said to give informed consent of their own will, but under California’s assisted suicide protocols, we will never know the underlying causes.

There is nothing compassionate about selecting what kinds of lives may not be worth living. Every human life has dignity and is worth living. Assisted suicide laws in the United States are an affront to human dignity.

They should be rescinded.



practice our faith in the public square without the fear of retribution.”

Advocates of the culture of death have taken their political platform and used it to advance their own interest rather than the common good. As Christians, we must regain an active role in political life so that the common good can once again be the purpose of our political activity. It is no longer enough to simply encourage others to do so. We need to take our civic duty as an active and personal responsibility informed by our faith in Christ.

The pro-life and pro-family movement is a privileged environment in which to promote that Christian identity. The only condition is that we make our faith central to everything that we do. From there we will inevitably form messages that touch the hearts of those who now suffer under the heavy yoke of the dictatorship of relativism—even if they do not realize it.

Dear Steve,

My name is Carmel and I am from India but live in New Jersey. I am a Sidewalk Counselor usually counseling at Planned Parenthood in Manhattan and presently undergoing training under Msgr. Reilly in order to begin pro-life activities in India.

I am writing to request your help on finding an accurate figure for the number of abortions performed in India since 1971. I haven't discovered any proper estimates but I roughly calculate it to be more than 400 million, based on research gathered from Guttmacher Institute, which estimates 4-6 million abortions performed in India excluding abortions performed in unapproved facilities. But the Government of

Correspondence

India is reporting only 700,000 abortions per year, which is a total lie. I have used every material on your website to bring awareness to people about sterilization camps, as well as India's government website, which boasts of successfully sterilizing 4 million people per year.

I was raised to believe that population control is good for the nation. International organizations are taking control of medical schools, schools, and colleges in order to promote sex education and the abortion industry. RU486 is rampant in our country. India needs help on a massive scale, and nobody seems to recognize or acknowledge that fact.

I would be grateful to know your thoughts and comments on this letter and the request for information. If this estimate can be derived on a logical or scientific basis that would certainly help draw international support for the eugenic cleansing happening in India.

Thanks for your incredible work.

**In Christ, For Life,
Carmel Nisha Pius Franco**

Dear Carmel,

We are eager to help expose the abortion holocaust that is happening in your country, Carmel, not least because America, our own country, is funding it. As you are probably already aware, getting accurate data on the scale of induced abortion is well-nigh impossible in most countries.

Estimates on the incidence of abortion in India vary wildly. 2005-2006 DHS reports that 14.4% of women of reproductive age at the time of the survey had had a miscarriage, stillbirth, or abortion. According to the same DHS report, 9% of pregnancies end in abortion following an ultrasound, a number we calculate to be closer to 21%.

According to Guttmacher, the NFHS-3 (2005-2006) found that 1.7%-1.8% of all pregnancies end with induced abortion. But if we assume NFHS-3 figures, that would put the number of induced abortions close to or below the government statistics on the number of induced abortions from the Ministry of Health. Many sources believe that a significant percentage of abortions take place outside government clinics.

The Abortion Assessment Project—India (APPI) in 2002 interviewed a number of abortion clinics via surveys to estimate the number of abortions. They surmised an abortion rate of 26 per 1,000 women of reproductive age, which would put the abortion rate at about the same rate it was in the U.S. back in 1992.

But we have to be careful when accepting numbers given by organizations pushing for the legalization of abortion. It is beneficial for abortion advocates to give high estimates for the number of abortions committed outside government clinics as these (and only these apparently) are what they consider to be “unsafe” abortions. Koch, et al., 2012, for example, demonstrated that Guttmacher's estimates for women admitted to hospitals for “unsafe” abortions in Colombia was about nine times higher than the highest epidemiological estimate possible. India is not Colombia, of course, but the fact remains that Guttmacher's numbers have been shown to be inaccurate.

Regardless of the actual number of abortions, one thing is for certain: even one life lost through abortion is a tragedy. We owe it to those lost to speak out on their behalf until the crime of abortion is abolished once and for all.

**Yours in Christ,
Steve**