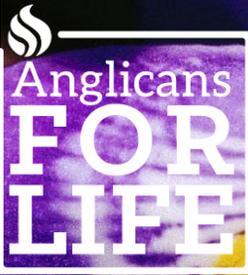


Carpe Diem



F O R L I F E

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A Fate Worse Than Death

by The Rev. Georgette Forney

I have always seen this particular idiom as a sarcastic way of expressing disdain for something. “Sitting through dinner with her is a fate worse than death.” But as Anglicans for Life addresses end-of-life issues, this idiom caused me to really consider—what is a fate worse than death?

Let’s start by recognizing that death, according to Merriam Webster Dictionary, is the “irreversible cessation of all vital functions especially as indicated by permanent stoppage of the heart, respiration, and brain activity.” Death is the end of a person’s life and history, generates grief for those who loved the person, and is permanent.

According to the same dictionary, fate as a noun is defined as the “development of events beyond a person’s control, regarded as determined by a supernatural power.” (Christians, of course, know that “supernatural power” as our loving Heavenly Father.) The focus I want to place on this definition, however, is that fate involves events beyond our control.

So, a fate worse than death, is the idea that circumstances beyond our control can be worse than no longer existing at all. Applying this to end-of-life thinking, what is a fate worse than dying?

- * Being left to die, alone
- * Being denied medical care to survive or recover
- * Being starved to death
- * Having medical care, including food and fluids, withheld in order to cause death, because keeping a person alive is too expensive
- * Having loved ones support euthanizing patients instead of caring for them
- * Being declared dead while still living

Sadly, this list of awful circumstances is a reality for many people, young or old, who are either terminally ill, suffering from a life-threatening traumatic injury, or facing complications of an aging body. Often, they are deemed better off dead, as health care for them is expensive and extensive.



Examples of young children who faced this fate include Charlie Gard, Alfie Evans, and Israel Stinson. Charlie and Alfie were from England and both were denied the opportunity to be relocated to

different hospitals in other countries for additional medical treatment. Instead, the courts sided with the hospitals, declaring it was acceptable and appropriate to remove life support, even against their parents’ wishes.

In the United States, Israel Stinson met a similar fate. This is his story as explained by his mother, Jonee Fonseca, which was shared in May 2016 on the Life Legal Defense Foundation website. That group worked to help secure medical care and legal protection for him.

“Doctors at Kaiser Roseville Medical Center declared Israel ‘brain dead’ after an asthma attack left him unconscious. Israel had been on a ventilator since April 2nd and was declared brain dead on April 14.

The hospital wanted to remove our son from life support. They said Israel would only live for a few days, and his heart would
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Introducing Young Anglicans for Life by Samantha Franks

I have been leading student ministry for five years now. Freshman year of college, a friend invited me to attend a weekly youth group in our community to see if I would be interested in volunteering. To be completely honest, I never thought that I'd stick with it; I had just become a Christian myself and never thought I'd have the endurance to keep up with middle school and high school students. But I went anyway. I ended up getting an egg smashed on my head during a game, ruining a brand-new shirt, and loving every second of it.

Don't get me wrong; leading students is the most difficult thing I've ever done. I show up anyway though, and I'm constantly challenged when I do. It's difficult, but the benefits are eternal.

One of the reasons I am so big on empowering young people is because of this: Satan continues his efforts to make sin less offensive, Heaven less appealing, hell less horrific, and the Gospel less urgent. A long time ago, I made the decision that I simply refuse to let him get away with that. That's why I keep showing up.

The thief does not come except to steal, to kill, and to destroy. I have come that they may have life, and they may have it more abundantly.
John 10:10

I am so excited to be part of the ministry of Anglicans for Life.

We're an organization that believes we have been given the opportunity through Jesus Christ to live an abundant life on this side of Heaven. Our desire is to see the next generation fully understand the sanctity of life and advocate for every life, standing against abortion and the damage that it does to women, men, and pre-born children.

After prayer and guidance from the Lord, we are beginning the journey of creating a

youth initiative within Anglicans for Life, in partnership with Young Anglicans and Rev. Steven Tighe! There are two exciting plans for this new endeavor:

#1 YSummit 2019: Mobilizing Young Anglicans for Life

On January 17, 2019, we will be hosting the first YSummit: Mobilizing Young Anglicans for Life in Falls Church, VA, in conjunction with Summit 2019: Mobilizing the Church for Life and the March for Life 2019! This will be a great opportunity for youth group students to learn, be inspired, and participate in the pro-life movement.

A great example of students taking action for life is pictured below: Will Chester's youth group from Wheaton, IL attended their local March for Life in Chicago. Will is the youth pastor at Church of the Resurrection.



#2 Youth Curriculum

Back in December, the Lord put it on my heart to dive deeper into the question: are we, as a Church, talking about relationships and sex in a way that is glorifying to God? I quickly found out why He kept bringing it up.

Nationally, Planned Parenthood is the largest sexual education provider in public school systems. Let that sink

in for a moment. The nation's largest abortion-provider is going into schools and teaching students how to have "safe, healthy sex," and what their options are if they encounter an unwanted pregnancy or STD. In essence, they meet the culture where it's at. They support students in making decisions that developmentally they aren't yet able to make, creating potential damage that will last for the rest of their lives. "Generation Z" already believes that Christianity is a religion that has too many rules, many about sex. In fact, they've disconnected sex and relationships so much so that the majority aren't terribly interested in sex itself – porn is safer to them. That statement is staggering. Friends, this is not the sort of abundant life that Jesus was talking about, and it certainly isn't the kind of life that He died for.

From a parental standpoint, we can't assume students are being taught sexual education from their families. I met a young woman at the AFL Summit last year, who was very open when talking about her sex education experience with me. I asked her, "How did you learn about sex education?" She responded by saying that, "Sex is a bit of an awkward, perhaps even taboo, topic in our household. My education is largely a result of listening to my peers' conversations. At times, I would turn to Google

for help." Generation Z is growing up with access to anything they want to see, at the tip of their fingers. As a result, we must adjust our engagement, knowing that pornography, social media, and disconnectedness are very real threats that teens face today.

The curriculum's goal is to educate teenagers about relational and culturally-relevant topics through Scriptural

Cont'd. on back page

Anglicans for Life is a 501(c)(3) non-profit organization, supported by churches, individuals, & foundations. Your contributions allow AFL to uphold the biblical principles of Life. Please use the enclosed envelope to make a donation! A financial statement is available upon request.

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This comment was recently posted as a private message on the Silent No More Awareness Campaign Facebook page.

"I want to thank Georgette for helping me know the right words and give guidance to help my daughter not choose an abortion at 16 weeks. Her abortion was to be tomorrow... today she went to Options for Women, and they were wonderful. My daughter is keeping her baby. So both my daughters are pregnant...unwed, but having my first grandchildren. God is good. Miracles do happen and so many people were praying! Thank you!" signed Linda (Mom and Grandmother!)*

Miracles do happen!

The connection to this mother and daughter came through Linda's sister, Laura, who lives in Idaho and heard about the Silent No More Awareness Campaign through a friend who is a member of the Campaign. Laura called our office seeking advice to help her niece Bethany and, based on the information she gave me about the circumstances of the girl and her pregnancy, I didn't think we would be able to talk her out of the abortion; she seemed intent to end the pregnancy. I said it would take a miracle, but our God is a God of miracles, and prayer was our best hope. I prayed with Laura on the phone.

Laura asked if I would call her sister, Linda, and try to reach the girl directly through her. I talked with Linda and tried to explain the fears her daughter was feeling, based on what I felt as a 16-year-old dealing with an unpanned pregnancy. We texted, talked, and prayed multiple times over the next few days. I enlisted friends in the Minneapolis area to try and connect with her daughter in person, and we were all praying.

The abortion was scheduled for Thursday, and it was Monday afternoon. Bethany was not budging and had a long list of reasons why she couldn't handle motherhood. As I was praying for her that afternoon, I wondered if a pregnancy center would be helpful in addressing her list of concerns, so I searched for a center near their home in Minnesota and found one eight miles from their house! I called the center, talked with Julie, the center director, and then connected Linda with her. They got together and were able to get Bethany in to the center on Wednesday.

Once Bethany learned about the available help and had assurance from her mom and extended family that they would be there to help her through the pregnancy and parenting, she cancelled her abortion appointment.

I share this story with you for a number of reasons.

First and foremost, God is a God of miracles! He touched this girl's heart with His love, expressed to her through a variety of people. Second, reaching out for help is critical. Aunt Laura wasn't too proud to call and ask for help, and she aggressively pursued it even when I didn't think it would help! Third, helping Linda understand her daughter's fears and feelings helped her focus on meeting her daughter's needs, instead of just telling her not to kill her baby. As Bethany saw she was being listened to and that her concerns were validated, she stopped seeing abortion as the only solution to her unplanned pregnancy.

Finally, I share this story with you to say "thank you" – your support for Anglicans for Life and the Silent No More Awareness Campaign made it possible for us to be the catalyst for help to Bethany, her baby, and her mom, Linda.

This "save" was also an answer to a personal prayer, as I had been seeking to know if I was still useful to God in life-affirming ministry. Helping Bethany chose life for herself and her baby has reminded me of the vision the Lord first gave me when I was discerning my call to this ministry. I remember crying out, "I can't end abortion!" and hearing back, "I'm asking you to touch one heart at a time."

I came to realize that no one person will end abortion by themselves. But, collectively, working together, each person touching one heart will lead to the end of abortion. As we help young women and girls chose life, our prayer is that there will be no customers for abortion clinics, and they will shut down for lack of business!

Now, that may seem a bit pie in the sky simple-minded and could be considered absurd—but for the fact that our God is a God of miracles. God works miracles through His love poured out through His people touching one heart at a time!

For His glory,



Deacon Georgette Forney

P.S. AFL invites you to donate gift cards for Bethany which we plan to send her as a baby shower blessing. Use the enclosed envelope to send them to our office and we will forward them to her mom for the Baby Shower in July.

*Linda's, Laura's, and Bethany's names have been changed to protect their privacy.

A Fate Worse Than Death cont'd. from page 1

soon stop beating. But, one month later, Israel proved the doctors wrong. He was a fighter!

We had been able to keep Israel on life support with the help of our legal team, but it was a tough battle.

Three weeks ago, Israel started moving his head and upper body in response to our voice and touch. He kicked his legs. And he took some breaths on his own “over” or in addition to the ventilator.

The doctors who declared Israel “dead” could see our son move his head and body in response to my voice. They listened to his beating heart. But they refused to feed him. And because he didn’t pass their test—a test that had been given almost a month previously—they wanted to kill him.

We were able to get Israel transferred to a hospital in Central America, where a wonderful team of pro-life doctors provided him with appropriate care and nutrition. Not only was Israel’s digestive system fully functional, but brain scans showed that Israel had active brain waves, which meant he was not brain dead.

Because Israel’s insurance company would not pay for his care overseas, Israel had to be transferred back to the U.S. The receiving hospital refused to reexamine Israel and would not permit an independent neurologist to examine him. As we were making arrangements to care for our son at home, the hospital abruptly withdrew his ventilator, ending Israel’s life.”

Another case also being addressed by Life Legal involves Joel Zuniga, as featured on their website:

A hospital in Jacksonville, Florida has threatened to withdraw food and water from a patient who recently suffered a gunshot wound. Joel Zuniga was unable to breathe without the assistance of a ventilator after being shot. Two weeks after Joel’s injury, his family made the difficult decision to remove his ventilator to see if he could breathe on his own.

Fr. David Nix, the family’s priest and a former EMT and paramedic, encouraged the family to instruct the hospital not to give Joel a heavy dose of narcotics when doctors removed the ventilator, so as not to suppress his ability to breathe. The hospital begrudgingly complied.

Fr. Nix was present to administer last rites. Joel struggled to breathe for a few minutes and then, miraculously, began taking full breaths. He has now been off of artificial respiration, and his vital signs are good.

Although Joel has suffered brain damage and is unable to speak, he is awake and is starting to show some response when his family talks to him.

But the hospital refused to provide Joel with proper nutrition and hydration. The family finally convinced doctors to give Joel an IV, but they still refuse to adequately feed Joel. Health care providers have also tried to pressure Joel’s parents—who only speak Spanish—to sign a form that would only give Joel “comfort” care

in an attempt to withdraw all treatment, including food, water, and antibiotics. Joel’s projected “quality-of-life” is the reason his physician has decided to withhold all food from this patient.

“This is one of the most egregious cases of denial of health care I have seen,” said Alexandra Snyder, Life Legal Defense Foundation’s Executive Director. “Joel’s parents are particularly vulnerable because they do not speak English. The hospital is exploiting their inability to question a course of action that puts Joel’s life at risk. Joel is a young man in his early thirties who is showing remarkable signs of recovery, yet the hospital is taking aggressive measures to shorten his life.”

Another case Life Legal was involved with relates to the fate of the elderly:

“Last week, Life Legal received a call from the daughter of a 93-year-old woman who was being deprived of nutrition and hydration in a Northern California hospital. Our team responded immediately by filing court pleadings demanding that the woman receive proper care. Life Legal attorney Terry Thompson then appeared before a judge to seek a temporary restraining order prohibiting the hospital from putting the woman to death.

None of them expected a health crisis, so they were unprepared for the challenges of trying to keep their loved one alive.

We were successful in obtaining the order! The woman had been without food and water for three days and was near death, but she is now recuperating thanks to the efforts of the Life Legal team.

It should be noted that the woman does not have a terminal illness. She is able to breathe on her own. Yet the hospital believed it was within its rights to end her life without her consent or the consent of her family, because she was elderly.”

I am grateful for the work of Life Legal. Their website (LifeLegalDefenseFoundation.org) has many more stories of families literally fighting for the lives of loved ones.

In all the cases noted on their website, a common denominator for the families is that none of them expected a health crisis, so they were unprepared for the challenges of trying to keep their loved one alive. While we all hope to die naturally, none of us know who will or who won’t face a fate worse than death.

So how can we be prepared?

Everyone over the age of 18 should appoint someone to serve as their Power of Attorney for Health Care, which is considered an Advance Directive. Anglicans for Life also recommends we begin having conversations about what is important to us regarding our healthcare in the event of an

emergency, while cautioning against making general statements like, “I don’t want to be hooked up to machines.”

Another type of Advance Directive is a Living Will, which is a written set of instructions regarding your preferences for healthcare and goes into effect if you are unable to make decisions for yourself or if you are permanently unconscious. AFL does NOT recommend you sign a Living Will as The Journal of Emergency Medicine reports that a 2012 study found 78% of physicians misinterpreted Living Wills as Do Not Resuscitate orders.

Appointing a person who understands your values and has the fortitude to advocate for your rights will provide the best chance of insuring you receive the medical care you need and deserve until natural death occurs.

Recognizing that a divide can exist between the medical treatment we believe is best for our loved one and what the hospital or physician thinks is appropriate or futile is important. It can be shocking to be told that something as basic as food and fluids are not to be provided for the patient, and we must prayerfully, graciously, but firmly question such orders.

It is sad to say, but the health care industry has changed dramatically in the last twenty years, and profits often trump patients’ needs. When patients, like those noted above, are diagnosed brain-dead or terminal, it gives the hospital the freedom to remove medicines, treatments, food, and fluids and place the person in “comfort care”, which can lead to terminal sedation and pre-mature death.

As a side note—it is important to recognize that as much as we love and respect doctors and nurses, they are not infallible. We must be aware that misdiagnoses happen and that hospitals are not always focused on the patient’s best interest. A simple internet search of “‘brain dead’ patients who didn’t die”, revealed that 25 people in the last six years recovered from their fatal diagnosis. A few patients actually woke up or moved just as their organs were about to be removed for transplant. (Recognizing the value of organs from “live” donors is critical in appreciating the haste of some doctors in declaring a person brain dead.)

This is why, when we find ourselves or our loved ones in these circumstances, we need to appreciate the necessity of appointing a Power of Attorney for Health Care to be our advocate and help find alternative solutions for how to care for us or them until we or they recover or die naturally.

Hospice, a nursing home, or rehabilitation facility may be the best solution in some cases. But in the extreme cases, like when a brain dead diagnosis allows health insurance companies to deny coverage, special “Safe Haven” facilities must be available to receive the patient and extend care. A Safe Haven is a state-of-the-art pro-life medical facility staffed and equipped to provide competent and compassionate care for patients who want life-sustaining treatment but are denied it at other medical facilities. The primary purpose of a Safe Haven facility is to honor and care for the lives of patients who would otherwise die due to the denial of life-sustaining treatment. Anglicans for Life is working to address this need. We shared our vision for it last July in a letter to our donors and are working in partnership with other life-affirming groups to establish one of these facilities.

When admission to a Safe Haven facility is requested by a patient, family, or person acting on behalf of a patient, the patient’s/family’s ability to pay for treatment and whether

or not the patient’s care will be covered by insurance will not be a factor in the decision to admit the patient to a Safe Haven. A Safe Haven will be supported mainly by private donations and volunteers who assist paid staff in caring for patients and office work.

The vision for Safe Havens is similar to pregnancy centers in terms of providing care that would otherwise not exist; however, fewer of them will exist because of the costs associated with running them.

A BreakPoint article recently noted that “The economic contribution of religious bodies to the American economy has been estimated at over \$1 trillion. Substantial portions of the care delivered to poorer and needier Americans come from religious people working through their congregations and other ministries.”

On the issue of abortion, the Church has remained one of the strongest voices advocating for the unborn and the sacredness of the life of both the mother and child. Now a new group of people are at risk—the elderly, ill, and vulnerable who are in danger of being euthanized or having their deaths hastened. And, given the fact that the Church has the promise of the Gospel to address the reality of death, I am certain we are part of God’s solution to the end-of-life circumstances, which are seen to be a fate worse than death.

We ask that you be in prayer for AFL as we continue with the Safe Havens endeavor and to be thinking making life-affirming health care decisions for yourself and your loved ones, as well as what you can do to protect those at risk of having their lives prematurely ended.



I Lived on Parker Ave

by Robin Ferguson

Most adoption stories are one sided. We may hear from the adoptive parents, their struggles to conceive, the frustrating untangling of the red tape-laden adoption process, and the joy of meeting their son or daughter for the first time. There are stories that adopted children tell about themselves, their lives with their adopted parents and how they processed their feelings for their birth parents. Less often, we hear from birth parents and their many layered feelings about the adoption process—guilt over placing their child with another family mixed with the relief of knowing that they are, in turn, loved and cherished. But to hear from all three sides of an adoption is a rare and beautiful thing, and the documentary “I Lived on Parker Avenue” does just that. It tells the story of David Scotton and his reunion with his birth parents, the adoption journey of his parents Susan and Jimmy, and the difficult choice faced by his birth parents Melissa and Brian. But it’s more than just a story of an adoption. It’s a love letter to Life, a celebration both of Melissa’s brave decision to choose life as well as the future that David has in store for him.

What is most remarkable is where David’s story of life starts—at an abortion clinic on the eponymous Parker Avenue. Melissa recounts her fears, financial and personal, that convinced her that abortion would be the best option. With a blanket over her head and radios in her ears to block the sound of those praying and speaking outside of the clinic, Melissa was brought inside...but, by God’s mercy, she heard one thing that someone was saying—that her baby had 10 fingers and 10 toes. On the abortion table, the doctor ready to begin, Melissa made a choice to not go through with the procedure. Despite being scared and uncertain, she still wanted to give her child life, and we must thank God for that. It’s shocking how close David came to not being able to tell his story. What is even more wonderful is where David goes next—he joins the family of his adoptive parents, Susan and Jimmy Scotton, who are members of an Episcopal Church in Louisiana. It’s wonderful to see the impact adoption has not only in the greater Anglican Communion but in the life of someone like Susan, who is connected to AFL!

Still, “Parker Avenue” doesn’t shy away from hard truths. While the choice to place him for adoption was better for

David, Melissa, and Brian than the death and pain brought by abortion, the adoption did hurt David’s birth parents. They separated after the adoption and had remarried and had children and new families. But, in their separate one-on-one interviews, both indicated that they struggled with guilt and shame for having considered abortion for David and were depressed at not having been in his life. David, in turn, had his own struggles in thinking about his adoption and connecting with his birth parents. Before contacting them he asked difficult questions of himself-- why did they “give him up?” What if they didn’t fit into his life? What could have been? Melissa, Brian, and David’s worries should be a reminder to pro-life people of the need to support birth parents and to be mindful of the struggles adopted children. We see adoption as a triumph, a good resolution to a bad situation. And it often is—but it can also create complicated feelings of grief, regret, and confusion. Birth parents and adopted children need encouragement and understanding, not dismissal.



But more than a story of pain and grief, this is one of healing. When Melissa meets David for the first time, she breaks down into tears. It’s joyful but emotional. Melissa feels the guilt of her almost-abortion and had worried that he would hate her for it. David directly and simply replies: “Never.” It’s a beautiful and deeply affecting moment, for both Melissa, David, and the audience. And it’s a wonderful reflection of the deep love and healing that permeates this story. Adopted mom Susan’s wounds are healed from the death of her two young sons, who both had neurological conditions. David’s feelings of worry are resolved by a slow introduction to

his birth parents through social media and letters. And Brian’s depression and regret were healed by reconnecting with his son. “I Lived on Parker Avenue” is not just about finding a home and family for one child. It’s about bringing hurting people together. Although God is never referenced in the film, there is no doubt that His presence is there.

The final image is that of a photo of Melissa, David, and Susan, with Melissa in the middle. Naturally, one would think that David should be in the center of the image, as he is what brought these two women, his mothers, together. But, in fact, Melissa and her brave choice of adoption is what brought Susan and David together as mother and son. Her decision to choose Life for David at an abortion clinic, through God’s mercy, is what binds and heals these families.

You can watch “I Lived on Parker Avenue” online at www.ilivedonparkerave.com. I highly recommend you share this film with family, friends, and your church!

Oregon Assisted Suicide Numbers Up, Safeguards Not Working

As the state of New York considers legalizing Assisted Suicide, the information in this article explains why such legislation is dangerous to the dignity of life.

The Oregon Health Authority's (OHA) 2017 report on physician-assisted suicide reveals the annual increase in physician-assisted suicide deaths has accelerated in recent years. In the last four years, death numbers have doubled from 73 in 2013 to 143 in 2017 (although 218 lethal prescriptions were actually written last year).

Richard Doerflinger, an associate scholar with the Charlotte Lozier Institute (CLI) and a Public Policy Fellow at the University of Notre Dame's Center for Ethics and Culture, analyzed the OHA summary. Doerflinger concludes, "This is the updated reality of physician-assisted suicide in the state whose law is seen as a model for the nation. Chronically ill seniors, potentially victims of untreated depression and the impression that they have become a 'burden' on others, are nudged to a premature death that may be more gruesome than they've been led to believe, with no one usually present at the time of death to check whether they are competent, badgered by others, or overtly coerced toward that death. This is what has become known as 'death with dignity' in Oregon, and advocates are working to spread it to far more states. Clearly, the theory of assisted suicide in Oregon and the reality are very different."

Following are some of Doerflinger's concerns:

- * Oregon's system is tailor-made to conceal, not reveal, abuses and is filled with loopholes. Physicians who prescribe the lethal drugs are the only people allowed to file reports and the OHA accepts this self-reporting at face value.
- * Those prescribing doctors are only present at the patient's death 16 percent of the time.
- * After filing an annual report from which all identifying information has been removed, the state destroys the original report.
- * Oregon's 20-year-old law has resulted in 1,967 lethal prescriptions and at least 1,275 patients have died. That leaves a total of 692 lethal overdoses unaccounted for.
- * Fewer and fewer patients receive a psychological evaluation. From 1998 to 2012, only six percent of patients were referred for evaluation. By 2017, the figure had dropped to 3.5 percent. The state has not cited a single case out of 1,275 in which a patient was found ineligible because an evaluation found depression or other mental impairment.
- * The time from first request for the drugs to death from those drugs has been as long as 1,009 days (over five times the projected life expectancy requirement).
- * Only 21 percent of patients cited pain as a reason to request lethal drugs. The most common reasons cited are being "less able to engage in activities making life enjoyable" (88%), "losing autonomy" (87%), and "loss of dignity" (67%), all of which could be cited by someone with a chronic illness or long-term disability that is not terminal.
- * The time period from ingesting drugs to death is unknown in most cases. Patients took as long as 21 hours to die, compared to nine hours in 2016.
- * In 2017, only 31 percent of patients seeking suicide had private health insurance and 68 percent had only

governmental insurance, such as Medicaid and/or Medicare. This is very concerning in light of Oregon's Medicaid rationing plan where treatment has been denied to patients who were offered assisted suicide instead.

In January 2018, Swedish researcher Fabian Stahle communicated by mail with the Oregon Health Authority to clarify how the term "terminal illness" is interpreted. Responses from OHA confirmed there is no effective oversight of Oregon's law and that, essentially, by refusing or withholding treatment, a person can be made terminal.

CLI President Chuck Donovan says, "This report shows an alarming increase in the death toll under Oregon's law. Even more alarming is that, for some, this body count is not high enough yet. All the assurances of strict safeguards are exposed for the smokescreen they are. Where is the dignity in being starved to death, unable to defend oneself or even comprehend? Where is the mercy in being denied the most basic, ordinary human needs? State legislatures considering assisted suicide bills are being provided a glimpse into their future if they do not act wisely. They should heed the warning."

The Oregon Health Authority's 2017 data can be found at: <http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year20.pdf>

Richard Doerflinger's analysis can be found at: <https://lozierinstitute.org/wp-content/uploads/2018/03/Oregon-Assisted-Suicide-The-Up-To-Date-Reality-2017.pdf>

This article was used with permission from Oregon Right to Life.

Cont'd. from page 2

teaching and partnership with parents and youth leaders. My heart yearns for teenagers to know that they are valued and created for purpose. Middle school and high school students are being told who they are by society, their friends, and social media. But the sanctity of human life, the core driving force of Anglicans for Life, begins with teaching the next generation that their value is in Jesus Christ. There is so much glory in the abundant life that is freely offered to them, but they must first know where to find it.

Statistically, the worst thing our culture does for young people is to water down the issue of sexuality. We misunderstand teenagers when we assume that they are just immature, physically and emotionally, in how they think about relationships. Beneath the physiological realities, resides a deep, human desire for connection. We were made for relationship. But we have to recognize that ultimate intimacy comes in the relationship with God, and we must get that relationship right. When we fail to help young people navigate how sex and relationships fit into the broader category of life, we are failing the God who created relationship to be a deep, bountiful gift for us.

I am so excited to share that at 2019's Summit, there will be a workshop dedicated to sharing this curriculum, its vision and its mission. In the workshop, I hope to highlight the importance of relationships and sex, and why churches need to have glorifying conversations with teens about these topics.

My prayer is that the Lord will use this youth initiative to change the game. The structure of it will create space for partnering with parents, engaging teenagers, and equipping youth leaders. A life-giving, Gospel-centric community is going to change students' lives.

The Sanctity of Life begins when we understand our own worth and what the purpose of relationship is. Then, and only then, can abundant life begin.

Do you have students who are active in the pro-life movement and/or passionate about life issues? We would love to get them connected to AFL, learn how we can pray for them, and support them in their journey! Please contact me with any questions, inquiries, or stories you may want to share.

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Florida Fun, Friends, & Work!

Robin Ferguson, AFL's Administrator, and Georgette recently went to Titusville, FL to visit Priests for Life's new Headquarters and meet with their staff who, in partnership with AFL's team, work on the Silent No More Awareness Campaign! At the Opening Celebration, AFL's Christ Church, Vero Beach Chapter Leaders Katherine Booth (left) and Carol Pearson surprised us! We had a great visit, enjoyed lunch, and toured PFL's new building dedicated to serving the sanctity of life.

