

Lever since the Roe vs. Wade and Doe vs. Bolton decisions on abortion by the US Supreme Court in 1973, spokesmen for the Right-to-Life movement have been comparing the abortion issue to slavery. They have pointed to the core analogy of legal personhood for black Americans then, and of unborn Americans today.

The 1973 decision has been compared to the *Dred Scott* decision of 1857. Its identical court majority of 7 - 2, its holdings, even the arguments justifying it then, find almost exact echoes today in the abortion decisions.

Dred Scott was decided only three years before Lincoln's election and the onset of the Civil War. It attempted to settle, once and for all, the vexing slavery question. In judging the case of Mr. Dred Scott, a black man from St. Louis, the US Supreme Court certainly did clarify the issue. Black people, it ruled, were not legal persons; they were the property of the slave owner. He could buy, sell or even kill them.

Abolitionists had objected. The ruling was outrageous, they said. It was immoral and discriminated against an entire class of living Americans solely on the basis of skin color. None other than Roger Taney, Chief Justice of the Court, and a chorus of others replied to them. So you folks have a different opinion? You object on moral and religious grounds to slavery?

That is all right, they said. You abolitionists don't have to own a slave if you don't want to. No one is forcing you to own one, but don't force your morality on the slave owner. He has the "right to choose" to own slaves if he wishes. The Supreme Court has ruled this is a constitutionally protected right. It has so interpreted the Constitution. Slavery is legal.

The *Roe vs. Wade* decision has been seen as a direct parallel. It too was a 7 - 2 decision by the Supreme Court. It too tried to settle a very vexing and controversial social issue. It too superseded existing state laws. Unborn people, it ruled, were not legal persons. They had no civil rights, no human rights. They were, henceforth, legally the property of the owner — the mother. She had the absolute legal right to keep or kill her unborn baby.

Pro-life people objected. The ruling was outrageous, they said. It was immoral and discriminated against an entire class of living Americans solely on the basis of age (too young) and place of residence (still living in the womb). None other than Justice Blackman, *Roe's* author, and a chorus of others replied. So you folks have a different opinion? You object on moral or religious grounds to abortion? That is all right. You Right-to-Lifers don't have to have abortions if you don't want to. No one is forcing you to have one, but don't

force your morality on the mother (the owner). She has a "right to choose" to kill her developing baby if she wishes. The Supreme Court has ruled this is now a constitutionally protected right. It has so interpreted the Constitution. Abortion is legal.

Tragically, the high court never did reverse the *Dred Scott* decision. True, it was effectively demolished by the Civil War. Legally, however, it was only reversed by amendments to the US Constitution. The Thirteenth Amendment abolished slavery. The Fourteenth guaranteed civil rights. Finally, the Fifteenth Amendment tried to lock in that guarantee by giving the vote to black men (women could not yet vote).

The parallel today is the Right-to-Life movement's dedicated push for a constitutional amendment to reverse the abortion decisions. Its original hope for an amendment to abolish abortion and to guarantee civil rights to the unborn in a single amendment has given way to the acceptance of a multi-step approach by all but a small minority of the movement. The first step would be to reverse the abortion decisions.

In investigating the analogy between abortion and slavery is to reacquaint ourselves with the history of the time.

TERESA SUR VIVED BEING ABORTED

LIFE ISSUES

with J.C. Willke, MD

I t was eighteen years ago in South Korea when we first met Teresa. To our great astonishment, we recently met her again in Evansville, Indiana.

My wife, Barbara and I had been in South Korea, lecturing in a number of cities to a variety of pro-life groups. On this particular night, we had talked at the 7th Army Headquarters near Seoul. After our appearance, our host told us that we must visit Sergeant and Mrs. Ippoliti and see their newly adopted daughter. So we went there. They were very gracious and said we must see their eight month old, Teresa. She was rather small for her stated age, and was just beginning to

crawl. It seemed that she might be somewhat developmentally disabled. But as it turned out, her mental and physical state was understandable. This is Teresa's story:

Her mother had gone for a late-term abortion. The technique used back then was to inject poisonous salt into the bag of waters around the baby. The baby then would breath and swallow

this poison and would die. Soon after that, the mother's body would get the message that her little passenger was dead. She would go into labor and deliver a dead baby. In this case, however, the delivery surprised everyone. For this little girl was born alive.

There was an order of Catholic nuns nearby, Good Shepherd Sisters, who had recently visited this abortion facility and told them that if they ever had a live birth, the good sisters would take the child. That is exactly what happened, and one of the sisters hurried over to claim the little girl. There she was, wrapped in newspapers, but still alive. The Sister took her to a Catholic hospital where she was put in the intensive neonatal care unit. She was not able to suck or swallow properly and had to be suctioned frequently. Failing this she would have developed pneumonia, which would have been fatal. She did well for her

three months in the hospital and then was welcomed into a home where foster parents were able to give her the type of care and suctioning that was needed. After she had improved more, Sergeant Victor Ippoliti and his wife, Susan, adopted the little girl.

Back then, we had been fascinated by the little tyke, and deeply admired the Ippoliti's, the nuns involved, the foster parents and everyone who had worked so hard to save this little girl. But a few days later, we were airborne again, this time to Taiwan, and our attention was diverted elsewhere.

It is now eighteen years later. Barbara and I had just finished a stimulating meeting in Evansville, Indiana. Our host came over to us and said, "Before you go, I want you to meet a gentleman with his adopted daughter." He was a middle-aged gentleman and nestled under his arm was a shy Asian girl. He introduced himself as Victor Ippoliti, which did not ring a bell. He then explained that we had met eighteen years ago at the 7th Army Headquarters when we had visited his home. Did we remember the little girl that they had adopted? Here she is. My dear Barbara about jumped out of her skin. She spread her arms, looked at the girl, and said, "Are you Teresa?" And Teresa demurely nodded and said, "Yes." Barb gave her a big hug. Then the two of us stepped back and looked at her and her adoptive father. Of course, we wanted to know the details to fill in that time gap. Victor is now a practicing attorney and they live in the vicinity of Evansville, Indiana. Teresa is a high school sophomore.

Needless to say, we were totally delighted and spent the next half -hour catching up on eighteen years. Who would have imagined, half a world away, and eighteen years later, that our paths would cross again!

Note that Brad Mattes, my colleague, will be interviewing the Ippoliti family for our weekly half-hour television program to be aired next season on "Facing Life Head-On."



Susan, Victor and Teresa Ippoliti

HISTORY REPEATS from page 1

Pro-slavery people were deeply indoctrinated with the defense of slavery as a positive good to both races; and firm in the conviction that it must be protected and perpetuated. Further, they were convinced of the biological inequality and racial inferiority of blacks, and held positions as members of Congress, justices of the Supreme Court, and presidents of the United States. They held prominent positions in churches, colleges and political parties. They exercised authority, within their spheres of influence, over the entire nation and helped to determine its policies, educational philosophy and religious doctrines.

One cannot repeat too often that belief in the biologic inequality and racial

the political m a c h i n e r y broke down.

B u t did not a black man bleed if cut? Did not a black woman reproduce if fertilized? Were they not both alive and totally human? Your author is old

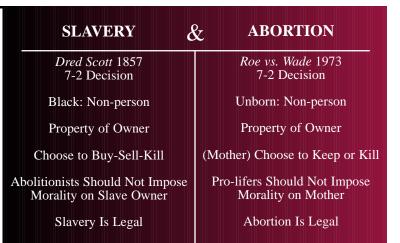
enough to recall bi-racial blood banks in some states when he was in medical school, even though the pathologist in the laboratory could not tell the blood apart under the

microscope.

Is the unborn child not alive? Will he or she not

bleed? Is there not a heart beating at three weeks, one that can be heard by us at six to eight weeks? A fully intact tiny human boy or girl from fertilization? Most certainly so! We have no more excuse for calling the unborn child non-human today than our forefathers did for calling a black man non-human then. Yet, today's Supreme Court did just that. Lynn Jackson, great-great granddaughter of Dred Scott, understands abortion's injustice saying, "It is pretty violent, it is a baby and life does begin at conception."

Rightly so, America ultimately came to reject the Supreme Court's flawed *Dred Scott* decision. Thankfully, mankind, regardless of color, is now protected under our constitution. Not long into the future, America will also ultimately come to reject the Supreme Court's flawed *Roe vs. Wade* decision. With it will come the constitutional protection of all innocent life from womb to tomb.



For more information on the similarities between abortion and slavery, we recommend Dr. Willke's book, *Abortion and Slavery — History Repeats* from Hayes Publishing. Contact our office at 513.729.3600 or info@lifeissues.org

In addition, Life Issues Institute has undertaken a new and exciting Urban Outreach project, called Protecting Black Life. Under the direction of Rev. Arnold M. Culbreath, it seeks to educate the African-American community, as well as the public at large, to the undeniable racial overtones of the abortion industry. Rev. Culbreath will be happy to speak to you, your organization or community regarding further details. You can contact him at arnold@ProtectingBlackLife.org or 513.729.3600.

It is pretty violent, it is a baby and life does begin at conception.

Lynn Jackson - great-great granddaughter of Dred Scott

inferiority of the "Negro" not only sustained slavery, but also determined the attitude of the public, the zeal of law enforcement officials, the reasoning of judicial bodies, the efficiency of administrative functionaries and the definition of policies by legislators. Legalized slavery enshrined this, prevented a practical demonstration of its falsity, and filled public offices and the councils of religious, educational and political institutions with men reared in its atmosphere.

For decades our nation tolerated, indeed stoutly defended, an institution, which embodied the theory that a whole race of people were biologically inferior to others. They formulated ingenious rationalizations for their conduct, devised legal barriers to its correction, and heaped indignities upon those who spoke out in protest. They challenged the right of free inquiry and discussion, and, finally, tragically sent their own men out to kill each other when



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NEW INTERNATIONAL PRO-LIFE EFFORT **FOCUSES ON LAWMAKERS**

id you know that 70 countries in the world today have strict laws protecting women and unborn children from abortion including Chile, El Salvador, Ireland, Kenya, Nigeria and the Philippines?

Further, the pro-life laws of these nations are threatened because the international abortion network is actively working in capital after capital around the world to influence abortion policies and laws by targeting lawmakers. Their ultimate goal is unrestricted access to abortion-on-demand in every one of the 194 countries of the world.

Life Issues Institute has long been concerned with and active regarding the international push for legal abortion. We have worked with countries around the world to help them confront the challenges to their pro-life laws. To date this has largely been accomplished through working with and developing grassroots pro-life

organizations in various countries. Dr. and Mrs. Willke have lectured in 74 countries, covering 6 continents, lending support and expertise to pro-life leaders and activists

around the world. Executive Director. Bradley Mattes, has traveled and spoken in over 15 countries.

Now, more than ever, respect for the sanctity of life is under assault. Proabortion organizations such as United Nations Population Fund (UNFPA), International Planned Parenthood Federation (IPPF), Marie Stopes International, various UN agencies, and regional bodies such as the African Union and European Union, are targeting lawmakers in national governments to pressure them to pass legislation that advances legal abortion. Armed with billion-dollar budgets to back it, this abortion network is vigorously uniting parliamentarians into working groups under the disguise of population, development and reproductive health.

No international pro-life network has existed to counter these efforts — until now. Life Issues Institute is pleased to

announce that Marie Smith of New Jersey has joined the Life Issues Institute team as Director of the Parliamentary Network for Critical Issues (PNCI). This international initiative, based in Washington, DC, will advance life issues by identifying and educating pro-life lawmakers around the world. Its mission is to promote respect for the inherent value, worth and inviolable dignity of every human being from the first moment of existence.



Rep. Chris Smith and Marie Smith

It is the first and only international network for pro-life lawmakers.

As director of the Parliamentary Network for Critical Issues, Marie Smith will call upon her years of prolife experience, which began in

college along with her husband, Pro-Life Caucus Chairman, Congressman Chris Smith (R-NJ). Congressman Smith is widely considered to be the leading pro-life member of the House of Representatives. In her past position as International Director of Feminists for Life, Marie Smith advocated for the protection of women and children from the violence of abortion, internationally and at the United Nations. Marie and Chris have been married for 30 years and have four children ranging in age from 28 to 20. They are eagerly awaiting the birth of their first grandchild in November.

Marie said, "I am thrilled with this opportunity and that Life Issues Institute recognizes the importance and urgency of reaching pro-life lawmakers around the world. Pro-life legislators need to be advised of the international pro-abortion agenda and warned about what is coming their way. Together, we hope to equip lawmakers with the tools they need to defend pro-life laws and prevent any advance of abortion in their countries."

The global advance of abortion follows a pattern that the US knows all too well. As former abortionist Bernard Nathanson details in his book, Aborting America, radical feminists, aligned with abortionists, fabricated statistics on the death rate from illegal abortion and, with the help of a sympathetic media, convinced many of the false argument that legal abortion would save women's lives. The same tactic is being repeated today worldwide.

According to Marie Smith, "We are especially concerned for countries in Africa and Latin America who face intense pressure to legalize abortion in the name of reducing maternal mortality. Legalizing abortion will not save women's lives but access to the life-saving health care before, during and after birth will save the lives of hundreds of thousands of women every year. PNCI hopes to assist parliamentarians advance life-affirming measures that protect and save the lives of both women and children while reducing the rate of maternal mortality."

"Pro-life parliamentarians can do so much good and this new initiative will greatly help their efforts, including helping parliamentarians in countries with legalized abortion who realize the devastating impact abortion has had on their country and are seeking ways to restrict abortion and help women."

PNCI will work with pro-life organizations in select countries to identify lawmakers interested in networking on prolife issues and will facilitate dialogue, education and information exchange between parliamentarians worldwide. Contact the Parliamentary Network for Critical Issues at PO Box 20203, Washington, DC, 20041. Phone 703.433.2767 or email at info@pncius.org

OREGON'S EUTHANASIA LAW

It's about far more than the number of people dying

By Susan W. Enouen, P. E.

n 1994, Oregon voters approved the vote of 51% to 49%. It became effective in 1998, surviving court challenges and a repeal effort, to make Oregon the first state in the country to legalize physician-assisted suicide (PAS). The law allows physicians to prescribe life-ending drugs that are requested by terminally ill patients with six months or less to live. In the nine years since then, DWDA records show that 455 people have requested lethal drugs from their physician and 292 people have died from using them. The yearly numbers continue to rise, beginning with 16 deaths in 1997, increasing to 38 in 2005, and reaching 46 deaths in 2006. Although these show that relatively few records Oregonians choose to use this option, the lack of accountability and safeguards in the process have many people concerned that the numbers are not telling the whole story. In addition to that, disturbing trends appear to be developing.

For example, only 17 complications have been reported in the 292 deaths, and 16 of these were regurgitation. However, in the Netherlands, where they have had many years to work on overcoming complications in assisted suicide, serious complications are still reported. In fact, a study found that Dutch doctors feel the need to intervene (by giving lethal injections) in 18% of cases because of complications or problems. The lack of reported complications in Oregon has caused even pro-assisted suicide physicians to question the credibility of Oregon's reported data.

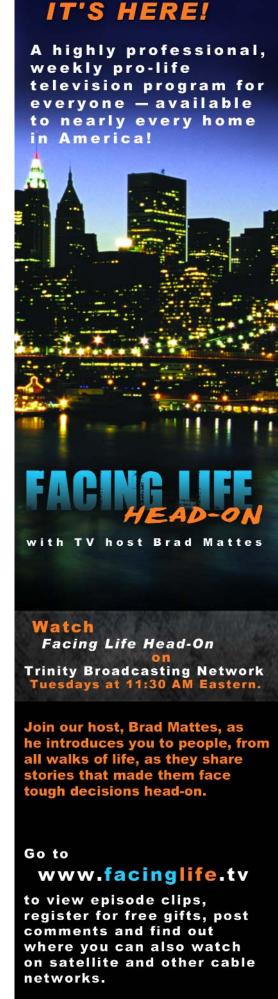
One of the reasons to suspect the accuracy of the data is that the prescribing physician is not required by law to be present when the drugs are taken. Since 2001, when this data was first collected, prescribing physicians had only been present at 29% of the deaths. The recording of complications is therefore dependent upon the self-report of a physician who, in most cases, was not even present, and who must rely on second-hand information or guesswork to file a report. The Oregon Department of Human Services (DHS),

which collects the information, must depend on the word of the doctors for the reliability of their data and "it has no authority to investigate individual Death with Dignity cases."

Even more chilling is the fact that the Death with Dignity Act applies no penalties to doctors who do not report that they have prescribed lethal drugs for the purpose of suicide. This means that there is no way to know for sure how many assisted-suicide deaths may actually be occurring in Oregon. Nor is there any way to know whether the prescribed drugs are being made available to people other than the patient who requested them. Only 64% of patients who have received the prescriptions are known to have died from taking them. What becomes of all the other deadly drugs? It is possible the prescriptions have never been filled, or maybe the lethal drugs are sitting in medicine cabinets unused, but clearly there is the potential for accidents, and the law provides very little safeguard from abuse. So far, no one has been disciplined for disregarding the safeguards that the law does provide. Complications are not investigated and likely not reported in many cases, and the reality is DHS "has no regulatory authority or resources to ensure compliance with the law."

According to the Oregon data, the majority of patients who choose assisted suicide have some type of cancer, have a median age of about 70 years, are overwhelmingly white (98%), somewhat more likely to be male (57%), have had at least a partial college education (63%), are enrolled in hospice care (86%), and die at home (93%). The most common concerns given for choosing assisted suicide are "losing autonomy" (87%), being "less able to engage in activities making life enjoyable" (87%), and "loss of dignity" (80%). (The last category was added in 2003.) No category is provided to indicate whether or not the patient might be depressed, yet all of these concerns have much to do with a patient's gloomy appraisal of life, a possible indicator of treatable depression. Still only 4-5% of patients were referred for psy-

Continued on page 6



chiatric evaluation from 2003 to 2006, having dropped from 37% in 1999, to 13% in 2002 and reaching its lowest point of 4% in 2006. This indicates a weakening response on the part of prescribing doctors to ensure that the patient is truly capable of making such a decision.

There may be a reason for this trend. One of the safeguards touted by the promoters of assisted suicide was that this decision would be made between the patient and his long-time trusted doctor. This familiar doctor would discuss all other options with the patient and would be able to evaluate the patient's true physical and psychological state. To prevent hasty decisions, the law requires a patient to make two oral requests for the lethal drugs, at least two weeks apart, before the physician can prescribe them. Yet for the past 6 years, the minimum recorded duration for a patient-physician relationship has been 1 week or less. Not only does this indicate that at least some doctors are not following the law's requirements, but with a median duration of about 12 weeks, it means that most patients are not receiving these prescriptions from a trusted doctor who knows them well.

In fact, many physicians are unwilling to write lethal prescriptions, causing at least one HMO to make an email plea to enlist doctors who would be willing to act as the "attending physician" for patients requesting assisted suicide. And nurses' organizations admit to sending patients to an assisted-suicide advocacy group when their own doctor does not want

to participate. These patients then find a doctor through the advocacy group Compassion and Choices (formerly called Compassion in Dying, until it merged with the Hemlock Society in 2005), which sees "almost 90% of requesting Oregonians."

Not only are assisted-suicide patients becoming disengaged from their trusted doctors and relying heavily upon the aid of an assisted-suicide advocacy group, but HMO's are becoming involved in administering assisted suicide, a much cheaper option for them than paying for longer-term palliative care that would focus on alleviating a patient's pain.

It is much more cost effective and easier to let people kill themselves, and it can be rationalized as a compassionate approach. One of the primary arguments for assisted suicide is the ending of unbearable physical pain. Experience in The Netherlands, where euthanasia is legal, is revealing. Concern that pain will become unbearable is common, this being a worry in one-third or more of such patients. However, the Dutch experience is that of those actually requesting euthanasia, only 5% list physical pain as their major reason, and typically when pain is controlled they change their mind. As noted above, loss of autonomy and other psychologically "painful" concerns are the overwhelming majority of reasons given.

All in all, there are many troubling aspects of Oregon's assisted suicide law, and yet several states have tried to follow suit with nearly identical bills. California, Hawaii, Arizona, Vermont and Wisconsin

have all faced assisted-suicide bills in their legislatures this year, and for some of these states it has been an ongoing attempt for several years. As assisted-suicide proponents continue to lobby for this legislation, their language has evolved into less threatening-sounding terms. Rather than "physician assisted suicide," the phrase is "physician aid in dying" or PAD, so physicians now "induce PAD." In fact, the DHS has been threatened with litigation if the state continues to use the word "suicide." Other euphemisms include "patient choice," "control at end of life," "assisted death" and "death with dignity." This is all part of a program to help people think of it as a compassionate approach to death.

Where will the Oregon experiment go from here? The Netherlands' experience has shown that acceptance of assisted suicide can lead to involuntary euthanasia of the disabled and dying, which can lead to legal euthanasia. This melds easily into illegal but accepted euthanasia of disabled and dying babies. It is then just a small baby step to legalize the infanticide of such "suffering" little ones. This is where the thinking in The Netherlands has gone in the past 30 years. As Wesley J. Smith, an antieuthanasia advocate, author, and an attorney for the International Task Force on Euthanasia and Assisted Suicide, says about the euthanasia movement: "euthanasia and assisted suicide have gone...from the unthinkable, to the debatable, to the justifiable, on its way to unexceptional."

We would be wise to keep a very close eye on Oregon.



Visit www.lifeissues.org/banquet or call 513.729.3600 to register.

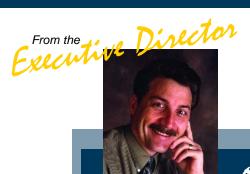
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Accountability For Religious Politicians

The problem is as old as legalized abortion. Elected officials publicly espouse deeply held religious convictions of opposing or even hating abortion. Then, after getting to Washington, DC, the state capital or city counsel chambers, not only do they sing the praises of abortion-on-demand, but also vote exclusively anti-life on issues ranging from cloning to euthanasia.

This hypocritical lip service to abortion is a constant source of frustration for pro-life and religious leaders. For years they have sought to achieve accountability from pro-abortion politicians who profess to be dedicated to the faith.

The effort to hold politicians accountable appears to be escalating, especially in the Catholic community. I believe we are witnessing an unmistakable awakening of the Catholic church leadership — to the resounding enthusiasm of the average church-going parishioner — that pro-abortion votes are contrary to biblical teaching and they are a vile, moral affront to Catholic doctrine. This awakening has been a long time in coming and it's reason for people of all faiths to rejoice.

I am one of many non-Catholics who welcome with open arms the more recent boldness and outspokenness of leaders of the Catholic church, in the US and around the world, on abortion and the life issues as it relates to Catholic elected officials. Let's consider the evidence.

Pope Benedict XVI himself recently said that pro-abortion elected officials in Mexico City, by their vote to legalize abortion, have automatically excommunicated themselves and shouldn't receive communion. He reinforced earlier remarks by Cardinal Norberto Rivera of Mexico City.

The world media were indignant this religious leader had the audacity to speak out on a controversial spiritual issue. Leading the charge against the Pontiff were 18 pro-abortion Catholic members of the House of Representatives, who said the Pope's remarks did a great disservice to the church.

Two of America's prominent Catholic pro-life leaders responded in a forceful and effective manner. Thomas Euteneuer, president of Human Life International (HLI), said, "This is what the Catholic Church teaches and what If [they] believe Catholics believe. otherwise, honesty and integrity requires they find another church that tells them what they want to hear." Father Frank Pavone of Priests for Life responded to the gang of 18 by saying, "If they cannot muster the will to protect defenseless children, they should resign. We don't need public servants who can't tell the difference between serving the public and killing the public."

Around the world, Catholic leaders have been emphasizing the importance of living one's faith as an elected official. Cardinal Cormac Murphy O'Connor, archbishop of Westminster, England, told Catholic British politicians to bone up on the church's teaching on life issues. This, he said, would help them make informed decisions with consistency and integrity. The not-so-subtle message is that, as professing Catholic politicians, you have no excuse to vote against your faith and innocent human life.

Cardinal George Pell of Sydney, Australia said that Catholic politicians who vote for the cloning of human embryos are acting against the teaching of their church and should not go to communion.

But even before this global attention, pressure on pro-abortion Catholic politicians like Senators John Kerry and Ted Kennedy had begun to take on a more public face. Many recall one of the first American voices crying out in the wilderness. That voice was Archbishop

Raymond Burke of St. Louis who preached the importance of prioritizing the issues of abortion and euthanasia over other political considerations. He said what millions of faithful Catholics believe, that pro-abortion elected officials and candidates should refrain from taking communion. His message was clear — you can't be pro-abortion and call yourself a good Catholic.

Archbishop Burke's words still ring in the ears of Catholics and non-Catholics across this great nation. A growing number believe that abortion is the "line in the sand" for candidates who want to wear the mantle of faith.

But this momentum didn't begin overnight. In large part it's due to tireless pro-life leaders like Father Pavone and Janet Morana of Priests for Life, as well as other articulate and driven leaders like Father Euteneuer of HLI. Well done good and faithful servants!

The fruits of their labors should motivate all of us to double our efforts to protect unborn babies. The religious, non-Catholic community enjoys the dedication of leaders like Dr. James Dobson, Dr. D. James Kennedy and Dr. Richard Land. May others join them in an ongoing mission to hold our elected officials accountable to their Creator.

May all of us, regardless of religious affiliation, work harder to encourage our nation's religious leaders to stand firm and speak out boldly for innocent human life. Without the church, our efforts to end abortion are doomed to fail. The abolitionists of long ago formed a strong and unparalleled partnership with the shepherds of America's faithful. And like them, together we can end this modernday holocaust called abortion.





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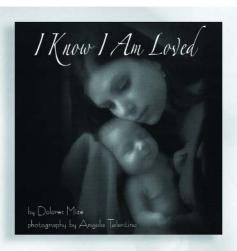
Say It Softly With Love

Dolores Mize has a passion for babies. She also has a passion for life. These two passions have been combined in a seven-year labor of love. It's a new book called *I Know I Am Loved*.

Dolores teams up with photographer Angela Talentino to bring you one of the most touching publications available celebrating the birth of a new baby. Its forty-eight pages lovingly depict the joy of welcoming a new baby into the family. Angela's dramatic black and white imagery truly makes it a standout publication with page after page of touching scenes between baby and both parents.

There are special designated spaces to record the baby's birthday and accompanying important statistics. There's even a page for each of the parents to write their own special thoughts to the newborn, making it a keepsake for years to come.

I Know I Am Loved is great for any expectant parents. It's also a wonderful gift to present to pregnant women, visiting women help centers. This touching book would be a positive reinforcement to help them choose life for their



babies. The book also effectively includes and involves the father of the baby in the pregnancy and birthing process.

Dr. and Mrs. J. C. Willke were very pleased with the book and its potential. They call it "a tender love story celebrating wonderment and discovery." Its engaging style and quality should appeal to everyone.

I Know I Am Loved can easily be ordered from the following website link. Quantity discounts are available.

www.lifecyclebooks.com/item_detail.asp?PRODUCT_ID =2229P

