

Eagle Forum Report

founded by Phyllis Schlafly

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Love Life and Live Life

FIVE DAYS TO KILL ME

by Melissa Ohden who survived a saline abortion in 1977. She is the founder and CEO of the Abortion Survivors Network and author of "You Carried Me: A Daughter's Memoir." This appeared in The Hill and is reposted with the author's permission.

The lives of abortion survivors are not political fodder. They shouldn't be reduced to a partisan issue. But this is what the Democratic Party, the abortion industry, and their lobbyists are doing to us.

"A child doesn't come out part-way alive and doctors kill it. It's not a thing. It's not a thing today, it's not a thing tomorrow, it's not a thing ten years ago," said Minnesota State Sen. Alice Mann (D) at a hearing called "Establishing Fundamental Right to Reproductive Health."

Sen. Mann's blistering response was to her colleague Sen. Bill Lieske's (R) introduction of an amendment to stop abortions of "a child in part born alive." The irrefutable fact is that babies can and do survive abortion throughout pregnancy. We know this from the medical and adoption records of abortion survivors; survivors' and families' stories; medical research; and doctors', nurses' and even abortionists' statements.

Babies who survive abortions aren't typically partially delivered and killed. More typical is that they survive chemical abortions in the first trimester. They survive surgical abor-

tions in the second trimester that may leave them with significant wounds found upon delivery, as was the case for survivor Hope Hoffman. They survive induction of labor in the third trimester with the intent that they won't survive the preterm induction, or with the plan to leave the child to die if they do survive the delivery, as was the case with Sarah Zagorski and, sadly, as happened in the practice of the convicted serial killer Dr. Kermit Gosnell, where some babies were brutally killed by having their spinal cord "snipped."

Abortion Survivors Do Exist

Forty-five years ago, in 1977, my birth mother, a 19-year-old college student, was forced to abort me at the urging of her mother, a nurse. After soaking in the toxic salt solution of the saline abortion for five days, her labor was finally successfully induced on that fifth day. Instead of expelling my dead body from her womb, as was intended and expected, I was accidentally born alive.

You have a birthday. I have a day that I now celebrate as my birthday. That is, when I can bring myself to push through the pain and grief that



Melissa Ohden

day brings me every year. The simple joy of a birthday — from simple acknowledgment to extravagant celebration — is not universal. An estimated tens of thousands of survivors like me have very different birthday experiences.

Uncovering my birth story and survival has been a long and painful journey. Still, details — like me being left to die before a courageous nurse rushed me to the neonatal intensive care unit — are like scenes out of a Hollywood movie. But survivors' stories never end.

In another plot twist, 10 years ago I met my birth mother and learned that for more than three decades she had not known that I had survived.

Every abortion survivor's expe-

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rience is unique — from the type of abortion attempt they survived, their gestational age when it occurred and the impact upon them physically and emotionally, to whether they are raised by their biological or an adoptive family, and even when and how they learn their origin story.

Despite those differences, we have so much in common, including the belief that we must be alone in this experience. How could an abortion survivor know differently when the media and politicians like State Sen. Mann, Rep. Jerry Nadler (D-NY) and countless others over the last decade deny our existence, overlook the data on the incidence of failed abortions, and the criminal actions of abortionists like Kermit Gosnell.

The overturning of *Roe v. Wade* is the start of a new era in our country. Although I celebrate that the Supreme Court recognized that attempting to end my life was no one's right to execute (pun intended), the last year has shown us that there is much more work to be done to rebuild America's culture — one that has valued "life and liberty" from the very beginning.

We should begin anew by supporting women like my biological mother and preventing anyone from ever experiencing the pain of abortion. We can assure you that the pain is real, and our lives have value.


The pro-life movement needs to rebuild. We must collaborate and work together to stop the misinformation fueled by the abortion industry and its allies. We must hold the mainstream media accountable for the truth about what abortion is and is not. For instance, medical treatment for a miscarriage or ectopic pregnancy is not an abortion procedure. Further, we must share the truth about the risks of abortion, failed abortions and abortion survivors.

In addition the United States

should implement standardized reporting requirements for failed abortions, including chemical abortions and their complications. Legislators must pass legislation that supports pregnant and parenting women and protects women from the lasting negative impact of abortion.

Finally, we must ensure that mothers who experience failed abor-

tions receive quality medical care and emotional support throughout their pregnancies. Their babies who survive first- and second-trimester abortions need to be ensured quality medical care, they must be protected from a second abortion attempt and their families must be supported.

We must act to protect women's health for generations to come. 

“EVERY LIFE”

by Jean Mondoro

The National March for Life has announced the theme for the third annual march in post-*Roe v. Wade* America to be “Every Life: Why We March.”

“Each year presents different challenges in the great battle of our time; the fight to end abortion and build a culture of life,” March for Life President Jeanne Mancini said.

The theme of every annual march is important, Mancini said in an email announcement, as it “serves as a wonderful opportunity to educate and speak into the specific cultural moment.”

“Many of you have shared that the fight to protect the unborn has become even more of an uphill battle in recent months,” Mancini continued.

“Politicians who once stood firmly on pro-life principles now seem to be distancing themselves from our movement,” she said. “And the movement itself feels divided with so many different approaches to the abortion issue.”

The news release then linked to the March for Life's 2025 theme reveal video, which also acknowledges the difficulty of the pro-life mission, but maintains that “we won't” give into the temptation to “give up.” The video then shows newborn babies and toddlers, flashing forward to older


kids running outside and playing to grown adults who are getting married.

The video emphasizes that the reason pro-life advocates continue to march is because “every single life deserves a chance,” which is “what real human flourishing looks like,” meaning “that is why we march.”

“Our goal with this year's theme is to remind and reignite everyone — politicians, legislators, families, and women — in the truth that every life, unborn and born, has inherent dignity, meaning, and value, and as such is always worth fighting for,” Mancini said.

She underscored that pro-life supporters would continue marching at both the state and national level “until our nation's laws reflect the basic truths about life: that all human life is created equal and is worthy of protection.”

Every life, unborn and born, has inherent dignity, meaning, and value, and as such is always worth fighting for.

The 2025 National March for Life will be held on Friday, Jan. 24 in Washington, D.C. 



NO TO SANCTIONED KILLING

by Alex Schadenberg, the Executive Director of the Euthanasia Prevention Coalition since 1999. His articles have been published throughout the world and his blog (epcblog.org) is the world's largest source of information on euthanasia and assisted suicide.

The arguments in favor of assisted suicide often focus on the middle ground, the average person who doesn't have a radical ideology but who fears dying a bad death. This is why campaigns to legalize assisted suicide focus on stories of people with difficult health conditions.

We are compassionate, so even people who do not generally support assisted suicide may think that it is acceptable in some circumstances.

Thou Shalt Not Kill

The first question is — what are euthanasia and assisted suicide?

Euthanasia is a direct and intentional murder (homicide), whereas the act of euthanasia requires a medical practitioner to kill the person by the injection of lethal poison. Is it ever OK to kill someone who is not a threat?

Assisted suicide is literally to assist a suicide. The act of assisted suicide requires a medical practitioner to approve and prescribe lethal poison to a person for the purpose of suicide.

Euthanasia and assisted suicide are similar but different. The similarities include the intention of the act (causing death), the use of a lethal poison cocktail, and the outcome (death). The difference is how the acts are carried out. Euthanasia requires a medical practitioner to directly do the act (homicide) whereas assisted suicide requires the medical practitioner to intentionally approve and prescribe the lethal poison, but the person is technically required to self-administer the lethal poison.

The assisted suicide lobby doesn't like words like euthanasia,

homicide, assisted suicide, or suicide so they created deceptive language to confuse the issue. Terms like Medical Aid in Dying (MAiD), Assisted Dying, Assisted Death are designed to confuse the meaning of the act and make people feel better about killing.

Who Does the Killing?

The primary concern is how killing changes the ethics and attitudes of medical practitioners and others who become involved with killing people.

The first major concern is how the lives of people with disabilities and others who regularly require medical treatment are devalued by medical practitioners and the medical system when killing becomes a legal option. Once killing becomes an acceptable option for people experiencing terminal or complex care needs then killing is interpreted as an option for many more conditions.

Since assisted suicide is sold as a compassionate act for people who are suffering, then why wouldn't a medical practitioner who is involved with assisting suicide not want to offer this "compassionate" act to others who are "suffering." The natural outcome of legalized killing is more killing.

Further to that, assisted suicide is sold under the guise of "freedom", "choice", and "autonomy." The messaging surrounding assisted suicide suggests that it is a positive act for

people experiencing a negative reality. But assisted suicide is not about freedom, choice or autonomy especially when it is considered within the context of why people ask for assisted suicide. I consider assisted suicide to be medical abandonment.

Most people request assisted sui-

cide because they are living with a difficult medical condition, whether or not that condition is strictly physical or includes psychological or

emotional elements. The data indicates that very few people are asking to be killed based on physical suffering. Most people, when asked, will say that their life has lost meaning, purpose, or value and that they are seeking death as a way out of a difficult situation.

The 2023 Oregon Death with Dignity report states that, since the inception of the law, those who died by assisted suicide listed the following reasons, for requesting it: 90.4% loss of autonomy, 89.6% less able to engage in activities that make life enjoyable, 70.3% Loss of Dignity with only 28.8% listing inadequate pain control, or concern about it as a reason. Some of the 28.8% listed inadequate pain control, or concern about it, not because they were experiencing inadequate pain control but because they feared experiencing inadequate pain control in the future.

The Slippery Slope Gets More Popular

Nearly every state that legalized assisted suicide expanded the legislation soon afterwards. Once legal, the expansion of assisted suicide is

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inevitable based on compassion and equality. For instance, nearly every assisted suicide law originally included a 15-day reflection period. The reflection period is part of the sales pitch that assisted suicide is only for people who want to die. Removing the reflection period is based on compassion, arguing that the 15-day reflection period forces people to suffer.

Every state that legalized assisted suicide originally had a residency requirement, meaning only state

residents can die by assisted suicide. Oregon and Vermont have removed their residency requirements based on equality. It was argued that you cannot deny out-of-state residents equality of treatment.

Euthanasia and assisted suicide are about killing people.

There is much more that can be written about assisted suicide but essentially the question is — **Is it ever OK to kill someone?**

If the answer is NO, then a compassionate society must focus on caring for people who are living with difficult medical experiences. **If the answer is YES**, watch out because your life may also be determined as not worth living one day.

As a human person, I know that there are times when I need protection.

I am committed to caring for and protecting your life in your time of need.

I am opposed to killing people. 

LIVING INSTEAD OF DYING

by Jeanette Hall

I live in the state of Oregon, where assisted suicide is legal. Our law was enacted via a ballot initiative that I voted for.

The reason I had been in favor of assisted suicide when our law went into effect was that I had no previous health issues, loved ones, and friends were there to encourage me, and I used my favorite aunt as my reason why assisted suicide should be legal. My Aunt had been a strong woman, a lawyer, and I watched her die of cancer. My thought then was no one will do that to me and I will end my life before it comes to that. That was my reasoning, at the time, when our law went into effect.

Then, on July 17, 2000, I was rushed by ambulance to the emergency room of Oregon Health & Science University Hospital in Portland, Ore-


gon, with excessive blood loss. I had been seeing an OHSU colon doctor and my appointment to see him was at the exact time I was admitted to the ER. The doctors and nurses were trying to stabilize me when my doctor entered the room and prepared to tell me that the biopsy came back (squamous cell carcinoma) and that I had colon cancer. I was soon to learn that it was inoperable and the only way to survive this type of cancer was with chemotherapy and radiation and without it, I was given six months to a year to live.

Life as I knew it seemed to end that week for me. I had fear of losing my job, not being able to care for my mother with dementia, hospital bills, and fearing I would end up just like my aunt. My hope turned into despair, and I prepared to die before the suffering got worse, since I was determined not to have chemo or radiation.

But, then entered Dr. Kenneth Stevens (OHSU radiation doctor). I thank all the Dr. Stevens of the world, who are there for you to give you hope when yours is gone. He encouraged me to think of living

instead of dying and brought me back to reality with the question, “Don’t you want to see your son get married?” He did not know that at that given time, I thought I would only become a burden to my son and my thought was that he would be all right without me.

I am so grateful that Dr. Stevens worked with me and helped me change my mind to fight. If he believed in physician-assisted suicide, I would not be here 25 years later to thank him I would be dead and I would not have been able to hold my mother’s hand at the end of her life.

Everyone needs a Dr. Stevens along the way. He was there again for me two years ago in the ER at OHSU when I suffered some seizures and could not talk or swallow. It’s great to be alive to have one more day and to be able to encourage others to not give up when there seems to be no hope when given a terminal illness. 



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