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Life Matters Journal

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LETTER FROM THE EDITOR

Dear Readers,

This August, Rehumanize International is celebrating our tenth anniversary as an organization! It's hard to believe that an entire decade has passed. I joined the *Life Matters Journal* crew in 2015, so I have had the pleasure of being a part of this trail-blazing team for a little over half of our existence. Although we've grown so much and changed quite a bit — even going so far as to change our name — our mission has always stayed the same, and I'm incredibly grateful to have gotten to play my part in it. Fun fact: this issue of *Life Matters Journal* is actually the thirtieth issue that I have designed!



And within the pages I've laid out for you here, you will find: stellar current events updates from Sophie Trist and Rana Irby; a glimpse into the ongoing pro-life efforts in Ecuador from Martha Villafuerte; powerful essays about protecting the vulnerable from Stephanie Hauer and Katherine Noble; and an exceptional piece from Christy Yao Pelliccioni, reflecting on the way pregnancy has broadened her perspective as a pro-life activist. As always, I hope you find these pieces to be edifying and energizing for you as you work to rehumanize your own community, wherever you may be.

For peace and life,

Maria Oswalt

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This journal is dedicated to the aborted, the bombed, the executed, the euthanized, the abused, the raped, and all other victims of violence, whether that violence is legal or illegal.

We have been told by our society and our culture wars that those of us who oppose these acts of violence must be divided. We have been told to take a lukewarm, halfway attitude toward the victims of violence. We have been told to embrace some with love while endorsing the killing of others.

We reject that conventional attitude, whether it's called Left or Right, and instead embrace a consistent ethic of life toward all victims of violence. We are *Life Matters Journal*, and we are here because politics kills.

Disclaimer

The views presented in this journal do not necessarily represent the views of all members, contributors, or donors. We exist to present a forum for discussion within the Consistent Life Ethic, to promote discourse and present an opportunity for peer-review and dialogue.

Life Matters Journal

AUGUST 2021

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Federal Death Penalty Prohibition Act Re-introduced in Congress

By Rana Irby

The fight against the death penalty in the United States has resurged since the resuming of federal executions in the last days of the Trump administration. With a new administration now in power that has appeared to be amenable to ending the practice, the effort to end capital punishment continues, especially ramping up on the federal policy front. Namely, it comes in the form of the reintroduction of Federal Death Penalty Prohibition Act.

H.R. 262, also known as the Federal Death Penalty Prohibition Act, was reintroduced to Congress in January 2021 by Congresswoman Ayanna Pressley and Senator Richard Durbin.¹ The bill was initially introduced in July 2019.² It states that “no person may be sentenced to death or put to death on or after the date of enactment of this Act for any violation of Federal law.”³ In addition, it requires the resentencing of federal death convictions.⁴ As of March 4th, it has been referred to the House Judiciary Subcommittee on Crime, Terrorism, and Homeland Security.⁵ Seventy lawmakers and 242 organizations supported the bill.⁶

The final months of the Trump administration saw the return of federal capital punishment after an 17-year hiatus; no federal execution had been carried out since 2003.⁷ In 2020 and 2021, the Trump administration executed 10 people.⁸ President Biden called for an end to the death penalty as part of his campaign platform on criminal justice.⁹ However, no action has been taken yet by the administration as its first 100 days have come and gone.¹⁰ With this in mind, H.R. 262 was introduced to keep the endeavor to stop capital punishment alive on the policy front. As Congresswoman Pressley in quoted in Christina Carrega’s *CNN* article, “...notwithstanding those things that can be done by executive action which would save

lives, it really is essential that Congress pass legislation so that it fully ends the death penalty, codified it into law and prevent a future president for reinstating it down the line (sic).¹¹ These lives include 49 men who are currently on federal death row.¹² Hopefully, the Federal Death Penalty Prohibition Act will be a step in the effort to rethink justice for them.

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Bullets or Zyklon B? States Bring Back Brutal Execution Methods

By Sophie Trist

Even as support for capital punishment reaches its lowest point in forty years,¹ some states are so eager to kill their own citizens that they are resorting to inhumane, primitive methods to carry out the death penalty. Foremost among them are South Carolina and Arizona. Frustrated by their inability to acquire the drugs for lethal injection, both states are trying to bring back the electric chair, the gas chamber, and even the firing squad, all of which enjoy only marginal support from the American people. The most recent poll concerning execution methods, conducted in 2014, indicates that 20% of Americans support using the gas chamber to kill if lethal injection drugs are not available, 18% support electrocution, and only 12% view the firing squad as a viable alternative.² Given that general support for the death penalty has continued to decline since 2014, support for these primitive, barbaric execution methods is likely even lower.

South Carolina conducted its last execution in May of 2011, and its supply of lethal drugs expired in 2013. On May 17, 2021, Republican governor Henry McMaster signed a bill forcing inmates to choose between the electric chair and a firing squad if lethal injection is not available.³ Several other Republicans opposed the law, pointing out that when passing the Fetal Heartbeat Protection from Abortion Act several months ago, the legislature espoused the belief that all life is sacred.

Attorneys for three death row inmates faced with this unthinkable choice are suing South Carolina over the new law, but the state's supreme court has already set a June 18 execution date for one of them, Brad Sigman.⁴ Death Penalty Action and the state chapter of Democrats for Life of America organized protests against the inhumane law in Greenville and Columbia.⁵ One of the speakers was Rev. Sharon Rischer, whose mother and cousins were murdered during the Mother Emanuel massacre in 2015. She told the gathered crowd, "I don't want people to die. I believe because of my faith that God sees all of us as people that can be redeemed." Another speaker at a protest in Columbia was Randy Gardener, a Utah native whose brother Ronnie was the last American executed by firing squad in 2010. Gardener told protesters that the last decade has been filled with nightmares about his brother's gruesome death.

Horrifying developments are also afoot in Arizona, which has not executed anyone since 2014, when it botched the killing of Joseph Wood so gruesomely that he was injected with lethal drugs fifteen times and took two hours to die.⁶ Documents uncovered by *The Guardian* reveal that Arizona has spent \$2,000 on refurbishing its gas chamber, which was constructed in 1949 and hasn't been used in twenty-two years.⁷ The state's Department of Corrections spent \$1,530 on a brick of potassium cyanide and an additional \$500 on sodium hydroxide pellets and sulfuric acid. Together, these three ingredients form cyanide gas, which the Nazis used under the trade name Zyklon B to murder millions of Jewish men, women, and children in Auschwitz and other death camps. Let that sink in for a moment. In its zeal for killing, Arizona is willing to resort to a gas favored by the Nazis which causes a slow, agonizing death.

The last person to be executed in Arizona's gas chamber was a German national named Walter LaGrand. The Tucson Citizen published a harrowing eyewitness account of the execution which pulls no punches.⁸ Walter LaGrand took an unconscionable eighteen minutes to die, and his last moments appeared agonizing as he coughed, choked, and struggled for life. The choice between the needle, the electric chair, the gas chamber, and the firing squad is really no choice at all.

There is no "humane" way for a government to kill an incarcerated person, but the fact that states like South Carolina and Arizona are bringing back primitive, brutal execution methods shows a horrific disregard for human dignity. Forcing incarcerated people to choose between these grisly options only adds to their unjust and unnecessary torture as they await execution. It is my hope that these horrendous laws will spur the abolition movement to even greater action and inspire more Americans to speak out against the inhumanity of capital punishment.

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The Care for Her Act: A Step Toward Bipartisan, Whole-life Policy

By Sophie Trist

As advocates of the Consistent Life Ethic, our goal goes far beyond making abortion illegal. We want to make abortion unthinkable and unnecessary, to create a world that is equally responsive to the needs of pregnant people and their unborn children. In 1869, early feminist writer Mattie Brinkerhoff famously said, “When a man steals to satisfy hunger, we may safely conclude that there is something wrong in society — so when a woman destroys the life of her unborn child, it is an evidence that either by education or circumstances she has been gravely wronged. But the question now seems to be, how shall we prevent this destruction of life and health?”¹

Pro-life and pro-choice people have grappled with Brinkerhoff’s final question for decades. Rep. Jeff Fortenberry’s Care for Her Act, soon to be introduced in the House, may be the first vital step toward a solution.² Though this bill remains neutral on the abortion question, it looks like one of the most pro-life bills ever written. In explaining his reasons for introducing the Care for Her Act, Rep. Fortenberry says, “Are we big enough and generous enough to assure that a woman and her unborn child will never be abandoned? A new paradigm would invite us to see the fear as our fear, the sorrow as our sorrow, the pregnancy as our chance.” Fortenberry’s paradigm calls for precisely the culture of encounter, solidarity, and mutual aid that is vital for a world which seeks to include every single human being in human rights.

The Care for Her Act takes four concrete actions to help pregnant people and their children. First, it extends the child tax credit to unborn children, meaning that each expectant mother would get \$3,600 to help cover the cost of prenatal care. Secondly, the bill would create a voluntary federal-state partnership to assess and catalogue all resources and programs available to pregnant people. Fortenberry hopes that having this comprehensive list of resources available to pregnant people will make them feel less alone, like the community is ready to stand up and support them and their children. The Care for Her Act would also provide federal grants

for the advancement of education, job training, and housing for people with unplanned pregnancies, so no one feels compelled to choose between a child and the future they dreamed of. Last but not least, the bill would provide incentives for improving maternal and child health outcomes. Given that the United States has the poorest maternal health outcomes of the developed world,³ with women of color dying from pregnancy-related complications at astronomical rates, this bill is urgently needed and has the potential to literally save lives.

As columnist Henry Olson recently wrote in the *Washington Post*, politicians rarely talk about pregnant people outside of the abortion debate.⁴ This tendency denies the humanity of pregnant people, treating them as incubators rather than individuals with needs, dreams, and fears. It is time for our elected officials to put their money where their pro-life convictions are. Passing legislation to protect the unborn is not enough on its own, though that is a critical step to ending the violence of abortion. America needs human-centric policy like the Care for Her act to show real support and solidarity to people with unplanned pregnancies. Stale platitudes do not encourage pregnant people to choose life; economic and social support does.

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Despite International Attempts To Legalize Abortion, Ecuador Remains A Pro-life Country

By Martha Villafuerte

Ecuador is located in the middle of the world. We have more than 17 million inhabitants and a very conservative culture. We are also blessed with four marvelous climatic regions, one of them known as the enchanted islands (Galápagos Islands). However, we have also been strongly targeted by the anti-family lobby for the past three years. We have seen very closely the dark tentacles of the abortion agenda trying harder and harder to attack the two most valuable entities that represent our society: faith and family.

Since 2018 we've seen burning of churches, humanitarian blackmail from the United Nations (#ChantajeHumanitario), abortion bill debates inside our congress, home delivery of online abortion pills (in a country where abortion is illegal) — all of these are just a few attacks we have encountered just last year, during a time when a global virus has, ironically, taught us the real value of life. And this is just the tip of the iceberg. There is more yet to come, and we need to be prepared not only to respond and fight against these efforts, but to prevent these attacks. We must empower the pro-life grassroots among younger generations to be the life leaders we need them to be, and to become part of the solution rather than the problem.

The UN's humanitarian blackmail was the "cherry on top" of these anti-life efforts.¹ They tried to manipulate Ecuador with \$46 million USD in COVID-19 aid — \$3 million of it was earmarked to promote "legal and safe" abortion.

Attacks against life and family values are the same throughout the world, and therefore, the defense of life should be the same throughout the world. Pro-life organizations have allied within Ecuador, receiving even international support from countries like Guatemala, Costa Rica, Mexico, Argentina, Colombia, Spain, and the United States, to fight these efforts to force abortion upon Ecuador.² With all of this interconnected support, the pro-life campaign was successful. Our congress people were able to route the COVID-19 aid where it needed to go, with our religious leaders supporting us, and the media had no other choice but to expose the truth. This marked a historic precedent in Ecuador for pro-life advocacy, capturing global attention. We have worked to establish a strong network to promote the culture of life by educating our youth, to defend our constitutional rights, and to protect the life of the unborn.

Our main victories are these: in 2019 we stopped the abortion bill inside the congress,³ and last year we got the president to veto the health code that promoted abortion as an obstetric emergency.⁴ But this year we have a new battle to fight, as the National Court

ordered the public defender to create a new law to legalize abortion in cases of rape, and ordered the congress to treat and analyze that bill project.⁵

Familia Ecuador is a national pro-life and pro-family network that seeks to give citizens the necessary tools to carry out direct actions in defense of life and family values. We encourage all Ecuadorians to join forces and be part of the noblest of causes, in order to strengthen pro-life values and principles, and to activate the culture of life in each person by defending every human being from the moment of fertilization. Our goal is to share our work with other countries in Latin America and the world, to create international collaborative alliances in the academic, legal, political, and economic fields.

We look to motivate professional advocates to defend life in the political sphere, as we are aware that it is the most important battlefield. We refer to some of the defenders of life in Congress as "escuderos de la vida" (pro-life knights) for both defending life and for being ethical politicians, because those values are missing among most political representatives.

I know how important it is to take that challenging step to defend life politically, as I ran for vice-president of my country in the past elections this year. This allowed me to raise an even louder voice for the noblest of causes, reaching every corner of my beautiful country. Taking the pro-life cause to the next level, the political level, is empowering more and more people to step up and demand true political representation.

Pro-lifers in America and worldwide have inspired us to be more strategic, gather more allies, be more prepared, and raise more voices to save as many lives as we can. Help us by spreading the message that Ecuador is a pro-life country more committed to the mission of defending life than ever.

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Tear Gas Can Be Lethal, Especially for the Vulnerable

By Stephanie Hauer

Tear gas is used throughout the world as a form of crowd control.¹ Hong Kong, Bahrain, and Iran deploy it against their citizens with regularity,² and the police in more than one hundred United States cities released it during protests last summer.³ Tear gas is portrayed as safe, but it can cause devastating health effects, especially for vulnerable populations.

Tear gas is a term that refers to a group of chemicals that react with sensory nerve receptors, causing instant irritation to the skin, eyes, and mucous membranes.⁴ This irritation is felt as pain, and it can cause symptoms such as coughing, difficulty breathing, skin irritation, twitching near the eyes, vomiting, and of course, the production of tears. These symptoms typically fade within a few hours.

Common tear gas chemicals are not actually gases; they're solids, but they can be aerosolized by explosive canisters or delivered as a spray. Tear gas is designed to be deployed in a large area with open ventilation, ensuring minimal exposure to the chemicals. If it's administered in high concentrations in small spaces, it can be lethal.⁵ Where military forces are engaged in war, any usage of tear gas is banned by the 1993 International Chemical Weapons Convention.⁶ However, some countries, including the United States, have approved its use for riot and crowd control of citizens.

While tear gas is generally less lethal than other, more violent crowd control methods, that does not mean that it is completely safe. Data from several countries indicates that exposure to tear gas can cause miscarriages.⁷ In fact, Chile once suspended the use of tear gas out of concern for preborn humans.⁸ Young children are even more vulnerable to the impact of tear gas; for example, a child highlighted in a study from 1989 was hospitalized for a month with pneumonitis after tear gas was fired into their home.⁹

People of any age with chronic health conditions are also likely to be at an increased risk of complications from tear gas exposure. As a 2016 article from the *Annals of the New York Academy of Sci-*

ences states, “Individuals suffering from asthma or reactive airways disease could be at greater risk for more serious adverse effects from tear gas exposure...”¹⁰ Seemingly unrelated conditions can be impacted as well. The article goes on to say that “other populations besides those with underlying respiratory conditions may also be at a greater susceptibility to harm from [riot control agents]. The British Department of Health and other sources reported that individuals with hypertension or cardiovascular disease, as well as those taking neuroleptic medications, may be more susceptible to [tear gas]...” Unfortunately, there’s insufficient research about the effects of tear gases on vulnerable populations. One of the most commonly-cited safety studies only included 35 healthy male volunteers; no women, children, elderly, or subjects with chronic medical conditions were included.¹¹

Even for adults without medical conditions, the deployment of tear gas can be dangerous. Because these chemicals are frequently deployed via pyrotechnic canisters, there’s a risk of harm from the explosives that deliver it. People have died as a result of injuries sustained from tear gas canisters,¹² while others have sustained serious injuries.¹³ If the gas is deployed in an unsuitable environment, the dosage can be poisonous.

And in the current setting of a global pandemic, the use of tear gas poses an additional threat. Many protestors over the last year gathered in socially-distanced outdoor settings with masks to reduce the risk of spreading COVID-19. But it’s hard to maintain social distance when fleeing from a cloud of tear gas, and it’s challenging to keep a mask on when the gas is making it difficult to breathe. Irritation to the mucous membranes increases mucus production and can trigger coughing and sneezing, which spread more germs. Exposure to tear gas can also make people more susceptible to respiratory illnesses.¹⁴ Because COVID-19 is still so new, there is no data that addresses whether or not tear gas might accelerate its

spread. But based on what we know already, it's clear that the use of tear gas may increase the general risk of infections.

While tear gas is certainly preferable over other, more violent methods of crowd control, its use does not come without risks. Even in the best of circumstances, tear gas can be detrimental to the health of those who are exposed to it, especially those with certain risk factors. Assuming it's always safe can have deadly consequences. We need to gather more data and re-evaluate the use of tear gas.

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Babies and Dreams: Addressing Structural Inequality While Defending the Preborn

By Katherine Noble

Pro-choice organizations, people, and rhetoric often frame abortion as an easy solution to a complicated problem. But a child is not a problem, and killing a child does not solve a problem. On the other hand, pro-life circles often fail to recognize and address the root causes of abortion, instead focusing just on the legality and morality of that matter. It is essential that we look at why people get abortions, and strive to address those core issues. Doing so is the most effective way to reduce and eliminate abortion as a whole.

Nearly 30% of single mother families live below the poverty line,¹ 90% of welfare recipients are single mothers, and statistically speaking, a child from a single parent home is far more likely to experience violence, commit suicide, live in poverty, and become addicted to drugs.² In the face of statistics like these, it's not difficult to understand how someone would think it's better for a child to simply not exist, rather than suffer in poverty. Yes, every life can be meaningful and beautiful regardless of circumstances, but that does not negate the very real effects of poverty and suffering.

Outside of statistics, single parents – particularly single mothers – face tremendous societal shame. Pew Research shows public opinion stands biased against single mothers.³ Nearly 70% of respondents said the trend toward more single women having children is bad for society. One must look no further than the proliferation of shows like *Teen Mom* and *16 and Pregnant* to see how young single mothers are caricatured and mocked in the media.

Having a child changes your life fundamentally. It can feel far easier to simply get an abortion rather than deal with raising a human life for 18+ years.

When it comes to finances, birth is incredibly expensive, especially for those without health insurance. With no complications or health insurance, the average birth costs \$10,808 dollars.⁴ In some states, it can cost upwards of twenty thousand dollars. And these figures aren't counting any prenatal or postnatal care, or the consistent costs associated with raising a child.

Then there's the impact pregnancy has on the human body. It can cause anemia, UTIs, depression, and a host of other health issues. On top of all this, maternal mortality rates in the United States are astoundingly bad, with 20.1 deaths per 100,000 live births in 2019.⁵ The mortality rate is exponentially higher for Black women, who experience a rate of 44 deaths per 100,000 live births. The U.S. has the highest maternal mortality rate of any developed country.

Paxton Smith, a high school valedictorian from Dallas, Texas, recently gave a speech in response to a Texas "Heartbeat Bill."⁶

"Six weeks. That's all women get. And so ... before they have a chance to decide if they are emotionally, physically and financially stable enough to carry out a full-term pregnancy, before they have the chance to decide if they can take on the responsibility of bringing another human being into the world, that decision is made for them by a stranger. A

Yes, every life can be meaningful and beautiful regardless of circumstances, but that does not negate the very real effects of poverty and suffering.

decision that will affect the rest of their lives is made by a stranger. I am terrified that if my contraceptives fail, I am terrified that if I am raped, then my hopes and aspirations and dreams and efforts for my future will no longer matter.”

Michelle Williams shared a similar sentiment at the end of her 2020 Golden Globes Acceptance speech,⁷ saying, “I wouldn’t have been able to do this without employing a woman’s right to choose.”

The vast majority of women don’t choose to have abortions in favor of frilly dresses and awards. They have abortions because they do not see other options available to them. Women have abortions because they are afraid of the very real hardship that faces single mothers, poor mothers, and teen mothers.

We need to acknowledge and work on resolving structural inequity while also realizing that harming some of the most vulnerable members of society is not a true solution. While pregnancy and birth can be difficult, abortion not only ends a preborn life, but it likely has negative effects on the mental health of women. According to a study in the British Journal of Psychiatry, women who have had abortions are 34% more likely to develop anxiety, 37% more likely to experience depression, 110% more likely to abuse alcohol, 155% more likely to commit suicide, and 220% more likely to use marijuana.⁹

So how can we address the issues that lead women to choose abortion? Well, there are a few ways. One of the biggest motivators of abortion is simple: poverty. Raising the federal minimum wage so that people can afford to rent apartments will undoubtedly ease anxiety regarding having children.

We need to ensure there is health insurance provided to everyone to cover prenatal care and the cost of giving birth. Maternal mortality is largely based in racism and sexism. Numerous studies have shown that doctors take women’s reports of pain less seriously, are more likely to prescribe women sedatives as opposed to painkillers, and are far more likely to misdiagnose and prematurely discharge women.¹⁰ Racial bias training for doctors is essential so that the needs of Black mothers are properly heard and met.

We need to stop stigmatizing teen and single mothers. We need to provide childcare and parental leave. We need to make it so that going down the street to Planned Parenthood for an abortion is ten times more difficult than going through pregnancy and raising a child.

On an individual scale, we need to show up for friends and community members who face unexpected pregnancies. We need to prepare ourselves with resources and organizations to offer to pregnant people in need. You know all those go-fund-me campaigns you see floating around? Donate to those.

Abortion is touted as an easy option, with preborn children painted as a hindrance and problem. This is not true. Abortion will not fix anything. And a child will not bring an end to your every dream. You can have children and dreams. But it requires financial, emotional, and physical support. We need to provide that support so women are empowered to choose life. We need to build a culture of life.

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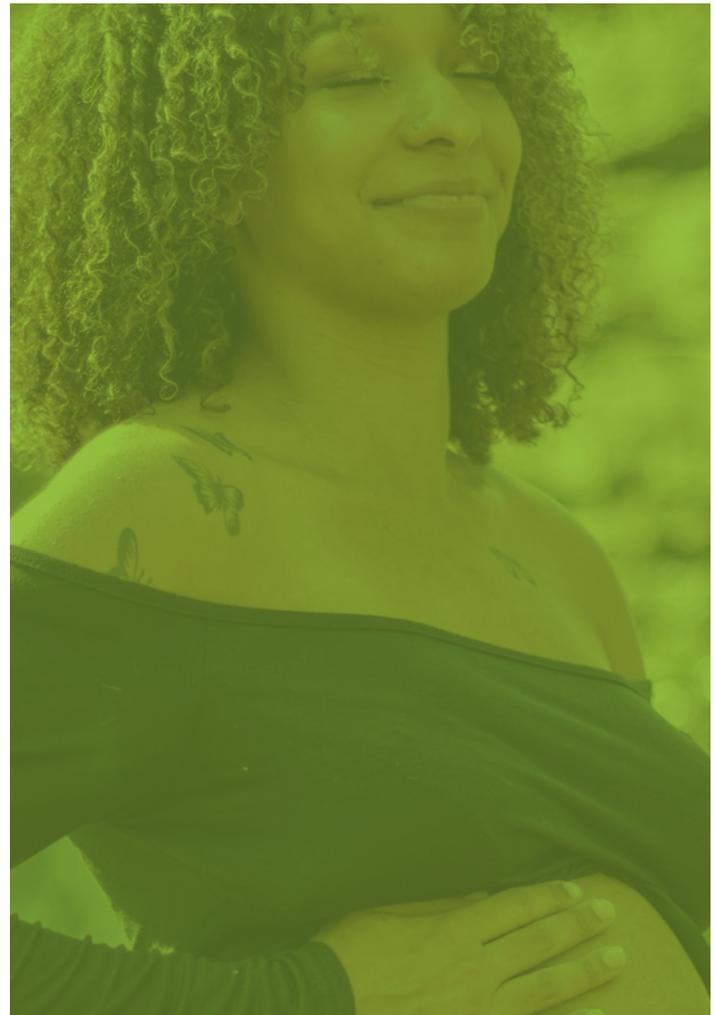
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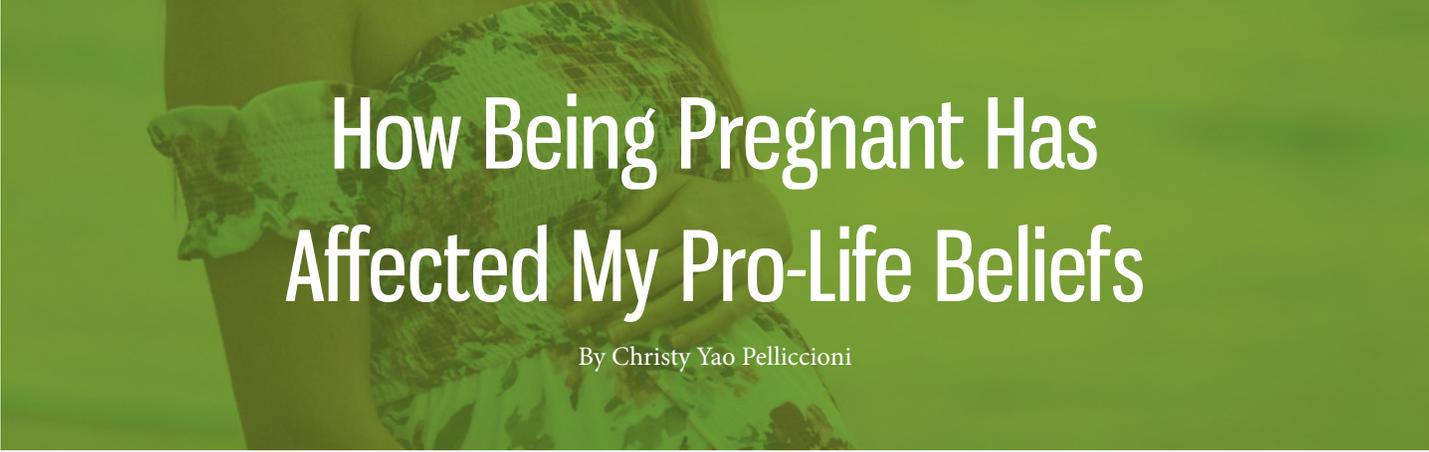
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How Being Pregnant Has Affected My Pro-Life Beliefs

By Christy Yao Pellicioni

For what seems like my whole life, I've been focused on helping women through "crisis pregnancies." Now that I'm pregnant myself, I've realized this is a misnomer. Every pregnancy presents a thousand crises, big and small, no matter how planned. These crises cannot be avoided, but it is our job as pro-life people to stand with those carrying a child throughout their most vulnerable times.

I remember last April, waking my husband up excitedly to tell him I saw the infamous "plus" sign. The plus sign that changes everything, that would turn us from two neighborhood kids trying to make their way in the world to some little person's whole world. My husband was so excited, but promptly fell back asleep. And who could blame him? After all, he had been taking classes during the day and working late into the night. He had been in bed only a few hours when I woke him up to tell him that our dream of becoming parents was coming true — and this would mean a lot more sleepless nights.

I thought at first I was feeling "sick." Boy, was I in for a wake-up call! As the weeks progressed, I would struggle to get through work, half-pay attention to my online night classes, and fall asleep suddenly. People wondered why the girl who had always seemed cheerful, was always bringing in cookies and encouraging her coworkers to keep their heads up, suddenly seemed like Wednesday Adams reincarnated. They told me I should have stayed home, that I was obviously very sick. Since I didn't want to tell most people about the pregnancy yet, I played the martyr card and said I needed to come in today because my department really needed me. After all, I couldn't take a sick day for nine months!

Counterintuitively, being pregnant made me doubt my pro-life beliefs more than ever before. This is what I've been asking women to keep going through? What kind of cruel, cruel monster would wish this on anyone? This is what is considered a miracle? As I lay in my bed, not quite being able to sleep or throw up, but feeling like I could do both, I had a real crisis of faith. But, of course, I was looking at the problem all wrong. My exhaustion, my nausea, and my frustration didn't change the fact that I had a life growing inside me. All this time, I had thought pregnancy was something I could handle on my own. Actually being pregnant has made me realize the importance of community. Nothing has kept me going like the support of my husband and family. I hope someday I can give this

support to another person facing a crisis in their pregnancy.

I'll never forget the feeling of dread I had one Sunday morning when I went to the bathroom and found I had been bleeding. I was still pretty tired, so at first I just thought, "Oh, no big deal, I got my period." Then it hit me: no, this was a big deal. I knew some bleeding during pregnancy was normal, but didn't know how much. I called my mom, who told me to try to stay calm and call my OB's emergency line. The emergency doctor informed me that, with the amount of blood I was describing, there was a 50% chance of miscarriage, and although it might not help any, I should go to the ER to see what was going on with the baby. My husband quickly drove me to our local hospital, with my mom on the phone trying to keep us both calm. When I got to the hospital, my husband wasn't allowed to come in with me due to COVID restrictions. I muttered to the receptionist what was wrong, while she and her coworkers joked about eating chocolate-covered cicadas. It seemed like my heart had stopped while the world was going around me like normal.

Emotions that I had never experienced flooded over me in the ER waiting room. Usually my mind is racing a million miles a minute, but in the waiting room it was blank. Dread filled me as I waited for my name to be read. I tried to pray, but I could not really concentrate on even talking to God. All I could do was stare at the mostly empty waiting room, wishing my mom or husband could be there with me. But my only companions were seniors who had fallen or had chest pain. My baby — who I hoped against hope was still alive — and I were low on the triage list.

After my name was finally called, I was seen by a kind physician's assistant and nurse who told me they had both been in similar situations. I was wheeled back to an ultrasound room, down long empty hallways that seemed so ominous. As the tech got her equipment ready, I whispered, "Please, baby, please still be there. Please be okay." When she put the probe onto my belly, I could see a little shape on the ultrasound screen. "Is that my baby?" I asked. She replied that it was, but didn't give me any more information.

After what felt like a lifetime later, the physician's assistant came to tell me that I would soon be sent home, and I could call my husband so she could talk to us together. She said she wanted to let me know, however, that my baby still had a strong heartbeat. I felt relieved but still worried about my bleeding.

When my husband came, we were told that now my pregnancy was considered high-risk and I should rest in bed for a few days. The physician's assistant said that although it was certainly possible I could have a healthy baby, she couldn't guarantee that. It was very possible, since I was high risk, that I would still miscarry. She also noted that this is very common and that she thinks it is very important to talk about it. I appreciated her honesty, concern, and passion for helping hurting families. My husband drove me home, made me something to eat, and waited until my mom could come sit with me while he went off to work.

My husband works in hardware retail, and since this was over Memorial Day weekend, he didn't have a choice but to go to work the next few days. My brother came over to help me clean up after my morning sickness the next day, and on that Tuesday my mom returned to take me to the obstetrician. She didn't want me going alone in case I felt sick or there was any bad news. Fortunately, my obstetrician said everything looked fine and that I should continue my normal activities. She said the baby's heartbeat was still strong, and found an explanation for the bleeding that was not a serious threat to my baby. Elated, I ran down the doctor's building steps to let my mom know everything was okay with her grandchild.

After facing the crisis of thinking I was losing my child, I am now more committed than ever to making sure no one ever feels like they have to prematurely end the lives of their children. I want to help be the support system that my family and husband have been for me during this time. I know my child is so lucky to be born into a community that has already shown such love and concern towards our family's welfare. Even my dog has licked my stomach and been extra protective of me and the little one I'm carrying.

Not only do I want to personally be supportive of pregnant parents, I also want to advocate for better laws and policies for growing families. I wish I could have taken time off from work when I felt sick during my first trimester; however, because my work had changed owners the month after I got pregnant, I only had a few hours of leave. Because I had only been working for the new owners for three weeks when I was bleeding, I didn't get paid for most of the time I was off work. This was not too big a deal financially, but if my husband and I were not a two-income household it would be a whole different story. If I were single or supporting both myself and my husband, I would have had to scramble to make ends meet. I'm not sure what I would have done, especially with a large hospital copay looming.

Pregnancy is hard. And expensive. And, well, kinda gross. But even though I haven't held my baby yet, I wouldn't trade this little one for anything in the world. I love my baby so much, and I cherish this time we have together. There's no better feeling in the world than seeing your kid jump on the ultrasound screen, knowing you are in for a world of trouble. Now, more than ever, I know it's my job to make sure every parent gets to experience these magical moments, surrounded by a community who will support them.

