

SPRING/SUMMER 2022

FAMILY

north carolina



Death by Uncertainty: False Positives in Prenatal Testing

Fighting for
Fundamental Rights

Mama Bear 101:
How to Protect Your Kids

The Medical
Marijuana Myth

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“**Good parenting thrives in the ordinary, everyday teaching moments of conversation.**”

—Jonathan D. Holmes, *Rescue Plan: Charting a Course to Restore Prisoners of Pornography*

“**Nothing** can be more *cruel* than the tenderness that consigns another to his sin. **Nothing** can be more *compassionate* than the *severe rebuke* that calls a brother back from the path of sin.

—Dietrich Bonhoeffer, *Life Together: The Classic Exploration of Christian Community*

“**At the end of the day,** if the price of *providing opportunities for all the girls* throughout the state of Florida, for *ensuring fair competition for them...* if the price of that is that we lose an event or two, **I would choose to protect our young girls every day of the week and twice on Sunday.**

—Florida Governor Ron DeSantis, at the signing ceremony for Florida’s “Fairness In Women’s Sports Act”

“**Many [Christians]** have come to a place of real **complacency** and **acceptance** because abortion is a giant in the land, *and we don’t feel that there’s anything we can do about it.* But that doesn’t lessen our responsibility before the Lord to speak the truth and to speak up for these little ones who cannot speak for themselves.

—Laura Messick, executive director of Portico pregnancy resource center in Murfreesboro, Tennessee

“**The only money available through gambling** is the **money** that *someone else has lost.* **Gambling makes us predators rather than protectors.**

—Barrett Duke, executive director of the Montana Southern Baptist Convention



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DEPARTMENTS



A Life or Death Game of Chance

When I was about 4 months gestation inside my mother, my parents got an Alpha-Fetoprotein (AFP) test. This test lets parents know if the baby has a chance of being born with certain genetic disorders, such as spina bifida and Down syndrome. When my mother got the phone call from her doctor with the results, it wasn't good. Little baby Calley tested with a high chance for Trisomy 18, more commonly known as Edwards syndrome. Babies with this disorder usually don't live more than a few weeks, and many mothers choose to abort their babies after a positive diagnosis.

My parents were told the results were not conclusive, and they realized they had three options: verify the diagnosis through an invasive amniocentesis, which could be dangerous for my mom at 35 years old; carry me to term without confirming the diagnosis, and potentially give birth to a baby that would die after a few weeks; or avoid the riskiness of an amnio and the anxiety of a potentially doomed 9 month pregnancy...and abort me.


My parents were emphatic: abortion was not an option. They chose the amnio so that they could emotionally prepare themselves and those closest to them should I be one of those babies with Trisomy 18. In the waiting period between the AFP results and the amnio results, my parents and their community prayed relentlessly for me. And the results came back negative: I did not have Trisomy 18, and I was a healthy baby girl.

Despite all of the leaps in medical science in the past two decades, today's prenatal tests can also be inconclusive, just like mine was. Yet these tests are marketed as nearly infallible, leading mothers to make life or death decisions about their unborn children without accurate information. Our first article in this edition of *Family North Carolina* magazine addresses this dangerous and widely unknown crisis. "Death by Uncertainty" is for babies like me...babies whose lives may hang on the result of an inconclusive or inaccurate test. My parents never dreamed of aborting me for a moment, no matter my diagnosis. But for the parents who are less determined, or who may be more pressured by their doctors, a positive prenatal test for Prader Willi or Down syndrome, for example, could be synonymous with abortion, even if they want a child.

As Christians, we know that every life is precious. No diagnosis—accurate or not—means a life loses its value. We fight eugenic abortions because we believe this to our core. But if we are to hold the prenatal testing industry accountable for its hand in abortion, we must be equipped with the information. So, I encourage you to share this magazine with your friends and family, but especially with couples who may be thinking of starting and/or expanding their family. Lives may be saved.

Our second and third articles tackle a hot-button issue of the past year: parental rights. We've all likely seen or heard of parents standing up against the tide of radical gender ideology and inappropriate sexuality education in public schools and children's entertainment. The 2021-2022 legislative session has been a landmark year for parental rights legislation across the country, and in "Fighting for Fundamental Rights," we hear from the nation's leading parental rights organization about how parents and legislators alike are stepping up to defend this fundamental right. In the companion article "Mama Bear 101," a North Carolina mother of four shares concrete tips for how parents can become informed and equipped advocates for their children in this challenging world.

Finally, as the North Carolina General Assembly—like many other state legislatures—considers a bill to legalize marijuana for "medical" use, "The Medical Marijuana Myth" destroys the lie at the heart of this legislative push: that marijuana is/can be effective medicine.

Thank you for reading *Family North Carolina*. We hope you enjoy the content found inside this edition, and please reach out to us at NC Family to request more copies to share with friends, family, neighbors, churches, and more! 

Calley

Calley Mangum is the Communications Director for the North Carolina Family Policy Council and is Editor of Family North Carolina.



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Internet

Visit us on the Internet at ncfamily.org, where you can read selected stories from this issue, including endnotes. Publication of website addresses of other organizations featured in our stories does not constitute endorsement by the North Carolina Family Policy Council of those groups or the contents of those sites.

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Death by Uncertainty: False Positives in Prenatal Testing

By Dr. Tara Sander Lee

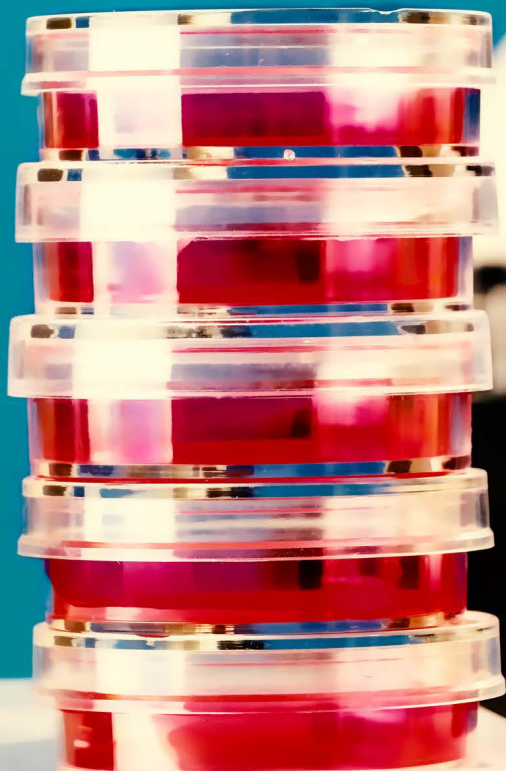
Many were appalled when the *New York Times* published a jaw-dropping report exposing the unacceptably high rate of false positives from noninvasive prenatal screens. These false positives far too often mislead anxious parents to abort a perfectly healthy child, yet science shows the results are more often wrong than right, especially when screening for rare disorders.

A prime example is Natera, a for-profit company offering the Panorama non-invasive prenatal screen for Prader-Willi, a rare disease affecting 1 in 10,000-30,000 people. With a calculated positive predictor value of 5 percent, this means that when the prenatal screening result says “high-risk,” there is a *95 percent chance that the result is wrong*, and the baby is *not* affected by Prader-Willi.

Screening for more common disorders such as Down syndrome, affecting 1 in 700 individuals, is also less accurate than advertised.

Natera offers a screen for Trisomy 21 (Down syndrome) with a calculated positive predictor value of 95 percent, but that data is only for women at high risk (e.g., aged 35 years or older). The company does not highlight published studies that clearly demonstrate a positive predictor value below 50 percent among low-risk women (e.g., less than 35 years of age). So, for every 10 low-risk pregnant women screened, at least 5 results are expected to be wrong with no risk of Down syndrome. Flipping a coin would be just as accurate.

Labs market these screens to pregnant women, portraying them as definitive tests. **The tragedy is that not only are babies with disease being aborted as a modern-day form of eugenics, but perfectly healthy babies are also being aborted based on these faulty DNA screens.** On average, 67 percent of U.S. babies prenatally diagnosed with Down syndrome are aborted.





For every 10 low-risk pregnant women screened, at least 5 results are expected to be wrong with no risk of Down syndrome. Flipping a coin would be more accurate.

A photograph of a doctor in a white lab coat sitting at a desk, talking to a patient in a plaid shirt. The doctor is seen from the side, wearing glasses. The patient is also seen from the side. The background is a blurred indoor setting with a green plant.

How did we get here?

Fifty years ago, the unborn child could barely be seen inside the womb, let alone diagnosed for a genetic disorder. But with advancements in ultrasound came advancements in screening before birth for risk of disease. The development of the non-invasive prenatal DNA screen (known as NIPT or NIPS) in 2011 offered fast and easy screening with one simple blood draw from the mother, avoiding more complicated and riskier—yet also more accurate—invasive diagnostic tests like amniocentesis.

Today, the NIPT market has exploded. Almost all NIPT screens are performed by commercial labs. To gain the largest test volume and make the biggest profit, companies try to distinguish themselves from the competition. Thousands of mothers, both high-risk and low-risk, are screened daily because of recommendations by major medical societies like the American College of Obstetricians and Gynecologists, whose policy on abortion states that “Induced abortion is an essential component of women’s health care” and affirms “the legal right of a woman to obtain an abortion prior to fetal viability.” And because there are no regulations in place requiring the mother to confirm the “positive” screen through more accurate, invasive diagnostic tests, many babies are killed based solely on these faulty screens.

As former director of a children’s hospital DNA testing lab, I have witnessed the *laissez-faire* industry that simply accepts the damage caused by these inaccurate screens. At one medical conference, real images of brutally aborted babies were nonchalantly posted for the audience while explaining that subsequent autopsy from a “positive” prenatal screen showed there was no disease at all.

Enough is enough

Fortunately, concerned scientists are stepping forward and advocating for change. In a recent *Nature* article, authors report how “Tests...in early pregnancies are frequently used to make important decisions, including terminations, but many rely on outdated science. Regulation of these genetic tests is urgently needed to ensure transparency and validation.”



So, how can a mother make a properly informed decision after a prenatal screen positive result, if her own physician cannot even understand it?

Training webinars from national testing organizations, like the Association for Molecular Pathology, now openly discuss the serious limitations of NIPT screens: how a low-risk cohort of pregnant women significantly lowers predictor value; how labs misleadingly quote higher values from the high-risk population; and problems with missing data in large population studies.

Others are standing up against the testing industry. At least one class-action lawsuit has been filed against Natera, Inc., over false positive NIPT screening results, and a report from the Hastings Center is tackling the issue of misleading language in marketing materials for NIPT screens.

In a recent press release following the *Times* article, Natera attempted to distance itself from this issue, stating the responsibility lies with the physician to analyze the results.

The problem is that most physicians are not prepared to discuss prenatal screening results with their patients. An *American Journal of Obstetrics and Gynecology* report found that only 36 percent of practicing OB/GYNs feel “well-qualified” to counsel patients whose babies screen positive for Down syndrome. **The mother is the child’s principal advocate for life.** The child’s life and death hangs on the accuracy of the test and counseling of its real meaning.

So, how can a mother make a properly informed decision after a prenatal screen positive result, if her own physician cannot even understand it?

Taking Action

Faulty prenatal genetic screens have larger, profound societal implications. The Social Capital Project report of 2022 led by Senator Mike Lee (R-UT) analyzed the implications of such prenatal screens on the Down syndrome population. They estimate an additional 4,778 babies with Down syndrome would have been born each year, absent eugenic selection for abortion due to prenatal screens.

There have also been several calls for federal action, including from Pew Trusts, advocating for stronger oversight to improve patient safety in the context of prenatal screenings. The House GOP submitted a letter to the FDA following the *Times* article, demanding answers regarding the high rate of false positives and increased oversight for all prenatal screens.

Congress introduced legislation in 2021, called the VALID Act, requiring the FDA to provide additional oversight and regulation of in vitro diagnostic tests *before* the test hits the market by instituting a required technology certification. A test would be withdrawn if found to provide misleading information in its sale, distribution, labeling, and marketing.

Under such a law, commercial labs that do not properly disclose the true quality of their test risk losing certification.

Some states have already taken action. More than a dozen states prohibit discrimination by abortion. Arizona, Missouri, North Dakota, Mississippi, and Tennessee prohibit abortion based on a risk or diagnosis of Down syndrome. Arizona, Missouri, Mississippi, and Tennessee also prohibit abortion based on the race of the unborn child. Several states, including North Carolina, Kansas, Oklahoma, and Pennsylvania, have laws to prohibit sex-selection abortions.


Last year, I testified before multiple North Carolina General Assembly Committees regarding legislation to prohibit abortion based on prenatal screenings. Mothers stepped forward testifying to how they were pressured to abort after receiving a “positive” prenatal screen, only to find out that the result was wrong, and their child was healthy.

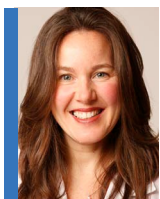
Not surprisingly, Planned Parenthood opposed North Carolina’s anti-discrimination legislation, consistent with their founder’s support of the racist eugenic philosophy of eliminating human “weeds” in society that look or act differently. The bill—HB 453—was approved by the state legislature but later vetoed by Governor Cooper.

Mothers stepped forward testifying to how they were pressured to abort after receiving a "positive" prenatal screen, only to find out that the result was wrong, and their child was healthy.

Life is life

Even if a time comes when prenatal screens are better regulated with improved quality, who are we to play God and eliminate lives deemed less valuable? How far will this go? Prenatal screens are already on the horizon that may predict adult onset of breast cancer or Alzheimer’s. Will the dignity and sanctity of the unborn be so distorted that a human being who carries any apparent risk of disease, *ever*, be less valued?

Diversity begins in the womb. One cannot embrace diversity only after a child is born—that view is far too obtuse. We are *all* created in the image of God from the moment of conception and have worth. God made it clear to Jeremiah, “Before I formed you in the womb I knew you.” 



Dr. Tara Sander Lee is senior fellow and director of life sciences at Charlotte Lozier Institute

For a footnoted version of this article, visit ncfamily.org/magazine-landing

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Dinner Events

Last fall and earlier this spring, NC Family welcomed our supporters and friends to dinner events in the Charlotte, Winston-Salem, and Greenville areas. Roger Severino, former Director of the Office for Civil Rights in the Department of Health and Human Services, spoke in Charlotte and Winston-Salem about his work within DHHS. In Greenville, we heard from former professional baseball players and best-selling authors David and Jason Benham—the Benham Brothers—about their fight against the “cancel culture.”



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Nos. 21A244, 21A247

In the Supreme Court of the United States

NATIONAL FEDERATION OF INDEPENDENT BUSINESS, ET AL.,
Applicants,

v.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION, ET AL.,
Respondents.

STATE OF OHIO, ET AL.,

Applicants,

v.

DEPARTMENT OF LABOR, OCCUPATIONAL SAFETY
AND HEALTH ADMINISTRATION, ET AL.,
Respondents.

ON APPLICATIONS FOR STAY
PETITION FOR A WRIT
UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

MOTION OF TEXAS VALUES AND
ORGANIZATIONS FOR LEAVE
IN SUPPORT OF APPLICANTS
AND IN PARTIAL

No. 21-418

In the Supreme Court of the United States

JOSEPH A. KENNEDY,
Petitioner

v.

BREMERTON SCHOOL DISTRICT,
Respondent

ON WRIT OF CERTIORARI
TO THE UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

BRIEF OF *AMICI CURIAE*
FAMILY POLICY ALLIANCE AND STATE
FAMILY POLICY COUNCILS
IN SUPPORT OF PETITIONER

Amicus briefs

NC Family joined with multiple other state Family Policy Councils in two *amicus* briefs to the U.S. Supreme Court in recent months. The first opposed the Biden Administration’s sweeping and unchecked COVID-19 vaccine mandate, which included no protections for religious liberty. The second brief was in support of Coach Joseph Kennedy from Washington State, who was fired because he prayed briefly at the 50-yard line after football games.

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Jere and Tom at CLC Conference

NC Family Director of Community Impact and Counsel Jere Royall and Pastor Outreach Director Tom Kakadelis attended the 2022 Carolina Liberty Conference, where they were able to share about NC Family's work in the legislature, and promote our Salt & Light Seminars. For more information about NC Family's Salt & Light Seminars, or to schedule one today, visit ncfamily.org/seminar-signup.



Voter Guide
General Election
2022

NC FAMILY
POLICY COUNCIL

NCFamilyVoter.com

**An Impartial, Nonpartisan Look at
North Carolina Candidates**

4

2022 General Election Voter Guide

After the conclusion of North Carolina's 2022 primary election on May 17, NC Family began surveying candidates for our nonpartisan Voter Guide. We survey candidates running for US Senate, US House, NC Supreme Court and Court of Appeals, and the state legislature on a wide range of issues impacting families, including sanctity of human life, parental rights, school choice, gambling, and more.

Pre-order your 2022 General Election Voter Guide today at ncfamily.org/OrderVoterGuides or by calling (919) 807-0800.



Fighting for Fundamental Rights

By: William A. Estrada

“The child is not the mere creature of the State; those who nurture him and direct his destiny have the right, coupled with the high duty, to recognize and prepare him for additional obligations.”

So said the U.S. Supreme Court in the 1925 case of *Pierce v. Society of Sisters*. The State of Oregon had tried to ban nearly all private schools, and the High Court struck down that state law.

The U.S. Supreme Court doesn't always get it right. But in 1925, they did. And they did again in 1972, in the case of *Wisconsin v. Yoder*, when the Court stated that the **“primary role of the parents in the upbringing of their children is now established beyond debate as an enduring American tradition.”**

In fact, as recently as 2000, the U.S. Supreme Court held the following in *Troxel v. Granville*: **“...[T]he interest of parents in the care, custody, and control of their children—is perhaps the oldest of the fundamental liberty interests recognized by this Court.”** The Court went on to affirm that “...the Due Process Clause of the Fourteenth Amendment protects the fundamental right of parents to make decisions concerning the care, custody, and control of their children.”

What is a fundamental right?

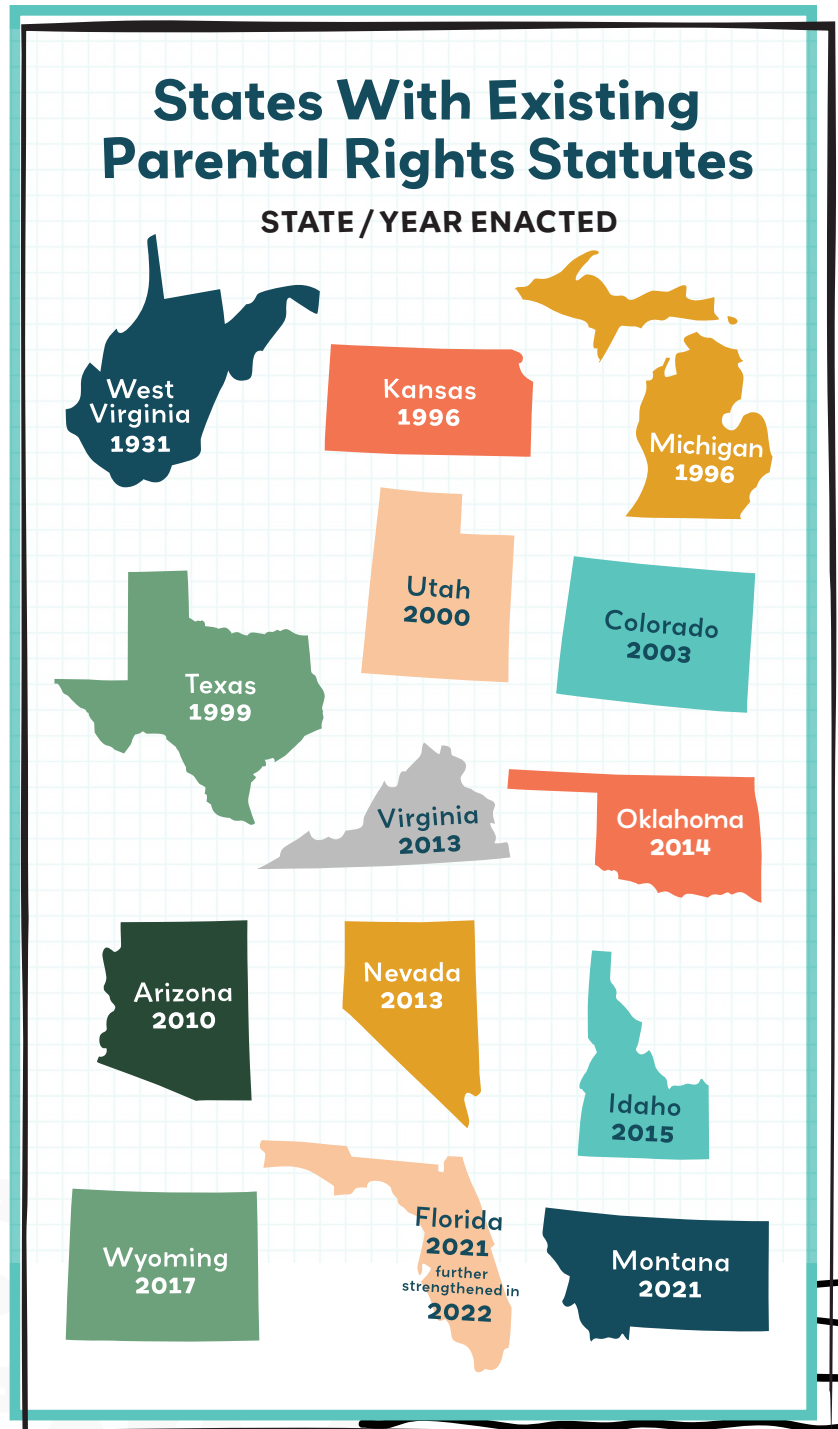
A good answer can be found in another U.S. Supreme Court case about parental rights from 99 years ago: *Meyer v. Nebraska*. In that case, the U.S. Supreme Court struck down Nebraska's law that prohibited children learning in a different language and stated, "the individual has certain fundamental rights which must be respected." And then, speaking about the U.S. Constitution's Due Process Clause in the Fourteenth Amendment, the Court continued: "Without doubt, it denotes not merely freedom from bodily restraint but also the right of the individual to contract, to engage in any of the common occupations of life, to acquire useful knowledge, to marry, establish a home and bring up children, to worship God according to the dictates of his own conscience, and generally to enjoy those privileges long recognized at common law as essential to the orderly pursuit of happiness by free men."

So parental rights—the umbrella legal term that covers everything from a parent's decision to homeschool, bring their child to church, find a pediatrician that shares the family's values, and everything in between—is a right that comes from God, and that receives the highest protections under our system of law. **It's a fundamental right.**

State Legislatures Take Charge

But U.S. Supreme Court precedent may be scant comfort to parents when the school administrators at their local public schools are actively trying to remove parents from even speaking out on issues in the classroom. So, what is the answer? How do we take almost 100 years

of Supreme Court precedent and use it to protect our rights in a concrete manner in our communities? That's where state-level legislation comes in. Since ParentalRights.org was founded in 2007, one of our top priorities has been enshrining U.S. Supreme Court precedent—that parental rights are a fundamental right, protected by our government and our legal system—in state laws across the nation. Thankfully, some states already had these statutes prior to the formation of ParentalRights.org.











The primary role of the parents in the upbringing of their children is now established beyond debate as an enduring American tradition.

By fully protecting parental rights in their state codes, these state legislatures are providing far stronger protection than just U.S. Supreme Court precedence. State legislation puts bureaucrats on record that they cannot act *ultra vires*, or “beyond one’s legal power or authority.” State legislation allows moms and dads to point to a section of state code and to stand on their rights, without the delay and cost of hiring a lawyer. Also, state legislation often provides a strong protection in state courts when parents do have to go to court.

And thanks in part to the advocacy and passion of parents from coast to coast, the 2022 legislative season has seen an unprecedented increase in parental rights legislation being introduced across the nation. Many of these bills include not just protection of parental rights as a fundamental right, but concrete and specific protections of student privacy, safety, and parental rights in public school classrooms.

And thanks in part to the advocacy and passion of parents from coast to coast, the 2022 legislative season has seen an unprecedented increase in parental rights legislation being introduced across the nation.

Parental Rights Legislation in 2021–2022 Legislative Session

STATE	BILL	STATUS*
 Pennsylvania	SB 996	Introduced
 South Dakota	HB 1246	Passed House, Failed to pass Senate Committee
 Georgia	HB 1178	Passed Legislature, Awaiting action by Governor
 New Hampshire	HB 1431	Passed House, Pending in State
 Rhode Island	HB 7138	Introduced
 Hawaii	HB 2295	Introduced
 Missouri	HB 1858	Pending in committee
 Minnesota	HF 3444 / SF 3064	Pending in committee

*As of April 15, 2022



Other states that already protect parental rights with existing state statutes are getting back into the fight by introducing legislation to further strengthen their existing laws, though some have had more success than others.


For example, Colorado's House Bill 22-1236—The Parent's Bill Of Rights—was introduced to clarify and strengthen the state's existing law. This bill has unfortunately been postponed indefinitely by a Colorado House Committee.

The COVID-19 pandemic pulled back the curtain on what is happening in public schools, and parents were not impressed.

Kansas is another example of a state seeking to build on existing protections through Senate Bill 496, The Parents' Bill of Rights. The bill passed the legislature, but was vetoed by Governor Laura Kelly.

Finally, while Michigan has protected parental rights as a fundamental right since 1996, House Bill 5703 would require text to be posted at school board meetings and in school district offices to remind elected officials of their duty to respect the rights of parents. H.B. 5703 passed the Michigan House by a vote of 106–85, and is pending in the Senate Education Committee.

This is just the tip of the iceberg. The COVID-19 pandemic pulled back the curtain on what is happening in public schools, and parents were not impressed. They've seen what is going on, and now parents from across the nation—whether they utilize a homeschool, private school, charter school, public school, virtual school, or something else—are united in demanding that their state legislators stand up and protect their God-given right to raise their children.

It is an honor to stand alongside brave parents like yourself. Together, we can protect our fundamental freedoms to raise our children free from bureaucratic control. 



William A. Estrada, Esq. is the President of ParentalRights.org & Parental Rights Foundation, two nationwide nonprofits headquartered in Loudoun County, Virginia.

For a footnoted version of this article, visit ncfamily.org/magazine-landing

Mama Bear

101

How to Protect Your Kids

By: Brittany Farrell

Parents are becoming increasingly aware of the myriad of overt and subtle ways individuals and organizations today attempt to sever the parent-child connection. From the library to the pediatrician's office, the soccer team to the classroom, the odds seem to be stacked against parents who wish to be present, informed, involved, and in control of their children's upbringing. That does not mean, however, that it is impossible for parents to confidently take the lead when it comes to their children's lives.

As a mother of several children from toddler to middle school ages, I am acutely aware of the dangers and temptations lying in wait for our children. Because of that, I operate in a heightened state of alert with regard to most of my children's interactions and activities. Like many moms, I watch. I listen. I notice. Not because I necessarily expect something bad to be lurking around every corner, but because I know that there really is no way to know when

something will happen or when someone or something will try to take even the smallest step between me and my children. Here are some guidelines for ways to be prepared and proactive in protecting and asserting your fundamental parental rights, whether you are engaging with doctors, schools, sports, camps, church activities, or friends.

Do your research.

Know the priorities and values of both the organization and of the individuals involved. Know who is in charge and who will be around your child. Know the policy on adult-child interactions. Ask about their perspective and policies on parental involvement. Talk to other parents who have engaged with the organization, school, practice, or person to get honest feedback. Communicate constantly with other parents about their experiences.

Find out everything you can about your school's curriculum, particularly history, literature, science, health, and bullying.

Know your rights.

Both the previous article from Will Estrada, and the NC Institute for Constitutional Law's recent document "Parents' Constitutional Right to Parent Without Government Interference," are helpful starting places for understanding your rights as a parent. The Supreme Court has referred to parental rights as "perhaps the oldest of the fundamental liberty interests" in the United States. The Fourteenth Amendment of the U.S. Constitution ensures that parents get to decide how their children should be raised.

Never leave your child alone with an unknown adult. Be present in the room for all physicals, sick visits, dental appointments, eye appointments, etc., even and perhaps especially if the professional would prefer you to leave. Do not sign anything that in any way limits your access, rights, or authority over your child or decisions regarding their care. This is especially important in hospital and emergency settings.

Keep your children home on days the school plans to present or discuss sensitive or inappropriate content. **You are your child's first and primary educator.** You get to make the decision about when and how your child will be exposed to sensitive topics.

Be present.

Get to know the staff, including the receptionist, principal, individual teachers, substitutes, doctors, nurses, coaches, counselors. Communicate appropriately, volunteer and assist whenever possible, attend events with staff and families to build relationships within the community. Have honest and frequent conversations with them about your goals, priorities, and values. That way, if something is off, you will likely know before it is too late. Look at the posters on walls and books on shelves. Listen to what is on the radio and screens.

You are your child's first and primary educator.

Build your village.

Unlike past generations, we are not raising children in an "osmosis culture," where they will see, hear, and experience basically the same Judeo-Christian values and priorities in nearly all their life interactions and experiences. However, that doesn't mean it is impossible to surround our young, innocent, impressionable children with a village that will work together to model, teach, and advance our shared values.

Build your village! Be very discerning of friend groups for your family and children. Prioritize friendships with people who share your priorities and life goals. Befriend parents who have already been through the stages of life you are in or approaching AND parents who are currently navigating the same phases, so that you can learn from their wisdom and also work together to keep each other aware and accountable. You cannot be everywhere, see everything, hear everything, so you need trusted eyes and ears all around.

Talk to your child.

Make sure your child knows the true fact that they were wonderfully made by the Almighty Creator just the way they are for a specific purpose, and they are perfectly loved by Him and by you. God does not make mistakes. Give them confidence in their identity as a son or daughter of the King of Heaven and earth.

Have honest and age-appropriate conversations with your children. Maintain your child's innocence while instilling in them a knowledge of and love for truth. Encourage them to be pursuers of truth in all things at all times. The greatest antidote to lies is the truth.

Reevaluate constantly.

Especially with schools and doctors, continue to have honest and frequent conversations about your goals, priorities, and values to be sure that they are aligned. Don't be too afraid to change schools or to homeschool, to change doctors or to walk out of a doctor's office or hospital. Listen to your gut.

My own mother has always said, "**God gives you the children He needs you to raise.**" He did not give your children to anyone else, not a relative, not a doctor or a teacher, and certainly not to the government. God gave YOU His children. To be in YOUR care. To be raised and taught and cared for by YOU. That is an awesome and eternal responsibility. We cannot take it too seriously. We cannot be too vigilant or too focused on the task at hand. 🙏



Brittany Farrell is a North Carolina mother of 4 who formerly served as NC Family's Assistant Director of Policy.



Arielle Del Turco, Assistant Director of the Center for Religious Liberty at Family Research Council



Traci DeVette Griggs: We've seen in the Bible instances where the Church came under pressure and had to scatter, and the Word of God was actually taken to the far reaches. Do you see any potential for the Christians in Ukraine to influence the many countries around them that are taking them in?

Arielle Del Turco: Oh, absolutely! And even in Ukraine, churches have been on the front lines of responding to the crisis. And I think at times of crisis, people are looking for answers. Not only "Why is this happening?" but "What is the meaning of life?" So I think in Ukraine, we're seeing people turn towards churches and turn towards God. We've heard reports of that. But also, these Ukrainian believers will have an opportunity to share as they spend some time—hopefully temporarily and they can go back to their homes—but as they spend time throughout Western Europe, which is a much more secular environment. That'll be a really interesting opportunity to share the Gospel.

Michael Farris, President and CEO of Alliance Defending Freedom



Traci DeVette Griggs: Some of the more liberal judges on the U.S. Supreme Court were quoted as saying that if *Roe v. Wade* is overturned, it will basically make a mockery of the U.S. Supreme Court. So do you think that overturning this, or significantly changing *Roe v. Wade*, would delegitimize the High Court in the eyes of many Americans?

Michael Farris: What has delegitimized the Supreme Court is the propensity to insert the Court into what the Constitution gives over to the democratic process, to the process of state legislatures, to the Congress, and so on. [...] So the Supreme Court shouldn't make law, and everybody has heard the phrase, "In *Roe v. Wade*, the Supreme Court legalized abortion." Well, the Supreme Court's not supposed to legalize anything; that's the job of legislatures. It's a plain fact that the Supreme Court delegitimized itself when it made the decision of *Roe v. Wade*. What we would really be doing is getting the Supreme Court out of the political business and back into the business of being a court.

Rev. Dr. Bob Fu, Senior Fellow for International Religious Freedom at Family Research Council



Traci DeVette Griggs: Why do you think the Chinese people put up with this [government persecution]? I know most Americans at least think that we would not stand for this kind of intense persecution.

Bob Fu: From one perspective, the Chinese people are not really totally surrendering because think about this: millions of Chinese house churches. They were declared illegal; they can be smashed and get arrested anytime. Yet every week, you have close to, if not more than 100 million Chinese Christians continuing to defy that Communist Party's declaration order by worshiping in their own homes, in the park, or in caves. [...] Observers said this constitutes the largest civil disobedience moment in history. So the Communist Party only believes in force, in guns, and I think they are not able to cope with this soft civil disobedience that the hundred million Chinese Christians are essentially exercising. They basically would risk their lives in exchange for worshiping the Lord with freedom of conscience.

Noelle Mering,

author of *Awake, Not Woke: A Christian Response to the Cult of Progressive Ideology*



Traci DeVette Griggs: You've said in some of your writing and in this book that you believe some of the "woke" agenda is causing more injustice against women and children. So why is that?.

Noelle Mering: Children are a direct victim of all of this adult irresponsibility. They have become something that has to be

disposed of if a pregnancy comes about, because now we have this understanding of sexuality that it should be without any ties or responsibility or duty. It's a very different vision of looking at what a human person is than what we traditionally would claim. I think the vision that we want to establish instead, and that has been throughout Christianity, is that we are people who have responsibilities to one another. We have duties; we have to limit ourselves out of deference to another person.

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Family Policy Matters is a 15-minute radio show and podcast hosted by Traci DeVette Griggs, featuring interviews with local, state, and national experts on a wide range of policy issues impacting North Carolina families. *Family Policy Matters* airs on over 20 radio stations across North Carolina, and is available as a podcast on your favorite podcast app. You can listen and read full transcripts of every episode of *Family Policy Matters* at NCFamily.org.



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Taylorsville	WACB 860 AM	Wednesday, 5:00 PM
Troy	WJRM 1390 AM	Sunday, 8:15 AM
Wake Forest	EPIC 103.5 FM	Saturday, 1:00 PM
Wilmington	WZDG 88.5 FM	Sunday, 5:30 AM & 6:00PM
Winston-Salem/ Piedmont Triad Area	WPIP 880 AM	Sunday, 4:15 PM



The Medical Marijuana Myth

By: Luke Niforatos

The North Carolina General Assembly is currently considering a bill entitled “NC Compassionate Care Act,” which would legalize marijuana for “medical” use in certain situations, including cancer, PTSD, AIDS, and more. But the term “medical marijuana” is intentionally misleading.

Marijuana as Medicine

The debate surrounding marijuana as medicine is riddled with half-truths, anecdotes, and empty promises. Almost every scientific review has concluded that smoked, crude marijuana is not a medicine, even though some of its isolated components have shown promise medically.

In the mid-1980s, pharmaceutical companies began researching ways to synthesize the marijuana plant’s primary psychoactive ingredient — THC — into a pill form. The pill, dronabinol (or Marinol, its trade name) has been prescribed for nausea and appetite stimulation. Another drug, Cesamet, mimics chemical structures that naturally occur in the plant.

Epidiolex is the most recent marijuana-derived medication to receive attention in the medical community. In June 2018, the Food and Drug Administration granted Epidiolex, a medical-grade cannabidiol (CBD) oral solution, approval for the treatment of two rare and severe forms of epilepsy: Lennox-Gastaut syndrome and Dravet syndrome. As of now, Epidiolex is the first and only FDA-approved medication that has been derived directly from the marijuana plant.

But when most people think of medical marijuana these days, they do not think of a pill with an isolated component of marijuana, but rather the smoked, vaporized, or edible version of the whole marijuana plant.

Rather than isolate active ingredients in the plant — as is done with the opium plant to create morphine, for example — many proponents of legalization advocate for smoked (or vaporized) marijuana to be used as a medicine. But the science on smoking any drug is clear: smoking — especially high-potency whole marijuana — is not a proper delivery method, nor do other delivery methods ensure a reliable dose. And while parts of the marijuana plant may have medical value, the Institute of Medicine said in its landmark 1999 report: “Scientific data indicate the potential therapeutic value of cannabinoid drugs ... smoked marijuana, however, is a crude THC delivery system that also delivers harmful substances ... and should not be generally recommended...”

Furthermore, “whole plant” marijuana itself is not an approved medicine under the FDA’s scientific review process. The FDA process for approving medicine remains the only scientific and legally recognized procedure for bringing safe and effective medications to the American public. **To date, the FDA has not found smoked marijuana to be safe or effective for any medical condition.**



There is limited evidence that marijuana or cannabinoids with a THC concentration between 5 and 10% are potentially therapeutic for chronic pain. However, a 2020 study found that THC concentrations in marijuana products sold in dispensaries in the United States are not effective at treating neuropathic pain as they are too potent, featuring upwards of two to three times higher THC concentrations than that shown in previous research to provide relief from neuropathic pain.

According to the most comprehensive review of the body of literature available at this date—a 2017 report by the National Academies of Science—there is insufficient evidence to suggest marijuana is an effective treatment for the following ailments: cancers, cancer-associated anorexia or anorexia nervosa, irritable bowel syndrome, Huntington’s disease, Parkinson’s disease, dementia, glaucoma, post-traumatic stress disorder, depression, and addiction.

With these understandings in mind, it is understandable why no major medical association has come out in favor of smoked marijuana for medical use.

Marijuana as Treatment for Veterans with Post-Traumatic Stress Disorder (PTSD)

One of the most common arguments used in the effort to further liberalize the use of marijuana as a medicine is that the substance can be useful in helping veterans suffering from Post-Traumatic Stress Disorder, or PTSD. The United States Department of Veterans Affairs estimates that upwards of 540,000 veterans have been diagnosed with PTSD, which can lead to depression, anxiety, serious substance misuse, and suicide. Unfortunately, only approximately 30% of veterans diagnosed with these issues seek professional help.

Based on industry activism and a few anecdotes, some 23 states have listed PTSD symptoms as a qualifying condition for “medical” marijuana. But unfortunately, a plethora of research suggests marijuana use could lead to far worse outcomes for those suffering from PTSD and other mental issues.

Recently, a review of over 2,200 studies involving marijuana users who were using the substance to “treat” chronic pain was published, finding marijuana use among this population was associated with a greater risk of psychosis, schizophrenia, depression, mania, domestic violence, and suicide.

Furthermore, **the study found that past-month use of marijuana among those suffering from PTSD was associated with worse outcomes and greater severity of PTSD symptoms.** When patients ceased their use, their symptoms became less severe, and they responded better to treatment.

This study builds on a foundation of research, signaling that marijuana use among veterans suffering from symptoms of PTSD could cause worse outcomes. Adding to this, another study published in the journal *Depression & Anxiety* found **marijuana use among military personnel with PTSD symptoms may lead to suicidal thoughts and behaviors**, and a study published in the *Journal of Psychiatric Research* found that marijuana-dependent Iraq/Afghanistan-era veterans have an increased risk of suicidal thoughts and attempted suicide.

As some 20 veterans die by suicide each day in our country, it is incredibly concerning that these states could be making this crisis even worse by promoting marijuana use.

In all, there exists some promising evidence that derivatives of the marijuana plant may provide some benefit to individuals suffering from chronic pain, forms of epilepsy, and nausea. That said, public health experts agree that these compounds must pass through the FDA approval process to provide patients with the most effective dose in a manner that reduces the potential harms that the use of full-plant marijuana has been shown to bring about.

As it stands, the current makeup of the “medical” marijuana markets is more similar to those of recreational markets, and the majority of “qualifying conditions” for which marijuana may be recommended in these programs do not stand up to even rudimentary scrutiny of the literature. Therefore, these programs stand to do more harm to individuals than good when the associated harms from marijuana use, specifically problematic use, are considered.

Scientific literature on the harms of marijuana use exists in abundance. There are over 20,000 peer-reviewed research articles linking marijuana use to severe mental health outcomes, ranging from depression to psychosis and inhibited cognitive development, as well as consequences for physical health and even negative outcomes for neonates exposed in utero. **The connections between marijuana use and consequences to mental and physical health and brain development, among other risks, are often lost in conversations on legalization.**

Much like tobacco, we will not be able to ascertain the full public health and safety impact of marijuana legalization in the short term, as it will slowly materialize over decades. However, many key, harmful outcomes are already becoming apparent, and we must speak out against legislation, like the “NC Compassionate Care Act,” that ignores these harms in the false name of “medicine.” 🏠



Luke Niforatos is the Executive Vice President of Smart Approaches to Marijuana, an alliance of organizations and individuals dedicated to a health-first approach to marijuana policy.

For a footnoted version of this article, visit ncfamily.org/magazine-landing

A Prayer for Life

This summer, the U.S. Supreme Court is expected to issue its opinion in the case of *Dobbs v. Jackson Women's Health Organization*, which challenges a Mississippi state law banning abortion after 15 weeks gestation. In this highly anticipated decision, the majority on our nation's High Court could land a fatal blow to the nearly 50-year-old *Roe v. Wade* opinion of 1973 that legalized abortion across the U.S. and has resulted in the death of over 60 million unborn lives. If the Court upholds Mississippi's law, or even goes further and overturns *Roe* altogether, it is expected that policy decisions regarding the legal status of life and abortion will revert back to the individual states. This means that state legislatures will have renewed authority and broad latitude to enact strong laws to protect the lives of unborn and newborn children. It also means past court opinions that overturned pro-life laws based on *Roe v. Wade* may be revisited and overturned as well.

With the *Dobbs* decision looming, we at NC Family are frequently asked what a favorable ruling could mean for North Carolina. In short, it's literally a matter of life and death.

NC Family has been a strong advocate for life in North Carolina for the past 30 years, and our state is fortunate to have a myriad of pro-life laws in place. These include:

- Parental consent prior to a minor's abortion;
- "Women's Right to Know Act" ensuring informed consent prior to abortion (the 24-hour waiting period enacted in 2011 was expanded to 72-hours in 2015);
- No taxpayer funding of abortion and defunding of state tax dollars to abortion providers like Planned Parenthood;
- Appropriation of state funds to support pro-life pregnancy care centers across N.C.;
- Extensive conscience protections for health care providers who are opposed to abortion on moral, religious, or ethical grounds;
- Ban on "sex-selection" abortions sought because of the sex of the unborn child;
- Prohibition on the dispensing of abortifacient drugs via telehealth or over the internet;
- Requirement for annual inspection of abortion clinics;
- Ban on the sale of aborted baby tissue and other body parts.

The North Carolina General Assembly also has passed bills to ban abortions sought because of the race of the unborn child or a diagnosis of Down syndrome (in addition to sex-selection already in the law); and to require a health care practitioner, who is present at the time a child is born alive after a failed abortion attempt, to provide care to the newborn baby and transport it to a nearby hospital. Unbelievably, both of these bills have failed to become law, because they were vetoed by Governor Roy Cooper.

Perhaps most pertinent to the *Dobbs* case is the fact that until just a few years ago, North Carolina also had a law in place banning abortion after the 20th week of pregnancy, except in cases of a medical emergency. In March 2019, however, U.S. District Court Judge William L. Osteen, Jr. struck down North Carolina's 20-week ban, saying it contradicts the "viability" standard established in *Roe v. Wade* and *Planned Parenthood v. Casey*. As a result, the life of an unborn child can legally be aborted in North Carolina at any point up to "viability" for practically any reason. Tragically, viability is a judgement call made by the abortionist. If he or she determines that an unborn child at 21 weeks, or 22 weeks, or even 24 weeks or later, is not "viable," then the abortionist may legally end the life of that child.

If the U.S. Supreme Court upholds Mississippi's 15-week ban, or completely overturns *Roe*, this would not only serve to reinstate North Carolina's 20-week ban on abortion, but it would provide the grounds for our state legislature to go even further and enact laws that honor and protect human life at a much earlier stage—ideally at conception.

As you can imagine, much is at stake, and we need to fervently pray that the Justices of the U.S. Supreme Court will render the strongest decision possible in favor of life. 🙏



John L. Rustin is President of the North Carolina Family Policy Council





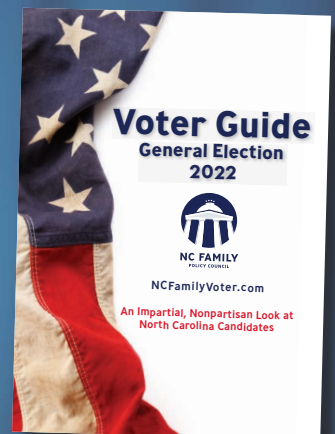
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