



National RIGHT TO LIFE NEWS

July 2024



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Kayleigh McEnany closes out the 53rd annual NRLC Conference with powerful reminder that every abortion is a profound sorrow that touches the heart of our Creator

By Rai Rojas, Director of Outreach

There are not enough superlatives to describe Kayleigh McEnany's remarks at the 53rd Annual National Right to Life Conference's closing gala- but I will try.

Kayleigh's speech was a powerful and moving testament to the sanctity of life and the enduring strength of the pro-life movement. With eloquence and heartfelt conviction, she shared personal anecdotes and compelling stories that resonated deeply with everyone in attendance.

Her words were not just a call to action but a profound reminder of the moral and ethical imperatives that drive us to protect the most vulnerable among us. Kayleigh's speech was a beacon of hope and



inspiration, encouraging us all to continue our tireless advocacy for the unborn with renewed vigor and unwavering faith.

Her passion and dedication to the cause left an indelible mark on the hearts of all who heard her, reinforcing our collective commitment to upholding the dignity and value of every human life.

Kayleigh concluded her remarks by sharing the story of a Pregnancy Resource Center (PRC) that acquired a former abortion business, transforming it into a safe space for pregnant women and their unborn babies. She mentioned that the PRC

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NRLC's 53rd Annual Conference Demonstrates the truth that "We love both: Standing Strong with Moms and Babies": Day One

By Dave Andrusko

From Rev. Paul Scalia's Opening Prayer breakfast speech on Friday until former Trump Press Secretary Kayleigh McEnany's gangbusters closing remarks at Saturday night's closing Gala, the 53rd annual National Right to Life Conference could not have been more of a success.

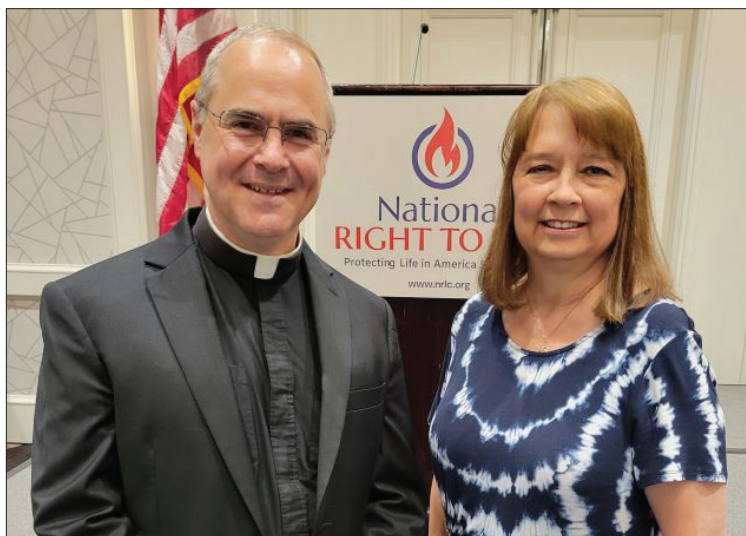
The theme of the Conference at the Crystal City Marriott was "We Love Both: Standing Strong with Moms and Babies." The Five General Sessions, Prayer Breakfast, and closing Gala, reinforced by the Multiple Breakout Sessions, demonstrated how pro-lifers back those words

of assurance up with a bevy of loving actions.

Rev. Scalia's theme for the Opening Prayer Breakfast was "Reflections on the Mission of the Prophets of the Pro-Life Movement." All pro-lifers are prophets in three ways: We bear witness to the truth; We condemn and rebuke that which is not true; and Pro-life prophets also bring comfort and healing.

Rev. Scalia asked and answered the question, "How do we grow in our role as prophets?" First, as

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Fr. Paul Scalia with NRLC president Carol Tobias

Editorials

Where do we stand 117 days out from the November 5 elections?

Nate Silver is the universally respected pollster and founder of the FiveThirtyEight website. His opinions carry weight. He wrote this:

Last update: 12:45 p.m., Tuesday, July 9: It's never a good idea to place too much emphasis on any one poll. But this bipartisan poll of Wisconsin for the AARP is potentially an exception, as it is probably the highest-quality poll in a swing state since the debate. It's a bad one for Biden, showing him down 6 points. Wisconsin had been one of Biden's

better-polling states, but his chances of winning the must-win Badger State have fallen to 39 percent with the new poll added. The drip-drip-drip of polls like these could further erode Biden's standing in our forecast.

Silver is correct in four ways. This is only one poll; however it's a quality poll in a swing state—those that are competitive; Wisconsin had been one of Biden's better-polling states;

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Who's winning? For now, a defiant Biden and a panicky Democratic caucus appear to be at a standoff

Any lingering thoughts among Democrats that pro-abortion President Joe Biden would go quietly into the night after his calamitous debate with pro-life former President Donald Trump were answered in a defiant bring-it-on letter Biden sent to Congressional Democrats on Monday [www.documentcloud.org/documents/24794149-biden-letter-to-congressional-democrats].

After opening with an acknowledgement that men and women of good will could ask him to step aside, Biden wrote, "I can respond to all this by saying clearly and unequivocally: I wouldn't be running again if I did not absolutely believe I was the best person to beat Donald Trump in 2024."

At the end of the two page letter, Biden took off the gloves. "The

question of how to move forward has been well-aired for over a week now," he wrote. "And it's time for it to end. We have one job. And that is to beat Donald Trump. We have 42 days to the Democratic Convention and 119 days to the general election. Any weakening of resolve or lack of clarity about the task ahead only helps Trump and hurts us. **It's time to come together, move forward as a unified party, and defeat Donald Trump.**" [Emphasis added.]

Take that, you weak-kneed scoundrels!

Later Monday morning, Biden upped the ante. He called into the "Morning Joe" program. According to Michael D. Shear of the *New York Times*

President Biden on Monday dared his critics to "challenge me at the

convention" if they want him out of the presidential race, refusing to step aside in a defiant letter to Democratic members of Congress and in fiery remarks on MSNBC's "Morning Joe" program.

Declaring himself "frustrated by the elites" who have called for his exit from the race, Mr. Biden engaged in an offensive blitz aimed at saving his candidacy. But it also laid bare the fractures in his party over whether his position as the Democratic standard-bearer will help or hurt its fortunes this fall.

Many commentators took this to mean that if Biden was jettisoned,

he was warning that he ready to take Democrats down with him. Others thought Biden was bluffing in hopes that by threatening disaster at the polls on November 5, fellow Democrats would line up behind the President.

So, what's happened in the two days following Biden's threatening letter? If you believe a story that ran Wednesday in *USA Today* story, there's been a colossal turn of events.

WASHINGTON — Just when it looked like President Joe Biden was starting to unite congressional Democrats around his embattled reelection bid, the dam has cracked.

See *Trump's*, Page 42

From the President Carol Tobias

Resolve to do something to keep this the greatest country in the world



My favorite holidays are Christmas and Easter because of what they mean for the world. Right after that comes the 4th of July, Independence Day, because of what it means for our country.

I enjoy parades, I love the fireworks and the patriotic music of John Philip Sousa, such as “The Washington Post March” and “Stars and Stripes Forever.” Even though it was written about winning a battle in Europe, who doesn’t feel their heart beating just a little faster when the cannons boom during the “1812 Overture”?

But most of all, I love our rich history; the wisdom and strength of our founding fathers who were determined to create a country where all could be free and all had specific individual rights that could not be denied, even by a majority.

As this wonderful new country was in its early stages, John Adams wrote, “It has been the will of Heaven that we should be thrown into existence at a period when the greatest philosophers and lawgivers of antiquity would have wished to live ... a period when a coincidence of circumstances without example has afforded to thirteen colonies at once an opportunity of beginning government anew from the foundation and building as they choose. How few of the human race have ever had an opportunity of choosing a system of government for themselves and their children? How few have ever had anything more of choice in government than in climate?”

We can’t choose our climate, but we can choose our government.

We just celebrated the 248th anniversary of Independence Day, an amazing event in world history. It’s up to us to decide whether this system of government is a lasting example for the world or whether the experiment was nice while it lasted.

The Declaration of Independence states it is “self-evident,” that “all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness.”

Yet there is an incredibly well-funded force, working to deny the first right—Life—to certain members of the human family.

We can’t let that philosophy win.

I have some questions for you: Do you know who represents you in your state legislature? Can you name your U.S. Representative and

your two Senators? Many of our laws are defended by a state attorney general. Do you know who your AG is? Does he/she vigorously defend laws to protect preborn children or to protect abortion?

Are you [registered to vote](#)? Are you going to vote? If you are not registered to vote, please do so today. (I think John Adams would be disappointed if you didn’t.)

Do you understand the magnitude of the elections now just a couple months away? Of course you do.

After all, to a very large extent, I’m speaking to the choir. People involved in the pro-life movement are active and aware of what is going on in our federal, state, and local governments.

At times, we can be frustrated or discouraged. It’s easy to think that all politicians are crooks or that we can’t really do anything to make changes, so why even try. But if and when enough of us decide to be involved, and bring others along with us, we can make changes, even fundamental changes. (Remember *Dobbs* which overthrew *Roe*?)

Begin at the beginning. Start at the local level. Who is on your school board, who serves on the city council or county commission? These are the people who are likely to one day become your governor or senator. Where do they stand on issues that matter to you? If you don’t know, find out. If they’re good, help them get re-elected. If they’re bad, find someone to



But are your friends and neighbors? How about your kids and grandkids?

I spoke recently with a woman who said she had her grandchildren learn the preamble to the U.S. Constitution. I recently looked up the US citizenship test to see if I knew as much as I should. We can always do more to make even ourselves more aware of what is happening around us.

We have an amazing system of government, but its health, even its survival, depends on citizens staying aware and being involved. Saying “I don’t pay attention to that stuff” contributes to the eventual fall of this democratic Republic.

run against them. Maybe you are the one to challenge them.

Rev. Everett Edward Hale, who served as Chaplain for the U.S. Senate from 1903 to 1909, wrote, “I am only one, but still I am one. I cannot do everything, but still I can do something; and because I cannot do everything, I will not refuse to do the something that I can do.”

With pride in the United States of America and with determination to see it fulfill its potential, we will continue to proclaim that every human life is created equal, and that every life is endowed by his/ her Creator with the unalienable right to life.

Congressional Update: New Votes on a range of pro-life issues

By Jennifer Popik, J.D. Director of Government Affairs

As all eyes are on the uncertainty surrounding the upcoming presidential election, Congress has been active in taking on important abortion-related issues.

The Republican-controlled House of Representatives has been working hard to undo a lot of the damage that the abortion-promoting Biden Administration has been implementing. In stark contrast to the House, the Democrat-controlled Senate has taken up a series of show-votes aimed at propping up the abortion industry.

The House, under the leadership of pro-life Speaker Mike Johnson, is again working through the annual process to fund the government. If this process is not completed by September 30th--or if the government does not reach a temporary time extension (known as a continuing resolution)--the government will shut down.

The House is working not only

to retain long-standing provisions, like the Hyde Amendment, to prevent tax-payer funded abortion, but is also hard at work



to include provisions to stop the Biden Administration's legally fraught abortion mandates.

The House passed three important bills (out of 12 total)

to fund the government. While each of these bills passed the House, they face an uphill battle in the Senate under the control

of pro-abortion Majority Leader Sen. Chuck Schumer and fellow Democrats.

The House has passed the "Department of State, Foreign

Operations Appropriations Act" (H.R. 8771). This maintains all long-standing pro-life protections, including the Helms Amendment (preventing international abortion funding), the Kemp-Kasten Amendment (prohibiting funding to programs supporting coercive abortion), the Tiahrt Amendment (ensuring voluntary family planning), the Siljander Amendment (preventing lobbying on abortion), and others.

Under the Trump Administration, a policy known as the "Protecting Life in Global Health Assistance (PLGHA)" was in effect. The Biden Administration made short-work of PLGHA in its first month in office. H.R. 8771 would restore this life-affirming the vital pro-life policy.

See Update, Page ??

National Right to Life on the GOP Platform

WASHINGTON — On July 8, the Republican National Committee Platform Committee approved the draft language of the Republican Party Platform.

"We thank the platform committee for its hard work ensuring that the party's goal of protecting women and their preborn children is clearly stated," said Carol Tobias, president of National Right to Life. "In contrast to what the Democratic Party offers to women and their preborn children, the Republican Party Platform offers life and hope. The Democratic Party is the party of unlimited abortion—even abortions late in pregnancy."

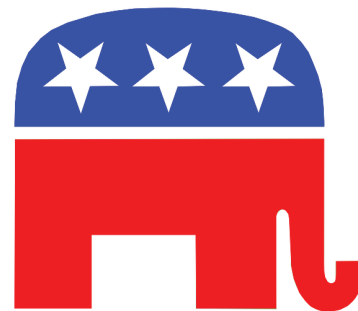
President Joe Biden and Vice President Kamala Harris

along with leading Democrats in Congress have employed a relentless, whole-of-government approach in their efforts to bring unlimited abortion to every state.

"To appease the abortion industry and its supporters, the Biden-Harris Administration and pro-abortion Democrats in Congress have worked relentlessly and intentionally to endanger the lives of unborn babies," said Tobias. "For three and a half years, the Biden-Harris Administration has rolled out the red carpet for the abortion industry."

Contrary to the Biden Administration and the Democratic Party, President Trump throughout his presidency

championed policies designed to safeguard the lives of both unborn children and their mothers from unlimited abortions.



A summary of President Trump's record on the life issues is available at www.nrlc.org/uploads/records/trumprecord.pdf.

A summary of President

Biden's record on the life issues is available at www.nrlc.org/uploads/records/bidenrecord.pdf.

National Right to Life's report "Checking the Fact Checkers: Abortions Until Birth" addresses the fact that abortions late in pregnancy do occur. It is available at nrlcpressroom.com/wp-content/uploads/2024/03/Checking-the-Fact-Checkers-Unlimited-Abortion-Until-Birth-19.pdf

A summary of the Democratic Party's position on unlimited abortion can be found at nrlcpressroom.com/wp-content/uploads/2024/05/The-Democratic-Party-and-Unlimited-Abortion-Final-Draft.pdf.

Couple who met as premature babies in hospital celebrate birth of baby girl

By Right to Life UK

A couple who first met as premature babies in a neonatal unit in the same hospital are now engaged and have had a baby daughter who was born in the same hospital as they were.

In 1994, both Jack Richardson and Bronwyn Tacey were born prematurely at Queen's Medical Centre in Nottingham. Jack was born at 30 weeks and Bronwyn at just 26 weeks.

Their families became friends while the two babies were being cared for in the neonatal intensive care unit.

"I was in hospital for fourteen weeks before I came home", Bronwyn said. "Jack was in intensive care. He was in there for a year with numerous hospital appointments.

"It was touch and go whether we would both make it. It's a complete miracle that we are both here".

Once out of hospital, Jack and Bronwyn grew up together, but drifted apart over the years as they went to different schools and led different lives. However, later in life they connected again over social media and began dating.

"I always knew there was something – but I didn't think we would make anything of it", Bronwyn said.

"The first person he met"

Less than two years after reconnecting, the couple announced their engagement, and just a month later found out they were expecting a baby themselves.

"It was just amazing", said Jack's mother, Sharon". The first person he met is the person he's got a baby with".

Baby Sienna was also born in Queen's Medical Centre, the same hospital where Jack and Bronwyn first met as babies.

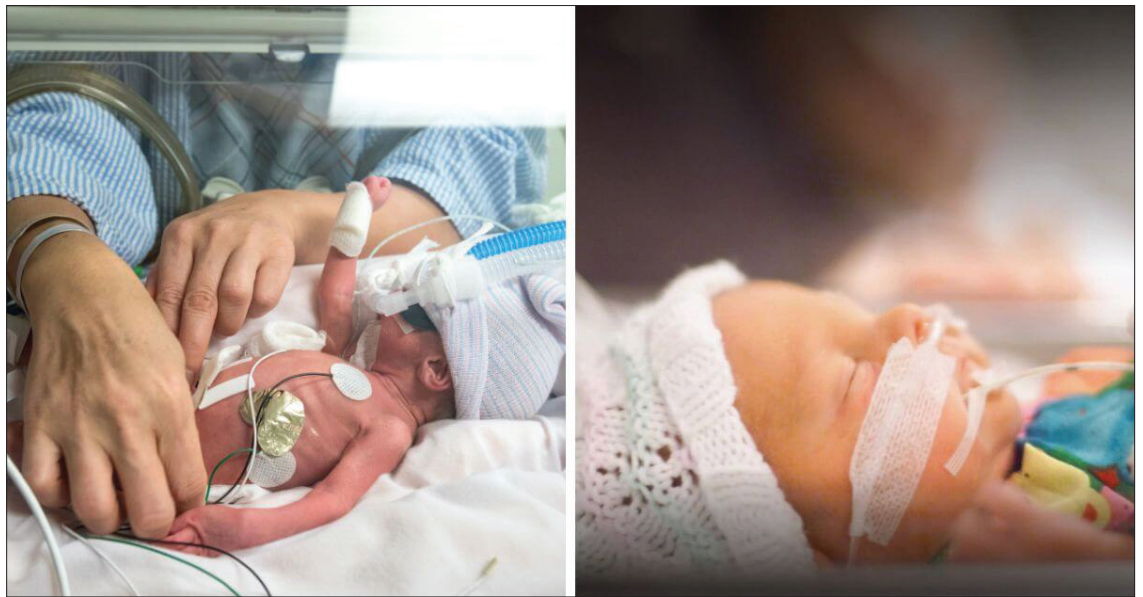
Bronwyn admitted that it is "strange" to explain how the

born prematurely in 1994. The time limit of 24 weeks for abortions performed under section 1(1)(a) of the Abortion Act 1967, was introduced by section 37 of the Human Fertilisation and Embryology Act 1990.

Prior to this change, the abortion limit had, de facto, been 28 weeks gestation set by the Infant Life

law, MPs referred to medical advances that had led to improved neonatal survival rates before 28 weeks gestation and the need for a reduction from 28 weeks.

Similarly, when the question of abortion time limits was revisited in 2008, the lowering of the abortion time limit in 1990 was again linked to the increased



couple first met, saying "I don't know anyone else or any other relationships that are like this".

She went on, "It's a great partnership. "We're like best friends as well as partners. It's the best of both worlds.

It just feels really natural to be together".

Over 30 years since the time limit for abortion was last updated

Medical care for premature babies has improved considerably since Jack and Bronwyn were

(Preservation) Act 1929, which made it illegal to "destroy the life of a child capable of being born alive".

The introduction of a 24-week gestational limit in 1990 was significantly motivated by the results of a Royal College of Obstetricians and Gynaecologists (RCOG) working party report on neonatal survival rates, which noted improvements in survival rates before 28 weeks of gestation.

During the debates ahead of the Human Fertilisation and Embryology Act 1990 becoming

survival rates for babies born before 28 weeks gestation.

Spokesperson for Right To Life UK, Catherine Robinson, said "Congratulations to Jack and Bronwyn on the birth of their baby girl! This truly remarkable story highlights the amazing work of medical staff and the importance of scientific advancements in neonatal medicine. Without these, not only might Bronwyn and Jack not have survived to adulthood, but baby Sienna would not be here today either".

Fact checker fails on facts in Montana senate debate

By Laura Echevarria, Director of Communications and Press Secretary

During Monday's televised Senate debate between pro-life Republican Tim Sheehy and pro-abortion Democratic Senator Jon Tester, Tim Sheehy correctly asserted:

Elective abortions up to and including the moment of birth. Healthy, 9-month...old baby killed at the moment of birth. That's what Jon Tester and the Democrats have voted for.

However, in a "fact check" by *PolitiFact* and republished by *KFF Health News*, the reporter wrote:

In a televised debate June 8, Sheehy accused Tester and Democrats of voting for "elective abortions up to and including the moment of birth." That statement prompted Tester to respond: "To say we're killing babies at 40 weeks is total BS."

The same article also quoted false claims about the *Women's Health Protection Act* and the *Born-Alive Abortion Survivors Protection Act*.

THE WOMEN'S HEALTH PROTECTION ACT AND ABORTIONS LATE IN PREGNANCY

Democrats in Congress once again introduced the *Women's Health Protection Act* (WHPA), described by the pro-abortion Center for Reproductive Rights as "federal legislation that creates a new legal protection for the right to provide and access abortion care, free from medically unnecessary restrictions and bans on abortion."

In 1973, the Supreme Court generally "federalized" abortion policy in its rulings in *Roe v. Wade* and *Doe v. Bolton*. Those rulings effectively prohibited states from placing any value at all on the lives of unborn children, in the abortion context, until the

point that a baby could survive independently of the mother ("viability"). Moreover, these original rulings effectively negated state authority to protect unborn children after "viability."

Contrary to widely held belief, abortions late in pregnancy are not



Laura Echevarria

illegal in the United States. Due to the interpretation of «all factors» to include the broad health reasons established in *Doe v. Bolton*, a life-threatening condition is **not** required for a woman to obtain a third-trimester abortion.

In *Doe v. Bolton*, which was not reversed under *Dobbs*, the Court held that

medical judgment may be exercised in the light of all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the wellbeing of the patient. All these factors may relate to health.

The WHPA is not new. First introduced in 2013, the legislation was not designed to "codify *Roe v. Wade*," as some claim. The WHPA goes beyond *Roe* and would prevent any protective legislation from being passed in states, even those previously upheld by the Supreme Court while *Roe* was in effect. (This includes informed consent, parental notification laws, laws requiring an ultrasound before an abortion, etc.).

Even proponents of the legislation acknowledge its scope. The pro-abortion National Women's Law Center acknowledges,

WHPA creates a federal statutory right for health care providers to provide abortion care, and a corresponding right for patients to receive that care without medically unnecessary bans, restrictions, or limitations that treat abortion differently from other medical care.

This would include any limitations on abortions after viability.

The "fact-checker" also claimed that abortions after viability are rare and only performed in cases of fetal abnormality or if the mother's health is in danger. A simple check of the facts would have shown these assertions to be false. National Right to Life released a report called *Checking the Fact Checkers: Abortions Until Birth* which addresses abortions late in pregnancy and the reasons they are often performed using information that is readily available.

BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT

Another issue in the article concerned babies born alive after abortions. The fact-checker asserted that this is rare. But there are problems with this claim. First, the Centers for Disease Control (CDC) passively collects abortion data, and many states have no reporting requirements. Second, there is no standardized way that data about abortion survivors is collected and classified. Third, some states, including the nation's largest, California, do not report **any** abortion data to the CDC.

It is false to claim that because records do not exist, survivors do not exist. In fact, there are over 700 known survivors of abortions.

The *Born-Alive Abortion Survivors Protection Act* was introduced to provide criminal penalties in instances where a child is born alive following an abortion and a provider fails to provide medical care. From the legislation:

... a health care practitioner who is present must exercise the same degree of care as would reasonably be provided to any other child born alive at the same gestational age, and ensure the child is immediately admitted to a hospital.

According to the Abortion Survivors Network, which connects abortion survivors to resources,

Although the United States fails to record reliable data on abortion survivors, we have estimated, through Canadian government extrapolations, that 1,734 infants are born alive after a failed abortion procedure every year in the United States.

By these estimates, this would equal 2 out of every 1,000 abortions.

In addition, Democrats have made no secret of their support of unlimited abortion. Direct quotes from members of Congress, President Biden, Vice President Kamala Harris, and other key Democrats can be found at <https://nrlcpressroom.com/wp-content/uploads/2024/05/The-Democratic-Party-and-Unlimited-Abortion-Final-Draft.pdf>

Once again, reporters and "fact checkers" played fast and loose with the facts and failed at their primary job which is to present information to readers and viewers with as little commentary and bias as possible.

The End of Free Abortions? What Happens When Abortion Funds Dry Up?

By Randall K. O'Bannon, Ph.D., NRL Director of Education & Research

When the abortion industry started getting new numbers from their member clinics seeming to show abortion increases after *Dobbs*, they tried to make it sound like this was a sign of abortion's persistent popularity or even "need" among America's women.

While they admitted that states with legal protections in place for unborn children and their mothers were seeing abortions drop within their borders, they argued these were compensated for by many women were traveling and getting their abortions in other states where these were still legal.

Whether or not there was an actual increase or how much it was may take a while to determine. However a huge factor in the high numbers of women traveling to other states was that their travel, and sometimes even their abortions, were being paid for by private abortion funds.

Now, with the immediate "crisis" past, support for these private abortion funds is drying up, and with it, one hopes, the numbers of women traveling for "free" abortions.

Abortion business sustained by abortion travel.

After *Dobbs*, abortion in states with legal protections for unborn children and their mothers saw in state abortions drop to near zero. Virtually everyone in the abortion industry says so.

The Society for Family Planning (SFP) began an abortion count among its members two months before *Dobbs* and has done monthly counts since that time. There are either no or very few abortions officially listed in its "We Count" reports for those states with full protections after July or August 2022. (A few states took a while to sort out

their post *Dobbs* policies in the legislatures and the courts).

The Guttmacher Institute started monthly reports of its own in 2023. Though it does list some abortions for states with certain gestational limitations (e.g., Georgia, with a heartbeat law, North Carolina, with a 12 week limit), it simply does not have other states with protective laws like Texas, Kentucky, or Idaho even listed in its new count.

Both Guttmacher and SFP do show a marked increase in the numbers of women traveling to other states for abortion in their counts. SFP's "We Count" study showed abortions surging in states like California, New York, and Illinois in the months following *Dobbs*. Guttmacher reported that 171,000 women traveled for abortions in 2023 (*New York Times*, 6/13/24).

Guttmacher statistics claim that a substantial portion of some of these abortion-friendly states' business came from women traveling from elsewhere. In Illinois, 18,870, or 42% of the state's abortion patients for 2023, came from out of state. Some 14,180 of Kansas' abortions were to women from other states. In New Mexico in 2023, 71% of abortion patients came from other states. Over 6,000 patients in New York and California traveled from elsewhere.

Notably, in 2023, before new laws went into effect, there were 15,790 abortions in North Carolina, 8,000 in Georgia, and 5,780 in Florida who came from other states.

Boosting national totals?

Chemical abortion packets delivered by mail also played a big role in keeping the abortion business afloat (SFP estimates that over 40,000 women ordered

abortion pills online in the last half of 2023). But abortion travel was clearly a major factor in the increases SFP and Guttmacher reported since *Dobbs*.

SFP said the number of monthly abortions rose from about 82,000

"total bans" to zero from 2020 to 2203. There was an increase of 21 in states without "bans," but the net loss was 42.

This can be misleading. An old clinic might close but a giant new megaclinic in a neighboring state



a month in 2022 to 86,000 a month in 2023. Guttmacher said that the total number of abortions it estimated for 2023 was 1,026,690, up 11% from 2020, when the total was 930,160.

While there are reasons to question these numbers (<https://nrlc.org/nrlnewstoday/2024/02/guttmacher-claims-abortion-are-increasing>), there is no question that promoted and sponsored abortion travel has played a major role in keeping the abortion industry afloat

Old clinic staff as travel agents

Guttmacher recently released a new report claiming that the number of abortion clinics in the U.S. has dropped by 5%, going from 807 in 2020 to 765 in 2023. The number went from 63 abortion clinics in states with

may pick up the slack. In some cases, a skeleton staff remains but largely turns the old clinic into a travel agency. (See "The Texas Abortion Ban Has Turned Clinics Into Travel Agencies," *Mother Jones*, 6/9/22.)

Planned Parenthood of Greater Texas spokesperson Autumn Keiser informed a local television station that a "navigation team" from her clinic "essentially acts as a travel agent, providing plane tickets, hotel rooms, gas cards, and options to reduce the cost of the abortion service" (*KCBD*, 11/12/21).

Search the Planned Parenthood website for an abortion clinic in Texas and you'll get a message

Too extreme for Minnesota: The Minnesota legislature fails to pass the ERA

By Cathy Blaeser, Co-Executive Director, Minnesota Citizens for Life (MCCL)

Editor's note. ST. PAUL — The Minnesota legislature failed to approve a deceptive measure to put the so-called Equal Rights Amendment (ERA) on the ballot in 2026. The House passed the bill (SF 37, but the Senate did not take it up before the midnight deadline. The proposed ERA, if ratified by voters, would have enshrine a policy of unlimited abortion in the Minnesota Constitution, but the language presented to Minnesotans on the ballot would say nothing about the issue.

Below is an outline of how Minnesota Citizens Concerned for Life, working in tandem with other pro-life organizations, defeated SF 37. Many other states are facing efforts to embed abortion in their state constitutions and the lessons learned in Minnesota may be helpful.

Minnesota Citizens Concerned for Life (MCCL) just did the impossible. Despite a determined democratic trifecta, we defeated an attempt to put an abortion-up-to-birth constitutional amendment onto our ballot.

We did it through an all-out grassroots and media campaign to reach “not us” with the truth about our extreme abortion policy.

In early 2023, the Minnesota legislature – with a very slim trifecta of just 4 votes in the House, 1 vote in the Senate, and a ready pen in the Governor’s Mansion – passed the Protect Reproductive Options (PRO) Act, giving every Minnesotan the fundamental right in statute to abortion throughout pregnancy with no protections for women, parents, or the unborn. They repealed many of our pro-life laws, including Women’s Right to Know, our doctor-only law for surgical abortions, and our Positive Alternatives Grant Program. While they did not

repeal our Parental Notification Law, it is currently enjoined and is not being enforced.

We know most Americans don’t agree with these extreme policies. Our polling confirmed that when people know the truth about

out to change the culture, one conversation at a time, thousands of conversations happening at the same time.

Last summer, particularly in districts where legislators who should not have voted for these

dedicated space in every issue of MCCL News to cover apologetics and conversation starters. And we used social media to bolster and reinforce all of it.

How *do* we have calm, civil, compassionate conversations



our laws, they overwhelmingly oppose them. They just don’t know – and, really, they can’t believe – what those laws are.

We needed to educate, encourage, and equip our members to go out and share how extreme our law is. And we especially needed them to reach “not us.”

Pro-lifers already agree that Minnesota’s PRO Act is horrific. We don’t need to convince them. And they don’t need to convince each other.

What we do need to do is effectively and confidently talk to “not us” and go boldly

policies did so anyway, MCCL made it a point to be at the first day of their county fair to talk to people about our newly-passed extreme laws. We offered materials that clearly explained the laws, and we helped “us” to present the info so that “not us” wanted to learn more.

We also held a series of open meetings across the state that talked about the PRO Act and the loss of common-sense protections for women and children. But the meat of these meetings was giving people conversational tools and pro-life apologetics to reach out to “not us.” We

with people who disagree with us?

We listen with our mouths closed.

We don’t trap, bait, or zing people with our pithy airtight pro-life apologetics. Silencing the person with whom we are trying to converse is not helpful.

We don’t even try to win the discussion.

We ask questions for understanding.

We try to find common ground – because there’s LOTS of common ground.

Too extreme for Minnesota: The Minnesota legislature fails to pass the ERA

From Page 8

With abortion-up-to-birth with no reasonable protections for mothers or unborn children at any gestational age, we can find common ground. With leaving babies who survive abortion or who are born with disabilities to die without reasonable medical intervention, we can find common ground. With no parental

pregnancies, women experiencing the poverty of single motherhood, need and deserve our help.

MCCL began to recreate a culture where we can talk about hard issues in a calm, compassionate, and civil way. Where we can allow others to safely say what they really think without judging them or even

ad for the last four weeks of the 2024 legislative session, right up to the day that the Minnesota legislature adjourned sine die without passing the abortion-up-to-birth ERA despite their democratic trifecta.

This ad does many things that build on our ongoing efforts. It models conversation: one woman

wouldn't agree with that law and that it doesn't fit with her values.

This ad was the culmination of a multi-pronged grassroots and multi-media advertising effort to get people talking about our abortion law, from our first steps in the spring of 2023 all the way through defeating the ERA in 2024 and now moving forward to change the culture and change our laws.

In May 2024, a KSTP (ABC) poll came out just before the end of our legislative session that showed 3 amazing results:

- 64% want abortion to be a separate question from the ERA;
- We are in a dead heat between those who want abortion in our state constitution and those who do not;
- 51% disapprove of the PRO Act.

That last question proves that our strategy is working. In a culture where most do not have the bandwidth for politics and legislation, they now not only know about the law but disapprove of it!

Creating a pro-life culture cannot be done without reaching out to "not us." We must re-learn how to have winsome, compassionate, thought-provoking conversations with EVERYONE.



involvement or protection from abusers and traffickers forcing young women to get secret abortions, we can find common ground. We can *all* agree that women in difficult and unexpected

attempting to convert them. A culture where conversations take days, months, and years. A culture of conversion by conversation.

Finally, MCCL produced and ran a television and digital media

discovers and shares the law. It allows anyone to feel like they are a part of the conversation. Neither woman states where she stands on the issue; one simply notes that her pro-choice friends

Clearer than ever: The abortion industry wants dead babies

NRLC 2024: Opening General Session

By Carol Tobias, NRLC President

For 50 years, the abortion industry has told us that women should have a “choice” when it comes to abortion; that women had the “right to choose” whether or not to end a pregnancy.

It has been clear, over the years, and is becoming even more clear now, that women shouldn’t be allowed to choose life. The abortion industry wants dead babies.

Many states enacted informed consent laws to make sure that women seeking an abortion are fully informed about the abortion procedure, its potential risks, and available alternatives — something required for every other surgical procedure performed in the United States.

The abortion industry has vigorously opposed these laws. They seem to think that if she gets information about her baby and the abortion process, she’ll change her mind. They would rather rush her into the abortion facility, or get some pills into her hands, before she has a chance to consider what she learned.

The abortion industry and its allies in the Democratic party detest anyone who provides valuable free services to women who want and need help. The abortion industry claims pregnancy resource centers are “deceptive” because they advertise pregnancy help but don’t do abortions.

Some states, along with Democrat members of Congress and pro-abortion state attorneys general, are vigorously trying to

shut down the pregnancy centers, and they are pushing the Federal Trade Commission to prohibit what they call “deceptive and misleading information” by the pregnancy centers.

Many of these same members of Congress are pushing Google and other tech companies to censor information from the pregnancy centers when someone searches for information on abortion.

They are upset that the pregnancy centers provide women with the information they deserve to have before making a life or death decision for their babies—information the abortion industry refuses to give them.

If a woman contacts a pregnancy center but tragically follows through and has an abortion, the center can’t stop her. They will, however, let her know that if she experiences post-abortion grief or regret, she is welcome her back with open arms for support and any counsel she may want.

Along with lobbying to obliterate pregnancy centers, abortion proponents have also set their sights on Abortion Pill Reversal (APR).

If a woman takes mifepristone, the first of two pills in the chemical abortion process, then changes her mind about the abortion before taking the second pill, misoprostol, she can seek help, getting a heavy-dose progesterone treatment to counteract the effect of the mifepristone. The process is effective about 2/3 of the time and more than 5,000 babies are alive because their moms changed their

minds and these precious babies survived.

There are attempts to penalize doctors who help a woman who had the audacity to change her mind, to try and save her baby.



Carol Tobias

Just this past January, the US House of Representatives voted on the Pregnant Students’ Rights Act. It would ensure that pregnant students at colleges and universities be informed about accommodations and resources available to them. Not a single Democrat voted for that bill.

The Kansas legislature, this year, passed a bill that said there are penalties if you coerce a woman to have an abortion. Pro-abortion, Democrat, Governor Kelly vetoed the bill. Thankfully, that veto was overridden and the law becomes effective on July 1.

If abortion partisans actually supported “choice,” they would acknowledge that many women

don’t want an abortion, that they would prefer support with the pregnancy.

The label “pro-choice” is a lie. The abortion industry and its allies in the Dem party do not support “choice.” They are doing everything possible to remove options for pregnant women. They want dead babies and many heartbroken women.

It is the pro-life movement that offers not just words, but actions, to help pregnant women through a difficult time. Pregnancy resource centers do amazing work to help those who want and need it—tangible, emotional, practical help.

States that passed laws to protect unborn children have also passed laws to help new moms—providing information about resources that are available from both the private and public sector, expanding Medicaid coverage, providing support from country health nurses.

Texas—the state so vilified in the media—allows a pregnant student at college on a scholarship to hold on to the scholarship even if she drops out of school to have her baby. The scholarship is waiting for her to come back.

The pro-life movement loves and supports moms and babies. Our opponents care about neither.

I thank you for all you have done over the years to help both mom and baby. And I thank you for being here this weekend to learn how we can do that even more effectively.

Make us the kind of people who celebrate children and give us the words to soften the hearts of others to recognize the precious gifts that are our children and grandchildren

Editor's note. The following invocation for the Prayer Breakfast was delivered by The Rev. Dr. Dennis R. DiMauro, pastor of Trinity Lutheran Church.

In Luke chapter 12, Jesus says, "When you are brought before synagogues, rulers and authorities, do not worry about how you will defend yourselves or what you will say, for the Holy Spirit will teach you at that time what you should say."

Let us pray....

Oh Lord.....We thank you for this past Monday... because on Monday we celebrated the two-year anniversary of the *Dobbs* Supreme Court decision, an amazing pro-life victory that once again allowed the states to decide for themselves how they want to protect human life in the womb.

And since that time over one hundred thousand lives have been saved through pro-life laws and so we give you all the thanks and praise for saving so many lives.

But we also know that our work is far from over....because now

that Roe is gone, the battle shifts to the hearts and minds of the American people.

So now Lord, we need to do more than fight an unjust Supreme court decision, now every one of us needs to become evangelists of your gospel of Life.

But as Jesus taught us, we depend on the Holy Spirit to give us the words to speak.

So today we are praying that you grant those life-saving words to us!

Give us the words which will soften the hearts of the hurting... so that instead of hiding behind words like reproductive rights and choice...words that hide the devil's lies and result in loss and pain and regret...

We can lift up words like family, and love, and joy!

Because we know that you want us to be joyful people....and that's why you've given us your holy law...to protect us from the roaring lion who prowls around looking for souls to devour.

And so today Lord, we ask you to grant us those words!

Words of love and joy and peace!

Make us the kind of people who celebrate children, and give us

But let us do it in joy!

And as we enjoy these days of summer...let us especially lift up the joy of family, watching



the words to soften the hearts of others to recognize the precious gifts that are our children and grandchildren.

And Lord we also ask for the strength to be vessels of your love....People who support women in crisis... people who pray, who volunteer, and who show up when the darkness sets in!

our precious children and grandchildren enjoying a popsicle or a day at the beach...the pure joy of a child enjoying the life you have given her!

Let us reflect that innocent joy as beacons of life to brighten a darkened world. And we pray this in Jesus name.

Amen.

Real lives, real impact; pregnancy help on Capitol Hill

By Lisa Bourne

The profound and demonstrable human impact of pregnancy help was displayed on Capitol Hill recently as moms, babies, and pregnancy help personnel shared their personal stories with the offices of Members of the U.S. Congress.

Heartbeat International accompanied four moms and their babies, one dad, and the pregnancy help staff who served them to Washington D.C. June 6 for its latest edition of Babies Go to Congress.

Congressional staff heard how pregnancy help centers and maternity homes come alongside women for their journey. They heard that these organizations don't only serve women and real-life specifics of how pregnancy help organizations build a better future. They also saw living proof of the second chance that is possible with Abortion Pill Reversal.

Heartbeat is the largest network of pregnancy help organizations in the U.S. and globally. With its Babies Go to Congress program Heartbeat has been able to take more than 180 moms and babies to Washington D.C. for almost 400 Congressional office visits since its first trip in 2009.

Each Babies Go to Congress trip is a chance to share with federal lawmakers the significant impact pregnancy help organizations have in the lives of women and their families, demonstrating how pregnancy help is good for America.

The moms, babies, and dads who take part bring their poignant personal stories to the offices of Members of Congress, meeting with staffers and at times the lawmakers themselves, courageously offering a glimpse into how pregnancy help made a positive difference in their lives. The June 2024 trip was no exception.

Kendra and Ella

Kendra is from a small town in Kansas. When she found out she was pregnant she didn't want anyone to know.

"I just wanted to do it all alone," she said. "I was completely abortion minded."

She was a freshman in college

this would stop my life, thought this would completely ruin it, in a sense."

A couple of weeks later when Kendra was about eight weeks along, she had an ultrasound and she saw her daughter Ella Jean for the first time.

"And so, I saw that and after that

"I don't know what I would have done if I had gone through with what I was going to do," Kendra said. "So, I'm so grateful to Open Door and everything they did for me."

Kayla and Maverick

Kayla comes from a small town in Texas.

"I am Maverick's mother, and he is my world," she said. "I do not know what I would do without that little boy."

"He brings me so much joy," Kayla added. "But I didn't always have that thought in mind."

When a coworker approached Kayla and told her she suspected Kayla was pregnant, Kayla didn't believe it.

"I was like, there's no way I'm pregnant," she said.

She agreed to take a pregnancy test.

"Turns out I was pregnant," said Kayla. "And I didn't believe it. I didn't think I was pregnant, because ... I wasn't going to get pregnant ..."

When she came to terms with the fact that she was not going to have support from the baby's father, she went to the Hill Country Pregnancy Center.

"All of my fears, my anxieties kind of went away," Kayla said. "I was welcomed with open arms."

She recalled how she met with a "beautiful nurse" there who prayed.

"And in that moment with me, my anxieties went away," said Kayla. "I knew that I was in the right place."

She had wanted a follow-up pregnancy test to the one her coworker had brought to her, and so initially she visited another center for that. But they did not do pregnancy tests and referred her to Hill Country Pregnancy Center.



*The June 2024 Babies Go to Congress teams in the Cannon House Building rotunda on Capitol Hill June 6
Photo: Lisa Bourne*

and a cheerleader, living her best life, she said. But then Kendra was assaulted and three weeks later suspected she was pregnant.

"I finally told my best friend, and we took a test together," said Kendra. "And so, then it all happened, she told her mom, my mom found out, and my mom told me, 'Why don't we go to a pregnancy center?'"

Having confirmed her pregnancy at Open Door Health Services and learning about all of her options Kendra remained ambivalent.

"I didn't want to do it," she said. "I was a college cheerleader. I was, you know, living my best life in college and I just thought

day, it kind of just started getting a little better," said Kendra. "I thought, well, maybe I could do this."

She first considered placing her baby for adoption.

"And then I decided to keep her," Kendra said. "I wouldn't change it for the world."

Kendra's cheer coach was not supportive of her in her situation. She switched to the schools' music program, where she thrived. She would later change schools and begin cheering again, where she is today and absolutely loves it.

Open Door also facilitated Kendra securing housing so she could attend school where she does.

The holes in pro-abortion Sen. Durbin's evasive answer about late-term abortion carefully exposed

By Dave Andrusko

Bravo and hats off to Ramesh Ponnuru of *National Review Online* for nicely disassembling pro-abortion Sen. Dick Durbin's hugely misleading insistence "that abortions late in pregnancy, while a small proportion of all abortions, are vitally needed." Ponnuru begins by quoting the senior senator from Illinois:

The information I'm reading from comes from the Center for Disease Control. Why women need access to abortion late in pregnancy: maternal health endangerment; diagnosis of severe fetal abnormality which didn't show up or develop until late in the pregnancy; restrictive state laws that made it difficult for a woman to get an abortion earlier in pregnancy.

These are standard defenses of the "need" to abort huge unborn babies, which Ponnuru patiently rebuts. In writing Durbin's office, "I pointed out, and the

CDC confirmed, that the CDC does not make any such claims, and that the claims were



Pro-abortion Sen. Dick Durbin

dubious. I sent Senator Durbin's office a query about his sources on Thursday. Yesterday, an aide emailed to say that the source for Durbin's claims about the reasons for abortions late in

pregnancy was not the CDC. Rather, he relied on the Kaiser Family Foundation and a study by medical sociologist Katrina Kimport."

So, no harm, no foul, right? No.

KFF, however, cites several reasons for abortions after 20 weeks beyond those that Durbin presented as an exhaustive list: for example, difficulty coming up with the money for an abortion and not being aware of the pregnancy. Kimport's study of third-trimester abortion also lists financial difficulties, lack of awareness of the pregnancy, and other reasons that Durbin did not list.

What does Ponnuru conclude?

Senator Durbin's remarks at the hearing inaccurately characterized the

available evidence and wrongly attributed that misinformation to the CDC. But Durbin deserves some limited credit, since many advocates of legal abortion throughout pregnancy are even further off base. As I noted in my initial post about the hearing, Senator Peter Welch (D., Vt.) claimed there that "late-term abortions are very rare, and it's almost always — really probably always — where there's a medical emergency and the life of the woman is imperiled." That's not true, as even Senator Durbin knows.

Pinning down pro-abortionists is never easy, especially when the topic is late-term abortions, but Ponnuru is to be congratulated for his brief, easy-to-understand critique.

Scenes from the 53rd annual National Right to Life Conference



Gala speaker Kayleigh McEnany, Trump administration press secretary and co-host on Outnumbered

"Dobbs was only made possible because of you in this room. Every time you went to a March for Life, every time you came to a convention, every time you voted on the pro-life issue, every time you kept fighting for life, you made that day possible.

~Kayleigh McEnany



Kayleigh McEnany graciously posed for photos with conference attendees. Pictured here with conference Co-Director Rai Rojas

Catherine Wooten (in yellow) of South Carolina recited her award-winning and very moving poem, "Let Them See The Sun" at the Conference opening Prayer Breakfast.



L-R: Sally Zaleski of SCCL; Catherine; Holly Gatling, SCCL president; and Catherine's parents



Meeting the Needs of Women Suffering Pre-Natal Medical Emergencies

L-R: Susan Bane, MD, board member of American Association of Pro-Life Ob-Gyns; Angela Lanfranchi, MD, president of Breast Cancer Prevention Institute; and John Bruchalski, founder of Tepeyac Ob/Gyn and Divine Mercy Care

"What surprised me most after the *Dobbs* decision is that my profession forgot what an abortion is.

"*Roe* and *Dobbs* ... are only about induced abortion. An induced abortion is when doctors are intentionally intervening in a healthy intrauterine pregnancy to prevent a live birth.

"Intentions matter! Treatment for an ectopic pregnancy is not an induced abortion."



"If abortions are good, why do so few of us doctors do them? It's because abortion is viscerally brutal.

"We'll refer out for them, but we won't do them ourselves. Even doctors who are trained in abortions don't do them for long. That's why abortion facilities are seeking to allow nurse midwives, and dulas, physician assistants, and nurses to perform abortions. Because they can't find doctors willing to do abortions.

"We went into medicine to heal people; not to kill them."



Dr. Bruchalski knows of what he speaks since early in his medical career, he did do abortions.



On the Front Lines: How Pregnancy Resource Centers Offer Help and Hope to Women

L-R: Tatiana Bergum, Divine Konnections; Jean Marie Davis, executive director of Branches Pregnancy Resource Center; Tim Garrison, JD, Alliance Defending Freedom

“The pro-abortionists are outdoing each other to target what they see as the most effective tool of the pro-life movement and that is pregnancy resource centers.

“State attorneys general are investigating PRCs that have never had any complaints against them.

“PRCs must be above reproach. Expect to have your communications turned over in discovery. Always speak the truth in love.”



“When I was 24 years old, my pimp thought I was pregnant so he punched me and punched in the stomach until I was doubled over in pain. If I was pregnant I wouldn't earn as much and my pimp would lose money.

“I sought help to get out of sex-trafficking. I ended up at a pregnancy help shelter in New Hampshire. The director met me

there and the first thing she said was [holding back tears] “How can I help you?” And that was the first time in my life that anyone ever cared about me.

“Pregnancy resource centers are under attack. I've been a PRC director for 18 months and we've been under investigation for 12 of those months.

“A bill in Vermont wants to make it illegal for PRCs to even talk about abortion pill reversal.

“To help pregnancy resource centers, remember that being Christ-like means to come out of your comfort zone. Stop being quiet. Know what's going on. Challenge your pastor. Challenge your people. Rise to the occasion. Rise up and be a part of the body of Christ.”



Resilient Voices: Women for Life

Andrew Bair, National Right to Life assistant PAC director; the Hon. Kat Cammack, congresswoman representing Florida's 3rd district; and Jennifer Popik, JD, director of National Right to Life Federal Legislation Department



Rep. Cammack told her personal story of how her mother was urged several times to abort her but instead chose to protect her unborn daughter.



Megan Wold, JD, litigated against the Biden administration's attempted use of EMTALA to bypass state protective laws.



Resilient Voices: A Conversation with Megan Wold, JD

L-R: Carol Tobias, president of National Right to Life, Ingrid Duran, director of National Right to Life State Legislation Department, Megan Wold, JD, counsel for Idaho Right to Life in the EMTALA case; and Jennifer Popik, JD, director of the National Right to Life Federal Legislation Department



Assisted Suicide: It's Worse Than You Ever Imagined

L-R: Jennifer Popik, JD, director of the National Right to Life Medical Ethics Department; Alex Schadenberg (standing), executive director of the Euthanasia Prevention Coalition; Lois Anderson, executive director of Oregon Right to Life (Oregon was the first state to legalize assisted suicide); and Wayne Cockfield, vice president of the National Right to Life Medical Ethics Department

Lois Anderson: "Remember, safeguards [put in place to protect people from abuse] aren't safe. These so-called safeguards later become "barriers" [preventing people from obtaining assisted suicide] and they must be removed.

"The Oregon legislature has removed the residency requirement and waiting periods.

"Very few people, 0-3%, are referred for mental health help.

"Only 57% of the poison pills [assisted suicide pills] were taken. But there is no tracking of these pills. Who has them? Where are they?

"On death certificates in Oregon taking assisted suicide pills is not listed on the death certificate, only the patient's underlying condition."

"Why are the [assisted suicide advocates] expanding the list of people who can give a patient a suicide pill? Because few doctors are willing to do the act. "Most bills being presented are 'Trojan Horse' bills. The bills are written in such a way to get it passed. But it will be amended later to expand who can request assisted suicide and to remove safeguards.

"The head of the Massachusetts Death with Dignity group has stated that once you get something passed you can always amend it later.

"They are selling assisted suicide as a way to prevent a long, painful death. But the assisted suicide drugs can actually burn peoples'



throats and cause them to scream in pain.

"Assisted suicide is about killing people. It's not about compassion.

"Assisted suicide is more about abandonment than autonomy."



Turning Setbacks into Success: Lessons Learned from State Initiative Losses

L-R: Peter Northcott, executive director of Kansans for Life; Amber Roseboom, president of Right to Life of Michigan; Lynda Bell, president of Florida Right to Life; and Peter Range, chief executive officer of Ohio Right to Life



"Democrats have one answer for women in need and it's abortion. Democrats offer no safeguards for women and are chipping away at parental rights.

"We need to offer tangible, ongoing support to women and help them make a courageous, hopeful choice for life."



Navigating the Path to Post-Abortion Recovery

L-R: Sheila Harper, founder and president of SaveOne; and Amy Baker, host of The Beloved Follower podcast and Development director for National Right to Life

"When Roe fell the other side found another level of evil through chemical abortions. The stories of trauma from chemical abortions will keep you up at night."

~Sheila Harper

"We can't put bandages on open wounds that need stitches.

"Look at post-abortive women as the beloved daughters of God. Use compassionate and tender words: 'Do you experience anger and not know why? Do you cry and not know why?'"

~Amy Baker





L-R: Dave Andrusko, NRL News editor;
Cathy Blaese, MCCL co-executive director;
Ben Clapper, Louisiana Right to Life
executive director

""Creating a pro-life culture cannot be done without reaching out to 'not us.' We need to relearn how to have winsome, compassionate, thought-provoking conversations with EVERYONE on this issue."



L-R: Tatiana Bergum, Divine Konnections; Patrick Kernan Quinn, RN, board member of New Wave Feminists; Dominique Davis, Project Defending Life president; Destiny De LaRosa, New Wave Feminists, founder and president

"We have lost the culture in so many ways and one way to win the culture back is to have people see pro-lifers caring for the woman and her baby. Start doing the real stuff that women need and then others can't discount your message.

"One woman pregnant with twins was referred to a pregnancy resource center. They loved on her so much that the woman no longer viewed her pregnancy as the end of her life but the beginning of her life."

~Destiny De LaRosa

The National Right to Life 2024 Oratory Contest



The state winners pictured before the national contest. For the first time ever, the contest ended in a tie for first place.

(Below L-R)

1st: Gabriella Bautista Bolvito (RI) and Zoe Ward (TN).

2nd: Madeline Johnson (PA).

3rd: Noah Hollihan (IN)
4th: Mila Nyeholt (MI)
Oratory directors:
Brianna Eisenbach (far left) and Scott Fischbach (far right)



Mastering Persuasive Communications: Techniques for Influence and Impact



Abortion Pill Reversal: The Hope for Women During a Chemical Abortion

L-R: Myrna Maloney Flynn, Massachusetts Citizens for Life president; Randall K. O'Bannon, Ph.D., director of National Right to Life Educational Trust Fund

The speakers showed that not only is APR safe and effective, but that it has saved thousands of lives and made many moms so happy they had a second chance.



The 2024 Elections: What's at Stake and How YOU can Get Involved

"One of the easiest but most impactful ways each of us can save lives is to VOTE! With your vote, you have the power to stop the Biden-Harris push for unlimited abortions for any reason until birth nationwide. The stakes are high: Unborn babies and their mothers are counting on us!"

~Andrew Bair



L-R: Peter Northcott, Kansans for Life executive director; Andrew Bair, National Right to Life assistant PAC director

Inspiring Advocacy: Grassroots Lobbying Strategies for State Pro-Life Gains

Attendees at the National Right to Life Conference learned cutting-edge methods of advocacy in the Grassroots Lobbying Strategies breakout session, where NRLC's Ingrid Duran and the Pennsylvania Pro-Life Federation's Maria Gallagher shared their experiences influencing public policy.



The winners with Carol Tobias, National Right to Life president



L-R: Ingrid Duran, National Right to Life State Legislation director; and Maria Gallagher, Pennsylvania Pro-Life Federation executive director



Gabriella and Zoe with their moms at the Conference Gala

Boxer Jason Cunningham's son weighed as much as boxing gloves

By Right to Life UK

Boxer Jason Cunningham and his partner have welcomed a premature baby boy who weighed only slightly more than a pair of boxing gloves at birth.

Cunningham's partner Bec discovered that she was five months pregnant with the couple's second child only a week before the former boxer's first fight as a head trainer.

Only a few days after the discovery, she began to experience stomach pains and, to her great surprise, she went into labour four months early.

Weighing just 1.5lbs at birth, the baby boy was given just a 45% chance of survival, inspiring his parents to name him Cheance.

"It was a massive shock", Bec said. "I don't think we really got a chance to get our heads around it".

Baby Cheance is continuing to fight for survival

For the first 10 days of his life, Bec was unable to hold Cheance, but as his condition improved, he was taken off his ventilator towards the end of March, and his mum was finally able to hold him.

Staff at the hospital have told his parents that he has a long road ahead, but Cunningham has reported that Cheance is "improving day by day".

"He's in the best hands with the best care possible", he added. "There's nothing we can do. It's his little battle".

Bec also said that Cheance is "doing amazing", adding "It's hard because we can't do anything

that many more premature babies are surviving with better outcomes. The last time the abortion limit was lowered in 1990, the improved survival rates for extremely prematurely born babies was one of the key



for him. I can't even feed him. You feel helpless".

"With how his life has started, he's come out a fighter", Cunningham said.

Survival rates have improved for premature babies

Although it is not yet clear when Cheance will be able to be discharged from hospital, the improvements in medical care over recent decades mean

considerations that motivated this change.

By the same logic, and informed by the improved survival rates for babies born at 22 and 23 weeks gestation, the abortion time limit should also be lowered now.

Key studies in recent years have documented the improving outcomes for these babies. A 2008 study looking at survival rates for a neonatal intensive care unit in London found that neonatal

survival rates at 22 and 23 weeks gestation had improved over time. In 1981-85, no babies who were born at these gestational ages survived to discharge. However, by 1986-90, 19% did and this increased to 54% in the period 1996-2000.

In the decade to 2019 alone, the survival rate for extremely premature babies born at 23 weeks doubled, prompting new guidance from the British Association of Perinatal Medicine (BAPM) that enables doctors to intervene to save premature babies from 22 weeks gestation. The previous clinical guidance, drafted in 2008, set the standard that babies who were born before 23 weeks gestation should not be resuscitated.

Spokesperson for Right To Life UK, Catherine Robinson, said

"We send all our best wishes to baby Cheance and his family and hope that he continues to make improvements and that he will be able to be discharged home very soon. So many premature babies show their fighting spirit in the first few weeks and months of their lives, and it is crucial that these stories are told so that legislators recognise the humanity of these smallest members of our society and reflect this in our laws."

Heather's story of being pressured to "choose" MAiD

"I am not you, and you have no right to push me to accept MAiD. I will never accept it! My life has value and no human being has a right to say otherwise."

By Heather Hancock, author and editor

Editor's note. This appeared on the blog of Alex Schadenberg and reposted with permission.

I've spent every moment from my first breath to the one a second ago fighting for what others take for granted. Why? I have Spastic Cerebral Palsy and have been labelled by doctors, teachers, therapists, lawyers, and society in general, as a second class citizen.

I live in Canada on the vast open prairies of Saskatchewan, but this province has only been my home for the last 5 years. I was born in Calgary, Alberta before there were NICUs and I weighed a whopping 1 pound 6 ounces at twenty-five weeks gestation. I should have died with less than a 2% chance of survival, but I was breathing on my own. There's no medical explanation for it... but God.

I was diagnosed with Cerebral Palsy when I was two. The doctors solemnly told my parents to put me into an institution for the rest of my short life as I "would never amount to anything." The medical community was in agreement that all disabled children were also retarded.

A trip to the University of Alberta put an end to that false assumption. At the age of three, I had the IQ of a five-year old. My disability is purely physical.

I was the first disabled child mainstreamed into the Calgary public school system. It was great for my education, but not for my social life. Fear and ignorance resulted in years of bullying and being ostracized by my peers and a few teachers. I graduated with Honors in 1986. Intermixed with all of this were multiple surgeries and regular physiotherapy appointments.

My adult life has been spent fighting for equity and accessibility in the workplace and the relentless toll that spasticity takes on the

physical body. Chronic pain and fatigue became my new companions and I lost the ability to walk independently at thirty-three. The losses continued and by forty-four, I had to medically retire, after a quarter of a century



Heather Hancock

working as a Unit Clerk in hospitals on Vancouver Island. I turned to writing and discovered I could educate others about my life through fiction, nonfiction, and poetry.

In 2017, all of the muscles in my legs spasmed simultaneously from the hips down both legs to the tips of my toes, and then the muscles just kept tightening and tightening. I could not move from the waist down. There were subsequent episodes in 2018 and 2019.

In hospital, I discovered a change in the attitudes of nurses, doctors, orderlies, and therapists. There was a subtle undercurrent that was almost tangible. I had nurses neglecting me, forcing me to try and walk while they stood at a distance and watched with arms crossed. It was evident the medical staff preferred not to treat me.

During my second episode of

what I termed "spastic paralysis," there were words given to provide a framework for what quality of life should look like. If a person failed to meet that standard, then pressure was applied to get the person to accept medical assistance in dying (MAiD).

It's a deceptively comforting term for euthanasia. It's been legal in Canada since 2016. I was in Victoria General Hospital in 2018 and was approached by a hospitalist who asked me if I had ever considered MAiD, given the incessant level of severe pain and fatigue I lived with.

I made eye contact with the doctor and said, "God gave me life and He is the ONLY One who knows the number of my days. The answer now and from this moment on is NO."

The third episode in 2019 landed me back in the same hospital on a different unit, but my bed was in the hallway for my entire stay. It was humiliating. Again I was offered MAiD, and that doctor was given the same reply. It was the last straw for me. My GP retired in 2016 three years of lack of care had taken its toll, and I left the Island and moved to rural Saskatchewan about an hour west of the Alberta border.

A month after moving into the new house, I had a very bad fall which landed me back in hospital, only this time it was the regional hospital in Medicine Hat, Alberta. A neurologist diagnosed what was happening and targeted a muscle in my lower back with therapeutic Botox. It took three weeks for full effect and during my stay, the nurses and some doctors were very condescending.

One nurse came to my bedside in the early morning hours before breakfast and asked me "to do the right thing and consider MAiD." Her next words still ring through my head... "if I were you, I would

take it in a heartbeat. You're not living, you're existing!"

I replied, "I am not you, and you have no right to push me to accept MAiD. I will never accept it! My life has value and no human being has a right to say otherwise."

The nurse stormed off and the next time she answered my call bell, she simply sneered at me instead of helping me get to the bathroom with my walker. I was very unsafe and talked with the head nurse of the unit and had her removed from my care. She wasn't reprimanded as the head nurse said it was a "personality clash."

I've had three stays in three different hospitals in Saskatchewan, and so far, this province has not pushed MAiD on me or anyone else within range of my sight or hearing. It's a wonderful relief.

With our federal government trying to manipulate the members of the House of Commons to pass laws that would throw wide open the criteria so more of the sick, terminally ill, disabled, mentally ill, elderly, and other vulnerable minorities could be coerced into accepting MAiD, or be given it against their will. That's a horrifying prospect.

I am a human being. My life has intrinsic worth. I won't allow anyone to say otherwise. I wasn't supposed to amount to anything, but I was a unit clerk, and I am now a published author and an editor. Words are powerful and I intend to wield them until my last breath. My stories educate and entertain. My poetry is raw and brings the reader into my world as a person with a disability.

I fight many battles on different fronts, but the right to life is sacred, and should be treated with dignity and compassion. Sadly, the majority of our society have forgotten how.

Pro-life voters defeat three extremist Republican pro-abortion women senators

By Holly Gatling, Executive Director, South Carolina Citizens for Life

National Right to Life President Carol Tobias is fond of saying that the abortion industry has the money but the pro-life movement has the people, and we will take the people over the money any time. That proved true in the South Carolina Republican primary elections June 11 and the runoff June 25, when and replace them with pro-life candidates who have pledged to support South Carolina Citizens for Life's life-saving legislation.

"These races show that South Carolina voters in the Republican primary care deeply about the protection of unborn children," said Lisa Van Riper, President of South Carolina Citizens for Life, the state's oldest and largest single-issue right-to-life organization. "People need to be very careful when attempting to disregard this issue."

The South Carolina Citizens for Life Action PAC contributed to the defeat of two of the three "Sister Senators" in the June 11 primary and forced the third Sister Senator, Katrina Shealy, into a runoff on June 25 when

she was soundly defeated by our PAC-endorsed candidate Carlisle Kennedy.

The "Sister Senators" is the name the secular news media gave to five pro-abortion women Senators, including three Republicans, who voted to defeat the Human Life Protection Act, and tried, but failed to defeat the Fetal Heartbeat and Protection from Abortion Act.

So far, the Fetal Heartbeat Act has caused abortions occurring in South Carolina to decline by 80 percent, according to data maintained by the S. C. Department of Health and Environmental Control.

On June 11, Sister Senator Sandy Senn lost to SCCL Action PAC-endorsed candidate Matt Leber by 36 votes, the narrowest of the three victories. Mr. Leber, a pro-life member of the South Carolina House of Representatives, now moves up to the Senate.

Likewise, Sister Senator Penry Gustafson lost to SCCL Action PAC endorsed pro-life candidate Allen Blackmon by a resounding rejection vote of 82.07 percent

to 17.93 percent, according to the South Carolina Election Commission.

Some news media reports claimed more than \$350,000

the vote advertisements, and the simple message: Vote Pro-Life. Vote for Carlisle Kennedy. Vote for Matt Leber. Vote for Allen Blackmon.



funded the campaigns to re-elect the pro-abortion Sister Senators. South Carolina Citizens for Life and the SCCL Action PAC focused on pro-life identified voting lists, cost-effective and truthful social media, get-out-

Once again, this election proves that South Carolina is pro-life, and voters will hold elected officials and candidates accountable to the unborn members of our human family who cannot yet vote.

Pro-Life Progress Two Years after *Dobbs*

By Michael J. New

June 24 marked the second anniversary of the U.S. Supreme Court's *Dobbs* decision. Indeed, it was only two years ago when pro-lifers were finally able to celebrate the reversal of *Roe v. Wade*. Much of the mainstream media coverage surrounding the *Dobbs* anniversary has centered on purported increases in the number of abortions performed and on high numbers of women who have traveled to other states to obtain abortions. However, today, pro-lifers should celebrate. Despite some setbacks, we have made considerable progress during the past two years.

First and foremost, preborn children are being legally protected in many states. Currently 14 states effectively protect all preborn children. Three other states — Florida, Georgia, and South Carolina — have heartbeat laws in place that protect preborn children after a fetal heartbeat can be detected, which usually occurs at around six weeks' gestation. Four other states have a later gestational age limit in place that would have been previously stuck down by the Supreme Court.

Contrary to some mainstream-media spin, these laws are saving lives. I often tell pro-life audiences that in a post-*Dobbs* era, abortions are difficult to count. That is because abortion-minded women can circumvent pro-life laws by obtaining abortions in other states or receiving chemical abortion pills through the mail. However, I also remind pro-life audiences that babies are easy to count. Indeed, multiple analyses of birth data provide powerful statistical evidence that recently enacted

pro-life laws are saving thousands of lives.

Indeed, three separate studies of Texas birth data have shown that the Texas Heartbeat Act, which took effect in September 2021, saved over 1,000 lives every month. A study from the Institute for Economic analysis compared

implementation plan in place. The Ethics and Public Policy Center analyzed 23 states that have enacted pro-life laws that would not have been possible under *Roe*. They found that 14 states expanded programs that offer material assistance to pregnant women, 13 states

100 diapers a month for Medicaid recipients with children under two years of age.

During the past two years the pro-life movement has certainly suffered some political setbacks. Abortion is a more salient issue, and people who support legal abortion are more motivated and



birth data from 13 states with strong pro-life laws to birth data from 24 states and Washington, D.C., with permissive abortion policies. They found that pro-life laws saved 32,000 lives in the first six months of 2023. In my own analysis of CDC birth data from 2023, I also found that recently enacted pro-life laws had saved tens of thousands of lives.

The media are also failing to report that since *Dobbs* many states have enacted policy changes to assist pregnant women and new mothers. In 2021 only six states offered Medicaid coverage for one year postpartum. Now 48 states either currently do so or have an

expanded safety net services, and eleven states expanded health care coverage for women.

Furthermore, many states have been creative in their efforts to assist women in need. Texas appropriated over \$140 million to its Thriving Texas families program. Florida enacted a sales-tax exemption for many items for newborns. Mississippi created a generous tax credit worth thousands of dollars for adoption expenses. Indiana amended child-support regulations to require that fathers pay for at least 50 percent of expenses associated with the mother's pregnancy and childbirth. Starting in August, Tennessee will cover the cost of

are more likely to support "pro-choice" candidates. That said, pro-lifers were never promised a smooth glide path to victory. Indeed, we certainly have our work cut out for us in 2024 and beyond.

However, this week we should take heart. The pro-life laws that have taken effect during the past two years are saving thousands of lives. Furthermore, we are finding creative ways to help countless women, families, and children in need.

Editor's note. Mr. New's essay appeared at National Review Online and is reposted with his permission.

The Power of One: You never know when your advocacy will help change a heart—and save a life!

By Maria V. Gallagher, Executive Director, Pennsylvania Pro-Life Federation

The power of one.

That was the main message I sought to deliver at a workshop on grassroots lobbying at the June National Right to Life conference just outside Washington, D.C.

The incredible director of state legislation for National Right to Life, Ingrid Duran, set the stage with her fascinating presentation on effective lobbying techniques across the states. Gifted and winsome, Ingrid possesses an enthusiasm for pro-life legislation that is absolutely infectious.

I followed her lead by talking about the difference one vote can make in determining whether pro-life legislation will progress or stagnate.

In the Pennsylvania House of Representatives, for example, pro-abortion Democrats hold the majority by a single vote. As a result of that one-vote advantage, meaningful pro-life legislation is impossible to pass. Instead, advocates for life in Pennsylvania are playing defense, fighting against the flurry of pro-abortion bills that have been introduced in an effort to dismantle our time-tested Abortion Control Act.

Still, even with the disappointments in the Pennsylvania House, possibilities for pro-life progress continue. For instance, the citizens of Northampton County,

Pennsylvania recently stopped

a resolution which would have declared the county a “sanctuary” for abortion. The measure

Northampton County.

In the most recent statistics released by the Pennsylvania Department of Health,

county ready to stand up for life.

Whenever you get discouraged about the state of pro-life legislation in your state, I invite



would have meant that, even if Pennsylvania passed a law protecting preborn children and their mothers from the harm of abortion, abortions could have continued unabated in

Northampton County recorded 2,403 abortions—the equivalent of the combined student populations at several schools. Yet, it is comforting to know that there are so many valiant citizens in the

you to recall the power of one and to keep on advocating for the most vulnerable among us.

You never know when your advocacy will help change a heart—and save a life!

Abortionist matter of factly describes aborting baby at 37 weeks

By Sarah Terzo

In an article, in the Irish Independent, Dr. Susan Robinson, who does abortions in the third trimester, says that in the state of New Mexico (where she works) there are no restrictions on late term abortions.

She says:

“So there is nothing legal to stop me from doing any abortion that I think is appropriate.”

The article describes how Robinson uses ultrasound to date the ages of babies in the third trimester. However, this is unreliable:

“For pregnancies above 30 weeks Robinson relies on an ultrasound to check the age of the fetus but admits that this notoriously inaccurate method, combined with the often hazy conception dates provided by the women, can produce a window of error of plus or minus three weeks.”

Robinson gives an example:

“Let’s say the woman is at 31 weeks, well, given the inaccuracy of the

ultrasound she could perfectly be 34 weeks. How would I feel if that happened?”

She gives an example where this happened:

“Robinson still recalls the shock she felt when she terminated the pregnancy of a fetus she thought was approximately 32 weeks. But when she saw the aborted body she realised that it was more like 37 weeks. She was devastated. “It was quite a moment,” she remembers”

Although the author of the article claims Robinson was shocked at seeing the 37 week old (full term) baby, there is not much difference between a 32 week baby and a 37 week one. Both are well beyond viability- -the age when a baby can survive outside her mother’s womb.

Caitriona Palmer, ““There is no limit on when we can carry out abortions.’ *Irish Independent* December 5, 2016.

Editor’s note. This appeared at Clinic Quotes and is reposted with permission.



U.S. Supreme Court Issues Decision in *Moyle v. United States*

WASHINGTON — On June 27, The U.S. Supreme Court issued a 6-3 decision in *Moyle v. United States* dismissing the case as “improvidently granted.” The decision reinstates the lower court’s pause on the Idaho law in question while litigation continues in the lower courts.

National Right to Life was seeking a ruling on the merits, however, the Court made clear that this case needs further lower court resolution. The state of Idaho had argued that the government’s interpretation of EMTALA would render Idaho’s pro-life law nearly unenforceable and would turn hospital emergency rooms into “federal abortion enclaves governed not by state law, but by physician judgment, and enforced by the United States’ mandate to perform abortions on demand.” But, during arguments, the U.S. government went on record claiming they were doing no such thing.

Justice Barrett, in her concurring opinion, notes that the

**...United States
disclaimed these inter-**

pretations of EMTALA. First, it emphatically disavowed the notion that an abortion is ever required as stabilizing treatment for mental health conditions.... Second, the United States clarified that federal conscience protections, for both hospitals and individual physicians, apply in the EMTALA context.

During the oral argument, the federal government identified numerous emergency medical conditions, and Idaho confirmed that they could ALL be treated under state law.

“The Biden-Harris Administration has worked side-by-side with the abortion industry to expand unlimited abortion throughout all 50 states,” said Carol Tobias, president of National Right to Life. “The Biden-Harris Administration has deliberately created confusion and fear by claiming that women

cannot and will not receive the emergency care they need.”

Tobias continued, “We were pleased to see the U.S.

pregnancies, and treatment in a medical emergency. EMTALA

does not conflict with pro-life state laws—women can and will

NATIONAL RIGHT TO LIFE PRESS RELEASE



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government changing its tune during oral argument, going on record to state that they are not trying to turn emergency rooms into elective abortion facilities. We hope the courts hold their feet to the fire on this promise.”

National Right to Life looks to the lower courts to uphold the Idaho law which, like laws in all 50 states, explicitly allows care for miscarriages, ectopic

be able to get ongoing care for emergencies.

National Right to Life filed a friend of the court brief supporting Idaho’s pro-life law, Defense of Life Act. The National Right to Life brief is available on the docket at www.supremecourt.gov/DocketPDF/23/23-726/301631/20240227172259691_NRLC%20Idaho%20Brief%20of%20Amicus%20Curiae.pdf

NRLC's 53rd Annual Conference Demonstrates the truth that "We love both: Standing Strong with Moms and Babies": Day Two

By Dave Andrusko

On the second day of the 53rd Annual Conference, three physicians continued to develop the conference theme of "We love both: Standing Strong with Moms and Babies." The morning General Session tackled a very difficult and very sensitive topic: "Meeting the Needs of Women

diagnosis and subdues the fight, flight, or freeze response they often experience in the moment. At the same time, physicians must lovingly convey the liberating truth: that sons or daughters born

is the Executive Director of the Euthanasia Prevention Coalition, a man who travels the globe to lecture on euthanasia and assisted suicide. He explained that because so few physicians will participate in "assisting" a suicide, it is crucial for pro-assisted suicide forces to make it possible for physician assistants and nurses eligible to play a role.

Typically, Schadenberg said, proponents will work to pass a relatively "modest" law. But those are "trojan horses": once the right is established, all safeguards are thrown out.

Jennifer Popik, JD, directs the Robert Powell Center for Medical Ethics and explained the actions taken at the federal level.

The Conference culminated

March for Life, every time you came to a convention, every time you voted on the pro-life issue, every time you kept fighting for life, you made that day possible."

She made this most important point: "Most women want to choose life. But they don't feel they have the financial, family, or social support."

McEnany offered three thoughts on addressing abortion in a political context: "Do not hide from the issue. We are on the side of life"; Show the extreme position of the other side; "Most important, we must lead with compassion. We must love the woman as much as we love the baby."

Which resonated perfectly with the theme of the Conference: We Love Both!



Left to right: Dr. Susan Bane; Dr. Angela Lafranchi; and Dr. John Bruchalski

Suffering Pre-Natal Medical Emergencies."

Drs. John Bruchalski, Angela Lanfranchi, and Susan Bane gave a thorough explanation of what to expect from medical staffs when their pregnant patients discover their unborn child has a fetal anomaly. That included cases where the baby will survive only a little while—or not at all—which is where prenatal hospice comes in.

Dr. Bane once wrote

How a doctor engages patients in these challenging situations can either help alleviate their fear or increase it. Research shows, for example, that it's important when delivering news of a prenatal diagnosis that physicians use a trauma-informed approach that acknowledges many women's grief over the

with health conditions are just as integral to their families as healthy babies, no matter how brief their time together.

The afternoon General Session was titled "Assisted Suicide: It's worse than you ever imagined." It had a distinctly international flavor, reflecting the relentless "Right to Die" movement.

Lois Anderson, executive director of Oregon Right to Life, reported on the action from the "left coast." The way "Compassion & Choices"—formerly known as the Hemlock Society—manipulates language presents a formidable challenge to pro-lifers because when they are accepted it makes abuse inevitable. Anderson pointed out how only 12% of the doctors who prescribe the lethal cocktail follow on with their "patients."

Alex Schadenberg, a Canadian,



Kayleigh McEnany

with a Gala and a presentation by former White House Press Secretary Kayleigh McEnany that was both uplifting and amusing. She pointed to the audience and said "Dobbs was only made possible because of you in this room. Every time you went to a

It is why we will carry the day for Moms and their Babies.

Speaking to all of us and for all of us, McEnany closed with this:

"And remember everyone is here for a purpose. You were made for such a time as this."

Did President Joe Biden Tell the Truth About Third-Trimester Abortion?

Are third-trimester abortions only done to save the pregnant person's life?

By Sarah Terzo

In the recent presidential debate, President Joe Biden said of third-trimester abortion:

Only if a woman's life is in danger, she's going to die, that's the only circumstance where that can happen.

This is a common talking point of the pro-choice side. Many so-called 'experts' have said similar things.

Is Biden's statement true?

No. It isn't. And here's why.

The Third-Trimester Abortion Procedure

In the third trimester, an abortion takes three days to commit. The baby is killed in the womb by lethal injection (usually either dioxin or potassium chloride) on the first day. This injection is also sometimes given to babies in the mid-to-late second trimester before abortions by dismemberment.

You can watch a former abortionist explain a third-trimester abortion procedure below.

Ironically, potassium chloride is the same drug used to administer the death penalty. This led one woman to decide against abortion when she was pregnant with a baby who would die soon after birth.

Christine Jacobs, mother of baby Alexander, describes how she felt after learning her baby would be killed with potassium chloride if she chose abortion:

I'm a forensic psychiatrist. I've worked in prisons and with inmates and all I could think was, 'Potassium chloride — that's a lethal injection that we give to death row inmates.'

And I just, I don't know, I couldn't handle the idea of that

being how this innocent life ends.

Alexander died four minutes after he was born, and his parents were able to donate his organs to save the lives of other babies. This would have been impossible if Jacobs had had an abortion.

Third-Trimester Abortions Never Need to be Done to Save the Pregnant Person's Life

The only major difference between a third-trimester abortion and an induced delivery is that in an abortion, the baby is injected with poison. To turn a third-trimester abortion into a delivery, all the doctor has to do is not give the injection.

Since injecting a syringe full of poison into a pregnant person's body has medical risks, it is obviously safer not to do it. For this reason, a third-trimester abortion is more dangerous to pregnant people than an induced delivery.

If pregnancy endangers a pregnant person's life, the doctor could do an immediate cesarian section instead of a three-day procedure. Or, the doctor could simply induce labor. One way or another, the baby has to come out. The only question is, will the child come out alive or dead by lethal injection?

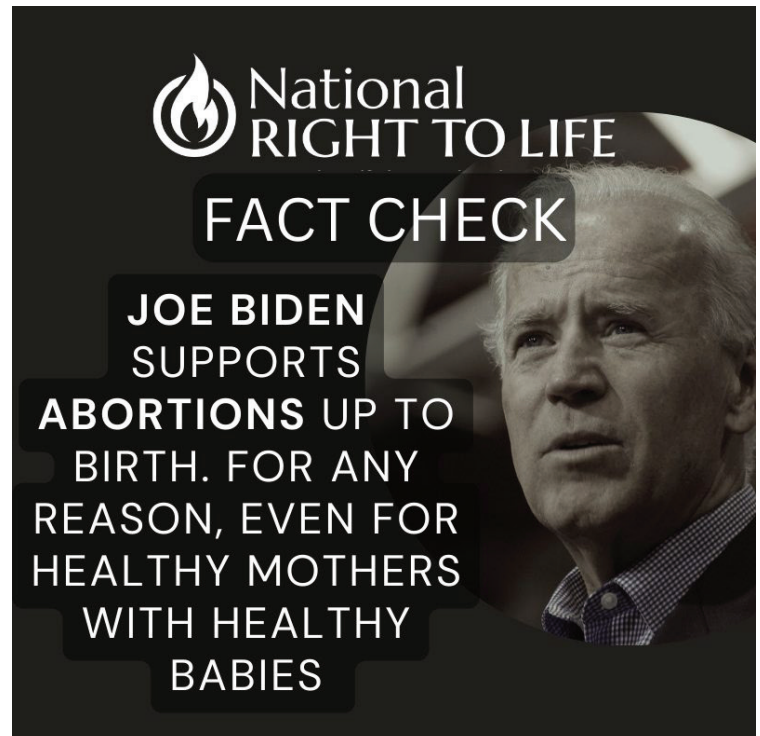
So, as you can see, a third-trimester abortion is never needed to save the life of a pregnant person. There is no medical condition that requires doing an extra procedure to kill a baby before inducing delivery.

If you're still not convinced, here is a quote from a 1998 article in the prestigious Journal of the American Medical Association (emphasis added):

Except in extraordinary circumstances, maternal health factors which

demand termination of the pregnancy can be accommodated without sacrifice of the fetus, and the near certainty of the

The study was conducted by pro-abortion researcher Katrina Kimport who supports keeping abortion legal through all nine months of pregnancy. So there is



independent viability of the fetus argues for ending a pregnancy by appropriate delivery.¹

This was almost 25 years ago. Medicine is now even more advanced.

Study Reveals the True Reasons Third-Trimester Abortions Are Done

A medical study reveals the true reasons why third-trimester abortions are done.

The study appeared in the medical journal *Perspectives on Sexual and Reproductive Health*. It found that the reasons people have third-trimester abortions did not differ from the reasons they had earlier abortions.

no pro-life bias in this study.

In fact, Kimport wants to do away with the whole concept and distinction of "late-term abortion." She says:

The similarities between respondents' experiences and that of people seeking abortion at other gestations, particularly regarding the impact of barriers to abortion, point to the value of a social conceptualization of need for abortion that eschews a trimester or gestation-based framework and instead

See *Third-trimester*, Page 44

South Carolina man charged with murder after killing wife and preborn daughter

By Bridget Sielicki

A man from Richland County, South Carolina, has been arrested after police say he killed his wife, who was 7 ½ months pregnant with their first daughter.

Jerrold Graham, 35, is charged with murder and death/injury to child in utero, after 31-year-old Chandreka Graham was found deceased at her home with significant head trauma.

At the time of her death, Chandreka was expecting a daughter, whom she had already named Teegan. She also leaves behind a two-year-old son.

Chandreka's father, Harold White, mourned his daughter's death. "She was a very kind, caring, very free-spirited young woman, very family-oriented and that's what hurts the most. She was so looking forward to having this baby," White told *WACHFOX News*.

White said he was driving home

from visiting Chandreka's great-grandmother when he got the call that his daughter was dead.

"She always told me if I'm not answering my phone I'm doing

Chandreka's family said she loved children and had hoped to work in childcare.

"She absolutely loved being a mom," said Chandreka's

cause of death for pregnant women, and women are more likely to be murdered during pregnancy than they are to die from the three leading obstetric causes of death (high blood pressure disorders, hemorrhage, and sepsis). The majority of these homicide incidents are due to domestic violence situations. According to the Family Violence Prevention Fund, women are more likely to die by homicide while pregnant at the hands of their partner than to die by any other cause.

According to *WACHFOX News*, Jerrod Graham is being held without bail and will remain in custody until his next court appearance in August.

Editor's note. This appeared at Live Action News and is reposted with permission.



Chandreka Graham

my job so I took that as that's what she was doing, so just to find out that I was that close to her and the reason she did not answer the phone was because she was deceased," he told reporters.

stepmother, Cathy White. "More than anything, she loved being a mom. And she was a great mom."

Violence during pregnancy is unfortunately very common; homicide is known to be a leading

Polling and data expert: Biden losing ground among critical religious groups

By Catholic Vote

President Joe Biden's approval rating across various religious groups in America might spell trouble for the incumbent ahead of November's elections according to a blog post by polling and data expert Ryan Burge.

In his most recent Substack, *Graphs About Religion*, published on July 1, Burge observes that Biden "is losing ground with a whole bunch of groups that he needs to win a second term," according to recent polling.

Namely, Burge lists mainline protestants, black protestants, and non-white evangelicals as the most critical religious demographics for the Biden campaign who have indicated increasing disapproval of the President.

Burge notes that White Evangelicals continue to have

low approval ratings for Biden, though the number of those in the demographic who "strongly disapprove" has decreased by

in its most recently released study on July 1 that while the White Evangelical approval rating of Trump has seen a recent



approximately three points since prior surveys.

However, Pew Research found

"slip," eight-in-ten among the demographic stated they would vote for him.

Overall, a stand-out data point Burge highlights is that approximately half of mainline protestants strongly disapprove of Biden's performance, with White Catholic approval ratings also mirroring the negative trend.

Biden's approval ratings across other religious groups are also trending downward, but Burge notes that this might not prevent many from casting their vote for him.

Despite the likelihood of this "negative partisanship," as Burge calls it, "that's not to say that Biden shouldn't be worried here."

"The only thing that may save him is the other person on the ballot," he warned.

Editor's note. This appeared at Catholic Vote.



A Pro-Life Introduction to Perinatal Hospice

By Sarah St. Onge

Editor's note. This appeared at Secular Pro-Life and reposted with permission.

What is Perinatal Hospice?

Unless you or a loved one have utilized the services of a perinatal hospice program, you likely didn't even know such a thing existed. Hospice, as we know, is for dying people... so why would we be contemplating such a system for a newly born baby? Especially in a first-world country, where women have access to adequate medical care and babies are always born healthy?

Perinatal hospice exists because the unfortunate reality is babies do die, even with the best available medicine. Used when a poor prenatal diagnosis has been given, it allows families an opportunity to embrace their child's life, however limited that life will be.

Built upon traditional hospice practices, perinatal hospice guides parents through both medical and anticipatory and post-partum grief processes, by coordinating care to assure their needs are met with the least additional distress. Specific items which may be included in a perinatal hospice program include (this is not an all-inclusive list):

Coordinated care — Over the course of a pregnancy where a fetal anomaly is detected, typical prenatal appointments can be multiplied at least three-fold. Excess diagnostic appointments may include multiple anatomy scans, fetal echocardiograms, fetal non-stress tests, or fetal MRI. For the family facing a prenatal diagnosis, streamlining appointments by scheduling multiple tests in one day can help cut down on time spent in physicians' offices, as well as in the environs of other expectant mothers who will be taking pregnancies home at the end of their pregnancies.

Access to a social worker and/

or hospital clergy — A medical practice or hospital staff can assign a social worker or chaplain to you who will provide social and spiritual support for non-medical needs. These professionals can help with assuring medical staff are equipped to handle both your, and their, emotional responses to visits and can help you access



programs which suit your needs. This could include not only support for clinical practices, but things like bypassing regular hospital restrictions on the number of people in the delivery room, as well as extending visiting hours so that family and friends can attend mom, dad, and baby for the entire length of baby's life.

A medical plan for palliative care for baby — Often a family's biggest concern when delivering a baby with a serious birth defect surrounds the issue of comfort. Hospice can assure the proper medical professionals are involved in baby's life to deliver pain relief, if necessary, as well as to monitor nutrition and any other needs which arise.

What Does Perinatal Hospice Look Like?

With the plethora of prenatal tests available, families generally learn early in pregnancy there's a problem. Once they've made the

decision to carry to term, hospice starts. Prenatal care focuses on mom and dad's comfort, at this point, with assuring the most positive experiences during visits. Over the course of the pregnancy, a care plan is developed for when baby is born.

Some parents will choose to make plans for a funeral

families navigate this terrain. Typical post-birth practices, such as testing and assessments, may be put on hold in order to get baby to mom and dad as quickly as possible. Baby will most likely not leave mom as she's wheeled out of the delivery room and into recovery.

During this time, mother's health is top priority. No hospice practice will be utilized which may endanger a woman's life. Baby is also cared for as an individual patient, and if parents wish, assessed at birth to assure the diagnosis is correct, and given pain relief if needed.

Once settled in a private room (moms whose babies will soon die are generally not housed in the maternity ward), family and friends are liberally admitted according to parents' desires. Professional photographers may be called to document baby's life. A special cooling bed called a cuddle cot may be used so parents can room-in with baby. Plaster hand and footprints may be taken, Christmas or other holiday-focused ornaments created, and favorite hand-me-down clothing may be used. During this time, hospice staff is available both for counsel and to help facilitate streamlined and non-intrusive medical care and emotional support for parents. Some of the biggest obstacles come from family members and staff who may object to practices like using a cuddle cot. Hospice staff can help families navigate these conversations in a calm and productive way.

Hospice care may continue with a doula working post-partum with mom after she leaves the hospital, and through the funeral process in regards to chaplains and social workers.

and burial/cremation during pregnancy, anticipating the post-partum period will be rough and giving themselves time to immerse themselves in the grieving process.

Most parents will be encouraged to make memories with their children — trips to a favorite family restaurant, the beach, or sporting events may be options. Including their unborn baby in family traditions will be important as well. The focus is on including baby in whatever activities s/he would be involved in, if s/he were expected to live.

Often the birth is planned via induction or C-section, in order to control the process and assure all of a family's needs are addressed. If a family is religious a pastor or priest may be permitted to attend the family during birth to comfort them and baptize/bless baby. Additional birth support may also be present — including doulas specifically trained to help

A Pro-Life Introduction to Perinatal Hospice

From Page 29

How Should Pro-Life Advocates Promote Perinatal Hospice?

Like a typical hospice program, there are things which pro-life advocates must consider — most importantly, have opportunities for treatment been exhausted?

Whether for an adult, child, or neonate, hospice should never be considered in the case where a child can benefit from medical care. Many times this consideration comes with the understanding a child may endure extensive medical treatments to maximize their potential happiness.

We must be vigilant to ensure parents are not encouraged to forgo treatments for a child who would survive with disabilities out of what they perceive as compassion: this is an ableist viewpoint, and one which those with disabilities speak on more eloquently than I ever could.

Neonates are human beings, with the same rights to proper medical care as any other child. By permitting parents of children who've received prenatal diagnoses to limit treatment for their children, we have inadvertently set up a system of passive euthanasia. Hospice workers and family advocates must be discouraged from promoting this course of action. Pro-life advocates must continue to speak up for the life of the disabled neonate just as they speak for the life of the disabled fetus. Allowing a child who could live, to die, could be colloquially

referred to as a “fourth-trimester abortion,” an action, or in this case inaction, which denies the humanity of the human being involved.

Moving Forward

Hospice, like any other medical-related treatment, should be embarked upon from a life-affirming position. Working towards educating your peers on practices which will help families consider life rather than abortion is always the most important aspect of pro-life work, and in this context perinatal hospice can be a wonderful tool to utilize. Encouraging physicians as well as local hospitals to adopt these practices benefits everyone whether pro-life or pro-choice, in addition to encouraging a culture of life to bloom.

For more information, to see if this type of care is available in your area, and to learn how you can promote these programs, please see: PerinatalHospice.org.

For information on supporting parents who are facing a poor prenatal diagnosis, please see below. Please note that to my knowledge there are currently no secular sources for this type of care, but the following organizations serve all families regardless of religious beliefs or lack thereof.

- Sufficient Grace Ministries
- String of Pearls
- Be Not Afraid
- Prenatal Partners for Life

Today's guest author is Sarah St. Onge, who writes about child-loss, grief, and issues pertaining to continuing a pregnancy

of limbbodywallcomplex.net, a pro-life, diagnosis-specific website which supports parents who continue their pregnancy



after a lethal anomaly has been diagnosed. You can read more of her work at shebringsjoy.com. She's also a savethe1.com board member and founder

after receiving the same lethal diagnosis which took her daughter, Beatrix Elizabeth. You can find Sarah on Facebook, Twitter, and Instagram.

Pro-abortionists protest firing of teacher who took a student out of school for an abortion

By Dave Andrusko

Last week we reposted a story written by Cassy Fiano-Chesser that I assumed (falsely) everyone would agree with the decision to fire a New Hampshire teacher “after requesting sick leave, during which the teacher actually took a student to get an abortion”!

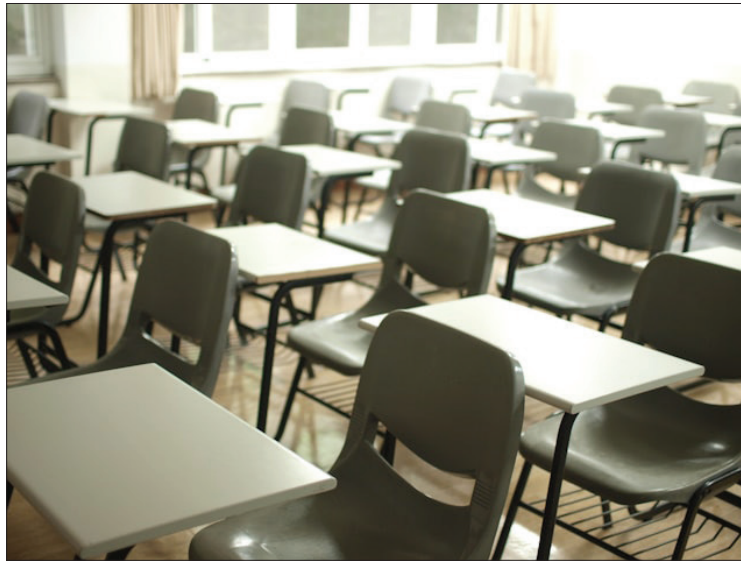
Apparently the situation became public when Education Commissioner Frank Edelbut wrote an April op-ed, “where he referenced numerous concerns expressed by teachers and parents alike,” Fiano-Chesser reported

In the op-ed, he asked how the department should react “when, allegedly, an educator lies by calling in sick so they can take a student – without parental knowledge – to get an abortion. Should we turn a blind eye?”

The pro-abortionists say no, we shouldn’t. The teacher should at a minimum not be fired but in fact be praised for making a “tough decision.”

Under the headline “Protesters oppose NH teacher’s firing for allegedly taking student for

many spoke out in favor of the teacher, saying she was put in a tough



abortion services,” Erin Logan writes that “The firing of a teacher at the Regional Services and Education Center in Amherst has become a flashpoint in New Hampshire’s abortion debate.”

At a packed reproductive rights event in Concord Monday,

situation.

“I feel like the teacher was just doing what they felt, as a human, and putting their job at risk,” said Maryrose Wainaina. “As a student, you go to your teachers cause you trust them.

The New Hampshire Department of Education says, “the teacher admitted to faking a sick day to take the student to have a medical procedure,” Logan wrote. “It also says the teacher assured she spoke to the student for more than two weeks about options and finding a safe facility.”

At the end of the story, Logan interviewed “counter-protesters at Monday evening’s pro-choice event” who “sounded off.”

“The teacher should not be involved with them, taking those kids to those clinics,” said Margaret Svendsen. “Medical procedures? You can’t give a kid an aspirin in school, and yet you can take them to have an abortion, which may have complications, and not tell a parent? No.”

“I think the teacher should be fired, and I don’t think she should ever get a job again,” continued Svendsen, who held an anti-abortion sign.

Where do we stand 119 days out from the November 5 elections?

From Page 2

and finally it reflects an ongoing erosion of Biden's support.

In our other examination of the state of the presidential race—"A defiant President Biden dares Democrats to come after him at the Convention"—we looked at the budding civil war within the Democrat Party. In a nutshell, Joe ain't leaving and a growing number of Democrats are picking their poison: risk going with a candidate whose intellectual faculties are rapidly diminishing; or risk trying to force an angry Biden out which, in theory, would not be settled until the Democratic National Convention.

Meanwhile the underlying

metrics remain terrible for Biden. His overall approval rating is at 39%-40% and on the all-important question of the Economy it's at 39.8%.

However, his approval ratings are much lower on Inflation [35.2%]; Immigration [31.7%], Foreign Policy [34.3%]: and Crime [38%].

I believe one wit put it best:

In what promises to be a week of high political drama, the halls of Congress are buzzing with more anticipation than a season finale of "House of Cards."



Tennessee Abortion Ban Has Saved The Lives Of 20,000 Babies

Tennessee Right to Life and pro-life Tennesseans continue to celebrate the overturning of *Roe v Wade*. After two years, Tennessee is leading the nation in protecting the right to Life of unborn children. It is estimated that more than 20,000 women and children have been saved from the horror of abortion in our state since the Human Life Protection Act went into effect in 2022, soon after the Supreme Court handed down the *Dobbs* decision.

The overturning of *Roe* allowed Tennesseans to finally protect our most vulnerable citizens in our state laws. There are children alive today because of the Human Life Protection Act.

As Tennessee Right to Life lobbyist, Will Brewer says, “The proof is in the pudding. We are one of two states in the country with a higher birth rate than we had before the *Dobbs* decision.”

This year’s celebration theme is Love Them Both. Pro-life people of Tennessee take seriously the responsibility of protecting the right to life of unborn children and protecting their mothers from an industry that exploits their fears and profits from the deaths of their children. Loving both mother and child is something that ALL Tennesseans should be able to agree on. Loving and protecting mothers and their babies is not a radical idea.

During the 2024 session of the General Assembly, pro-life legislators passed overwhelmingly, and Governor Lee signed into law, the Underage Abortion Trafficking Act which

makes it a crime for an adult to take an underage girl for an abortion or to obtain abortion chemicals for her without her parents’ consent. This commonsense measure should deter Planned Parenthood and others in the abortion industry that have been coordinating invasive surgeries and dangerous drugs for underage girls all while

fiercely opposed this legislation, so we feel certain it will be effective.

While voters and legislators in some other states have turned their backs on the miracle of June 24, 2022, in Tennessee, we continue to praise God for the *Dobbs* decision. We are grateful and are moving forward building



keeping their parents in the dark.

Furthermore, legislators also passed a bill requiring that any school that teaches the Family Life Curriculum also include a video or ultrasound of the unborn human being before birth. This will help Tennessee students to see the humanity of the unborn child and consider how every human being begins their journey to birth. Pro-abortion lawmakers

a Culture where the precious gift of life is protected in all its ages, stages and conditions.

As we celebrate 2 years of LIFE in our state, we want to acknowledge and give thanks for the tremendous work of the many Pregnancy Resource Centers and other Life affirming agencies in our state. These organizations are loving them both, day in and day out. They do so much to meet

the material and emotional needs of pregnant moms so they can choose life for their babies. We are grateful for their work.

Coming off almost 50 years of the death and destruction of *Roe*, Tennessee is celebrating LIFE, and we won’t stop.

We still have work to do. The Biden Administration and the abortion industry have waged a full-scale assault on unborn children and states, like Tennessee, that protect them. They want to expand access to abortion chemicals, to turn our emergency rooms into abortion facilities, and fund Planned Parenthood with our hard-earned tax dollars.

We cannot let that happen. Life will be front and center in the upcoming federal and state elections. It is imperative that pro-life Tennesseans get out to vote for pro-life candidates. The Tennessee Right to Life Political Action Committee recently released the list of endorsed candidates in the 2024 State elections. You can see the entire list at www.vote4life.org

We are proud to live in a state that values the sanctity of life in all stages and where our elected representatives carry out the will of the people by continuing to uphold and protect the Human Life Protection Act.

As we celebrate this 2-year anniversary of life, let us re-commit ourselves to pray, work and vote to keep the great state of Tennessee a pro-woman, pro-child and pro-life state because, we know the best way to continue saving lives is to LOVE THEM BOTH.

“I was gonna be,” a beautiful pro-life song from the perspective of the unborn child

By Dave Andrusko

Anyone who reads *NRL News Today* knows that I am a real softie when it comes to pro-life songs and videos. So, it was magic to my ears to hear that “Pro-life song ‘I Was Gonna Be’ reaches fifth on iTunes’ most-listened-to country songs in the world.”

Although the singer, 18-year old Rachel Holt, is still pretty much a newcomer, her beautiful pro-life song, written by Chris Wallin, was an instant hit. Wallin has been a hitmaker for Country Western superstars Garth Brooks, Montgomery Gentry, Kenny Chesney, Toby Keith, and Trace Adkins, “I Was Gonna Be” hit the major streaming platforms just two days ahead of the anniversary of the reversal of *Roe v. Wade*.

Writing for *Breitbart News*, James Ramirez explains that Holt’s collaboration with Chris Wallin

brings a level of expertise and emotional depth to the song. Wallin, now the Executive Partner and Head of A&R at Baste Records, discovered Holt’s talent in 2023 and signed her to the label, which supports artists with conservative and traditional values.

The song’s message is further amplified by a sponsorship from Patriot Mobile, America’s only Christian conservative wireless provider. Their support underscores the alignment of values and commitment to the pro-life cause. For more information and to get a free



month of service, visit Patriot Mobile and use the promo code RACHEL.

Ramirez asked Wallin “what it felt like for a song like ‘I Was Gonna Be’ to crack the top ten, and he said, ‘I’m just humbled honestly. When I first started writing this song I didn’t think anyone would ever actually sing it. I wrote it because I thought something had to be said.’”

But Wallin was wrong.

The composer soon met Rachel Holt, an 18-year-

old girl from Indiana with traditional values who immediately offered to be the voice to sing the song: “I’m singing that song. I think a lot of the songs that girls my age listen to never talk about real life. And that’s what

I want to do,” Wallin remembers the artist saying to him.

Sung from the perspective of the Unborn Child, the lyrics are bound to make you cry but encourage you to keep fighting at the same time. The song begins

Some don’t believe I’m a living soul

Just a bad mistake that needs to go

If my mama coulda just seen my face

*Maybe she woulda had me anyway
There are those who speak for me
Who fight for lives that they can’t see
But there are some who only mourn?
This life of mine if I were born?
All I wanted was a chance
To learn to love and laugh and dance
But I was gone before I arrived
Sent back to heaven on a starlight flight*

*It only grows more intense.
I was gonna have some pretty curls
Yeah I was gonna be a girl
I’m more than just some one night stand
Or some burden that you think I am
And there ain’t no man ever gonna be
What I was gonna be
Some don’t believe I’m a living soul
Just a bad mistake that needs to go*

Do listen, won’t you? Coming just a few days before the 53rd annual NRLC Conference the timing couldn’t be more perfect.

We Asked, You Answered: “Coming Out” as Pro-Life

By Kelsey Hazzard, Board President, Secular Pro-Life

We asked our supporters on social media: “An atheist in a very pro-choice community wants to start being more upfront with her friends about her pro-life views. We have many thoughts on this process but would also like to open it up to our followers. For those of you who have gone through this, what’s your advice?” Here are a few of the top responses:

Maggie V.: “I would always keep in mind when speaking about this that you may be speaking to someone who has had an abortion.”

@Quipple: “I would start by learning the gentle art of asking questions. And the key word here is gentle. Real life isn’t Twitter — we don’t need to try to own anyone, or even to try to convince them in one conversation. And these days, just the act asking questions is really all you need to do to out yourself as pro-life.”

Rebecca C.: “I found it helpful to start by making a very common-groundy point that tangentially brings in that I’m pro-life.”

Crystal K.: “I just say something simple that’s relevant to my life, like ‘My children were never my choice. They’ve had their own personalities and preferences from the womb onward,’ or ‘My [disabled] daughter is pretty happy her birth mother didn’t listen to the doctor who said she should have been aborted. She loves her life!’”

Pro-Life Libertarian: “Prepare to find new friends. That was my experience.”

Ned H.: “Every time (and I do mean every single time) that we have looked at a member of the human species and tried to argue that’s they are less human, we have ultimately lived to regret

it. We rightly judge ourselves harshly for the trans-Atlantic slave trade, the subjugation of women, the Holocaust, and the forcible sterilization and medical malpractice against persons with disabilities. Why should we think this time will be different?”

Jessica C.: “I think a lot of times we can get farther by asking questions and listening. Ask questions that make them think. Ask them why they hold that view? What made them decide it’s better to be able to end a life than to encourage a woman to continue with life? Why are some children more valuable than others; does that viewpoint work outside the womb for them?”

Jennifer W.: “I don’t stay quiet but, I also don’t go in gung ho screaming about how wrong they are. Simply and calmly state that you disagree that it’s okay to kill unborn humans. Be prepared to calmly refute the responses that will be the usual, bodily autonomy, abortion is a private healthcare decision, the new life is not a person yet, referencing the Torah or Bible with inaccurate interpretations of scripture. Try to direct to the conversation to just the biological facts and away from religion-only debate.”

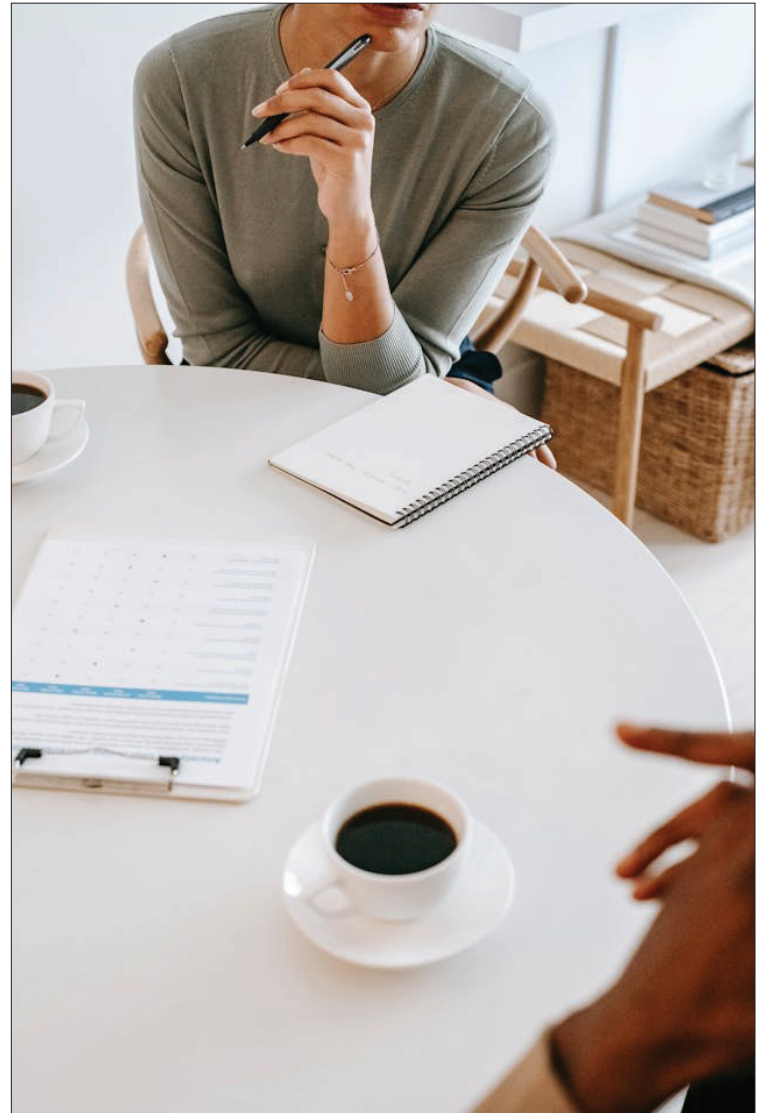
Lorie: “Human rights. Equal protection under the law for all people. Biology proves a whole human being begins their life at fertilization. I’m an atheist who’s against people having any right to violate other people, and that’s what an abortion is.”

Jill T.: “Ask questions. Do you know what actually happens during an abortion? Would you be ok if puppies or kittens were ripped apart because of the owner’s ‘choice’?”

Rebecca L.: “I’ve been debating this for decades. I’ve

come to realize that the deeper the deception the more vocal the opposition without addressing the scientific facts. Nasty name calling ensues with accusations of being judgmental. No amount

myself: What do I oppose without listening to the opposition? Can I listen without interrupting? Can I extend better grace to others who disagree with me? Can I be more courageous and have the



of science will influence them because they are inculcated into the pro-choice thinking. It has not been pleasant. They will always think I’m ignorant and uneducated. Even though my area of expertise is health and human sexuality educator. And so, my work is interior. I consider for

moral strength to withstand the mocking? Being silent is not an option. Saying nothing is not an option, though the timing and tone of a comment is important.”

Editor’s note. This appeared at Secular Life and is reposted with permission.

Embracing a pro-birth perspective does not end at birth. It fosters a culture that values life and promotes the development of strong, supportive communities

By Raimundo Rojas , NRLC Director of Outreach

Over the past several months, I have dedicated significant time to monitoring National Right to Life's presence across various social media platforms, including Facebook, X (formerly known as Twitter), Instagram, Truth Social, Pinterest, LinkedIn, and a few more. I spend a few hours each day assessing our content to determine what is effective and what is not. Additionally, I monitor and respond to comments whenever possible.

That last part is an exercise in charity that tries my patience to levels I'd not experienced since I was rearing teenagers.

Some of the pro-abortion comments are filth, and I permanently delete and block the authors; others are horribly misinformed, and I try to educate those folks with a bit of a fact check. I can't do this for long because it would become a full-time job.

There are patterns in their insults, with two phrases leading the way. One of their favorite jabs is that we hate women, to which I usually respond that NRLC and the pro-life movement, in general, are female-driven. The cognitive dissonance with some of these folks is so strong that the best thing they can do is respond to my comment with a laughing emoji—an indicator of their maturity level.

The other common slight, and the one I want to focus on, is that they call us "pro-birth."

They seriously and earnestly

believe that to be a negative label for those of us who advocate for babies and their mothers. What? I've seen pro-life commenters doing written gymnastics to try

and beautiful part of the human journey.

We celebrate life at every stage. Our support for childbirth highlights our deep respect for



NRLC Director of Outreach Raimundo Rojas and Pro-Life former President Donald Trump

and get away from that term. Enough – we should embrace this language as a symbol of our unwavering commitment to the sanctity of life. Being pro-birth means honoring and advocating for the miracle of birth, recognizing it as a crucial

the innate dignity of every human being from conception onward. We cherish the beginning of life and its potential, and we passionately advocate for the rights of the unborn.

Embracing a pro-birth perspective does not end at birth.

We are dedicated to supporting mothers, children, and families before, during, and after birth. Our mission includes providing resources, education, and assistance to ensure every child and mother can thrive.

Supporting a pro-birth stance involves more than just opposing abortion. It's about fostering a culture that values life and promotes the development of strong, supportive communities. We strive to advocate for policies and programs that offer families healthcare, education, and economic opportunities, ensuring that every child has the chance to grow up in a loving, nurturing environment.

By proudly identifying as pro-birth, we affirm our belief in the worth of every life and our commitment to creating a world where every child is welcomed and supported. We invite others to join us in this positive, life-affirming mission, working together to build a future where every life is valued, and every family has the support they need to thrive.

Lastly but most noteworthy, when pro-abortion zealots use that as a derogatory term against us, they are revealing their true beliefs and calling themselves out. After all, the opposite of birth is death – and that is precisely what they advocate for.

Visit and follow us on our platforms and help me push back on the pro-abortion keyboard "warriors."

A look back two years after the Dobbs overturned *Roe*: Part Two. Justice Alito's brilliant rebuttal to *Dobbs*' dissenters

By Dave Andrusko

Editor's note. This appeared a few days after the Supreme Court dispatched Roe v. Wade. The June 24, 2022, decision was written by Justice Samuel Alito and the usual suspects went bonkers. The following is my defense of Justice Alito's impeccable reasoning which appeared shortly after the Dobbs decision was handed down.

Not many of us are going to plow through all 213 pages of *Dobbs v. Jackson Women's Health Organization*, the Supreme Court decision that overturned *Roe v. Wade* and *Casey*. In the days and weeks to come, as time permits, we talk about some of the highlights of the opinion. We'll begin today with Justice Samuel Alito's painstaking rebuttal to the three dissenters.

Indeed, often, the best part of a decision are justices' rebuttals to the arguments of their fellow justices. This one is no exception. In just a few pages, Justice Samuel Alito polishes off the dissents of Justices Beyer, Sotomayor, and Kagan. He is largely reiterating points he had made in the draft opinion leaked to Politico. With all that time to prepare, it would have helped their rebuttal if the three dissenters had engaged them directly.

Point #1. No foundation.

"The dissent is very candid that it cannot show that a constitutional right to abortion has any foundation, let alone a 'deeply rooted'" one, "in this Nation's history and tradition." The dissent does not identify any pre-*Roe* authority that supports such a right—no state constitutional provision or statute, no federal or state judicial precedent, not even a scholarly treatise"

Point #2, Mystery of Life passage, Part Two, meets bad history. In the 1992 *Casey* decision, the plurality invoked gibberish so untethered to the Constitution it was reminiscent of Justice Blackmun's original *Roe v. Wade* decision. As Alito writes,

The largely limitless reach of the dissenters' standard is illustrated by the way they apply it here. First, if the "long sweep of history" imposes any restraint on the recognition of unenumerated rights, then *Roe* was surely wrong, since abortion was never allowed (except to save the life of the mother) in a majority of States for over 100 years before that decision was handed down.

Second, it is impossible to defend *Roe* based on prior precedent because all of the precedents *Roe* cited, including *Griswold* and *Eisenstadt*, were critically different for a reason that we have explained: None of those cases involved the destruction of what *Roe* called "potential life."

So without support in history or relevant precedent, *Roe*'s reasoning cannot be defended even under the dissent's proposed test, and the dissent is forced to rely solely on the fact that a constitutional right to abortion was recognized in *Roe* and later decisions that accepted *Roe*'s interpretation. Under the doctrine of stare decisis, those precedents are entitled to careful and respectful consideration, and we engage in that

analysis below. But as the Court has reiterated time and time again, adherence to precedent is not "an



Supreme Court Justice Samuel Alito

inexorable command." There are occasions when past decisions should be overruled, and as we will explain, this is one of them.

Point#3. Failure to realize that abortion is fundamentally different and that states have a legitimate interest in "potential life."

The most striking feature of the dissent is the absence of any serious discussion of the legitimacy of the States' interest in protecting fetal life. This is evident in the analogy that the dissent draws between the abortion right and the rights recognized in *Griswold* (contraception), *Eisenstadt* (same), *Lawrence* (sexual conduct with member of the same sex), and *Obergefell* (same-sex marriage). Perhaps this is designed to stoke unfounded fear that our decision will imperil those other rights, but the dissent's analogy is objectionable

for a more important reason: what it reveals about the dissent's views on the protection of what *Roe* called "potential life."

The exercise of the rights at issue in *Griswold*, *Eisenstadt*, *Lawrence*, and *Obergefell* does not destroy a "potential life," but an abortion has that effect. So if the rights at issue in those cases are fundamentally the same as the right recognized in *Roe* and *Casey*, the implication is clear: The Constitution does not permit the States to regard the destruction of a "potential life" as a matter of any significance. That view is evident throughout the dissent.

Point #4. *Dobbs* resembles other decisions now seen as "infamous."

"Like the infamous decision in *Plessy v. Ferguson*, *Roe* was also egregiously wrong and on a collision course with the Constitution from the day it was decided. *Casey* perpetuated its errors, calling both sides of the national controversy to resolve their debate, but in doing so, *Casey* necessarily declared a winning side. Those on the losing side—those who sought to advance the State's interest in fetal life—could no longer seek to persuade their elected representatives to adopt policies consistent with their views."

In a word, Justice Alito demolished the arguments put forth by the dissenters.

Kayleigh McEnany closes out the 53rd annual NRLC Conference with powerful reminder that every abortion is a profound sorrow that touches the heart of our Creator

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preserved one of the rooms where abortions had taken place as an educational reminder of the facility's dark past and how a miniature replica of the statue known as the Hope Monument



Kayleigh McEnany

was placed on the surgical table where babies had died.

Beverly Paddleford's "The Hope Monument" is a profound and

evocative sculpture that captures the essence of what the pro-life movement aspires to be. The bronze sculpture communicates love, forgiveness, and healing in Jesus for all who have lost a baby through early death, including abortion. This inspiring work of art was created to symbolize our unwavering hope and commitment to protecting the sanctity of life and as a tangible message of forgiveness and hope.

I was given the responsibility of organizing the gala for the Conference right from the start, and I was in constant communication with Kayleigh's excellent support team from the time she agreed to be our featured speaker. A few days before the event, her team asked if we had screens and a projector in the ballroom for her to display two photos.

Unfortunately, the conference center couldn't fulfill this request in a timely and cost-effective manner. Despite being unable to show the images, Kayleigh did a fantastic job describing their significance.

Amid all the coordination and planning, I had yet to take the time to look at the photos when they were initially sent. I was busy behind the scenes and missed parts of her speech, although I

was at the back of the room when she talked about the statue and shared the story about the PRC's acquisition of the former abortion facility.

Three or four days after the Conference and gala, while wrapping up the remaining Conference tasks at my desk, I came across the pictures of the Hope Monument that her staff had sent. I had never seen the statue before, and after understanding the context of Kayleigh's speech, I was moved to tears.

Kayleigh's words resonated with the idea that every abortion is a profound sorrow that touches the heart of our Creator, who lovingly gives each life purpose and potential. Women endure profound wounds from abortion

that can burden their hearts, impacting their well-being and sense of self.

The Hope Monument reminds us that there is hope and healing through the limitless forgiveness and love found in Christ. Jesus offers a path to redemption and peace, affirming to women that no sin is beyond His grace. Through faith and trust in His mercy, women can find comfort and the strength to heal from their past, embracing a hopeful and purposeful future.

We fight for the day when no more children are killed by abortion, and we must also work in the spirit of mercy and forgiveness for women who have had abortions. Photos of the Hope Monument are shared below.



Together, baby; forever, baby

Editor's note. The science of pregnancy gets more and more fascinating. To think of the mother simply 'hosting' her baby is so, well, 1973. What's going on in the womb is really a marvelous co-operative venture that may last a lifetime, as Dr Kristin Collier, an Assistant Professor of Internal Medicine at the University of Michigan Medical School, explains in the following interview with MercatorNet.

MercatorNet: For most of us, Pregnancy 101 means there's a baby developing inside the mother, attached to the placenta by the umbilical cord. And, thanks to ultrasound and the photographs of Lennart Nilsson, we know what that looks like. But there's a lot more to this inside story, isn't there – could we start with the placenta?

Dr Kristin Collier: Yes! There is so much more to the “inside story.” Since you asked about the placenta, let's spend some time exploring this organ, as part of the “inside story.” The placenta is amazing. Why you might ask?

Well, for one, it is the only organ made in cooperation by two people. It is made from the growing baby's tissue and the mother's tissue together. Therefore, the placenta is known as a ‘feto-maternal’ organ. It is the first time that mother and baby come together to do something in cooperation.

The placenta, as many of your readers know, is the organ through which the baby and mother interface. This name ‘placenta’ is derived from the Latin word for a type of cake, as it is a flat organ and averages about a pound in weight. It is attached to the wall of the mother's uterus and is connected to the growing baby by his or her umbilical cord. The placenta is the only purposely transient organ in human beings.

It also is amazing because it functions as many organs

in one. The placenta helps the prenatal child get rid of waste, helps provide nutrition and also produces hormones and protects the baby against infection. The placenta is acting like a lung, kidney, gastrointestinal tract and the endocrine and immune system. Pretty amazing for this one organ to have so many important functions.

In New Zealand, the indigenous Maori people have treated the placenta with reverence,

important that the National Institutes of Health (NIH) in the United States has a research arm dedicated to the placenta called the Human Placenta Project (HPP), and on its website says ‘The placenta is arguably one of the most important organs in the body.’ A healthy placenta is not only crucial for healthy development of the prenatal child but also affects the health of the child and mother for years to come.

the ultimate goal of improving maternal and child health. One interesting thing we know now about the placenta, although the full extent of this knowledge is not fully understood, is that along with functioning as many organs as one, there is a unique transfer of cellular material that happens across the placenta.

In science, microchimerism refers to the presence of a small population of genetically distinct and separately derived



traditionally burying it in ancestral land, which reinforces a link between people and land. Their intuitions seem to prefigure the importance of “the afterbirth” that science has discovered...

This information is beautiful to hear. It sounds like these indigenous people recognized the importance of the placenta even before modern science started to take a deeper interest. As you mentioned, the placenta has long been called the ‘afterbirth’ as it is delivered after the baby. This ‘afterbirth’ often got short-shrifted in attention as an ‘afterthought’. But no longer.

In fact, the placenta is so

On a side note, it sounds like the Maori people were into the field of human ecology even before the field had its formal name. This is unsurprising as these fields of study are often just a way to give a formal name to something that has been there the entire time, often practiced authentically by indigenous peoples and only recently fractured by modern life and technology.

MercatorNet: Is there more to discover about this ‘transient organ’?

Dr. Collier: Yes, there is always more to discover. One goal of the human placenta project is to better understand the placenta with

cells within an individual. In pregnancy, small amounts of cells travel across the placenta. Some of these cells are the prenatal child's cells that travel from the baby into her mother, and some cells also pass from the mother into her child. The cells from the prenatal child into her mother are pluripotent, which means they haven't yet differentiated into the type of cell specific for one organ or tissue in particular. These cells find their way into mother's tissue and start acting like the tissue in

Together, baby; forever, baby

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which they find themselves. This process is known as feto-maternal microchimerism.

MercatorNet: That is fascinating! In what ways can these fetal cells protect the mother in later life – or put her at risk?

Dr. Collier: Their full impact is still being understood, but some of these cells have been hypothesized to help mom in the time after birth and also for years to come. For example, these cells have been found in Caesarean sections helping to make collagen to help mom heal after a surgical delivery. These cells have also been found in the maternal breast and have been hypothesized to help reduce mom's risk of breast cancer in her later years.

The 'gift' of these cells from the baby, entering into mom's body and helping her heal and protecting her from cancer, is amazing to think of and really challenges our ideas of people as autonomous beings. In reality, many human beings carry remnants of other human beings in their body. These cells may even play a part in how future siblings are spaced.

What is also interesting, these cells that enter the mother are allowed to survive and are not attacked by the mother's immune system, even though they are somewhat 'foreign'. This again speaks to a cooperation, at the cellular level, between mother and child. And it would be one thing if these cells were inert and existed as a gift of sorts, from the child in the mother, but to think of these cells in some ways benefiting the health of the mother really speaks to a radical mutuality at the cellular level between two people that only serves to enhance our understanding of the maternal-child bond.

MercatorNet: And what are the implications for involuntary pregnancy loss?

Dr. Collier: Miscarriage can

be a devastating event in the life of both the expectant mother and father. I've heard from many women that they felt, even after they lost their baby, that their baby was somehow always still with them in a way. And now, through the knowledge of the science of

is referred to as a 'clump of cells' or even as a 'parasite'.

As my friend Charlie Camosy writes in his book, we must resist appeals to individual autonomy that detach us from our duty to aid others, and resist language, practices and social structures



microchimerism, we know that this is true. Many women do have the presence, in their bodies, of a biological piece of their child and this cellular material may be aiding and assisting her not only now but in the future in ways we are only beginning to understand.

MercatorNet: Obviously this science throws new light on the abortion debate, in particular on a woman's autonomy when it comes to ending a pregnancy. She would be ending an irreducibly cooperative venture rather than a 'kidnap' (as Judith Jarvis styled it) and harming herself as well, would she not?

Dr. Collier: Every dehumanizing ideology succumbs to the same temptation – to see the undesirable other as a non-person. In the abortion debate, as in similar debates around marginalized vulnerable populations, language is used when describing the undesirable other that is dehumanizing. In the abortion debate, the prenatal child

that detach us from the full reality and dignity of the marginalized. A radical view of autonomy that leads to the end of another human life is one that is anti-life and oppresses the rights of another in the name of 'freedom'.

So yes, the language that should be used to highlight the beautiful cooperation that exists in the dyad of the mother-prenatal child relationship instead has been perverted to one that brings to mind a cancer, an infection or a crime (like a kidnapping or hostage situation). Those of us who feel called to stand up for the vulnerable and marginalized among us, should call out such language not only in the abortion discourse but also in the discourse involving other marginalized vulnerable populations.

MercatorNet: In a world focused on avoiding pregnancy it's not surprising that we have heard little or nothing about these amazing pregnancy facts. Are there other reasons?

Dr. Collier: That is an interesting question. I don't know why this information isn't more widely known. One reason is that there are so many other 'practical' things to know when you are pregnant that these other details of awe and wonder get marginalized.

Having had four pregnancies myself, I remember getting inundated with information around things to expect in pregnancy regarding my body – physical changes, symptoms etc. I remember reading in a book about what my baby was doing and looking like at each week of gestation, but I don't remember getting information that exceeded the 'practical' domain.

Pregnancy and childbirth are wondrous, miraculous events! In my opinion, using language that reflects awe and wonder doesn't discredit us in medicine, but only legitimizes the emotions and feelings the pregnant mother is likely already feeling.

MercatorNet: What are the theological implications of these scientific insights, in your view?

Dr. Collier: I am not a theologian, however in talking with those who are, I've come to think of biology now, more generally, in a relational sense that mirrors the nature of God. The scriptures speak of a God who is in relationship with his people. We then would only expect that God, being the author of biology, would create our bodily nature in a way that was also relational – even down to the level of the cell.

Editor's note. Kristin Marguerite Collier is an Assistant Professor of Internal Medicine at the University of Michigan Medical School where she practices general Internal Medicine. She was interviewed by Carolyn Moynihan for MercatorNet where this first appeared. Reposted with permission.

The End of Free Abortions? What Happens When Abortion Funds Dry Up?

From Page 7

that their abortion center is “Temporarily closed from 06/24/2022 until further notice.” Continue searching and you’ll read that “Due to state law, this health center is unable to provide abortion services. Click here to learn more about where abortion is legal.”

Follow through on the link and you’ll be directed to a search portal that will allow you to find the closest clinic to you in another state and information about how you can schedule an abortion there. If your insurance doesn’t pay, they also helpfully note that “Abortion funds may also be able to help you cover both medical costs and travel costs.”

All expenses paid?

The link on Planned Parenthood’s website for the traveling woman takes the would-be patient to the National Network of Abortion Funds (NNAF), “a network of 100 abortion funds.” About these, the NNAF says “Abortion funds are grassroots organizations that support people seeking abortion access. Together, we’re organizing at the crossroads of racial, economic, and reproductive justice.”

They are of different sizes and strengths and cover different geographic areas or demographics. One of the oldest, the DC Abortion Fund, funds “abortion seekers all over the country.” It emphasizes that Washington, DC is a “safe haven” for abortion access because there are no parental involvement laws and abortion is legal “at every stage of pregnancy.”

Donations spiked after *Dobbs* and U.S. abortion funds dispensed close to \$37 million to 102,855 in the year following that decision. That was an 88% increase over their previous year’s dispersal (*Stat News*, 1/23/24).

A later June 24, 2024, story in *Huffpost* said NNAF provided \$36 million towards abortion and over \$10 million in “travel and logistical support” in 2023.

It doesn’t take a degree in mathematics to figure that this clearly covers a major portion of the increases claimed by SFP and Guttmacher.

We know both from statistical and anecdotal information that some pregnant women in these states decided to stay home and have their babies once the abortion clinics in their states closed down. But this information on abortion travel agencies and abortion fund grants is a clear indication that some pregnant mothers who might have been on the fence about what to do, may have been swayed to the abortion side by offers of free travel and free “medical care.”

Now that the initial shock of *Dobbs* has ebbed and many abortion funds are drying up, it will be interesting to see what decisions pregnant women make in these states without that “assistance” and these promotional incentives.

Running short of free money

In a June 26, 2024, story, *Bloomberg News* reports that due to falling donations, the National Abortion Federation (NAF) is cutting the abortion assistance budget for its hotline in half, from \$6 million a month to just \$3 million.

The report continues that “Support for individuals will be capped at 30% of procedure costs, down from 50% in most of the US and 100% in some places like Georgia and Florida.” (In case you didn’t catch that, NAF had been covering 100% of abortion costs for some Georgia and Florida patients.)

Furthermore, in the eleven months following *Dobbs* (July

2022 to May 2023), the hotline helped to pay for 982 plane, train, or bus trips, 235% more trips than it paid for in the same time frame the year before.

NAF tells *Bloomberg News* that individual contributions to the hotline increased by 135% in 2022, but then fell by almost 40% last year.

Funding cuts

Several abortion funds were reporting problems after early post *Dobbs* “successes.” *Stat News* (1/23/24) reported that the Abortion Fund of Ohio, after spending \$1.5 million to help nearly 4,400 women get abortions in 2023, stopped taking calls in mid-December of 2023 and was suspending operations until February 1, 2024.

Many abortion funds are hurting and are responding by capping, cutting, or “pausing” disbursements. Some are offering only 30% of travel costs, when it might have been 50% or even full cost before. Some are limiting funds to women from a certain state or region. One fund in Indiana decided to provide funding only to those nine weeks or more pregnant though it said exceptions might be made for minors or those pregnant from rape. (*Stat News*, 1/23/24).

Other funds like the Utah Abortion Fund and Indigenous Women Rising also faced funding pauses and other funds have seen donations falling. Bree Wallace, director of intake at the Tampa Bay Abortion Fund in Florida, told *Stat News* that “Every single abortion fund” has seen a drop in funds. “I think we’re all at lower numbers than we’d like to be” (*Stat News*, 1/23/24).

The DC Abortion Fund acknowledges that the funding dropoff is even affecting powerful well known organizations like theirs. Alicia Dingus,

development director for DC Abortion Fund, tells *Huffpost* that while her organization raised \$1.7 million last year, they’ve had to half their budget because donations have fallen.

Clearly concerned, Dingus told *Huffpost* (6/24/24) that “We shouldn’t be in a constant state of crisis and panic because we’re here to support people who are already scrambling. But here we are, fighting for resources and asking questions like: ‘Will we have jobs in the future? Will we exist?’”

Funds had previously been so generous that they invited scammers, funders admitted, women simply looking for free travel. In an effort to economize, funds are trying to be more careful in making disbursements (*Stat News* 1/23/24).

What will pregnant women do without free abortions?

The takeaway from this analysis is that whatever increases there were in U.S. abortions in the year post-*Dobbs*, these were in many ways artificial, that is, not so much a matter of market forces or customer demand as they were a response to a costly and calculated product promotion.

Women unsure about motherhood and their economic circumstances were offered financial support, and sometimes free travel and medical services, if they chose abortion. Some accepted that offer.

But now the abortion industry cannot afford to keep giving away free abortions, and the incentives have changed.

With that devilish deal now off the table, how many will continue to make that same decision and how many will now reconsider what life offers for them and their babies?

Who's winning? For now, a defiant Biden and a panicky Democratic caucus appear to be at a standoff

From Page 2

A drip-drip of calls from party faithful for a dramatic last-minute change atop the Democratic ticket this November is turning into something else entirely.

What had started as pleadings from a few lone lawmakers, donors and media figures in its earliest days after the incumbent 81-year-old's poor performance at his June 27 debate with Republican Donald Trump now includes warnings from the country's first-ever female House speaker, plus senior Senate Democrats and the nation's most well-known celebrities.

For example, there was Sen. Michael Bennett, D-Colo.,

who gave a blistering assessment of Biden's reelection bid in an interview Tuesday night on CNN, warning that Trump could defeat the incumbent Democrat "by a landslide and take with it the Senate and the House."

Almost on cue, the results of the latest *Cook Political Report* (CPR) came out Wednesday morning. "As President Joe Biden digs in his heels at the top of the Democratic ticket, the nonpartisan *Cook Political Report* shifted six swing states toward former president Donald Trump, with three — Arizona, Georgia, and Nevada — moving from 'Toss Up' to 'Lean Republican,'" Thomas McKenna writes for *National Review Online*.

"The most important swing states in the race — Michigan, Pennsylvania, and Wisconsin — CNN/SSRS, and *The Wall Street Journal* "all showed Mr. Biden down at least six points nationally



Pro-abortion President Joe Biden

remain in the 'Toss Up' category. But three other states have moved toward Trump, going from 'Likely Democratic' to 'Lean Democratic' — Minnesota, New Hampshire, and one of Nebraska's three electoral votes. ... If Trump won every state rated by CPR as at least 'Lean Republican,' he would be only two electoral college votes short of the 270 required to take the White House."

Sort of death by a thousand cuts. But, of course, Biden has plenty of other weaknesses as well.

To begin with, there is the issue the importance of which cannot be overstated: Biden's age.

"Polls repeatedly show voters saying he's too old to be effective," Cohn writes. "His public appearances will be scrutinized as the latest test of his fitness; every utterance will have the potential to reopen the debate about the viability of his bid, starting with his 'big boy' news conference on Thursday. With so many Democrats pushed to the edge, another serious misstep could be enormously consequential."

Speaking of polls, polls from *The New York Times*/Siena College,

in the wake of the debate," Cohn writes. "An AARP poll fielded by a highly regarded Democratic and Republican pollster found Mr. Trump up six points in Wisconsin when minor-party candidates were considered."

Then there's the Emerson College Poll [<https://emersoncollegepolling.com/july-2024-national-poll-trump-46-biden-43>].

"Since before the first presidential debate, former President Trump's support remains at 46%, while President Biden's support has decreased two percentage points," Spencer Kimball, executive director of Emerson College Polling, said. "Notable shifts away from Biden occurred among independent voters, who break for Trump 42% to 38%; last month they broke for Biden 43% to 41%."

When they broke out voter motivation by race, age, and party, Emerson found

• 78% of Republicans are extremely motivated, compared to 65% of Democrats and 63% of independents.

• 79% of white voters are extremely motivated to vote in this year's presidential election, compared to 53% of Black voters and 49% of Hispanic voters.

• Generally, as age increases, so does the percentage of voters who say they are extremely motivated to vote: 39% of people ages 18 to 29 are "extremely" motivated to vote, 49% of 30 to 39-year-olds, 72% of 40 to 49-year-olds, 76% of 50 to 59-year-olds, 91% of 60 to 69-year-olds, and 83% of people ages 70 and older.

Finally, consider these two headlines, one from Tuesday, one from Wednesday. The *NBC News* story has the party resigned to Biden remaining at the head of the ticket:

'There's no way out': Democrats feel powerless as 'elites' fall in line behind Biden

But by some accounts from Democrats at all levels, backing Biden felt more akin to a death march to November than a rousing backing for a party nominee.

Contrast that with this 180 degree different headline from *USA Today*:

President Biden's dam begins to crack after new Democratic detractors speak out

The Democratic National Convention begins August 19. That leaves plenty of time for the Democrat Party's internal squabbles to break out into an all-out civil war.

There is no safe way to legalise euthanasia

Safeguards simply do not work, even when they supposedly have ‘teeth’

By Kevin Yuill

Editor's note. Kevin Yuill who is an emeritus professor of history at the University of Sunderland and CEO of Humanists Against Assisted Suicide and Euthanasia (HAASE) wrote an article, that was published in Spiked on June 18, 2024. It was reposted on the blog of Euthanasia Prevention Coalition.

For the first time in history, both main candidates in a UK General Election are openly in favour of legalising assisted suicide or euthanasia (ASE). Whether Labour or the Conservatives win in July, the Suicide Act 1961 will likely be called into review.

Last week, prime minister Rishi Sunak was asked by reporters at the G7 summit in Italy if he would vote for a change in the law on ‘assisted dying’. He replied: ‘I’m not opposed to it, in principle, and it’s a question of making sure the safeguards are in place and are effective.’

This may be a moot point, given that Sunak is trailing Labour leader Keir Starmer by 20 points in the polls. Besides, Sunak’s position was carefully couched. Rather than giving his full-throated support, he said he is ‘not opposed’. But that didn’t stop Sarah Wootton, chief executive of Dignity in Dying, from being able to say that, whoever gets in, ‘neither are opposed to reform’ of the UK’s current ban on ASE.

Perhaps the one thing we know about the infamously slippery Starmer is that he has a track record of supporting ASE. In March this year, he said was personally in favour of legalisation and he promised that MPs would get a free vote on it in the next parliament. Still,

even he said that any change in the law must be accompanied by ‘safeguards with teeth to protect the vulnerable’ from abuse. These imagined safeguards are certainly doing a lot of heavy lifting.

But could they actually work?

Looking at the evidence, it is

publication The Age complained that, in the state of Victoria, many of the 68 safeguards that had reassured Victorians that ASE would be safe ‘are now obsolete and severely limit access’. The Age insisted that doctors should be allowed to initiate

Psychiatric Times this month, ASE legislation begins ‘with the “low-hanging fruit” of end-stage or terminal illness and gradually broadens’ to encompass other non-physical illnesses or conditions.

In Colorado, there have been cases where people have been helped to die because of anorexia. Dutch law similarly allows ASE for a variety of non-physical ailments, extending even to allow the killing last month of a physically healthy 29-year-old who suffered from severe depression. In the Netherlands in 2010, there were two cases of ASE involving psychiatric suffering. In 2023, there were 138, making up 1.5 per cent of the 9,068 euthanasia deaths.

In Canada, ASE was legalised in 2016 under the medical assistance in dying (MAID) programme. This was initially only intended for people whose deaths were ‘reasonably foreseeable’. But a court decision forced the government to expand its criteria effectively to all those with a permanent disability.

Safeguards simply do not work, even when they supposedly have ‘teeth’. When legalised, ASE rapidly turns death into a form of treatment for anyone deemed to be living an ‘inconvenient’ life – from the mentally unwell to the physically disabled.

The only good news is that, after 4 July, there will be a debate both in and outside of parliament. We should use this opportunity to counter the emotional appeals of our political class with the tragic realities of places where ASE is legal. Legalising assisted suicide is not so much a slippery slope as a moral precipice.



Kevin Yuill
via X

difficult to avoid the conclusion that the only ‘safeguard’ that really works or lasts is the present law, which prevents ASE entirely. In every country where ASE is legal, the safeguards have fallen rapidly and initially low numbers of assisted deaths have surged.

Just look at the example of Australia, where ASE is largely legalised. Since legislation was passed in 2017, we have heard a constant clamour for more ‘improvements’ in the law, as pro-euthanasia organisation Go Gentle Australia disingenuously phrases it. What this really means is expansion of the current eligibility criteria.

Last week, Australian

conversations about euthanasia and called for the removal of other ‘unnecessary hurdles’ to ASE. It is not difficult to see how this could lead to vulnerable people being pressured into accepting an assisted death.

Even in the US state of Oregon – which proponents of ASE like to hold up as evidence that safeguards work – the minimum period between a request for an assisted suicide and a patient’s death was reduced from 14 days to 48 hours in 2021.

Everywhere that ASE has been legalised, the eligibility criteria has ended up expanding. As psychiatrists Mark Komrad and Annette Hanson note in the

Did President Joe Biden Tell the Truth About Third-Trimester Abortion?

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conceptualizes abortion as an option throughout pregnancy.

The pro-abortion group ANSIRH (Advancing New Standards in Reproductive Health) describes itself as “Providing the evidence you need to advance reproductive well-being.” It says of the results of the study:

The reasons people need third-trimester abortions are not so different from why people need abortions before the third trimester...

[T]he circumstances that lead to someone needing a third-trimester abortion have overlaps with the pathways to abortion at other gestations.

The study itself doesn’t give a detailed breakdown of women’s reasons or any concrete numbers. Instead, it claims that people have abortions in the third trimester for one or more of the following reasons:

- **She didn’t know she was pregnant earlier.**
- **She had difficulty arranging an abortion.**
- **The baby had a health problem or disability.**

None of the abortions in the study were sought due to the pregnant person’s physical health or because she had a life-endangering condition.

Again, none of the abortions were done to save the life of the mother— or for any reason related to the pregnant person’s health.

Abortions of Babies with Disabilities

The study mentioned four cases in which the baby had a disability. If these were the only cases in the

study, that would mean abortions for fetal disabilities, or health problems in the baby, were only 14.3% of the total.

Since these were all healthy women, if this number is accurate, it would mean that over 85% of third-trimester abortions in the study were done on healthy

even severe disabilities, are human beings. This is the dehumanization of a whole group of people because their abilities are different from average. To deny that disabled people are people, solely because they have a disability, is the worst possible form of ableism.

rich, full lives. We feel happiness and joy. We give and receive love. Most of us make our mark on the world, and leave it a better place – and even if we don’t, we still deserve not to be killed.

We may not be able to do certain things, but we lead lives that are meaningful, to us at least.

Abortion in 3 words:

VIOLENT

GRUESOME

PAINFUL

mothers with healthy babies— but it isn’t entirely clear if these were all the disability cases or just four she was highlighting.

One mother dehumanized her disabled baby by saying, “There was nothing to say this child has any possibility of having even the capability of existing as a baby, as a child, as a person.”

Someone with a disability is a person. People with disabilities,

Another mother said her child had a “very bad prognosis.” The third mother cited “several serious fetal health issues.” There is no way to know how serious these problems actually were because the article gives little information about these cases and no specific medical diagnoses. So we don’t know what disabilities these babies had.

People with disabilities live

Whether our lives are meaningful to others shouldn’t determine whether we have the right to exist.

The fourth woman said her child would die in utero or “if he did make it to birth, it was going to be a lot of surgeries and we did

See Third-trimester, Page 45

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not know what his quality of life would be at that point.”

At 22 weeks, she requested an abortion from her doctor, but he refused to approve it because he once delivered a 22-week preemie and didn't feel her baby should be killed. It took her until the third trimester to arrange an abortion elsewhere, even though abortion on demand is legal for any reason at 22 weeks (and beyond) in over 30 states.

Learning of a Pregnancy Too Late or Delays in Arranging Abortion

The study also presented cases where the pregnancy wasn't discovered until late in gestation and/or abortion was hard to arrange.

One woman discovered her pregnancy early but “took no immediate action toward obtaining an abortion.”

Kimport says that she had emotional problems because of a sexual assault she endured at some point in her past. It gives this as a reason why she waited so long to arrange an abortion.

Sadly, having a late-term abortion might have made her emotional problems worse. Many, many women have written about suffering emotional trauma due to their abortions. It is unlikely that the abortion improved her mental health or eased her emotional problems.

Abortion Too Expensive

Cost was another factor. Abortion facilities charge a lot of

money for abortions, putting them out of reach of many pregnant people. Planned Parenthood, for example, charges \$715 to \$2000 for a second-trimester abortion. (One might think that, if they are as altruistic as they claim to be, they wouldn't be so concerned about making money).

Abortion providers and the pro-abortion movement often blame pro-life laws and pro-life activism with delaying abortions. So it's interesting that one of the main reasons this study cites is something completely controlled by the abortion industry that pro-lifers have nothing to do with—how much profit they want to make.

One woman couldn't afford an abortion and started prenatal care. Then, her (now) ex-boyfriend got a work bonus, and she had an abortion in her third trimester.

Another woman was homeless. The abortion facility took her money, killed her baby, and sent her back to her situation, leaving her to fend for herself. In contrast, a pregnancy resource center would have walked with her through her pregnancy and given her real help.

There are many examples of pro-lifers and pregnancy resource centers helping pregnant people find housing or giving them money to pay rent. (You can find some examples in Marisol Maldonado Rodriguez's book *Beyond Her Yes: Reimagining Pro-Life Ministry to Empower Women and Support Families in Overcoming Poverty*.)

Pregnancy centers also offer free parenting classes, baby items such as diapers and bassinets, and ongoing emotional support that can last for years (or, unofficially, a lifetime, as pregnancy center volunteers befriend the pregnant and parenting people).

And unlike the abortion facility, they do it all for free.

Instead of helping her find housing or a way out of her situation, the abortion facility took this woman's money, killed her baby, and sent her right back to the street or the homeless shelter. They dismissed her from their clinic, never to have anything to do with her again. After the abortion, she was on her own, only now with the memory of a dead baby.

Undercover Video Reveals the Truth

A Live Action undercover video taken inside an abortion facility in Washington, D.C., also shows that third-trimester abortions on healthy mothers with healthy babies are happening regularly in the United States.

The woman who went undercover was 28 weeks pregnant. She was physically healthy with a healthy baby and didn't give a serious reason for wanting the abortion.

She has the following conversation with the abortion worker:

Patient: I'm just feeling very self-conscious cuz I feel like you guys probably don't see a lot of people

as far along as I am, except for, like, medical emergencies.

Abortion worker: No, you're fine... We see a lot of people as far – further than you.

Later in the video, there is this exchange:

Patient: You guys have, like, this [is] what you do, you have experience this far along?

Abortion Worker: Yes. Yes. We do.

Patient: Yeah, it's not just at like 22 or 18 [weeks] or something.

Abortion Worker: No. No. We specialize in this far along.

The abortion worker makes it clear that her facility regularly does third-trimester abortions for non-health-related reasons.

So we can clearly see that President Biden was either lying or misinformed. And the media, as they always do, just went along with it, hiding the truth from people.

Notes:

1. Jeg Epner, HS Jonas, DL Seckinger “Late-term Abortion” *Journal of the American Medical Association* 1998; 280 (8): 724-729

Editor's note. This appeared on Sarah's substack and is reposted with permission. You can find more of her articles at sarahterzo.substack.com.

Congressional Update: New Votes on a range of pro-life issues

From Page 4

Also referred to as the Mexico City Policy, it was originally adopted by President Reagan and announced at a 1984 population conference in Mexico City. The policy was reinstated by each subsequent Republican president and expanded under President Trump in 2017. This life-saving policy was abandoned by the Biden Administration.

Under PLGHA, in order to be eligible for U.S. "population assistance," a private organization must sign a contract promising not to perform abortions (except to save the mother's life or in cases of rape or incest), lobby to change the abortion laws of host countries, or otherwise "actively promote abortion as a method of family planning."

The most important characteristic of PLGHA is that it establishes an eligibility criterion for U.S. funding. If a group is unwilling to agree to avoid promotion of abortion, that group will not receive any type of U.S. support.

In short, the Protecting Life in Global Health Assistance policy is not about how an organization

keeps its books. Rather, it is about the type of groups the United States is going to support. If a specific organization declines to accept the policy, then the same funds are channeled to other organizations that agree to the contract restrictions.

The House also passed the Department of Defense Appropriations Act (H.R. 8774). Federal law (10 U.S.C. § 1093) has long prevented the Department of Defense (DOD) from using funds to perform elective abortions and prevented the DOD from using its facilities to provide abortions.

However, on October 20, 2022, the Biden Administration's DOD published a memorandum directing the DOD to pay the travel and transportation costs for military members and dependents to travel to obtain elective abortions.

The federal prohibition against DOD funding elective abortion clearly extends to funding for any item related to the abortion, such as travel and transportation, which has been the case for the entire life of the funding prohibition.

H.R. 8774 would prohibit funding for the October 2022 memorandum.

In addition, the House took a vote on an amendment to H.R. 8070, the Servicemember Quality of Life Improvement and National Defense Authorization Act for Fiscal Year 2025 (NDAA). The successful amendment from Rep. Van Deyne (R-Texas) prohibits the Secretary of Defense from paying for or reimbursing expenses relating to elective abortion but passage is unlikely in the Senate.

Meanwhile, the Senate Democrats have been hard at work to expand and promote abortion.

In late May, Majority Leader Schumer announced a reproductive rights campaign in the month of June. As anticipated, they took a series of political show-votes. Including two failed votes on the so-called "Right to Contraception Act" and the so-called "Right to IVF" bill.

While purporting to address IVF, which is available in every state, Sen. Duckworth's bill would have authorized the unfettered creation

and destruction of embryos, and likely authorized human cloning and chimera creation.

The "Right to Contraception Act" went far beyond contraception which National Right to Life takes no position on. Instead, it was aimed at ensuring abortion-provider funding and could have been interpreted to include the nation-wide right to abortion-causing drugs (for use weeks and months into a pregnancy).

Fortunately, both measures failed to garner the 60 votes needed to advance them.

While attention is primarily on the battle for the White House, it is critical to see how your Member of Congress has voted on the life issues. It is critical that we elect pro-life majorities to Congress in order to stop the Democrats from promoting their goal of unfettered access to abortion, nationwide, paid for with taxpayer dollars.

The current Congressional Scorecard, as well as ones from several recent Congresses are always available here: www.votervoice.net/NRLC/home

Real lives, real impact; pregnancy help on Capitol Hill

From Page 12

“And well, two years later, I do have my beautiful son,” Kayla said. “He just turned two. And the Hill Country Pregnancy Care Center was with me through my journey.”

Her son was born at 32 weeks and the center saw her through managing his early arrival. Kayla said that because of the relationship she has with the center and its personnel she has been enabled to enjoy love and all that God has offered her and her son.

Anahi and Elias

Anahi found out she was pregnant when she was 19.

She had just moved across the country, leaving behind friends and family to pursue a degree in marine biology. She was working two jobs and going to school.

“I lacked the stability that you need to bring a child into the world, so I turned towards my child’s father for that stability and support,” she said.

Everything went downhill very quickly, Anahi recalled. She became a victim of domestic violence.

“I ended up giving birth alone,” she said.

But the worst part about that, she said, was knowing that she and her son Elias had to go back to the where the abuse occurred.

“I became very hopeless, and I did not know what to do,” said Anahi. “I had nowhere to go.”

A friend referred her to Thrive SWFL, a maternity home. She applied and was accepted.

“Once I moved to Thrive, because I started receiving support, I started to become hopeful again for my life and for my son’s life,” Anahi said.

She started to heal from the traumas she endured from being abused. And she went back to school, continuing her education.

And Thrive empowered her even further.

“I found family for myself and for my son,” Anahi said. “When I chose life for my son, I also chose

life for myself.”

With the support she received from the maternity home she was able to the summon the drive to succeed, and “put herself out there.”

“Thrive has supported me with the tools to succeed and to be the mother I always wanted to be and know I could be,” said Anahi. “With programs like Thrive, we can truly build a better future.”

Elizabeth and Evelyn

Elizabeth and Ben were in an on-again-off-again relationship when Elizabeth became pregnant with their daughter Evelyn.

“I was very scared, and I was sad, and I had no support,” Elizabeth said. “Not in my family and not in my community and not at work.”

Elizabeth made several appointments at Planned Parenthood and finally went to one.

“I sat in the office for three hours and I asked for counseling or anybody to come in and just give me some kind of guidance on what I should do,” Elizabeth recalled. “And every time I asked for that, they said they don’t do that kind of thing and they outsourced that.”

“And that was really hard for me,” Elizabeth said. “I felt alone.”

As the Planned Parenthood was closing, she realized that she would have to make another appointment or just take the abortion pill.

“And so, I went ahead, and I took it,” she said.

Ben texted her the next moment saying to get out of there and that they should keep the baby. Elizabeth immediately tried to throw up the abortion pill but was unsuccessful. She stopped twice on the way home trying to throw the pill up but couldn’t.

Ben met her at home, where, through their emotions from what had been put in motion, they searched online for remedies for having taken the abortion pill.

“Because we realized that no

matter what happened between us, we wanted her,” Elizabeth said.

Elizabeth found the 800 number to the Abortion Pill Rescue Network and connected with a nurse who calmed her, offered help, and connected her with a local physician who administers Abortion Pill Reversal.

Abortion Pill Reversal is an updated application of a treatment used since the 1950s to combat miscarriage. It involves prescribing progesterone to counter the effects of the first abortion pill mifepristone.

Mifepristone blocks progesterone in a pregnant woman’s system, starving the baby of necessary nutrients. The second drug in the two-drug abortion pill regimen, misoprostol, causes the mother to go into labor and deliver her presumably deceased child.

If a woman acts quickly enough after taking mifepristone and before taking misoprostol, it may be possible to save her unborn child through Abortion Pill Reversal. To date, more than 5,000 lives and counting have been saved through the Abortion Pill Rescue Network (APRN), a network of more than 1,400 medical professionals and pregnancy help organizations that administer the reversal protocol.

The doctor that the APRN nurse connected Elizabeth with started her on progesterone and two days later she and Ben went to Care Net of Paradise, where they saw through an ultrasound that baby Evelyn had survived.

They continued to go regularly to the pregnancy help center for ultrasounds and peer counseling, and they learned the value of the offerings of such centers.

“We realized we do love each other,” Elizabeth said. “And they carried us all through the first trimester till I saw my OB and they told us we didn’t have to come anymore but we didn’t want to stop.”

“So, we continued to go up there

all the time and get counseling and take parenting classes,” said Elizabeth. “And on January 18 at 12:04 a.m. I gave birth to the best decision I’ve ever made.”

Ben refers to himself as the proud father of Evelyn. He was nervous at first about how Abortion Pill Reversal would work, and he initially thought that pregnancy centers were just for women.

As Elizabeth went back to be seen for her first appointment at Care Net of Paradise, he waited in the lobby. It was not long before another member of the center’s staff sat with him, calming his fears, and offering resources and support.

Ben has since taken more than 100 online parenting classes.

“And they’re wonderful,” he said. “I’ve learned everything from the pregnancy to labor, to all the different stages of childhood.”

He’s also taken a handful of classes on helping to parent his teenagers.

“It was it was really nice and very helpful because I needed help with educating myself on how to how to give Elizabeth, who’s a first-time mom, the assistance that she needed,” Ben said.

“So, it really let me be more hands-on during the pregnancy,” he said. “I’m very thankful.”

“I now know that pregnancy centers aren’t just for women,” said Ben. “They’ve helped me be a better partner and father to my children.”

Elizabeth and Ben have plans to get married in the fall.

Editor’s note: Heartbeat International manages the Abortion Pill Rescue® Network (APRN) and Pregnancy Help News where this first appeared. Heartbeat is currently the subject of lawsuits initiated by the state attorneys general of California and New York concerning advertising Abortion Pill Reversal. Reposted with permission.

Three Women Who Found The Abortion Pill Traumatic

In an article in New York Magazine, women who took the abortion pill suffered.

By Sarah Terzo

In 2013, New York Magazine published the stories of 26 women who had abortions. There is a great deal for pro-lifers to take away from the article. But today, I'm going to focus on one thing – the women's experiences with the abortion pill.

Abortions by Pill Are Very Common

A recent study found that the abortion pill now accounts for 63% of abortions in the United States – and the actual number may be much higher.

This is because the abortion pill is so easy to obtain illegally from pharmacies and organizations outside the United States. Multiple websites exist where a pregnant person can go, put in her address, make a payment, and have the abortion pill shipped to her door.

It takes about five minutes to order the abortion pill online, and some sites charge as little as \$50. An abortion by pill at Planned Parenthood costs, on average, \$580, and can cost as much as \$800. Ordering the abortion pill online is, therefore, a better deal for women paying out-of-pocket for their abortions.

I will not link to sites that provide the abortion pill for obvious reasons – but they are easy enough to find with a simple Google search.

Because it is so easy, quick, and inexpensive to order the abortion pill online, we can guess that many, many pregnant people are doing it. No one knows how many, because no study, to my knowledge, has been done recently (other than one very unreliable and poorly designed study in Texas).

But it's easy to imagine that tens of thousands of women are illegally ordering the abortion pill, and none of them are included in the official statistics.

Now to the stories.

An Abortion That Was 'Like a Nightmare'

One woman who shared her story was Abby. (All the women

wasn't given a choice in method, even though surgical abortion was legal in Oklahoma at the time. (Today, abortion is legal in Oklahoma only in very limited circumstances).

he antibiotic made me vomit and sh*t everywhere."

The abortion pill itself can also cause these symptoms, according to the Mayo Clinic, which lists diarrhea, nausea, and vomiting as



were identified by first name only, and some used fake names – I will use the names given in the article.)

Abby had her first abortion by surgery in New York when she was 25. It was an easy decision for her – no agonizing over her choices or ambivalence, at least before the decision. She says, "From the time I was a teenager, the idea of having an abortion if pregnant was a no-brainer."

She doesn't say much about her first abortion, but does say, "[I]t was like a nightmare..."

The Abortion Pill and Its Aftermath

Her second abortion was in Oklahoma in 2011. The method was the abortion pill. She says she

A possible explanation is that the particular abortion facility she went to didn't offer surgical abortions. Some abortion facilities, including many Planned Parenthood locations, only provide abortion pills, not surgical abortions.

An example is the Planned Parenthood clinic in Morristown, New Jersey, where the abortion pill is available on a walk-in basis – no appointment required – but not surgical abortion.

According to Abby, the abortion facility gave her an antibiotic, a painkiller, a latex glove, and the second drug of the abortion regimen, (which is Misoprostol) to be inserted vaginally.

The abortion was difficult from the start. Abby says, "[T]

among the "more common" side effects of the pill.

Abby decided not to use the latex glove to insert the second medication. She says, "I thought, F*ck the latex glove! F*ck them for thinking I can't touch myself!"

The abortion facility didn't give Abby a latex glove because they felt she couldn't touch herself. They gave it to her to use to prevent a dangerous and potentially deadly infection.

One possible infectious bacterium is *Clostridium sordellii*, which causes toxic shock syndrome. This is what killed Holly Patterson, and 18-year-old who died after taking the abortion pill.

Canadian euthanasia doctor has killed hundreds

By Alex Schadenberg, Executive Director, Euthanasia Prevention Coalition

Sharon Kirkey wrote a pro-euthanasia / pro-ElLEN Wiebe article that was published in the *National Post* on Saturday July 6.

Kirkey, who has written many pro-euthanasia articles, attempts to fix the perception of Wiebe after she was seen laughing in the film *Better off Dead?* by disability activist / actress Liz Carr while discussing euthanasia.

Elmira Tanatarova reported for the *Daily Mail* on May 15 that many of the viewers of the *Better off Dead?* documentary were uneasy with Wiebe as she giggled when discussing the number of her euthanasia deaths.

When asked by Kirkey about the number of euthanasia deaths Wiebe responds:

"I know the exact number," the Vancouver doctor said, "but I don't want to do that, no. It's become a weird thing, people talking about their numbers, or criticizing people who talk about their numbers."

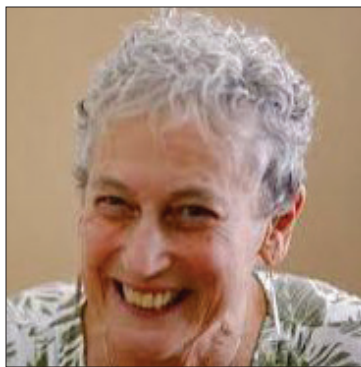
"Hundreds is good," she said. About 430 as of May 2022 alone, as she then testified before a special parliamentary committee on medical assistance in dying, or MAiD.

When asked about laughing on camera during the filming of *Better off Dead?* Kirkey writes:

Wiebe can seem "oddly cheerful" when discussing MAiD, viewers of the BBC documentary remarked. She grinned at peculiar moments during an interview with National Post, laughing as she described how, when getting final consent on the day of death, "I come in and say, 'Are you sure this is what you want to do today?'"

Laughter can be a response to emotionally uncomfortable situations, like talking about death, said Helen Long, CEO of Dying with Dignity Canada. "You suddenly realize what you're in the middle of discussing."

"Laughing often is just part of my personality,"



Ellen Wiebe

Wiebe told National Post.

I personally speak cheerfully about my work with the Euthanasia Prevention Coalition, but I'm not killing people.

In response to her clients Kirkey reports Wiebe as stating:

"It's hard to even be in the same room as somebody who's suffering so severely," Wiebe told the Post. "But then, of course, you know, I get to end that suffering, which is good."

Wiebe misses the point. She is not ending suffering or even caring for the sufferer, she is killing the person.

Trudo Lemmens is bothered by the pseudo-spiritual language that euthanasia doctors apply to MAiD [Medical Assistance in Dying] deaths. Kirkey reports:

But others like Trudo Lemmens are troubled by the small number of

providers dominating the practice and the "pseudo-spiritual language" some use to describe doctor-administered death.

"When MAiD was legalized, it was framed as a practice that was exceptionally required to ease the dying process or give some control at the end of life," Lemmens, a University of Toronto professor of law and ethics, wrote in an email.

Christopher Lyon, whose father died by MAiD in Victoria BC also respond to Kirkey:

Others like Christopher Lyon, a Canadian social scientist at the University of York in the U.K. have remarked that pleasure from euthanasia is deeply disquieting, "because death is usually a deeply painful or difficult moment for the patients and their loved ones."

Lyon's 77-year-old father died by MAiD in a Victoria hospital room in 2021, over the family's objections. (Wiebe was not the provider.) His father had bouts of depression and suicidal thinking, but was approved for MAiD nonetheless. Lyon wonders what draws some providers to MAiD "and what happens to a person when killing becomes a daily or weekly event."

"Some providers have counts in the hundreds — this isn't normal, for any occupation," he said. "Even members of the military at war do not typically kill that frequently. I think that's

a question that we've not really ever asked."

Kirkey responds to criticisms of Wiebe by interviewing Dr James Downer, who was a founding doctor of the Physicians Advisory Council for Dying with Dignity. Downer who is introduced as an Ottawa palliative care and critical care specialist reportedly states:

"It's absolutely not a celebration of the act of ending someone's life. It's a reflection of the intense emotional bond you form with families and patients."

Kirkey also obtains a comment from Helen Long, the CEO of Dying with Dignity who said:

She's also "warm and funny," blunt and straightforward, a straight-shooter with a determined streak.

Wiebe when asked about natural death reportedly states:

"I know what the ends are like, and I'm not interested in that," she told National Post. MAiD means people can "skip out when you're still you."

Wiebe expects that the law will expand to include children and the incompetent. Kirkey writes:

She fully anticipates that MAiD will be extended to mature minors. "I've always been assuming for eight years that a 17-year-old with terminal cancer is going to say, 'I have the right,' and of course any judge in the country will say, 'Yes, you do.'"

Three Women Who Found The Abortion Pill Traumatic

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The abortion facility was very, very negligent in not telling Abby the real reason for the glove. Apparently, they didn't warn her about the risk of infection. She put herself and her life in jeopardy by ignoring their instructions.

A Trip to the Emergency Room

Abby describes what happened when she inserted the second pill:

As soon as the contractions started, my hands turned into claws. I was dehydrated. I had this underlying feeling that I was being made to suffer, to repent for my situation.

Abby called her boss, and he took her to the ER. She says that at the hospital, "When I stood up, the bed was covered in blood."

The hospital visit cost \$2000, and she completed the abortion at home.

Abby describes passing a "gray golf-ball thing" which was almost certainly the amniotic sac containing her baby. She recalls wondering if

she should simply flush the sac and baby down the toilet. I suppose it didn't feel right to her. She doesn't say what she ended up doing with her baby's dead body.

Regret, Pain, and Coercion

A woman given the name Alex also took the abortion pill.

Alex says she spent the night after she took the abortion pill "hunched in bed, cramping unbelievably."

The abortion seems to have haunted her, at least to some extent. She says, "It does affect you. Sometimes you regret and sometimes you feel good. You think, The baby would be a year old now."

Another woman, Clio, initially wanted to keep the baby, but her boyfriend said no. She says:

I thought my boyfriend would say, 'Yay!' But he wanted me to have an abortion. I felt like if I did that, I'd be killing somebody. He wasn't really involved in anything except video games.

That night, he played Call of

Duty, this very gory war game that was his life. I slept alone. It mattered to me what the father wanted to do.

Sadly, Clio cared so much about the opinion of an indifferent, coldhearted man addicted to video games that she sacrificed her child for him.

She aborted at a friend's house. Clio also suffered vomiting and diarrhea, and worse. She says, "I was puking and pooping, everything at the same time, delirious, unable to stand up."

Taking the Abortion Pill is a Horrible Experience

Overall, the article shows that taking the abortion pill is a physically traumatizing experience causing intense cramps, vomiting, diarrhea, delirium, weakness, heavy bleeding, and fear so intense it drove one woman to the emergency room.

This is the right that pro-abortion groups fight so hard for. This is the experience they want

for pregnant people.

Keep in mind that Planned Parenthood, abortion clinics, and the pro-abortion movement in general, do nothing for pregnant people who want to keep their babies. They don't provide any services to women who don't want abortions — despite calling themselves pro-choice. They don't support the choice of carrying a baby to term.

I'm not aware of any pro-abortion group that gives any help or support, material or emotional, to pregnant people who want to choose life. Having and raising a child is not what pro-abortion activists or the abortion industry want pregnant people to do.

The abortion pill — a painful, bloody, frightening experience, is what the pro-abortion movement wants for women.

Editor's note. This appears on Sarah substack at <https://sarahterzo.substack.com/p/three-women-who-found-the-abortion>

Canadian euthanasia doctor has killed hundreds

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She also expects some form of advance requests for MAID in cases of dementia, which would allow a person to make a written request for euthanasia that could be honoured later, even if they lose their capacity to make medical decisions for themselves. Support for advance requests is strong, according to polls. But if someone is unable to express

how they're feeling, who decides if they are suffering unbearably — and what if they changed their minds? MAID doctors may be asked to "provide" for someone they have not met before, and with whom they will not be able to communicate, Wiebe said.

"That's going to be hard for us as providers," she said.

"This will be a new

challenge. And I'm up for challenges."

Much of this interview confirms the concerns that Trudo Lemmens has that there are a few insiders that are controlling the euthanasia practice and narrative in Canada.

Clearly this article is designed to improve the perception of Wiebe after the *Better off Dead?* film shows a crass and scary nature to Wiebe.

But, it doesn't matter where you stand on the issue, or on politics. Carr portrayed Wiebe for who

she is in *Better off Dead?* Carr wasn't staging the interview and she wasn't using interviews with people who oppose euthanasia to make Wiebe look bad.

I will also challenge Sharon Kirkey who tries to sell herself as a neutral reporter. Clearly, she tries to cover-up for the euthanasia lobby and seems committed to selling more euthanasia to Canadians.

Editor's note. This appears on Mr. Schadenberg's blog and reposted with permission.

NRLC's 53rd Annual Conference Demonstrates the truth that "We love both: Standing Strong with Moms and Babies": Day One

From Page 1

co-workers, we do our work but know that the truth "has a power of its own."

Second, we play "the long game." [Seekers after instant gratification we are not.] Third, Prayer for healing and forgiveness.

frequently overlooked.

Popik spoke of the many pro-life initiatives the House of Representatives is working on. Creativity is the name of the game with the Senate and the Presidency (for now) in the hands of pro-abortion Democrats.

learned at the closing General Session of Friday's first day of National Right to Life's 53rd annual conference.

These three pro-life experts, battle tested in the fight to keep abortion out of their state constitution, shared "how to transform the setback of state initiative losses into future successes." Their insights are invaluable as many states are seeing or will see similar campaigns to enshrine abortion in their state constitutions.

co-opted Faith, Family, and Freedom for their own purposes.

He talked about how effective the Democratic machine was in turning out voters who cast a "yes" vote. That included overwhelmingly those who knew very little about "Issue 1." Range also discussed the larger cultural factors that favored pro-abortionists.

As was the case in Kansas and Ohio, pro-lifers were massively outspent in Michigan in the fight to defeat "Proposal 3."



NRL Assisted Political Director, Andrew Bair, Florida Rep. Kat Cammack, and NRLC Federal Legislation Director, Jennifer Popik, JD

The Open General Session of the conference featured passionately pro-life Rep. Kat Cammack; Megan Wold, JD, who serves on the Right to Life of Idaho and litigated against the Biden Administration's attempted use of EMTALA to bypass state protective laws; and Jennifer Popik, JD, Director of NRLC's Federal Legislation.

Rep. Cammack told her personal story which tells you much about her. Her mother was urged to abort the future congresswoman several times but her mother chose to protect her unborn daughter.

Wold talked of how changes to Idaho's pro-life law had been made to reflect demands of the Idaho Supreme Court. The concession that the Biden administration made along the way—that "mental health" is not a justification for abortion—was

The next General Session featured Jean Marie Davis, executive director of Branches Resource Center, and Tim Garrison, senior counsel for the Alliance Defending Freedom's Center For Life. Ms. Davis outlined the many profound challenges she has overcome in her life, including being caught up in sex trafficking, but which eventually led her with God's help to head a Pregnancy Resource Center. Mr. Garrison spoke of how the Alliance Defending Freedom litigates the many assaults leveled against Pregnancy Centers by pro-abortion politicians.

Peter Northcutt is the executive director of Kansans for Life; Peter Range is the Chief Executive Officer for Ohio Right to Life; and Amber Roseboom is the President of Right to Life of Michigan. This all-star panel shared lessons



Tatiana Bergum, Jean Marie Davis, and Tim Garrison

Northcutt discussed how the "Value Them Both" amendment tragically failed to pass in August 2022, defeated by a campaign built on lies, including the false assertion that women would die. However, looking ahead, Northcutt talked about post-amendment victories in Kansas where for the first time pro-lifers were able to override a pro-abortion governor's veto. Not just once but seven times!

Range spoke of how pro-lifers in Ohio controlled both legislative branches by super majorities and the governorship. Yet they lost because pro-abortionists cynically

Roseboom explained that the pro-abortion playbook included an insistence that Prop 3 was not the least bit radical followed by a slew of pro-abortion bills that passed once the measure was ratified.

She discussed how pro-lifers must take back the issue of choice. "Life: the Other Choice" is a wonderful example. You can see two samples of this television ad at youtube.com/rtlmich.

A great panel that furthered the audience's understanding of "The Path Forward" was a wonderful way to end the first day of NRLC's 53rd annual conference.