VOTE
Their lives depend on it.
NRLC President Carol Tobias challenges Senate Democrat leadership to put every senator on record on two major abortion-related bills

Editor's note. The following is NRLC President Carol Tobias' s opening statement--and challenge--to the U.S. Senate Judiciary Committee at a public hearing today on the “Women's Health Protection Act” (S. 1696)

Mr. Chairman [Senator Richard Blumenthal, D-Ct.], Senator Grassley, and members of the Committee, thank you for giving me the opportunity to testify. I am Carol Tobias, president of the National Right to Life Committee. NRLC is a nationwide federation of 50 affiliated state right-to-life organizations. We are the nation's oldest and largest pro-life organization.

We find the formal title or marketing label, “Women’s Health Protection Act,” to be highly misleading. The bill is really about just one thing: stripping away from elected lawmakers the ability to provide even the most minimal protections for unborn children, at any stage of their development. The proposal is so sweeping and extreme that it would be difficult to capture its full scope in any short title. Calling it the “Abortion Without Limits Until Birth Act” would be more in line with truth-in-advertising standards.

In its 1980 ruling in Harris v. McRae, upholding the Hyde Amendment, the U.S. Supreme Court said:

Abortion is inherently different from other medical procedures, because no other procedure involves the purposeful termination of a potential life.

The “Abortion Without Limits Until Birth” bill “seeks to strip away from elected lawmakers the ability to provide even the most minimal protections for unborn children, at any stage of their prenatal development.” - National Right to Life President Carol Tobias, testifying against S.1696.

Like it or Not – Abortion is an Issue in the 2014 Elections

By Karen Cross, National Right to Life Political Director

We like it – they don’t. They – our opponents and many of their media supporters – would rather talk about a “war on women.”

That’s why, as sure as April showers, every federal election cycle we are told that the abortion issue “doesn’t matter.” The electorate is preoccupied with (fill in the blank).

Does it remind you of the adage that those who forget history are doomed to repeat it? Abortion, once again, is being written off as inconsequential. In fact, it will very much matter in the 2014 off-year elections.

Remember back in early 2014 when the contest for an open Florida seat between pro-life Republican David Jolly and pro-abortion Democrat Alex Sink was advertised as a “bellwether” election, a foreshadowing of what could happen this November?

While many political pundits argued that the abortion issue would play a diminished role in 2014, the stark differences on life issues between Jolly and Sink were highlighted on the campaign trail. And, their contrasting positions on Obamacare – in a district carried by Obama in 2008 and 2012 – were at the very center of the campaign.

As is so often the case, The National Right to Life Victory Fund help defeat Sink, a candidate endorsed by the radically pro-abortion, loaded-with-money EMILY’s List.
Why our message of love for both mother and child is resonating

As unbelievable as it might seem, there are only 83 days until the mid-term elections. Several articles in the August edition of National Right to Life News directly address this hugely important choice for America, and almost all our stories do so, at least indirectly.

With the elections less than three months away, please—if you are not already receiving NRL News Today, our daily news feed—sign up to have this free informational service sent to your inbox Monday through Saturday by going to www.nrlc.org/mailinglist. We will keep you in the know and you can pass the information along to your pro-life family, friends, and colleagues.

At a time when over 1 million unborn babies are still lost each year in the United States, there is never any shortage of grim news. The utter cruelty on display in so many recent instances of children abandoned at birth or boyfriends killing infants gives us even more testimony (as if we needed more) that Roe v. Wade opened a Pandora’s box of violence.

Fr. James Tunstead Burtchaell wrote this in his book, “Rachel Weeping.”

“The Supreme Court in 1973 had drawn a great line at the moment of birth after which one comes into the fullness of personal rights and before which none are recognized. Clearly, neither the facts of abortion nor the dispositions of those resorting to it found birth to be so agreeable a moral boundary during the trials [of abortionists after two babies survived abortions] in 1975 and 1978 as when they had argued for it in 1973. Later they preferred to envision it as somewhat like a state border, in which the officer of one jurisdiction may disregard if he is following a fugitive in hot pursuit.”

And, always, the Abortion Establishment is sent into a frenzy at the very sight, let alone passage, of laws that give women information

Here’s how every pro-lifer can be a more effective teacher

As someone who taught a long time ago and who has two members of my family currently teaching in the public schools, I do my best to keep abreast of the latest waves in education reform.

Relevance to us? If you think about it, every pro-lifer—every pro-lifer—is a teacher. Each of does it in her or his way; some have been educating for decades, others are ‘student teachers’; and, naturally, some are better at it than others.

(In this post we are not talking about educating people who are already eager to absorb what we can offer. Rather it’s those whom we are working to bring over the side of life who may be very reluctant to listen.)

Given the incredible importance of our “subject matter”—the protection of vulnerable unborn babies which is inextricably intertwined with helping their mothers find “a better way”—we are always on the lookout for good pedagogical ideas.

Here’s one. This morning, out of the corner of my eye, I saw the front cover of Sunday’s Parade magazine which bannered the article, “How to Build a Better Teacher,” by Elizabeth Green. [The article was adapted from the author’s forthcoming book, “Building a Better Teacher: How Teaching Works (And How to Teach It to Everyone).”]

For our purposes, what’s significant were the “five examples, taken from the findings of the best education researchers, of what great teachers do differently.” Let me mention three which I will adapt to educating about the beauty and the sanctity of human life.

#1. “They can right a wrong.” When a student gives an incorrect answer, rather than jump to say, “wrong,” the “best teachers put themselves in their students’ shoes—and grapple with how they arrived at the wrong answer in order to set them right.” When we are trying to win someone over, we are trying to nudge their hearts and their minds in a life-affirming direction, not score debating points. Gently, start from where they are at and help them see where and why they went wrong.

See “Message of Love” page 17

See “Effective Teacher” page 24
It’s amazing how fast this summer has gone. As you read this, many schools are already back in session and the often-hectic fall schedule will pick up. Add to that the fact that the general elections are a little more than 2 ½ months away and some days may really get crazy.

If we want to protect unborn babies and their mothers by making abortion illegal, we need to change the laws; we do that by electing pro-life candidates. And as we come closer to that day of protecting unborn children, the battle is going to be fierce.

Think back to the fight in Texas last summer to see just how far abortionists will go to try to stop pro-life victories (http://nrl.cc/Xfngqd). If you think those supporting the abortion industry are rude and militant now, you ain’t seen nothing yet.

For those who have been active in the right-to-life movement, you know it won’t be easy. You know that some of our opponents can be downright mean. They don’t care that an innocent baby is being killed, so why would they care if they hurt someone’s feelings? They march, and they shout, and they lie. Many of them are bullies whose first instinct is to try to win by intimidation.

Pro-lifers, on the other hand, respect life, which, of course, includes the lives of those we disagree with. We’re nice and polite and, on occasion, timid. We take to heart the admonition from Colossians 3, “Clothe yourselves with compassion, kindness, humility, gentleness and patience.”

I know pro-lifers who are so kind and compassionate and gentle that they are afraid to speak up because they don’t want to offend anyone. Certainly, we don’t intentionally offend or hurt anyone. We don’t want to cause arguments or fights and we would not purposely upset our friends or family or neighbors.

But we have the truth and an obligation to share it. We need to take to heart the encouraging words from Joshua 1, “Be strong and courageous.” We need to have the courage to stand up for those whose lives are being threatened. We need to be a voice for the voiceless.

Much of this will play out during the election season. Voters can expect to hear exaggerated claims, or even outright lies, about a pro-life candidate’s position. Right-to-Life people may be harassed for working for those candidates. There are some who would say they are pro-life but they don’t want you to mix pro-life issues and politics, or what they might call religion and politics.

Protecting unborn children from abortion is the greatest civil rights battle of our time and should impact every aspect of society, including the election of men and women who make the laws under which we live.

I recently heard Burke Balch, NRLC’s Director of Medical Ethics, give a speech in which he reminded us of the famous Thomas Paine quote, “These are the times that try men’s souls: The summer soldier and the sunshine patriot will, in this crisis, shrink from the service of his country; but he that stands by it now, deserves the love and thanks of man and woman.”

These next few months are not for the summer soldier and sunshine patriot; the faint of heart who want to fight only the easy battles. We need to be strong and courageous so we can elect or re-elect pro-life candidates at every level of government.

I had the privilege of testifying on July 15 before the Senate Judiciary Committee on the so-called “Women’s Health Protection Act” – S. 1696 (Page one). This bill would more properly be called the “Abortion Without Limits Until Birth Act.” It would invalidate nearly all state and federal laws that affect abortion in any way. For example, it would nullify limits on abortions after 20 weeks – past the point at which unborn children can experience pain, and laws limiting abortion even after viability, unless they allow each abortionist to abort based on his assertion that an abortion will preserve emotional “health.”

That is just the beginning. Other laws the bill would nullify include protecting individuals or private medical institutions from being forced to participate in abortion; prohibiting the aborting of an unborn child because of the child’s sex; requiring that information on alternatives to, and risks of, abortion be provided to women seeking abortions; and waiting periods after this information is provided so the woman has time to reflect on her decision.

During my oral testimony, I challenged the bill sponsor, Senator Richard Blumenthal (D-CT), and the Democratic leadership, to bring this bill to the floor for a vote, as well as the NRLC-backed Pain-Capable Unborn Child Protection Act (S. 1670), so that we could see where each senator stands on both of these bills.

However, the Democratic leadership is unlikely to allow votes this year on these bills, even on the pro-abortion bill, because they know the bill is so sweeping that such a vote would hurt many pro-abortion candidates in the elections. So it is up to us to make sure that our fellow pro-lifers know where the senators stand on this legislation and on other Life issues, especially those who are on the ballot this fall.

What can you do? Distribute comparison pieces with information about where the candidates stand on Life issues. Senate races, and some competitive U.S. House races will be on the NRL PAC website at www.nrlpac.org. (Many pro-life people will gladly vote for pro-life candidates, but they may not have that information unless we get it to them.) Recruit other pro-lifers to help with your local election activities. If your U.S. Senate and House candidates have not taken positions yet on the so-called “Women’s Health Protection Act” (S. 1696/ H.R. 3471), find people in the state or district to publicly challenge each candidate to state a position. Contribute to the National Right to Life Victory Fund so we can mail flyers, make get-out-the-vote phone calls and place media ads.

In this all-important election season, be gentle and kind, but be strong and courageous. A voiceless, innocent unborn child is counting on you.
Unborn children have already pretty much done everything that a newborn baby does, leading expert tells The Today Show

By Dave Andrusko

A friend of 30+ years recently forwarded me another story from what is turning out to be a font of information about unborn babies: the Today Show, specifically its segments on parenting.

The title of the segment, hosted by Savannah Guthrie (who is very pregnant), is “The Secret Life of Babies: New Research about what’s learned inside the womb.” And it’s plenty!

For us the major conclusion drawn is not new but important because it will reach a wider audience: “Life in the womb is much busier than you might expect.”

Here’s what Dr. Bill Fifer, a professor of psychiatry at Columbia University and described as a leading expert on fetal and newborn learning, told The Today Show:

“Everything that a newborn baby does, a fetus has pretty much done already.”

Dr. Fifer, Guthrie says, is gathering some of the “latest and most cutting edge information about life in the womb.” We wrote about another Today Show episode last month: “Moms can teach their unborn babies nursery rhymes, study shows.” (See below.) It received, by far, the most “likes” of any post ever on NRL News Today.

The broadcast alludes to that research from the University of Florida as part of a larger examination of just some of the developmental milestones a baby experiences while she or he is “hanging out in Hotel Uterus,” to quote Guthrie.

The first major milestone, we’re told, is touching. Unborn babies are “exquisitely able to sense information over all parts of their body, although some are more sensitive than others, like around the mouth, around the feet, around the hands,” Dr. Fifer says.

Around the 20th week, sensory systems for taste and smell develop. In addition, there is strong evidence that babies may be able to recognize Mom’s voice by birth.

A good chunk of the piece is to explain how the baby can and does respond to Mom’s behavior, whether it be what she is eating or her moods.

It’s a wonderful 4 minute, 5 second long infomercial for the full humanity of the unborn child. Please watch it at today.com and share it with friends.

Moms can teach their unborn babies nursery rhymes, study shows

By Dave Andrusko

What an incredible coincidence. Just this morning (as is my habit) I scanned both today’s Washington Post and a couple of stories from a few days ago. I came across this fascinating article, dated July 19, written by Meeri Kim headlined “Babies grasp speech before they utter their first word, a study finds.”

In one paragraph, here’s the gist:

“A new study has found that a key part of the brain involved in forming speech is firing away in babies as they listen to voices around them. This may represent a sort of mental rehearsal leading up to the true milestone that occurs after only a year of life: baby’s first words.”

Honestly, I thought to myself, this is great but wouldn’t it also be helpful if a story ran about some of the latest research documenting what unborn babies can learn. Lo and behold…

From a section on the TODAY Show blog, here’s a story by Linda Carroll: “Fetuses can learn nursery rhymes from mom’s voice, study finds.” Here’s Carroll’s lead sentences:

“Even before they are born, babies [note, babies, not “fetuses”] are learning from experience, especially if it’s directly related to their moms, new research is shows. For example, while in the womb babies can learn to recognize a nursery rhyme if the mom repeats the verses between weeks 28 and 34, according a study published in Infant Behavior and Development.”

Thirty-two moms of babies who were in their 28th week were recruited. They recited a nursery rhyme twice a day until the 34th week. Four weeks later the mothers returned to the University of Florida.

Carroll answers an obvious but intriguing question: how do you record an unborn baby’s brain activity? It’s not as difficult as you might think.

See “Nursery Rhymes” page 7
Tiny baby undergoes rare heart surgery, prognosis great for “Mighty Girl”

Mom hopes she will ‘grow into whatever God has for her’

By Dave Andrusko

“Talk about beating the odds! First, the parents of Alexandra Mae Van Kirk, also known as “Mighty Girl,” find that at 22 weeks their unborn baby girl is not developing as she should. As the months roll by, the prognosis grows worse and worse.

“She had us all very, very happy when she came out screaming,” Heidi told reporter Sue Thoms.

But Sasha was diagnosed with a narrowed artery—pulmonary stenosis. Obviously doctors would have preferred to wait before performing heart surgery on a tiny, tiny baby, but they had no choice.

Sasha also had Hirschsprung’s disease, “a condition that causes missing nerve cells in part of the colon,” according to Thoms. That problem was addressed for now on July 18 (Alexandra will have further surgery when she is older), but her blood oxygen levels did not go up.

Fortunately, Dr. Joseph Vettukattil, an internationally known children’s heart specialist, had been recruited from England a year ago to serve as chief of pediatric cardiology at DeVos Children’s Hospital in Grand Rapids, Michigan. He has performed over 300 pulmonary balloon valvuloplasty procedures in the last two decades.

But that didn’t mean the July 23 surgery wasn’t “tricky.” Dr. Vettukattil’s tiniest patient on whom he had performed the surgery was four pounds.

As Thoms explained of Alexandra’s walnut-sized heart:

“In that tiny heart are four chambers. And in one of those chambers lay a thickened valve that pinched an artery, forcing the heart to work extra hard to pump blood to the lungs.

“Vettukattil’s mission was to thread a catheter with an inflatable balloon into the slender artery and expand the balloon, widening the opening so blood could flow through easily.”

But the operation was a complete success! And if she like most babies who undergo at a valvuloplasty procedure, she shouldn’t need any further treatment.

“She’s cured. As far as her heart goes, she should be fine for the rest of her life,” Dr. Vettukattil told Thoms.

“There is a sense of relief that is almost unexplainable,” Heidi said. “She’s doing fantastic,” her father, Matt Van Kirk told the Grand Rapids Press.

Here’s how Thom’s ends her wonderful story:

“Her parents are looking forward to the day Alexandra can come home from the hospital. They picture her playing with her big sister, 17-month-old Josephine. And they hope she will ‘grow into whatever God has for her,’ Heidi said.”
“Oh, my gosh, I want him to stay little”
tearful sister says of baby brother

By Dave Andrusko

The instant I saw this, I forwarded it to my son and daughter-in-law who have a 3 ½ year old daughter and eight month old son, and to my wife (www.youtube.com/watch?v=84DLT4yRcy4). The video is, in every way, a classic, and makes you want to laugh and to wipe away a small tear.

The video (which has had millions and millions of viewings since it was posted) is barely a minute long. It starts with an obviously inconsolable five-year-old Sadie saying, “WHAT?”

A moment later, between sobs, she leans over and kisses her baby brother on the top of his head. Her dad begins to ask, “What are you…” to which Sadie responds, “I don’t want him to grow up.”

Mom quickly adds, “Do you want him to stay little forever?”

Sadie: “Yes, he’s so cute.”

Mom: “Because he’s cute he makes you cry?”

Sadie (switching topics, but maybe not) “And I don’t wanna die when I’m a hundred.”

Mom: “You don’t want to die when you’re a hundred…”

Sadie continues to cry and then looks over at her brother whose head has been bobbing along in time. There is this slight pause, and with perfect little brother timing, he smiles back, bemused.

“Oh, my gosh, I want him to stay little”
tearful sister says of baby brother

This prompts Sadie to cuddle him once again and assure him

“Oh, you are so cute.
“I love your cute little smiles.

As the father of four and the grandfather of two, can I identify with that sentiment.

Yank a tooth, yank an unborn baby’s arm off—no difference to Los Angeles Times editorial staff

By Dave Andrusko

Interesting pair of commentaries that appeared recently in the Los Angeles Times tell us a lot about the state of the abortion battle and the underappreciated disarray within the pro-abortion community.

First an editorial praises two decisions that struck down Mississippi’s and Alabama’s laws requiring abortionists to have admitting privileges at a local hospital. Then an opinion piece by a veteran pro-abortion war horse, Carla Hall, who laments that the infighting over the decision to kind of, sort of retire the “pro-choice” label could deemphasize the obsession with abortion.

In a story on page 12 that appeared in National Right to Life News, using the dissent by Judge Emilio M. Garza as a basis, we debunked the appeals court decision in the Mississippi case which applies as well to U.S. District Judge Myron Thompson’s decision to gut Alabama’s law. In both instances (as is the case about a similar Texas law), the impact of a supposed lack of “access” is vastly overstated. For example, in Texas, you’d never know that Planned Parenthood is on a building spree, or that, in Alabama, the two largest abortion clinics are unaffected by the requirement since they have abortionists with admitting privileges.

But all you really need to know about the Alice-in-Wonderland world these folks live in can be found near the end of the Times’ editorial:

“Abortion is one of a variety of medical procedures routinely performed outside of hospitals and surgical centers by healthcare professionals who do not possess hospital admitting privileges. Dentists, for instance, perform procedures on patients who occasionally have complications and must go to an emergency room.”
Michigan man says it was God who led them to find abandoned baby, “that all life is precious to Him”

By Dave Andrusko

The Michigan man who found an abandoned five-hour-old baby on the side of a dirt road says, “I feel that we were led to that place, OK, because it was out of the ordinary for me to come in this direction.”

Jeff Pope added, “I tend to think it was God who led us this way, that all life is precious to Him.”

The instrument God used was Mr. Pope’s Labrador, Bobby. Walking on a Monday morning, a little after 10:00 am, Bobby pulled Kopp down the road in White Cloud and toward a satellite dish. Kopp initially thought what he saw was a rabbit.

Bobby began sniffing the “rabbit.”

“Then it moved,” Kopp told WOOD TV. “That’s when I started yelling.”

A family court referee in Newaygo County granted the State of Michigan emergency custody of the as-yet unnamed baby girl, who is currently at DeVos Children’s Hospital in Grand Rapids.

ZZXM-TV reported that a Department of Human Services (DHS) worker “said the child will probably be in the hospital for a few more days because she is having trouble with her blood sugar. The baby is also still on an IV and will need to be transferred to bottle feeding before she can leave the hospital.”

The DHS worker said the mother have given birth on a blanket near a fire pit outside of her home that she shares with her father. It soon was learned that the young girl reportedly was watching as neighbors found her daughter. She then approached the scene.

“This was just bizarre to me but she looked at us and she said, ‘You know, I am almost 15 years old and if I ever had a baby, I surely would not do something like that,’” Pam Kopp told WZZM.

WZZM also reported:

“The Newaygo County Sheriff’s Department continues to investigate the situation. When deputies first arrived at the teen’s home Monday, they found her father attempting to clean blood from the bathroom of the house. The blood had apparently been brought inside when the teen brought a blanket inside after giving birth. Deputies found dried blood on the 14 year old’s legs as well. The DHS worker said the mother have given birth on a blanket near a fire pit outside of her home that she shares with her father.

It soon was learned that the young girl reportedly was watching as neighbors found her daughter. She then approached the scene.

“When DHS workers initially talked with the 14-year-old, she said she didn’t know whose baby it was. Then she later admitted the baby was hers. She did name a male who she says is the father of the child, however when that male was questioned by detectives, he denied having intercourse with the teenage girl.

“Once the Newaygo County Sheriff’s Department completes its investigation, the case will go to the Newaygo County Prosecutor’s Office for consideration.”

Moms can teach their unborn babies nursery rhymes, study shows

Researchers already knew that the heartbeat of a baby later in pregnancy will slow down when she hears something familiar. Carroll wrote

“So, while the moms wore headphones playing Vivaldi’s ‘Four Seasons,’ a female stranger’s voice recited either the familiar rhyme or a completely different one. The headphones kept the moms from actually hearing when or what their fetuses were being exposed to.

“The heart rates of fetuses who heard a stranger read the familiar rhyme slowed down. The heart rates of those who heard the stranger reading a different rhyme essentially stayed the same.”

The study’s lead author, Charlene Krueger, an associate professor in nursing, told Carroll, “We were basically asking the fetus, if your mother says this repeatedly, will you remember it?” Krueger’s “take away message”?

“I would want mothers to understand is that their speech is very important to the developing fetus. When a mother speaks, not only does the fetus hear, but also the whole spine vibrates.”

Not until late in the story is the reader reminded that speech is not the only thing unborn babies “absorb” in the womb. “Studies have shown that around the 20th week of pregnancy the sensory systems for taste and smell have developed,” Carroll writes. “And that allows the baby to experience some of mom’s favorite foods as nutrients pass into the womb.”

Krueger actually had another takeaway, only this time it was for medical personnel taking care of preterm infants. They should consider playing recordings of moms talking to their babies.

“My goal really is to identify experimentally the benefits of providing this kind of exposure to the preterm infant who has largely lost hearing a very important voice – the mother’s.”
I can say with confidence after five weeks that the National Right to Life Academy is a great learning experience that more young pro-lifers should take advantage of.

The best lesson I learned at the Academy was how to listen to the argument the other side was giving and respond in a way that both answers their questions and reframes that question in a manner that highlights the humanity of the unborn child (or other vulnerable group). This is still something that I need a lot of work on but I am much further along that I was in June.

The Academy also helped teach us how to improve our critical listening skills so at the same time we answer the question, our response highlights our core message—the humanity of the unborn, disabled, elderly, or other vulnerable people.

There is a saying at National Right to Life, “We are here to make a difference, not simply a statement.” This approach is what is needed to persuade America to embrace the pro-life cause. For this reason I recommend the Academy to all teens, and young adults (even those already employed by their state affiliates) who desire to be pro-life advocates who make a difference.

When attempting to persuade, for some people it will be enough to hear the basics—that the unborn child is one of us, differing only in size and stage of development. For others the common humanity we share does not register with them until they hear about something like the basis for the Pain-Capable Unborn Child Protection Act. A majority of Americans support this bill.

The Pain-Capable Unborn Child Protection Act focuses the attention on the humanity of the unborn child, and asks a question that most people have not thought about before. When they learn that a child is able to feel and react to pain, it is new information that dramatically changes the way they understand the abortion issue.

When we focus on the humanity of the unborn and when we ask questions that people have not thought about before, they cannot easily dismiss our case for the unborn. We move closer to the day when all unborn children will be protected.

After I complete the coursework for the National Right to Life Academy I will continue working as the Legislative Director for North Dakota Right to Life, NRLC’s state affiliate. The National Right to Life Academy has helped me add critical skills that will allow me to be more effective in my lobbying efforts, media interviews, and other situations where communicating a concise and effective pro-life message is essential.
Being a Voice for the Voiceless: Life as an NRLC Intern

By Blake Allen, Anna Rose Gellert, and Alex Oakley

Even for a seasoned young pro-lifer, interning at National Right to Life for the summer is an entirely new experience. Starting off every morning with a journey into the powerful city of Washington, D.C. makes a long commute definitely worth the time. Then, once at National Right to Life headquarters, directly across from Ford’s Theatre, each intern has an important place on their departmental team.

The work varies from copying CDs of convention workshops, to connecting with pro-life religious groups, to sending thank-you letters to donors. The common denominator: in some way, all our efforts help save unborn babies.

Alex Oakley, interning for the political department, for example, spent the summer researching candidates and organizing the information for the upcoming 2014 election. Blake Allen, interning in the state organizational development and convention departments, made an impact by helping make sure the annual convention ran smoothly. The National Right to Life Convention is crucial for bringing together pro-lifers from all over the nation—they return to their state affiliates and chapters with new inspiration and tools to help protect innocent life as they work to touch the hearts and change the minds of our fellow Americans.

Lucy DiMauro, an intern in the Outreach department, sent out educational material and helped maintain National Right to Life’s relationships with pro-life religious and minority groups. Anna Rose Gellert helped the membership development team by responding to calls and letters from donors, managing the donor database, and sending out mailers to keep our supporters informed and engaged.

Beyond the day-to-day tasks, there were a lot of memorable moments, especially at the annual convention in Louisville. Who could ever forget the tremendous opportunity of getting to hear pro-life leader Senate Minority Leader Mitch McConnell speak? Or the beautiful moment of seeing a pregnant hotel worker light up when she saw a fetal model of a baby the same age as her own?

As the summer continued, we stood witness to two major events. First, outside the U.S. Supreme Court as the “Hobby Lobby” decision came down, and second, watching National Right to Life President Carol Tobias testifying in Congress before the Senate Judiciary Committee on the radical “Abortion Without Limits Until Birth” Act.

With the experience of this internship under our belts, we are ready to go out into the world and continue defending the right to life. It’s a daunting prospect, but after working side-by-side with National Right to Life’s superstar pro-lifers, we’re ready for it.
Abandoned newborn now doing well, foster parents seek to adopt “Baby Carlos”

By Dave Andrusko

A final decision may soon be made in finding a home for Baby Carlos Guzman, abandoned by his mother last February, but whose image “made the hearts of Houstonians melt,” according to local television station KPRC.

Referring to a foster family who wants to adopt him, a case worker was recently in court to tell the judge that Baby Carlos is “in a great place…he couldn’t be in a better place.”

The baby is named after Carlos Michel, a maintenance worker at the Reserve at Windmill Lakes who found the baby February 25 in a dumpster in the parking lot of the apartment complex.

Michel, a grandfather, told Local 2 news that “he thought he heard a cat in the dumpster and looked inside to check. After seeing something in a garbage bag move, he opened the bag up and found the baby. He held the boy while other workers called 911.”

The New York Daily News provided additional details in its story. “The newborn had been placed upside down in the trash container. The bag that the child was in also contained scraps of food and school homework, which had a student’s name on it.”

Authorities searched the area and found the baby’s 16-year-old mom. According to KPRC-TV, she told a Child Protection Services caseworker she didn’t know she was pregnant and gave birth in a bath. She said she cut the umbilical cord herself and told the CPS caseworker she put him in the dumpster because she thought the baby was dead.

At last week’s hearing, four months after the baby was abandoned, a caseworker told the court that Baby Carlos “loves his foster mom, responds to her voice and interacts well with his siblings,” KRPC-TV reported.

Coming February 2015

By Dave Andrusko

NRl News Today publishes many posts about life-affirming videos. They don’t have to necessarily shout “pro-life,” although some do. Even whispers that having a baby is a blessing can and does have enormous persuasive power. Combine that with humor and you have a real winner.

Claire Lejeune reminded us earlier this week of Coke’s summer campaign. As it happens, I was so oblivious that I didn’t know the gimmick is that names or titles are stenciled on the side of cans of Coke. For example (in my case) it would be Dave. It is an ingenious strategy to personalize what is, after all, only a soft drink container.

If you go to www.youtube.com/watch?v=h5yyzdgnxoc, you can see an example of how this can take the form of a seriously pro-life video. The couple is known as the McGillicuddys and they obviously enjoy each other’s company immensely.

The commercial begins with the woman snatching her husband’s bottle of coke which has “Pat” on it. As he gently protests, she takes a sip. When she does, suddenly her voice is her husband’s.

Pat gets into the swing of things. Yup, when he grabbed his wife’s can of coke, not only did he get the beverage, he now has her voice.

The remainder of the one minute, 35-second long commercial shows them whipping out cans of coke from the box and immediately becoming the person whose name is on the can (or at least his or her voice). How many people do not recognize Morgan Freeman or Arnold Schwarzenegger?

At the end they each have their own can of coke and Pat says, “This has been really fun.” To which his wife says, “You sound normal.” And so he does, as does she.

So, “What can did you get?” “What can did you get?” The camera zeros in and… one says Mom and one says Dad.

They shriek, shaking with delight. An ultrasound is superimposed over the screen, and they kiss.
On July 18, Pennsylvania Governor Tom Corbett signed into law the “Down Syndrome Prenatal and Postnatal Education Act” commonly known as “Chloe’s Law.” Pennsylvania became the 7th state to implement legislation intended to provide to new and expectant parents “Up-to-date, evidence-based information about Down syndrome that has been reviewed by medical experts and national Down syndrome organizations” and also “contact information regarding First Call programs and support services.”

Pennsylvania’s law, as is true with the majority of other state laws, reflects the common ground first established in the 2008 federal legislation, the Prenatally and Postnatally Diagnosed Conditions Awareness Act. That Act was co-sponsored by Senators Kennedy and Brownback, again showing the common ground first established in the 2008 federal legislation, the Prenatally and Postnatally Diagnosed Conditions Awareness Act. That Act was co-sponsored by Senators Kennedy and Brownback, again showing the common ground agreement that women should receive all of the information recommended by professional guidelines.

The need for Chloe’s law is two-fold: [1] the Kennedy-Brownback Act has never been funded or implemented, which is why states have taken on state-level measures; and [2] while professional guidelines recommend offering prenatal testing for Down syndrome to all patients, those same guidelines recommend that patients receive up-to-date, accurate information about Down syndrome and referral to parent support organizations, but that is not happening with the same regularity as the offering of prenatal testing.

Author Tara Murtha responded negatively to Chloe’s Law in an editorial published at RealityCheck.org on July 25. At its website, RealityCheck describes itself as a “daily publication providing news, commentary and analysis on sexual and reproductive health and justice issues” that claims to contribute “to the global effort to empower people with the information, services and leadership they need to safeguard their sexual and reproductive health and rights against false attacks and misinformation.”

It is peculiar that a site dedicated to countering misinformation would criticize and make false attacks against a law whose very purpose is to ensure that women are fully and factually informed with accurate information regarding the outcomes of a prenatal diagnosis, should that diagnosis reveal the child has Down syndrome.

Ms. Murtha has made Chloe’s Law about something that it is not. In citing the bill’s sponsors positions on abortion she implies that the purpose of the law is to, in some way, restrict a woman’s right to abort a child following a prenatal diagnosis. There is no language in the law that would imply even an incremental move toward restricting access to abortion. The sole purpose of the law is to provide to women evidence based information on the outcomes of having a child with Down syndrome. After that, they are free to make whatever decision they choose.

She also joins the Pennsylvania Medical Association in criticizing the law because it requires physicians to provide information to women prepared by a third party, thus “interfering” in communications between the patient and physician. Murtha misleads her readers by claiming that the law requires that doctors read a script to patients developed by the Pennsylvania Department of Health.

On the contrary, the law states that it will be the Department of Health’s responsibility to make available on their website information reviewed by medical experts, including information on physical, developmental, educational, and psychosocial outcomes, life expectancy, clinical course, intellectual development and treatment options. Dangerous and intrusive information, to be sure.

A true reality check reveals why provision of this information may be necessary. During debate over the Maryland law earlier this year, Heather Sachs gave testimony that 9 years ago when she received the result of her prenatal diagnosis she was simply given a pamphlet entitled “So You’ve Had a Mongoloid: Now What?”

Stories like hers are not uncommon. For too long, study after study, and parent testimony after testimony, has demonstrated that prenatal testing for Down syndrome has never been administered according to the full professional guidelines because too often parents are simply told the test result and that is it. In a recent study, women reported negative experiences of receiving a prenatal diagnosis outnumbering positive ones 2.5 to 1.

Chloe’s Law implements the guidelines physicians were supposed to be following but have not done so consistently. This law is a caring law that will improve patient care. That is why it has received the broad, near unanimous bipartisan support it deserves.

Let’s stand for providing women information, not for denying them information about a condition that remains too often misunderstood – even within the medical community.
How and where an Appeals Panel decision went wrong in striking down law that would have closed Mississippi’s last abortion clinic

By Dave Andrusko

Although understandably hailed by the usual suspects, the verdict delivered by a split three-judge panel of the 5th U.S Circuit Court of Appeals striking down a Mississippi law that required abortionists to have admitting privilege at a local hospital was deeply flawed.

Just how inadequate was exposed by the dissenter, Judge Emilio M. Garza. His closely reasoned opinion simply eviscerated the arguments offered by Judges E. Grady Jolly and Stephen A. Higginson. The easiest way to understand the decision is by looking at Garza as he artfully rebuts the conclusions drawn by his two colleagues.

There were several qualities which make the plaintiff’s challenge special for the two judges. However the principal one is that the Jackson Women’s Health Organization is the state of Mississippi’s lone abortion clinic.

Let me offer only a few of Garza’s keen critiques.

Jolly and Higginson concede that the state met the test of having a “rational basis” for the law. Garza described it this way: “In sum, the purpose of H.B. 1390 is to protect women seeking abortion services from the known risks of complications.”

Judges Jolly and Higginson conclude that (as Garza describes it in his opening paragraph) “the mere act of crossing a state border imposes an ‘undue burden’ on women’s right to choose to obtain abortion services.” For starters (as Garza explains about half-way through his dissent), “In 2011, prior to the Act’s passage, nearly sixty percent of Mississippi women who obtained abortions already traveled to other states for these services.” What’s the “undue burden” on these women if the Jackson Women’s Health Organization closes because it cannot find a hospital willing to give its fly-in abortionists admitting privileges?

Garza argues that because it was the “independent decisions of local hospitals—non-state actors” to reject the abortionists’ applications -- the closure would not “result directly from H.B. 1390.” But even assuming it was because of H.B. 1390, Garza said he would disagree with the decision which held there was an undue burden “because Mississippi women would need to travel to a neighboring state to obtain abortion services.” The majority relied on a misreading of the 1992 Planned Parenthood v. Casey decision, he writes. Jolly and Higginson concluded that because the High Court in Casey failed “to mention or consider the potential availability of abortions…in surrounding states’ [it] implies that we must confine our undue burden to Mississippi.” Garza characterized that inference as “legally nonsensical.”

The case at hand presented “a novel factually situation—the closure of a state’s sole abortion provider as a result of a law regulating physician qualifications. The absence of binding authority addressing similar facts merely frees us to derive the rule of law that resolves this dispute.”

Writing on behalf of himself and Judge Higginson, Judge Jolly had shifted into rhetorical overdrive with this passage, one that is crucial to their decision: “We hold that Mississippi may not shift its obligation to respect the established constitutional rights of its citizens to another state. Such a proposal

See “Appeals Panel” page 27
What science tells us about the unborn

By Paul Stark

Before deciding how we ought to treat the unborn—a moral question—we must first be clear about what the unborn is. This is a scientific question, and it is answered with clarity by the science of human embryology.

When sperm fertilizes egg

The facts of reproduction are straightforward. Upon completion of the fertilization process, sperm and egg have ceased to exist (this is why “fertilized egg” is an inaccurate term); what exists is a single cell with 46 chromosomes (23 from each parent) that is called a zygote. The coming into existence of the zygote is the point of conception—the beginning of the life of a new human organism. The terms zygote, embryo and fetus all refer to developmental stages in the life of a human being.

Four features of the unborn

1. The unborn is living. She meets all the biological criteria for life: metabolism, cellular reproduction and reaction to stimuli. Moreover, she is clearly growing, and dead things (of course) don’t grow.

2. The unborn is human. She possesses a human genetic signature that proves this beyond any doubt. She is also the offspring of human parents, and we know that humans can only beget humans (they cannot beget dogs or cats, for instance). The unborn may not seem “human” at first glance, but in fact she looks exactly like a human at that level of human development. Living things do not become something different as they grow and mature; rather, they develop the way they do precisely because of the kind of being they already are.

3. The unborn is functionally distinct from (though dependent on and resting inside of) the pregnant woman. Her growth and maturation is internally directed, and her DNA is unique and different from that of any other cell in the woman’s body. She develops her own arms, legs, brain, nervous system, etc. To say that a fetus is a part of the pregnant woman’s body is to say that the woman has four arms and four legs, and that about half of pregnant women have penises.

A whole organism

Fourth, the unborn is a whole or complete (though immature) organism. That is, she is not a mere part of another living thing, but is her own organism—an entity whose parts work together in a self-integrated fashion to bring the whole to maturity. Her genetic information is fully present at conception, determining to a large extent her physical characteristics (including sex, eye color, skin color, bone structure, etc.); she needs only a suitable environment and nutrition to develop herself through the different stages of human life.

Thus, the unborn is a distinct, living and whole human organism—a full-fledged member of the species Homo sapiens, like you and me, only at a much earlier stage in her development. She is a human being.

Affirmed by textbooks, scientists

This fact is confirmed by embryology textbooks and leading scientists, who could be cited ad nauseam. In The Developing Human: Clinically Oriented Embryology, perhaps the most widely used embryology text, Keith L. Moore and T.V.N. Persaud explain: “Human development begins at fertilization when a male gamete or sperm (spermatozoon) unites with a female gamete or oocyte (ovum) to form a single cell — a zygote. This highly specialized, totipotent cell marked the beginning of each of us as a unique individual.”

Langman’s Embryology notes, “The development of a human begins with fertilization, a process by which the spermatozoon from the male and the oocyte from the female unite to give rise to a new organism, the zygote.”

Harvard Medical School, “It is scientifically correct to say that an individual human life begins at conception, when egg and sperm join to form the zygote, and this developing human always is a member of our species in all stages of its life.”

In 1981 a U.S. Senate judiciary subcommittee heard expert testimony on the question of when life begins. The official subcommittee report reached this conclusion: “Physicians, biologists, and other scientists agree that conception marks the beginning of the life of a human being—a being that is alive and is a member of the human species. There is overwhelming agreement on this point in countless medical, biological, and scientific writings.”

The report also noted that “no witness [who testified before the subcommittee] raised any evidence to refute the biological fact that from the moment of conception there exists a distinct individual being who is alive and is of the human species. No witness challenged the scientific consensus that unborn children are ‘human beings,” insofar as the term is used to mean living beings of the human species.”
What science tells us about the unborn

from page 13

Evidence is decisive

The evidence, then, shows that the unborn is a living organism of the human species from his or her beginning at conception. Thus, to kill the unborn by abortion or for embryo-destructive research is to kill a human being. This is not a moral claim about whether such killing is right or wrong, but a factual from killing her. A hunter does not shoot into the brush unless he is sure that his target is not a person.)

Objection #2: Potential of sperm and egg

Some say that if the unborn is a human being, then we must (absurdly) conclude that the sperm and egg are also human beings, for either, the critic reasons.

But there is a crucial difference. The unborn is its own organism, not a mere part of another. The unborn from conception is a distinct and complete individual whose parts work together in a coordinated fashion to develop the whole to maturity. That is not true of skin or other somatic cells, which function as mere parts of a larger organism.

Objection #4: Twinning

Defenders of embryo-destructive research sometimes say that because very early embryos can split into two distinct embryos—an event called twinning—the early embryo must not itself be a unitary individual. But the conclusion does not follow.

When a flatworm is cut in half, or when an organism is cloned via somatic cell nuclear transfer, a single organism gives rise to two distinct organisms. In both cases the original entity is a unitary, self-integrating, whole individual. The scientific evidence shows that the embryo likewise functions as its own organism, from the zygote stage forward, regardless of whether twinning occurs.

Objection #5: Brain death

The irreversible cessation of brain activity is used as a criterion for the death of a human being, even though some of the body’s organs can live after brain death. For this reason, some advocates of embryo-destructive research claim that the life of a human being does not begin until the unborn develops a brain.

But brain death is accepted as a criterion only because it signals the end of the body’s ability to function as an integrated organism, for which the brain, in older humans, is essential. After brain death there is no longer a unitary organism. By contrast, the embryo from conception is a unitary organism, actively developing herself to the next stage of human life. The brain, at this earliest stage, is not yet necessary for her to function as such.

All, or only some?

Because the scientific facts are clear, the permissibility of taking unborn human life hinges on a moral question. Do all human beings merit full moral respect and protection, as you and I uncontroversially do—or only some?

Editor’s note. Paul Stark is Communications Associate for MCCL, National Right to Life’s state affiliate. The following originally ran in two separate issues of Minnesota Citizens Concerned for Life (MCCL) News.
Willie Parker’s “Abortion Ministry”

By Dave Andrusko

It is no coincidence that John Richardson’s story in *Esquire* magazine is titled, “The Abortion Ministry of Dr. Willie Parker.” Richardson’s profile is a futile attempt to make a kind of saint out of a man who flies into Mississippi twice a month and performs as many as 45 abortions a day. (And, yes, that quantity does bring to mind the charges brought last year by two nurses who once worked at the Wilmington, Delaware Planned Parenthood clinic—that the clinic performed ‘meat-market style assembly-line abortions.’)

The story is built around the interactions Parker has with the women intended to reassure them abortion is safe, safe, safe; that the only opinion that matters is theirs; that anyone who disagrees is a hypocritical Christian; and that aborting women is just an extension of the ethos that undergirded the Civil Rights Movement.

Indeed we are told over and over that Parker is a Christian (“I do abortions because I am a Christian.”) Both Parker and Richardson use that as a defense/justification/explanation for why he aborts and aborts and aborts some more.

Richardson extends the allusion. Referring to the information abortionists are required to pass onto women (which Parker then mocks and distorts), Richardson writes, “In an almost priestly cadence, he builds a sermon around the word required.”

Later, “In all these interactions, even if it has nothing to do with abortion, Parker never misses a chance to offer comfort. This seems to be his version of absolution, often delivered with a moral.”

It would not be unfair to conclude Parker does see himself as a theologian dispensing his own kind of balm, which he calls “verbicaine.”

The story is very long, so here are a few summary points.

#1. You would easily conclude reading Richardson’s piece that Parker does not do abortions past the 16th week at all, not just in Mississippi, but everywhere. In fact, Sarah Kliff, then of the *Washington Post*, began a highly sympathetic 2012 interview with Parker, describing him as “a doctor who has performed late-term abortions.” If you read other stories, Parker freely acknowledges performing abortions at 24 weeks, 6 days, and beyond.

#2. As noted above, Parker recites information that is important to women considering abortion, but then immediately makes mash of it. But Parker’s willingness to bend—actually mutilate—the truth came out in that interview with Kliff. Here’s just one of the examples NRLC addressed in responding.

“In his interview with Sarah Kliff of the *Washington Post*, Dr. Willie Parker estimated that 1 percent of abortions occur after the first trimester. *This* is a gross underestimate. Indeed, in a printed statement opposing the bill that he posted on the internet, dated May 17, Dr. Parker himself wrote that ‘roughly 12% of abortions occur at or after 13 weeks after a woman’s last menstrual period,’ citing figures cited by the CDC. *This is 12 times the figure he cited in the interview.*

#3. Women who’ve had chemical abortions often are brutally honest about what an RU-486 abortion entails. In comparing chemical to surgical abortions, Parker says only that the “minus” of the former is “heavy bleeding” and “a return visit in two weeks.” Compare that no-big-deal summary with the stories of women who’d bleed for weeks, who can barely make it out of bed, who experience pain they could not even imagine, “blood clots the size of golf balls,” and “debilitating, convulsing cramps.”

#4. Opposition to abortion, ultimately, “comes back to the early Judeo-Christian narratives that say the fall of man was caused by a woman, Parker says. ‘That’s woven into our culture, and it has to be deconstructed at every level.’” So at the end of Richardson’s story when Parker matter-of-factly points out the aborted baby’s skull and eyes and the beginnings of a spinal cord, your and my nausea at this ultimate act of dehumanization is actually a reflection of how we blame Eve for everything?

Two other points.

#5. Parker’s “verbicaine” is intended to enable many women to keep submerged a central truth in their lives that keeps trying to surface: what they are about to do violates something at their very core. The most revealing passage in this piece cuts through the nonsense that Richardson, Parker, and the women hide behind:

A woman named Monique asks if she gets a wish. Sure, Parker says.

“Please tell me that you can’t find it.”

“If only we could wish it away,” he says.

Another woman tries to explain—she just got a promotion; she can’t have a baby now.

“I hear ya. Life is full of those kinds of decisions.”

One scan causes him to pause. “Do you want to know if there is more than one?” he asks.

The woman starts to cry. “No.” She wipes away tears with both hands.

When she leaves, he points to the screen. Triplets. He’s seen lots of twins but never triplets. Some women think multiples are more special, so they get more upset.

Yes, I’m sure, “some women” do. Finally #6. The crux of Parker’s self-delusion—or is it just indifference?—is captured in the conclusion of Richardson’s story:

But here’s the vital question: Is it a person? Not by the standards of the law, he says. Is it viable outside the womb? It is not. So this piece of life—and remember, sperm is alive, eggs are alive, it’s all life—is still totally dependent on a woman. And that dependence puts it in the domain of her choice. “That’s what I embrace,” he says.

But it’s hard not to look at those tiny fingers, no bigger than the tip of a toothpick. Does that ever disturb him?

“When I recognize whole fetal parts? No. Because I’m not deluded about what this whole process is.”

And what does examining this tissue tell him?

Does this satisfy another state regulation?

“It tells me her uterus is empty and she is no longer pregnant.”
Pro-abortion Texas newspaper laments decline of 13% in number of abortions

By Dave Andrusko

That The Texas Tribune, a wholly-owned subsidiary of the Democratic Party, would lament the statewide drop in abortions is as predictable as swallows returning to Capistrano. If, however, you believe it is a good—indeed a wonderful—thing that the Abortion Industry has eviscerated 13% fewer babies statewide, then you are not as glum as Gilad Edelman is in writing her sky-is-falling story based on a study from the Texas Policy Evaluation Project at the University of Texas.

What can we learn from “Report: New Law Led to Statewide Drop in Abortions”? First, because of “reproductive health-related laws passed during the last two legislative sessions,” we’re told that the number of abortion clinics has declined as has the “number of abortions performed statewide.” As NRLC’s Dr. Randall K. O’Bannon has explained on numerous occasions, there are many explanations why abortion clinics close.

Near the top is that Planned Parenthood continues to consolidate, building larger and larger mega-clinics and closing smaller clinics that don’t make as much money as PPFA would like (perhaps because they don’t provide abortions).

In explaining the impact of clinic regulation laws, Dr. O’Bannon observed “If the clinic is second or third rate, they could choose to close their doors rather than allow the public to find out how many of these ‘medical’ facilities are poorly staffed, decrepit, unsanitary, poorly equipped, bizarrely configured, and ill prepared to handle inevitable complications.

“This could help explain why some of these clinics close before clinic regulation laws actually take effect. Perhaps because they don’t want to wait for the state health inspector to come around and prepare a public report on what the actual clinic conditions are and prompt a scandal that could taint the abortion industry as a whole. Easier to preemptively close and blame the lawmakers who are attempting to protect the public interest while the circuit riding abortionist makes his money elsewhere.”

Edelman’s story avoids the part of the law that requires abortion clinics to meet the standards of ambulatory surgical centers, a common sense safety standard.

Instead she focuses on the requirement of admitting privileges at a local hospital when there are (as inevitably there are) complications. Abortionists are having “difficulty,” according to the report with the result that “All facilities in the Rio Grande Valley and all but one in West Texas have shut down.”

Her other emphasis is HB 2’s “new restrictions on medical [chemical] abortion, which is induced by swallowing a pill.” It’s quite a bit more complicated than that, as she no doubt knows.

To begin with the law requires the abortionist be in the same room as the woman receiving chemical abortifacients (which is not the case with so-called “web-cam” abortions) and that abortionists follow the protocol approved by the FDA for the use of the two-drug “RU-486” abortion technique. The two drugs are the RU-486 itself (mifepristone) which kills the baby and a prostaglandin (misoprostol) which induces contractions to expel the now dead baby. It also limits its use to the first seven weeks of pregnancy.

Last October when U.S. District Judge Lee Yeakel struck down much of HB 2 (since reinstated by an appeals court panel), even he upheld the FDA protocol requirement that limits the use of the RU-486 abortion technique to the first 49 days. (The abortion industry wants it expanded to 63 days.)

Yeakel also found a narrow exception for women between 49 and 63 days into their pregnancy: if a surgical abortion is “in the sound medical opinion of their treating physician, a significant health risk” they could have chemical abortions. The three-judge panel concurred.

Besides lamenting the drop in the number of abortions, the thrust of the story is “given the dramatic reduction in the number of abortion providers,” whew, it could have been worse than a 13% overall decrease.

Edelman quotes Daniel Grossman, a California-based abortionist and one of the authors of the report, who said, “In some ways, we were expecting a bigger decline.”

“One possible explanation, he said, is that most of the facilities that remain open are in population centers like Austin, Dallas and San Antonio. Reproductive rights groups have also been contributing money and resources to help women obtain abortions since the law went into effect, which the report suggests may have mitigated its impact.”

The story ends with the admonition from Grossman the story isn’t over. He offers the pro-abortionists ultimate trump card. They plan on researching “the effects of HB 2” on “women performing self-induced abortions.”

And, oh by the way, Edelman managed to miss that pro-abortionists never challenged the Pain-Capable Unborn Child Protection Act. Wonder why.
Why our message of love for both mother and child is resonating

from page 2

about the nature of their unborn child (and their alternatives) and require abortion clinics to take precautions to lessen the likelihood that there will be a second victim. (See, for example, pages 14 and 20.)

However this edition of the “pro-life newspaper of record” is filled with stories that remind us that in many subtle ways, the tide has already shifted on abortion. By subtle I mean developments that have absolutely nothing directly to do with abortion but whose impact is to remove the camouflage that hides the common humanity we share with the littlest Americans.

For example, take “Unborn children have already pretty much done everything that a newborn baby does, leading expert tells The Today Show,” on page four. There always was a built-in expiration date for the moronic “blob of tissue” mantra: too many ultrasounds, too many life-affirming commercials, too many “baby’s first photo,” too many research studies for this dehumanizing nonsense to last forever.

But when someone like The Today Show’s Savannah Guthrie (who is very pregnant), can talk about “The Secret Life of Babies: New Research about what’s learned inside the womb” (aka “Hotel Uterus”), you realize what a challenge this present to the pro-abortionist determined to “normalize” abortion. (See pages 12 & 23.)

Here’s what Dr. Bill Fifer, a professor of psychiatry at Columbia University and described as a leading expert on fetal and newborn learning, told Guthrie: “Everything that a newborn baby does, a fetus has pretty much done already.”

And then there is surgery done, in utero and on newborn babies. The case of little Alexandra Mae Van Kirk, like many, brings the issues together. (See page five.) Her parents were told there was only a 35% chance she would make it to birth.

Often in similar cases, physicians directly or indirectly advise the parents to abort. In Alexandra’s case, she survived but had ancillary problems which made it crucial that surgery be done quickly to repair her narrowed artery. She is doing beautifully.

In light of this, and much more, NRL News Today readers know the Abortion Industry and its apologists are scrounging around for a new formulation. In explaining why they are no longer hoisting high the “pro-choice” banner, Planned Parenthood’s Cecile Richards conceded to the New York Times, “I just think the ‘pro-choice’ language doesn’t really resonate, particularly with a lot of young voters.”

Of course, but that misses that this cliché isn’t “resonating” with young people as a whole—female or male. Which is why the stories on pages 8 and 9 are so worth your reading.

National Right to Life’s Academy and its Intern program illustrate the investment NRLC has made in young people for decades. Young men and women come away with new skills, specialized knowledge, and an incomparable experience that prepares them to be far more effective advocates for life.

Couple that with the Life and Leadership Camp initiatives, which are cropping in states across the country, and it’s easy to see how our Movement is establishing a firm foundation for the future.

And there is a rich crop to be harvested. A 2010 Gallup poll found that, comparing the data between 2007 and 2010, “[A]ll age groups have become more attached to the pro-life label since August issue of NRL News. Take particular note of the stories on page 15 and 22 where we explore the crucial issue of how to talk to women experiencing a crisis pregnancy, particularly what men who are trying to stand by both the mother of their unborn child and the child herself can do.

And then forward the stories you particularly like (or the entire edition) to pro-life contacts, using your social networks. When you do, they benefit the readership of NRL News Today expands, and, most important, the cause of unborn children is strengthened.
Haleigh’s new life after State wanted her dead

By Wesley J. Smith

It’s been awhile since I have written of Haleigh Poutre. Some may recall that she was an abused child beaten into a sustained unconsciousness by her step father.

Adding near-killing to her injury, within days of being diagnosed, doctors decided she would never get better and the state sought court permission to make sure she died “with dignity” by having her respirator and feeding tube removed.

Happily, just before the deed was to be done, she awakened. From my 2006 NRO article, “Danger Zone:”

Within a week or so of the beating, her doctors had written her off. They apparently told Haleigh’s court-appointed guardian, Harry Spence, that she was “virtually brain dead.” Even though he had never visited her, Spence quickly went to court seeking permission to remove her respirator and feeding tube.

The court agreed, a decision affirmed recently by the supreme court of Massachusetts. And so, no doubt with the best of intentions, a little girl who had already suffered so much was stripped by the Commonwealth of Massachusetts of even the chance to fight to stay alive. If she didn’t stop breathing when the respirator was removed, which doctors expected, she would slowly dehydrate to death.

Then came the unexpected: Before “pulling the plug” on Haleigh, Spence finally decided to visit her. He was stunned. Rather than finding a little girl with “not a chance” of recovery, as doctors had described Haleigh’s condition to him (as reported by the Boston Globe), Haleigh was conscious. She was able to give Spence a yellow block when asked to by a social worker and respond to other simple requests.

Not only did Haleigh awaken, but she learned to eat on her own and began rehab and school.

The minister winds up his welcome to some 400 people, and soon lyrics flash karaoke-like on a large screen. A spirited Christian pop song, “Blessed be Your Name,” fills the Westfield Evangelical Free Church. In the back row, a young woman, sitting in a wheelchair next to her adoptive parents, lights up.

Though she can’t read all the words, she sways to the music and claps her hands, the nails painted pink with white polka dots. She loves cheerful tunes and a crowd, and on this Sunday, she has both. Keith and Becky Arnett could have predicted that Haleigh, 20, would brighten at this part of the service. She entered their lives as a 14-year-old foster child, then known as Haleigh Poutre, who had been at the center of a passionate end-of-life court battle. Her singular story of abuse, compounded to get MA Supreme Court permission.

And now think about this: If euthanasia had been legal, she could have been lethally injected with not enough time to recover. And don’t think that will never happen if society swallows the hemlock. Child euthanasia and medicalized killing of children already happens in the Netherlands and Belgium.

It is a very dangerous thing to create a invidious categories of people denigrated by medical technocrats as having lives not worth living—or paying for.

So, the next time a bioethicist argues that we must dehydrate a child or other cognitively disabled person to death in “their best interests,” remember Haleigh Poutre. Sometimes doctors are wrong. Sometimes “miracles” do, indeed, happen. If we are to err, it should be on giving life a chance.

Editor’s note: This appeared on Wesley’s blog.
Like it or Not – Abortion is an Issue in the 2014 Elections from page 1

Jolly won with 48.5% to Sink’s 46.7%. As is National Right to Life’s style, we worked quietly to educate, energize, and illuminate the vast differences between Mr. Jolly and Ms. Sink on life issues.

But everything we do is a partnership. That is where you, working with National Right to Life, play such an instrumental role.

National Right to Life created the National Right to Life Political Action Committee in 1979, and it is the most effective single-issue pro-life political action committee in the country. We have been involved in every federal election since Ronald Reagan’s victory over Jimmy Carter in 1980, and we have a proven record of success.

In 2012, a new independent expenditure political committee, the National Right to Life Victory Fund, was created to expand and enhance our political impact. The combined power and experience of National Right to Life’s political committees, and its network of dedicated volunteers, help make the difference in close elections, and very often provide the margin of victory for pro-life candidates. Consider the track record.

In 2012, 80% of the 290 federal candidates endorsed by National Right to Life won their elections.

Of those 290 candidates, we focused on 111 of the most competitive federal races. Despite being vastly outspent by pro-abortion groups, 62% of the 111 candidates supported by National Right to Life won.

Over the last four election cycles (2006-2012), EMILY’s List raised and spent more than $178 million – a 12-1 pro-abortion advantage in funding.

I’m from Morgantown, West Virginia. I am a direct descendant of Colonel Zackquill Morgan, Morgantown’s founder, who was my great-great-great-great-grandfather. In order for me, my children, and my grandson to exist, the Colonel, his children, and his children’s children had to choose life.

In West Virginia, we know that our greatest resource is not our mountains, not our coal, but our children.

Long ago, pro-lifers warned that once we devalue the lives of our own unborn children, the slippery slope will lead us to devalue those in other facets of life – those who are sick, or those who are vulnerable at the end of their lives. Sadly, our country has rapidly moved into this culture of death.

It is difficult to exaggerate how imperative it is that we work to nominate and elect pro-life candidates, who can win in November, in order to protect the most vulnerable members of the human family – unborn children and medically disabled or dependent persons, whose lives are threatened by abortion or euthanasia.

The most important reason pro-life candidates benefit is because the American people are pro-life – you are pro-life.

Yank a tooth from page 6

Yank a tooth, yank an arm off an unborn baby—what’s the difference? Both are “safe” and “patients” can always go to an emergency room. All, that is, but the baby.

Carla Hall’s rant extends in many directions. She’s peevied that Cecil Richards, president of the Planned Parenthood Federation of America, would tell the New York Times, “I just think the ‘pro-choice’ language doesn’t really resonate, particularly with a lot of young women voters.” That’s the banner that a lot of the pro-abortion feminists have carried high for a long, long time.

Hall is also worried that substituting (“fuzzing up”) different catch phrases “to attract supporters who say their main issue is not abortion rights — or that they’re not concerned at all about abortion rights”—is dangerous business.

“Reproductive health” rights or other more “encompassing” terms threaten to take the spotlight off of abortion which (however much advocates like Hall might pretend otherwise) is their be-all and end-all. Just as so many young women no longer call themselves “feminists” (which also sets Hall off), too many young women, in Hall’s worldview, are not fixated on abortion. They’ve been “lulled into a sense of security that that right is never going away.”

Hall’s conclusion sums up her concerns:

“So the advocates can say they’re not calling themselves pro-choice and the young women they poll can say they don’t like calling themselves pro-choice. But no one should think for a second that the advocacy to protect abortion rights is no longer a priority.”

But “pro-choice” could only work when the victim of that “choice”—the unborn child—was essentially invisible. It is just the opposite today when news stories and ultrasound videos and advertisements shout out the same life-affirming message: we have a young human being growing and learning by the day.
Kansas info mandates rankled closed abortion clinic

By Kathy Ostrowski, Legislative Director, Kansans for Life

Editor’s note. In late July, Kathy was kind enough to write “Kansas City abortion clinic closes without warning” for NRL News Today. Reporters then, as now, couldn’t believe an abortion clinic could close so abruptly and would cite only the retirement of its abortionist, Ronald Yeomans (age 73), as the reason. At my request, Kathy wrote a follow-up.

Reporters are still contacting Kansans for Life to ask what we think is the real reason the Aid for Women clinic closed abruptly last Saturday.

Our executive director, Mary Kay Culp, responded

“It’s hard to know for sure why the clinic closed, but if it’s as we suspect— that women are better informed and more protected from clinic exploitation due to new state laws—clinic owners and operators would be the last to admit it.”

Culp is referencing the state of Kansas-provided “Woman’s Right to Know” information.

Aid for Women so hated having to post the statement “The abortion will terminate the life of a whole, separate, unique, living human being” on their website’s consent form, that they added this ‘commentary’:

"This [statement] is untruthful because the fetus is quite dependent upon, not separate from, the maternal placental oxygen and nutrient acquisition and kidney’s waste disposal. The word “whole” implies “complete” but the fetus is not truly completed until birth. Also, cancer is unique, human and living, yet not deserving of life.”

In response to such abortion clinic “factoids,” the state of Kansas enacted a law, effective July 2013 (tweaked slightly in May 2014), that requires each Kansas abortion business to post this on its homepage:

“The Kansas Department of Health and Environment maintains a website containing information about the development of the unborn child, as well as video of sonogram images of the unborn child at various stages of development, the Kansas Department of Health and Environment’s website can be reached by clicking here [www.womansrighttoknow.org].”

Isn’t it instructive that not just the abortion clinic but other abortion proponents are reduced to hysterically bad-mouthing scientifically accurate information? When women go to an abortion clinic’s website, they should be able to see the truth about their unborn baby this signage or go to jail. Republicans also don’t believe that rape causes pregnancy, nor that there can ever be too many children. They are stupid. Let’s vote them out of office. However, here goes.”

Maddow is obviously highly sympathetic to the Aid for Women business, quoting the clinic manager as revealing that they had struggled for eight years to find a replacement for the aging abortionist.

In addition, Maddow voices the clinic manager’s complaint of “ingratitude.” Maddow said,

“He told us, ‘We cannot seem to get some of these Gen Xers to take it seriously and vote. Why am I the only one fighting this?…The generation of patients whom we have helped need to step up and carry the torch instead of assuming clinic workers will always fight their battle.’ ”

So what do we learn from Maddow? That the poor abortion clinics are burdened by providing informational weblinks to pregnant women, when the unborn child is just like cancer, right? Now that is hooey.
NRLC President Tobias challenges Senate Democrat leadership

from page 1

Even many Americans who identify as “pro-choice” struggle with the abortion issue, because they see it as a conflict involving life itself. Many, while not fully sharing our view that the unborn child should be directly protected in law, nevertheless support the kinds of laws this bill would strike down; laws that take into account what most Americans recognize as a life-or-death decision.

In contrast, the drafters of S. 1696 apparently believe that any woman considering abortion must be shielded from any information that may cause her to change her mind.

Under S. 1696, elective abortion would become the procedure that must always be facilitated, never delayed, never impeded to the slightest degree.

What types of laws would the bill invalidate? The list includes limits on abortions after 20 weeks – past the point at which unborn children can experience pain – which are supported by sizeable majorities nationwide. Laws limiting abortion after viability. Laws protecting individuals or private medical institutions from being forced to participate in abortion, which about three-fourths of the people support, and which the great majority of states have enacted. Laws requiring that information be provided regarding alternatives to abortion, which 88 percent of the public supported in a Gallup poll. Laws providing periods for reflection. Laws prohibiting abortion because of the child’s sex, which over 85 percent support.

Having failed, in many cases, to persuade the federal courts to strike down the laws they dislike, the extreme abortion advocates now come to Congress and demand that this federal pro-abortion statutory bulldozer be unleashed to scrape everything flat.

The bill would subject any law or government policy that affects the practice of abortion, even indirectly, to an array of sweeping legal tests, designed to guarantee that almost none will survive. The general rule would be that any law that specifically regulates abortion would be presumptively invalid. The same would be true of any law that is not abortion-specific but has the effect or claimed effect of reducing access to abortion.

It is apparent that those who crafted this bill believe that, where abortion is involved, immediate access to abortion, at any stage of pregnancy, is the only thing that matters.

Mr. Chairman, in a November interview with the newspaper Roll Call, you said, “As the election approaches, I think the voters are going to want to know where legislators stand on these issues.” But, to know where every senator stands on S. 1696 would require a vote by the full Senate. By all means, let’s see where they stand -- but, in the spirit of “pro-choice,” how about giving the Senate a choice as well?

On May 13, Senator Lindsey Graham proposed an agreement under which S. 1696, which has 35 cosponsors, would receive a vote of the full Senate, along with a separate vote on his Pain-Capable Unborn Child Protection Act, S. 1670, which has 41 cosponsors.

The Pain-Capable Unborn Child Protection Act would protect unborn children, in the sixth month and later, with narrow exceptions. By this stage in their development, if not sooner, there is abundant evidence that unborn babies will experience great pain as their arms and legs are wrenched off by brute force in the common second-trimester dismemberment procedure known as D & E.

Mr. Chairman, in your response to Senator Graham’s proposal, you made clear your opposition to his bill. But you went on to say, and I quote, “I am more than happy to cast a vote on it, along with the Women’s Health Protection Act, and I hope they will be considered. This issue deserves to be before this body.”

We agree! We challenge you, and the leadership of the majority party, to allow the American people to see where every senator stands on both of these major abortion-related bills. Let the American people see which bill reflects the values of each member of the United States Senate—life or death for unborn children?
Helping women in crisis pregnancy situations see we care enables reason to replace panic

By Dave Andrusko

Why do some people readily hear our message of love and compassion for mother and unborn child while to others it is not so much rejected as it comes across as unimportant or “background noise”? Here’s a thought, based on a piece written by Seth S. Horowitz, published in the New York Times, that was passed along to me.

In “The Science and Art of Listening,” Horowitz, an auditory neuroscientist at Brown University, employs a three-tiered explanatory system to explain the complexity of hearing and to distinguish hearing from listening and the role of attention. He observes that because there is no place that is totally silent “your auditory system has evolved a complex and automatic ‘volume control,’ fine-tuned by development and experience, to keep most sounds off your cognitive radar unless they might be of use as a signal that something dangerous or wonderful is somewhere within the kilometer or so that your ears can detect.”

Which is where attention kicks in, by no means a “monolithic brain process.” These different types of attention employ different parts of the brain. The simplest is the startle—“observed in every studied vertebrate,” he writes. The most complex—where you “actually pay attention to something you’re listening to”—involves more sophisticated parts of the brain.

So what allows you to “actively focus on what you’re hearing and tune out sights and sounds that aren’t as immediately important”? According to Horowitz, “In this case, your brain works like a set of noise-suppressing headphones, with the bottom-up pathways acting as a switch to interrupt if something more urgent … grabs your attention.”

Needless to say in a world filled with sensory overload and virtually limitless access to information, while hearing is easy, it’s because increasing difficult to hone the skill of listening.

But Horowitz says that like any other skill, we can train our listening. Think of how his conclusion applies to our pro-life work:

“‘You never listen’ is not just the complaint of a problematic relationship, it has also become an epidemic in a world that is exchanging convenience for content, speed for meaning. The richness of life doesn’t lie in the loudness and the beat, but in the timbres and the variations that you can discern if you simply pay attention.”

It is difficult to get people to focus on, to pay attention to, the abortion issue, and for many reasons. However, it’s not because abortion is trivial; in fact it resonates with an impulse we’ve tried to mute—to protect our own.

Rather, it is hard to get people to pay attention because abortion is off their “cognitive radar.” Why? Both because they do not see the danger that abortion poses to unborn children AND their mothers, and because they do not see how wonderful it is, to stand up against those who tell women that abortion is the “easy” way out.

And to be clear, it is very, very easy to see why women in a crisis pregnancy situation do not “pay attention.” This is not welcomed news, it startles them (to borrow from Horowitz’s first stage of hearing), and the first instinct is to flee—to get “out” of the situation by aborting the baby.

One of our tasks—our principle task short-term—is to slow down the rush to (fatal) judgment, to help the mother see she is not alone, that we care. In explaining how we can train the skill of listening, Horowitz offers a relevant insight. He is talking about our “significant others,” but it applies perfectly here:

“Listen to your significant other’s voice — not only to the words, which after a few years may repeat, but to the sounds under them, the emotions carried in the harmonics.”

We need to be able to listen to what is underneath the pregnant teen’s (or grown woman’s) statement that she wants an abortion.

In many, many cases, it is actually a declaration with a question as subtext. She is asking, “Does it matter to you? Do I matter to you?”

When she sees that this DOES matter to us, that we ARE listening, often times the panic subsides and reason replaces fright.

And what a glorious day that is—for her, her unborn baby, and for you.
Strained comparisons, bogus analogies on display in recent pro-abortion court victories

By Dave Andrusko

Over the last many months, we’ve given particular attention to court cases in Texas, Mississippi, Wisconsin, and Alabama. The jury, so to speak, is still out on challenges to laws requiring abortionists to have admitting privileges in Texas and Wisconsin, although we will hear soon from the judges who seem sympathetic to the plaintiffs.

Pro-abortionists have been heartened by decisions that overturned laws in Mississippi and Alabama. What’s particularly interesting is the reliance on bizarre analogies the point of which (although never stated bluntly) is to begin to make abortion an absolute “right” again, something that the 1992 Planned Parenthood v. Casey decision qualified.

For example, as we’ve discussed, a divided three-judge panel of the 5th U.S. Circuit Court of Appeals struck down Mississippi’s requirement that abortionists have admitting privileges at a local hospital in cases of emergency. (See page 12 for a full account of the case.)

The case involved Mississippi’s lone abortion clinic. Judges E. Grady Jolly and Stephan A. Higginson intoned, “We hold that Mississippi may not shift its obligation to respect the established constitutional rights of its citizens to another state.”

As the dissenter, Judge Emilio Garza, keenly noted, the majority relied heavily on a case they admit had “never been cited in the abortion context.” It was the refusal of the University of Missouri law school in the 1930s to admit an African-American; the law school then offered him a stipend to attend a law school in a neighboring state. [In fact Jolly wrote, “Although cognizant of these serious distinctions and although decided in another context…” Talk about a stretch!]

In fact it had no application. Mentioning it just allowed Jolly and Higginson to hitch the “right” to abortion to cases protecting the civil rights of African-Americans.

But when it comes to ignoring “serious distinctions” and different “contexts” and bringing in cases never before “cited in the abortion context,” Jolly and Higginson took a back seat to Judge Myron Thompson’s overwrought (and over-written) 172-page decision gutting Alabama’s admitting privileges law.

Forget that he took cheap shots at a sitting Supreme Court justice and maligned the motives of the lawmakers who enacted HB 1390 in 2012. The point that Thompson was making—and happily recycled by Linda Greenhouse, formerly the New York Times’ Supreme Court reporter who now writes when/what she wants—was even more outlandish that the comparison Jolly and Higginson dredged up.

He compared the right to abortion to the right to bear arms. “At its core, each protected right is held by the individual,” Judge Thompson opined. “However, neither right can be fully exercised without the assistance of someone else. The right to abortion cannot be exercised without a medical professional, and the right to keep and bear arms means little if there is no one from whom to acquire the handgun or ammunition.”

Where to begin? Start with this. There is a reason pro-abortionists (including Supreme Court Justice Ruth Bader Ginsburg) keep offering up alternatives bases that the Supreme Court should have built its case for abortion on in Roe v. Wade. In the Yale Law Journal, the late eminent legal scholar John Hart Ely, a supporter of legal abortion, complained that Roe is “bad constitutional law, or rather … it is not constitutional law and gives almost no sense of an obligation to try to be.”

By contrast the right to bear arms is clearly found in the Second Amendment, not found lurking in the “penumbras” and “emanations” that Blackmun conjured up as the basis for the right to abortion 41 years ago.

Greenhouse wrote “By pairing gun rights and abortion rights, Judge Thompson was not just indulging in shock value. He was making a profound point: that a right — any right — without the infrastructure and the social conditions that enable its exercise is no right at all.”

“Infrastructure”? “Social conditions”? What is the “soil” in which abortion will thrive? Funding, state and federal? An elimination of conscience rights? The requirement that states have abortion clinics, even if there is abortion clinic in a nearby state? The passage of federal laws that would eliminate any and all protective
Andrew Lloyd Webber Changes Mind on Suicide

By Wesley J. Smith

Andrew Lloyd Webber might not still be here if assisted suicide had been legal. He wanted to die and almost was set to go to Switzerland. Now, he’s glad he didn’t. From the Telegraph story:

“Lord Lloyd-Webber, the West End impresario, was so convinced he wanted to die last year that he took steps to join Dignitas, the Swiss assisted suicide clinic, he has disclosed. The composer said he now believes that taking such a step would have been ‘stupid and ridiculous’ but that it was all he could think of amid a bout of deep depression triggered by the pain from a series of operations.”

“He is among members of the Lords likely to oppose the bill tabled by Lord Falconer, the former Lord Chancellor, to legalise ‘assisted dying,’ which will have its first parliamentary airing [last Friday]. It came as Dominic Grieve, who until this week’s reshuffle was the Government’s chief law officer, said the proposals could open the door to a form of ‘legalised execution.’”

“‘It is not something that a civilised society should do,’ he told The Daily Telegraph.”

Indeed.

And don’t tell me he didn’t die so what’s the big deal. If it had been legal he might have. Indeed, I have no doubt Dignitas would have helped poison him and happily garnered the publicity.

And don’t tell me he isn’t terminally ill, so he couldn’t have obtained assisted suicide. That limitation is just a way station on the way to death on demand.

Moreover, many of the Swiss assisted suicides of Brits have been on people who were not terminally ill. Dying isn’t driving this agenda, despair and fear are.

Way to go ALW! That’s beautiful music to my ears.

Editor’s note: This appeared on Wesley’s blog.

Here’s how every pro-lifer can be a more effective teacher

from page 2

#2. “They encourage deeper thinking.” Comparing Japanese and American teachers in their classrooms, Green concluded there is a “nuanced difference in how the questions were framed” which had a huge influence in the participation rate among the students. Asking “how or why” questions (as opposed to merely asking “what”) meant many more Japanese students “helped initiate the solution to a problem.” The former approach is obviously more open-ended, which, we can hope, keeps the discussion with our potential recruit going rather than ending with one or two back-and-forths.

And great teachers ...

#3. “They show more than they tell.” This is described as “helping students learn to complete tasks that require a lot of detailed thinking.” (Stanford education professor Pam Grossman calls this “modeling.”) In our realm, if we are asking someone to grasp what may seem to them the rough equivalent of learning a foreign language (because they have not been exposed to formal or informal pro-life tutoring), it’s often not enough to tell them to consider what we said again or read our piece of pro-life literature once more.

To get them from here to there we need to be more specific, showing “the invisible mental steps that go into” the kind of thinking that allows us to grasp more complicated and nuanced concepts. (Green writes that “Grossman calls this ‘making your thinking visible.’“) On our part this requires patience and also a self-reminder that once upon a time we didn’t know what we know so well now. What is self-evident (to us) is not to them. We need to walk them through the steps.

One other very reassuring observation from Green’s excerpt is implicit. She argues that research demonstrates conclusively that (contrary to Hollywood) “what makes for great and nimble teachers” is not that they are born that way.

These kinds of exceptional educators come in all stripes—extroverts and introverts; humorous and serious; “flexible as rubber,” others far less so.

By making the effort, anyone of us can be, in our own way, a more effective ambassador for Life.
Are Democrats really throwing the “War on Women” cliché overboard?

By Dave Andrusko

“[Saying] ‘Republicans are waging a war on women’ actually doesn’t test very well,” said Democratic polster Celinda Lake. “Women find it divisive, political—they don’t like it.” — From an article in The National Journal, “Why Democrats are Ditching the ‘War on Women,’” by Emily Schultheis.

Really? Let’s see.

The subhead to Schultheis’ article is “The party that deployed ‘war’ rhetoric to help defeat Mitt Romney is looking for less divisive ways to reach female voters this cycle.” Oh, please. This would be almost amusing if it weren’t just as deceiving (and misleading) as the empty-headed “war on women” cliché.

As I read the article, I thought of the memorable quote attributed to pro-abortion former Vice President Al Gore: “When you have the facts on your side, argue the facts. When you have the law on your side, argue the law. When you have neither, holler.”

Pro-abortion Democrats are desperately looking for images and issues that they can twist so as to holler that Republicans are actively hostile to women.

As we noted in “ObamaCare’s unfavorable numbers in July worse yet,” pro-abortion Democrats do not want to talk about ObamaCare which includes (among other objectionable provisions) massive federal tax subsidies to assist many millions of Americans to purchase private health plans that will cover abortion on demand.

Nor do they want to talk about laws to protect unborn children capable of feeling pain from the horrors of abortion. Pro-abortion Senate Majority Leader Harry Reid (D-Nv.) simply won’t bring up the Pain-Capable Unborn Child Protection Act (S. 1670).

As the National Journal article makes clear, instead of these issues or the economy or foreign affairs, Democrats want to talk about contraception, code for the “Burwell v. Hobby Lobby” Supreme Court decision.

Of course what was actually at issue in that case was whether the government can force employers to provide health coverage for drugs and procedures to which they have moral or religious objections—freedom of conscience.

However what many people don’t understood is that there is another very dangerous problem that has always lurked in the background which the Burwell v. Hobby Lobby decision did not address.

The decision did not truly correct any of the major abortion-expanding problems created by Obamacare, including the overly expansive authority that the Obamacare law itself provides to the Department of Health and Human Services (HHS) to define “preventive services.”

What if in the future, HHS chooses to add the abortion pill RU-486, or even elective abortion, including late abortions, to the list of mandated “preventive services”? What if HHS requires coverage for, say, doctor-prescribed suicide, or anything else it chooses to classify as “preventive services”?

To return to Schultheis’ article, when pro-abortion Democrats do choose to avoid the inane “war on women” conceit, they are merely exchanging one set of misleading, divisive stereotypes for another.

“The playbook’s the same,” GOP pollster Kellyanne Conway told Schultheis.

Strained comparisons

demonstrated a new willingness to treat the abortion right as a right among others.”

Actually, her observation two paragraphs later is much more revealing:

‘[J]udges’ willingness to step outside the abortion frame and to weigh, from that broad perspective, whether the abortion right has become unduly burdened is something new and potentially of great value in the struggle to preserve women’s reproductive freedom.’”

In other words, if judges can make up imaginary comparisons to rights that are clearly rooted in the Constitution, that’s sure sounds like a lot better footing than Blackman’s “penumbras” and “emanations.”

It also furthers the abortion agenda: rolling back even the most commonsensical limitations on abortion.

state legislation? My guess is Greenhouse (and Thompson) would say yes to all.

Judge Thompson and Greenhouse are arguing that the right to abortion is being regulated out of existence. A lot of sound and fury signifying very little.

The two largest abortion clinics in Alabama are unaffected. What about Mississippi? As Judge Garza explained, “In 2011, prior to the Act’s passage, nearly sixty percent of Mississippi women who obtained abortions already traveled to other states for these services.”

(What’s the “undue burden” on these women if the Jackson Women’s Health Organization closes because it cannot find a hospital willing to give its fly-in abortionists admitting privileges?)

In the trial, which Thompson heard without a jury, time after time abortion clinic representatives appeared to be unable to explain their unwillingness to seriously try to get abortionists to settle in Alabama. Moreover as Judge Garza said in the Mississippi case, when local hospitals refuse to give admitting privileges to abortionists, those are the “independent decisions of local hospitals—non-state actors” to reject the abortionists’ applications. The closure would not “result directly from H.B. 1390.”

How about Texas? Planned Parenthood is on a building spree, constructing more and more mega-clinics. Abortion ‘access’ is not a problem.

Greenhouse celebrates the two decisions as instances where “federal judges have
Daughter of Mentally Challenged Reno Woman who was almost forced to abort adopted by Grandparents

By Melissa Clement, President, Nevada Right to Life

Nearly two years after the Washoe County Family Court case that shocked the nation, Cierra Marie, a little girl, whose life was threatened by a potential court-ordered abortion, has a forever home. The long process ended happily August 1. Bill and Amy Bauer adopted their beautiful granddaughter in the same court where once her life was threatened.

In the Fall of 2012, Bill and Amy were summoned to a Washoe County Court, forced to justify their faith and their respect for life. They were challenged to explain what they were going to do about their mentally challenged daughter’s pregnancy at the hands of an unknown sexual predator. Asked why they intended to support their daughter’s pregnancy, they said that their faith told them that all human life was valuable and that they intended to help her despite her circumstances as long as the child was not a threat to their daughter’s life. The judge set into motion a series of hearings that seemingly could only end in the loss of an innocent human life at the hands of the state.

The Bauers’ attorney, Alliance Defending Freedom attorney Jason Guinasso, says the court then “responded to them by stating their faith had no relevance to the decision that had to be made regarding carrying the pregnancy to term or not. Further, the Court set up a series of hearings over the course of 40 days to consider whether to force Bill and Amy’s daughter to have an abortion. Indeed, the doctor summoned by the Court stated at one of the hearings that the only compassionate thing to do was to sterilize the Bauers’ daughter and abort the baby.”

However, thanks to the work of countless people across the country, led by Guinasso, the court and the county, against all odds, changed direction and agreed to support this woman and her unborn baby.

This case was a victory for American families. If the court had ordered an abortion, it would have sent a clear and unmistakable message that courts can intervene in family matters to order an abortion against the family’s wishes. This case also revealed a clear and present danger to families that courts could trample on their religious beliefs.

Not only pro-life supporters felt threatened. Many who consider themselves pro-choice recognized the threat to family autonomy, “choice” and religious liberty.

This truly was a bridge too far and fortunately the Court recognized it as such. As bioethicist, Wesley Smith noted

“If a court orders an abortion opposed by the parents/guardians of this woman, and the woman herself (who is not capable of informed consent)-absent clear and convincing evidence that the pregnancy poses a substantial risk to the woman’s life… we will have entered territory once inhabited exclusively by China.”
TV and abortion: “Progress” = more abortions

By Dave Andrusko

As NRL News Today has noted (at length), the controversy over the addlepated “abortion-themed romantic comedy” Obvious Child served as a springboard for a number of related discussions.

From our perspective, suffice it to say two things about the film itself. First, director Gillian Robespierre proved once again that there is no depth to which abortion advocates won’t sink to “normalize” abortion. That Robespierre and star Jenny Slate would continue to try to have it both way—milk the abortion angle for all its worth yet insist (wink, wink) that abortion was not the heart and soul of Obvious Child—is pretty much what you would expect.

Second, lead character Donna Stern (Slate’s foul-mouthed night club comic) is a linear descent of Emily Letts, infamous for videotaping her own abortion and putting her child’s final minutes on YouTube for all the world to see.

Pro-abortionists continue to try to make hay out of the controversy over a film that hardly lit up the box office. For example, a few weeks ago (according to the Washington Post’s Alyssa Rosenberg) “NBC found itself the target of criticism after reports surfaced that the network had declined a digital ad for the independent movie ‘Obvious Child.’” (That’s not entirely accurate. See below.)

The headline of Rosenberg’s piece illustrated her conclusion: “Is TV afraid of abortion? For NBC, the answer is complicated.”

She is basically sympathetic to the answer NBC Entertainment Chairman Bob Greenblatt gave to a colleague of Rosenberg about “whether the controversy reflected a broader timidity about abortion and reproductive health on television.”

Greenblatt alluded to a show that ran 20 or so years ago where a character was considering an abortion. So, too, was the staff, deciding in the end to have her “lose the baby sort of on the way to getting the abortion.”

“I don’t think we cop out like that anymore, but I still think writers and producers are nervous about it because it really does divide people,” Greenblatt said. “But I think we’ve made progress.”

Rosenberg offers conclusions from an analysis from a pro-abortion think-tank that concludes abortion has been a more common story line since Roe. “The number of those story lines that end with a character losing the pregnancy has increased slightly, though there has been a greater shift toward characters carrying pregnancies to term and either parenting their children or giving them up for adoption,” she writes. But…

“[J]ust because pop culture has characters consider abortion more often does not mean that fictional characters are actually having abortions or that television has gotten any braver about treating abortion as routine,” Rosenberg writes. “As my former colleague Tara Culp-Ressler reported in February, ‘Between 1973 and 2002, abortion represented about 60 percent of the pregnancy outcomes in pop culture plots. But from 2003 and 2012, that dropped to about 48 percent.’”

So to be clear, “progress” = more women having abortions, not just considering them.

Greenblatt told Rosenberg that he thought “the advertising sales team at NBC had taken ‘the path of least resistance,’ selecting an ad that did not mention the ‘abortion angle’ in Obvious Child by choosing the spot out of three potential options.

Jennifer Salke, president of NBC Entertainment, “said they simply could not remember very many story pitches about abortion and unplanned pregnancies during their tenure at NBC.” What about the future? “We would just want to make sure we were smart about it, that it was handled appropriately,” Salke said.

How and where an Appeals Panel decision went wrong in striking down law that would have closed Mississippi’s last abortion clinic

would not only place an undue burden on the exercise of the constitutional right, but would also disregard a state’s obligation under the principle of federalism—applicable to all fifty states—to accept the burden of the non-delegable duty of protecting the established federal constitutional rights of its own citizens.”

To reach this strained conclusion, Garza notes that the majority relied heavily on a case they admit had “never been cited in the abortion context.” It was the refusal of the University of Missouri law school in the 1930s to admit an African-American; the law school then offered him a stipend to attend a law school in a neighboring state. [In fact Jolly wrote, “Although cognizant of these serious distinctions and although decided in another context…” Talk about a stretch!]

Garza explains at length the difference between equal protection obligations and the Due Process Clause (which the abortion clinic was suing under); explains that Mississippi is not providing a service (abortion)—and indeed, “no state is obligated to provide or guarantee the provision of abortion services within its borders”; and that for those women in the Jackson area most affected by the clinic’s closing, “a proper undue analysis must assess the cost of obtaining abortion services at the closest facility in a neighboring state.” That analysis had not been done by the district court.

Why? Likely because both the district court and the majority concluded that “the closing of a state’s only abortion provider would be a per se undue burden.”

Judge Garza offers many more trenchant criticisms, including of the majority’s pretense that there could be a law that has the effect of closing all abortion clinics that they would not strike down.

It offers a roadmap for clear thinking about supposed “undue burdens” that are nothing of the sort.
Infamous abortionist Brigham again trying to get license back

By Dave Andrusko

It’s important to remember that long before there was abortionist Kermit Gosnell, convicted of three counts of first-degree murder, there were plenty of abortionists who were so outrageous even their Abortion Industry brethren tried to separate themselves from them.

As good (actually bad) as example as you are likely to ever find is Steven Brigham. He is, alas, back in the news again.

You have to remember that Brigham has lost his medical license in multiple states. Currently he is fighting to regain his license in New Jersey which has been temporarily suspended.

Writing for The [New Jersey] Star-Ledger, Susan K. Livio told her readers that Brigham’s attorney asked a judge “to consider his client a target of ‘selective enforcement’ who thought he was following accepted medical practices.”

That was the second half of the lead sentence.

The first half explained why his license had been suspended: “for starting late-term abortions in his South Jersey office and sending five women to Maryland to finish the procedure.”

(Last year, The Philadelphia Inquirer’s Marie McCullough put it more bluntly in another of her thorough investigative stories of Brigham: “Three years ago, New Jersey suspended it [his license] when he was caught – after a critically injured patient went to the police – doing what he was disciplined for in the mid-1990s: starting late-term abortions in New Jersey and finishing them in another state.”)

Why would Brigham do that? “The Attorney General’s Office claimed Brigham had used the two-state practice to evade New Jersey law prohibiting doctors from performing abortions after the 14th week of a patient’s last menstrual period outside a hospital or other licensed medical facility,” Livio explained.

To no avail Deputy Attorneys General Joshua Bengal and Gezim Bajrami asked Administrative Law Judge Jeff Masin “to consider Brigham’s history in New York, where his license was revoked for similar offenses in 1994, and in Pennsylvania, where two clinics were cited and shut down after the doctor voluntarily placed his license on ‘permanent inactive status,’” Livio wrote.

Masin’s explanation? Brigham has yet to give up his Pennsylvania license (the case is still in litigation) and because (Livio explained) “it wouldn’t be fair to consider his New York revocation because the New Jersey judge disagreed with that ruling in 1996 and Brigham kept his license.”

However, Brigham’s attorney, Joseph Gorrell, did bring up Brigham’s Pennsylvania track record, Livio wrote, “but only as evidence of selective enforcement . . . to explain why all of this really happened.” (Gorrell alluded to Brigham being an “easy target for pro-life advocates.”)

Saying that it was too late in the trial to bring up such a defense, Masin said no. “We would have to have a full-scale hearing. I don’t see any basis for allowing that at all,” Masin said.

According to Livio, Masin said he expected to rule “shortly.” Masin’s decision “would then be the subject of a medical board hearing to decide whether to adopt the findings.”

Abortionist Steven Brigham
In our culture, equipped with a gazillion cell phone cameras and a multiplicity of recording devices, every once in a while when an unhinged pro-abortionist goes off on a pro-lifer, it’s get captured and makes its way onto the internet.

An opinion piece appearing in an Alabama newspaper recently reminded me of this truism. However what made J. Pepper Bryars’ argument particularly helpful is that he used one of those harangues as a way of addressing the question of men and abortion.

We all know that being the good liberals that pro-abortion feminists are, they insist that the voices of men should be censored. (They are not big on diversity of opinion to begin with.)

And it’s not just that abortion is “a woman’s issue” (as we are told incessantly) and therefore men have no voice. It’s that men have nothing to contribute to the conversation (other than perhaps to affirm that they will go along with whatever her decision is). They are the equivalent of potted plants.

Bryars’ opinion piece reminds us that many, if not nearly all men, who are a party to a crisis pregnancy, have bought this lie. Consequently they say (or imply) that whichever direction she is headed, they will follow.

Which, of course, misses the crucial other reason the Abortion Establishment is so loath to allow men to utter a peep. Women in the midst of a crisis pregnancy understandably see passivity as a sign either of indifference or (worse) a signal that everyone would be “better off” if she eliminated the “problem.”

But if the man speaks up on behalf of his baby and the mother of their child, it can make all the difference in the world.

“The man has a huge influence in the woman’s decision to choose life,” Susan Baldwin, executive director of the Women’s Resource Center, which operates crisis pregnancy centers in Mobile and Saraland, told Bryars. “If he is 100-percent for the baby and offers to support their child, then we almost never see the woman choose abortion.”

Bryars’ opinion piece reminds us that many, if not nearly all men, who are a party to a crisis pregnancy, have bought this lie. Consequently they say (or imply) that whichever direction she is headed, they will follow.

Which, of course, misses the crucial other reason the Abortion Establishment is so loath to allow men to utter a peep. Women in the midst of a crisis pregnancy understandably see passivity as a sign either of indifference or (worse) a signal that everyone would be “better off” if she eliminated the “problem.”

But if the man speaks up on behalf of his baby and the mother of their child, it can make all the difference in the world.

“The man has a huge influence in the woman’s decision to choose life,” Susan Baldwin, executive director of the Women’s Resource Center, which operates crisis pregnancy centers in Mobile and Saraland, told Bryars. “If he is 100-percent for the baby and offers to support their child, then we almost never see the woman choose abortion.”

Bryars asked her what if the father resorts to the “I’ll-support-her-decision” line?

“If he says that he doesn’t care what she does, or it’s her decision and he doesn’t want to interfere, she takes that as quite a negative and then the chances are 50-percent,” Baldwin said. “If he wants nothing to do with her or ‘her’ baby…then the woman is extremely vulnerable.”

Bryars then brought up something I’m embarrassed to admit I’d never considered. Let’s say the father wants to do the right thing, not the convenient thing.

What exactly does he say?

“Baldwin said that her counselors and medical staff have observed that men don’t know how to talk to women about pregnancy, birth, their needs as mothers and alternatives such as adoption,” Bryars writes. “Her center’s website shares a list of basic dos-and-don’ts men should know when facing an unplanned pregnancy.”

Kathy Hall is executive director of Choose Life of North Alabama, a crisis pregnancy center in Huntsville, Alabama. They run a program called “MENistry.”

Its target audience is men who are faced with an unplanned pregnancy. A dozen trained men serve as counselors and mentors “to show fathers how important they are in the decision-making process and how they can grow to become the strong men that their situation requires,” Bryars writes. “They also offer post-abortion healing to men who have had a child aborted in their past – an untold yet painful part of the overall abortion tragedy.”

While men are still largely on the outside looking in, an author of a book about men and abortion sees hope.

“Today, many fathers facing an unplanned pregnancy are still shrugging their shoulders,” Kirk Walden wrote. “But...at pregnancy help centers everywhere, dads are making a comeback.”
Woman who threw newborn in trash charged with attempted murder

By Dave Andrusko

A 22-year-old Indianapolis woman, accused of giving birth to a baby boy in the restroom of her job and then dumping him in the trash before going back to work, has been charged with 1 count of attempted murder, 3 counts of neglect of a dependent resulting in serious injury, 1 count of battery, and 1 count of neglect of a dependent resulting in bodily injury.

Briana Holland is being held on $50,000 bond. The baby, miraculously, is alive and doing well at Riley Hospital, according to The Department of Child Services.

“According to court documents, the lower half of the baby’s body was wrapped in a brown paper bag and the head was wrapped in a separate paper bag,” reported WRTV 6’s Derrik Thomas. “Toilet tissue was wrapped approximately 15 times around his neck and a tampon applicator and tissue were stuffed in the baby’s mouth.”

The maintenance worker who found the child in the restroom of the United Technology Carrier Corporation building, “said the baby’s face was purple and body was cold,” Thomas reported. “The baby was gasping for air and suddenly stopped. The worker slapped the baby on the butt and the baby started to cry.”

Holland, who along with her twin sister registered for classes at Kaplan College just hours before giving birth, was asked by investigators what she thought would happen to the baby. According to court documents, Holland said, “I knew what the results would probably be. It would probably die.

Investigators asked if she was “cool” with the baby dying. “I’m never cool with anyone dying,” Holland said. “I wasn’t expecting it to live. I threw it in the can.”

WRTV 6 also reported that “In court documents Holland’s boyfriend said she had a prior abortion and didn’t want to disappoint her mother with another pregnancy.”

There is a fire station directly across the street from the factory. “According to [Indiana’s] Safe Haven Law, Holland could have dropped the baby off, no questions asked, at any fire station, police station or hospital emergency room,” Thomas reported.

Capt. Mike Pruitt with Wayne Township Fire Department told Thomas

“We continue to drive that message home over and over and over as the days go on and hopefully, it sinks in with folks. So if there is anyone else out there that runs into this same situation they’re gonna make the right choice and bring the child to a police station, fire station or hospital.”
Ohio revokes license of Toledo’s last abortion clinic, effective August 12

By Dave Andrusko

Back in June, when last we wrote about the Capital Care Network, the lone remaining abortion clinic in Toledo, Ohio, state officials had responded to the clinic’s argument that it had fulfilled the requirement to have access to a “local” hospital if complications arose—an agreement with the University of Michigan Hospital in Ann Arbor located more than 50 miles away and in a different state.

That response came in the form of a decision, written by William J. Kepko, an Ohio Department of Health hearing examiner, who ruled the state’s decision to revoke the clinic’s license as an ambulatory surgical center was valid.

That conclusion upheld two decisions by former Health Director Ted Wymyslo. The final word, we wrote, rested with Lance D. Himes, the department’s acting director. (Himes served as legal counsel to Dr. Wymyslo, when he issued his original license revocation order last August.)

In late July Mr. Himes signed an order revoking Capital Care Network’s license, effective August 12. “The West Sylvania Avenue clinic has 15 days after the mailing of the notice to file an appeal and request that a court stay the order pending that appeal,” reported the Toledo Blade’s Vanessa McCray and Marlene Harris.

Capital Care owner Terry Hubbard told the Blade that she now has the financing to fight the Ohio Department of Health’s ruling in court. “I think there is going to be a lot of unwanted pregnancy in Toledo if we are forced to close — not all women can travel,” Hubbard told McCray and Harris.

The story of the Capital Care Network is already a lengthy one.

As NRL News Today explained (quoting from Ohio Right to Life), “According to Ohio law, Capital Care exists as an Ambulatory Surgical Facility and because of this status, the clinic is not a full-service medical facility. In order for Capital Care Network of Toledo to operate legally, the clinic has to have a transfer agreement with a full-service hospital to handle all cases of abortion complications against the mother.”

Capital Care Network had a one-year arrangement with the University of Toledo Medical Center, but UTMC exercised its option not to renew, effective July 1, 2013. Unable to find an Ohio hospital, the abortion clinic signed an agreement with the Ann Arbor hospital, effective late this past January.

“State law doesn’t define ‘local,’ but the state’s health director at the time, Dr. Ted Wymyslo, determined that the University of Michigan Health System, about 53 miles away, doesn’t qualify,” Jim Provance of the Toledo Blade wrote.

As a backup strategy, Capital Care Network took the position that a transfer agreement is not really needed. In situations not considered serious emergencies, the clinic will employ a helicopter, clinic owner Terri Hubbard said.

In situations that are a true emergency, “they will be transferred to the local hospital because 911 will transport to the closest hospital to the center,” said Jennifer Branch, the clinic’s Cincinnati attorney.

Editor’s note. As promised, Capital Care Network subsequently appealed the decision.
PPFA Cecile Richards’ interview with Bill Moyers: The “rest of the story”

By Dave Andrusko

Understandably so, pro-lifers have paid the most attention to PPFA President Cecile Richards’ bizarre comparison of abortion to a colonoscopy in a July 18 interview with Bill Moyers. But if you either saw the program (which I did not) or read the transcript (which I just did), you know there was no comparison too absurd, no hyperbole too hot for this pro-abortion tandem.

Here are just a few nuggets at billmoyers.com. As you would expect from Moyers, many comments are snarky, snide, and over the top.

Of course, pro-life legislation wouldn’t be passing in many parts of the country if only “conservatives” believed abortion is “morally wrong.” If you look at data from Gallup and Rasmussen—to name just two—shows that a majority believes abortion is morally wrong while only about a third believe it is morally right.

#1. “Thanks to a sustained legal strategy in particular, which includes achieving a Supreme Court majority of five conservative Catholic men, all appointed by Republican presidents, they have been inching toward success.” Moyers loves to hammer “conservative Catholics,” conservative Catholic men even more.

Is it somehow un-American to have a “sustained legal strategy”? To name just two examples, how did pro-abortionists overthrow the laws of all 50 states (in Roe v. Wade) if not by use of a “sustained legal strategy”? More benignly, how did African Americans overturn separate but equal laws except by “a sustained legal strategy”?

#2. Every chance Moyers gets he conflates passage of protective state laws with individual acts of violence decades-old and condemned by pro-life then and ever since. They are not alternative “tactics.” Passing laws is wholly legitimate, violence wholly illegitimate.

#3. Moyers does ask, “Is it conceivable to you that your opponents have won the moral argument, that is they’ve convinced enough people in conservative circles that abortion is morally wrong, leaving politicians that you talk about no choice but to go where the voters lead?” Richards, of course, vehemently disagrees, but it is interesting that Moyers (who more than once talks about pro-choicers losing) even raises the possibility.

#4. From then on, every question is in Richards’ wheelhouse. “Do you really think that Women’s Health Protection Act that was debated this week could undo some of the damage being caused by this onslaught of regulations?” To which Richards responds, “Absolutely.”

Here is one of the clearest examples of pro-abortion abracadabra in the interview. As the story that begins on the top of page one documents, the law is better described as the “Abortion Without Limits Until Birth Act.” In testifying before the Senate Judiciary Committee [http://nrlc.cc/lpmEMbO], NRLC President Carol Tobias patiently explained why the measure is even more radical than the infamous Freedom of Choice Act (FOCA). She said

“Having failed, in many cases, to persuade the federal courts to strike down the laws they dislike, the extreme abortion advocates now come to Congress and demand that this federal pro-abortion statutory bulldozer be unleashed to scrape everything flat.

“The bill would subject any law or government policy that affects the practice of abortion, even indirectly, to an array of sweeping legal tests, designed to guarantee that almost none will survive. The general rule would be that any law that specifically regulates abortion would be presumptively invalid. The same would be true of any law that is not abortion-specific but has the effect or claimed effect of reducing access to abortion.

“It is apparent that those who crafted this bill believe that, where abortion is involved, immediate access to abortion, at any stage of pregnancy, is the only thing that matters.”

And, finally,

#5. Moyers asks

“What is your response to what some of your opponents say that abortion is vastly different from other procedures and therefore needs higher medical standards? Is there any merit in that argument?”

Richards answers,

“Absolutely none. I mean, again, abortion is one of the safest medical procedures in the country.”

Requiring “Higher medical standards” than for what? In many locales, tanning salons are more closely regulated than abortion clinics. In the post-Gosnell era, does anyone who does not draw a check from the Abortion Industry really believe that the “problem” is over-regulation?

Which brings us back to abortion as equivalent to a colonoscopy.

I don’t suppose anyone should be surprised. This really IS how Richards thinks and speaks.

We should also remember (as noted in #2) that the objective of the hyperventilating rhetoric is to make it as difficult as possible for pro-life people to peacefully, legally work to change laws, or indeed even to exercise their freedom of conscience not to be involved in any way with abortion.

The Cecile Richardests of this world have one goal: ever more abortions. And that requires silencing opposing voices—you and me.