NEARLY 60 MILLION LIVES have been lost to abortion since 1973. Only you can give them a voice.

WHAT ARE YOUR PLANS THIS SUMMER?

NATIONAL RIGHT TO LIFE CONVENTION 2017
Milwaukee, WI
June 29, 2017 - July 1, 2017
nrlconvention.com
Georgia Life Alliance Action Fund and NRL Victory Fund weigh in on Georgia 6 special election

By Karen Cross, National Right to Life Political Director

The June 20 special runoff to replace Rep. Tom Price has been characterized by both pro-life and pro-abortion forces as a bellwether race for the 2018 elections.

“This is the number one pro-life battle in the country right now,” said Camila Wright Zolfaghari, executive director of Georgia Life Alliance Committee, Inc. “We cannot allow the abortion industry to defeat a pro-life champion and steal this pro-life seat.”

The Georgia 6 special election has become the most expensive House race in political history. More than $30 million has already been reportedly spent in the congressional race.

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Editorials

Five reflections on Planned Parenthood’s latest annual report

Planned Parenthood, the mega-abortion provider, begins its latest annual report with this spit-in-your-eye assurance:

We have been here for 100 years, and we’ve been fighting for reproductive health care and rights since day one.
We’re going to be here for another 100 years — and then some — and though the path forward isn’t an easy one, ours never has been. Planned Parenthood has weathered some intense storms in our history, and we’ve come out of each one stronger, smarter, and fiercer than ever before.

So take that, all you troglodytes. We’re still raking in $1.3543 billion a year in revenues; still the recipient of $554.6 million in “Government Health Services Reimbursements & Grants” (this under the last full year of the Obama administration); still hauling in $445.8 million in private contributions and bequests; and still the darling of Hollywood which cannot say enough wonderful things about the wonderfulness of pulling tiny arms off of little torsos.

On May 30 Dr. Randall K. O’Bannon and I wrote a first draft look at the results. Some pro-lifers spent time speculating why PPFA was so tardy in cranking out its 2015-2016 report. There are lots of possible explanations but what matters is that now that it’s out, what you find if you look carefully at the 32-page report.

I could list 20 different “highlights,” but here are five.
#1. Not the least bit surprisingly, PPFA is very, very sensitive to the undercover videos taken by the Center for Medical Progress (CMP). What the viewer saw was PPFA leadership, along with

Abortion and the Shock of Recognition

I’m not going to spend a lot of time here discussing Kathy Griffin’s disgusting actions. We covered that in detail in NRL News Today, to which I trust all of you subscribe.
But the blowback on this wretchedly unfunny pro-abortion “comedian” stemmed from sincere repugnance—that in participating in a photo shoot in which she held a bloodied and detached replica of President Trump’s head and then posted it on a tweet was a bridge too far.
I subsequently was reminded of the wholly [in]sincere criticism of a simple black-and-white line drawing NRLC used to illustrate the ghastly partial-birth abortion technique. Nothing remotely bloody or gory, it was the model of unembellished simplicity. But it was enormously effective because it matter-of-factly showed how very, very close to infanticide PBAs actually were.
Enter the ban on dismemberment abortions. Earlier this month, Texas became the eighth state to enact the ban, joining Arkansas, Kansas, Oklahoma, West Virginia, Mississippi, Alabama, and Louisiana. On Monday I posted a story about a pro-abortion professor of law who airily dismissed the chances that the Supreme Court would uphold the law, when/if it came before the justices.
But Sherry F. Colb, to her credit, avoided the euphemistic blather that her associates trot out to mask the utter brutality. Here’s what Prof. Colb wrote

The method of abortion at issue in the Texas statute is not for the faint of heart. It involves dismembering the fetus while it is still in the woman’s womb and removing its parts, piece by piece, through the birth canal. One Texas legislator described the procedure as drawing and quartering, an old (and torturous) method of execution. …
The notion, accepted by the [Supreme] Court, that D&X [partial-birth abortion] is uniquely barbaric was questionable, to be sure. It is not obvious that

See “Reflections,” page 29
See “Shock,” page 33
At a different stage in life, there is increasing pressure on people with disabilities to opt for assisted suicide. Some insurance companies and a state-run health plan in Oregon have offered to pay for assisted suicide for patients, rather than life-sustaining treatments. Legislatures are continuously pushed to legalize assisted suicide because our society can't imagine why anyone would want to live with an illness or disability.

With all this, why are pro-lifers eternally optimistic that we will win and, indeed, are winning? For starters, we are overjoyed that more and more people are getting involved in the fight against abortion and euthanasia. Organizations that advocate for persons with disabilities are becoming even more vocal and more active in their opposition to assisted suicide. They know they are, for now, the primary targets.

We also are uplifted by a Right-to-Life movement that has been existence for about 50 years and is continuing to grow. Many of our state affiliates were organizing long before the Supreme Court decisions in *Roe v Wade* and *Doe v Bolton* were handed down. Some of those early pioneers are no longer with us, having gone on to eternal life. Fortunately, many of those early women and men are still with us, laboring in the fields with the many, many more that have joined the fight.

Although those who created the Right-to-Life movement were hopeful that there would be a quick end to abortion, their efforts helped keep tomorrow alive by continuing the struggle and bringing new recruits into this battle for Life. “Keeping Tomorrow Alive” is now up to us. How? By changing hearts and minds, by educating newcomers and bringing them into the movement; by educating our young people so that they have the arguments to bolster their pro-life convictions, and by helping women who have aborted a son or daughter to realize that they are welcomed and encouraged to join our ranks in the fight to protect innocent human life.

We keep tomorrow alive by making our voices heard in the voting booth as we elect more pro-life candidates each election cycle, seeing pro-life legislation passed and pro-life policies enacted, at both federal and state levels.

One great example is the new Mexico City Policy. When President Trump issued a Memorandum in January, he did more than reinstate the Mexico City Policy, he also broadened it and renamed it the Protecting Life in Global Health Assistance policy. The revisions include more programs and agencies than previously covered. This new policy declared that the United States is raising the banner for LIFE throughout the world.

Life is winning as we see more and more young people getting involved. I’m excited to again have the National Teens for Life convention running concurrently with the NRL convention. This will be the 32nd convention for young people eager to learn and to meet other young people from around the country. Their enthusiasm, new ideas, and boldness will have an impact on generations to come.

And again this summer, NRLC will conduct the college-accredited National Right to Life Academy, now in its 11th year for college students from around the country. The energy, enthusiasm, commitment, and dedication of every pro-lifer will bring us much closer to that inevitable day when abortion, assisted suicide, euthanasia, and the devaluing of innocent human life are thrown onto the ash heap of history.

We will keep tomorrow alive—both in the day-to-day battle and the long-run ideal.

The convention theme for the upcoming annual NRLC convention in Milwaukee is “Keeping Tomorrow Alive.” That theme demonstrates the Right-to-Life movement’s excitement and optimism about the future. We expect great things from this, our 47th annual convention, and even greater things when we all return home to put into action what we have learned.

“Keeping Tomorrow Alive” is a two-fold theme. It’s about bringing more and more people into the pro-life movement, working beside us in our long-term goals and endeavors. But it’s also about an idea, a dream that human life is to be valued and cherished and respected. Life is to be lived!

Throughout history, there has always been death and destruction. There has always been the leader or the government who didn’t care about people, or who placed one group of people above others. Our objective is to make the death of innocent human beings unthinkable. We keep tomorrow alive by establishing a standard that all human life is special.

Certainly, we face some challenges. We live in a society that increasingly believes children who may have disabilities would be better off never being born. In Iceland, they brag that they have eradicated Down Syndrome. They have not eradicated Down Syndrome. Holland, Denmark, and Great Britain are not far behind. Their government-run health care systems have decided that strongly encouraging parents to abort is much cheaper on the system.
Our History is One of Saving Lives;
Our Future is Up to Us

This year is the 50th anniversary of the first statewide Right to Life groups. We honor the foresight and commitment of those founding pioneers for Life!

In response to attempts to legalize abortion in state legislatures in 1967, pro-life citizens began banding together to fight the legalization proposals. That year, the first such statewide group, Virginia Society for Human Life (VSHL) was incorporated.

VSHL and other state Right to Life groups that formed in those early years are now affiliates of the nation’s oldest and largest pro-life organization, National Right to Life.

Together we have shared tragedy and victories, saving, according to studies, millions of innocent human beings from abortion.

VSHL in Virginia, and pro-life citizens in the vast majority of other states, defeated those proposals to legalize abortion - until the U.S. Supreme Court in its infamous Roe v. Wade decision forced all 50 states to accept abortion on demand.

And Roe’s companion decision, the case of Doe v. Bolton, made abortion effectively legal until birth.

Pro-lifers, by then organized in many of the states, fought back. Right after the Roe decision, an expanded National Right to Life was formed, organized to fight not only in state legislatures, but now in Congress, in political campaigns, and in the realm of education for the hearts and minds of the American people.

A “Mission Possible” project was created to form and strengthen state Right to Life groups where they didn’t exist. Federal funding of elective abortions was ended by the Hyde Amendment and model state laws by National Right to Life were passed and began saving lives.

As pro-lifers elected presidents and members of the U.S. Senate, judges were appointed who allowed states to regulate abortion and later, even to ban some abortions, creating the possibility that states would no longer have to allow abortion up to birth, as Roe v. Wade and Doe v. Bolton required in 1973.

As a result, today 16 states have passed National Right to Life’s model Pain-Capable Unborn Child Protection Act, and the eighth state has just passed our Unborn Child Dismemberment Abortion Ban Act.

The result of all this work and other trends in the culture is that while U.S. abortion numbers peaked at 1.6 million in 1990, today there are almost 700,000 fewer abortions annually - 926,000 in the most recently reported year, 2014.

Not bad for what began as a group of very concerned pro-life citizens 50 years ago!

But there is much more for us to do, to carry the torch for Life. There are still more than 900,000 babies a year being killed. Your local chapter of National Right to Life - there are some 3,000 of them nationwide - needs your time and talents to save lives in your community.

If you can’t volunteer at present, we definitely need your financial support to build our grassroots network, pass laws, and educate the American people about the precious value of every human life.

As it’s the 50th anniversary of the first development of our state Right to Life groups, can you help with a special gift today of $50? Or a gift of any amount that will go toward saving even more than the approximately 700,000 babies who are being saved every year now from abortion?

We hold in our hands more power than we think: power to make a difference; power to save lives. Please help make that powerful difference with your generous support today. Thank you!
I recently heard a definition of the word “hero” that really touched my heart—someone who saves another that he or she doesn’t even know.

That certainly describes you—and all those who selflessly devote themselves to saving the lives of preborn children and helping mothers facing challenging pregnancies.

In this way, heroism is a hallmark of the pro-life movement. While in some cases, especially when an unexpected pregnancy occurs in our families, we are aiding those we know and love, in many situations, we are reaching out to individuals who were previously unknown to us.

Whether you volunteer in a pregnancy help center...donate your time and talent to a local chapter affiliated with National Right to Life...or financially support the pro-life cause...you are somebody’s hero!

This is part of the nobility of the right-to-life movement—people giving of themselves, without expecting anything in return. It can be difficult to sacrifice for the good of another, but it is particularly striking when someone is doing so for a stranger.

It is, in fact, the kindness of strangers that can make the difference to a woman contemplating—or more likely, being pressured—to have an abortion. So many people around her may not be supportive of her pregnancy. But caring and compassionate pro-lifers will be—no matter her financial background, her family situation, her race or creed. The pro-lifer is an equal opportunity supporter, a person who is willing to give, no matter what the cost.

The women and children you help to save from the scourge of abortion may never have the opportunity to thank you. I feel privileged and honored to do so now!
Walking Abortion-minded Women Towards Hope

By Eileen Haupt

For pro-life advocates, nothing is more rewarding than walking alongside a pregnant, abortion-minded mother, and having a role in her choosing to abandon the path toward abortion and, instead, choosing the path of giving birth to her unborn child. This is now possible both figuratively and literally at a new pregnancy center in Hartford, Connecticut, which shares a walkway with an abortion facility.

A pregnant mother can walk down the brick path between the two buildings, and turn right to enter Hartford GYN Center for an abortion, or turn left to enter the newly opened Hartford Women’s Center, where she will find support during her pregnancy and post-pregnancy from compassionate volunteers.

Hartford Women’s Center is the second location of its parent organization St. Gerard’s Center for Life, a Catholic pregnancy center, also in Hartford. Whereas St. Gerard’s focuses on providing support, once women have chosen life, the objective of the Hartford Women’s Center is to make itself visible to pregnant mothers visiting the abortion clinic, and to reach out to them, hopefully before they seek an abortion.

There they will receive counseling about life-giving options and help for the underlying crisis which caused them to seek an abortion, such as relationships, housing, and unemployment.

When Leticia Velasquez became director of St. Gerard’s a year ago, she sought to open an outreach of St. Gerard’s next to an abortion facility, so volunteers could actively persuade pregnant mothers away from abortion. When she saw that a renovated carriage house, adjacent to Hartford GYN, was for sale, she realized it was the perfect location to do just that, and approached the board about purchasing the carriage house.

Velasquez was further inspired while reading the book, Stopping Abortion at Death’s Door, a “how to” manual on reaching abortion-minded mothers, by locating pregnancy centers next door to abortion clinics. She met with the author, Rod Murphy, who became a mentor for her as St. Gerard’s went through the process of purchasing the building. His own center, Problem Pregnancy in Worcester, Massachusetts, has for 34 years offered women help in bringing their babies to term, saving an average of 200 lives a year!

Hartford Women’s Center offers free pregnancy tests, limited medical ultrasounds, and counseling—those things that are important during that critical time when pregnant moms are considering abortion. After choosing to keep her baby, she will be connected to St. Gerard’s Center for Life, where she will be provided with the many material items and services that will help her throughout the pregnancy, birth, and the first couple of years of her child’s life.

Moms receive as much counseling and financial help as they need to bring their babies to term, and form a close bond with St. Gerard volunteers. Velasquez tells the mothers, “We’ve got your back, you can do this!” She says that many times that is all they need to hear.

An important advantage of sharing the walkway with the abortion facility is that volunteers can be present on the grounds, rather than being restricted to the public sidewalks. It is easier to approach women headed for the abortion facility, and to offer them alternatives. “We are met with extra ‘escorts’ from the abortion center but we are still able to engage women on the path to the abortion clinic,” says Velasquez.

There are also several unforeseen benefits of being in close proximity to the abortion facility. Surprisingly, there are post-abortion women who walk out of Hartford GYN where they have just had an abortion, and then walk directly into the Hartford Women’s Center. Fresh in their grief, they are welcomed and are offered post-abortive counseling and referrals to Rachel’s Vineyard.

Another unexpected benefit is that the youth are inspired by the boldness of the move. Velasquez had wondered how they would staff a new pregnancy center. But in the past year, over a dozen young volunteers in their teens through thirties have come forward to help, bringing many useful skills. They are on fire with enthusiasm for sharing the beauty of chastity and the “Gospel of Life.”

This enthusiasm, in turn, inspires St. Gerard’s moms. “We have many women deciding to live chaste lives thanks to their witness,” Velasquez says.

“The most unexpected result of opening Hartford Women’s Center next to an abortion facility,” she added, “has been the ability for dialogue with people who are pro-abortion.” Two pro-abortion websites recently approached the center for interviews. Volunteers at the pregnancy center are always looking to reach out in love to those who work in Hartford GYN.

The recent Open House of the Hartford Women’s Centers is an answer to prayer for Velasquez. She says that thanks to the access they have to the brick path between the abortion clinic and Hartford Women’s Center, they are now able to, “Walk women towards Hope.”

Eileen Haupt (along with Leticia Velasquez) is co-founder of Keep Infants with Down Syndrome (KIDS). She is a board member of Vermont Right to Life, and is an alternate delegate from Vermont to the National Right to Life Committee Board of Directors.
European Court of Human Rights authorizes six more days on life-support for Charlie Gard

By Kathy Ostrowski, Policy & Research Director, Kansans for Life

In another last-minute, heart-stopping announcement, the European Court of Human Rights (ECHR) ruled Tuesday that 10-month-old Charlie Gard’s life-support must be continued until midnight Monday, June 19. The court issued a statement that such aid is needed to prevent “imminent risk of irreparable harm.”

An ECHR statement said a panel of seven judges will examine the appeal by Charlie’s parents. Their judgment will be binding on the UK government. Charlie is currently on a respirator in London’s Great Ormond Street Hospital (GOSH), suffering from a rare and progressively debilitating mitochondrial depletion syndrome first detected in October of 2016.

Last week, the Strasbourg, France-based court made the initial interim life-saving ruling, pending a full legal application by the lawyers for Charlie’s parents, Connie Yates and Chris Gard. The ECHR press release indicated this court “grants such requests only on an exceptional basis.” Charlie’s life-support had been scheduled to be turned off Tuesday.

The ECHR is an international court of 47 member nations, with each country having one judge, and abiding by the European Convention for the Protection of Human Rights.

EMOTIONAL ROLLERCOASTER

Since January, Connie and Chris have battled --with world-wide public support and $1.5 million funds pledged-- to have their son released from GOSH to travel to the U.S. for experimental therapy.

On appeal at the end of May, the UK Supreme Court sided with GOSH, but granted extra days for Charlie’s life-support until the matter could be filed for review by the ECHR. In what was termed an “extraordinary” interim action by that court, life-support was maintained until today and now has been further extended.

In anticipation of today’s ECHR ruling, British media showed the Gard family in a picnic setting on the hospital roof. Charlie’s eyes were open.

Connie posted the “eyes-open” close-up image of Charlie on Facebook in rebuttal to the UK Supreme Court narrative last week that described her son as “not consistently able to open his eyes enough to be able to see. Indeed, this leads to the difficulty that his brain is failing to learn to see.”

This was the information that was read aloud by Lady Justice Hale as the defense for keeping Charlie hostage in London and removing his respirator.

Connie is heard on the official audio tape shouting “you’re lying!” five times at that end of the reading of that ominous ruling, before lawyers escorted her out.

How the ECHR will rule is anyone’s guess at this point, but the fact that it granted the extraordinary step of protecting Charlie and taking a closer look at the UK court decisions is hopeful.

And it is the personal motto of Charlie’s parents that, “Where there’s Life, there’s Hope.”
As of July 21 no Planned Parenthood clinic in Wyoming

By Dave Andrusko

In a sense the upcoming July 21 closure of Planned Parenthood’s only clinic in Wyoming may be largely symbolic. The Casper clinic provides abortion referrals but does not itself perform abortions.

But even if the reasons are largely economic—“This strategic decision will allow us to maintain a fiscally solvent operation that will keep our doors open to patients in the region for the long term,” claimed Whitney Phillips, spokesperson for Planned Parenthood of the Rocky Mountains, in a May 17th statement—the knowledge that Wyoming joins North Dakota as the only state without a Planned Parenthood presence is reassuring.

According to the Casper Star-Tribune, Planned Parenthood of the Rocky Mountains region includes Colorado, New Mexico, Wyoming, and southern Nevada.

Most Planned Parenthood patients in the state go to the Fort Collins, Colorado location. Planned Parenthood of the Rocky Mountains region Colorado offices will also close, as will New Mexico offices in Albuquerque, Rio Rancho, and Farmington,” the Catholic News Agency reported.

The Catholic News Agency’s story put the closures in a wider context:

The Center for Medical Progress videos strengthened efforts to defund the abortion provider, which has received about $500 million in federal funding each year for non-abortion services. Planned Parenthood and its allies responded to the videos with a multi-million dollar publicity campaign to control the damage.

Two videos released in July 2015 allegedly appeared to show Planned Parenthood of the Rocky Mountains vice president and medical director Savita Ginde negotiate the sale of aborted baby parts.

The Planned Parenthood affiliate also recently settled a civil lawsuit alleging that two of its employees failed to comply with Colorado law by performing an abortion on a 13-year-old girl who was sexually abused. The lawsuit said employees neglected to report the abuse of a minor to authorities or obtain consent from her parents prior to performing the abortion.

Planned Parenthood “will continue its presence in the state through the Wyoming Abortion Fund, which connects women to abortion providers,” the pro-abortion website Rewire.com reported. Although apparently unrelated to the Casper clinic closing, Rewire lamented.”Wyoming’s Republican Gov. Matt Mead in March signed a pair of anti-choice bills, the first abortion restrictions passed in the state in two decades.”
SB261 Doctor Assisted Suicide Is Dead in Nevada!
SB261 Doctor Assisted Suicide Dies In Assembly Committee Without A Vote

By Nevada Right to Life

SB261, doctor assisted suicide, is dead. It died without a vote from the Assembly Health and Human Services Committee at the stroke of midnight June 6.

This is a huge win. Defeating SB261 was Nevada Right to Life’s number one priority this session and we played a huge and vital part in its defeat. Our president Melissa Clement was at the legislature almost daily, lobbying legislators and organizing events and testimony.

Nevada Right to Life’s communication team led by Don Nelson was at the center of communicating with the media, arranging interviews, promoting stories and making sure the public knew full well how bad this legislation is. Nevada Right to Life board member Kathleen Rossi, RN, gave important testimony at two hearings and two press conferences.

You, the faithful Nevada Right to Life supporter and member played a tremendous and equally vital role in killing SB261 by receiving our emails and taking action — sending emails, making phone calls to legislators, passing on our alerts, registering your opposition and opinions at the legislative website and showing up to hearings. Nevada Right to Life supporters were so responsive that the legislative website shows that SB261 garnered the 11th most amount of votes and opinions of all the bills in the legislature and 74 percent of the votes opposed the bill.

Nevada Right to Life is a proud partner of a broad and diverse coalition Nevadans Against Doctor Prescribed Suicide, that came together to stop SB261 and doctor assisted suicide in Nevada, for now AND IN THE FUTURE. We thank all of our talented and devoted partners for their efforts that together led to the defeat of SB261.

Opponents of doctor assisted suicide in Nevada should not be under any illusion that this victory is final. Our opponents will be back. They have no quit in them. They have immense financial resources and advocates in the media. Nevada Right to Life will continue its role as a proud partner in the coalition Nevadans Against Doctor Prescribed Suicide and continue to provide updates.

Thank you so much for your financial support and playing a vital role in defeating this bill. Your resources and efforts helped us defeat this bill and your continuing support will make an increasing impact in the future.
Troubled Harrisburg Abortion Center Closed

By Maria Gallagher, Legislative Director, Pennsylvania Pro-Life Federation

The sign on the door says it all—the troubled Hillcrest abortion facility in Harrisburg is closed until further notice. The question is why did it take so long?

A 44-page document from the Pennsylvania Department of Health noted the health and safety failures of the long-time abortion operation which included everything from failing to maintain proper medical credentials to maintaining supplies that were 13 years old. Hillcrest also performed a number of abortions without having a nurse present. In addition, staff members failed to undergo the criminal background checks mandated for seeing patients under 18 years old.

Following the release of the inspection report several Pennsylvania state Senators sent a letter to the Secretary of the Pennsylvania Department of Health (DOH), Karen Murphy, demanding answers. “These health and safety violations are obviously deeply troubling,” state Senators Joe Scarnati, Bob Mensch, and John DiSanto, wrote. “However, even more problematic appears to be DOH’s response, which was to allow the abortion clinic to continue operating while granting Hillcrest a six month grace period to correct the cited ‘deficiencies.’ To make matters worse, this was Hillcrest’s fourth finding of deficiencies in just the past six years.”

The Senators further noted that the General Assembly overwhelmingly passed Act 122 in 2011 to direct DOH to license and inspect abortion facilities in the same way as other ambulatory surgical facilities. “This was done with the intent of ensuring that abortion clinics were meeting basic requirements in order to keep their patients safe. Hillcrest is clearly failing to live up to this standard.”

The Pennsylvania Senators stated, “…We would like an explanation as to why DOH did not immediately move to suspend or revoke Hillcrest Women’s Medical Center’s license upon finding such numerous egregious violations.”

Hillcrest’s troubles date back at least six years, when the abortion outfit was first cited for safety failures. The abortion center has been cited three times since, with the latest report suggesting that the violations have become more egregious.

Pennsylvania’s Act 122 was a response to the massive tragedy in West Philadelphia, where abortionist Kermit Gosnell was ultimately convicted of murdering three full-term babies whom he delivered alive, and of involuntary manslaughter in the death of a female immigrant patient, Karnamaya Mongar.

Photo Credit: Undefeated Courage

National Right to Life commends draft rules protecting rights of conscience

WASHINGTON – Draft rule changes to the Affordable Care Act and HHS coverage mandate that would protect moral and religious rights of conscience began circulating in Washington last week. National Right to Life commends President Trump and his administration for this latest effort to protect moral and religious rights of conscience.

“Rights of conscience are extremely important to the right to life movement to protect medical professionals, religious institutions, and employers from being forced to participate in abortion,” said Carol Tobias, NRLC President. “We commend President Trump for keeping his campaign promises by supporting these rights of conscience.”

Under President Obama’s administration, pro-abortion forces not only put increasing pressure on health care providers to violate their moral convictions with regard to abortion, but also backed efforts to force employers, including religious institutions and organizations that object to abortion, to cover abortion in their insurance plans.

“No one should be forced to participate in abortion against their religious or moral convictions,” Tobias said. “If enacted, these rule changes will help promote a policy that protects pro-life rights of conscience with regard to abortion.”

Pro-life President Donald Trump
Superhero capes made for preemies in Britain ICU units raise everyone’s spirits

By Dave Andrusko

Two of my sisters are nurses and I’ve spent more time than I care to remember in hospitals commiserating with and (hopefully) raising the spirits of friends and relatives who are in a tough spot. This is never more so than when their little ones are hospitalized, particularly when they are battling grave difficulties.

What can be more difficult for physically and emotionally exhausted parents than huddling around an incubator for days at a time nervously watching their born-too-soon infant struggle? Or going home to rest a bit and not knowing if your baby will be alive when you return? Very little, I suspect.

Which is to say by way of having nurse siblings and personal experience, I have first-hand knowledge of how much of a difference a caring nurse can make. Case in point—Stephanie Treherne, who works at the Jewish General Hospital in Montreal.

The headline to Nicola Slawson’s uplifting story is so cute it bears quoting: “A nurse in Canada is making tiny superhero capes for premature babies and it’s too much.”

Here’s the lead to Slawson’s story:

For new parents whose babies are born prematurely and have to spend their first weeks or even months in an incubator, it’s a stressful time.

Their babies are sometimes fighting for their lives and new parents can find it incredibly hard being separated from them as they grow strong enough to be allowed home.

But one nurse in Canada has decided to do something to raise everyone’s spirits.

Stephanie Treherne, who works at the Jewish General Hospital in Montreal, has been surprising exhausted parents by making mini capes, adorned with their baby’s initials.

Stephanie, who has been working in the neonatal intensive care unit (NICU) for a year, hand stitches the felt capes in her spare time and then hangs them from each baby’s IV poles next to their incubators.

She estimates she has made 100 of the capes.

A hundred...hand stitched! Amazing. Why does she do it?

For starters because that’s who she feels these children are.

‘It represents exactly how we see the babies,’ Treherne told CTV News. ‘These babies are super strong. They fight through so much. They’re just little superheroes.’

And parents are deeply moved by these not-random acts of kindness. Benjamin, the son of Michelle Campbell and her husband, Chris Korres, and born two months early, required constant supervised medical attention in the beginning. One day when the parents came in, Slawson explains, they spotted one of the caps, along with the message, “To our little Superhero, love Stephanie T.”

“We were very surprised that one of the nurses that we haven’t even worked with or seen or anything yet had left that,” they told CTV News. “Given the hormones and everything, I was very emotional and I just started bawling my eyes out when I saw that cape,” she said.

Slawson explained that Treherne “isn’t the only one to take to crafting to help preemies.”

Poole Hospital in Bournemouth (England) gives out crocheted octopuses to premature babies on the NICU as they have been proven to provide comfort.

Research has found the soft tentacles of the crocheted octopus remind babies of the umbilical cord and being in their mother’s womb, which makes them feel safe.

Treherne is so discreet that some of the parents have never met her. “She prefers to surprise the new mums and dads rather than giving the capes to them directly,” explains Slawson.

Treherne “was very sweet,” Michelle Campbell and her husband, Chris Korres, told Slawson. “When we asked her what brought it on she just said she wanted to do something nice for the babies. It brings a smile to the parents’ faces in a time that’s not so good so it was really special for us to have gotten that.”

(Picture: Michelle Campbell Korres)
Mom expects “my little miracles” to come home soon

 Twins born at 24 weeks, six days

By Dave Andrusko

A British publication, The Sun, dubbed the survival of the extremely premature twins the “Death-Defying Duo.”

Too dramatic a description for Jackson and Harley Lambert, now five months old? Not really.

Lizzie Parry tells us

1. “Between them, the pair who each weighed no more than an iPad, have had to undergo 19 blood transfusion and several ops in their first few months of life.”

2. The twins were born at just 24 weeks and six days. The legal limit to abort in England is 24 weeks.

3. “They were so tiny that mum Katy’s labour was over in less than a minute as her babies were born at the same time.” And

4. “The mum-of-two is a twin herself, and was paralysed from the waist down until two years ago after suffering a stroke when she was 12. She said: ‘It has not been an easy road but I am so proud of how far the twins have come.’”

The twins, a boy and a girl, have navigated a series of obstacles—to the point where their mother Katy (who is 20) told Parry she is hoping soon to reach “a milestone she never thought they would reach”—bring the twins home.

Quite a journey from January 3 when after suffering cramps and bleeding, Katy went into labor at 24 weeks. “Everyone was trying to prepare me for the very real possibility that when the time came, I could be giving birth to two dead babies,” she told Parry. But she never gave up hope that Jackson and Harley would make it.

“It has been a living hell watching them hooked up to ventilators and feeding tubes and going through all their surgeries and blood transfusions,” said Katy told the Sun. “But they have fought every step of the way.”

“They monitored me closely at the hospital, and look at them now,” she added. “We are finally getting to the end of such a difficult journey. They really are my little miracles.”
Missouri Governor Greitens Announces Pro-Life Special Session

Editor’s note. The following are excerpts from a statement released by Missouri Gov. Eric Greitens. The special legislative session began June 12.

Governor Eric Greitens announced his plan to call the legislature back for a special session to protect the lives of the innocent unborn and protect women’s health. The session will focus on protecting pregnancy resource centers and proposals for common-sense health and safety standards in abortion clinics.

Governor Greitens explained his announcement in a Facebook video, stating:

“I’m pro-life, and I believe that we need to defend life and promote a culture of life here in the state of Missouri.

For me, that comes from the work I’ve done. I’ve worked with kids in Cambodia who’d lost limbs to land mines and who were survivors of polio. Children of the street in Bolivia, and children who were orphaned because of war and genocide.

I also saw the value of true love and compassion in one of Mother Theresa’s homes for the destitute and dying. I saw the power of faith leaders who stood up and affirmed that every life had value and worth.

Our faith community and volunteers do incredible work to support people in need. And there’s few finer examples than the work pregnancy care centers do across our state.

These charitable organizations and community groups work with pregnant women and new moms. They offer newborn children food and clothing, offer free prenatal care and ultrasounds, and help find women find housing and even pay for utilities. They help with adoption when needed, and protect women from domestic abuse. They even do job training and help women find jobs to support their new families.

In the city of St. Louis, some of these pregnancy care centers are under attack. There’s a new city law making St. Louis an abortion sanctuary city—where pregnancy care centers can’t have common-sense health and safety standards in all medical facilities. A court decision from earlier this year weakened our state’s health standards in abortion clinics. So, we’re also proposing some basic, common-sense standards to keep Missourians safe.

We’re proposing, for example, that abortion clinics should have an annual safety inspection.

I’m proud to support life—the lives of mothers, their children, and the innocent unborn. It’s an honor to serve you, have a great day and God Bless.”

The announcement of this special session has been praised by pro-life and faith leaders from around the state.

“Missouri Right to Life is grateful for Governor Greitens and his commitment to protecting women and unborn babies,” said Susan Klein, Legislative Liaison for Missouri Right to Life.

“Governor Greitens has made a call for special session that would allow legislators to pass a life-saving bill to protect women, unborn babies and reaffirm our religious liberties so that Pregnancy Resource Centers and Faith Communities from all denominations are not forced to participate in abortion. While these bills failed to pass during the regular session, Governor Greitens has stepped forward to bring them back for passage by the pro-life majorities in our House and Senate. We look forward to working with Governor Greitens and the legislature during this special call to session.”

“This is an appropriate action by Governor Greitens,” said Dr. John Yeats, executive director of the Missouri Baptist Convention, the state’s largest non-Catholic religious body.

“It is urgently needed because the lives of innocent children are at stake and cannot wait for the next regular session. It is prudently needed as a matter of precedence that municipalities should not be attempting to thwart constitutionally guaranteed liberties.”
Abortion groups fight KC Royals & radio station pro-life ads
Affirmational ads for non-profit pro-life groups under attack

By Kathy Ostrowski, Kansans for Life, Policy & Research Director

Under the heading, “Kansas City Royals, stop lying about abortion,” an online petition group, Ultraviolet, is currently urging its followers to contact the baseball team to “cut ties with the Vitae Foundation” for “promoting extreme anti-choice propaganda” to women and children.

This pro-abortion campaign comes on the heels of a successful campaign to censor pro-life radio ads at the behest of Planned Parenthood Great Plains on a local radio station.

But, as usual, it is the pro-abortionists doing the bullying who are untruthful.

First, about the Kansas City Royals. …

On June 2, the Kansas City Star covered a petition against the Royals, and described the source as “a national women’s advocacy group,” Ultraviolet.

Ultraviolet is actually an online petition group supporting abortion among a variety of liberal causes. The group began in 2015 and is guided by former staff from MoveOn.org.

The Vitae Foundation, on the other hand, is a highly respected, Kansas City area non-profit, formed 25 years ago to “encourage a culture of life through research-based messaging and mass media.”

The mission of Vitae (the Latin term “for Life”) is to “encourage dialog in a non-threatening manner.”

Ultraviolet’s outrage is aimed at radio ad buys during Royals’ broadcasts, and a sponsorship that allows an announcement of a pro-life essay contest with the winners receiving Royals’ tickets.

Baseball tickets as an incentive? Insert faux shudder. Vitae issued a statement Friday on the controversy: “If a foundation logo shown on the scoreboard.

The ‘offending’ electronic scoreboard on the Ultraviolet website petition is last year’s image, which is as subtle and inoffensive as the new one. The 2017 display is a photo of a mom gazing at a baby with this message: “VITAE Celebrating our 25th Anniversary of Life-Saving Media /A Real Game Changer.”

What exactly is the dangerous propaganda in that display which is unfit for baseball fans?

“Vitae has similar [promotional] agreements with other sports properties and media outlets,” the Royals’ spokesman told the Star.

The Star, referencing an Ultraviolet press release (not found online at press time) also cited another of Vitae’s supposed offenses—sponsorship of a pro-life essay contest with the winners receiving Royals’ tickets.

ANOTHER ANTI-LIFE CAMPAIGN

The campaign to end advertisements for the pro-life Vitae Foundation follows Planned Parenthood’s unfortunately successful censoring of low-key ads for Advice & Aid Pregnancy Center on the alternative radio station “96.5 the Buzz.”

According to the Sentinel, the station had sought out Advice and Aid to become a sponsor and contracted for 328 ads. This was the ad:

“Feeling scared? Depressed? Vulnerable? Is pregnancy making you feel that life is over? Advice and Aid Pregnancy Centers will help you regardless of your struggle. You have access to a 24-hour hotline, pregnancy tests, sonograms, peer counseling and STI testing, all free of charge. Advice & Aid Pregnancy Centers is here to support you as you make your decision. Advice & Aid Pregnancy Centers — serving families facing pregnancy before, during and after with compassion.”

Only two ads were run, on May 12 & 13, before the campaign was suddenly ended. “Before the campaign had even gotten off the ground, a local Planned Parenthood affiliate, part of the nation’s largest abortion provider, objected,” according to the Sentinel. “Its staffers took to
Why men should speak about abortion

By Paul Stark, Communications Associate, Minnesota Citizens Concerned for Life

“I don’t understand how any man thinks that he has the right to dictate to women what they should do with their body,” said Trevor Noah, host of The Daily Show, last year. “Men know nothing about what it’s like to be a woman.”

This is a common sentiment. Men don’t get pregnant, so they don’t have a right to an opinion about abortion. Abortion is a women’s issue. As one typical comment on social media puts it: “If you don’t have a uterus then shut up.”

It’s true that men can’t experience pregnancy, childbirth, or abortion. We can never fully know what those experiences are like, and we shouldn’t pretend that we do. We can only try our best to empathize.

But it’s also true that abortion is right or wrong, just or unjust, irrespective of the gender or personal experiences of any particular individual. The truth of a statement (e.g., “abortion is wrong”) is independent of the characteristics of the person who happens to be making the statement. That’s how reality works.

So if abortion is unjust, as millions of women contend (including women who have experienced unplanned pregnancy, childbirth, abortion, and adoption), then it doesn’t cease to be unjust when a man offers the same argument. The argument is still sound. It cannot be dismissed because of a trait of the person advocating it (a mistake in reasoning called the ad hominem fallacy). If defenders of abortion want to refute the pro-life view, they have to actually refute the pro-life view.

The idea behind what Noah and others say seems to be that an individual must be able to have direct experience of something in order to hold a valid opinion about it. But that would mean that infertile women shouldn’t have a say about abortion. It would mean that men who advocate abortion shouldn’t have a say. It would mean that the Supreme Court’s Roe v. Wade decision that imposed legalized abortion—a ruling decided by seven men—was illegitimate.

Take some other issues. Until just recently, no American women served on the front lines in combat. Even though they didn’t have first-hand experience, though, they had a right to express their views regarding the wisdom and justice of military actions.

Or consider infanticide. We may not understand the desperate mindset that drives a teenager to abandon a newborn baby in the Mississippi river. But we can still know that abandonment is wrong and that we should try to save the baby. We can come to a sound conclusion about an act without having a personal experience with the circumstances in which the act takes place.

What conclusion should we come to about abortion? Human embryos and fetuses of living members of the species Homo sapiens. That’s science. And all human beings have human rights and deserve the respect of others and the protection of society. That’s justice.

The plain truth is that abortion isn’t only a women’s issue. Every pregnancy, after all, begins with a man as well as a woman. Every unborn child has a father as well as a mother. The attitude of the father, moreover, is often the decisive factor in the mother’s decision about whether to have an abortion. And men can experience the same traumatic aftermath of abortion that many women do.

Men are inescapably part of the issue of abortion. Fathers of unborn children, especially, have a personal stake and a personal responsibility.

But the most important reason men should speak about abortion is the same reason that women should speak about abortion. They should speak in order to defend the lives of those who cannot defend themselves—the little girls and boys who have not yet been born.

They ought to speak about abortion because it’s the honorable and loving thing to do.
In an article in the *American Medical News* (Diane M. Gianelli, “Abortion Providers Share Inner Conflicts,” July 12, 1993), a counselor at a Dallas abortion clinic talked about how she deals with the stress of doing her job. In her own words:

“This may sound like repression: however, it does work for me. When I find myself identifying with the fetus, and I think the larger it gets, that’s normal… then I think it’s okay to consciously decide to remind ourselves to identify with the woman. The external criteria of viability really isn’t what it’s about. It’s an unwanted pregnancy and that’s the bottom line.”

This clinic worker is struggling with her conscience. Deep down, I suspect that she knows that the “fetuses” her clinic aborts are actually babies. You don’t “identify with” tissue, products of conception, or collections of cells. You identify with human beings.

This clinic worker is struggling to silence her conscience, which tells her that these babies are more than just tissue or uterine growths. They are people. As the developing child grows bigger and begins to look more and more like a newborn, it becomes harder and harder to deny his or her humanity. This forces the clinic worker to rationalize what she is involved in. In order to cope, she blocks out the reality of the child and focuses only on the woman as her patient, making the woman her only concern. Pro-choice arguments almost always focus solely on the woman involved in the pregnancy. The baby is completely disregarded.

The pro-life movement, on the other hand, is at its best when pro-lifers are concerned about both the child and the mother. Groups like Silent No More and countless post-abortion support groups and organizations exist to help women cope with their past abortions. Crisis pregnancy centers, which outnumber abortion clinics, help women through their pregnancies and try to meet their needs.

More and more, it’s becoming clear that women are physically and psychologically harmed by abortion. In opposing abortion, pro-lifers are not simply helping the baby – they are helping the mother as well. It is important that we do not deny that there are two people involved in each pregnancy – the woman, and her unborn baby. Both are important. Both require our support and compassion.

It is important that we never allow ourselves to see only the baby and disregard the woman who also needs our help and support. It is of course the baby whose life is at stake – but the woman obviously has a pivotal role and should never be forgotten.

Pro-lifers are here to support both people involved in the pregnancy. We don’t exclude either one from our help and care.

*Editor’s note. This appeared at Secular Prolife and is reposted with permission.*
Pope John Paul II once famously described Western society as a “culture of death.” But what does that term mean? It refers to a civilization that endorses lethal omissions and even outright killing by doctors to alleviate suffering or resolve life crises.

“How did our culture become so indifferent to the sanctity and equality of human life? Roe v. Wade had a lot to do with it, of course. But subsequent to that, three major cultural tipping points fueled popular acceptance of death-culture paradigms.

**Jack Kevorkian:** Between 1991 and 1999, Jack Kevorkian assisted the suicides of about 130 people. He broke into the headlines after admitting that he had assisted the suicide of Janet Adkins, who had been diagnosed with early-onset Alzheimer’s disease. Kevorkian’s disclosure was met with widespread revulsion—even declared “outrageous” by the New York Times. But as he defied moral convention and the law— he was found not guilty of assisted suicides in acts of blatant jury nullification—the worm turned. By the time he was finally convicted of murder in 1999, Kevorkian’s assisted-suicide campaign was widely accepted in public polling, he had been lauded repeatedly on 60 Minutes, and he had even been invited to Time magazine’s 75th Anniversary Gala, where Tom Cruise rushed up to shake his hand. After his release from prison, Kevorkian was restored to mega-celebrity status, receiving $50,000 per speech while being depicted sympathetically by Al Pacino in an award-winning film hagiography.

**The Case of Terri Schiavo:** The death of Terri Schiavo was a true culture-changing moment. Before the very public court battle between Michael Schiavo and Terri’s family, many people were unaware that cognitively disabled patients can legally be dehydrated to death via the removal of feeding tubes. But after Terri’s family (in alliance with the disability rights and pro-life movements) spent years striving in vain to save her from dehydration, this form of quasi-euthanasia became both widely known and actively supported by polling majorities.

**Planned Parenthood’s Fetal Organ Harvesting:** In 2015, the pro-life Center for Medical Progress began releasing a series of undercover videos of Planned Parenthood executives describing in sickening detail how their abortionists preserve fetal organs and tissues for sale—or legal expense reimbursement, according to Planned Parenthood. At first, there was widespread outrage at executives chirpily telling undercover investigators that abortion techniques could be adapted to “crush” fetuses in a “less crunchy” manner. But by the time recently released videos showed abortionists at a convention ghoulishly laughing about “eyeballs rolling into our laps,” the general public no longer much cared.

Each of these events followed the same pattern: Initial outrage was replaced by justifications, which eventually turned into either explicit popular support or, more commonly, shoulder-shrugging. This process was not accidental; public attitudes were pushed along by powerful cultural forces. The media took sides in each of these cultural conflagrations and helped shape public opinion.

Jack Kevorkian was (and still is) depicted in the press as helping only the “terminally ill” commit suicide. This was blatantly untrue. In fact, about 70 percent of Kevorkian’s customers—I refuse to call them patients—were not dying, and at least five were not even sick.

Similar failure to report the facts can be found in the Schiavo case. Michael was usually described by the press as a loving “husband.” Rarely mentioned: When he started court proceedings to have his wife dehydrated, he was already living with a new fiancée (with whom he had two children by the time Terri died)—which could accurately be construed as marital abandonment.

The Planned Parenthood situation was even more egregious. Many major outlets ignored the story, and when they did finally report on it, they described the videos as “discredited” because of propagandistic editing—even though the Center for Medical Progress posted the raw tapes in full for anyone to view.

“Expert” bioethicists also influenced public attitudes in these cases. The field’s predominant voices supported assisted suicide, even if they did not fully celebrate Kevorkian. The bioethics movement was virtually unified behind Michael Schiavo, and the medical and bioethics establishment have all stood as bulwarks defending Planned Parenthood.

Society’s primary purpose is now understood to be the elimination of suffering. In this climate, killing that is
Do Pro-Lifers Really Believe That “Life Begins at Conception and Ends at Birth”? 

By Nancy Valko

One of the most frequently repeated myths in the abortion debate is that pro-lifers really don’t care about life. Some abortion supporters even maintain that pro-lifers believe “life begins at conception and ends at birth” and do nothing for women and babies after birth.

The picture to the right is of me holding my newest granddaughter Kaylee Marie for the first time on May 17, 2017. Of course, we think she is gorgeous and are thrilled that she is a healthy 7 lb. 8 oz.

Some babies are not born so fortunate. Kaylee’s late Aunt Karen was born in 1985 with a severe heart defect as well as Down syndrome and faced medical discrimination regarding heart surgery. The ones who stepped up to help were not the so-called “pro-choice” people but rather people who were pro-life.

It was after Karen that I actively joined the pro-life movement and learned that pro-lifers not only helped women and babies in crisis pregnancies but were also active in personally helping families caring for babies with disabilities, working with helping people of all ages and conditions as an antidote to the culture of death. These wonderful people inspired me to get into personally helping families caring for babies with disabilities, working with people who had severe brain injuries and volunteering with people who had terminal illnesses, dementia or suicidal ideation.

And now, of course, I am also helping my daughter and her husband to get some sleep and adjust to the awesome responsibility and joy of their first child, baby Kaylee.

CONCLUSION

Kaylee’s mom was my next child after Karen. Foregoing medically unnecessary prenatal testing, I happily carried my daughter Joy with the certain knowledge that every child is truly a gift from God and that you can never lose when you love.

Abortion of any baby is ultimately a failure of that love and reality. We in the pro-life movement are committed to promoting the best for all babies well as their moms. This is because pro-life is really an attitude of caring and helping, not political ideology.

Editor’s note. This appeared on Nancy’s blog and is reposted with permission.

Three Culture of Death Tipping Points

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motivated by “compassion” often finds strong public support. Kevorkian quickly became popular after he stopped describing his participation in assisting suicides as a step toward human experimentation—explained vividly in his book Prescription Medicide—and instead proclaimed that it was based in a desire to eliminate suffering.

Similarly, Terri Schiavo’s husband claimed that his wife would not have wanted to live in such a profoundly disabled condition—even though, when seeking monetary damages, he had told a malpractice jury a different story. Planned Parenthood’s organ harvesting was justified as supplying much-needed material for medical researchers to use in their discovery of cures.

If compassion is the shield that defends the culture of death, autonomy is the spear used to expand its territory. Kevorkian claimed that he had merely helped people fulfill their wish to die. Michael Schiavo testified that he was only doing what Terri had told him she would want. Planned Parenthood defends all abortion-related activities as justified by the “right to choose.”

Each of the three tipping points involved different circumstances. But they struck similar cultural chords, and ultimately expanded the scope of the culture of death. Considering these outcomes, can we still defend against the normalization of lethality in the medical context?

Editor’s note. This first appeared in First Things magazine and is reposted with the author’s permission.
“She’s still our third child and she’s still very much loved”
Couple will carry unborn baby with anencephaly to term

By Dave Andrusko

When Brandi and Michael Rogers learned their unborn daughter Emersyn, had been diagnosed with anencephaly, a devastating brain condition, the couple from Effingham, South Carolina, could have done what most couples do when they learn their child would be fortunate to live until birth: they could have aborted. They didn’t, even though the best prognosis was that Emersyn, who would be missing much of her brain, would survive only a few hours or days. Michael and Brandi Rogers gave their most complete and heart-warming explanation for their decision to ABC News:

“It’s for Emersyn,” [Michael] Rogers said. “She’s a sister and she’s a daughter and it’s not just for organ donation. It gets a lot deeper than that. You’re in a room and you’re listening to your baby’s heartbeat and then you go into another room and they say, ‘Well, you can stop it.’ That’s extremely hard.

“We decided on the spot that it wasn’t something we were going to do.”

Brandi Rogers said they decided against inducing delivery early. “When we got home and we were researching, I was looking for a voice of someone who went full term and didn’t regret it,” she told Nicole Pelletiere.

“I want to be that voice.

“It’s OK to celebrate Emersyn even though she’s not going to survive. She’s still our third child and she’s still very much loved.”

Brandi Rogers tactfully told Jessica Imbimbo of The Morning News of Florence, “I don’t think going to term is for everybody, but if a lot more people spoke about it, a lot more people would be open to going to full term.” She added, “There’s a sense of closure in getting to hold her and see her, for me. I want her to be with me when she passes.”

“We’ve come to grips with it, and we’re at peace with our decision,” her husband told Imbimbo. “We know what the outcome is going to be, but we still want her (Emersyn’s) life to have meaning.”
Planned Parenthood Performs 113 Abortions for Every Adoption Referral

By Katie Yoder

The latest numbers from America’s largest abortion provider acknowledge a hideous truth: while Planned Parenthood claims to provide “healthcare,” it focuses on death.

On May 30, Planned Parenthood released its belated 2015 – 2016 annual report. Among other things, Planned Parenthood boasted more abortions and more government funding, while, at the same time, fewer patients. The report also attacked “anti-abortion extremists” while celebrating media victories.

From 2015 to 2016, Planned Parenthood performed 328,348 abortions. To put that in perspective, that’s 4,349 more abortions than the year before (323,999 abortions).

But when it came to helping women keep their babies, Planned Parenthood offered a mere 9,419 “prenatal services” and 2,889 “adoption referrals.” That means that for every prenatal service given, Planned Parenthood committed nearly 35 abortions. That means that for every adoption referral, Planned Parenthood committed a whopping 113 abortions.

Even though the number of abortions went up, President Cecile Richards and Outgoing Chair Jill Lafer emphasized “we’re at the lowest abortion rate since Roe v. Wade was decided.” Furthermore, the report stressed a “long-term goal” to “build the case for expanding abortion access” in Ecuador, Guatemala, Nicaragua and Peru for girls facing “forced pregnancy.”

Like the last annual report, the new report continued to stress the debunked statistic that abortion makes up 3% of Planned Parenthood’s “affiliate medical services data.”

As with abortion, Planned Parenthood saw a rise in government funding. The abortion giant received $554.6 million (41% of its revenue) from “government health services, reimbursements & grants.” According to Planned Parenthood’s 2014 – 2015 annual report, a year earlier, the organization received $553.7 million.

But Planned Parenthood faced at least one decrease: in patients. The organization saw 2.5 million in 2014 – 2015, but 2.4 million in 2015 – 2016. That might have had something to do with the “attacks” by the Center for Medical Progress, which first made headlines in 2015, when the self-described “group of citizen journalists” published videos exposing Planned Parenthood’s harvesting of aborted baby parts.

In response, Planned Parenthood slammed the “anti-abortion extremists” and their “heavily edited undercover videos” in the new report. The report went so far as to credit the media for clearing the air (or, more likely, for refusing to air the footage for the American public to see).

“In investigation after investigation by the media, the medical community, and forensic experts, their allegations were widely and resoundingly discredited,” the report read.

Other forensic experts found the opposite to be true. But Planned Parenthood reports won’t say that – because, well, they’re edited too.

And, it appears, Planned Parenthood still found the need to spend $3.5 million to “refresh” its “brand.” (An aim aided by liberal billionaire George Soros.)

The report also recognized Planned Parenthood’s media achievements, namely that its “virtual reality film” Across the Line premiered at the Sundance Film Festival in order to “tell the Planned Parenthood story” by “plac[ing] viewers in the shoes of a patient entering a health center for a safe and legal abortion.”

Besides Sundance, the film was “accepted at South by Southwest and the Cleveland International Film Festival,” “recognized at the Media Impact Festival,” and “won the People’s Choice Award and a prize from Time Warner.”

Unlike the 2014 – 2015 annual report, Planned Parenthood refrained from listing specific media partners or favorite celebrities. …

Editor’s note. This appeared at Newsbusters and is reposted with permission.
New England Journal of Medicine study: People don’t seek assisted suicide to prevent pain

By Cassy Fiano

Pro-assisted suicide activists often argue for legalization while claiming that people should be able to choose an undignified, pain-free death. People suffering from terminal illnesses should be allowed to die peacefully, they say, as opposed to being forced to endure long, painful deaths filled with suffering and indignity. It certainly tugs at the heartstrings, because who wants to force someone to spend their final days in painful suffering?

There’s just one problem: most people who seek out assisted suicide aren’t looking to prevent pain, according to a new study from the New England Journal of Medicine. The study found that few patients requested assisted suicide because they were unable to control their pain or the symptoms of their disease; instead, most people cited a loss of autonomy as their reason for wanting assisted suicide. Other frequent reasons listed were fear of being a burden on others, and not being able to enjoy life.

Those reasons should sound familiar; they’re common among those who are suicidal. The only difference is that most of the time, we see suicide as something to be prevented at all costs. But when someone is part of a vulnerable population — those battling disease or mental illness, the disabled, the poor, the elderly — suddenly, we shouldn’t try to prevent their suicides. Instead, we are told we should encourage, enable, and abet them.

Prior studies have had similar results to the New England Journal of Medicine study. People requesting assisted suicide while fighting terminal illnesses are typically afraid, struggle with hopelessness and clinical depression, and have low family support. When the root causes of their request for assisted suicide are treated, then the request is often withdrawn. So the question is, why are we so quick to allow assisted suicide for some people, while we fight so valiantly to prevent it for others? Why are some lives worth saving and others are not?

Every time a state legalizes assisted suicide, we are agreeing with people who feel that their lives are a burden, that they’re no longer worth living. We are telling them that they are right to feel the way that they do, and that their lives aren’t worth saving. Suicidal people who are with suicidal thoughts deserve to be given proper treatment. They don’t deserve to have an assisted suicide lobby eagerly hand them fatal prescriptions and then use them as poster children for euthanasia. It’s exploitation, plain and simple. It’s cruel, and it’s wrong. And it must be stopped.

Editor’s note. This appeared at Live Action News and is reposted with permission.
The 70th annual World Health Assembly, the governing body of the World Health Organization (WHO), elected Dr. Tedros Adhanom Ghebreyesus of Ethiopia to be its new director general on May 23. Selected on the third ballot, he will replace retiring WHO Director General Margaret Chan.

Dr. Tedros, as he likes to be referred to, ran a two-year global campaign for the position complete with paid public relations consultants, a strong social media presence, and the iron-clad support of the African Union nations. Although the balloting for WHO Director General was secretive, most nations made their support of one of the three candidates in the race well known. Each member nation may cast one vote in the election, and Dr. Tedros had a wide lead over his two competitors. Dr. Tedros won the election outright on the third ballot.

The election of Dr. Tedros is cause for great concern for pro-lifers. As the Parliamentary Network for Critical Issues commented, “In a letter signed by 122 pro abortion NGOs including IPPF, Marie Stopes International, Ipas and ‘Catholics’ for Choice, Tedros--known to support the sexual and reproductive health agenda-- is ‘warmly congratulated’ as the girls’ sexual and reproductive health issues, needs, and rights.*** Dr. Tedros has a long personal history of supporting and

United Nations development goals which call for sexual and “reproductive health and rights,” code words for abortion.

While Minister of Health in Ethiopia, Dr. Tedros served as the “patron” of an International Planned Parenthood Federation conference which touted an entire agenda of sexual and reproductive rights starting with legalized abortion. The conference, held in Addis Ababa in 2010, was led by various pro-abortion groups including the Center for Reproductive Rights.

In response to a question from Women Deliver, an abortion advocacy network working within the UN, concerning the importance of sexual and reproductive health and rights, Dr. Tedros responded, “WHO must work alongside governments and regional organizations — in close collaboration with civil society, private sector, other UN agencies, donors and other key stakeholders — to drive the global sexual and reproductive health and rights agenda.”

Dr. Tedros will take over WHO on July 1 and serve a five-year term.
Pro-abortionists spin furiously but “Life is winning again in America”

By Dave Andrusko

Having written my share of book reviews, I know the added blessing that comes along when you are evaluating/critiquing multiple books on the same topic. You can go hither and yon and correct/deepen the arguments made.

Which brings us to a review (under the headline, “The Abortion Battlefield”) of two new pro-abortion books by a fellow pro-abortionist, Marcia Angell.

For those with good memories, you will recall that at one time Angell was the Editor in Chief of The New England Journal of Medicine. We have written about her several times, plus including a post by Wesley J. Smith in which Wesley took her to task for her outright embrace not of abortion (in this instance) but of euthanasia—“even for those who can’t ask for it themselves.”

In 2012 I wrote about a hysterical opinion piece she co-authored for USA Today in which the authors harshly critiqued “an unprecedented and sweeping legal assault on women’s reproductive rights” and called on “Physicians, both as individuals and as a profession” to “stand with their patients,” including by acts of civil disobedience!

In other words, the New York Review of Books was not asking an impartial observer to review two books, but a passionate pro-abortion partisan.

Her review is interesting, not for the pro-abortion sound bites or the warmed-over anti-feminism, but what she concedes or misses. For example, immediately after the 1973 Roe v. Wade decision, the impetus for grassroots pro-life resistance.

There immediately followed this odd sentence: “Like the Catholic Church, [NRLC’s] focus was on protecting the embryo (defined as less than eight weeks’ gestation) or fetus—both usually referred to as the “unborn child”—through legal and legislative strategies.” Actually, from the get-go NRLC opposed all abortions at all stages. Nowhere in Angell’s review is there a hint at the atrocities performed experimentally on often very mature unborn children which were grotesque even by pro-abortion standards.

While Angell is incorrect about when crisis pregnancy centers started (much earlier than she suggests), she is correct when she quotes one of the authors that CPCs “were a uniquely woman-dominated sector of the anti-abortion movement.” In her own words, Angell observes “instead of providing abortions, CPCs offered free pregnancy tests, then tried to dissuade pregnant women from obtaining abortions. They rapidly became the major form of activism, writes [Karissa] Haugeberg, and by 2009, there were 3,200 of these facilities, with a combined staff of 40,000, and they saw about one million pregnant women each year.”

Enacting any of these commonsense measures doesn’t treat women as “errant children.” Insisting that they abort with assembly-like efficiency is. Pro-abortionists not only want no “obstacles” on the road to abortion, they also want the path greased with your tax dollars and mine.

One more comment. Angell writes, “A Pew poll in October 2016 showed that 59 percent of Americans think abortion should be legal in all or most cases, while 37 percent think it should be illegal in all or most cases.”

We critiqued that poll at length, concluding, “First

See “Spin,” page 33
GENEVA, Switzerland, May 29, 2017 – A 21-year-old woman with Down syndrome gave an impassioned plea to the United Nations in March against the targeted killing of babies with her condition.

Charlotte “Charlie” Fien likened the growing genocide of Down’s babies to the Nazi euthanasia programs of the 1930s.

“I am not suffering,” Fien told the UN body in Geneva. “I am not ill. None of my friends who have Down’s syndrome are suffering either. We live happy lives.”

“We just have an extra chromosome,” she added. “We are still human beings. We are not monsters. Don’t be afraid of us. … Please don’t try to kill us all off.”

The United Nations delegates responded by giving her a standing ovation.

Fien’s journey to the United Nations began when she watched the 2016 BBC documentary called “A World Without Down’s Syndrome?” She was so disturbed that she wrote a speech against pre-screening and sent it to Britain’s House of Lords.

The speech was forwarded to the Human Rights Committee at the United Nations, and Fien was invited to speak in Geneva on the eve of World Down Syndrome Day 2017.

The BBC documentary explored the science and ethics behind a new “non-invasive prenatal screening test” (NIPT) that can detect up to 98.6 percent of unborn babies with trisomy-21. Earlier tests diagnosed Down syndrome with only 80 percent accuracy. To get a clearer picture, pregnant women had to risk amniocentesis, which carried a slight risk of miscarriage. NIPT, which merely involves a blood test, became available in 2011. The test can be carried out when women are only ten weeks pregnant.

Since 2012, 100 percent of Icelandic babies found to have Down syndrome have been aborted. Since 2014, 98 percent of Danish women carrying babies diagnosed with Down syndrome have chosen abortion. In Fien’s native Britain, the figure is 90 percent.

Doctor Jérôme Lejeune (1926–1994) discovered the chromosomal cause of Down syndrome in 1959. He hoped this would erase the stigma surrounding the condition, for at the time people believed it was caused by maternal syphilis. To Lejeune’s horror, his research was used not to help Down syndrome people, but to kill them in utero. He called the world’s discomfort with Down syndrome people “chromosomal racism.”

Lejeune was a strong Catholic and opponent of abortion, serving as founding president of the Pontifical Academy for Life. His cause for canonization in the Catholic Church is underway, with the Church designating him a “servant of God.”

Editor’s note. This appeared at Life Site News and is reposted with permission.
Latest Gallup numbers very encouraging for pro-lifers

By Dave Andrusko

If memory serves me right, it is usually around the beginning of May that Gallup conducts it calls its annual Values and Beliefs survey. The results trickle out over the next couple of months. An analysis of the 1,011 adults queried by Gallup to various dimensions of abortion issue appeared June 9. What does the latest survey tell us? Let’s start at the end with what the author Lydia Saad calls the “Bottom Line” and work backwards:

There is no consensus among the American public for making abortion completely legal or illegal. Rather, the largest segment falls in the middle, saying it should be legal but with restrictions. Nearly half of U.S. adults also consider abortion morally wrong.

This helps explain how the states have been able to pass a vast array of laws limiting when, where and how abortions can be performed. It also sheds light on how citizens can shift from electing a staunchly pro-choice president in Barack Obama to electing an avowed pro-life one in Donald Trump. For most Americans, the issue involves shades of gray, not black and white.

Four facts:

#1. We have long lauded Gallup for changing the way it asks a key question about abortion to give a nuanced and far more accurate portrait of public opinion. They first ask, “Do you think abortions should be legal under any circumstances, legal only under certain circumstances, or illegal in all circumstances?”

We learn 29% say “legal under any circumstances,” 18% say “illegal in all circumstances” and 50% say “legal only under certain circumstances.” That’s where most polling companies stop.

But Gallup then ask the middle group—those who respond “legal only under certain circumstances”—“whether those should be most circumstances or only a few, and, by nearly a 3-to-1 ratio, they choose only a few, 36% vs. 13%,” according to Saad. “Thus, the slight majority of Americans (54%) favor curtailing abortion rights — saying abortion should be illegal or legal in only a few circumstances. Slightly fewer, 42%, want access to abortion to be unrestricted or legal in most circumstances.” (The 54% is comprised of the 18% who say “illegal in all circumstances” and the 36% who said legal “in only a few circumstances.”)

Gallup is correct: that is why pro-life legislation passes and passes and passes. It is in tune with the electorate.

#2. Saad writes, “Slightly more U.S. adults today believe the procedure is morally wrong (49%) than morally acceptable (43%). This has also been the case in most readings since Gallup started tracking this annually in 2001.”

I would remind readers of an important point made last month when we discussed what Pew found when it asked about abortion and morality.

“More than four-in-ten Americans (44%) say having an abortion is morally wrong, while 19% think it is morally acceptable and 34% say it is not a moral issue,” Michael Lipka and John Gramlich of Pew tell us.

What explains the huge difference? One is the question. Gallup’s is more abstract: is

See “Gallup,” page 34
The British election results and the pro-life cause: An analysis

Editor’s note. This comes from our friends at SPUC—the Society for the Protection of Unborn Children.

The day after the elections, the UK woke up to the news that Theresa May’s Conservative party has lost its overall majority in the House of Commons. What do the results mean for the pro-life cause in Parliament?

SPUC’s Communications Officer Alithea Williams, who was monitoring the election coverage through the night, gave her initial reaction:

“This election result has certainly surprised everyone. That Labour have increased their vote share could be a worry, as they included an explicit pro-abortion pledge in their manifesto implying support for the decriminalisation of abortion both in Britain and in Northern Ireland (to where the 1967 Abortion Act does not extend).”

It now appears that Theresa May is forming a minority government, with backing from the Northern Irish DUP. This could potentially be positive, as the DUP actually have a pro-life stance, and would certainly oppose the decriminalisation of abortion both in Britain and in Northern Ireland.

Significant gains and losses

Williams continued, “We are pleased to see that Maria Caulfield, who spoke so well against Diana Johnson’s decriminalisation bill, has been returned to Parliament, as has veteran pro-life campaigner Fiona Bruce. It is a blow that MPs with solid voting records on life issues, such as Sir Julian Brazier, who signed SPUC’s pro-life pledge, as well as David Burrowes, Caroline Ansell, Stewart Jackson, and Philip Davies will not be returning to Parliament.

“It is also disappointing that MPs who support the radical agenda to remove all restrictions on abortion, such as Rupa Huq, Paula Sheriff and of course, Diana Johnson have successfully defended their seats. Whatever happens in this new Parliament, it is more crucial than ever that pro-lifers use every means at their disposal to oppose any moves to ‘liberalise’ the abortion law.”

The picture around the UK

Scotland

John Deighan, CEO of SPUC Scotland gave his analysis: “The electorate have undoubtedly been influenced by issues such as a second Scottish Independence referendum and Brexit. This has given rise to a mixed-bag of results. Some results that should be good from a pro-life perspective are those such as the re-election of many of the Scottish MPs who voted against assisted suicide among whom are some with strong pro-life views on abortion.”

“There are of course some strongly pro-abortion MPs that have intimidated their views to our supporters. They present a danger that could grow in Westminster [home of Parliament] which has seen the return of some extreme pro-abortionists determined to make our abortion laws even worse.”

He concluded, “Our enemy is, as ever, ignorance. The political battle ahead will need a strong effort to ensure constituents appraise their MPs’ of the humanity of babies in the womb as well as the damage that abortion is doing to women and our society in general.”

Wales

Paul Botto Secretary, SPUC Cardiff and Penarth, says: “In Wales, Labour gained three seats from the Conservatives. In Cardiff, where pro-life efforts meet considerable opposition, all three constituencies have returned Labour MPs, including some with very bad voting records on defending life.”

Northern Ireland

On the possibility of the DUP backing a Conservative Government, Liam Gibson, SPUC’s Northern Ireland Development Officer, said: “The DUP is solidly pro-life and its representatives have consistently voted to defend all human life, not only in Northern Ireland, but at Westminster and in Europe as well. It is undoubtedly the most socially conservative party in Parliament. In the past, DUP MPs and peers have been happy to work with SPUC and spoken out strongly against the liberalisation of assisted suicide and the plans of the sex-education lobby. They could exercise a positive influence on a minority Conservative government if one is formed.”

SPUC’s campaign

Antonia Tully, Director of Campaigns said: “SPUC has run a hard-hitting campaign over the last four weeks. We’ve been getting out the message of our campaign ‘We Care About Women.’ Over 90,000 leaflets highlighting the threat of decriminalising abortion have been distributed up and down the country.

“Hundreds of our leaflets were delivered door-to-door and handed out on the street in Hull North, seat of the most extreme abortion MP in the country, Diana Johnson MP, who earlier this year introduced a bill to decriminalise abortion, has kept her seat. But, thanks to SPUC, thousands of her constituents are now aware of the horror of what she is promoting.

“Pro-abortion MPs are pushing for decriminalisation of abortion because they don’t care about the impact of abortion on women or refuse to look at what that impact is. We really do care that women who have an abortion experience mental health problems 30% more often compared with women who give birth. It matters to us that a study has shown that suicide is approximately six times greater after an abortion than after childbirth.”

Tully concluded, “We are fighting the decriminalisation of abortion every inch of the way. In October 2017 SPUC is holding a mass constituency-based lobby of MPs. We are aiming for every MP in the country to hear first-hand of the dangers to women and babies of decriminalising abortion. We want the firm commitment of MPs to oppose any moves to decriminalise abortion.”
Another study proves yet again women want more restrictions on abortion than do men

Women are more sensitive to the reality of abortion

By Philippa Taylor

Contrary to impressions given in the media, by professional bodies such as the Royal college of Obstetricians and Gynaecologists (RCOG) and by most Parliamentarians, an overwhelming majority of Britons actually want to make it harder for women to get abortions, a new poll reveals.

It is particularly striking how much support there is amongst women for lowering the time limit for abortion, which currently stands at 24 weeks. Of the 70% of women who want the limit lowered nearly six in ten are in favour of a limit of 16 weeks or fewer and 41% actually want it 12 weeks or less.

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2,000 people were recently interviewed by Comres, finding that:

- 70% of women would like the current time limit for abortion to be lowered
- 59% of women would like the abortion time limit lowered to 16 weeks or lower
- Only 1% want the abortion time limit raised to birth
- 93% of women want independent abortion counselling introduced
- 79% of general population want a five-day consideration period before abortion
- 84% of women want improved pregnancy support for women in crisis
- 70% of parents want introduction of parental consent for girls 15 and under to get abortions
- 56% support freedom of conscience for doctors

These new statistics speak for themselves, so I want to highlight just two messages.

First is to show how these findings are almost entirely at odds with the stance taken by most public broadcasters, pundits and parliamentarians.

To illustrate, over the past couple of years there has been a concerted effort by pro-abortion groups to campaign for the ‘decriminalisation’ of abortion, which would effectively scrap the 24-week limit altogether, allowing abortion to birth (note that only 1% of those polled actually back this idea!).

This pro-abortion campaign uses the slogan ‘we trust women’ which seems particularly ironic in view of what 70% of women really want. The campaign recently culminated in a Bill in Parliament which passed by 172 to 142 and would have decriminalised abortion had it progressed further, illustrating how many Parliamentarians are also out of touch with what women really want.

Moreover the media has provided plenty of backing for the campaign. Last week Tim Farron did a complete about-turn on earlier statements that he was opposed to abortion. A Liberal Democrat source told PoliticsHome last week that Farron: ‘…spoke to experts, looked at the evidence and changed his mind.’

The irony is that he was clearly speaking to the wrong ‘experts’. Perhaps if he’d seen these poll results earlier he’d have realised that his earlier position was actually more in line with what women want, rather than what his ‘experts’ told him last week.

Second point to highlight is the difference in findings between men and women. Contrary to what most people generally assume, women want more restrictions on abortion than men.

I’ve noted above that 70% of women want the time limit for abortion lowered to 20 weeks or less. Yet amongst men, 49% want the limit at 20 weeks or less.

The gender difference seems to be counterintuitive but it does fit with previous findings and the fact that it is consistent should prompt us to ask questions about why this is the case.

I looked at this intriguing difference a few years ago, concluding that it may simply be that women are more sensitive to the fact that pregnancy involves carrying a living baby and therefore is very different to tooth extraction. And that perhaps women are more supportive than men of doctors being involved in the decision, and of time limits being tightened, because it is a way of sharing the decision-making burden, and a way of taking the decision out of their hands completely.

Maybe men are more supportive of unrestrictive abortion because it absolves them of their responsibilities?

Whether or not my analysis is correct, counterintuitive as it seems, the fact that more women want more restrictions to abortion than men requires explanation. It has been repeated enough to not be ignored.

And whatever the reason, this all suggests that if ‘we trust women’ we should be bringing in more restrictions on abortion not fewer.

Little of this will come as a surprise to those who do listen to women who have experienced abortion. As counsellors around the country know, having an abortion is a life changing event and can frequently lead to psycho-social, and occasionally physical, harm for women. It seems that most women understand that too, listening to them.

Editor’s note. Philippa Taylor is Head of Public Policy at the Christian Medical Fellowship, in the UK. This article has been republished from the CMF blog.
Abortionist Willie Parker describes seeing fetal body parts

By Sarah Terzo

Abortionist Willie Parker describes seeing the body parts of the babies he aborts. He describes how he does a first trimester abortion:

… I insert a straw, called a cannula… and attach that to a suction tube which leads to a canister by my feet. I flip a switch on the canister body, which turns on the vacuum, and, with a circular motion, I sweep the walls of the uterus with the tube. Within the space of a couple of minutes, the products of conception are sucked through the tube and into the canister.

I place the small mass of tissue and blood into a fine mesh strainer that looks like something you’d find in an industrial kitchen, and I run the whole thing for a minute under running water. Then I transfer the contents of the strainer into a square Plexiglas dish, which I place on top of a lightbox. And there, I inspect what has just come out of the woman’s body: what I’m looking for is the fetal sac, which, at a later gestational age, becomes the placenta, and, after nine weeks, every one of the fetal parts – head, body, limbs – like a puzzle that has to be put back together…

I make sure I find every part, and I place them together, re-creating the fetus in the pan. I have done this so many times that it is has become routine:

no matter what these parts may look like, this is organic matter that does not add up to anything that can live on its own. This phase of the process is crucial as any other.


Editor’s note. This appears at Clinic Quotes and is reposted with permission.
assorted others involved in the ‘fetal tissue’ (including whole organs) trade, talking about the remains of unborn babies in a manner that stunned even the most hardened pro-abortionist.

However, because PPFA knows its assurances of innocence will be taken at full value, their mantra is the videos were “heavily edited.” Which we read again in the section titled “Fighting Back and Moving Forward”:

In July 2015, anti-abortion extremists began releasing heavily edited undercover videos of Planned Parenthood officials and providers. In investigation after investigation by the media, the medical community, and forensic experts, their allegations were widely and resoundingly discredited. But as we know all too well, anti-women’s health politicians will jump at any opportunity — no matter how baseless — to attack our organization.

This is not even marginally true. What is true is that the full videos were available on CMP’s website. The shortened versions simply omitted all the filler that is part of any smear. The shortened versions simply omitted all the filler that is part of any smear. CMP’s website. The shortened versions simply omitted all the filler that is part of any smear. The shortened versions simply omitted all the filler that is part of any smear.

#2. At a time when the number of abortions (and the abortion rate and abortion ratio) thankfully continue to plummet, PPFA’s market share continues strong as ever. Indeed, more unborn babies lost their lives last year at PPFA facilities than the year before: 328,348 versus 323,999. Roughly 35% of all babies aborted in the U.S. die at PPFA abortion clinics.

As Dr. O’Bannon has explained on many occasions in great detail, PPFA is the antithesis of the “Mom and Pop” abortion clinic. They are consolidating like mad, shedding clinics that are not as profitable (those that don’t perform abortions), as part of a restructuring program that (as one CEO proudly put it) is culminating in a “stronger powerhouse affiliate.”

#3. As part of sticking with the tried and [not] true, a graphic shows abortion as constituting “3%” of “Affiliate medical services.” When pinned in a corner, proponents and defenders of Planned Parenthood always pooh-pooh the importance of abortion to the nation’s leading abortion provider. Columnist Rich Lowry calls this the “3% dodge.”

They imply that abortion is such a small percent of its “services” that it is patently ridiculous for opponents to zero in on the 328,348 abortions it performed. It should be understood as more like a public service that PPFA performs out of the generosity of its tin heart. Dr. O’Bannon has explained the mathematical gymnastics involved numerous times. Lowry explained it this way:

The 3 percent figure is an artifice and a dodge, but even taking it on its own terms, it’s not much of a defense. Only Planned Parenthood would think saying that they only kill babies 3 percent of the time is something to brag about.

But the figure is not 3%. It’s not remotely close to 3%. Lowry writes, “The 3 percent figure is derived by counting abortion as just another service like much less consequential services.” Lowry once offered a very clever comparison.

“The sponsors of the New York City Marathon could count each small cup of water they hand out (some 2 million cups, compared with 45,000 runners) and say they are mainly in the hydration business.”

And if that weren’t enough of a dodge, the 3% myth also neatly slides around how much aborting 328,348 children fattens PPFA’s bottom line. At standard rates, that would represent over $150 million in revenues. And that doesn’t even reflect the additional dollars that accrue when PPFA performs more expensive chemical abortions or abortions later in pregnancy.

#4. At the same time PPFA’s abortion engine keeps purring along, it continues to cut back on the “women-helping” services it is forever touting. For example, take the total number of cancer screening and prevention services, manual breast exams (PPFA doesn’t do mammograms), and pap tests. They all experienced a huge drop—nearly 50% from 2012! Consider this sobering reminder: 2015-2016 appears to mark the first year at PPFA that the number of abortions—328,348—exceeded the number of breast exams it performed—321,700. That is both substantively and symbolically of enormous importance. And (this is really scary)

#5. On page 9, under “Around the World,” we’re instructed With the support of with the support of Planned Parenthood Global, partners in 12 focus countries reached over 1.5 million clients with reproductive health information and services this year, including more than 350,000 people reached through in-person educational activities and more than 230,000 people through the innovative and award-winning Global Mobile sites. In November 2015, Planned Parenthood Global published a new report called “Stolen Lives” and launched a campaign to document the dire physical, mental, and social health consequences of forced pregnancy on girls.

And then on page 18, under “Fueling the Movement,” we read

Through initiatives like the Latino Community Investment Grants, PPFA is working with affiliates to build closer ties with Latino and immigrant communities.

Next time you wonder what it would be like if Hillary Rodham Clinton were President, remember that she and PPFA were/are closer than two coats of paint. They agree—passionately—that nothing is more important than exporting the killing machine overseas and honing in on PPFA’s always favorite targets, communities of color, at home.

Take a few minutes and read PPFA’s annual report [www.plannedparenthood.org/uploads/filer_public/18/40/1840b04b-55d3-4c00-959-d-11817023ffe8/20170526_annualreport_p02_singles.pdf].

It is vitally important to know that PPFA lives to kill.
Iowa Supreme Court recognizes claim for “wrongful birth”  
*Couple says they would have aborted if they knew child would be “disabled”*

By Dave Andrusko

In a 6-1 ruling, the Iowa Supreme Court has overturned the dismissal of a suit that accused a doctor and others of failing to inform Pamela Plowman and her then husband Jeremy Plowman that their unborn son might be born with a birth defect. In so doing the state’s highest court recognized that the couple could sue for the “wrongful birth” of their child, now six, because they had been “denied the opportunity to make an informed choice whether to lawfully terminate a pregnancy in Iowa.”

The lawsuit seeks damages for mental anguish, cost of care past, present and future, and the loss of income after Mrs. Plowman needed to quit her job to take care of her son identified only as “Z.P.”

Justice Mansfield offered an eloquent and thoughtful dissent. According to Heather Clark

The parents asserted in their complaint that when Plowman went for an ultrasound in her 22nd week (between five and six months), she was told by her OB/GYN that “everything was fine,” as the radiologist did not report that microcephaly—an abnormally small head circumference—had actually been detected. The radiologist rather reported the circumference as being “within two standard deviations of normal.”

The Plowmans consequently sued over the alleged failure to properly interpret, diagnose and communicate their child’s abnormalities as shown by the ultrasound. While the mother testified that

she “really enjoy[s] spending time with [her son] and get[s] a lot of happiness from him,”

the couple’s lawsuit also noted that she “would have terminated her pregnancy” had she known of her son’s conditions.

What about the impact on the child if/when he hears about his parents’ actions? The court majority had an answer for that:

“Defendants argue the disabled child may later be emotionally traumatized upon learning his or her parents would have chosen to abort. But given Z.P.’s severe cognitive disabilities, there is nothing in the record to indicate he will someday understand his parents sued over their lost opportunity to avoid his birth.”

Chief Justice Cady concurred in the majority opinion, desperately seeking a way out of the obvious bind—that damages could be recovered only if the child is “disabled.”

“Society would be better served if we proceed forward this tort by abandoning the inclination to distinguish people as either normal or disabled,” he intoned. Solution?

“Instead, damages under the tort should be recoverable when the extra financial burden of raising the child or without a hand? Is that enough?

The court’s decision also opens up the possibility for other claims. Can a mother sue a father for not telling her that he carried a genetic disorder, on the theory that she would otherwise have had an abortion? Can a father sue a mother for not telling him she carried a genetic disorder, on the theory that he would not have had unprotected sex? Can a couple that relies on an outside sperm donor sue the source of that donation in tort?

Or suppose a physician recommends a potentially life-saving course of treatment for a seriously ill octogenarian whose adult children hold medical power of attorney. The children agree to the course of treatment, which prolongs the octogenarian’s life but doesn’t alleviate his misery. Instead, it drains the remaining assets of his estate. The majority opinion opens up the possibility that the children could sue for “wrongful prolonging of life.”

Nancy Penner, the attorney who represents Fort Madison Community Hospital and one of the doctors involved, said her clients were “obviously disappointed” but looking forward to defending themselves at trial,” the Associated Press reported.
“Abortion and listening” does not mean allowing only pro-abortionists to speak

By Dave Andrusko

By any chance does the name Renee Bracey Sherman ring a bell? We last wrote about her a couple of years back. Sherman, who aborted at age 19, had penned a piece for the Huffington Post around the time of Mother’s Day, no less, “Claiming My Mamahood After My Abortion.”

There’s a lot of to-ing and fro-ing but the point of her 2014 essay is enough of this one-size fits all description of motherhood and Mother’s Day:

“This Mother’s Day, I did something different. I celebrated Mamas Day — a movement through Strong Families to honor all types of motherhood. Mamas, Mommas, Nanas, aunties, queer families, single folks, teens, and trans parents, and everyone who is a caregiver, a lover, and a warrior in the struggle to raise our families and keep our communities safe. We are all honored in this village as we raise our future generation.

Except, of course, those village members who will not be raised as part of “our future generation,” babies like the one Sherman disposed of.

Sherman pops up periodically in places like the New York Times, as she did recently, for many reasons, including that she is (and I kid you not) an “abortion doula.” If we’ve had “birth doulas” to help women through labor and giving birth for untold centuries, why not someone to assist with the “abortion experience”? Writing in New York Magazine a few years back, abortion doula Alex Ronan explained her role as providing women with emotional and physical support, offer comfort or distraction, answer their questions, and, most of all, be with them during their first or second trimester abortions.

From the onset Ronan saw a lot that would turn anyone’s stomach and make anyone ask “how in the world did I ever become a party to this?” But in the end of her 3,882 word long essay, Ronan was/is still a true believer.

This is a roundabout way of providing context for Sherman’s recent Times op-ed, “Who Should You Listen to on Abortion? People who’ve had them.” Just two thought on an op-ed that is as full of bile as it empty of substance.

#1. “The abortion debate rages on, but the voices of those who’ve actually had abortions are ignored,” she writes. “Few people try to understand our lives. And we are never asked the most simple but important question: Why did you do it?”

For starters, do what? Purposefully end a life whose existence it was your duty to protect. If you want an honest discussion, be honest.

If Sherman’s point is that those who oppose abortion are clueless judgmentalists, she knows as little about us as she does about Vice President Mike Pence whose years as a pro-life governor of Indiana she mocks and caricatures. We fully know the enormous pressures women with an unplanned pregnancy are under. But we seek a win-win solution, not an either/or conclusion in which a baby dies.

#2. In the last few paragraphs Sherman makes two assertions that are supposed to leave us fumbling for words.

First, “The crux of the issue is not whether you would have an abortion yourself. It’s whether you would stand in the way of someone else’s decision.” This is a pro-abortion dodge so threadbare—it’s a variation of “Who decides”? or “pro-choice”—that even veteran pro-abortionists have largely abandoned it.

Plug in any other atrocity for “abortion”—“The crux of the issue is not whether you would beat your one-year-old to death yourself. It’s whether you would stand in the way of someone else’s decision”—and you quickly see how ludicrous a defense it is.

Sherman’s second broadside is, “We need politicians who protect our decisions to create our families, and also support us as we do it—or don’t.” Life or death, six of one, half-dozen of the other. (She dismisses adoption with a casual swipe.) And at the risk of stating the obvious, when a woman is pregnant she has already created a family. She is a mother either way: a mother of a living child or the mother of a baby whose life she ended.

Contrary to Ms. Sherman, we do want to hear about women and abortion, but not just those who have chosen death. How about those, often with the help of people like those reading this post, who chose life?
Why even the slightest deviation from militant pro-abortion orthodoxy unnerves the Democratic Party

By Dave Andrusko

Whenever there is a suggestion that even the slightest space exists between Democrats and 100% support for abortion on demand, you can expect what we’ve seen over the last month or so—oodles of laments as Amy Irvin wrote in Cosmopolitan Magazine recently that “Anti-Abortion Democrats Put Women at Risk.”

To be fair Louisiana Gov. John Bel Edwards gives Ms. Irvin and her associates real reason to lament. He does not furrow his brow and talk about being “personally pro-life” and then follow NARAL’s line without the slightest deviation. He actually signs pro-life bills and actually files amici briefs in support of pro-life legislation. So you can understand why the subtitle to Irvin’s post is “Take a lesson from Louisiana.”

But the to-ing and fro-ing from the likes of pro-abortionists such as Irvin is not about genuine pro-life Democrats, who, alas, are as rare nowadays as hen’s teeth. They throw a conniption when there is even the slightest suggestion there is room in the Democratic Party for pro-lifers.

Consider this paragraph:

The Democratic Party is based on a shared set of values and principles — those cannot be abandoned. Democrats like Edwards are welcome to their personal beliefs but they are not welcome to impose those beliefs on the women of this party.

So, the “shared set of values and principles” which “cannot be abandoned” include abortion for any reason or no reason, paid for with tax dollars, and exported to every country in the world which protects their unborn children.

So much for Democrat Hubert Humphrey, the late senator from Minnesota and vice president under Lyndon Johnson, who famously said, “It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped.”

Irvin spends much of her post battling against those pro-abortion Democrats who are trying to re-position their support for unlimited abortion as a matter of “economics.” She’s right but for all the wrong reasons.

For all the media laments about Republicans and their internal disagreements, real and (mostly) imaginary, the real story of 2017-2018 is the ongoing war within the Democratic Party and their allies in the media/entertainment complex.

Watch over the next six months and see if there is not even more evidence that the likes of the ever-more-bizarre Kathy Griffin and the foul-mouthed CNN host Reza Aslan do represent the cutting edge of a party in total disarray.
Abortion and the Shock of Recognition

From page 2

dismembering a fetus after removal from the womb is more barbaric or terrible than dismembering it inside the womb and then removing its parts. Both methods are stomach turning and would likely upset people learning that they had undergone either one.

Later in her piece she concedes that if word got out, there could be an impact. Truer words were never spoken.

Answering her own rhetorical question why Texas legislators would pass a law which is “plainly unconstitutional” [which is not true], Colb suggests “First, their hope may be that consumers of abortion services—women experiencing unwanted pregnancies and in their second trimester—will perhaps be moved by the legislation to take their pregnancies to term rather than abort. Learning that second-trimester abortions are disturbing affairs could potentially influence the behavior of those considering such abortions.”

Why yes! By the way, Prof. Colb, if a woman is going to exercise her “right” to abortion in furtherance of her “autonomy,” how can that be legitimately exercised if she doesn’t know the barbaric technique the abortionist will use to dispatch her child?

Just as was the case with PBAs, you don’t need to “sensationalize” a “procedure” that not only kills the child but dehumanizes the abortionist in the process. How would you like to live with using sharp metal clamps and scissors to crush, tear and pulverize living unborn human beings, to rip heads and legs off of tiny torsos until the defenseless child bleeds to death?

These are, if you will, visual examples of cutting through gauzy pro-abortion propaganda. Here’s another way, a different example, the significance of which almost everyone (including pollsters) perpetually miss.

On Monday we also posted about Gallup’s latest finding about the public’s posture on abortion. For our purposes here, consider the dramatic difference a very slight change in wording in one question makes. (See page 25.)

Lydia Saad writes about Gallup’s findings that “Slightly more U.S. adults today believe the procedure is morally wrong (49%) than morally acceptable (43%). This has also been the case in most readings since Gallup started tracking this annually in 2001.” A gap of 8 points.

Last month Pew asked this question: is having an abortion morally wrong (44%) or morally acceptable (19%). A gap of 25 points!

Did you notice the difference? The word “having” an abortion as opposed to abortion in the abstract.

By making the abortion experience more of a concrete reality, almost two and one-half times as many people say having an abortion is morally wrong as say it is morally acceptable.

No wonder pro-abortionists insist on talking about anything but what happens to the unborn child.

Pro-abortionists spin furiously but “Life is winning again in America”

From page 23

Pew feeds its respondents a drastically untrue portrait of the breadth, depth, and width of Roe’s license to kill. Then it mangles (yet again) a truth that is crystal clear in Gallup’s more recent polling. That when you ask a follow up question to generalized responses, you find that in a typical Gallup poll, there will be a total of 55% who say abortion should be illegal in all circumstances (19%) or only a few circumstances (36%).”

Angell is a member in good standing with the hard-core anti-life brigade. That’s why her review of two pro-abortion books is long on hyperbole and short (essentially non-existent) on criticism. Abortion is wonderful. Abortion was/is essential to women “mak[ing] giant strides toward equality.”

It is nothing of the sort, which is why so many younger women are baffled by the likes of Angell who consider the right to kill unborn babies as a kind of secular sacrament.

The times they are a changin’—changing in the direction of life. Or, as pro-life Vice President Mike Pence put it last January, “Life is winning again in America.”

The right-to-life movement is the movement of love. We work to save people we will never meet. They may never know that our efforts and our intervention made it possible for them to live. What a beautiful expression of love.

CAROL TOBIAS
The “best reaction” ever to an ultrasound?

By Dave Andrusko

Editor’s note. We ran this post a couple of years back and ever since then people will stumble across the story on the Internet and write me delighted by the account. Periodically I repost “The “best reaction” ever to an ultrasound?”

There are few sights more delightful than watching people’s faces as they respond to ultrasounds.

Barbara Diamond headlines her post (and the video) “She Has The BEST Reaction To Her Sister’s Ultrasound Surprise.” And it may be just that.

Writing at jillian.littlethings.com, Diamond tells us the delightful story of Jillian, a teacher who is due in September, and her twin sister, Kelly-Renee.

Jillian knew there would be one person who would be “ecstatic when” at her 20 week scan, Jillian found out that it’s twins, Jillian brings her sister into the room. What made it special is that Jillian doesn’t tell her sister the big news. Kelly-Renee, smiling broadly, looks the ultrasound, sees a “little baby with a heart… There’s the heart…it’s beating…Look at the baby.”

The doctor, in on the game, asks innocently, “Looks normal, right?”

Kelly-Renee then asks, “Are those two”?

“Oh, my God,” she shrieks with joy, “Oh my God, Oh my God…. Can I have one, can I have a baby?”

“The moment Kelly-Renee realizes her sister is pregnant with not one but two beautiful babies (27 seconds in), her reaction is absolutely priceless,” Diamond writes. “Thank God the cameras were rolling.”

Indeed, Kelly-Renee’s “holy cow!” expression just warms your heart and your face lights up in a smile.

Take a minute and watch the video at littlethings.com.

Latest Gallup numbers very encouraging for pro-lifers

From page 25

abortion “morally wrong” or “morally acceptable”?

Pew asks is having an abortion morally wrong or morally acceptable. Almost two and one-half times as many people say having an abortion is morally wrong as say it is morally acceptable.

#3. “In terms of the two abortion labels, 49% of U.S. adults consider themselves pro-choice on the abortion issue, while 46% consider themselves pro-life,” according to Saad. “Again, this represents almost no change compared with a year ago and is consistent with the close division seen over the past decade. By contrast, in the earliest years Gallup asked this, in 1995 and 1996, there was greater attachment to the pro-choice label, with 56% and 53%, respectively, identifying as such. Americans continued to prefer the pro-choice label over the pro-life label by a slight margin in most years through 2009, but the two have since been about tied.”

In spite of 59 million abortions and the passage of over 44 years and a constant pro-abortion media drumbeat, the large advantage “pro-choice” enjoyed back in the 1990s has vanished. Finally

#4. Not surprisingly, self-identified Democrats are more pro-abortion than ever. Saad writes, “[T]he largest segment of Democrats say abortion should be legal in all circumstances, while solid majorities consider abortion morally acceptable and call themselves pro-choice.” This is tragic and a repudiation of the genuinely liberal values that the party once stood for.

Likewise, we are not surprised that “The majority of Republicans think abortion should be legal in only certain circumstances, and solid majorities call it morally wrong and consider themselves pro-life.” And, then we read, “Political independents fall between the two major parties on these measures, although they come a bit closer to Republicans than to Democrats in their choice of abortion labels.”

Really? As the graph from Gallup shows, Independents are not “a bit closer” to Republicans “on their choice of labels” than to Democrats but much closer.

Likewise it is to seriously minimize how much closer Independents are to Republicans than to Democrats on the important questions of when abortion should be legal and its morality when Saad simply says they “fall between the two major parties on these measures.”

All in all, pro-lifers should be very encouraged by the latest numbers from Gallup.
Turning Children into Jewelry?

*Embryo adoption is a far better option*

By Eric Metaxas with Anne Morse

**Editor’s note. This is excerpted from a post that appeared at Breakpoint.**

A hundred years ago, ladies often clipped hair from a deceased relative and fashioned it into a brooch. It was a way of remembering loved ones.

Today, an Australian company has brought back the idea in a frankly bizarre and repulsive way: They are turning human embryos—that is, children at the embryonic stage—into jewelry. It’s a stunning example of how far we have fallen in terms of treating children as commodities.

The Baby Bee Hummingbird company has for years been making keepsake jewelry containing drops of breast milk or baby’s first tooth. But now it is turning frozen human embryos left over from In Vitro Fertilization into jewelry.

Each mother sends in her “leftover” embryos, which are contained in what’s called a straw. The straw is reduced to ashes and set in resin. The jeweler then designs a piece of jewelry around it. And the company calls this “sacred art.”

One anonymous mother, who bore three children through the IVF process, told the New York Times, “My embryos were my babies—frozen in time.” When she and her husband felt they’d had enough children, she says it just “wasn’t in my heart to destroy [the extra embryos]. . . Now they are forever with me in a beautiful keepsake”—a pendant she wears next to her heart.

Yeah, but she had to kill her babies to do it. And the reality is that all she’s really wearing is the straw the embryos were stored in. Dr. Jeffrey Keenan is a reproductive endocrinologist with the National Embryo Donation Center who has performed over a thousand transfers of frozen embryos. Writing at the Gospel Coalition, he notes that the embryos themselves are “microscopically small.”

When the straws they are stored in are cremated, “the embryos themselves would be essentially vaporized,” which means the so-called “embryo ash” is nothing but the “burnt remnants of the devices in which they were stored,” he writes.

Dr. Keenan smells a hoax, and so do I. But hoax or not, how did we become so blind to the inherent value God places on each of us? . . .

The Founder of Baby Bee Hummingbird makes no apologies for her so-called “sacred art.” “What better way to celebrate your most treasured gift, your child, than through jewelry?” she asks.

Well, I’ve got an idea—how about letting them live, grow up, contribute to the world, to marry, and have children of their own?

Scripture tells us to do justly and love mercy, and to look after orphans in their distress. How just, how merciful is it to kill our tiny, helpless offspring, and then hang them around our necks as fashionable accessories?

IVF has become a popular option, including among Christians. There are now over a million frozen embryos living in cryogenic tanks. If you know couples who’ve undergone this procedure, and have, as a result, some children they don’t know what to do with, I have a suggestion. Rather than destroying them, these parents might consider allowing other couples to adopt their embryos through Nightlight Christian Adoptions, or the National Embryo Donation Center.

Because every human being, from conception until natural death, is made in the image of God, and is worthy of life and dignity.
Only 15 Days until the Start of NRL Convention 2017

From page 1

benefits of the annual gathering are the dozens of pro-life exhibitors, childcare provided at a very modest fee, and the National Teens for Life convention which runs concurrently with the regular convention.

The list of accomplished pro-lifers speakers goes on and on. On Thursday morning, Ben Shapiro will get the convention off to terrific start. Author of several best sellers, frequent radio and television guest, and columnist, Mr. Shapiro is a versatile and accomplished pro-life authority.

Ann McElhinney, the producer of Gosnell the movie and co-author of the New York Times Best Seller Gosnell: The Untold Story of America’s Most Prolific Serial Killer, will speak at the Thursday evening General Session.

On Friday and Saturday, you will have a chance to listen to the likes of Wesley Smith, JD, Dr. David Prentice, Ryan Bomberger, Carol Tobias, Bobby Schindler, Dr. David N. O’Steen, Olivia Gans Turner, Rai Rojas, and Dr. Joel Brind.

The convention will close on a high note Saturday evening with an Banquet address from O. Carter Snead, director of the Center for Ethics and Culture and a professor of law at the University of Notre Dame.

Don’t delay a moment. Share the good news about NRL Convention 2017 by passing this story along.

And be sure to register today at nrlconvention.com/register.

Georgia Life Alliance Action Fund and NRL Victory Fund weigh in on Georgia 6 special election

From page 1

“Planned Parenthood’s expensive campaign to elect pro-abortion Jon Ossoff will not go unanswered,” Zolfaghari continued. “Our message is a message of hope and true freedom for women and one that we believe will resonate with the character of the people here in Georgia 6.”

A runoff was made necessary when no candidate received 50% of the vote in the April 18 special election. The two remaining candidates are Karen Handel (R), who is pro-life, and Jon Ossoff (D), who is pro-abortion.

Georgia Life Alliance Action Fund (GLA Action) and National Right to Life Victory Fund are heavily involved in Georgia’s 6th congressional district special election to replace pro-life Rep. Tom Price who stepped down to become Secretary of Health and Human Services.

This week GLA Action released a powerful ad calling on voters to reject pro-abortion Democrat Jon Ossoff and Planned Parenthood, the nation’s largest abortion clinic, and co-founder of the New York Times Best Seller Gosnell: The Untold Story of America’s Most Prolific Serial Killer, will speak at the Thursday evening General Session.

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Paying the price for speaking truth to power

NY Times eliminates its “Public Editor” position

By Dave Andrusko

I remember a fleeting thought that crossed my mind when I read Elizabeth Spayd’s May 20 column for the New York Times—what the Times calls its “Public Editor” may have burnt her last bridge.

She had praised the newspaper’s coverage of a particular story about the Trump Administration. Spayd went on to put that coverage in context:

Should the media engage in open opposition to the White House and take sides in a political battle? Or should it report aggressively but dispassionately in hopes of retaining credibility with the broadest audience?

Judging by much of the journalism The Times has produced since Trump took office, it would seem there is at least a preference for strict independence.

So far, so good. But, alas for her and for all of us who believe that all powerful institutions, including the media, need to be held accountable, Spayd went on to add

But sometimes there is a slide toward coverage that can be misperceived as rooting for Trump’s demise. In abundant amounts, for example, it has chronicled every tweet, mood shift and food fight in the Oval Office. Some of this coverage is necessary and justifiable. But when it arrives by the barrel on the home page and A1 it can start to look like a campaign.

The question is which approach is more effective — when The Times looks as if it has joined the resistance, or when it excavates facts without prejudice? In the legal system, it’s the difference between an investigator and a prosecutor.

Outsiders can’t know when the Times made its decision—the typical stint for the Public Editor (Ombudsman everywhere else) is two years. But the Huffington Post’s Michael Calderone reported that not only will Spayd not be returning for a second year, the position is being eliminated! With that in mind Spayd left June 2.

The ironies are as many as they are obvious. The same two media powerhouses—the New York Times and the Washington Post—who unmercifully criticize the Trump Administration 24/7 for among other “sins” its alleged lack of transparency, have eliminated internal checks that at least potentially can “speak truth to power” and keep staff and management on their best behavior.

In the least candid statement of the journalism of the journalism broadest audience?

I mentioned at the beginning about Spayd having “burnt her last bridge.” I mean by that this was just the latest example of her utter fearlessness. Her second column (which we wrote about at nationalrighttolifenews.org/news/2016/07/ny-times-public-editor-frankly-addresses-newspapers-richly-earned-liberal-reputation/) was titled, “Why Readers See The Times as Liberal.”

From the perspective of the endlessly self-congratulatory Times, it was bad enough that Spayd illustrated why that opinion was held and why it was so richly deserved. Worse was she cut through the sophomoric rationalizations for the Times’ liberal—and in our case, pro-abortion—posture.

We reposted Tim Graham’s fine column at NRL News Today. I’d like to end with a quote from it and a quick additional word. Graham wrote (referring to Marty Baron after he eliminated the Ombudsman position)

Ironically, he hired former Times public editor Margaret Sullivan to do something in a sense entirely the opposite: to come out in favor of “full-throated” liberal bias, no matter what the readers want. Truth? Accuracy? Why, inconvenient information about Democrats is somehow twisted and “truth-averse”!

And this is 100% accurate. Sullivan not only makes no pretense at being even marginally even-handed, she is proud that she isn’t.

Sullivan is the perfect embodiment of the Post’s new self-delusional motto: “Democracy dies in Darkness.” Only the darkness is self-imposed and it applies to media heavyweights like the Post and the Times, the latter of whom tells us (with no sense of irony) “The truth is more important now than ever.”

If it is any consolation, the letters in response to the elimination of the position were overwhelming favorable to Spayd and the work she had done. But the truth is that the Times and the Post have joined the “Resistance”—and they couldn’t be prouder or more biased or less transparent.
Out of 1,800 abortion clinics in the U.S., including 730 stand-alone mills, how many would you expect to include the word “abortion” in their name? Try one: the Abortion Surgery Center in Norman, Okla.

On one hand, it’s entirely understandable that abortion businesses avoid the word “abortion” like the plague it is. On the other hand, the fact that virtually no clinics identify themselves by what they actually do reveals an awful lot about a truly awful industry.

It also cuts the legs out from under one of the abortion lobby’s favorite charades: to fake outrage about the names pregnancy centers use for themselves. Terms that are off-limits to pregnancy centers, so the argument goes, include but are not limited to “choice,” “options,” “health,” and “clinic.”

If the abortion lobby had its way, every pregnancy center would bear the name, “Jesus is Antichoice and Demands You Choose Anything But Abortion.” Kind of catchy in its own way, isn’t it?

On a more serious note, this ludicrous assertion has found its way into state laws in California, Illinois and Hawaii, with lawmakers deducing that since pro-life pregnancy centers don’t name themselves according to the proposed standards of abortion special-interest groups, they must be deceptive.

Once again, the abortion industry is entirely unwilling to take its own medicine.

The latest example of this particular anti-pregnancy center trope came Tuesday courtesy of Vice.com. Overviewing the seven states down to just one abortion business, the report quotes Sharon Lewis, the director of West Virginia’s last mill.

“We have a neighbor, a crisis pregnancy center, that changed their name to Women’s Choice to confuse patients who intend to come here and end up in their doorway,” Lewis, said. “They have a marquee out front that says, ‘Considering abortion? Free pregnancy test.’”

Lewis’ statement obviously went without a quick fact-check from Vice, since the name of the pregnancy center next door is actually “Woman’s Choice Pregnancy Resource Center,” which has been serving the community since 1977 and located next door to the abortion clinic in 2013.

Without any sense of irony, Lewis—who’s abortion business is innocuously called, “Women’s Health Center of West Virginia”—goes on to admit that it’s actually she and other abortion providers throughout the state who are on a mission to deceive women.

“Until this year there were two facilities in the state that advertised abortion care,” Lewis said. “I believe there are private doctors who do certain procedures for friends and family. But they’re not called abortions.”

“They’re not called abortions?” Whatever does she mean?

It doesn’t get any better for the other six abortuaries featured in the piece. Along with two Planned Parenthoods—one in Missouri and the other in South Dakota—not one of the names of these abortion clinics even so much as alludes to abortions.

Not even dishonest euphemisms like “reproductive health” make the cut.

In Wyoming, the only abortion clinic left in the state is called “Emerg-A-Care Family & Medical Care”; Kentucky’s last clinic is called “EMW Women’s Surgical Center of Louisville”; North Dakota’s lone abortion business is “Red River Women’s Clinic” in Fargo; and finally, Mississippi’s only mill is the pink-painted “Jackson Women’s Health Organization.”

Meanwhile, pregnancy centers like Woman’s Choice offer just what their name implies: choice. Indeed, when Woman’s Choice posts a sign promising free pregnancy tests, they’re being 100 percent truthful.

Not only does Woman’s Choice offer free pregnancy tests, but its services include free ultrasounds and free peer counseling to help a woman make a choice of her own. Hence its name.

Of course, you wouldn’t expect Vice to recognize the virtue of true choice. Hence its name.

Editor’s note. This appeared at Pregnancy Help News and is reposted with permission.
Delaware Gov. will sign bill that legalizes abortion on demand throughout pregnancy

*Similar attempts thwarted in other states*

By Dave Andrusko

The headline to an Associated Press story today is classic bad news/good news: “Delaware protects abortion rights, efforts stall elsewhere.”

And the bad news is very bad. Planned Parenthood successfully lobbied the Delaware legislature which is about to create a regime of abortion on demand throughout pregnancy. The AP’s Randall Chase writes that pro-abortion Democratic Gov. John Carney said he will sign the measure which eliminates all the limitations on abortion that exist in the Diamond State. Last month he bill passed in the Senate by a margin of 11-7 and on Tuesday was approved 22-16 in the House.

Chase very much mischaracterizes the existing law, making it appear to be much, much more protective than it is. But the point remains the same. Nothing currently on the books, no matter how limited in its reach, will remain after Carney signs the new bill. The real significance of the new bill is that Carney’s signature means abortion on demand is now the law in Delaware.

The new law allows abortion without restriction before a baby reaches “viability” which the abortionist gets to determine. But “The bill also allows abortion after viability if a doctor determines that an abortion is necessary to protect the woman’s life or health, or that the baby is not likely to survive without extraordinary medical measures.”

Chase adds, unnecessarily, “That provision led critics to say the bill opens the way to late-term abortions”—as if allowing abortions up until viability doesn’t already make possible “late-term abortions.”

You couldn’t get a better example of the way pro-abortionists try to hide what will happen in these “late-term abortions” than this exchange captured by reporter Chase.

In introducing an unsuccessful amendment to prohibit abortion after 20 weeks, Rep. Timothy Dukes, R-Laurel, described a late-term abortion procedure known as dilation and evacuation, in which a fetus is dismembered and removed from the womb.

“The methodology of the actual medical procedure is not germane to the bill,” interjected Rep. Sean Lynn, a Dover Democrat.

Just so we’re all clear. A “methodology” which uses steel tools to tear apart a well-developed unborn child, limb from limb, until she bleeds to death, is not “germane.”

The good news Chase reports is that similar efforts in other states have thus far been thwarted, including states where you might expect them to pass.

Abortion groups fight KC Royals & radio station pro-life ads

*From page 14*

social media asking the radio station to pull the ads.”

The radio station’s turnaround came after Planned Parenthood Great Plains posted this on its Facebook page:

“Advice and Aid, an anti-choice extremist group that operates under the guise of a health center, is now advertising on 96.5 The Buzz, KC’s alternative radio station.

Let’s help The Buzz understand why Advice & Aid is dangerous for their listeners. Tell the radio station to reject these advertising dollars.”

Advice and Aid executive director Ruth Tisdale told the *Sentinel* that from the outset, the radio station sales reps were clearly aware of the center’s operation and the abundant medical staff. The sales reps visited the center, “knew our website inside and out,” and “were thrilled that we would advertise on the station.” However the campaign was ultimately removed, and the contract abruptly canceled.”

The *Sentinel* added that Bonyen Lee-Gilmore, Planned Parenthood Great Plains Communications Director, was interviewed by Buzz on-air personality Lazlo, host of “The Church of Lazlo,” for a podcast. The nine-minute segment was chock full of factual errors about Advice & Aid and contained the typical inaccurate list of talking points perpetrated by Planned Parenthood whenever they attempt to discredit the work of pregnancy resource centers. The only accurate fact Lee-Gilmore stated was that the two businesses are next door to each other.

Aye, there’s the rub. Advice and Aid is right there when women drive up to Planned Parenthood in the Kansas City suburb of Overland Park.

The for-profit abortion business is desperate to squash the option for life that they see every day out their window.
New York Magazine is Right: Every Pregnancy Center is a Threat to Big Abortion

By Jay Hobbs

Tune up the world’s smallest violin and get ready to bemoan the plight of the last remaining abortion business in Mississippi—which pays the rent by ending 2,300 unborn human lives every year.

Tonight’s tiny-stringed orchestra conductor, New York Magazine, set off a cacophony of pro-abortion sorrow Thursday with an article entitled, “A New Threat to Mississippi’s Only Abortion Clinic Moved in Across the Street.”

Soon, Mic.com and Romper.com had followed with similar pieces, decrying a new neighbor to Jackson Women’s Health Organization—an abortion clinic that has been a darling of the left and is the stomping grounds to self-styled Christian abortionist Willie Parker.

As first reported by Pregnancy Help News, the clinic now has a pro-life neighbor just 100 yards away, dedicated to giving a woman one last chance to save her baby and reject abortion.

While free ultrasound is the main tool the pro-life Center for Pregnancy Choices will use to help women choose life for their babies in the shadow of the pink-painted abortion mill, that fact is conveniently absent from the coverage by New York Magazine and friends.

In place of the facts, New York Magazine trots out old, baseless talking points from abortion fanatics at Pro-Choice America, accusing pregnancy centers of luring and lying to women “to persuade women into their center instead, often claiming that their centers can offer the services they may need.”

Along with NARAL’s trope, the author points to numbers pulled from the pro-abortion 2016 National Clinic Violence Survey in attempts to show that a pregnancy center’s proximity to an abortion clinic poses an actual physical threat to clinic staff.

Compiled by the Feminist Majority Foundation, the survey is deeply flawed, drawing self-reported responses from 319 abortionists around the nation and failing to corroborate the survey with any crime statistics whatsoever.

Far from putting abortionists at risk by locating near a clinic, pro-life pregnancy centers put themselves in harm’s way to give their clients a true choice. While women are indeed often persuaded to go into a pregnancy center rather than an abortion clinic, there’s no question that decision has everything to do with what’s inside each type of facility.

At a pregnancy help center like Center for Pregnancy Choices, a woman will find free pregnancy testing, a free ultrasound, free options consulting that has zero profit motivation.

Choices, in other words. At an abortion clinic like Jackson Women’s Health Organization, however, what a woman will find is anything but choice. All she will find is an abortion because that’s all the clinic offers. That’s what keeps the lights on and the money flowing in, after all.

While clients at abortion clinics often regret their decision to abort—some are physically harmed and even die—more than nine in 10 clients at a pro-life pregnancy center report the highest levels of satisfaction with the care they received.

Those women, like Ashleigh, who chose life for her son thanks to a Central Ohio pregnancy center, go onto become outspoken proponents of the help they received, contributing to the reality that the No. 1 way pregnancy centers attract new clients is by word of mouth.

“I can say, hands down, I’m so much better off because I chose life,” Ashleigh said in early April. “When I went there, the lady there was 100 percent non-judgmental and my decision wasn’t going to make them any profit. That’s what I was looking for, someone to talk to who wasn’t going to profit off me or my baby.”

In the final analysis, that is why a pregnancy center poses such a threat to the abortion industry. The threat has everything to do with the abortion clinic’s bottom line.

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