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National Right to Life Convention
June 29-July 1

KEEPING TOMORROW ALIVE

Life is for everyone.
Pro-abortioan Democrats ramp up opposition as ABA gives Judge Gorsuch its highest rating—“well-qualified”

By Dave Andrusko

As the plaudits continue to roll in for Judge Neil Gorsuch, President Donald Trump’s nominee to replace the legendary Antonin Scalia on the Supreme Court, “liberal activists” (as pro-abortionists are called) are gearing up to attempt to stop an eminently qualified appeals court judge from joining the nation’s highest court. (See story, page 11.)

For example, all eleven “liberal activist” groups sent a letter to Senate Democrats a week ago yesterday are pro-abortion. Indeed the organizer is none other than Ilyse Hogue, president of Naral Pro-Choice America!

According to The Hill

Hogue said if Democrats vote for Gorsuch, voters who favor abortion rights would take it extremely seriously.

“This is a do-or-die issue,” she said. “It is of supreme

Abortion is not HealthCare: the new Republican Health Care Plan

By Jennifer Popik, JD, Director, NRLC Department of Medical Ethics

Since its very inception, NRLC’s organizational mission has been to defend the right to life of innocent human beings, where that right is threatened or denied by such practices as abortion, infanticide, and euthanasia. Consistent with that mission, NRLC is opposed to government funding of abortion and government subsidies for health insurance plans that cover abortion.

See “HealthCare,” page 15
Editorials

Pro-lifers “are the antidote to the present darkness”

It is a truism of sorts that because something is 100% expected, we can easily overlook its significance. Looked at another way, however, it is equally true that because the outcome is wholly predictable, it speaks volumes.

By way of illustration, the New York Times (the anti-life newspaper of record) recently ran a story that talked about informal discussions pro-life President Donald Trump had with the largest abortion provider in the known galaxy, Planned Parenthood. During the campaign, Mr. Trump made clear he was not opposed to federal funds going to Planned Parenthood if the nation’s largest provider of abortions got out of the abortion business.

“Offering money to Planned Parenthood to abandon our patients and our values is not a deal that we will ever accept,” huffed Dawn Laguens, the executive vice president of the Planned Parenthood Federation of America. “Providing critical health care services for millions of American women is nonnegotiable.” So, just to be crystal-clear, decapitating a helpless unborn child is providing a “health care service.”

Even though Planned Parenthood continues to propagate the frequently dispelled falsehood that abortion makes up only 3% of the “services” it provides, it knows--we know--there is a lot at stake for PPFA which obliterates over 320,000+ unborn babies each and every year.

PPFA receives over half a billion (that’s billion with a “b”) dollars each year from the federal government. This helps explain why this $1.3 billion “non-profit” has tens of millions of dollars of “excess of revenues over expenses” left over each year and can afford to pay Cecile Richards in the neighborhood of a million dollars.

The Times reached out to President Trump who issued the following statement:

“As I said throughout the campaign, I am pro-life and I am deeply committed to investing in women’s health and plan to significantly increase federal funding in support of nonabortion services such as cancer screenings,” he said.

“Polling shows the majority of Americans oppose public funding for abortion, even those who identify as pro-choice. There is an opportunity for organizations to continue the important work they do in support of women’s health, while not providing abortion services.”

So how important is abortion to Planned Parenthood? First the raw numbers.

From its latest annual report, which came out at the beginning of 2016, we learned that clinics affiliated with the Planned Parenthood Federation of America performed 323,999 abortions in 2014. Even though the annual number of abortions has thankfully dropped below a million, PPFA continues to control its market share.

How does abortion stack up against the other “services” PPFA provides (and brags about incessantly)? Planned Parenthood said it delivered 11,238,414 patient “services” in 2009. But by 2014, the number was down to 9,455,582, according to the latest annual report.

Cancer screenings? They fell from 1,830,811 to just 682,208 in that same five-year period. “Breast exams/breast care” fell by more than half, from 830,312 in 2009 to 363,803 in 2014 and Pap smear tests dropped nearly two-thirds, from 904,820 to 271,539.

And if that weren’t enough, the “3%” figure also “neatly slides around how much aborting more than 330,000 children fattens PPFA’s bottom line,” said Dr. Randall K. O’Bannon, NRL Director of Education & Research. “At standard rates, that would represent over $150 million in revenues. And that doesn’t even count the additional dollars that accrue when PPFA performs more expensive chemical abortions or abortions later in pregnancy.”

In a nutshell, PPFA aborts and aborts and aborts some more, even though there has been a marked decline in the number of abortions, and those abortions generate over $150 million each year.

In his annual speech last year to the March for Life, pro-life champion Chris Smith (R-NJ) called Planned Parenthood “a significant tip of an ugly iceberg—a multibillion industry that systematically exterminates children and hurts women.”

With your permission, I’d like to quote extensively from one pivotal section of his remarks. They remind us of PPFA’s barbarism, its utter shamelessness, and what you are doing to fight the leader of the Abortion Establishment. Also these January 2016 remarks were 9 ½ months before Mr. Trump defeated pro-abortion heroine Hillary Clinton.

Rep Smith said, “Subsidized by over $500 million taxpayers’ dollars each year, Planned Parenthood dismembers or chemically poisons a baby to death every two minutes—killing over seven million innocent children since 1973. Planned Parenthood is “Child Abuse Inc.”

“Recent undercover videos by Center for Medical Progress have exposed in numbing candor several high
From the President
Carol Tobias

Helping Women – All Year Long

We don’t need special days set aside to encourage activism or determination. The pro-life movement has a huge warm heart and open loving arms, helping women and children through difficult times every day of every year.

Right to Life groups work with state legislatures to make available to women as much information as possible to help them make an informed decision about their unborn child. Thousands of pregnancy resource centers provide hands-on care and support to help the woman through this difficult time.

I’m impressed with the way many churches are stepping forward to help a woman in need. More than 25 years ago, John Cardinal O’Connor made news when he offered medical and legal care to any needy pregnant woman who rejects abortion.

Embrace Grace is an organization that equips churches to, basically, “adopt” a single pregnant woman in their area, to provide her with spiritual, emotional and physical support throughout and following the pregnancy. Many of the churches partner with a local pregnancy resource center which becomes a referral point, connecting the churches with women who need and want their support.

As Stephanie, one young woman helped by the program, stated, “After attending Embrace Grace, I started seeing a transformation in myself. A seed was being planted in my soul by these selfless, wonderful, amazing women that I spent time with every week. I started to think differently about my circumstances and I began to see the great joy and miracle my baby was to me. My baby saved my life. My son put my life back on track and I had a whole new perspective. I had no idea how amazing being a mother was going to be while I was pregnant. I could only imagine but it was even more than I could have dreamed when I finally laid eyes on my blessing.”

The pro-life movement has helped many women by establishing homes for unwed mothers. One such home in Wisconsin, A Place of Refuge, provides a safe place for women to live during the pregnancy and for a period after the baby is born. The women here are also given a chance to further their education as local college students offer tutoring services. Members of the business community work with the women to prepare resumes and practice for interviews so they can find meaningful employment to take care of their children.

And, of course, all these wonderful services will support a woman who has chosen adoption, giving another family the joy of loving and raising a precious child.

At this year’s March for Life in Washington, DC, Bishop Vincent Matthews of the Church of God in Christ stated that their churches were getting involved in pro-life efforts and that members were lining up to adopt children of women who want to have abortions. Matthews declared, “You have a choice. We will take your children.”

The Life Ministry of the Lutheran Church-Missouri Synod has been conducting an Eyes of Life campaign to highlight stories of individuals who have chosen life in spite of the real and great struggles they face in living each day. Faced with a culture that promotes death through abortion and euthanasia, the Eyes of Life campaign encourages people to recognize that all life, from conception to natural death, is sacred, valued and a gift from God.

Many churches and organizations have also stepped forward to help women who have experienced abortion and are dealing with the after-effects of that decision.

These examples are just a minute sample of the many options available. There is no way to catalog or summarize all the help that is available to a woman who is facing an unplanned pregnancy or who is looking for support after the abortion.

Those who march for women’s “reproductive rights” could learn a lesson from pro-lifers. Loving and supportive care helps women to be all they can be; they don’t have to kill their children in order to be successful and happy.
Help support NRLC’s National Project to Confirm Judge Gorsuch

Every once in a while, our opponents will say or write something that shows the absolute depths of their antipathy against life.

Take the nomination of Judge Neil Gorsuch to be the next Supreme Court justice. Gorsuch’s private views don’t seem to cloud his judicial decisions, as he is a believer in the primacy of the Constitution and the law: He’s made clear it is the legislatures that make the law; his job is simply to interpret the laws they make, and apply them as intended.

That isn’t good enough for pro-abortion groups like NARAL, though. They’ve complained bitterly that Gorsuch has ruled in favor of litigants like Hobby Lobby and the Little Sisters of the Poor, who claimed that Obama Administration regulations forcing them to cover drugs in their health insurance plans that violated their religious liberties.

But NARAL also lists as a reason not to confirm Judge Gorsuch something he once wrote in a book against assisted suicide and euthanasia. In the book, Gorsuch argued for “the idea that human life is intrinsically valuable and that intentional killing is always wrong.” This value is one of the core underpinnings of Western Civilization going back for almost 2,000 years. And yet, NARAL would have us believe it is somehow controversial - that it disqualifies him to be a justice on our Supreme Court!

It just shows they’ve just become the radical wing of an already radical movement! Judge Gorsuch believes in interpreting the law as written, matched, of course, against the rights we all have under the Constitution.

In doing his job with that reserved and respectful approach to the law, he found in the Hobby Lobby and Little Sisters of the Poor cases that religious liberties guaranteed in our Constitution were threatened by the government’s health care mandates.

But to Planned Parenthood, simply interpreting the religious liberties of two litigants, meant he displayed “an alarming history of interfering with reproductive rights and health.”

It’s clear NARAL and Planned Parenthood are not really interested in “rights.” If they were, they would want all rights weighed. But they don’t want religious rights factored in at all; they want a certain outcome to cases, nothing more and nothing less.

That’s not the rule of law - that’s a form of judicial despotism that directly affects democracy, and the rights of every American citizen.

National Right to Life understands that nothing in our Constitution gave a doctor a right to kill an unborn child, and we support judicial nominees who will faithfully apply the Constitution. We have initiated a major campaign, our National Project to Confirm Judge Gorsuch.

That project needs your help to counter the millions of dollars the pro-abortion side will invest to defend their twisting of our Constitution, their insistence that outcomes that ignore the Constitution be preordained, and that they lead to the killing of the unborn.

It’s time we take back our Constitution and the rule of law, an essential underpinning of a democratic society. Will you please help us do that with a generous donation to National Right to Life for this campaign?

Many are predicting President Trump will have other Supreme Court justices to appoint. We know there are approximately 100 lower court openings in the federal system.

How we fare in this confirmation fight could affect how we do in those vital 100 district and appeals court confirmation battles, as well as in any future nominations for the Supreme Court. And that just makes your support now even more important!

Please help with your generous support so the courts can once again become the impartial arbiters of justice envisioned by our Founders, and not the private refuge of radicals who would undermine our most treasured values - including the precious right to life!
URGENT! TAKE ACTION NOW!

Senate Democratic leaders are threatening to use a filibuster to block Judge Neil Gorsuch’s confirmation to the U.S. Supreme Court. Whether they succeed in blocking Judge Gorsuch will depend on how many Democratic senators support the obstructionist campaign, and whether Republican senators do whatever is necessary to prevent a successful filibuster and see that Judge Gorsuch is confirmed.

It is vitally important that you act immediately to urge the prompt confirmation of Judge Gorsuch!

Your message to Democratic senators should be: I strongly object to any filibuster of Judge Gorsuch, and want Senator ______ to support his speedy confirmation.

Your message to Republican senators should be: I want you to do whatever is necessary to overcome any filibuster and confirm Judge Gorsuch.

You can employ your computer or smartphone to access the easy-to-use tools at the National Right to Life Legislative Action Center. There, you will find your senators’ phone numbers and short talking points to use when you reach a senator’s staff person. For the e-mail option, we’ve provided a short model e-mail message, which you can modify as you see fit.

HOW YOU CAN TAKE ACTION NOW

CALL YOUR SENATORS
For your phone call to the offices of your senators go to: tinyurl.com/GorsuchNow

EMAIL YOUR SENATORS
For help sending appropriate e-mail messages to your senators, go to tinyurl.com/GorsuchAlert

TWEET YOUR SENATORS
For the Twitter handles of your senators go to: nrlc.org/senatortweets
We are excited to let you know that 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 be speaking at the Thursday evening General Session of the 2017 National Right to Life Convention.

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Gosnell is a story of a man who, for over 30 years, ran a medical clinic in an impoverished Philadelphia neighborhood. But behind the doors of his clinic, the smiling, avuncular Kermit Gosnell was also America’s most prolific serial killer.

In 2013 Gosnell was finally investigated and convicted of the murder of three newborn babies and the involuntary manslaughter of a woman who died during an abortion. But he likely killed hundreds if not thousands of live babies in his filthy “house of horrors,” in a 30-year killing spree.

He was allowed to kill by health officials and politicians who wanted to “protect abortion rights” and wouldn’t inspect his clinic, despite numerous complaints. They weren’t the only ones who failed the American public. The pro-choice mainstream media refused to cover Gosnell’s trial and tried to sweep his story under the rug to prevent a negative spotlight on abortion.

Ann McElhinney and her husband, Phelim McAleer, are investigative journalists and filmmakers who decided to take on the Gosnell story and end the cover-up. They produced a movie starring Young Superman Dean Cain and wrote a book which became a New York Times and Amazon Best Seller whose first run sold out 3 days after publication.

They are currently working on securing distribution for the Gosnell movie and their ground-breaking book is available on Amazon, Barnes & Noble, and Books A Million.

We would like to ask you to help stop the cover-up and order Gosnell: The Untold Story of America’s Most Prolific Serial Killer today.

Here is what David Daleiden, the undercover reporter behind the videos that exposed Planned Parenthood’s baby parts business, says about the book.

“In this historic book, Ann McElhinney and Phelim McAleer meticulously record the harrowing true-crime story of Kermit Gosnell’s barbaric abortion and infanticide business. Every American needs to read Gosnell, because the atrocities he committed, with the knowledge and support of public authorities, demand that we answer what we really believe about human dignity and the law’s equal protection for the most vulnerable.”

To learn more about NRC 2017 – the annual National Right to Life Convention, visit nrlconvention.com.

Thank you and we hope to see you all in Milwaukee!
My Submission to the AMA Opposing Neutrality on Physician-Assisted Suicide

By Nancy Valko

Amid conflicting reports about whether or not the American Medical Association was going to consider a position of neutrality on physician-assisted suicide, I was informed that the AMA’s Council on Ethical and Judicial Affairs was collecting data, position statements, etc. for consideration of assisted suicide and other topics before the June AMA Annual meeting. The following is my submission titled “Neutrality on physician assisted suicide also hurts nurses”:

Dear AMA,

I have been a registered nurse since 1969. After working in critical care, hospice, home health, oncology, dialysis and other specialties for 45 years, I am currently working as a legal nurse consultant and volunteer as well as spokesperson for the National Association of Pro-Life Nurses. Over the years, I have cared for many suicidal people as well as people who attempt suicide.

I have served on medical and nursing ethics committees, served on disability and nursing boards. I have written and spoken on medical ethics—especially end of life issues—since 1984.

The dangers of the legalization of physician-assisted suicide are especially acute for us nurses. Unlike doctors, we nurses cannot refuse to care for a patient in a situation like assisted suicide unless another willing nurse can be found which can be impossible. If we do refuse, that is considered abandonment and cause for discipline and even termination. And we are necessarily involved when the assisted suicide act occurs in home health, hospice or health care facility even though the doctor is not required to be there.

As a nurse and the mother of a suicide victim, I am alarmed by reports that the AMA is considering a position of neutrality on physician-assisted suicide. I beg you to uphold the legal and ethical standard that medical professionals must not kill their patients or help them kill themselves. Suicide is a tragedy to be prevented if possible, not a civil right.

MY DAUGHTER KILLED HERSELF USING AN ASSISTED SUICIDE TECHNIQUE

In 2009, I lost a beautiful, physically well 30-year-old daughter, Marie, to suicide after a 16-year battle with substance abuse and other issues. Her suicide was like an atom bomb dropped on our family, friends and even her therapists.

Despite all of our efforts to save her, my Marie told me that she learned how to kill herself from visiting suicide/assisted suicide websites and reading Derek Humphry’s book Final Exit. The medical examiner called Marie’s suicide technique “textbook final exit” but her death was neither dignified nor peaceful.

Marie was not mere collateral damage in the controversy over physician-assisted suicide. She was a victim of the physician-assisted suicide movement, seduced by the rhetoric of a painless exit from what she believed was a hopeless life of suffering.

SUICIDE CONTAGION

Adding to our family’s pain, at least two people close to Marie became suicidal not long after her suicide. Luckily, these two young people received help and were saved, but suicide contagion, better known as “copycat suicide,” is a well-documented phenomenon. Often media coverage or publicity around one death encourages other vulnerable people to commit suicide in the same way.

STUDY SHOWS LEGALIZING PHYSICIAN-ASSISTED SUICIDE IS ASSOCIATED WITH AN INCREASED RATE OF TOTAL SUICIDES

A 2015 article in the Southern Medical Journal titled “How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?” came to these conclusions:

“Legalizing PAS has been associated with an increased rate of total suicides relative to other states and no decrease in nonassisted suicides. This suggests either that PAS does not inhibit (nor acts as an alternative to) nonassisted suicide, or that it acts in this way in some individuals but is associated with an increased inclination to suicide in other individuals.”

THE HEALTH AND ECONOMIC COSTS OF SUICIDE

My Marie was one of the almost 37,000 reported US suicides in 2009. In contrast, only about 800 assisted-suicide deaths have been reported in the past 16 years in Oregon, the first state to legalize physician-assisted suicide. According to the Centers for Disease Control (CDC) suicide was the 10th leading cause of death for Americans in 2012, with “More than 1 million people reported making a suicide attempt in the past year” and “More than 2 million adults reported thinking about suicide in the past year.”

The CDC estimates that suicide...
2017 Special Elections

Great Pro-Life opportunities abound

By Karen Cross, National Right to Life Political Director

Following the 2016 presidential election, there are an unusually large number of federal special elections because President Donald Trump chose various members of Congress to fill cabinet positions. Currently, there are six special elections pending: five pro-life Republican seats are open and one pro-abortion Democratic seat is open because the incumbent was chosen attorney general after the attorney general won her bid to become a U.S. Senator.

Following is an overview:

Kansas 4th
After pro-life Rep. Mike Pompeo (R) was confirmed as director of the CIA, Gov. Sam Brownback scheduled a special election for April 11. Following nominating conventions, the general election candidates are: Ron Estes (R), Jim Thompson (D), and Chris Rockhold (Libertarian). Ron Estes is pro-life and has been endorsed by National Right to Life. Jim Thompson supports a policy of abortion on demand, and Chris Rockhold’s position is unknown.

Montana’s At-Large
A May 25 special general election will be held following the confirmation of pro-life Rep. Ryan Zinke (R) as secretary of the Department of the Interior. No primary was held. Instead party leaders chose their nominees at a nominating convention in March. Greg Gianforte (R), who is pro-life, will run against Rob Quist (D), who supports unlimited abortion or, as he states on his website, “without exception.”

California’s 34th
Pro-abortion Rep. Xavier Becerra (D) was chosen to fill California’s vacant attorney general seat after pro-abortion Attorney General Kamala Harris (D) won the U.S. Senate seat, replacing pro-abortion Sen. Barbara Boxer (D). A special election will be held on April 4, to determine Becerra’s replacement in the House. A runoff will take place on June 6, if no candidate gets 50%.

South Carolina’s 5th
A special general election will be held on June 20, after pro-life Rep. Mick Mulvaney (R) was confirmed as director of the Office of Management and Budget. The candidate filing deadline was March 13, for the May 2 special primary. If a primary runoff is necessary in either party, it will be held on May 16.

Georgia’s 6th
When pro-life Rep. Tom Price (R) was confirmed as secretary of the Department of Health and Human Services, a special election was scheduled for April 18. All 18 candidates will run on the same ballot. If no candidate receives 50% of the vote, a special runoff election will be held between the top two, regardless of party affiliation, on June 20.

Alabama Senate
After pro-life Senator Jeff Sessions (R) was confirmed as attorney general, Gov. Robert Bentley appointed state Senator Luther Strange (R) to fill the vacant seat until the November 6, 2018, special general election. A special primary election will be held on June 5, 2018. If no candidate receives a majority of the votes in the primary, a primary runoff election will be held on July 17, 2018.

The special elections are in the preliminary stages at this point. Stay tuned as more developments occur in the coming months.
Pro-abortionists’ answer to women facing real-world crises is more and more abortion

By Rai Rojas

Monday was the first day of the United Nations’ two-week long annual Commission on the Status of Women (CSW). As is the case every other year, hordes of the most radical pro-abortion feminists from around the globe have congregated on the East side of Manhattan to “advance” the status of women.

Inevitably, no matter the real-world crises women may be facing on the international scene, these zealots in New York will push abortion and abortion rights as the great panacea for all the world’s ills. Notably, the sub-theme (there’s always a sub-theme) for this year’s conference is on the plight of indigenous women. Here are some hard truths about the plight of indigenous women in just one Latin American Country.

Guatemala is one of the poorest countries in the world. In fact, it’s the poorest country in Latin America and second most poor in this hemisphere – only the people of Haiti are in greater distress. Seventy-five percent of Guatemalans live below the poverty line, and more than 60% live in what the World Bank deems “extreme poverty.”

Guatemalans are burdened by a high illiteracy rate because as the World Bank also notes, “Many families struggle to provide the basic needs for their families and cannot afford the expenses associated with basic schooling.” Access to health care is so dire the World Health Organization declares that “Preventable diseases often result in death; malnutrition is common among children, and young adults and infant mortality rates are high.” What few government-sponsored “health posts” exist are persistently understaffed with very few medical resources and supplies.

The indigenous women of Guatemala are severely malnourished. Fifty percent of all girl children under the age of 5 show signs of “stunting” – a failure to physically develop at normal rates. Stunting is the most common indicator of chronic malnutrition, and additionally one in four women of child-bearing age suffer from anemia. Most live in shanties made of salvaged materials on dirt floors without toilets or running water.

This week the United Nations may recognize the many reasons for the extreme difficulties the women of Guatemala endure - Income inequality, widespread institutional corruption, living in the aftermath of a bloody and savage 36-year-long civil war and the inability of the government to govern. But they may not directly address the fact that what the women of Guatemala need is access to doctors, schools, adequate health care, potable water and a nutritional safety net.

The women meeting in New York for the next two weeks would be well advised to focus on these needs – but they won’t. They will pay quick lip service to the hungry and destitute and move right on to the fight for the advancement of their pro-abortion agenda. These white European women will sigh and nod their heads that something should be done and move on to laud the actions of other white European women like those who run Women on Waves.

Women On Waves is a publicity driven “nonprofit” organization which claims to help women by providing them dangerous chemical abortions aboard a boat they’ve purchased to do nothing more than dock off of the coast of any given country and ferry women to and from the shore.

Last month Women on Waves was only going to be there for five days – what of the girls and women who suffer from complications? These women would have returned to their villages and towns, cramping and bleeding, with no recourse for additional health-care.

Women on Waves would have been holding a press conference congratulating themselves on a successful mission – as women lay bleeding in their shanties. Chemical abortions pose serious health threats to abortions available to as many brown and black girls as possible. This trip garnered them the publicity they seek, and they also met their unwritten, but most important objective – the promulgation of their agenda and the distribution of their 1-800 phone number.

No matter that their stunt caused the already impoverished country to spend resources they didn’t have on keeping these zealots at bay, or that they disrupted commerce at the port. Their attempt to subvert the sovereign laws of an autonomous state failed – not one woman or child was harmed – but the deadly pro-abortion propaganda is now introduced into the region.

There is also a certain inherent maliciousness in knowingly subjecting weakened, malnourished, anemic young women to a procedure that causes heavy blood loss over periods of days and weeks. By their account, permits, and press-releases, Women on Waves was going to be there for five days – what of the girls and women who suffer from complications? These women would have returned to their villages and towns, cramping and bleeding, with no recourse for additional health-care.

See “Crises,” page 25
The gender equality argument for abortion does not withstand scrutiny

By Paul Stark

Some people argue that gender equality requires legalized abortion. After all, the challenges of pregnancy and childbirth fall on women but not on men. Only with access to abortion, then, can women be truly equal and free to determine the course of their lives.

“Pregnancy and childbirth … serve to restrict women’s ability to participate in society on equal footing with men,” writes feminist author Katha Pollitt. “[W]e must … ensure that our daughters have the same rights, freedoms, and opportunities as our sons to fulfill their dreams,” says former President Barack Obama.

Some legal scholars, including U.S. Supreme Court Justice Ruth Bader Ginsburg, aim to ground a constitutional right to abortion in the Equal Protection Clause of the Fourteenth Amendment (“no state shall … deny to any person within its jurisdiction the equal protection of the laws”) rather than in the Due Process Clause (as the Court did in Roe v. Wade). Equality under the law, they say, requires abortion access.

This argument does not withstand scrutiny. First, unequal burdens don’t justify the killing of innocent human beings. The burdens of caring for five-year-old children, for example, fall disproportionately on the parents of five-year-old children. Laws against killing or abandoning five-year-olds do not affect everyone in the same way—one might even claim that they deprive parents of “the same rights, freedoms, and opportunities” as non-parents. But clearly they are not wrong.

Likewise, the challenges of pregnancy fall on women and not men, and a law against killing unborn children by abortion would impact women in a way that it does not impact men. But such a law would not be unjust for that reason. Laws may affect people differently given different circumstances, but that does not mean that they treat people differently. Everyone should be equally prohibited from killing innocent human beings. This prohibition is not gender-specific.

Second, men and women are equally morally responsible for their offspring, even though this obligation can take different forms (women, by virtue of reproductive biology, uniquely gestate children). Men can more easily run from their parental duties than women, but the solution to this dereliction is not to authorize the killing of human beings before they are born (which is a further dereliction). Rather, men must accept responsibility and be held responsible by law when necessary.

Third, the argument from gender equality seems to presuppose that pregnancy is a disability and that pregnant women need surgery (abortion) to become equal to men. This view effectively disparages women and their reproductive powers while elevating men to the paradigm of human sexuality.

“Sexual equality via abortion looks to cure biological asymmetry—the fact that women get pregnant and men don’t—by promoting the rejection of women’s bodies,” writes feminist scholar Erika Bachiochi. “Authentic equality and reproductive justice would demand something far more revolutionary: that men and society at large respect and support women in their myriad capacities and talents which include, for most women at some time in their lives, childbearing.”

Fourth, women shouldn’t need abortion to achieve social equality, professional success, and personal fulfillment. “Why is it that we assume women are incapable of dealing with the adversity of an unwanted pregnancy by any other means than that of destroying life? Is this a flattering view of women?” asked moral philosopher Janet E. Smith in her 1978 essay “Abortion as a Feminist Concern.”

Of course, mothers often experience enormous and unfair difficulties. Placing a child for adoption, though, is an ethical and life-affirming way to relinquish responsibility, and pregnancy care centers, government programs, and other forms of assistance enable women in need to meet the challenges of pregnancy and parenthood. But more can and should be done to accommodate the essential role mothers play in our society.

Abortion, however, is a rejection of equal human dignity, not an affirmation of it, because it takes the life of an innocent human person. Legalized abortion excludes an entire class of human beings from the protection of the law by allowing them to be dismembered and killed at the discretion of others. “Women will never climb to equality and social empowerment over mounds of dead fetuses,” quips Hastings Center scholar and feminist writer Sidney Callahan.

There is no equality in abortion.

Editor’s note. Mr. Stark is Communications Associate for Minnesota Citizens Concerned for Life, NRLC’s state affiliate.
Combat veteran who lost both legs addresses the brutality of the dismemberment abortion

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

Editor’s note. A combat Marine’s captivating testimony resulted in a decisive victory in the first battle to pass the Unborn Child Protection from Dismemberment Act (H3548) in South Carolina.

Wayne Cockfield, who lost both legs in Vietnam, brought an unusual and compelling perspective to the hearing before a House Judiciary Subcommittee on March 8, telling the members there is “a disconnect between what we want to believe and what the truth is.” Mr. Cockfield testified following Planned Parenthood and its cohorts, including the American Civil Liberties Union and the League of Women Voters, who defended dismemberment abortion as “as a safe and cost effective procedure.”

He said, “I’m here to represent the point of view that no one else is speaking to. I’ve been a victim of this disconnect and I have decided that I will address the brutality of the dismemberment abortion.”

Mr. Cockfield went on to describe how he was wounded in Vietnam in 1969. “I spent two years and three months in the hospital. I had 27 operations. And I have been dismembered! I know what it is like and let me tell you, it is not fun.”

His legs were amputated he to death and in Michigan, the mutilation of a puppy whose ears and nose were cut off.

“People rightly reacted in horror to the barbaric actions these people did,” he said, then asked, “Why is it savagery to do this to an animal, but the same thing done to a baby is defended? A living unborn baby!”

He challenged the subcommittee members to consider why it is “a horror to rip the ears off of a puppy, but not a horror to rip the ears, and the legs, and the face, and the arms, and the hands, and the feet off of an unborn baby.”

Mr. Cockfield graphically described the dismemberment procedure in which the abortionist using “scissors, tongs, and clamps tears a baby apart limb from limb.”

Referring to the abortion defenders present at the hearing, he said they “speak of it as just a minor issue. People defend this kind of barbaric practice, and they ignore the truth. But I’m not going to ignore the truth because, you see, in a way, I’ve already suffered what these living, innocent babies are suffering as we speak.”

Drawing on his extensive interest in history, Mr. Cockfield also compared the dismembering of unborn children to the Medieval practice of drawing and quartering condemned criminals. This involved a barbaric and brutal method of execution in which the human body was disemboweled and dismembered.

Gesturing toward the line drawing used to illustrate the dismemberment procedure and to audible gasps, he said, “The civilized world outlawed that. But babies are being drawn and quartered, the equivalent of that, now in the uterus. You cannot get past that fact. It is barbaric!”

Mr. Cockfield called on the subcommittee members to “do what is right” and to ban dismemberment abortion in South Carolina. “This state, God willing, will outlaw it.”

The subcommittee voted unanimously to send the bill on to the full House Judiciary Committee.

Editor’s note. Sgt. Wayne Cockfield, USMC, Ret. is the Vice President for Medical Ethics of the National Right to Life Committee and lives in Florence, South Carolina. He primarily testifies against pro-euthanasia bills, but offered his personal perspective to help pass the dismemberment ban.
Whatever your choice of social media platform, you no doubt saw your feed inundated with posts and hashtags detailing the opinions of many of your “friends” on International Women’s Day—or as it came to be known this year, “Day Without a Woman.”

For most of us, it didn’t come as a shock that this particular topic, like so many topics today, brought about some very passionate and emotional responses.

The main focal point this year was the many women, and probably some men, who decided to take the day off, striking instead. It is important to note that the number of those participating in this “strike” was by any measure minimal compared to the overall population, but you wouldn’t know that by the amount of coverage this “movement” received via cable news and social media outlets.

Instead of one more voice weighing in on the topic, I’d like to introduce you to a group of women that show up day in and day out to care for other women in need. They do not seek fanfare or accolades. They are not concerned about the latest faux movement or trendy political issue.

The group of women I am referring to is my co-workers and co-laborers at HOPE Resource Center—a life-affirming pregnancy help medical clinic in Knoxville, Tenn.—as well as thousands of volunteers and staff members at pregnancy centers across the country. These amazing and talented individuals are willing to love and care for the most vulnerable in our society.

No doubt about it, women were the ones swimming upstream and going against societal norms. These women founded and led pregnancy centers all across this country. They were willing to put in the hard work even though many would seek to malign them.

Let’s celebrate these women today: The nurse, nurse practitioner, attorney, accountant, entrepreneur, recent college grad, and retiree that chooses to volunteer or take a pay-cut to serve at a non-profit pregnancy center.

These women are making a lasting impact on our society as they provide medical services, guidance, mentoring and love to a forgotten segment of our population.

The pro-life movement is not anti-woman. That assessment is silly. The pro-life movement, in reality, would be non-existent without women. They are the true heroes seeking a better society where all people, in and out of the womb, have the opportunity to thrive and live.

Yet, as you watched social media and the mainstream media, you didn’t hear about the thousands of women who went to work at a pregnancy center on International Women’s Day. You will not hear about their very difficult conversations with a woman facing an unplanned pregnancy and an unsettling future.

You won’t see their calendar, which is full of appointments and mentoring sessions for the women they serve. You won’t see their sleepless nights or the tears they shed for countless lives lost to abortion. Yet, they will get up tomorrow and do it all over again.

This is why I salute the women of the pregnancy help community.

You are valued, appreciated, and truly a godsend to all of us! Thank you!!

Editor’s note. Andrew Wood serves as the Executive Director of HOPE Resource Center, one of the largest pregnancy centers in the Southeast, located in Knoxville, TN. This appeared at Pregnancy Help News and is reposted with permission.
Research team combines two types of stem cells to create mouse embryo in culture

*Opens possibility of creating unlimited numbers of manufactured human embryos for experimentation*

By Dave Andrusko

Using two types of stem cells (the body’s ‘master cells’) and a 3D scaffold on which they can grow, scientists “have managed to create a structure resembling a mouse embryo in culture,” according to the University of Cambridge.

The study, published in the journal *Science*, showed how Cambridge researchers “were able to grow a structure capable of assembling itself and whose development and architecture very closely resembled the natural embryo.”

But even the headline on the original source—“Scientists create artificial mouse ‘embryo’ from stem cells for the first time”—misrepresents what the team accomplished.

“The term ‘artificial embryos’ does not accurately describe what the research team created,” said Dr. David Prentice, Vice President and Research Director of the Charlotte Lozier Institute. “These embryos were generated in a laboratory, like ones created through IVF or cloning, but there is nothing else ‘artificial’ about them. While much more work would be needed to create human embryos using this technique, the newly constructed organisms would be real human beings.”

That, however, does not mean the research doesn’t raise a plethora of thorny questions.

“Potential use of this new technique to create human embryos is of great concern for ethical reasons,” Prentice observed. “It opens the possibility of creating unlimited numbers of manufactured human embryos for experimentation, including genetic manipulation and cloning. There is little reassurance that scientists will show restraint in using this technique. Human beings, no matter their age or manner of creation, are not merely raw material and should never be considered fodder for such experiments.”

Lead researcher Prof Magdalena Zenricka Goetz told the *BBC*, “We knew that interactions between the different types of stem cell [embryonic stem cells and extra-embryonic trophoblast stem cells] are important for development, but the striking thing that our new work illustrates is that this is a real partnership – these cells truly guide each other.”

As of now, researchers say these embryos are “unlikely to develop into a healthy foetus as it would probably need the third form of stem cell [the primitive endoderm], which develops into the yolk sac that provides nutrition,” the *BBC* reported.

The University of Cambridge team mixed the two kinds of mouse stem cells and placed them on a 3D scaffold known as an extracellular matrix. After roughly four days of growth “in a tank of chemicals designed to mimic conditions inside the womb, the cells formed the structure of a living mouse embryo,” according to *Daily News & Analysis*.

Dr. Prentice explained a similar technique has been used since 1990 to create new mouse embryos from cellular components (without egg and sperm) and gestate the embryos to birth.

Called “tetraploid complementation,” it “combines pluripotent stem cells (which create the embryonic body) with a second cell type that can generate a trophoblast and placenta,” Prentice said. “It has also been used for genetic engineering to create mutant mouse strains.”

Dr. Prentice returned to his concern over the use of the term ‘artificial.’

“Redefining some human beings as ‘artificial’ or ‘laboratory constructs’ is the first step toward a form of dehumanization that undermines both the character of those who are experimented upon and the society that permits the experiments,” he said. “Science owes its highest duty to truth and that includes the truth about human rights.”
The War on Women Continues (For Now)

By Carol Tobias, President

In his first address to a joint session of Congress, President Donald Trump paid tribute to Carryn Owens, the widow of Navy SEAL Ryan Owens, who was recently killed on duty in the Middle East. Mrs. Owens received a two-minute-long, standing ovation to recognize her husband’s sacrifice, as well as the sacrifice made by her and their three children. They likely don’t know what the future holds but it will definitely be different without their husband and father.

In an appalling display of hard-hearted rudeness, many on social media accused Mrs. Owens of allowing herself to be used as a “tool” of Mr. Trump. So desperate were they to denigrate the president, one tweeter went so far as to call Mrs. Owens an idiot. Although these insensitive clods were quickly reprimanded by others who defended Mrs. Owens, I wasn’t surprised by the attack on her.

One doesn’t have to be involved in the right-to-life movement for long to realize that liberals and Democrats, most of whom make up the abortion movement, claim to speak for women yet have no regard or respect for women. In their efforts to keep abortion legal, it becomes evident that they really do think women are tools to further their money-making agenda; that women are helpless and, quite frankly, idiots.

They believe that a woman who finds herself with an unexpected pregnancy can’t handle some potential difficult times in the coming months and years. They think her life will be easier if she gets rid of the “problem.” Abortion advocates, who supposedly care about women, fight regulations requiring abortion facilities to meet the most basic health and safety standards of medical clinics, i.e., hallways wide enough to get a gurney through, in case an ambulance has to be called and requiring the presence of fire extinguishers and oxygen tanks.

Abortion advocates are trying to shut down pregnancy resource centers because they don’t want women to have a life-affirming “choice.” They don’t want women to know there can be long-term consequences, both physical and emotional, as the result of an abortion.

There is a war on women, and the ones waging it are the abortion advocates who think the only way a woman can succeed is by killing her own child.

What they have yet to realize is that it is the abortion movement that is dying. More and more women are learning the truth about their unborn child and hearing about life-affirming options that are available.

The pro-life movement is adding to its numbers every day as more and more people, especially younger generations, are taking a stand. The abortion industry may think it is invincible and will be around for a long time but, then again, so did the builders of the Titanic.
Abortion is not HealthCare: the new Republican Health Care Plan

From page 7

The Republican-led House of Representatives has unveiled the American Health Care Act (AHCA). The AHCA would undo the numerous abortion-expanding provisions that became law in March, 2010, as part of the so-called Patient Protection and Affordable Care Act (Public Law 111-148), known as Obamacare.

The House leadership, along with those who have contributed to the draft under consideration in the House of Representatives, has included multiple provisions to prevent government dollars from paying for elective abortions.

This is crucial. By conservative estimates, more than two million Americans were born and are with us today, who would have been aborted, if the Hyde Amendment had not been in place. The pro-abortion Guttmacher Institute has termed this a “tragic result,” but NRLC regards it a major pro-life success story. The Hyde Amendment is the most successful domestic “abortion reduction” policy ever enacted by Congress.

In short, restrictions on the government funding of abortion save lives! Unfortunately, the Hyde amendment (which applies to Medicaid) does not apply to the AHCA, as it did not apply to Obamacare. However, the newly unveiled AHCA places numerous crucial Hyde-like restrictions on new government health care spending.

In addition, the AHCA eliminates Medicaid reimbursements to Planned Parenthood, America’s largest abortion provider, for one year.

Notwithstanding, there is still work to be done to ensure that this entire bill is pro-life. NRLC continues to work with Congressional leaders to ensure all bases are covered, particularly as the legislation advances to the Senate where there are strict rules that have led to the stripping of abortion funding restrictions. Any solutions should be written into the legislation, not dependent on later executive actions.

Let your elected officials know that abortion is NOT healthcare, and that you are opposed to the government funding of abortion and oppose government subsidies for health insurance plans that cover abortion.
Preemie “completely changed the world” in his brief life
“Jack Sparrow” born at 24 weeks

By Dave Andrusko

When doctors learned that Jack Riley Sadgrove would be born at 24 weeks, one of the first questions they asked his parents was whether they “wanted to keep the baby” since his chances for survival were so low.

“The next few hours became a swirl of doctors with scary statistics detailing the chances their little boy would survive and what disabilities he could face if he did,” wrote Anneta Konstantinides for the Daily Mail, Australia. But “For Amy and Brendan, termination was out of the question. They wanted to give Jack a chance to fight.”

Nicknamed “Jack Sparrow,” for his tiny size (639 grams at birth), the little one passed away last Friday. But the baby did not take his last breath until after his parents “were able to give Jack his first bath, put him in clothes for the first time and swaddle him like they had never been able to before in the NICU,” Konstantinides wrote.

Writing on Facebook, his dad shared, “We had a whole hour of the most amazing time with just the three of us, which was nothing short of incredible.” Brendan added, “It was the happiest time in our lives.”

Konstantinides explained

The family has raised more than $40,000 for the Royal Hospital for Women in Sydney since his birth.

The GoFundMe has already raised enough money to outfit the NICU with reclining chairs for mum’s to breastfeed and cuddle their newborns.

New parts for vital breathing equipment can now also be purchased, and some of the raised funds will also be used to refurbish the parents’ room.

It has been an incredible achievement that all began thanks to one tiny baby.

Brendan said he was extremely proud of his son. “In such a short time [five weeks], this little bloke already changed the world,” he shared. “I am so bloody proud of the little guy, I think I might explode.”

When Amy and Brendan got a call from the hospital, it became clear Jack would not survive the day.

“Jack got to a point where we all thought he wouldn’t come back from, so we decided to put him on Amy’s chest and say our goodbyes,” Brendan wrote in a Facebook post.

“The contact with his mother’s skin was a huge boost for Jack, whose heart rate and oxygenation levels immediately went back to normal,” Konstantinides wrote. Perhaps that’s what allowed the family to have that precious time together.

She concluded her tender story with this tribute to “Jack Sparrow.”

Although Amy and Brendan had come to terms with the fact that Jack wouldn’t survive the day, they said it hasn’t made their loss much easier.

But Brendan assured friends that, even though they only had a short amount of time with Jack, they still had a ‘squillion stories’ to share about their son.

“I can’t tell you the love that we have for our son [Brendan wrote]. Love is what Jack gave us and we gave every bit of our love to him. I am so thankful for that.”
Pro-aborts and Media mercilessly and unfairly target Kellyanne Conway

By Dave Andrusko

I’m not pretending to have any prophetic powers. None were needed.

It seemed obvious (even self-evident) to me as early as last August when she was named then-candidate Donald Trump’s campaign manager that Kellyanne Conway would be in the pro-abortion/media elite’s crosshairs. How could it not be?

Just consider, on the one hand all the boxes she checked off (which made her enemies mad) and all the ones Mrs. Conway didn’t check off (which made them even angrier).

For example, she is one of us. Mrs. Conway is pro-life through and through. She has worked as a pollster for many, many pro-life candidates and delivered a general session speech at the 2006 National Right to Life Convention.

In other words, many pro-life candidates are in office today, at least in part, because of her company’s superb work. Many see her appointment as now-President Trump’s campaign manager as a turning point.

But it’s more what Mrs. Conway isn’t that drives her opponents to sink to new levels, levels so low I will not dignify them by repeating them.

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In other words, many pro-life candidates are in office today, at least in part, because of her company’s superb work. Many see her appointment as now-President Trump’s campaign manager as a turning point.

That included me then, and it includes me now.

But it’s more what Mrs. Conway isn’t that drives her opponents to sink to new levels, levels so low I will not dignify them by repeating them.

She is not a Democrat. The Abortion Industry is uniformly so, as is the Media Elite, with a handful of exceptions. She could never, ever be forgiven for that.

Mrs. Conway is a powerful woman. When a woman has power and is a Democrat, it is hailed as a breakthrough for women’s equality. But a Republican woman receives only a back of the hand. She is (at a minimum) a “traitor” to “women.” The ugly, dismissive, sexist comments are her just due for failing to toe the party line.

Mrs. Conway hit it on the head in a Q&A at the recent CPAC gathering–there is a “presumptive negativity about women in power” by the pro-abortion Feminist Establishment when that woman is a Republican.

Perhaps her worst “crime” is Mrs. Conway thinks for herself. She talked about “individual feminism” and “conservative feminism” at CPAC.

Here’s part of what she said to Mercedes Schlapp:

**It’s difficult for me to call myself a feminist in the classic sense because it seems to be very anti-male and it certainly is very pro-abortion in this context. And I’m neither anti-male nor pro-abortion, so there’s an individual feminism, if you will, that you make your own choices. Mercedes, I look at myself as a product of my choices, not a victim of my circumstances. …**

I remember thinking at the time her refusal to play the victim was the last straw.

Speaking of victim cards, no sooner had Conway talked about how she couldn’t be a feminist in the “classic sense” because “it seems to be very anti-male and it certainly is very pro-abortion in this context,” than the same women who make abortion on demand the sine qua non of being a feminist holler that just wasn’t so.

The hypocrisy (to put the gentlest label on it) is stunning. Katie Yoder, over at Newsbusters, did a wonderful job listing just some of what could have been a gazillion examples of how abortion is a secular sacrament to many of the same women who denounced Conway for “play[ing] to the crowd.”

How far has the ugliness spread? I was listening to a sports talk show coming into work and the co-hosts tried to outdo each other in making cruel fun at Conway’s expense.

Without getting off topic there is a personal scandal of sort that is unfolding right now that features a prominent Democrat and his family. It will be managed and minimized and made to seem much ado about nothing by his friends in the media.

Were that a prominent Republican family, they would be hung out to dry, mercilessly criticized and mocked from pillar to post. The cruelty would be applauded by the same people who would never think to do that to a Democrat.

Too bad the Media Elite is so blinded by their embrace of abortion and hatred of President Trump that they cannot even begin to understand why this vicious bias is causing the public’s trust in them to sink even lower by the hour.
Democrats in New Mexico table bill so as to ensure abortion always results in dead baby

By Dave Andrusko

Abortion extremism often seems like a redundancy. The pro-abortion mindset begins with a premise that no abortion should ever be banned—no matter how late in pregnancy, no matter how flimsy the justification.

But abortion extremism can never stop at “merely” the right to abortion on demand. It must be a right to a dead baby.

With that in mind, it comes as no surprise that three Democrats in a New Mexico state legislative committee killed [tabled] a bill that would required no more than that abortionists provide medical care if an infant is born alive during an attempted abortion [HB 37, the Born Alive Infant Protection Act].

Democrats voted to table the bill, preventing it from proceeding through the Legislature.

“We have an obligation to stand up and speak out for the most vulnerable among us,” he said, according to McKay.

The pro-abortion blog rewire news offered an excellent summary of HB37. Here’s part of it:

HB 37 would prohibit a person from denying or depriving an infant of nourishment or medical care with the intent to cause or allow the death of the infant for any reason when the infant is born alive by natural or artificial means.

A physician attempting to perform an abortion would need to take all medically appropriate and reasonable steps to preserve the life and health of a born alive infant. If an attempt to perform an abortion performed in a hospital results in a live birth, the physician attending the abortion would need to:

• provide immediate medical care to the infant;
• inform the mother of the live birth; and
• request transfer of the infant to an on-duty resident.

If an attempt to perform an abortion performed in a facility other than a hospital results in a live birth, a physician attending the abortion would need to provide immediate medical care to the infant and call the 911 emergency response system for an emergency transfer of the infant to a hospital that could provide medically appropriate and reasonable care and treatment to the infant. …

Any “born alive” infant, including one born in the course of an abortion procedure, shall be treated as a legal person under state law, with the same rights to medically appropriate and reasonable care and treatment.

Whoever intentionally performs an overt act that kills a born alive infant would be guilty of a first degree felony. Whoever intentionally attempts to perform an overt act to kill a born alive infant would be guilty of a second degree felony.
Activist Abortion Academics Want RU-486 Sold at Your Local Pharmacy

By Randall K. O’Bannon, Ph.D. NRL-ETF Director of Education & Research

A little less than a year ago, the U.S. Food and Drug Administration (FDA) eased restrictions on the use of the abortion pill RU-486 (mifepristone), reducing required dosages, extending the cutoff time, reducing office visits, and loosening the qualifications for prescribers. It was not enough for the abortion lobby.

On February 23rd, a group of doctors calling themselves the Mifeprex REMS Study Group (mifeprex is the U.S. trade name of mifepristone) published an article in the New England Journal of Medicine titled “Sixteen Years of Overregulation: Time to Unburden.” They called for an end to remaining special restrictions on the drug, asking that it be made available by prescription at retail pharmacies.

As we discuss later in this article, this is not a call of America’s family physicians or pediatricians or even the majority of the country’s Ob-Gyns. This is a publicity ploy of some of America’s top abortion academic activists, trying to pressure the FDA to go even farther than they felt comfortable going just eleven months ago.

Currently, even with the new FDA label, mifepristone is only supposed to be dispensed in clinics, private doctors’ offices, or hospitals by or under the supervision of a “certified healthcare provider” (it used to specify “physician”). This certification is minimal. It requires only that the “provider” possess the ability to accurately date the pregnancy (the efficacy of the drugs decreases as gestational age increases), diagnose ectopic pregnancy (the drugs do not work in these circumstances, which could prove fatal), and either have the ability to surgically address complications like severe bleeding or incomplete abortion, or have plans in place for patients to obtain such care from others.

“Providers” also have to sign a document saying that they have read and understood the prescribing information for Mifeprex before ordering the drugs. They also must give every patient a “Medication Guide” which details the process and mentions some of the risks and obtain the patient’s signature on a Patient Agreement Form that distills some of the that same information into a single page format.

The Mifeprex REMS Study Group finds even these minimal safeguards too much for a drug that has been associated with at least 19 known deaths and thousands of hospitalizations. They call these measures “unnecessary.” They say the skills to which it asks providers to attest are “common to all women’s health care providers” and that providers “already give women the information they need” (Statement by Gynuity, “Experts Call for an End to Overregulation of Mifepristone,” 2/22/17 at gynuity.org/news/).

Even under previous regulations saying the drug had to be dispensed by or under the supervision of a physician, they were interpreted so loosely that drugs were being prescribed to patients by web-cam. Yet the Study Group is concerned that the current regulations impede the abortion drugs being sold at retail or on-line pharmacies.

A Gallery of Rogues

Though portrayed by the media as just “a group of doctors and public health experts” (AP, 2/22/17), the Mifeprex REMS Study Group is actually an assemblage of a lot of the same tired old pro-abortion all stars and a few up and coming ones.

The media has and will report their commentary without question, but is highly unlikely to share much about the background of this particular group. Certainly the early stories covering the commentary didn’t. But even a quick scan of published biographical information of these folks will show they are hardly just an ordinary group of concerned doctors.

Elizabeth G. Raymond is a “scholar-activist” working for Gynuity who received the Guttmacher Institute’s first Darroch award in 2005 for her work on “emergency contraception.” At the time, it was also noted that she worked as a practicing obstetrician-gynecologist at her local Planned Parenthood.

Kelly Blanchard, another of Guttmacher’s Darroch Award recipients (2009), works for Ibis Reproductive Health, a group that focuses on “increasing access to safe abortion… around the world.” Her Ibis bio says that one of the things she has focused on in her research is “improving contraception and abortion technologies, including medication and surgical abortion.”

Paul D. Blumenthal is listed as the Director of the Division of Family Planned Services and Research at Stanford University. But he has a long record of work with international abortion-promoting organizations such as IPAS, Pathfinder, and Gynuity, and was the 2008 Guttmacher’s Darroch Award recipient. He was also noted as the Director of the Stanford University program that focuses on “increasing access to safe abortion…”

See “Academics,” page 42
Babies with Down Syndrome Deserve Love, Not Eradication

By Lauren Bell

In recent remarks to the Citizens Assembly in Ireland, Dr. Peter McParland, an ob-gyn at National Maternity Hospital, pointed out what he seemed to believe as a hopeful sign of things to come.

“In Iceland,” the doctor pointed out, “every single baby—100 percent of all those diagnosed with Down syndrome—are aborted.”

The horrors of the statement above can scarcely be grasped. Iceland has become the first nation to boast of eradicating Down syndrome from its country.

Dr. McParland expounded on this systematic annihilation stating, “There hasn’t been a baby with Down syndrome born in Iceland in the past five years.”

Iceland is not alone in its aspirations to create a “Down syndrome-free” world. The holocaust of Down syndrome babies is a global epidemic, taking the lives of human beings created in the image of God on the basis of a prenatal diagnosis indicating Down syndrome.

Denmark follows closely behind Iceland and predicts to be a “Down-syndrome free” nation in the next 10 years.

Meanwhile, 90 percent of babies diagnosed with Down syndrome in the womb are aborted in Great Britain and the United States.

Among the many reasons these statistics are so tragic, some babies diagnosed in utero with Down syndrome are born without the condition, while in other cases, doctors who fail to recognize markers for Down syndrome through prenatal testing are open to shockingly titled “wrongful birth” lawsuits.

Even assuming all diagnoses are correct, exactly who are we eradicating from our planet?

Down syndrome does not have to be a death sentence. As our world increasingly devalues life to the extent of attempting (and in some cases, succeeding) to “cleanse” the world of anyone who may have a disability, Heartbeat International’s 24-7 contact center, Option Line is standing against these cultural forces.

The urgent need for Option Line, and the many pregnancy help organizations connected to Option Line, increases daily.

In January, alone, Option Line consultants answered a total of 23,660 calls, texts, emails and live chats from women and men seeking help during an unexpected pregnancy.

One of those calls came from a woman pregnant with twins and desperately seeking help. Her doctor had just delivered the devastating news: “Your test results are positive for Down syndrome.”

The woman felt alone, confused and conflicted on what to do next. It was her first pregnancy and she had not anticipated receiving such news. In most cases, medical professionals would urge this woman to consider terminating her pregnancy through abortion.

Instead, Option Line’s highly trained consultant was able to offer her hope and practical help.

The Option Line consultant explained that no matter what the outcome of her pregnancy, support was available. She was able to connect the frightened mother to a local pregnancy help center immediately.

The Option Line consultant ended the conversation by praying with the mother. By the end of the call, the mother felt assured and courageous as she faced the future.

It is never easy for a parent to receive devastating news during a pregnancy. But the overwhelming majority of parents who have a child with Down syndrome report their outlook on life is much more positive because of their child.

The value of a child born with any disability cannot be eradicated by any nation. They are created in the image of God. That’s no less true in Iceland and Denmark than it is in Ireland and the U.S. And it’s no less true based on a person’s chromosome count.

Editor’s note. This appeared at Pregnancy Help News and is reposted with permission.
Abortionist tells colleagues: Don’t let women see the sonogram

By Sarah Terzo

Dr. Sally Faith Dorfman, who worked at Einstein Medical College, gave the following advice to abortion providers:

A compassionate and sensitive sonographer should remember to turn the screen away from the plane of view [of the woman having an abortion]. Staff, too, may find themselves increasingly disturbed by the repeated visual impact of an aspect of their work that they need to partially deny in order to continue to function optimally and to concentrate on the needs of the women who come to them for help.

Transcript excerpts from a talk entitled “Abortion Update” (talk no. 1065), given by Dr. Sally Faith Dorfman, director of Family Planning, Development and Research at Albert Einstein Medical College in New York, at the American Public Hospital Conference November 18, 1985, in Washington DC. Recorded by Robert G Marshall, director of research, Castello Institute.


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

Pro-abortion Democrats ramp up opposition as ABA gives Judge Gorsuch its highest rating—“well-qualified”

From page 1

Concern to people around the country.”

The problem for Hogue and her allies, obviously, is that Gorsuch is supremely qualified. Just recently the ABA gave Gorsuch its highest rating—“well-qualified” to serve on the Supreme Court.

What is required to secure that rating? According to the ABA Standing Committee on the Federal Judiciary

“To merit a rating of “Well Qualified,” the prospective nominee must be at the top of the legal profession in his or her legal community; have outstanding legal ability, breadth of experience, and the highest reputation for integrity; and demonstrate the capacity for sound judicial temperament.

The bar association’s standing committee on the federal judiciary “reached its decision unanimously, according to Nancy Scott Degan, the group’s chair,” POLITICO reported. “Degan informed Sens. Chuck Grassley and Dianne Feinstein, the top Republican and Democrat on the Senate Judiciary Committee, respectively, of the committee’s rating in a letter Thursday.”

In response, Grassley, who is the chairman of the Senate Judiciary Committee, said, “The ABA’s ringing endorsement is no surprise given Judge Gorsuch’s sterling credentials and his distinguished decade-long record on the Tenth Circuit.” Grassley noted that “Former Chairman [Patrick] Leahy and Minority Leader [Chuck] Schumer have called the ABA’s assessment the ‘gold standard’ in evaluating federal judicial nominations. In light of Judge Gorsuch’s impeccable record, it’s hard to imagine any other result from the ABA’s consideration.”

As many, many stories have pointed out, Gorsuch “has impressed members of both parties during private meetings.” But that has not deterred NARAL and its allies—especially those in the media—from attacking Judge Gorsuch.

He “May Be Supreme Court’s Most Religiously Motivated Justice,” said one op-ed at nbcnews.com. Or Gorsuch is “against the little guy” (The New York Times’ explanation for what will be one prominent line of attack by Democrats), or his is a “stealth nomination” (according to the headline over a story written CNN’s Supreme Court reporter).

“Stealth nomination”? What? This is a bizarre illusion to President Trump’s successful effort to keep Gorsuch’s nomination a secret until Mr. Trump announced his selection at the East Room.

As those who have followed the various lines of attack have carefully explained, the assaults tend to be based on tendentious readings of what Judge Gorsuch actually wrote; ignore that he was joined in his conclusions even by liberal members of the courts; and stubbornly confuse the results they wanted with an dispassionate assessment of what the law required.

The hearings for Judge Gorsuch before the Senate Judiciary Committee are scheduled to begin next Monday.
Norma McCorvey: RIP

By Dave Andrusko

When she spoke, Norma McCorvey would often say, “I am dedicated to spending the rest of my life undoing the law that bears my name.” Norma, of course, was the “Jane Roe” of the infamous 1973 Roe v. Wade decision which, in tandem with its companion case Doe v. Bolton, unleashed the abortion machinery into whose maw 59 million unborn babies have already been heaved.

For those new to the Movement, for years the unlimited right to abortion on demand.

Over time, Blackmun not only embraced the logic (for lack of a better word) of his decisions, but also came to see himself as nothing short of a liberator of women. Never especially humble, Blackmun was infuriated by the deplorables who were not educated enough to see the wisdom of his judicial train wreck.

Who were the two plaintiffs, Norma and Sandra Cano (the author of both decisions, argued Justice Harry Blackmun, the Supreme Court, including its human race–if she was just a prop to both sides–well, so much for pro-lifers who worked with, prayed for, and looked out for her for two decades.

Indeed, so much for the entire post-abortion ministry which is so important to our Movement. It also minimizes an important truth pro-abortion author David Garrow told the Los Angeles Times: “Norma (rightly!) resented being “treated like poor, working-class, white trash” by pro-abortionists.

In 2015, I wrote about pro-life Catholic philosopher, author, and public intellectual Michael Novak who died February 17, the day before Norma. It is fascinating to me to observe how often in the tributes people talked about how Novak’s powerful intellect had changed their minds–indeed, a kind of secular conversion on a number of topics which are not our subject matter. “Transformation” was a common description for his impact.

Norma was no intellectual. She was a hardscrabble woman whose home life was chaotic, both growing up and long afterwards.

But Norma was Transformed by Love, the title of a second memoir she wrote in 1997. A pro-lifer looked beyond the face Norma wore when she was working at an abortion clinic and Norma’s life was transformed. She became a born-again pro-lifer.

And in her transformation, she became a representative voice for the voiceless and a symbol of how the “abortion-rights movement” used her–and tens of millions of other women–and then tossed them away.

Please keep Norma McCorvey and Michael Novak in your prayers.
COLUMBIA, SC -- Last Wednesday, The Unborn Child Protection from Dismemberment Abortion Act (H 3548) cleared its first hurdle passing the Constitutional Laws Subcommittee of the House Judiciary Committee by a vote of 3-0. (See “Combat veteran who lost both legs addresses the brutality of the dismemberment abortion,” story, page 11.)

Voting in favor of the dismemberment ban were Subcommittee Chairman Peter McCoy, R-Charleston, Judiciary Committee Chairman Greg Delleney, R-Chester, and Representative Weston Newton, R-Beaufort. Democrats James Smith of Richland County and Mandy Powers Norrell of Laurens, did not attend the meeting.

The bill now advances to the full committee.

Representative Lin Bennett, R-Charleston, chief sponsor of the dismemberment bill, explained that the language of H3548 bans a procedure — abortions that use forceps and other instruments to rip a living baby apart limb by limb — and is similar to the 1997 Partial-Birth Abortion Ban Act in 2007. “It is a limited procedure,” she said.

Organizations speaking in favor of banning dismemberment abortion included South Carolina Citizens for Life (the NRLC state affiliate); the Catholic Diocese of Charleston; the South Carolina Baptist Convention; Palmetto Family Council and its affiliated Nehemiah Project. National Right to Life attorney Jennifer Popik, a legislation expert, was the principle witness who explained the constitutionality of the dismemberment ban. It likely will be upheld by the U.S. Supreme Court, she said, on similar grounds to those the court found to uphold the Partial-Birth Abortion Ban Act in 2007.

In unusual testimony in favor of the bill, Wayne Cockfield of Florence, SC, a retired Marine Corps sergeant, told the subcommittee he is “someone who has been dismembered.” Mr. Cockfield, NRLC’s Vice President for Medical Ethics, was severely wounded in the Vietnam War and lost both legs. His legs were amputated “as a last resort to save my life,” he explained, saying “I cannot imagine dismembering an unborn baby in order to kill it.”

Pointing to the clinical line drawing of the dismemberment procedure, he drew gasps when he said, “In the Middle Ages criminals were executed by being drawn and quartered, but a civilized world outlawed it.” He called on the subcommittee members to “do what is right. Stop the torture killing of unborn babies.”

After the vote, Mrs. Popik said, “We are pleased that South Carolina has taken this first step towards protecting unborn children. Dismemberment abortions are a common and brutal type of D&E abortion which involves dismembering a living unborn child piece by piece.

“The violent and dehumanizing nature of dismemberment abortion,” Mrs. Popik continued, “undermines the public’s perception of the appropriate role of a physician and confuse the medical, legal, and ethical duties of physicians to preserve and promote life.”

The usual parade of pro-abortion entities testified against the bill including Planned Parenthood, the American Civil Liberties Union, the League of Women Voters, and the American College of Obstetricians and Gynecologists. One pro-abortion attorney argued that dismembering a baby is “the safest and most cost effective” method of later abortions.
Pro-abortion Schumer recycles discredited claims about PPFA using “slippery language”

*Washington Post FactChecker gives claim “Three Pinocchios”*

By Dave Andrusko

As Congress works on a repeal and replacement for Obamacare, pro-abortion Democrats are recycling many myths that have been debunked many times. Recently, the Washington Post’s Factchecker addressed “[Senator] Schumer’s claim that ‘millions of women turn to Planned Parenthood for mammograms. [Pro-abortion Chuck Schumer (D-NY) is the Senate minority leader.]”

Michelle Ye Hee Lee begins with a March 7 tweet from Sen. Schumer

“#Trumpcare cuts @PPFA funds, hurting millions of women who turn there for mammograms, maternity care, cancer screenings & more.”

Her very first observation is

There are some claims about abortion and Planned Parenthood that just won’t go away. One of them is the repeat claim about Planned Parenthood and mammograms. So of course, Schumer’s tweet caught our attention.

As we have discussed before, in October 2015 Michelle Ye Hee Lee gave Three Pinocchios to a similar assertion. At that time she concluded

The myth that Planned Parenthood actually offers mammogram X-rays to patients has been long debunked, and needs to stop being repeated. Planned Parenthood does not administer mammograms, but it keeps being perpetuated by the group’s supporters, including celebrities whose claims have a wide reach.

Supporters of Planned Parenthood point to mammograms to illustrate the organization’s role in cancer screening and prevention for women.

Supporters of Planned Parenthood often use slippery language to use this talking point. We previously gave Three Pinocchios to claims that Planned Parenthood “provides” mammograms and other types of care for “millions of women.” In light of Schumer’s tweet, we reviewed the facts again.

Planned Parenthood does referrals for mammograms, and some affiliates host mobile vans for low-income and uninsured women. It does not have mammogram machines at its affiliate clinics. The Food and Drug Administration’s list, updated weekly, of certified mammography facilities does not list any Planned Parenthood clinics.

She notes, Schumer “greatly exaggerates the universe of women who rely on Planned Parenthood for mammograms. In 2014, the most recent data, it made about 11,000 referrals for mammograms — less than 1 percent of the total number of patients that Planned Parenthood served that year.”

What about in comparison to community health centers? Michelle Ye Hee Lee writes

So just based on the numbers of patients, community health centers offer far more mammograms either on site or via referrals than Planned Parenthood clinics do.

Federally qualified health centers provide more radiological services, including mammograms, than Planned Parenthood clinics, according to the Congressional Research Service’s 2015 report comparing the two types of health centers.

Michelle Ye Hee Lee’s analysis lengthy can be read in its entirety at washingtonpost.com.
Why abortion reversal can and does work

By Dave Andrusko

At the end of February we reported on a vote in the Indiana House in favor of HB 1128, a bill that offers women information about how a chemical abortion they have begun may be reversed. The vote was close, 7-6, but HB 1128 moved onto the Indiana Senate.

It’s amazing how negatively pro-abortionists and their media colleagues react to what is, after all, a “choice.” A woman has taken the first of the two drugs that compose the “RU-486” abortion technique but has had a change of heart and has chosen to try to save her baby. HB 1148 requires abortionists to tell women of this possibility.

One of the medical professionals who testified in favor of the bill was Christina Francis, MD, a practicing OB/GYN in Fort Wayne and president of the American Association of Pro-Life Obstetricians and Gynecologists. In response to the hostile media treatment of the bill, which included the usual “junk science” slurs, Dr. Francis wrote an op-ed for the Fort Wayne News-Sentinel. Dr. Francis laid the case out in layman’s terms.

“RU-486” refers to two drugs: Mifeprex, taken at the abortion clinic, and then 48-72 hours later, misoprostol, a prostaglandin, typically taken at home.

The former “blocks progesterone, a crucial hormone needed in early fetal development,” the later “causes uterine contractions and expulsion of her developing child,” according to Dr. Francis.

The logic behind abortion reversal is straightforward. Instead of taking the second pill [the misoprostol], the pregnant woman is given large dosages of “progesterone in order to counteract the first pill.”

Opponents argue if a woman has changed her mind, just let her not take the second drug. Somewhere in the vicinity of 30% of babies will not be aborted, they say.

But Dr. Francis and others point to a much, much higher rate of success when the woman is given high dosages of progesterone. As Dr. George Delgado, one of the pioneers of this technique, has said, by using progesterone, they hope to “out-compete [mifepristone] at the receptor.”

Here is how Dr. Francis completed her op-ed:

HB 1128 informs women who are seeking chemical abortions that abortion reversal may be possible, should she change her mind. It places no additional burden on the abortion business. It doesn’t block access to abortion. Abortion pill reversal information empowers women. I urge the Indiana legislature to pass this bill. I’m glad we are talking about this issue. But as we talk about it, your readers deserve to have balanced reporting – a child’s life may depend on it.

Pro-abortionists’ answer to women facing real-world crises is more and more abortion

From page 9

They, like their devotees meeting in New York this month, care more about politicizing abortion by using scare tactics such as inflating maternal mortality deaths and the actual numbers of abortions performed, than about women’s health. They mislead and outright lie to further their agenda. With empirical proof, we know that the legality and availability of abortion have nothing to do with maternal mortality rates.

The evidence doesn’t only suggest, but it completely dismantles the pro-abortion notion that legalized abortion is beneficial to women and that it is imperative to reduce maternal mortality.

The South American nation of Chile has almost the identical abortion laws as Guatemala, and has one of the lowest maternal mortality rates in the world.

What the women of Chile have that the indigenous women of Central America don’t is access to potable water, adequate healthcare, and nutrition. This is what is needed in Guatemala, not toxic abortion drugs.

Women on Waves, or the other ladies meeting in New York won’t fight for these sustainable and reasonable needs because they don’t suit their narrative or grow their bottom line.
Pro-abortion Howard Dean counsels Democrats to continue excluding pro-lifers

By Dave Andrusko

In posts that appeared in National Right to Life News Today, we discussed in detail the fascinating fallout from a pro-life op-ed that appeared in the New York Times. Pro-abortionists insist that a woman cannot be a feminist and pro-life. Lauren Enriquez disagreed.

But appearing on Morning Joe recently, pro-abortion former presidential aspirant and former Vermont Gov. Howard Dean double downed on essentially the same argument: the self-defeating “progressive” mantra that there is no room for pro-lifers in the Democratic Party.

Joe Scarborough, the co-host, kept alluding to the not-so-distant old days when Democrats practically ruled the South and Dean kept responding, in effect, that Scarborough was missing his point.

In fact, nobody was missing anyone’s point. To Scarborough’s point–why would Democrats exclude people who might agree with Democrats on a panoply of issues but are pro-life (in other words, don’t they need them to win?)–Dean responded “No. Because the young generation isn’t that way. I think the old left/right is an anachronism. It exists in Washington. It exists in the media. Young people don’t think that way. They are not ideological. They are extremely interested in social justice, so we are never going back to maybe making compromises on abortion, and gay rights is another one.”

Dean added that the only problem Democrats have is in energizing their coalition, particularly younger voters.

And, this delusion that pro-abortion Hillary Clinton didn’t need pro-lifers and Middle America was the foundation of her tone-deaf campaign. Only someone who had talked herself into believing the coalition of young people, single women, and minority voters made her invincible would have deliberately and with malice aforethought talked about half of Donald Trump’s supporters belonging in “a basket of deplorables” who are (for good measure)“irredeemable.”

During the presidency of pro-abortion President Barack Obama, Democrats lost upwards of 1,000 state legislative seats. the number of U.S. Senate seats held by Democrats dropped from 55 to 48 and their share of House seats fell from 256 seats to 194. In addition there were 28 Democratic governors, now there are 16.

Dean’s solution? Do more of what got them into this desperate situation.
Planned Parenthood’s Fairytale Ad Campaign

By Randall K. O’Bannon, Ph.D., NRLC Director of Education & Research

If you expected Planned Parenthood to slink away in shame after being publicly humiliated by undercover videos showing some of its top employees haggling over the prices for the body parts of babies aborted at the group’s clinics, you may not know Planned Parenthood as well as you thought. Rather than retreat and accept the potential loss of half a billion in government funding, Planned Parenthood is fighting back, launching a major ad campaign aimed at, once again, recasting its negative image.

If you’ve turned on one of the cable TV news shows, you may have seen it. It has been running for several weeks now in the nation’s capital, hoping to catch the eye of some senator or member of the House wavering over his or her vote to defund the abortion giant.

The commercial begins with pensive music playing and an attractive young woman looking up at the camera. A subtitle identifies her as “Adeline, a Planned Parenthood patient and supporter.” Think you know what’s coming? Wrong.

Narration begins with Adeline sharing that she found out she was pregnant; it was not planned. The camera switches to a side view with Adeline, now speaking in her own voice, declaring ominously, “The most pragmatic option was to get an abortion.”

Adeline made an appointment at Planned Parenthood and showed up “very conflicted.” When she went in to see the physician, Adeline says, “I was a wreck.”

The Planned Parenthood physician took a look at her and told her “something tells me that today is not the day. Sleep on it and then reschedule.”

The next thing you hear and see is child saying, “Mama” running into his mother’s arms. Adeline continues the narration. “I wish I knew Planned Parenthood as the nation’s biggest promoter and performer of abortion.

The problem (from PPFA’s perspective) is that this reputation is no mere stereotype, but a long standing, consistent and factually confirmed reality.

Offering a Distorted Picture

The ad featuring Adeline and her young son were originally part of a 12-part series of short films produced by award-winning filmmaker Brooke Sebold in cooperation with Planned Parenthood’s Pacific Southwest affiliate (PPPSW has 18 clinics in the area around San Diego, California). Those short films first debuted online in the summer of 2016, but slightly shorter versions of them began appearing as TV commercials earlier this year.

Some of the other films in the series feature “Sally,” a Planned Parenthood nurse who served three military tours in Iraq, shown talking to a young man about his HIV test. Then there is “Yulinda,” a 22-year-old “spiritual patient” who says she is a practicing Catholic who says she believes in Planned Parenthood. And there is PPPSW’s new medical director, Sierra Washington, who was seven months pregnant when her video was filmed.

In each of the cases, the obvious aim is to go against mountains of evidence to make you somehow believe that the nation’s biggest killer of unborn children is a patriotic defender of freedom, respectful of other people’s moral views and religious faiths, a provider of a broad range of health services for both men and women, and even the home to sympathetic doctors who love babies and provide full prenatal and obstetric care.

The truth is altogether different.

No Place for Babies

Even a cursory look at their own statistics reveals a reality far different than that depicted in their Planned Parenthood’s advertisements.

Start with the services they offer to pregnant women.

The most recent Guttmacher figures for 2014 reveal that nationwide, there were 18.8 abortions for every 100 pregnancies ending in abortion or live birth– more than four births for every one abortion. The situation is radically reversed at Planned Parenthood.

According to PPFA’s most recent annual report, how many women received abortions at Planned Parenthood clinics in 2014? The death toll was 323,999.

See “Fairytale Ad,” page 43
Montana came SO close to closing the door to assisted suicide

The status quo remains unchanged

By Michael Cook

The status of assisted suicide in the US state of Montana is curiously ambiguous. In 2009 the Montana Supreme Court ruled that “a terminally ill patient’s consent to physician aid in dying constitutes a statutory defense to a charge of homicide against the aiding physician”. This effectively permitted assisted suicide – without input from the Montana legislature.

Since then, opponents and supporters of assisted suicide have tried almost every year to introduce bills to regulate or to ban assisted suicide. None of them have succeeded.

The latest bill to ban assisted suicide almost succeeded but failed at the very last minute in a classic case of legislative comedy.

The bill, which declared that a patient’s consent would not be a defense for a doctor who assisted someone in ending their life, passed a second reading on a 52-48 vote on Tuesday. But on the third reading on Wednesday, four legislators changed their votes and the result was tied 50-50. Hence the bill was defeated. Assisted suicide remains possible in Montana.

What explained the change?

One of them, Peggy Webb, a Republican who opposes assisted suicide, made a mistake.

Another battle lost … all for the want of a horseshoe nail, as the old saying goes.

“It was a mistake,” said Ms Webb. “I hit yes [which would have been a vote against assisted suicide] and then thought, ‘No, I don’t want assisted suicide,’ and changed the vote [to no]. It was too late to change it back.”

She said that she remained opposed. “I think life is sacred from birth to death and I think it should be a natural death. I don’t think we should play god. I know people who are suffering but doctors can make them comfortable in most cases.”

The sponsor of the bill, Brad Tschida, was philosophical about his colleague’s error. “No snowflake in an avalanche feels guilty,” he said. “Human beings are emotional creatures more than they are rational.”

Michael Cook is editor of MercatorNet.

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

Pro-lifers “are the antidote to the present darkness”

From page 2

level Planned Parenthood leaders gleefully talking about procuring children’s organs for a price, all while altering gruesome dismemberment procedures to preserve “intact” livers, hearts and lungs from freshly killed babies. Watch the videos yourself at centerformedicalprogress.org.

“This isn’t the first time Planned Parenthood has been caught doing the unthinkable. … “Far too many politicians including our Nobel Peace Prize winning President [Obama] and much of the media continue to ignore, trivialize—even defend—these gross human rights abuses.

“You are the antidote to the present darkness—the culture of death. So for the sake of women and children, be further involved. Defend life with all the courage, insight, compassion, and love you have to muster. Don’t back down or give up or get discouraged. Ever.

“Ask God for strength. Combine persistent prayer and Esther-like fasting with smart and diligent pro-life work at every level, including the political.

“Someday soon American policies will change and protect the weakest and most vulnerable. And into eternity you will have been an important part of that human rights struggle.”
What if mothers actually talked the way abortion supporters do about their babies?

By Live Action News Newsroom

At Adam4d.com, cartoonist Adam Ford muses about what a mother might tell her daughter about her pregnancy… that is, if she spoke about pregnancy the way abortion proponents do.

Editor’s note. This appeared at Live Action News and is reposted with permission.
Undercover investigation finds assembly-line-like conditions where British abortionists approve thousands of abortions for women they’ve never met

By Dave Andrusko

The British publication, The Daily Mail, has done some outstanding investigative reporting on abortion. Adding to its terrific work exposing the willingness of abortionists to perform sex-selective abortions, Katherine Faulkner and Sara Smyth reported how the abortion industry has made a mockery of the requirement that “a number of conditions must be met before an abortion is approved, such as that ‘the continuance of the pregnancy would involve risk of injury to the physical or mental health of the pregnant woman.’”

Abortion requests are essentially never turned down, but the Daily Mail has found that Marie Stopes, one of the two major players in the abortion industry can’t be bothered with meeting even the bare minimal requirements. And this comes less than a year after a previous scandal at Marie Stopes.

Here’s the lead (and it only gets worse):

Women are being signed off to have abortions based on only a brief phone conversation with a call centre worker, the Mail can reveal.

Doctors at Marie Stopes, the second largest abortion provider in the country, are approving thousands of abortions a year for women they have never met.

Less than a year after an inspection by the healthcare watchdog found that many abortion approvals are based on only a one-line summary of what a woman tells a call centre worker who has no medical training, a Mail investigation revealed that the telephone discussions can be as short as 22 seconds.

The scandal erupted when the health watchdog, the Care Quality Commission (CQC), raised concerns that abortionists were signing off on abortions based solely on call-center conversations—and in “bulk.” One abortionist signed 26 consent forms in two minutes.

As the Society for the Protection of Unborn Children noted back in January

The Norwich center in Norfolk was forced to suspend all surgical abortions for two months after the initial inspection, and received perhaps the worst report. Inspectors found that “multiple surgical termination products” were being left in an open bin, “infection control audit results were poor,” and “staff were not trained to recognize and respond to a deteriorating patient.”

Some abortion services were suspended at various Marie Stopes locations. The temporary ban on performing abortions was lifted because Marie Stopes reassured regulators that improvements had been made at its clinics.

But beyond the very brief phone interviews, there is another significant problem, according to Faulkner and Smyth: “In one case, our undercover reporter found that, following a telephone consultation, the official note of her reason for having the abortion was completely different from what she had said on the phone.”

Pro-abortionists who defended Marie Stopes said that under the 1967 Abortion Law, abortionists are not legally required to meet the woman before agreeing to the abortion. But “Department of Health guidance says it is ‘good practice,” Faulkner and Smyth report. “And doctors must be able to show they have signed off the abortion after forming an opinion ‘in good faith’ that the legal grounds for termination have been met.”

Faulkner’s and Smyth’s story includes representative phone conversations that were as superficial as they were brief. There was also a highly critical—indeed withering—critique of Marie Stopes’ practice by John Parsons, who formerly performed abortions there.

“We worked in an atmosphere of bullying and pressure,” he said. “It was nothing more than a conveyor belt service.

There was relentless pressure to perform abortions and cut costs.
On this President’s Day, what if Hillary Clinton had won?

By Dave Andrusko

An under-appreciated holiday took place last month—President’s Day. If I may, I would like to make a few but important points about President’s Day and pro-lifers.

We’ve heard a lot—a LOT—about fake news. To be genuine about it, most of that is fake. Something is dubbed “fake news” because it does not fit neatly into the media’s narrative which largely consists of one line: President Trump must be stopped in his tracks by any and all means, fair and (most often) foul.

But then there is Alternate History which, in its simplest form, is just a “what if?” How would history be different if there had been a different outcome to an historical event?

On President’s Day, February 20, 2017, where would we be if pro-abortion Hillary Clinton had won the presidency? Given how narrow were President Trump’s margins in a number of key states, that surely could have come to pass.

We would be told unceasingly that the “right” candidate had won. By now Clinton would have nominated a replacement for the late Justice Antonin Scalia, someone whose judicial philosophy would be as far away from Scalia’s originalism and textualism as the East is from the West.

Whereas President Trump’s nominee. But, we would be told, Democrats are “owed” one, so just get over it.

The Mexico City Policy, which Mr. Trump reinstated and expanded in reach and scope, would not merely have stayed dormant under a President Clinton. Always remember that in many ways and for many years, Clinton represented the crucial nexus of the worldwide campaign to erase any and all protective abortion statutes around the world.

Thus, funding abortion at home and abroad would be a major presidential initiative, just as the relentless determination to reverse the decline in the number of abortions would be near the top of her agenda. Pro-abortionists never flatly admit this, but this is the inevitable result of every policy they promote.

Bills to defund Planned Parenthood, pass The Pain-Capable Unborn Child Protection Act and The Dismemberment Abortion Ban Act would go forward, regardless of who was President. But they would be in the sure knowledge that Mr. Trump would sign them but that Mrs. Clinton would veto them.

And we have just scratched the surfaces of the “what ifs?”

We are not two months into Mr. Trump’s presidency and the hysteria meter has been so revved up it’s almost broken. There is nothing that will not be said, no depths too low to sink, in the coordinated effort to destabilize his administration.

Clearly, preserving abortion is not the only reason for the onslaught, but also no less clearly it is a major one. The Democrat Party is in the throes of the Planned Parenthoods and the NARALs and the EMILY Lists and many of the party’s major donors vibrate in sympathetic harmony with the Abortion Industry insatiable lust for killing.

When you reflect on the difference all your efforts made, remember for Hillary Clinton and her ilk there can never, ever, ever be enough abortions.
The day when *Roe’s* forgotten men and women will be forgotten no more

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

So much can be conveyed in a single tweet.

While scrolling through my Twitter feed, I came upon a post highlighting a tweet from Donald J. Trump the day of his stunning campaign victory:

“The forgotten man and woman will never be forgotten again.”

People whom the pollsters never counted had shown up at their polling precincts to cast their historic votes for the pro-life Republican Presidential nominee--and against the pro-abortion Democrat contender, Hillary Clinton. Many of these voters came from towns that seemingly time--and some prominent, powerful public officials--had forgotten.

These were working class people whose jobs and economic stability had vanished during the 21st century, and they came to the voting booth in the hope of making America--and their lives--better again.

Millions of other Americans, sadly, have been forgotten by the media and political establishments as well: The more than 59 million people who have died from abortion since the U.S. Supreme Court legalized the tragic practice nationwide in 1973.

Their American dream died, as they did, in their mothers’ wombs.

Who were these individuals? What talents would they have manifested? What roles would they have served in their families’ histories? What place might some of them have occupied in our nation’s history?

We do not know their names because they died anonymously.

Yet each one had a part to play in our communities—a position that went unfilled.

And then there are the countless numbers of mothers who grieve the loss of a child--sometimes, the loss of many children--to abortion. The abortion industry fails to feel their pain—or even acknowledge it.

Research shows that as many as 60 percent of these women might have been coerced into having an abortion, meaning someone else was making the choice for them. Their victimization rarely, if ever, makes it onto nightly news broadcasts.

And what of the forgotten fathers--men who were willing to care for their children, but never had the opportunity to love them, because an abortionist took them away—cruelly, violently, piece by piece?

With a change in leadership in the Oval Office, a new sense of urgency in Congress, and a possible transformation of the U.S. Supreme Court, the forgotten victims of *Roe v. Wade* may receive some semblance of justice.

It comes too late for those who have already perished, but it offers the possibility of dreams fulfilled for the children, mothers, and fathers of the future.

There will come a day when, through our nation’s judicial and political process, *Roe’s* forgotten men and women will be forgotten no more.

And America will once again be safe for the most vulnerable among us.
One gentle criticism is enough to send pro-abortion John Irving off the deep end

By Dave Andrusko

I am, admittedly, a poor example, since I can barely remember what I ate for breakfast. But wouldn’t you think 17 years is a tad long to hold a grudge, let alone wait to eviscerate your humble NRL News editor?

What capital offense did I commit to warrant a blistering attack by novelist John Irving in the pages of the Hollywood Reporter? Glad you asked. Having written on very short notice, a very short (376 word long) response to Irving’s acceptance speech at the Oscars 17 years ago?

Of course not. Why would a big-shot like Irving be bothered just because I wrote:

Anyone who watched the Oscars on Sunday knows that the operative self-congratulatory word for the night was "courage." John Irving, honored for adapting his 1985 novel "The Cider House Rules," thanked the academy for honoring a film dealing with abortion and Miramax "for having the courage to make this movie in the first place." The audience burst into thunderous applause when he ended by thanking "everyone at Planned Parenthood" and the National Abortion Rights Action League.

He would hardly have noticed, or, if he did, would not have bothered to crank out his essay, except (miracles of miracles) my little response appeared in the New York Times! Yowza! Affection for unlimited abortion is to the Times what love for hard drink is to an alcoholic — addictive, boundless, and highly intoxicating. Were they coming off a bender when they asked for a pro-life rebuttal? I dunno. But I do know (as they say) I must have hit a nerve. Seventeen years later and steam is still coming out of Irving’s ears. I am, in various parts of his essay, a “familiar blowhard for pro-lifers,” “one-dimensional,” and (probably worst of all) responsible for a letter to the editor of The New York Times from a high school student who agreed with me and said he was “disappointed by the outright bias of Hollywood.”

Among other of my many sins, Irving is livid that I did not (17 years ago) give him credit for the appearance of a pro-life character in “Cider House Rules.” I only had 376 words so my focus was on asking:

When it comes to depicting pro-lifers, is it possible that the film industry may someday come of age? Can the public eventually expect textured portraits of these people, many of whom have dedicated over 20 years of their lives to helping women and their unborn children?

True, Homer Wells, the doctor’s [abortionist’s] apprentice (played by Tobey Maguire), did not wish to perform abortions because at the time the film was set, abortions were illegal. But here is the whole point, as I explained at greater length in NRL News. (“Larch” is abortionist Wilbur Larch. Michael Caine won a Best Supporting Actor seventeen years ago for his portrayal of Larch):

For unexplained reasons, Homer has never been adopted and becomes the son Larch never had. Larch wants him to carry on the “family business” and patiently teaches him how to deliver babies and to kill them. But Homer refuses to actually perform abortions. Why? Most likely he intuits that had his unwed mother chosen otherwise, Homer would have wound up in the incinerator. (Larch is so ticked at Homer’s refusal to perform abortions, he makes Homer dispose of the aborted “fetuses.”)

You can, of course, see the moral of the story coming a mile away: Homer must dispose of his scruples to be a man like his surrogate father and

See “Irving,” page 37
By Dave Andrusko

The Minnesota Senate Judiciary and Public Safety Finance and Policy committee recently approved two protective measures. I would like to focus here on S.F. 704 (H.F. 811), authored by state Sen. Michelle Fischbach (R).

The bill would require facilities that perform 10 or more abortions per month to be licensed by the state commissioner of health. Given how abortion clinics, when given advance notice, will clean up, the bill also authorizes the commissioner to perform inspections of abortion facilities as deemed necessary, with no prior notice required.

The requirement would apply to the state’s five abortion facilities. Those five perform 99% of all abortions in Minnesota. You say you didn’t realize abortion clinics are not licensed in many states? Regardless of their position on abortion, most people assume that, at a minimum, abortion clinics are already licensed and inspected—and if they are not, they should be.

I would like to quote from the testimony of Andrea Rau, who is legislative director for Minnesota Citizens Concerned for Life, (MCCL), NRLC’s state affiliate. She illuminates why legislation such as S.F. 704 (H.F. 811) is absolutely essential.

Ms. Rau talked about abortionist Kermit Gosnell, now serving three consecutive life sentences for murdering babies he deliberately delivered alive and then brutally severed their spinal cords. He operated essentially unchecked for decades, in the process killing hundreds of viable babies and at least one (probably two) women.

Rau quoted from the Grand Jury Report: “Gosnell’s deplorable crimes could escape detection only because his facility went uninspected for more than 15 years.” She told the committee, “Pennsylvania had a law requiring inspection of abortion facilities, but for political reasons, the inspections didn’t happen. Remember—Minnesota doesn’t even have an inspection requirement for abortion facilities.”

Rau first talks about industries which are not state-regulated where significant problems have cropped up. What follows is the bulk of the last third of her riveting testimony.

When looking at abortion facilities, it is important to note that most patients won’t even bother to file a complaint, even if they have significant concerns with something that happened at an abortion facility. We know this anecdotally—think of how long Gosnell’s clinic operated before being shut down—and intuitively.

Unlike patients who go to a clinic and have an ongoing relationship with the facility and medical staff, but very much like others who receive care at an outpatient surgical center, abortion facility patients typically have a one-day relationship with the facility. They go for their “procedure,” and don’t plan to go back.

This in itself is a reason that many abortion patients are less likely to report a problem with the facility. But when you add to the fact that women who have abortions typically tell few people and don’t want others to know—you end up with a scenario where women are very unlikely to report problems.

To the best of our knowledge, none of the five abortion facilities in Minnesota come anywhere near the unsanitary, illegal and unsafe conditions that were found at the clinic in Pennsylvania; but we believe the state should act to ensure that such conditions never occur in our state.

This can be done by providing common-sense licensing and inspection standards for abortion facilities that provide 10 or more abortions per month. The legislation before you today would merely require such facilities to be licensed by the state and subject to the outpatient surgical center licensure requirements.

“Commonsense licensing and inspection standards,” who could object to that? How about the entire abortion industry?
I thought I hated abortion as much as I could. Then my wife got pregnant

By Jonathon Van Maren

Editor’s note. The dates 1969 and 1988 found in the penultimate paragraph refer to major pro-abortion victories in Canada.

Feb. 22, 2017 – A few months ago, my wife surprised me when I got home. She said something was different, and asked me to guess what it was. I don’t like guessing, but she insisted. Half joking, I gave it a shot.

“Are you pregnant?”

“Yes.” She was smiling enormously, with a few tears threatening to spill. I sat down pretty hard.

I now know the meaning of the phrase “an ordinary miracle.” Millions upon millions of people a year get pregnant and have babies. But when I realized that there was a brand-new human being in the room with me, that I was sitting next to two souls, and two heartbeats, and that the little boy or little girl was half me, and half Charmaine—it was simply incredible to contemplate.

Terrifying, too. But incredible. I wish everyone who discovers the presence of a new person could and would feel the same happiness and sense of wonder.

As we began to share our news, a lot of people asked the same thing: Does knowing you have your own baby change pro-life work for you? Does it make it a lot harder?

I know why they ask. Working in the pro-life movement brings us into nearly constant contact with the ugliest undercurrents of our society. Life’s cruel paradoxes are often up front and difficult to process. On one hand, there are people who desperately want children, and would do anything to be given the opportunity to love an “unwanted” child. And of course there are many, many parents who greet the news that they have a son or daughter with unmitigated joy.

On the other hand, every day parents traipse into government-funded clinics and pay adults to transform their developing sons and daughters into piles of shredded flesh.

The contrast really hit me when I attended the Women’s March on Washington, and watched hundreds of thousands of girls and women cheering wildly every time abortion on demand was mentioned, and hoisting signs celebrating the rejection of children they deemed inconvenient. The speakers declared that nothing and no one could stand between them and the right to whatever pleasure they deemed necessary. It was a celebration of selfishness, the glorification of sterile sensuality, and a demand for fruitless love.

I saw many men standing next to their partners quietly, some pushing strollers, and wondered what they were all thinking. How many of them would beg his wife or girlfriend not to have an abortion? Not everyone welcomes abortion as a “way out.” I know men who were pro-choice until they knew, instantly and without a doubt, that what they had conceived with their partner was a baby—and begged, even on their knees, to be given a chance to raise their child. But fathers have no say over their children until they are born, and their love is legally irrelevant.

Their faces are twisted with pain when they tell their stories, even years later.

Dealing with the issue every day, I sometimes forget how bizarre and unnatural and inhuman abortion really is. But when I saw our baby moving around on the ultrasound screen for the first time, I couldn’t fathom, in my wildest imagination, wishing harm on that kicking, squirming little one—our little one. I didn’t even think further about it for awhile, because the thought was too horrifying. Why would anyone want to hurt a little person so innocent and helpless?

It reminded me of something that happened last summer. Each year, we hold several internships, training dozens of young people how to do pro-life outreach and persuade people that abortion is a human rights violation. We also deliver hundreds of thousands of pro-life pamphlets from door to door, with pictures of babies in the womb, and pictures of babies killed by abortionists.

As the team was putting everything away after activism, my colleague Devorah heard

“What’s wrong?” Devorah asked her. “Whose idea was this, anyway?” the girl asked through her tears. “Whose idea was it to tear up babies?”

Sometimes it takes a simple, powerful question to nearly knock you off your feet and remind you that we should never, ever get used to abortion. We should never accept it as part of our society. As long as it happens, we should never stop fighting it, never stop trying to persuade people to make a different choice.

Many times, when we take university students to an abortion clinic to show them what happens and try to reach out to a few people, I see girls and guys standing there with tears streaming down their faces as parent after parent arrives at the clinic to drop their children off. That first realization, that

See “I Thought,” page 38
It was impossible not to shed tears as Yue Zhang shared the trauma of being forced to abort her baby – six months into the pregnancy – a child she wanted and loved.

At an event held last week at the Heritage Foundation, along with Reggie Littlejohn, president of Women’s Rights Without Frontiers, and pro-life Congressman Chris Smith (R-NJ), Yue Zhang courageously spoke about how the Chinese Family Planning Committee dragged her into a car, took her to the hospital, and forced her to abort her baby.

“Sometimes I believed it was my fault. I hated myself for getting pregnant without getting married, and causing my child to die,” Zhang shared. She told the audience how she suffered nightmares, and would hear children crying.

Being pregnant and unmarried in China, her choices were to pay a “social maintenance fee” of $60,000, or abort her child.

According to Littlejohn, under China’s two-child policy, “It remains illegal in China for unmarried women to have a baby.”

In order to help us understand the magnitude of the numbers, Littlejohn broke them down.

There are estimates of 23 million abortions per year in China (13 million surgical and 10 million chemical), according to Littlejohn.

There are 63,000 abortions every day in China. “Essentially, every breath we take a child is aborted in China,” she told her audience.

Hundreds of millions of lives have been destroyed by forced abortion in China. People have the misleading impression, she said, that when the two-child policy was implemented, the forced abortion situation was solved. The only difference is that under the one-child policy every child after one was aborted. Now they kill every baby after two.

Rep. Smith reminded us that forced abortion in China is the longest running human rights violation ever and that we have a responsibility to stop it. “The international community, led by the U.S., must insist that China abolish all birth restrictions, dismantle its family planning apparatus, compensate the victims of forced abortions and sterilizations, raise the legal and inheritance status of girls, and permanently close a dark and deadly chapter in Chinese history,” he said. “By shining a light on what is happening in China we hope to move toward a world where every woman and girl is valued and deeply respected because of her intrinsic dignity, and where every child is welcomed regardless of his or her sex.”

Women are so maltreated and hunted down simply because they’re with child it often leads to suicide. We learned that between 25% and 40% more women kill themselves than men in China.

Local authorities are provided incentives and quotas and may require women to report for up to two ultrasounds per year to determine if they’re pregnant. Due to China’s two-child policy women are experiencing some of the worst human rights violations in the world. Please remember them on this International Women’s Day, and remember the millions of little girls who have been aborted, simply because they’re female.

“Forced abortion is not a choice,” Littlejohn said. “It is official government rape.”

Agreeing with Rep. Smith, she concluded, “We need to keep the international pressure on the Chinese Communist Party until all coercive population control is eradicated.”
Woman says, My babies understood why I was aborting them

By Sarah Terzo

A woman talking about her 2nd abortion said:

“But I really feel good that I made the decision, not to have the baby. Again, I pretty much had made my decision, talked to myself, you know, constantly, talked to my sister, talked to the baby. ‘Cause I definitely believe that when you get pregnant, I don’t care if it is just a little … little form there… It feels, picks up on the vibes. I really do believe that. So it was important for me to let the baby know that. It just wasn’t a good idea to have another baby right now. Not this time in my life. That it was time for me to get on to other things that I have to do for me. Both times I felt that the baby understood that wasn’t the right time for it to come.”

Did her babies really “understand” and accept the fact that they was going to be torn limb from limb in an abortion?

If the baby could think and perceive [as the woman believed], do you really think he or she would understand and accept their fate?


Editor’s note. This appeared at Clinic Quotes and is reposted with permission. Sarah Terzo is a pro-life author, member of Secular Pro-Life and PLAGAL, and creator of the ClinicQuotes website.

One gentle criticism is enough to send pro-abortion John Irving off the deep end

dispose of the kids with a clean conscience (if not clean hands).

And he does. Now he is “worthy” to return to become Larch’s successor. Homer has now completed his spiritual odyssey. Like a modern-day Ulysses, Homer returns home, having finally drowned out the siren call of conscience.

Some “pro-lifer.”

Final thought. I was, so to speak, collateral damage. Irving hates President Trump. He segues from his own acceptance speech (17 years ago) to encourage “outright bias in acceptance speeches,” as the headline reads.

Irving dishonestly pretends that it makes no difference to him whether they criticize or support President Trump, as if in a town that is wholly intolerant of conservatives and has spent countless tens of millions of dollars to elect Hillary Clinton, someone would risk their career by saying a kind word about Mr. Trump.

Irving is rich. “Cider House Rules” received seven Academy Award nominations. Hollywood is pro-abortion from its collective head to its toenails. Irving received and continues to receive kudos for novels that, not to put too fine a point on it, push the envelope. But all for naught. In his best pity-party manner, Irving laments, “There were complaints in the post-Oscar press about my speech, too.” I don’t know for a fact, but I’m guessing my little op-ed was outnumbered by unctuous praise maybe 200 to 1.

But good, tolerant, pro-abortion “liberal” that he is, even a single dissenting voice is one too many to Irving.

He fits right in with today’s Armies of Intolerance.
Another Planned Parenthood clinic closing in Pennsylvania

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

Another abortion center is shutting its doors in Pennsylvania, as abortion giant Planned Parenthood has announced plans to close down its Easton, Pennsylvania facility at the end of March.

The center performed chemical abortions, which now account for more than a third of all abortions in Pennsylvania. According to figures released by the Pennsylvania Department of Health, non-surgical, also known as “medical” abortions, totaled 11,314 in PA in 2015, the latest year for which statistics are available. The total number of abortions that year was 31,818.

The facility’s closure is welcome news to a number of area residents, who believed the center was targeting teenagers because of its proximity to nearby schools.

Still, Planned Parenthood continues to operate a number of abortion centers in Pennsylvania.

A report in The Morning Call newspaper indicated Planned Parenthood Keystone, which has been running the Easton center, will be referring women to its Allentown abortion center, which also performs surgical abortions.

Interestingly enough, Planned Parenthood has also been closing facilities in Pennsylvania that do not perform abortions. Three Planned Parenthood centers in the state shut down in December alone, and another in southeastern Pennsylvania (Bristol) will reportedly cease operations at the end of March.

Planned Parenthood Keystone CEO Melissa Reed told The Morning Call the closings stemmed from a “market analysis” in August. “If we had health centers that are really close together and competing in the same market, it doesn’t make sense to have two buildings to support.” Reed said.

Fortunately, mirroring national trends, abortions have been on a downward trend in Pennsylvania. The total of 31,818 abortions in 2015 represented the fewest on record!

The miracle of ultrasound technology—which can show babies smiling, crying, even giving a “thumbs up” in the womb—have helped to humanize the unborn child and strengthened the mother-child bond. Pregnancy resource centers—which provide everything from diapers to day care referrals—have also provided the compassionate support which empowers mothers to reject abortion.

The tens of thousands of abortions which continue to occur in Pennsylvania are an epic tragedy. But the closure of one more abortion center offers renewed hope that the lives of more precious babies will be saved—and more women will escape the devastating grief caused by the loss of a child to abortion.

“Life” is getting a second chance in Easton, Pennsylvania—and that gives us all reason to rejoice!

I thought I hated abortion as much as I could. Then my wife got pregnant

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abortion isn’t another abstract evil but is real children with real arms and real legs being twisted off by real cold, steel instruments is a crushing and clarifying moment.

It is a horror that demands a response.

And yes, realizing that you have a little son or daughter, as alive as you are, that has no rights whatsoever—that’s jarring. It did make abortion more personal for me than it already was. To realize that children the age of your child are being pulled from the womb and tossed away is heartbreaking. It reminds me again that those of us born after 1969 – and even more so after 1988 – are the survivors of a poisonous ideology and a brutal industry and a cold society.

And it also gives me one more reason to push forward anew. For as G.K. Chesterton once said, the true warrior fights not because he hates what is in front of him, but because he loves what is behind him.

Editor’s note. This appeared at LifeSite News and is reposted with permission.
A crochet octopus is helping premature babies thrive

By Nancy Flanders

In February of 2013 in Denmark, a group of volunteers began what is known as The Octo Project. They crochet adorable octopi that are helping premature babies feel more secure. The project seems to be leading to improvement in the tiny children’s health.

“While they may seem like an unlikely bedfellow for the babies on the neonatal unit these octopi are linked to better health and wellbeing,” Poole Hospital wrote in a press release. “It is thought the tentacles remind babies of the umbilical cord, and being in their mother’s womb, making them feel safer.”

The octopi help babies keep calm, which leads to better breathing and keeps their heartbeats regular, allowing for higher levels of oxygen in their blood. In addition, the babies who were able to cuddle an octopus were less likely to pull on their monitors and tubing, potentially unhooking themselves from necessary devices.

Some of the first babies to benefit from the octopi are twin baby girls born at just 28 weeks and four days gestation. Jasmine and Amber Smith-Leach weighed just two pounds, two ounces and two pounds, 12 ounces and a nurse gave each of them their own personal octopus.

“The girls absolutely love them,” their mother, Kat Smith, told the Daily Echo. “When they are asleep they hold onto the tentacles tightly. Normally they would be in the womb and would play with the umbilical cord so the octopuses make them feel grounded and safe. They really are beautiful.”

Since the project began and word of the success spread, hospitals from around the world have been asking how to get crochet octopi of their own for their premature babies. Hospitals in Sweden, Germany, France, Italy, Turkey, Norway, Iceland, Australia, Israel, and the United States have begun using volunteers to create an octopus for each preemie to not only use in the hospital, but also to bring home with them when released.

Daniel Lockyer, neonatal services matron at Poole Hospital said, “When we heard about the difference a cuddly octopus can make to our tiny babies we were impressed and, after research, eager to introduce them to our little patients. It’s incredible that something so simple can comfort a baby and help them feel better.”

Anyone can begin The Octo Project at their local hospital by visiting the website and downloading the crochet pattern. A list of Facebook groups who focus on making the crochet octopi in their own local areas is here.

“The most important to know is that even if you can’t crochet, we will teach you,” said Mia Pidden, admin for the Octopus for a Preemie UK Facebook group. “We have videos that show every single step of the way. The most important thing is that the tension is tight and there are not holes in the head, as stuffing can come out and it can be deadly for the baby.”

Pidden advises that anyone who wishes to volunteer to create an octopus learn exactly how they need to be made for their local hospitals. Depending on the country, materials and rules can change.

She received permission from the creators of the original pattern in Denmark to alter it in order to make it more suitable for the cotton wool available in the UK. Rules include using 100% cotton, stuffing the octopi firmly with filling that can withstand 60 degree C (140 degree Fahrenheit) water during washing, and the head and tentacles must fit certain measurements in order to be safe. Parents should not buy them online because they may not be made correctly.

“The easiest way to get involved is by joining our group, where all the rules, requirements, pattern and other info can be found,” said Pidden. “If there are parents out there with a little baby in the NICU who wish to get one, they can contact me directly or join the group and we will do our utmost to help accommodate as many parents as possible. Being a NICU mom myself, I know how a lot of these parents feel, and all I can say is, keep a positive spirit, things will work out in the end.”

Editor’s note. This appeared at Live Action News and is reposted with permission.
Adopted at Birth, 10-Year-Old Boy Already Giving Back to Local Pro-Life Effort

By Gayle Irwin

Kyle Gudger is like most 10-year-old boys—he enjoys Legos, robotics, and playing drums. However, he is also unique. Kyle is among the one percent of children whose birthmother made an adoption plan when she faced an unplanned pregnancy.

His biological mother’s choice to not abort eleven years ago, and her story is a primary reason Kyle participated in the Baby Bottle Boomerang, a winter fundraiser for True Care Women’s Resource Center in Casper, Wyo.

“I want to give kids the same option I had—I want to give them the chance to live by helping the moms,” Kyle said. “Putting a couple of coins in can change the course of history. That person [saved from abortion] could become famous, could become president, could make a difference in the world.”

Kyle collected just over $24 and put the bottle of money into the basket with other coin-filled baby bottles his church presented to True Care last month.

Seeing youth like Kyle participate in events and other ways to help True Care is inspiring, said the organization’s president.

“We always welcome young people who would like to help with fundraisers,” said Terry Winship, who has overseen the center for more than 18 years.

“I remember when [True Care’s former board chairman] brought his middle school kids in to help empty bottles,” Winship said. “They were amazed and delighted to discover a few hundred dollar bills and some large checks. It showed them just how generous our community is, as well as the fact that there really are people in our community from lots of different denominations who are passionate about the mission of True Care.”

Students from a local private school have also contributed to the center’s mission. The kindergarten class filled baby bottles and came to the center with their teacher, presenting the bottles to Winship.

“I had a chance to thank them and tell them their bottles would help babies and moms who were in need,” she said.

The 8th grade class from the same school raised money at their recent Winter Festival and donated the funds to True Care.

Far from a localized trend, True Care’s support from school-age children, teenagers and young adults reflects a generation that is increasingly mobilized to meet the needs of women in unexpected pregnancies with life-affirming alternatives to abortion.

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She also volunteers two hours a week at the office making copies for staff, creating packets for monthly Vision Tours, and helping fold and store donated items like blankets and baby clothes. After this month’s spring break, she plans to help staff a table at the local community college, providing information about True Care to her fellow students.

“I like what True Care does. There are so many people that think Planned Parenthood is the only place to go for help—that isn’t true,” Schaff said. “I like helping how I can. Everything is important. If you volunteer and are just making copies, you have a part in giving women hope.”

Helping the pro-life organization has a special significance to Kyle Gudger, who turns 11 on March 14—his adoptive parents’ wedding anniversary. His birthmother went to a pregnancy resource center, and he knows she could have made a different choice.

“It’s a privilege to be adopted,” he said. “I think it’s important for a kid to have a father and a mother and to feel loved. I wouldn’t be sitting here if it hadn’t been for my birthmother and the decision she made. I’m thankful.”

Editor’s note. This appeared at Pregnancy Help News and is reposted with permission.
Dr. Levatino tells British Youth Conference how an abortionist became pro-life

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

Last month, a record 200 young people gathered from across the UK to listen to inspirational pro-life speakers, make new friends and learn how to reinvigorate the pro-life movement.

The keynote speaker was Dr. Tony Levatino, an Obstetrician and Gynecologist who performed abortions for eight years before he stopped in 1985 and became an inspirational pro-life advocate. Delegates listened with horror as he described the grisly process of a late-term abortion, of which he performed over 1,200.

He also passed around the instruments which are used. Dr. Levatino then shared how the death of his daughter Heather in 1985 led to him seeing the babies he was aborting as someone’s son or daughter. He stopped performing abortions, and went on to become an outspoken advocate for the unborn.

He has spoken all over the world, including in front of the United States Congress. In fact, after leaving the conference, he flew to Ireland, where he spoke in front of the Citizen’s Assembly, which is considering whether the pro-life Eighth Amendment should be repealed.

The young people gathered at the conference were greatly impressed by Dr. Levatino’s testimony, and the Q and A session wasn’t long enough to satisfy them; he was constantly surrounded by eager questioners. His expertise as an experienced obstetrician was also very valuable. He dispelled myths around abortion.

The greatest human rights campaign of our time

Other highlights of the conference included:

- Fiorella Nash
- Alexandra Tompson
- Dr. Anthony McCarthy
- Dr. Patricia Morgan
- Dr. Joseph Meaney

The conference attendees also had a chance to take part in workshops, and to hear about the great work being done by SPUC Scotland through Project Truth, and at the March for Life.
Activist Abortion Academics Want RU-486 Sold at Your Local Pharmacy

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recipient of the Kenneth J. Ryan Leadership Award from the Physicians for Reproductive Choice and Health. He has been the medical director for Planned Parenthoods in Chicago and Maryland and is the author or coauthor of numerous research articles on abortion.

Kelly Cleland is a younger, new member of the academic abortion establishment, on the research staff of the Office of Population Research at Princeton University. Executive Director of the American Society for Emergency Contraception, she found time to coauthor a study on the “Safety and efficacy of medical abortion in a pediatric population” (Contraception, October 2015) with Planned Parenthood’s Deborah Nucatola and Mary Gatter whose cavalier remarks about aborted babies and dickering over prices for fetal tissue were caught on camera in an undercover investigation.

Angel M. Foster hails from Health Sciences faculty of the University of Ottawa and has also worked with Ibis, specifically working on “reproductive health issues” in the Middle East and Northern Africa. She is a member of the Board of Directors for the National Abortion Federation.

Marji Gold of the Albert Einstein College of Medicine is hailed as a doctor who “wrote the first curriculum for training non-obgyn clinicians in early abortion practice.” She added abortion training to the clinical experience of residents at the medical school in 1982, and “trained residents in first-trimester procedures in the outpatient setting at Montefiore and also at Planned Parenthood in New York City.” She was the recipient of the Society of Family Planning’s 2014 Robert A. Hatcher Family Planning Mentor Award.

Mary K. Pendergast is not a doctor, but an attorney who has been involved in pharmaceuticals with both the government and private sectors for more than twenty years. She just happened to be Deputy Commissioner and Senior Advisor to the FDA when the marketing application for mifepristone was submitted and sat in on the advisory committee that first publicly considered its approval in July of 1996.

Carolyn Westoff has been part of the faculty at Columbia University since 1986 and is the Medical Director of New York’s Presbyterian Hospital and Columbia’s Family Planning Clinics. A one-time chair of the Planned Parenthood Federation of America, her Society of Family Planning bio says that “She has published over 100 scientific articles, as well as many abstracts, relating to safety and effectiveness of contraception and abortion.” Her bio also mentions her involvement in clinical trial of RU-486 and legal challenges to the Partial-Birth Abortion Ban Act of 2003.

Beverly Winikoff is currently the president of Gynuity, but worked for 25 years at the Population Council where she played a critical role in bringing mifepristone to the United States. She has served on the boards of numerous abortion advocacy groups, including the National Abortion Federation, the Society of Family Planning, and Physicians for Reproductive Choice and Health, where she was a founding member. Winikoff is currently part of a group studying mail-order abortion in four states, precisely one of the new methods that the dropping of the regulations would supposedly allow.

Daniel Grossman, listed as being with ANSIIRH (Advancing New Standards in Reproductive Health) and the Department of Obstetrics of the University of California, San Francisco is a name regular readers of the National Right to Life News Today may easily recognize. Grossman has written numerous articles defending the safety of abortion and the impact of abortion “restrictions” over the past few years. Grossman was a key figure in series of reports issued by the Texas Policy Evaluation Project that claimed there were disastrous consequences from Texas’ limits on abortion and the funding of abortion performing family planners like Planned Parenthood.

Grossman, here calling for the loosening of restrictions on mifepristone, raised the specter of regulations in Texas driving more women to self-abort and the risks that would entail. In fact, if self-abortions are increasing, the more likely explanations are the Abortion Industry’s blithely repeated claims of the drugs’ safety and its own non-stop “how-to” discussions. Grossman’s confidence here that women can safely abort with minimal supervision seems at odds with his own original dire assessment.

Why all the fuss?

Abortionists are harder to find and clinics are expensive to keep open and the old guard is anxious to use the webcam, mail and the internet to get around any legal or logistical obstacles that stand between them and their potential customers.

Chemical abortion has taken off, to the point where it now is responsible for close to 30% of the abortions performed in the United States. But this is apparently not enough for some people, with most abortions still being performed at traditional abortion clinics and both clinics and abortions overall in a steep decline in the country.

Even the producer of Mifeprex told one reporter that her company is unlikely to push for the removal of the FDA REMS limits any time soon, given the expense already involved in making the 2016 labeling change (Revelist.com, 2/22/17).

Making chemical abortifsants available at your local pharmacy, by mail, or by online order? It’s something that only the most rabid abortion activists want and no one really needs.
How many received prenatal services? Just 17,419.

In case you didn’t do that math, that’s nearly 19 abortions for every prenatal visit. This discrepancy is even more remarkable because, while you might have multiple prenatal visits for each child, you generally only abort a child once.

If you’re looking for prenatal care, you’ll have a hard time finding it at Planned Parenthood. A recent nationwide undercover investigation of Planned Parenthood clinics by LiveAction found very few offering such services (LiveAction press release 1/24/17).

Abortions are offered by more than half of Planned Parenthood’s 650 odd clinics. But if you want your baby delivered, you’ll have to go somewhere else.

Some of PPSW’s clinics offer abortions up to 24 weeks. But none of the clinics in the affiliate where Dr. Washington works--none of those for whom “Adeline” or “Sally” or “Yulinda” recorded their videos--offer prenatal care or deliver babies.

So much for “freedom of choice.”

No matter what the commercials say, it’s abundantly clear that Planned Parenthood’s plans rarely involve parenthood.

And those services to men? While Planned Parenthood does some limited services to men, such as vasectomies and STD testing, they still represent only a very small part of Planned Parenthood’s business (only 13% at Planned Parenthood’s Pacific Southwest affiliate).

Dr. Washington says that when a woman asks her if her child is a girl or a boy, “It’s an acknowledgment that as women, we have these complicated choices.” It is unclear what she means.

Is she saying that “complicated choices” lead to one unborn baby being allowed to live because he is a boy while the other, identical in its humanity, is sentenced to die because she is a girl? Or that it is complicated for her to abort a baby just as alive as the one growing inside her?

In another short film with “Adeline” she talks about the name she gave her son. Ultimately, she gave him the name “Gray.” She explains that “In my experience it’s possible to be both pro-choice and pro-life. Life isn’t always as simple as black or white.”

Maybe life isn’t, but there is still a huge difference between being alive or aborted. There’s no “gray” area there.

“Heavily-Edited”

One of the complaints Planned Parenthood and its media allies repeatedly lodged against the undercover videos that caught them callously harvesting fetal organs and casually negotiating reimbursement rates was that these videos were “heavily edited.” They complained that exculpatory things they did or said to somehow contradict or contextualize the unforgettable horrors that people saw with their own eyes or heard with their own ears coming out the mouths of Planned Parenthood employees were omitted.

Planned Parenthood’s own “heavy editing” is on full display here in this ad campaign. It depicts PPFA as supporters of old-fashioned American values, an organization offering a wide range of health services to men and women, and providing hope and opportunity to poor minority communities.

However conveniently downplayed or “edited” is this “health-care provider’s” meager to non-existent offerings for pregnant women who wish to keep their babies. The ad campaign ignores the way abortion has destroyed American families and communities. An inconvenient truth is omitted--that Planned Parenthood has played an enormous role in promoting and defending and profiting from the killing of unborn children in the United States for decades.

So, it seems more than fair to ask who is trying to tell the truth and who is telling the fanciful tale?

Here’s a clue: anyone who tries to get you to ignore the 300,000 plus babies killed at Planned Parenthood each year is spinning you.