national
RIGHT TO LIFE
NEWS
May 2014

national
RIGHT TO LIFE
PROUDLY ENDORSES

SEN. LINDSEY GRAHAM

★ PRIME SPONSOR OF THE PAIN-CAPABLE UNBORN CHILD PROTECTION ACT
★ ARCHITECT OF THE UNBORN VICTIMS OF VIOLENCE ACT

www.nrlc.org
WASHINGTON (May 13, 2014) – NRLC President Carol Tobias joined with pro-life leaders of the U.S. Senate in a public call for Senate Democratic Leader Harry Reid (Nv.) to allow a Senate vote on the Pain-Capable Unborn Child Protection Act (S. 1670), an NRLC-inspired bill that would prohibit abortions nationwide after 20 weeks, on grounds that the baby is capable of experiencing great pain by that point in development.

At a Capitol Hill press conference, Tobias stood side by side with Senator Lindsey Graham (R-SC), the prime Senate sponsor of the legislation, and Senate Minority Leader Mitch McConnell (R-Ky.), exhorting Reid to allow a test vote on the measure. Also participating were leaders from the Susan B. Anthony List, Concerned Women for America, the Catholic Association, and others.

The timing of the event was pegged to the one-year anniversary of the conviction of Pennsylvania abortionist Kermit Gosnell on numerous charges, including murder.

The Pain-Capable Unborn Child Protection Act has already been approved by the U.S. House of Representatives, last June, by a vote of 228 to 196, despite a veto threat from the Obama White House. It has been cosponsored by 41 Republican senators. On May 7, 33 Republican senators, including Chairman Mitch McConnell (R-Ky.), endeavored to allow a test vote on the measure. On May 13, Reid (Nv.) ruled out a test vote on the measure.

The 2014 election season’s first primaries were held in Texas and Illinois in March with a break in April. On May 6, more primaries were held.

Recent Senate Primary Results

North Carolina
Pro-life Speaker Thom Tillis, who National Right to Life endorsed, won the Republican nomination to challenge pro-abortion Democratic Senator Kay Hagan in North Carolina. Pundits rate North Carolina’s Senate race as a toss-up.

Nebraska
Pro-life Ben Sasse won the Republican nomination in the May 13 primary. Sasse will square off against pro-abortion Democrat attorney Dave Domina for Nebraska’s Senate seat. Many considered the seat “safe Republican,” but there are months to go before the November 4 general election.

Upcoming Senate Primaries (May 20)

Kentucky
There is a stark contrast between the pro-life position of Republican Senator Mitch McConnell and the radical pro-abortion position of Democrat Alison Lundergan Grimes. Ms. Grimes supports the U.S. Supreme Court’s Roe v Wade decision, which gave America abortion on demand for any reason and has cost the lives of more than 56 million unborn children.

The 2014 Senate election season is underway in earnest.

By Karen Cross, National Right to Life Political Director
Editorials

The intrinsic extremism and ugliness of abortion on display as never before

First things, first. If you have not registered for the National Right to Life Convention in Louisville June 26-28, please go to nrlconvention.com, take a look at the convention ad that appears on pages 6-7, and read convention director Jacki Ragan’s terrific preview that appears on page 5. Attendance for the pro-life educational event of the year is a must.

Most of our NRL News readers also subscribe to our Monday through Saturday pro-life feed, National Right to Life News Today. And thus you know, as numerous as the challenges facing our Movement are, grassroots pro-lifers are meeting them head-on.

Thus, it may seem strange to begin with events abroad. I hope to quickly show why it’s not.

As daunting as what we face here in the United States clearly is, remember the dilemmas faced by our sisters and brothers elsewhere requires a steely determination above and beyond. Canada has no abortion law, for example, and England places only nominal “restrictions” on abortion at any point in a baby’s development. In a real sense, any forward movement requires pro-lifers to rebut the dismissive assertion that the issue is “settled” and the discussion “closed.”

That’s why it is important when the other side makes statements that really are beyond the pale. It exposes their intrinsic extremism, which they usually adroitly hide, in an unmistakable way.

For example, a couple of weeks ago Justin Trudeau, who heads the Liberal Party in Canada, brazenly announced that “The Liberal Party is a pro-choice party and going forward, all new members and all new candidates are pro-choice.”

People (and newspapers) who would never agree with pro-lifers on anything were aghast at his arrogance. He has since been under siege. (The Archbishop of Toronto wrote Trudeau a polite letter of protest. Thomas Cardinal Collins drily observed that had Pope Francis

Bit by bit the entirely online editions of National Right to Life News—"the 'pro-life newspaper of record'"—are attracting a larger and larger audience. My thanks to the readers and especially to those who are using their social networks to send the digital version of NRL News far and wide. I’m hoping you will do the same for this, our May issue.

And because they go hand and hand, we want to remind our readers that in addition to NRL News, we continue to produce what we consider to be an invaluable resource, NRL News Today. We know that many of you have signed up at www.nrlc.org/mailinglist to receive our Monday through Saturday posts sent directly to your email, because the number of NRL News Today readers has grown steadily.

Back to NRL News. Even though we’ve been producing the electronic edition of NRL News since January, a lot of people are still just learning it exists.

Why did we change from producing a newsprint edition? As we explained in January, it only made sense to switch. The digital version is free, and NRL News can be enjoyed by anyone any place in the world with access to the Internet. How can you beat that?

Every day I am more excited about the possibilities of our digital edition. We know we are reaching a bigger audience with the truth about abortion because so many of you are kind enough to post links to individual NRL News stories on your Facebook accounts and on Twitter, to name just two social media outlets.

It’s amazing how much impact just a few keystrokes can have! Please read the entire May edition of National Right to Life News (and please pass it along). There is a great deal of timely, important news at your fingertips that can be shared with pro-life family and friends.

And, if you are not already, please subscribe to National Right to Life News Today at www.nrlc.org/mailinglist and pass those stories along as well.

I promise that you will be glad you did!

NRL News and NRL News Today: the perfect marriage
There are many ways people can make a difference in the pro-life movement. National Right to Life focuses on what I call the three-legged stool—education, legislation, and political action. Let me tell you why.

Education: When Roe v. Wade was handed down in 1973, certainly fair-minded people knew that the unborn child was a human being, even though the court referred to a “fetus” or a “potential human life.” However, the pro-abortion forces put forth the myth that the unborn child wasn’t human. He or she (or “it” as they would say) was just a “fertilized egg,” a “blob of tissue,” or “a mass of cells.”

Pro-lifers needed to, and still need to, educate fellow Americans to the ABCs of human biology—that a baby’s heart begins to beat at 18 days after fertilization, and that brainwaves are present after six weeks. We needed to, and still need to, bring the humanity of the unborn child into the forefront in the public debate. The subsequent use of sonograms, now in full-color, 3D and 4D imaging, helps us all to recognize the unmistakable face of a child, not a blob.

We need to educate our youth. Not only can they influence their peers, they will create a vision for where they think our nation should go and will set future policy for subsequent generations. With our help, they will look at the last 40+ years of abortion on demand and say, “Never again!”

Legislation: The law is a great teaching tool. It also saves lives—often on a massive scale. Starting in 1976, Henry Hyde, a congressman from Illinois, was successful in getting Congress to pass an amendment to the Health and Human Services appropriations bill to prevent funding of abortions through the federal Medicaid program. Pro-lifers fought hard for many years, year after year, to keep that amendment in place.

A conservative estimate finds that more than a million Americans are alive today because of that one amendment. Over a 37-year period, that averages out to 27,000 children per year. We fight for each and every baby, and one life saved is to be celebrated, but few, or no, other activity can claim that kind of success.

Other laws—requiring that women, often in a crisis, be given clear and specific information before making a final decision on abortion, notifying parents before their minor daughter can get an abortion, banning webcam abortions—all have an impact in saving the lives of the preborn little ones.

If National Right to Life had a legislative motto, it would be “save as many babies as possible as soon as possible.”

Legislative activity doesn’t necessarily put us in direct contact with the babies we save, but there are millions of people alive today because of those efforts.

Political Action: The need for pro-lifers to be involved in politics directly correlates to the desire to pass life-saving legislation. If we don’t have pro-life elected leaders, we don’t have pro-life laws. President Obama has two more years in the White House. Imagine a pro-abortion victory in the elections this fall—the Senate remains under the control of Majority Leader Harry Reid, a staunch ally of abortion advocates, and Nancy Pelosi (or someone with the same militantly pro-abortion mindset) takes over the Speaker’s gavel in the U.S. House of Representatives. That would pave the way for

*Two years to push forward on Obamacare, two years to further undermine the Hyde Amendment;

*Two years to increase funding to the United Nations Population Fund, which contributes to China’s forced-abortion policies;

*Two years to push the so-called “Women’s Health Protection Act” (WHPA), a bill introduced last November by Senator Richard Blumenthal (D-Ct.) that would invalidate nearly all state limitations on abortion. This act would invalidate the Pain-Capable Unborn Child Protection laws enacted by 10 states—and further, would require all states to allow abortion even during the final three months of pregnancy based on an abortionist’s claim of “health” benefits—which Blumenthal acknowledged, in an interview with The Weekly Standard, includes claims based on emotional and psychological “health.”

*And two years to convince one or more Supreme Court justices to retire so that a pro-abortion president and Senate can nominate and confirm one or more new, young pro-abortion justices who will serve for decades.

On the other hand, consider a scenario where President Obama faces a House and Senate under pro-life leadership, where pro-life bills are passed and sent to his desk and where his pro-abortion nominations are sent to a pro-life Senate. The last two years of an Obama administration could be stymied as we make his abortion agenda fall apart.

This three-legged stool of education, legislation, and political action not only gives us a firm, unshakeable foundation, it also allows us to reach the most people and have the most impact, saving as many babies as we can as soon as we can.
Identical Twin Girls with rare condition born holding hands

By Dave Andrusko

Identical twins Jillian and Jenna Thistlethwaite were born a week ago Friday in Akron General Medical Center, a rare enough occasion.

But they shared one amniotic sac and one placenta—a condition known as monoamniotic (or “mono mono”)—a rare condition that takes place about one of every 10,000 pregnancies. And because there are potential life-threatening challenges—the girls’ umbilical cords could have become entangled—mom Sarah Thistlethwaite spent 56 days on bed rest.

And then to top it off, when doctors lifted Jillian and Jenna up for their parents to see after delivery, they were grasping each other’s hands!

Fortunately the girls were breathing on their own which allowed their parents to hold them on Mother’s Day.

Mrs. Thistlethwaite told the Akron Beacon Journal that this was “the best Mother’s Day present ever.” A middle school math teacher, she added, “They’re already best friends.”

She described their birth as “definitely, truly a miracle.”

The girls were born at 33 weeks and two days. Jenna, at 4 pounds, 2 ounces and 17 inches, came first. Forty-eight seconds later Jillian arrived, weighting in at 3 pounds, 13 ounces and 17.5 inches in length.

Actually, there is one final rarity. Another mother is on bed rest at Akron General Medical Center. She is also carrying mono mono twin girls.

RNC adopts resolution supporting Pain-Capable Unborn Child Protection legislation

By Dave Andrusko

Last month and again last week we wrote about the upcoming May 13 anniversary of the conviction of abortionist Kermit Gosnell on three counts of first-degree murder for the deaths of babies that were aborted alive and whose spinal cords were slit.

Although sparsely covered by the media, the news leading up to Gosnell’s trial and the trial itself helped provide impetus for state legislation regulating abortion clinics and for passage of the Pain-Capable Unborn Child Protection Act, NRLC’s #1 legislative priority.

On May 9, in a show of solidarity, the Republican National Committee adopted a resolution that stated that “the Republican National Committee strongly supports federal, state, and local pain-capable unborn child legislation that bans abortions at 20 weeks of gestation and beyond.”

Currently the Pain-Capable Unborn Child Protection Act is law in ten states. Furthermore, last June it passed the U.S. House of Representatives on a vote of 228-196.

In a statement, resolution sponsor RNC Committeeewoman Ellen Barrosse of Delaware said, “The Republican Party is proudly pro-life and this resolution shows our support for this straightforward, simple pro-life initiative.” She added, “Children capable of feeling intense pain, as well as their mothers, should be protected from abortion at such a very late stage of gestation.”

Thirty-three Senators have signed a letter urging Democratic Majority Leader Harry Reid (D-Nv.) to bring up legislation sponsored by South Carolina Senator Sen. Lindsey Graham. (See nrlc.cc/1mOZCmb and nrlc.cc/1mPd7Co and the story on page one.)

“It is time that Congress acts to bring the United States out of the fringe when it comes to late term abortions,” New Hampshire Republican Sen. Kelly Ayotte, who circulated the Dear Colleague letter, said in a statement at the time. “I urge Majority Leader Harry Reid to allow a vote on the Pain-Capable Unborn Child Protection Act, which would bring us closer to international norms and the views of the American people.”
Stand for Life! In Louisville, KY ~ June 26 – 28, 2014

By Jacki Ragan, Convention Director

Each year, Luis Zaffirini and I have the privilege of planning the annual National Right to Life Convention. This year’s Educational Event of the Year will take place in Louisville, Kentucky!

On its own, Louisville is a complete delight in beauty, art, children’s activities and a wealth of things to do. But add the 44th annual National Right to Life Convention to Louisville and you have a WIN/WIN situation! (For information, go to www.nrlconvention.com.)

On Wednesday evening, June 25, prior to the convention kick off on Thursday, attendees are invited to enjoy the Association for Interdisciplinary Research in Values and Social Change presentations. Dr. Byron C. Calhoun will address “The Myth That Abortion is Safer than Childbirth”; Dr. Priscilla Coleman will address “The Relative Safety of Abortion versus Childbirth with a Focus on Psychological Morbidity and Mortality”; and Dr. Donna Harrison will address the “Mis-Use of the Concept of ‘Safe Abortion’ in the International Debate over Women’s Health.”

The convention kicks off on Thursday morning at 10 am with a General Session, “The REAL War on Women!” We are honored to have Ms. Kathryn Jean Lopez, of National Review Online; Dr. Jean Garton, cofounder and past President of Lutherans for Life, and Mrs. Joy Pinto, “At Home with Jim and Joy Pinto” of EWTN Global Catholic Radio. All three will contribute to our understanding of the REAL War on women.

We are thrilled to have O. Carter Snead, J.D., the Director of the Center for Ethics and Culture of the University of Notre Dame with us. Dr. Snead will speak on “The Lessons of Fetal Pain and the Duty to Protect Unborn Children” on Thursday afternoon.

His address will be followed by 18 separate workshops on all pro-life topics from A-Z. To end the first day, you will enjoy listening to Dr. Angela Lanfranchi of the Breast Cancer Institute address. An expert on the association between abortion and an increased risk of breast cancer, she will discuss, “What if ALL Women Knew ALL the Facts?!”

Friday we begin the day with a Prayer Breakfast featuring Dr. Alveda King! The niece of Dr. Martin Luther King, Jr., she is sure to have words of great importance and tremendous inspiration. We will also welcome Jim and Joy Pinto of EWTN.

A General Session follows immediately featuring Wesley Smith, J.D. A convention favorite, Wesley will talk about all that is going on in the field of medical ethics. It’s a must attend.

After lunch, there will be 24 “break out” sessions. If you are interesting in a particular topic, you’ll be glad to know there are various special tracks to deepen and widen what you learn.

Friday evening offers a free night so you can step outside The Galt House and take in the beautiful view of the Ohio River and walk downtown for dinner, see the sights and relax.

Saturday opens bright and early with an old fashioned Political Rally that will get all of us ready for the tasks of winning for Life that is before us. Another 24 workshops will follow this session.

In addition to all of these sessions, we have a National Teens for Life Convention, dozens of pro-life exhibitors, Child Care and fun field trips for all the children and—seriously—something for everyone.

Will we see you there? Make plans now to be there. (You can find full details at go to www.nrlconvention.com.)

We promise to work as hard as we can to make sure this is a convention to remember. Come and join us…Stand for Life in Louisville, KY!
Join us this summer for the annual meeting of the Pro-Life Grassroots!

Some of our speakers

Kathryn Jean Lopez
Editor-at-Large
National Review Online

Dr. David Prentice
Family Research Council

Dr. Angela Lanfranchi
Breast Cancer Surgeon

Dr. Jean Garton
Author of Who Broke The Baby?

O. Carter Snead
University of Notre Dame

Melissa Ohden
Abortion Survivor

Wesley J. Smith
The Weekly Standard & National Review

Dr. Alveda King
Director of African-American Outreach for Priests for Life

Location

The Galt House Hotel
140 North Fourth St.
Louisville, KY 40202
(502) 589-5200

Special Convention Rate
$139 per Night Flat Rate
Up to 4 to a room!

★ 3 Full Days
★ More Than 100 Pro-Life Speakers
★ More than 70 Session
★ Teen Convention
★ Childcare Available

★ The best opportunity to learn, to grow, to network and take a stand for LIFE!

Register today at nrlconvention.com
**REGISTRATION TYPE:**

- **Adult**
- **Seniors** (65+)
- **Married Couple**
- **Student** (with valid student ID)
- **Teen**
- **National Teens for Life Convention**
- **Childcare** (newborn to 12 years of age)

**SPECIAL EVENTS:**

- **Closing Banquet**
- **Prayer Breakfast**

**Subtotal:** $_____

**Prices include care for all three days. Cost of childcare includes snacks & in-hotel activities for newborn to 3; for ages 4 to 12, field trips, lunch, and snacks. Apply during on-site registration.**

Mail check in this amount along with a completed registration form to:

NRLC 2014
512 10th St., NW
Washington, DC 20004

12 years of age)

**HOTEL INFORMATION**

**The Galt House Hotel**
140 North Fourth St.
Louisville, KY 40202
Tel: 502-5

**Special Convention room rates only:**

- $139/night

This offer expires Monday, May 26, 2014.

Visit galthouse.com for more information on hotel location and amenities.

**NOTE TO ALL REGISTRANTS:**

- **Photo ID** will be required at check-in.
- **All attendees must wear their convention badge when checking in at the Convention. All individuals will be asked for information.**
- **All attendees will be required at check-in. All hotel information on hotel location and amenities.**

For more information:

- **Call 202-378-8842 or nrlconvention.com**
WASHINGTON – On Thursday the National Right to Life Committee, the oldest and largest pro-life group in the nation, joined with the South Carolina Citizens for Life Federal PAC to endorse U.S. Senator Lindsey Graham in his bid for re-election.

“Lindsey Graham has been a pro-life champion throughout his years of congressional service,” said Douglas Johnson, National Right to Life legislative director. “He was the architect of one of the most important pro-life laws ever enacted by Congress, the Unborn Victims of Violence Act, which punishes those who injure or kill unborn children while committing federal crimes. He is currently pressuring the Senate Democratic leadership to allow a vote on his groundbreaking bill to prevent abortion nationwide in the fifth month and later, when the unborn child is capable of experiencing excruciating pain during the abortion.”

“Senator Graham is a stalwart, go-to lawmaker on right-to-life issues,” said Lisa Van Riper, South Carolina Citizens for Life president. “Because he never wavered on life issues, Senator Graham has been recognized as our Legislator of the Year.”

Graham also voted against enactment of the Obama health care law – a law that created a national program of massive federal subsidies for insurance plans that cover abortion, and imposes rationing of lifesaving medical care.

“National Right to Life believes that all voters who are concerned with the right to life and with the protection of the most vulnerable members of the human family should vote to return Senator Graham to the Senate, so that he can continue to work to advance vital pro-life public policies,” said National Right to Life President Carol Tobias.

Paid for by National Right to Life PAC.
www.nrlpac.org
Authorized by Team Graham, Inc.
Oregon Commissioners cuts ties with company in wake of allegations it transported remains of aborted babies to Waste-to-Energy Facility plant

By Dave Andrusko

When last we posted on allegations that the remains of aborted and miscarried babies were being burned to generate electricity in Oregon, a vice president for the company that owns and operates the Marion County Waste-to-Energy Facility plant in Brooks, Oregon categorically denied the charge.

Jill Stueck told the Portland Tribune, “It’s not just inaccurate; it’s completely false.” Stueck is vice president of marketing and communications for Covanta Energy Corporation.

As NRL News Today wrote at the time [http://nrlc.cc/1jI8V3y], Stueck believed the explanation was simple. The newspaper that first ran the story– the Vancouver-based B.C. Catholic–assumed that “fetal tissue” refers to babies who have been aborted or miscarried, which was not the case.

Stueck told reporter Tyler Francke “‘fetal tissue’ refers to other biological material associated with birth, such as umbilical cords and placentas — not fetuses. Fetuses would be classified as ‘human remains’ and are in a different category.

“‘This is a mixing-together of terms that mean completely different things,’ she said. ‘We’re not burning babies.’”

However, Stueck also “admitted that the waste in question is delivered in sealed containers that her company’s employees are legally prohibited from opening,” Francke reported in an updated story that ran last week.

The assurances were not enough for The Marion County Board of Commissioners which had halted the transport of medical waste while it investigated the allegations. On May 7 the board moved to cancel its contract with Stericycle Canada, the Canadian company that transports the medical waste.

“The commissioners also amended their solid-waste ordinance to specifically exclude human fetal tissue from approved infectious waste,” according to Francke.

If the other 15-20 companies that contract with Marion County to transport medical waste wish to continue operating, they must meet the new criteria. Francke reports this includes “that their contracts be amended to prohibit the transfer of human fetal tissue, that they provide certification that their waste stream does not contain fetal tissue and that they allow inspections for verification purposes.”

Said Commissioner Sam Brentano, “We’re asking for certification,” adding, “And we will have the ability to — as gross as it is — examine the manifests of boxes.”

The original story, written by Steve Weatherbe for the B.C. Catholic, reported that an unnamed member of the communications branch of the B.C. Health Ministry emailed the newspaper “that ‘biomedical waste,’ including ‘human tissue, such as surgically removed cancerous tissue, amputated limbs, and fetal tissue,’ is ‘disposed of through appropriate contracted providers.’

“It added, ‘The ministry understands that some is transferred to Oregon. There it is incinerated in a waste-to-energy plant.’”

Weatherbe led his story with “The remains of British Columbia’s aborted and miscarried children are ending up in an Oregon waste-to-power plant, likely mixed with everyday trash, incinerated to provide electricity to the people of Marion County.”

KOIN Channel Six quoted a former temp worker at Covanta Marion. According to KOIN, Bud Waterman “said two to three times a week, 53-foot tractor trailers carrying biohazards dropped off loads at the facility in Brooks.

“On more than one occasion, Waterman said the contents of the truck spilled out of their containers.

“‘It would make you sick, especially if you had to clean it up or have to pull a box off the trailer,’ said Waterman.”

In the same story published by KOIN, Waterman went further. He said the bodies of fetuses have not only been burned for energy at the Marion County facility for years, but also that “They knew it, they had to. I don’t see how they could not know it.”

But according to Francke, reporting on the May 7 meeting of the Marion Board of Commissioners, “Brentano made it clear that he was not disputing Covanta — which he called ‘a wonderful partner’ — but he does believe fetuses were present in the material transported by the Canadian contractor, a belief he said was based on intuition, not hard evidence.

“I believe they were in there,” he said. ‘If it didn’t happen, that’s wonderful. I hope it never happens. But what we did was everything we could do in this last week to make sure it couldn’t happen.”
Healthcare spiraling downwards as ObamaCare takes hold, worse yet to come

By Burke Balch, JD, Robert Powell Center for Medical Ethics

While critical access to top health care providers is already being severely restricted in the individual health insurance plans on the Obamacare exchanges, there is reason to believe that when the exchanges are expanded to employees of all businesses, many employers will end their present coverage and force their workers into the constricted exchange plans, two May New York Times pieces demonstrate.

A May 12, 2014 article by Reed Abelson, “More Insured, but the Choices are Narrowing,” [www.nytimes.com/2014/05/13/business/more-insured-but-the-choices-are-narrowing.html] summarizes what has been widely reported: that the health insurance plans being sold in the exchanges feature dramatically narrowed “networks” of doctors and hospitals. Abelson quotes Marcus Merz, chief executive of insurer PreferredOne: “We have to break people away from the choice habit that everyone has. We’re all trying to break away from this fixation on open access and broad networks.”

Initially, the Obamacare health insurance exchanges are limited to the uninsured and those with individual (as opposed to employer-provided) health insurance. Soon, however, they will be expanded to include employees first of small and later of all businesses.

While employers will not be legally required to off-load their employees onto the exchanges, a May 1, 2014, article by Neil Irwin, “Envisioning the End of Employer-Provided Health Plans,” [www.nytimes.com/2014/05/01/upshot/employer-sponsored-health-insurance-may-be-on-the-way-out.html] explains why they will be likely to do so.

It cites a projection by S&P Capital IQ that by 2020 about 90% of those who now obtain health insurance as an employee benefit will be forced into the exchanges. According to its projection, large companies could save an average of 4% of their net worth over a 9-year period by doing so, and all companies with more than 50 employees could save an aggregate of $3.25 trillion.

As the article notes, “Ezekiel Emanuel, an architect of the Affordable Care Act, has long predicted a similar shift.”

As National Right to Life has repeatedly documented, forcing America to spend far less than we can afford to obtain life-saving medical treatment has dire consequences, compelling rationing and resulting in countless preventable deaths. Indeed, Obamacare contains provisions designed to prevent us even from being able to keep up with medical inflation.

We are already seeing the effects in reduced access to top providers of life-saving medical treatment — but the worst is yet to come.

(See also http://politichicks.tv/column/from-hippocrates-to-plato-the-swinging-pendulum-of-healthcare-ethics)
Let me be clear at the outset, I’m not entirely clear I understand what Shelley Abrams is saying. Writing for the pro-abortion site RhRealityCheck.org, her post is titled, “Maybe the United States Is Ready for an Unabashedly Pro-Choice Candidate.”

She can’t be saying there is no place where a pro-abortion to the bone candidate can’t win. There are clearly places in the United States where they can. But it is also true that in most jurisdictions in most states, anti-life candidates tip-toe around the abortion issue.

Why? Because as we have demonstrated through an examination of almost limitless polls, a majority of the public is much closer to our position than it is to the pro-abortionist’s. The wind of public opinion blows in our opponents’ faces.

But what Abrams does clearly assert is that candidates such as Texas state Sen. Wendy Davis (now running for governor) and Terry McAuliffe (who won the governorship in Virginia last November) are backsliding from their staunch pro-abortion positions. And, Abrams argues, this is foolish and, in fact, counter-productive.

“Has the pro-choice left been so brainwashed by anti-choicers,” she writes, “that our own side, perhaps subconsciously, began to perpetuate the stigma around abortion by refusing to accept the obvious?”

The “obvious” being that to win they should hold fast to high-profile abortion advocacy.

Let’s deal with McAuliffe first. Reading Abrams, you’d think that the tiger had changed his stripes, that he’d become Mr. Moderate since he moved into the governor’s mansion. He has not changed a whit, which irritates [embarrasses?] the likes of the Washington Post.

They knew his reputation as a principle-free, wheeler and dealer with no executive experience, best known for his association with Bill and Hillary Clinton. But they endorsed him anyway and in the process used the news pages to demonize his pro-life Republican opponent.

And McAuliffe in office is exactly the same McAuliffe he was before winning election.

Davis is more interesting and is a clearer illustration of Abrams’ point. She believes that Davis is behind her pro-life Republican opponent not because she is rightly being saddled with her high-visibility support for abortion (aka her famous filibuster of pro-life Texas legislation) but because she has walked away from it.

I’m sure there is nothing that anyone could say, any poll they could offer to Abrams that could convince her that Davis would have no chance to win unless she talked about anything but abortion. But to the rest of us...

Davis’ ascendency was fueled by opposition to a measure that, among other things, required the abortion industry in Texas to clean up its act, have access to a local hospital when there are the inevitable complications, and would not allow abortionists to kill unborn babies capable of experiencing pain. Once the adrenalin subsided and the public learned exactly what it was the Davis was championing, her numbers dropped.

By way of passing, I should note that Abrams writes a lot about what she calls “abortion bizarro world” where “one plus one never equals two.” She then lists her litany of “truths” that are excluded from the conversation in the “abortion bizarro world”—the absence of which means that 1+1 can never equal 2.

But the real truth is, if you read the Establishment Media, you know that the conventional wisdom about abortion—the “story line”—is hermetically sealed. Counter-information—whether that is the terrible aftermath of abortion for many women, what polls really tell you about the public’s feelings about abortion, or how the pro-life “increment” helps the pro-life candidate to win—is not allowed in.

So, it is true that pro-abortion candidates can win, even extreme pro-abortion candidates in some locales. But there is a reason in most cases they do everything they can to blur their positions: it hurts them.
Tiny preemie doing well ten weeks after being born at 1 lb 3oz

By Dave Andrusko

We received a tremendous response recently when we wrote about Emily Cressey, a preemie born so young she “could legally have been aborted” in Great Britain.

On May 12 the Daily Mail newspaper updated the story of Emily who reached a milestone that Monday. Her mother, Claire, could now feed her daughter with a bottle.

Emily was born February 27, 16 weeks premature. Under British law she could have been aborted at 24 weeks. (Alas, in truth, even older babies can be aborted, but that’s another story.)

As Lizzie Parry wrote,

“Emily was born weighing little more than half-a-bag of sugar [barely over one pound]. A medical team from Edinburgh transported Ms Cressey from her home in Coldstream to ensure experts were on hand to give Emily the help necessary to survive beyond birth.

“She fought to stay alive, first on a ventilator, then by using a continuous positive airway pressure machine, necessary to help her lungs develop until they could function on their own.”

Ms. Cressey shared her daughter’s triumph on social media. She wrote “It was the most beautiful moment, most mothers take that for granted, even get fed-up with doing it, not me.

“To see her take a bottle was wonderful, I’m so grateful for this time, so precious, when you fight to keep your baby alive for so long you often overlook these simple kind of moments, just like we did her jabs.

“To hold Emily with a bottle, her tubes seemed to vanish and the moment became real, gazing down at my baby watching her feed felt so right and I’m so thankful at the same time.”

Emily has three siblings—Caitlin, eight, Millie, four, and Brooke, 17 months—and a doting father, Alan Coultras. Each week they celebrate a milestone with cake and candles. Born at just 1 lb 3oz, Emily now weighs in at a strapping 3 lb 15oz. (She is fed from a bottle every other time.)

“Time has been an amazing healer and look at all those candles now. We are truly blessed by Emily, wow where have the ten weeks gone?,” Ms Cressey said. “I cradle Emily and think back to those first few weeks every day and I am shocked at how far we have come.”

And then this insight:

“I’ve even shocked myself and realise I’ve found a new inner strength I never knew I had.”
“Unsafe Abortion Protection Act” will soon be on its way to Louisiana Gov. Jindal

By Dave Andrusko

Louisiana is continuing to pass new protective abortion laws. On a bipartisan vote of 34 to 3, the state Senate Wednesday passed the Unsafe Abortion Protection Act. HB 388 was authored by Representative Katrina Jackson (D), and carried on the Senate Floor by Senator Sharon Weston Broome (D).

The vote came six weeks after the House overwhelmingly approved HB 388 by a vote of 85-6.

Louisiana State Representative Katrina Jackson (D)

“Louisiana Right to Life is thrilled that the Senate passed HB 388,” said Benjamin Clapper, Executive Director of Louisiana Right to Life. “HB 388 will protect women from the Louisiana abortion industry, which is often more interested in selling abortion, than the health and safety of women. We commend Rep. Jackson for authoring the bill and Sen. Broome for moving this legislation through the Senate Floor.”

There are a number of provisions to the Unsafe Abortion Protection Act.

*As the bill was being debated in the House, Rep. Jackson explained that under current Louisiana law an abortionist may “perform up to 60 abortions a year before being subject to the health and safety inspections that are required of ‘licensed outpatient abortion facilities.’ Because every woman is entitled to the protection of regulated safety standards, this bill will require licensure for physicians who perform five or more abortions per year.”

*Given that the number of chemical abortions is soaring, HB 388 also requires the same anonymous statistical reports be sent to the Department of Health and Hospitals for RU-486-induced abortions that are required of surgical abortions. In addition just as is the case with surgical abortions, women will wait 24 hours to have a chemical abortion under HB 388. Abortion clinics are required to report these abortions to the Department of Health and Hospitals.

As they always do, opponents said the law was unnecessary, and worse. “This is a dangerous bill that threatens women’s access to health care. It does nothing to protect women’s health and safety,” New Orleans lawyer Ellie Schilling said, according to the New Orleans Advocate. It would “severely limit access to safe and legal abortion services,” she said.

Supporters, such as Dr. Robert Marier, wondered, “What objection could there be to such common sense regulations?” Dr. Marier has been executive director of the Louisiana Board of Medical Examiners.
Teen abortion rate lowest since Roe v. Wade decision, pregnancies and births also decrease

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

It is not unexpected, given news of a large recent overall decline in U.S. abortions and abortion rates, but it is encouraging nonetheless to see that the larger downward trend among all women is also being reflected in significantly lower abortion rates among teenagers.

The report, “U.S. Teenage Pregnancy, Births and Abortion, 2010: National and State Trends by Age, Race and Ethnicity” was written by Guttmacher Institute researchers Kathryn Kost and Stanley Henshaw. The 28-page analysis of data shows declining pregnancy, birth, and abortion rates across the board among teens of all ages, races, and ethnic groups in the U.S., as a whole and in individual states.

Guttmacher, the one-time special research affiliate of Planned Parenthood that now serves as a research arm for the abortion and “family planning” industry, is not about to give any credit to pro-life legislation for a 2010 teenage abortion rate of 14.7 abortions per 1,000 women, “the lowest since abortion was legalized and 66% lower than its peak in 1988 (43.5/1,000 women).”

In a press release put out along with the report, lead author Kathryn Kost called the decline in pregnancy rate “great news.” She added, “Other reports had already demonstrated sustained declines in births among teens in the past few years; but now we know that this is due to the fact that fewer teens are becoming pregnant in the first place. It appears that efforts to ensure teens can access the information and contraceptive services they need to prevent unwanted pregnancies are paying off.”

One can grant that all other things being equal, anything that, in theory, reduces the pregnancy rate—contraception, abstinence, disease, sterilization—would probably lower both birth and abortion rates. But what does a closer look at the numbers compiled by Guttmacher say?

If birth rates were down only because of increased abortion rates, or even if pregnancy and birth rates were falling faster than abortion rates that would not be good news.

But while showing real declines in teen pregnancy and birth rates, the data presented here indicate that something further is going on with regard to teen abortion than there just being fewer pregnancies.

The high for teen pregnancy rates was 1990 when there were 116.9 teen pregnancies for every 1,000 teens (aged 15-19 for Guttmacher’s statistical purposes). By 2010, the teen pregnancy rate had dropped by half (50.9%) to 57.4 per 1,000 teens. This means that while close to 12% of teens became pregnant in 1990, only about 6% did in 2010.

How about the teen birth rate? That dropped from a high of 61.8/1,000 teen births in 1991 to 34.4/1,000 in 2010. That represents a decline of 44.3%, a somewhat smaller decline than the 50.9% seen for teen pregnancy, but still very, very substantial.

But notice that the teen abortion rate fell the most of all. The high (in both 1985 and 1988) was 43.5 abortions/1,000 teens. In 2010 it had dropped a whopping 66.2% to 14.7 abortions/1,000 teens!

Conclusion? That whatever the factors driving down teen pregnancy rates, something more is needed to explain why fewer teens are aborting and choosing to give birth to their babies.

Guttmacher does not wish to credit parental involvement laws (though it vaguely acknowledges “cultural attitudes toward sexual behavior and childbirth”). But it seems hard to dismiss the impact of these laws and others such as waiting periods, informed consent, and the like.

We shouldn’t ignore the educational role of laws like the ban on Partial-Birth Abortions, which was debated and discussed for many years right in the middle of the time period the number of abortions declined. The way technology like ultrasound and a proliferation of fetology texts and videos made the humanity of the unborn more common knowledge should not be overlooked, either.

What other explanations are there? The springing up of so many crisis pregnancy centers (also known as Pregnancy Resource Centers) over this time frame, offering these teens positive and practical alternatives to abortion, also surely had an impact.

As we noted in another contexts, states that have the most protective laws, such as South Dakota, Kansas, Kentucky, Oklahoma, Utah, Arkansas, Mississippi, Nebraska, and Texas, have the lowest teen abortion rate (under 15). By contrast the rate of teen abortion in states with few or no limitations—such as New York, New Jersey—exceeds 40.

It is notable, though, for example, that none of the states with the higher abortion rates have parental involvement laws, while at least four of the top five in teen birth rates do.

The data here show that while declines have been seen across the board, there are still areas where there is more work to be done.

The abortion rates are down for all racial and ethnic groups, but are still significantly higher for minorities.

Even in 2010, the abortion rate for Hispanic teens, 15.3/1,000, was still nearly twice what it was for Non-Hispanic whites (8.5). The abortion rate for black teens was 34.5/l,000 was more than four times the rate for Non-Hispanic whites.

While abortion rates have always been higher for minorities, the decline among these groups since full racial and ethnic backgrounds began to be counted in 1988 was less substantial (down 57% for blacks, down 60.7% for Hispanics) than it was for it was for whites (down 74.2%).

We see that what we have done over the last several years has made a difference. Teen abortion rates are down across the board, reaching the lowest levels ever recorded since abortion’s legalization.

The more they know about the development of the baby, the more they know about abortion and alternatives to abortion, the more they talk to their parents, the more teens choose life.

Under the circumstances, it shouldn’t surprise anyone that the generation hit hardest by abortion may be the most pro-life generation since Roe.
Pro-abortionists and pro-lifers alike continue to return to Emily Letts, the abortion clinic “counselor”/aspiring actress whose 15 minutes of fame for videotaping her own abortion has been extended, perhaps indefinitely. Why has Letts struck such a nerve, making even “pro-choicers” profoundly uncomfortable?

Well….how could it not? Any morally sentient human being who looks at the circumstances has to ask themselves, “Can this possibly be defended?” Here’s the background and Letts’ rationalization.

As part of its never-ending campaign to “bust the stigma” associated with abortion, the Abortion Care Network sponsored a video contest. Letts, an abortion counselor at a New Jersey abortion clinic, entered a video of her own abortion, which went viral, sparking controversy ever since.

Letts has offered a succession of justifications. For example that there was no video of a surgical abortion, only one of a chemical (presumably RU486) abortion. Abortion is, to some women at least, “scary.” So by showing how simple, safe, even giggle-inducing her abortion was, Letts said she could empower women by both proving that abortion is not dangerous and diminishing the “shame” and “guilt” too many post-abortive women feel. Message to world: Letts’ abortion was a “positive experience” about which she felt “super great.”

I found the best insights into Letts’ bizarre reasoning in two places. Her responses to a Q & A she had with the Philadelphia Inquirer’s Victor Fiorillo. And then there was a post defending Letts from Charlotte Taft, a veteran abortion apologist, explaining how her video fits into the larger pro-abortion narrative. (I will talk about Taft’s observations as part of the editorial that appears on page 2 of this, the May edition of National Right to Life News.)

It may mean something or nothing, but the first four words of the Q & A are “Philadelphia actress Emily Letts.”

So Letts tells Fiorillo that filming her abortion and then putting it on YouTube was to get past at that “2000s” stuff and see the women who’ve had abortions. More specifically, it was because we haven’t seen “positive abortion stories.”

Fiorillo throws Letts a softball question: “And you see your abortion story as a positive one.”

“Yes, I don’t have any guilt. I feel like the reason people are going crazy over my story is because they want it. Women and men have been thirsting for something like this. You don’t have to feel guilty. I feel super great about having an abortion, because it was the right decision for my life.”

Remember, this is the same women who wrote in her post for the Cosmopolitan magazine blog:

“I knew the cameras were in the room during the procedure, but I forgot about them almost immediately. I was focused on staying positive and feeling the love from everyone in the room. I am so lucky that I knew everyone involved, and I was so supported. I remember breathing and humming through it like I was giving birth.”

So, far from feeling guilty, Letts (who giggles and hums during her abortion) is positively giddy.

To his credit, Fiorillo asks some tough, probing questions. For example, he remarks that even some women who identify as “pro-choice” have “called the video ‘creepy,’ some said it should have been kept private, some say that you were quite ‘glib.’”

Letts completely avoids answering the question.

Fiorillo tries again, this time talking about pro-lifers:

See “Video Taped Abortion” page 16
Videotaped Abortion

from page 15

“But you do understand that there’s a huge segment of the population that looks at you as a murderer, that you have destroyed life that God created? You can’t deny that this was at least potential life, and that you ended it.”

Letts responds

“Yes, I do realize it was potential life. I have a special relationship with my ultrasound. People say it sounds weird, it’s my process. I realize it was potential life, and I love it in my own special way. I’m not glib and cavalier. I’m comfortable with my decisions.”

Actually, in a sense, she may be right. Is it glib to say the following (as Letts did on the Cosmo website) --“I know that sounds weird, but to me, this was as birth-like as it could be. It will always be a special memory for me. I still have my sonogram, and if my apartment were to catch fire, it would be the first thing I’d grab” -- or is it symptomatic of something far more serious?

Fiorillo circles back to questions about insensitivity, “especially to all of those people who believe fervently that life begins at conception?” Letts yammers for a bit, argues we aren’t collectively sufficiently empathetic, and then dismissively concludes, “Your religion cannot rule over everyone else.”

He also discretely asks about the fact that some pro-choicers are criticizing her--a woman who describes herself as “a sex educator, and I love talking about birth control”--because she became pregnant after not using birth control.

Letts stalls for time until she has what passes for a flash of insight: “How many times did you do something that you knew had consequences but you did it anyway?,” she tells Fiorillo. “How many times did you not wear your bike helmet?” (And no, I did not make up that last answer.)

Explanations for something as grotesque as filming the execution of your own child and distributing the video around the world are few and far between.

There’s this, from her Cosmo blog post. Referring to her job, Letts said, “Patients at the clinic always ask me if I can relate to them -- have I had an abortion? Do I have kids? I was so used to saying, ‘I’ve never had an abortion but...’ While I was pregnant and waiting for my procedure, I thought, ‘Wait a minute, I have to use this.’”

No more of this “I-haven’t-walked-in-your-shoes” response. Now, thanks to the baby she videotaped aborting and posted on YouTube, Letts could not only tell her “clients” that she was one of them, she could also tell the world! Joy and rapture.

One other thought, from her Cosmo post. To Letts, what she was doing was relieving guilt. She wrote, “Our society breeds this guilt. We inhale it from all directions. Even women who come to the clinic completely solid in their decision to have an abortion say they feel guilty for not feeling guilty. Even though they know 110 percent that this is the best decision for them, they pressure themselves to feel bad about.”

At the risk of stating the obvious, isn’t it just as likely--more likely, in fact--that Letts has pressured herself into feeling good about behavior that makes all but the most militant pro-abortionist queasy?
Editor’s note. The following is NRLC President Carol Tobias’ Statement at Sen. Lindsey Graham May 13 Press Conference.

I am Carol Tobias, president of the National Right to Life Committee. National Right to Life is the nation’s oldest and largest single-issue pro-life organization, with 50 state affiliates and more than 3,000 local chapters.

When the Supreme Court handed down Roe v. Wade in 1973, our understanding of the development of the capacity to experience pain was so rudimentary that even a newborn undergoing surgery did not receive anesthesia – only a paralytic to keep them still. Nowadays we know better. Indeed, today pain-capable unborn children are treated as patients, being operated on in-utero.

Yet, despite substantial medical evidence that unborn children are capable of experiencing pain by at least 20 weeks post-fertilization, late abortions are still a regular occurrence in the United States. Abortions performed at this stage of pregnancy use a variety of techniques, including a method in which the unborn child’s arms and legs are twisted off by brute manual force, using a long stainless steel clamping tool.

We are proud to join today with Senator Lindsey Graham, Republican Leader Mitch McConnell, and the many other senators and other political leaders in calling on Senate Democratic Leader Harry Reid to allow the Senate to vote on the Pain-Capable Unborn Child Protection Act and on S. 1696, the so-called “Women’s Health Protection Act,” which was introduced by Senator Richard Blumenthal (D-Ct.) last November, with much fanfare from the major pro-abortion advocacy groups.

The Blumenthal legislation, if enacted and upheld by the federal courts, would invalidate nearly all state limitations on abortion, including specific types of abortion-related laws that have been held by the U.S. Supreme Court not to violate any constitutional right.

Numerous polls have shown broad public support for this type of legislation – usually with women even more supportive than men.

In recent interviews, Senator Graham has made a bold proposal: That Majority Leader Reid should schedule side-by-side votes on the Pain-Capable Unborn Child Protection Act and on S. 1696, the so-called “Women’s Health Protection Act,” which was introduced by Senator Richard Blumenthal (D-Ct.) last – indeed, the prohibitions in the bill would apply even if the U.S. Supreme Court entirely repudiates Roe v. Wade and the other rulings that were built on Roe.

Among the types of state laws that would be invalidated by the bill are waiting periods, women’s right-to-know laws, and laws providing for meaningful monitoring of abortion-providing facilities, which in many states have long operated with virtually no regulatory oversight, under an aura of political protection that produced results such as we saw in the Gosnell trial.

The Blumenthal bill would effectively leave women at the unregulated mercy of the most incompetent, mercenary, or biased abortion practitioners.

Of course, the Blumenthal bill would also invalidate the Pain-Capable Unborn Child
Autos For Life needs you this spring!

By David N. O’Steen, Jr.

With the weather getting warmer, the school year drawing to a close, and vacation plans being made, this is also a great time to think about clearing out the garage or freeing up that additional parking space. We encourage you to make a significant contribution to help save innocent lives by donating your used car, truck, minivan, or SUV to Autos for Life. With every donated vehicle, 100% of the sale amount is dedicated to supporting the lifesaving educational work of National Right to Life. You’ll also receive a tax deduction for the full sale amount! Donated vehicles (boats, trailers, and jet skis too!) can be of any age and located in any part of the country. Recent donations include a 1999 Mercury Villager from a pro-life family in South Dakota, and a 19’ Renken Bowrider boat from a pro-life supporter in Maryland. With the challenges we face ahead in the coming months, the proceeds of this and all other special gifts are appreciated now more than ever. Please, keep them coming!

To donate a vehicle to Autos for Life, all that we need from you is a description of the vehicle (miles, vehicle identification number (VIN#), condition, features, the good, the bad, etc.) along with several pictures (the more the better) – and we’ll take care of the rest. Digital photos are preferred, but other formats work as well. You don’t have to bring the vehicle anywhere, or do anything with it, and there is no additional paperwork for you to complete. The buyer picks the vehicle up directly from you at your convenience!

If you or someone you know has a vehicle to donate, please contact David O’Steen Jr. at (202) 626-8823 or e-mail dojr@nrlc.org. All vehicle information can be emailed to me, or sent by regular mail to:

“Autos for Life”
c/o National Right to Life
512 10th St. N.W.
Washington, D.C. 20004

National Right to Life thanks all the dedicated pro-lifers that have donated their vehicles to Autos for Life! With your help, the educational work of National Right to Life will continue to teach the truth about abortion and save countless lives. The most defenseless in our society are depending on us!

Kansas Planned Parenthood loses Federal appeal, ends lawsuit

By Kathy Ostrowski, Legislative Director, Kansans for Life

On May 9th, Planned Parenthood of Kansas & Mid-Missouri (PPKMM) withdrew its litigation against the state of Kansas, a lawsuit that challenged the state’s decision to send federal family planning funds to public full-service clinics.

This lawsuit was originally filed in June 2011 by PPKMM and landed in the court of U.S. District Judge Thomas Marten. It targeted a budget mandate that directs the state health department to award Federal Title X family planning contracts primarily to full service public health clinics. In this way, tax money subsidizes full-service healthcare for the indigent.

PPKMM won the first round in October 2011 by PPKMM and landed in the court of U.S. District Judge Thomas Marten. It targeted a budget mandate that directs the state health department to award Federal Title X family planning contracts primarily to full service public health clinics. In this way, tax money subsidizes full-service healthcare for the indigent.

PPKMM won the first round in October 2011, but lost in the Tenth Circuit Court of Appeals this March. The appeals panel ruled that Planned Parenthood lacked standing to pursue its claims in federal court, and that its claim of a First Amendment violation lacked merit—about as resounding a defeat as you could suffer.

The defense team for the Kansas Attorney General, Derek Schmidt, argued Kansas had merely prioritized Title X recipients to be full-service in order to best effectuate the HHS Notice of Grant Award to Kansas. That itemized the priorities of Title X beyond family planning to include “overall health,” flu vaccinations, and mental health and social services. PPKMM doesn’t offer those services.

Kansas has approximately 80 public health clinics as well as many other full service health outlets that can provide the elementary examinations, contraceptives and disease testing typically reimbursed under Title X. The Kansas legislature has annually approved this prioritization of public clinics (the Kinzer/Huelskamp amendment) since 2009; it had been vetoed by Governors Sebelius and Parkinson and approved in every budget under current Gov. Sam Brownback.

The Kansas budget provision on Title X does not mention abortion. Nonetheless, PPKMM objected that KDHE (the state health department) could not exclude abortion-connected clinics from Title X grants.

Marten bought into this abortion-bias argument and erroneously forced KDHE to direct approximately one million dollars over the past three years, mainly to Planned Parenthood of Kansas & Mid-Missouri. A small portion of that funding went to the now-defunct Dodge City Family Planning Clinic, which Marten had added to the initial complainants.
May 14, 2013: The Gosnell Murder Convictions, the Day After

By Dave Andrusko

Editor’s note. In National Right to Life News Today, we talked for over a month about the upcoming one-year anniversary of the triple murder convictions of abortionist Kermit Gosnell. Tuesday was that anniversary. We could, of course, have reprinted the NRL News Today story that ran May 13, 2013. Instead I thought it made more sense to run the third of three stories that ran the day after the convictions for which Gosnell would soon be sentenced to three life sentences. Why? Because it talks about components of the case that rarely were discussed except in places such as NRL News Today.

In Part One, we took a brief look at some of the media coverage of the verdict. A few were half-way decent, some (see The New York Times) was embarrassingly inadequate.

In Part Two, we talked about how the Gosnell murder convictions will be interpreted for the wider public which, unlike the readers of NRL News Today, will not have the wealth of background information to understand what really took place in Kermit Gosnell’s Women’s Medical Society.

We largely talked about how pro-abortionists are historical revisionists and how they will always come to the same conclusion—absolutely no regulation of abortion clinics is needed—no matter WHAT has taken place in Gosnell’s abortion clinic, or any place else.

In this, Part Three, we look at one pro-life response.

Christine M. Flowers is a lawyer who writes a column for the Philadelphia Daily News. Her mind is as keen as the words that flow from her word processor are sharp. The title of her piece is “Gosnell jury saw the truth.”

I could end right there. The long and the short of it is the jury (self-described as including nine “pro-choicers”) would not be derailed. They heard what they heard, from medical authorities, investigators, and former Gosnell employees, and came to the conclusion that Gosnell was guilty of three counts of first-degree murder and one count of involuntary manslaughter.

All the blue smoke and mirrors Jack McMahon (Gosnell’s attorney) conjured up could not change what had taken place.

Flowers adds a number of terribly important considerations, starting with her first three sentences:

“AND SO, what Jack McMahon audaciously called a racist prosecution, wherein a black man was being called to account for ending the lives of countless nameless black babies, has ended in a righteous verdict: guilty, guilty, and again, guilty. Three lives vindicated with three words, uttered after months of testimony and evidence that makes you want to turn your face away. But we looked, and we understood that here was madness and evil, not racism.”

McMahon had only two cards to play, and he played them both from the bottom of the deck. First, as Flowers noted, try to turn the trial into a racist conspiracy. Never mind that the District Attorney is an African-American or that almost all the women Gosnell aborted were women of color. That the jury did not buy into this disgusting tactic is refreshing.

Second, insist that all the babies whose spinal cords Gosnell severed were already dead. We’ve talked about this on many occasions, but it was absurd on its face. (See, for example, nrlc.cc/10Fx3Y7 and nrlc.cc/10FxixT.)

Flowers eloquently reaffirms what the Abortion Establishment is desperate to deny.

“The moment we start talking about how abortion needs to remain safe and legal and that Gosnell is not the face of the movement, we allow ourselves to fall back into that comfort zone of denial. …

“Gosnell is just the natural evolution of what started in 1973.”

Which is, of course, why Gosnell is the Abortion Industry’s worst nightmare. He may be unique—is anyone else deliberating delivering aborted babies alive only to kill them by severing their spinal cords?—because “unique” means one of a kind. But as we and others have written about for decades, the kind of gross indifference to women and the grotesque violence inflicted on helpless unborn babies is not confined to West Philadelphia.

Flowers is more pessimistic than I am about might happen—not will, but might happen—in the aftermath. She writes.

“While I have no illusion that what this jury has done will stop the moral devolution, I am glad that at least we are taking a long look at where we are headed. If the message conveyed by this jury does anything, it holds a mirror up to a society that, for so long, has closed its eyes.”

Overwhelmingly, Americans haven’t the first idea that tens of thousands of pain-capable unborn babies are aborted each and every year. To pro-abortionists, this is little more than a rounding error. Why get all in a huff over 15,000 or 20,000—or more—babies whose
Iowa Planned Parenthood clinic halts web-cam abortions

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

A Planned Parenthood clinic in Iowa has stopped doing web-cam abortions. No one is sure why West Health Center of Urbandale (a suburb of Des Moines) has stopped, but it’s clearly big news. The abortion clinic is part of a conglomerate that has “pioneered” the use of chemical abortions via web-cam and expanded all over the state and elsewhere.

Planned Parenthood of the Heartland (PPH), Planned Parenthood’s large regional affiliate centered in Iowa, was one of the testing grounds for RU-486, and then later was in the forefront in utilizing web-cams to facilitate abortions using the abortion pill. And no affiliate has been as aggressive as PPH. Over the past several years it has gobbled up other affiliates in Iowa and in neighboring states. PPH has built a mega-clinic and has announced campaigns to open new clinics throughout the region. They are a major player in the abortion industry.

PPH introduced the web-cam abortion to Iowa in 2008, connecting 16 of its smaller offices to a larger clinic back in Des Moines. Several of those clinics have since closed, and now we can subtract the West Health Center of Urbandale from the list of Planned Parenthood’s web-cam abortion facilities.

Why has West Health Center of Urbandale ceased performing web-cam abortions? We don’t know whether injuries to patients there prompted the closing. Staffing might be a problem, as we know that, at least elsewhere in the state, PPH has been advertising to find part time workers for some of their web-cam abortion sites.

It should also be noted that Urbandale, a busy location for PPH, has been the site of an ongoing pro-life vigil since 2010. And there is not a lot of popular support. A poll taken back in February showed widespread opposition to web-cam abortions in the state, with two-thirds (66%) of respondents to a Des Moines Register poll saying that they did not think telemedicine should be used “to prescribe and deliver abortion-inducing medication” in Iowa. Even Democrats in the state tended to agree, 49% to 45% [www.nationalrighttolifenews.org/news/2014/03/new-iowa-poll-shows-massive-opposition-to-use-of-web-cam-abortions/#.U20dtvldWn8].
Protection laws enacted by 10 states — and further, would require all states to allow abortion even during the final three months of pregnancy based on an abortionist’s claim of “health” benefits — which Blumenthal acknowledged, in an interview with The Weekly Standard, includes claims based on emotional and psychological “health.”

In short, under this bill, the unborn child would have no more rights, from conception until birth, than a malignant tumor. This is an extreme pro-abortion ideology far removed from the views of the majority of Americans. Yet, in the Congress this can hardly be dismissed as fringe legislation — 34 United States senators have already cosponsored the Blumenthal bill, and in the House of Representatives a companion bill (H.R. 3471) has 111 sponsors.

In the past, we’ve often seen a proclivity among many in the mainstream news media to pay little attention to the details of abortion-related bills that are under active consideration in Congress, in favor of endless extrapolations regarding obscure and vague legislative proposals that are unlikely to ever come to a vote. I submit that the Graham and Blumenthal bills are more worthy of serious attention from the news media. Here we have two bills that have been proclaimed as top priorities by the major advocacy groups on the opposing sides.

I underscore that NARAL, Planned Parenthood, the Center for Reproductive Rights, and other major pro-abortion advocacy groups have proclaimed that the Blumenthal legislation incorporates their public policy vision for the United States and is a top priority for their respective organizations. In a November 19 fund-raising solicitation on the new bill, Nancy Northup, president of the Center for Reproductive Rights, said “it’s become crystal clear that we need to go on the offensive.” Moreover, in an interview with the newspaper Roll Call, Senator Blumenthal said, “As the election approaches, I think the voters are going to want to know where legislators stand on these issues.”

Well, we agree. Senator Graham’s bill and Senator Blumenthal’s bill propose starkly different abortion policies for our nation. By all means, let’s let voters see where every member of the U.S. Senate stands on both of these bills, by having side-by-side votes on the two measures — not as not-germane amendments to unrelated legislation, not with one bill as an amendment to the other, but successive clean up or down votes on each measure, each shielded from second-degree amendments by a unanimous consent agreement.

Obviously, no senator would support both bills. If any senator opposes both bills, let him or her vote that way, and then explain why he or she believes that the status quo is to be preferred — which is a position that has little support, judging from national public opinion polls.

So then, National Right to Life would certainly encourage all pro-life senators to agree to a unanimous consent agreement that would allow such clean, side-by-side votes on these two landmark measures. But if Majority Leader Reid declines to accept Senator Graham’s proposal, then you can take that as clear evidence that despite all of those bold statements by the leaders of pro-abortion advocacy groups about going “on the offensive” with this new bill, and despite Senator Blumenthal’s clear statement about the importance of finding out where every legislator stands, the architects of the Blumenthal bill really intend it only to serve as fodder for fund-raising appeals to the gullible, and have no intention of allowing even a Democrat-controlled Senate to actually vote on it.

Senator Reid and the others who control the scheduling of legislation in the current U.S. Senate are solid allies of the abortion lobby — we all will watch with interest how they respond to Senator Graham’s proposal.
Hostile appeals court panel challenges pro-life, pro-woman Arizona law

By Dave Andrusko

Tuesday’s hearing before a skeptical three-judge panel of the 9th U.S. Circuit Court of Appeals went exactly as you expect from a court that is notorious pro-abortion. At issue is HB 2036, a 2012 law that requires that any abortion-inducing drugs be administered “in compliance with the protocol authorized by the U.S. Food and Drug Administration”—and whether the court will ever allow the state of Arizona to enforce the law.

Pro-abortion litigants, led by Planned Parenthood of Arizona, were unable to persuade U.S. District Court Judge David Bury to block the law’s enforcement while he decided the legal issue. The 9th Circuit quickly jumped in, granting a temporary stay. The issue Tuesday was whether to keep an injunction in place.

In 2000, the FDA approved RU-486 for use only for the first seven weeks of pregnancy and with a particular combination of the two drugs, mifepristone and misoprostol.

The plaintiffs want the period the combination can be used extended to nine weeks and for the woman to take the second drug at home. They told Bury that the limitation would affect 800 women who take the combination after the seventh week and before the tenth week of pregnancy.

Federal courts have upheld similar but not identical protocols in Ohio and Texas. (See nrlc.cc/1hw7hB7 and nrlc.cc/1mwrasc).

Reading the story written by Howard Fischer of Capitol Media Services, it sounds as if Robert Ellman, the state’s solicitor general, should receive combat pay.

Ellman essentially argued “that lawmakers were entitled to conclude that abortion drugs should be used only as labeled by the U.S. Food and Drug Administration”; that while the Supreme Court has recognized a right to abortion, “It is not the right to choose the method by which you do so” (he noted the law does nothing to limit surgical abortions); and that lawmakers concluded there were studies showing that RU-486 was “dangerous.”

At least two of the judges and Alice Clapman representing the Planned Parenthood Federation of America, countered that (a) following the FDA protocol required an additional visit to the abortionist and therefore meant greater costs; (b) some women are so afraid of a surgical abortion, they will carry a baby to term if they are not allowed to take the two-drugs that make up the RU-486 technique (presumably an allusion to women who are between 7 and 9 weeks pregnant); and (c) the protocol used by abortionists in Arizona is safer than the FDA protocol.

The News Observer reported that two of the three judges not only expressed a willingness to continue the ban but also questioned its constitutionality. Judge Susan Graber said “one concern” she had was that the law is “an effort to flat out reduce the number of abortions by any means.”

Ellman said that was not so, arguing that the rules were put in place to protect women’s health.

The panel will issue a written opinion in the weeks to come.
An anniversary the media would rather forget: the conviction of abortionist Kermit Gosnell

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

They’re the kind of anniversaries no one wants to remember, let alone celebrate, but which the news media often mark to ensure that viewers, listeners, and readers don’t forget. Perhaps the best-known anniversary in this category is September 11th, the day of a terrorist attack on U.S. soil which will forever be seared into the memories of those who lived through it. Anniversaries of school shootings also often dominate local and national news programs.

It might be said that tragedy never takes a holiday, but, when it comes to one Pennsylvania tragedy, the media have largely been on vacation. That tragedy is the bloodbath which occurred in West Philadelphia, where abortionist Kermit Gosnell was convicted of killing full-term babies who were delivered alive and then killed when their spinal cords were “snipped.” But investigators believed that Gosnell was actually responsible for hundreds of such deaths. A lack of evidence—Gosnell destroyed a number of records, despite keeping severed baby feet on display—prevented prosecution for the deaths of other alleged victims.

Gosnell was convicted of three counts of first-degree murder for the deaths of babies who were delivered alive and then killed. “You don’t have to oppose abortion rights to find late-term abortion abhorrent or to find the Gosnell trial eminently newsworthy,” Powers wrote. “This is not about being ‘pro-choice’ or ‘pro-life.’ It’s about basic human rights.”

Although the media chooses not to, we will look back over these past twelve months to see what lessons we can learn from the Gosnell tragedy.

*The abortion industry can’t be counted on to police itself. According to the Philadelphia grand jury report, the National Abortion Federation knew of dangerous conditions at Gosnell’s Women’s Medical Society, but did not alert authorities. Gosnell asked to join NAF. An NAF evaluator came to his clinic but rejected his application. Why? She said his Women’s Medical Society was “the worst abortion clinic she had ever inspected” and “beyond redemption.”

However, having seen all this, she “never told anyone in authority about all the horrible, dangerous things she had seen.” (See page 13 of the grand jury report at www.phila.gov/districtattorney/pdfs/grandjurywomensmedical.pdf.)

*Even in the wake of Gosnell, the abortion industry opposes basic safety measures. It’s now been a few years since Pennsylvania passed landmark abortion center regulations, requiring abortion facilities to follow the safety standards of outpatient surgery centers. Yet, the abortion industry continues to complain about them.

In a recent letter to the editor of the Philadelphia Daily News, the head of Planned Parenthood’s Pennsylvania PAC claimed the safety rules were “pages from the playbook of organizations that want to put an end to access to safe and legal abortion altogether.”

Actually, the recommendations come from the pages of the grand jury report! Pages 248 and 249 of the report state, “[A]bortion clinics should be regulated, licensed, and monitored as Ambulatory Surgical Facilities.”

No matter how many times we try to make this point, the media simply ignores that this recommendation came from a grand jury that was incensed by the free pass Gosnell received for 17 years.

*A number of abortion operations cannot meet, or refuse to meet, basic safety standards. Since the abortion center regulation law went into effect in Pennsylvania, at least a half-dozen abortion facilities have shut their doors. If they were striving for the gold standard of safety, certainly they could have met basic requirements. But they didn’t.

*We must never forget. Even if the major media forget about Gosnell, the pro-life community must not. If you are ever doubtful about the value of continuing the crusade for common sense pro-life legislation, watch the documentary “3801 Lancaster” at http://3801lancaster.com. (A second documentary is scheduled to be released this year by the same team of investigators.)

Witness the powerful stories of the women harmed and haunted by this convicted killer. And you will be more convinced than ever of the nobility and necessity of our cause.
Wonderful news on Crisis Pregnancy Centers

A big win in court and the deception of NARAL and PPFA revealed

By Dave Andrusko

*NRL News Today* has covered the systematic attack on pregnancy care centers/CPCs going back decades, and, particularly, of late NARAL’s all-out offensive. Let’s catch up with the good news, of which there is plenty these past few weeks.

Montgomery County (Maryland) has thrown in the towel in its assault on Centro Tepeyac, a Montgomery County pregnancy care center. The county chose not to appeal a decision by Judge Deborah K. Chasanow of the U.S. District Court for the District of Maryland [which we reported on at nrlc.cc/ljAzess] that struck down the entirety of a 2010 law that forced pro-life pregnancy care centers to advise women against using their services.

This particular victory is, of course, important in its own right. But there are other NARAL-inspired laws being challenged in the courts in Baltimore, New York City, San Francisco, and Austin, Texas. We can reasonably hope that the strength of Judge Chasanow’s powerful reasoning will help shape subsequent decisions.

The Montgomery City Council passed Resolution No. 16-1252 on February 1, 2010. Among other things, the resolution required what they called “limited-service pregnancy centers” to post signage (in English and Spanish) stating that “the Center does not have a licensed medical professional on staff” and “the Montgomery County Health Officer encourages women who are or may be pregnant to consult with a licensed health care provider.”

As Alliance Defending Freedom observed, “The county intentionally crafted the law so that it doesn’t apply to pro-abortion centers, such as Planned Parenthood, even if counseling is offered there by non-medical persons.”

The nub of the rationale for these ordinances is they are needed to “safeguard the health of pregnant women.” But instead of relying on what pro-abortionists alleged to be going on, Judge Chasanow actually investigated. She found (according to her opinion) that

* Dr. Ulder Tillman, Montgomery County’s Chief of Public Health since 2003, testified “in that time she has not received one complaint from someone who had sought service at either Centro Tepeyac or Birthright. She had not received any evidence that any actual pregnant women who went to an LSPR delayed seeking medical care.”

* Mariana Vera, Executive Director of Centro Tepeyac, “submitted comments and stated that at least half of the women who come in for a pregnancy test are referred to them by the public clinics in Montgomery County.” Judge Chasanow added, “Those referrals continued even after passage of the Resolution.”

* Ms. Jacqueline Stippich, executive director of Shady Grove Pregnancy Center, “stated that they received forty-three percent (43%) of their clients from their advertisements where they are listed under ‘Abortion Alternatives’ in the telephone book. They opened in 1983 and have served over 30,000 women ‘without ever receiving a formal complaint for giving inaccurate information or misrepresenting our services.’ She stated that their website has four disclaimers, including one that states ‘we are not an abortion provider.’”

* “Councilmember Phil Andrews opposed the Resolution, finding that it is unnecessary as he had not received a single complaint from anyone who went to an LSPRC in his eleven years as a Councilmember.”

That’s on the legal front. Along with other pro-life sites, we reported on the dustup created by NARAL’s assertion that Google was taking down “deceptive” pro-life advertising. (The irony that pro-abortionists could accuse anyone of deception is too obvious to belabor.)

But from the beginning, reputable, well-established pro-life CPCs/Pregnancy Help Centers flatly denied deceiving anyone and noted that not one of their ads had been pulled, contrary to the impression of pro-life capitulation fostered by NARAL. (For example, see “When it comes to Google advertising, it is pro-abortion sources who are the real deceivers,” http://nrlc.cc/1mUUvAT)

Subsequent investigations have shown that the lone ad NARAL offered as “proof” of deception proved not pro-life intent to deceive but was likely a product of the way Google’s AdWords’ real-time bidding engine works.

Many have pointed out (as noted above) that the real deceiver is the Abortion Industry. Although the following is incredible, I assure you I did not make it up.

I went to Google earlier this week, typed in Crisis Pregnancy Center and the FIRST link is to…Planned Parenthood. Specifically

Crisis Pregnancy Center – plannedparenthood.org
Ad www.plannedparenthood.org/ (877) 616-3351
Learn About Pregnancy Care and Your Options. Get Advice Today.

When I put quotation marks about “Crisis Pregnancy Center,” the above came second. What came first?

Expert Abortion 4-24 weeks-americanwomensservices.com
Ad www.americanwomensservices.com
14 offices 25 doctors; 30 years exp call 1-888-ABORTION for immed appt

An abortion clinic that aborts up until almost the end of the second trimester listed under “Crisis Pregnancy Center.” You can’t make this stuff up, right?

Actually, if you are NARAL and Planned Parenthood, you can.
Virginia woman’s newborn baby drowns in toilet, mother given suspended sentence

By Dave Andrusko

On May 7 a Virginia woman who gave birth to a baby whom paramedics found drowned in the toilet still attached to the mother, was given a three-year suspended jail term.

“The prosecution and defense, in an agreement reached weeks ago, have concluded that Devin Monique Small, 22, did not kill her newborn child with premeditation or malice, the elements required for a finding of first-degree murder,” according to the Richmond Times-Dispatch’s Mark Bowles. In an appearance in Dinwiddie Circuit Court, Small pled guilty to involuntary manslaughter.

“The reduced charge to which she pleaded guilty means the baby’s death was unintentional but criminally negligent in terms of the law.”

Small insisted she never knew she was pregnant, although Small’s attorney, Joseph D. Morrissey, “said she had scheduled a doctor’s appointment four days before giving birth for a pregnancy test,” Bowles reported. “The clinic couldn’t see her on that date so the appointment was rescheduled for the following Monday, two days after Small gave birth.”

In a statement to police, Small said she pushed for about 15 minutes until the baby was born, but then panicked and didn’t know what to do, according to Commonwealth’s Attorney Lisa Caruso.

“When deputies arrived, the baby was still attached to the mother,” Bowles reported “An autopsy revealed the baby was born alive but drowned in the toilet. Medical examiners found water in the child’s lungs and stomach.”

The tragedy began last September when deputies responded to a medical emergency call. The baby, whom authorities named Baby Grace Small, was found dead, lying in the water in the toilet, still attached to Ms. Small by the umbilical cord.

Four days later Small was charged with first-degree murder.

The baby’s grandmother, Angela Small, initially was also charged with first degree murder for not trying to save the baby.

“But defense attorney Joseph D. Morrissey said she did nothing more than come to her daughter’s aid and comfort, “ according to Bowles. “In a police statement, Angela Small told an emergency communications officer on the line that she was unable to scoop the baby from the toilet while simultaneously caring for her daughter, who had just given birth.”

Angela Small died suddenly, of an apparent heart attack, last November.

The Gosnell Murder Convictions

from page 19

lives are taken when they have reached the point when they will experience pain no words could possibly describe?

And, of course, this is the primary reason the Gosnell murder trial received so little attention. The dominant media narrative is that most abortions are performed in the first trimester (true); that most abortion clinics are peopled by Marcus Welby, MD-types (most assuredly not true); and (implicitly) if a “tiny proportion” are killed who would experience pain imaginable only in Dante’s Inferno, it’s a small price to pay to ensure that “access” to abortion remains absolutely unfettered.

Former Gosnell employee Stephen Massof (according to NBC 10) “described how he snipped the spinal cords of babies, calling it, ‘literally a beheading. It is separating the brain from the body.’ He testified that at times, when women were given medicine to speed up their deliveries, ‘it would rain fetuses. Fetuses and blood all over the place.’”

Since that doesn’t promote the abortion brand, a task so many media representatives feel honor-bound (so to speak) to advance, it is to NBC 10’s credit that however briefly the American public heard the true horror that was Gosnell’s House of Horrors.
Looking for an anchor: The Obama Administration Adrift

By Dave Andrusko

When I recently sat down at my desk with my cup of McDonald’s coffee in hand, out of the corner of my eye I caught the headline on a front page story in The Hill newspaper: “Is Obama’s presidency adrift?”

With a couple of minor qualifications thrown in (one Democratic strategist promises, “I can predict with near-certainty that sometime in the future I’ll be getting calls about how Obama has got his mojo back”), the answer is yes.

Niall Stanage’s key paragraph may be this:

“The president seems to have little chance of passing significant legislation. Some critics say he is not even trying to do so. Obama is no longer using his reelection mandate to govern, they say, but rather using the tools of government to build a campaign platform to help Democrats in their battle not to lose their Senate majority in the midterm elections.”

For academic support, Stanage turns to Julian Zelizer, a professor of history and public affairs at Princeton University. “Absolutely, there is a sense that he’s adrift, and his approval ratings suggest many Americans are no longer content with his job performance,” he said.

Stanage’s article is just one of many pieces of evidence that (as Zelizer put it) the President “has big problems right now.” I didn’t have to look very far to immediately find two.

Here’s the lead from a story by Gallup’s Andrew Dugan:

“Three in 10 registered voters say when they vote for a candidate in the fall midterm elections, it will be to send a message that they oppose U.S. President Barack Obama, equal to the amount who said this before the Republican wave election of 2010.”

He reinforces the point later when he adds,

“President Obama prominently figures in to the message self-identified Republican voters are trying to send. More than six in 10 Republicans (64%) say their vote will be a message of opposition to the president. This is on par with the situation in November 2010, illustrating that Republican resistance to the president is as strong today as it was before that pivotal election.”

One other nugget from Dugan illustrates the breadth of the President’s problem:

“A majority of self-identified Democrats (54%) say they will be voting to support the president, which is about where it was in 2010. This also indicates one of Obama’s problems: Only slightly more than half of Democrats are motivated to vote in support of him, while almost two-thirds of Republicans are willing to vote against him.”

How about Independents?

“More independents say they will vote to oppose the president (31%) than to support him (11%).”

And everyone agrees this will have a serious drag on Democrats running in this fall. That is not debatable, only the size of the hindrance is.

Take that from Gallup and add to the evidence that key Democratic constituencies appear to be less likely to vote in November—or be less Democratic, in the first place!

For example, Harry Enten writing for “Fivethirtyeight.”

The headline is, in my opinion, very misleading:

“Young voters in 2014 may be less Democratic-Leaning than in 2010 and 2012.” Let’s see why this description is true but inadequate.

Focusing primarily on polls from Pew Research Center and Quinnipiac, Enten concludes, “Democrats clearly hold a lead among young voters.” This is not exactly breaking news. Republicans clearly have had problems in recent elections with 18- to 29-year-olds.

But the key conclusion comes much later:

“In other words, young voters are less Democratic in comparison to the rest of the electorate than they were in the prior two elections….. Voters ages 18 to 29 were 22 points more Democratic-leaning than all voters in 2012, and 21 points more Democratic-leaning in 2010. These polls show young voters just 14 points, on average, more Democratic-leaning.

In other words, they are only 2/3rds as “Democratic-leaning” as they were two and four years ago.

At the very end, Enten adds this ominous (for Democrats) conclusion:

“Polling young voters is difficult. Even averaging across a number of surveys leaves room for error. Also, the likely voter electorate will almost certainly be more Republican than the registered voter electorate, though so, too, will likely younger voters. Younger voters in 2010, like all voters, were more likely to be white than in 2012.

“Put it all together and, at least at this point, it looks like younger voters in 2014 may be closer to all voters than in the prior two elections.”
Intrinsic Extremism from page 2

instead chosen a life of politics, “he would have been ineligible to be a candidate for your party.”

And sex-selection abortion remains the splinter in many consciences, even “pro-choicers.” That grotesque mockery of human rights (not to mention feminist orthodoxy) continues to roil the political waters.

And not just in Canada. So, too, in England. The Daily Telegraph did an undercover investigation that proved beyond dispute that there are abortionists in England who would abort a baby if the mother said she wanted that “termination” because the child is a girl.

And in the same investigation it was discovered that the one requirement doctors are supposed to observe—see the woman in advance of the abortion before signing off on the abortion—had been ignored. Instead 67 doctors had pre-signed abortion forms without even knowing the names of the women they would be used for!

In neither case was anyone punished, which has raised howls of protest, again from people who are not pro-lifers. The anti-life forces had overplayed their hand. In both cases (Canada and England), the door to revisiting abortion is now slightly ajar.

And I chose the words “intrinsic extremism” for a reason. There is an interior logic to the “reasons” anti-life forces offer for whichever group of victims they are currently attacking that is inherently expansionary.

The charge used to drive pro-abortionists and proponents of assisted suicide crazy. How dare you say if you allow thus-and-such it opens the door for this-and-that.

Now, more than a few celebrate what not so long ago they insisted could never happen.

Abortion only for “tough” cases; abortion as a “last resort”; abortion that is “safe, legal and rare”? How quaint, how positively 1990s-ish. Read the orthodox pro-abortion response to Emily Letts’ giddy celebration of her abortion that she videotaped and then obscenely uploaded on YouTube. (See story, page 15.) They simply glide by behavior that is so nauseous even some dyed-in-wool pro-abortionists blanched.

Take Charlotte Taft, the Director of the Abortion Care Network, described as “an organization for independent providers and abortion care allies.” (Taft was also once the director of a Dallas abortion clinic.)

Writing on a pro-abortion site, Taft says ixnay to keeping “secrets,” which is code for women not telling their abortion “stories.” And then, “Likewise, sharing the complex, nuanced reality of abortion, adoption, and parenting—telling the secrets that harm us when we hide them—may help us create a dialogue with pro-choice people who are uncomfortable with the reality of our work.”

So in one paragraph, Taft does the usual pro-abortion shuffle—“abortion, adoption, and parenting” are morally indistinguishable—and admits that even “pro-choice people who are uncomfortable with the reality of our work.” But again, the idea is, the more you throw abortion in people’s faces, the more desensitized (they would say understanding) they will become. This is a highly dubious proposition.

By videotaping an actual abortion in which Letts treats the whole thing like a joke, an exercise in bonding with the staff, Letts has taken the next outlandish step. But note that Letts’s apologists keep reminding us that her abortion is not shown “in a graphic way.” Why the need for the assurance?

Obviously because they want to pretend what Letts pretends. That abortion is a walk in the park (only easier)—safe, painless, and...not graphic (read bloody and stomach-turning). Can’t show the reality of a baby being torn to shreds. Doesn’t fit the narrative.

May 13 was the one-year anniversary of the triple murder convictions of abortionist Kermit Gosnell (see stories, pages 19 and 23.) When it comes to the owner of the “House of Horrors,” pro-abortionists pine for the Memory Hole in Orwell’s “1984” novel. They want all reminders destroyed and, in the interim, altered.

So instead of an Abortion Industry complicit in his ghastly behavior, we’re told they condemn his horrific treatment of women (less so his barbaric manner of delivering viable children alive and then slitting their spinal cords).

Instead of the face of an industry that traffics in the blood of unborn children and the misery of their mothers, Gosnell was a “renegade,” an “outlier,” a “rogue.” Yet the Abortion Establishment fights to their last breath any legislation to give women a chance to reflect or to clean-up pits like Gosnell’s Women’s Medical Society.

The Abortion Industry and their legion of defenders and apologists have as much time for truth, candor, and honest admissions as Planned Parenthood has for “unplanned” children.

But we wouldn’t ever expect anything else. Babies are invisible to them, except when they announce “unwanted” children are better off dead.

However since we are in the business of finding win-win solutions for mother and child,
Reno Gazette-Journal ‘Fact Check” reprises cooked books on link between abortion and breast cancer

By Joel Brind, Ph.D.

Mark Robison is the “fact checker” for the Reno Gazette Journal. In a piece that appeared recently, he purports to answer the truthfulness of the claim “Abortion is linked with a raised risk of breast cancer.” At the end of his analysis, Robison tells us that on a scale of 1-10, this claim rated a “1” on the “Truthmeter.” Not 4 or 6 or 8, but 1!

Since he cites research done by myself and others as the foil to prove there is no link, I will focus on that. Robison begins with the meta-analysis I and my colleagues from Penn State Medical College published in 1996 in the British Medical Association’s epidemiology journal. (A “meta-analysis” combines the results of many studies.)

We reported an overall 30% increased risk of breast cancer among women who had had any induced abortions, based on worldwide data up to that point.

How does Robison address—explain away—this conclusion? “A different meta-analysis at the same time covering basically the same studies came to a different conclusion.” The obvious implication is that the latter (by Beral et al.) is superior. But Robison missed some key facts here.

The second meta-analysis was actually published eight years later, in 2004. However, the Beral meta-analysis, while it also included the same time period covered by our meta-analysis, omitted no less than 15 original studies on the abortion-breast cancer link (ABC link).

And these studies were not excluded for any scientific reasons. Rather they were excluded for capricious and invalid reasons, including: “Principal investigators…could not be traced”

“original data could not be retrieved by the principal investigators”

“researchers declined to take part in the collaboration”

“principal investigators judged their own information on induced abortion to be unreliable” (even though it had been vetted by peer review and published in a prominent medical journal).

In addition another four previously published studies were simply never mentioned at all. Only two were excluded for legitimate scientific reasons. That’s how researchers, like Beral, who want to disparage a real fact they don’t like, end up with “…any such relation (between abortion and breast cancer) is likely to be small or nonexistent.”

Beral et al. did attribute the “small” risk increase found in case-control studies to “response bias,” an argument—as Robison correctly points out—that is promulgated most prominently by the World Health Organization (WHO):

“The World Health Organization described their problem: ‘All published case-control studies have relied on interviews of cases and controls with the inherent problem of recall bias. This bias occurs because women with breast cancer (cases) tend to truthfully report induced abortion while controls, who often are healthy women, have no ‘incentive’ to provide information about personal and sensitive matters such as induced abortion. Such bias can produce elevated relative risk estimates in case-control studies. As a result, the outcome of such studies has been inconsistent, with some having indicated a small increase in risk, while others have not.’”

Notice how the WHO refers to recall bias (aka “response bias” or “reporting bias”) as if it is a matter of fact. One would think such a paragraph would be based on very solid evidence.

But in fact, it is based on a rather elaborate epidemiological fraud perpetrated by a team of researchers headed by prominent researcher Olav Meirik, who just so happens to work for the WHO (and the UNFPA, and the World Bank). We dissected this fraud in excruciating detail (including a rigorous mathematical disproof) in a letter published in same journal as our meta-analysis, in 1998. [1]

In that letter, we also noted the fact that Meirik et al. essentially retracted the sole basis for their claim of evidence of response bias: The strange phenomenon of “overreporting.”

“Overreporting” is the assumption that an abortion reported by a woman at a later interview—but does not appear on the woman’s computerized record—is presumed to be an abortion that did not occur. That is, the woman imagined having had an abortion that did not take place!

But somehow, the concept of response bias lives on, despite that fact that a number of studies have disproved it, including a prominent study on upstate New York women that was based on medical records of abortion, that rendered response bias literally impossible.

That study (by Holly Howe et al.) found a 90% increased risk of breast cancer associated with induced abortion. But biased researchers (including Howe herself!) continue to pretend that the Howe study never existed.

Here’s a really sad fact: When the abortion enthusiasts control the media, the medical societies, the universities and the medical journals, as well as the major cancer charities and government health ministries of the world, they create whatever “facts” they want. And they do not care how many people suffer and die—born and unborn—because their “facts” are really just lies.

[1] I also recently addressed this in a piece for NRL News Today at nrlc.cc/1o3nQ8P.
led by Senator Kelly Ayotte (NH), Graham, and McConnell, released a letter urging Reid to allow the Senate to vote on the measure.

The congressional legislation is based on model legislation developed by National Right to Life in 2010, initially enacted in Nebraska that year, and enacted in nine additional states since then. Recently, such legislation was also approved by the West Virginia legislature, but vetoed by the governor, with no opportunity for an override vote. It is also currently under active consideration in the South Carolina legislature.

At Tuesday’s press conference, Graham said, “In the entire world, there are seven countries that allow elective abortions at the 20-week period and beyond. My goal is to make sure when this is over, there are six.”

Tobias and other participants in the press conference pointed out that numerous polls have shown broad public support for this type of legislation – usually with women even more supportive than men. On May 12, the Washington Post noted, “A Washington Post-ABC News poll last year showed Americans approved of shortening the window for abortions from 24 weeks to 20 weeks – and by a margin of about two-to-one, 56 percent to 27 percent. Even 60 percent of women supported it.”

Prior to Tuesday’s press conference, Graham took the Senate floor to request unanimous consent for a deal under which the Senate would debate and then vote both on the Pain-Capable Unborn Child Protection Act and on a pro-abortion bill formally titled the “Women’s Health Protection Act” (S. 1696), introduced last November by Senator Richard Blumenthal (D-Ct.) with much fanfare from pro-abortion advocacy groups.

The Blumenthal legislation, if enacted and upheld by the federal courts, would invalidate nearly all state limitations on abortion, including waiting periods, women’s right-to-know laws, and laws providing for meaningful monitoring of abortion-providing facilities, which in many states have long operated with virtually no regulatory oversight.

“Under the Blumenthal bill, the unborn child would have no more rights, from conception until birth, than a malignant tumor,” Tobias said. “This is an extreme pro-abortion ideology far removed from the views of the majority of Americans. Yet, in the Congress this can hardly be dismissed as fringe legislation – 34 United States senators have already cosponsored the Blumenthal bill, and in the House of Representatives a companion bill (H.R. 3471) has 111 sponsors. NARAL, Planned Parenthood, and the Center for Reproductive Rights have proclaimed that the Blumenthal legislation incorporates their public policy vision for the United States and is a top priority for their respective organizations.”

Tobias noted that Blumenthal said, in an interview with the Capitol Hill newspaper Roll Call, “As the election approaches, I think the voters are going to want to know where legislators stand on these issues.”

“We agree” with that statement, Tobias said. “Senator Graham’s and Senator Blumenthal’s bills propose starkly different abortion policies for our nation. By all means, let’s let voters see where every member of the Senate stands on both of these bills, by having side-by-side, clean up or down votes on each measure.”

However, Blumenthal himself blocked Graham’s request on the Senate floor, saying that the two bills “should be considered,” but lamely arguing that the full Senate should not consider them without action first by a Senate committee. Tobias commented that this response constituted “clear evidence that the architects of the Blumenthal bill really intend it only to serve as fodder for fund-raising appeals to the gullible, and have no intention of actually allowing even a Democrat-controlled Senate to actually vote on it.”

NRLC Legislative Director Douglas Johnson said, “The Blumenthal bill is really just an updated version of the old ‘Freedom of Choice Act,’ which has been around for a quarter-century – but now they say it still needs work in a committee before it is fit for the Senate to vote on it? Blumenthal’s refusal to agree to a prompt vote on his own bill is laughable.”

Reid told a reporter that Graham’s bill was merely evidence that Graham “keeps moving further to the right.” In fact, Graham has maintained a strong pro-life record during his nearly two decades in Congress, and is the original author of one of the most important pro-life laws ever enacted at the federal level, the Unborn Victims of Violence Act.
National Right to Life Federal Legislative Director Douglas Johnson said, “Mitch McConnell is the single greatest obstacle in the U.S. Senate to the relentless efforts of an avidly pro-abortion President, backed by powerful liberal elites from Hollywood to New York City, to radically expand the power of federal bureaucrats, pack the U.S. Supreme Court with robed social engineers, and strip away protections from unborn children and from the medically vulnerable.”

In a letter to McConnell endorsing his re-election, National Right to Life leaders said, “You have fought tirelessly in defense of the most vulnerable members of the human family, and for that we are deeply grateful. Those who care first about innocent human life recognize that your continued leadership in the U.S. Senate is irreplaceable.”

Upcoming Senate Primaries (June)

Iowa
Pro-life State Senator Joni Ernst is leading in the polls in Iowa’s Republican primary. The winner will face pro-abortion Democrat Congressman Bruce Braley, who has a 0% record with National Right to Life. Iowa is considered “lean D” by Cook Political Report and the Rothenberg Report.

Montana
Pro-life Congressman Steve Daines (R) is leading in the polls to challenge pro-abortion incumbent Senator Joe Walsh (D). Walsh signed on as a co-sponsor of the so-called “Women’s Health Protection Act” (S. 1696), legislation which would invalidate nearly all state limitations on abortion.

South Carolina
On May 15, National Right to Life endorsed Senator Lindsey Graham for re-election. In the endorsement announcement, National Right to Life legislative director, said: “Lindsey Graham has been a pro-life champion throughout his years of congressional service. He was the architect of one of the most important pro-life laws ever enacted by Congress, the Unborn Victims of Violence Act, which punishes those who injure or kill unborn children while committing federal crimes. He is currently pressuring the Senate Democratic leadership to allow a vote on his groundbreaking bill to prevent abortion nationwide in the fifth month and later, when the unborn child is capable of experiencing excruciating pain during the abortion.”

The Democrat who will run against Sen. Graham is yet to be determined. South Carolina’s Senate race is considered “solid R.”

South Dakota
Pro-life Republican Governor Mike Rounds consistently polls double-digits ahead of pro-abortion Democrat Rick Weiland in South Dakota’s Senate race, which has been rated “likely R” by Cook.

Virginia
Pro-life Republican Ed Gillespie is challenging one-term pro-abortion Senator Mark Warner. Warner has a 0% pro-life voting record as a U.S. Senator, according to National Right to Life. Gillespie’s entrance into the race moved the ratings out of the “safe Democrat” category.

Colorado
Pro-life Congressman Cory Gardner, who has a 100% pro-life record with National Right to Life, is leading in the Republican primary for the right to run against pro-abortion Democrat Senator Mark Udall. Udall has scored 0% with National Right to Life.

Congressman Gardner’s entry into the Colorado Senate race has made the race competitive. Cook Political Report now rates it as a tossup.

2014 Senate Race Numbers

During the campaign season, numbers are tossed out from every angle, from how much money a campaign has raised to polling data to expected voter turnout, to the statistics by district, or previous winning percentages. Because numbers are important in elections, I am going to close with a few numbers for you.

Thirty-six: Thirty-six U.S. Senate seats are in play in 2014: 21 Democratic and 15 Republican.

Six: Pro-lifers need a net gain of six in the U.S. Senate to achieve pro-life leadership.

Nineteen: Following the primaries, four state races in West Virginia appear to have been determined by a combined total of 19 votes. Those four candidates surely recognize the value of each and every voter, and are probably second-guessing any opportunities they may have missed to ask a friend to vote.

It reminds me of a song, “So close, so close and yet so far.”

One last number for now.

Five: In just over five months, on November 4, 2014, voters in this great nation will determine who will represent their values in the U.S. House and Senate. What matters most, in the end, is voter enthusiasm that leads to turnout at the polls on election day. The ones who show up to vote, win.

NEW YORK, May 9 (C-FAM) The Guttmacher Institute announced its new president this week: an abortion advocate who argued against transparency with health statistics, preferring to “lock all the academics in a black box” until they agree to “a consensus set of numbers.”

Ann Starrs, who co-founded the abortion-promoting Family Care International, will shortly assume leadership of the research institute founded by Planned Parenthood. Guttmacher positions itself as the definitive source of data on reproduction and sexuality.

While Starrs’ approach to the relationship between facts and advocacy may align with her new employer, the need for open discussion of global health statistics has never been greater, as illustrated by the dispute involving the UN’s estimates of the number of women dying from causes related to pregnancy and childbirth.

In 2010, the Institute for Health Metrics and Evaluation (IHME), led by former World Health Organization (WHO) employee Dr. Christopher Murray, published a study in the journal Lancet refuting the UN’s numbers, showing maternal mortality levels were far lower than the WHO had long claimed. Lancet editor Dr. Richard Horton faced pressure from advocacy groups to delay publication. Among them was Ann Starrs, who urged the scientists to “at least hide that there is disagreement” lest the conflicting numbers compromise advocacy efforts.

UN leaders echoed Starrs’ call for “consensus” statistics over scholarly independence. Months later, the UN group led by the WHO published its own revised numbers, which were much closer to the IHME estimates for that year.

This was not the only time the WHO’s rivals disputed their data. The IHME found malaria had caused twice the number of deaths reported by the WHO, particularly among children.

While both groups reported similar levels of maternal mortality last year, they have dramatically different perspectives on the amount of progress this represents.

Last week, IHME published an update on maternal mortality worldwide in the Lancet. They report close to 300,000 annual maternal deaths in 2013, which marks a 22% decrease since 1990. However, the WHO-led group claims that maternal mortality dropped by 45% in the same time frame. Both estimates fall well short of the Millennium Development Goal (MDG) aiming to reduce maternal deaths by three quarters between 1990 and 2015. [See figure.]

The disputed 1990 estimate—376,034 maternal deaths according to IHME and 523,000 according to WHO—has important policy implications for the future.

“The whole [maternal health advocacy] community has been living off 500,000 women dying a year for the last 30 years,” Dr. Murray told the Guardian. Advocates used the inflated number to create a sense of crisis. He presented the new numbers as a cause for great optimism.

According to IHME, maternal mortality has declined steadily but far more gradually than previously thought. Furthermore, improvement began prior to the MDGs, and it is not readily apparent that the MDGs have accelerated the process.

As UN member states decide the new Sustainable Development Goals that will replace the MDGs, transparency and accurate data are essential to ensuring that finite resources are put to the best possible use. This is particularly critical when activists equate championing specific “solutions” – such as abortion – with advocacy for women’s health more broadly.

When told at last year’s Women Deliver conference that a medication to stop bleeding after childbirth could not be accurately described as “life-saving,” Starrs replied that due to “the attention span and the expectations of policy makers” there needed to be “a little bit of hyperbole embedded” in advocacy messages.
Pro-Abortion Va. Gov. lays out new strategy to undercut protective abortion clinic regulations

By Dave Andrusko

There was never any doubt where pro-abortion Virginia gubernatorial candidate Terry McAuliffe stood on the General Assembly law passed in 2011 requiring that abortion clinics be treated like outpatient surgical centers. He was against them.

Now that he is governor, the only question was how he would try to undermine the rules enacted by the Virginia Board of Health. May 12 McAuliffe unveiled his latest approach. By law he can’t throw out the current members. So, he announced last Monday morning that he is appointing five new members to state Board of Health and ordered them to review the abortion clinic regulations.

And wouldn’t you know it, padding the board and ordering another look at “the extreme and punitive regulations adopted last year” comes just as abortion clinics in Virginia have until the end of June to comply. What a coincidence.

Olivia Gans Turner, president of the Virginia Society for Human Life, told NRL News Today “As expected, pro-abortion Governor Terry McAuliffe is working hard to protect abortionists and not the women and unborn babies of Virginia. This effort to undermine Virginia’s reasonable and protective abortion clinic regulations is an example of how committed Gov. McAuliffe is to the abortion industry lobby that helped to get him elected. Abortion remains a dangerous and deadly procedure that can hurt the mother and always kills her child.”

In the amusing-if-it-weren’t-so-awful category, McAuliffe—about to lard the board of Health with his political appointees—said the 2012 regulations were “arbitrary” and “marked by political interference.”

Not surprisingly, the abortion industry applauded the review. “I am absolutely thrilled to see Governor McAuliffe take this bold and critical stand for the women and families of Virginia,” said Tarina Keene, executive director of NARAL Pro-Choice Virginia.

As the Washington Post explained today, this is the latest McAuliffe strategy. “As a candidate, McAuliffe said he would do away with the regulations by issuing a ‘guidance opinion,’ a mechanism whose existence legal experts later called into question,” according to Laura Voazella. “Now governor, he has struck upon the review process as a possible way. McAuliffe also stacked the 15-member health board with five new abortion rights supporters, after nudging four members to wrap up their terms a month early.”

Pro-abortion Virginia Governor Terry McAuliffe

Pro-abortionists tried everything under the sun to derail the rules, or to remove their teeth. They were unsuccessful until June 2012 when out of the blue the Board of Health decided to “grandfather” in the 20 existing abortion clinics, meaning they were exempt from the new building standards, staff training, sanitation, and equipment standards.

This was flatly at odds with what the state legislature had intended and then-Attorney General Ken Cuccinelli told the Board of Health so in so many words.

In July 2013, the Board changed its mind and reversed itself. Pro-abortionists turned their blatant misrepresentation of the state’s intent into a critique of Cuccinelli (who ran unsuccessfully for Governor against McAuliffe) for supposedly “bullying” the Board.

Which brings us back to May 12. On the off-chance anyone would come to the obvious conclusion—that this is just the latest example of the McAuliffe administration skirting state law—spokesman Brian Coy said, “The governor is not a king, but he’s doing everything within his power.”

How’s that? “Any regulation can be reviewed every four years after adopted,” reported Voazella (part of the Post reporting team that hammered former Governor Gov. Bob McDonnell unmercifully). “McAuliffe was simply asking for the review sooner than normal,” Coy said.