November 2015

MORE THAN NUMBERS...
Abortion has taken nearly 58 million lives since 1973, when Roe v. Wade made it legal.

More than 1,058,000 abortions were performed in 2011.
That is nearly 2,900 abortions every day, 120 per hour, or 1 every 30 seconds.
Of all pregnancies that resulted in either live birth or abortion in 2011, 21.2% resulted in abortion.

THE WAR ON THE UNBORN

Lives taken by abortion since 1973:

American casualties from every war since 1775:
Supreme Court agrees to hear lawsuit challenging Texas’ pro-life law

By Dave Andrusko

As widely, but not universally expected, the United States Supreme Court agreed Friday to take up a lawsuit brought by a coalition of abortion providers that challenges two provisions of H.B. 2, an omnibus 2013 Texas law. However reluctant justices may (or may not) have been to wade into the abortion controversy, it made sense for the High Court to hear Whole Woman’s Health v. Cole. Abortion is an important issue and lower courts have disagreed over the requirement that abortionists have admitting privileges at a nearby hospital for situations of medical emergencies. HB2 also requires that abortion clinics meet the same building standards as ambulatory surgical centers. It is noteworthy what was never challenged: the Pain-Capable Unborn Child Protection Act. Also not before

Frustrated with Congress? Elect a Pro-life President and more pro-life senators

By Karen Cross, National Right to Life Political Director

According to a Gallup poll released November 12, only 11% of Americans approve of Congress — the lowest point this year and one of the lowest ever. But pro-lifers are frustrated for a very different reason. Both houses of Congress have strong pro-life leadership, but their efforts have been stymied by pro-abortion President Barack Obama and an entrenched pro-abortion minority in the Senate.

Currently, the gridlock happens when the U.S. House of Representatives passes pro-life legislation and it goes to the U.S. Senate. Under most circumstances sixty votes are required for passage. We don’t have 60 pro-life votes in the Senate.

The Pain-Capable Unborn Child Protection Act (H.R. 36), which would protect from abortion unborn children 20 weeks or older, easily passed the U.S. House, 242-184 (238 Republicans and four
Kermit Gosnell, PPFA, and Hillary Clinton

What do abortionist Kermit Gosnell, Planned Parenthood, and Hillary Clinton have in common? Or, perhaps better put, what are the common threads that link a man convicted of three counts of 1st degree murder, the largest abortion provider in the known galaxy, and the pro-abortion frontrunner for the abortion-saturated Democratic Party’s presidential nomination?

Some are obvious, others less so. Each judges human value on a sliding scale. Not just size and development but also the ability to protect oneself. Who can be more defenseless than the unborn child who depends not on the kindness of strangers, but his or her own parents? And what do Gosnell, PPFA, and Clinton tell those parents who might be wavering? You have only one life to live so extinguish that bothersome life inside you.

Each--Gosnell, PPFA, and Clinton--is incapable of being embarrassed by behavior and language that in a less cruel world would have shocked normal people senseless. Gosnell, whose specialty was aborting huge babies, joked that one baby was so big he could “walk me to the bus stop.”

In case you forgot, when police raided his home, they found it as flea-ridden and stench-filled as his Women’s Medical Society abortion clinic--a place of unbearable smells where “You could tell there was death somewhere.” What was Gosnell doing as police donned bio-hazard suits to investigate the basement (besides calling himself a “nice guy” for providing a bottle of flea repellent)? Philadelphia Police crime scene investigator John Taggart said Gosnell sat at the piano and played Chopin.

Various and sundry PPFA big-wigs were caught on undercover camera laughing about making enough money off of the baby parts of aborted babies to buy a Lamborghini. Another nonchalantly told investigators posing as fetal tissue procurers, “We’ve just been working with people who want particular tissues, like, you know, they want cardiac, or they want eyes, or they want neural. … Oh, gonads! Oh, my God, gonads.” And in case anyone might be wondering, the added assurance, “Everything we provide is fresh.”

In some respects, Clinton’s responses have been even worse. When the nation was shocked by the release of the Center for Medical Progress videos, Clinton hedged : “I have seen pictures from them and obviously find them disturbing.”

Before you could say stalling-for-time, Clinton offered a full-throated defense. “I defend, and I will continue to defend, Planned Parenthood, because services that Planned Parenthood provides are broad, and necessary for millions of American women,” she said, conflating for the gazillionth time family planning and abortion. PPFA couldn’t be a billion dollar enterprise if it didn’t have political muscle and politicians in their pockets.

Last month’s digital edition of National Right to Life News had a heavy emphasis on Planned Parenthood’s skullduggery. As always, we will pay plenty of attention to the largest “provider” (what an odd choice of words) of abortion in this the November edition, but if there is a major theme for this issue of the “pro-life newspaper of record” it is looking ahead to the 2016 elections.

Too early? No, as you can tell from the buzz about the Republican debates and (to a much lesser degree) the Democratic debates, it’s not just political reporters whose juices are flowing.

While it might try some/many people’s patience, the flip side is that it signals that we are approaching the clubhouse turn on the eight bleak years of pro-abortion Barack Obama. While he will always be remembered as the first African-American president, my guess is that, unlike other presidents, history will not be kind to him.

Naturally with a dozen and a half Republican presidential candidates (now whittled down to 14) competing, you would expect a disproportionate amount of attention to be pointed in their direction. This is especially so because two non-politicians--Donald Trump and Dr. Ben Carson--are ahead in the polls and because pro-abortion Hillary Clinton is the odds-on favorite to be the Democrats’ nominee.

But, ever and always, the tectonic plates are busy shifting beneath the candidates’ feet. Whatever we think we know now, in a few months the reality will likely be vastly different. Let’s take Clinton, for example.

The former First Lady, senator from New York, and Secretary of State has impressive credentials, loads of money, and the backing of the party and many of the big donors. On the surface, she faces exceedingly weak competition, now down to former Maryland
From the President
Carol Tobias

We must not allow the pro-life message to be silenced!

For example, for many years, men have been told that abortion is a “woman’s issue” about which they have no right to say anything. Senator Claire McCaskill (D-MO) elevated this demand for self-censorship with a recent video in which she stated, “As one of just 20 women currently in the Senate, it’s important to me to encourage more women to run for office. But equally important is encouraging more men to sometimes just shut the hell up. It’s not that women don’t value your thoughts, it’s just that we don’t value all of them. The world doesn’t need your opinion on everything. For example, what women do with their bodies. Hush.”

Responding to criticism on Twitter, she wrote that the video was created as a joke. But as several responding tweets stated, it wouldn’t be so funny if a man had said the same thing to women. The defense that it was a “joke” would sink like a lead balloon.

We know far too many men who wanted to save their unborn children from abortion but weren’t able to do so. Legally, men have no right to protect their unborn children but they should at least have the ability to speak out about protecting those babies. This is the United States of America, right?

What is taking place on college campuses is another phase of the campaign to stifle free expression. Pro-life groups have seen their speech rights trampled, literally and figuratively. Flyers calling for the defunding of Planned Parenthood were torn down at American University in Washington, DC. Students at the University of North Carolina are able to write messages in chalk on sidewalks to share their opinions. But positive, life-affirming, messages left on sidewalks by pro-life students were erased by other students who claimed the messages would trigger violence. Pro-life displays are often ripped apart or torn down. So who is acting violently?

Ryan Bomberger, an African-American and founder of the pro-life Radiance Foundation, got frustrated with the pro-abortion position of the National Association for the Advancement of Colored People. The NAACP sued and won the first round in federal court. Fortunately, an appeal to a higher court was successful in determining that Mr. Bomberger’s free speech rights still exist.

On the flip side of being told to shut up is being told what you must say. Several cities have tried to tell pregnancy resource centers what they can or cannot tell the women they seek to help. Fortunately, most of these laws have been overturned in the courts, but these NARAL-inspired laws keep getting passed. Just last month, the state of California took it to a new level.

California passed a law to force pregnancy resource centers that offer medical services to give every client information about how they may be eligible for free or low-cost family planning services, prenatal care, and abortion from the state, along with a phone number for where to get further information.

Can you imagine a state government telling a Ford dealer that it has to tell customers where they can buy a Honda? Or forcing Taco Bell to tell customers it only serves Pepsi products and that if they want Coke, where can they find the closest McDonalds?

But this law is more serious than just product competition. Pregnancy resource centers have a moral objection to telling a woman where she can go to kill her child. This is a free speech issue and will be argued in court on that basis, but for many of the workers at these centers, it’s also an infringement on their religious beliefs.

Pregnancy help centers that do not offer medical services are required to post, in several clear and conspicuous places, “in no less than 48-point type,” a message that the facility “is not licensed as a medical facility by the state of California and has no licensed medical provider” on hand.

A lawsuit has been filed against this egregious edict and we certainly hope and pray for a victory.

We must be vigilant. We are the voice for voiceless, innocent unborn children and we cannot allow our beliefs and our opinions to be silenced. If we are not able to speak for these little ones, the killing will continue and, indeed, even increase.
Adoption: the hope for orphans around the world

By Joleigh Little, Teens for Life and Region Coordinator, Wisconsin Right to Life

It is no small coincidence, in my mind, that whoever created National Adoption Month chose November to be that month, with its inherent focus on blessings and thankfulness. Because, you see, I’m that ridiculously sappy mama whose greatest blessings have come to her through adoption.

My love for adoption, much like my love for my daughter, though, is not a gooey, blind adoration that focuses only on the warm fuzziness and the photos of picture-perfect, doe-eyed cherubs. I brought Clara home when she was nearly three – after she spent her infancy and toddler years running an orphanage in Bulgaria. (Yes, you read that right – the tiny, quick-witted and even quicker-tempered little pumpkin had a staff of 12 doing her bidding both morning and night.)

Our first year home was tough. We were strangers brought together by the miracle that is adoption. She was a little girl in need of a mom, and I was a mom who needed a little girl. It’s the stuff of fairy tales, until you factor in the daily reality of blending two people who have only just met into a family.

Clara came with her issues – and none of them had to do with her missing limbs and digits – those, in fact, are such non-issues that most days neither one of us even pays them a second thought. If you asked her, she’d also say “Mommy came with her issues…” because I know I did. We all do, whether we want to admit it or not.

I say this because, so often, the hard parts of adoption get glossed over in our gigantic love-fest, as pro-lifers, with the concept. (And don’t get me wrong… NO ONE loves adoption more than this girl.)

I don’t think we do anyone – most certainly not our cause – a service by ignoring the fact that adoption also means brokenness – whether it’s a shattered relationship or a less-than-stellar childhood that leads a birth mom to contemplate abortion as her only option, or the heart-wrenching reality of a couple that cannot create and are different than those they have known for nine months.

For children like both of my girls, adoption was precipitated by abandonment. For Clara it happened at birth when she was left alone in a hospital NICU at 29 weeks gestation, and for Annelise it happened at age two.

Adoption and attachment are hard for parents and children who suddenly become family, who are ripped from the only life they’ve known, plopped into the arms of strangers who are often a weird color (from their perspective,) and whisked to a location that is completely unfamiliar to them, with new sights, sounds, smells and customs.

All of that said, I get angry when people – be they fellow activists, or bitter adult anti-adoption advocates or even being brutally killed before you are allowed to draw your first breath.

But you guys. Imagine the only thing you have to be thankful for is being raised in a loving home. Adoption is a gift to the Adoption and attachment are hard for birth families who have to say good-bye, for whatever reason.

For children like both of my girls, adoption was precipitated by abandonment. For Clara it happened at birth when she was left alone in a hospital NICU at 29 weeks gestation, and for Annelise it happened at age two.

Adoption and attachment are hard for parents and children who suddenly become family, who are ripped from the only life they’ve known, plopped into the arms of strangers who are often a weird color (from their perspective,) and whisked to a location that is completely unfamiliar to them, with new sights, sounds, smells and customs.

All of that said, I get angry when people – be they fellow activists, or bitter adult anti-adoption advocates or even being brutally killed before you are allowed to draw your first breath.

But you guys. Imagine the alternative. Loneliness, brokenness, despair, facing a future without an adult who has your back – being trafficked, left on the street to fend for yourself or, even being brutally killed before you are allowed to draw your first breath.

Without adoption, our world would be a far sight worse than it is. If adoption didn’t exist, there would be literally no hope for orphans around the world.

See “Adoption,” page 40
Adoption: A loving, life-saving, realistic alternative to abortion

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

Editor’s note. November is National Adoption Month. We will continue to print examples of this life-affirmative alternative all month. The following, we trust, is a helpful overview.

To get a good idea of the broader picture, to understand why pro-lifers feel adoption is such a loving realistic, life-saving alternative to abortion, let’s talk about some basic information and statistics about adoption in the U.S.

Surveys and studies on adoption aren’t as frequent as research in some fields. However a few government statistics and a comprehensive national survey of adoptive parents in 2007 found out a number of important things.

According to figures from the 2007 National Survey of Children’s Health (NSCH), the 1.8 million adopted children in the U.S. comprise about 2% of America’s child population. About a quarter of these represent international adoptions, with nearly equal amounts representing private domestic adoptions (38%) or adoptions from foster care (37%).

About a quarter are adopted by relatives, and close to a third (32%) are adopted at birth or at least placed for adoption at one month or less.

Infant adoption has become rarer since 1973. According to the U.S. Department of Health and Human Services Adoption USA Chartbook, prior to 1973, about 8.7% of never married women who gave birth made a plan for adoption. However that dramatically dropped to 1% in the 1990s.

While the HHS Chartbook mentions the role of reproductive technology such as in vitro fertilization giving childless couples the chance to conceive on their own, the abortion deaths of millions of babies who could have been available for adoption also surely played a role.

There is great openness to adoption in the American public. A 2002 survey of women aged 18-44 found 33.1% considering abortion with 23.2% of those actually taking steps to adopt a child. An adoption activist writing in 2008 said that there were more women seeking to adopt unrelated children costs of $10,000 or more, at least half pay less than $5,000, with 29% paying nothing at all, according to the Chartbook.

While many of those paying little or nothing to adopt are relatives, this does not necessarily represent all those paying lower fees. Twenty-two percent of those parents adopting children who are not related did not pay anything either.

About 80% of parents adopting children after 1997 filed for federal adoption tax credits that went into place that year, and about 13% of adopted children had a parent who reported receiving some financial assistance from their employer.

With pre-planned infant adoptions, typically adopting parents cover necessary medical and legal fees.

Private agencies, some of them religious, can be helpful in facilitating adoptions, guiding would be parents through the process. They can not only help with legal paperwork but assist in making the match and working out the transition.

The 2007 NSCH survey found that adopting parents were likely to be married, to be educated, to live in safe neighborhoods and to have health insurance. The children in those

See “Adoption,” page 29
A Mother’s death-defiant vow: “You’re going to do beautiful things with these beautiful hands”  

By Karen Cross, National Right to Life Political Director

Expecting their third son to be as healthy as his two older brothers, David and Marie learned that their newborn son, Reid, had a condition called Myotubular Myopathy (MTM), a rare condition that compromises most of his muscles and makes him unable to breathe without ventilator support.

Despite being told Reid would “probably die within a year,” Marie said their goal was “to help Reid be as healthy as possible and live his life to the fullest in his home, surrounded by the people who love him.” They were told “phrases like ‘let nature take its course,’ and ‘we can put a DNR in his file before he goes home and then if something happens…’”

Following are reflections by Reid’s mother after celebrating her third son’s – thus the nickname “Tertius,” which is Latin for third – 8th birthday.

When “Tertius” was born as a floppy baby with respiratory insufficiency, the neonatologist and nurses whisked him away before I could even glimpse his body, let alone hold him. Eager to see him and find out what was happening, I kept attempting to get out of the recovery room bed, but due to the delivery trauma, my legs crumpled under me every time. Powerless and perplexed, I was forced to wait until David could secure a wheelchair to transport me from the maternity ward to the NICU, where I first saw my third son, encapsulated not by my own, loving arms but by a hospital incubator. (If it is possible to be jealous of an inanimate object, then I certainly was.)

The one meager satisfaction of the ache to hold my child was accomplished by reaching through a small window of the isolette and grasping his tiny hand, the only part of him that didn’t seem covered and invaded by alien tubes, IV lines, and wires. I vainly searched for some kind of response from him, softly pleaded with him to open his eyes and “Look at Mommy,” but he didn’t yet have the strength to raise his eyelids. As I prayed, whispered, and sang, the vision of the sweet hand in mine began to penetrate the sad, surreal daze of my thoughts, like a wisp of clear light guiding me through a fog, then suddenly striking me with their abnormal beauty and gracefulness. Motionless, he moved me. Breathing, he beguiled me. Helpless, he healed me.

His long, slender fingers – soft and silky as rose petals – existed as a sign of perfection in the midst of everything going wrong. A death-defiant vow bloomed on my lips, “Someday, I’ll teach you to play piano. I’ll teach you how to make music.

Reid holding hands with his new younger brother, Paley, who had just come home from the hospital (five years ago).

Reid’s tender, beloved hands, both fragile and resilient, both tenuous and tenacious in their grip upon life, could echo a song of flaming tongues, which declare “When I am weak, then I am very strong.”

You’re going to do beautiful things with these beautiful hands.”

That these tender, beloved hands, both fragile and resilient, both tenuous and tenacious in their grip upon

See “Vow,” page 36
The reality of human cloning

By Paul Stark

In 2013, researchers at Oregon Health & Science University announced a major scientific breakthrough. They had, for the first time, successfully derived stem cells from cloned human embryos. Today, the creation and destruction of cloned embryos takes place in several laboratories around the country. Few people are aware of this research, the ethical problems it raises, or the disturbing practices to which it could lead. The dangers are spelled out in “The Threat of Human Cloning: Ethics, Recent Developments, and the Case for Action,” an important new report by the Witherspoon Council on Ethics and the Integrity of Science. We ought to heed the warning.

What is cloning?

Cloning researchers employ a technique called somatic cell nuclear transfer—the same process famously used to create Dolly the cloned sheep in 1996. It involves removing the nucleus from an egg and replacing it with the nucleus from a somatic cell (a regular body cell, such as a skin cell), which provides a full complement of 46 chromosomes.

The egg is then stimulated and, if successful, begins dividing as a new organism at the earliest (embryonic) developmental stages. This new individual is genetically (virtually) identical to the person from whom the somatic cell was taken. It is a human clone.

Theoretically, a cloned human embryo could be implanted in a uterus and allowed to develop into a fetus, infant, child, and so on. The Witherspoon report calls this “cloning-to-produce-children” (often dubbed “reproductive cloning”). Almost everyone opposes it, and it is not yet practically feasible.

Alternatively, a cloned human embryo can be destroyed at the blastocyst stage (about five days after creation) in order to derive stem cells for research purposes. This is cloning-for-biomedical-research (usually called “therapeutic cloning”). And, following the breakthrough in 2013, it is happening right now.

Cloning is unnecessary

So what are the problems with this research? First, it is unnecessary. Scientists long sought cloned human embryos because their pluripotent stem cells would be genetically matched to potential patients (whose genetic material could be used to create the embryos). In 2007, however, researchers found a way to reprogram regular adult cells to become virtually equivalent to embryonic stem cells.

These induced pluripotent stem cells (iPSCs) are genetically identical to the prospective patients from whom they are derived. So they have the same theoretical advantages as stem cells from cloned embryos—but without the creation and destruction of embryonic human beings.

The advent of this ethical alternative diminished the demand for human cloning. Cloning research continued, though, and the Oregon announcement rejuvenated it. But there is no compelling medical rationale for human cloning.

Cloning is dangerous

Third, research cloning enables other morally problematic activities. It lays the technical groundwork for cloning-to-produce-children, which raises a host of ethical concerns. It could lead to fetal farming—growing cloned embryos to a later stage so that their valuable organs can be harvested for research or transplantation. And cloning technology may facilitate the genetic engineering of children, as it already has animals.

These are among the reasons why the Witherspoon Council calls for a complete ban on human cloning. MCCL helped to pass such a ban in Minnesota in 2011, but it was vetoed by Gov. Mark Dayton.

The threat is greater now than it was then. Human cloning is unnecessary, unethical and dangerous, and it ought to be stopped.

Editor’s note. The following first ran in the September-October 2015 issue of MCCL News. Paul Stark is Communications Associate for Minnesota Citizens Concerned for Life (MCCL), National Right to Life’s state affiliate.
A Capitol Hill briefing to announce the theme of March for Life 2016 “Pro-Life and Pro-Woman Go Hand in Hand,” Rep. Vicky Hartzler (R-Mo.) cried as she related her experience as a teacher discovering that one of her students had been coerced into having an abortion.

Hartzler recounted that she had a student who requested not to attend a unit she was teaching on child development, because she had recently had a miscarriage. After complying with the girl’s request, Hartzler learned the truth in a parent-teacher conference later that month.

“Sherrie (name changed) came in with her head down looking absolutely miserable with her mother,” Hartzler said. “We looked at her grades and talked about assignments.”

Hartzler recounted the mother saying, “Well I wanted to thank you for giving Sherrie another alternative assignment, because you know when she told us she was pregnant, I told her we are not having a child in this house, and then we’re going to go down to the clinic, and we are going to take care of that, and we did – whether you like it or not.”

Hartzler said the mother then complained about her daughter “blubbering right now.”

“I tell you it was all I could do to restrain myself. I just wanted to embrace the girl,” Hartzler said, crying as she recalled the experience. “It’s so important that we get to the kids and the parents with accurate information as well.”

Hartzler also told a story about one of her students, who “shared with me that she was pregnant and that she had gone to Planned Parenthood the day before.”

The student was “about three months along,” she said. “She had asked them, ‘Well what does it [the unborn baby] look like,’ and they had said to her, ‘Oh, don’t worry about it. It’s just a blob of tissue,’” Hartzler said.

The girl asked Hartzler for pictures of an unborn child three months along, since Hartzler taught child development at the time.

Hartzler gave the girl the information, “showed her the different stages of development of a baby, and she looked at that three-month-old unborn baby, and she said, ‘Mrs. Hartzler, this isn’t a blob of tissue. This is a baby.’”

“She said, ‘Why would they tell me that?’ Well, I didn’t have an answer for that,” Hartzler recounted. “She said, ‘I don’t want to have this abortion,’ and her parent was encouraging her to do that, and fortunately, she had a neighbor that, that night took her to a maternity clinic in the area, and she ended up staying there, choosing life.

“It is so important that we get knowledge out to people about the truth about abortion and about baby development, and certainly, that’s one thing I’m working on,” Hartzler emphasized.

She cited these encounters with young girls in crisis pregnancy situations as her reason for introducing a bill Tuesday to recognize “National Pregnancy Center Week,” to recognize and raise awareness for local crisis pregnancy centers.

“Pregnancy Care Centers are a shining example of what we should be doing more as Americans—individuals and communities working together to protect and promote life,” Hartzler said at the bill’s introduction. “These centers and the teams of dedicated people working tirelessly to assist women in need and save unborn lives – they deserve our admiration and support.

“From medical help, guidance, housing and material assistance, parenting lessons, emotional support, and promotion of life over abortion, roughly 2,500 pregnancy care and resource centers in America provide support and care to millions of women each and every year. It is an honor to dedicate a week to recognize their tireless efforts,” she added.

Editor’s note. This appeared at cnsnews.com and is reprinted with permission.
“I don’t think Planned Parenthood should get a red cent from the taxpayer” says new House Speaker Paul Ryan

By Dave Andrusko

If you had the chance to watch Paul Ryan (R-WI) on even a couple of the Sunday talk shows the weekend after he became the newly elected pro-life Speaker of the House (he was on five!), you could readily see why he is pro-life John Boehner’s successor. Ryan is smart, articulate, funny, quick on his feet, and aware that the White House is still controlled by pro-abortion President Barack Obama with Senate Democrats more dedicated than ever to protecting Planned Parenthood.

As NRLC explained, H.R. 3762 is a special type of legislation called a “reconciliation bill.” This means that it cannot be blocked in the Senate by the filibuster, which has been the main obstacle to previous attempts to pass legislation to defund Planned Parenthood. Nevertheless, the bill faces formidable obstacles in the Senate.

The bill would close the largest pipeline for federal funding of Planned Parenthood, Medicaid, and apply as well to the Children’s Health Insurance Program (CHIP) and the Title V and Title XX block grant programs. These sources account for roughly 89% of all federal funds that currently flow to Planned Parenthood.

Under the bill, the amounts denied to Planned Parenthood are reallocated to community health centers.

New Speaker of the House Paul Ryan, interviewed by CNN’s Dana Bush.

A first step was taken back in October when the House passed the “Restoring Americans’ Healthcare Freedom Reconciliation Act,” (H.R. 3762) which would block, for one year, most federal payments to affiliates of the Planned Parenthood Federation of America (PPFA).

When Mr. Ryan was sworn in as the 54th speaker of the House, he was the youngest Speaker in 150 years. When he was selected by Mitt Romney to be his running mate in 2012, the rest of the country had the opportunity to see what pro-lifers already knew about Paul Ryan.

Congressman Ryan has a deep, abiding respect for all human life, including unborn children and their mothers, the disabled, and the elderly,” said National Right to Life President Carol Tobias. Ryan has compiled a 100% voting record from National Right to Life ever since he entered the House in 1989.

Our anti-life counterparts understood his track record just as well as we did. “Rep. Paul Ryan’s extreme anti-choice record shows just how serious a threat Mitt Romney’s presidency would be for women,” said Nancy Keenan in 2012, then president of NARAL Pro-Choice America.

Naturally he was accused of being a warrior in the tiresome “War on Women.” Ryan deftly handled the bogus allegations in his acceptance speech.

“Our different faiths come together in the same moral creed. We believe that in every life there is goodness; for every person, there is hope. Each one of us was made for a reason, bearing the image and likeness of the Lord of Life.

“We have responsibilities, one to another. We do not each face the world alone. And the greatest of all responsibilities, is that of the strong to protect the weak. The truest measure of any society is how it treats those who cannot defend or care for themselves.

“Each of these great moral ideas is essential to democratic government, to the rule of law, to life in a humane and decent society. They are the moral creed of our country, as powerful in our time, as on the day of America’s founding. They are self-evident and unchanging, and sometimes, even presidents need reminding, that our rights come from nature and God, not from government.”

See “Paul Ryan,” page 37
Networks Skip Over Last SEVEN Planned Parenthood Videos

By Katie Yoder

Editor’s note. This ran November 3.

It’s becoming a trend.
The three broadcast networks didn’t even hint at the latest Planned Parenthood video released last Tuesday by the Center for Medical Progress (CMP). During their evening and morning news shows, ABC, NBC and CBS turned a blind eye to the undercover video that showed a Texas abortionist, Amna Dermish, admitting how she will “strive for” intact baby heads and finds aborted baby hearts “cute.”

But, for the networks, skipping over the videos exposing Planned Parenthood is nothing new.
The last time a network mentioned the release of a particular video came July 31, when CBS This Morning correspondent Julianna Goldman acknowledged the fourth video of a “Planned Parenthood doctor in Colorado discussing providing fetal tissue for a fee.”

NBC last reported on a specific video July 30, while ABC – the worst of all three networks – last noted a video July 16 (keep in mind the first video came out July 14).

That means ABC, NBC and CBS haven’t covered the release of the last seven videos filmed by the Center for Medical Progress.

In other words, ABC, NBC and CBS refused to investigate headlines like these:

· Full Video: Planned Parenthood Partner Jokes about Shipping Intact Baby Heads

· Gosnell-Like Horror: Abortion Worker Describes Cutting Open Baby with ‘Beating Heart’

· VIDEO: Abortion Workers ‘Would Just Take’ Baby Parts from Women – Without Consent!

· SHOCK: Planned Parenthood Workers Laugh Over Babies ‘All Mixed Up Together in a Bag’

Although they haven’t covered a release since July 31, the networks have, more recently, reported on the content of a video – but only to attack GOP presidential candidate Carly Fiorina after she challenged President Barack Obama and Hillary Clinton to “watch a fully formed fetus on the table, its heart beating, its legs kicking…” during the Sept. 16 GOP primary debate.

Media History
Since the release of CMP’s first video on July 14, the broadcast networks have proven hesitant to publicize the story – and when they did, they refused to even utter the word “baby.”

Two months after the first video’s release, MRC Culture found that ABC, NBC and CBS had aired a mere 0.13% of the CMP footage during their news shows – or 1 minute, 13 seconds of more than 16 hours.

In early October, MRC Culture discovered that the networks spent more time combined airing Cecile Richards’ defense of Planned Parenthood during a congressional hearing than showing the actual videos themselves.

From the beginning, the liberal media raced to defend Planned Parenthood. In the first 9 hours and 30 minutes of news shows broadcast after the story broke, ABC, NBC and CBS, spent only 39 seconds on the first video. It took more than 24 hours before all three covered the story. In the week after the first video, the networks gave a mere 9 minutes and 11 seconds to the story. In contrast, the networks devoted more than three times that to the Susan G. Komen controversy, when the charity permanently decided to defund the abortion giant.

ABC, NBC and CBS prioritized animals over aborted babies, by covering the shooting of Cecil the lion in toilets “to get out,” attracted a scant 12–15 reporters. Only after 56 days, multiple letters from members of the House of Representatives and a public outcry, did all three broadcast networks report on Gosnell.

Methodology: MRC Culture watched the evening (Oct. 27) and morning (Oct. 28) network news shows. MRC Culture also searched Nexis for “Planned Parenthood” in ABC, NBC and CBS morning and evening news show transcripts.

Editor’s note. This appeared at newsbusters.org and is reprinted with permission.
Fox 46 interviews mother whose chemical abortion was reversed

Baby now five months old

By Dave Andrusko

Mega-kudos to Fox 46 WJZY in Charlotte, North Carolina for its terrific story about Dr. Matthew Harrison and a 5-month-old baby boy named Walker who was saved by a new technique that may, if started promptly enough, be able to reverse the effect of RU-486.

To understand the reversal, it’s essential to remember that RU-486 is actually a two-drug technique. In brief what the abortion reversal process does is to counteract the first drug, mifepristone, before the second one, misoprostol, is ever given, by giving massive dosages of progesterone.

The Fox 46 story, presented by Bill Melugin, focuses on Dr. Harrison, who works at Novant Health’s Rowan County Regional Medical Center in Salisbury, N.C. Dr. Harrison, along with Drs. George Delgado and Mary Davenport, are at the forefront of this exciting new development which they call the “Emergency Abortion Pill Reversal Kit.”

Dr. Harrison told Melugin

“The way the abortion pill works is it [mifepristone] essentially starves the baby by blocking the natural hormone that’s in the woman’s body, which is progesterone, thereby breaking the connection between the placenta and the uterus disrupting nutrients to the baby, causing death. …This is followed 48-72 hours later with Cytotec [misoprostol] which induces labor.

What progesterone does, the treatment we give her, is it puts extra hormone into her system, the natural hormone that’s already in her system, and it floods her system with progesterone so the abortion pill doesn’t work.”

Melugin personalizes the story by talking to Walker’s mother, Autumn Barnes. He begins his piece by saying that Dr. Harrison has found a way to save lives before they ever come into this world. Believe it or not he’s pioneered a way to reverse the effects of the abortion pill, and it works.

Melugin sat down with Walker’s parents and Walker, who is incredibly cute:

“Anytime we go somewhere, everyone says that baby, there’s something special about that baby,” Barnes says. “And I’m like, ‘If you only knew.’”

In some ways the story is not so different. Barnes and her boyfriend already had a daughter and when she became pregnant again in 2014, there were bills to pay.

“I never thought that I would be okay with having an abortion,” Barnes told Fox 46. “I grew up with a Christian family, and that’s wrong, that’s so wrong.”

But thoroughly scared, she went to Raleigh without telling anyone and took the mifepristone. “When I got into the truck it just kept running through my mind, I just killed my baby, I have a little girl at home, how is it fair that I just took an innocent child’s life?” she told Melugin.

That’s when the story becomes what Melugin says some people might consider a “miracle.”

Barnes goggled options about possibly reversing a chemical abortion and “found a link to abortionpillreversal.com, which said her pregnancy could possibly be saved if she acted quickly.”

Skeptical (to put it mildly), she called the number anyway. They found her a doctor in Fayetteville who had an Abortion Pill Reversal Kit. Timing is everything—even without taking the second pill, the reversal must be started

See “Reversed,” page 38
Baby born missing most of brain turns two, says first word

By Nancy Flanders

In March 2013, Emma Murray of Scotland was rushed to the hospital with what she thought was appendicitis. It turned out, she was actually in labor. But as she was beginning to process this news, she was hit with a devastating diagnosis for her son. As soon as baby Aaron was born, both the doctors and Murray knew something was wrong.

“I was foggy from all the pain medication from the birth,” Murray told The Daily Mail. “But I could still see that his head was very large. My stomach was knotted with anxiety, but all I could do was lie back and wait for some answers.”

Her baby was taken from her and rushed to the neo-natal unit. A brain scan showed that Aaron has holoprosencephaly, a condition in which the brain doesn’t form. Aaron has only a brain stem, which meant he could breathe and had limited functions, but doctors expected him to die at any moment, telling Murray that her son had only minutes, possibly hours to live.

“I was absolutely heartbroken,” said Murray. “He was hooked up to every machine and had a hat over his head so we couldn’t see the size of it. I just sat by his cot rubbing his little hand. I was in total shock.”

Despite the doctors predicted prognosis for Aaron, after a week in the hospital, he was still alive. He was then moved to Yorkhill Royal Hospital for Sick Children where doctors performed surgery to place a shunt in his head to drain fluid.

Eight weeks later, Aaron had proven he was a fighter, and he was sent home with his mother and big brother Jack.

Aaron is now two years old and although doctors said he would never progress beyond the mental age of a newborn, he loves to giggle and clap, and he recently said his first word: “mummy.”

“I was just playing with him in my front room,” explained Murray. “He was lying on his back on the carpet and I was leaning over him clapping my hands, and saying ‘mummy’ to him over and over, really drawing out the sounds. He was giggling, and then he said, ‘Mummy’. He had literally copied what I was saying. I just stared at him in shock, and then I just burst into tears. It was such an emotional moment.”

Jill Yaz from the Association for Spina Bifida and Hydrocephalus told The Daily Mail that it is “fantastic” how well Aaron is doing, since most babies with holoprosencephaly die before or at birth. Yaz says that Aaron’s life proves how much we still have to learn about the human body.

“[…] the body can surprise us and do remarkable things.” Yaz said. “[…] the fact that he has even survived is remarkable. It’s a testament to his mother’s love that he is doing so well.”

No one knows what the future has in store for Aaron, who has also begun saying “hello.” His family is grateful to have the little boy they describe as happy and cuddly. They are planning a large Christmas celebration at which they plan to give Aaron and Jack plenty of gifts to have fun opening.

Editor’s note. This appeared at liveactionnews.org and is reprinted with permission.
January 22nd is the tragic anniversary of the Supreme Court decision that made abortion-on-demand legal nationwide. Since that day in 1973, abortion has taken about 58 million lives. Take this opportunity to educate your community, your Church, your friends and family about the tragedy of abortion.

This winter, National Right to Life will offer these glossy 8.5” x 5.5” flyers with important facts and figures about abortion in this country in a clear and easy-to-read format. These flyers are suitable for any audience, and are great for gatherings, fairs, or Church services.

They cost only $8 per set of 50 flyers!

Ordering is easy! Choose from these three options:

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NOTE: ALL ORDERS SHIP STARTING JAN 4, 2016.
Holley Tierney rejects doctors’ advice to abort, holds off chemo until twins are born

By Dave Andrusko

Holley Tierney was 23-weeks pregnant when the dance instructor felt a pain in her chest. She’d carried a sound system that day and attributed the pain to that.

But better safe than sorry, she went to the hospital in Manchester, England, to have it checked out.

Doctors initially thought Tierney had pulled a muscle. But they found a shadow on the X-Ray, later a cancerous mass: Tierney, 25, had Non-Hodgkin’s Lymphoma, a rare cancer that develops in the lymphatic system.

As she told Kate Pickles of the Daily Mail

‘I’m so thankful to the doctor in A&E that pushed for me to have an X-ray and CT scan as I was just about to be sent home with a pulled muscle, he has saved my life.’

“Doctors then advised Miss Tierney, from Manchester, to terminate her pregnancy so she could start chemotherapy,” Pickles wrote.

“But she refused as they were already starting to kick and chose to risk her life for her two unborn babies.’

As Tierney explained

‘I couldn’t believe I was facing cancer while pregnant, it was my worst nightmare.

‘I knew there was no way I could terminate my pregnancy when I felt them kick, my maternal instincts had already kicked in.’

Against the advice of doctors, Tierney was resolute that she would not start chemotherapy until after the babies were born.

“Once doctors realised I wasn’t having a termination I shouldn’t wait any longer as my cancer could spread and I needed to start chemotherapy,”

Last August, Harlow and his sister Havana were delivered safely, weighing almost 3lbs each. (Harlow is now 7lb, 10oz and Havana 6lb, 9oz.)

“Seeing them for the first time was the best feeling in the world, I couldn’t believe they were mine,” Tierney told Pickles.

“But it was bittersweet as I kept thinking I would never have chance to watch them grow up.”

A week after the twins were born, Tierney began chemo. As a consequence she was sick and lost her hair.

“It was heart breaking but I knew I needed to stay strong and positive for my babies,” she told the Daily Mail. “They had fought to stay alive and now I needed to fight for my life and that’s exactly what I’m doing.”

Tierney said she will begin radiotherapy in 2016. By that time she will have completed five cycles of chemo. She said she is “feeling hopeful.”

It was the happiest day of my life when my babies were delivered safely, it was definitely a risk worth taking, all I cared about was their health.
I will give Yahoo News this much credit. In its story about Yahoo Global News Anchor Katie Couric’s interview with Planned Parenthood president Cecile Richards, it mentions that, oh by the way, Couric has donated to Planned Parenthood in the past. But that’s about it. Hard-hitting investigative journalism the story—and the interview itself—it was not.

The interview is everything you would expect. Puff piece is too harsh. This interview has only one agenda item: advance the narrative that Richards, who makes a half-million dollars plus, is the victim as is her wonderful, wonderful, wonderful organization.

There are three comments worth quoting.

#1. “Roe versus Wade is on the ballot [in the 2016 presidential election],” Richards said. “Make no mistake. In fact, everyone running, pretty much, and certainly the frontrunners for the Republican nomination make Mitt Romney look like a liberal when it comes to it, and he said he wanted to overturn Roe versus Wade.”

#2. Asked about her own [abortion] procedure, Richards responded, “It was a decision my husband and I made. It was a personal decision. And we have three children that we adore and that are the center of my life. And we decided that was as big as our family needed to be. That was really the story. It wasn’t anything more dramatic than that. But I can’t imagine a woman being in that circumstance — with an unintended pregnancy—and not being able to make her own decision about that pregnancy.”

#3. In the closest thing to a real question, Couric asks, “Are you concerned that anti-abortion activists are winning the campaign for the hearts and minds of everyday Americans?”

What should be our response? Pro-lifers are delighted that the GOP presidential ranks are filled with men and women who are unequivocally pro-life. On the flip side, Democrats, led by Hillary Clinton, are as close to Planned Parenthood as white is to rice. We will see over the next year which perspective the American people prefer: the win-win pro-life alternative or the pawing around in the body parts of aborted babies as personified by Ms. Richards’s billion dollar organization.

I don’t know and have never met Richards, so I have no way of knowing if the decision to abort their fourth child was as undramatic, the no-big-deal decision she makes it out to be. Family’s as big as it needed to be, so much for you kid. That’s it?

But I would suggest you read what we posted last April. In that story we wrote about an interview she gave to Cosmopolitan in which Richards talked about her interview with ELLE magazine that was published in October 2014 in which she talked about her own abortion.

Richards said when she opened up to ELLE, her children’s response to learning they were short a sibling was really awesome. It’s interesting, I just talked to my kids the other day, and they knew I’d had an abortion, and they were sort of like, “Mom, it was no big deal,” but I could also tell it was important to them that we talked about it. I look at the positive response from Planned Parenthood employees……[etc., etc., etc.]

But how could that possibly be true? If it was “no big deal,” how and why could she tell “it was important to them that we talked about it”?

You know your mom is a big shot in the “pro-choice” movement, runs in powerful circles, and is joined at the hip to the pro-abortion President of the United States.

But while your mom has talked about being non-judgmental; about how having an abortion is easy as pie; about “freeing women,” you didn’t know that she non-judgmentally freed herself by having an easy-as-pie abortion of your brother or sister.

Of course that would be a big deal, which is why my sympathies immediately went out to Richards’ children.

Finally, Richards denied the possibility that “anti-abortion activists are winning the campaign for the hearts and minds of everyday American.” What else could she say?

I could go through all the evidence that we are winning the “campaign” in both little ways and very, very big ways. But you’ve already read about that in National Right to Life News Today on many occasions.

Planned Parenthood, the flagship of the anti-life movement, is taking on water. How long before it sinks?
By Kristi Burton Brown

Editor’s note. 3801 Lancaster is the address of Kermit Gosnell’s “Women’s Medical Society” abortion clinic.

While lilting, otherworldly music strums in the background, the voice of Kermit Gosnell comes through the phone. His cousins contemplate how a man who they are “quite sure” knew right from wrong could commit such atrocities.

Gosnell’s neighbors remember him, that he “took to the children,” that he kept snakes in a cage in his home. The police officers who first stumbled into the formerly “Good Doctor’s” twilight zone were puzzled by the foot-and-a-half length turtles who banged up against their tanks in the waiting room.

It turns out reptiles weren’t the only life forms Kermit Gosnell liked to cage.

3801 Lancaster: American Tragedy opened in theatres last Tuesday. The chilling documentary poses a host of questions that are uncomfortable to consider.

How did Gosnell become so “very evil”?

Throughout American Tragedy, Philadelphia District Attorney R. Seth Williams rails against the inhumanity to man that was Kermit Gosnell. “My comprehension of the English language doesn’t and cannot describe the barbaric nature of Dr. Kermit Gosnell,” he says. Williams turns his ire towards an inept and corrupt state government that did nothing for years.

The film eerily goes through a list of all the times Gosnell could have, should have, would have been caught. If only those in power would have cared.

Gosnell’s clinic was the “worst abortion clinic” its inspector had ever entered, refused to take action.

And the “snipping” of necks continued.

Gosnell, in a shocking statement, admits on film that the abortions he performed — sometimes forced — were “best for them as well as for our society.” He continues, “When you’re in a situation where there’s no good answer, sometimes you have to take the answer that is less offensive, that is less traumatic, that is less expensive for you long-term.”

Police officer: “Come up with your own conclusion how many necks this pair of scissors potentially snipped. … I didn’t think they would look as human as they were.”

Clearly, the women he violated (and the babies, could they speak) dispute Gosnell’s determination of “offensive” and “traumatic.” One young woman—a rape victim—speaks on film about what appears to be her forced abortion at the hands of Gosnell:

When they put the heart monitor around me, that was when I decided, I can’t do this.

[But Gosnell said] “Stop bein’ a little baby, stop bein’ a little baby,” and he’s poundin on my legs. Next thing I knew, I was totally out of it.

With tears streaming down her face almost constantly, her pain so palpable you can feel it, the woman says:

I went to him because as a child I was taught that policemen and firemen and doctors were people that you could trust. And you can’t even trust them anymore.

As a result I can’t have babies. I want a child, but I can’t have that. … Every year that goes past, I think of my baby that I would have had. I just never been violated to that extent. But the violation carried on. It wasn’t a violation that stopped. This is goin’ on for the rest of my life.

In the name of “access to abortion,” women were abused, sterilized, killed. Children were tortured, mangled, killed. “Abortion access” led to one thing: death.

And yet, in a subtle way, American Tragedy leads us to the water where we must ask whether ‘normal’ abortion is any different.

Descriptions of regular, common, non-Gosnellian abortions accurately explain how babies in the first trimester bend in strange contortions,
Abortions in Iowa drop by 9% in 2014, 40% since 2007!

By Dave Andrusko

Thanks to Iowa Right to Life, NRLC’s state affiliate, for reminding us of the news that abortions in Iowa have dropped not 10%, not 25%, not even 33% since 2007. The latest statistics shows that the number of babies lost to abortion has dropped 40%! In 2007 there were 6,649 abortions performed in Iowa. In 2014 the number had dropped to 4,020 abortions, according to the Iowa Department of Public Health. That was a 9% decline from 2013!

Iowa Right to Life wrote Certainly THIRTEEN Planned Parenthoods closing in Iowa since 2012 has had a significant life-saving impact. We are so grateful for the hundreds of volunteers who pray outside the remaining 13 Planned Parenthood clinics and Iowa City’s Emma Goldman abortion facility. …

Iowa Right to Life executive director Jenifer Bowen, was interviewed by the state’s largest and most influential newspaper, the Des Moines Register. According to reporter Tony Leys, Bowen said that when the 2015 numbers are published Iowans will see an even bigger drop. She noted the recent national controversy over Planned Parenthood, fueled by videos that opponents say show agency leaders dickering over prices for parts of aborted fetuses to be used for research.

Those videos are making more women question the agency, she said. “They’re not comfortable with where Planned Parenthood is,” she said.

Bowen also said she hopes to see results from a bill the Legislature passed last spring, requiring abortion providers to offer women the chance to see an ultrasound image before undergoing the procedure.

Supreme Court agrees to hear lawsuit challenging Texas’ pro-life law

As the Houston Chronicle’s Brian M. Rosenthal wrote Friday, U.S. District Judge Lee Yeakel of Austin “has twice struck down parts of the law, but both of those decisions have been reversed by a New Orleans-based federal appeals court [the 5th U.S. Circuit Court of Appeals]. The law took effect temporarily before being put on hold by the U.S. Supreme Court.”

By contrast, under Mississippi’s H.B. 1390, passed in 2012, abortionists are required to have admitting privileges at a local hospital, but, unlike Texas’s H.B. 2, the law does not require that abortion clinics meet the standards of ambulatory surgical centers.

At the eleventh hour Judge Daniel P. Jordan temporarily blocked Mississippi from enforcing the law and extended the restraining order in 2013. On July 29, 2014, a different three-judge panel of the 5th U.S. Circuit Court of Appeals blocked the state from enforcing the law. The panel split 2-1.

Worth noting is how blatantly hostile some stories were to the Texas law while others (such as the initial CNN story I read) were much more down the middle.

For example, USA Today wrote about how the “tough new restrictions were … forcing doctors to have admitting privileges at nearby hospitals and requiring clinics to meet standards for outpatient surgery centers” and “threaten….” States were “emboldened” by the 2007 decision upholding the ban on the grisly partial-birth abortion technique. And if that weren’t enough, we’re told by Richard Wolf, Justice Anthony Kennedy “joined the plurality that concocted the undue burden standard in 1992.”

A decision is expected next year, probably in June, or whatever is the end point of the High Court’s term, right in the middle of the presidential contest. Wolf also decreed “a renewed focus could help Democrats next year”.

Pro-lifers say that “renewed focus” will help us remind the public just how radically out of the mainstream Hillary Clinton, the likely Democratic nominee, is on abortion.
Senate Democrat Fumbles, Calls Pregnancy Help Resolution “Political Football”

By Jay Hobbs

A resolution introduced in U.S. Senate that would honor the work of community-supported pro-life pregnancy centers was blocked from receiving unanimous support last Tuesday, as Democratic Senator Patty Murray (Washington) denounced it as a “political football.”

Murray, who has received over $50,000 in campaign contributions from Planned Parenthood, NARAL Pro-Choice America and the Center for Reproductive Rights—

including an $11,750 gift from Planned Parenthood in 2004 that totaled more than radically pro-abortion Representatives Nancy Pelosi (D-California) and Debbie Wasserman-Schultz (D-Florida) combined—plus another $500,000 from EMILY’s List, called the resolution a politically motivated attempt by Republicans to “stand in the way of progress.”

A resolution introduced in U.S. Senate that would honor the work of community-supported pro-life pregnancy centers was blocked from receiving unanimous support last Tuesday, as Democratic Senator Patty Murray (Washington) denounced it as a “political football.”

Murray, who has received over $50,000 in campaign contributions from Planned Parenthood, NARAL Pro-Choice America and the Center for Reproductive Rights—

Her objection was in response to Senate Resolution 312, authored by Republican Senator Mike Lee of Utah, which would thank the nation’s 2,500 community-supported pro-life pregnancy centers and medical clinics for their service to women and men in difficult pregnancy situations.

Mirrored in the House of Representatives by House Resolution 510, the motions would designate the week of Nov. 8 as “National Pregnancy Center Week.” More importantly, the resolutions would raise awareness of the life-saving work of nonprofit pregnancy centers and medical clinics, as well as nonprofit adoption agencies and maternity homes and commit their respective legislative bodies to “support the important work of pregnancy care and resource centers across the United States.”

“There is nothing divisive about this resolution that I’ve offered today,” Lee said on the Senate floor Tuesday. “Nothing divisive whatsoever. This simply seeks recognition of the great work that is performed by the men and women who staff these pregnancy centers. There is nothing about it that is a political football. Nothing about it that is designed to drive a wedge. If calling for recognition of these brave and noble men and women who serve people at pregnancy centers across the country—if that’s divisive, we’ve got significant problems.”

As the resolution points out, pregnancy help organizations that operate nearly exclusively on the basis of financial support from within their own communities are responsible for over 200,000 lives saved from abortion every year. Offering free, confidential services to women and men facing unexpected or difficult pregnancies, pregnancy help volunteers give over 5.7 million hours of uncompensated time to their communities each year.

Each day, an average of 6,500 people visit a pregnancy help location, totaling over 2.3 million served every year—just under the amount of customers visiting a Planned Parenthood on an annual basis.

The resolution would become the first passed at the federal level, following 24 state-level resolutions honoring pregnancy centers in 18 states, most recently in Colorado.

Despite the wide reach of pregnancy help organizations and the value they bring to the community at virtually no cost to taxpayers, Murray characterized the resolution celebrating their work, “another effort to pander to the extreme Republican base by using women’s health and constitutionally protected rights as a political football.”

Murray’s opposition follows suit with her Democratic colleagues at the state levels in Illinois and California, the latter of which recently passed a law requiring pro-life pregnancy help organizations to advertise for taxpayer-funded abortions.

The California law, known as the “Reproductive FACT Act” is being challenged in court by local centers, as well as Alliance Defending Freedom, Pacific Justice Institute and National Institute for Family and Life Advocates (NIFLA).

“What we are seeing here is a radical disconnect between the pro-abortion agenda of the Democratic party and the very citizens these lawmakers have been elected to represent,” Jor-El Godsey, Vice-President of Heartbeat International, said.

“Pregnancy help organizations exist because their local communities want them there and appreciate the heroic work they are doing each and every day. No woman should have to face a pregnancy alone, and they don’t have to, thanks to these caring organizations and the compassionate people behind them.”

While the Senate version of the resolution has been delayed, the House Energy and Commerce Committee is reviewing its resolution. So far,
Support for physician-assisted suicide requires a blind eye to past, present, and future abuses

By Dave Andrusko

I’ve known bioethicist Art Caplan for over 25 years. During that time span we have corresponded back and forth many, many times. He held positions that differ from National Right to Life’s from mildly different to radically, whole-heartedly different.

Why do I mention this? For two reasons. Caplan is, as he is often described, the “go-to” bioethicist whenever the media is looking for an “objective” perspective on just about every imaginable issue that falls under the (self-appointed) purview of bioethicists.

And second, because Caplan is seemingly omnipresent—on network and cable television, on op-ed pages, in news stories, and more specialized academic publications—his views carry weight.

There was never any doubt that Caplan would eventually go public with what clearly (to anyone reading his comments) was his private opinion: that whatever reasons there were previously to oppose legalizing physician-assisted suicide, experience had taught us (or at least Caplan) that legalizing assisted suicide would not unleash an anti-life genie which would wreak widespread havoc.

At NRL News Today, we reposted a terrific response from Nancy Valko which offered a fine-grained critique of the bottomless well of dubious assumptions Caplan relies on. She honed in on the very shaky unpinning of Caplan’s argument in “More States Approve Physician-Assisted Dying. Is This Risky?”: that there is no slippery slope. Or, to more accurate, there hasn’t been in the United States and won’t be in the future.

No one, including Caplan, could miss that the euthanasia/assisted suicide train had long since left the only-when-the-patient-is-terminal-and-in-pain station. It is running wildly off track.

So what is Caplan’s answer to his own recitation of the grim answers. First, before introducing these abuses (and others) Caplan says, “We have seen a little bit of that behavior take place in Belgium and Holland,” meaning zipping down the slippery slope.


But it isn’t—indeed, there is no way to know if the “safeguards” are working because of the way the deaths are reported, or not.

As NRC’s Jennifer Popik, JD, has written

“In the two states living under this law the longest, Oregon and Washington, provide evidence that safeguards are not working is mounting. There are state-issued reports that provide evidence of non-terminally ill persons receiving lethal prescriptions. Further, there is nothing in existing law in any state that requires doctors to refer patients for evaluation by a psychologist or psychiatrist to screen for depression or mental illness. There is also no such requirement in any current proposal in any state.

The doctors can make a referral, but nearly never do. In fact, according to the Oregon’s official state reports, in 17 years of legalizing doctor prescribe suicide, a mere 5.5% of death candidates have been referred for psychological evaluation.

…What is even more disturbing is that in Washington and Oregon, death certificates are not permitted to give suicide as the case of death. Moreover, in those states the health department must destroy the required underlying reporting paperwork after only one year. This makes both potential litigation, and identifying true numbers of suicides very difficult.

One other extremely important consideration. Caplan is persuaded that the lesson of Oregon and Washington is that only a relative handful of people will avail themselves of the deadly concoction. That “handful” will be in the thousands, now that California has legalized assisted suicide.

But note: the rationale for physician-assisted suicide has already morphed out of pain and terminal illness as requirements to just about any justification they can offer. Moreover, if the last 25 years has taught us anything, it is that the “right to die” in all its many iterations, cannot be limited to the competent or even to adults.

Again, to quote Popik (referring to a proposal defeated

See “Blind Eye,” page 39
High stakes for upcoming hearing on Kansas Dismemberment Abortion ban

By Kathy Ostrowski, Legislative Director, Kansans for Life

On November 9, Kansans for Life submitted an *amicus curiae* ("friend of the court") brief in support of Kansas Attorney General Derek Schmidt, who is appealing a lower court decision that blocked implementation of the state’s first-in-the-nation Unborn Child Protection from Dismemberment Abortion Act.

A hearing before the full, fourteen-member state Court of Appeals is scheduled for December 9. The fact that this appeal of Shawnee District Court Judge Larry Hendricks’s decision is being expedited to the full court, instead of a three-member panel, is extremely unusual and shows the high stakes involved.

The Unborn Child Protection from Dismemberment Abortion Act was enacted in Kansas this past April. Days later Oklahoma enacted the same law.

In a dismemberment abortion, the abortionist continually reaches into the mother’s womb with a variety of sharp-edged metal clamps and tools, yanking off parts of the child and pulling them out, piece by piece, and placed in a tray.

According to state reporting data, Kansas has seen a rise in such horrific abortions, from 584 in 2013 to 637 in 2014. All three abortion businesses in Kansas offer such “procedures,” with one admitting on national television that a dismemberment abortion costs around $2,000.00.

THE TRUTH OF DISMEMBERMENT

Although pro-abortionists (and nearly every media outlet) refer to these abortions as D&E abortions, D&E is actually a broader term. D&E encompasses the removal of baby body parts—whether parts are torn off of still-alive unborn children or taken off unborn children already dead through the intentional administration of a feticide or by the snipping of the umbilical cord. The Kansas and Oklahoma Acts bar dismemberment that is performed on a still-living unborn child.

Abortion attorneys claim that women’s health demand this barbaric procedure. This was also their claim when it came to partial-birth abortions, which the U.S. Supreme Court rejected in their 2007 *Gonzales* ruling.

*Gonzales* upheld the federal law protecting unborn children from partial-birth abortions based on the government’s “interest in protecting the integrity and ethics of the medical profession,” and on the “premise . . . that the State, from the inception of the pregnancy, maintains its own regulatory interest in protecting the life of the fetus that may become a child . . . .

Justice Anthony Kennedy wrote that D&E (dismemberment) abortions are “laden with the power to devalue human life…”

In his dissent to the U.S. Supreme Court’s 2000 *Stenberg v. Carhart* decision, Justice Kennedy observed that in dismemberment abortions, “The fetus, in many cases, dies just as a human adult or child would: It bleeds to death as it is torn limb from limb. The fetus can be alive at the beginning of the dismemberment process and can survive for a time while its limbs are being torn off.”

Barbarism is exactly what the Kansas and Oklahoma legislature intended to stop when enacting the Unborn Child Protection from Dismemberment Abortion Act, yet both states have been blocked by court injunctions from going into effect.

LOWER COURT ADOPTS ABORTION POSITION

In Judge Hendricks’ decision to issue an injunction in June blocking the Act, he declared that it

1) would be an unacceptable limitation (“undue burden”) on the so-called right to abortion created by *Roe* in 1973 (as the abortion attorneys interpret it) and

2) violates an even broader “right” to abortion that the judge says exists in our 1859-adopted Kansas Constitution.

The argument that Kansas has any right to abortion as enshrined in our state Constitution has repeatedly been rebutted and called “a fantasy” in filings from the Attorney General.

Furthermore, the U.S. Supreme Court said in *Gonzales* that abortionists do not have any right to demand certain procedures: “Physicians are not entitled to ignore regulations that direct them to use reasonable alternative procedures. The law need not give abortion doctors unfettered choice in the course of their medical practice.”

The abortionists’ argument that the Dismemberment Abortion ban restricts a “common” method is actually a plea that they be allowed to keep methods that are more expeditious and profitable for them.

Kansans for Life’s *amicus* brief amplifies why this Act conforms to the U.S. Supreme Court’s position that some abortion methods are unacceptable and “will further coarsen society to the humanity of not only newborns, but all vulnerable and innocent human life, making it increasingly difficult to protect such life.”
November 3, 2015, was election day in a handful of states. Voters headed to the polls in Kentucky, Mississippi, New Jersey, Ohio, Pennsylvania, and Virginia.

Following is an overview of the election results, by state.

**Kentucky Governor**

Despite recent pre-election polls showing otherwise, National Right to Life-endorsed candidate, Matt Bevin (R), defeated pro-abortion Attorney General Jack Conway (D), 52% to 44%. Independent candidate Drew Curtis garnered 4% of the vote.

Matt Bevin is a military vet and businessman. He and his wife, Glenna, are the parents of nine children.

A major focus in Bevin's campaign was his opposition to Obamacare, which provides government funding for insurance plans that pay for abortion on demand, and will ration lifesaving medical treatments.

Outgoing pro-abortion Governor Steve Beshear (D) recently claimed that Democrats will “make this [Obamacare] a major issue and will pound the Republicans into the dust with it.”

**Virginia State House and Senate**

In a blow to pro-abortion Governor Terry McAuliffe (D), Republicans retained their slim 21-19 majority in the state Senate. The state Assembly maintained its nearly two-to-one Republican majority, keeping both houses under pro-life leadership.

Gov. McAuliffe targeted the 13th Senate District race, a race being watched statewide. Pro-life state Senator Dick Black (R) overcame a challenge by pro-abortion Dr. Jill McCabe (D) in the 13th Senate District. In addition to McAuliffe's support, McCabe was supported by Planned Parenthood, the nation’s largest abortion provider, NARAL Pro-Choice America, and the pro-abortion group EMILY’s List. In July, EMILY’s List put pro-life Senator Black “on notice” when they targeted him for defeat.

Black defeated McCabe 52% to 47%.

“VSHL is hopeful that the pro-life tenor of the elections will encourage the members of the General Assembly to take hold of this opportunity to work even harder to get new protective pro-life legislation passed,” said Olivia Gans Turner, president of Virginia Society for Human Life. “Even in the face of opposition from a pro-abortion governor, clearly the voters of Virginia are sending a message to him. Passing laws like the Virginia Pain-Capable Unborn Child Protection Act will save babies’ lives after 20 weeks, when they can feel pain.”

**New Jersey State House and Senate**

Voters in New Jersey gave the state Assembly their largest Democratic majority since 1979.

**Pennsylvania Judicial Races**

In what has been called “one of the biggest court shake-ups in recent history,” Pennsylvania voters elected Democrats for all three state Supreme Court positions, giving Democrats a majority on the court.

This is significant for many reasons, one of which is redistricting. The party that controls the Supreme Court appoints the chair of the five-member redistricting commission, which is made up of the court-appointed chair, two Democrats and two Republicans.

“Extreme special interests poured millions of dollars into Pennsylvania judicial races, running dreadful TV ads which maligned candidates who would have brought integrity and honor to the bench,” said Maria Gallagher, legislative director for Pennsylvania Pro-Life Federation.

“What was perhaps most telling were the outrageous attacks against women candidates who believe in interpreting the law as written, rather than making laws from the bench,” Gallagher noted.

“This was an unusual election cycle and a difficult year for the judiciary. Election 2016 in Pennsylvania will be a whole different ball game – and pro-lifers will be ready for it.”

**Mississippi Governor**

Pro-life Governor Phil Bryant (R) soundly defeated Robert Gray (D), 66% to 32% to win a second term.

**Louisiana Governor**

Louisiana voters will determine their next governor on November 21. There will be a runoff that day between National Right to Life-endorsed U.S. Senator David Vitter (R) and state Rep. John Bel Edwards (D). They are vying for the open seat vacated by pro-life Governor Bobby Jindal who is running for president.

British abortionist who agreed to sex-selection abortion given slap on the wrist

By Dave Andrusko

In a stunning decision, stunning because the punishment was so inconsequential, the license of a British abortionist who agreed to abort a baby because the mother did not want a girl was suspended for three months.

The decision in the case of Dr. Palaniappan Rajmohan was rendered by the General Medical Council (GMC) which heard evidence between October 5 and October 20.

According to the Daily Mail, the decision was based entirely on his dishonesty—listing that the abortion was sought because the girl was too young—not on the fact that Rajmohan was caught red-handed in an undercover sting by the Telegraph.

“As part of The Telegraph sting, a pregnant woman, known as Ms. A, visited Dr. Rajmohan and told him she wished to have an abortion because he and her husband did not want to have a baby girl,” reported Sophie Jane Evans. “In response, the doctor allegedly said: ‘That’s not fair. It’s like female infanticide isn’t it?’”

A probe was launched by the police and GMC. Rajmohan had originally faced a criminal charge, but the legal system wanted little to do with the results of the newspaper’s undercover investigation.

As NRL News Today reported, the Crown Prosecution Service (CPS) dropped the case, claiming it “was not in the public interest to pursue.”

But faced with a private prosecution by pro-lifer Aisling Hubert against Rajmohan and Manchester abortionist Prabha Sivaraman (who was also videotaped agreeing to a sex-selection abortion), the CPS jumped back in, not to investigate further, but to quash the case.

“It is the second time in two years that the CPS has blocked a prosecution against the pair despite acknowledging that the evidence could lead to a successful prosecution,” the Telegraph’s John Bingham reported.

The GMC concluded that Rajmohan acted dishonestly because he agreed to record a false reason. (Actually he came up with the bogus explanation.)

‘Despite you apparently believing that the request for a termination of pregnancy was being based on the gender of the foetus, you immediately volunteered to Ms A the alternative reason ‘too young for pregnancy’ and sought her agreement to this reason.

‘That false reason was so far away from what you knew to be true, that the panel concluded you must have realised at the time that your actions would be considered as dishonest by the ordinary standards of reasonable and honest members of the medical profession.’

Paul Curtis, who chaired the hearing, wrote:

“The panel is in no doubt that your actions have brought the medical profession into disrepute and would be considered deplorable by fellow practitioners. “As such, the panel is satisfied that your conduct is sufficiently serious as to amount to misconduct.

“The panel has determined it is in the public interest to suspend your registration with immediate effect in order to maintain public confidence in the profession.”

For all that, Rajmohan received a slap on the wrist.
Reducing unborn babies to medical waste: how the pro-abortion mind works

By Dave Andrusko

This story analyses a bizarre piece that ran on a prominent pro-abortion website, Realitycheck.org.

The irony is that “The Day I Learned Aborted Fetuses Aren’t People” bears no relationship to reality. None, at least not the reality that 99% of us occupy.

You may find an occasional syllable in Amy Littlefield’s piece that tangentially bumps into how almost all of us understand our lives but that is purely by accident.

So what was the day like when Littlefield discovered that “aborted fetuses aren’t people”? We learn that “in my former work,” Littlefield worked as an abortion clinic counselor.

“I often avoided seeing what we called the products of conception—the tissue that results from the union of egg and sperm,” she tells us.

To be clear, this is not because that might gross her out but because (a) “For me, the embryo—or fetus, in later stages of pregnancy—was irrelevant,” and (b) “I wanted to focus all of my attention on my patients.”

Later she elaborates:

Still, in the clinics where I worked, I tended to avoid seeing the medical waste. I avoided it because it was irrelevant to my work. But I think part of me also avoided it because I thought seeing fetal tissue might diminish my allegiance to my patients.

Oh, you mean you feared you might feel a tinge of compassion for the child whose body has just been torn apart? Nah, not a chance.

So, you’re probably wondering what I was wondering when I got to the last three paragraphs of her essay: how again did you figure out (“learn”) that “aborted fetuses aren’t people”? Here it is:

Yet even as I took part in hundreds of abortions as a counselor, I think on some level, I still wondered if seeing second-trimester fetal tissue could shake my pro-choice views. Then one day, I was offered the unusual opportunity to see the fetus of a patient who had been close to 22 weeks pregnant. With some trepidation, I accepted. I looked.

And in that moment, my pro-choice position crystallized.

While it was shaped like a baby, what I was looking at was not a person. It was a fetus. A fetus my patient had chosen not to make into a baby. I felt no attachment to it. Relieved, I stepped into the recovery room to check on my patient. Years later, looking back on this moment, it’s still the patient I think about, not the fetus.

Her life was what mattered.

I honestly don’t know exactly how to respond. The “fetus” wasn’t a “baby” because the “patient” (the mother) had “chosen not to make [“it”–the baby] into a baby.”

What if the patient decided the fetus-not-made-into-a-baby was an orangutan? What if she decided the beating heart was a miniature Interstate Battery?

What if she looked at her baby (whoops, fetus), now close to a foot long, and decided it was a ruler?

Sure the “fetus” may have been “shaped like a baby,” bond with the baby who would die either in delivery or from non-attention after her birth.

I guess Littlefield reasons (to use the term in its loosest possible fashion) that because the patient hadn’t given the fetus the go ahead to become a baby, she could also feel unattached as well.

Her attention, even now, is on the woman and thus (well, sort of thus) the aborted fetus was not a “person.” It was medical waste which you can incinerate or pass along to “tissue procurement companies” who can peddle intact baby parts to the lovely folks who experiment on fetal lungs and hearts and livers and brains for a living.

Indeed, had the patient so wanted, Littlefield’s colleagues could have induced a premature delivery so the patient could...
Man passes out in London theatre
(hint: at Ruby Rae Spiegel’s play)

By Dave Andrusko

So a local British newspaper calls it “A ‘hard-hitting’ play,” but, geez, enough for a guy to keel over?!

Yup, according to the London Evening Standard, last Wednesday nite at 9:20 pm, to be exact.

Here’s how Matt Watts’ story starts:

The curtain fell halfway through the performance of Dry Land at the Jermyn Street Theatre last night after the man in his 50s collapsed.

The auditorium was evacuated with one audience member dashing into neighbouring Italian restaurant Getti in search of a doctor.

An off-duty nurse from Great Ormond Street Hospital dining at the restaurant gave the casualty first aid as paramedics arrived.

The man collapsed at about 9.20pm shortly after a scene in which the main character Amy, a high school student played by Milly Thomas [words omitted].

Blood spills across the stage as Thomas, who appeared in Downton Abbey, screams and writhes in anguish for several minutes.

What seven words did I omit? Does the name Ruby Rae Spiegel ring a bell? We’ve twice written about the woman Watts describes

the “American 22-year-old wunderkind.”

The play’s name is “Dry Land” and, we’re told, it is a “searing portrait of adolescent friendship and resilience through crisis.” I’m sure it is, although the way Spiegel explained the play it is more about the female star athlete taking advantage of the shy awkward nerdy newcomer.

But it is first and foremost about Milly Thomas’ character (and here are the missing seven words) “who miscarries after taking an abortion pill.”

Of course, it is not a “miscarriage” at all, but rather a Do-It-Yourself, chemically-induced abortion which has become an absolute obsession with the pro-abortion set.

“During the performance a middle-aged man in the audience collapsed just after the depiction on-stage of a self-induced abortion,” a spokesman for the theatre said.

“The man, believed to be in his mid-fifties, keeled forward and his female partner stopped the show. The theatre was evacuated and an ambulance was called.

“After being assessed in the ambulance the man was taken to a nearby hospital.”

So what provoked his response? Watts quotes the Evening Standard Theatre critic Fiona Mountford who said “There is a lot of stage blood and it’s a very evocative and powerful stuff.

“It’s reasonably graphic. You can see how someone might have that reaction.”

Ah…yes, you could.

Watts tells us this is not the first time medics have been called:

A young female viewer collapsed during its premiere

“I met with a lot of companies in New York and often they said ‘We love this play but we can’t do it because our audiences would not be OK with this.’

“One company even asked if one of the scenes could be cut. It was the abortion scene, so very pivotal. My philosophy is that I’m trying to show the experience of abortion without shame.”

Of course showing a graphic, brutal, bloody play “without shame” has its own rewards. “It received a five-star review in the New York Times when it premiered in New York,” Watts writes, “and opened at the Jermyn Street Theatre on November 3, running until November 21.”
“Atrocities against humanity”? Allow people to see the videos and judge PPFA’s behavior for themselves

By Dave Andrusko

In late October we posted on NRL News Today two stories about the eleventh undercover video released by the Center for Medical Progress. The outrage you experience at reading what the abortionist from the Planned Parenthood of Greater Texas at Austin said is magnified many times over if you actually watch her, listen to her, and observe her revealing body language. (See youtube.com/watch?v=ZkaZ YQ8ZGTE)

But to someone like Michael Barajas of the Houston Press, it’s hard to suppress a yawn. "ANOTHER DAY, ANOTHER ANTI-ABORTION STING VIDEO" perfectly captures his "been-there, seen-that, lies, lies, lies" attitude.

Really? That’s all there is to it? Let’s see.

Barajas takes especial interest because, he says, this is the second CMP video that features someone from Texas. He quotes from a spokeswoman from Planned Parenthood, who offers up the usual “false claims” based on “a manipulated conversation” response.

Barajas writes

Anti-abortion activists will likely point to a couple of exchanges from the 12-minute video as evidence of, as the Center for Medical Progress puts it, “Planned Parenthood’s atrocities against humanity.”

Barajas then offers this:

At one point, the undercover activist tells the clinic workers that researchers want fetuses at a later gestation — “that just happens to be, like, the sweet spot,” he explains, saying researchers “don’t want to be playing ‘find the liver! Oh, it’s in eight pieces.’”

At another point, the guy brings up researchers’ requests for intact fetal brains, to which [abortionist Amna] Dermish says, “I haven’t been able to do that yet.” “Maybe next time!” he responds, laughing, to which Dermish says, “Well, this will give me something to strive for.”

Two things. First, the quote is truncated and the sentiments about not having to look for a liver track very closely what tissue procurement companies say is why they want intact fetal organs. And as you watch the video, neither Dermish nor the other abortion representative who was part of the conversation [Andrea Ferrigno, identified as the Corporate Vice President, Whole Woman’s Health, also in Texas] need prompting to laugh.

Second if Barajas watched the entire video he would find lots of examples of brutally insensitive language, the kind that will upset 99% of the population, including most pro-choicers. To cite just two examples. Dermish says:

One of our POC persons is really into organ development.

Buyer: Oh really?

Dermish: Yeah, she’ll pull out like kidneys, and heart and like heart we frequently see at 9 weeks and she always looks for it.

(POC refers to “products of conception”—unborn babies.)

At that juncture, Ferrigno, who has had little to say, chimed in, “Well it’s cute. It is cute.”

And then there is the jaw-dropping exchange after the buyer asks about “the intactness” of the “specimen.” [To understand what Dermish is saying, a “breech presentation” means the baby’s feet or bottom comes out first rather than the normal head first—a “cephalic presentation.” “Calvarium” refers to the baby’s skull.)

Dermish: It was trunk intact, so usually what I do, if it’s a breech presentation, I’ll remove the extremities first, the lower extremities, and then go for the spine and sort of bring it down that way, and then—

Buyer: You said if that’s a breech presentation?

Dermish: If it’s a breech presentation, yeah, yeah. And if it’s cephalic I’ll try and get the calvarium] first, but if I’m struggling getting the cal, usually it’s a function of how good my dilation is, often times it’s hard to get around the cal. Especially the 20 weekers are a lot harder versus the 18-weekers, so at that point I’ll switch to breech, so.

Buyer: Good. I was just curious what we might be working with.

Dermish: I always try and keep the trunk intact just by function of always trying to aim for the spine to bring it down.

CMP calls examples such as these “Planned Parenthood’s atrocities against humanity.” My strong suspicion is upon listening to Dermish, virtually anyone not working for the Abortion Industry might agree.
China’s new two-child policy will not end forced abortion or gendercide

Editor’s note. This analysis comes from Women’s Rights Without Frontiers.

BEIJING, CHINA—In late October Xinhua News Agency reported that China will move to a two-child policy for all couples, “abandoning its decades-long one-child policy.”

Characterizing this latest modification as “abandoning” the One-Child Policy is misleading. A two-child policy will not end any of the human rights abuses caused by the One Child Policy, including forced abortion, involuntary sterilization or the sex-selective abortion of baby girls.

The reason given for this adjustment is entirely demographic: “to balance population development and address the challenge of an ageing population.” The adjustment is a tacit admission that continuation of the one-child policy will lead to economic and demographic disaster. The policy was originally instituted for economic reasons. It is ironic that through this very policy, China has written its own economic death sentence.

Noticeably absent from the Chinese Communist party’s announcement is any mention of human rights. The Chinese Communist Party (CCP) has not suddenly developed a conscience or grown a heart. Even though it will now allow all couples to have a second child, China has not promised of children “allowed.” Rather, it is the fact that the CCP is telling women how many children they can have and then enforcing that limit through forced abortion and forced sterilization. There is no guarantee that the CCP will cease their appalling methods of enforcement. Women will still have to obtain a government-issued birth permit, for the first and second child, or they may be subject to forced abortion. It will still be illegal for an unmarried woman to have a child. Regardless of the number of children allowed, women who get pregnant without permission will still be dragged out of their homes, strapped down to tables, and forced to abort babies that they want.

Further, instituting a two-child policy will not end forced abortion, forced sterilization, or forced contraception. Coercion is the core of the policy. Instituting a two-child policy will not end forced abortion or forced sterilization. The problem with the one-child policy is not the number of children allowed, women who get pregnant without permission will still be dragged out of their homes, strapped down to tables, and forced to abort babies that they want.

This study stated, “sex selective abortion accounts for almost all the excess males.”

Because of this gendercide, there are an estimated 37 million Chinese men who will never marry because their future wives were terminated before they were born. This gender imbalance is a powerful, driving force behind trafficking in women and sexual slavery, not only in China, but in neighboring nations as well.

Sending out the message that China has “abandoned” its one-child policy is detrimental to sincere efforts to stop forced abortion and gendercide in China, because this message implies that the one-child policy is no longer a problem. In a world laden with compassion fatigue, people are relieved to cross China’s one-child policy off of their list of things to worry about. But we cannot do that. Let us not abandon the women of China, who continue to face forced abortion, and the baby girls of China, who continue to face sex-selective abortion and abandonment.

The one-child policy does not need to be modified. It needs to be abolished.

Sign our petition to end forced abortion at http://womensrightswithoutfrontiers.org/index.php?nav=sign_our_petition

Reggie Littlejohn, speaking at a Capitol Hill press conference on Chinese human rights. (Photo credit: Reuters.)
Jahi Family: Examining Neurologist Finds She’s Alive

By Wesley J. Smith

When last we visited the Jahi McMath case, a judge gave her mother the chance to file an amended complaint showing that Jahi is alive, with the assurance that if properly pleaded, evidence of life could be brought. She seems to have done just that.

From Thaddeus Mason Pope’s blog Medical Futility, quoting the amended complaint:

30. Since the Certificate of Death was issued, Jahi has been examined by a physician duly licensed to practice in the State of California who is an experienced pediatric neurologist with triple Board Certifications in Pediatrics, Neurology (with special competence in Child Neurology), and electroencephalography. The physician has a sub-specialty in brain death and has published and lectured extensively on the topic, both nationally and internationally. This physician has personally examined Jahi and has reviewed a number of her medical records and studies performed, including an MRI/MRA done at Rutgers University Medical Center on September 26, 2014. This doctor has also examined 22 videotapes of Jahi responding to specific requests to respond and move…

34. The female menstrual cycle involves hormonal interaction between the hypothalamus (part of the brain), the pituitary gland, and the ovaries. Other aspects of pubertal development also require hypothalamic function. Corpses do not menstruate. Neither do corpses undergo sexual maturation. There is no precedent in the medical literature of a brain dead body developing the onset of menarche and the larche.

35. Based upon the pediatric neurologist’s evaluation of Jahi, Jahi no longer fulfills standard brain death criteria on account of her ability to specifically respond to stimuli. The distinction between random cord-originating movements and true responses to command is extremely important for the diagnosis of brain death. Jahi is capable of intermittently responding intentionally to a verbal command.

36. In the opinion of the pediatric neurologist who has examined Jahi, having spent hours with her and reviewed numerous videotapes of her, that time has proven that Jahi has not followed the trajectory of imminent total body deterioration and collapsed that was predicted back in December of 2013, based on the diagnosis of brain death. Her brain is alive in the neuropathological sense and it is not necrotic. At this time, Jahi does not fulfill California’s statutory definition of death, which requires the irreversible absence of all brain function, because she exhibits hypothalamic function and intermittent responsiveness to verbal commands.

Woof. That should be enough to get the case beyond the pleadings stage and into the collection and presentation of evidentiary proof.

If the neurologist testifies to what the complaint says—and if he or she has the credentials claimed—history could be made.

Stay tuned…

Editor’s note. This appeared on Wesley’s great blog at www.nationalreview.com/corner/426750/jahi-family-examining-neurologist-finds-shes-alive-wesley-j-smith
A pro-life conversation guide for the holidays

By Paul Stark

Editor’s note. Yes, it is amazing. Even though Thanksgiving is weeks away, you already see Christmas decorations and ideas for presents. The following remains my favorite advice how to promote the cause of life in an effective and non-offensive manner. My only suggestion might be to move (7) up to (1).

The holiday dinner table offers a natural forum for congenial (hopefully!) conversation about current events and issues. Defenders of unborn human life should be prepared to take advantage of opportunities when they arise. Here are some suggestions to help you effectively discuss abortion with family members and friends who may not share the pro-life view.

(1) Know how to clarify the issue

When faced with an argument or reason for abortion, ask yourself whether it works to justify killing obvious examples of rights-bearing human beings, such as newborn babies, toddlers, teenagers and adults. If not, it assumes that the being killed by abortion, the newborn (i.e., the human embryo or “fetus”), is not an intrinsically valuable human being, like toddlers and teenagers—that is, it simply assumes the very conclusion it must defend.

For example, a woman should not have a “right to choose” to drown her toddler in the bathtub. The question at hand is whether the unborn, like a toddler, deserves full moral respect and ought not be killed for the convenience or benefit of others. If so, killing the unborn by abortion, like killing a toddler for the same reasons, is a serious moral wrong.

(2) Know how to articulate the pro-life argument

The pro-life position is that elective abortion unjustly takes the life of an innocent human being. This position is supported by modern science (showing that what abortion kills is a human being, a member of our species) together with a foundational moral principle (the equal fundamental dignity and right to life of every member of the human family).

The science of embryology tells us that the unborn from conception is a distinct, living and whole human organism—a member of the species Homo sapiens, the same kind of being as each of us, only at a much earlier stage of development. This fact is uniformly affirmed by embryology textbooks and leading experts.

Morally, no relevant difference exists between human beings before and after birth. Unborn humans differ from older humans, such as newborns, in their size, level of development, environment and degree of dependency—remember the helpful acronym SLED—but none of those differences are significant in a way that would justify killing the former. For example, a five-year-old child lacks the physical and mental abilities of a 10-year-old, but she is no less valuable and deserving of respect and protection.

Each of us has a right to life by virtue of what (i.e., the kind of being) we are, rather than because of acquired characteristics or abilities that only some human beings have and others do not. So all human beings, including the unborn, are equal in having basic dignity and a right not to be killed without just cause.

(3) Know how to respond to common objections

Claims by abortion advocates about the number of women who died from illegal abortions are wildly overstated, as NARAL co-founder Dr. Bernard Nathanson frankly admitted. According to the Centers for Disease Control, 39 women died from illegal abortion in 1972, the year before Roe v. Wade, while 24 died from legal abortion (abortion had been legalized in some circumstances in some states). Maternal mortality improved in the decades preceding Roe as a result of advances in modern medicine having nothing to do with legal abortion.

If you cannot answer a challenge, don’t let it fluster you. Be honest and say you will get back to the challenger after thinking and reading more about the issue.

(4) Know facts about fetal development

In addition to knowing that the life of a human organism, a human being, begins at conception (see above), it is useful to know some details about the development of human beings in the womb. These facts bring home for...
Prepare to Win in 2016: Register to Vote

By Karen Cross, National Right to Life Political Director

We’re one year out from election day: November 8, 2016. In fact, we’re only months away from the first presidential primary elections! Are you prepared?

One of the most important ways anyone can help save unborn children is with their vote. The impact pro-life voters make in sending pro-life candidates to Congress, the White House, and their state capitols is immeasurable. Research demonstrates that pro-life legislation saves lives, and every life saved is priceless. If you have never voted, or if you have moved since you last voted, you will need to register to vote. If you will be 18 years old by November 8, 2016, you can register to vote.

You can register to vote on-line by going to https://ssl.capwiz.com/nrlc/e4/nvra/?action=form&state=/

Are your pro-life friends prepared?

As an ambitious pro-lifer – by virtue of the fact that you’re reading this article, I consider you an ambitious pro-lifer – you will want to be sure all of your pro-life friends and family are ready to vote.

An even more ambitious pro-lifer will organize a voter registration drive in their church or community.

Some years ago, a local pro-life chapter organized a voter registration drive in a small West Virginia church. Fifteen people including the pastor and his wife registered to vote! They meant to register after they moved but had not found the time.

In a close race, a few votes may make a difference.

Remember, lives are at stake, and elections have consequences. Dire consequences when the White House is inhabited by a pro-abort who vetoes life-affirming legislation.

Make a difference for 2016. If you’re not registered to vote, do it now. Once you’re registered, or if you’re already registered, make sure your pro-life friends are registered as well.

It makes a world of difference to those whose lives depend on us.


Adoption: A loving, life-saving, realistic alternative to abortion

homes were more likely to be read to, to attend church, and to participate in extracurricular activities. Those parents overwhelmingly describe relationships with their children as “very warm” and say that they would make the same decision again.

There are challenges and conflicts in any relationship, but adoption appears to offer significant benefits for everyone involved.

Adopting parents, obviously, have the joy, challenge, expense, and reward of loving and raising a child, watching him or her succeed, stumble, and eventually grow into responsible adulthood.

Adoption can be good for single mothers facing crisis pregnancy situations as well, offering them a viable alternative if they are unable or unwilling to raise their children themselves. Pregnant mothers who allow their child to be adopted are more likely to finish school, obtain a higher level of education, attain better employment, avoid public assistance, and achieve greater financial stability.

Adoption affirms the unborn child’s right to life, allowing each baby to enter the world as a blessing for another family. Adopted children do well in school and show high levels of self-esteem, optimism, social competency, and feelings of security. They are less likely to be depressed, use alcohol, and engage in vandalism, theft, group fighting, and use weapons. [1]

In this month celebrating adoption, let us honor and thank those many women and men who have stepped forward, opened their hearts, and given these kids a chance.

[1] This material from a literature synthesis by Patrick Fagan, of the Marriage & Religion Research Institute, in an 11/29/10 report “Adoption Works Well.”
Aston University study is “sheer propaganda”

Editor’s note. This comes from our pro-life British friends at the Society for the Protection of Unborn Children. If you have time to read the “study,” which you can access from the SPUC analysis, you’ll quickly understand that it is wildly biased, beginning with the hoax that the BPAS comment form is “non-directive.”

“BPAS” is an acronym for the British Pregnancy Advisory Service. Aston University is located in Birmingham, England.

Eleanor McCullen stands outside Planned Parenthood in Boston every Tuesday and Wednesday. The lead plaintiff in a case before the Supreme Court, McCullen says her constitutional rights are violated by a law that requires her and other anti-abortion protesters to remain outside a 35-foot buffer zone marked by the yellow paint on the sidewalk around the clinic’s entrance.

Eleanor McCullen stands outside Planned Parenthood in Boston every Tuesday and Wednesday. The lead plaintiff in a case before the Supreme Court, McCullen says her constitutional rights are violated by a law that requires her and other anti-abortion protesters to remain outside a 35-foot buffer zone marked by the yellow paint on the sidewalk around the clinic’s entrance.

“Poor quality of research”

Paul Tully, SPUC’s General Secretary, was unimpressed by the study:

“This ‘report’ represents a regrettable effort to prop up a political initiative by a commercial private medical service – an abortion clinic chain – designed to protect commercial interests. The poor quality of the research is painfully evident from reading the report, which blandly admits many of the gross flaws – the use of leading language in the questions, the reliance of the commercial provider to supply data, etc. The data, such as it is, is provided by the service provider – not independently sourced. The interviewees/respondents are not distinguished between women undergoing abortions and others – the parents, girlfriends, partners, or perhaps abusers of the clinics’ clients – who might well have an interesting perspective on those offering women alternatives, but whose views are likely to distort results, and make the assertion in the first paragraph above, that the presence of anti-abortion activists “represents a significant source of distress” hardly supportable on the data.

75% of responses ignored

“Further, the study itself notes (paragraph 8) that only about a quarter (perhaps less?) of the respondents said that it was inappropriate to allow anti-abortionists to stand near clinics. Perhaps the other three-quarters recognised that what they were being offered outside the clinic was real help and support – something that they are not offered in BPAS clinics – in short, a genuine choice.

The poor quality of the “study” stands in contrast to much of the research that other members of the university produce. It does not even include a copy of an interview questionnaire as used by the clinics.

Nor does it include any proper statistical breakdown of responses.

“Flawed from the outset”

“The approach is flawed from the outset in failing to encompass the perspective of women who took up the offer of help from pavement-counsellors and decided to keep their babies.

“It is also worth noting the context in which the authors have chosen to publish their report. The page on which they have published their findings is accompanied by a photo that appears to be a crowd of 100 or more people in a continental street holding banners in Polish or Czech.

“This gives a misleading impression of pavement counsellors (who typically operate solo near a clinic entrance, with 3 or 4 supporters standing a few yards away praying). The use of the terms ‘protest’ and ‘demonstration’ are inaccurate and misleading.

“The authors have also been very clear about their personal support for BPAS’s political campaign for buffer zones, and have been making that case in the press. It is hardly surprising that this ‘report’ is nothing but sheer propaganda.”
Autos for Life races towards the end of the year! Can you help?

By David N. O’Steen, Jr.

The Holidays are just around the corner, and 2015 will be over before we know it! We want to thank the many generous donors who donated vehicles to National Right to Life’s Autos for Life program, but we still need your help!

Remember, every vehicle raises life-saving funds that National Right to Life depends on to advance our cause of unborn babies and the medical vulnerable. Please don’t miss this opportunity to qualify for a tax deduction by donating your used vehicle. There is still time for you to participate this year!

All vehicles donated by December 31, 2015, will qualify for a tax deduction for the full sale amount! Autos for Life can turn any vehicle – car, truck, van, camper, trailer, boat or jet ski – into life-saving dollars that go directly to helping the National Right to Life Educational Foundation spread the truth about abortion and defend the lives of unborn babies. Recently we have received:

- *1999 Dodge Caravan from a pro-life gentleman in Maryland*
- *1997 Toyota Rav4 from a pro-life supporter in California*
- *1996 Toyota Tercel from a pro-life supporter in Washington state*
- *1995 Ford Explorer from a pro-life gentleman in Texas*

We are so grateful to everyone across the country that has already contributed vehicles to Autos for Life. We invite the rest of you to come on board and help us to continue our life saving work.

All that we need from you is a description (miles, VIN number, 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’s no additional paperwork to complete. The buyer picks the vehicle up directly from you at your convenience – and again, you receive a tax deduction for the full sale amount!

If you or someone you know has a vehicle to donate, please contact David O’Steen Jr. at 202.626.8823 or dojr@nrlc.org. If you prefer, you can send all the vehicle information by regular mail to: Autos for Life, c/o National Right to Life, 512 10th St., NW, Washington, DC 20004.

Again, vehicles can be of any age, and located anywhere in the country. Remember, countless unborn babies are depending on us!

Frustrated with Congress? 

From page 1

Democrats). However, in the U.S. Senate, 60 votes were required to take up the bill. Only 54 senators (51 Republicans and three Democrats) voted to take up the bill.

More recently, the U.S. House voted (240-189) to defund Planned Parenthood, the nation’s largest abortion provider, in the Restoring Americans’ Healthcare Freedom Reconciliation Act (H.R. 3762). Because it is a budget reconciliation bill, it cannot be filibustered in the Senate, so only 51 votes are required.

This is the best opportunity to place a pro-life bill on the president’s desk. If we had a pro-life president, he or she would sign the bill into law.

Simply put: for pro-lifers, what is needed to alleviate this frustration with Congress is to elect a pro-life president, elect more pro-lifers to the U.S. Senate, and maintain pro-life leadership in both houses.


NRL Political Director Karen Cross appeared on EWTN Nightly News to discuss Hillary Clinton’s pro-abortion record and pro-life prospects in 2016.
This quote is from an abortion facility worker who was herself adopted. Her facility had recently started doing abortions up to the 26th week:

There’s lots of days when it’s really, really hard... I don’t know what makes handling the tissue so much harder.... For me, there’s a lot of probably some hidden guilt that I’m not willing to look at about my adoption. That could have been me. You know, it so much harder at twenty-six weeks than at thirteen weeks. I don’t know what makes it so much harder at twenty-six weeks than at thirteen weeks.

The aborted babies she is talking about would be a week older than the one in the photo.

Adopted abortion facility worker -- It’s ‘difficult’ seeing 26-week aborted babies

By Sarah Terzo

It’s much more difficult when you see a twenty-six week face.

The aborted babies she is talking about would be a week older than the one in the photo.


Editor’s note. This appeared at liveactionnews.org and is reprinted with permission.
Germany Legalizes Assisted Suicide-As Long As It Is “Free”

By Nancy Valko

Editor’s note. This appeared on Nancy’s blog at http://nancyvalko.com/2015/11/11/germany-legalizes-assisted-suicide-as-long-as-it-is-free/

While the UK Parliament overwhelmingly defeated a physician-assisted suicide bill in September 2015, less than two months later the German parliament has passed a law legalizing some assisted suicides. As Reuters News reported:

“The bill, which was upheld with 360 out of 602 votes, criminalizes organizations that assist patients in terminating their own lives for profit. It is meant to prevent the commercialization of the procedure as a “suicide business.”

However, single instances of suicide assistance – by a doctor or relative – do not contradict the new law. A husband who helps his terminally ill wife to die would not be prosecuted.

“Commercial” assisted suicide would be punished by up to three years imprisonment, even if doctors allegedly perform the procedure to relieve suffering.

Why Germany?

The law is a surprise to many, especially since Germany has long been sensitive to the issue of euthanasia following its history in World War II when the Nazis used the practice to kill over 200,000 people with mental and physical disabilities as well as millions of Holocaust victims.

Actually, the 1945 Hadamar Trial involving euthanasia by healthcare professionals at the Hadamar psychiatric clinic was the first mass atrocity trial in the US zone of Germany following World War II. As a nurse, I was particularly horrified when I first read about the famous study of the willing participation of nurses titled “Killing while caring: the nurses of Hadamar.”

What can we expect?

Former Justice Minister Brigitte Zypries said the new German assisted suicide law “will open an era of great legal uncertainty” and will certainly be appealed to the Federal Constitutional Court.

But If efforts to stop the German law fail, the law will doubtless be expanded in the future as other countries in Europe have done.

Although ignored or dismissed in the US, the expansion and problems of euthanasia/assisted suicide in European countries like the Netherlands, Belgium, Luxembourg and Switzerland show the danger of first accepting a supposedly “limited” assisted suicide law.

For example, the Netherlands now uses lethal injections to dispatch infants with disabilities and adults of any age even without physical illness or consent. Belgium has done planned organ donation after euthanasia by lethal injection with the Ethics Committee of Eurotransplant even formulating recommendations for organ donation after euthanasia. And Switzerland has a booming business with assisted suicide organizations like Exit and Dignitas even though a study showed that 16% of assisted suicide deaths in Switzerland are of people who have no underlying illness.

Conclusion

As the late Richard John Neuhaus wisely said, “I believe in the slippery slope the same way I believe in the Hudson River. It’s there.”

But until we are ready to recognize the potent logic about the disastrous and unintended consequences when we legalize “just a little bit” of legalized medical killing, we may find that the slippery slope has no bottom.
Legal Woes Force Klopfer to Quit Doing Abortions at His Last Operating Abortion Business

Klopfer Dropped His Appeal of the State’s Decision to Not Renew His Operating License in South Bend

Editor’s note. NRL News Today has written many stories about longtime itinerant abortionist Ulrich Klopfer and the state of Indiana. The following, from Indiana RTL, explains that as of November 6, Klopfer would no longer be able to do abortions at his only remaining abortion facility, Women’s Pavilion in South Bend, Indiana.

Indianapolis—Longtime Indiana itinerant abortionist Ulrich Klopfer, will no longer be able to do abortions at his only remaining abortion facility, Women’s Pavilion in South Bend, Indiana. The facility must cease doing abortions at close of business on Friday, November 6.

Klopfer dropped his appeal of the Indiana State Department of Health’s (ISDH) June decision to not renew his South Bend facility operating license. That decision came on the heels of two complaints by the ISDH to revoke his South Bend facility operating license. Klopfer was scheduled to appear before an administrative law judge starting November 4, in a hearing that could have taken up to three days.

The ISDH filed the first complaint to revoke Klopfer’s South Bend operating license in January. According to the complaint, the facility was charged with violating Indiana Code 16-21 and multiple health and safety rules. In June, the ISDH filed a second complaint to revoke Klopfer’s South Bend operating license, following a license complaint investigation of the facility by the ISDH.

The June investigation revealed multiple additional deficiencies, including Klopfer’s failure to abide by Indiana’s 18-hour notification law that requires a woman to give her voluntary and informed consent and view the fetal ultrasound and hear the fetal heartbeat, at least 18 hours before an abortion. Indiana law allowed Klopfer to continue doing abortions while he appealed the ISDH’s decision to not renew his operating license.

Klopfer, an Illinois resident, operated abortion facilities for decades in Gary, Fort Wayne, and South Bend. Klopfer lost his Fort Wayne back-up physician with admitting privileges, required by an Allen County ordinance and state code, in December 2013, rendering him unable to do abortions in Fort Wayne in 2014 and 2015.

In June, Klopfer surrendered his operating license for his Gary facility. The surrender followed the release of an alarming report by the ISDH showing deplorable conditions and safety hazards at his Gary facility. Despite being barred from doing abortions in Fort Wayne, Klopfer continued to see patients there and referred them to South Bend for their abortion procedures.

Even though Klopfer does not have a licensed abortion facility in the state, he still has an active Indiana medical license. However, that could change on December 3 when Klopfer appears before the Indiana Medical Licensing Board.

Klopfer faces an administrative licensing complaint by the Indiana Attorney General’s office of 1,833 alleged abortion-related violations. The Medical Licensing Board could strip Klopfer of his medical license or take other disciplinary action against him.

“Years of shoddy abortion practices have finally caught up with Dr. Klopfer,” said Cathie Humbarger, Indiana Right to Life’s Vice President of Policy Enforcement. “Klopfer compromised the health and safety of women who sought abortions from him in Gary, Fort Wayne and South Bend, and we’re relieved he is finally being shut down. Hoosier women deserve better. We extend our appreciation to the Pence administration and the ISDH for refusing to sweep Klopfer’s shady practices under the rug. It’s a good day for the health and safety of Hoosier women.”

Jeanette Burdell, Executive Director of St. Joseph County Right to Life, stated, “No other medical facility would be able to get away with the things Women’s Pavilion has been doing for years. Women’s lives are at risk when anesthesia is administered improperly, medication is expired, staff is under-trained and infection control is lacking, to name but a few of the facility’s problems. And when abortions on 13-year-old girls aren’t reported in a timely manner as required by law, children are in danger of sexual abuse.”

“We have been working for many years to call attention to the Women’s Pavilion’s disregard for the health and safety of women in St. Joseph County, and to ensure that Dr. Klopfer and his facility are held accountable for the substandard conditions and health code violations at the clinic,” said Tom Gill, President of St. Joseph County Right to Life.

“We commend all of those individuals, organizations and institutions that have worked side-by-side to bring about this positive, life-affirming and health-endorsing outcome for our community.”
Kermit Gosnell, PPFA, and Hillary Clinton

From page 2

What else do they share in common? Many things but let’s end with this.

In a real sense listening to Gosnell and Planned Parenthood and Clinton is like monitoring the needle on a seismograph. It shows you both the up-down motions of the pro-abortion mind at work and the destruction they’ve unleashed.

What everyone else would interpret (if they were made aware!) as an earthquake is not even a tremor to them. So Gosnell slits the spinal cords of babies he deliberately aborts alive. He killed them outside the womb rather than inside. What’s the big deal?

PPFA terminates the lives of over 320,000 unborn babies each and every year. Practically a public service (never mind the millions and millions that pour into the already overflowing Planned Parenthood coffers from aborting unborn children). That the slaughter of over 1 million unborn children each year is gradually toppling the edifice of respect for all vulnerable life—the campaign for physician-assisted suicide is no coincidence—is either ignored or denied.

Should she become president, it’s not like Hillary Clinton would enter the Oval Office as some sort of brain-washed Manchurian candidate. She needs no persuasion. She knows exactly what abortion is. To her it is a positive good, which is why Clinton is so eager to export abortion abroad.

At a 2009 House Foreign Affairs Committee hearing, pro-life Congressman Chris Smith, questioning Clinton about whether euphemisms (such as “reproductive health”) are code for abortion. “We happen to think that family planning is an important part of women’s health,” Clinton told Smith. “And reproductive health includes access to abortion that I believe should be safe, legal, and rare.”

She believed then, and she believes now, that “broader human development” is tied to “women’s reproductive rights,” as she explained in her March 7 speech marking International Women’s Day.

Gosnell, Planned Parenthood, and Hillary Clinton. The executioner, the face of the Abortion Industry, and the protector.

The importance of the 2016 elections

From page 2

Gov. Martin O’Malley and Democratic Socialist Senator Bernie Sanders (VT.) And, as we have already seen, at the drop of an imaginary hat, Clinton’s campaign will scream “sexism.”

But as last Saturday’s debate in Iowa illustrated, Sanders no longer appears content to be Clinton’s punching bag. Granted, a slightly more feisty Sanders is very unlikely to derail the Clinton presidential express, but it does remind us that there are gaping holes in Clinton’s resume that go beyond our single-issue focus.

Moreover, If you remember back in late September a USA Today/Suffolk poll asked for a single word that describes each contender. The most frequent response for Clinton was “liar/dishonest,” followed by “untrustworthy/fake.”

And with each month (sometimes with each week), Clinton seems bound and determined to give reasons to solidify that assessment. The latest is a story she continues (for reasons that make sense only to her) to offer up— that around 1975 she tried to join the Marines. (And, no, I am not making that up.)

Paraphrasing CNN’s Jeff Zeleny we are to believe that at almost 27 years old, this Yale-educated lawyer, a woman who had worked for two anti-war candidates, who had just moved to Arkansas and whose husband, Bill, was about to become the state attorney general, walked into a Marine recruiting office to ask to join? The contempt for voters’ intelligence is palpable.

Please take time to read (for starters) the stories that relate directly to the 2016 elections on pages 1, 21, and 29.

Things are going to pick up momentum over the next two months. You want to be prepared and we will do our best to help you.
Appeals Court rejects challenge to California law against assisting suicide

By Dave Andrusko

On October 29 a three-justice state appeals court upheld a lower court decision that flatly rejected a challenge to California’s law against assisted suicide.

“We believe prescribing a lethal dose of drugs to a terminally ill patient with the knowledge the patient may use it to end his or her life goes beyond the mere giving of advice and encouragement and falls under the category of direct aiding and abetting,” said Justice Alex McDonald in the 3-0 ruling.

The Fourth District Court of Appeal’s decision upheld San Diego Superior Court Judge Gregory Pollack who dismissed a lawsuit challenging California’s law against assisted suicide on July 27. “You’re asking this court to make a new law,” Judge Pollack said at the time.

The backdrop, of course, is that on October 5, California Gov. Jerry Brown signed legislation to legalize doctor-prescribed suicide. In the fine print is that the law does not take effect until 90 days after adjournment of a special legislative session on health care. It was during that special session—called to address the state’s Medicaid budget—that proponents resurrected a bill that had failed numerous times, including in 2015. That session has not yet ended.

Judge McDonald “said California courts have consistently interpreted the law to apply to doctors, and the Legislature has never objected to those rulings, according to Bob Egelko of the San Francisco Chronicle. “McDonald also said the right of privacy protects individuals but not their doctors.”

Jon Eisenberg, the attorney for the three plaintiffs, said he will ask the state Supreme Court for an immediate review.

A Mother’s Death-defiant Vow: “You’re going to do beautiful things with these beautiful hands”

From page 6

life, could echo a song of flaming tongues, which declare “When I am weak, then I am very strong,” never fails to woo my soul with wonder.

Our bruised-though-unbroken “reed” makes music with his hands when he plays the keyboard or instrumental apps on his iPad, when he reaches out to express curiosity, trust, and affection. And when he makes visual music with his whimsical creations, his fairy-like fingers dance joyfully through mediums of clay or paper or string, such as pictured here with his...hmm let’s call it a “bunny balloon anchor.”

Marie says, “He may be differently-abled from healthy kids, but he is full of constant wonder and joy!”

When Marie was unexpectedly pregnant again, a geneticist encouraged them to have an amniocentesis because Marie carried the gene that could cause her baby to have MTM like his older brother, Reid. The geneticist suggested they could “keep their options open.”

Marie refused the amniocentesis and declared to all the people in that room, “Our son may have a 50 percent chance of having Myotubular Myopathy, but he has a 100 percent chance of being loved.”

Today, Paley is a bright, happy, deeply-loved five-year-old living with Myotubular Myopathy. Reflecting on the impact all of her children, especially Reid and Paley, have made on her life, Marie said, “I’ve become more grateful and full of awe of the simplest things.”
Those pro-lifers who knew him best—Wisconsin Right to Life—sang his praises. Here’s what then-executive director Barb Lyons wrote when he joined Romney:

When Paul Ryan first ran for Congress in 1998, he was a very young 28 — boyish and eager. He came to a Wisconsin Right to Life interview with his clean-cut button-down shirt and fresh approach to public life. WRTL-PAC endorsed him for his fervent and sincere right-to-life convictions, but thought him perhaps too young to succeed. But succeed he did and Ryan has been over-achieving ever since.

Who is Paul Ryan? Fervently pro-life, amiable, tons of character, principled, honest, charismatic, man of integrity, fantastic communicator, devoted husband and father. This is the man we met in 1998 and he has not changed, just grown in stature and maturity. People know Paul Ryan and like him. All of these qualities have allowed him to continue to be re-elected with over 60% of the vote in a district that is, at best, a “swing district” but mostly Democratic.

To pro-lifers it is very reassuring that when retiring Speaker Boehner handed the gavel over to new Speaker Ryan, the most visible and important position in the House of Representative remained in strongly pro-life hands.
Fox 46 interviews mother whose chemical abortion was reversed

Within 72 hours to negate the impact of the first chemical abortifacient.

“It then became a waiting game to see if her pregnancy was saved,” Melugin explained.

Two days later when she went in for an ultrasound, Barnes got her answer.

“So I looked to the right and I saw the screen and the nurse said there’s your baby’s heartbeat,” Barnes said. “I was so happy, I think my smile was contagious. Seeing his heartbeat was like oh my goodness that’s my baby, and he’s safe, and he’s alive and hopefully he’s healthy.”

Fast forward the clock many months, and at 10:28 p.m. on May 18th, 2015, Walker was born. He came a month early, but he was healthy.

“He was perfect, and he was a miracle,” Barnes said. “When they laid him on my chest and I heard him scream for the first time, that was the happiest moment, well one of the happiest moments of my life compared to the first time.”

Walker, the baby that almost never was, is now 5 months old.

Barnes readily admits she (and Walker) were lucky: “I was definitely given a second chance, and [Walker] was too, who knows what he’ll be when he grows up,” she said to Melugin.

“Being able to hold him and count this toes and tickle his feet, it’s just special because of what happened and my decision I almost made. I want to try to share our story just to let people know this is available, I did almost make a mistake.”


3801 Lancaster: American Tragedy hits the box office

“wring like a dishcloth, twirled and squeezed,” until their bodies are sucked, backbone last, into a catheter. In the popular D&E procedure, little feet (like those in Gosnell’s jars) are ripped off, too, along with little legs, little arms, little stomachs, and little heads. Babies in every trimester of abortion are documented trying to swim away from the instruments, mouths open in a horrified silent scream.

Is this Gosnell, or is this abortion? And do we really want to answer? As one of the police officers on scene puts it: “It’s just something you never thought about. What is the abortion process?”

On the film, an official who is clearly distraught over the nightmare at 3801 Lancaster exclaims over the man who was “allowed to butcher women, to butcher babies, and nobody did a damn thing about it!” The police officers still have yet to get over what they saw firsthand – will they ever? Should they?

We open up the cabinet, and we see five jars of feet. They were small, but they were defined. I mean, the toes, the ankle, the, the soles of the feet. You knew. Once you saw the feet, you knew, you knew like I said before, that this was different from any job we’ve ever handled.

Is this what the devaluing of human life, the dehumanization of those smaller and less developed than us leads to? Would it really have been more acceptable if the police officers had found five jars of preserved 12-week-old baby feet or entire bodies of 6-week-old babies? Is a human a human at any age, at every age?

Did the age of these babies when executed by Kermit Gosnell make the difference, or the fact that their humanity was ignored, controlled, and taken from them? Do we mourn the loss of these children only because we can see their frozen bodies on film, or because they are children who were killed?

Are we willing to face the fact that children among us are killed at the rate of more than one million every year, more than 3,000 every day, more than 125 every hour, more than two every minute – in the U.S. alone?

How can we comprehend such loss, such death, such an American tragedy?

3801 Lancaster: American Tragedy wades into deeply disturbing waters, taking its captive audience along. And yet, when we consider that all this happened in a typical American city – Philadelphia, the City of Brotherly Love – how can we think ourselves exempt?

Find out where you can see American Tragedy.

Editor’s note. This appeared at liveactionnews.org and is reprinted with permission.
Support for physician-assisted suicide requires a blind eye to past, present, and future abuses

From page 18

in Massachusetts which has since been reintroduced

Even more shockingly, State courts have ruled time and again that if competent people have a right, the Equal Protection Clause of the United States Constitution’s Fourteenth Amendment requires that incompetent people be “given” the same “right.” Under the Massachusetts state constitution, this would also be the case. Consequently, a “surrogate” could direct doctor-prescribed death for those unable to make decisions for themselves, such as patients with an advance Alzheimer’s.

Caplan subscribes to a belief in a different kind of American Exceptionalism. That is, the forces that have sucked countless other categories of people into the assisted-suicide vortex in Europe will be powerless here. We are safe, safe, safe from the human condition.

But even if you don’t want to admit it (because it weakens your argument), you have to take into consideration what the primary driving force behind assisted suicide is saying. Here’s what Barbara Coombs Lee, executive director of Compassion and Choices, said in a story published in April in USA Today.

"Both Oregon and Washington found that participants had three major concerns: loss of autonomy, diminishing ability to engage in the activities that make life enjoyable, and loss of dignity. Meanwhile, only about a third of patients in both states were concerned about inadequate pain control. “It’s not as simple as pain,” Coombs Lee said. “Everyone gets to identify their own definition of suffering.”

It is sad to see an old sparring partner knock himself out with his own arguments. But it is far sadder that Caplan’s support for what he calls “physician-assisted dying” will help pave the way in the United States for exactly what he insists cannot happen here.
A pro-life conversation guide for the holidays

From page 28

many people the humanity of the unborn child. For example, the heart begins to beat about three weeks after conception, before many women even know they are pregnant. At about six weeks, brain waves can be detected. By 20 weeks, a wealth of evidence indicates that unborn children can experience excruciating pain.

The stunning complexity of prenatal human development is “beyond any comprehension of any existing mathematics today,” says renowned medical imaging expert and mathematician Alexander Tsiaras.

(5) Know how abortion can hurt women

The health risks of abortion, both physical and psychological, are very well documented. Familiarize yourself with a few facts.

For example, many studies suggest that abortion can increase a woman’s risk of breast cancer. Moreover, while no one ultimately regrets not having an abortion, many, many (though of course not all) women now deeply regret their decision in favor of abortion. A 2011 meta-analysis published in the prestigious British Journal of Psychiatry—“the largest quantitative estimate of mental health risks associated with abortion available in the world literature”—found an 81 percent increased risk of mental health problems among women who have had abortions.

(6) Know about alternatives to abortion and compassionate support for women

Both motherhood and adoption are ethical, life-affirming options. Some 3,000 pro-life pregnancy care centers across the United States stand ready to help pregnant women in need. Many programs are available to help women and others deal with the aftermath of abortion.

(7) Be winsome

Pro-lifers must be kind, respectful, fair-minded and willing to listen and respond thoughtfully to those who disagree. Don’t call someone “pro-abortion” in conversation, since it is usually inconsistent with how he sees his position and can turn him off to productive dialogue. Show compassion toward pregnant women facing difficult circumstances and women who have undergone abortions.

(8) Ask questions

Instead of relying just on blunt assertions—and putting the burden of proof on yourself—ask strategic questions to poke holes in someone’s position and get him thinking. Make him defend his claims. For example, if he says a baby becomes a person after birth, ask how a mere trip through the birth canal, a shift in location, can change who/what someone is or whether or not she has a right to life. If a pro-choice advocate says he is personally opposed to abortion but thinks it should remain legal, ask why he is opposed; note that the reason for personal opposition (abortion kills a human being) is precisely the reason abortion should not be permitted under law. (I recommend the “tactical approach” developed by Greg Koukl and used in Ch. 9 of Scott Klusendorf’s The Case for Life.)

You probably won’t change someone’s mind on the spot. But you can have a friendly conversation and give him or her something to think about. That should be your goal.

This appeared on the blog of Minnesota Citizens Concerned for Life (MCCL), National Right to Life’s state affiliate. Paul Stark is MCCL communications associate.

Adoption: the hope for orphans around the world

From page 4

and little hope here at home for birth mothers who truly, for whatever reason, cannot parent the children they carry.

So as members of the right-to-life community, my charge to you, if I may be so bold, is twofold.

First of all, be very mindful of how you speak about adoption. Don’t act like it’s perfect—nothing in life is. Don’t act like it magically makes abortion go away. It doesn’t. Don’t act like it will instantly heal all of the broken places in anyone involved. It won’t.

But please, also be mindful that you’re not speaking negatively of the most beautiful solution available to children who need a family. I am speaking, especially, to adoptive parents here.

I have heard more than one of you bemoan the fact that adoption is harder than it looks, and even mock National Adoption Month as being too positive. Just because you are in the trenches with a child who doesn’t see you as the gift that you are to them, doesn’t mean that adoption should be bad-mouthed.

I know it’s hard. TRUST ME, I KNOW! It’s not wrong to let people know that sometimes fairy tale endings take decades and sometimes they don’t happen even then. It’s okay to be transparent. Just please don’t, in your quest to “show the other side” of the glossy photo, demean the very thing that made you a mom or a dad. Even if you’re having a hard day.

Secondly, please don’t just trumpet adoption as the solution to abortion and then forget to BE a part of that solution. If you have felt led to adopt—do it. It’s on your heart for a reason, and whatever is holding you back can very likely be surmounted. It really can.

If you’re not in a position to adopt, please find someone who is doing it and offer support, whether or not she has undergone abortions. Secondly, please don’t just trumpet abortion as the solution to abortion and then forget to BE a part of that solution. If you have felt led to adopt—do it. It’s on your heart for a reason, and whatever is holding you back can very likely be surmounted. It really can.

I firmly believe that if you’ve ever uttered the phrase “adoption, not abortion” and you haven’t adopted or supported someone who is adopting, you need to check yourself.

Adoption is everywhere these days, but it’s still not nearly common enough in our world. Somewhere between 147 and 153 million children are orphans. As a movement, we are intimately aware that adoption is absolutely a better alternative to a crisis pregnancy than abortion. But let’s not stop there.

Let’s become advocates for adoption—and for the children who so desperately need it to give them a family. And let’s think—always—before we speak on this important issue!