MAJOR SESSION

"Infanticide: The Newest 'Choice' Agenda"

Wesley J. Smith, J.D. and Jennifer Popik, J.D., the Federal Legislation Director for NRLC, will discuss infanticide being the newest 'choice' agenda and the push for legalizing abortion up until and even "after" birth.

NRL 2019 CONVENTION
July 5-6 in Charleston, SC
nrlconvention.com
House Democrats hold hearing to advocate for abortion without limits until birth

Just how far they are willing to go on display

Jennifer Popik, J.D. Director Federal Legislation

On June 4, House Democrats held a hearing ominously entitled, “Threats to Reproductive Rights in America,” meant to criticize the wave of pro-life laws passing in the states and reinforce Democrats’ full-throated commitment to allowing abortion for any reason up to the moments of birth.

In their statements and their questions, Democrat members of Congress doubled-down on what has now become the standard position of Democrats, including all those running for President.

Rep. Jerry Nadler (D-NY), Chairman of the House Judiciary Committee, said in his opening statement:

It is my hope that today’s hearing is Congress’ first step towards shoring up the right to abortion across this country through legislation like Representative Judy Chu’s Women’s Health Protection Act which would put an end

See “Democrats,” page 39

“Embrace, Don’t Erase, Down Syndrome” is Kurt and Chloe Kondrich’s inspirational message

Will speak at NRL Convention’s closing banquet July 6

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

A father and daughter, internationally known for their advocacy for children with special needs, will headline the closing banquet at this year’s National Right to Life Convention in Charleston, South Carolina.

Pennsylvanians Kurt and Chloe Kondrich are the keynote speakers for the July 6th banquet, which tops off the incredible two-day convention. To see a full list of workshop speakers and to register for this amazing event, click here.

The Kondriches have received worldwide attention for

See “Embrace,” page 35
Over the last two weeks *NRL News Today* posted multiple stories about former United States Senator and Vice President Joe Biden’s preposterous flip-flop on the Hyde Amendment. As the Democrat Party races off the deep end on abortion—through “all 40 weeks” and increasingly squishy on infanticide—Biden (the supposed “moderate”) threw his lot in with the zanies whose hard-line abortion-now-and-forever is orthodoxy among Democrats running for President in 2020.

Support for the Hyde Amendment, Mr. Biden? That was so yesterday.

Politically, what is the motive for Biden selling his soul? Democrats and most of the media (cohorts of long standing), have persuaded themselves that support for abortion is like a freight train moving in their direction. That movement is so strong, they tell themselves, that they can even leave the Hyde Amendment which bans essentially all federal funding of abortion, at the station.

But how true is that? Last week we analyzed a column by Slate’s Will Saletan which built the case, brick by brick, that Biden’s embrace of federal funding of abortion is a huge miscalculation. A long-standing, large majority of the public doesn’t want its pockets picked to pay for abortion and whatever short-term benefit Biden may enjoy among Democrats will cost him with the general electorate. As it will for the other Democrats who tout their eagerness to end the Hyde Amendment credited with saving two million lives.

So what explains the evolution of the pro-abortion movement into the equivalent of “a modern-day flat earth society,” in the words of Rep. Chris Smith?

Part of it, of course, is that all Democrats kowtow to the Planned Parenthoods, NARALs, and EMILY Lists of this world which provide massive amounts of dollars but not the votes that Republicans receive because they are overwhelmingly pro-life. (As pro-abortion *New York Times* columnist David Brooks once said, “I know what we did was wrong, but do you think we’re going to quit?”)

There is never a perfect time to distribute the monthly digital edition of *National Right to Life News*. But even though a critical phase in the battle over Rhode Island’s extreme, New York-style abortion-expansion bill takes place Wednesday, we thought we shouldn’t wait any longer. (Be sure to take advantage of *NRL News Today* for updates on this and all other life-issues by signing up at www.nationalrighttolifenews.org/join-the-email-list.)

In keeping its members and followers updated on a daily basis, the Rhode Island Right to Life executive director stated something that may be on the extreme end but is unfortunately too close to what we saw in the outposts of abortion madness, such as New York and Illinois and Vermont and Massachusetts: “*A treacherous madness and bloodlust has descended upon both legislative chambers with some former ‘friends’ now nearly snarling when they see me.*”

Why? In the case of Rhode Island (and in other states), I suspect that members of the legislature endorsed by Right to Life felt the best defense is a good offense: pretend that pro-lifers merited the anger rather than acknowledge that these legislators are paving the way for legislation that would have been imaginable just a couple of years ago.

Even in Virginia, which not so long ago was a state with strong pro-life majorities in both houses, we saw a bill proposed that the author blithely acknowledged would legalize abortion through “all 40 weeks.” Del. Kathy Tran then offered up the lamest possible excuse: she had misspoke.

This was virtually the identical and equally feeble defense offered up by Gov. Ralph Northam who, in a moment of unscripted candor, stated if a baby who is disabled survives an abortion, then care is not mandatory (beyond keeping the baby warm). What happens next—if anything—is up the abortionist who tried to kill the baby and the mother who tried to have the baby killed.

Vermont is the distilled essence of what happens when the team of Planned Parenthood and the Democrat Party take over a state (although New York is close second). Mary Beerworth, executive director of Vermont Right to Life, calls Planned Parenthood members of the legislature endorsed by Right to Life felt the
I recently came across a column, written in January 2016 by then-presidential candidate, Donald J. Trump, explaining his position on abortion. He wrote, “America, when it is at its best, follows a set of rules that have worked since our Founding. One of those rules is that we, as Americans, revere life and have done so since our Founders made it the first, and most important, of our ‘unalienable’ rights.”

He continued, “Over time, our culture of life in this country has started sliding toward a culture of death. Perhaps the most significant piece of evidence to support this assertion is that since Roe v. Wade was decided by the Supreme Court 43 years ago over 50 million Americans never had the chance to enjoy the opportunities offered by this country. They never had the chance to become doctors, musicians, farmers, teachers, husbands, fathers, sons or daughters. They never had the chance to enrich the culture of this nation or to bring their skills, lives, loves or passions into the fabric of country. They are missing, and they are missed.”

Seven immensely significant words: “They are missing, and they are missed.”

Since his upset victory, Donald J. Trump has remained true to his campaign commitment to the pro-life community to protect unborn children.

Within days of taking office, President Trump took executive action to restore the Mexico City Policy, initially issued by President Ronald Reagan in 1984. The policy requires any non-governmental organization (NGO) receiving US foreign aid to sign a contract promising not to perform abortions (except to save the mother’s life or in cases of rape or incest), not to lobby to change the abortion laws of host countries, or otherwise “actively promote abortion as a method of family planning.”

In May of 2017, the Trump administration expanded the policy, now called “Promoting Life in Global Health Assistance.” Only a handful, including International Planned Parenthood and Marie Stopes International, have refused to sign the contract.

In March of this year, Secretary of State Mike Pompeo closed what had become a loophole, now requiring NGOs to confirm that they are not passing US funds along to other organizations that still promote abortion.

President Trump kept another promise by protecting the conscience rights of providers, individuals, and other health care entities. The HHS office for Civil Rights will enforce federal laws to protect “providers, individuals, and other health care entities from having to provide, participate in, pay for, provide coverage of, or refer for, services such as abortion, sterilization, or assisted suicide.”

HHS has taken strong action in other areas as well. When Obamacare was enacted in 2010, the law required qualified health plan issuers to segregate collected premiums to pay for abortion coverage and that enrollees be informed if abortions are covered by a qualified health plan.

In October of 2017, HHS declared that it will fully enforce these requirements as a step toward ensuring that federal tax dollars are not used to subsidize coverage for elective abortion. And in January 2018, HHS issued a preliminary rule requiring insurance companies that offer Obamacare plans that cover abortions to also offer an identical plan that does not cover abortions. Obamacare prohibits a health program from discriminating on the basis of sex. The Obama administration had defined this discrimination to include abortion. In May, HHS issued a proposed rule to make clear that it is not “discrimination on the basis of sex” for an individual doctor or a facility to refuse to abort an unborn child.

And just last month, continuing the Administration’s efforts to keep the federal government out of the abortion business, HHS announced it will no longer fund research that uses fetal tissue from aborted babies.

At the congressional level as well, President Trump has stood firm, issuing a “Statement of Administration Policy” on various pieces of legislation, informing members of Congress of the likelihood of the president signing or vetoing such legislation.

Statements have been issued, saying the President’s advisors would recommend that he sign the Pain-Capable Unborn Child Protection Act, the No-Taxpayer Funding for Abortion and Abortion Insurance Full Disclosure Act of 2019, and the Born-Alive Abortion Survivors Protection Act.

These Statements have also been issued that a veto would be recommended for legislation that promotes abortion being considered by the Democratic-led House of Representatives. These include the repeal of the President’s orders on the use of foreign funds to promote abortion and to block implementation of the new conscience protection rules, as well as the administration’s requirement that Title X family planning funds not be awarded to entities which also perform abortions at the same location.

One of President Trump’s strongest campaign promises addressed the appointment of federal judges “who will uphold the Constitution.” Working closely with Senate Majority Leader Mitch McConnell, he has been faithfully accomplishing that pledge. With two new justices on the Supreme Court and more than 100 new judges on the appellate and federal courts, we can hope and expect that the coming years will see our Constitution not scorned and rejected for someone’s personal opinion.

There are more actions from the President and his administration that are listed here, but I think we can strongly agree. When it comes to protecting unborn children, President Trump is a man of his word.
Planned Parenthood: Vermont’s 4th branch of government

By Mary Beerworth, Executive Director, Vermont Right to Life

The rallying cry for abortion went up immediately after the opening of the 2019 legislative session in Vermont. At an event inside the State House hosted by Planned Parenthood the program kicked off with their leader yelling, “WHO LOVES ABORTION!” And the answer came screaming back from the pro-aborts in attendance, “WE DO! WE DO!

With pro-abortion Democrats now holding a super majority in both House and Senate, leadership saw the way clear to gain passage of Planned Parenthood’s wish list – enactment of a law written to secure protection from any interference for their abortion business as well as the opportunity to be first in the nation to place abortion rights in a state constitution.

House bill H. 57, referred to as an act relating to preserving the right to abortion, shields Planned Parenthood’s abortion procedure, H. 57 grants abortion providers this private right of action against the State.”

Over a dozen common sense amendments to H. 57 were offered on the floor. Each one failed.

A lead sponsor of H. 57 Rep. Ann Pugh (D-South Burlington) was asked on the House floor during floor debate if human life began at conception. She simply answered, “No.”

Not once did sponsors of H. 57 give any consideration to the life of an unborn child throughout pregnancy while numerous bills were introduced to protect farm yard animals and pets.

“H. 57 goes beyond Roe v. Wade, and may well be the most radical anti-life law in the nation,” explained Sharon Toborg, Policy Analyst for Vermont Right to Life. “H.57 grants abortion providers and clinics the right to sue the State if they are not allowed to establish a new abortion practice in Vermont. Unlike providers of any other medical

program voiced with their leader yelling, “WHO LOVES ABORTION!” And the answer came screaming back from the pro-aborts in attendance, “WE DO! WE DO!

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Senate Pro-Tem, Tim Ashe, (D-Burlington) declared that such a move is necessary because abortion makes women “equal people.”

Vermont’s 4th branch of government.”

It is important to understand that Planned Parenthood has enormous political power in Vermont. When speaking to the media, I often make reference to them as “Vermont’s 4th branch of government.”

Planned Parenthood is heavily involved in each election and they demand 100% compliance with their unlimited abortion agenda if a candidate is to earn their endorsement. Should a candidate, even one who generally supports abortion rights, even consider supporting parental notification legislation or any other common sense

Not content with merely codifying unlimited, unrestricted abortion in Vermont statute, Planned Parenthood’s demands also included launching an effort to amend our state constitution to enshrine the right to abortion in our state’s founding document.

See “Vermont,” page 11
Where does Joe Biden stand on taxpayer funding of abortion? Apparently, Joe doesn’t even know – or at least he forgot.

Joe Biden has flip-flopped so many times in recent weeks on the Hyde Amendment that when you see flip flops this summer – think Joe Biden.

Before he began his presidential campaign, Biden supported the pro-life Hyde Amendment, which restricts taxpayer funding of abortion. Soon after his announcement, he renounced the Hyde Amendment. Last week, he supported it. Two days later, he rejected it.

So what is it Joe? Did you forget?

Joe Biden, who used to be pro-life, even voted to endorse Roe v Wade, which allows abortion for any reason!

Our nation’s unborn children deserve a president who’s really pro-life... and so do you!


Donate

Paid for by National Right to Life Victory Fund. www.nrvictoryfund.org

Not authorized by any candidate or candidate’s committee.
Have you “Saved the Date” yet?

The National Right to Life Convention is just over two weeks away and now is the time to make sure you are registered before the early-bird rate goes up. Please visit www.nrlconvention.com to register today.

When you register for the Convention, be sure to reserve your hotel room before the end of Wednesday, June 12 while the special rate of $129 still applies. Time is of the essence. Please click HERE for the special reservation link.

The line up of headlining speakers is set! Have you seen the movie Unplanned? If so, you will remember Ashley Bratcher, the actress who portrayed Abby Johnson. Ashley will be at the Convention! To see the full Convention schedule, go to nrlcovention.com

And be sure to purchase your tickets for the opening luncheon on Friday, July 5, with pro-life SC Governor Henry McMaster, and the closing banquet on Saturday, July 6 with Kurt and Chloe Kondrich of Chloe’s Foundation. You don’t want to miss these two events! Get your tickets for the luncheon and banquet when you register for the Convention or by going to https://shop.nrlchapters.org/Extra-Events_c22.htm

At 9:00am on Friday, July 5, there will be a special production of a new play called Viable – The Truth in One Act. In 75 minutes, with three actors and two chairs, Viable’s simple-but-powerful storyline captures an unforgettable moment as an aborted child visits her mother nearly 30 years later. In protecting her own emotional stability, the mother has carried guilt for decades, always secretly questioning the pro-abortion stance she has clung to so desperately to justify her choice. Viable was written by Christian New York Times best-selling author and former Disney writer/producer John Hoover.

Finally, please download and share the most recent NRL Convention flyer from the NRL Convention website at nrlconvention.com.

Again, please share this information with your friends and family, and come experience the camaraderie of the prolife movement with other prolifers from around the country.

See you in Charleston!
The *Roe v Wade* decision has led to the deaths of over 20 million Black babies

Editor’s note. On June 4, the House Judiciary, Subcommittee on the Constitution, Civil Rights and Civil Liberties, led by pro-abortion Democrats, held a hearing on “Threats to Reproductive Rights in America.” We previously ran the testimony of Melissa Ohden, who survived a saline abortion in 1977. The following is the story of a different kind of abortion survivor, but equally powerful in its own way.

Dear Chairman Nadler, Chairman Cohen, Ranking Member Johnson and members of the committee: My name is Christina Bennett and I’m submitting this testimony in hopes that my personal story will shed light on the issue of abortion in America. In 1981, my mother scheduled to abort me at Mount Sinai Hospital in Hartford, CT. She was pressured by my father to abort and rejected by a mentor in her church who told her she wasn’t welcome anymore because she was pregnant out of wedlock. She met with a counselor at the hospital who only assured her she was making the right decision and did not offer counsel on available alternatives.

A black elderly janitor approached my mother after seeing her crying in the hospital hallway. She asked her if she wanted to have her baby and when she said yes. She told her God would give her the strength to have me. When she went to leave my mother was called into the doctor’s office where she could see he hadn’t cleaned up the blood from the last abortion which disgusted her.

He insisted she stay and when she said she wanted to keep me he said, “You’ve already paid for this. You’re just nervous.” She repeated her desire to keep me and he yelled at her screaming “Don’t leave this room,” but she walked out.

My mother’s experience in that hospital is being repeated every day that abortion is performed in this nation. Women are facing the same coercion, the same shunning, the same lack of counseling and disgusting facility conditions. Unfortunately, many women lack a compassionate advocate to offer them the support and resources they need. This is why I spent four years working at a non-profit pregnancy resource center, practically serving hundreds of women and their children.

Two years ago, I had a profound experience while visiting the National Museum of African American History. I was reminded of the ways Black Americans were denied the right to equal protection and due process, treated as property and dehumanized because of the color of our skin. The museum memorialized the womb. The sacrifices my ancestors suffered to achieve the freedom and civil rights I enjoy today are not able to protect future generations from a decision made just 8 years before my birth. The *Roe v Wade* decision rendered 60,000,000 lives unworthy of legal protection and has led to the deaths of over 20 million Black babies since 1973.

Babies conceived just a decade prior did not experience the threat of death through legalized abortion. Their lives were not weighed in the balance of whether or not they were wanted. The value of their lives was not measured in terms of their parents’ challenging circumstances or convenience.

The dark history of Planned Parenthood founder Margaret Sanger’s philosophy on Eugenics and population control was documented by Supreme Court Justice Clarence Thomas’ concurring opinion in *Box v. Planned Parenthood in Indiana and Kentucky*. Today, an increasing number of Black Americans recognize this eugenic and population control philosophy that is having a genocidal impact.

Recently close to a hundred black women of influence gathered in Charlotte, NC to protest the stealth opening of a Planned Parenthood in the city’s oldest Black neighborhood. Along with my testimony I’ve attached a statement from Lesley Monet, International Director of The Church of God in Christ’s Family Life Campaign. Lesley explains the largest Black denomination with over 6 million members’ opposition to the abortion industry’s targeting of Black babies and the Church’s program to protest abortion and encourage adoption.

Many of us are tired of the targeting. 78% of Planned Parenthood’s surgical facilities are located in Black and Latino neighborhoods. Black women such as Cree Erwin, Lakisha Wilson, and Tonya Reaves have lost their lives at the hands of an abortion industry that offers substandard medical care as increasingly women are leaving abortion centers by ambulance.

Taking the lives of our children through abortion doesn’t empower or strengthen our communities. Abortion has left behind countless wounded women and men as it silenced millions of children who otherwise would have had a voice and lived out the purpose for their life.
A moment of truth at a congressional hearing conducted by pro-abortion Democrats

By Melissa Ohden

There were many fascinating takeaways from the recent Congressional hearing on the “Threat to Women’s Reproductive Rights in America,” in which I was one of the witnesses. But none jumps out more that when abortion is declared to be a “woman’s right,” the abortion industry, its supporters, and politicians sense there is a particularly vulnerable point in that argument. Consider....

“Would you agree that someone who has survived an abortion, like Melissa Ohden, has a right when she is born, to life, to control over her body where someone else doesn’t take her life?” That was the calm but devastating question Rep. Louie Gohmert (R-Tx.) asked of actress Busy Phillips, during the hearing.

In a video from the hearing that’s received wide attention, you can see that Ms. Phillips struggles to answer the question. In fact, she never answers it. In her defense, I don’t know that any witnesses present that day could have answered it without coming across heartless and cold. (You can see the exchange at www.youtube.com/watch?v=hqZ2cSrvJ-Q&feature=youtu)

“Abortion is a woman’s right.” Tell that to the multiple female abortion survivors who are public with their story, in addition to me. To name just a few, friends like Gianna Jessen; Claire Culwell, whose twin was aborted; and survivors like Sarah Smith and Heidi Huffman who went public with their stories in the 1990’s.

There are survivors’ stories documented and shared through news stories. Consider little Ana Rosa Rodriguez, who lost an arm in the barbaric abortion her mother was subjected to. This list could go on and on.

If you admit that I had a right to life, then your entire argument and your entire beliefs come crashing down. A real crisis of conscience will occur.

If you state that I didn’t have a right to life, then you not only will be asked to pinpoint that exact time when my right to life would be respected, which is totally subjective in nature, but you also will be branded as being cold-hearted.

So instead of answering the question, I suspect most abortion supporters would follow Busy Phillips’ lead—make a lame joke about playing a doctor on television but not being one in reality, and then offer up the same old pro-abortion talking point.

As they say, the scene was surreal. Christina Bennett, my friend and fellow pro-life colleague, (who would have been aborted if her mom wouldn’t have been influenced by the dirty clinic conditions and the words of encouragement from a janitor), and I sat sandwiched between three pro-abortion witnesses. Yet there is such strength that shows us that same respect. Second, the fact that Ms. Phillips made that statement tells me that she was listening to me throughout the hearing.

She may not have answered the question about when my rights began (she didn’t), but I left that hearing believing that deep down, she knows the truth, as do all of the other witnesses that were there that day. If you read Maria Gallagher’s review of Ms. Phillips’ book, you come away strongly suspecting that at some very deep and personal level, Phillips was profoundly affected by her own abortion. (www.nationalrighttolifenews.org/2019/06/some-important-background-to-actress-busy-phillips-exchange-with-pro-life-rep-louie-gohmert)

As much as the abortion industry talks about “trusting women” and about “women’s rights,” it takes enormous energy and finesse to deny the existence of abortion survivors like me; overlook the stories of women could have been aborted like Christina; look past the experiences of women like my birthmother who are coerced or forced to abort.

And just as Ms. Phillips struggled to answer the question about my rights and the rights of women like me who have survived abortions, the truth is they will continue to come face to face with more women just like us. It will become harder and harder to ignore us and discriminate against us.

I look forward to the day that the abortion industry and their lobby admits that when they talk about “women’s rights,” there’s a huge population of women—survivors, targets of abortion, post-abortive women, pro-life women in general—that aren’t included in that statement.
“Religious fundamentalists,” warned U.S. Rep. Ilhan Omar, D-Minn., last month, “are currently trying to manipulate state laws in order to impose their beliefs on an entire society.”

She was talking about efforts to legally protect human beings in utero from acts of lethal violence. Opposition to abortion, Omar and many other abortion defenders say, is a religious belief—and we should not enshrine religious beliefs in our laws.

Some people who say they “personally oppose” abortion—including politicians like Joe Biden, John Kerry, Tim Kaine, and the late Mario Cuomo—express the same view. “I’m prepared to accept as a matter of faith ... that at the moment of conception there’s human life and being,” said Biden in a 2015 interview, “but I’m not prepared to impose doctrine that I’m prepared to accept on the rest of [the country].”

This is a pretty big misunderstanding. The pro-life position is about justice, not religious doctrine. It’s based on (1) the biological reality that human embryos and fetuses are members of the species Homo sapiens (does Biden call other scientific facts “a matter of faith”?) and (2) the principle that all human beings have human rights and deserve protection under the law.

Opposition to killing unborn children is no more inherently “religious” than opposition to killing anyone else. Just as people of any or no religious faith can recognize the injustice of killing teenagers, so too can people of any or no convictions, and those convictions may influence or motivate their position on abortion. But that fact should not disqualify it from public consideration. After all, we typically don’t think that way about other issues.

Religious faith inspired efforts to abolish slavery and secure civil rights. Religious faith moves many people to support public policies that alleviate poverty, protect the environment, and combat human trafficking. Even some abortion defenders—like U.S. House Speaker Nancy Pelosi and the Religious Coalition for Reproductive Choice—invoke religious beliefs to advocate for their position on abortion.

So why are pro-lifers held to a different standard? Why are their ideas ruled out of bounds? Religious pro-lifers should be free to propose their views just like everyone else. They should be free to argue, for example, that all human beings matter because they are made “in the image of God” (Gen. 1:27) and that we ought to “speak up for those who cannot speak for themselves” (Proverbs 31:8) and “rescue those being led away to death” (Proverbs 24:11).

This does not, as some claim, violate the “separation of church and state.” It is not an “establishment of religion,” which is prohibited by the First Amendment of the Constitution. Instituting an official state denomination or mandating religious practice might be an establishment of religion. That’s not what pro-lifers want.

Pro-lifers want to protect people from being unjustly killed. If our laws should do anything, they should do that.

The abortion debate—contrary to the claims of Omar, Biden, and many others—isn’t a theological dispute. It’s a debate about the scope of human rights. Calling the pro-life position a religious belief is a convenient way to dismiss the case for inclusion without actually considering it.

Pro-lifers are not trying to create a theocracy. We’re only trying to create a society that respects and protects everyone.
Fifty-three days after Marlen Ochoa-Lopez was savaged murdered and her baby ripped from her womb, the death of her son Yovanny Jadiel Lopez was ruled a murder as well. On Tuesday, the Cook County Medical Examiner’s Office determined that newborn, who passed away June 4, died from lack of oxygen to the brain. The baby miraculously survived the April 23 strangulation death of his nine-month-pregnant mother but the baby was on life support and it was always very much touch and go.

“It is with great sadness that we inform you of the passing of baby Yovanny Jadiel Lopez,” the announcement said. “He passed away this morning Friday June 14, 2019 from his severe brain injury. Please keep his family in your thoughts & prayers as they go through this difficult time.”

“He is an angel, and he’s in his mom’s arms now,” family spokeswoman, Julie Contreras told CBS Chicago. “His father was able to hold him in his last minutes.”

Previously, Clarisa Figueroa, 46, and her daughter Desiree, 24, were each charged with first-degree murder and aggravated battery in Ochoa-Lopez’s death. Piotr Bobak, Clarissa’s boyfriend, was charged with concealing a homicide.

Clarisa Figueroa engaged in an elaborate ruse, telling people she was pregnant. Police she plotted for months to acquire a newborn, and that she posted an ultrasound and photos of a room decorated for a baby on her Facebook page, “CBS News reported.” In March, she and Ochoa connected on a Facebook page for pregnant women.”

She lured Ochoa-Lopez to her home, initially on about April 1. She went to Figueroa’s home a second time on April 23.

The family naturally panicked when Ochoa-Lopez did not pick up her other child at day care. In fact she had gone to Figuerora’s home where the daughter was distracting her by showing Ochoa-Lopez a photo album of her late brother. The mother came at her from behind and strangled her with a cord. According to CBS News

Once Ochoa stopped showing signs of life, Clarisa Figueroa cut the baby from her womb and she and her daughter wrapped the teen’s body in a blanket, put it in a plastic bag and dragged it outside to a garbage can, according to prosecutors. Later that day, Clarisa Figueroa called 911 claiming that she had just given birth.

A neighbor told CBS Chicago that the woman ran outside holding a newborn and wearing a blood-smeared shirt, but she had no blood on her gray shorts. The neighbor said the woman told her, “I just had the baby, and it’s not breathing.”

The Washington Post’s Katherine Rosenberg-Douglas, Rosemary Sobol, Jessica Villagomez, Jeremy Gorner reported

When paramedics arrived, they saw “the baby was in obvious distress,” according to department spokesman Larry Langford.

A source said the baby “was basically blue.” The paramedics started advanced life support and radioed for another ambulance. The baby was taken in critical condition to Advocate Christ Medical Center in Oak Lawn.

For some time no one suspected Clarisa Figueroa was not the baby’s mother. Later, “DNA tests proved that the child she claimed to be hers was Ochoa-Lopez’s,” NBC News’ Ben Kesslen reported.

On May 9, the hospital contacted the Department of Children and Family Services. “Three weeks after Marlen’s disappearance, police said her remains were found in the Southwest Side home where police said she was murdered.”

Clarisa Figueroa, Desiree Figueroa, and Piotr Bobak are due back in court June 26.
Teenage Mom graduates valedictorian, with over a million dollars in scholarships

By Dave Andrusko

Over the weekend a young woman I think of as my fourth daughter received her richly deserved college degree. Her journey took many twists, many turns, and many years but now she has her degree. Her will to overcome was and is indomitable.

I instantly thought of her when I read a story about Lamyrical Harris that appeared in People Magazine. Only Ms. Harris’s story is even more amazing.

A graduate of Trezevant High School in North Memphis, Tennessee, Lamyrical Harris “balanced new parenthood, earning her high school diploma and becoming valedictorian — all while earning more than $1 million in scholarships as she prepares for the next steps in her education,” according to People Magazine.

The high school’s Facebook page proudly reported:

BREAKING NEWS!

We have our first MILLION DOLLAR SCHOLAR in Trezevant history. Our valedictorian, Lamyrical Harris, has been offered a total of $1,244,298 in ACADEMIC scholarships, making her our first to receive this honor. While we've had some amazing athletes throughout Trezevant history, she is the first to earn this amount solely in academic scholarships.

People’s Jason Duane Hahn reported that “While the talented teen has always been a hard worker, she had extra motivation to succeed after finding out she was pregnant during her junior year.”

“I was scared,” Harris told the news station [WREG]. “It just made me go 10 times harder.”

As she continued to study and earn good grades, Harris applied for scholarships and had earned $200,000 by the end that academic year.

“She came to school. She took care of business and her motivation has been her child,” Trezevant High School Assistant Principal Yolanda Sherrod told WREG.

Tucked away in the story is a reminder of how important it is to have motivators and encouragers in such a stressful situation. There were times after having Laderrious Moore that Harris could barely walk “but a teacher helped her to stay focused.”

With all these offers, she has not decided which school she will attend. What she does know for sure what she wants someday for his son: “I want him to be valedictorian of his class, and I want him to have over a million dollars in scholarships,” Harris said.

Planned Parenthood: Vermont’s 4th branch of government

From page 4

proposal, Planned Parenthood’s political arm will attack with a vengeance.

In Vermont, Planned Parenthood owns and operates 12 clinics in our small state, performing 90% of the annual number of abortions and using non-physicians almost exclusively. Planned Parenthood’s CEO testified that they performed 1,100 abortions out of the 1,203 performed in 2017.

Vermont Right to Life (VRLC) fought Planned Parenthood every step of the way. Pro-lifers turned out for two public hearings and outnumbered abortion supporters more than 5 to 1. VRLC provided testimony from national as well as local pro-life experts who made convincing passionate arguments on behalf of the unborn, but it all fell on deaf ears.

Because the debate over abortion raged on for months in Vermont, there was more exposure and focus on the radical nature of those who demand unlimited abortion than ever before. Vermont Right to Life has gained support from thousands of newly aware Vermonters who are ready to join to our cause.

Planned Parenthood cheered and clapped their way through what amounts to a temporary triumph.

On the other hand, a newly energized pro-life movement in Vermont will to fight for a permanent victory for the babies.
Abandoned newborn baby girl miraculously found alive, doing well four days later

By Dave Andrusko

It was a miracle twice over. First, thanks to alert bystanders, a full-term baby girl was discovered alive in a plastic grocery bag in a wooded area roughly 40 miles northeast of Atlanta.

Second, “Surprisingly, the baby was in good condition,” Forsyth County Sheriff Ron Freeman told reporters.

According to Nicole Darrah of Fox News, Sheriff Freeman said the baby, whom the hospital has temporarily named “India,” was heard crying around 10 P.M.

“It is without doubt a divine intervention this child was found,” Freeman told reporters. “Had it not been for those observant folks who are our citizens who called 911, we would be having a much different conversation today.”

Alerted by residents to a baby crying, first responders rushed to the scene where they administered first aid and took “India” to a local hospital where she is doing well.

“We believe within hours of our discovery that the baby had been born.”

Authorities are looking for the mother of India, who is currently in the custody of the Georgia Division of Family and Children’s Services, Isabel Hughes reported. Freeman stressed that Georgia has a Safe Haven law.

“Georgia Safe Haven Law allows a mother up to 30 days after the birth of an infant to drop that infant off at a hospital, a fire station, a police station, a sheriff’s station,” Freeman said. “As long as they turn it over to a person, a live human being, they cannot be charged with abandonment, cruelty to children. It is a way to make sure that a child like this is safely cared for.”

OBGYN: We have no idea how many people are hurt or killed by abortion

By Sarah Terzo

Monique Chireau, a professor of obstetrics and gynecology at the Duke University School of Medicine:

“The truth is we have no idea what the rates of morbidity and mortality for abortions are in the United States, because the data system is flawed. Despite all we may hear about abortion being a benign procedure, it’s really not. And it’s important to remember it’s elective. This is not lifesaving surgery or surgery for cancer.”


Editor’s note. This appeared at Clinic Quotes and is reposted with permission.
Doctor Who Performed Abortions Is Now Rescuing Unborn Babies Via Abortion Pill Reversal

By Katie Franklin

OB-GYN Robert Snyder was on vacation in Hawaii, just hiking to the top of an inactive volcano, when he received a text message informing him that a client had delivered her baby.

As he came to the summit and looked out over the island and ocean, Snyder was undeniably moved.

The client wasn’t just any client. And the baby wasn’t just any baby. The pair were two of the patients Snyder has rescued with the help of a life-saving protocol known as abortion pill reversal. The baby’s birth marked one of hundreds that have taken place since the Abortion Pill Rescue Network was founded in 2012.

“It was a mountaintop experience, literally and figuratively, to really know that I’d made a difference for that baby’s life,” Snyder said. “It was really cool. It brought tears to my eyes. It was great.”

That mountaintop experience is all the more significant considering the climb Snyder took to get there.

First Steps

Snyder’s first encounter with abortion occurred many years ago when his girlfriend discovered she was unexpectedly pregnant.

Confronted with an enormous life change before him, Snyder gave an ambivalent response he now regrets.

“I did the typical guy thing,” he said. “I told her we would do what she wanted to do regarding keeping the baby or having an abortion.”

Ultimately, Snyder’s child was lost to abortion.

In the years since that loss, Snyder has come to realize the enormity of the decision he left his girlfriend to make.

“No girl wants to hear that, to have it all on her shoulders,” he said. “I know that now after having seen it a hundred times.”

On track to becoming an OB-GYN, Snyder would become increasingly familiar with abortion, performing both first and second trimester abortions during his residency.

“The way I rationalized it was that I was not the one deciding to abort, and I was good at what I did, so I was keeping (the women) safe,” he said. “I had several partners who also did abortions and I saw them as good Christian men and felt it was acceptable.”

Seven years later, when Snyder moved to Hawaii, he continued to perform first trimester abortions. Things began to change when he moved to Pennsylvania three years later.

“I was informed by one of the general surgeons at my interview that doing abortions would not be popular in that town,” he said.

He decided to stop performing abortions but offer referrals instead.

Then, two years later, Snyder’s life changed again with another move that took him out to Seattle. As he settled into a town that would become his home for the next two decades, he decided to join a Bible study.

One night, the topic of abortion came up.

“One of the other members asked me how I justified my decisions about abortion because the Bible says it is wrong,” Snyder said. That question made him reconsider everything he’d believed about the subject.

“After that night, I made a decision to believe the entire Bible and not pick and choose what I wanted to believe,” he said.

Years later, Snyder was pulled deeper into his pro-life beliefs when he attended a Christian conference and concert with his 14-year-old son. There, he saw a display for Life Choices Crisis Pregnancy Clinic and decided to get involved.

“I did ultrasounds there, then talked to the clients and prayed with them about their decision,” he said. “God uses our choices and experiences to counsel others. I did ultrasounds and showed these women their baby, sometimes the size of a grain of rice, and many times, (that) softened their heart and they chose life.”

“It was those early days of praying with the women that prepared me to pray with my patients in my office,” he said.

Reversing Course

Snyder’s involvement with the local pregnancy help community continued to grow, eventually landing him in the position of medical director for Care Net of Puget Sound. Providing a host of free services—including pregnancy tests, ultrasound scans, STD testing and parenting support—Care Net of Puget Sound served 21,634 individuals in 2018.

Those numbers aren’t insignificant considering the abortion culture that pervades Washington State. Not only have politicians there forced taxpayers to fund abortions via Medicaid, but they have also joined a small but vociferous push to interfere with the life-affirming work of centers like Care Net.

In a territory like that, Kim Triller, executive director of Care Net of Puget Sound, says their work is all the more important. In 2016, more than one-third of the state’s abortions took place on women from King County, the Seattle area where her center is based. Among girls and women up to 19 years of age, Triller noted that one in two pregnancies ended in an abortion.

“We consider everybody up there (in Seattle) abortion vulnerable,” she said. “So Dr. Snyder’s right in the right spot.”

As if overseeing the clinic’s medical services and running his own practice wasn’t enough, Snyder decided to join the Abortion Pill Rescue Network three years ago.

The network, which now boasts 800 clinicians around the world, is managed by Heartbeat International, a global organization of more than 2,600 pregnancy help organizations. Since it was started by physician George Delgado in 2012, the network has now helped save the lives of 750 babies from an in-progress chemical abortion.

Otherwise known as the “abortion pill” or RU-486, chemical abortions involve two drugs: mifepristone and misoprostol. Mifepristone, the first pill, destabilizes...
On June 5, the Louisiana Senate and Louisiana House of Representatives gave final approval to HB 425, the Love Life Amendment, by accepting the conference committee report.

Among the conference committee report changes include placing the constitutional amendment on the Nov. 3, 2020 ballot instead of the Oct. 12, 2019 ballot. The Nov. 3, 2020 ballot will include the Presidential general election.

Once approved by voters, the Love Life Amendment, Louisiana Right to Life’s 2019 flagship legislation, will ensure there is no right to abortion or the taxpayer funding of abortion in Louisiana’s Constitution.

“Today, Louisiana took further steps by passing the Love Life Amendment to ensure we will never become like New York, which legalized abortion up until moments before birth.” Benjamin Clapper, Executive Director of Louisiana Right to Life, said after the votes were taken. “The Supreme Courts of 13 other states, including New York and as recently as Kansas, have ‘discovered’ a right to abortion in their state constitutions, striking down common-sense pro-life laws in the short term and ensuring abortion-on-demand in their states even if Roe v. Wade is overturned. Louisiana cannot let that happen here.”

Clapper continued, “While we began this process with the intention of having the Love Life Amendment voted on in 2019, we respect the decision of the Legislature to place the amendment on the 2020 ballot. We look forward to having as many Louisianians as possible vote to place our pro-life values of respecting every human life at the heart of our state.”

Dorinda Bordlee of the Bioethics Defense Fund said that “if and when Roe v. Wade is reversed and the issue is sent back to the states, this constitutional amendment will block the efforts of abortion industry lawyers to get Louisiana state court judges to impose the trauma and violence of abortion through our state constitution.”
Maine Governor signs bill legalizing assisted suicide

By Dave Andrusko

Illustrating yet again that every vote counts, last Wednesday Maine Gov. Janet Mills (D) signed a “Death with Dignity” law that had squeaked in both the House and Senate. The proposal had failed once in a statewide referendum and at least seven previous times in the Legislature,” the Associated Press reported. “The current measure passed by just one vote in the House [73-72] and a slim margin in the Senate [19-16].” Mills, who as recently as this week said she was unsure whether she would sign the bill, “It is my hope that this law, while respecting the right to personal liberty, will be used sparsely.”

Still, even with a big vision in mind, Snyder is well aware that not every baby can be saved by reversal. “Opponents, meanwhile, have said any assisted suicide legislation puts the terminally ill and individuals with disabilities in danger of abuse, coercion and mistakes,” said the Associated Press’ Marina Villeneuve. “Such groups argue that doctors can be wrong and that government is devaluing life by “turning suicide into a medical option.”

“Do you think the insurance companies will do the right thing or the cheap thing?” said Teresa McCann-Tumidajski, executive director of the Maine Right to Life Committee. “The so-called safeguards are there for the physicians, insurance carriers and lawyers. Not the patient.”

In addition to Maine, assisted suicide is now legal in California, Colorado, the District of Columbia, Hawaii, New Jersey, Oregon, Washington, Vermont, and may have some protection in Montana. The narrow passage reminds us how important the decision by the AMA to retain its opposition to assisted suicide. The opposition of the state AMA affiliates is crucial to stemming the tide.

Doctor Who Performed Abortions Is Now Rescuing Unborn Babies Via Abortion Pill Reversal

From page 13

a pregnancy by blocking progesterone, the natural hormone needed to sustain a healthy pregnancy. To finish the abortion, misoprostol induces labor, forcing a woman’s body to deliver the baby.

The abortion pill reversal treatment works by giving women extra progesterone up to 72 hours after a woman takes the first chemical abortion pill. Last year, Dr. Delgado released a study showing that 64-68 percent of women who used the protocol were able to give birth to a baby with no greater risk of birth defects than the general population.

For Snyder, who routinely uses progesterone in his private practice, those numbers made sense. “We use progesterone really pretty frequently to support pregnancies,” he said. “If I have somebody that comes in with an infertility problem, I may prescribe some clomid to help them ovulate a little bit better and then use some progesterone to help support it. The medication is certainly safe and there’s no evidence that it causes any problems.”

Since joining the Abortion Pill Rescue Network, Snyder has now helped about 10 women rescue their babies. “That’s 10 babies you wouldn’t have reached otherwise,” he said. He’s hoping to save even more by implementing new insights he recently gained at Heartbeat International’s Annual Conference in Dallas. Together with Triller and the rest of the leadership at Care Net of Puget Sound, he is exploring the possibility of offering abortion pill reversal through the pregnancy help center itself. Additionally, next year, with the Heartbeat Conference scheduled to take place in Seattle, he sees a profound opportunity to grow the local network of providers.

Still, even with a big vision in mind, Snyder is well aware that not every baby can be saved by reversal.

Encouragement in the Valleys

A few months ago, Snyder had just finished reading a story on twins who’d survived a chemical abortion attempt, when he got a phone call. It was the Abortion Pill Rescue helpline (877-558-0333), and the woman in need was pregnant with twins.

Although twin pregnancies produce extra progesterone, potentially increasing their likelihood of survival, these twins were lost to the abortion. Snyder, with his past experience at the back of his mind, believes it is important to connect with women like this mother anyway.

“One of the things that I really like to do is I like to give them encouragement,” he said. “I always tell them how proud of them I am, because you know, they’re standing up and I think that in that kind of situation, they need to hear that kind of stuff. They need to hear that they’re making good decisions. Just because they make one and then you change your mind, that does not define who you are. If you come back and say, ‘Oh boy, I just feel really bad about what I did’—we’re here to help you.”

That help has a special significance for Snyder, who cannot reverse the abortion that ended his child’s life. “Although I know I’m forgiven, I still regret that, and it’s still painful,” he said. “And here’s somebody who has the chance…I can’t change anything for myself…but for them, they can. And so I want to be an encouragement for them.”

Editors note. This appeared at Pregnancy Help News and is reposted with permission.
In spite of a valiant effort, pro-lifers in North Carolina came up short of overriding Gov. Roy Cooper’s veto of a bill to protect abortion survivors.

In April the Senate voted to override Cooper’s veto of Senate Bill 359. Alas, on June 5, the House failed to muster the three-fifths majority. The final tally was 67-53.

“The defeat of the Born-Alive Abortion Survivors Protection Act underscores the need for North Carolina voters to elect a pro-life governor and legislature in 2020,” said Barb Holt, executive director of North Carolina Right to Life. “No pro-life bills will be signed into law if Cooper remains governor.”

The Charlotte Observer reported that GOP Rep. Pat McElraft, the bill’s chief spokeswoman in the House, said, “We are obviously horrified this veto override failed.”

McElraft accused Democrats of “making blocking the bill their top legislative priority.”

“Everyone has value,” Gianna Jessen said at a Legislative Building news conference before the vote, describing a 1977 saline abortion she survived. “I’m so grateful to be alive.”

The “Born-Alive Abortion Survivors Protection Act” simply forbids discrimination in the treatment of a baby who survives the abortionist’s assault. Here is the language.

If the baby is born alive, any health care practitioner present must “Exercise the same degree of professional skill, care, and diligence to preserve the life and health of the child as a reasonably diligent and conscientious health care practitioner would render to any other child born alive at the same gestational age.”

And the law also has teeth. There are criminal and civil penalties for abortionists who do not provide non-discriminatory care of babies who survive an attempted abortion.

As did his fellow pro-abortion Democrats, Gov. Cooper said the law was unnecessary— that babies who survived abortions were already protected by state law.

But during the Senate debate, Republicans emphasized that “they believe there is a loophole in state law that would allow doctors to get away with killing newborn babies through purposeful negligence, since doctors don’t currently have a legal duty to care for newborn babies,” according to Will Doran of the Charlotte Observer.

“This bill is nothing except requiring care for a newborn child, separate from its mother, born alive,” said Sen. Joyce Krawiec, a Forsyth County Republican who sponsored the bill.

“It’s a sad day when we have to come back here because we have a governor who decided making a political statement was more important than protecting living newborn babies,” Krawiec said.
HHS cancels UCSF contract for research involving human fetal tissue from elective abortions

“Promoting the dignity of human life from conception to natural death is one of the very top priorities of President Trump’s administration”

By Dave Andrusko

The Washington Post (predictably) headlined the move, “Trump administration imposes new restrictions on fetal tissue research.”

A more measured and accurate statement is that upon review, the Administration is taking additional steps to ensure that the National Institutes of Health (NIH) will not be funding its own research that uses tissue from elective abortions and will continue to pursue development of ethical alternatives.

In a six-paragraph explanation, HHS noted that last September, the Department of Health and Human Services (HHS) terminated a contract between Advanced Bioscience Resources, Inc. and the Food and Drug Administration that provided human fetal tissue from elective abortions to develop testing protocols. The Department was not sufficiently assured that contract included the appropriate protections applicable to fetal tissue research or met all other procurement requirements. As a result, HHS also initiated a comprehensive review of all HHS research involving human fetal tissue from elective abortions to ensure consistency with statutes and regulations governing such research, and to ensure the adequacy of procedures and oversight of this research in light of the serious regulatory, moral, and ethical considerations involved.

When the audit and review began, HHS had an existing contract with the University of California, San Francisco (UCSF) regarding research involving human fetal tissue from elective abortions. HHS has been extending the UCSF contract by means of 90-day extensions while conducting its audit and review. The current extension expires on June 5, 2019, and there will be no further extensions.

With that as backdrop, HHS went on to add to put the decision in context: Promoting the dignity of human life from conception to natural death is one of the very top priorities of President Trump’s administration. The audit and review helped inform the policy process that led to the administration’s decision to let the contract with UCSF expire and to discontinue intramural research – research conducted within the National Institutes of Health (NIH) – involving the use of human fetal tissue from elective abortion. Intramural research that requires new acquisition of fetal tissue from elective abortions will not be conducted.

HHS has already begun a review of whether there are “adequate alternatives” in HHS-funded research and “will ensure that efforts to develop such alternatives are funded and accelerated.”

In December 2018, NIH announced a $20 million funding opportunity for research to develop, demonstrate, and validate experimental models that do not rely on human fetal tissue from elective abortions. HHS is committed to providing additional funding to support the development and validation of alternative models.

Congratulations to President Trump and HHS Secretary Alex M. Azar.
Federal Judge hears closing arguments in pro-abortion challenge to four Virginia abortion laws

By Olivia Gans Turner, President, Virginia Society for Human Life

In a three hour session Thursday held in the U.S. District Court for the Eastern District of Virginia, Judge Henry E. Hudson heard the closing arguments in the case of Falls Church Medical Center, LLC v. Oliver. The plaintiffs are challenging four Virginia laws on abortion, including a physicians-only requirement.

The Plaintiffs’ goal is to strip away three other Virginia laws that require that abortion providers who perform five or more first-trimester abortions per month undergo licensing requirements; that second-trimester abortions be performed in a hospital or licensed outpatient surgical hospital; and that a women undergo an ultrasound at least 24 hours before an abortion.

Not surprisingly, the plaintiffs’ attorney, Jenny Ma from the Center for Reproductive Rights (CRR), churned out all the usual grievances about the protective laws. Her closing argument drew on ages-old pro-abortion rhetoric that falsely claims that women always know what they want to do when they arrive at an abortion facility and that abortion is supposedly safer than childbirth.

Tragically, the plaintiffs disregarded the many stories of so many Virginia women who are grateful that they got information required by law about their unborn children, and their own rights, that allowed them to make decisions that protected their children from death.

Emily Munro Scott, representing the Commonwealth of Virginia, told Judge Hudson that the Court needed to make a distinction between what was a burden to the woman and not just an inconvenience. Scott also made the point that the clinic regulations had not prevented any abortion facility that applied for a license from getting one, since all had complied with new code regulations. Twenty applied and all twenty received licenses. No new facilities have applied.

In a shocking segment, the subject of injury due to D&E (Dismemberment Abortion) was brought up. The plaintiffs acknowledged that 3 of every 1,000 such abortions led to a perforated uterus. That number was casually dismissed as a minimal number and proof that this abortion practice was safe and could be performed in an outpatient setting by non-doctors.

It stunned every pro-life person in the courtroom that such a serious complication at a hospital or by a doctor is a dreadful thought.

Scott “said the plaintiffs provided no compelling evidence that abolishing the physician-only law will curtail access to abortions in Virginia,” the Associated Press reported. Moreover, “She said evidence presented during the trial showed there is a ‘clear benefit’ to requiring that second-trimester abortions be performed in hospitals because the risk of complications increases with gestational age. “Inconvenience is not an unconstitutional burden,” Scott said. “It’s not a simple balancing test,” she said, adding, “Not one of the laws that were challenged in this case impose an unconstitutional burden,” the Richmond Times-Dispatch reported.

After complaint after complaint from the plaintiffs about stress caused to facility staff by surprise inspections and other aspects of the laws, Judge Hudson did point out the standard set by the U.S. Supreme Court: whether or not the laws pose a substantial obstacle to women seeking an abortion and not to the abortion providers, who shouldn’t have a problem with maintaining safety standards.

It is evident that the hope of the abortion proponents in this case is to expand the number of people who can perform abortions and distribute deadly chemical abortion pills. More and more doctors are unwilling to do surgical abortions and that limits the number of abortions Planned Parenthood and other abortion promoters can do.

The bottom line is that the abortion industry doesn’t really care about women or their babies. They just don’t want to play by the rules.

Attorneys on both sides have until June 20 to submit final legal briefs. Judge Hudson’s decision is not expected for at least two months.
Democrats unapologetically advocate for abortion up until birth and beyond

By Karen Cross, National Right to Life Political Director

Pro-abortion Democrats finally are publicly admitting what we’ve known to be the truth for decades: they support all abortion – for any reason – even on healthy mothers of healthy babies, through the entire pregnancy.

On January 22, 2019, New York Gov. Andrew Cuomo signed and celebrated the “Reproductive Health Act” (aka the Abortion Without Limits Until Birth and Beyond Act).

Soon afterwards, Virginia Del. Kathy Tran calmly and emotionlessly admitted her bill would allow abortions up through all “40 weeks.” Then Virginia Governor Ralph Northam said it was acceptable for doctors to allow abortion survivors to go untreated—in other words he was advocating for infanticide.

It is amazing. If a child actually survives the brutal attack on her tiny body – abortionists refer to that as the “dreaded complication” – Democrats don’t even want to provide the kind of medical care to that living born child that doctors would for any other baby born at a similar gestational age. Indeed, Democrats won’t even allow a vote the House of Representatives!

This year has been a whirlwind of activity on abortion’s front lines. While much of the “mainstream media” remains silent, social media is blowing up. If you are not already involved, be sure to follow National Right to Life on Twitter, Facebook, and Instagram.

The response to pro-abortion extremism is new legislation, rallies, and intense interest in making a difference for life. More than ever people realize they must speak up for those who cannot speak for themselves. The beauty is there are so many ways to fight back against the brutality.

All of us can do that by telling the truth on social media, educating our communities, holding legislators accountable, and finally, voting at the ballot box.

Your pro-life friends and family should know that on February 25, 2019, 44 pro-abortion Democrat U.S. Senators voted to block the Born-Alive Abortion Survivors Protection Act from coming to a vote.

The Born-Alive Abortion Survivors Protection Act would require nothing more than requiring abortionists to provide the same level of care to a baby who survives abortion as they would to any other baby born at the same gestational age.

Meanwhile House Democrats have erected a procedural hurdle which prevents the bill from being heard.

So far, more than fifty times Democrat leadership in the U.S. House of Representatives has refused to allow the bill to get to the floor for a vote.

Abortion advocates would have you believe that somehow leaders oppose the measure.

Currently, 201 Congressmen and Congresswomen have signed the discharge petition. We need 17 more.

To encourage your Congressman or Congresswoman to sign the discharge petition for H.R. 962, the Born-Alive Abortion Survivors Protection Act, click here: http://cqrcengage.com/nrlc/action

Pay attention now to their actions, and pledge to hold them accountable in their next election.

When we vote, we align ourselves in agreement with the positions of those candidates.

In this battle over life and death, we must be diligent. If they vote against protecting the babies, you can send a strong message. You can vote against them at the ballot box.

Your pro-life friends and family deserve to know how candidates stand on protecting life. They deserve to know whether the candidates they are voting for will protect vulnerable children, or whether they will turn their backs on the most vulnerable among us.

The babies deserve pro-life representation, and so do you!


Find Congressional voting records at the NRL Legislative Action Center at http://cqrcengage.com/nrlc/scorecard.

Democrats’ spending package threatens to roll back hard-won pro-life provisions

By Jennifer Popik, J.D. Director of Federal Legislation

The House of Representatives began debating H.R. 2740 which covers various spending programs for the fiscal year 2020. Despite a statement from the Trump Administration to veto the legislation over several issues including pro-life concerns, the House, under pro-abortion Democrat leadership, is moving forwards with a large spending package that threatens to roll back several hard-won provisions.

The first offending provision relates to the conscience rights of healthcare providers. H.R. 2740 would block implementation and enforcement of the recent Administration Rule, “Protecting Statutory Conscience Rights in Health Care” issued by the Department of Health and Human Services. That rule would enforce approximately 25 existing long-standing statutory civil rights that protect health care providers from suffering discrimination if they do not want to participate in abortion, sterilization, or assisted suicide.

The second offensive provision relates to the Protect Life Rule and Title X. H.R. 2740 would block the Administration’s final Title X rule related to prolife changes to the Title X Family Planning Program. H.R. 2740 would require the Title X program to be carried out in the way it was in 2017, under the Obama Administration.

Under the current rule, the Administration directs that abortion facilities may not be in the same location as where family planning services are delivered. The rule also states that Title X grantees may not refer for elective abortion. The current rule does not cut one dime of funding for family planning, but merely ensures that funding goes to health facilities that do not perform or promote abortion as family planning.

Under the Obama Administration, the Title X consistently funded family planning through organizations that promoted and provided abortions. The final major anti-life provisions relate to the Mexico City Policy. H.R. 2740 contains language that would effectively overturn the current pro-life Protecting Life in Global Health Assistance program (which expanded and enhanced the Mexico City Policy). And worse, it would create a statutory prohibition against a future Administration ever issuing a prolife Mexico City Policy.

This vital pro-life policy was originally adopted by President Reagan and announced at a 1984 population conference in Mexico City. The policy was reinstated by President’s Bush in 2001, and restored and expanded under President Trump in 2017.

Under the Protecting Life in Global Health Assistance program, in order to be eligible for U.S. “population assistance, a private organization must sign a contract promising not to perform abortions (except to save the mother’s life or in cases of rape or incest), lobby to change the abortion laws of host countries, or otherwise “actively promote abortion as a method of family planning.

The most important characteristic of the Protecting Life in Global Health Assistance policy is that it establishes an eligibility criterion for U.S. funding. If a group is unwilling to agree to avoid promotion of abortion, that group will not receive any type of U.S. support.

In short, the Protecting Life in Global Health Assistance Policy is not about how an organization keeps its books. Rather, it is about the type of groups the United States is going to support. If a specific organization declines to accept the limitations contained in the policy, then the same funds are channeled to other organizations that do agree to the contract. To reiterate, there is no overall reduction in funding for family planning programs resulting from the Policy.

House Members are expected to offer amendments to strike these anti-life provisions, but in the Democrat-controlled House determined to expand abortion, the amendments are unlikely to succeed. With the threat of a veto from President Trump, and a Senate unlikely to allow these provisions, chances are this legislation will not be the final product signed into law.
More than most, pro-lifers are keenly aware of the power of words. We operate in the specific and the humane. Our opposite numbers retreat to the vague and the inhumane.

The classic example of the hazy and the uncustomary—“fetus”—is no accident. When accepted, it allows pro-abortionists to evade the power of the distinctly human word, “baby.”

Another example: What in the world does “intact dilation and extraction” even mean? You’d have to look it up—and who does that?

But “partial-birth abortion” captured perfectly what happens to a helpless, living unborn baby. After he partially delivers the baby, the abortionist punctures a hole in her skull and suctions out her brains. The skull collapses and the abortionist completes the delivery of a dead baby.

I mention these examples because I had one of those Aha moments but in a different context.

Sarah Roberts operates the very popular “Don’t Be Sorry” blog and Facebook page. When you arrive at the blog, you see a picture of Ms. Roberts and her son.

This is Oscar. He’s my son. He also happens to have Down Syndrome. I know I am only one voice but I figure it’s time to diminish any misconceptions or prejudices about Down Syndrome, that we might have.... And when you look at this face, how could anyone be sad to have him as a part of their life? I am officially the luckiest mummy in the world.

She is on a one-woman crusade to eliminate prejudice against children with Down syndrome, to debunk the noxious idea that a child with Down syndrome is a burden and less important than any other child.

Ms. Roberts once wrote “A friend of mine, who just announced she’s pregnant, sent me a photo of her scan picture the other day.

“Underneath it she wrote, ‘Due early next year... P.S I asked my midwife to please use the word chance not risk when talking about my nuchal scan.’"

“Nuchal scan”? Roberts continues. When women go for their [nuchal] scan around 12 weeks, bloods are taken as well as a measurement of the fluid behind the babies neck and from those combined results, they’re given their ‘risk’ of having a baby with Down’s syndrome.

“While I understand a lot of women want to screen or indeed go on to have further testing, I’ve often been puzzled by the use of the word ‘RISK’. If you look up the word risk in the dictionary, it says ‘a situation involving exposure to danger’.”

What’s in a word—“chance” versus “risk”? Everything.

According to Joshua Taylor of The Mirror, Roberts goes on to observe, “A woman’s entitled to ‘do something about it’ up until 39 weeks + 6 days if she so chooses...but killing a baby one day before his or her due date JUST for having Down’s syndrome? Just so so sad.”

“Anyway, who knows if either of them really HEARD my friend’s point. But I wanted to share this because you never know... there may be one more midwife, sonographer, healthcare professional out there who reads this today and goes ‘Aaaaahhh I see what she means’ and changes how they approach talking to new mums in the future.”

Yes, a mother can “does something about” a child she has learned may have Down syndrome. She can love him unconditionally.
Evil man poured detergent down girlfriend’s throat to try to force abortion

Miraculously, the unborn baby survived

A provision in the Offenses Against the Person Act, that abortion campaigners want rid of, is proving important in delivering justice for the pregnant victim of a sadistic attack.

By SPUC—the Society for the Protection of Unborn Children

A man who got two accomplices to beat his pregnant girlfriend and pour detergent down her throat in order to kill their baby is facing jail.

Horrific Attack On Pregnant Woman

Harief Pearson, 22, enlisted his cousin Kydie McKenna, 22, and a 15-year-old teenage girl, who cannot be named, to kill his unborn baby because he “did not want to be a father,” a court heard.

They subjected the victim, who was 17 at the time, to a horrific ordeal lasting many hours. The two girls punched, stamped and kicked the victim on her stomach, back and chest. They also ripped off one of her nails and poured alcohol over her bloodied face.

When she asked for water, alcohol and blue laundry detergent was poured into her mouth instead.

Before the attack, Mr. Pearson had googled “how to get rid of an unwanted pregnancy” and “what can heroin do to an unborn baby?”

Far from showing any regret about this appalling violence against his girlfriend and the attempt to kill his unborn child, he told the women part way through the attack “I don’t think it’s dead yet, continue.”

The attack was only brought to an end when Mr. Pearson feared his mother was coming home. The victim was left bloodied and bruised in a nearby street and threatened to kill her if she called the police. Miraculously, the unborn baby survived.

Uses for “Victorian” Law

Mr. Pearson admitted trying to cause grievous bodily harm part-way through the trial. The female attacker admitted attempting to cause Grievous Bodily Harm (GBH), administering poison to cause a miscarriage, and false imprisonment. Ms. McKenna admitted trying to cause GBH and perverting the course of justice.

The only one of these offences that focuses on the attempt to kill the baby (pouring detergent down the victim’s throat), rather than harm to the mother, is “administering poison to cause a miscarriage.” Crucially, this is an offence under section 58 of the Offences Against the Person Act. Attempts by abortion advocates to decriminalise abortion have centred on repealing or amending parts of this Act, which they often slam as “Victorian legislation.”

Decriminalising abortion would also make it possible for anyone to supply pills or instruments for the purpose of causing an abortion. Stories like this show just how crucial it is to protect women and babies by keeping abortion within the criminal law to ensure that abusive men such as Harief Pearson are brought to justice.
Editor’s Note: Last week was the fifteen anniversary of the passing of pro-life President Ronald Reagan. The following appeared on page one of the October 11, 1984, edition of National Right to Life News. It was described as “a personal letter to the Pro-Life movement from President Ronald Reagan.”

As America looks forward to the second half of the 1980s and beyond, our Nation faces a clear political choice. Two very different views about America – who we are and what we can become – are competing to lead our great country into the future.

I think that Americans involved in the noble work of the pro-life movement will agree that the difference between those competing views is no more striking than on the tragic issue of abortion.

Recently, some of our political opponents have tried to further their cause by belatedly assuming the mantle of traditional family values. They talk about family, about concern for less fortunate Americans. And they portray themselves as the “party of compassion.”

But where are those high-minded ideals when it comes to the issue of abortion? Where are the new defenders of the family when it comes to the taking of innocent human life? And what have we heard from them while more than 15 million unborn children – over 10 times more Americans than have been lost in all our nation’s wars – had their lives snuffed out by legalized abortions? [Editor’s note. The total is now over 61 million.]

Recently much of America agonized through reports of the Baby Doe case in Bloomington, Indiana. Baby Doe, handicapped by Down’s syndrome, needed a routine surgical procedure to unblock his esophagus and allow him to eat. But a doctor testified, and a judge concurred, that even with the physical problem corrected, Baby Doe would have a “non-existent” possibility for a “minimally adequate life.” The judge let Baby Doe starve and die, and the Indiana Supreme Court sanctioned his decision.

The death of that baby infant touched our consciences, cutting through all the political rhetoric and claims of compassion, and focused a nation’s attention on one infant. Protecting the lives of handicapped infants comes down to a basic question of whether or not we recognize the sanctity of human life.

That’s the same basic question that underlies the issue of abortion. And it’s a question we can rightfully ask those who profess to defend the American family:

Where is your compassion when the unborn and the handicapped need it?

The responses one hears to that question are often complicated and legalistic. But, of course, the real answer is often quite simple. Many of those who now proclaim their support for traditional family values were blocking all efforts to curtail abortion-on-demand.

Well, no matter what politicians say, they can’t change their values in response to weekly opinion polls. And they can’t set up a weathervane to test the political breezes, and then start talking seriously about the American family.

For the last four years, our Administration has never hesitated to argue forcefully its position on the abortion issue. We believe abortion is a national tragedy.

Some have claimed the abortion issue is too controversial, too volatile for a president to get involved in. I disagree. Abortion is among the primary moral issues of our times.

In addition, our Administration has taken positive steps to assist the mother and child in need. We have increased tax credits for child care. We have also tried to encourage the adoption of “unwanted” children. The budget for food assistance for pregnant or nursing mothers and their babies has doubled since 1980.

This November, opponents of the pro-life movement are sure to stick by their position on abortion. And I intend to stick by mine. We have not only an opportunity, but an obligation, to make our voices heard in the electoral process.

In the Spring of 1983, at the time of the 10th anniversary of the Supreme Court decision in Roe v. Wade, I authored the article “Abortion and the Conscience of the Nation.” I felt it was important for a sitting President to reflect on a judicial decision that so radically changed our nation.

See “Reagan,” page 25
Pro-abortionists’ slippery, slip-shod responses when caught in their Big Lies

By Dave Andrusko

We wrote about this twice in NRL News Today, but the subject matter is so important I wanted to be sure NRL News readers also heard about it. Why so significant? Because it is not often that “Fact Checkers” actually check the ‘facts’ that pro-abortionist circulate as if they are immutable truth.

The Washington Post’s principal Fact-Checker, Glen Kessler, just hammered Planned Parenthood for once again distorting the true number of women who died prior to Roe v. Wade. New president, Dr. Leanna Wen, trotted out the tried and untrue assertion that “thousands” of women died before Justice Harry Blackmun came to their rescue with his opinions in Roe v. Wade and Doe v. Bolton.

Kessler gave Dr. Wen “Four Pinocchios” for thrice peddling patently unsubstantiated claims that “thousands” of women died prior to 1973. [Pro-abortionists often allege 5,000, but evidently Wen balked at his nonsensical statement.]

“The problem with Wen’s claim is that is derived from data that is decades old,” Kessler wrote by way of an early summary. In truth, as Kessler is too kind to point out directly, the claim was based on data that was inadequate when it was accumulated and patently absurd in retrospect. Would you expect Wen to be woman enough to own up by personally addressing Kessler on her Twitter account? I suppose not but still….

Anyway in lieu of that, Wen re-tweeted posts from Sandro Galea that are rife with the kind of misinformation that Kessler critiqued. For example, Dr. Galea links back to a Guttmacher study from 2003. Galea tweets, “The number of yearly deaths could well have been in the thousands. A @Guttmacher report contains data indicating that in 1930 abortion was named as the cause of death for nearly 2,700 women.”

I cannot find a link in the Guttmacher study to back up their claim that in 1930 “abortion was the official cause of death for almost 2,700 women.” But the point is not what was the number of abortion-related deaths in 1930. It is rather what the numbers were leading up to 1973 when Roe was decided.

Remember this is all in the context of what happens if Roe v. Wade should fall. Wen asserted on March 6, “We face a real situation where Roe could be overturned. And we know what will happen, which is that women will die. Thousands of women died every year pre-Roe.”

The same Guttmacher study Galea links to in the tweet Dr. Wen reposted says the number of abortion deaths had dropped to 1,700 by 1940 “and to just over 300 by 1950 (most likely because of the introduction of antibiotics in the 1940s, which permitted more effective treatment of the infections that frequently developed after illegal abortion). By 1965, the number of deaths due to illegal abortion had fallen to just under 200”—not the “thousands” that Wen demagogues.

When Kessler went to Planned Parenthood for backup for Wen’s assertion, they directed him to a 2014 policy statement from the abortion-happy American College of Obstetricians and Gynecologists. In a devastating critique, Kessler wrote:

There is no citation in the statement for the estimate of “as many as 5,000 annual deaths,” even though many of the other sentences are carefully documented. None of the citations around this sentence supports the figure, and there is no explanation about how it was calculated.

Pro-abortionists aren’t big on citations when they are peddling one of their favorite Big Lies.

In explaining his “Four Pinocchios” [“whopper” status] designation Kessler concluded:

Wen is a doctor, and the ACOG is made up of doctors. They should know better than to peddle statistics based on data that predates the advent of antibiotics. Even given the fuzzy nature of the data and estimates, there is no evidence that in the years immediately preceding the Supreme Court’s decision, thousands of women died every year in the United States from illegal abortions.

Wen’s repeated use of this number reminds us of the shoddy data used by human trafficking opponents. Unsafe abortion is certainly a serious issue, especially in countries with inadequate medical facilities. But advocates hurt their cause when they use figures that do not withstand scrutiny. These numbers were debunked in 1969 — 50 years ago — by a statistician celebrated by Planned Parenthood. There’s no reason to use them today.

These people are shameless.
House Democrats Block Pro-Life Amendments to Appropriations Bills

WASHINGTON – Last week, late at night, two pro-life amendments to H.R. 2740, the House Appropriations bill, were defeated by nearly uniform opposition from pro-abortion Democrats. “We are extremely disappointed, but not at all surprised, that Democrats are using legislation to fund the government to attack critical and popular pro-life policies related to conscience rights of healthcare providers and taxpayer dollars going to facilities that provide abortion,” said National Right to Life President Carol Tobias. “We thank President Trump and his administration for their commitment to vetoing legislation that rolls back pro-life protections.”

The first Amendment, sponsored by Rep. Tom Cole (R-Okla.), was defeated by a vote of 230-192. All Republicans voted in favor and were joined by 3 Democrats.

H.R. 2740 would block implementation and enforcement of the recent rule, “Protecting Statutory Conscience Rights in Health Care,” issued by the Department of Health and Human Services. That rule would enforce approximately 25 existing longstanding statutory civil rights provisions that protect health care providers from suffering discrimination if they do not participate in abortion, sterilization, or assisted suicide.

The Cole Amendment would have struck this language and permitted the “Protecting Statutory Conscience Rights in Health Care” rule to stand. “It is clear Democrats want to roll back the clock and put increasing pressure on health care providers to violate their moral convictions with regard to abortion,” said Tobias.

The second Amendment, sponsored by Rep. Martha Roby (R-Ala.), was defeated by a vote of 231-191. All Republicans voted in favor and were joined by 3 Democrats.

H.R. 2740 would block the Administration’s final rule related to pro-life changes to the Title X family planning program. Under the rule, abortion facilities may not be in the same location where family planning services are delivered. The rule also states that Title X grantees may not refer for elective abortion.

The rule does not cut one dime of funding for family planning, but ensures that funding goes to health facilities that do not perform or promote abortion as family planning. Under the Obama Administration policy (which H.R. 2740 would restore), Title X consistently funded family planning through organizations that promoted and provided abortions.

The Roby Amendment would have struck the language that prevents the implementation of the pro-life Title X rule. More votes are expected, and National Right to Life strongly opposes final passage of H.R. 2740. A current scorecard of pro-life votes can be viewed at cqrcengage.com/nrlc/scorecard.

President Ronald Reagan: The Unborn’s Transcendent Right to Life

Not a single state had a policy of unrestricted abortion until after that Supreme Court decision. The Roe v. Wade decision was not the first time the Supreme Court made a decision that divided the nation by denying the value of certain human lives.

Recall, the Dred Scott decision was not overturned in a day, a year, or even a decade. At first, only a minority of Americans recognized and deplored the moral crisis brought on by denying the full rights and humanity of Black Americans. But that minority persisted in their vision, and finally prevailed. Americans prevailed against slavery by appealing to the hearts and minds of their countrymen, and to the truth of human dignity under God.

From their example we know that respect for the sacred value of human life is too deeply engrained in the human heart to remain forever suppressed. And from their example we take comfort, knowing that our cause is right, and we can succeed.

My Administration is dedicated to the preservation of America as a free land, and to the protection of all citizens’ rights to life, liberty and the pursuit of happiness.

There is no cause more important to preserving our freedom than affirming the transcendent right to life of the unborn.

Thank you for your support over the last four years. I look forward to working with you in the support of pro-life measures to reverse the effects of the Roe v. Wade decision and to restore the full protection of law to the unborn and the handicapped.

And God bless you.
By a nearly two-thirds margin, AMA votes to retain opposition to assisted suicide

By Jennifer Popik, J.D., Director, Robert Powell Center for Medical Ethics

In a major and in some respects surprising development, last week, the American Medical Association affirmed the recommendation of its Council on Ethical and Judicial Affairs that the influential AMA remain opposed to assisted suicide.

What made the victory even sweeter was the margin— an overwhelming 65% in favor to 35% opposed.

After many years of hard and detailed work examining the dangerous trends and effects of legalizing assisted suicide, a year ago the Council on Ethical and Judicial Affairs (CEJA) issued a report to the full AMA to maintain their opposition position to assisted suicide. In June 2018, proponents of assisted suicide celebrated the decision by AMA’s House of Delegates not to accept the CEJA’s recommendation to maintain the AMA’s firm opposition to physician-assisted suicide. The battle would be fought again in 2019.

According to those familiar with the vote and preliminaries, over 20 medical students, interns, and residents provided testimony at yesterday’s Reference Committee meeting. Additionally, numerous other physicians testified at Reference Committee.

The importance of AMA’s posture on assisted suicide would be difficult to exaggerate. In state fight after state fight, the opposition of the AMA and its state affiliates has been critical in fighting the passage of assisted suicide. This victory at the AMA is critical due to the flood of assisted suicide legislation in the states. The current language, which the AMA has now affirmed, reads

“Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.”

Much of the battle, as the CEJA report (two years in the making) suggested was over language. The CEJA report reached two main conclusions:

- The AMA Code of Ethics should not be amended, effectively sustaining the AMA’s position that physician-assisted suicide is fundamentally incompatible with the physician’s role as healer.
- With respect to prescribing lethal medication, the term “physician assisted suicide” describes the practice with the greatest precision.

Regarding the latter, he report noted, “Not surprisingly, the terms stakeholders use to refer to the practice of physicians prescribing lethal medication to be self-administered by patients in many ways reflect the different ethical perspectives that inform ongoing societal debate.”

Proponents of change favor the euphemisms “death with dignity” or “medical aid in dying.”

Of course the battle goes on. Assisted Suicide is now legal in California, Colorado, the District of Columbia, Hawaii, Maine, New Jersey, Oregon, Washington, and Vermont and may have some protection in Montana.

Fights are raging in nearly every state legislature. These laws claim to offer just another medical “option” for competent terminally ill adults. However, this has NOT been the case in the states living under these dangerous laws.

Where legal, there have been documented abuses under these laws. In many states, there is a real risk that assisted suicide will expand to apply to the incompetent. Further, should the number of states legalizing assisted suicide continue to grow, the U.S. Supreme Court may readdress euthanasia as a constitutional right.

Thanks to the strong effort of committed medical professionals, the AMA retains its long-standing practice against assisted suicide.
Illinois Gov. signs bill wiping out any and all protections for unborn children

By Dave Andrusko

As if in a kind of perverse competition, Illinois has matched—and then some—Vermont’s embrace of abortion on demand and without limits. To say SB 25 is “sweeping” in its promotion of abortion is to dramatically understate how far-reaching the legislation is, signed into law June 12 by Illinois Gov. J.B. Pritzker.

Here’s what Illinois Republican Party Chairman Tim Schneider said following the House’s 65-40 vote in favor of the “Reproductive Health Act” (RHA):

“In just a few short years, the Democrat party in Illinois went from advocating ‘safe, legal and rare’ to abortion on-demand, at any time, for any reason, and funded by taxpayers. This is not the typical pro-life vs. pro-choice debate I have been accustomed to in my lifetime. The RHA goes much further. It’s an extreme bill that functionally eliminates any and all restrictions for the termination of a life up until the moment of birth. “

But Pritzker saw only glory. “Today we proudly proclaim Illinois Gov. J.B. Pritzker

women,” he said at a bill signing event at the Chicago Cultural Center. “And in Illinois we guarantee as a fundamental right a woman’s right to choose.”

So what are the RHA’s provisions? The Thomas More Society analyzed the bill and concluded it would comprise “the most radical piece of abortion legislation that has ever been introduced in Illinois, and… the most radical proposed in any state to date,” said Peter Breen, Vice President and Senior Counsel for the Thomas More Society, and former Illinois House Minority Floor Leader.

Specifically,

• All licensing requirements for abortion clinics are abolished, and health and safety inspections ended, despite those inspections shutting down numerous dirty abortion clinics in recent years
• Dismemberment abortions of “preemie” babies, who feel pain, without anesthesia, are legalized
• Every private health insurance policy, including those for small churches and religious nonprofits, must pay for elective chemical and surgical abortions
• Every unborn child, up to and even during birth, will now have NO legal rights in Illinois
• Abortion is labeled a “fundamental right,” protected to a greater degree than Free Speech and other First Amendment rights

Cumulatively, according to the Thomas More Society, SB 25 “expressly strips all rights from unborn children and wipes nearly every abortion regulation off the books in Illinois, subjecting any that remain to a court challenge under a near-impossible-to-meet ‘strict scrutiny’ standard.”

The bill signing followed by two days the decision by Vermont Gov. Phil Scott to sign H. 57, saying it merely “codified” current abortion practice in Vermont, which was egregiously untrue.

In fact, “H. 57 goes beyond Roe v. Wade,” said Sharon Toborg, Policy Analyst for Vermont Right to Life. Mary Hahn Beerworth, Executive Director of Vermont Right to Life, told NRL News Today that Scott sided with the abortion lobby, “rejecting any regulation of abortion, abortionists, and abortion clinics, including measures to protect the health and safety of girls and women. Beerworth added Scott’s signature “signals his preference for protecting the business of abortion over other life-affirming options in Vermont statute.”
A doubleplusungood story about Dutch euthanasia

The death of a 17-year-old girl suffering from anorexia raises serious questions

By Michael Cook

The news that Noa Pothoven, a 17-year-old Dutch girl suffering from anorexia nervosa, had been euthanised flew around the world. It wasn’t true.

The Royal Dutch Medical Association (KNMG) clarified what had really happened: “She decided to stop eating and drinking to bring her own death. In The Netherlands, this is not considered euthanasia or physician assisted suicide.”

Chaftened, the media issued corrections and moved on. Admittedly, sloppy reporting was involved. It turned out that Noa had asked for euthanasia at the Levenseinde Clinic in The Hague — a Dutch end of life clinic which specialises in “patients whose requests for assisted dying are more complex and often denied by their own physician”. Its doctors refused. “It would be fake news if we made this euthanasia,” the clinic’s director, Steven Pleiter, told the New York Times.

From a public relations point of view, supporters of Dutch euthanasia retired victorious from the field of battle. The original reports in the English-language media made it appear that euthanasia is freely available in the Netherlands, even for minors, and even for psychiatric reasons — and this is not completely true.

“There is a lot of misunderstanding about our legislation around euthanasia,” Dyck Boscher, of the Dutch Voluntary Termination of Life Association (NVVE), told CNN. “The media reports make it seem as if it is easy to get euthanasia in the Netherlands, but it’s not the truth.”

Indeed, practitioners of euthanasia in the Netherlands emerged from the publicity given to Noa’s death looking sober, judicious, prudent, and compassionate.

But is this deserved? Not at all.

First of all, we don’t have all the facts to know whether her doctors made the right decision in assisting her death by starvation.

Noa said that she had been being sexually abused at age 11 and raped at 14. Sadly, this could easily have been true. Sexual abuse is known to trigger anorexia. But the media failed to query the truth of her story, out of respect, perhaps, and to avoid giving her pain. She had even concealed the abuse from her family and to the end could not bear to discuss the crimes which made her hate her own body.

But without that back story, would her family, her doctors and the media have affirmed her decision to starve herself to death? Readers were left with the impression that starving oneself is a rational, medically-justified option to being a victim of rape. It’s more likely that her psychiatrists were not competent enough to treat her. Tragically, it became a case of punishing the victim for the crimes of her abusers.

Second, the ghoulish interest of the Dutch media in Noa’s plight must have strengthened her resolve to end her life. She published an autobiography Winnen of Leren (Winning or Learning) last year and was awarded a 1000 Euro prize for it. She was interviewed on television about her thwarted desire for euthanasia. She became a celebrity because she wanted to die — and because she was a celebrity, she had to die.

It was like crowds howling “jump! jump!” to a frightened girl clinging to a bridge.

This kind of journalism almost certainly breaches the guidelines issued by the World Health Organization for media reporting about suicide.

Third, the KNMG’s objection that stopping eating and drinking under medical supervision is not physician-assisted suicide is an example of 1984 Newspeak. Starvation as an alternative to assisted suicide is so well-known in the medical literature that it has its own acronym, VSED (voluntary stopping of eating and drinking). Compassion and Choices, the leading American right-to-die organisation, advertises it as an alternative to physician-assisted suicide.

Noa Pothoven committed suicide and, as her parents have acknowledged, she was assisted by physicians. The KNMG’s indignation is straight out of Through the Looking Glass. As Humpty Dumpty said, “When I use a word, it means just what I choose it to mean—neither more nor less.”

If Noa’s death wasn’t physician-assisted suicide, then I’m a Dutchman.

Unfortunately, the Dutch have become hardened to doublespeak about euthanasia. Apart from VSED, another “unofficial” type of assisted suicide of euthanasia is terminal, or palliative, sedation.

Here’s what The Guardian reported earlier this year:

As people got used to the new law, the number of Dutch people being euthanised began to rise sharply, from under 2,000 in 2007 to almost 6,600 in 2017 … the number of people who died under palliative sedation – in theory, succumbing to their illness while cocooned from physical discomfort, but in practice often dying of dehydration while unconscious – hit an astonishing 32,000. Altogether, well over a quarter of all deaths in 2017 in the Netherlands were induced.

But none of those 32,000 were euthanasia either, according to the KNMG’s criteria.

Isn’t the real news here something altogether different from the KNMG’s sanitised narrative of a sad-but-avoidable death? Dutch doctors who were unable or unwilling to treat a 17-year-old rape victim for anorexia nervosa gave up on her and allowed her to kill herself.

In her time of greatest need, they abandoned their patient.

Michael Cook is editor of MercatorNet where this appeared. Reposted with permission.
“It’s easy to talk about women’s reproductive rights until you recognize that without first the right to life, there are no other rights.”

An abortion survivor testifies to House subcommittee

By Melissa Ohden

Every story is important. Every experience deserves to be heard.

However, when we hear stories about abortion, the narrative is woefully one-sided. Our culture has been inundated with messaging in which abortion controls the narrative.

Yet, largely ignored in the abortion narrative that is woven so skillfully throughout our culture, behind even the words in the title of this hearing, “reproductive rights,” are stories buried beneath the narrative of abortion that has been sewn since Roe v. Wade.

Is there space for stories like mine, women who are alive today after surviving failed abortion procedures; for stories like my biological mother’s, women who have been coerced or forced into an abortion? Do we ever create space for the stories of women who regret their abortions?

The most important stories, though, are likely the ones that you’ll never hear. The stories of the little girls who will never live outside of the womb. In all of the discussion about women’s rights, some lose sight of the fact that without the right to life, there are no other rights. This is the greatest human rights issue we are facing as a country.

In August of 1977, the attack on my human rights began. My biological mother, a prominent nurse in their community, with the help of her colleague, the local abortionist, Dr. Kelberg.

This abortion procedure involved injecting a toxic salt solution into the amniotic fluid that was meant to poison and scald me to death. I soaked in that toxic solution over a five day period as they tried time and time again to induce my birthmother’s labor with me.

When I was finally expelled from the womb on that fifth day of the abortion procedure, my arrival into this world was not so much as a birth, but an accident, a “live birth” after a saline infusion abortion. My medical records actually state, “a saline infusion for an abortion was done, but was unsuccessful.” I’ve included this record for you to review, along with another that identifies a complication of my birthmother’s pregnancy as a saline infusion.

Despite the arguments being made that people like me don’t exist or that children aren’t left to die after failed abortions, listen to the words of a nurse who I’ve been connected with who was there that day. I was initially “laid aside,” after my grandmother instructed nurses to leave me to die, and arguments about whether I would be provided medical care, ensued.

In the words of Nurse Jan, who received me in the NICU that day, “a tall blond nurse,” courageously rushed me off to the NICU, shouting out, “she just kept gasping for breath, and so I couldn’t just leave her there to die!”

My medical records state that the doctors initially suspected I had a fatal heart defect due to the high level of distress I presented with. I suffered from severe respiratory problems, jaundice, and seizures. I weighed in at 2 pounds, 14 ounces, which is what led a neonatologist to remark in my medical records that I was approximately 31 weeks gestation, as opposed to the 18-20 weeks that the abortionist had indicated.

It’s easy to talk about women’s reproductive rights until you recognize that without first the right to life, there are no other rights. How do you reconcile my rights as a woman who survived a failed abortion?
New poll shows overwhelming opposition to infanticide & majority support to overturn or modify *Roe*

By Dave Andrusko

Kudos to John Sexton for cutting right to the chase:

*The Hill* [newspaper] has exclusively released another Harvard CAPS/Harris poll, this one on the topic of abortion. The headline of the Hill piece is “Nearly half of Americans say Supreme Court should uphold *Roe v. Wade.*” That’s accurate but it overlooks the fact that a majority of respondents want the law to be modified or overturned.

“Accurate but…” How many abortion polls could we say that about? Not nearly as many as “Not accurate and…”

That aside, let’s get to the online poll of 1,295 registered voters, which is genuinely fascinating. The poll is awful news for Democrats who are so caught up in the quest for abortion through all 40 weeks—and beyond—that they ignore they are on a very small island of their own making.

The abortion questions begin on page 55. What do the results of the survey, taken May 29-30, tell us?

*A whopping total of 69% believe the Supreme Court will either overturn *Roe v. Wade* (20%) or modify the 1973 decision (49%).

“What about their personal preference? 46% say the Supreme Court should “affirm” *Roe* while a total of 54% would want the justices to overturn *Roe* (18%) or modify it (36%).

*The survey then moves into under what conditions those surveyed support abortion. But before then, what about the burning issue of treating abortion survivors, a vote over which Democrats refuse to allow in the United States House or Senate? Since the question is biased as can be, the results should make Democrats even more nervous:*

“Once a child is born, if it has deformities, should a mother and doctor [the abortionist] be permitted to end of the life [the life of who?] or should that not be permitted?”

The survey question gives what Democrats want to talk about—a child born with “deformities”—and still only 30% would permit the mother and abortionist to decide to end the child’s life!

Seventy percent say infanticide should “not be permitted.”

With respect to conditions and circumstances, the *Hill’s* Max Greenwood offers the understatement of the year:

The polling results suggest Americans believe there should be some restrictions on when women can seek abortions.

Indeed it does!

A plurality — 41 percent — said the procedure should be allowed only in cases of rape or incest. Twenty-nine percent said it should be permitted up until the first trimester of pregnancy, while 17 percent said it should be allowed until the second trimester.

Only 8 percent said abortions should be permitted up until the third trimester, and 6 percent said the procedure should be allowed “up until the birth of the child.”

John Sexton neatly summarizes what Greenwood minimizes: “Overall, that gets you about 14% who support 3rd-trimester abortion, which matches with a Gallup poll last year which found support at 13 percent.”
Micaiah Bilger noted The New York Times is bringing its usual political “science” to the new debate over “so-called fetal heartbeat bills.”

Abortionists like Colleen McNicholas assisted HuffPost into a snarky article headlined “The Lawmakers Behind ‘Fetal Heartbeat’ Abortion Bans Are Lying To You.” Dr. McNicholas huffed “To say that a six-week pregnancy has a fetal anything is incorrect,” since it’s technically an embryo.

This would explain why a Wednesday story by Times reporter Alan Blinder — listed by the paper as an “American South Social Justice expert” for students — is pulling out weasel words instead. It began:

On the heels of a spate of anti-abortion legislation passed in recent months across the South, Louisiana lawmakers voted on Wednesday to ban the procedure after the pulsing of what becomes the fetus’s heart can be detected…

Several other states have passed versions of so-called fetal heartbeat bills this year...

Then Blinder tossed in the term “embryonic pulsing,” like it’s not quite a human yet. This is more philosophical than medical:

A State House vote on Wednesday moved the abortion measure to the governor’s desk, after lawmakers rejected a series of amendments including an exception for cases of rape or incest. The measure would require an ultrasound test for any woman seeking to terminate a pregnancy, and forbid abortion if the test detects embryonic pulsing—which can occur before many women know they are pregnant.

Wired rounded up a group of ob-gyn/abortion advocates for an article insisting “‘Heartbeat’ Bills Get the Science of Fetal Heartbeats All Wrong.”

[There’s a very immature cardiovascular system,” says Jennifer Kerns, an ob-gyn at UC San Francisco…The rhythm specified in the six-week abortion bans, she says, “is a group of cells with electrical activity. That’s what the heartbeat is at that stage of gestation… We are in no way talking about any kind of cardiovascular system.”

“Using the word heartbeat here is an intentional obfuscation,” Kerns says. “Hearing the word heartbeat plays upon people’s emotions….

“What’s really happening at that point is that our ultrasound technology has gotten good enough to be able to detect electrical activity in a rudimentary group of cells,” [ob-gyn Sarah] Horvath says.

As the ob-gyn Jen Gunter wrote three years ago, this is, more technically, “fetal pole cardiac activity.” It’s a cluster of pulsing cells.

Bilger concluded:

In 2016, researchers at the University of Oxford published an amazing new study about how early a human being’s heartbeat begins. They found that the heartbeat may begin earlier than initially thought, as soon as 21 days of pregnancy.

The language that the world-renowned scientists used did not mention “embryonic pulsing” or “so-called.” They used words like “heartbeat,” “human embryo” and “heart muscle.”

“First of our three billion heartbeats is sooner than we thought,” the university wrote in its news release about the research. Later, it noted, “The heart is the first organ to form during pregnancy and is critical in providing oxygen and nutrients to the developing embryo.”

Editor’s note. This appeared at Newsbusters and is reposted with permission.
One woman named Patti M. tells her abortion story:

“John [the baby’s father] suggested we get married and keep the baby. I wanted to wait and do it right. I counseled with a woman at a Planned Parenthood clinic and told her that I wanted an abortion. She gave me a list of abortion clinics... I did ask about the development of the fetus, and she told me it was just tissue at this point.... The abortion wasn’t physically painful, but I was surprised by my emotions – I could not stop crying. Tears rolled down my face the whole morning and I didn’t know why. I wanted this abortion; I was glad I didn’t have to have a baby when I wasn’t ready.

I met John in the waiting room when it was over, and he asked, “Why the tears?” I laughed it off... We went on with my duties as wife and mother.”

When she told a friend about the abortion 3 years later:

“She accepted me, cried with me, and loved me. Later, as grief rolled over me, I couldn’t stop the flow of tears. I cried every day, all day, even in the night. I finally sought professional counseling to deal with the fact that I had killed one of my babies.... “My husband and I still cannot discuss it; it is too painful for us.”

When her 3rd child was born, after she married John:

“One afternoon while I sat rocking Daniel, the realization of what I had done hit me. I cried, wiped my tears, and never discussed the abortion. It was over.”


Editor’s note. This appeared at Clinic Quotes and is reposted with permission.
Nebraska becomes 9th state to add Abortion Reversal Pill information to informed consent statute

By Dave Andrusko

And now there are nine. Nebraska Gov. Pete Ricketts has signed LB 209, meaning Nebraska joins Arizona, Arkansas, South Dakota, Utah, Idaho, North Dakota, Kentucky, and Oklahoma in having a law on the books requiring that women be informed about Abortion Pill Reversal (APR).

“Governor Ricketts has signed another pro-life bill into law,” said Julie Schmit-Albin, Executive Director, Nebraska Right to Life. “Under his tenure Nebraska is returning as a state leader in pro-life legislation.”

As Schmit-Albin explained, “LB 209 will have a meaningful impact for women undergoing chemical abortions. Women who regret starting the chemical abortion regimen will receive information on how to reverse that process and save their unborn child.”

LB 209 strengthens Nebraska’s already existing Informed Consent on Abortion statute. Abortion facilities now must direct the women to the Nebraska Department of Health & Human Services which would provide further information as well as help the woman to find a medical professional skilled in the protocol of providing progesterone to reverse the process.

Pro-abortionists hate any law that enhances genuine informed consent on abortion. Their goal is to speed rush women through the decision-making process, leaving as little time as possible for women to reconsider.

Which is why they particularly loathe the woman knowing about the Abortion Pill Reversal protocol. Here they are, having given a woman one of the two abortifacient drugs that make up “medication” (chemical) abortions, with another notch surely to be added to their belt.

Instead the woman (or girl) has second thoughts. If she does not take the second drug and instead takes progesterone to off-set the effect of the first abortifacient, she has as high as a 68% chance of saving her baby.

Pro abortionists adopted the mantra that H. 57 merely “codified” current abortion practice in Vermont, which is patently untrue. “H. 57 goes beyond Roe v. Wade, and may well be the most radical anti-life law in the nation,” stated Sharon Toborg, Policy Analyst for Vermont Right to Life.

“H.57 grants abortion providers and clinics the right to sue the State if they are not allowed to establish a new abortion practice in Vermont,” she added. “Unlike providers of any other medical procedure, H. 57 grants abortion providers this private right of action against the State.”

Beerworth observed that while always calling himself “pro-choice,” throughout the year Scott “has expressed support for parental involvement legislation for minor daughters considering an abortion, concern for abortions occurring in the later in months of pregnancy, and shielding taxpayers from funding them.

"With his signature of H.57, "Scott has embraced without reservation the agenda of the powerful pro-abortion lobby."

The Abortion Lobby has always had a powerful presence in Vermont, but now Democrats hold supermajorities in both houses. Thus the 24-6 vote in the Senate and 106 to 37 vote in the House was hardly unexpected.

As Beerworth previously told NRL News Today, following the November 2018 elections, Democrats enjoyed a veto-proof majority in both the House and Senate, making for passage of their abortion agenda all but inevitable.

“Abortion already is legal in Vermont throughout all nine months of pregnancy with no regulations or restrictions on its practice,” Beerworth explained. “Not a single one.” (See story, page 4.)
conceded, “Without single issue voters who wanted prolife judges, there would never have been a President Donald Trump.” Brooks’ candor is rare in the popular media, virtually unheard of at the Times.) But there’s more.

Referring to the unwillingness of the current crop of Democrat presidential candidates to accept any limitations on abortion, Emma Green of The Atlantic wrote:

This full embrace of abortion is the culmination of decades-long shifts in rhetoric and strategy among Democrats. It’s also a bet on what’s going to work in the next general election. Democratic candidates believe Democratic voters want abortion rights expanded, ensuring that the procedure is safe, legal, and available on demand. Of course, that bet runs the risk that voters who aren’t on board will stay quiet, stay home, or vote for someone else.

But the percentage of voters who “aren’t on board” is considerably larger than those who are. And abortion will be a prominent issue in the 2020 election, so they are highly unlikely to “stay quiet” or “stay home.”

And those voters not “on board” certainly includes many of those Democrats (and Independents) who voted for President Trump in 2016. We’ve written early and often how Mr. Trump’s full-throated embrace of the pro-life position and willingness to call out Hillary Clinton’s radical embrace of abortion helped him win the narrowest of victories. Green writes about them in a paragraph that comes near the end of her post:

In the general election, however, abortion may be a make-or-break issue for some swing voters, who will likely be looking to Democrats for compromise. The crucial swing states that helped Trump secure victory over Clinton—including Wisconsin, Michigan, Pennsylvania, and Florida—have only razor-thin majorities supporting abortion in all or most cases, according to research from Pew. These voters could really matter: Some moderates and conservatives who were initially uncomfortable with Trump specifically point to the third presidential debate, when Hillary Clinton endorsed third-trimester abortion, as the decisive moment that solidified their reluctant support for Trump.

Green writes that “these voters ["moderates" and "conservatives"] could really matter” in 2020. Whatever qualms they had about candidate Trump, they “specifically point to the third presidential debate, when Hillary Clinton endorsed third-trimester abortion, as the decisive moment that solidified their reluctant support for Trump.”

Whoever the Democrat Party nominee is, he or she will be even more unapologetically pro-abortion than Clinton. Whatever Democrats are telling themselves now, that is a recipe for electoral disaster.
"Embrace, Don’t Erase, Down Syndrome” is Kurt and Chloe Kondrich’s inspirational message

From page 7

Speaking out on behalf of some of society’s most vulnerable members, Chloe, who just turned 16, has Down syndrome. She has completely defied the expectations doctors had for her at birth. She has spoken at the United Nations, met with pro-life President Donald Trump and Vice President Mike Pence, and appeared with a variety of musical artists and leading sports figures. She was also the driving force behind Chloe’s Law, a Pennsylvania statute which ensures that parents whose babies receive a prenatal diagnosis of Down syndrome receive information about resources and support services available for their children. Kurt and Chloe also successfully lobbied for passage in the Pennsylvania House of Representatives for the Down Syndrome Protection Act. That bill, which is now pending in the PA Senate, would ban abortions for the sole reason of a Down syndrome diagnosis. The father-daughter team have an inspiring message: “Embrace, Don’t Erase, Down Syndrome.” They are working to eliminate discrimination and hatred waged against people with Down syndrome—especially when that genocidal discrimination takes the form of abortion.

Kurt and Chloe joined with a prominent pro-life campaigner from Ireland, Michael O’Dowd, in signing a global Declaration for the Eradication of the Genocide of Persons with Down Syndrome. The group signed the historic document on St. Patrick’s Day this year at the headquarters of the Pennsylvania Pro-Life Federation.

The Kondrich family was also recognized by the Federation for their outstanding life-saving work when they were given the Pennsylvania Pro-Life Leadership Award.

Kurt and Chloe are a dynamic duo for the cause of LIFE! You won’t want to miss their riveting banquet presentation at the 2019 National Right to Life Convention. Sign up today!

“It’s easy to talk about women’s reproductive rights ...”

From page 29

With what’s being discussed here today?

The abortion industry talks in abstract and gray when it comes to the science of when life begins and what abortion does, but the reality is much clearer.

I’m alive today because someone else’s “reproductive right” failed to end my life, as are the 287 abortion survivors I’ve connected with through my work with The Abortion Survivors Network, 184 of whom are female.

There’s something wrong when one person’s right results in another person’s death. There’s something deeply disturbing about the reality in our world that I have a right to an abortion but I never had the simple right to live.

The 14th Amendment says that “nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.” But with states passing laws that state a “fertilized egg, embryo or fetus does not have independent rights,” aren’t states participating in the deprivation of life? Are states providing equal protection to all children? I don’t think so. Each of you as a legislator has sworn to provide equal protection to your constituents under the law.

As you examine the so-called “threat to women’s reproductive rights,” I would ask for you to look behind the language and see the stories that are so often hidden, the stories that may seem inconvenient or even rare to you, and consider that there’s more to this discussion.

And there’s more to be done to protect your most vulnerable constituents and meet the needs of women and families in our communities in a way that supports lives at all stages of development and in all circumstances, not ends it.
At times when I am in my office at the Pennsylvania Pro-Life Federation, I feel like the curator of a pro-life library. This was one of those times, when a number of people called our office asking for pro-life information—information they had a tough time finding anywhere else. Their questions were fascinating.

The first question of the day came from an older woman who had a refreshingly innocent query: Was abortion legal? I am not sure if the woman was an immigrant to this country and was unfamiliar with our laws. Or perhaps she lived without the constant blast of television and radio. But her question seemed very sincere.

I gently explained that abortion was legal. Still mystified, she asked when the law was passed permitting it. I then responded with an explanation of the 1973 U.S. Supreme Court ruling Roe v. Wade, which, with its companion case Doe v. Bolton, legalized abortion for any reason—or for no reason at all—for all nine months of pregnancy.

“It isn’t right. It shouldn’t be happening,” she said sadly.

I was reminded of when I first learned of the legality of abortion. It was when I was in 7th grade, and our principal took us to a demonstration against Roe in our hometown. Like the woman on the phone, I was incredulous that the legalized killing of innocent children in the womb could occur in a civilized society.

The next question came from a woman who wanted to know how she could see the popular movie Unplanned. The film tells the true story of Abby Johnson, a one-time Planned Parenthood employee of the year who became pro-life after witnessing the inhumanity of an ultrasound-guided abortion. I quickly did some checking, and found out that the release of the movie on DVD is slated for August.

I then took a call from a journalist-turned-clergyman who needed to craft a letter to the editor to respond to some pro-abortion nonsense in his local community. He was looking for statistics on the rate of abortion for African-American women. A wildly disproportionate number of abortions are performed on black women, leading to what many prominent African-American pro-life leaders describe as a black genocide.

As CNS News reported, “Although black Americans comprise 13.4% of the U.S. population, they accounted for 36.0% of the abortions in 2015, which was almost identical to the percentage of abortions (36.9%) that year among white Americans, who make up 76.6% of the population.”

He was also in search of some good quotes by Alveda King, the niece of Dr. Martin Luther King, Jr., who herself suffered the emotional fallout of two abortions.

I referred him to this quote, reported by One News Now: “Dr. Alveda King of Priests for Life explained to OneNewsNow that Planned Parenthood Founder Margaret Sanger wanted to reduce the black population based on eugenics — often referring to African Americans as weeds. ‘That’s part of our history that is kind of swept under the rug — that African Americans are victims of eugenics and genocide,’ the civil rights leader told OneNewsNow in an interview. ‘And I think there couldn’t be a more fitting time — as me being the Director of Civil Rights for the Unborn at Priests for Life — to point out that the sanctity of life should definitely have a place in African-American history.’”

These phone interactions made me wonder, where would people be without the educational resources of National Right to Life and National Right to Life affiliates? After all, Google searches can only take you so far. It takes a real human being with vast experience and knowledge to field the many questions that people have about the life issues.

So kudos to the National Right to Life affiliates around the country who reach out and touch the lives of so many people each day. You are making the nation safer for babies, people with disabilities, and the frail elderly, one phone call and one email at a time.
Dutch Teen Not Euthanized, Died by (Abetted) Self-Starvation

By Wesley J. Smith

As reported by Politico Europe, the original story was wrong (leading to a revision from me). Noa Pothoven was not lethally injected. She was allowed—and perhaps helped, if she received palliative care—to starve/dehydrate herself to death.

She decided to kill herself after being refused electroshock therapy, (according to Politico reporter Naomi O’Leary) due to her age. In other words, doctors allowed her anorexia to win.

The euthanasia movement has a name for this kind of suicide: VSED for “voluntary stop eating and drinking.” It is pushed as a way to die in circumstances in which euthanasia and assisted suicide are illegal, or for those who don’t qualify for legal assisted suicide or euthanasia, particularly the elderly.

In British Columbia, it is also allowed to be a means of qualifying for lethal injection euthanasia by permitting the suicidal person to become sufficiently debilitated to make their homicide legal.

VSED is an aided—or perhaps, better stated, abetted—suicide. I claim this for two reasons:

1. The suicidal person is not prevented from self-killing. It’s as if one sees a person cutting their wrist and doesn’t take the knife away and/or try to staunch the arterial bleeding. By refusing to have the VSED victim hospitalized for care—including forced feeding, if necessary—the suicide is abetted by allowing the means and cause of death to proceed without impediment.

2. VSED usually involves doctors palliating the physical suffering caused by self-starvation and dehydration. That’s a form of facilitation because—depending on whether the patient is rendered unconscious—the patient can’t change their mind or will be less likely to because the physical impact is substantially ameliorated. It is worth noting here, that the Politico reporter who corrected the erroneous earlier stories, reported in a Twitter thread that palliative care was involved in Pothoven’s care as she died.

This case reminds me of the 2006 suicide of Kerrie Woolterton in the U.K. Woolterton swallowed anti-freeze and called an ambulance. But she pinned a note on her blouse saying she didn’t want medical treatment. Instead of pumping her stomach and saving her life as they had done before, the doctors instead stood back and did nothing as she died a slow and painful death.

I guess we are supposed to be relieved that Pothoven wasn’t lethally injected—although I assume some are saying to themselves that such a killing would be more humane, which is the point of VSED—to get people to accept lethal injections instead of rejecting facilitated deaths.

But forgive me if I don’t breathe a sigh of relief. There are other ways to abandon despairing patients than lethally injecting them.

Editors note. Wesley’s great posts appear at National Review Online and are reposted with the author’s permission.
Fighting the anti-life fever until it breaks

“Vermont’s 4th branch of government.” And that is no exaggeration.

Their goals are so indistinguishable they act in sympathetic resonance. Democrats want unfettered, unapologetic, and unlimited abortion not only paid for with your tax dollar but your voice stifled so you cannot object. Better yet, insert a “right” to abortion in the state constitution, putting any and all protective measure perpetually in Planned Parenthood’s cross-hairs.

Pro-lifers are fighting these laws at every turn. We fight with one hand tied behind our backs and one leg shackled. Our opposite numbers have tens of hundreds of millions of dollars of free advertising from “reporters” and the support of billionaires like George Soros.

But that is the hand we’ve been dealt. It is what it is. This just means we need to work harder, more skillfully, more unswervingly, and with relentless determination.

Will the “fever” of militantly anti-life legislation subside? I believe it will. In the meanwhile we must continue to raise the public’s consciousness. With no fair, objective media to tell them the truth, the burden of truth-telling falls on us.

Fortunately for unborn babies and abortion survivors, that burden could not fall on sturdier shoulders.

THE ULTIMATE MEASURE OF A MAN IS NOT WHERE HE STANDS IN MOMENTS OF COMFORT AND CONVENIENCE, BUT WHERE HE STANDS AT TIMES OF CHALLENGE AND CONTROVERSY.

Dr. Martin Luther King, Jr.
to states banning or otherwise limiting access to abortion or Representative Barbara Lee’s EACH Woman Act which would end abortion coverage bans or other legislative initiatives.

An analysis of these two radical pieces of legislation show how committed to abortion on demand through all 40 weeks the Democrats have become.

H.R. 2975, formally titled the “Women’s Health Protection Act,” is sponsored by Rep. Judy Chu (D-Ct.) and strongly opposed by National Right to Life. The bill is strongly supported by the Planned Parenthood Federation of America, NARAL, and other pro-abortion activist groups. A more accurate title for this radical bill would be the “Abortion Without Limits Until Birth Act.”

H.R. 2975, if enacted and upheld by the federal courts, would invalidate nearly all state limitations on abortion, including waiting periods and women’s right-to-know laws. For example, it would invalidate state laws to protect pain-capable unborn children after 20 weeks fetal age — and would require all states to allow abortion even during the final three months of pregnancy based on an abortionist’s claim of “health” benefits, including mental health.

H.R. 2975 would also invalidate nearly all existing federal laws limiting abortion. For further information on this sweeping legislation, including testimony against it presented to the U.S. Senate Judiciary Committee by NRLC President Carol Tobias in 2014, click here.

The “EACH Woman Act” (H.R. 1693) sponsored by Rep. Barbara Lee (D-Ca.) and also strongly opposed by National Right to Life, blocked Republicans 50 times in calling for the House to vote on H.R.962, the Born-Alive Abortion Survivors Protection Act. This bill requires that a child who survives an abortion receive access to appropriate healthcare. Further a procedural tool, known as a discharge petition, has reached 201 signatures. If it reaches a simple majority of House Members (218 Members), H.R. 962 can be offered on the House floor despite Democrat obstruction.

If you have the time to watch, and I hope you do, the exchange between Rep. Louie Gohmert (R-Tx.) and actress Busy Phillips was highly instructive. He simply asked, in a very measured and very respectful way, what about the baby who survives an abortion? Specifically, someone like Melissa Ohden who had just testified. Does she have a right to life—“a control over her body where no one else takes her life?”

Ms. Phillips used every dodge you could think of, beginning with her saying that although she plays a doctor, she isn’t one; “it’s not a politician’s place…”; she’s not speaking about “birth” but “abortion,” etc.

Two things, at least, remain clear. Democrats remain committed to continuing to push a radical pro-abortion agenda in the House. And they continue to sidestep what obligations we have to babies who survive the abortionist’s best efforts to kill them.

All of these people here have a privilege that I was not given, and that is simply the right to be born, and not be born accidentally. As you can hear in my voice, I get choked up about it. We see this as a political issue, but I have to live with this every single day.

The Committee did not vote on any particular piece of legislation.

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