



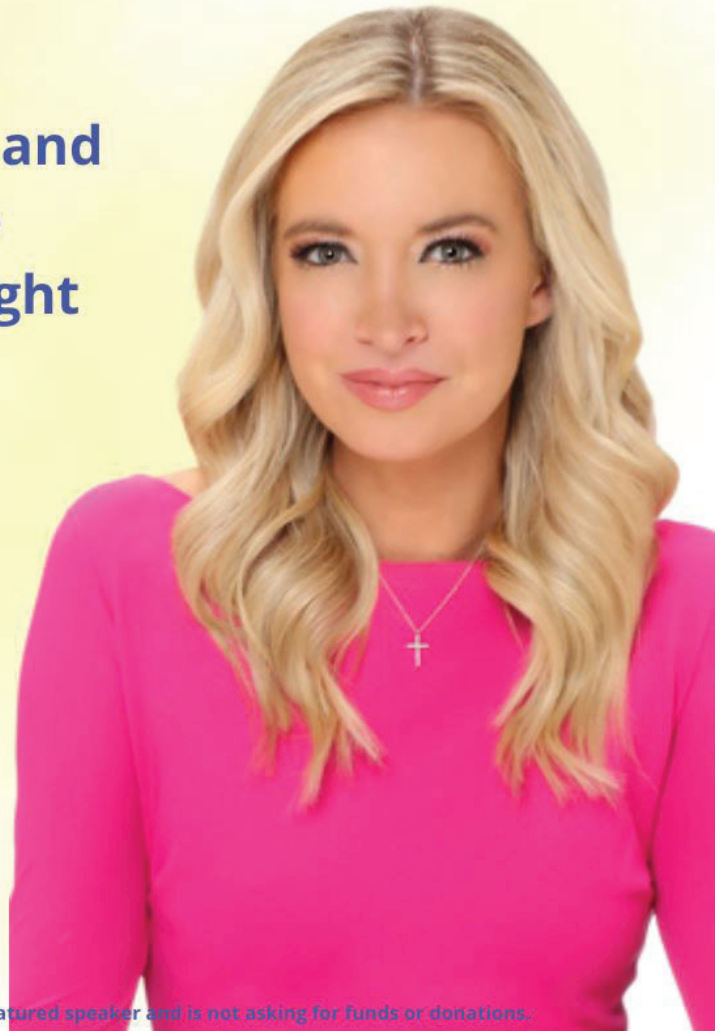
# National RIGHT TO LIFE NEWS

June 2024

**NRLC proudly announces that Kayleigh McEnany will join us as the keynote speaker for the 53rd Annual National Right to Life Conference on June 29, 2024.**

**Her powerful message and unique perspective promise to be a highlight of the conference.**

[nrlconvention.com](http://nrlconvention.com)



Kayleigh McEnany is appearing at this event only as a featured speaker and is not asking for funds or donations.

# National RIGHT TO LIFE NEWS

## Kayleigh McEnany will be the keynote speaker at 53rd Annual National Right to Life Conference

By Rai Rojas, Director of Outreach

We are thrilled to announce that Kayleigh McEnany will be the keynote speaker at the 53rd Annual National Right to Life Conference on June 29th in Arlington, Virginia. Known for her eloquence and unwavering dedication to pro-life values, Kayleigh McEnany will share her insights and experiences, inspiring us all to continue the fight to protect the most vulnerable among us.

Kayleigh McEnany is the former White House press secretary and current co-host of *Outnumbered* on the *Fox News Channel*. Prior to serving in the White House, Kayleigh worked as the national press secretary for the Trump Campaign and formerly the national spokesperson for the

Republican National Committee. Before joining the RNC, Kayleigh worked as a political commentator at *CNN*.

Kayleigh's powerful message and unique perspective promise to be a highlight of the conference.

Kayleigh McEnany has consistently demonstrated her commitment to the sanctity of life through her public service and advocacy. Her ability to articulate the pro-life position with clarity and compassion has made her a leading voice in the movement. Attendees will have the invaluable opportunity to gain from her experiences and to be inspired by her steadfast dedication.

*See McEnany, Page 27*



## The tide is turning toward life: How the abortion-up-to-birth constitutional amendment stalled in Minnesota

By Paul Stark, Communications Director, Minnesota Citizens Concerned for Life (MCCL)

The tide is beginning to turn in favor of unborn babies and their moms.

Since the historic *Dobbs v. Jackson* decision empowered states to protect unborn children, the pro-life movement has suffered a string of losses in ballot referenda. Abortion advocates have spent millions and millions to (mis) frame the issue, obscure the facts, and sway the public. But pro-lifers never give up, and we have truth and love on our side.

Earlier this year, the New Hampshire legislature rejected an effort to enshrine abortion in the



state Constitution. Then, in Maine, a similar effort failed in the state House, which couldn't come up with the needed votes.

Now, here in Minnesota, we're seeing Minnesotans push back against the sweeping no-limits abortion agenda advanced by the governor and House and Senate leadership. Abortion supporters control all three, and last year they used that power to ram through an abortion-up-to-birth law while repealing numerous longstanding pro-life policies.

*See Tide, Page 36*



# Editorials

## Pro-Life Pregnancy Help Centers wage a defensive battle against the onslaughts of the Abortion Industry and its powerful allies

Hmmm. What would you expect from a story headlined “As Michigan becomes abortion destination, foes and advocates expand services”? Not much. Was I surprised? Let’s see.

For starters, reporter Robin Erb has covered abortion for many years. And, of course, that means every protective law that has been struck in Michigan in recent years is something that OBVIOUSLY should have x-ed out even earlier.

For example, “onerous building regulations on abortion clinics,” to us, the kind of commonsense requirements/safeguards for women that abortion clinics love to ignore.

Now that the state has become an “abortion destination”—a “haven”—“Michigan continues to work out the edges of access,” Erb writes.

**“[A]bortion rights advocates have called for an end to the state’s remaining parental consent law, while Northland Family Planning Centers, which operates clinics in**

See *Battle*, Page 32



## Trump’s boisterous rally in the park as reported by a hostile press corps

Off-times the manner in which news stories are written all but screams that the Legacy Media is in full panic mode with the presidential election now just a little over 5 months away.

Ever more so as we approach November 5 many-to-most of these ladies and gentlemen of the press have given up even feigning even-handedness in their coverage of pro-life former President Donald Trump and pro-abortion President Joe Biden.

What is one dead giveaway?

A fierce determination to critique every syllable that come out of the mouth of pro-life former President Donald Trump and a blatant double standard—one for Trump and another for pro-abortion President Joe Biden—who is a walking malapropism.

Let’s pour through a couple of examples.

It’s no secret that while Biden will (as do all Democrats running for President) win the vast majority of Black voters, that grip is loosening. And that is doubly—

triply—true for Hispanic voters.

Russell Contreras, writing at *Axis* reports that “Democrats’ advantage among Black, Latino and Asian voters is at its lowest since 1960, *Financial Times* columnist and chief data reporter John Burn-Murdoch found by analyzing a massive set of polling data:

**A New York Times/ Siena College poll out March 2 found that President Biden led former President Trump**

**by just 56 points to 44 among non-white Americans.**

**That’s a group Biden won by almost 50 points when the two men last fought it out for the White House in 2020, Burn-Murdoch points out.**

See *Trump’s*, Page 43

# From the President Carol Tobias

## Why We Must Remain That Shining City on a Hill



Our nation just celebrated Memorial Day. It is a day set apart for us to remember all those who made the ultimate sacrifice. They gave their lives to defend the country they loved-- a country

that promoted freedom and the principles so beautifully laid out in our Declaration of Independence and the Constitution's Bill of Rights. It is up to us, the living, to make sure their sacrifice was not in vain.

I often refer to the United States as a shining city on a hill. From America's founding, the country has provided hope to the world. Quoting from [ushistory.org](http://ushistory.org), "The passengers of the *Arbella* who left England in 1630 with their new charter had a great vision. They were to be an example for the rest of the world in rightful living. Future governor John Winthrop stated their purpose quite clearly: 'We shall be as a city upon a hill, the eyes of all people are upon us.'"

President Ronald Reagan frequently referred to America as a shining city on a hill. I've kept that image tucked away in my heart for many years. Can America be, or remain, a shining city on a hill with the eyes of all people upon us? Are we an example of what is good and right about how people should live and how leaders should govern?

For those working to protect innocent human life, we know that each and every human life has value. Every individual is deserving of dignity and respect, simply because they are a member of the human family. They are our brothers and sisters.

On a popular evening news/ commentary show, a segment was given to a reporter interviewing people on the street. One young woman was asked, "Do you believe in God?" She answered, "No." The follow-up question was, "What happens to you when you die?" Her answer, "Nothing."

Many people live, day to day, believing that what they see is all there is. The 70, 80, or 90 years on earth is all they have and then they're done. If life is difficult or lonely, it would be natural to wonder why it is wrong to end that life through suicide or assisted suicide.

If, after all, this life is all there is, what difference does it make if we bring another life into the world when that newborn life will require time and money? What if we fear that

the new addition may bring more heartache than joy?

Those with a Christian or other-religion perspective see life as a gift of God—a blessing that should be protected, nourished, and loved. For many without that perspective, their attitude is more of "eat, drink, and be merry, for tomorrow we die."

That's why I love the active involvement in the movement of those who are secular or atheist. They provide an important voice, that life is precious no matter what else you believe—or don't believe.

How do we reach those who see life as short-term and finite? A quote attributed to President Theodore Roosevelt gives us some



direction: "Nobody cares about how much you know until they know how much you care."

We can, and must, elect pro-life candidates and enact pro-life legislation because the law is an effective tool. But our educational outreach is a critical component of what pro-lifers do and has been from the very beginning.

When we say that it is wrong to kill unborn babies, we need to make sure abortion-minded women know that we care about them as well. Do they understand that we don't want them to undergo the physical pain of a chemical abortion or the mental anguish of living with the memory of the death of their child?

Our words and actions must show love for those who have been through an abortion and concern for those considering this horrific "choice."

Pregnancy centers and other organizations

help women with after-abortion counseling. A great website, <https://hurtbyabortion.org>, gives women the opportunity to share their stories for others to read. They will hopefully find comfort, knowing they are helping others through the same trauma.

The covid pandemic changed a lot of our nation's lifestyle. People became isolated and lonely; they spent more time on phones and Zoom calls. Young people see and compare themselves to others on social media, probably wondering why they aren't an "influencer" or wondering how to become one. They want people in the world to notice them, to care about them, to know they exist.

More than ever, the pro-life movement is

needed in so many ways. We continue our efforts to protect our most vulnerable brothers and sisters from abortion and euthanasia and assisted suicide. As individuals, our love for life can also be infectious.

In 1989, in his farewell address, President Reagan said of his beloved country, "After 200 years, two centuries, she still stands strong and true on the granite ridge, and her glow has held steady no matter what storm. And she's still a beacon, still a magnet for all who must have freedom, for all the pilgrims from all the lost places who are hurtling through the darkness, toward home."

We can be individual lights, shining in our homes and communities, letting our love for fellow human beings shine through. And together, we will be that shining city on a hill, spreading the warmth so many of our brothers and sisters are looking for.



# What do we know about the Presidential race 159 days out?

By Dave Andrusko

This is getting realllly interesting. Let's parse out some of what recent (and not so recent) polling data tells us about the lay of the land as we approach five months out from November 5, the day the country chooses between pro-life former President Donald Trump and pro-abortion President Joe Biden.

In the concluding "implications" of its most recent survey, Gallup's Megan Brennan concludes "As he tries to win a second presidential term, Biden's low approval rating makes him vulnerable." The analysis leading up to that conclusion is much more complex than this obvious conclusion so the survey, taken May 1-23, is still worth a look.

What a virtual tsunami of surveys tells us is that President Biden has without question earned the right to be labeled "the least popular U.S. president in 70 years." The coalition that buoyed pro-abortion Democrat presidential candidates for sixty years is taking on water.

We'll talk about the obvious candidates—Blacks and Hispanics—in a moment. But first the one that only a few scholars have probed in depth: working class America, where I come from.

Ruy Teixeira published a fascinating piece titled "The Working Class-Sized Hole in Democratic Support Widens: This is a big, big problem" He found

**Across the battleground, Biden is losing to Trump among working-class voters by 16 points. That compares to Biden's national working-class deficit of just 4 points in 2020.**

So what? Teixeira quotes this from Timothy Noah:

**For the past 100 years, no Democrat—with one exception—has ever entered the White House without winning a majority of the working-class vote, defined conventionally as those voters who**

A headline in a story that appears in *Politico* was headlined "Biden's Black voter troubles are setting off alarm bells."

The opening paragraph of Eugene Daniels' and Lauren Egan's story reads

**Prominent Black officials are warning the Biden campaign that the president's efforts to keep**

**Donald Trump—a jump from the 12 percent of Black men who supported Trump nationwide in 2020. Those numbers haven't just alarmed party officials, they've confounded them.**

The argument of Black officials is that it's a messaging problem. It "isn't that White House lacks policy achievements — it's that Black voters aren't hearing about them." Hmmm.

But....

**But more privately, Democratic operatives express other fears, including that Black influencers and media personalities have soured on Biden and that the president himself has eschewed major interviews and less scripted campaign stops, making him less accessible to voters. Black leaders also see the community as open to the Donald Trump campaign's targeted entreaties.**

So in summary (or so they would have voters believe) not only is Biden's running over with concrete accomplishments for which he is not getting his proper due, worse yet is that the Black community is open "to the Donald Trump campaign's targeted entreaties."

"Targeted entreaties"? Give me a break.



**possess a high school degree but no college degree. The exception was Joe Biden in 2020, under highly unusual circumstances (a badly-mismanaged Covid pandemic, an economy going haywire). It's unlikely in the extreme that Biden can manage that trick a second time. He must win the working-class vote in 2024.**

**Black voters firmly and enthusiastically in his electoral coalition aren't working — and that time is running out to get his message across.**

According to Daniels and Egan **An April Wall Street Journal poll of seven swing states found that 30 percent of Black men were either "definitely or probably going to vote" for former President**

# Trump vs. Biden: Stark Contrast and High Stakes

By NRL Political Department

In the 2024 presidential race, the contrast between the presumptive Republican and Democratic nominees is stark, and the stakes are high. We have a choice between a president with a proven record of pro-life accomplishments, including placing three justices on the Supreme Court who turned the tide against *Roe v. Wade*, and a president who has employed a whole-of-government approach to promoting unlimited abortion until birth.

Compare the Candidates on Abortion (PDF): <https://www.nrlc.org/uploads/records/Trump-BidenComparisonFlyer2024.pdf>

Let's examine where Presidents Donald Trump and Joe Biden stand on some of the key pro-life issues:

## **Taxpayer Funding of Abortion:**

Studies show that when funding for abortion increases, the number of abortions also increases. We can save lives by limiting the use of taxpayer funds for abortion.

For decades, pollsters have consistently found majorities of Americans are opposed to their hard-earned tax dollars being used to pay for abortions. Even some of those who consider themselves "pro-choice" and generally support abortion do not believe taxpayers should be forced to foot the bill. A Marist Poll conducted in January 2024 found that 53% of Americans oppose or strongly oppose the use of tax dollars to pay for abortions. The poll also found that 67% oppose or strongly oppose the use of American tax dollars to pay for abortions in other countries.

Like the majority of Americans, President Trump opposes the use of tax dollars to pay for abortions. As president, Trump issued a rule to ensure Title X family planning funding did not go to facilities that perform or refer for abortions. He

also issued the "Protecting Life in Global Health Assistance" policy, an expansion of the Mexico City Policy, which limited federal funding for organizations that provide or promote abortions in other countries.

Trump supports the Hyde Amendment and other appropriations riders that limit funding of abortion in many federal programs. By conservative estimates, the Hyde Amendment alone has saved over 2.5 million lives since 1976 when it was first applied. Trump also supports passage of the *No Taxpayer Funding for Abortion Act* which would limit federal funding for abortion on a government-wide basis.

By contrast, President Biden supports the use of tax dollars to pay for abortions. Biden rescinded both Trump's Title X rule and the "Protecting Life in Global Health Assistance" policy.

Biden has called for the elimination of the Hyde Amendment and vowed to veto legislation like the *No Taxpayer Funding for Abortion Act*. Despite previously supporting Hyde while serving in the Senate, Biden flipped his position in order to win his party's nomination in 2020. "If I believe health care is a right, as I do, I can no longer support an amendment that makes that right dependent on someone's zip code," he announced in 2019.

## **Unlimited Abortion:**

President Biden strongly supports passage of the so-called *Women's Health Protection Act* (WHPA), a sweeping national pro-abortion bill that would enshrine unlimited abortion in federal law and eliminate virtually all existing protections on the state level. A more accurate title for the WHPA would be the "Unlimited Abortion Until Birth" Act. According to a 2024 Marist

poll, just 29% of Americans say they support legal abortion throughout the entire pregnancy until birth. While Biden pledges to sign this radical legislation into law, Trump has promised

at any point since 1973.

Fortunately, Joe Biden has only had one opportunity to fill a vacancy on the U.S. Supreme Court. He appointed Justice Ketanji Brown-Jackson to replace

**COMPARE *the* CANDIDATES**

Download this informative resource to help educate and motivate your pro-life family and friends.

**COMPARE THE CANDIDATES FOR PRESIDENT**

**Donald Trump** Republican      **Joe Biden** Democrat

**Taxpayer Funding of Abortion**

Donald Trump opposes using tax dollars to pay for abortions. President Trump's Administration issued a rule to ensure Title X funding did not go to facilities that perform or refer for abortions. He supports passage of the *No Taxpayer Funding for Abortion Act*, which would limit federal funding for abortion on a government-wide basis.

Joe Biden supports using tax dollars to pay for abortions. As president, Biden directed federal funds to organizations that perform abortions and for abortion travel. He vowed to veto measures like the *No Taxpayer Funding for Abortion Act*, which would limit federal funding for abortion on a government-wide basis.

**Unlimited Abortion Until Birth**

**National RIGHT TO LIFE**

for more info: [nrlvictoryfund.org](http://nrlvictoryfund.org)

to veto pro-abortion bills. In his address to the 2020 March for Life, Trump stated, "If they send any legislation to my desk that weakens the protection of human life, I will issue a veto."

## **The Judiciary:**

One of the greatest achievements and lasting legacies of the Trump Administration was the appointment of individuals to the Judiciary who were committed interpreting the Constitution as written and not legislating from the bench. Notably, Trump appointed Justices Neil Gorsuch, Brett Kavanaugh, and Amy Coney Barrett to the U.S. Supreme Court. These three justices were crucial to achieving the pro-life movement's longtime goal of overturning of *Roe v. Wade*. As a result of the Court's ruling in *Dobbs* and the subsequent enactment of new protections in the states, more unborn children have legal protection today than

retiring Justice Stephen Breyer in 2022. Biden has pledged to only nominate judges who believe unlimited abortion should be a constitutionally protected right.

It is worth noting that Justice Clarence Thomas is currently 75 years old, Justice Samuel Alito is 73, and Justices John Roberts and Sonia Sotomayor are both 69. The average retirement age in the United States is about 64 years old. The next president may have the opportunity to appoint several new justices to the Supreme Court. He will almost assuredly have opportunities to appoint new judges to the lower courts. Without judges willing to uphold them, pro-life protections will be subject to pro-abortion court challenges and not be permitted to go into effect and save lives.



# Judge Coble Upholds Fetal Heartbeat Act

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

COLUMBIA, S.C. (Monday, May 20, 2024) South Carolina 5th Circuit Court Judge Daniel Coble upheld the Fetal Heartbeat and Protection from Abortion Act, dealing Planned Parenthood, the state's largest abortion business, a solid defeat.

"This Court," he wrote, "will never supplement the will of the General Assembly with its own interpretation because it would be a direct violation of the Constitution and the sacrosanct doctrine of the separation of powers."

"[I]t is clear beyond a shadow of a doubt," Judge Coble wrote, "that the General Assembly intended, and the public understood, that the time frame of the Act would begin around the six-week mark." Planned Parenthood argued in its latest lawsuit that its abortion business has declined by 75 percent in South Carolina as a result of the Fetal Heartbeat Act. It argued that the fetal heart is not developed until the ninth week of the baby's life and therefore the killing of unborn children should

be legal until that point.

Judge Coble's comprehensive 29-page order shredded the abortion industry's third attempt to strike down the law protecting

judges who understand the separation of powers of the three branches of government."

"The role of this Court is not to determine whether the law is



the unborn whose heartbeats can be detected by or before the sixth week of life in the womb.

Lisa Van Riper, President of South Carolina Citizens for Life, commended Judge Coble's "thorough analysis of legislative intent." She said, "His understanding of the Rule of Law is in keeping with the judicial philosophy of strict constructionist

good or bad, whether the policy should be one way or the other, or to be outcome determinative based on personal views," Judge Coble wrote. "The role of this Court is to simply determine the intent of the legislature in the enactment of the law in question and whether the actions of the legislature are within the bounds of the constitution as derived

from the will of the people."

Judge Coble cited 20 documented instances of the South Carolina General Assembly's understanding that the fetal heartbeat can be detected at least by the sixth week of the baby's life, and 60 instances of the State Supreme Court and circuit courts referring to the fetal heartbeat law as a six-week limit that protects the unborn with a beating heart from death by abortion.

The secular news media has reported extensively on the reaction of Planned Parenthood officials who say they intend to appeal the latest Court ruling against them. Planned Parenthood litigation drove up abortions occurring in South Carolina by 12.5 percent in 2023, but those numbers may decrease in 2024.

Judge Coble is the son of former long-time Columbia Mayor Bob Coble and Beth McLeod Coble whose father, the late Daniel R. McLeod, served as the South Carolina Attorney General from 1959 to 1983.

## Trump vs. Biden: Stark Contrast and High Stakes

From Page 5

### Endorsements:

Re-electing Joe Biden and Kamala Harris is a top priority for the abortion industry. The political arm of Planned Parenthood, the nation's largest chain of abortion clinics, endorsed the Democratic ticket, stating in a release, "President Joe Biden and Vice President Kamala Harris have been committed to fighting back against the onslaught of attacks against our reproductive freedom. And we need them to continue this critical work." They are also endorsed by pro-abortion groups Reproductive Freedom for All (formerly NARAL Pro-

Choice America) and EMILY's List. Julie Chavez Rodriguez, Biden's campaign manager, told the Associated Press that the president and vice president were proud to have earned the support of these three groups.

President Trump, however, is endorsed by National Right to Life. "For years, President Trump has given a voice to many Americans who felt their concerns were not heard and their needs not met, including millions of Americans who want to see greater protections for unborn children and greater help for women and families facing

unexpected pregnancies. We look forward to defeating the pro-abortion Biden-Harris ticket and working with President Trump to build an America that truly respects life at every stage," said NRL President Carol Tobias.

### Vice President:

Given that both Biden and Trump will be in their 80's by the end of the next term, the importance of the Vice President cannot be overstated. While we do not yet know who Trump will choose as his running mate, we know a lot about Biden's second-in-command Kamala

Harris. She is the public face of the Biden Administration's efforts on abortion. She supports a nationwide policy allowing unlimited abortion for any reason until birth and using tax dollars to pay for it. Earlier this year, Harris made history as the first sitting Vice President to visit an abortion clinic. Her staunch abortion advocacy makes her unsuited to be President of the United States.

For additional resources, visit the National Right to Life Victory Fund website: [www.nrlvictoryfund.org](http://www.nrlvictoryfund.org)



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# State legislation Update: As sessions come to an end, pro-life laws are being passed

By Ingrid Duran, State Legislative Director

As the 2024 state legislative winds down for most states, there were plenty of prolife gains to write about this year. These prolife wins demonstrate the importance of having life-affirming laws that build a culture recognizing that

Senate Bill 276 makes it a crime to coerce a pregnant mother by using deception to poison her with an abortion-inducing drug. Louisiana's law also designated abortion inducing drugs as a controlled substance.

National Right to Life's (NRLC) affiliate Louisiana Right to Life Federation were instrumental in getting that law passed.

Tennessee's governor Bill Lee recently signed a law—from the NRLC's post-*Dobbs*

state to get an abortion without parental knowledge.

When we compiled our last state legislative update, found at [here](#), the Kansas Legislature was preparing for a veto session. Laura Kelly, their pro-abortion governor, who is no friend to the preborn, had vetoed four prolife bills. NRLC's affiliate Kansans for worked tirelessly to get enough votes to override Kelly's veto. And they did!

The Kansas Legislature successfully overrode the veto on a bill providing tax credits for pregnancy resource centers; on a bill amending their statistical reporting of abortions; on a bill that prevents coercion of abortion; and on a budget bill with a rider in it to continue funding for pregnancy resource centers.

Virginia's pro-life Governor Glenn Youngkin vetoed four proabortion bills that could have expanded the use of dangerous chemical abortions and infringed on parental and conscience rights.

There are many reasons to celebrate a successful 2024 legislative update, but we must remain vigilant. This session also had a few hostile laws that were passed by their legislatures and signed by their governors.

Lamentably, after the Arizona state supreme court ruled in favor of a pre-Roe law that protects the unborn, pro-abortion Governor Katie Hobbs signed a bill repealing the law. Reacting to the news in Arizona, California enacted a bill allowing for Arizona abortionists to provide abortions in California. Pro-abortion Governor Gavin Newsom (who had pushed for the bill) quickly signed Senate Bill 233 into law.

The West is taking a huge leap from making abortions "safe, legal, and rare" to unregulated, unprecedented, and usual.



all lives—from womb to tomb—deserve protection.

A new kind of bill—"Abortion by Fraud Criminalization Act"—creates the crime of coerced abortion by means of fraud! Senate Bill 276 was recently passed and signed into law by Louisiana's prolife Governor Jeff Landry.

Unfortunately, since abortion-inducing drugs are available to anyone with internet access, there have been multiple attempts nationwide where pregnant women were poisoned with the intent of killing the unborn baby. Louisiana State Senator Thomas Pressly along with

model—that makes it a crime for abortion trafficking a minor. This law protects a parent or legal guardian's right to be involved in their minor daughter's abortion decision. The law prohibits any adult from recruiting, harboring, or transporting a pregnant unemancipated minor within this



# The Continuing Saga of CNN's Failing Numbers

By Laura Echevarria, Director of Communications and Press Secretary

Since Jeff Zucker's sudden departure in February 2022 as CNN's CEO, the network has struggled to find a replacement.

Just a couple of months after Zucker resigned, CNN's parent company Warner Bros. Discovery brought in Chris Licht to take the helm as CNN's CEO. But as we've reported before, Chris Licht only lasted a little over a year when he was let go. The catalyst for his firing is attributed largely to the apparent problems that were outlined in the explosive 15,000-word profile of Licht by Tim Alberta, "Inside the Meltdown at CNN," which appeared in *The Atlantic*.

David Zaslav, the CEO of Warner Bros. Discovery, the parent company of CNN, replaced Licht with Mark Thompson, the former director-general of the BBC and former CEO of The *New York Times*. Thompson too has been under scrutiny since his hire and the latest ratings numbers haven't helped. Under Thompson, *The New York Times* improved its readership by expanding its subscriber base—the kind of expansion that CNN would like to see in its viewership.

But the turnaround hasn't happened – in fact, quite the opposite.

During the week of May 13-19, 2024, for the 8 p.m. to 11 p.m. time slot, CNN only had 83,000 viewers in the 25-54 age group. Compare this to *Fox News Channel* which had 186,000

reporters in the newsroom after firing key news figures and commentators.

After Licht took over at CNN, I did one interview on the topic of mifepristone abortions but

as saying, "CNN's new name is Cancelled Network Now."

Another media insider said: "I know it's cliché to say but Thompson is rearranging the deck chairs on The Titanic. He has no new ideas yet. But maybe his old media playbook will work."

Thompson's game plan seems to be to move CNN from its focus on general news and politics. In a pitch to advertisers, Thompson was quoted as saying,

**Business and tech are news. Climate and weather are news. Health, wellness, and living longer are news. So expect to see us build new branded verticals in all these areas on TV, on our apps, and across our other platforms.**



viewers in that key age group. Even far-to-the-left MSNBC had 111,000 viewers.

Part of the problem is that CNN has put itself on the left side of the center. This doesn't appeal to *Fox* viewers, and it isn't extreme enough for *MSNBC* viewers. While under Chris Licht's leadership, CNN made a move to appeal to more conservative viewers but in the process, Licht lost the support of many CNN

we've not heard from CNN since. This isn't a surprise considering how much they have leaned into commentary instead of straight news and how much they have supported pro-abortion ideology over the years.

According to the *New York Post*, Thompson isn't doing much better at improving ratings. The numbers from May are the worst since 1991.

One media insider was quoted

It remains to be seen if CNN can claw back the numbers it used to see. More people are gravitating toward news outlets that don't insult them or their intelligence. Younger viewers are turning toward social media and influencers for news and information. Can the network that started the 24-news cycle survive the next evolution of news?

Only time will tell.

## What do we know about the Presidential race 159 days out?

From Page 4

In a *New York Times/Siena College* poll, published on March 2, Trump beat Biden among Hispanic voters 46-40. *The Times* grudgingly conceded that "the poll, and others like it, make clear that Mr. Trump has continued to make remarkable inroads with Hispanic voters."

And then there is one last survey—an outlier [for now]—that came out yesterday.

"A poll released Wednesday showed that former President Donald Trump has made inroads in Virginia, a state he lost to President Joe Biden by more than 10 points four years ago," writes Nikki Schwab, Senior U.S. Political Reporter for the *Daily Mail*

**"A fresh Roanoke College Poll showed Biden and Trump tied earning 42 percent of the vote each**

**when the choices were just the Democrat and the Republican presumptive nominees. "**

As they compare the presidencies of Trump and Biden, the Roanoke College Poll showed that Virginians shared the same feeling as the rest of the nation:

**Trump's first term in office is viewed by**

**the Virginia electorate as being better for the country, with 44 percent of respondents saying it was mostly good, compared to 33 percent who rated it mostly bad.**

**When looking at Biden's first term, 47 percent said it was mostly bad, while just 25 percent said it was mostly good.**

# In rare form, Hillary Clinton dishes out blame for Roe's reversal but also acknowledges the "Right" never gives up

By Dave Andrusko

In classic "I told you so," Hillary Clinton was in fine form in an interview given to Lisa Lerer and Elizabeth Dias of the *New York Times*. The headline to their piece was "Hillary Clinton Has Some Tough Words for Democrats and Women."

Not only does she blame everyone but herself for *Roe*'s demise, Clinton, in true apocalyptic language "also suggested that if Donald Trump won in November 'we may never have another actual election.'"

If patriotism is the last refuge of a scoundrel, promises to "save Democracy" from Trump is the final refuge of cynical Democrats!!

Before we investigate Hillary's long list of those who didn't do enough to "save abortion rights," in a story that slavishly celebrates Clinton, there is one-half sentence of a quasi-reproach. Lerer and Dias write

**She assigned blame for the fall of Roe broadly but pointedly, and notably spared herself from the critique.**

That's it for questioning anything and anybody Clinton smears—pro-abortion Democrats most of all. "They spent decades in a state of denial that a right enshrined in American life for generations could fall."

Lerer and Dias have a forthcoming book. "The Fall of Roe: The Rise of a New America," from which this interview is adapted. That explains a lot, wouldn't you agree?

But always the victim, Clinton also blames her 2016 defeat to pro-life Donald Trump largely on the same forces that eventually resulted in the 2022 *Dobbs v. Jackson* decision.



Hillary Clinton

That included "women" who then, as now, are supposed to be a monolith. "[I]n a blunt reflection about the role sexism played in her 2016 presidential campaign, she said women were the voters who abandoned her in the final days because she was not 'perfect.'"

So women can vote against Clinton only because they were "sexist"? How far

is this removed from the condescending attitude that says women blindly followed their husband's wishes?

And if *Dobbs* represented the chickens coming home to roost,

**if we no longer have another actual election, we will be governed by a small minority of right-wing forces that are well organized and well funded and are getting exactly what they want in terms of turning the clock back on women."**

[Hmmm. Is she re-cycling her "basket of deplorables"?]

Clinton would naturally include pro-lifers as part of a "small minority of right-wing forces," but she did give us our due in the interview:

**"One thing I give the right credit for is they never give up," she said. "They are relentless. You know, they take a loss, they get back up, they regroup, they raise more money." She added: "It's tremendously impressive the way that they operate. And we have nothing like it on our side."**

that was just a foreshadowing of what will happen if Trump wins again:

**"This election is existential. I mean, if we don't make the right decision in this election in our country, we may never have another actual election. I will put that out there because I believe it," she said. "And**

"Nothing"? How about a ton of pro-abortion billionaires, virtually the entire Media Establishment, and a death grip on Academia—for starters.

Take five minutes and read "Hillary Clinton Has Some Tough Words for Democrats and Women." It "represented Mrs. Clinton's most detailed comments on abortion rights since the Supreme Court decision overturning *Roe v. Wade*."



# Conversions may not be instantaneous, but they are quite common in the pro-life world

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

We had a discussion in our office today about the fact that people can and in fact do change their minds on abortion. But what can prompt such a conversion to the pro-life side of the ledger?

Number one, I believe, is education. Despite breathtaking technological breakthroughs, some people unfortunately are still uninformed about the development of the child in the womb. Others are not well-versed in the tremendous resources that are available to pregnant women in need.

In addition, people might have been raised in a pro-abortion household. They may believe many falsehoods about the pro-life cause.

That is why it is important for us as advocates for life never to give up.

Dr. Bernard Nathanson co-founded the pro-abortion advocacy group originally known as the National Association for

he witnessed the “silent scream” of an unborn child during an abortion, he embraced the pro-life cause.



the Repeal of Abortion Laws, NARAL, and now Reproductive Freedom for All. And yet, when

Abby Johnson once served as an award-winning director of Planned Parenthood, the nation's

largest abortion operation. She witnessed an ultrasound-guided abortion and became pro-life.

So many, many women have had abortions and have come to regret them. They serve in all facets of the pro-life movement, and their contributions are immeasurable. They are to be commended for courageously standing up for the lives of the most innocent among us.

Conversions may not be instantaneous, but they are quite common in the pro-life world. That is why we must continue to use all peaceful, legal means at our disposal to communicate, to educate, and, finally, to motivate.

Who knows? There may just be another Dr. Bernard Nathanson out there, just waiting for a sign to cross the bridge and join the right-to-life cause.

We're all human,  
aren't we? Every  
human life is worth  
the same and worth  
saving.

J. K. ROWLING

# In addition to the case recently heard by the Supreme Court, there are other critical court cases involving the Abortion Pill

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

You might be forgiven if, in all the hubbub over March's arguments at the Supreme Court over mifepristone in *FDA v. AHM*, you forgot that there were other cases regarding abortion pills still winding their way through the federal courts.

One of those other cases, *Bryant v. Stein*, was decided in federal district court in North Carolina at the end of April. It has the potential to impact state legislation on abortion pills going forward.

In addition, there was a decision in West Virginia challenging that state's ability to ban sales of the abortion pill decided late last year that could be revisited on appeal.

## ***Bryant v. Stein***

In January of 2023, abortionist Amy Bryant filed suit in federal district court challenging North Carolina's chemical (or "medication") abortion law. Her argument was that the state regulations were more restrictive than those the federal government, through the U.S. Food and Drug Administration (FDA) had determined were necessary for safe use of the drugs.

Bryant and her legal team argued that the FDA was the entity authorized to make such safety decisions and that it had explicitly already considered and rejected the safeguards the state wished to impose. Catherine C. Eagles, the federal judge for the Middle District of North Carolina appointed by Barack Obama in 2010, essentially agreed in her April 30, 2024, decision, but with a caveat.

Judge Eagles concluded that rules that were part of North Carolina's informed consent or general abortion laws could stand,

so long as they weren't particularly connected to chemical abortion or based on safety claims that the FDA had already dismissed.

## **Historical Background**

As most people are aware, mifepristone, or RU-486, was originally considered under a special provision of the federal drug code called "Subpart H." This allowed for accelerated approval but also allowed the agency to impose certain restrictions on distribution and prescription of the drug.

When the FDA approved mifepristone in September of 2000, it limited prescription to physicians who could certify that they could appropriately assess gestational age and identify ectopic pregnancy. This was because the drug's effectiveness dropped off after a certain number of weeks and did not work at all in circumstances of ectopic pregnancy, when the child implants outside the womb.

The doctor or his or her designated agent had to meet with the prospective patient in person to do these assessments, screen the patient for conditions that might make the drugs dangerous or deadly for her, to give her the pills, and follow up to determine if the abortion was complete or further intervention was necessary.

This was in addition to whatever paperwork the FDA wanted doctor and patient to sign indicating the process and its risks had been fully explained and promises made by doctors that they had equipment on hand for potential emergencies and could surgically handle complications or had plans in place for someone else to do so if needed.

It is critical to note that during Democrat administrations, the FDA, under pressure from the abortion industry, rolled back

down. Note that these were indeed requirements the FDA itself had in place in the drug's early years. The changes were



many of these restrictions in 2016, 2021, and 2023. Prescribers no longer had to be doctors after 2016 but could simply be a "certified health care provider." The number of required in-person visits shrunk from three to one in 2016 and then to none in 2021. Mandatory reporting of all serious complications or "adverse events" to the FDA, was reduced in 2016 to just reporting of any deaths.

## **North Carolina's Laws Being Challenged**

When North Carolina updated its own abortion law in 2023, it added back in many of the FDA's original restrictions. North Carolina limited prescription to physicians. It required that women be examined and receive their drugs in-person and return for a follow-up assessment. All significant adverse events, not simply deaths, were to be reported to the FDA's MedWatch monitoring system.

These are general safety regulations Judge Eagles struck

ostensibly an indication that the FDA no longer considered them necessary to safe use of the drug. An objection that this was not a thorough or objective assessment was a key part of the challenge by pro-life doctors in *FDA v. AHM*. But the judge ruled that the agency had since reconsidered and jettisoned those original requirements. Judge Eagles said Congress had given the FDA the responsibility and authority to make such determinations made theirs the final word on the issue.

In her decision, Judge Eagles granted that states, rather than the federal government, generally have the primary responsibility for public health and safety and the corresponding authority to regulate the practice of medicine. However, she goes on to cite various case law and the Constitution's "Supremacy Clause" to support her contention that federal law preempts state



# Thank goodness I can still cringe

By Dave Andrusko

When speaking to the broader public—as opposed to what they tell each other—pro-abortionists will often feign an attitude that they, too, understand that abortion is serious business and not to be trivialized. They don't mean it for a half-second, of course, but for public consumption it helps take the edge off their fanaticism.

I ran across just such an example from the webpage of the DC Abortion Fund that appeared a long time ago. But it characterized their cavalier attitude then just as it does so today.

One of their activists went to a hearing with a proposal to enact the Pain-Capable Unborn Child Protection Act. The musings on that post were NOT for the wider public—just fellow pro-abortionists—so they could mischaracterize and misrepresent and cavalierly trivialize to their heart's delight.

Years ago, Anthony Levatino, M.D., performed abortions before he became pro-life. He has testified many times on the ghastly abortion techniques. Dr. Levatino went into considerable detail in describing a “D&E” abortion—an abortion technique that dismembers the baby. He said

**“Imagine, if you can, that you are a pro-choice obstetrician/gynecologist like I once was. Your**

**patient today is 24 weeks pregnant (LMP).”**

He went on:

**“Picture yourself reaching in with the Sopher clamp [an instrument for grasping and crushing tissue] grasping anything you can. At twenty-four weeks gestation, the uterus is thin and soft so be careful not to perforate or puncture the walls. Once you have grasped something inside, squeeze on the clamp to set the jaws and pull hard – really hard. You feel something let go and out pops a fully formed leg about six inches long. Reach in again and grasp whatever you can. Set the jaw and pull really hard once again and out pops an arm about the same length. Reach in again and again with that clamp and tear out the spine, intestines, heart and lungs.”**

As difficult as this is to read, it is twenty times more difficult to watch the video of Dr. Levatino's oral testimony.

When I saw that Sopher clamp, I swallowed hard. And then,

holding the Sopher Clamp as he spoke, Dr. Levatino concluded his testimony with

**“you know you did it right if you crush down, a white material runs out of the cervix. That was the baby's brains. Then you can pull out skull pieces.**

**us all cringing instead of thinking rationally. But [the proposed bill] doesn't allow for much science and reason.”**

Ripping off arms and legs—and brains spilling out as a baby's head is crushed—is just like “your last



*Anthony Levatino, M.D.  
YouTube video still*

**Many times a little face will come back and stare back at you...And if you think that doesn't hurt, if you believe that isn't an agony for the baby, please think again.”**

The activist waved away Dr. Levatino's testimony:

**Anti-choice activists like Levatino are most successful when they have**

dental cleaning,” she wrote. Only an “anti-choice activist” could NOT see the similarity.

This ability to be bored and annoyed in the presence of soul-sucking brutality is, I gather, the product of what she sees as a commitment to “science and reason.”

Thank goodness I can still cringe. I would hate to think what it would say about me if I couldn't.

# Euthanasia and the loss of trust

By Gordon Friesen, President, Euthanasia Prevention Coalition

At the root of utilitarian death-medicine lies the idea that certain lives are not worth living, and/or collectively not worth paying for. It is often clothed in theatrical protestations of compassion for suffering, but the motivation is essentially practical, and that sort of practicality comes at a terrible price.

Unsurprisingly, the deepest social harm which is created by the practice of euthanasia (or perhaps merely revealed by it) lies in a general climate of fear and distrust.

For medically justified euthanasia creates distrust, providing a pseudo-scientific rationale for parents, spouses, children and friends – indeed for community itself – to abandon those to whom they would otherwise owe a solemn and mutual duty of aid. It thus presents dependent individuals with the terrifying obligation of justifying their own survival. And it presents all observers to these facts with a similarly terrifying presentiment of their own future.

Or as jaded Soviet executioners were once said to joke: “You today. Me tomorrow.”

We often touch on this harm obliquely, when we talk of the lost trust between doctors and patients, or more generally, between society and people who are “vulnerable”. For these are the two sides of dependence most commonly exposed in a public and critical fashion.

Life supporting doctors now claim a right of continued

practice, according to traditional ideals of ethical and trustworthy care; at the same time, the ill and disabled tell us of death now increasingly offered in substitution for that care. In both

trust. Pledges of friendship, marriage, inter-generational and community support – all must be unconditional, if they are to have any significance at all.

As stated above, the utilitarian

might reasonably ask, “Or is she now preparing to dispose of me?”

Clearly, if such thoughts are admitted as possible, then they also become inevitable, and trust is no more.



cases, we see a vigorous rejection of euthanasia: the ill and disabled overwhelmingly refusing this most insistently proffered “option”; and a strong majority of doctors refusing to personally provide it: both acutely aware that the willingness of some doctors –to kill their patients– creates a corresponding distrust of any doctor at all.

But it would be a mistake to view the euthanasia problem only in this light.

For to be perfectly clear: all social relations depend upon

vision of public health establishes patient viability upon “quality of life” judgments which closely mirror the more crude criteria of productivity and usefulness. Of course we all wish to be useful, but just as obviously we will all one day lose that favored status and so will every one that we know.

To make supportive relationships conditional on such judgments is thus to install a deep sense of fear and uncertainty in daily life.

“Is it time for me to throw my partner under the bus?”, one

There are a number of strategy games, and in particular an old board game named “Diplomacy”, in which players must initially cooperate in order to prosper, but in which continued “success” eventually depends upon adroitly timed betrayals.

That, I believe, is the sort of pathological social dynamics which we are now creating with medical euthanasia.

*Editor’s note. This appeared at Euthanasia Prevention Coalition and is reposted with permission.*



# No, Doctors Shouldn't Make Treatment Decisions for Incompetent Patients

By Wesley J. Smith

Cardiologist and *New York Times* columnist Sandeep Jauhar has published a piece advocating that doctors and bioethicists be empowered to force treatment on some patients. He writes in the context of wanting to compel hospitalization on a schizophrenic patient with serious heart problems. From “Doctors Need a Better Way to Treat Patients Without Their Consent:”

According to New York law — and the law of other states — such involuntary treatment would require a court order. As doctors, we would have to plead our case before a judge. But was a judge without medical or psychiatric expertise the best person to decide this man's fate?

In this case and also more generally, I think the answer is no. The law ought to be changed to keep such decisions in hospitals — in the hands of doctors, medical ethicists and other relevant experts.

How would that work, exactly?

A better system for determining whether a patient should be treated over his or her objection would be a hospital hearing in which a committee of doctors, ethicists and other relevant experts — all of whom would be independent of the hospital and not involved in the care of the patient — engaged in conversation with the medical team and the patient and patient's family. Having hearings

on site would expedite decisions and minimize treatment delays. The committee would make the final decision.

Are you *kidding me*? I am sorry, but expert committees are not to be trusted to impose their values on unwilling patients.

Nor should we be sanguine

multidisciplinary teams in which nurses, social workers and bioethicists have a voice.

I have represented the wife of an incompetent patient in front of such a “committee” as a lawyer, and it seemed like a monoculture. Not that members are badly motivated. But they



that times have changed so dramatically from the bad old days that independent oversight can be mothballed, as Jauhar would have us believe:

But though medical practice is by no means perfect, times have changed. The sort of abuse dramatized in the 1975 movie “One Flew Over the Cuckoo's Nest,” with its harrowing depiction of forced electroconvulsive therapy, is far less common. Doctors today are trained in shared decision-making. Safeguards are now in place to prevent such maltreatment, including

to be granted immunity from legal liability (as with judges in our current system), so that experts would be willing to serve and speak candidly. Patients' interests could be safeguarded by requiring the committee to publish its reasoning. Periodic audits by a regulatory body could ensure that the committee's deliberations were meeting medical and ethical standards.

In the event that the committee could not reach a consensus on the best course of action (or if there were allegations of wrongdoing), then the parties involved could appeal to a judge. But that would be the exception rather than the rule.

Oh, please. Private deliberations are the rule with bioethics committees. No real written record. Adding in audits that would mostly never be read or acted upon absent a significant scandal would not provide the kind of oversight required to protect incompetent patients.

But forcing treatment on unwilling people is not the main problem that vulnerable patients face. Rather, doctors refusing treatment they or their family want is the real danger — known in bioethics vernacular as “futile care.” Jauhar has previously written that he believes doctors should have the right to pull the plug against the desires of patients, as I discussed in an

Here's the nub of the problem. The right to decide is power, which always requires checks and balances and even nonexpert perspectives. But in Jauhar's vision, diverse values would be mostly absent:

Of course, such a committee would have

# Reflections of a Pro-Life Foster/Adoptive Parent

By Kelsey Hazzard, Board President, Secular Pro-Life

I have had the honor of serving as a foster parent for the past three and a half years. During that time I have cared for a total of sixteen children, two of whom became legally available for adoption last year and are now my forever sons. In a few short months, they will start high school. At the moment, a delightful elementary schooler is also part of our household. (The above photo obscures his face in compliance with DCF rules.) My life is many things, but certainly not boring!

Unfortunately, the heated emotions surrounding the abortion debate often lead pro-choice advocates to drag foster children into the discussion. It's completely inappropriate. May is National Foster Care Month, which is as good a time as any to dispel some of the damaging narratives about foster care.

Children in foster care have lives worth living. I wish this went without saying. Are there struggles? Absolutely. No one comes into foster care without some amount of trauma; a child's removal from biological family is itself traumatic, in addition to whatever abuse or neglect may have led to the removal. But trauma does not negate a child's value. Nor does it negate a child's joy! Like anyone else, children and teens in foster care enjoy their hobbies, friendships, birthday parties, and connections with their family members (both biological and foster). They are not better off dead, so stop suggesting that. It's really gross.

Abortion is not the solution to the foster care crisis. There is a foster

care crisis. Too many children are unable to live safely with their parents, child welfare departments are underfunded, there is constant turnover among social workers, and

are not predictable before a baby is born. So unless your "solution" is to encourage abortion in every pregnancy, the argument makes no sense.

foster parent, or a foster parent with medical expertise. If that's you, so much the better. But plenty of foster children just need the basics: a safe, stable, loving



we desperately need more quality foster families. But unplanned pregnancies aren't the source of these problems. Not a single one of the children in my care entered the foster system as an infant! It is very common for problems to arise later in childhood: a parent dies, develops an addiction, or is incarcerated. These circumstances

You could be a foster parent. Yes, you! You can be single and get licensed. You can work full-time and get licensed. I know because I did it. Granted, a single working mom won't be the ideal fit for every child. The placement staff take lots of factors into account. Some children need two foster parents, or a stay-at-home

environment. Learn more about the process to become licensed.

*Editor's note: This article is an update of Kelsey's May 2023 reflection. The two other teens who were in her care at that time have successfully reunited with their families. This appeared at Secular Pro-Life.*



# Crisis Pregnancy Center Helps Immigrant and her Baby

By Sarah Terzo

Pro-life authors Brittany and Natasha Smith wrote a book telling the stories of women and couples helped by pro-life pregnancy resource centers, also known as crisis pregnancy centers.

One woman whose life was changed by a crisis pregnancy center was Rosliany.

## Pregnant, Homeless, and Unable to Work

In 2015, Rosliany arrived in Silver Spring, Maryland, from Venezuela. According to the authors, she was “one of the millions of people who fled the country to escape severe food and medicine shortages, hyperinflation, and political unrest.”<sup>1</sup>

Rosliany became pregnant. When her boyfriend found out, he broke up with her and kicked her out of the house. She was homeless.

To make matters worse, Rosliany’s visa had expired. Immigration officials went after her, placing a tracking device on her ankle and threatening her with deportation.

Rosliany was a trained nurse and wanted to work to build a better life for herself and her child. But, like all undocumented immigrants, she was in a tough situation — because of her immigration status, she was not legally allowed to work.

So she was living in dire poverty, homeless, and unable to afford necessities. With no health insurance and no money, she couldn’t afford prenatal care or delivery costs.

Her family in Venezuela was also living in poverty and was unable to help her financially.

She had come to the United States wanting to build a better life for herself and was willing to work hard to make that happen. But she was facing what seemed like insurmountable obstacles.

An abortion would cost \$800, and she knew it would be hard to come up with the money. However, she felt abortion was her only choice.

At the time, she didn’t know about abortion funds, i.e., the

money pro-choice people donate to pay for poor pregnant people’s abortions.

Rosliany’s deportation trial was scheduled for a month after her baby was due to be born. She was afraid that if they were deported back to Venezuela, she and her baby would both starve.

Rosliany described her thoughts:

**If I choose this baby, we may be deported just a**



**month after the delivery. If we’re deported to Venezuela, we might both die of starvation. I can’t watch my baby starve. That would be such a terrible death.**

**Plus, I can’t pay for medical bills... if I terminate this pregnancy, then I wouldn’t have to watch him die if we’re deported. And it would be one less thing I have to worry about as I face court.<sup>2</sup>**

## Turning to a Crisis Pregnancy Center

Then Rosliany saw an offer for a free pregnancy test and ultrasound from Centro Tepeyec Women’s Center, a crisis pregnancy center. The center’s director at the time, Mariana, and the other pregnancy center volunteers, swung into action to help Rosliany.

First, Mariana showed Rosliany

an ultrasound of her baby. The authors write:

**Right there in the middle of the screen, she saw her child for the first time and marveled at the life.**

**She chuckled as the baby seemed to be performing calisthenics as if in an aerobics video, and she could feel her own heart pounding as**

center helped her sign up for a program through the Health Department that paid for her and her baby’s medical care. Her baby was therefore able to get lifesaving treatment and is now a healthy child. She named him Emmanuel.

When Rosliany came out from under anesthesia after her C-section, she saw she had been given an extra medical band. The ICU nurse explained that new mothers generally gave the band to another person who was then allowed access to their hospital room.

Typically, the band would be given to the child’s father or another family member. But Rosliany had no partner and no family. So Rosliany gave the bracelet to Mariana. According to the authors:

**Tears streamed down Mariana’s face; she knew this meant Rosliany was claiming her as family — offering her the right to be the nearest person to this new mother and her son.**

**Mariana sat by her side in intensive care and made sure that she had everything she needed during her recovery.<sup>4</sup>**

**she watched the rhythm of the M-mode tracing the baby’s heartbeat.**

**But Rosliany found it hard to match the joy and excitement of the PRC staff surrounding her. The realities she faced were too overwhelming.<sup>3</sup>**

Rosliany’s situation was desperate. But the pregnancy center was determined to help her. They connected Rosliany with a lawyer to assist her with her immigration case, and a local church stepped in to offer her emergency housing.

## Having Emmanuel

At 32 weeks, Rosliany had to have an emergency C-section. She was hospitalized for 11 days, and her premature baby boy spent three weeks in the NICU. This medical care was extremely expensive.

However, the crisis pregnancy

Rosliany asked the pregnancy center worker who performed her first ultrasound to be Emmanuel’s godmother.

After the birth, Rosliany’s lawyer helped her get a work permit, allowing her to support herself and Emmanuel. Rosliany then dedicated herself to trying to become a legal citizen. Her case was still pending at the time of the book’s publication.

## Footnotes

1. Brittany Smith and Natasha Smith *Unplanned Grace: A Compassionate Conversation on Life & Choice* (Colorado Springs, Colorado: David C Cook, 2021) 41

2. *Ibid.*, 42

3. *Ibid.*, 42

4. *Ibid.*, 45

*Editor’s note. This article appeared in Live Action News and is reposted with permission.*

# New Hampshire Senate puts an end to pro-assisted suicide legislation — for now

By Bridget Sielicki

Legislation seeking to allow assisted suicide in New Hampshire reached an end last week after lawmakers in the Senate voted 17-7 to send the bill for further study, which reports say “essentially kills” the legislation.

House Bill 1283 would have permitted physician-assisted death to a terminally ill person who is mentally competent and projected to die within six months. There was no residency requirement for the bill, leading some lawmakers to express fear that the state would become a “death magnet.”

Similar legislation has been considered multiple times in the state since 2010 and has failed each time, though this was the first year such legislation passed the House and moved on to the Senate.

Many gathered at the state

Capitol building to lobby against the bill, including a physician who said the state needs better palliative care resources, not an easier way for people to end their lives. “We need to move the needle back towards more palliative care,” said Jonathan Eddinger, a cardiologist at the Catholic Medical Center. “[Support] people while they’re living, not facilitate their death, we need to not abandon them at the end of life.”

Sen. Sharon Carson, R-Majority Leader, argued that there is no way to truly know when someone’s life will end naturally. “We all know that when we get these timelines from doctors — how many times they’re wrong. People live longer than what the doctor told them they’re going to live. So I’m concerned people are going to prematurely end their lives,”

she said, adding, “I don’t think we want to put our stamp of approval on that.”

The Roman Catholic Diocese of

Manchester had also previously spoken out against potential assisted suicide legislation. “For the Christian, the suffering that comes from illness and death is a way of being deeply united with the death and resurrection of Our Lord, Jesus Christ. We

know that death is not the end; it is the doorway to eternal life,” read a 2022 document put forth by Bishop Peter Libasci. “There



Manchester had also previously spoken out against potential assisted suicide legislation.

“For the Christian, the suffering that comes from illness and death is a way of being deeply united with the death and resurrection of Our Lord, Jesus Christ. We

is never a situation where it is right to either assist in someone else’s suicide or to arrange for it on one’s own behalf.”

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

## No, Doctors Shouldn’t Make Treatment Decisions for Incompetent Patients

From Page 14

earlier post about one of his previous columns:

**The doctor may think that living longer provides “no benefit” and limit treatment even though the patient/surrogate/family does. That’s not a medical decision, it is a value judgment.**

So in a situation of life and death — Jauhar believes the doctors’ values should trump those of the patient — presumably, even if stated by a competent patient or

instructed in an advance directive.

It is worth noting that Jauhar doesn’t think Christian- and Hippocratic oath-believing doctors should have conscience rights, such as refusing to participate in abortion. From his earlier *NYT* piece:

**Doctors have an obligation to adhere to the norms of their profession. In my view, as long as treatments are safe and approved by medical organizations, doctors should have**

**limited leeway in refusing to provide them.**

How are these seeming contradictions to be reconciled? For medical-establishment types like Jauhar, the values they hold should prevail in patient-care disputations and professional decisionmaking, whether it is forcing treatment on unwilling patients, refusing wanted life-sustaining treatments, or forcing MDs and other medical professionals to provide interventions that violate their religious or moral beliefs.

No thank you. Checks and balances and outside oversight — even if adversarial at times — are crucial to maintaining the dignity and individual rights of patients and thwarting the imposition of a technocracy in which the rules of the medical road would be imposed on us all by committees, bioethicist “experts,” and the values embraced by the elite.

*Editor’s note. Wesley’s great columns appear on National Review Online and are reposted with permission.*



# Remembering the enormous contribution of Francis Schaeffer to the Pro-Life Movement on the 40th anniversary of his passing

By Dave Andrusko

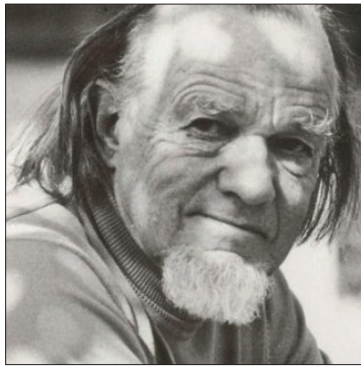
Hat's off and a deep appreciation to John Stonestreet and Timothy D. Padgett for their tribute to Francis Schaeffer which appeared at Breakpoint.org.

Chuck Colson called Schaeffer “one of the greatest prophets of modern times.” That is no exaggeration. If you are of a certain age—old—and an evangelical—which I am—it is almost impossible to overstate the importance of Schaeffer to our Movement.

Stonestreet and Padgett write

**In addition to helping many individuals, these years of ministry, study, and reflection bore the fruit of lectures, books, and documentaries,**

**all of which teased out the implications of Biblical truth for**



Francis Schaeffer

**life. The documentary “Whatever Happened to the Human Race?” laid the groundwork for**

**evangelical involvement in the defense of life and the opposing of abortion, infanticide, and euthanasia. His works on apologetics, theology, and culture, now decades old, proved prescient about what was to come.**

I honestly remember it like it was yesterday. Schaeffer and former Surgeon General C. Everett Koop were collaborators on *Whatever Happened to the Human Race?* which was both a book and an incredibly powerful film series. In the 1970s the film was shown in churches all over America, including mine. Their twenty-city film and lecture tour successfully

awakened the evangelical community, a sleeping giant if ever there was one.

Writing on the 25th anniversary of *Roe*, Jean Garton reviewed *Whatever Happened to the Human Race?* in *NRL News*. The author herself of the pro-life classic *Who Broke the Baby?*, Garton explained, “As a result, there was a dramatic change in the abortion landscape. The powerful message of both the screen and printed versions of *Whatever Happened to the Human Race?* educated and energized an up-till-then largely uninvolved constituency—the Evangelicals.”

Do take the time to read Stonestreet’s and Padgett’s terrific tribute.

## Biden’s intemperate speech a strange way to “unite” the nation

By Dave Andrusko

Jim Geraghty, a thoughtful conservative who writes for *National Review Online*, is not particularly fond of pro-life former President Donald Trump. But he is also a sharp critic of pro-abortion President Joe Biden who increasingly employs—to be polite—bizarre attacks on Trump.

In a post under the headline “Biden: Do You Think Trump Will Appoint Any Supreme Court Justice Who Has a Brain,?” Geraghty lays into Biden’s speech delivered to the NAACP.

Amidst a litany of insults, Biden said the following:

**Let me ask you: If he’s reelected, who do you think he’ll put on the Supreme Court? You think he’ll put anybody**

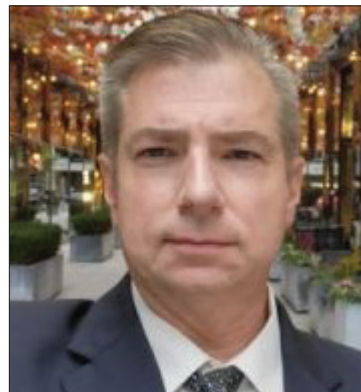
**who has a brain?**

Yowzah! Geraghty responds

**Apparently, President Biden believes that Neil Gorsuch, Brett Kavanaugh, and Amy Coney Barrett do not have brains. Now, you don’t have to agree with all of those justices’ decisions to recognize that in their careers, these elite-college-educated — back when that meant something! — justices proved themselves as accomplished and bright lawyers, prosecutors, law professors and lower-court judges.**

**So of course Biden’s**

**comment is inaccurate, snide, obnoxious, and beneath the office of the president.**



Jim Geraghty  
via X

Geraghty takes the reader back to Biden’s actually quite eloquent inaugural speech which was

driven by a call for “unity.”

**Today, on this January day, my whole soul is in this: Bringing America together. Uniting our people And uniting our nation. I ask every American to join me in this cause. Uniting to fight the common foes we face: Anger, resentment, hatred. Extremism, lawlessness, violence. Disease, joblessness, hopelessness. With unity we can do great things. Important things.**

Geraghty leaves us with this thought: “Does running around declaring that Supreme Court justices don’t have a brain strike you as a good way to ‘unite our nation’?”

# Stories of Prenatal Diagnosis: Tessa G.

By Guest Blogger

*Editor's note. This appeared at Secular Pro-Life and reposted with permission.*

March was Trisomy Awareness Month, and this condition is one of many prenatal diagnoses often used to defend the “need” for abortion. In Secular Pro-Life’s series, “Stories of Prenatal Diagnosis,” we begin with one such Trisomy parent, Tessa G.

**What conditions did your screening results indicate?**

Trisomy 18.

**Did it turn out to be the case that your child had these conditions?**

Yes.

**Please tell your story of your experience in your own words.**

I chose to do the NIPT [Noninvasive Prenatal Testing] primarily to discover the gender of my baby so I could name them early. The genetics team called us in just a couple days to let us know we had a girl and she scored high for Trisomy-18.

**What aspects, if any, did you like about the way your medical team handled the situation?**

They did not pressure us towards any decisions.

**What aspects, if any, did you dislike about the way your medical team handled the situation?**

They emphasized the worst-case scenarios. They were hesitant to humanize her until my husband and I made it clear that we loved her and valued her life regardless of her diagnosis.

**What recommendations do you have for medical providers who are giving parents prenatal screening results?**

Early on give the parents resources and support groups for families caring for children with similar diagnoses.

**What recommendations do you have for parents who are receiving prenatal screening results?**

Love on your baby, and also express that love with your medical team so they can witness her humanity and value.

“They were hesitant to humanize her until my husband and I made it clear that we loved her.”

-Tessa G.





# Tiny preemie weighing just 11lb and born at just 22 weeks finally goes home

By Right to Life UK

The smallest baby ever to be born at a hospital in Chicago and weighing only 11lb has been discharged after spending nearly six months there receiving care.

Baby Nyla was born at just 22 weeks gestation after her mother Nakeya was diagnosed with pre-eclampsia during her pregnancy.

“It was a very scary time”, Nakeya said at a news conference for Nyla’s release from hospital.

Nyla was given a 10% chance of survival at birth. Dr Corryn Greenwood, medical director of the neonatal intensive care unit at the hospital, said “Her tiny lungs were very underdeveloped and her skin was thin and translucent”.

## “Came out fighting”

Despite her being born so prematurely, Baby Nyla was a fighter from the very beginning. She “cried at birth. It was a little whimper, but it was a cry. Her heart remained over 100, which for us is where we wanted it to be. So she came out fighting right off the bat”, said neonatologist Dr Mario Sanchez.

Dr Greenwood said Nyla became more unwell during the first few weeks and months after she was born, but then, with the assistance of the dedicated staff at the hospital, was “able to get through those trying times.”

A crowd of supporters gathered outside the hospital to celebrate Nyla when she was able to return home after nearly six months.

“Everyone’s ready to celebrate this little one for sure”, Nakeya said.

“I just don’t have the words in all honesty. We’re just super grateful

that she’s here, she’s healthy and she’s doing amazing”.

## Survival rates have improved for babies born below the abortion limit

At just 22 weeks gestation, Nyla was born below the current UK abortion limit of 24 weeks. The last time the abortion limit was

gestation had improved over time. In 1981-85, no babies who were born at these gestational ages survived to discharge. However, by 1986-90, 19% did and this increased to 54% in the period 1996-2000.

In the decade to 2019 alone, the survival rate for extremely premature babies born at 23 weeks

discharge from hospital in 2020 and 2021. This is compared to the Government abortion statistics, which show that in 2021 alone, 755 abortions were performed under Section 1(1)(a) of the Abortion Act when the baby was at 22 or 23 weeks gestation (the vast majority of abortions are permitted under Section 1(1)(a)



lowered in 1990, the improved survival rates for extremely prematurely born babies was one of the key considerations that motivated this change.

By the same logic, and informed by the improved survival rates for babies born at 22 and 23 weeks gestation, the abortion time limit should also be lowered now.

Key studies in recent years have documented the improving outcomes for these babies.

A 2008 study looking at survival rates for a neonatal intensive care unit in London found that neonatal survival rates at 22 and 23 weeks

doubled, prompting new guidance from the British Association of Perinatal Medicine (BAPM) that enables doctors to intervene to save premature babies from 22 weeks gestation. The previous clinical guidance, drafted in 2008, set the standard that babies who were born before 23 weeks gestation should not be resuscitated.

Research published in November 2023 by academics at the University of Leicester and Imperial College London found a total of 261 babies born alive at 22 and 23 weeks, before the abortion limit, who survived to

of the Abortion Act, for which there is currently a 24-week time limit).

Spokesperson for Right To Life UK, Catherine Robinson, said “How amazing to see such a crowd of supporters out to celebrate baby Nyla’s departure from hospital after such a fight for survival. Babies like Nyla are a testament to the humanity of the unborn child, who are not really any different to the babies born at 22 weeks. Legislators should take notice of these stories when considering changes to the law around abortion”.

# 9 Horrible Reasons Women Gave for Their Abortions

*Some of the frivolous reasons preborn babies had to die.*

By Sarah Terzo

In most states with legal abortion, pregnant people can abort for any reason they choose. In some states, this extends all the way through pregnancy, including in the ninth month. (Elective abortions that late may be very rare, but they are legally allowed.)

I think that most people who abort genuinely struggle with the decision, and many are facing hard circumstances. Many feel their problems are insurmountable, and abortion is their only choice. Sometimes they are being pressured, some have been abandoned by family, friends, and the baby's father, others are struggling financially and can't imagine how to support another baby.

I would never say that people, in general, abort for frivolous reasons, or, as some pro-lifers have said, for "convenience."

However, there are some exceptions to the rule.

In this article, I give examples of reasons women gave for aborting their babies. While I'm not trying to judge these women, I want to show that laws in our country are so lax that pregnant people can abort for reasons many of us would find trivial.

The women in this article aren't representative of all aborting people. But the fact that they were able to get their abortions legally (in the US or otherwise) is disturbing and, I thought, a relevant topic for an article.

Please decide for yourself if these abortions were justified.

Here are some of the reasons.

## Because of a Horoscope

In a book on abortion in India, the authors told the story of one woman who had an abortion because an astrologer told her husband that her preborn baby was bad luck.

P Balasubramanian, TK Sundari Ravindran and US Mishra wrote:

**When I became pregnant for the second time, my husband injured his leg in an accident. He consulted an astrologer, who said that the (unborn) child may be inauspicious and suggested that we terminate the pregnancy.**

**My in-laws and husband compelled me by saying, 'Is your unborn baby's life worth more than your husband's?'**

Such things also happen in Western countries.

In her book, British author Mary Kenny told the story of a university professor she calls "a brilliant woman academic" who was head of her department at the school where she taught. To protect her identity, Kenny didn't name the university.

This was not an uneducated woman. Nevertheless, she aborted her child due to a horoscope reading by an astrologist she hired.

The professor was in her thirties and having an affair with a married man who was an artist. She became pregnant, and Kenny says this made her "at the same time very pleased and very sad."

According to Kerry, she wanted to have the baby but was concerned about how stable the relationship was. Uncertain about what to do, she went to an astrologist for a horoscope reading.

Kenny explains:

**The astrologist was disturbed at what he saw in her future and warned her to try and avoid an event which might happen 'about eight or nine months from now.'**

**That clinched it: she knew it was a sign that she must have an abortion. So, she did.**

In a macabre coincidence, the professor's married lover killed himself eight months after the

unknown. However, the scraping of the uterine lining with a curette, typically done in an abortion after suction or forceps are used to remove the baby, can cause scar tissue to form on the uterine wall, preventing conception. This is called Asherman's syndrome.



reading. So, the professor decided, it was this suicide, and not the birth of her child, the astrologer had been warning her off.

According to Kenny, "The woman was, naturally, very distressed, though she stood by her decision, and felt the suicide of her lover would have been a bad omen for the child anyway."

But as time passed, the professor became obsessed with getting pregnant again and having another child. Instead of having another relationship, she turned to artificial insemination by a donor. This failed-- but she continued trying by this method, having inseminations again and again, each one unsuccessful.

At the time Kenny wrote her book, the college professor had been trying for five years to get pregnant by artificial insemination. She couldn't get pregnant again.

Whether this was due to complications from the abortion is

**Because "I'm sinful by being pregnant and I'm sinful if I abort, so what's the difference?"**

In a pro-life book, a counselor at a pregnancy resource center told the following disturbing story.

A young woman came to the center and asked for a pregnancy test. She had already taken several and they were positive, but she wanted one more, just to be sure. When it was positive, she said she was getting an abortion.

According to the counselor:

**She told me she was a Christian who regularly attended church and had put her trust in the Lord Jesus Christ. I know and hold high regard for the church she attended...**

**Even though she believed abortion**



# Even Snopes admits Biden “is the least popular U.S. president in 70 years”

By Dave Andrusko

Given Snopes.com long-standing disdain for pro-life former President Donald Trump, I half expected them to challenge the “claim” that “Public opinion polls released in April 2024 found Joe Biden to be the least popular U.S. president in 70 years.”

Actually, they didn’t.

Nikki Dobrin went through the many, many polls that have reached that conclusion, beginning with Gallup, and found that “claim” to be true:

**In conclusion, multiple surveys and analysis released in April 2024 by Gallup and other pollsters concluded that Biden was indeed, at the time the polls were taken, the least popular U.S. president in 70 years.**

Everyone in and out of politics know that’s the ghastly state of the economy is a huge anchor around Biden’s ankles, dragging him down. Even the *Washington Post* can’t deny the undeniable.

The headline Sunday on a story written by Abha Bhattarai reads

**Americans are down on the economy (again), with inflation topping election concerns**

**Consumer sentiment is at a six-month low, and people are pulling back on all kinds of purchases.**

Her opening two paragraphs tell it all

**After a spurt of optimism, Americans are feeling a little more glum about the economy — again.**

**Consumer sentiment, a gauge of Americans’ economic perceptions, is at a six-month low, according**

**of Americans said the economy is the country’s top issue, up from 30 percent in February and March, Gallup polls show. More people also cited inflation and high cost of living as larger concerns than they did the previous month.**



**to a closely watched index by the University of Michigan. The measure notched its biggest drop since 2021, reflecting the persistent tug of inflation on household budgets and fueling fears that rising prices, unemployment and interest rates could all worsen in the coming months.**

Does this help pro-life former President Donald Trump? You betcha:

**In April, some 36 percent**

And

**Polls consistently show that Americans favor former president Donald Trump over Biden on economic issues.**

Last week, we ran through the president’s free fall in the polls. It would be almost impossible to overstate the influence of one in particular: the now famous *New York Times/Philadelphia Inquirer/Siena College* poll which found Biden trailing in five of six battleground states.

Here’s one other of many surveys/news stories we could have written about at length. Ruy Teixeira published a fascinating piece titled “The Working Class-Sized Hole in Democratic Support Widens: This is a big, big problem.” He found

**Across the battleground, Biden is losing to Trump among working-class voters by 16 points. That compares to Biden’s national working-class deficit of just 4 points in 2020.**

So what? Teixeira quotes this from Timothy Noah:

**For the past 100 years, no Democrat—with one exception—has ever entered the White House without winning a majority of the working-class vote, defined conventionally as those voters who possess a high school degree but no college degree. The exception was Joe Biden in 2020, under highly unusual circumstances (a badly-mismanaged Covid pandemic, an economy going haywire). It’s unlikely in the extreme that Biden can manage that trick a second time. He must win the working-class vote in 2024.**

# 46 MPs introduce amendment to reinstate in-person consultations for home abortions

By Right to Life UK

A large cross-party group of MPs, led by Flick Drummond MP, have tabled [introduced] an amendment to the Criminal Justice Bill that would reinstate in-person consultations with a medical professional prior to an abortion taking place at home.

Drummond's amendment is the third pro-life amendment to be added to the Criminal Justice Bill, alongside Caroline Ansell's amendment to lower the abortion limit to 22 weeks, and Sir Liam Fox's amendment to bring the abortion time limit for babies with Down's syndrome in line with the time limit for babies that do not have disabilities. Drummond's amendment is likely to be debated on Tuesday 4 June during the second day of Report Stage of the Bill.

The amendment has been signed by a cross-party group of 46 MPs including former Deputy PMs Thérèse Coffey and Damian Green, former leader of the Conservative Party and cabinet minister Sir Iain Duncan Smith, former Lib Dem leader Tim Farron, former Cabinet minister Sir Jacob Rees-Mogg, Labour MP Rachael Maskell and Maggie Throup, health minister responsible for abortion services when at-home abortion schemes were made permanent in March 2022.

It would protect women by ensuring they have an in-person consultation with a medical professional before they could take abortion pills at home. This would enable an accurate assessment, in person, of any likely health risks for a woman taking abortion pills, her gestational age and the possibility of a coerced abortion.

Women would continue to be able to have a medical abortion at home, but with the vital

safeguards that come with an in-person consultation.

On launching her amendment, Drummond told the *Telegraph*:

**“Women using abortion pills at home without an in-person consultation are being put in danger from the serious risks**

**common-sense proposal that already has widespread support from across the House”.**

## Widespread support for amendment

Polling published in the *Daily Telegraph* May 16 shows that

In June 2023, Carla Foster was found guilty of taking abortion pills prescribed by BPAS, Britain's largest abortion provider, at 32-34 weeks gestation after admitting to lying about her gestational age and claiming to be 7 weeks pregnant. She described being traumatised by the face of



**associated with missed health issues, abortion coercion and the danger of self-administered late-term abortions.**

**“My amendment would reinstate in-person consultations, where medical professionals would have the opportunity to accurately assess, in-person, any likely health risks for a woman taking abortion pills, her gestational age and the possibility of a coerced abortion”.**

**“Women would continue to be able to have a medical abortion at home, but with the vital safeguards that come with an in-person consultation. This is a**

71% of women support the reinstatement of in-person appointments and only 9% are in favour of the status quo where there is no requirement to have an in-person appointment with a medical professional before having a medical abortion at home. In contrast, only 16% of the public support current proposals to decriminalise abortion.

Over 800 medical professionals have signed a letter to all 650 MPs outlining the risks of late-term at-home abortion and calling on MPs to make a law change to return to in-person consultations because of the health risks associated with taking pills without in-person oversight.

**Since March 2022, the vital importance of in-person consultations has become clear**

her dead baby, whom she named Lily.

If Carla Foster had been given an in-person appointment at BPAS where her gestation could have been accurately determined, she would not have been able to obtain abortion pills and this tragic case would have been prevented.

The small recent increase in such prosecutions for illegal late-term abortions, ending the lives of viable babies, is a direct result of the ‘pills-by-post’ scheme that means women are able to obtain abortion pills without an in-person consultation to accurately assess their gestational age or possible health risks such as an ectopic pregnancy.



# Watch President Biden's interview with Erin Burnett and see what you come away with

By Dave Andrusko

Before I actually watched the interview pro-abortion President Joe Biden had with *CNN*'s Erin Burnett, I thought Jorge Bonilla's post on HotAir.com had to exaggerate how soft were the softball questions Burnett lobbed at Mr. Biden. Bonilla wrote: "CNN's press release announcing anchor Erin Burnett's sit-down with President Joe Biden promised an interview. Clearly, that didn't happen. Instead, we got pure, unadulterated Regime Media sycophancy."

In fact, if anything, as tough as Bonilla was on Burnett/Biden, he underplayed how unctuous Burnett was, how unwilling she was to challenge even the

most obvious distortions and exaggerations. To take just one example, to say, as Biden did, that "Simply inexcusable."

What is fascinating is that in



inflation was at 9% when he took office (it was 1.4%) is to illustrate how there was "no pushback a panel Burnett convened later, she was much, much tougher on the president as were her panelist

including David Axelrod, who was an adviser to President Barack Obama.

I think it fair to say all four of the panelists would probably agree with Axelrod who said "if he doesn't win this race, it may not be Donald Trump that beat him, it may be his own pride." People are "experiencing it [the economy] through the lens of the cost of living. And he is a man who's built his career on empathy. Why not lead with the empathy?"

To return to the actual interview, watch it for yourself. It is a sobering experience to watch President Biden struggle when he loses his train of thought.

## 46 MPs introduce amendment to reinstate in-person consultations for home abortions

From Page 23

This has been acknowledged by pro-abortion MPs and campaigners including Stella Creasy MP, abortion rights expert Dr Claire Pierson and major pro-choice leaning newspaper The Observer.

### Government review

A Government review published in November 2023 found the complication rate for medical abortions at 20 weeks and over is 160.33 times higher when compared to medical abortions that occurred at 2 to 9 weeks.

The complication rate for women who perform their own medical abortions outside of a clinical setting at 10 weeks or beyond in a home abortion is likely to be even higher than the rates when an abortion is happening in a clinical setting.

Such complications are far

more likely without an in-person appointment where there is an opportunity to accurately assess gestation age, and would be even more likely if the current legal deterrent against late-term abortions was removed.

### History of at-home abortion schemes

Telemedicine home abortions were originally introduced in March 2020 as a temporary measure during the pandemic.

In February 2022, the Government announced the scheme would end after running a consultation in which 70% of respondents called for an immediate end to at-home abortion schemes.

However, at-home abortion schemes were made permanently available via a backbench amendment moved in the House

of Lords to the Health and Care Act in March 2022 that narrowly passed by just 27 votes in the Commons.

Given the major issues with at-home abortion schemes and the high-profile cases of women using the scheme to abort later in pregnancy, pro-abortion MPs will be facing a big battle to prevent this amendment from passing and stop their own amendments from failing, as MPs see that the solution to the major problems with these schemes is in-person appointments, not making them worse by removing key deterrents against performing an abortion at any point right through to birth.

Right To Life UK spokesperson, Catherine Robinson, said "Only two years ago, the vote to make at-home abortions permanently available passed by just 27 votes. A large number of MPs

had serious concerns about the negative impact these schemes would have on women.

"Since then, we have seen these concerns borne out, with women such as Carla Foster performing at-home abortions well beyond the 24-week time limit, putting their health at serious risk. If Carla Foster had been given an in-person consultation, where her gestation could have been accurately determined, she would not have been able to access abortion pills and this tragic case would have been prevented.

"The clear solution here is the urgent reinstatement of in-person appointments. This would prevent women's lives from being put at risk from self-administered late-term abortions. It would also protect babies from having their lives ended in late-term home abortions, as baby Lily did."

# PolitiFact Spins For Democrats On Late-Term Abortion

By Alex Christy

There are three things certain in life: death, taxes, and self-styled fact-checkers defending Democrats on late-term abortion. The latest example came from D.L. Davis, who gave Wisconsin Sen. Ron Johnson a “false” label for claiming “Every Senate Democrat has voted to support unlimited abortions up to the moment of birth.”

Johnson’s office cited the Democrats’ 2022 Women’s Health Protection Act and Davis took exception to the use of the word “every,” writing “[Sen. Joe] Manchin, R-W.Va. [sic], voted no along with Republican senators on the measure. The vote was 49 Yes and 51 No.”

It’s ironic that Davis tried to shame Johnson for saying “every” Democrat voted for it when the truth is everyone, but one did and Davis and his editors couldn’t even get Manchin’s party letter label correct.

Regardless, Davis also cited Johnson’s office for claiming “the

measure ‘would enshrine abortion into law up until the moment of birth and block state laws with protections against late-term abortions.’”



Davis simply replied, “That’s wrong.” He also added, “On the contrary, the measure — which has not become law — protects the right to an abortion up until the point of fetal viability, which is roughly reached at 24 weeks of pregnancy.”

He further writes, “After that point, the legislation protects the

right to abortion only “when, in the good-faith medical judgment of the treating health care provider, continuation of the pregnancy would pose a risk to the pregnant

moment of birth” is also wrong.

The bill allows blue states to permit it, which some do

For Davis, such concerns are not important, “‘Abortion ‘up to the moment of birth’ simply doesn’t happen.’ [Washington Sen. Patty] Murray said in an email to PolitiFact Wisconsin. ‘Abortions later in pregnancy are extraordinarily rare and occur essentially only when a pregnancy is nonviable and the mother risks severe injury or death by remaining pregnant.’”

Talking points about late-term abortion being rare do not refute claims that a bill permits it. If late-term abortions are so rare and only done for legitimate medical reasons, why is it so hard for national Democrats to write in a provision to their bills banning elective abortions after viability?

*Editor’s note. This appeared at Newsbusters and reposted with permission.*

patient’s life or health,” according to the bill’s text.”

If one were to try to be as neutral as possible, as all good fact-checkers should, Davis could reasonably say the bill did not mandate the reversal of state laws banning late-term abortions, but to say the bill does not protect “abortion into law up until the



# Multiple Organizations Join Forces to Form the coalition, “Do No Harm Florida,” to Fight Amendment 4

Several well-respected and established organizations have come together to fight Amendment 4 including, Florida Right to Life, Florida Eagle Forum, Florida Citizens Alliance Action, Citizens Defending Freedom, Priests for Life, Women Impacting the Nation, The Florida Catholic Medical Association, Florida Republican Assembly, Vote your Vision, Freedom Fellowship, Thy Protector, Watchmen Action, Sherloc, Community Pregnancy Clinics, and The Matt Buff Show as well as many individual faith and community leaders!

“Do No Harm Florida” is led by: Dr. John Littell, Chairman, Dr. Rebecca Peck, Spokesperson, Lori Bontell, Volunteer Outreach, Nancy Randolph, Prayer Outreach, and Israel Hall, Jewish Outreach.

“As a practicing physician, I’m pleased to represent Do No Harm Florida (DNHF) as its’ Chairman” stated Dr. John Littell. “We must be ready to expose the truth about

this dangerous amendment and defeat it!”

Father Pavone, National Director of Priests for Life, explains, “The work of Do

post-abortive woman, and a licensed practicing physician, it is imperative we bring truth into the discussion, and expose the dangerous and deceptive



No Harm Florida is critically important for us all and is a way to combine our strengths to keep Florida a state where the unborn and their families are safe and the laws we have already passed to protect them are intact.”

DNHF spokesperson, Dr. Rebecca Peck stated, “As a

language of Amendment 4.... I’m beyond proud to represent DNHF as spokesperson.”

“We realize the importance of building a strong coalition of affiliates to fight this radical and deceptive amendment that would enshrine abortion through birth and leave minor girls in danger

with the removal of parental consent,” stated Lynda Bell, President and Spokesperson of Florida Right to Life.

Please join Do No Harm Florida in fighting this dangerous, deceptive, and deadly amendment to Florida’s Constitution. For more information and our call to action, please visit our website [www.DoNoHarmFL.org](http://www.DoNoHarmFL.org). We have a speakers bureau ready to share our important message at your church, temple, or community event. We can’t fight this evil amendment without your help. Please pray, share our website, volunteer, give as generously as possible, and vote NO on Amendment 4 on election day!

Thank you!

Dr. John Littell, Chairman  
Dr. Rebecca Peck, Spokesperson

# Kayleigh McEnany will be the keynote speaker at 53rd Annual National Right to Life Conference

From Page 1

Don't miss this opportunity to hear from one of the most influential voices of our time. Join us in welcoming Kayleigh McEnany and prepare to be inspired and empowered at this year's conference.

Together, we can make a profound impact in the fight to protect life.

The time to register is now. We look forward to seeing you there and working together to advance our shared mission.

***How big a threat is the looming expansion of assisted suicide laws in the United States? It's worse than you think.***

**Join us as Alex Schadenberg educates on the vulnerable lives at risk.**



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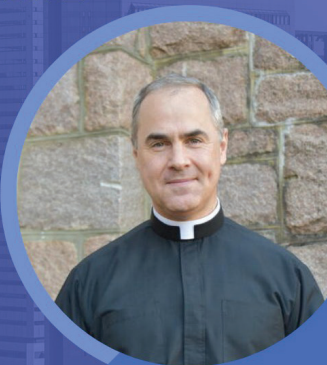


**PRAYER BREAKFAST  
2024**

**Father Paul D. Scalia**

**June 28, 2024**

Fr. Paul Scalia is a priest of the Diocese of Arlington, VA, serving as Episcopal Vicar for Clergy and Pastor of Saint James in Falls Church. He is the editor of *Sermons in Times of Crisis: Twelve Homilies to Stir Your Soul*.



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***Pregnancy Resource Centers continue coming under attack from abortion forces at the state and federal levels.***

**Join us as Tim Garrison, J.D., senior counsel for ADF's Center for Life, updates on latest lawsuits and more.**



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***Could the Biden administration force hospitals to perform abortions in their emergency rooms?***

**Join us as attorney Megan Wold provides answers!**



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# Two Scholars file “Friend of the Court” Brief Supporting Enforcement of Indiana’s Abortion Law

**Indianapolis, Indiana** – Notre Dame Law School Professors Stephanie Barclay and Richard Garnett have filed an *amicus* (or “friend of the court”) brief in support of Indiana’s current abortion law. The brief they wrote supports the Indiana Attorney General’s efforts to ask the Indiana Supreme Court to review a court of appeals decision which prevents enforcement of Indiana’s abortion law against plaintiffs requesting a religious exemption from the law.

The Indiana abortion law at issue would prohibit most abortions. However, this law provides some exceptions—permitting abortions when the mother’s life or health is at risk or in the case of rape, incest, or a lethal fetal anomaly.

The abortion law also does not prevent *in vitro* fertilization. Indiana’s legislature sought to protect and preserve human life through these abortion restrictions, while providing limited exceptions for relatively rare or life threatening situations.

Indiana’s abortion law had been previously upheld by the Indiana Supreme Court. But in this case, several people argued that their religious beliefs directed them to obtain abortions that

the law prohibited. Indiana’s Religious Freedom Restoration Act prevents the government from “substantially burdening” a person’s exercise of religion unless the government can show that the burden furthers a “compelling government interest”



and is the “least restrictive means” to further that interest. The plaintiffs argued that Indiana would violate RFRA if it enforced its abortion law against them.

The court of appeals agreed—finding that these abortions qualified as a “religious exercise,” and that the state did not establish a “compelling interest” nor did it

show that the abortion law was the “least restrictive means” to further the state’s interest.

Professors Barclay and Garnett are legal scholars whose work focus on religious liberty and how courts should interpret religious exemption claims.

result in fewer human lives saved if religious exemptions were granted.

Second, the professors disputed the court of appeals finding that the exceptions to the abortion law required the state to also grant religious exemptions. The court’s failed logic would guarantee that no law with exceptions could ever survive a constitutional challenge—this circular logic cannot be supported under the law.

Finally, the professors argued that the court of appeals’ decision would lead to other absurd results. For instance, the court’s bad reasoning would support an argument that a self-defense exception to homicide would mean that religious exemptions for honor killings could not be prohibited.

“Indiana’s abortion law is designed to protect as many human lives as possible, while still recognizing very limited exceptions,” stated James Bopp, Jr., counsel for Professors Barclay and Garnett. “As a long-time advocate for pro-life legislation and for religious liberty, I was honored to support the professors’ efforts to demonstrate the flawed legal reasoning exhibited by the court of appeals.”

Professors Barclay and Garnett argued that the court of appeals misunderstood the law applicable to its analysis of whether the abortion law violates religious liberties.

First, the professors argued that the court of appeals misapplied the relevant law because Indiana’s abortion law would indisputably

# Pro-Life Pregnancy Centers Provided Services Worth \$367 Million in 2022

By Michael J. New

Last week the Charlotte Lozier Institute, Care Net, Heartbeat International, and the National Institute of Family and Life Advocates (NIFLA) released an updated version of “Hope for a New Generation.” Preliminary results were released in December 2023. However, this newer, longer version contains updated data and provides more detailed information about the lifesaving work done by the approximately 2,750 pregnancy help centers in all 50 states and the District of Columbia.

Overall, “Hope for a New Generation” provides both data and testimonials that highlight the positive impact that pro-life pregnancy help centers had in 2022. That year, pregnancy help centers saw over 970,000 new clients and provided goods and services worth over \$367 million to women, youth, and families. Furthermore, pregnancy help centers were assisted by over 17,000 paid staff and 44,000 volunteers. Impressively, over

97 percent of those who sought help from pro-life pregnancy help centers reported a positive experience.



The report also shows that pregnancy help centers have expanded their impact. Since

2019, there was a 12 percent increase in ultrasounds, a 41 percent increase in clients attending parenting classes, and a

27 percent increase in STI Tests. During the past three years the percentage of pregnancy help

centers offering ultrasounds, STI treatment, parenting classes, abortion-pill reversal, and instruction in fertility awareness all increased.

The year 2022 was challenging for pro-life pregnancy help centers. Anecdotally, many pregnancy centers saw an increase in clients and phone calls post-Dobbs. Furthermore, pro-abortion elected officials continued to introduce legislation to hinder their efforts. Even worse, after the *Dobbs* leak, some pregnancy help centers were even the targets of arson, vandalism, and other types of violence.

However, “Hope for a New Generation” shows that pregnancy help centers not only overcame these challenges but increased their own impact. Excellent news as pro-lifers continue our efforts to assist pregnant women in need.

*Editor's note. This appeared at National Review Online and is reposted with permission.*



# Single and pregnant and strongly considering an abortion, Jessica talks to her granddaddy and does a U-Turn.

## *Now her baby son is the light of her life*

By Ashlynn Lemos, Texas Right to Life

Jessica, a single mother in Alabama, found out she was pregnant soon after the birth of her first daughter. Nervous of what the future would hold because of her financial situation, health, and relational status, she thought her only way out was through having an abortion.

Jessica had recently been diagnosed with an autoimmune disease, Lupus. This caused her to become fearful since her diagnosis made it difficult for her to obtain and retain employment, and even caused difficulty walking.

However, Alabama is one of several states where abortion is almost entirely illegal following the U.S. Supreme Court's decision in *Dobbs v. Jackson*, which overturned *Roe v. Wade* and returned the question of abortion to lawmakers.

Jessica told *Fox News* "When I found out I was pregnant, there were mixed emotions because I do have a daughter, and she's the light of my life, but I had so many health issues with this pregnancy," she said. "In October 2022, I found out, I was diagnosed with lupus. I was happy about the pregnancy, and then I was ashamed and embarrassed about my pregnancy because of my health issues and my mom [didn't like] my child's father, which [were some of the] main reasons why I was considering having an abortion."

"Because what would people say? I already have health issues and then, on top of my lupus, I wasn't able to work, so I didn't have any income coming in, so that... [was] what really made me go towards [an] abortion because I'm like, 'Well, I don't have the support or the finances to take care of this child, I'm really struggling with my daughter.'"

While battling with the decision to go through with the abortion or not, she began to research where she would go.

"I researched, and I found the place, but I never did call because I didn't have the money for the abortion," she added. "Me and my

"I told him that I was disappointed because I was even considering having an abortion," she said. "My granddaddy sat me on the side of the bed, and he told me to not be ashamed, to hold my head up high, I had nothing to be embarrassed about [but] before he



child's father, we [were] going through a lot of problems."

Alabama currently bans abortion, protecting mothers and their unborn children. Therefore, the place she found would have caused her to travel to Georgia, which is about four hours from the small town in Alabama where she lived.

Jessica decided to go to her grandfather, asking him for financial help to pay for her travel expenses and the abortion. However, what he provided her was the help that she truly needed (and wanted), she just did not know it yet.

would let me consider having an abortion, he [said he] would take this child because abortion wasn't an option [for him]."

"After talking to my granddaddy, who was one of the most influential people in my life, because he's been there through it all ... He has truly supported me and when he told me that he would take [the baby in], that was one of the reasons why I was like, 'I can't, I will not have this abortion if somebody is willing to take this child in, how could I deny that.'"

Jessica admitted that if she

hadn't talked to her grandfather, she "probably would have" gone to the abortion clinic in Georgia if she had the money.

All Jessica needed was to feel that there was support for her and her child. Soon after receiving advice from her grandfather, Jessica found a pregnancy center that would provide free services and resources for her little family.

"Even here at the Lighthouse [women's pregnancy center in Alabama]... they really talked to me and gave me the support I needed when I felt like I didn't have [anyone] else" Jessica said.

Tanya, the Executive Director at The Lighthouse, which counseled Jessica, told *Fox News Digital* that the center's biggest goal is educating women on all of their options before they make any decision, equipping them with the tools they need to empower them "to not only choose life for their baby, but be thriving and successful parents."

"We just want her to know that she's not alone and somebody's got her back," she added.

Jessica shared, "I had my son on November 10th ... and to see my son and look at his little face, it was one of the best decisions that I ever could have made. Because I do feel bad about even considering abortion, I tell him every day that I'm sorry that I even thought about it, I love him and because of the support that I had, he's here."

We are thankful for pregnancy centers across the country, like The Lighthouse, who truly value the lives of mothers and their unborn children. Testimonies like these stand as an encouragement for mothers, that there are people waiting with open arms to support them through this journey.

# New York AG takes next step in “political witch-hunt” against pregnancy help organizations

By Lisa Bourne

New Attorney General Letitia James followed through on her threat to sue Heartbeat International and several pregnancy help organizations in her state to prevent the organizations from advertising the Abortion Pill Reversal (APR) protocol.

James is alleging that Heartbeat and 11 New York pregnancy help medical clinics use false and

York while denying the New York women the right to continue their own pregnancy,” Godsey said.

James’s lawsuit against Heartbeat and the pregnancy medical clinics follows a “Notice of Intention to Sue” over advertisement of APR she had sent to Heartbeat and the 11 pregnancy help organizations April 22. Heartbeat and the pregnancy help organizations,

lawfare against our life-affirming clients, Ms. James has filed a baseless lawsuit in Manhattan—where none of our clients are located—to unconstitutionally silence their pro-life message. In doing so, Ms. James is seeking to keep in the dark women who desire to urgently try to continue their pregnancies.”

Heartbeat is the largest network of pregnancy help organizations

Abortion Pill Reversal is an updated application of a treatment used since the 1950s to prevent miscarriage. It entails prescribing progesterone, the natural hormone in a woman’s body necessary to sustain pregnancy, to counter the effects of mifepristone, the first drug in the two-drug chemical abortion regimen.

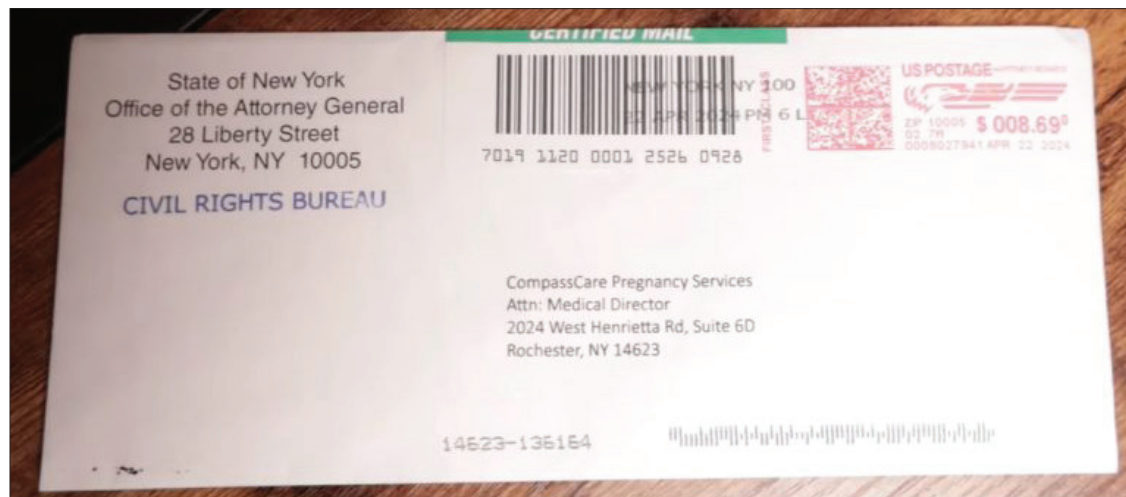
Chemical abortion works by mifepristone first blocking progesterone in the mother’s system, starving the unborn child of nutrients, and then with the second drug, misoprostol, taken a day or so later, causing the woman to deliver her presumably deceased child.

If a woman takes the first chemical abortion pill and has regret, and she acts quickly enough, it may be possible to save her child through Abortion Pill Reversal.

Heartbeat has many first-hand accounts of mothers who have reversed their chemical abortions and statistics show that more than 5,000 children have been saved through the APR protocol.

With chemical abortion now accounting for more than half of all abortions conducted in the U.S. the option to reverse a chemical abortion via APR has become front and center as it offers a possible antidote and also demonstrates that women can and do regret making an abortion choice.

Although abortion proponents continuously attempt to claim that APR is unproven and unsafe, all major studies show that using progesterone to counteract an in-progress chemical abortion can be effective since it’s bio-identical to the hormone a woman’s body produces to nourish her pregnancy.



misleading statements to advertise APR, and accuses them of fraud, deceptive business practices, and false advertising, even claiming they are “spreading dangerous misinformation.”

James claims incorrectly in the process that the mission of Heartbeat International and the pregnancy help organizations is “to prevent people from obtaining abortions” and relies upon pro-abortion sources to deride the APR protocol.

“AG James is parroting abortion propaganda rather than studying the actual scientific evidence,” Heartbeat International President Jor-El Godsey said. “All major studies about abortion pill reversal (progesterone) show it works, including the one ‘clinical’ study performed by abortion doctors.”

“With this lawsuit, AG James is protecting Big Abortion in New

represented by Thomas More Society, sued James April 30 to block her threatened legal action. Thomas More Society followed up on May 1 with a request for preliminary injunction against James.

Thomas More Society Executive Vice President and Head of Litigation Peter Breen commented on James’s May 6 filing against Heartbeat and the pregnancy help organizations, echoing his thought from the previous week that James is on a political witch-hunt against life-affirming pregnancy help organizations.

“Today, New York Attorney General Letitia James has decided to proceed full steam ahead with her witch-hunt against New York’s pregnancy help organizations,” Breen said. “Delivering on her threat of

in the U.S. and globally with approximately 3,500 affiliates worldwide and more than 2,100 affiliated pregnancy help locations in the U.S.

Heartbeat International and its affiliated pregnancy help organizations seek to provide women in unplanned pregnancies with information on alternatives to abortion so that they are empowered to make an informed choice, along with providing compassionate support and material assistance. Pregnancy help organizations serve and support women regardless of whether they make a choice for life or abortion.

Heartbeat also manages the Abortion Pill Rescue® Network (APRN), consisting of more than 1,400 healthcare professionals, pregnancy centers and hospitals that administer the APR protocol.

# Pro-Life Pregnancy Help Centers wage a defensive battle against the onslaughts of the Abortion Industry and its powerful allies

From Page 2

**southeast Michigan, will appear in Michigan Court of Claims Tuesday to challenge three remaining abortion restrictions: Michigan's 24-hour waiting period, the state's requirement for counseling, and a law that bans advanced practice registered nurses and physician assistants from providing abortions."**

In other words, obliterate any and all limitations on abortion.

Already, "just eight states are more 'protective' of abortion than Michigan, according to Guttmacher Institute, a reproductive-health research organization that supports abortion," she adds.

The state's abortion clinics are having a field day. "About 1 in 6 of the patients that seek an abortion at Planned Parenthood's Kalamazoo and Grand Rapids clinics are from out of state, according to data provided to Bridge by Planned Parenthood."

After celebrating the "progress" made by the abortion industry Erb gets to "abortion opponents" who "also step up the fight." Pregnancy Help Centers have indeed "stepped up the fight."

"Some will continue to offer non-medical services — instead offering supplies — clothes and diapers and baby furniture, for example — or parenting classes, for example," according to Executive Director Carolyn Doyle of the Michigan Coalition For Pregnancy Wellness (MICO).

"But for those who offer clinical care — like Grand Rapids PRC that was one of the first crisis centers

in the state to offer ultrasound services and began expanding those services in 2020 — the new organization will set standards for medical care," Erb writes.

Alas, right in the middle of the section on pregnancy help centers, Erb writes (uncritically) about the bogus attacks on them under the all-purpose slur that they are "deceptive."

Not a word that pregnancy help

center vigorously deny these allegations or anything about the all-out assaults launched by the likes of California Attorney General Rob Bonita, the New York Department of Health, the back of the hand from the AMA, not to mention the pressure exerted by the abortion industry's most favorite protector, Joe Biden.

At the end, Erb writes that Doyle said the coalition "will give

pregnancy centers a stronger voice."

**Genevieve Marnon, legislative director of Right to Life of Michigan, agreed:**

**"Women set on an abortion know where to go, yet often women want to explore their options and better understand if support exists to make a choice for life," she said.**

**IMAGINE AN ELECTIVE DRUG SO TOXIC**

**THAT 1 OF 25 PEOPLE TAKING IT COULD END UP IN THE EMERGENCY ROOM**

**WOMEN DESERVE BETTER**

 **National  
RIGHT TO LIFE**



# Behar Admits She Self-Censors Criticism of Biden Lest It Elect Trump

By Nicholas Fondacaro

The cast of *ABC's The View* has made it clear for a while now that they're in the tank for President Biden. But while they denounced even the Democrats who challenged him, co-host Joy Behar admitted to guest comedian Bill Maher on Tuesday that she self-censors her criticism of Biden because she was afraid she could help elect former President Trump by pointing out the truth.

Behar was in a bit of disbelief that Maher would dare to call out "the crazy stuff on the left" and admits she was afraid to do so:

**BEHAR:** I'm nervous about saying anything against Biden because I feel — not that I have so much power and you have some more than I do obviously, but —

**MAHER:** oh, I don't know about that.

**BEHAR:** Are you afraid that you might influence the people who are on the fence?

Maher argued that if you don't call it like you see it, "you lose all credibility." "My bond with my audience has always been I don't pull a punch. My bond with my audience is you're not going

to like everything I say but you know I'm saying what I really think is true," he said.

He went on to lament that "Biden just presents as old. It's not really fair." Recalling a recent

because it involved hating half the country and he didn't want to do that:

**Look, I'm not going to defend Donald Trump ever but I would never**



Joy Behar  
*ABC's The View video still*

speech Biden gave, he described the President as "cadaver-like."

"But his brain is good. He's still great," Behar clownishly pushed back.

Earlier in the show, before Maher was on the set, Behar proclaimed that people who wore MAGA hats should "put a swastika on the hat." Maher decried the idea

**say that we should put the swastika on the cap because I think you can hate Donald Trump. You can't hate everybody who likes him. It's half the country. I don't want to live in that country. I don't want to live in the country where I hate half**

**the country. And I don't hate half the country.**

"How dare you disagree with me in public," Behar quipped.

Coming to Behar's defense later in the show, Maher said: "Joy is a wonderful human being and she should not be afraid that people are going to attack her because she said the thing about the swastika on the cap. She does not think that all — as you said to me in the break, you do not think that all the people who are for Trump are Nazis."

Behar said that she didn't think all of Trump's supporters were Nazis, but she wanted "them to pay attention to words like 'vermin' and 'poisoning the blood.' And the Third Reich. That's all. That's really what I'm asking."

"You can hate Trump. You can't hate everybody who likes him. It is half the country," Maher reiterated.

"I have some in my family. I don't think they're Nazis," Behar added.

*Editor's note. This appeared at Newsbusters and reposted with permission.*

# Study finds that more than 40% of patient with traumatic brain injuries who died after life support withdrawn may have recovered

By Dave Andrusko

A fascinating and troubling study that appears in the current issue of the *Journal of Neurotrauma* suggest a substantial proportion of patients with traumatic brain injury may have survived “and achieved at least partial independence” had not life-sustaining treatment been withdrawn.

said. “Traumatic brain injury is a chronic condition that requires long-term follow-ups to understand patient outcomes. Delaying decisions regarding life support may be warranted to better identify patients whose condition may improve.”

The abstract for the article—titled “Recovery Potential

Researchers from Massachusetts General Hospital, Harvard Medical School, and other universities studied 1,392 patients who were treated in 18 trauma centers across the U.S. over a 7½-year period. They “analyzed ‘potential clinical outcomes’ for patients with traumatic brain injury (TBI) who

the brain may swell, and the use of mannitol and steroids and even sometimes surgery — where the top of the skull is removed — can be used to decrease pressure on the brain and increase chance of a full recovery,” he continued.

Rehabilitation is also crucial, Siegel added.

“All of these tools should be given a chance to work in most cases.”

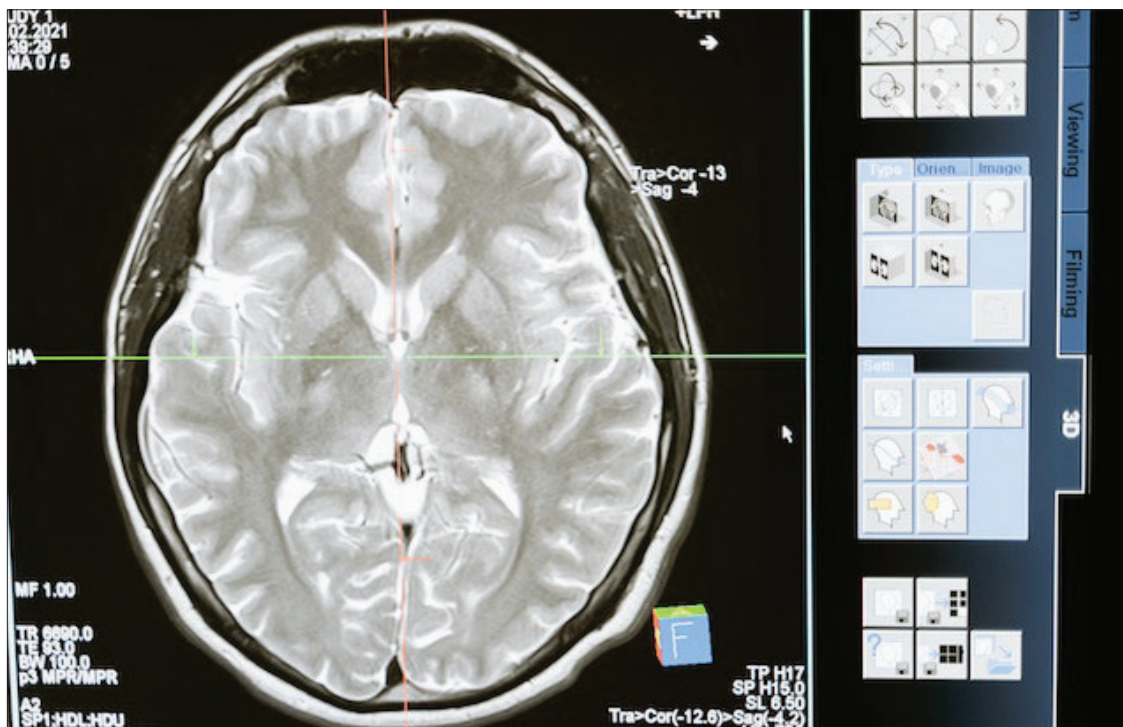
Stephen Beech writes that using the data collected, “the researchers created a mathematical model to calculate the likelihood of withdrawal from life-sustaining treatment.”

Needless to say, everyone who had “life-sustaining treatment” withdrawn died. But “among the group for whom life support was not withdrawn, more than 40% recovered at least some independence, according to a press release,” Rudy wrote.

She added

Based on the study findings, Bodien recommended that clinicians should be “very cautious” with “irreversible decisions” like withdrawing life support in the days following traumatic brain injury.

“Families should also be aware of our results so that they can advocate for delaying a decision to discontinue life support if this is aligned with what they believe their loved one would want,” she added.



The nine authors, led by corresponding author Dr. Yelena Bodien, of Massachusetts General Research Institute, don’t quite put it that bluntly. However, a press release from Mass General Brigham does:

## Study Reveals Patients with Brain Injuries Who Died After Withdrawal of Life Support May Have Recovered

“Our findings support a more cautious approach to making early decisions on withdrawal of life support” Dr. Bodien

in Patients Who Died After Withdrawal of Life-Sustaining Treatment: A TRACK-TBI Propensity Score Analysis”—begins

Among patients with severe traumatic brain injury (TBI), there is high prognostic uncertainty but growing evidence that recovery of independence is possible. Nevertheless, families are often asked to make decisions about withdrawal of life-sustaining treatment (WLST) within days of injury.

were removed from life support,” according to *Fox News*’s Melissa Rudy. She interviewed Dr. Marc Siegel, clinical professor of medicine at NYU Langone Medical Center and a *Fox News* medical contributor (who was not involved in the research) who called it a “very important” study.

“Previous research shows a high-level recovery from mild TBI and a significant recovery percentage even with moderate to severe injury,” Siegel told *Fox News Digital*.

“After head trauma,

# A libertarian call to defeat NY Bill A.995/S.2445 “The Medical Aid in Dying Act”

By Gordon Friesen

Honorable Senators and Assembly Members,

It is a widely shared principle that, as long as our actions cause no harm to others, we might all be allowed to do as we please. And so it is that many principled people of a libertarian leaning –and many, even, who are personally repulsed by the idea of assisted death– feel a visceral duty to support the right of others to choose the manner of their own passing.

Contrary to much public perception, however, A.995/S.2445 does not simply propose a liberty of permission for this purpose. Not at all!

At the heart of A.995/S.2445 lies the radical concept of “medical assistance in dying”, whereby assisted suicide is redefined as medical care; which is to say: as an objectively positive benefit and human right. Hence, the real effect of this Bill (in keeping with the logical requirements of that definition) will be to create sweeping new entitlements, obligations and mandates

Entitlements and mandates, to be sure, have nothing to do with freedom of choice. They are public policy instruments –the flip side of prohibitions– meant to promote some choices at the expense of others. In the present case (whether intended or not) the effect of medical mandates is to maximize the incidence of assisted death, and thus to compromise (in equal measure) those treatment options available to the non-suicidal majority.

To take one key example, § 2899-M (section 2-A) states that institutional non-participation will be permitted for private facilities only, and only upon moral or religious (meaning essentially arbitrary) grounds. It is thus assumed that “normal” medicine –and especially publicly funded

medicine– must include assisted death as a matter of course.

Unfortunately, however, this principle disagrees with both majority patient choice, and that of their doctors.

Let us pass quickly over the embarrassing fact that doctors, worldwide and in keeping with

patient majority. Clearly, we are in the presence of two mutually exclusive clinical visions.

Assisted death cannot be “added” to traditional medicine, any more than meat can be “added” to a vegetarian diet! Any rash insistence on doing so, through legislative action, can

choice does not require liberty-minded citizens to espouse this extreme theory of death-as-care. Both Switzerland and Germany, recognize a general right to suicide (including assisted suicide) but also refuse to accord such actions any objective validation (medical or otherwise) precisely in order to honor sovereign subjective freedom, and to avoid the effects of entitlements, mandates and obligations as described above.

In conclusion, therefore: Although I am personally opposed to any assisted death whatsoever, I also recognize that a sincere philosophy of “live-and-let-live” might indeed inspire principled support for death-by-choice. But not with just any Bill. And certainly not with this one! For whereas all recourse to assisted death involves exposure to recognized social harms, the pseudo-medical logic of Bills like A.995/S.2445 carries that damage to an entirely new, and truly industrial level.

In the end, we must decide whether New York’s medical industry will be structured to prioritize the satisfaction of typical patient choice, or that of a small suicidal minority; and above all: whether a radical new paradigm of utilitarian death-medicine, as now seen in places like Canada –and so clearly echoed in A.995/S.2445– will be allowed to high-jack the freedom agenda entirely.

With the greatest respect, I urgently request the defeat of this legislation.

Gordon Friesen,  
President, Euthanasia  
Prevention Coalition



a stunningly successful 2,500 year tradition –established not in Christian Europe, but in the permissive moral climate of earlier Greece and Rome– widely reject the medical normalization of assisted death, and that the American Medical Association also remains opposed to any such practice.

Let us focus, rather, on the serious harms which any mandated clinical inclusion, of assisted death, must force upon that overwhelming majority, of typical patients, who remain resolutely non-suicidal.

It is impossible, I submit, to believe that physicians (or nurses) who participate in any form of medical homicide might still be considered as appropriate caregivers for that

only weaken the core mission of our medical industry.

Indeed, among our Northern neighbors, where the MAID [Medical Assistance in Dying] concept first appeared in legislation (Quebec 2014 , Canada 2016 ), the effect of such entitlements and mandates has been to normalize the use of assisted death, to such an extent, that the vast non-suicidal majority of eligible patients must now navigate a clinical environment which has become objectively indifferent (if not openly hostile) to their continued survival.

Very obviously, no coherent system of individual liberty might ever have produced such a result.

Most certainly, also, a principled defence of death-by-

*Editor’s note. This appeared on the webpage of the Euthanasia Prevention Coalition and is reposted with permission.*



# The tide is turning toward life: How the abortion-up-to-birth constitutional amendment stalled in Minnesota

From Page 1

This year, they wanted to go even further. They wanted to make unfettered abortion a permanent mandate in our Constitution. Future lawmakers would be powerless to protect unborn children—even viable babies late in pregnancy.

For MCCL and the rest of Minnesota’s pro-life movement, stopping a constitutional amendment became the top priority. The problem? Too many Minnesotans didn’t know what lawmakers had already done—and what they now wanted to do.

Here’s what MCCL did. Immediately after last year’s session, we began taking steps to prepare for a constitutional amendment battle. We held meetings across the state last summer, fall, and winter to educate, motivate, and equip pro-lifers to make a difference. Our annual March for Life in January spotlighted Minnesota’s extreme policy and the sharp increase we’ve seen in the number of abortions.

Then the 2024 legislative session began. Rather than offer the

abortion amendment on its own, pro-abortion lawmakers added it to the so-called “Equal Rights Amendment,” disguising unlimited abortion in the language of “equal rights” and mixing it with other controversial issues. Legislative leaders touted the ERA as a priority this session. Supporters were confident it would pass through the legislature.

*It did not.*

Why not? Because pro-lifers went on offense. MCCL’s “Way Out There” TV ad effectively showed the extremism of Minnesota’s current law—and how lawmakers now want to make it permanent. Calls flooded into the legislature. Minnesota’s major mainstream media outlets covered our campaign, even confirming that our claims were true.

But MCCL didn’t stop there. We ran newspaper, radio, and social media ads, especially in targeted areas. We sent mass emails and letters. We informed and mobilized voters across the state. And Minnesotans stepped up by contacting legislators, sharing with

their neighbors, attending rallies, and more.

All this made a difference. As the session neared its end, a *KSTP/SurveyUSA* poll found that 64

through the ERA (after days of debate and pushback from valiant pro-life lawmakers), but it never even came up for a vote in the Senate. For now, at least, the effort



percent of Minnesotans didn’t want abortion added to the ERA. And a majority said they opposed the abortion-up-to-birth status quo.

More and more Minnesotans were understanding the truth and speaking out. And the legislature was feeling the pressure.

In the end, the House did push

to enshrine unlimited abortion in our Constitution has been stopped.

The battle for life—the battle to change hearts and minds and to restore protection for the innocent—will continue both in Minnesota and across the country. But it’s a battle we know we can win.

# Could Future Gosnells be on the Horizon?

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

*Editor's note. This first appeared at "Sebastian's Point" and is reposted with permission.*

I had a nurse with decades of experience in the medical field come to me recently with a simple question: How did Gosnell happen?

Kermit Gosnell was the notorious Pennsylvania abortionist who ultimately was convicted of murdering three newborn babies and causing the death of a female immigrant patient, Karnamaya Mongar. He is now serving three consecutive life sentences in prison for his outrageous crimes.

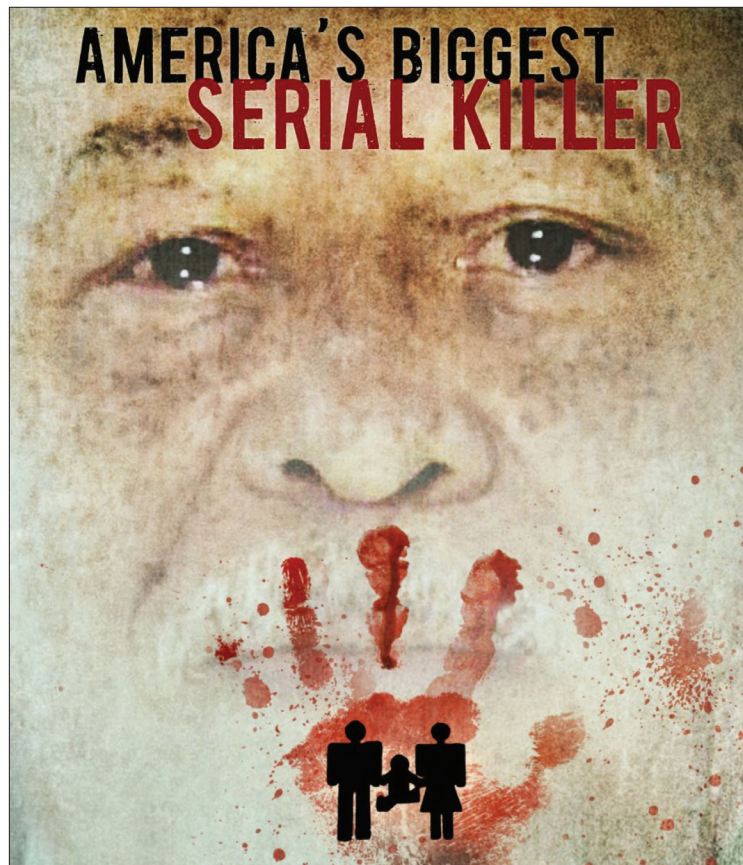
Gosnell's melee did not occur overnight. His crime spree spanned years—years when the Pennsylvania Governor's Office dictated that no inspections were to occur at abortion facilities. The reason? The administration of pro-abortion Governor Tom Ridge, a Republican, believed that inspecting abortion centers could curb access to abortion. As the grand jury in the Gosnell case eloquently stated, pro-abortion politics had overruled patient care and safety.

The nurse who visited me in my office noted that no mainstream health care facility in Pennsylvania could have gotten away with the deplorable conditions present in Gosnell's "House of Horrors" in West Philadelphia. She's right. For far too long, beginning in the Ridge Administration and continuing into Democrat Ed Rendell's Administration, abortion centers got a pass.

Gosnell's blood-soaked center operated for 17 years without inspection. Imagine that—nearly two decades. No one would frequent a restaurant that had not been inspected in 17 years. Moreover, as prosecutors noted, hair and nail salons received greater scrutiny in Pennsylvania than abortion facilities.

In the wake of the massive

Gosnell tragedy, the state legislature was compelled to act. The Pennsylvania General Assembly passed a common sense abortion facility regulation bill requiring abortion centers to meet basic health and safety standards.



The measure also guaranteed regular inspections of these centers. A number of facilities closed their doors because they could not or would not meet these long-overdue standards.

But now, the threat of future Gosnells looms large in Pennsylvania. The current Governor, Josh Shapiro, is a defender of Big Abortion, posting on X regularly his allegiance to the pro-abortion cause. Pro-abortion lawmakers in the state legislature are pushing to rescind the abortion center regulation law, which would leave women vulnerable to further exploitation and abuse.

We cannot depend on abortion facilities to police themselves. That is apparent in the number of

violations uncovered during the current inspection program. At one point, an abortion facility in Harrisburg known as Hillcrest had amassed 44 pages worth of health and safety violations. The facility ultimately gave up its license to

abortion toll climbing.

What is the response of the pro-life movement in Pennsylvania to this state of affairs? We continue to work to hold the abortion industry accountable, especially in cases where there are demonstrated risks to women's health and safety.

The Pennsylvania Pro-Life Federation, the Keystone State affiliate of National Right to Life, has also launched a radio and digital ad campaign in connection with the Pro-Life Partners Foundation. The campaign consists of poignant videos and audio clips pointing out the underreported dangers of abortion. The effort is designed to change the conversation about abortion in Pennsylvania.

The first ad, called "Abortion Hurts," can be found on YouTube.

In addition, working with Marian Press, I published a book called *Mercy's Power: Inspiration to Serve the Gospel of Life*. The book is a rich resource, both for veteran pro-life activists and those who are new to the pro-life cause. It includes an action plan for achieving lasting life-affirming results in your local community. *Mercy's Power* can be found at the Shop Mercy website. It is also available on Amazon and from the EWTN Religious Catalogue.

The overturn of *Roe v. Wade* through the *Dobbs* decision has heralded a new era in pro-life advocacy. While we face a number of challenges in Pennsylvania, we realize we are in this campaign for the long haul. Grassroots activists are excited and motivated to utilize media and technology to renew a culture of life, which will save babies and spare mothers and fathers from the heartache of abortion.

If you'd like to learn more about the fantastic work of the Pennsylvania Pro-Life Federation, please visit our newly-designed website at [www.paprolife.org](http://www.paprolife.org). We look forward to partnering with you to achieve pro-life victories in the months and years ahead!

practice abortion and has since shut down.

Recently, a Planned Parenthood in Warminster, Pennsylvania announced it would be closing by the end of June. It, too, had committed its share of infractions under Pennsylvania law. Published reports indicate the facility performed more than 800 abortions a year.

Statewide in 2022, the latest year for which statistics are available, more than 34,000 abortions occurred in Pennsylvania—the equivalent of an entire town's population. Long gone is the "pro-choice" mantra of "safe, legal, and rare." Planned Parenthood has made no secret of its intention to expand abortion and to keep the

# Arkansas Right to Life applauds Attorney General Tim Griffin for issuing cease and desist letters to abortion pill companies advertising in Arkansas

LITTLE ROCK – Arkansas Right to Life Executive Director Rose Mimms applauded Attorney General Tim Griffin for issuing cease and desist letters to New York-based Choices Women's Medical Center, Inc., and Aid Access of the Netherlands for potential violations of the Arkansas Deceptive Trade Practices Act (ADTPA) related to abortion pill marketing and sales.

“Arkansas Right to Life applauds the actions of Attorney General Tim Griffin in his efforts to protect pregnant women in Arkansas from those who prey on them and seek to profit monetarily when they are in crisis,” said Mimms. “Arkansas Right to Life supports the efforts of the Every Mom Matters initiative of the

Arkansas Department of Health and the almost 50 nonprofit pregnancy resource centers



*Arkansas Attorney General  
Tim Griffin*

around our state that offer actual resources that assist in healthy pregnancies and outcomes for

mothers and families who plan to parent or place a child for adoption.”

Griffin's cease and desist letter reads

**“Abortions are prohibited in Arkansas except under very limited circumstances. As such, abortion pills may not be legally shipped to Arkansans or brought into the State for use by Arkansans. My office has verified that both Choices Women's Medical Center, Inc., and Aid Access are advertising the availability of abortion-inducing pills to Arkansans in contravention of our laws.”**

He added, “These companies must cease and desist advertising relating to the performance of abortion services in Arkansas immediately or face the possibility of lawsuits from my office. As Attorney General, I will continue fighting to enforce the laws of our state.”

The Attorney General has the authority to sue violators of the ADTPA and seek civil penalties of \$10,000 per violation. Griffin said that both companies must provide written notification within 14 days detailing the actions they've taken to comply with the cease and desist letter.



# Two infants surrendered ahead of Arkansas Safe Haven Baby Box blessing

By Bridget Sielicki

A Safe Haven Baby Box in Little Rock, Arkansas, welcomed two infants in just a few weeks, before the box was even dedicated in a blessing ceremony.

“In just the last few weeks, we have had two instances of parents who have surrendered their newborn babies at our fire stations because they believed they had no other choice, for whatever the reason,” Mayor Frank Scott Jr. said.

The Safe Haven Baby Box organization installs temperature-controlled units in the side of fire stations or similar buildings in various states throughout the

country. When a child is placed inside, the box automatically locks and triggers a silent alarm alerting first responders, who retrieve the child within minutes. The baby is often taken to the hospital as a precautionary measure, and then later placed for adoption. According to *WITN*, these infants are usually adopted within 30 to 45 days in the state of Arkansas.

“I know the significance of this being in this business for over 29 years and making those calls where you have a baby that has been left on the side of the dumpster,” Little Rock Fire

Chief Delphone Hubbard said.

“Our ultimate responsibility in each of those cases was to protect the infant’s well-being. The installation of a Safe Haven Baby Box will ensure parents in crisis will have a 24/7, last-resort option to surrender their newborns and ensure the health and safety of the child,” Scott said.

The box was available thanks to funding by Calvary Baptist Church.

“While it is unfortunate that these are necessary, I appreciate the support of Calvary Baptist Church, Chief Hubbard and the Fire Department and others who

have worked to install the first baby box in Little Rock,” Scott added.

Each state has a law allowing a parent to safely surrender an infant. In Arkansas, that infant must be 30 days old or younger and brought to a hospital emergency room, law enforcement agency, or fire department that is staffed 24 hours a day; alternatively, the baby may be placed anonymously in a Safe Haven Baby Box.

*Editor’s note: This article was published by Live Action News and reposted with permission.*



# The so-called “Reproductive Freedom Act of 2024” is designed to repeal the time-tested Abortion Control Act

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

The so-called Reproductive Freedom Act of 2024, House Bill 2304, has nothing to do with protecting the health and safety of women in Pennsylvania.

This poorly-named and disastrously drafted piece of legislation actually eliminates the word “woman” from state law governing abortion and replaces it with “pregnant individual.”

This is Woke Politics at its worst.

The dangerous measure is designed to repeal the time-tested Abortion Control Act, which has served Pennsylvania women well over the years.

The Abortion Control Act, which became a model for the rest of the nation, provides for informed consent, parental consent, and a 24-hour waiting period for abortion, among other common sense provisions.

When the Abortion Control Act

went into effect in the mid-1990s, abortion totals in Pennsylvania plunged. Women were empowered to make life-affirming decisions for themselves and their families. And unscrupulous abortionists were put on notice.

Pro-abortion politicians in Pennsylvania want to drag the Commonwealth back to the days before basic protections were in place to assist both mother and child. This is an appalling development and shows just how far the pro-abortion side will go to try to prop up Big Abortion in PA.

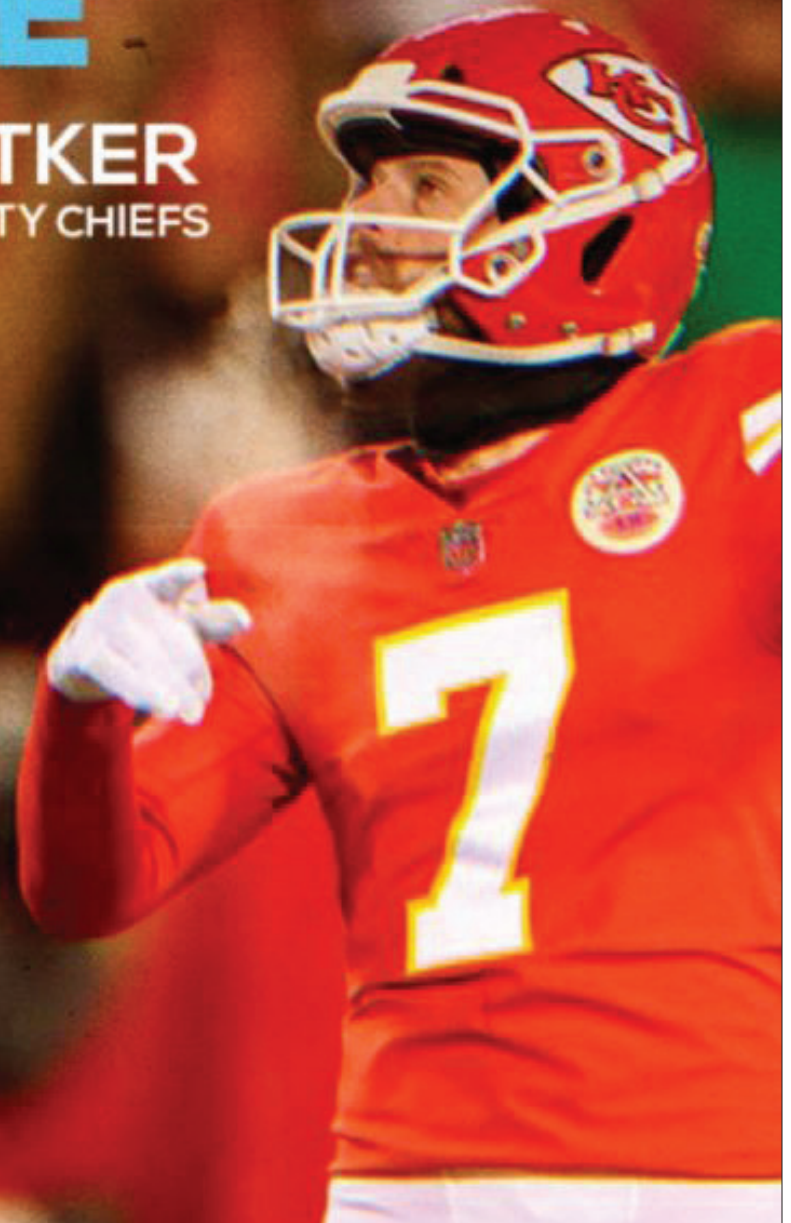
The so-called Reproductive Freedom Act has now been referred to the Pennsylvania House Judiciary Committee for consideration. If you live in Pennsylvania, please contact your state representative and let him or her know you support pregnant women and oppose HB 2304!





# "I WANT TO GIVE THE MOST VULNERABLE, THE UNBORN, A VOICE"

**HARRISON BUTKER**  
KICKER FOR THE KANSAS CITY CHIEFS





# Pro-life organization leader determined to protect women from negligent abortionists

By Kim Hayes

The Center for Client Safety (CFCS) works to give a voice to abortion victims, providing a conduit to report and hold abortionist accountable when women are harmed or mistreated.

The center's website details how CFCS is dedicated to protecting vulnerable women and children by investigating, reporting on, and shutting down abortion providers. In the coming months, CFCS will lead a comprehensive effort to investigate and report abortion facilities that are endangering women across the nation.

The group's work garnered praise from the head of the largest network of pregnancy help in the U.S. and the world.

"The Center for Client Safety is a phenomenal partner to pregnancy help centers in their pursuit of justice for the women we serve," stated Jor-El Godsey, president of Heartbeat International.

"We feel like we're Special Operations, but they're really the Delta Force," Godsey said of CFCS. "They show up in this particular way with these particular set of skills."

Because of the partnership, as the victims of abortion are helped, their stories spur actions to protect other women from being similarly harmed by the same abortion facility.

Missy Martinez-Stone, president and CEO of CFCS, credits the group's process for creating a safe environment for women to report ill treatment from abortion providers.

She discussed the organization's approach in a conversation with Pregnancy Help News.

Martinez-Stone noted the difference between CFCS and other outlets for women to report the harm they have suffered via abortion, explaining how many women want to maintain their

privacy.

"They don't want to go through a lawsuit," Martinez-Stone said.

With CFCS, women's stories are heard without their being asked to go through a public process which exposes them to potential further pain. CFCS files complaints through medical boards and the appropriate channels of

concern over her symptoms to the doctor prior to the diagnosis to no avail.

"She completely ignored me and abandoned me as a patient when I kept coming back saying, 'something's wrong, something's wrong, something's wrong,'" Martinez-Stone said.

She immediately went to another

what happened to you was concerning and we're going to look into it."

She realized through her experience that just being believed by those who are in a position to protect women's health is vital. This has become her "why" behind the work she is doing through CFCS.

Martinez-Stone sees the group's work as an important step in healing for the individuals from whom they gather malpractice reports.

CFCS empowers Client Safety Advocates to enable them to identify, document, and report violations on a local level. Gathering personal information without violating HIPAA is laid out through the training.

Training equips individuals to identify if a woman has been wronged, to know how to document that appropriately and understand how CFCS handles those cases covertly and strategically. The bottom line is empowering them to document and report appropriately.

As these advocates witness the harm done to women at abortion facilities, they are trained to stand up for them as they protect them from further harm or exploitation.

"Now I get it," is a common reaction to the training, Martinez-Stone said.

CFCS has grown very quickly, and the group is working hard to keep up with the demand to hold abortion providers accountable.

"The Center for Client Safety and their team are the ones making it happen," Godsey said, "because of the issue of justice."

*Editor's note: Heartbeat International manages Pregnancy Help News where this first appeared. Reposted with permission.*



investigation and accountability for medical clinics.

CFCS has stepped into a gap in accountability on behalf of women, according to the group.

CFCS offers reporting resources, including post cards and flyers with a QR code, to pro-life organizations and medical facilities that connect women with CFCS services.

Martinez-Stone is passionate about this work having personally experienced disregard during medical treatment when an OB/GYN mis-diagnosed a molar pregnancy. With the rare complication, fluid-filled sacs or tumors develop in the uterus rather than placenta. The pregnancy cannot continue and can require surgery.

Martinez-Stone expressed

doctor, where she was diagnosed, and treated. Molar pregnancy can be cancerous, another reason that misdiagnosis is a serious risk for the patient.

While the medical board acknowledged she had a case for pursuing action against the first provider, Martinez Stone was satisfied that the OB/GYN was investigated and informed of the situation. Knowing that it was documented in case it was to happen again gave her a sense of closure.

"For me in my experience, it was part of my healing journey," she stated in a testimonial video. "It actually helped bring me closure to hear from medical professionals, to hear from the board of medicine to say, 'Yeah,

# Trump's boisterous rally in the park as reported by a hostile press corps

From Page 2

Reporters cannot believe the hold pro-life former President Donald Trump has a growing segment of Black voters and—especially—Hispanics voters. Or, if they cannot deny Trump's undeniable appeal, they do so grudgingly or explain it away or give the worst possible motivations for the shifts.

On May 23, Trump held a rally in Crotona Park in the Bronx. Some accounts (accurately) pointed out that there was a large turnout in an area that is “28% Black and 56% Latino — two groups that have historically favored Democrats by wide margins,” as Ben Adler wrote for *USA Today*. To his credit, Adler wrote

**The snaking line to enter the area cordoned off for the rally by police barricades was filled with enthusiastic Trump supporters, who cheered and gaped when they spotted his motorcade. Once he took the stage, the crowd went up on their tippy toes, arms upright with cellphone cameras aloft, hoping to catch just a glimpse of him.**

But it was quite amusing to see

Adler note that in an area that is controlled entirely by Democrats “Local elected officials react negatively.” (Really?)

Donald Trump is less popular than arsenic.”

So, the theme in a number of stories was that since Trump



Donald Trump  
Photo: Gage Skidmore  
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Rep. Ritchie Torres (D-N.Y.), who represents the area, said “If you were to examine objective data among likely voters in the Bronx, you would find that

had no chance to win New York State [or New Jersey, which he had also visited recently], this was raw politics, or posturing, or a nostalgic trip back home, or

an attempt to counter President Biden's claims that Trump is a racist or soft on racism.

Let's examine that as well.

Biden's own White House made nine corrections to the formal transcript of a viciously partisan speech delivered to the NAACP. But there were no corrections to a string of falsehoods made about remarks Trump supposedly had made, remarks which have been disproven over and over and over again. Or, for that matter, assertions that critics could take apart in nanoseconds.

When Trump makes a mistake or exaggerates, reporters happily slice and dice him. When Biden makes a gaffe, too many reporters take a page out of the report of Special counsel Robert Hur. His office did not recommend charges being brought against Biden for his handling of classified documents while out of office because “at trial, Mr. Biden would likely present himself to a jury, as he did during our interview of him, as a sympathetic, well-meaning, elderly man with a poor memory.”

And so it goes...and will continue to go. But Trump is a far, far better campaigner than Biden and in the end this will be nail-bitter. We just need to do our part—and we will!

# In addition to the case recently heard by the Supreme Court, there are other critical court cases involving the Abortion Pill

From Page 11

law whenever that state law poses an obstacle to the purpose or function of the federal law.

This could be a matter of dispute in possible future appeals, but it is the ruling for now.

## Practical Consequences

This means North Carolina cannot require that abortion pill prescribers be physicians or require that patients pick up their pills in person. They can't require follow-up visits for abortion pill patients and cannot mandate the reporting of all adverse events to the FDA's national Medwatch system.

Yet at the same time, the judge allowed other regulations that the state imposed on abortion generally, or put in place for purposes of informed consent, to stand. Regulations related to drug safety were the purview of the FDA, whatever their experts thought best, but abortion policy, patients' rights, particularly after *Dobbs*, remained the state's prerogative.

So while North Carolina could not require that the patient pick up her pills in person, it could require that any patient seeking a chemical or surgical abortion, have an in-person consultation with the clinician at least 72 hours before her scheduled procedure or receipt of pills. It could require, as part of its state informed consent procedures, that the woman have an ultrasound to determine the gestational age of her child (to give data for state reports and presumably for the mother to be aware of her child's development).

Blood tests could be required to determine whether or not

the woman has Rh negative blood and thus might require immunoglobulin shots if she wishes to bear a healthy child in the future.

North Carolina generally requires that all complications, from either surgical or chemical abortions, be reported to the state. While the FDA no longer requires that data for its own federal safety profile of mifepristone, Judge Eagles said there is no problem with the state requiring and collecting this data for its own statistical purposes.

The consequence of all this seems to be that a woman in North Carolina can legally get abortion pills shipped through the mail. However, she will still have to visit the clinic at least three days before to have an ultrasound and blood testing and receive whatever counseling or information materials the state thinks she needs to be able to make an informed decision.

Prescribers are still responsible for tracking her and reporting any complications back to the state.

It's up to the federal government—the FDA—to decide the rules that are needed to ensure the drug is used safely, the judge held. But it's up to the state, North Carolina, to set the state's abortion policy.

## *GenBioPro v. Sorsaia*

A similar case from West Virginia was decided in much the same way. In *GenBioPro v. Sorsaia*, the generic manufacturer of mifepristone sued the state of West Virginia after that state passed a law generally protecting unborn children, allowing for exceptions in the case of ectopic pregnancy, a medically nonviable

unborn child, or other medical emergency.

The state also allowed abortion for survivors of rape or incest up to 14 weeks gestation so long as they filed a police report or sought medical treatment for the assault.

GenBioPro sued West Virginia, asserting that the state could not ban the sale of a drug that had been approved for use for women throughout the whole country.

Like the judge in the North Carolina case, Judge Robert C. Chambers or the U.S. District Court for the Southern District of West Virginia, Huntington Division offered somewhat of a split decision. He upheld West Virginia's right to limit abortion within its borders, chemical or surgical, but declared that when and where it allowed abortion (e.g., for those rape or incest survivors less than 14 weeks pregnant), it could not dictate which abortion method was used.

Mifepristone could be used, if doctor and patient decided, in those emergency or exceptional cases of sexual assault. But the state was within its rights prohibit its general use or sale in the state.

GenBioPro has appealed the case to the 4th Circuit, the next highest federal court. It is now identified as *GenBioPro v. Raynes*.

## Future Prospects

Both *Bryant v. Stein* and *GenBioPro v. Raynes* may eventually be appealed and higher courts could come up with similar or different rationales and results.

But for now, the pattern post *Dobbs* seems to be that states can pass and enforce laws limiting abortion generally, but not laws singling out a particular form of abortion that the federal government has elsewhere officially declared "safe" and "effective."

**Can a chemical abortion be reversed  
after the mother takes the deadly  
mifepristone pill?**

**Join us as APR expert  
Myrna Maloney Flynn  
provides the latest info!**

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# 9 Horrible Reasons Women Gave for Their Abortions

From Page 21

was wrong, given her situation she believed she couldn't have a baby – that God wouldn't want her to have a child now.

Fears of bringing shame on her family and on her church were the key factors influencing her to think that her abortion was necessary...

She convinced herself that abortion, in her case, was a self-denying act.

The woman herself said:

**My life is over. How can I keep going to school and ever hope to be successful in life? ... I'm too young. We're not ready to get married.**

**What if my parents found out I was pregnant? They would kill me. And they've already paid my tuition. If I show up obviously pregnant at my church my parents will have to step down from their leadership positions. Everyone will talk about us.**

It's tragic that the fear of judgment from church members caused this mother to feel that abortion was the only answer. When churches ostracize young people who become pregnant outside of marriage and punish their parents, they drive them straight to abortion facilities.

It's what the woman said next that put her on my list:

**I'm sinful by being pregnant and I'm sinful if I abort, so what's the difference?**

There is, of course, a big difference for the baby.

This pregnant woman, like many others, rejected the option of adoption because, she said, if she carried the baby for nine

months, she would want to keep the child.

In the end, she claimed that abortion was best for the baby and that she didn't have a choice:

**If I can't be a good mother, abortion is best, so the child doesn't have to suffer a terrible life. I don't want to, but you see I really have no other choice.**

**To test her fertility**

In a book written to train future abortion workers, the authors presented a case study about one abortion patient they called Nancy.

Nancy was 25. As an adolescent, she'd had two abortions and been infected with gonorrhea. She'd heard that repeat abortions and sexually transmitted diseases could lead to infertility. Because of this, she was afraid she wouldn't be able to get pregnant when she wanted to.

Even though she didn't want a baby at the time, she was driven to test her fertility by having sex without contraception. According to the case study:

**She was no longer able to stand the agony of not knowing if she could get pregnant, nor was she able to verbalize the distress, so she started having unprotected sex while her boyfriend still thought she was taking the pill.**

**She got her answer to her doubts when she became pregnant and after some initial euphoria had to face up to the fact that she was still not yet in a position to be a mother. She decided to have a termination...**

This is not the first time I've run across this phenomenon. Some people go off contraception to

see if they're still fertile, only to abort because it isn't the right time. I've even seen pro-abortion people advise women to test their fertility this way.

**In order to adopt twins**

A doctor who did abortions told the following story.

A woman whom he had treated for infertility came to his office pregnant and seeking an abortion. Her husband was the infertile one of the pair, and he deduced, correctly, that she'd had an affair.

The doctor writes:

**[S]he wasn't concerned over having an abortion. She was worried her husband would find out she had been pregnant and had gotten rid of the baby. She wanted the abortion, and she didn't want him to know...**

**Later, when this woman came back for her checkup, she told me the whole story. It turned out that the guy who had gotten her pregnant was a friend of her husband's. He also was married.**

But there was a specific reason she wanted to deceive her current husband. The couple had just been approved for the adoption of twins. But the adoption wouldn't be finalized for another three months.

The woman knew the marriage would fall apart if her husband found out she'd been having an affair, and wanted the marriage to last for three more months so that the adoption of the twins could become official.

She was considering leaving her husband once the three months had passed and the adoption was finalized. She would, of course, then sue for custody of the twins and might marry the other man.

In order to adopt the twins, she decided to sacrifice her biological

child.

**Because abortion is good for the baby**

A woman ironically named Charity gave her reason for having an abortion.

She said:

**My decision to have an abortion was a decision I made to care for the child that was within me. To adopt a child would be more cruel to me than just ending it, because it's giving the child no help. It saying "Well, it's not my problem."**

**My decision to abort will affect my child in a humane manner, because I've got my child's interests at heart. That's why I decided to terminate, for that child's sake.**

The abortion pill starves and suffocates the baby by breaking down the uterine lining which provides the child with oxygen and nutrition. Suction abortions tear the baby apart and, if she is far enough along, dismember her, pulling off arms and legs. D&E abortions also dismember the child.

None of these deaths are kinder than abortion, and the abortion procedure doesn't suddenly become humane because the person aborting says she has her child's "interests at heart."

This woman, like many, is lying to herself. Her baby died a brutal death.

**Because her baby might someday be raped**

An article in the New York Times referred to a woman who was pregnant with a daughter diagnosed with Down Syndrome.

# 9 Horrible Reasons Women Gave for Their Abortions

From Page 45

Tragically, this woman had been sexually assaulted and had been coping with the aftermath for many years.

Since her baby was a girl, and, the woman felt, even more vulnerable to sexual assault because of her condition, the woman was afraid she too would be raped. Because of this possibility, she aborted the baby.

The reporter said:

**[The pregnant woman] was assaulted as a child, she knew that the statistics for sexual abuse were high for people with intellectual disabilities, and she was determined that her daughter would not experience that, so that was one of the reasons she terminated her pregnancy.**

**She referred to her abortion several times as “the protective choice.”**

This is a truly tragic situation, where a wounded and emotionally scarred mother denied her baby a chance at life for fear of something that might never have happened.

The story shows how devastating sexual assault can be, and how the tragedy of such an assault can reverberate and harm people other than the victim.

## Because they wanted to dance

Abortion clinic owner Norma Goldberger wrote a compelling book that spilled many of the abortion industry’s dirty little secrets. The fact that she was, and remains, pro-abortion makes the things she writes even more damning.

She gave the reason some of the women who came to her abortion facility had abortions:

**Some of our patients were professional classical dancers. They could not have continued dancing on stage while**

**being pregnant. Some occupations are not supportive of pregnancy.**

Rather than take a leave of absence from dancing, these women chose to get rid of their babies.

## To fit into a wedding dress

Stephanie Simon wrote an article in *The Los Angeles Times* called

**she became pregnant this fall, Sarah, who works in real estate, was in the midst of planning her wedding. “I don’t think my dress would have fit with a baby in there,” she says.**

Sarah had no thought of postponing the wedding or altering her wedding dress. She

family had already reserved a ski vacation months down the line.

Many OB/GYN specialists have stories like this, and, when one hears them, it’s easy to see why women feel so guilty about owning up to the pedestrian nature of their reasons [for having an abortion.]

Currently in our country, and in many others, pregnant people can abort for any reason. The reasons

# Abortion in 3 words:

# VIOLENT

# GRUESOME

# PAINFUL

“Offering Abortion, Rebirth.” It was written in November 2005 and is no longer online. In the article, she interviewed several women having abortions.

She writes about one of them, a woman named Sarah:

**... Sarah, 23, says it never occurred to her to use birth control, though she has been sexually active for six years. When**

just didn’t want to be pregnant for her wedding. For that reason, a baby died.

## To go on a ski vacation

Christopher Caldwell wrote in 1999 in *The New Republic*:

The British gynecologist P. Greenhalgh writes of a rich mother of three who came to her for an abortion. She wanted a fourth child, but not just yet, since the

listed here are just a handful of examples that show why preborn babies die.

*Permission is given to pro-life organizations to repost or reprint this article, but please include the following:*

*This article originally appeared on Sarah Terzo’s Substack. You can read more of her articles at <https://sarahterzo.substack.com/>*

# New York AG takes next step in “political witch-hunt” against pregnancy help organizations

From Page 31

Notably, the study most often cited by abortion advocates to make negative claims about APR, the Mitchell Creinin study, though incomplete, actually showed an effective reversal rate of 80% and confirmed the dangerous side effects of mifepristone.

gives ACOG’s guidance on the provision of chemical abortion. At the same time ACOG claims in the bulletin, “There is no evidence that treatment with progesterone after taking mifepristone increases the likelihood of the pregnancy continuing,” it goes on

**abortion regimen may increase the risk of ongoing pregnancy.”** (emphasis added)

Heartbeat contends as it did the week prior when filing its complaint against James that

Law prohibits anyone from interfering with those seeking reproductive health services.

“James claims to be making efforts to “defend access to reproductive care” while attempting to limit reproductive care and the option to continue a pregnancy,” said Brown.

In her capacity overseeing the APRN hotline, Brown and her team encounter many women who have started a chemical abortion, experience regret, and wish to try and save their child.

“When women start an abortion – either by their own free will, by force or coercion – and then have regret, they are often desperate for a different option,” she said. “Urgent assistance is available to support them through the APR hotline. We work to connect women to a medical professional. Bio-identical progesterone is a widely used and accepted treatment in pregnancy and has been for decades.”

Brown said the thousands of women who have experienced Abortion Pill Reversal treatment and their children are living proof that APR is a safe and effective pregnancy choice even after taking a chemical abortion pill.

“Attorney General James should be celebrating all that pregnancy help medical clinics do to support and serve the communities of her state,” said Brown. “Instead, she offers threats and spreads contempt regarding their valuable services. Women in the state of New York do not need an AG or others with political agendas to promote abortion as the only pregnancy option.”

*Editor’s note: Lisa Bourne is Managing Editor of Pregnancy Help News and contributes to the publication. This originally appeared at Pregnancy Help News and is reposted with permission.*



It is this study that James relies upon in a press release on her lawsuit to claim safety issues exist with APR.

She follows her Creinin study reference with citing the American College of Obstetricians and Gynecologists (ACOG) to claim that APR is not backed by science and does not meet clinical standards. ACOG is forthright in its position in support of abortion, even claiming that abortion constitutes healthcare, and in its disdain for APR.

Furthermore, however, a practice bulletin from ACOG itself points to the efficacy of APR.

ACOG Practice Bulletin 225 from October 2020, for which Creinin was an author,

to warn abortion providers against administering a certain progestin-only birth control (a form of progesterone) the same day that mifepristone is given, a report from Charlotte Lozier Institute says, because doing so reduces the efficacy of the chemical abortion and increases the chances of embryonic and fetal survival by 4 times even after the woman has taken the second abortion drug misoprostol.

The ACOG practice bulletin specifically states:

**“Patients who select depot medroxyprogesterone acetate (DMPA) for contraception should be counseled that administration of DMPA on day 1 of the medication**

her targeting a dozen non-profit life-affirming pregnancy help organizations is unjust, discriminatory, and an attempt to censor speech. Preventing women who regret their chemical abortions from receiving information on APR ultimately forces them to complete an abortion they no longer want, the pregnancy help network says.

Heartbeat International’s Senior Director of Medical Impact said James has no right to force reproductive choices upon the women of New York.

“She is attempting to hide choices from women and force women to complete abortions they no longer want or consent to,” Christa Brown said, noting that the New York Clinic Access